Board of Directors (Part I) Meeting in Public

Fri 09 June 2023, 09:00 - 10:45

Boardroom, Northampton General Hospital

Northampton General Hospital NHS Trust

Agenda

09:00 - 09:00
0 min

1. Welcome, Apologies and Declarations of Interest

Information *Rachel Parker*

- 1. NGH Board Part I Agenda 090623 (1).pdf (2 pages)

09:00 - 09:30
30 min

2. Patient Story: Ellie's story

Discussion *Nerea Odongo*

09:30 - 09:30
0 min

3. Minutes of the Previous Meeting held on 5 April 2023 and Action Log

Decision *Rachel Parker*

- 3.1 Draft NGH Public Trust Board Minutes - April 2023.pdf (11 pages)
- 3.2 Action Log Updated Post 050423 Part I Board.pdf (1 pages)

09:30 - 09:40
10 min

4. Chair's Report

Information *Rachel Parker*

4.1. Chief Executive's Report

Information *Heidi Smoult*

- 4.1 NGH CEO Board Report Jun 23 v2.pdf (5 pages)

09:40 - 10:15
35 min

5. Board Committee summaries / Integrated Governance Report

Assurance *Chief Executive / Executive Directors*

- 5. Cover sheet_IGR (1).pdf (2 pages)
- 5.0 NGH Group Upward Reporting to June 23 Board.pdf (17 pages)
- 5. May 23 IGR_final (1).pdf (81 pages)
- 5. M1 NGH Board.pdf (5 pages)

10:15 - 10:25
10 min

6. 2023-24 Integrated Care System Operating Plan

Receive / Assurance *Jon Evans*

- 6. UHN Cover Sheet Board - 23-24 Operational Plan Final Submission (1).pdf (2 pages)
- 6. 2023-24 UHN Planning Submission Final Plan 04.05.23 (1).pdf (15 pages)

10:25 - 10:35
10 min

7. Group Board Assurance Framework

Assurance *Richard Apps / Executive Leads*

- 7. Group BAF_June2023_NGH Cover Paper.pdf (3 pages)
- 7. Appendix A Group BAF _26MAY23.pdf (14 pages)
- 7. Appendix B_Corporate risks aligned to BAF risks @ 26MAY2023.pdf (2 pages)

10:35 - 10:40
5 min

8. Group Digital Hospital Committee Terms of Reference

Decision *Natasha Chare*

- 8. GDHC Terms of Reference Cover KGH 080623.pdf (2 pages)
- 8. Group Digital Hospital Committee Terms of Reference May23 (1).pdf (4 pages)

10:40 - 10:45
5 min

9. Questions from the Public (Received in Advance)

Discussion *Rachel Parker*

10:45 - 10:45
0 min

10. Any Other Business and close

Discussion *Rachel Parker*

Dedicated to excellence

Northampton General Hospital NHS Trust

Board of Directors (Part I) Agenda

Meeting	Board of Directors (Part I) Meeting in Public
Date & Time	Friday 9 June 2023, 09:00-10:45
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 Story: Ellie's story	Director of Nursing, Midwifery and AHPs	09:00	Discussion	Present-ation
3	Minutes of the Previous Meeting held on 5 April 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	09:30	Information Information	Verbal Attached
Operations					
5	Board Committee Chairs Reports/ Integrated Governance Report (IGR)	Committee Chairs / Chief Executive and Executive Directors	09:40	Assurance	Attached
6	2023-24 ICS Operating Plan	Group Chief Finance Officer	10:15	Receive	Attached
Governance					
7	Group Board Assurance Framework	Director of Corporate Governance / Executive Leads	10:25	Assurance	Attached
8	Group Digital Hospital Committee Terms of Reference	Chief Digital Information Officer	10:35	Approve	Attached
9	Questions from the Public (Received in Advance)	Chair	10:40	Information	Verbal

10	Any Other Business and close	Chair	10:45	Information	Verbal

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

Date of Next Meeting: Thursday 27 July 2023, 9.30am

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

Minutes of the meeting

Meeting	**Board of Directors (Part I) Meeting in Public**
Date & Time	Wednesday 05 April 2023, 09:30 – 12:35
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	Rachel Parker	Chair (Interim)
	Heidi Smoult	Chief Executive (Interim)
	Jon Evans	Group Chief Finance Officer
	Stuart Finn	Interim Group Director of Operational Estates
	Jill Houghton	Non-Executive Director
	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
	Debra Shanahan	Interim Director of Nursing, Midwifery and Allied Health Professionals
	Karen Spellman	Interim Group Director of Integration and Partnerships
	Becky Taylor	Group Director of Transformation and Quality Improvement
	Anette Whitehouse	Non-Executive Director
	Palmer Winstanley	Chief Operating Officer
In Attendance	Dr Pad Boovalingam	Consultant and Divisional Director, Medicine and Urgent Care (Item 2)
	Soneya Joby	Ward Sister (Item 2)

	Kelly Kidsley	Urgent and Emergency Care Matron (Item 2)
	Ilene Machiva	Deputy Director of Midwifery
	Richard May	Trust Board Secretary (KGH)
	Suzie O'Neill	Group Director of Communications and Engagement
	Dr Irfan Sabih	Chair, Local Negoitating Committee (LNC) (Item 2)

Apologies for Absence	Richard Apps	Director of Corporate Governance (KGH)
	Denise Kirkham	Non-Executive Director
	Matthew Metcalfe	Group Chief Medical Advisor
	Professor Andre Ng	Non-Executive Director

Agenda Item	Discussion	Action Owner
1	**Welcome, Apologies and Declarations of Interest** The Board welcomed Rachel Parker to the position of Interim Chair following the retirement of Alan Burns on 31 March 2023. The Chair welcomed Board Members and guests to the meeting and noted apologies for absence as listed above. There were no declarations of interest relating to specific Agenda items.	
2	**Patient and Staff Story: Impacts of industrial action** The Board welcomed colleagues to shares their experiences and perspectives in respect of the Trust's response to the recent Junior Doctors' Strike. Dr Irfan Safih, LNC chair, described the political and economic context for the recent industrial action by Junior Doctors, and the LNC's role in negotiating with hospital management to prepare for the strike and minimise risks to patient safety. Engagement had been good, with the Trust being the first in the East Midlands Region to submit a contingency plan, whilst the hospital leadership's visits to picket lines was recognised. Dr Pad Boovalingam, Consultant and Chief of Division of Urgent and Emergency Care, advised that Consultants had covered Junior Doctors' roles and that 'hot spots' were identified at the planning stage, within the Emergency Department and Same Day Emergency Care, to maintain patient safety. Whilst challenging, the industrial action enabled teams to adopt new ways of working	

	and facilitate processes which drew on colleagues' strengths across the full breadth of clinical disciplines. Kelly Kidsley (Matron) and Soneya Joby (Ward Sister) described their teams' teamwork, commitment to continuing patient care, safety and communication during a period of heightened anxiety for many, and how they intended to embed positive aspects of the experience into business as usual and share learning across the organisation. The Board of Directors expressed its gratitude to all colleagues in clinical and non-clinical areas, for their professional and compassionate response to the recent industrial action, and was assured that early indications suggested there had been no discernible increase in the number or severity of reported incidents of potential harm. The Board considered that the 'hybrid' model of workforce development provided particularly valuable opportunities for learning, and committed to continuing to support measures to improve and sustain safe and timely discharge.	
3	**Minutes of the Previous Meeting held on 03 February 2023 and Action Log** The Board **APPROVED** the Minutes of the Meeting held on 0 February 2023 as a correct record. The Board noted the action log. In respect of Action March 22 (8), the Group Director of Communications and Engagement advised that she had begun to review key metrics for the Strategic Communications Framework since joining the Trust in February 2023, as part of work to develop an updated strategy. This would be presented to the Boards, with accompanying metrics, in Autumn 2023. In respect of Action Feb 23 (4), the Board noted that a final response to the Integrated Care Board's (ICB) proposal in respect of access to meetings and documents would be agreed and communicated following further discussions with between the Interim Trust Chairs and the ICB Chair.	**SON** **RA/RP**
4	**Interim Chair's Report** The Board of Directors noted Alan Burns's retirement on 31 March 2023 and joined the Interim Chair in thanking Alan for his contributions to the Trust, Group and wider NHS over a 49-year career. The Interim Chair would hold office for a 3-month period. The Board noted Simon Weldon's departure from the position of Group Chief Executive to take up a new role at the South East Coast Ambulance Service and joined the Interim Chair in thanking Simon for his contributions to the Trust and Group since joining	

	Kettering General Hospital in 2018 and Northampton General Hospital in 2020. The Board joined the Interim Chair in extending its congratulations and best wishes to Heidi Smoult following her appointment as Chief Executive and Accountable Officer on an interim basis; the Trust's Remuneration and Appointments Committee also agreed not to recruit to the roles Group or Hospital Chief Executive role at present, pending the results of ongoing review of trust and group leadership arrangements.	
4.1	**Chief Executive's Report** The Chief Executive presented her report and extended thanks to colleagues and teams within the hospital and wider Integrated Care System (ICS), for their work to maintain quality and safety in response to significant and ongoing operational and workforce challenges, particularly during the recent junior doctors' strike. The Board commended reductions in delayed discharges brought about by effective joint working with local authorities and other care providers which, along with more efficient internal processes, had contributed to reduced lengths of stay. The Trust had also experienced a localised fire on site on the first day of the strike, and the Chief Executive paid tribute to exceptional team working in response to this major incident. In addition, the Chief Executive advised of: • Significant work, led by the Group Chief Finance Officer and Interim Group Director of Integration and Partnerships, to prepare the Trust's submission to the ICS Operating Plan for 2023/24 (latest draft submitted 30 March 2023); • The submission of the Trust's evidence for Pathway to Excellence reaccreditation; • Staff Excellence awards, held on 16 March 2023 to recognise and celebrate the achievements of teams, staff, volunteers and fund raisers across the University Hospitals of Northamptonshire (UHN) Group. The Chief Executive thanked Alan Burns for his strategic leadership and commitment to the Trust and UHN Group, and welcomed Nerea Odongo, who joined the Trust as Director of Nursing, Midwifery and AHPs on 3 April 2023, to replace Debra Shanahan, who had played an important and valuable leadership role on an interim basis. The Board of Directors noted the Chief Executive's report.	

Operations		
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 Strategic Development Committee* - The Committee approved, subject to minor amendments, revised and enhanced project governance and management arrangements for major infrastructure initiatives; - The Committee noted the latest position in respect of the developing business case to provide Community Diagnostic Centres, the successful delivery of which would be a crucial dependency for the delivery of activity and performance targets during 2023-24. *Group Digital Hospital Committee* The Committee was undertaking a reset of its priorities, focus, membership and governance following the Group Chief Digital Information Officer taking up her post in February 2023; it was considered that NGH Non-Executive Director representation and oversight on the committee could be strengthened. In doing so, the Board urged the Committee to ensure the right balance between strategic ambition and operational business requirements, aligned to enable the delivery of quality priorities. *Group Transformation Committee* The Committee indicated Limited Assurance with respect to the emerging strategic priorities for 2023/24, which had been since been subject to further development: see item 8 below. The Committee indicated Limited Assurance regarding the deliverability of productivity and efficiency targets for 2023/24, though work to strengthen programme governance should enable closer oversight. *Group Finance and Performance Committee* - The Trust was maintaining strong operational performance in delivery against national cancer standards compared to other regional providers, and had increased diagnostic capacity to restore performance to target levels. The number of patients waiting over 52 weeks for treatment had increased, though in the context of demand for referrals tripling. The Trust was on track to ensure that no patients were waiting over 65 weeks for treatment by March 2024;	

	- Operational Plan for 2023/24 agreed for submission to NHS England (on 30 March) (assurance level: Reasonable); - The Committee commended the Trust's response to the recent fire (assurance level: substantial); - The Committee approved a business case for the procurement of a catering provider and digital meal ordering for the Group (assurance level: Substantial) which would improve supply chain resilience, reduce food waste and improve patient health; - The financial position at Month 11 (28 February 2023) showed a deficit of £13.7m, representing an adverse position of £11.9m, and a projection for a deficit outturn of £14.7m in line with the revised plan agreed with the ICB and NHS England. The year-to-date pay position showed an under-delivery against the efficiency target of £4.3m, with agency expenditure of £25.3m to cover vacancies during the year. This area would be a high priority for cost reduction during 2023/24. *Group People Committee* The Committee: - Indicated Reasonable assurance in respect of the Group's leadership and cultural initiatives in response to the Staff survey results: see item 9 below; - Reviewed people objectives as part of the draft 2023/24 strategic plan, with further work required to ensure the alignment of key metrics to plan delivery, with a particular focus on managing turnover effectively to reduce agency spend – see item 8 below; - Indicated Limited Assurance in respect of Safe Staffing data presentation and the appropriate use of the rostering system within Ward areas; - Noted, and expressed its gratitude for, the work to ensure sufficient staffing levels, and associated HR/OD support, in response to recent industrial action. In response to a question, the Board was assured that managers and team leaders had been briefed to enable reasonable adjustments for colleagues observing fasting during Ramadan, including showing flexibility in respect of meal breaks, supported by the Chaplaincy service. *Group Clinical Quality, Safety and Performance Committee* The Committee: - Indicated Reasonable assurance in respect of sub-group exception reporting, noting that further work was required to embed a consistent and comprehensive approach that	

	provided the Committee with the assurance levels it required; - Raised concern regarding IGR metrics, several of which were subject to data gaps and could not be compared between trusts due to delays in agreeing and implementing common definitions and reporting arrangements; executive leads would be meeting shortly with the Health Intelligence Team to progress this; - Supported the continuation of 'in common' working as an opportunity to share learning across the Group: see item 11 below; - Indicated Limited Assurance in respect of draft strategic priorities for 2023-24 (considered at item 8 below following further development work) - Commended the first joint Urgent and Emergency Care report for the Group, indicating Reasonable Assurance; - Noted that digital issues were creating challenges for Maternity Services at both Trusts (Assurance: Reasonable), due to the expiry of the Medway contract in June 2023 without a firm decision on the preferred replacement option, and Wifi connectivity issues in community hubs. The Group Chief Digital Information Officer assured the Board that she was aware of, and her teams responding to, these issues; - Requested aligned patient safety reporting to future meetings (Assurance: Reasonable); - Indicated Limited assurance in respect of clinical collaboration updates due to a lack of accompanying metrics; and - Mitigations were in place in response to recent increases in C-Difficile and pressure ulcer cases. The Board of Directors noted the Integrated Governance Report.	
6.	**CQC Final Report: Inspection of Maternity Services Delivery** The Board of Directors received the final CQC Report, received on 17 February 2023, following the inspection of the Maternity Service on 30 November 2022. The overall rating for the Safe and Well-Led domains remained 'Requires Improvement'. The report set out six 'Must Do' and four 'Should Do' actions identified by the CQC, and the Trust's actions, planned, underway and complete, in response. The Board of Directors indicated its acceptance of the report's findings and commended the Trust's response, and particularly the leadership of the Deputy Director of Midwifery since recently joining the Trust. The Board indicated its assurance in respect of the action plan, and noted learning for the wider organisation in respect of peer challenge between service areas and embedding a culture which encouraged questions and refused to accept substandard practice.	

Strategy & Culture		
7.	**Trust Response to the Kirkup Report** The Board of Directors received a report setting out the findings of a review of the Trust's current position against the main observations made by Dr Kirkup following a review of Maternity and Neonatal services in East Kent, including the results of a benchmarking exercise. The East Kent report set out four areas where change and improvement was needed, and a summary of the Trust's position and improvement work, which was set out in existing service improvement plans. The Board of Directors noted the latest position and indicated its assurance in respect of the Trust's response, noting particular improvement objectives in respect of engagement with women in communities and the expansion of neonatal services across the ICS.	
8.	**Our Strategic Priorities for 2023-24** The Board of Directors considered a report proposing changes to long term (4-year) goals to deliver Dedicated to Excellence strategic priorities, and associated deliverables and metrics, following consultation with Committees. Committee Co-Chairs and Lead Executives introduced the results of their work to review progress to date, and emerging work programmes and metrics for 2023/24, which would be subject to further development prior to resubmission to committees and Boards during the 2023-24 business cycle; it was considered that these plans should enable the right balance to be achieved between aspirational goals and tangible deliverables that would engage, and make positive differences, for staff and patients. The Board noted that committees would receive quarterly progress reports during the year, and that the Group had procured a project management solution to enable improved tracking, aligned to performance management and health intelligence data. Following discussion, the Board of Directors: (1) **APPROVED** changes to longer-term 4-year goals to deliver Dedicated to Excellence strategic priorities, and (2) Noted 2023/24 deliverables and metrics, as agreed by each of the responsible committees, subject to further development work and resubmission during the 2023-24 business cycle.	**KS / Exec Leads**
9.	**Staff Survey 2022: Results and Response** The Board of Directors considered a report setting out headline results from the 2022 Staff Survey, which showed a deterioration in outcomes for both trusts within the UHN Group, noting that NGH	

	achieved a higher response rate (48%) compared to 2021 (42%) and to the national average (44%). The results for NGH showed year-on-year improvement in one area (We are a Team), remaining the same in four areas and dropping in four areas. Improvements were seen in three of the four race equality measures, including a positive decrease of 5.8% in respondents experiencing discrimination from their manager or team leader; there was an increase in staff with disabilities being subjected to abuse/bullying and harassment from the public, and feeling pressured to come to work. The survey was carried out after a long and difficult summer which did not provide operational respite from the severe pressures caused by winter and COVID; results were nevertheless disappointing, given the number of actions and initiatives taken and supported during the year. The results showed that much more work was required to ensure colleagues felt recognised, rewarded and respected for their contributions, and it was considered that the key priorities areas, identified in 2022, of Teamwork, Respect, Leadership and Management and Reward and Recognition, remained extant. The Board noted the latest position and reiterated its commitment to the culture and leadership programme, which would launch with a 'discovery' phase during spring as part of a 3-5 year cultural change programme, with further briefings to disseminate the results to colleagues and teams across both organisations. The Board acknowledged that recent instability in the Group's Leadership contributed to uncertainty and anxiety amongst colleagues, and requested 'deep dive' work to understand specific cultural, structural and staffing issues with directorates, wards and teams, with the opportunity for review at the forthcoming Group Board Development event in May 2023. Concurrent work seeking Pathway to Excellence reaccreditation was identified as an additional avenue from which to seek feedback from nursing colleagues around measures with the potential to improve their working experiences. The Board further noted the results from the quarterly People Pulse survey, undertaken in January 2023, which showed a deterioration, including lower response rates, in both organisations; NGH saw a decrease in all three subsets (advocacy, motivation and involvement) but little change in the overall staff engagement score.	
Governance		
10.	**Group Governance Arrangements: Review of Pilot, Board meetings 'in common' and Terms of Reference** The Board of Directors considered a reporting reviewing the effectiveness of the pilot resumption of 'in common' working for the Clinical Quality, Safety and Performance and Finance and	

	Performance Committees between January – March 2023 inclusive, informed by self-evaluation exercises undertaken by the committees. The Board reiterated its support for the establishment of 'in common' working by committees in order to facilitate the delivery of group objectives for enhanced patient care and opportunities for learning between the Trusts. The Board noted that the Group Clinical Quality, Safety and Performance Committee unanimously supported the confirmation of 'in common' arrangements; however, given the further work required to ensure robust exception reporting from sub-groups and consistent, timely and accurate performance metrics, the Board requested a further review in four months' time, to include an assessment of performance against agreed terms of reference. The Board supported proposals in the report in the respect Board meetings 'in common', and ratified changes to Terms of Reference brought forward by the Committees. Following discussion, the Board of Directors **APPROVED**: (1) The continuation of 'in-common' format for the Group Finance and Performance and Group Clinical Quality, Safety and Performance Committees, in accordance with agreed Terms of Reference, for an addition four-month period, subject to a further review at this point, to include an assessment of performance against agreed terms of reference; (2) Revised Terms of Reference, set out at Appendices C-E to the report, subject to the inclusion of minor changes to wording and membership, to be agreed in consultation with Co-Chairs and Lead Executives; (3) The abolition of the Quality Governance Committee and Finance and Performance Committees, (4) Consequential changes required to the Trust's Scheme of Delegation to take account of the decisions in (1)-(3) above, and] (5) The deferral of implementation of the proposal for the Boards of Directors to meet 'in common', pending a further review to take place by 31 December 2023.	**RA**
11.	**Fit and Proper Persons Annual Declaration** The Board of Directors considered a report confirming the completion of Annual 'Fit and Proper Person' checks for directors, and accepted the Chair's assurance that all Members of the Board of Directors continued to meet the Fit and Proper Persons requirements.	

12.	**Annual Self-Certification and new NHS Provider Licence** The Board of Directors considered a report and, noting that the Audit Committee had been consulted informally and outside of its meeting schedule, **APPROVED** positive confirmation for each of the conditions equivalent to the NHS England Provider Licence. In addition, the Board noted the issue of a new NHS Provider Licence, which would apply to the Trust from 1 April 2023.	
13.	**Appointments** The Board of Directors **APPROVED** the appointments of: (1) Denise Kirkham to the roles of Interim Trust Vice-Chair and Senior Independent Director to 30 June 2023; (2) Anette Whitehouse to the Group Transformation Committee to replace Rachel Parker, and (3) Anette Whitehouse to the position of Non-Executive Safeguarding Lead, to replace Jill Houghton.	
14.	**Questions from the Public (Received in Advance)** There were no questions from the public.	
15.	**Any Other Business and close** The Board of Directors expressed its thanks best wishes to Karen Spellman and Debra Shanahan, who were attending their last Board meetings before moving to new roles.	
16	**Exclusion of the Press and Public** The Board of Directors **RESOLVED** to exclude the press and other members of the public from the remainder of the meeting (a Private Meeting followed this meeting), due to the confidential nature of the business to be transacted.	

Next meeting

Date & Time	Friday 9 June 2023, 09:00
Location	Boardroom, NGH

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Action Log

Meeting	Board of Directors (Part I) Meeting in Public
Date & Time	Updated following 5 April 2023 meeting

Minute Ref.	Action	Owner	Due Date	Progress	Status
Mar 22 8	Identification of metrics to assess implementation of Group Communications Framework	SO	Oct 2023		NOT YET DUE
Feb 23 4	Referral of ICB Committee proposal	RA	Jun 2023	Verbal update to be provided	OPEN
Apr 23 8	23-24 delivery plans for strategic objectives to be submitted to May-June business cycle	Exec Leads	July 2023		NOT YET DUE
Apr 23 9	Staff Survey response: report to May Board Development session	PK	June 2023	Complete	CLOSE
Apr 23 10	Further review of 'in common' working' to include an assessment of performance against agreed terms of reference;	RA	July 2023		NOT YET DUE

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Cover sheet

Meeting	Board of Directors (Part I) Meeting in Public
Date	9 June 2023
Agenda item	4.1

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

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

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

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

Executive Summary

Whilst we may have moved out of winter, the pressure and demand on our hospital remains high. We have seen a number of improvements in metrics such as length of stay and Same Day Emergency Care (SDEC) performance, we remain focussed on working collaboratively with system partners to improve flow and Urgent & Emergency Care (UEC). We recently had one of the largest Multi-Agency Discharge Events (MADE) with our system and national colleagues, together, we reviewed over 1000 patients across the whole of the functional areas. We continue to work with the Integrated Care Board (ICB) support on preparations for next winter.

Aside from this, we continue to focus on quality, with our quality and mortality data some of the strongest in the region. We ensure that whilst we may have waits, we put the right cover in place for patients to get the best care, regardless of where they are in our hospital. Lastly, we could not do any of this without our staff. We support them and are committed to improving their working lives.

Operational Pressures

This has been a challenging period with industrial action impacting on flow throughout the hospital but despite this, we have ensured all cancer and urgent operations take place as planned to support our patients. Our teams have been focussed to ensure impact to patients has been kept to a minimum. We continue to work closely with our system partners to maintain flow and ensure patients are kept safe.

Elective Position

Our position remains strong on referral to treatment (RTT) with no patients over 104 or 78 weeks. We are on target to deliver zero patients over 65 weeks by March 24 which is testament to the teamwork and focus of our staff to ensure patients are seen timely and appropriately. We have an ongoing risk with our ENT (ear nose throat) pathway across the system with increasing referrals creating a backlog to clear. The team is working closely with system partners to address these.

Our diagnostic position is recovering with over 65% seen within 6 weeks and increasing. Our teams have worked hard as a system to support new services to build capacity for us, including the introduction of the new Community Diagnostic Hubs which is supporting our MRI position. We also have further plans for CT and Cardiac Echo capacity to increase in the coming months.

Cancer

We are pleased to be achieving the 28-day faster diagnosis at NGH with our Gynae teams leading on performance nationally. We are looking to follow their model in other specialties and share any learning so we can improve collectively as an organisation.

The number of patients over 62 days is already achieving the standard expected for March 24, putting us in the top 3 highest performance in region which is a real achievement for us.

Our 62-day performance remains below target, with a clear focus now on ensuring we bring diagnosis forward in the pathway on certain specialties to support its improvement.

Medical Success

We were incredibly proud of our Head and Neck team who presented at the British Rhinological Society Annual meeting, with the teams showing 3 poster and 1 oral presentation which won the Best Oral Presentation Award. A great, and well deserved, achievement for our medical team.

Industrial Action

We have now received confirmation of the next junior doctor strike, to take place between 0700 on Wednesday 14 June and 0700 on Saturday 17 June. We are continuing our commitment to support the junior doctors' right to strike and will continue to have focus on ensuring the safety of our patients. There has been proactive collaborative working with

the consultant body and teams, and we are grateful to the LNC for their ongoing collaboration with us.

Nursing, Midwifery, AHPs & Patient Services

International Day of the Midwife

On the 5th May, we proudly celebrated the International Day of the Midwife with our first Group conference recognising the invaluable work of our midwives. We were honoured to have Professor Jacqueline Dunkley-Bent open the conference and were inspired by our own midwifery teams sharing their achievements in support of our patients and each other.

NGH Nursing Conference

Later in May we held our annual Nursing Conference. The theme for this year was "Nursing Excellence" and a packed agenda was organised to celebrate all the achievements of our nursing and nursing associate workforce throughout the last year. Speakers included Dame Ruth May, Professor Nina Morgan, Professor Stacy Johnson MBE, and members of our own nursing teams. The day was a resounding success and our teams appreciated being able to connect with each other away from work and value the work that they do in their respective areas.

Call4Concern

We have launched Call4Concern which is a powerful initiative to support adult inpatient safety and is designed to empower our relatives, carers, and friends to escalate their concerns regarding deterioration directly to the Critical Care Outreach Team.

Pathway to Excellence

The Pathway to Excellence survey launched at NGH on 25th May with the trust seeking to be the first organisation in the UK and the second in Europe to achieve redesignation. Pathway to Excellence® designation is earned by organisations who demonstrate their achievements in creating a positive practice environment for the nursing workforce as the benefits are seen to be felt across the organisation. The Pathway to Excellence® programme at NGH has been seen to contribute to an 11% reduction in nurse vacancies, a 22% increase in the number of nurses with a degree and international recognition for the organisation. We have seen high levels of engagement across the organisation with staff making survey stations and boards demonstrating their departments contribution to the programme – this has been a real boost to all our teams, not just nursing colleagues. The Pathway team have shown real resilience and focus to get the survey operational and have shown real dedication and determination to make the process a success. The survey closes on 14th June when NGH will also host Dr Christine Pabico (Director of the Pathway to Excellence Programme) and will receive our results in August.

People

Sunflower Lanyards & Badges

Our Disability & Wellbeing Network (DAWN) in collaboration with the Equality, Diversity & Inclusion (EDI) team have successfully acquired Sunflower Lanyards & Badges for colleagues with a hidden disability. The Sunflower Scheme is a way for colleagues to share, if they wish to, that they have a disability or long-term condition may be hidden, or not immediately apparent. This initiative is vital and a significant milestone in our journey

to equitably supporting all our colleagues, considered work is taking place in terms of engagement to ensure our colleagues know what the scheme is, and how to support them in line with our Trust Values.

Our Space

We have successfully launched “Our Space” with the help of funding from Northamptonshire Healthcare Charity, this is an example of strong multi-disciplinary working and leadership between our People Division and Estates Department with the health and wellbeing of our staff a central focus to ensure we build a place for them that is meaningful and impactful.

Our Space will provide our teams with:

1. A place they can go to pause and relax away from their work environment.
2. A space to connect as a team facilitated and supported by the Health and Wellbeing services.
3. Recognition that ‘its ok to not be ok’ and to provide a confidential, supportive environment for scheduled appointments with the Health and Wellbeing team.
4. An information Hub where staff can find out about Health & Wellbeing initiatives, workshops, and events and how to access confidential support.

The NHS Pastoral Care Quality Award for International Nurses

We have been recognised nationally and awarded the NHS Pastoral Care Quality Award for International Nurses, in recognition of our commitment and drive to provide exceptional pastoral care to our internationally educated nurses and midwives. Our international support function is a true partnership between our Nursing and People teams, and we are fortunate to have such a talented and high-performing team people who provide tailored and high-quality pastoral support, ensuring our new recruits feel supported and valued.

Pulse Survey

We received the results of our quarterly NHS People Pulse Survey and have been pleased that we have seen slight increases across a couple of areas including engagement, motivation, and involvement, which is testament to our focus on building a positive culture and environment for our colleagues. Despite operational pressures I am grateful to those who filled in the survey and were able to tell us how they were feeling at that point in time, the Pulse is a useful tool for us to measure our culture over time and is one of the many ways that our colleagues can feed back to us. We still have a lot of work to do, and we are working closely with our Staff Networks and People teams as this remains a priority for myself and the Trust.

Learning & Development

We have recently piloted a cohort of staff who took part in a course, learning management fundamentals. As a result, we’ve made the decision to retain this as a core programme for our managers at NGH with a lot of support and encouragement from our teams. This supports our Group leadership development offering and was co-produced alongside our managers to understand what they needed, and what they would value in order to develop. This is vital so we can support our current management and develop our future leaders.

Digital

The procurement of our new Electronic Patient Record system continues at pace. We have now received bids and work is now taking place to assess them. In recent weeks we have further improved engagement across the Trust via divisional leadership and we have involved representatives from all roles and areas throughout the Trust to ensure a diverse set of views. We are looking forward to the supplier visits and system demonstrations in the coming weeks so we can understand the full potential of the systems, with minimal impact on clinical colleagues as their views are crucial. We hope to finalise our preferred supplier in the summer with work then taking place to develop our business case and plans, we expect the new system to begin implementation in March 2024 with a rollout expected to take around 18-24 months depending on supplier.

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

Dedicated to excellence

Northampton General Hospital NHS Trust

Cover sheet

Meeting	Board of Directors (Part I) Meeting in Public
Date	9 June 2023
Agenda item	5

Title	Board Committee summaries and the Integrated Governance Report (IGR)
Presenters	Executive Directors
Author	Natasha Chare, Group Chief Digital Information Officer Richard May, Group Company 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 Integrated Governance Report (IGR) provides a mechanism to provide a holistic overview to both KGH and NGH's performance to support overarching governance of the respective Trust boards in promotion of assurance and continuous improvement. Board Committee summaries enable the Board of Directors to be assured around	The IGR is produced on a monthly basis and is presented at each public Board on a bi-monthly basis. Board Committees, May-June 2023

organisational performance on an exception reporting basis. 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.	

Executive Summary

The Integrated Governance Report provides a mechanism to provide a holistic overview to both KGH and NGH's performance to support overarching governance of the respective Trust boards in promotion of assurance and continuous improvement. Over recent months, both Trusts have been working to align their metrics under the ownership and responsibility of committees, which monitor the delivery of our Group Dedicated to Excellence Strategy.

Following review at committees during May 2023, the Group Chief Digital Information Officer has met with Executive colleagues who have reviewed and approved their accountable metrics and commentary published as part of this pack.

Key next steps discussed amongst Executive colleagues this month:

- Refinement of sign off process for IGR pack
- Increasing oversight of IGR progress by incorporating IGR status into existing meetings (i.e. Group Executive Meeting) and live tracking spreadsheet to be shared to give ease of oversight for Execs
- Working with national teams (NHS England) to further improve the IGR reports – both back-end and front-end reporting
- Committee attendance by Health Intelligence colleagues to listen to IGR update and capture any key actions re. metric development.

Appendices

Board Committee Summaries, April – May 2023
Integrated Governance Report, May 2023
Finance Report, Month 1 (30 April 2023)

Risk and assurance

The appendices provide key controls and assurances to inform the effective management of strategic risks, set out in the Group Board Assurance Framework.

Financial Impact

No direct implications relating to this assurance report.

Legal implications/regulatory requirements

No direct implications relating to this assurance report.

Equality Impact Assessment

Neutral

BOARD COMMITTEE SUMMARIES

Northampton General Hospital Board of Directors Meeting: 9 June 2023

AGENDA ITEM 5

Group Strategic Development Committee: 13 April 2023

Group Digital Hospital Committee: 26 April and 11 May 2023

Group Transformation Committee: 17 April and 15 May 2023

Group Finance and Performance Committee: 25 April and 24 May 2023

Audit Committee: 26 April 2023

Group People Committee: 27 April and 25 May 2023

Group Clinical Quality, Safety and Performance Committee: 28 April and 26 May 2023

Elective Care (Lead Provider) Collaborative Committee: 3 May 2023

Group Strategic Development Committee Report to the Board of Directors	Date of reporting group's meeting: 13 April 2023

Reporting Director: Stuart Finn

Agenda Item	Description and summary discussion	Decision / Actions and timeframe	Assurance level *
Highlight Report	There had been no update from the national team on the main new hospital scheme (KGH). The national team has informed KGH that it would receive a further £1.06M to maintain the programme team for FY23/24. An update on the Rockingham redevelopment was shared. An option 2 was developed which met the clinical risk and drivers (neonatal and bereavement suite). Areas it did not address were set out in the appendix. The business case and options would be presented to the June Committee.	June-23 (KGH Private Board item: Rockingham)	Reasonable
Community Diagnostic Centres (CDC)	Phase 1 which was the temporary diagnostic capacity was in place. The two spokes were to be in Kings Heath-Northampton and Corby. A professional team had been appointed. A revised plan was coming to the programme board. The aim was for the spokes to be operational by the end of the financial year. The report listed potential areas of risk and there was a possibility that an extra meeting would be needed to oversee/assure decisions are appropriate. It was explained that the CDC programmes are at ICS level, however the ICS cannot hold capital assets, so devolved ownership to the two Trusts. The proposed approach was for Kings Heath to be owned by NGH (workforce/activity/digital responsibility) and the Corby spoke responsibility of KGH.	June-23 (Private Board Agenda)	Reasonable
Net zero carbon agenda	The Committee had been charged with the overview of the net zero carbon agenda. Both sites have green plans and it was in the Group Priorities to ensure delivery of these. A consultant team had been appointed to provide the plan for the de-carbonisation scheme across both sites. A report on the progress and assurance going forward work was being done and needs to come to the June meeting	June-23	Reasonable

Group Digital Hospital Committee Report to Board of Directors	Date of reporting group's meeting: 26th April and 11th May 2023 (1 of 3)

Reporting Directors: Natasha Chare, Anette Whitehouse

Agenda Item	Description and summary discussion	Decision / Actions and timeframe	Assurance level *
Digital Prioritisation and update on currently prioritised projects	The Group CDIO updated on the process that has been conducted so far to refocus the Digital team's activity on current (circa next 12-18m) organisational priorities from the Digital Strategy, the detailed governance process that is being put in place to surround the continual reiteration of this, and the current outputs. This including clarity on what projects could therefore not be prioritised at present, and remain on the long term backlog. It is anticipated that by the time of the next committee meeting the underlying governance structures will be close to operating as planned. At the May meeting, the committee also received the first set of newly re-focussed reporting on the spotlight projects and discussed the risks and matters for escalation included. Those projects spotlighted at the May meeting were as follows: KGH only: Digital Patient Letters & Pathology order comms NGH Only: EPR Procurement & EPMA (Electronic prescribing). Both Hospitals: Vitals further roll-out, Network upgrades, Northants Shared Care Record (ICB led), & Single sign-on. For context, there remain around 100 projects on the digital 'backlog' (projects previously requested by the organisations which are primarily Digital, or where is a significant contributor), around 40 have been prioritised by the organisation and agreed as feasible for delivery in next 12-18 months, with a further 8 still being debated for this list (but where capacity is not currently available), and a subset of 8 of these are currently 'spotlight' projects which the GDHC has asked to track in more detail (due to their high importance).	-	Reasonable Assurance - whilst agreement on priorities at present, ongoing governance processes are still being set-up to ensure this list remains current.
Committee Terms of Reference and surrounding governance structures	Following feedback from the organisation the committee received and discussed a proposed new terms of reference (and would wish to reiterate the desire for operational and clinical attendance) and also a newly designed set of governance structures (including setting out the exact role of the Board, GDHC, the Strategic Delivery Group and the Hospital Management teams in this process as well as the role of the newly designed groups for digital and operational/clinical engagement). These seek to clarify the relationships between these groups in terms of digital transformation, and promote full engagement (on an ongoing, iterative, basis) in the priorities for digital transformation across the group. The committee was assured that whilst a move to a clearer governance structure for prioritisation would inevitably involve challenges in terms of agility, the new structure would represent a strong enhancement. The proposed terms of reference will be provided to the Board for formal approval.	Terms of Reference to go to June Board meeting	N\A - a matter for decision not assurance.

Group Digital Hospital Committee Report to Board of Directors	Dates of reporting group's meetings: 26th April and 11th May 2023 (2 of 3)

Reporting Directors: Natasha Chare, Anette Whitehouse

Agenda Item	Description and summary discussion	Decision / Actions and timeframe	Assurance level *
Digital Restructure – Update and Initial Lessons Learnt	The committee received an update on the latter stages of the digital team restructure, which will result in a combined group team who can be deployed flexibly to better fit the needs of both hospitals. The report also included the results of a reflective exercise on the lessons learnt - which are to be shared with the Group People team for consideration as part of any further team restructures in the group.	-	Reasonable Assurance
NGH Electronic Patient Record Procurement	The committee received an update on the procurement process: there is now a shortlist of four providers. Initial scoring on the detailed criteria from the business case has been completed, and the bidders are now scheduled to provide detailed demonstration sessions to the organisation and visits to sites currently using the shortlisted providers are also being arranged, with a view to being in the position of making a decision in the late summer. The committee welcomed the update, which gave substantial assurance on the adequacy of the process, and following the risks set out in the update, asked for a note to the next meeting to allow the committee to consider possible contingency plans for the various potential outcomes of the procurement process, particularly initial thoughts/planning as to how the risks inherent in the various potential outcomes will be managed, and how the outcomes will impact on the rest of our digital roadmap, priorities and capacity.	Late summer 2023 proposal to come back to GDHC and then Board.	Substantial Assurance
Health Intelligence – Deep Dive into challenges and proposals for the way forward	The committee received a paper from a deep dive exercise, carried out by the former KGH Digital Director, into the challenges of the Group Health Intelligence team and what development was needed to enable them to meet user needs/desires – something which all acknowledged is a significant challenge at present, and is leaving a gap in our ability to manage our two hospitals as effectively as we might. The paper set out an analysis of the challenges (it is not assessed that these are materially different from those previously understood when 'seed' investment was granted last year), what has been started in the past to begin to lay the groundwork to address these, and how this was spent, and what is still remaining to do to address the shortcomings in our current information provision, along with costings and options. The committee discussed and challenged the content of the report, particularly around the understanding of the root causes of the challenges, the capacity and capability of the current team to oversee the required improvements, and to what could be achieved with no/less additional funds, especially given the current financial environment. The committee was satisfied that the further funding stated was supportable, and that this should progress to the next stage of prioritisation for funding and other resources.	To go to Hospital Management Teams and Finance & Performance Committee in next cycle.	Limited Assurance – approval and funding remains uncertain, as does our ability to resource the delivery of the solutions.
Upward reporting	**Upward reporting to the committee from Operational Meetings, Data Security & Protection Group, and Clinical Design Authority** The committee received reporting from those meetings already in place and operating. However not all groups are yet fully established.	June committee.	Limited Assurance

Group Digital Hospital Committee Report to Board of Directors	Dates of reporting group's meetings: 26th April and 11th May 2023 (3 of 3)

Reporting Directors: Natasha Chare, Anette Whitehouse

Agenda Item	Description and summary discussion	Decision / Actions and timeframe	Assurance level *
Group Board Assurance Framework	Following a separate workshop that was held for committee members to review the adequacy of the Board Level Risk that is managed by the committee, the Group CDIO presented a completely refreshed risk report. The Committee approved the reworked version of the BAF, and were assured that it more accurately captured the risk the committee was managing.	-	Reasonable Assurance – some action owners still to be finalised.

Group Transformation Committee Report to Board of Directors	Date of reporting group's meeting: 17 April 2023

Reporting Director: Rachel Parker

Agenda Item	Description and summary discussion	Decision / Actions and timeframe	Assurance level *
Introduction – context setting	The committee chair suggested that in light of the changeover on the Board of Directors, it may be an appropriate time for the committee to reflect and reset in relation to what was being done as a Group while continuing to move forward. It was acknowledged that there are some areas where there is not full alignment and where it is difficult to make progress against the Group's strategic objectives. The need to prioritise improvements and work on a small number at a time was acknowledged as well as clarity on what needed to be delivered to achieve the Group's vision. The importance of identifying what the Group needs to stop doing was also acknowledged.	n/a	n/a
Strategic Priorities – setting up delivery success	The committee received a report outlining the approach to setting up programmes to deliver the Group's strategic priorities, and the role of the committee in monitoring delivery of these. The committee received reasonable assurance on this item and suggested that there should be one accountable Executive Director in addition to the leads, for each strategic priority.	n/a	Reasonable assurance
Theatre Productivity	The committee received an update on the theatre productivity programme and noted a significant improvement in theatre productivity which is now in the upper quartile nationally for NGH and above average for KGH. The committee noted that further work is required to fully embed the improvement and ensure that the benefit is able to support the delivery of the operational plan and elective recovery targets for 2023/24. Issues regarding leadership and timescales for work going forward were noted.	n/a	Reasonable assurance
Briefing on next steps in responding to reviews of the Group model	The committee had an in-depth discussion about the recommended way forward following two externally led reviews of the Group model. The committee noted the agreed short term actions to respond to the recommendations of these reviews and discussed the draft 'purpose statement'. The need for clear priorities was highlighted, as was the need to be realistic about what can be achieved with the resources available and financial constraints. Medical Directors highlighted the need for the wider involvement of other trusts outside the county in clinical collaboration, such as Milton Keynes and Leicester. The committee was reasonably assured about the continuing collaboration and urged caution in relation to pausing any collaboration work.	n/a	Reasonable assurance.

Group Transformation Committee Report to Board of Directors	Date of reporting group's meeting: 15 May 2023

Reporting Director: Rachel Parker

Agenda Item	Description and summary discussion	Decision / Actions and timeframe	Assurance level *
Foundations for delivery self-assessment	The committee received and noted a report which presented the foundations for delivery self-assessment results. The highlights of the work in progress and the measures being introduced to support improvement were presented to the committee. A need for protected time and clear leadership for quality improvement work to be undertaken was highlighted, as was the importance of culture, awareness and clear communication and engagement. The assessment will be repeated in six months.	n/a	n/a
GIRFT (Getting it Right First Time)	The committee received an update on the GIRFT programme. The committee noted the commitment to GIRFT and that there is a lot of work to do to get the Group to where it wants to be in relation to this. The committee noted that action plans are not yet in place and there is further work to do on the governance of the GIRFT programme.	n/a	Limited assurance
Theatre productivity	The committee received an update on the theatre productivity programme and highlighted the need for workforce plans for both organisations, which will be considered at a future committee meeting.	n/a	Substantial assurance
Clinical Collaboration	The committee received and noted an update on clinical collaboration and was provided with an insightful overview of the data packs that are used to develop the clinical collaboration strategies.	n/a	n/a

Group Finance and Performance Committee Report to the Board of Directors	Date of reporting group's meeting: 25 April 2023

Reporting Director: Rachel Parker

Agenda Item	Description and summary discussion	Decision / Actions and timeframe	Assurance level *
Finance Report Month 12	Public Dividend Capital (PDC) revenue funding was discussed, and it was likely that NGH would require approval from the Group Finance & Performance Committee to submit a request for PDC revenue funding. Therefore, the Group Finance & Performance Committee approved requests for PDC revenue funding up to the amount of the planned deficits for the year. The Committee also approved the request for KGH.	-	-
CDC Governance and workforce plan	An update on progress made with the CDC was shared. The third phase focused on the second business case. The national and regional team were aware and supported with the timeline of the end of June. Capacity and demand had been forecasted and the Ops team were aware. MRI/CT would be added as demand grows.	June 23 (Part II Board Agenda)	-
2023/24 Annual Operational and Financial Planning/Annual Plan	The CFO presented the most up to date numbers with the Committee. There had been an improved financial position for 23/24 of a system total deficit of £38.5m. The two Trusts had committed to an improvement circa £1.5m each. The plan of £38.5m would be shared with NHSE and the CFO would update the Committee on the outcome.	June 23 (Part I Board Agenda)	-
Estates Compliance Report	There had been a fire on 13 March at NGH. It was classed a significant incident and was reported to RIDDOR. The Fire Service has walked through area and completed a fire risk assessment. The Committee was informed of a water leak on 01 and 02 April. There would be learning from both incidents.	-	-

Group Finance and Performance Committee Report to the Board of Directors	Date of reporting group's meeting: 24 May 2023

Reporting Director: Rachel Parker

Agenda Item	Description and summary discussion	Decision / Actions and timeframe	Assurance level *
Rockingham Business Case	The business case was received by the KGH attendees. It was discussed that the business case related to the remodelling of Rockingham and not the redevelopment. The option was the best affordable option. There was no additional workforce or increased revenue associated with this (aside from capital charges). The KGH attendees **approved** the business case	Approved – for Board approved (Part II agenda)	-
CDC Business Case	The business case had been presented to the April-23 Committee in which the Committee supported the writing of the business case. The timeline had now shifted to sooner due to the secretary of state advising no CDC approvals post June-23. The Integrated Care Board has been consulted on the paper and has suggested amendments, these would be incorporated and recirculated to the Committee. The CDC would focus on Endoscopy, with additional MRI/CT as demand increases, subject to agreement from this committee at each incremental increase. The Committee **approved** the business case.	Approved – for Board Receipt (Part II agenda)	-
Finance Report month 1 (23/24)	The CFO advised that there was a request required to draw down funding/cash support up to £5m per Trust. As the two Trusts had agreed a breakeven plan, they could not request cash to fund a deficit, however could submit a request to support working capital. The Group Finance and Performance Committee **approved** and **authorised** the request for both NGH and KGH to NHSE for PDC funding/cash support up to the value of £5m per Trust.	Approved	-
Board Assurance Framework – Deep-dive	The Committee discussed BAF risk UHN04 – in which **reasonable** assurance was given. The Committee also discussed BAF risk UHN05 – in which **limited** assurance was given due to the aging site and infrastructure.	-	Reasonable Limited
Annual Plan Efficiencies	The Committee was presented an update. A Programme Management Office had been put in to the structure to track efficiencies and ensure delivery of them. There had been work done on executive accountability with an update to be included in next months report.	June-23	-

Audit Committee Report to the Board of Directors	Date of reporting group's meeting: 26 April 2023

Reporting Non-Executive Director: Elena Lokteva

Agenda Item	Description and summary discussion	Decision / Actions and timeframe	Assurance level *
Counter Fraud Training	The Committee expressed concern that counter fraud training was still not aligned across the Group. Chair to escalate to Board	June-23	
SICA Report	The Committee received updates from executive leads on their overdue recommendations. There was an increasing number of overdue recommendations and executive leads would continue to be invited to Audit Committees to provide an update	-	Limited
Internal Audit Annual Report 2022/23	TIAA had provisionally awarded NGH reasonable assurance, however noted that there were audit recommendations still outstanding, and it was concerning that there was a risk of the rating being downgraded.	-	Reasonable
Financial Governance Report	The Committee agreed that the format and content needed to be reviewed/aligned with KGH, with the update version to be presented to the September Committee.	Sep-23	-
Group Board Assurance Framework & Corporate Risk Register	This received the Committee's endorsement of the design/process however concerned about the embedding of this. The Chair asked if there was a clear connection from the recommendations from internal audit to the corresponding BAF risks. This would be discussed an update included in the June report.	June-23	-
Terms of Reference	To be further updated to include the Medical Director and revised financial governance report. A revised version to be presented to the June-23 Committee.	June-23	-

Group People Committee Report to the Board of Directors	Date of reporting group's meeting: 27 April 2023

Reporting Director: Paula Kirkpatrick

Agenda Item	Description and summary discussion	Decision / Actions and timeframe	Assurance level *
Nursing, Midwifery and AHP Strategy Update	The Committee received an update on each of the pillars within the strategy. Discussion took place on the benefits of Shared Decision Making Councils at NGH, and whether more were needed and what could be done to spread this positive initiative to KGH.	-	-
Deep-dives	The Committee received deep-dive presentations on: Workforce Planning – HCA and Workforce Planning – Maternity.	-	-
Culture	The Committee received presentations on: Culture and leadership programme update/racism, Dedicated to Excellence Engagement Plan, the Anti-Racism Plan, which all generated discussions.	-	-
BAF Deep-Dive	The Committee was asked to feedback on the BAF and whether it addressed the risks held by the Committee. The detailed description of the Group People Plan risk was queried and whether more simple language could be used to manage the risk	-	-

Group People Committee Report to the Board of Directors	Date of reporting group's meeting: 25 May 2023

Reporting Director: Paula Kirkpatrick

Agenda Item	Description and summary discussion	Decision / Actions and timeframe	Assurance level *
Maternity Annual Report	The committee thanked the maternity leads for the report asking that during the next iteration that there was increased narrative regarding the voice of the patient	-	Substantial Assurance
The Guardians of Safe Working	It is evident that the planned workforce review will enable the organisations to understand the pressures on rotations & rotas. Alongside this, in advance of the next cohort of doctors in training this year, clarity is required on the management of short notice leave in rotas and the well-being offer to the doctors in training.	-	Reasonable Assurance
Freedom to Speak Up (FTSU) Report	There were helpful discussions regarding themes of fear and futility in speaking up; similar to the national staff survey. The evidence demonstrated the FTSU leads are known and accessible. They were able to demonstrate progress against strategic domains and how challenges have led to improvements.	-	Reasonable Assurance
Safer Staffing Report	The safer staffing report led to detailed discussion about the data, both accuracy and presentation. Equally, understanding what is driving some of the data needs to be explored. The committee congratulated the Directors of Nursing on their achievements including at NGH, the Pastoral Care Award, and at Kettering the roster improvements and the ongoing progression within CYP services.	-	Reasonable Assurance
BAF	The Committee reviewed and endorsed revisions to the risk description, controls, assurances and actions in respect of the risk within its area of responsibility and, whilst concerned in respect of the overall risk score (likelihood and impact), indicated its assurance in respect of the actions, planned and underway, to mitigate this.	BAF at agenda item 7	Reasonable Assurance
People Plans	Our people teams are to be congratulated on the pressure they are working within whilst developing programmes to increase our support for staff.	-	-

Group Clinical Quality, Safety and Performance Committee Report to Board of Directors	Date of reporting group's meeting: 28 April 2023 (1 of 2)		
Reporting Director: Andre Ng			
Agenda Item	**Description and summary discussion**	**Decision / Actions and timeframe**	**Assurance level ***
Sub group reports	The committee received and noted upward subgroup reports from NGH and KGH Radiation Protection Committees, NGH and KGH Risk and Assurance Committees, KGH Health and Safety Steering Group, KGH Safeguarding Steering Group, NGH Clinical Effectiveness Group and KGH Quality Governance Group. The committee noted limited assurance from KGH HSSG regarding fire evacuation training. The committee is pleased to have subgroup reporting in place and notes that this is not in place for all other committees. The process of upward reporting to the committee is close to reaching full maturity.	n/a	Reasonable assurance
Integrated Governance Report	The committee received the IGR from which it confirms only limited assurance due to the ongoing issues regarding the alignment of data. The committee would like to see these issues resolved by its 25 August 2023 meeting. The committee is receiving additional individual reports to provide the assurance that the IGR is currently not able to provide; the committee has received reasonable assurance from these additional reports.	n/a	Limited assurance
Joint Urgent & Emergency Care Report	The committee received the joint Urgent and Emergency Care Performance report and was substantially assured by this due to the robustness of oversight and controls. The committee noted the challenges highlighted by the Chief Operating Officers in obtaining the data needed to analyse type 1 and type 2 activity for the last three years to be able to compare this pre and post pandemic.	n/a	Substantial assurance
Directors of Nursing Exception Report	The committee received a report from the Directors of Nursing which provided assurance regarding the identification, management, investigation and learning from all quality and safety issues relating to falls, pressure ulcers and infection prevention and control. This is a report requested by the committee while the issues with the alignment of data in the IGR are ongoing.	n/a	Substantial assurance
NGH Patient Safety Report Q3 2022/23	The committee received the report which provided assurance regarding the management, identification and learning from all patient safety incidents at NGH. The committee will start to receive aligned reporting from both trusts from August 2023.	n/a	Substantial assurance

Clinical Quality, Safety and Performance Committee in Common Report to Board of Directors	Date of reporting group's meeting: 28 April 2023

Reporting Director: Andre Ng

Agenda Item	Description and summary discussion	Decision / Actions and timeframe	Assurance level *
Mortality and Morbidity	The committee received and noted the mortality reports for both trusts from which the committee received substantial assurance. The committee noted an in depth review of sepsis mortality at KGH had identified issues with coding and timely administration of antibiotics.	n/a	Substantial assurance
Maternity Safety	The committee received the maternity services joint safety report and noted staff vacancies at both hospitals are high (57 at NGH, 24 at KGH) which is impacting community pathways. The committee was informed that the community midwife venue at Kettering Conference Centre is closing and a tobacco adviser is now in place to address smoking at time of delivery, rates of which are particularly high in Corby.	n/a	Substantial assurance
Safeguarding Report	The committee received the first joint safeguarding report which provided a summary of the safeguarding activity at both hospitals and from which the committee received substantial assurance.	n/a	Substantial assurance.
Industrial Action	The committee received a verbal update on the latest round of industrial action and received substantial assurance that no major issues had occurred at either hospital as a result of this. The impressive level of support that had been given to consultants by Allied Health Professionals and nurses during the latest junior doctors strike was highlighted to the committee.	n/a	Substantial assurance
KGH Children and Young Peoples Improvement Programme	The committee was substantially assured by the overwhelmingly positive feedback that had been received from the CQC following its recent revisit to KGH.	n/a	Substantial assurance

Clinical Quality, Safety and Performance Committee in Common Report to Board of Directors	Date of reporting group's meeting: 26 May 2023

Reporting Director: Andre Ng

Agenda Item	Description and summary discussion	Decision / Actions and timeframe	Assurance level *
Sub group reports	The committee received and noted upward reports from NGH and KGH Health and Safety Committees, NGH and KGH Risk and Assurance Committees, KGH Health and Safety Steering Group, KGH Safeguarding Steering Group, NGH Clinical Effectiveness Group, KGH Quality Governance Steering Group, NGH Safeguarding Assurance Group, NGH Patient Experience and Carer Group and the KGH Patient Experience Group. The committee discussed in detail 62-day cancer waits and the management of patients while awaiting diagnosis and treatment. The committee noted limited assurance from the NGH Safeguarding Assurance Group due to the increase of discharge related to S42 safeguarding concerns. The committee had a detailed discussion about this issue and the ongoing in-depth work in relation to this.	n/a	Reasonable assurance
Integrated Governance Report	The committee received an update on the ongoing work on the IGR. The committee received the current version of the IGR on which Executives will undertake further work. The committee agreed to refer to the Group Digital Hospital Committee, the issues with the quality of the data in the IGR. The committee requests that the Group Digital Hospital Committee seeks assurance on the process for the IGR's construction, data validation and sign off and that it comes back to the Board of Directors with a plan to address these issues.	Refer to Group Digital Hospital committee	Limited assurance.
Maternity Safety	The committee received the maternity services joint safety report and noted digital issues with maternity which it agreed to escalate to the Board of Directors.	Escalate digital maternity issues to Board.	Reasonable assurance
Mortality and Morbidity	The committee received and noted the mortality reports for both trusts from which the committee received reasonable assurance.	n/a	Reasonable assurance
Board Assurance Framework	The committee received and agreed the May 2023 updates to the Board Assurance Framework. The committee confirmed it had received reasonable assurance in relation to this.	n/a	Reasonable assurance

Group Elective Care Collaborative Committee	Date of Committee meeting: 3 May 2023

Reporting Director: Elena Lokteva

Agenda Item	Description and summary discussion	Decision / Actions	Assurance Level
Delegation: Provider Collaborative Innovator Programme	The Committee endorsed proposals for the Trusts to join an NHS England national innovator scheme to provide direct support for the development of collaborative working in local health systems. The Committee commented and provided feedback on the Draft Problem Statement and Goals, set out in the report.	-	Reasonable
Elective Care Collaborative: Priorities for 2023/24	The Committee indicated its in-principle support for pursuing innovative approaches to service delivery during 2023/24, subject to statutory delegations proceeding and in the context of delivery requirements within the 2023-24 ICS Operating Plan	-	Reasonable

*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

NHS
University Hospitals of Northamptonshire
NHS Group

IGR

May 2023

Dedicated to excellence

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).

Patient

KGH | NGH

Committee Name: Integrated Governance Report (I...

GroupName: Patient

0	1	2
Exec comments KGH	Exec comments NGH	Total No. of Metrics

Site	MetricName	Value
KGH	% Patients satisfaction score - Trustwide	89.00%
KGH	Number of complaints	39
NGH	% Patients satisfaction score - Trustwide	90.50%
NGH	Number of complaints	25

Metric	Comment	Site
% Patient Satisfaction Scores	An increase in patient satisfaction % score from 88.8% in March to 90.5% increase in April 2023 Not applicable. Provision of Patient Experience performance reports for review and actions where relevant. Performance to be continuously monitored and escalated to the relevant areas as required should the score drop significantly.	NGH

Summary Table

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

Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance	Assurance
KGH	Patient	% Patients satisfaction score - Trustwide	01/04/23	89.00%	95.00%	81.43%	88.51%	95.59%			Not Consistently Anticipated to Meet Target
NGH	Patient	% Patients satisfaction score - Trustwide	01/04/23	90.50%	95.00%	82.9%	87.89%	92.88%			Consistently Anticipated to Not Meet Target
NGH	Patient	Number of complaints	01/04/23	25	0	7	24	40			Consistently Anticipated to Not Meet Target
KGH	Patient	Number of complaints	01/04/23	39		13	39	64			Consistently Anticipated to Not Meet Target

% Patients satisfaction score - Trustwide

Committee Name: All

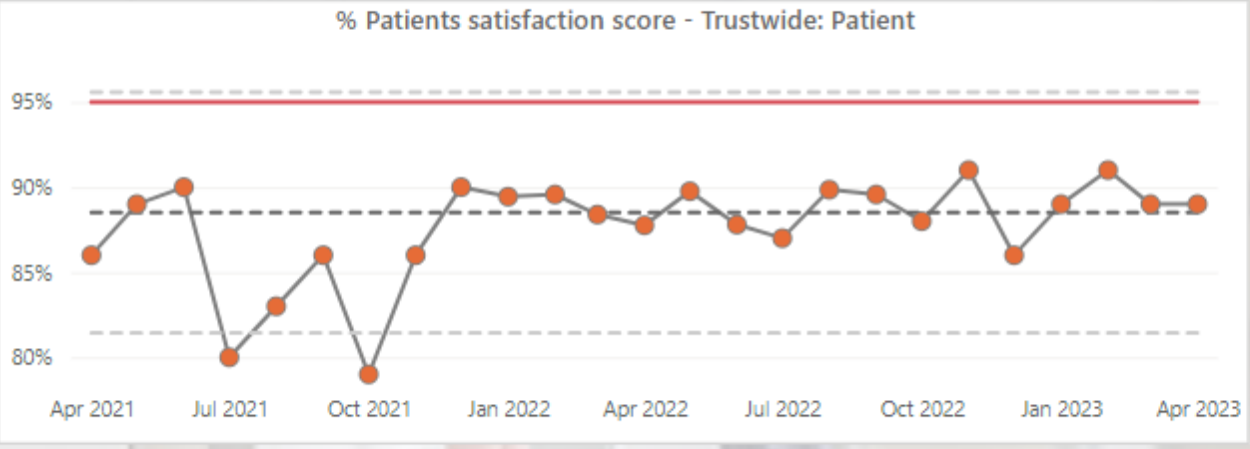
GroupName: All

MetricName: % Patients satisfaction score - Trustwide

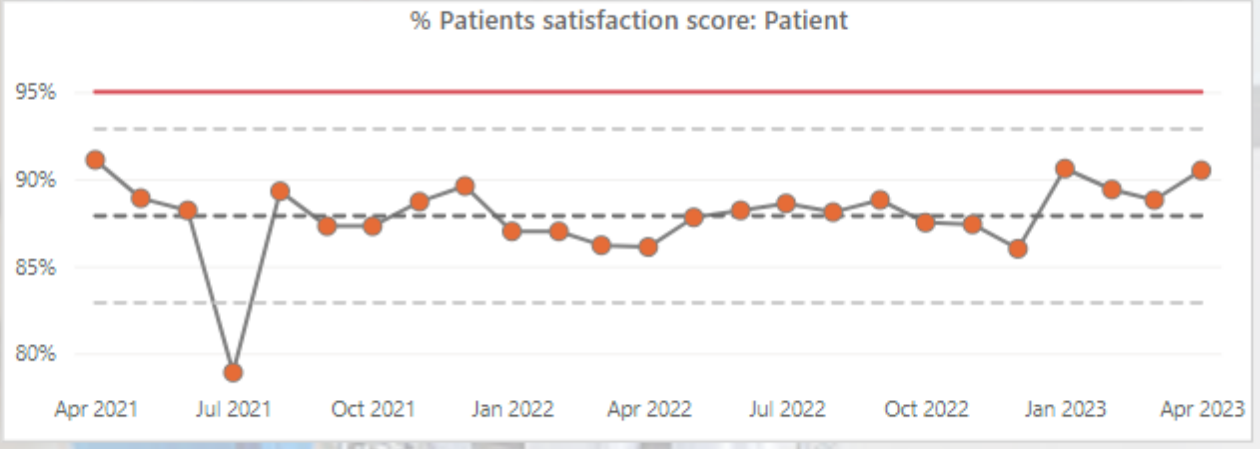
01/04/2019 – 01/04/2023

89.00%	95.00%	90.50%	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	01/04/23	The satisfaction score is calculated by adding together all the "Very good" and "Good" responses, to obtain a percentage from the overall responses.	The satisfaction score remains flat with March 2023.	There has been an increase of 280 feedback responses vs March, however we have robust plans to continue to increase feedback numbers across all patient groups.	Monthly reports sent to departments to share findings and themes of feedback responses. RAG rating now shared with divisions to evidence why participation needs to increase.	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. New targets are being implemented at a department level.
NGH	01/04/23	The satisfaction score is calculated by adding together all the "Very good" and "Good" responses, to obtain a percentage from the overall responses.	An increase in patient satisfaction % score from 88.8% in March to 90.5% increase in April 2023	Not applicable	Publication of the performance improvement to recognise the increase to the satisfaction score.	Provision of Patient Experience performance reports for review and actions where relevant. Performance to be continuously monitored and escalated to the relevant areas as required should the score drop significantly.

Number of complaints

Committee Name: All

GroupName: All

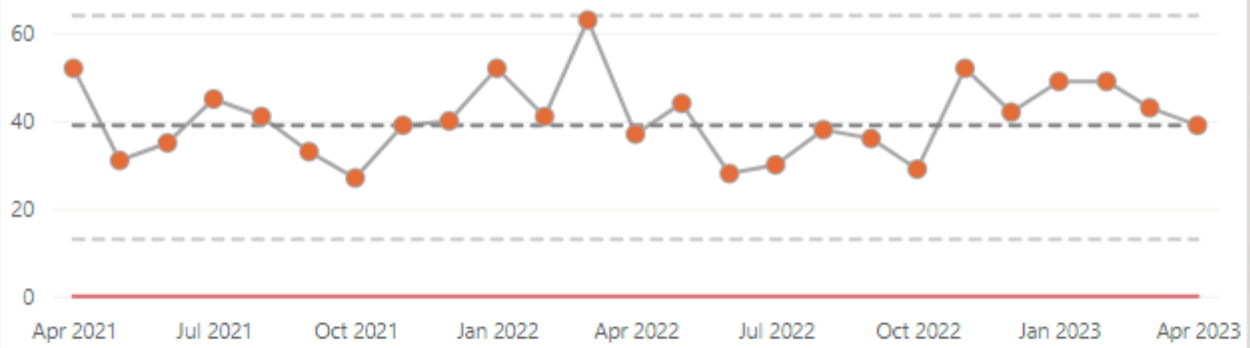
MetricName: Number of complaints

01/04/2019 — 01/04/2023

39	0	25	0
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

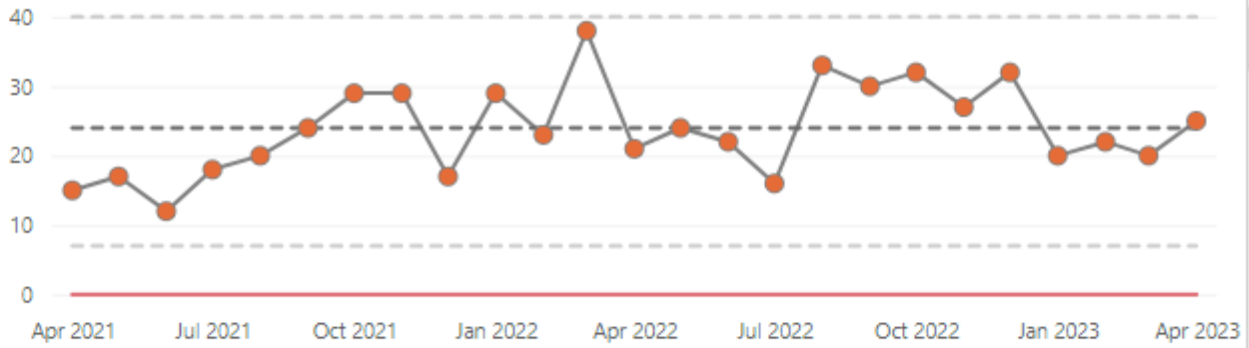
Kettering General Hospital

Number of complaints: Patient



Northampton General Hospital

Number of complaints: Patient



Number of complaints

Committee Name: All

GroupName: All

MetricName: Number of complaints

39	0	25	0
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/04/23	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.	We have had a reduction in the number of complaints logged at KGH.	We have ongoing trends around delay in treatment, communication and attitude. We also are opening more than closing.	Workshop conducted, we are reviewing actioning more complaints with local resolution. Close working with divisions around investigations and support team can give to make timely.	New Complaints Manager
NGH	01/04/23	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 investigated formally decreased when compared to March.	The number of complaints received does not represent the level of complexity associated with those complaints including an increased number of concerns raised with multiple departments and organisations. Although the number of concerns regarding clinical care and communication has also decreased slightly in number, they continue to remain the top two themes. The complaints team work closely with PALS to ensure that where possible local resolution is achieved to support our patients who require support on a more urgent basis.	Currently working with reduced resources due to staffing issues which impacts the ability of the service to provide training, reporting and other initiatives to address the themes.	Divisions have locally held learning action plans that are robustly monitored through governance.

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	Variation	Assurance	Assurance
KGH	People	Quarterly staff engagement score	01/04/23	5.80			0				Consistently Anticipated to Meet Target
NGH	People	People pulse response rates	01/04/23	11.00%			25%				Consistently Anticipated to Meet Target
KGH	People	People pulse response rates	01/04/23	12.00%			24.5%				Consistently Anticipated to Meet Target
NGH	People	Quarterly staff engagement score	01/04/23	6.26			0				Consistently Anticipated to Meet Target
KGH	People	Mandatory training compliance	01/04/23	91.57%	85.00%	87.46%	90.13%	92.8%	H	P	Consistently Anticipated to Meet Target
NGH	People	Mandatory training compliance	01/04/23	86.84%	85.00%	84.29%	85.63%	86.98%	H	?	Not Consistently Anticipated to Meet Target
NGH	People	Appraisal completion rates	01/04/23	77.22%	85.00%	73.56%	76.11%	78.66%		F	Consistently Anticipated to Not Meet Target
KGH	People	Appraisal completion rates	01/04/23	84.09%	85.00%	77.83%	81.28%	84.73%		F	Consistently Anticipated to Not Meet Target
KGH	People	Sickness and absence rate	01/04/23	4.77%	5.00%	3.7%	5.61%	7.51%		?	Not Consistently Anticipated to Meet Target
NGH	People	Sickness and absence rate	01/04/23	4.83%	5.00%	4.53%	6.13%	7.74%		?	Not Consistently Anticipated to Meet Target
KGH	People	Vacancy rate	01/04/23	13.47%	8.00%	7.45%	9.61%	11.77%	H	?	Not Consistently Anticipated to Meet Target
NGH	People	Vacancy rate	01/04/23	11.18%	8.00%	8.57%	9.77%	10.96%	H	F	Consistently Anticipated to Not Meet Target
NGH	People	Turnover rate	01/04/23	7.58%	8.50%	8.13%	8.69%	9.25%	L	?	Not Consistently Anticipated to Meet Target
KGH	People	Turnover rate	01/04/23	9.27%	8.50%	9.41%	10.06%	10.71%	L	F	Consistently Anticipated to Not Meet Target

Summary Table

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

Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance	Assurance
KGH	People	Formal procedures	01/04/23	11		0	5	10			Not Consistently Anticipated to Meet Target
NGH	People	Formal procedures	01/04/23	14			16				Consistently Anticipated to Meet Target
NGH	People	Roster publication performance	01/04/23	36	42	20	27	35			Consistently Anticipated to Meet Target
KGH	People	Roster publication performance	01/04/23	44	42	24	33	43			Not Consistently Anticipated to Meet Target
KGH	People	Time to hire	01/04/23	68.00	91	85.96	85.96	85.96			Consistently Anticipated to Meet Target
NGH	People	Time to hire	01/04/23	78.50	91	101.61	101.61	101.61			Not Consistently Anticipated to Meet Target
KGH	People	Number of volunteering hours	01/04/23	1,605		609	880	1151			Consistently Anticipated to Meet Target
NGH	People	Number of volunteering hours	01/04/23	2,608		1610	2042	2474			Consistently Anticipated to Meet Target

Quarterly staff engagement score

Committee Name: All

GroupName: All

MetricName: Quarterly staff engagement score

01/04/2019 – 01/04/2023

5.80		6.26	
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	01/04/23	Quarterly staff engagement score	Involvement scores have continued to decline, with a 7% drop in 'frequent opportunities to show initiative' and 5% drop in 'able to make suggestions to improve the work of my team'. This was seen most in Urgent Care and Medical specialties and Medical wards.	Staff Survey fatigue	* looking to launch culture/dedicated to excellence partners in line with NHS England Culture and Leadership programme * Review and creation of dedicated to excellence engagement strategy	* Lets Talk (KGH) Sessions * next review is July 2023
NGH	01/04/23	Quarterly staff engagement score	NGH saw slight increases in 2 of the 3 Involvement questions. There were: 2% increase in opportunities to show initiative, and 1% increase in making suggestions to improve my team. There was no change in 'able to make improvements happen'. The greatest drop in involvement was seen in 'Anaesthetics, Pain, Critical Care and Theatres' directorate.	Staff Survey fatigue	* looking to launch culture/dedicated to excellence partners in line with NHS England Culture and Leadership programme * Review and creation of dedicated to excellence engagement strategy	* Connect Explore Improve (NGH) Sessions * next review is July 2023

People pulse response rates

Committee Name: All

GroupName: All

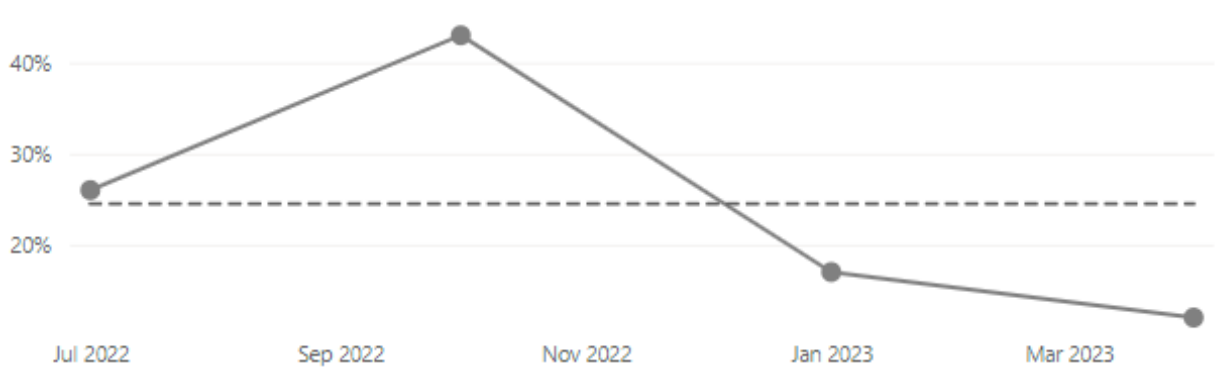
MetricName: People pulse response rates

01/04/2019 – 01/04/2023

12.00%		11.00%	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

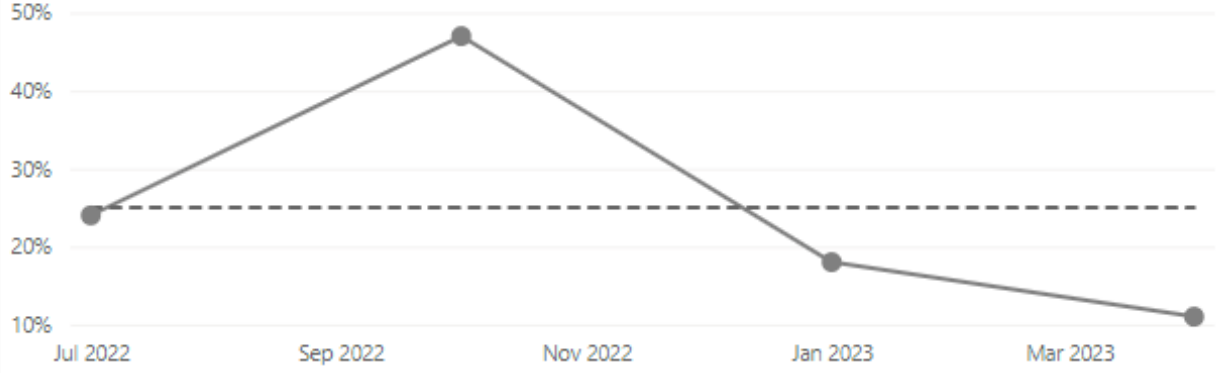
Kettering General Hospital

People pulse response rates: People



Northampton General Hospital

People pulse response rates: People



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/04/23	People pulse response rates	Staff Survey response rates, Q1 – Jan (People Pulse), Q2 – April (People Pulse), Q3 – Jul (People Pulse), Q4 – Oct (National Staff Survey). Response rates are within common cause variation, There is limited correlation between response rates and high scores, with national response rate being around 15%	Several comments in the survey and through feedback have been received about survey fatigue and we have reduced the volume of reminders to reflect this, which may explain the reduced response rate.	Review comms plan against Dedicated to Excellence Strategy.	Divisional action plans working with Business Partners
NGH	01/04/23	People pulse response rates	Staff Survey response rates, Q1 – Jan (People Pulse), Q2 – April (People Pulse), Q3 – Jul (People Pulse), Q4 – Oct (National Staff Survey). Response rates are within common cause variation, There is limited correlation between response rates and high scores, with national response rate being around 15%	Several comments in the survey and through feedback have been received about survey fatigue and we have reduced the volume of reminders to reflect this, which may explain the reduced response rate.	Review comms plan against Dedicated to Excellence Strategy.	Divisional action plans working with Business Partners

Mandatory training compliance

Committee Name: All

GroupName: All

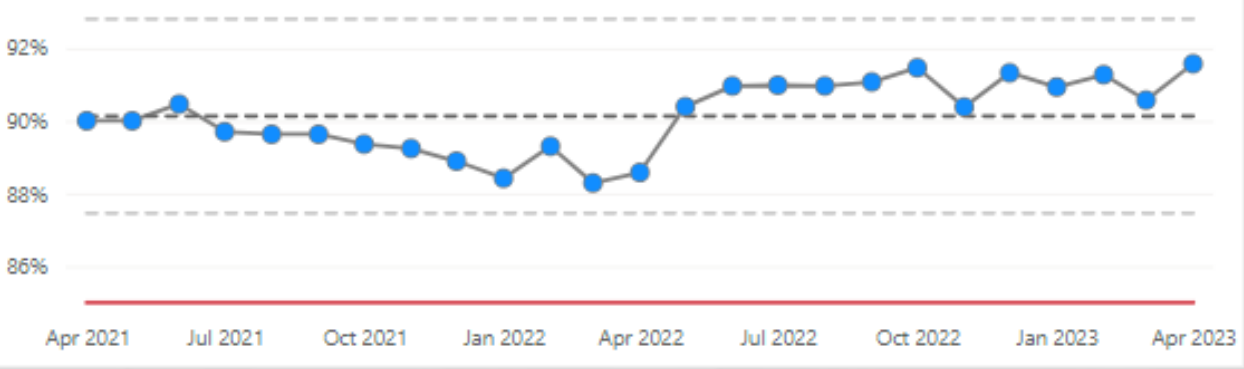
MetricName: Mandatory training compliance

01/04/2019 – 01/04/2023

91.57%	85.00%	86.84%	85.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

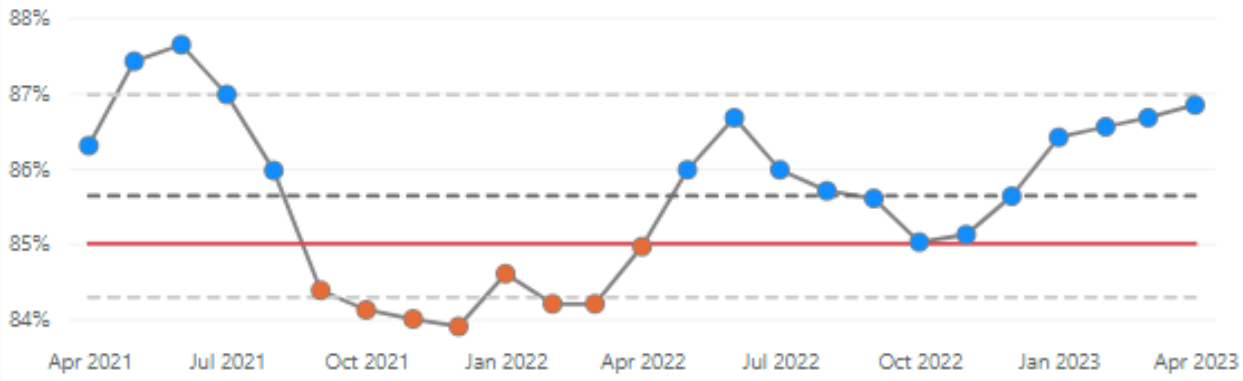
Kettering General Hospital

Mandatory training compliance: People



Northampton General Hospital

Mandatory training compliance: People



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/04/23	% of staff compliant with their mandatory training	The % of staff compliant with their mandatory training profiles	ongoing maintenance of above 90%. key areas continue to be the resus compliance but this is improving with cascade training interventions and the employment of a BLS trainer commencing in period	Increase of resus sessions available. Ongoing targeting and concentrated focus particularly on IG to meet the National data deadline	Flexible access and opportunity to meet competences supporting operational pressure and release time to a minimum.
NGH	01/04/23	% of staff compliant with their mandatory training	The % of staff compliant with their mandatory training profile	All areas are showing improvement and the overall compliance has maintained its improving trend.. MH and IPC maintain areas of focus	Target ting and additional sessions, with DNA's tracked and recorded - and reported to managers for clarity	Staff release time is an ongoing challenge.

Appraisal completion rates

Committee Name: All

GroupName: All

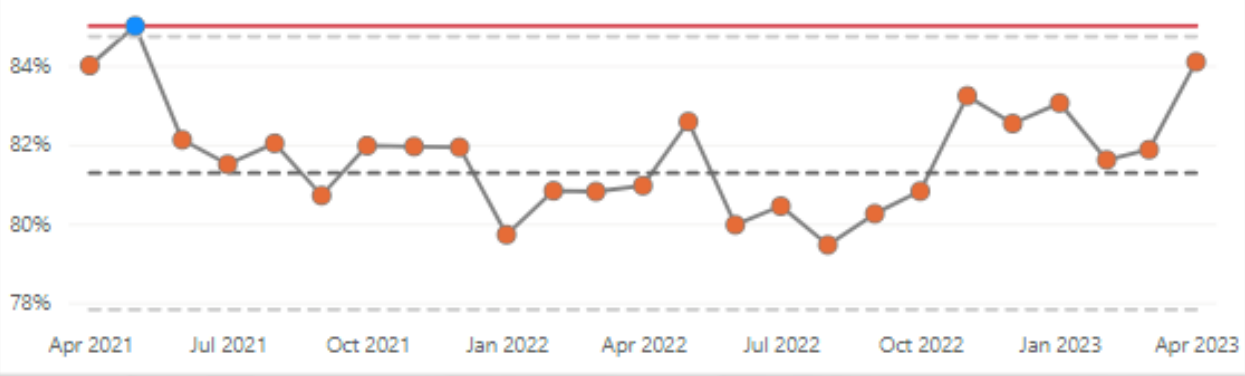
MetricName: Appraisal completion rates

01/04/2019 – 01/04/2023

84.09%	85.00%	77.22%	85.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

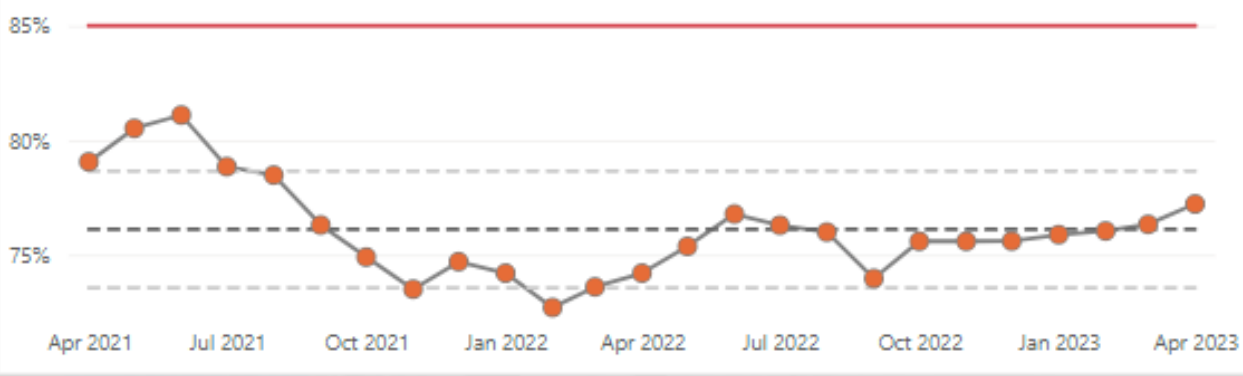
Kettering General Hospital

Appraisal completion rates: People



Northampton General Hospital

Appraisal completion rates: People



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/04/23	% of staff having completed their appraisal	The percentage of staff that have had a documented appraisal on ESR in the past 12 months	There has been improvement in the reporting period due to some targeted interventions. This is resource heavy and is impacted by staffing levels and the continuation of paper based systems	Ongoing focused targeting - review of digital options has started this month with early stake holder engagement	Operational pressures and paper based systems
NGH	01/04/23	% of staff having completed their appraisal	The % of staff that have had a documented appraisal on ESR in the past 12 months	A small improvement again this period . Ongoing Trust acuity and operational pressures together withe the paper based systems	Ongoing targeting of managers and individuals with progress towards a group digital system commenced	Operational pressures and paper based systems

Sickness and absence rate

Committee Name: All

GroupName: All

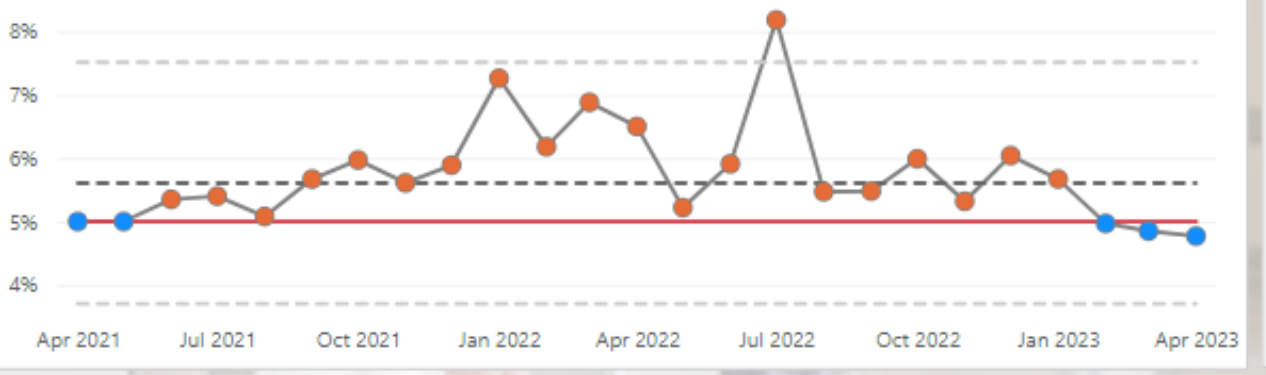
MetricName: Sickness and absence rate

01/04/2019 – 01/04/2023

4.77%	5.00%	4.83%	5.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

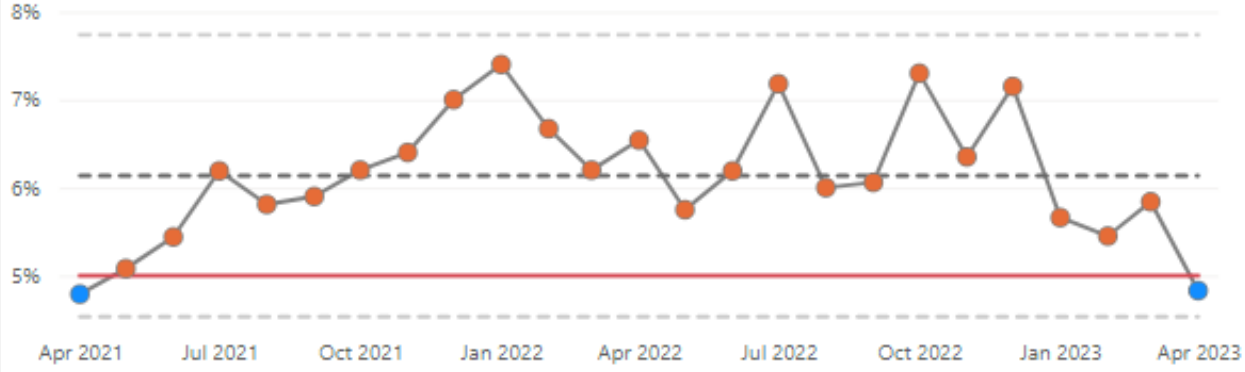
Kettering General Hospital

Sickness and absence rate: People



Northampton General Hospital

Sickness and absence rate: People



Sickness and absence rate

Committee Name: All

GroupName: All

MetricName: Sickness and absence rate

4.77%	5.00%	4.83%	5.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/04/23	% of Staff absent	Currently is below the adjusted target of 5%. Results are within the statistical boundary. Mean absence sitting at 4.77% which is reduced again from the previous month sickness absence reporting of 4.85%. This continues with a reduction in sickness absence trend.	* Short term absences relate to COVID-Flu / Gastroenteritis * Long term absence (over 28 days) relates mental health conditions - in particular anxiety, depression, moral injury and post pandemic trauma are the most prevalence referrals into staff psychology-OH-H&WB services. * Flexible working and workplace adjustments for physical and mental LTCs and neurodiverse conditions remain an issues for managers to balance/ understand with their service requirements and leading to sickness extensions. * Distressed teams are proactively referring to OH-HWB services for interventional support in high demand clinical areas such as theatres, surgery, ED, ICU and anaesthetics. * Management support monitoring and completing return to work and health & wellbeing review meetings are inconsistently being applied. * National Junior Doctor strike are likely to have cause increased sickness absences and continue to be an issue going forward for the Junior Doctors and RCN. * Data analysis of all leave categories taken indicates that carers/parental leave is being reported as sickness absence over holidays periods within the year. * Unplanned absence biggest cause of additional workforce pressures / agency spend	* Targeting areas with high sickness absence (hot spots). High prevalence of very long term sick staff in health care assistant roles. Workforce analysis of impact on retention and recruitment to support and manage completed. Plan to address at recruitment and through clearance the impact of mental health and role specific challenges through OH-HWB-HRBP processes. * Actively managing attendance against absence triggers - in Long Covid cases actively managed and achievement in RTW programme on therapeutic hours and a successful redeployment process. * Sickness Management, Attendance reviews now under way in People Directorate; Heads of Service Workstreams Group; HR policy review group and Sickness Absence-Availability cost efficiency POAP commenced. Co-ordinated approach to improving attendance from recruitment within a preventative framework. * Managing unavailability with a prevention focused approach, reviewing carers, special and disability leave as part of this - important part of reducing agency spend. * Partnership working with unions.	* Wellbeing at Work policy being developed as an "umbrella" approach to preventative-proactive management of staff absence and sickness including both physical and psychological wellbeing. Management and employee toolkits to proactively manage their health being developed with HRBP support and engagement plan. This is the overarching approach to developing a group harmonised attendance management policy and a systematic approach to sickness management across the UHN group. * ACAS case studies and guidance for managers for Mental Health adjustments at work published May 2023 with case examples and recommendations being built into existing training, induction programmes and informational support for managers to learn from. * Continue to provide UHN Group wide Health & Wellbeing Conversations training in a 6 week rolling programme to prevent the impact of mental and physical health deterioration of staff on their service delivery and absences and to engage leaders in their proactive management of staff wellbeing. * Managers and employee health-disability toolkit of resources to be developed in collaboration between HRBPs, H&WB services and OD to ensure that there is accountability of both for both roles in managing staff sickness absence-attendance management including a review of the HSE managers toolkit for workplace stress

Sickness and absence rate

Committee Name: All

GroupName: All

MetricName: Sickness and absence rate

4.77%	5.00%	4.83%	5.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
						management and the implementation of a Health-Disability Passport and a wider set of standardised signposting, support options and clear, simple process to follow.
NGH	01/04/23	% of Staff absent	Sickness absence increased since March 2023 to below 5% for the first time in 12 months.	The most common causes of absence relate to psychological well-being and musculoskeletal conditions. Absence due to Covid continues to be a factor and is monitored on a daily basis	A range of psychological and health and wellbeing initiatives are in place and continue to be developed, which are specifically designed to address psychological related absence and a MSK physio is in place to support staff with musculoskeletal conditions. Manual handling training and DSE support and risk assessments are also in place.	Supplementing absence related unavailability is supported through Bank back-fill in order to maintain critical services. Absence management continues to be supported by HR Business Partners and Advisors in conjunction with managers and OH advice to support those that are absence with a return to work.

Vacancy rate

Committee Name: All

GroupName: All

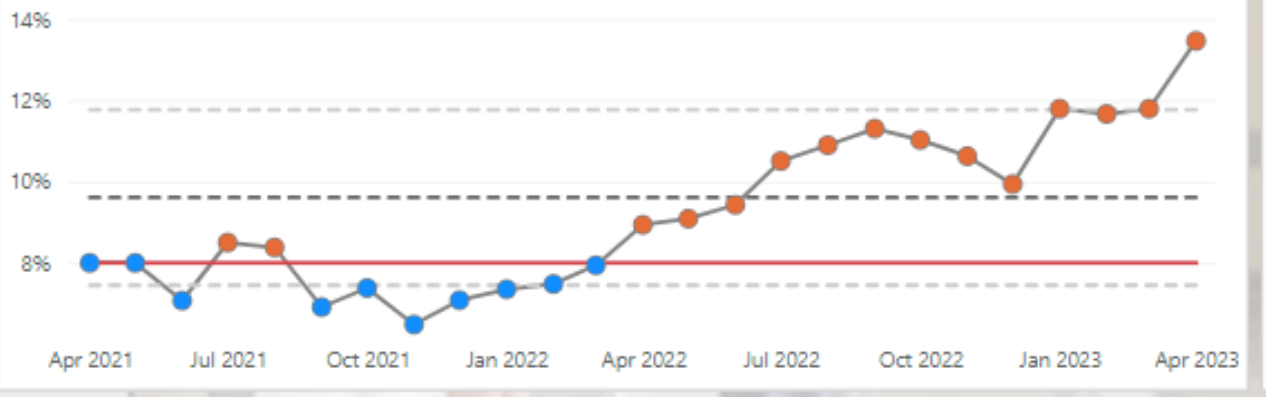
MetricName: Vacancy rate

01/04/2019 – 01/04/2023

13.47%	8.00%	11.18%	8.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

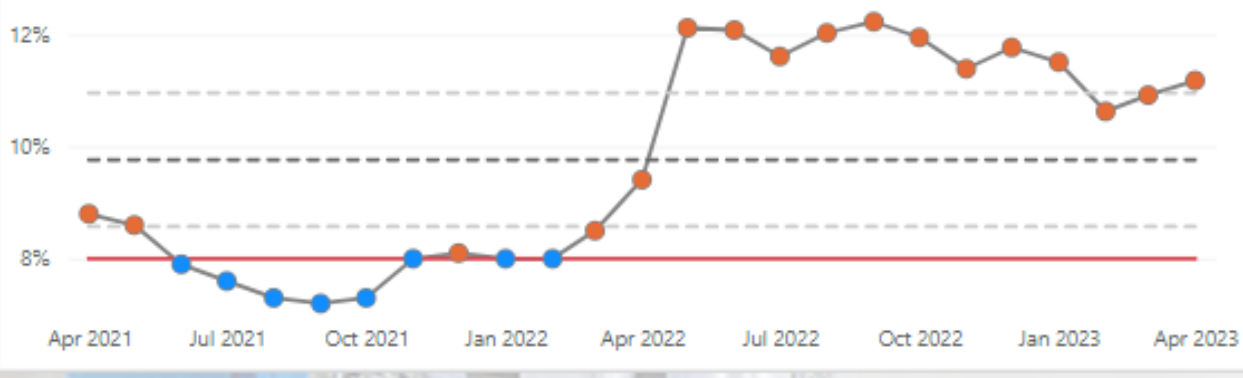
Kettering General Hospital

Vacancy rate: People



Northampton General Hospital

Vacancy rate: People



Vacancy rate

Committee Name: All

GroupName: All

MetricName: Vacancy rate

13.47%	8.00%	11.18%	8.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/04/23	% difference between budgeted establishment and actual establishment	Metric is experiencing special cause variation - trend is showing a negative performance below the mean of 11.80% below the Trust target of 8%	Establishment review in ESR in April 2023 has been brough in line with financial ledger with ESR, creating perception of increase of vacancies (data cleansing issue)	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.	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, a new trust induction format has been launched to support this.
NGH	01/04/23	% difference between budgeted establishment and actual establishment	The value tells us that the 11.49% of budgeted posts are currently vacant.	Particular staff group hotspots for vacancy rates are AHPs, Additional Clinical Services (HCAs), Additional Professional Scientific and Technical and Estates and Ancillary. Factors impacting these particular areas relate to 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 with a total of 40 internationally educated nurses to be onboarded by August 2023 and interviews are already arranged. Funding for a further 20 IENs is in the process of being bid for. 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 transformation programme to look at QI for the recruitment and specifically onboarding process is in the process of being developed with the aim of reducing candidate attrition and improving time to hire. 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

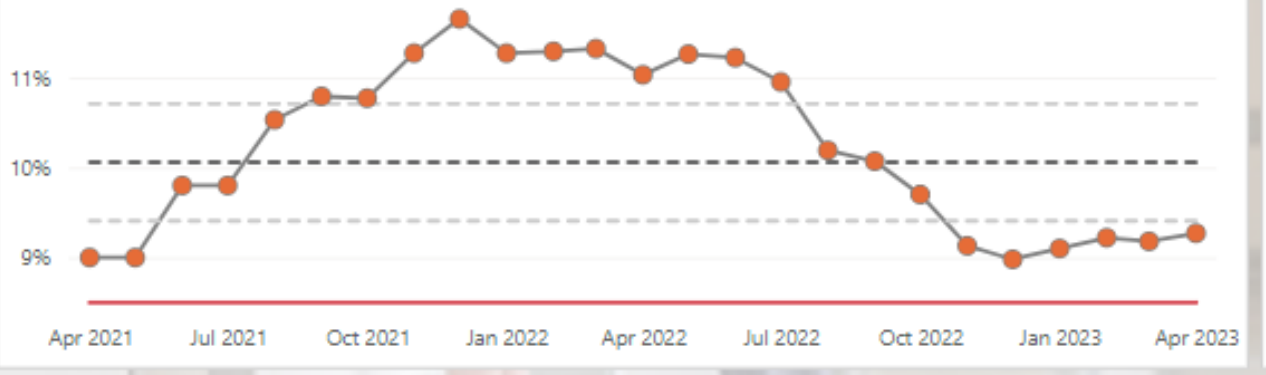
MetricName: Turnover rate

01/04/2019 – 01/04/2023

9.27%	8.50%	7.58%	8.50%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

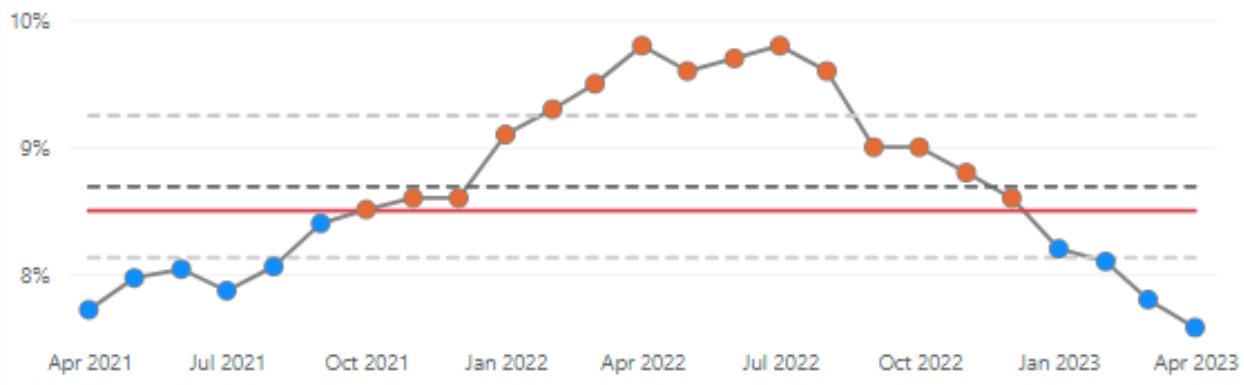
Kettering General Hospital

Turnover rate: People



Northampton General Hospital

Turnover rate: People



Turnover rate

Committee Name: All

GroupName: All

MetricName: Turnover rate

9.27%	8.50%	7.58%	8.50%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/04/23	% 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 9.18% against a Trust target of 8.5%	Turnover has been increasing but this month has seen a decrease. The metric is above the Trust target and increasing. The local labour market has returned to normal activity and increased competition within this market and turnover rates still need to be closely monitored for specific staff groups.	Work is being undertaken to review exit interviews to ensure feedback is being acted upon and to assess the quality of the data and response rate. Divisions are being asked to review any areas of concern following staff leaving. Engagement with staff is still critical to understand staff views and reasons for leaving. The Staff Survey and Pulse Survey results have been received with Divisional Plans to improve and support staff experience. Further work will be planned following the results of the National Staff Survey.
NGH	01/04/23	% of staff leaving the organisation over a 12 month rolling period	The value tells us that the Trusts turnover rate for the month of April is 7.58%	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.	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

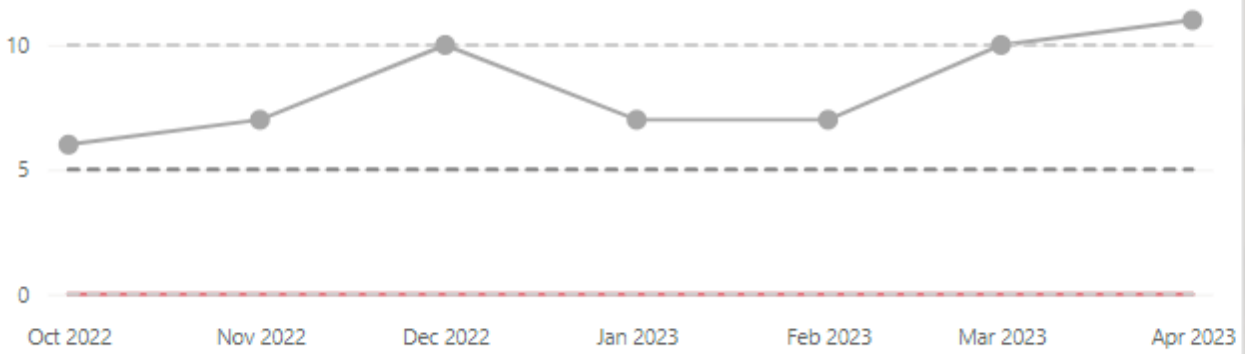
MetricName: Formal procedures

01/04/2019 – 01/04/2023

11		14	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

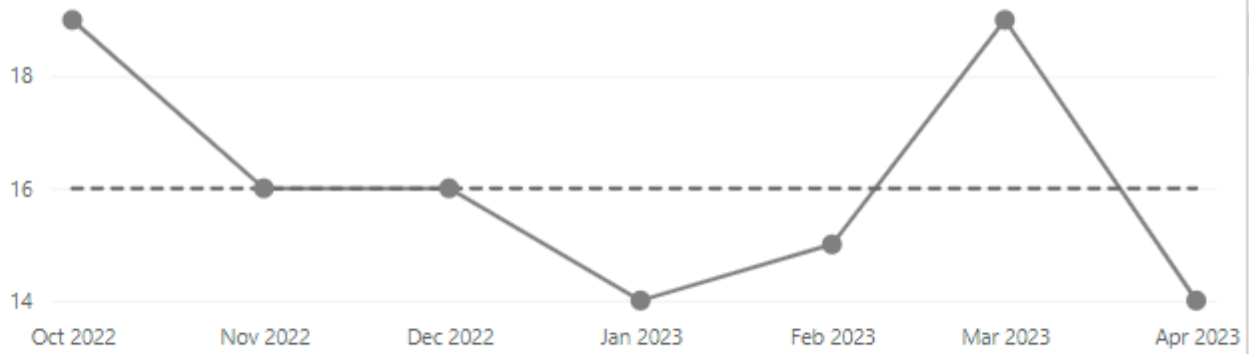
Kettering General Hospital

Formal procedures: People



Northampton General Hospital

Formal procedures: People



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/04/23	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	* Monitoring and maintaining close position on number of formal cases.	* Case management, partnership working with unions and formal supervision, deep dive at board in January 2023 * Disciplinary Policy consultation concluded looking to provide manager toolkit as part of leadership offering * HR/Unions staff being trained on Restorative and Just Culture Trained with provision for role out and further board engagement by September 2023
NGH	01/04/23	Number of formal complaints – active and open	14 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	* Monitoring and maintaining close position on number of formal cases.	* Case management, partnership working with unions and formal supervision, deep dive at board in January 2023 * Disciplinary Policy consultation concluded looking to provide manager toolkit as part of leadership offering * HR/Unions staff being trained on Restorative and Just Culture Trained with provision for role out and further board engagement by September 2023

Roster publication performance

Committee Name: All

GroupName: All

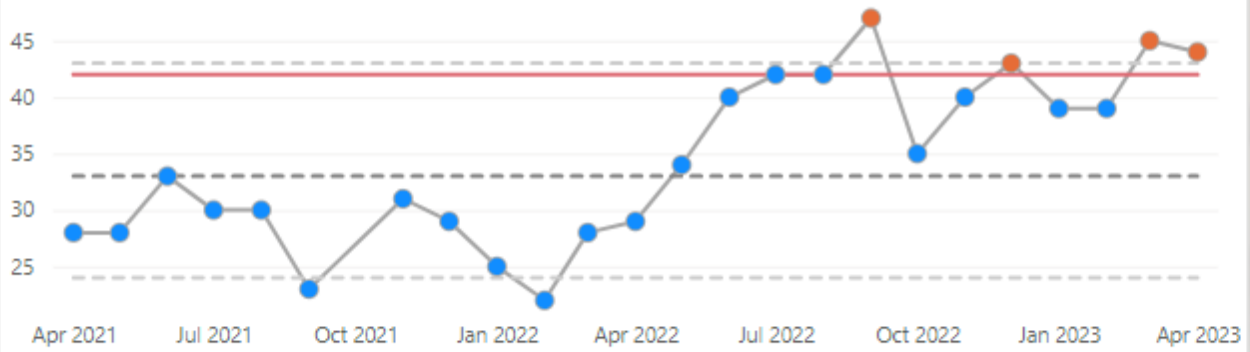
MetricName: Roster publication performance

01/04/2019 – 01/04/2023

44	42	36	42
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

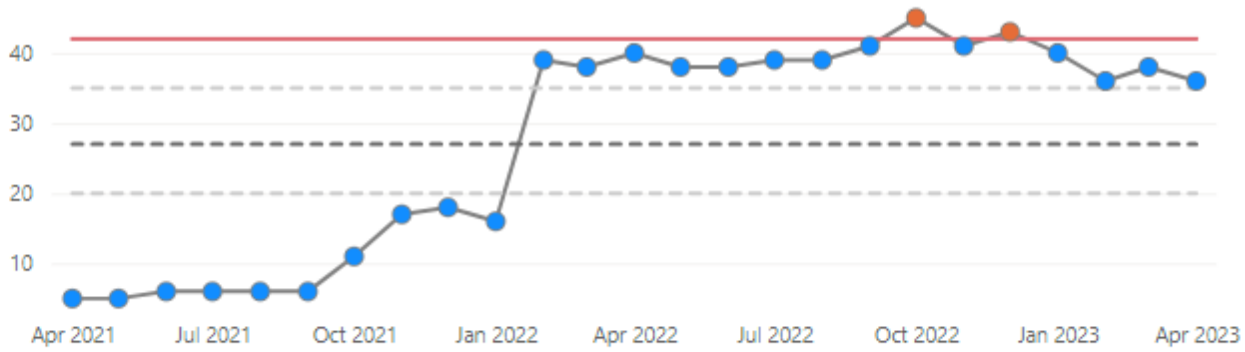
Kettering General Hospital

Roster publication performance: People



Northampton General Hospital

Roster publication performance: People



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/04/23	Nursing Roster Publication times days published before shift 42 days by Trust	Nursing Roster Publication times days published before shift 42 days by Trust	Management time to create and publish roster	Work continues to refine rostering processes to ensure timely publication of rosters in accordance with NHSE/I best practice and compassionate rostering reviews	Compassionate Rostering reviews
NGH	01/04/23	Nursing Roster Publication times days published before shift 42 days by Trust	Nursing Roster Publication times days published before shift 42 days by Trust	Management time to create and publish roster	Work continues to refine rostering processes to ensure timely publication of rosters in accordance with NHSE/I best practice and compassionate rostering reviews	Rostering reviews

Time to hire

Committee Name: All

GroupName: All

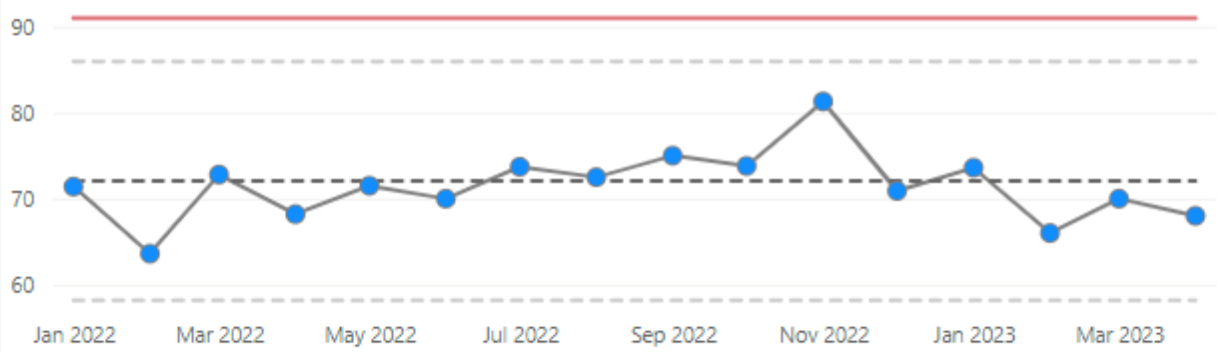
MetricName: Time to hire

01/04/2019 – 01/04/2023

68.00	91	78.50	91
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

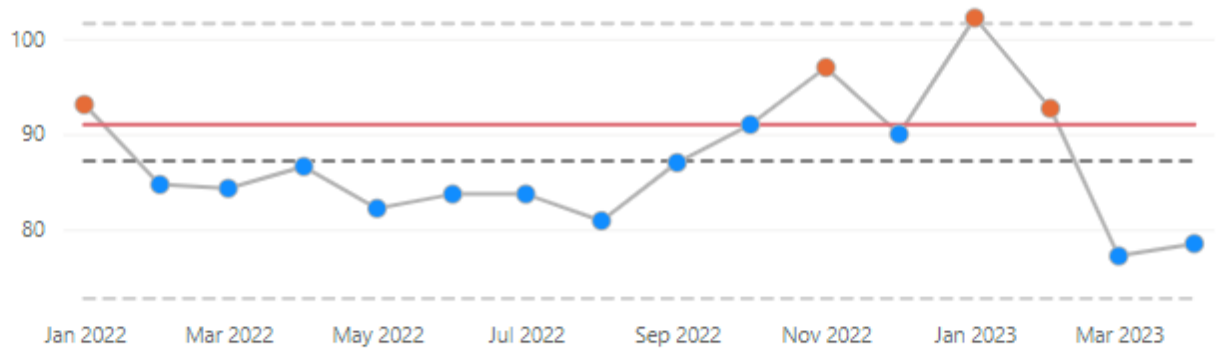
Kettering General Hospital

Time to hire: People



Northampton General Hospital

Time to hire: People



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/04/23	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 issue	Continue with current approach	Not applicable
NGH	01/04/23	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

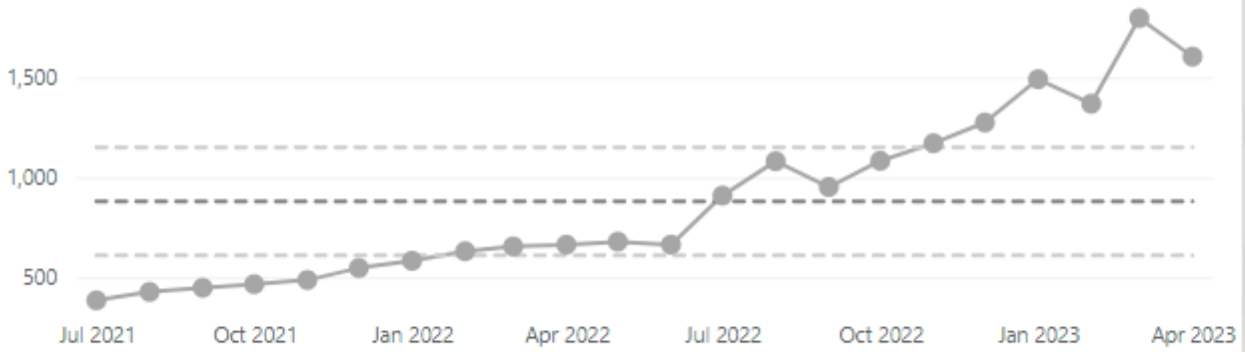
MetricName: Number of volunteering hours

01/04/2019 – 01/04/2023

1,605		2,608	
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	01/04/23	Number of volunteering hours	1605	There was a slight decrease in volunteering hours this month due to holidays and the run up to exams for our student volunteers.	Welfare checks this month for those starting exams	.
NGH	01/04/23	Number of volunteering hours	2608	There was a slight decrease in volunteering hours this month due to holidays and the run up to exams for our student volunteers.	Welfare checks this month for those starting exams	.

Quality

KGH | NGH

Committee Name: Integrated Governance Report (I...

GroupName: Quality

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

Site	MetricName	Value
KGH	Hospital-acquired infections	6
KGH	Never event incidence	0
KGH	Number of medication errors	62
KGH	Safe Staffing	91.11%
KGH	Serious or moderate harms	9
KGH	Serious or moderate harms – falls	0.00
KGH	Serious or moderate harms – pressure ulcers	0.25
KGH	SHMI	108.15

Metric	Comment
Complaints	In April 2023 the performance improved slightly to 42%.
Infection Prevention & Control	The IGR now shows COVID-19 HOPA and HODA per 1000 bed days at 1.22 (19 patients) and 1.09 (17 patients) respectively. There were six Gram negative infections in April. All were COHA, with the sample being taken on admission with there having been an inpatient stay in the last four weeks. The Trust is awaiting the ICB to set the ceilings for IPC for 2023-24.
Falls	There were no falls with harm in April.
Pressure Ulcers	There were two Category 2 pressure ulcers recorded in April. There were no Category 3, 4 or unstageable.

Quality

KGH | NGH

Committee Name: Integrated Governance Report (I...

GroupName: Quality

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

Site	MetricName	Value
NGH	Hospital-acquired infections	10
NGH	Never event incidence	0
NGH	Number of medication errors	124
NGH	Safe Staffing	0.00%
NGH	Serious or moderate harms	47
NGH	Serious or moderate harms – falls	0.00
NGH	Serious or moderate harms – pressure ulcers	11
NGH	SHMI	91

Metric	Comment
Infection Prevention & Control	6 patients developed a healthcare associated C.diff infection (CDI) in April. Post-infection reviews and review meetings are completed for every HOHA and COHA case. The aggregated review of the 2022/23 cases is tabled for IPSG in May 2023 to translate learning into action to inform the 2023/24 CDI Improvement Plan. 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. 17 patients were identified as HODA (a reduction from 21 in March) and 19 HOPA (a reduction from 22 in March). At end of year 222 patients have experienced HODA and 161 HOPA. The annual average HODA/HOPA per average 1000 bed days for 2022-23 is 1.19 and 0.86 respectively. 2020-21 was 1.25 and 1.02. 2021-22 was 0.87 and 0.58. 0 hospital onset healthcare associated MRSA Bacteraemias for April.
Pressure Ulcers	the number of pressure ulcer have decreased in the month of April 2023, there has been no moderate harms. pressure ulcers per 1,000 bed days figure was 0.79. This is a decrease of 0.5 from the previous month.
Falls	The value for April 2023 is 0.0 moderate, severe and catastrophic falls/1000 bed days. This is a reduction of 0.19 when compared to March 2023.There were no moderate, severe or catastrophic falls in the month of April 2023.
Complaints	When agreed extension of time requests are included the response rate is 100% however, when they are excluded the response rate drops to 74%.

Summary Table

University Hospitals of Northamptonshire NHS Group

Committee Name: Integrated Governance Report (IGR)

Group Name: Quality

Metric Name: All

Site: All

Variation: All

Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance	Assurance
NGH	Quality	Serious or moderate harms	01/04/23	47	0	8	26	44			Consistently Anticipated to Not Meet Target
KGH	Quality	Serious or moderate harms	01/04/23	9	8	0	7	15			Not Consistently Anticipated to Meet Target
KGH	Quality	Serious or moderate harms – falls	01/04/23	0.00	0.18	0.46	0.46	0.46			Not Consistently Anticipated to Meet Target
NGH	Quality	Serious or moderate harms – falls	01/04/23	0.00	0.06	0.31	0.31	0.31			Not Consistently Anticipated to Meet Target
KGH	Quality	Serious or moderate harms – pressure ulcers	01/04/23	0.25	0.69	0.95	0.95	0.95			Not Consistently Anticipated to Meet Target
NGH	Quality	Serious or moderate harms – pressure ulcers	01/04/23	11	0	-4	4	12			Not Consistently Anticipated to Meet Target
NGH	Quality	Number of medication errors	01/04/23	124	0	13	68	123			Consistently Anticipated to Not Meet Target
KGH	Quality	Number of medication errors	01/04/23	62		37	78	119			Consistently Anticipated to Not Meet Target
KGH	Quality	Hospital-acquired infections	01/04/23	6	7	1	9	17			Not Consistently Anticipated to Meet Target
NGH	Quality	Hospital-acquired infections	01/04/23	10	7	0	7	15			Not Consistently Anticipated to Meet Target
KGH	Quality	SHMI	01/04/23	108.15	107	111.12	111.12	111.12			Not Consistently Anticipated to Meet Target
NGH	Quality	SHMI	01/04/23	91	100	92	94	96			Consistently Anticipated to Meet Target
NGH	Quality	Safe Staffing	01/03/23	0.00%	96.00%	0%	0%	0%			Consistently Anticipated to Not Meet Target
KGH	Quality	Safe Staffing	01/04/23	91.11%	96.00%	84.98%	91.36%	97.74%			Not Consistently Anticipated to Meet Target
KGH	Quality	Never event incidence	01/04/23	0	0	0	0	1			Not Consistently Anticipated to Meet Target
NGH	Quality	Never event incidence	01/04/23	0	0	-1	0	1			Not Consistently Anticipated to Meet Target

Serious or moderate harms

Committee Name: All

GroupName: All

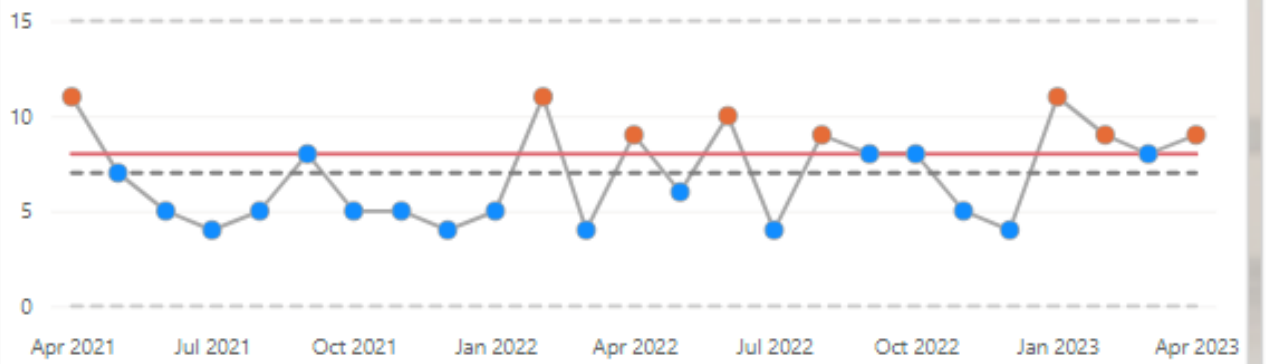
MetricName: Serious or moderate harms

01/04/2019 – 01/04/2023

9	8	47	0
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

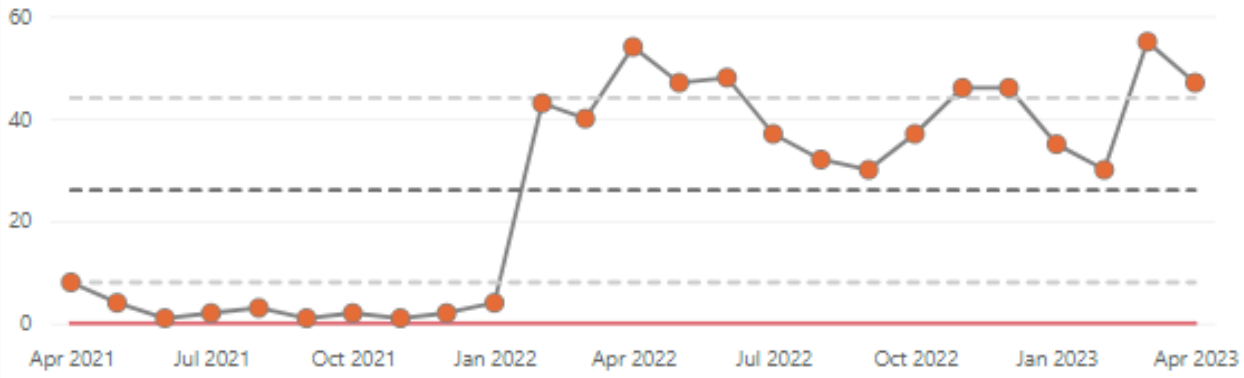
Kettering General Hospital

Serious or moderate harms: Quality



Northampton General Hospital

Serious or moderate harms: Quality



Serious or moderate harms

Committee Name: All

GroupName: All

MetricName: Serious or moderate harms

9	8	47	0
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/04/23	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 equate to 4.17% of all incidents with a patient harm incurred and 1.61% of all incidents reported.
NGH	01/04/23	Patients experiencing moderate, severe, catastrophic harm or patient death as a result of a patient safety incident.	The number of Moderate and above harms recorded on Datix. The 47 incidents above represent unvalidated data, following validation we can confirm there are confirmed reported 23 incidents of moderate harms.	Number of moderate and above harms has decreased from March 2023	Moderate and above incidents are considered in the twice weekly Incident Review Group meeting and declared if they meet the SI Framework 2015 criteria	Serious incidents are investigated using root cause analysis techniques and include recommendations and actions aiming to mitigate against future occurrences

Serious or moderate harms – falls

Committee Name: All

GroupName: All

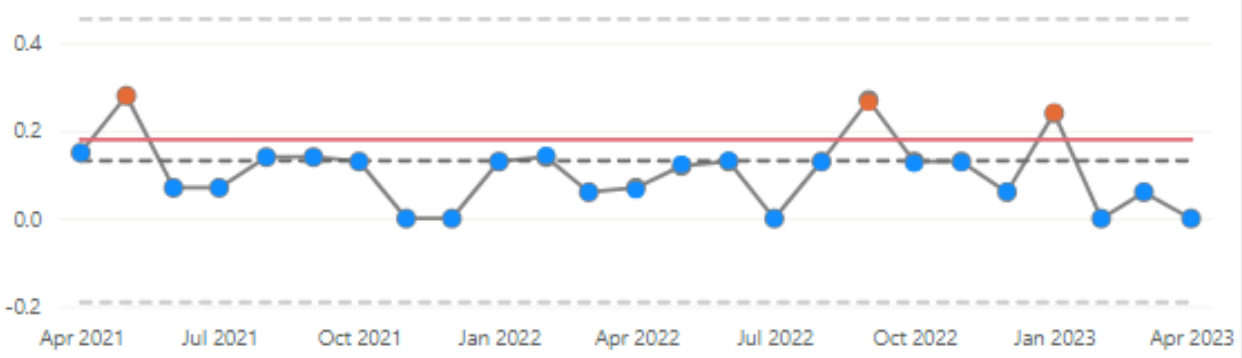
MetricName: Serious or moderate harms – falls

01/04/2019 – 01/04/2023

0.00	0.18	0.00	0.06
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

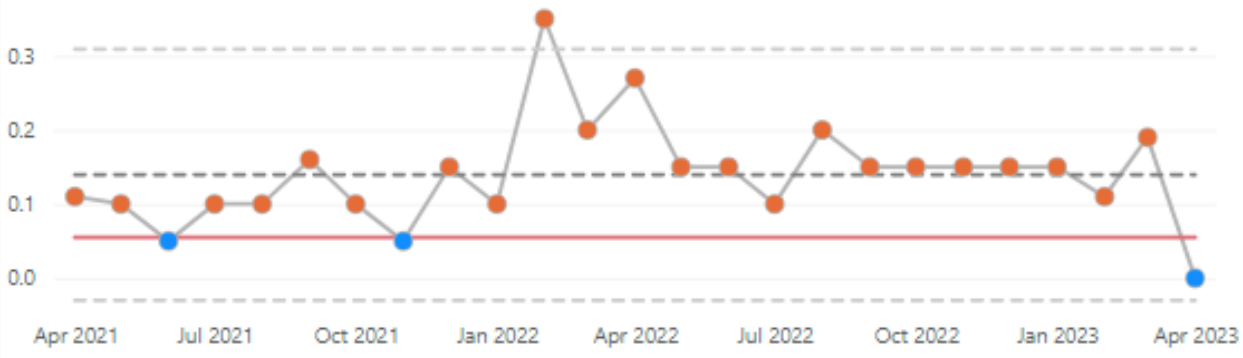
Kettering General Hospital

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	01/04/23	Patients experiencing falls with moderate harm or above per 1000 bed days.	The chart is showing common cause variation with variable assurance	There were no falls with harm in April.	Three weekly focus on falls as part of the Friday Harm Free Care Meetings	Significant work has been undertaken over the last year, with a revision of paperwork and mandatory training for relevant staff. All falls with harm are reviewed by the Falls Prevention Lead and Practice Development Team in conjunction with the clinical area and reviewed by SIRG.
NGH	01/04/23	Patients experiencing falls with moderate harm or above per 1000 bed days.	The value for April 2023 is 0.0 moderate, severe and catastrophic falls/1000 bed days. This is a reduction of 0.19 when compared to March 2023.	There were no moderate, severe or catastrophic falls in the month of April 2023.	Actions remain unchanged.	Mitigation remains unchanged.

Serious or moderate harms – pressure ulcers

Committee Name: All

GroupName: All

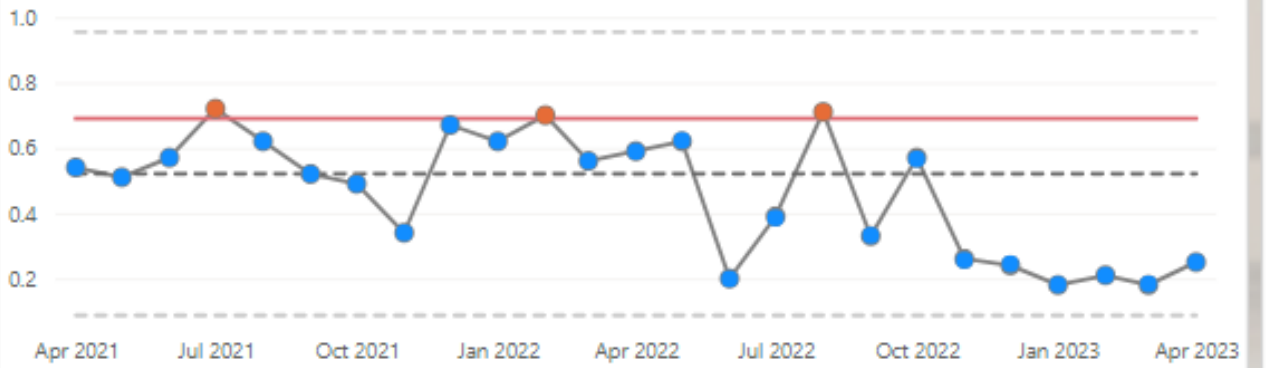
MetricName: Serious or moderate harms – pressure ulc...

01/04/2019 – 01/04/2023

0.25	0.69	11	0
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

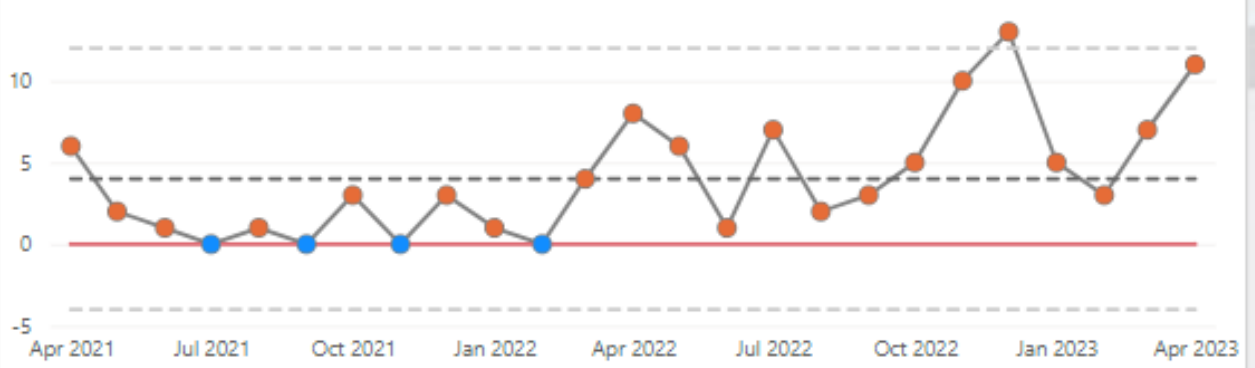
Kettering General Hospital

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	01/04/23	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	01/04/23	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 number of pressure ulcer have decreased in the month of April 2023, there has been no moderate harms.	length of stay in ED The number of device(mainy oxygen) related to pressure ulcer have increase	training is being done for the wards with high numbers of pressure ulcers. advised the areas with device related pressure ulcers to of load the devices by use of equipment and list have been sent to the wards	Increased training for the ward with device related pressure ulcers. They have been asked to be involved in our task and finish group sessions.

Number of medication errors

Committee Name: All

GroupName: All

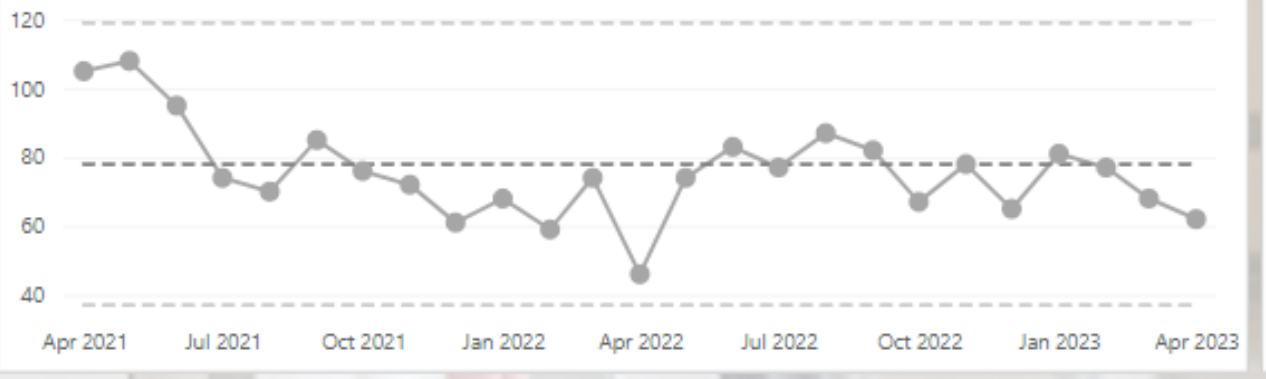
MetricName: Number of medication errors

01/04/2019 – 01/04/2023

62		124	0
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital

Number of medication errors: Quality



Northampton General Hospital

Number of medication errors: Quality

Number of medication errors

Committee Name: All

GroupName: Quality

MetricName: Number of medication errors

62		124	0
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/04/23	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.	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 act on emerging patterns of incidents 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 or process.	In this reporting period 64.51% of all medication incidents were no harms or near misses. Of the incidents where harm was identified 95.45% were low harm. There is one moderate harm for which a briefing paper has been requested for Serious Incident Review Group (SIRG) consideration.
NGH	01/04/23	Medication incidents reported irrespective of subclass of incident (prescribing, dispensing, administering) and irrespective of harm or level of harm.	Reporting of medication incidents is encouraged across NGH. High reporting with no / low harm is considered a good reporting culture. In 2022/23 98-99% of medication incidents reported were no or low harm incidents.	Low reporting may represent an under reporting culture and high reporting a culture of greater openness. Medication incidents are stratified by harm and further analysed for trends.	Incidents reported nationally (via NRLS) and locally for learning. Reporting contributes to patient safety alerts allowing us to learn from mistakes. Themes and trends are monitored through local medicines governance to inform local actions and work programme. Themes from review include storage, labelling errors and omissions.	Continue to encourage reporting and review any / levels of harm. Monitor themes and trends. Liaise through MSO (Medicines Safety Officer) network. Response to alerts and sharing of learning locally.

Hospital-acquired infections

Committee Name: All

GroupName: All

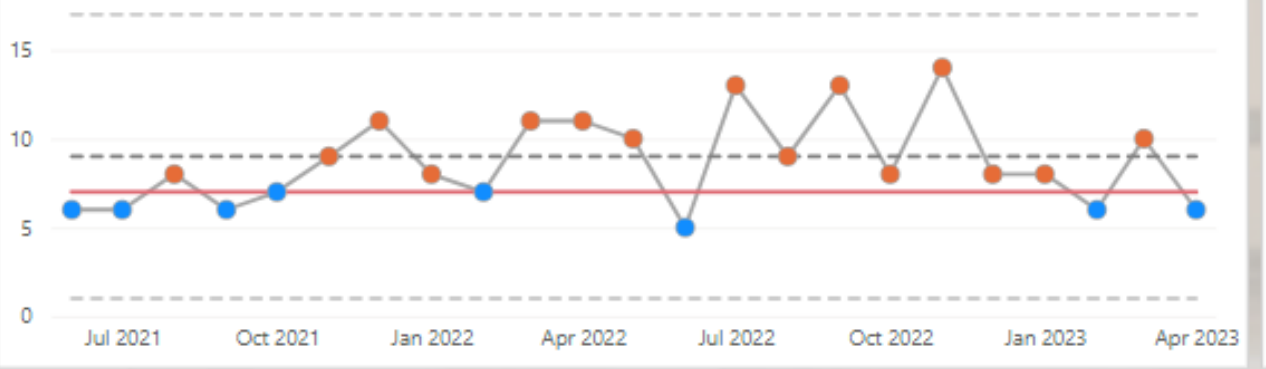
MetricName: Hospital-acquired infections

01/04/2019 – 01/04/2023

6	7	10	7
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

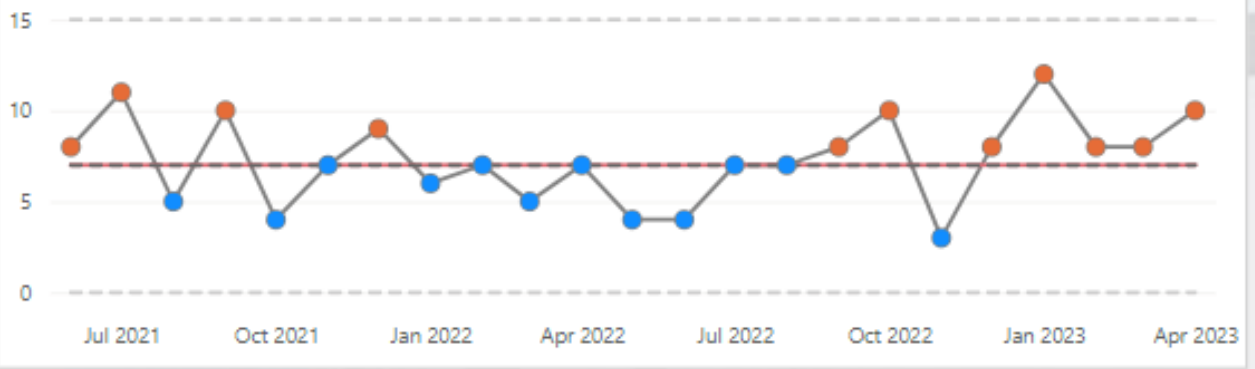
Kettering General Hospital

Hospital-acquired infections: Quality



Northampton General Hospital

Hospital-acquired infections: Quality



Hospital-acquired infections

Committee Name: All

GroupName: Quality

MetricName: Hospital-acquired infections

6	7	10	7
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/04/23	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 Trust is awaiting the ceiling set by the ICB for 2023-24.	The Trust underwent an external visit from NHSE/I regarding the rise in Hospital acquired infections on 23rd March 23. Verbal feedback identified area for improvement acknowledging that the Trust were already aware of these and were proactively working towards improvement prior to the visit. The final report is pending.	All HOHA cases are investigated by the IPC team and depending on the source of the bacteraemia, a post infection review is complete to look for any lapses in care.
NGH	01/04/23	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 10 patients develop a Gram-negative blood stream infection (GNBs) in April.	Currently awaiting NHSE standard contract trajectories for GNB for 2023-24.	For each patient a post infection review has been completed and learning shared via divisional Governance Groups and IPC Operational Group. The Catheter Prevention Ward Round commenced in April and the Take Your Gloves Off Campaign continues through April.	The IPC Team continue to deliver on the GNB section of the HCAI Forward Plan which is monitored through IPC Steering Group. Th IPC Team are part of the systemwide GNB collaborative and regional NHSE GNB collaborative to reduce incidence of these infections. Current workstreams include a systemwide catheter pathway, catheter care in care homes guidance, development of a training app for care home staff with IPC best practice guidance.

SHMI

Committee Name: All

GroupName: All

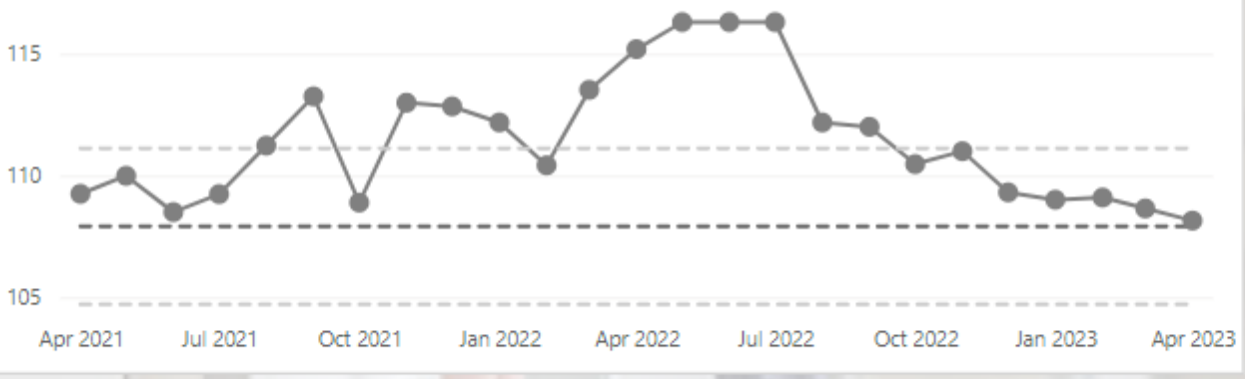
MetricName: SHMI

01/04/2019 – 01/04/2023

108.15		91	
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

SHMI

Committee Name: All

GroupName: All

MetricName: SHMI

4/1/2019 – 4/1/2023

108.15		91	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/04/23	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. The SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. SHMI takes into account more variables particularly co-morbidities and the emergency/elective split of admissions. SHMI records deaths up to 30 days post discharge, combining national HES data with data from the Office of National Statistics. The death is attributed to last admitting Trust and includes all diseases in diagnostic groups and all palliative care patients.	108.15 - as expected range Data period Dec 21-Nov 22	SHMI higher than expected in the Pneumonia group (127.58), as is Septicaemia (except in labour) at 125.20. Cancer of bronchus, lung was also higher than expected at 143.57.	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 8 consecutive months. Further work is being done to understand these higher than expected areas. We continue to work with Doctor Foster data to understand and monitor this metric	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	01/04/23	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. The SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. SHMI takes into account more variables particularly co-morbidities and the emergency/elective split of admissions. SHMI records deaths up to 30 days post discharge, combining national HES data with data from the Office of National Statistics. The death is attributed to last admitting Trust and includes all diseases in diagnostic groups and all palliative care patients.	91 – below expected range. Data period Dec 21-Nov 22	Nil	Nil	Nil

Safe Staffing

Committee Name: All

GroupName: All

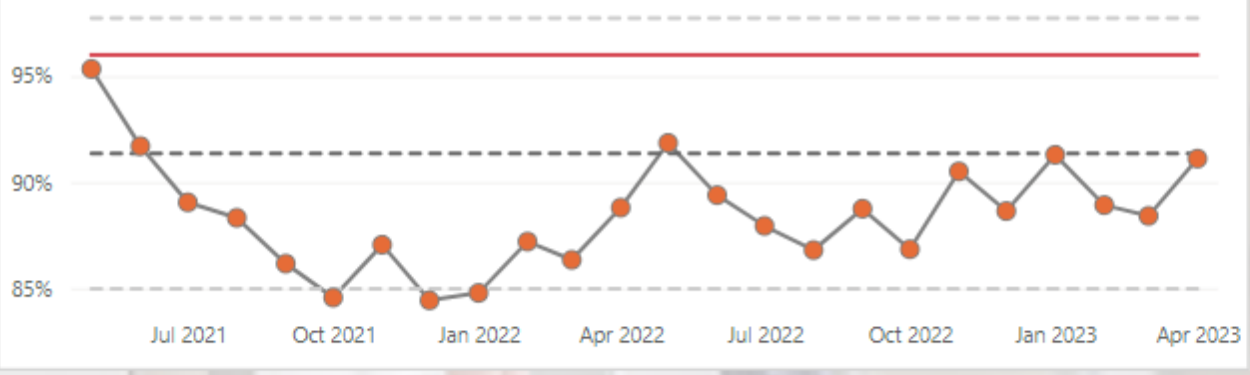
MetricName: Safe Staffing

01/04/2019 – 01/04/2023

91.11%	96.00%	100.50%	96.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

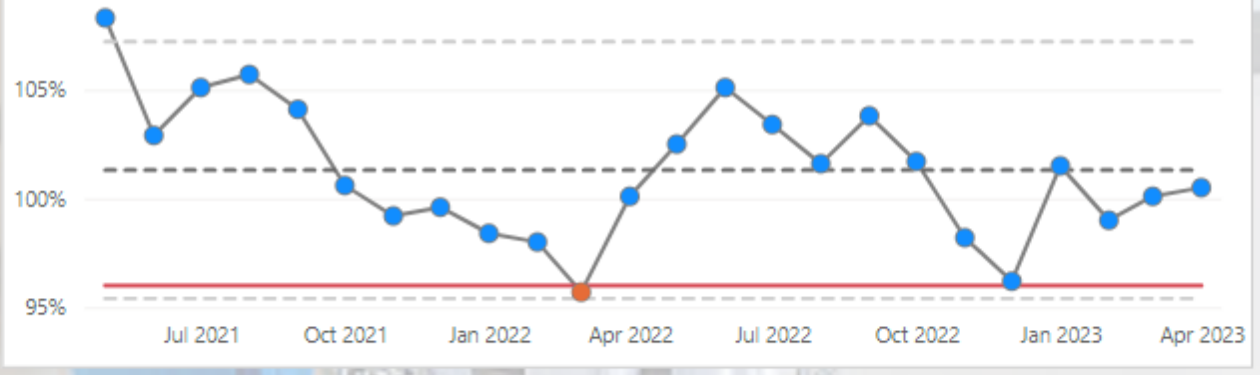
Kettering General Hospital

Safe Staffing: Quality



Northampton General Hospital

Safe Staffing: Quality



Safe Staffing

Committee Name: All

GroupName: All

MetricName: Safe Staffing

91.11%	96.00%	100.50%	96.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/04/23	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 combined registered & non-registered staffing fill rates improved in April to 91.11% (March 88.41%). The increased overall fill rate includes an improvement of non-registered day shift fill rate from 82% in March to 88% in April.	The increase in non-registered day shift fill rates is positive. However, further evidence over coming months is required to demonstrate sustained improvement. Low annual leave utilisation in April may have contributed to special cause variation in April data.	Continued participation in recruitment assessment centres by the divisions in order to fill approved vacancies. Ongoing recruitment pipelines including Nursing Associate pathway and conversion from Nursing Associate to Registered Nurse. Continue Effective & Compassionate Rostering Groups to sustain efficient rosters and monitor unavailability management.	Ongoing operational management of staffing shortfalls via the twice daily Staffing Cell.
NGH	01/04/23	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 the combined registered and non registered nursing and midwifery fill rates are above the current NGH target and has increased by 5.6% since last December (96.2%). 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 5.9% sickness rates 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 introduce 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

Never event incidence

Committee Name: All

GroupName: All

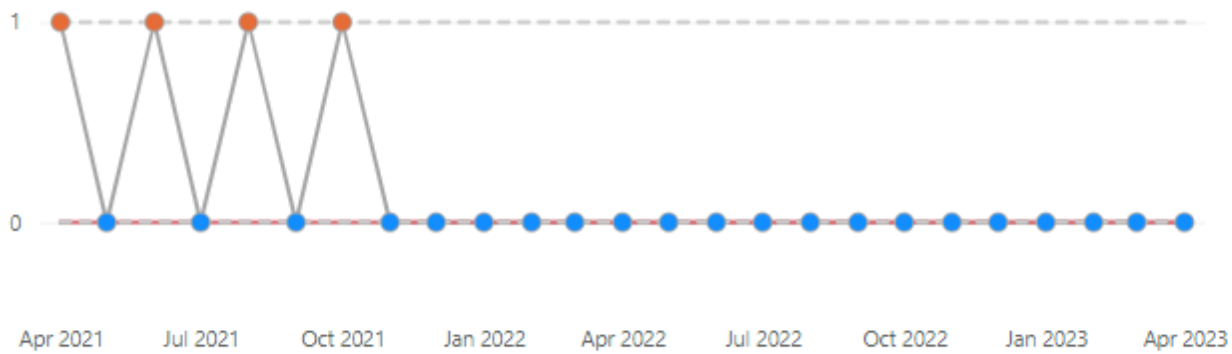
MetricName: Never event incidence

01/04/2019 – 01/04/2023

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

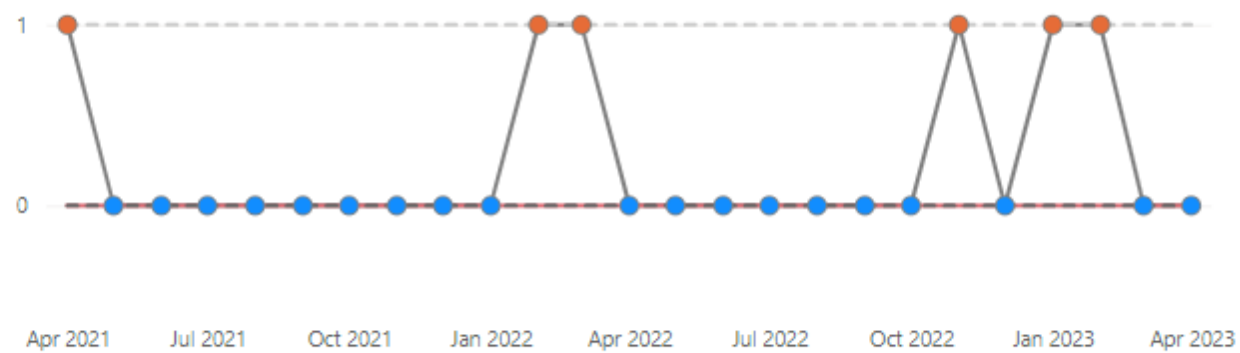
Kettering General Hospital

Never event incidence: Quality



Northampton General Hospital

Never event incidence: Quality



Never event incidence

Committee Name: All

GroupName: Quality

MetricName: Never event incidence

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

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/04/23	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.	Currently none	Datix is constantly monitored and appropriate cases discussed weekly at SIRG (serious incident review group).	Ongoing monitoring and compliance through training, policy and exception reporting. 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.
NGH	01/04/23	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.	There have been no never events in April 2023.		Datix is constantly monitored and appropriate cases discussed weekly at SIRG (serious incident review group)	Incidents are considered in the twice weekly Incident Review Group meeting and if appropriate and they meet the criteria set out in the Never Event List 2018 they will be considered for Never Event status. Declarations of serious incidents meeting the Never Event status are investigated using root cause analysis techniques and include recommendations and actions aiming to mitigate against future occurrences.

Sustainability

KGH | NGH

Committee Name: All

GroupName: Sustainability

5 Exec comments KGH

0 Exec comments NGH

18 Total No. of Metrics

Site	MetricName	Value
KGH	A&E activity (& vs plan)	99.82%
KGH	A&E activity (& vs plan) 2	8,654
KGH	Bank and Agency Spend (M)	3.77
KGH	CIP Performance YTD (M)	0.20
KGH	Desflurane Usage	6.70%
KGH	Elective day-case activity (& vs plan)	101.89%
KGH	Elective day-case activity (& vs plan) 2	3,056
KGH	Elective inpatient activity (& vs plan)	88.40%
KGH	Elective inpatient activity (& vs plan) 2	264
KGH	Food wastage	7.32
KGH	Income YTD (M)	30.20
KGH	Non Pay YTD (M)	10.44
KGH	Outpatients activity (& vs plan)	102.15%
KGH	Outpatients activity (& vs plan) 2	27,055
KGH	Pay YTD (M)	22.06
KGH	Research Participation	158
KGH	Surplus / Deficit YTD (M)	-3.83
KGH	Theatre sessions planned	265

Metric	Comment
Income	Income - £0.1m favourable to plan, including additional training income, supplier rebates, maternity support worker funding & group digital software recharges (offset by the corresponding expenditure).
M5 Position	The in-month position is a £3.8m deficit which is £0.3m adverse to plan. This will be impacted upon by under-delivery of efficiencies in the month.
Non Pay	Non-Pay - £0.2m adverse to plan. This is primarily attributable to utilities inflation, as well as the digital software costs mentioned above (which have been recharged accordingly).
Pay	Pay - £0.3m adverse to plan including the costs for April industrial action. Locum cover as well as additional WLI's performed to cover theatre lists & rota gaps has contributed largely to this overspend.
YTD Position	The YTD position is a £3.8m deficit which is £0.3m adverse to plan. This will be impacted upon by under-delivery of efficiencies in the month.

Sustainability

KGH | NGH

Committee Name: All

GroupName: Sustainability

5 Exec comments KGH

0 Exec comments NGH

16 Total No. of Metrics

Site	MetricName	Value
KGH	A&E activity (& vs plan)	99.82%
KGH	A&E activity (& vs plan) 2	8,654
KGH	Bank and Agency Spend (M)	3.77
KGH	CIP Performance YTD (M)	0.20
KGH	Elective day-case activity (& vs plan)	101.89%
KGH	Elective day-case activity (& vs plan) 2	3,056
KGH	Elective inpatient activity (& vs plan)	88.40%
KGH	Elective inpatient activity (& vs plan) 2	264
KGH	Income YTD (M)	30.20
KGH	Non Pay YTD (M)	10.44
KGH	Non-elective activity (& vs plan)	129.00%
KGH	Non-elective activity (& vs plan) 2	2,335
KGH	Outpatients activity (& vs plan)	102.15%
KGH	Outpatients activity (& vs plan) 2	27,055
KGH	Pay YTD (M)	22.06
KGH	Surplus / Deficit YTD (M)	-3.83

Metric	Comment
Income	Income - £0.1m favourable to plan, including additional training income, supplier rebates, maternity support worker funding & group digital software recharges (offset by the corresponding expenditure).
M5 Position	The in-month position is a £3.8m deficit which is £0.3m adverse to plan. This will be impacted upon by under-delivery of efficiencies in the month.
Non Pay	Non-Pay - £0.2m adverse to plan. This is primarily attributable to utilities inflation, as well as the digital software costs mentioned above (which have been recharged accordingly).
Pay	Pay - £0.3m adverse to plan including the costs for April industrial action. Locum cover as well as additional WLI's performed to cover theatre lists & rota gaps has contributed largely to this overspend.
YTD Position	The YTD position is a £3.8m deficit which is £0.3m adverse to plan. This will be impacted upon by under-delivery of efficiencies in the month.

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	Variation	Assurance	Assurance
KGH	Sustainability	Income YTD (M)	01/04/23	30.20	30.07	33.88	33.88	33.88			Not Consistently Anticipated to Meet Target
KGH	Sustainability	Pay YTD (M)	01/04/23	22.06	21.77	22.8	22.8	22.8			Not Consistently Anticipated to Meet Target
NGH	Sustainability	Income YTD (M)	01/04/23	37.70	38.2	51.21	51.21	51.21			Not Consistently Anticipated to Meet Target
KGH	Sustainability	Non Pay YTD (M)	01/04/23	10.44	10.24	9.32	9.32	9.32			Consistently Anticipated to Not Meet Target
NGH	Sustainability	Pay YTD (M)	01/04/23	27.90	27.6	33.57	33.57	33.57			Not Consistently Anticipated to Meet Target
KGH	Sustainability	Surplus / Deficit YTD (M)	01/04/23	-3.83	-3.54	3.26	3.26	3.26			Consistently Anticipated to Meet Target
KGH	Sustainability	CIP Performance YTD (M)	01/04/23	0.20	0.74	0.88	0.88	0.88			Not Consistently Anticipated to Meet Target
NGH	Sustainability	Non Pay YTD (M)	01/04/23	13.00	13	14.35	14.35	14.35			Not Consistently Anticipated to Meet Target
KGH	Sustainability	Bank and Agency Spend (M)	01/04/23	3.77	2.84	3.37	3.37	3.37			Not Consistently Anticipated to Meet Target
NGH	Sustainability	Surplus / Deficit YTD (M)	01/04/23	-3.70	-2.9	1.83	1.83	1.83			Not Consistently Anticipated to Meet Target
NGH	Sustainability	CIP Performance YTD (M)	01/04/23	0.10	0.8		0				Consistently Anticipated to Not Meet Target
NGH	Sustainability	Bank and Agency Spend (M)	01/04/23	5.90	5.3	6.49	6.49	6.49			Not Consistently Anticipated to Meet Target
NGH	Sustainability	A&E activity (& vs plan)	01/04/23	97.71%		83.91%	97.35%	110.8%			Consistently Anticipated to Meet Target
KGH	Sustainability	A&E activity (& vs plan)	01/04/23	99.82%		89.39%	103.1%	116.81%			Consistently Anticipated to Meet Target
KGH	Sustainability	Elective inpatient activity (& vs plan)	01/04/23	88.40%		67.94%	93.62%	119.3%			Consistently Anticipated to Meet Target
NGH	Sustainability	Elective inpatient activity (& vs plan)	01/04/23	113.09%		53.55%	100.07%	146.59%			Consistently Anticipated to Meet Target
KGH	Sustainability	Elective day-case activity (& vs plan)	01/04/23	101.89%		78.41%	143.76%	209.11%			Consistently Anticipated to Meet Target
NGH	Sustainability	Elective day-case activity (& vs plan)	01/04/23	107.51%		67.13%	95.64%	124.16%			Consistently Anticipated to Meet Target

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	Variation	Assurance	Assurance
KGH	Sustainability	Outpatients activity (& vs plan)	01/04/23	102.15%		79.71%	129.11%	178.51%			Consistently Anticipated to Meet Target
NGH	Sustainability	Outpatients activity (& vs plan)	01/04/23	100.65%		80.11%	109.92%	139.74%			Consistently Anticipated to Meet Target
KGH	Sustainability	A&E activity (& vs plan) 2	01/04/23	8,654	8670	4565	6134	7703			Consistently Anticipated to Not Meet Target
NGH	Sustainability	A&E activity (& vs plan) 2	01/04/23	10,646	10895		11385				Consistently Anticipated to Meet Target
KGH	Sustainability	Elective inpatient activity (& vs plan) 2	01/04/23	264	292	133	219	305			Not Consistently Anticipated to Meet Target
KGH	Sustainability	Elective day-case activity (& vs plan) 2	01/04/23	3,056	2953	1432	2182	2932			Consistently Anticipated to Not Meet Target
NGH	Sustainability	Elective inpatient activity (& vs plan) 2	01/04/23	325	287		370				Consistently Anticipated to Meet Target
KGH	Sustainability	Outpatients activity (& vs plan) 2	01/04/23	27,055	26730	12851	20336	27820			Not Consistently Anticipated to Meet Target
NGH	Sustainability	Elective day-case activity (& vs plan) 2	01/04/23	3,553	3305		3848				Consistently Anticipated to Meet Target
NGH	Sustainability	Outpatients activity (& vs plan) 2	01/04/23	38,202	37956		41708				Consistently Anticipated to Meet Target

Income YTD (M)

Committee Name: All

GroupName: All

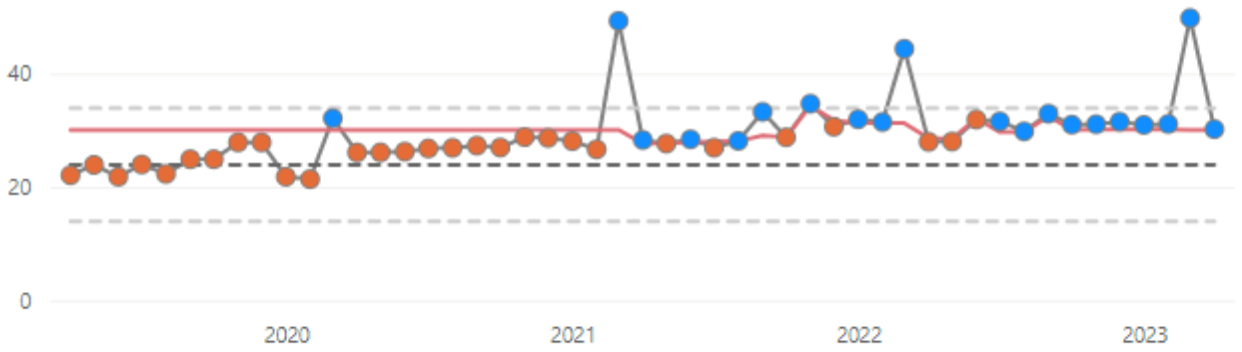
MetricName: Income YTD (M)

01/04/2019 – 01/04/2023

30.20	30.07	37.70	38.2
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

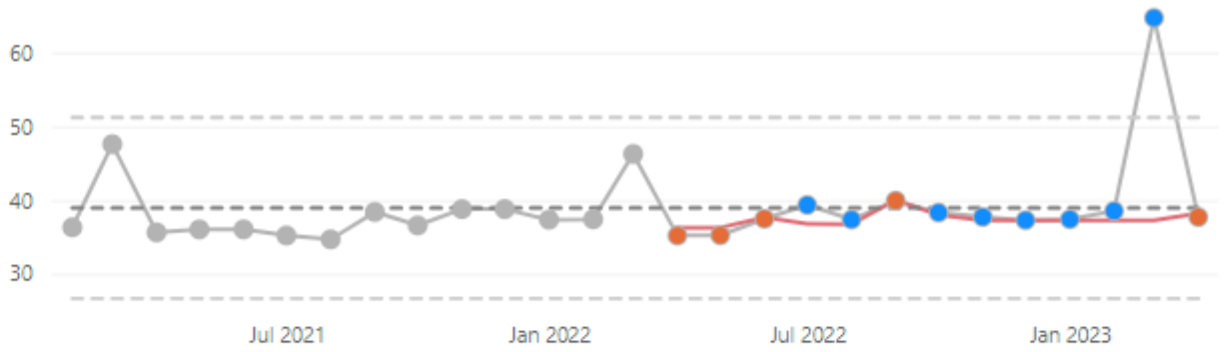
Kettering General Hospital

Income YTD (M): Sustainability



Northampton General Hospital

Income YTD (M): Sustainability



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/04/23	Trust Income vs Plan	The YTD position is £0.1m above plan driven by non-clinical income. The overperformance within this category is due to a combination of :- Additional funding received to support healthcare support workers within our maternity departments Supplier rebates received Additional income received from HEE for training courses Group recharges for expenditure on digital software (Phoenix).	None	To be reviewed in M2/M3 given the plan resubmission in May	To be reviewed in M2/M3 given the plan resubmission in May
NGH	01/04/23	Trust Income vs Plan	Trust income is below plan due to lower than planned private patients, overseas visitors and training and development income.	Month 1 income includes a level of estimates for incomplete data that will be resolved by month 2.	Not applicable	Not applicable

Pay YTD (M)

Committee Name: All

GroupName: All

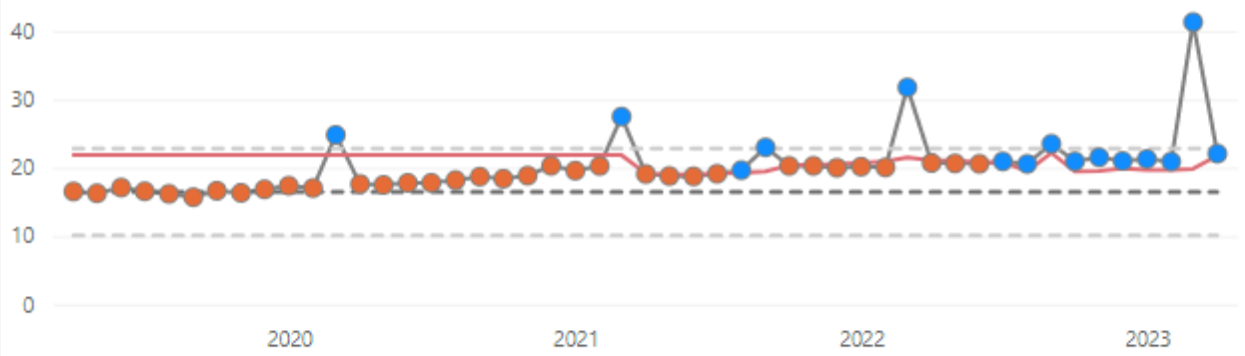
MetricName: Pay YTD (M)

01/04/2019 – 01/04/2023

22.06	21.77	27.90	27.6
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

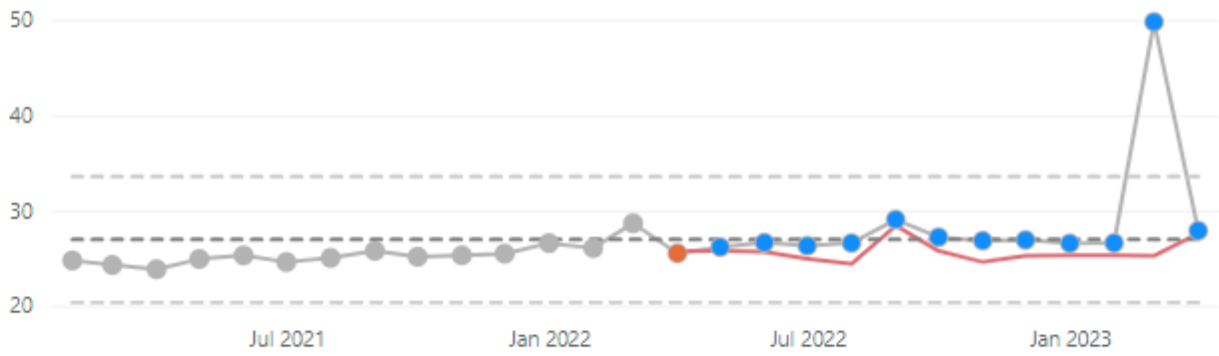
Kettering General Hospital

Pay YTD (M): Sustainability



Northampton General Hospital

Pay YTD (M): Sustainability



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/04/23	Trust Pay Costs vs Plan	Pay - £0.3m adverse to plan including the costs for April industrial action. Locum cover as well as additional WLI's performed to cover theatre lists & rota gaps has contributed largely to this overspend.	To be reviewed in M2/M3 given the plan resubmission in May	To be reviewed in M2/M3 given the plan resubmission in May	To be reviewed in M2/M3 given the plan resubmission in May
NGH	01/04/23	Trust Pay Costs vs Plan	Month 1 Pay is £0.3m higher than plan including a £0.2m impact of ongoing industrial action.?	Operational pressures, industrial action, vacancies and high sickness have impacted the ability to reduce agency usage and exit inflated costs increased in the pandemic.	Not applicable	Not applicable

Non Pay YTD (M)

Committee Name: All

GroupName: All

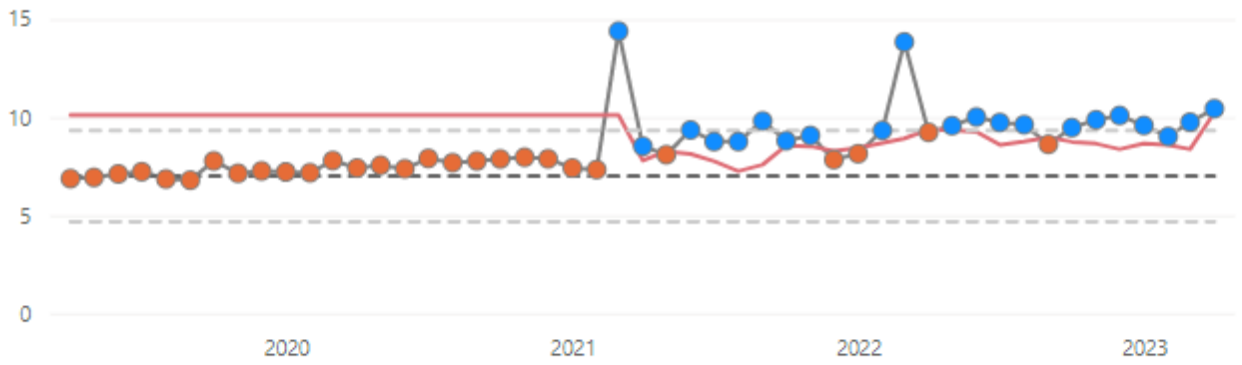
MetricName: Non Pay YTD (M)

01/04/2019 – 01/04/2023

10.44	10.24	13.00	13
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

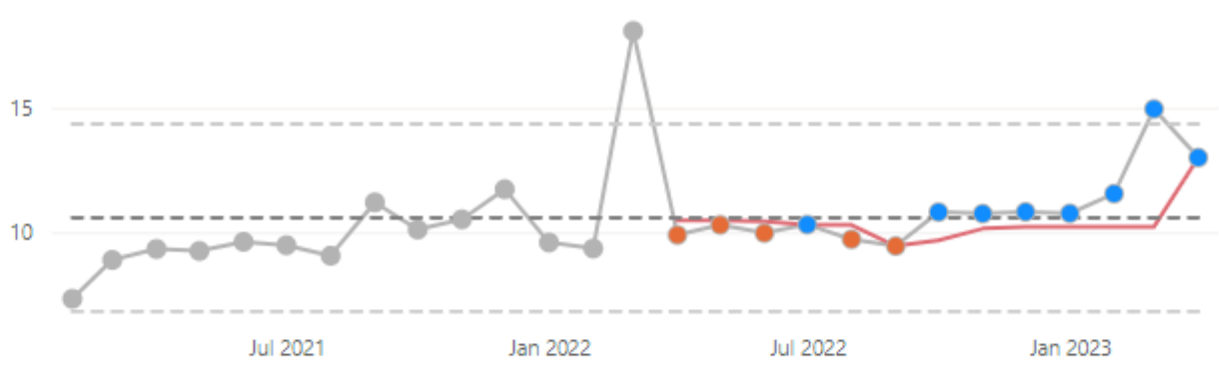
Kettering General Hospital

Non Pay YTD (M): Sustainability



Northampton General Hospital

Non Pay YTD (M): Sustainability



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/04/23	Trust Non-Pay Costs vs Plan	Non-Pay - £0.2m adverse to plan. This is primarily attributable to utilities inflation, as well as the digital software costs mentioned above (which have been recharged accordingly).	Increased utilities inflation which was removed from financial plans following national feedback, this is a key cost pressure for the Trust. None None	To be reviewed in M2/M3 given the plan resubmission in May	To be reviewed in M2/M3 given the plan resubmission in May
NGH	01/04/23	Trust Non-Pay Costs vs Plan	Minimal non-pay overspend against plan in month 1.	Inflationary pressures continue to be experienced, particularly in utilities.	Not applicable	Not applicable

Surplus / Deficit YTD (M)

Committee Name: All

GroupName: All

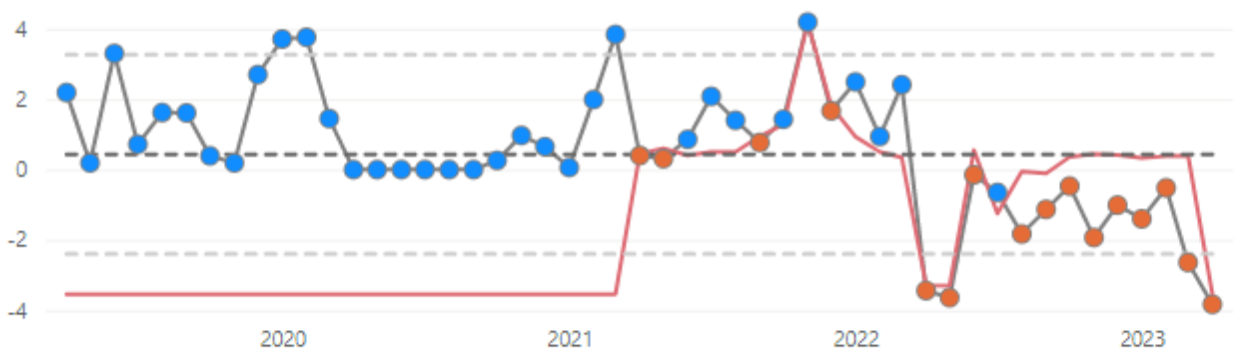
MetricName: Surplus / Deficit YTD (M)

01/04/2019 – 01/04/2023

-3.83	-3.54	-3.70	-2.9
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

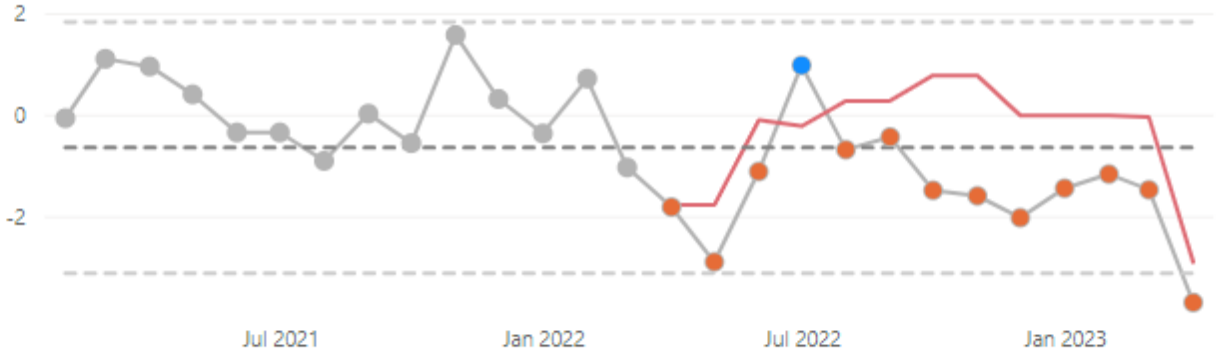
Kettering General Hospital

Surplus / Deficit YTD (M): Sustainability



Northampton General Hospital

Surplus / Deficit YTD (M): Sustainability



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/04/23	Surplus / Deficit in relation to the 22/23 Plan	The in-month position is a £3.8m deficit which is £0.3m adverse to plan. This will be impacted upon by under-delivery of efficiencies in the month.	N/A to be developed for M2	N/A to be developed for M2	N/A to be developed for M2
NGH	01/04/23	Surplus / Deficit in relation to the 22/23 Plan	The in-month position is a £3.7m deficit which is £0.8m worse than plan. This will be impacted upon by under-delivery of efficiencies in month. ?	The primary driver causing the Trust to be off plan is the under delivery of efficiencies.	Not applicable	Not applicable

Bank and Agency Spend (M)

Committee Name: All

GroupName: All

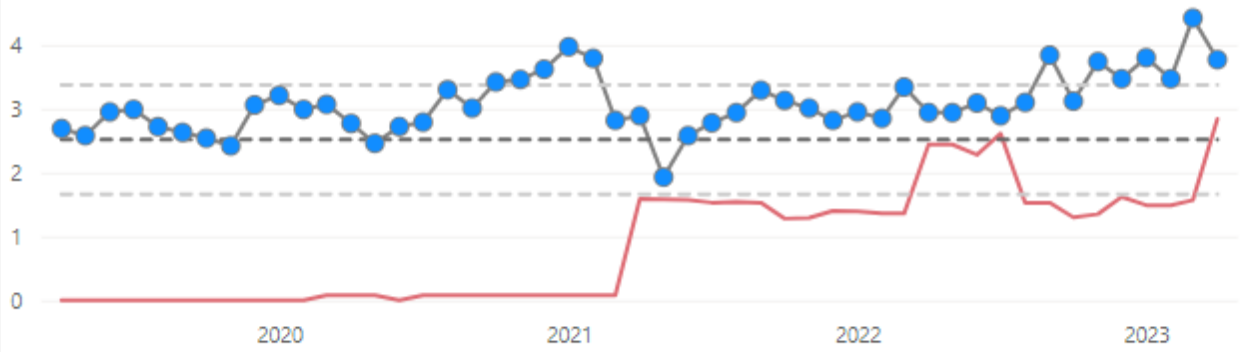
MetricName: Bank and Agency Spend (M)

01/04/2019 – 01/04/2023

3.77	2.84	5.90	5.3
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

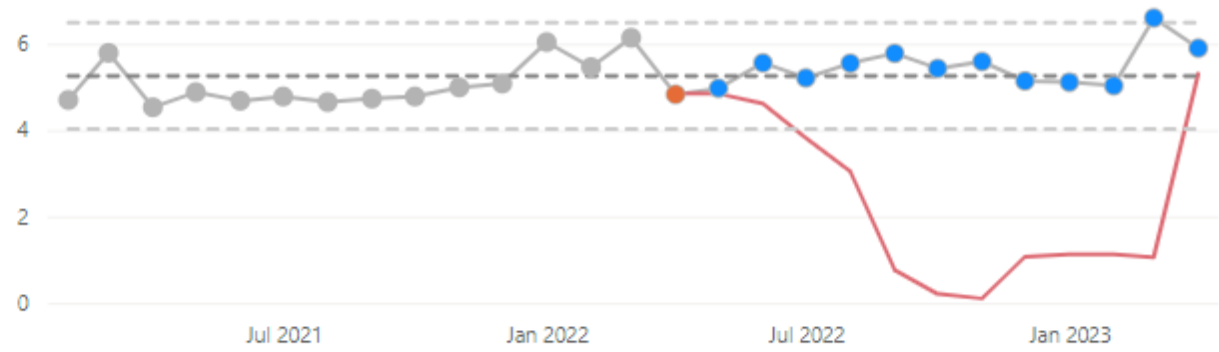
Kettering General Hospital

Bank and Agency Spend (M): Sustainability



Northampton General Hospital

Bank and Agency Spend (M): Sustainability



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/04/23	22/23 Bank & Agency Costs vs Plan	In Month 1 temporary staffing expenditure was £3.8m including Bank and Agency spend (17% of Total Pay). M1 agency pay is £0.06m favourable to plan and £0.1m adverse to the national agency cap.	N/A	N/A	N/A
NGH	01/04/23	22/23 Bank & Agency Costs vs Plan	Overall bank & agency expenditure is 11% over plan at month 1, due to efficiencies and schemes to reduce temporary staffing not yet being effectively implemented.	Operational pressures and industrial action have resulted in costs continuing to be above plan in month 1.	Not applicable	Not applicable

CIP Performance YTD (M)

Committee Name: All

GroupName: All

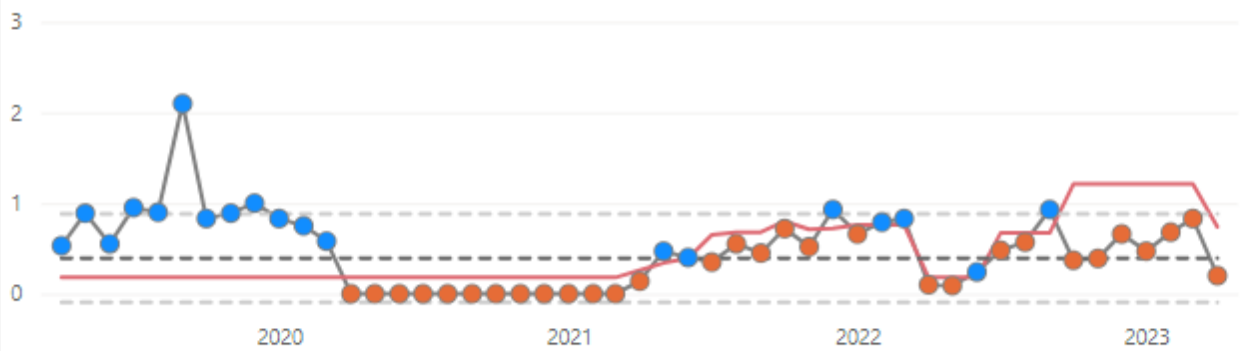
MetricName: CIP Performance YTD (M)

01/04/2019 – 01/04/2023

0.20	0.74	0.10	0.8
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

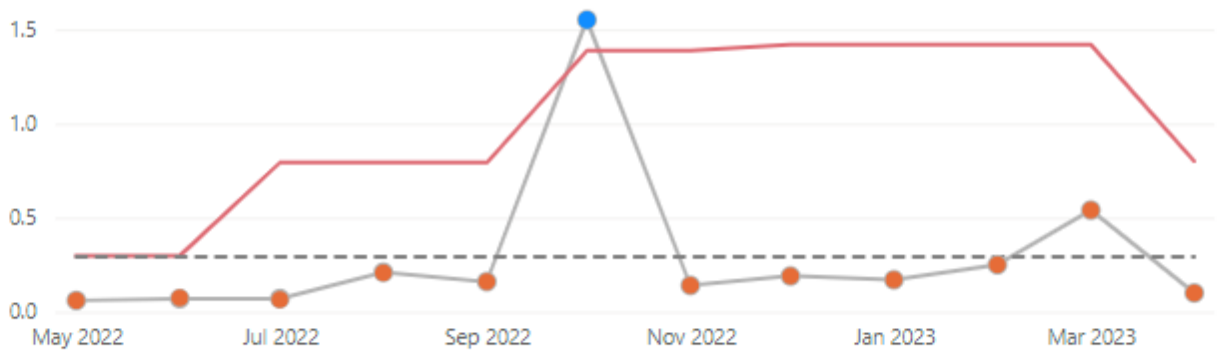
Kettering General Hospital

CIP Performance YTD (M): Sustainability



Northampton General Hospital

CIP Performance YTD (M): Sustainability



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/04/23	22/23 Efficiency Plan vs Actual delivery	KGH M1 plan of £0.74m with actual savings of £0.19m. All savings are recurrent and relate to Procurement, Strategic Estates Review and SNCT ward establishment review.	The efficiency plan is devolved into key schemes for 23/24, all of the efficiency delivery plans are not yet confirmed.	All sub committee leads to identify delivery plans for all schemes. The Efficiency Steering Group to challenge all scheme leads and identify clear delivery plans.	N/A
NGH	01/04/23	22/23 Efficiency Plan vs Actual delivery	The Trust is significantly behind it's efficiency target at month 1	Schemes to reduce agency reliance and deliver cost avoidance benefits are behind trajectory	Not applicable	Not applicable

Outpatients activity (& vs plan)

Committee Name: All

GroupName: All

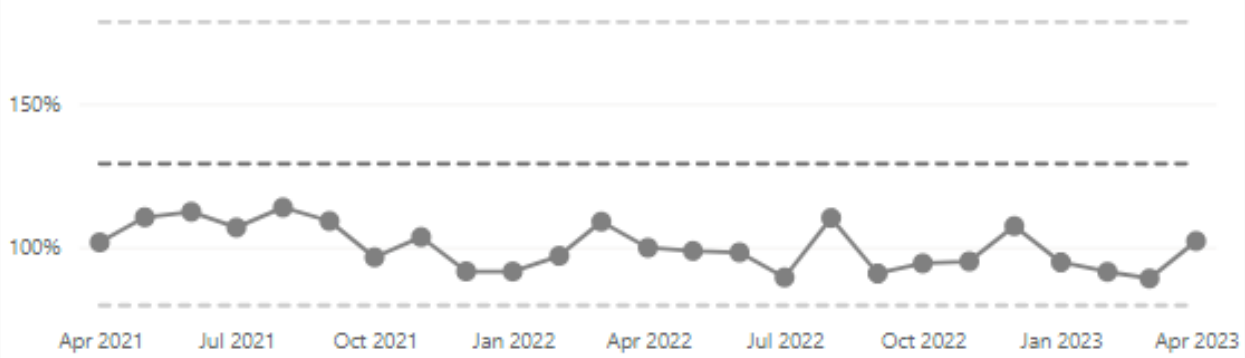
MetricName: Outpatients activity (& vs plan)

01/04/2019 – 01/04/2023

102.15%		100.65%	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

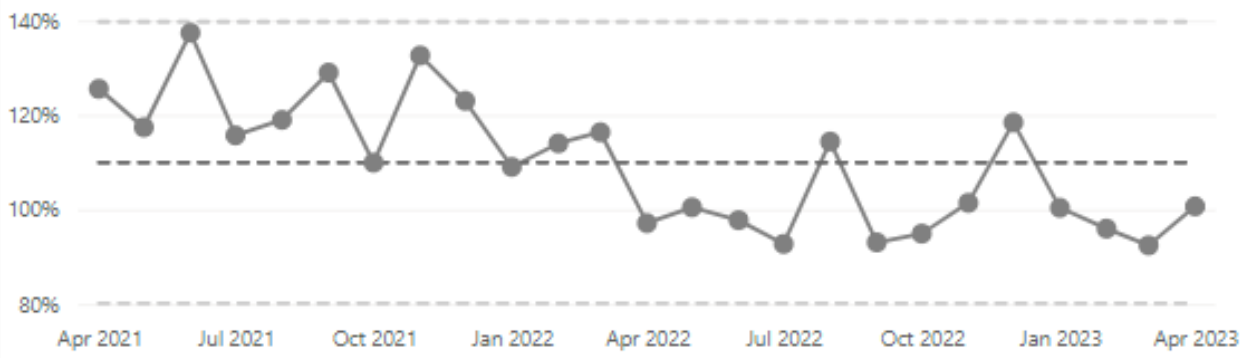
Kettering General Hospital

Outpatients activity (actual vs plan): Sustainability



Northampton General Hospital

Outpatients activity (actual vs plan): Sustainability



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/04/23	This is the total number of outpatient appointments in the month (face to face and virtual, new and follow up)	This shows that the Trust has delivered over the plan for April at 102% across all outpatients.	Some of this over performance relates to over delivery of follow up activity. There was a significant number of clinics cancelled due to 4 day BMA industrial action in April.	Weekly reporting on activity and outpatient efficiency looking forward being reported to the Trust's Patient Access Board as well as monthly Divisional Workforce, Activity and Finance meetings.	Divisions are looking at opportunities to increase new clinic activity
NGH	01/04/23	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 above plan at 100.7% against the plan for April (38,202 vs 37,956) OPD appointments	Performance increased in April against plan despite Industrial Action by Junior Doctors when numbers of non urgent / non cancer OPD activity was cancelled. However the target in April was lower than March where we managed 44,043 appointments compared to 38,202 in April.	Weekly monitoring in place with Divisional PTL's and a weekly Access Board meeting where activity vs plan is a standing agenda item.	Outpatient improvement project has recommenced across the group with a Regional focus on DNA's, referral triage and PIFU

Outpatients activity (& vs plan) 2

Committee Name: All

GroupName: All

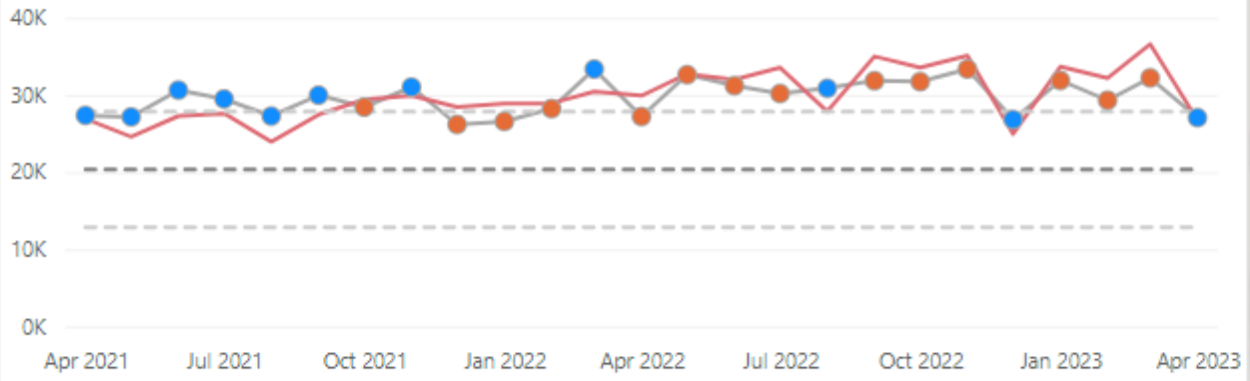
MetricName: Outpatients activity (& vs plan) 2

01/04/2019 – 01/04/2023

27,055	26730	38,202	37956
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

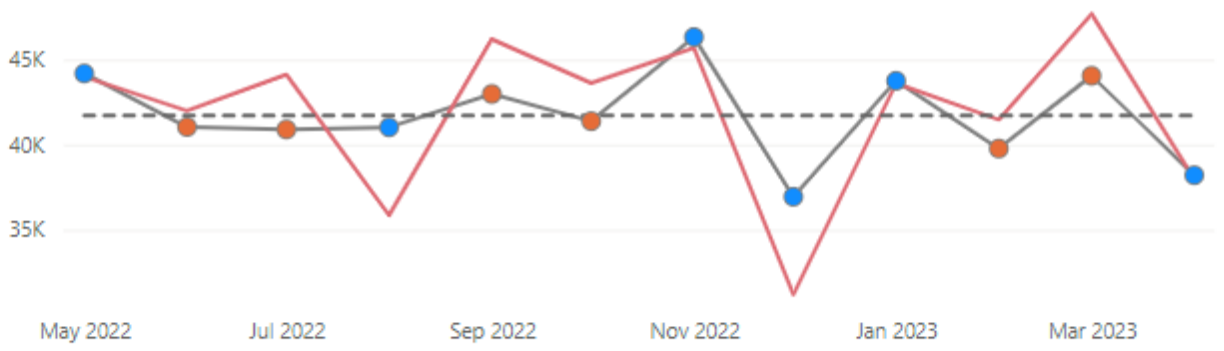
Kettering General Hospital

Outpatients activity (actual vs plan): Sustainability



Northampton General Hospital

Outpatients activity (& vs plan) 2: Sustainability



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/04/23	This is the total number of outpatient appointments in the month (face to face and virtual, new and follow up)	This shows that the Trust has delivered over the plan for April at 102% across all outpatients.	Some of this over performance relates to over delivery of follow up activity. There was a significant number of clinics cancelled due to 4 day BMA industrial action in April.	Weekly reporting on activity and outpatient efficiency looking forward being reported to the Trust's Patient Access Board as well as monthly Divisional Workforce, Activity and Finance meetings.	Divisions are looking at opportunities to increase new clinic activity
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Elective day-case activity (& vs plan)

Committee Name: All

GroupName: All

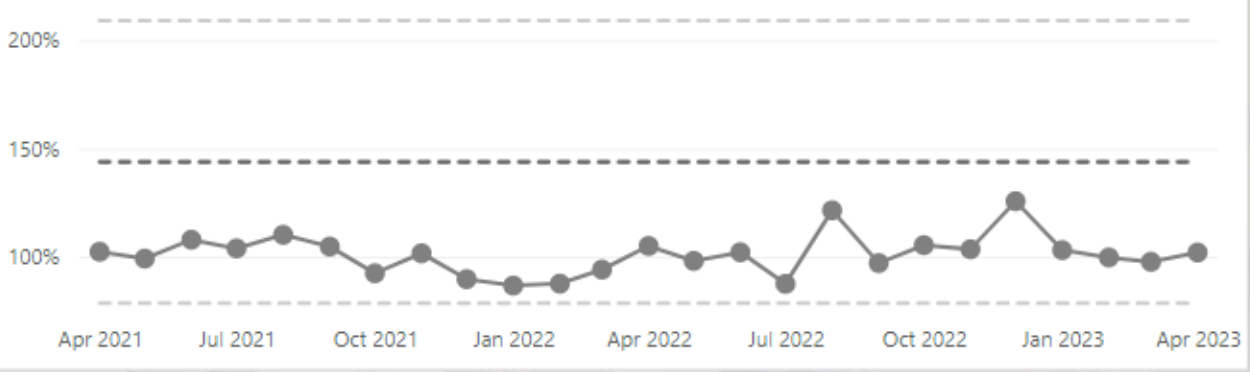
MetricName: Elective day-case activity (& vs plan)

01/04/2019 – 01/04/2023

101.89%		107.51%	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

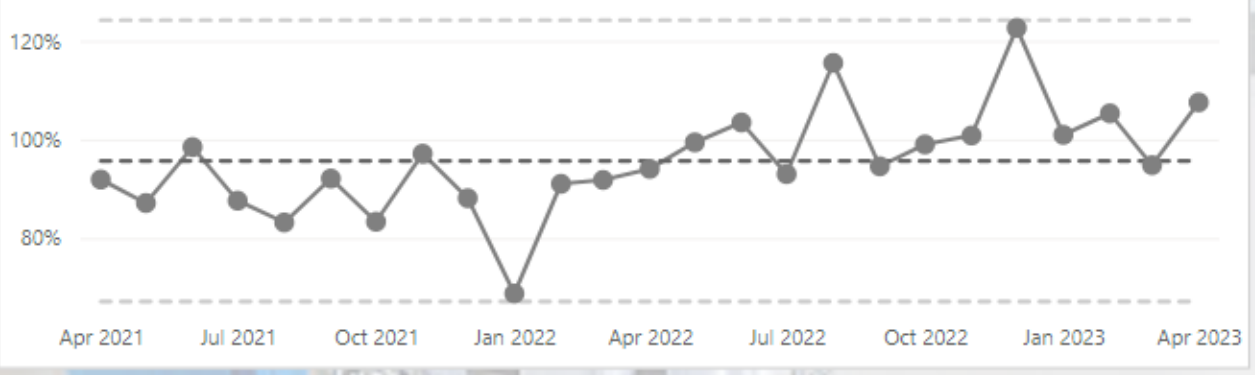
Kettering General Hospital

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



Northampton General Hospital

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



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/04/23	Elective day case activity actuals v plan	The chart tells us that day case activity is at 101.89% of plan for April	Day case activity was affected by the junior doctor industrial action	Weekly Reset and Access meeting examines specialties where activity is below plan and requires actions to be taken - chaired by Deputy COO. Detailed analysis of activity by HRG requested of Health Intelligence to ensure coding is maximising opportunity in counting activity.	Backfilling of lists takes place wherever possible with alignment of unavailability through staffing wherever possible to minimise disruption
NGH	01/04/23	Elective day case activity actuals v plan	Data shows that we are delivering at 107.5% (3553 patients vs 3305 target) against the plan for April 23	Performance against target improved in April, However the target was lower in April than the previous month where we delivered 4103 procedures compared to 3553 this month. Junior docs strikes in April impacted on the activity numbers as all non urgent activity was cancelled for 1 week	Theatre transformation programme in place and improvements in utilisation rates and start and finish times already being seen with month on month improvements	Weekly theatre transformation meetings in place chaired by COO / DCOO. Robust cancellation escalation process in place to ensure all actions are taken before any list is taken down. Driving down late starts and late finishes in theatre. A step change in utilisation of theatre lists has been seen in 2023 thus far

Elective day-case activity (& vs plan) 2

Committee Name: All

GroupName: All

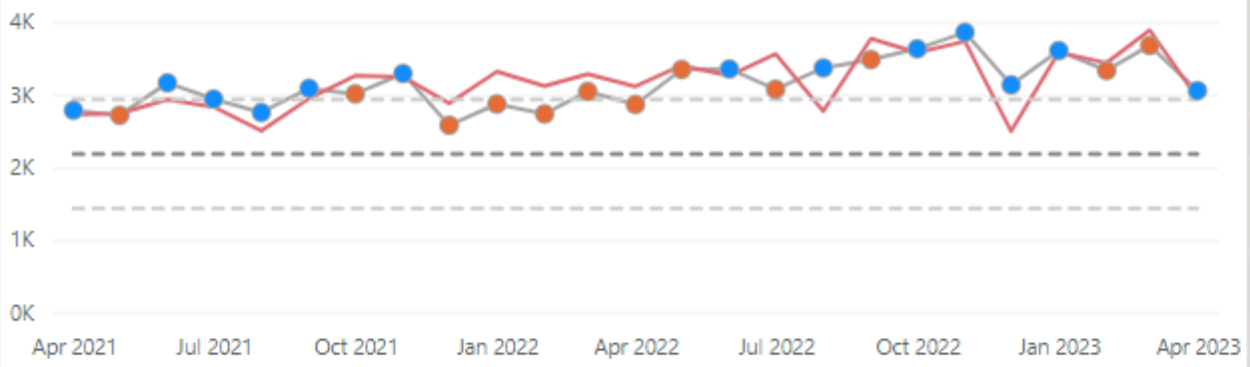
MetricName: Elective day-case activity (& vs plan) 2

01/04/2019 – 01/04/2023

3,056	2953	3,553	3305
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

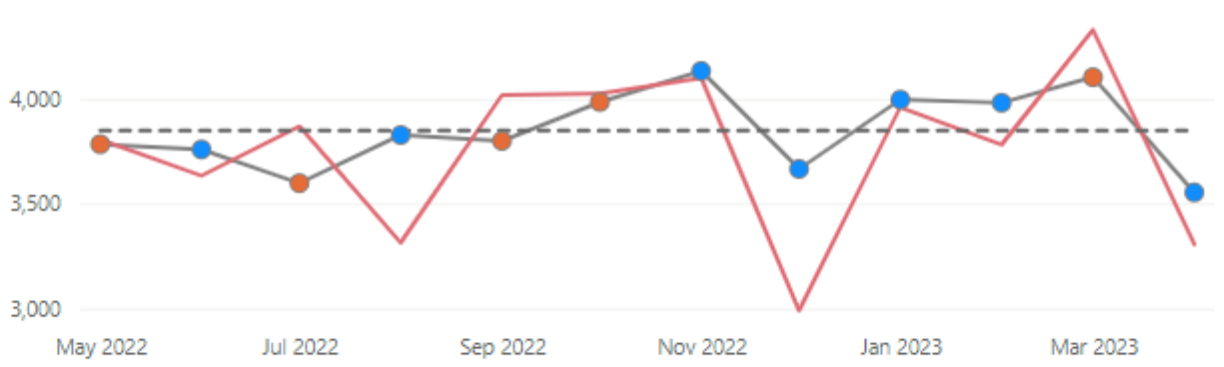
Kettering General Hospital

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



Northampton General Hospital

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



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/04/23	Elective day case activity actuals v plan	The chart tells us that day case activity is at 101.89% of plan for April	Day case activity was affected by the junior doctor industrial action	Weekly Reset and Access meeting examines specialties where activity is below plan and requires actions to be taken - chaired by Deputy COO. Detailed analysis of activity by HRG requested of Health Intelligence to ensure coding is maximising opportunity in counting activity.	Backfilling of lists takes place wherever possible with alignment of unavailability through staffing wherever possible to minimise disruption
NGH	01/04/23	Elective day case activity actuals v plan	Data shows that we are delivering at 107.5% (3553 patients vs 3305 target) against the plan for April 23	Performance against target improved in April, However the target was lower in April than the previous month where we delivered 4103 procedures compared to 3553 this month. Junior docs strikes in April impacted on the activity numbers as all non urgent activity was cancelled for 1 week	Theatre transformation programme in place and improvements in utilisation rates and start and finish times already being seen with month on month improvements	Weekly theatre transformation meetings in place chaired by COO / DCOO. Robust cancellation escalation process in place to ensure all actions are taken before any list is taken down. Driving down late starts and late finishes in theatre. A step change in utilisation of theatre lists has been seen in 2023 thus far

Elective inpatient activity (& vs plan)

Committee Name: All

GroupName: All

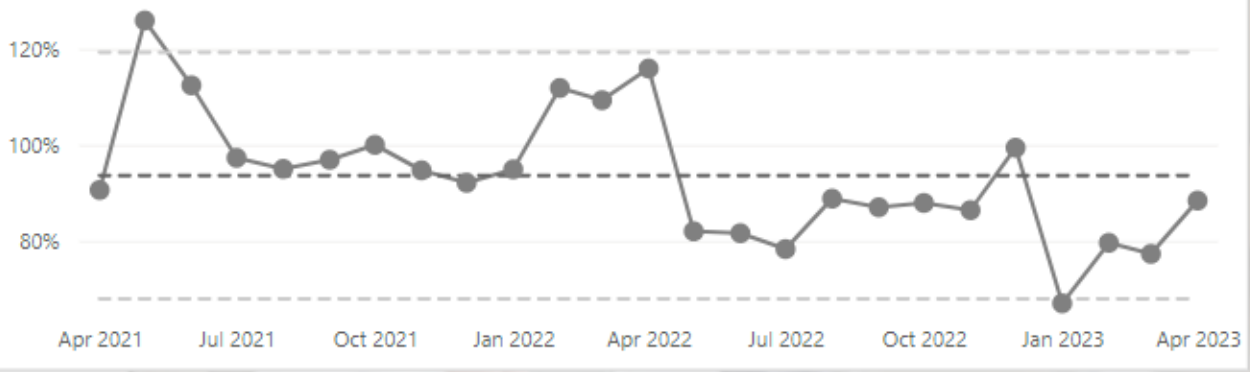
MetricName: Elective inpatient activity (& vs plan)

01/04/2019 – 01/04/2023

88.40%		113.09%	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

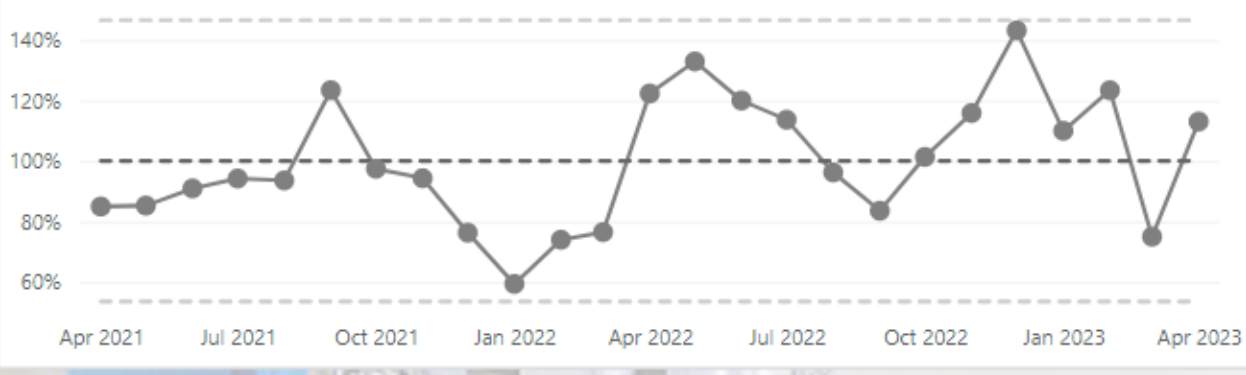
Kettering General Hospital

Elective inpatient activity (actual vs plan): Sustainability



Northampton General Hospital

Elective inpatient activity (actual vs plan): Sustainability



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/04/23	Elective inpatient activity actuals v plan	The chart tells us that inpatient activity is at 88.4% of plan for April	Inpatient activity was affected by the junior doctor industrial action	Weekly Reset and Access meeting examines specialties where activity is below plan and requires actions to be taken - chaired by Deputy COO. Detailed analysis of activity by HRG requested of Health Intelligence to ensure coding is maximising opportunity in counting activity.	Backfilling of lists takes place wherever possible with alignment of unavailability through staffing wherever possible to minimise disruption
NGH	01/04/23	Elective inpatient activity actuals v plan	The Trust saw 113% (325 vs 287 target) of its Elective activity vs plan during April 23	Performance improved significantly in April from 75% to 113% despite the Industrial Action by Junior Doctors when numbers of non urgent P3 and P4 surgery was cancelled. These figures are pleasing in showing that we managed to maintain our urgent P2 category surgery which included cancer cases	Theatre transformation programme in place and improvements in utilisation rates and start and finish times already being seen with month on month improvements	Weekly theatre transformation meetings in place chaired by COO / DCOO. Robust cancelation escalation process in place to ensure all actions are taken before any list is taken down. Driving down late starts and late finishes in theatre. A step change in utilisation of theatre lists has been seen in 2023 thus far

Elective inpatient activity (& vs plan) 2

Committee Name: All

GroupName: All

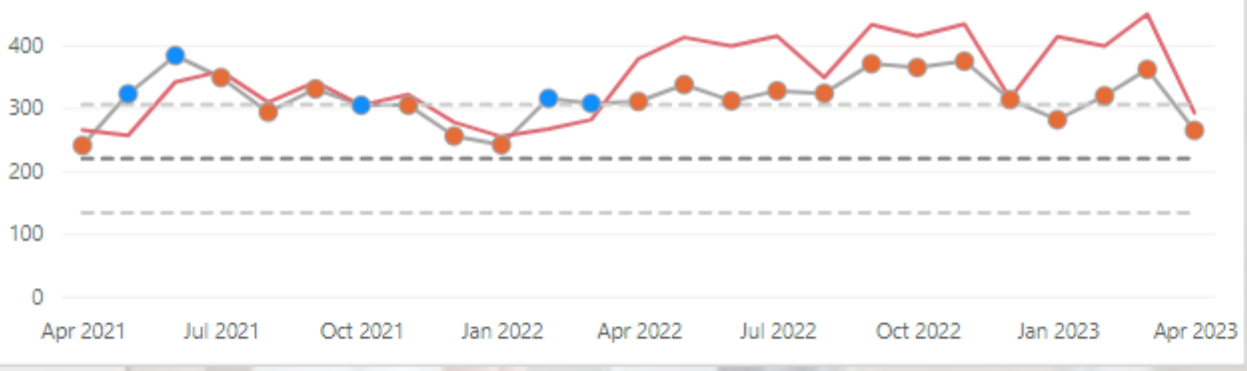
MetricName: Elective inpatient activity (& vs plan) 2

01/04/2019 – 01/04/2023

264	292	325	287
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

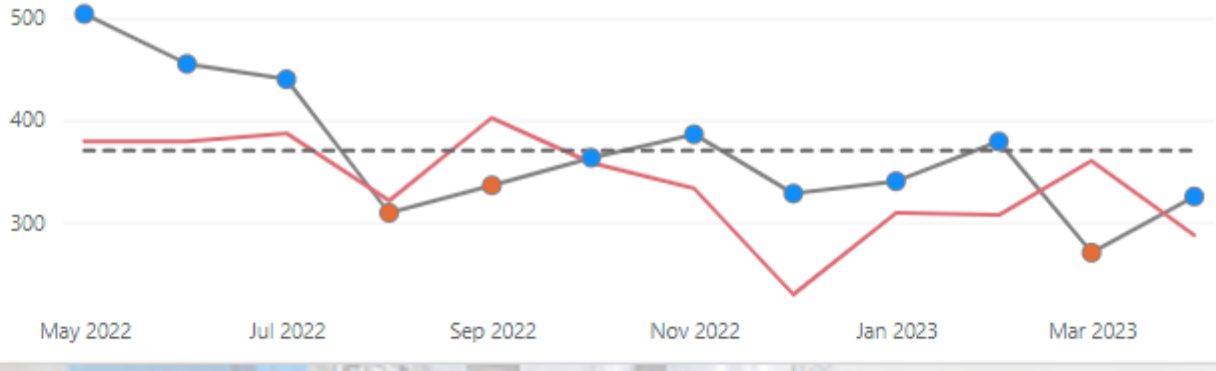
Kettering General Hospital

Elective inpatient activity (actual vs plan): Sustainability



Northampton General Hospital

Elective inpatient activity (& vs plan) 2: Sustainability



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/04/23	Elective inpatient activity actuals v plan	The chart tells us that inpatient activity is at 88.4% of plan for April	Inpatient activity was affected by the junior doctor industrial action	Weekly Reset and Access meeting examines specialties where activity is below plan and requires actions to be taken - chaired by Deputy COO. Detailed analysis of activity by HRG requested of Health Intelligence to ensure coding is maximising opportunity in counting activity.	Backfilling of lists takes place wherever possible with alignment of unavailability through staffing wherever possible to minimise disruption
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A&E activity (& vs plan)

Committee Name: All

GroupName: All

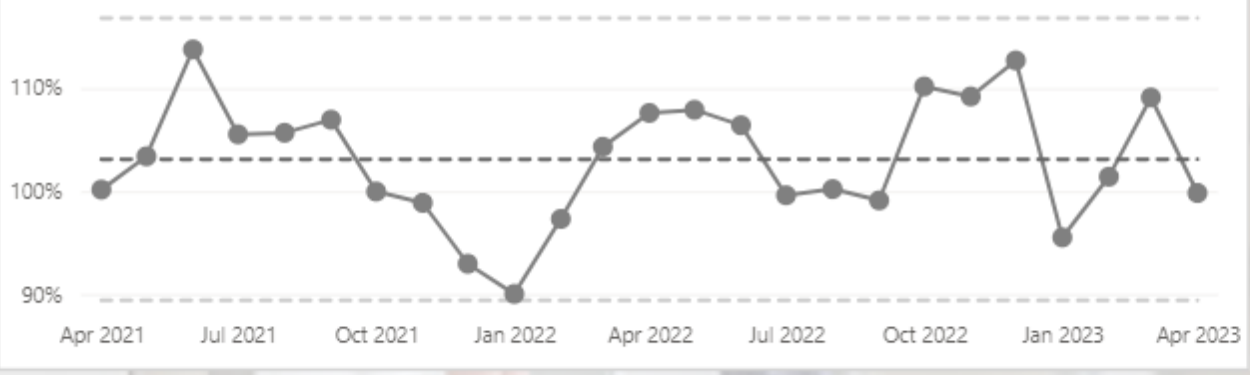
MetricName: A&E activity (& vs plan)

01/04/2019 01/04/2023

99.82%		97.71%	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

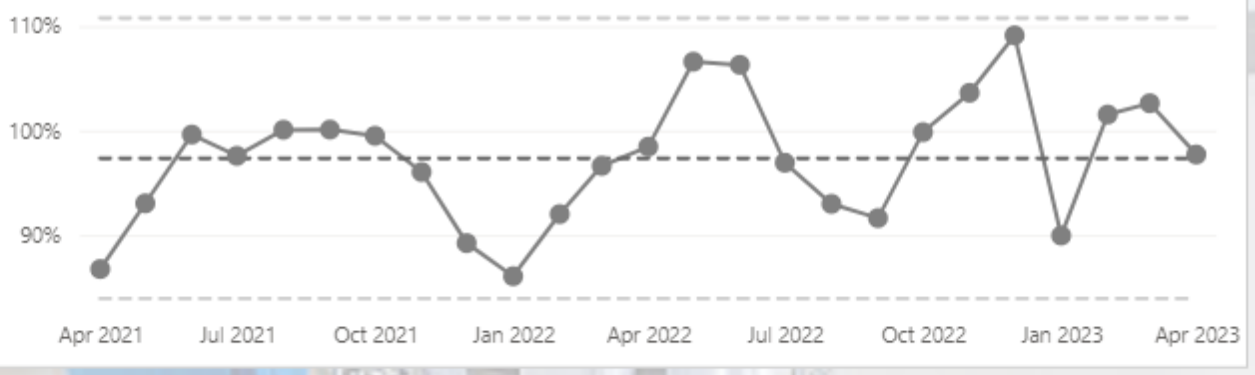
Kettering General Hospital

A&E activity (actual vs plan): Sustainability



Northampton General Hospital

A&E activity (actual vs plan): Sustainability



A&E activity (& vs plan)

Committee Name: All

GroupName: All

MetricName: A&E activity (& vs plan)

4/1/2019 – 4/1/2023

99.82%		97.71%	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/04/23	A&E attendances	We saw a slight decrease in total attendances, although ambulance conveyances remained constant	Safety concerns remain in respect of overcrowding in the current ED estate due to the volume of attendances at peak times of the day, combined with Trust capacity to move confirmed admits from ED	Continued focus on the 4-hour task and finish group; which will include targeted work on increasing flow out of ED to speciality SDECs Plan to implement process for ED Ambulatory Majors patients triaged directly for MSDEC and tagged on Careflow Plan to review all activity in MIAMI against standard and non urgent triage demand with a view to extending operational hours Comms to GP colleagues looking to reinvigorate engagement with MSDEC referrals	Trustwide full escalation protocol with implementation of Rapid transfer protocol. Move of patients against confirmed and predicted discharges from base wards to support capacity pressures in ED.
NGH	01/04/23	A&E attendances	Decrease in attendances in April.	Whilst is it a decrease, this is almost on what the plan suggested. The issue is that admissions have stayed high, suggesting less lower acuity patients, with a sustained admission number. This continues to create flow issues with almost 100 waiting for pathway beds in the community, and some issues around internal LoS due to outliers of Medicine into Surgery.	UEC Flow board programme of activity supporting flow. BAU activities such as Board rounds and IVABx challenging continues. The system has the new UEC Board looking at flow after a comprehensive MADE event in April reviewed 1000 patients.	Flow projects. BAU flow programmes daily. when busy all internal meeting stopped to ensure board rounds are happening. Extra medical consultants in ED, and outliers covered by extra medics.

A&E activity (& vs plan) 2

Committee Name: All

GroupName: All

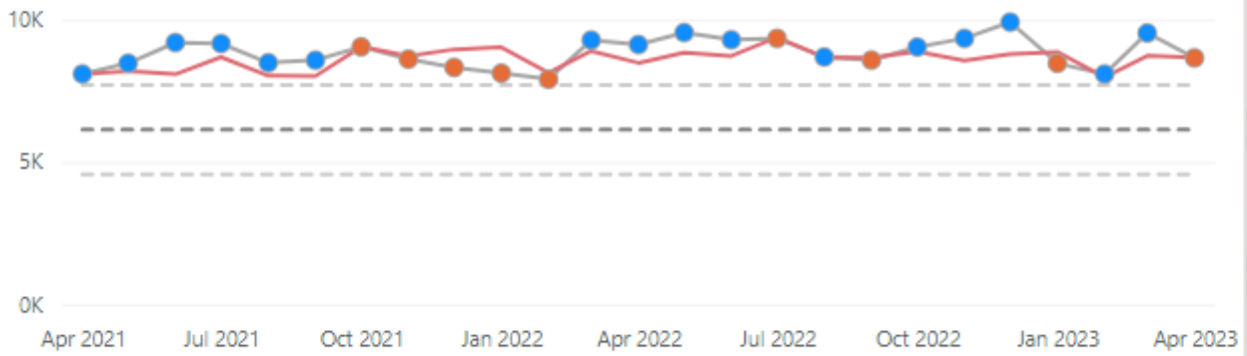
MetricName: A&E activity (& vs plan) 2

01/04/2019 – 01/04/2023

8,654	8670	10,646	10895
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

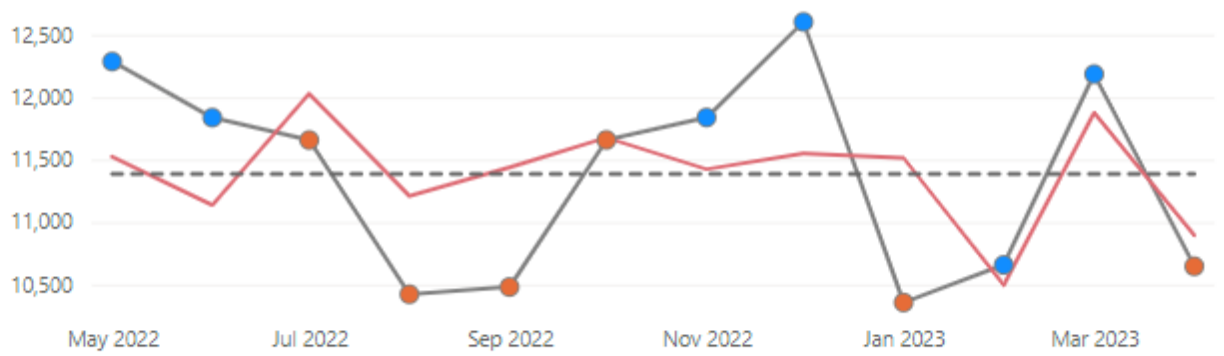
Kettering General Hospital

A&E activity (actual vs plan): Sustainability



Northampton General Hospital

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



A&E activity (& vs plan) 2

Committee Name: All

GroupName: All

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

4/1/2019 – 4/1/2023

8,654	8670	10,646	10895
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/04/23	A&E attendances	We saw a slight decrease in total attendances, although ambulance conveyances remained constant	Safety concerns remain in respect of overcrowding in the current ED estate due to the volume of attendances at peak times of the day, combined with Trust capacity to move confirmed admits from ED	Continued focus on the 4-hour task and finish group; which will include targeted work on increasing flow out of ED to speciality SDECs Plan to implement process for ED Ambulatory Majors patients triaged directly for MSDEC and tagged on Careflow Plan to review all activity in MIAMI against standard and non urgent triage demand with a view to extending operational hours Comms to GP colleagues looking to reinvigorate engagement with MSDEC referrals	Trustwide full escalation protocol with implementation of Rapid transfer protocol. Move of patients against confirmed and predicted discharges from base wards to support capacity pressures in ED.
NGH	01/04/23	A&E attendances	Decrease in attendances in April.	Whilst is it a decrease, this is almost on what the plan suggested. The issue is that admissions have stayed high, suggesting less lower acuity patients, with a sustained admission number. This continues to create flow issues with almost 100 waiting for pathway beds in the community, and some issues around internal LoS due to outliers of Medicine into Surgery.	UEC Flow board programme of activity supporting flow. BAU activities such as Board rounds and IVABx challenging continues. The system has the new UEC Board looking at flow after a comprehensive MADE event in April reviewed 1000 patients.	Flow projects. BAU flow programmes daily. when busy all internal meeting stopped to ensure board rounds are happening. Extra medical consultants in ED, and outliers covered by extra medics.

Systems and Partnerships

KGH | NGH

Committee Name: All

GroupName: Systems and Partnerships

4	0	18
Exec comments KGH	Exec comments NGH	Total No. of Metrics

Site	MetricName	Value
KGH	6-week diagnostic test target performance	48.62%
NGH	6-week diagnostic test target performance	63.10%
NGH	Patients with a reason to reside	66.80%
KGH	Patients with a reason to reside	75.88%
KGH	RTT median wait incomplete pathways	12.50
NGH	RTT median wait incomplete pathways	13.50
KGH	RTT over 52 week waits	312
NGH	RTT over 52 week waits	1,176
KGH	Stranded patients (7+ day length of stay)	289
NGH	Stranded patients (7+ day length of stay)	384
KGH	Super-Stranded patients (21+ day length of stay)	102
NGH	Super-Stranded patients (21+ day length of stay)	170
NGH	Theatre utilisation	76.00%
KGH	Theatre utilisation	79.00%

Metric	Comment
Cancer	Performance was impacted by capacity loss with the Jnr Dr and nurse IA and b/h capacity loss in May. As a result, the size of the backlog increased by 40 patients and is now at 97 beyond 62 days against a target of 50. This is putting our recovery target of treating 85% within 62 days of referral from July at risk. Despite this the trust remains one of the best performing Trusts regionally for most cancer related performance targets, in particular the faster diagnosis target where we are a national leader. Focus on the actions in the recovery plan continue, which remains the method to improve performance.
Diagnostics	An improvement to 48% for the trust although improvement has reduced due to the u/s position not improving as expected. Aims is for 85% performance by March 2024 of which the trust is confident in achieving for all modalities although risks remain in the following: • U/S - approval for additional capacity approved, and once staffing has been onboarded, they will be dedicated to clearing this backlog. • Risks remain in Cardiac MRI and Neurophysiology due to reliance on temporary capacity, and Audiology and Respiratory modalities reliant on recruitment. These modalities are being tracked closely to give as much notice of increased delivery risk. Case to reduce backlog in Cardiac MRI is with the Division.
IA Impact	Jr Dr Strike Action took place in April 2023 impacting on both inpatient and outpatient activities. In total 21% of April working days were impacted due to IA. This has had an impact on RTT and cancer performance with patients being stood down and delayed. Patients have been re booked at their earliest convenience and continue to be monitored to ensure no clinical harm has been a result of the interruption to services. Further BMA IA has been scheduled for 14-16th June

Systems and Partnerships

KGH | NGH

Committee Name: All

GroupName: Systems and Partnerships

4 Exec comments KGH

0 Exec comments NGH

18 Total No. of Metrics

Site	MetricName	Value
KGH	6-week diagnostic test target performance	48.62%
NGH	6-week diagnostic test target performance	63.10%
NGH	Patients with a reason to reside	66.80%
KGH	Patients with a reason to reside	75.88%
KGH	RTT median wait incomplete pathways	12.50
NGH	RTT median wait incomplete pathways	13.50
KGH	RTT over 52 week waits	312
NGH	RTT over 52 week waits	1,176
KGH	Stranded patients (7+ day length of stay)	289
NGH	Stranded patients (7+ day length of stay)	384
KGH	Super-Stranded patients (21+ day length of stay)	102
NGH	Super-Stranded patients (21+ day length of stay)	170
NGH	Theatre utilisation	76.00%
KGH	Theatre utilisation	79.00%

Metric	Comment
Referral to Treatment (RTT)	We have no patients waiting over 78wks one of only 3 hospitals in the region. We have 16 patients waiting over 65 weeks with a plan to achieve zero by March 24 (national target) As at end April we had 322 patients whom have waited over 52 wks for treatment against our IBP target of 246. Our current plan is to reduce the number over the year to 125 by March 24. National expectations currently are zero 52 weeks by March 2025 (a year later). The key issues faced include: • Continued industrial action results in hundreds of both inpatient and outpatient appointments. All of which need to be rescheduled and added to the patients already waiting to be seen. This impacts on waiting times for the entire PTL as all patients need to be rescheduled and rebooked. • Patient choice for those in education as exam periods start. Many parents do not wish to have children treated at this time and are choosing to wait until July for treatment for their children. • Capacity within Medical specialties continues to be a challenge as the services struggle for both New and Follow-up capacity. These are being escalated weekly to the divisional director for decisions on WLI usage. • Surgical specialties struggle with capacity within ENT and Oral Surgery with insourcing of theatre capacity starting in June to focus on these specialities.

Summary Table

Committee Name: Integrated Governance Report (IGR)

Group Name: Systems and Partnerships

Metric Name: Multiple selections

Site: All

Variation: All

Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance	Assurance
KGH	Systems and Partnerships	6-week diagnostic test target performance	01/04/23	48.62%	99.00%	59.64%	74.85%	90.06%			Consistently Anticipated to Not Meet Target
NGH	Systems and Partnerships	6-week diagnostic test target performance	01/04/23	63.10%	99.00%	67.77%	78.18%	88.59%			Consistently Anticipated to Not Meet Target
NGH	Systems and Partnerships	RTT over 52 week waits	01/04/23	1,176	0	93	266	439			Consistently Anticipated to Not Meet Target
KGH	Systems and Partnerships	RTT over 52 week waits	01/04/23	312	0	9	46	83			Consistently Anticipated to Not Meet Target
NGH	Systems and Partnerships	RTT median wait incomplete pathways	01/04/23	13.50	10.9	11.47	11.47	11.47			Not Consistently Anticipated to Meet Target
KGH	Systems and Partnerships	RTT median wait incomplete pathways	01/04/23	12.50		12.41	12.41	12.41			Consistently Anticipated to Meet Target
KGH	Systems and Partnerships	Theatre utilisation	01/04/23	79.00%	85.00%	65.55%	73.03%	80.51%			Consistently Anticipated to Not Meet Target
NGH	Systems and Partnerships	Theatre utilisation	01/04/23	76.00%		63.59%	73.12%	82.65%			Consistently Anticipated to Meet Target
KGH	Systems and Partnerships	Stranded patients (7+ day length of stay)	01/04/23	289	0	210	252	294			Consistently Anticipated to Not Meet Target
NGH	Systems and Partnerships	Stranded patients (7+ day length of stay)	01/04/23	384	0	315	340	365			Consistently Anticipated to Not Meet Target
NGH	Systems and Partnerships	Super-Stranded patients (21+ day length of stay)	01/04/23	170	0	112	146	179			Consistently Anticipated to Not Meet Target
KGH	Systems and Partnerships	Super-Stranded patients (21+ day length of stay)	01/04/23	102	0	63	90	117			Consistently Anticipated to Not Meet Target
KGH	Systems and Partnerships	Patients with a reason to reside	01/04/23	75.88%		65.21%	70.23%	75.26%			Consistently Anticipated to Meet Target
NGH	Systems and Partnerships	Patients with a reason to reside	01/04/23	66.80%	95.00%	60.03%	66.65%	73.27%			Consistently Anticipated to Not Meet Target

6-week diagnostic test target performance

Committee Name: All

GroupName: All

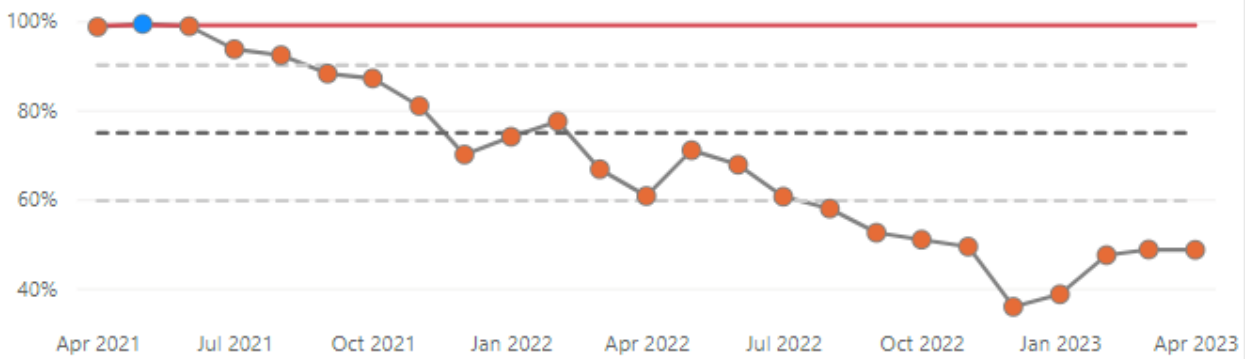
MetricName: 6-week diagnostic test target performance

01/04/2019 – 01/04/2023

48.62%	99.00%	63.10%	99.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

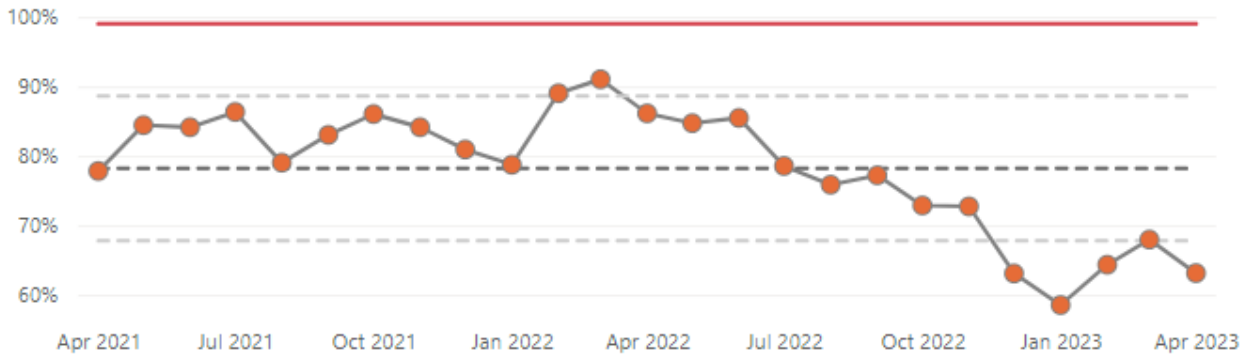
Kettering General Hospital

6-week diagnostic test target performance: Systems and Partnerships



Northampton General Hospital

6-week diagnostic test target performance: Systems and Partnerships



6-week diagnostic test target performance

Committee Name: All

GroupName: All

MetricName: 6-week diagnostic test target performance

48.62%	99.00%	63.10%	99.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/04/23	% of patients not seen within six weeks	Unvalidated performance for April 2023 is 48% against the national 99% target in financial year target of 85%	Delivery of CTC Tests has been difficult due to limited physical capacity to see increased numbers of patients. Neurophysiology have no longer been carrying out WLI's this FY of which has meant the increased waiting list and patients over 6 weeks Leave within Respiratory services has seen a decline in performance - this is only set to be an in month issue. Limited capacity within Audiology has seen the increasing waiting list and slow decline in performance. Cardiac MRI tests are still delayed due to capacity - current waiting list of over 700 patients with over 600 already past 6 weeks in their wait. 2WW demand in Endoscopy has seen the delay to test for routines.	With the launch of the CDC more routine CT work will be delivered off site which will allow more complicated work to be carried out on site such as CTC. This is being worked through with the heads of the modalities and will see the increased delivery of these tests. Neurophysiology will continue to present the impact to patients and performance to their DD (Medicine) for decision around funding for WLIs. Audiology continue to look for additional capacity to support service delivery. Approval has been given to run additional list at the weekends to support both DM01 and standard Audiology services. The Medicine division have been asked to detail the delivery plan for Cardiac MRI. PTL meetings take place with Endoscopy to ensure patients are booked in date order where possible understanding the dedication of resources to 2ww and Urgents.	Continued weekly DM01 Access meetings with the head of access to ensure all concerns are presented in a timely manner and escalations can take place. Weekly reporting of Imaging and Cardia performance to PAG Monthly reporting of performance to OMG Weekly PTL meetings with Endoscopy and Imaging modalities
NGH	01/04/23	% of patients not seen within six weeks	Note value for April is un-validated performance. Value denotes underperformance against diagnostic target of 99%.	Cardiology Echoe's are still constrained given delay in delivery of CDC activity related to Echoe's due to digital connectivity and workforce issues. Audiology service has suffered with limited capacity and has been asked for a recovery plan. Ultrasound due to MSK demand remains constrained. 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	• Focused work to prioritise long waits and reduce 13WW continues • Accelerated CDC capacity in March and continued via interim solution - Xyla lists continue - DSE additional weekend work to commence - Audiology asked for a recovery plan - U/S scoping swap with MRI and locums however limited availability • MSK/U/S additional sessions when possible are being undertaken • PET-CT capacity in place now providing additional CT capacity	- standing agenda item at Access Committee and Weekly diagnostic PTL - Weekly CDC task meeting

RTT over 52 week waits

Committee Name: All

GroupName: All

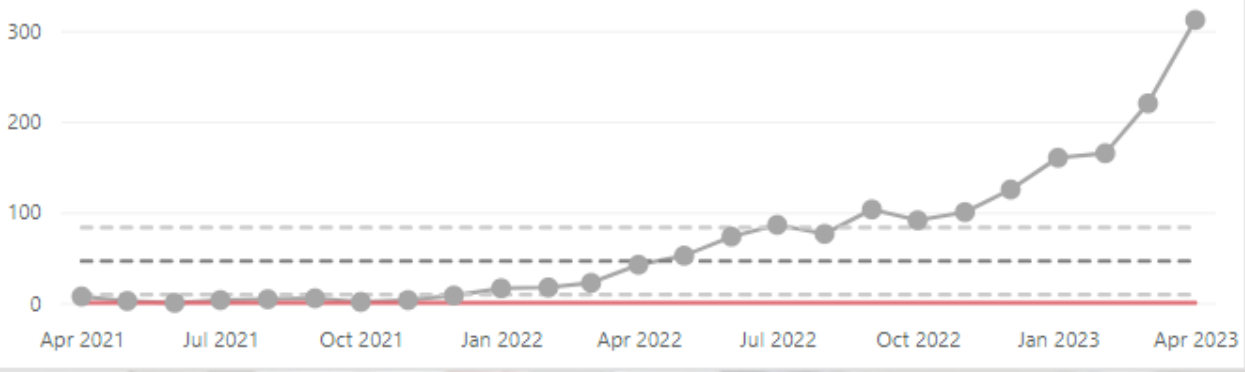
MetricName: RTT over 52 week waits

01/04/2019 – 01/04/2023

312		1,176	0
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

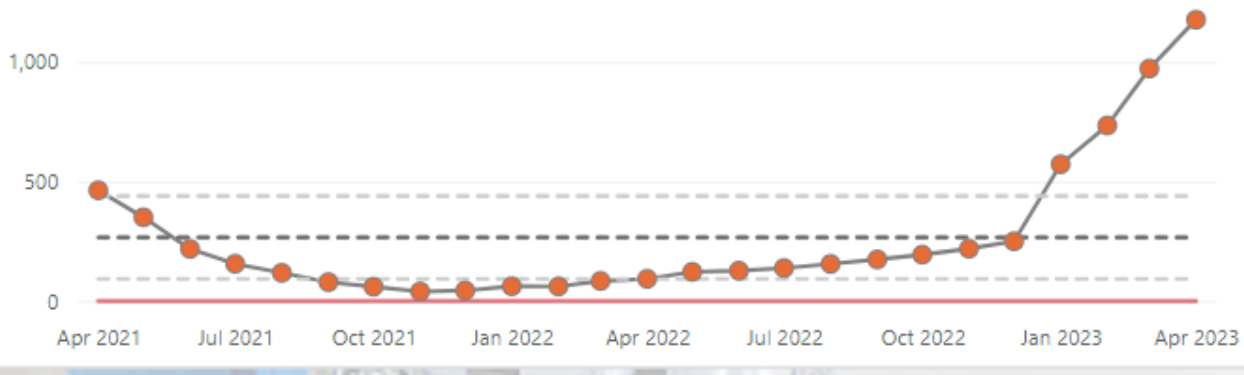
Kettering General Hospital

RTT over 52 week waits: Systems and Partnerships



Northampton General Hospital

RTT over 52 week waits: Systems and Partnerships



RTT over 52 week waits

Committee Name: All

GroupName: All

MetricName: RTT over 52 week waits

312		1,176	0
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/04/23	No. of patients waiting greater than 52 weeks from referral to treatment (RTT)	Unvalidated figures suggest there to have been 322 patients over 52 weeks as at the end of April 2023	The key issues faced include: -Continued industrial action results in hundreds of both inpatient and outpatient appointments. All of which need to be rescheduled and added to the patients already waiting to be seen. This impacts on waiting times for the entire PTL as all patients need to be rescheduled and rebooked. -Patient choice for those in education as exam periods start. Many parents do not wish to have children treated at this time and are choosing to wait until July for treatment for their children. -Capacity within Medical specialties continues to be a challenge as the services struggle for both New and Follow-up capacity. These are being escalated weekly to the divisional director for decisions on WLI usage. -Surgical specialties struggle with capacity within ENT, and Oral Surgery.	Weekly PTL meetings are conducted to review all patients on the Surgical Waiting list over 40 weeks. This is attended by several lines of management and operational support including RTT Management, HoA, DDs and Waiting List Management. This ensures any delays can be progressed as well as decision made on patients suitable next steps. Patients due to be 65w+ as at the end of the month are validated weekly but the Hoa and RTT Manager to ensure all patients have their next steps in place and any missing plans are chased. The 52w+ PTL is validated weekly to ensure accurate reflection and national reflection of the trust.	Continued PTL meetings. HoA now meeting with the RTT Manager to review all patients due to be 65w or more at month end to ensure all next steps are identified Weekly divisional updates via PAG Monthly reporting via OMG

RTT over 52 week waits

Committee Name: All

GroupName: All

MetricName: RTT over 52 week waits

312		1,176	0
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
NGH	01/04/23	No. of patients waiting greater than 52 weeks from referral to treatment (RTT)	Unvalidated figures suggest there have been 1,176 patients over 52 weeks at the end of April 2023.	- Continued impact of IA with cancellation of activity in April due to Junior doctors Strike, significant numbers stood down for surgery, outpatients/inpatients and D/C inclusive of both RTT/Non RTT. - The Trust has seen an increase in the number of patients waiting over 52+ for treatment due to theatre staffing issues and cancellations, UEC pressures, Increased demand in theatre and urgent cases and is reflective of an increased referral rate and demand and reduced clearance. - ENT, T&O, Gynaecology remain our most challenged specialties having seen a significant increase in the number of referrals over the past year compared to 2021. - ENT has seen a significant increase in number of 52+ and continues to be constrained.. The directorate has a number of patients waiting for outpatients over 35 weeks which is a risk re. long waiting position and has seen a 55% increase in referrals have also supported UHL with Mutual Aid all long waiting patients which needed to be prioritised impacting on internal long waits position and contributing to deteriorating position. Additional capacity to support reduction in backlog has been agreed with locums continues and Audiology recruited to. - Critical Incident and OPEL 4 status has resulted in activity being stood down and PTL's being stood down which has impacted greatly on position and resultant backlog contributing to the above position. - Theatre maintenance and seasonal reduction in activity have also impacted - Administrative staffing issues in H&N impacting • Covid-19 sickness and Operational Pressures continue. • Cancer/urgent patients demand increasing and are prioritised impacting ability to clear long waiters.	- ENT met with COO,DCOO and HOA agreement to source additional locums and Audiologists to support outpatient waits. • Weekly monitoring in place with Divisional PTL's and a weekly Access Board meeting where 52+weeks is a standing agenda item. - Weekly admin validation of PTL continues • Weekly RTT meeting with H&N attended by DCOO, Head of Access and DM with directorate team - Focused work on long waiters to deliver 0 78+	• Weekly monitoring in place with Divisional PTL's and a weekly Access Board meeting where 52+weeks is a standing agenda item.

RTT median wait incomplete pathways

Committee Name: All

GroupName: All

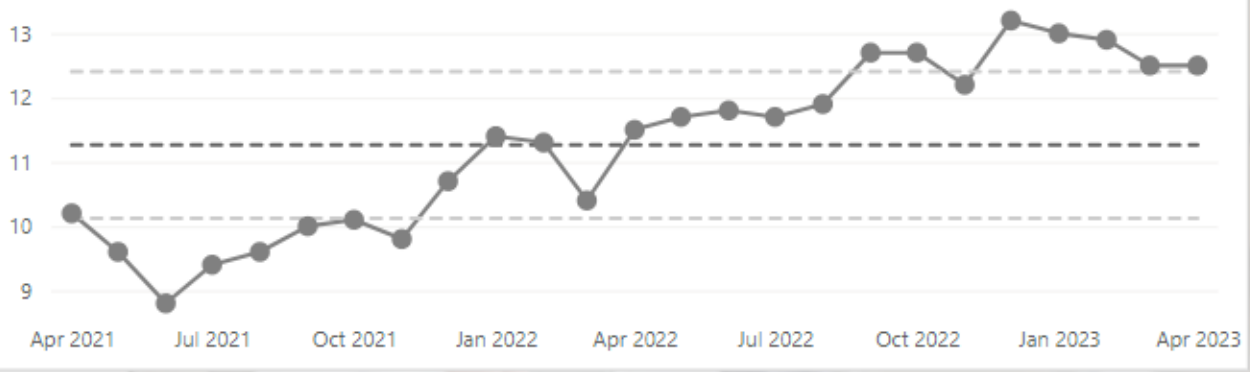
MetricName: RTT median wait incomplete pathways

01/04/2019 – 01/04/2023

12.50		13.50	10.9
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

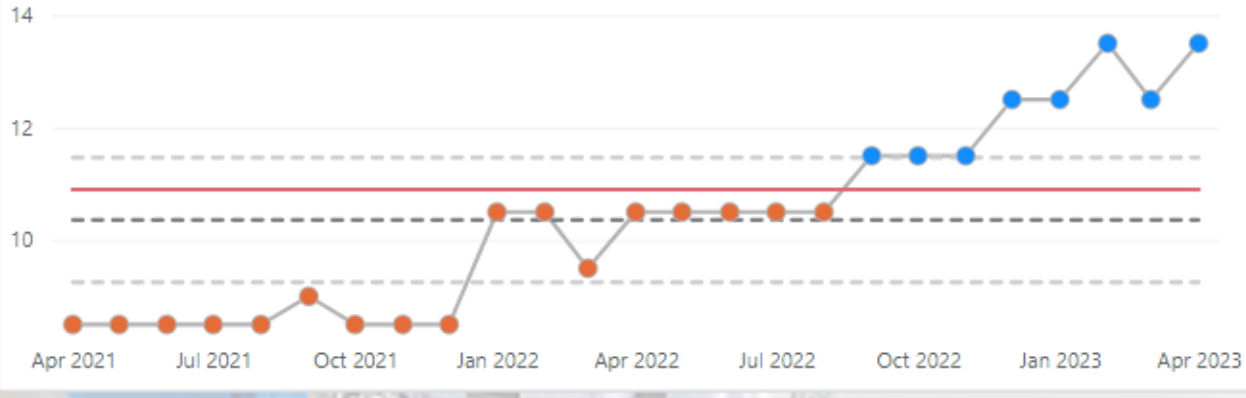
Kettering General Hospital

RTT median wait incomplete pathways: Systems and Partnerships



Northampton General Hospital

RTT median wait incomplete pathways: Systems and Partnerships



RTT median wait incomplete pathways

NHS University Hospitals of Northamptonshire NHS Group

Committee Name: All

GroupName: All

MetricName: RTT median wait incomplete pathways

12.50		13.50	10.9
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/04/23	% of patients waiting more than 18wks for treatment (incomplete pathways)	The median RTT wait for incomplete pathways for March 2023 has remained stable at 12.5 week.	There are currently zero patients over 104w, or 78w. The current longest waiting patient is at 75 weeks with a TCI planned in May 2023. Currently theatre utilisation is over 80% and clinic utilisation is also performing well at 90+% in week. Despite this performance levels and activity levels there is still a requirement to provide more capacity to increase clock stop activity	Agreement has been given to financially support the increas in capacity for elective surgical care. This in turn will provide more capacity for surgical clock stop activity. This will support specialties with long waiting patients such as Oral and ENT	Templates have been revised for this financial year which has already resulted in more capacity being identified. Additional funding agreed to be allocated to support particularly challenged specialties. PTLs will continue to ensure patients next steps are in place or escalation in place to see them agreed. Validation of patient pathways continue to ensure the PTL is clear of DQ errors.
NGH	01/04/23	% of patients waiting more than 18wks for treatment (incomplete pathways)	Median wait remains between 12.5/and 13.5.	There are currently 0 patients waiting above 78+ and 104+. Despite performance in activity levels due to increased referral rate with April seeing a 5% increase in referrals compared to previous year there is a requirement to provide more capacity to increase the clock stop rate to match the demand. - Constrained ENT capacity with increased level of Demand as per size of waiting list and 52+	Same as size of waiting list and 52+ Text validation being explored with ENT to check whether patients still want to be seen and triage process being reviewed. Weekly monitoring at PTL and standing agenda item and Access Committee continue.	Weekly monitoring at PTL and weekly validation of all patients waiting over 35 weeks. Standing agenda item and Access Committee continue.

Theatre utilisation

Committee Name: All

GroupName: All

MetricName: Theatre utilisation

01/04/2019 – 01/04/2023

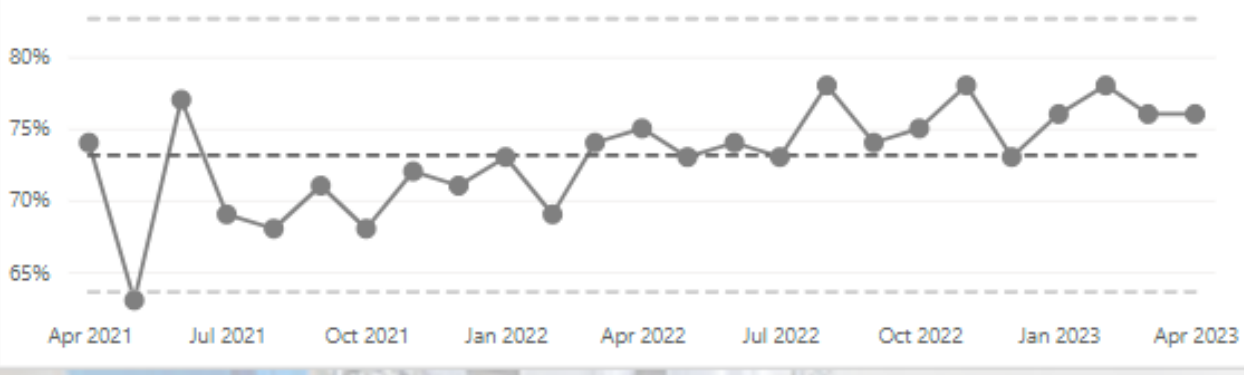
79.00%		76.00%	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

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	01/04/23	Theatre utilisation % against 85% national target	The chart tells us that theatre utilisation was at 79% in April. This metric has reverted to the touch-time utilisation with touch-time + turnover at 90%.	Theatre utilisation was affected by a high number of late cancellations of patients and late pre-assessment processes	Daily monitoring of booking levels by the WL Office and a focus on theatre starting times to ensure patients are not cancelled due to running out of time	Relaunched 642 and theatre scheduling meetings with improved booking practice. New accommodation for Pre-Assessment Service identified in early December for increased face to face appointments - further delays to estates work to increase this further.
NGH	01/04/23	Theatre utilisation % against 85% national target	Theatre utilisation excluding touch time is 76%.	Nexus system unable to retrieve historic timings of operations for Consultants. CCS unable to retrieve this data from Nexus	Nexus upgrade required 6-4-2 planning meetings	Consultants to write timings of operations on waiting list cards / ICE.

Stranded patients (7+ day length of stay)

Committee Name: All

GroupName: All

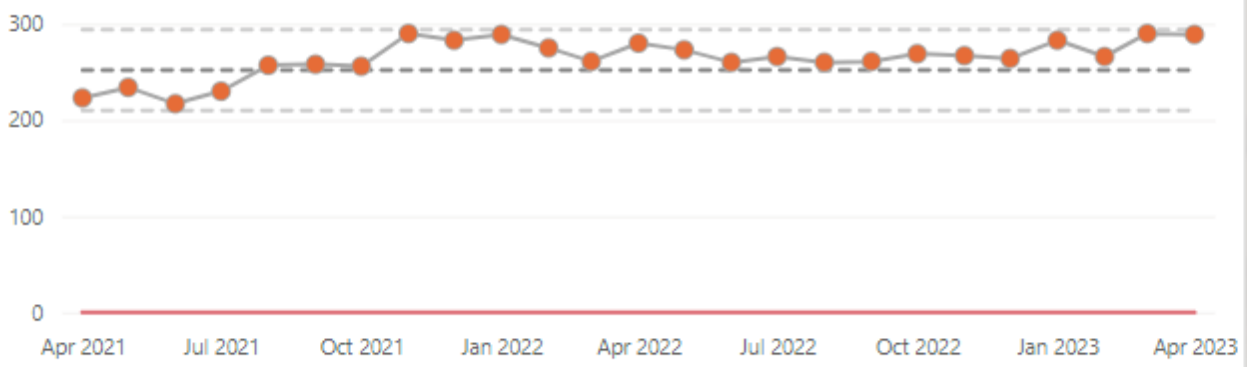
MetricName: Stranded patients (7+ day length of stay)

01/04/2019 – 01/04/2023

289	0	384	0
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

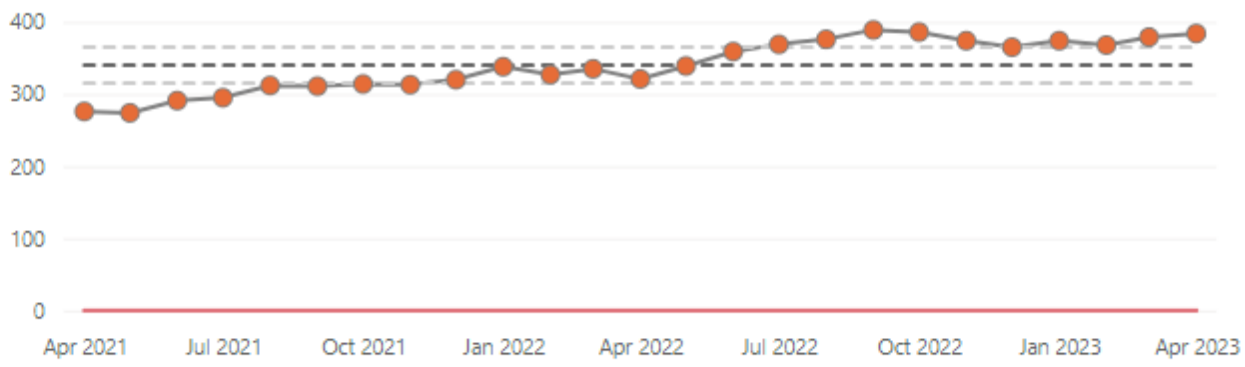
Kettering General Hospital

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	01/04/23	Number of patients with a LoS > 7 days	The number of stranded patients has remained at its highest in over a year during March & April 2023	Ward round processes need to remain robust and all aspects need to be maintained to achieve LoS benefits Staffing has impacted on ward ability to maintain and monitor scorecards	Areas for improvement: leadership on board rounds, appropriate membership, allocation of actions and tasks and follow up and closure of actions	HOD monthly meeting to monitor flow and discharge profile
NGH	01/04/23	Number of patients with a LoS > 7 days	384 patients over 7 days LoS. This has been moving the wrong way for two months since the new Financial year started and financial changes impacted on us.	Has been slowly moving up since April and funding mechanism have changed. NGH lost Hospital @ Home and Therapy supported Discharge. In addition, EMAS have lost extra ambulances to support discharge on the day which is impacting us.	Internal flow programme of activity. External UEC programmes along with focus on BAU board rounds work.	Internal flow programme of activity. External UEC programmes along with focus on BAU board rounds work.

Super-Stranded patients (21+ day length of sta

Committee Name: All

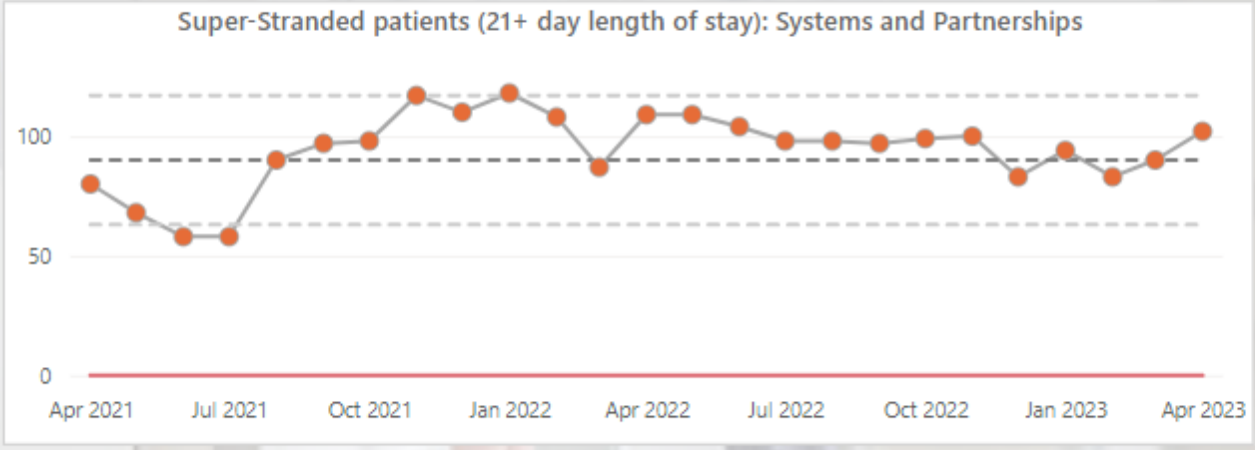
GroupName: All

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

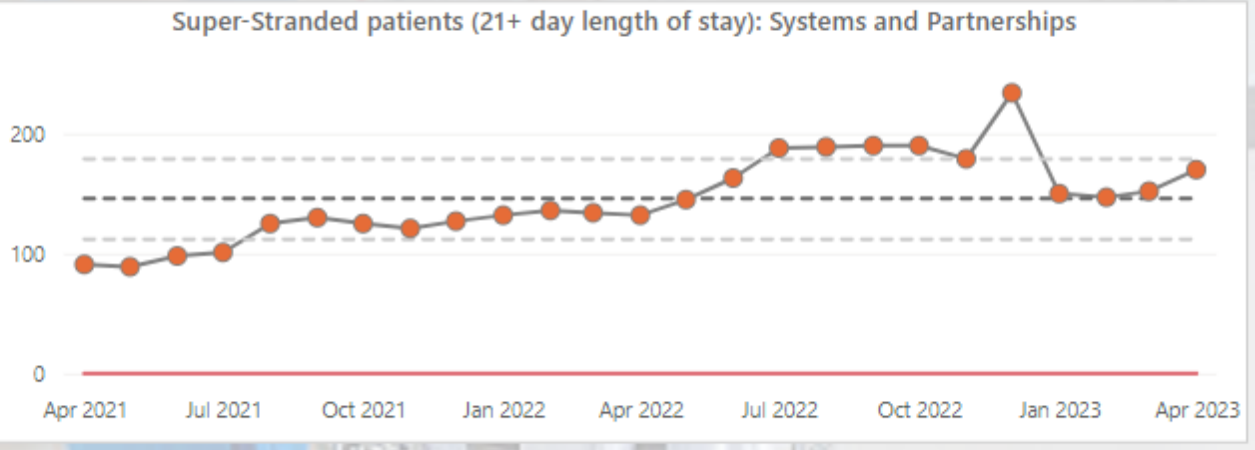
01/04/2019 – 01/04/2023

102	0	170	0
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	01/04/23	Number of patients with a LOS> 21 days	super stranded numbers have risen in April	3 Bank Holidays & Industrial action reducing the number of days all services are running at full capacity Cessation of funding for winter pathways and reduction in specialist pathways e.g. delirium	Quality control process implemented prior to SBAR submission Continued working with partners to improve pathways and expedite delays 2x weekly meetings in Medicine to review super stranded patients in addition to weekly super complex meetings Trust wide Weekly meeting with Housing support for pts with no fixed abode Review process with LPOP and D&D to support dementia and delirium	Monitoring progress via Discharge Dashboard Continued sharing information and improvements with partners
NGH	01/04/23	Number of patients with a LOS> 21 days	Increase of 18 from previous month waiting over 21 days.	Decrease in funding available since April 23 meant no Hospital @ Home for NGH. Additionally, pathway discharges have decreased meaning our backlog has gone to over 100 patients.	Focus on board rounds, regular reviews of top 20 highest LoS. Flow board programmes. system wide UEC board programme started.	Stopping other activity to support flow. Keeping increased high costs agency to support outliers and long waiting patients in ED.

Patients with a reason to reside

Committee Name: All

GroupName: All

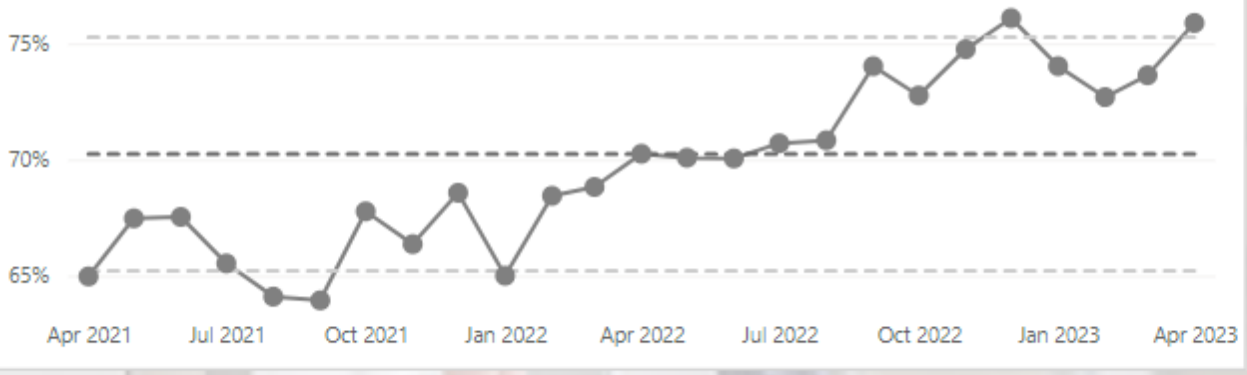
MetricName: Patients with a reason to reside

01/04/2019 – 01/04/2023

75.88%		66.80%	95.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

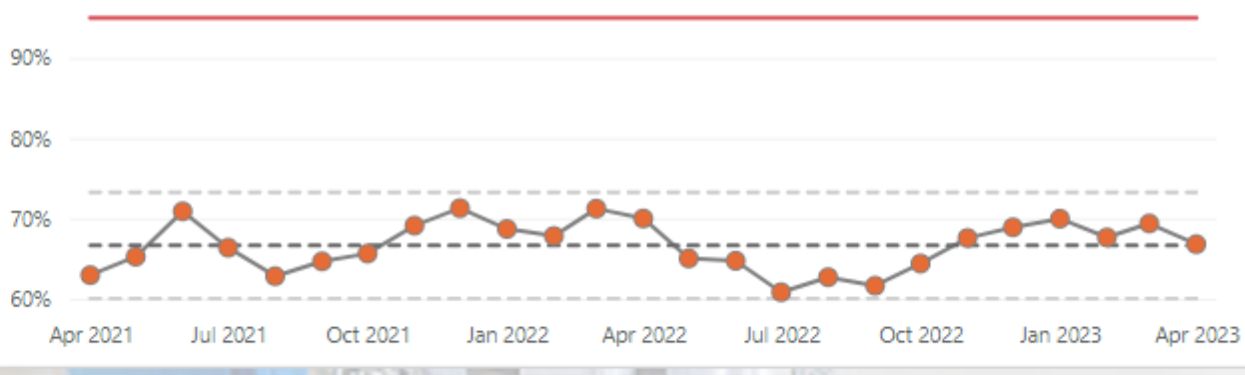
Kettering General Hospital

Patients with a reason to reside: Systems and Partnerships



Northampton General Hospital

Patients with a reason to reside: Systems and Partnerships



Patients with a reason to reside

Committee Name: All

GroupName: All

MetricName: Patients with a reason to reside

75.88%		66.80%	95.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/04/23	Number of patients who have a reason to reside in hospital based on national reason to reside criteria	An increase in the proportion to 75.8% in the last month reflecting increased acuity and drive to discharge those with no reason to reside	26% of patients (approx. 120-130) do not have a reason to reside, with approx. 70-80 of these awaiting supported care discharge, and a further 20-30 patients in the process of identifying the supported discharge package required. The remaining 10-20 are in our gift to ensure are discharged expediently Rehab capacity is a bottleneck.	Continued focus on those patients not requiring supported discharge (pathway 0) with the aim to have <8 by the 18.00 every day Ensuring the process to allocate a supported package has minimal delays and is identified while a patient has a reason to reside Continued work with partners to ensure a continual flow of supported discharges take place and identify gaps in provision	Ensuring the process to allocate a supported package has minimal delays and is identified while a patient has a reason to reside Continued work with partners to ensure a continual flow of supported discharges take place and identify gaps in provision
NGH	01/04/23	Number of patients who have a reason to reside in hospital based on national reason to reside criteria	Patient numbers have decreased with a RTR. This is reflective of the delays in discharge with 170 being MFFD on day or writing report.	Wards are waiting for long periods for the process to discharge to system beds and support. For example, on the day of writing, Victoria ward has 2 patients who are for review, the other 16 beds are all medically fit, waiting for a community or social care bed.	Continued focus on flow, Pathway 0 patients, moving our pathway patients to Medically fit as soon as possible in pathways. UEC board in the system is now running, with internal board rounds and focus on IVABx and Frailty continuing.	Extra Medics to support patients in ED and outliers around wards that should be on medical wards.

KGH Specific metrics

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

Summary Table

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

Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance	Assurance
KGH	Quality	New harms	01/04/23	17.70%		17.86%	23.49%	29.13%			Consistently Anticipated to Not Meet Target
KGH	Sustainability	Non-elective activity (& vs plan)	01/04/23	129.00%		84.02%	123.05%	162.08%			Consistently Anticipated to Meet Target
KGH	Sustainability	Non-elective activity (& vs plan) 2	01/04/23	2,335	1804	1270	1645	2019			Not Consistently Anticipated to Meet Target

New harms

Committee Name: All

GroupName: All

MetricName: New harms

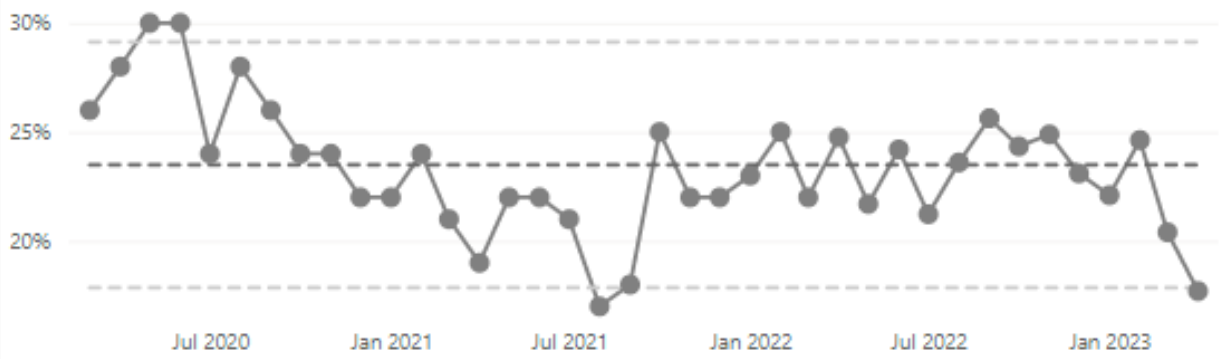
01/04/2019 – 01/03/2024

17.70%
KGH: Current Value

KGH: Current Target

Kettering General Hospital

New harms: Quality



Northampton General Hospital

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/04/23	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 95.8%. 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.

Non-elective activity (& vs plan)

Committee Name: All

GroupName: All

MetricName: Non-elective activity (& vs plan)

01/04/2019 01/04/2023

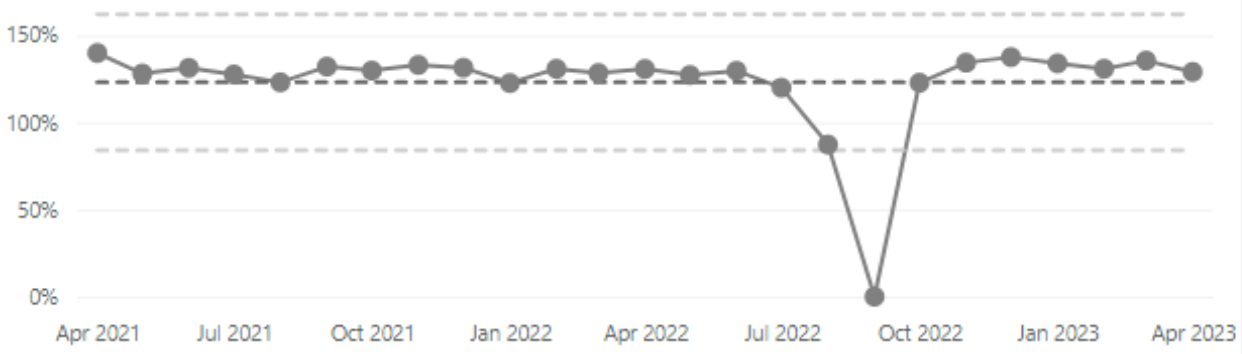
129.00%
KGH: Current Value

KGH: Current Target

Kettering General Hospital

Northampton General Hospital

Non-elective activity (actual vs plan): Sustainability



Non-elective activity (& vs plan) 2

Committee Name: All

GroupName: All

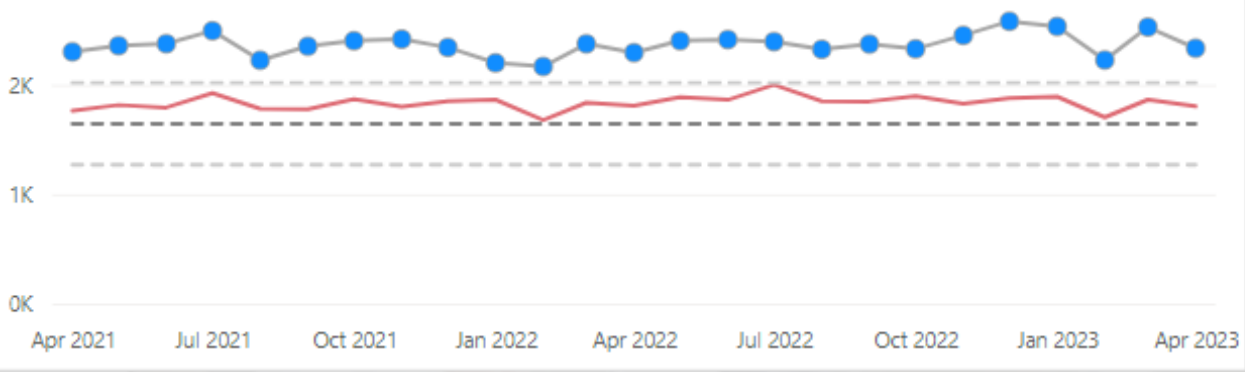
MetricName: Non-elective activity (& vs plan) 2

01/04/2019 — 01/04/2023

2,335	1804		
KGH: Current Value	KGH: Current Target		

Kettering General Hospital

Non-elective activity (actual vs plan): Sustainability



Northampton General Hospital

NHS
University Hospitals of Northamptonshire
NHS Group

NGH Board
Finance Performance

Month 1 (April 2023)
FY 2023/24

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Executive Summary

Income and Expenditure – In Month

The Month 1 position is a £3.7m deficit which is £0.8m worse than the £2.9m deficit plan.

This has been impacted upon by under delivery of efficiencies in the month, ongoing industrial action, utilities inflationary pressures and income being lower than plan.

Capital

NGH incurred minimal (£0.05m) capital spend in April, however payments of £2.5m were made in respect of 2022/23 closing creditors. The total plan for the year has risen from an initial £35.3m to £37.8m by month 1 due to the anticipated allocation for the "additional activity targeted investment fund" (ACTIF) to repurpose the vacated ITU space..

Cash

NGH cash balance at the end of April is £3.1m (March £1.8m). Whilst cash balances have increased from March, this is less than the anticipated closing balance of £4.8m due to higher than anticipated levels of creditor payments. Cash balances will continue to be closely monitored in year but are not currently considered to be subject to material risk at this stage.

Other Key Assumptions for Month 1 Reporting

- No ERF claw-back
- Accrual of 2% for 2023/24 pay award across all staff, per original planning guidance. Re-accrual of 2022/23 pay award to pay in June
- Accrual of 2023/24 expenditure growth as a result of activity growth and ERF related additional staffing costs per agreed resourcing in the plan
- No generic additional accrual for future inflationary rises in non pay
- Accrue to breakeven in any areas where actual activity data is not available

2022/23 M1 Summary

Description	NGH M1 Position			
	23-24 Annual Plan	In Month		
		Plan	Actuals	Variance
	£m	£m	£m	£m
Total Income	473.3	38.2	37.7	(0.5)
Total Pay	(314.1)	(27.6)	(27.9)	(0.3)
Total Non Pay	(163.3)	(13.0)	(13.0)	-
OPERATING DEFICIT	**(4.1)**	**(2.4)**	**(3.2)**	**(0.8)**
Capital Charges	(5.7)	(0.5)	(0.5)	-
Trust Surplus/(Deficit)	**(9.8)**	**(2.9)**	**(3.7)**	**(0.8)**
System Support Funding	9.8	-	-	-
I&E Surplus/(Deficit)	**-**	**(2.9)**	**(3.7)**	**(0.8)**

NGH Finance Overview

The in-month position is a £3.7m deficit which is £0.8m adverse to plan. This will be impacted upon by under-delivery of efficiencies in month.

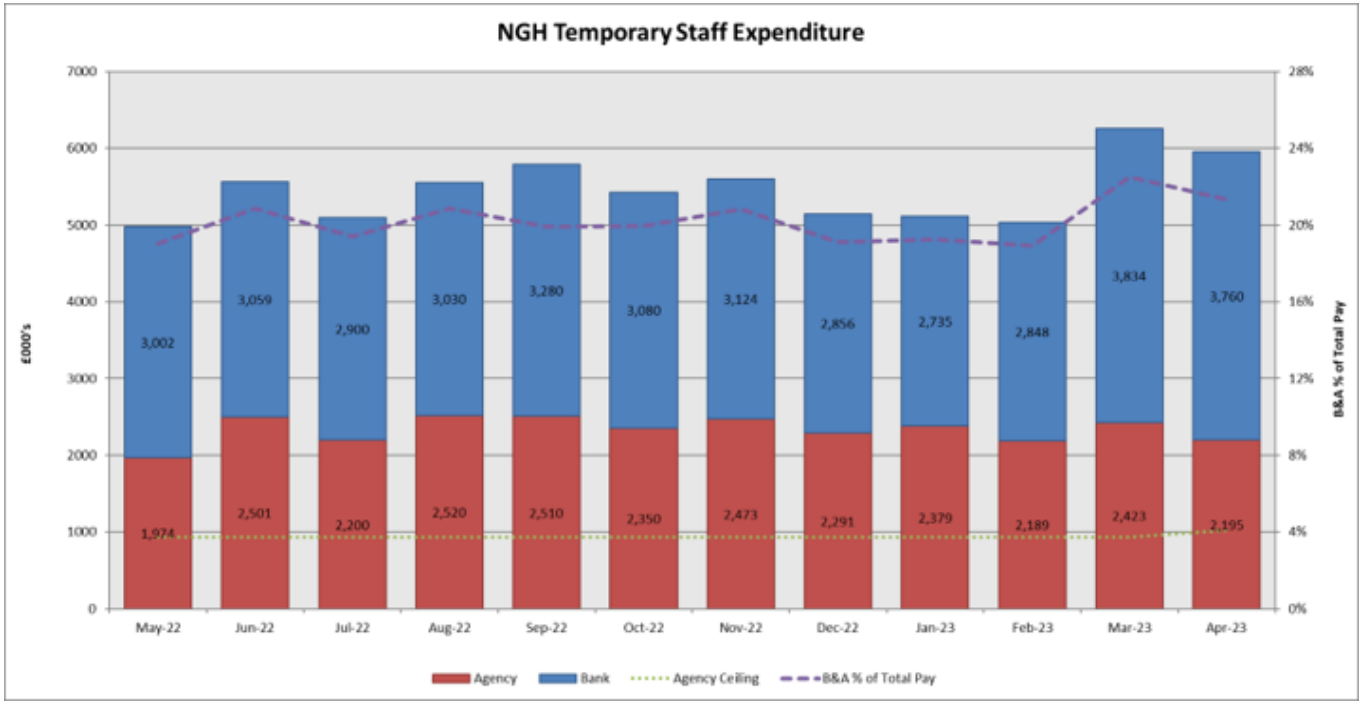
Income – £0.5m adverse this month due to lower than planned private patients, overseas visitors and training and development income. This is not unusual in Month 1 and often includes an element of late data that will be caught up in Month 2.

Pay – £0.3m adverse including a £0.2m impact of ongoing industrial action.

Non-pay – Minimal (£0.03m) adverse in month.

NGH - Pay: Temporary Staffing

NGH Temporary Staff Costs M1									
	Agency			Bank			Overall Temporary Saff		
	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	592	755	(163)	459	1,345	(886)	1,051	2,100	(1,049)
Junior Medical	308	308	0	510	319	191	818	627	191
Qualified Nursing	240	271	(31)	976	1,125	(149)	1,216	1,396	(180)
Unqualified Nursing	282	410	(128)	941	623	318	1,223	1,033	190
Other Staff	629	451	178	407	348	59	1,036	799	237
Total	2,051	2,195	(144)	3,293	3,760	(467)	5,344	5,955	(611)



In Month 1 Temporary Staff expenditure was £5.96m, 21% of Total Pay.

Agency spend at £2.2m per month remains higher than the identified agency ceiling.

Bank staff expenditure at month 1 includes an allowance for the 2% pay award estimate included in the planning assumptions. This will require confirmation in subsequent months and estimates updated accordingly.

Bank spend continues to be influenced by the ongoing industrial action. The overall impact of which is calculated at £0.2m for Month 1.

Statement of Financial Position NGH

The key movements from the opening balance are:

Non Current Assets

•M1 Capital additions of £0.1m, includes MESC Spend £15k, Estates Spend £22k & Digital Spend £16k

Current assets

•Inventories - £0.2m. Increase in Pharmacy (£0.3m) and Pathology (£0.1m) stockholdings offset by decrease in Pacing devices (£0.2m).

•Trade and Other Receivables – (£0.6m) due to: Increases in NHS Income Accruals (£1.3m), VAT reclaim (£0.9m), Non-NHS Debtors (£0.2m) and Prepayments (£2.4m). Decreases in NHS Receivables (£2.5m), Trade Receivables (£0.5m) and Capital Receivables (Salix Grant) (£2.3m).

•Salary overpayments – Increase in month of £4k with an overall balance of £0.54m. Year to date overpayments are £17k which is less than the same period last year (£47k). The number of occurrences is also less (5 compared to 9).

•Cash – Increase of £1.3m

Current Liabilities

•Trade and Other Payables – £3.5m due to: Increases in PDC Dividend Capital (£0.5m), NHS Payables (£1.1m), Trade Payables (£1.0m), Tax, NI and Pension Creditor (£0.1m), Accruals (£1.7m) and Receipts in Advance (£2.3m). Decreases in Capital Creditors (£3.1m).

Non Current Liabilities

•Finance Lease Payable - £0.2m. Nye Bevan and Car Park lease repayment (£0.1m). ROU Assets (£0.1m)

•Loans over 1 year - £0.1m. Repayment of Salix Loan.

Financed By

•I & E Account - £3.6m deficit in month.

TRUST SUMMARY BALANCE SHEET
MONTH 1 2023/24

	Balance at 31-Mar-23	Current Month			Forecast end of year	
		Opening Balance	Closing Balance	Movement	Closing Balance	Movement
	£m	£m	£m	£m	£m	£m
NON CURRENT ASSETS						
OPENING NET BOOK VALUE	244.1	244.1	244.1	0.0	244.1	0.0
IN YEAR REVALUATIONS	0.0	0.0	0.0	0.0	0.0	0.0
IN YEAR MOVEMENTS	0.0	0.0	0.1	0.1	37.3	37.3
LESS DEPRECIATION	0.0	0.0	(1.5)	(1.5)	(17.5)	(17.5)
NET BOOK VALUE	**244.1**	**244.1**	**242.8**	**(1.4)**	**263.9**	**19.8**
CURRENT ASSETS						
INVENTORIES	6.7	6.7	6.9	0.2	6.9	0.1
TRADE & OTHER RECEIVABLES	32.0	32.0	31.4	(0.6)	15.9	(16.1)
NON CURRENT ASSETS FOR SALE	0.0	0.0	0.0	0.0	0.0	0.0
CLINICIAN PENSION TAX FUNDING	0.8	0.8	0.8	0.0	0.8	0.0
CASH	1.8	1.8	3.1	1.3	1.5	(0.3)
TOTAL CURRENT ASSETS	**41.3**	**41.3**	**42.2**	**0.9**	**25.0**	**(16.3)**
CURRENT LIABILITIES						
TRADE & OTHER PAYABLES	53.0	53.0	56.5	3.5	36.1	(16.9)
FINANCE LEASE PAYABLE under 1 year	1.3	1.3	1.3	0.0	1.3	(0.0)
SHORT TERM LOANS	0.3	0.3	0.3	0.0	0.2	(0.1)
STAFF BENEFITS ACCRUAL	0.0	0.0	0.0	0.0	0.0	0.0
PROVISIONS under 1 year	1.1	1.1	1.1	0.0	1.1	(0.0)
TOTAL CURRENT LIABILITIES	**55.7**	**55.7**	**59.1**	**3.5**	**38.6**	**(17.0)**
NET CURRENT ASSETS / (LIABILITIES)	**(14.3)**	**(14.3)**	**(16.9)**	**(2.6)**	**(13.6)**	**0.7**
TOTAL ASSETS LESS CURRENT LIABILITIES	**229.8**	**229.8**	**225.8**	**(4.0)**	**250.3**	**20.5**
NON CURRENT LIABILITIES						
FINANCE LEASE PAYABLE over 1 year	13.9	13.9	13.6	(0.2)	12.7	(1.2)
LOANS over 1 year	0.4	0.4	0.4	(0.1)	0.2	(0.2)
PROVISIONS over 1 year	2.0	2.0	2.0	0.0	2.0	0.0
NON CURRENT LIABILITIES	**16.4**	**16.4**	**16.0**	**(0.3)**	**14.9**	**(1.4)**
TOTAL ASSETS EMPLOYED	**213.4**	**213.4**	**209.8**	**(3.6)**	**235.4**	**22.0**
FINANCED BY						
PDC CAPITAL	273.3	273.3	273.3	0.0	285.8	12.5
REVALUATION RESERVE	57.7	57.7	57.7	0.0	57.7	0.0
I & E ACCOUNT	(117.5)	(117.5)	(121.1)	(3.6)	(108.0)	9.4
FINANCING TOTAL	**213.4**	**213.4**	**209.8**	**(3.6)**	**235.4**	**22.0**

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NHS
Northampton General Hospital
NHS Trust

Cover sheet

Meeting	Board of Directors
Date	9 June 2023
Agenda item	6

Title	2023/24 Annual Plan Final Submission
Presenter	Jon Evans - Group Chief Finance Officer
Author	Lisa Humpage - Head of Integration and Partnerships Jon Evans - Group Chief Finance Officer

This paper is for			
✓ Receive	☐Discussion	☐Note	☐Assurance
To formally receive and discuss a report and note the submission, approved under delegated powers	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	x Systems & Partnerships	x 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 final submission of the 2023/24 operational plan is presented to the Trust Board for receipt, comprising the NGH and KGH submission made on 4th May 23 as part of the Northamptonshire ICB Operational Pan submission, noting the key risks identified, proposed mitigations and next steps.	This final plan was approved for submission via delegation from the Boards of Directors to the Trust Chairs, Chief Executives and Group Chief Finance Officer, in consultation with the Group Finance and Performance Committee. This follows the approval of the original draft plan submission at the Group Finance and Performance Committee on 28th March 2023. This plan was reviewed by both NGH and KGH Boards at a briefing on 27th March 2023 and presented for assurance on 5th May 2023.

Executive Summary

The initial planning round process for 2023/24 was completed on 30 March 2023 with draft submissions to NHS England (NHSE) on this date.

The submissions comprise multiple elements, namely:

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

Following national feedback, a final submission of the operational plan was required on Friday 4th May 2023. A summary of this paper is presented here for the Board's receipt, information and assurance.

The main changes between the initial draft submission in March and the final plan submission in May relate to the financial plans, moving to a breakeven position across each Trust and the ICS.

No further updates were made to the activity and performance plans.

Plan summary

- The system has collectively agreed a final financial plan with all parties accepting risk
- Financial plan is for breakeven and both NGH and KGH
- Operational plans propose to deliver on;
    - Elective recovery; Each Trust has been set an Elective Recovery target with NHS Northamptonshire ICB as a % of 19/20 weighted activity (NGH 108.9%; KGH 104.5%). Additional productivity, transformation and in-sourcing outsourcing reinstated delivers elective recovery performance at 100% for KGH and 107% for NGH. System submission includes advice and guidance and other providers and achieves 109%
    - Achievement of cancer standards
    - No 65-week waits in the plan from March 24
- Achievement of diagnostic standards from March 24
- Achievement of the 4-hour A&E requirement from March 24
- Reduction in workforce across NGH and KGH in line with efficiency targets. Efficiencies removed from bank/agency and 2023/24 establishment as per efficiency plan.

The following challenges remain

- Non-achievement of 92% bed occupancy
- Development and delivery of the efficiency programme – increased to 5% 'cost out' in the final submission.

Appendices	
Final draft Operational Plan Summary attached	
Risk and assurance	
BAF; UHN 08	The plan is key control to mitigate the UHN Group BAF risk UHN 08 relating to the Group's medium term financial plan
Financial Impact	
The Finance Plan submission impact is detailed in the report	
Legal implications/regulatory requirements	
Not applicable	
Equality Impact Assessment	
EQIA to be completed as part of the final plan submission for any service changes recommended	

2023/24 UHN Final Planning Submission
4th May 2023 Summary
Boards of Directors, 8-9 June 2023

University Hospitals of Northamptonshire NHS Group

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Context

- The planning round process for 2023/24 was due to be completed on the 30th March 2023 with final submissions to NHSE/I due on this date (draft submission made on 23rd February).
- National feedback from NHSE/I required a further final submission to be made by 4th May 2023.
- As with other years, the submissions comprise multiple elements, namely:
  - Activity & Performance
  - Workforce
  - Finance (System & Providers)
  - Narrative

- The main changes between the initial draft submission in March and the final plan submission in May relate to the financial plans, moving to a breakeven position across each Trust and the ICS.
- No further updates were made to the activity and performance plans.

Submission Summary

Final Plan Summary

- The system has collectively agreed on a financial plan with all parties sharing the risk
- It gives UHN a major challenge to deliver on and requires all assumptions to be delivered in order to achieve the plan
- We are proposing to deliver on;
  - Elective recovery; Each Trust has been set an Elective Recovery target with NHS Northamptonshire ICB as a % of 19/20 weighted activity (NGH 108.9%; KGH 104.5%). Additional productivity, transformation and in-sourcing outsourcing reinstated delivers elective recovery performance at 100% for KGH and 107% for NGH. System submission includes Advice and Guidance and other providers and achieves 109%
  - Achievement of cancer standards
  - No 65-week waits in the plan from March 24
  - Achievement of diagnostic standards from March 24
  - Achievement of the 4 hour A&E requirement from March 24
  - Reduction in the workforce across NGH and KGH in line with efficiency targets. Efficiencies removed from bank/agency and 2023/24 establishment as per efficiency plan. The majority of WTE remains static as all leavers are assumed as being recruited into.
- The following challenges remain
  - Continued non-achievement of 92% bed occupancy
  - Efficiency programme under development; 5% cost out target agreed

Performance Summary RAG rated table

Summary plans for the performance standards are included below.

University Hospitals of Northamptonshire NHS Group

Area	KPI	Target	NGH	KGH	Summary
Elective Care	Elective Recovery Activity (Elective IP, DC, First OP and OPROCs - Value Weighted)	Northamptonshire ICS target to 113% of 2019/20 activity by March 2024 (109% average over 23/24) KGH target within ICS = 104%, NGH target within ICS = 109%	106%	100%	ERF funding included in plan for each trust, clawback mechanism will be in place for non-achievement of trust level targets. Trust targets included here exclude additional for Advice and Guidance Northamptonshire ICS position is 109% by March 24
	Incomplete RTT pathways of 65 weeks +	0 by March 2024	0	0	KGH and NGH trajectory to reach 0 by January and March 2024 respectively
	Outpatient follow up activity	Reduce by 25% against 2019/20 levels by March 2024	93%	92%	% shown as March 2020 vs March 2024 Plans incorporated to reduce follow-up numbers through OP transformation - unappointed backlogs still to be cleared. Trajectory increases through year means run-rate leaving year at c. 20% reduction
Urgent and Emergency Care	% A&E attendances departing within 4 hours	76% of patients waiting no more than 4 hours by March 2024	80%	76%	A&E 4 hour trajectory not currently measured at KGH (starting in April) submission based on meeting target required
	Adult general and acute bed occupancy	Reduce occupancy to 92% or below	100%	100%	Bed modelling at both Trusts shows shortfall in current funded bed base vs demand
Cancer	No. of cancer pathways waiting for 63 days or more	Reduce number of patients waiting over 62 days – NGH target = 116 ; KGH target = 93	95	35	Both Trusts currently achieved the target waiting list number and further recovery plans in place to continue to reduce this further in 2023/24. Assumes investment in specific capacity cases (gynae 1-stop and pathology)
	Cancer Faster Diagnosis (within 28 days)	Meet standard by March 2024 (75% within 28 days)	75%	75%	Both Trusts currently consistently meeting target – plan to maintain achievement of 75% as a minimum
Diagnostics	Diagnostic waiting list over 6 weeks	Increase % of patients that receive a diagnostic test within 6 weeks – 85% by March 2024, 95% by March 2025	98%	91%	Both NGH and KGH forecast to achieve 85% target by March 2024 across DM01 modalities planned NGH overall achieves 85% for endoscopy however shortfall to target in Colonoscopy (82%). Plans included additional capacity from CDC.

Finance Plan - System

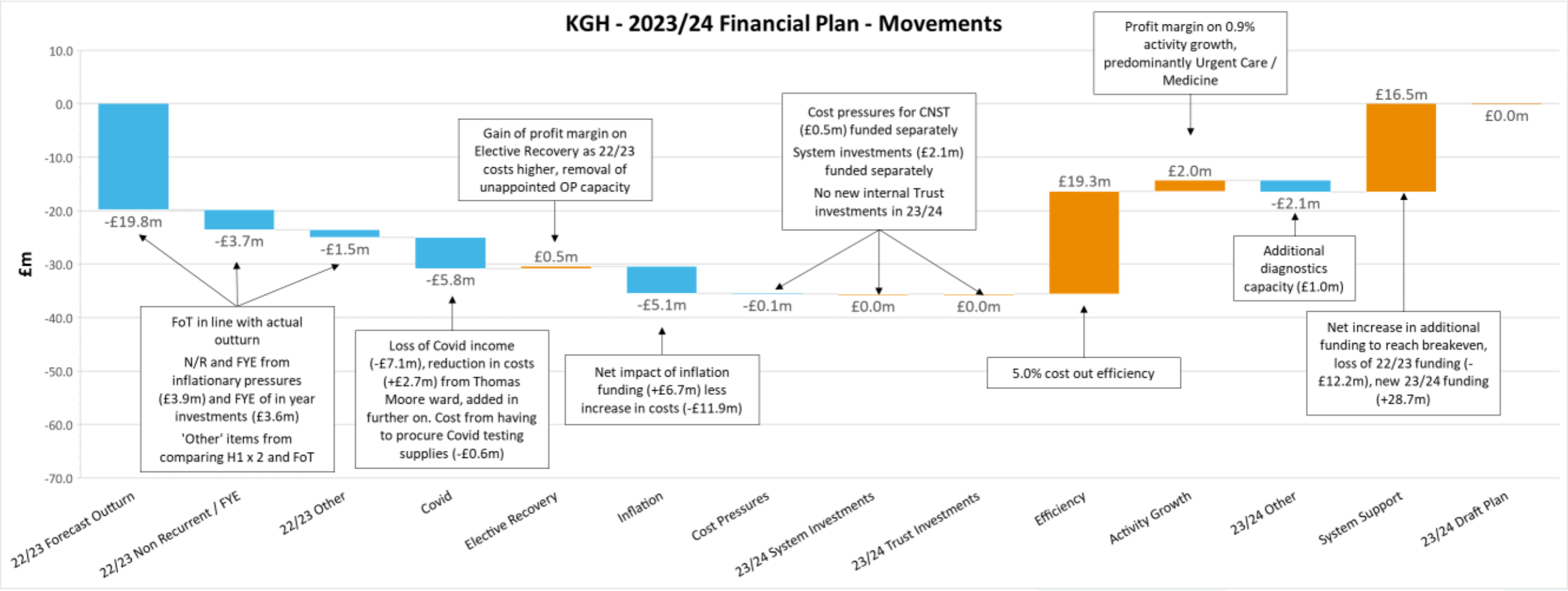
Northants System Finance Bridge (2023/24 Plan)						
4th May 2023	**KGH Total**	**NGH Total**	**UHN**	**NHFT**	**NICB**	**Total**
22/23 Forecast Outturn	**-19.8**	**-15.2**	**-35.1**	**-8.5**	**8.8**	**-34.8**
23/24 Feb Draft Plan	**-41.7**	**-29.8**	**-71.5**	**-21.1**	**7.2**	**-85.4**
23/24 Mar Draft Plan	**-37.1**	**-22.2**	**-59.2**	**-11.5**	**21.4**	**-49.4**
Movements from Mar Draft	**KGH Total**	**NGH Total**	**UHN**	**NHFT**	**NICB**	**Total**
2023/24 Cost Pressures	2.8	1.0	3.8	2.6	4.8	11.2
Efficiency delivery @ 1.0% (to 5.0% total)	3.8	4.7	8.5	2.8	4.7	16.1
Plus: 2023/24 System Support Income	28.7	14.8	43.5	3.2	-36.8	9.9
Other	1.8	1.7	3.4	2.9	6.0	12.2
23/24 May Final Plan	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
Movement from Mar Draft Plan	37.1	22.2	**59.2**	11.5	-21.3	**49.4**

Assumption / Comment
As agreed with NHSE / NICB

Assumption / Comment
Removal of inflation pressures above national planning assumptions
Increased Cost Out efficieincy from 4.0% to 5.0%
£10m from NHSE and redistribution of NICB surplus
Stronger Together investment offset with savings, B/S review

- Summary of movements in system I&E plan since end-Mar draft plan submission

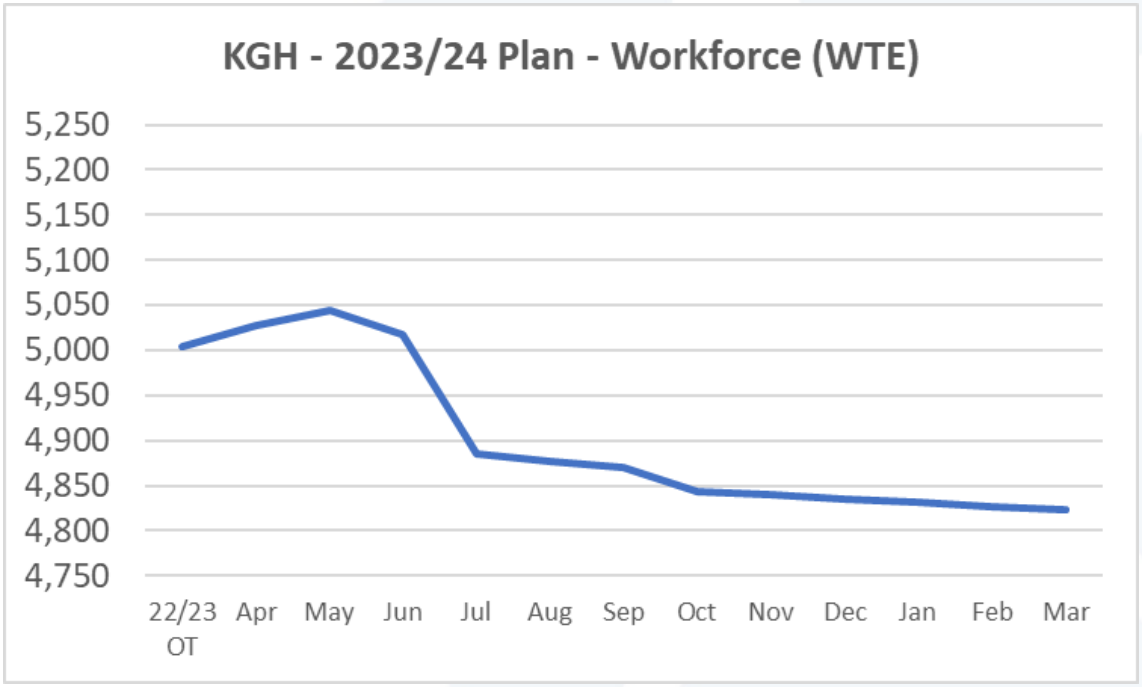
Finance Plan - KGH



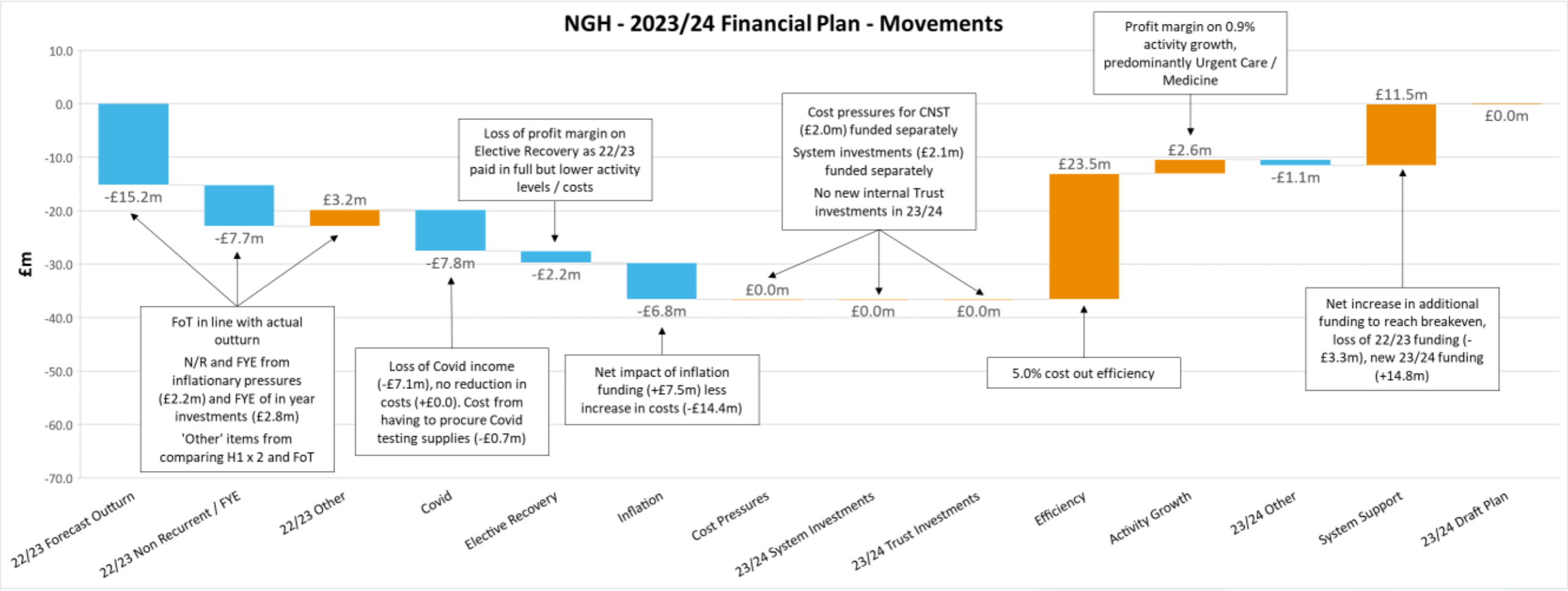
Workforce Plan - KGH

KGH		Profile of 23/24 Workforce Plan												Change	
WTE	22/23 OT	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	WTE	%
Total	**5005**	5028	5044	5017	4885	4877	4870	4844	4840	4835	4832	4827	**4823**	**-181**	**-3.6%**
Substantive	***4372***	*4384*	*4404*	*4398*	*4359*	*4359*	*4359*	*4360*	*4360*	*4361*	*4361*	*4361*	***4361***	***-11***	***-0.3%***
Bank	***490***	*501*	*501*	*482*	*391*	*384*	*382*	*357*	*356*	*353*	*351*	*349*	***346***	***-144***	***-29.4%***
Agency	***143***	*143*	*139*	*138*	*135*	*134*	*129*	*126*	*124*	*121*	*121*	*118*	***117***	***-26***	***-18.1%***

- Workforce increase of c10% versus pre-pandemic
- Reduction in workforce of 3.6% planned
- Majority of reduction in Bank, but still with small reduction in Substantive
- Profile assumes majority of changes implemented by July / August



Finance Plan - NGH



Workforce Plan - NGH

NGH		Profile of 23/24 Workforce Plan												Change	
WTE	22/23 OT	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	WTE	%
Total	**6059**	6096	6084	6084	5948	5819	5818	5820	5820	5820	5819	5818	**5817**	**-241**	**-4.0%**
Substantive	***5189***	*5220*	*5212*	*5212*	*5169*	*5169*	*5168*	*5171*	*5171*	*5171*	*5170*	*5169*	***5168***	***-22***	***-0.4%***
Bank	***558***	*591*	*639*	*639*	*605*	*495*	*501*	*517*	*517*	*517*	*517*	*521*	***550***	***-9***	***-1.6%***
Agency	***311***	*285*	*232*	*232*	*174*	*155*	*148*	*132*	*132*	*132*	*132*	*128*	***100***	***-211***	***-67.8%***

- Workforce increase of c10% versus pre-pandemic
- Reduction in workforce of 4.0% planned
- Majority of reduction in Agency, but still with small reduction in Substantive
- Profile assumes all changes implemented by August

Capital

University Hospitals of Northamptonshire NHS Group

NGH

£37.0m total spend

- £15.2m - Internal capital programme
- £3.0m - Community Diagnostics Centre (CDC)
- £9.9m - Public Sector Decarbonisation Scheme (PSDS)
- £6.4m - Front Line Digitisation / EPR
- £2.5m - UEC

KGH

£32.5m total spend

- £12.8m - Internal capital programme
- £13.3m - Community Diagnostics Centre (CDC)
- £5.3m - New Hospital Programme (NHP)
- £1.1m - Front Line Digitisation / EPR

Dedicated to excellence

Excludes capitalised leases

Finance Plan

Key Delivery Assumptions:

- Energy increases, as notified by Estates, potential upside TBC
- No revenue impact of Community Diagnostics Centre (CDC), assumed cost neutral
- No negative impact of commissioning round (e.g. CQUIN, high cost drugs / devices, elective reverting to PbR)
- Delivery of efficiency and transformation, with improvements in productivity (theatres / OP) and reductions in premium cost (agency)
- Ability to deliver activity growth within existing cost base / assumed funding
- Capital funding per system allocations methodology

Key Issues / Challenges:

- No finalised position re system capacity / investment on flow / beds
- Limiting investments / cost pressures to totals agreed in plan, zero contingency in plan as allocated to identified capacity pressures
- Continued System challenge and understanding of increases in cost base (since 2019/20) and impact of activity volumes

Finance Plan

University Hospitals of Northamptonshire NHS Group

Key Financial Planning Assumptions

- **5.0% cost out efficiency**, majority delivered through a reduction in **Pay**
- **Margin on activity growth** / elective recovery (£5.5m KGH and £5.8m NGH), as increased workforce already in place

  There is a direct link between planned care activity and financials in 23/24. If the activity plan is not delivered within the resourcing assumed and agreed, financial performance will be worse
- **No new investments in 2023/24**, in plan or in year, without increased efficiency to pay for them
- **System support funding**, (£28.7m KGH and £14.8m NGH) bridging significant gap to breakeven. Would otherwise mean (and does mean in underlying terms) a **sizable deficit at NGH** and a **very significant deficit at KGH**
- No separate change to sickness or flow / pressures costs other than those included in efficiencies
- **Elective Recovery (ERF)**
  - NGH no clawback as plan delivers improvement target (108%)
  - KGH £1.5m clawback assumed as plan does not deliver improvement target (102% vs 104%)

Dedicated to excellence

Finance Plan

University Hospitals of Northamptonshire NHS Group

Key Delivery Assumptions:

- Energy increases, per national planning assumptions. Work continues with Estates on latest estimates
- No negative revenue impact of Community Diagnostics Centre (CDC), assumed cost neutral
- No negative impact of commissioning round (e.g. CQUIN, high cost drugs / devices, elective reverting to PbR)
- Delivery of efficiency and transformation, with release of capacity and costs
- Ability to deliver activity growth within existing cost base / assumed funding
- Capital funding per system allocations methodology, broadly in line with 2022/23 plus national funding CDC (KGH), EPR (NGH), Digital (KGH and NGH)

Key Issues / Challenges:

- No System delivery or transformational change / capacity in place to enable removal of high cost A&E and bed capacity (e.g. Additional costs of Urgent Care flow at NGH and Tom Moore Ward at KGH)
- Moving to weighted elective delivery in a financially beneficial way
- Limiting investments / cost pressures to totals agreed in plan, with no contingency in plan
- Continued System challenge and understanding of increases in cost base (since 2019/20) and impact of activity volumes

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Summary of key risks and issues to manage

- There is a risk that the combined set of performance activity and finance **expectations are not deliverable** within a financial year
- Increased non-elective **demand** impact on maintaining elective capacity and therefore impacting deliverability of ERF and performance targets
- Increased **referral rates** impacting on growing PTL and risk to delivery of **52 and 65 week waits**
- Inability to **reduce substantive workforce** costs
- **Workforce availability** continues to be a significant risk with staff numbers being impacted by high unavailability, the operational requirements for escalation areas and vacancies in key areas/roles and hard to recruit specialities such as ED, HCAs and ODPs
- Unknown ongoing **Industrial Action**, on operational delivery, workforce availability etc
- **Performance modelling and ongoing tracking** and reporting of plan is not currently available to take informed decisions in timely manner to influence mitigations to the plan
- **Ongoing monitoring of operational productivity** to support cross cutting schemes and transformation programme delivery
- Community related investments and **system pathway redesign** to deliver changes in acute capacity and realise bed occupancy at 92%
- **Efficiency delivery**, to create assumed cost improvement plans of efficiency and scale required within corporate and clinical divisions
- Transforming operational **productivity** to create capacity / activity and performance required

Next Steps

- The proposals set a plan for 23/24 but do not address the wider sustainability and productivity challenges upon us, in particular:
  - The underlying financial deficit to manage (c5% additional cost reduction / efficiency required in addition to that included in 2023/24 plan, to Reach breakeven without system support monies)
  - The productivity and efficiency challenge across the system
  - The scale and pace for integration and system transformation required to deliver benefits in urgent and emergency care flow
- These remain a priority to be addressed as we move to the implementation and delivery of the final plan.

Dedicated to excellence

NHS
Northampton General Hospital
NHS Trust

Cover sheet

Meeting	Board of Directors (Part I) Meeting in Public
Date	9 June 2023
Agenda item	7

Title	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 May 2023 and Trust Board in February 2023.

Report

This report provides oversight of the Group Board Assurance Framework at 26th May 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 committee received the Group BAF in May 2023 alongside the associated significant corporate risks.

They were asked to review the following revised risks following a deep dive and provide an overall assurance opinion:

UHN01 – 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 – People Committees in Common: The Committee undertook a deep-dive review during the April People Committee Strategy Day providing feedback to the executive risk owner, resulting in a new overall risk title and revised scheme of controls, assurances and further planned action. The revised BAF has been circulated outside of committee to members with positive feedback and underwent a further deep-dive review by the committee on 5 June. The Committee gave **Reasonable Assurance** on the updated risk, noting the revised risk gives greater clarity and articulates the risk and control framework well.

UHN04 - Failure of the Integrated Care Board (ICB) to deliver transformed care – Finance and Performance Committees in Common and Clinical Quality Safety and Performance Committees in Common: The committees both received this risk, which has finance and quality implications, and confirmed **Reasonable Assurance.**

UHN05 - Risk of failing estate buildings and infrastructure due to age and suitability - Finance and Performance Committees in Common: **Limited Assurance** was given due to the aging site and infrastructure and uncertainty over future capital allocations and national funding streams.

UHN07 – 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 – Digital Hospital Committees in Common: The Committee approved the reworked version of the BAF, and were assured that it more accurately captured the risk the committee was managing and took **Reasonable Assurance** from the revised BAF risk noting some action owners still to be finalised.

Appendix A details the group BAF and Appendix B details the alignment of significant corporate risks at both KGH and NGH at 6 June 2023.

Appendices

Appendix A – UHN Group BAF at 6 June 2023

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

Risk and assurance

As set out in the report.

Financial Impact

Financial risks are detailed within the BAF
Legal implications/regulatory requirements
Duty to identify and manage risks / CQC Well-Led
Equality Impact Assessment
Is there potential for, or evidence that, the proposed decision/ policy will not promote equality of opportunity for all or promote good relations between different groups? (N) Is there potential for or evidence that the proposed decision/policy will affect different population groups differently (including possibly discriminating against certain groups)? (N)

Group Board Assurance Framework

6 June 2023

University Hospitals of Northamptonshire NHS Group

Ref	Group Priority	Scrutinising Committee	Risk Title	Initial Risk Level (July 2022)	Current Risk Level (May 2023)	Movement (from Initial)	Residual Risk Level	Risk Appetite	Summary Updates
UHN01	People	Group People Committee	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**	Deep dive completed and revised risk with amendments to control and assurances to be agreed at People Committee
UHN02	Quality	Quality & Safety Committee (KGH) Quality Governance Committee (NGH)	Failure to deliver the group Clinical Strategy may result in fragmented and inefficient service delivery, fragile service provision, and sub-optimal outcomes of care alongside negatively impacting staff retention, recruitment, and morale.	**12**	**12**	→	**8**	**Low**	No changes made
UHN03	Patient	Quality & Safety Committee (KGH) Quality Governance Committee (NGH)	Failure to deliver the group Nursing, Midwifery and Allied Health Processionals (NMAHP) Strategy may result in inequity of clinical voice, failure to become a truly clinically led organisation and centre of excellence for patient care	**12**	**12**	→	**8**	**Low**	Changes made to control 1 assurances – further addition made in relation to workstreams
UHN04	Systems and Partnership	Quality & Safety Committee (KGH) Quality Governance Committee (NGH) Performance, Finance & Resources (KGH) Finance & Performance (NGH)	Failure of the Integrated Care Board (ICB) to deliver transformed care 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 Committee Performance, Finance & Resources (KGH) Finance & Performance (NGH)	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	Quality & Safety Committee (KGH) Quality Governance Committee (NGH)	Failure to deliver the long-term Group Academic Strategy may result in University Hospitals Northamptonshire's (UHN) ability to attract high calibre staff and research and education ambitions. Recognition of impact on financial income to the Group	**12**	**12**	→	**4**	**Low**	No changes made
UHN07	Sustainability	Group Digital Hospital Committee	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.	**20**	**20**	→	**15**	**High**	Risk description revised and additional further planned actions identified
UHN08	Sustainability	Performance Finance & Resources Committee (KGH) Finance and Performance Committee (NGH)	Failure to deliver a Group Medium Term Financial Plan results in an inability to deliver Trust, Group and system objectives.	**16**	**16**	→	**16**	**High**	No changes made

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:**	Group People Committee

Corporate Risk Register Links:

NGH CRR:	Linked Corporate risks: NGH 151, NGH 29, NGH 32, NGH 268, NGH 468, NGH 332, NGH 205, NGH 536, NGH 366, NGH 483	**KGH CRR:**	Linked Corporate risks: KCRR017

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)	Discovery plan including recruitment of Excellence Ambassadors Anti-racism plan supported by HR team with high level of cultural competence Staff networks at different levels of maturity impacting ability to support colleagues and leadership	Discrimination scores not captured in People Pulse	Discovery plans for KGH and NGH Anti-racism plan and education for HR team Staff network support package to be introduced including exec sponsorship & development of network Chairs Capture discrimination in People Pulse	Head of OD/EDI	31 May 2023 30 September 2023 31 August 2023 July 2023
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		Agree new appraisal process and procure system Leadership and Management engagement plan with senior leadership to develop commitment to the programme	Head of Learning and Education	30 September 2023 30 June 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.)	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		Deliver 2023 recruitment campaign for internationally educated nurses (NGH target 40) QI resource deployed to Recruitment team to Improve Time to Hire Implement collaborative bank Create single team to oversee temporary staffing at NGH Finalise costed efficiency plans at KGH and NGH Plan to implement DBS rechecks	Head of People Planning/Process Head of People Planning/Process Senior Transformation lead Head of People Planning/Process Hospital CEOs Head of Planning and Process	31 Dec 2023 31 July 2023 30 June 2023 31 Aug 2023 31 May 2023 30 Sept 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)	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		Align medical bank rate card Develop HCA pathway including consideration of band 3 roles Align psychological support offer Develop UHN flexibility strategy Open Our Space at NGH Implementation of Just Culture principles with HR, Union and management teams	Chief People Officer Head of People Process/Planning Head of HWB Head of People Partnering Head of HWB Head of People Partnering	31 July 2023 30 Sept 2023 31 Dec 2023 31 Mar 2024 31 May 2023 30 Sept 2023
5	Learning and Development Strategy	Statutory and mandatory training completion rates (MAST) and Appraisal completion rates reported to People Committee (int)	MAST requirement not aligned Appraisal process and system not aligned or fit for purpose		MAST to be aligned New UHN appraisal process to be developed and supporting platform procured	Head of Learning and Education	31 March 2024 30 Sept 2023
6	Clinical Strategy including detailed speciality strategies and workforce plans	Oversight of strategy documents to Group Transformation Committee (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 Workplan of prioritised policies for alignment	Medical Directors Chief People Officer Head of OD/EDI Deputy CPO	30 June 2023 30 June 2023 31 May 2023
7	Safe Staffing Strategy	Safe staff metrics including Roster publication performance reported to People Committee (int)	Industrial relations climate/strikes		Compassionate rostering programme (KGH)	Assoc Director of Nursing KGH	30 Sept 2023
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 May 2023

Principal Risk No:	**UHN02**	**Risk Title:**	Failure to deliver the group Clinical Strategy may result in fragmented and inefficient service delivery, fragile service provision, and sub-optimal outcomes of care alongside negatively impacting staff retention, recruitment, and morale.						
		Materialising in any/several of the following circumstances:							
Date Risk Opened:	June 2022	**Risk Classification:**	Quality, Operational Infrastructure, Financial	**Risk Owner:**	Medical Directors and Director of Strategy and Strategic Estate	**Scrutinising Committee:**	Quality and Safety Committee (KGH) Quality Governance Committee (NGH)		
Corporate Risk Register Links:									
NGH CRR:	Linked to Corporate Risk NGH 424, NGH 20, NGH 88, NGH 205, NGH 156, NGH 39, NGH 157, NGH 195, NGH 74, NGH 176			**KGH CRR:**	Linked to Corporate Risk KCRR011, KCRR060 , KCRR052, KCRR043, KCRR049 , KCRR063 , KCRR061 KCRR048 KCRR065 KCRR042 KCRR035 KCRR053				

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

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

Principal Risk No:	**UHN03**	**Risk Title:**	Failure to deliver the group Nursing, Midwifery and Allied Health Processionals (NMAHP) Strategy may result in inequity of clinical voice, failure to become a truly clinically led organisation and centre of excellence for patient care					
		Materialising in any/several of the following circumstances:	N,M,AHP reduced engagement with patient centred initiatives focused on improving safety and quality of care N,M,AHP reduced engagement with professional projects that enhance our working environment and improve morale N,M,AHP are not offered, engage or attend development, training and education opportunities NGH is not able to demonstrate Pathway to Excellence compliance for re-designation					
Date Risk Opened:	April 2021	**Risk Classification:**	Quality, Operational, Infrastructure	**Risk Owner:**	Directors of Nursing and Midwifery	**Scrutinising Committee:**	Quality & Safety Committee (KGH) Quality Governance Committee (NGH)	
Corporate Risk Register Links:								
NGH CRR:	Linked to Corporate Risk NGH 424, NGH 20, NGH 88, NGH 205 ,NGH 156 ,NGH 39 ,NGH 157 ,NGH 195 ,NGH 74, NGH 176			**KGH CRR:**	Linked to Corporate Risk KCRR057			

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:**	Quality and Safety Committee (KGH) Quality Governance Committee (NGH) Performance, Finance and Resources Committee (KGH) Finance and Performance (NGH)	
Corporate Risk Register Links:								
NGH CRR:	NGH 160 - 3032 - Escalation beds on Nye Bevan impacting patient safety and flow. (Score 20) NGH 41 - 2700 There is a risk that patients are not being discharged robustly and safely (score 16) NGH 424 - Risk of reduced patient safety when demand exceeds capacity (Current risk score 25)	**KGH CRR:**	ID TBC – Managing patients who are medically / surgically fit for discharge but require a Mental Health bed / assessment KCRR011 - Performance and sustained patient flow through the Emergency Department (Current risk score 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 Committee Group Finance & Performance Committee
Corporate Risk Register Links:								
NGH CRR:	Linked to Corporate Risk NGH265,NGH 288,NGH192,NGH262 ,NGH501 ,NGH502 ,NGH213 ,NGH229 ,NGH250 ,NGH301 ,NGH190 ,NGH255 NGH253, NGH255				**KGH CRR:**	Linked to Corporate Risk KCRR015 KCRR058 KCRR045 KCRR036 KCRR062 KCRR059 KCRR030 KCRR055 KCRR040 KCRR026		

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 System wide view of all provider / partner strategic estate need / plans	To be agreed how this can progress		
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:**	Quality & Safety Committee (KGH) Quality Governance Committee (NGH)		
Corporate Risk Register Links:									
NGH CRR:	Linked to Corporate Risk NGH155, NGH511			**KGH CRR:**	Linked to Corporate Risk KCRR017				

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

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

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

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

Principal Risk No:	**UHN07**	**Risk Title:**	Failure to deliver the Group Digital Strategy may result in 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:**	**Group Digital Hospital Committee**

Corporate Risk Register Links:			
NGH CRR:	NGH92, NGH93, NGH16, NGH97, NGH114	**KGH CRR:**	KCRR038, KCRR009, KCRR054

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**
5	5	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	Oct 23 Jul 23 Sept 23 Nov 23 Nov 23
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	June 23 Oct 23
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	Jan 23 Jan 23

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	Jul 23 Mar 24 Mar 24
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	Aug 24
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	May 23 Aug 23
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	May 23 Oct 23 Oct 23
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	May 23 July 23 Jul 23

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

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

Corporate Risk Register Links:

NGH CRR:	Linked to Corporate Risk NGH35, NGH132, NGH40, NGH38, NGH239	**KGH CRR:**	Linked to Corporate Risk KCRR056

Initial Risk Score		Current Risk Score		Residual Risk Score		Risk Appetite
16 (Extreme)		16 (Extreme)		16 (extreme)		High
Consequence	**Likelihood**	**Consequence**	**Likelihood**	**Consequence**	**Likelihood**	**Group Priority**
5	5	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)		Role of GEM preboard committees on review and delivery of performance	Review of GEM governance and effectiveness	Director of Corporate Governance	31.03.23
3	Management of capital and working capital.	Performance management framework and meetings (Internal)					
4	Workforce Management meetings (Workforce)	Finance & Performance Committee minutes (Internal)(NGH))					
5	Efficiency/Productivity reporting	Group Transformation Committee and Group Strategic Delivery Group (internal)					
6	Elective recovery monitoring	Finance & Performance Committee (internal)					
7	Finance & Performance meetings	Finance & Performance Committee minutes (Internal) System Finance meeting minutes (External) System collaboration and joint working including Group representation (Group CFO, DoFs & NEDs) at System Finance Committee minutes		Group policy on planning, reporting and reforecasting	Development of a policy on planning, reporting and reforecasting	CFO/DoS	31.01.2023
8	Hospital Management Team meetings	Hospital Management Team minutes (Internal)					

9	Group Executive meetings	Group Executive meeting minutes (Internal)					
10	External review of underlying deficit and improvement opportunities	22/23 plans have an underlying financial position, which will continue to be managed (Internal/ External)			Agree definition of financial sustainability	CF0	31.03.2023
11			Scope and priorities of Group Financial Strategy not yet finalised.	Group Financial Strategy not in place.	Development of Group Financial Strategy	CFO	31.03.2023
12	Established Group Transformation Committee and Group Strategic Delivery Group	Structure and processes for Group transformation, investment controls and opportunity identification / delivery (internal)					
13	Established Hospital and group Vacancy control panels						
14							

BAF Link	Risk ID (BAF/CRR)
UHN001 (Group People Plan)	KCRR017 - Organisational challenge in relation to staffing with the potential to impact negatively on patient experience and outcomes (Current risk score 16)
	NGH 151 - There is a risk that insufficient numbers and skill of ED nursing workforce may not meet the needs of patients causing harm (Current risk score 25) NGH 29 - Out of hours staffing (ST3 and above) is inadequate for the level of activity (Current risk score 20) NGH 32 - Fuel prices affecting staff who provide clinical community care, may lead to vacancies and cancelled patient care (Current risk score 16) NGH 268 - Risk of insufficient staff within Domestic Services to manage its statutory obligations and reactive works (Current risk score 16) NGH 468 - Lack of ODP's / anaesthetic nurses throughout directorate due to national recruitment shortage (Current risk score 20) NGH 332 - Staffing levels demonstrate there are insufficient registered midwives within maternity services (Current risk score 16) NGH 205 - Crisis Community Paediatric Staffing (Current risk score 20) NGH 536- Struggling to safely staff/sustain Respiratory on-call Physio service (Current risk score 20) NGH 366 - Specialist Palliative Care Medical Staffing inadequate to provide effective service. NGH 483 - Inability to provide 24-hour outreach service
UNH002 (Clinical Strategy)	KCRR011 - Performance and sustained patient flow through the Emergency Department (Current risk score 20) KCRR060 – Impact on patient safety due to industrial action by EMAS (Current risk score 20) KCRR052 - Potential loss of JAG accreditation due to not having ability to work towards NED 2 compliancy (Current risk score 16) KCRR043 - Cross divisional risks associated with completion of patient level risk assessments for all patients that are clearly documented in patient notes (Current risk score 16) KCRR049 - If Radiology imaging is not completed within 6 weeks of referral the Diagnostic target will be breached (Current risk score 16) KCRR063 - A lack of formal outpatient parenteral antimicrobial therapy (OPAT) service is restricting our ability to provide high-quality care for people with complex infections in their usual residence (Current risk score 16) KCRR061 –Significant risk that the Trust has the potential to lose its Paediatric services, if it fails to make the improvements required and give the assurances needed to keep children safe (Current risk score 15) KCRR048 - Lack of escalation of deteriorating patients can lead to increased patient harms and poor patient experience (Current risk score 15) KCRR065 – Safe delivery of T&O Spinal Surgery (Current Risk score 15) KCRR042 - Cross divisional risks associated with compliance with MCA / DoLs relating to knowledge gap at service level (Current risk score 16) KCRR035 - Backlog of investigations of incidents and closure (Current risk score 15)
	NGH 424 - Risk of reduced patient safety when demand exceeds capacity (Current risk score 25) NGH 20 - There is a risk to patient care and safety due to boarding of patients in non-bed spaces (Current risk score 20) NGH 88 - Failure to continuously meet national cancer targets with the addition of covid19 causing further restriction (Current risk score 16) NGH 205 - Crisis Community Paediatric Staffing (Current risk score 20) NGH 156 - There is a risk that patient care may not be delivered according to guidance due to delayed ambulance transfers from ED (Current risk score 20) NGH 39 - Unable to provide an end of life or palliative care service in children and young people at NGH (Current risk score 20) NGH 157 - There is a risk of delays in follow up care and no communication to GPs due to lack of EDN completion in SDEC by specialty teams (Current risk score 20) NGH 195 - Inability to meet Idiopathic Pulmonary Fibrosis NICE Guidelines (Current risk score 20) NGH 74 - Risk of harm to patients from physical and psychological deconditioning (Current risk score 20) NGH 176 - Risk of non-compliance with outcome of National Audits and Clinical Senate Recommendations for heart failure service (Current risk score 16)
UHN003 (Group Nursing, Midwifery and Allied health Professionals strategy)	
	NGH 291 - Risk of an adverse event due to delays in the Induction of Labour process (Current risk score 20) NGH 260 - There is a risk due to increased volume of investigations and a number of historical incidents being opened (Current risk score 20) NGH 291 - Risk of an adverse event due to delays in the Induction of Labour process (Current risk score 20) NGH 206 - Unable to provide an end of life or palliative care service in children and young people at NGH (Current risk score 20) NGH 39 – Risk of lack of adherence to good safeguarding practices in the trust (Current risk score 16) NGH 263 – Maternity Safeguarding (Current risk score 20)
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.
	NGH 160 - 3032 - Escalation beds on Nye Bevan impacting patient safety and flow. (Score 20) NGH 41 - 2700 There is a risk that patients are not being discharged robustly and safely (score 16) NGH 424 - Risk of reduced patient safety when demand exceeds capacity (Current risk score 25)

BAF Link	Risk ID (BAF/CRR)
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)
	NGH265 - Heating and hot water infrastructure (Current risk score 16) NGH 288 - Risk of failure of the critical ventilation systems in operating theatres (Current risk score 16) NGH192 - Risk of fire on top floor of Blocks 41 and 42 ward areas and corridors preventing full evacuation (Current risk score 20) NGH262 - Risk of asbestos related diseases from exposure to asbestos fibre NGH501 - Post Mortem Room facilities, premises and environment (Current risk score 20) NGH502 - Fridge Room capacity, facilities & premises (Current risk score 20) NGH213 – Risk of failure of medical gas pendants to main theatre 5 and 6 (Current risk score 20) NGH229 - Risk of failure of medical gas pendants to main theatre 3 and 4 (Current risk score 20) NGH250 - Risk of failure of medical gas pendants to main theatre 1 and 2 (Current risk score 20) NGH301 – Risk of failure of gas interlock system (Current risk score 15) NGH190 – Risk of failure of UCV ventilation canopies Manfield theatre 1-2 (Current risk score 20) NGH255 – Risk of failure of Barratt vacuum system (Current risk score 20) NGH253 – Risk of failure of Paediatric/Obstetric area vacuum plant system (Current risk score 20) NGH255 – Risk of failure of area L vacuum plant system (Current risk score 20)
UHN006 (Group Academic Strategy)	KCRR017 - Organisational challenge in relation to staffing with the potential to impact negatively on patient experience and outcomes (Current risk score 20)
	NGH155 - There is a risk that insufficient numbers and skill of ED nursing workforce may not meet the needs of patients causing harm (Current risk score 25) NGH511 - There is a risk there are insufficient medical Physics staff to support the Trust compliance with Ionising Radiation Regulations (Current risk score 16)
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 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) NGH 16 - Increased incidents relating to a 'pause' in Acting on Results Patient Safety Work Stream (Current risk score 15) NGH 92 - TECH: The ability to access clinical systems by Midwives in the community is not reliable due to inadequate connectivity (Current risk score 20) NGH 93 - Clin Apps - No Electronic Prescribing and Medicine Administration System (EPMA) (Current risk score 16) NGH 97 - CLIN / DSP: Inability to record allergies on Trust clinical systems (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 132 - There is a risk that the division will be overspent due to the high demand for 1:1 care (Current risk score 16) NGH 40 - There is a risk to the consistent supply and availability of clinical consumables from NHSSC (Current risk score 15) 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) NGH239 - Risk of Failure of Procurement BI tool (Current risk score 15)

Dedicated to excellence

NHS
Northampton General Hospital
NHS Trust

Cover sheet

Meeting	Board of Directors (Part I) Meeting in Public
Date	9 June 2023
Agenda item	8

Title	Group Digital Hospital Committee: Terms of Reference
Presenter	Natasha Chare, Group Chief Digital Information Officer
Author	Richard May, Group Company 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 of Directors is required to approve the Terms of Reference for its Committees.	Group Digital Hospital Committee, April – May 2023

Executive Summary

The Board of Directors is requested **APPROVE** revised Terms of Reference for the Group Digital Hospital Committee, following review and recommendation by the Committee. The Terms of Reference require the Trusts to appoint a Non-Executive Director as Chair of the Committee, one of whom will convene meetings by agreement. This change enables consistency with arrangements for other Committees in Common within the Group Model. Alice Cooper (Non-Executive

Director, Kettering General Hospital) currently chairs the committee on behalf of both Trusts, under authority delegated by both Trusts' Boards.

Other changes to the document are designed to ensure appropriate operational and clinical attendance at meetings and to reflects a revised governance structure overseeing delivery of the Group's digital transformation.

Subject to approval of the revised Terms of Reference, the Board is further requested to **APPROVE** the appointment of a Non-Executive Director as Co-Chair of the Committee. Elena Lokteva and Anette Whitehouse are the current Non-Executive NGH Members of the Committee.

Appendices
Revised Terms of Reference
Risk and assurance
No direct implications for specific risks on the Group Board Assurance Framework.
Financial Impact
None.
Legal implications/regulatory requirements
None.
Equality Impact Assessment
Neutral

GROUP DIGITAL HOSPITAL COMMITTEE
TERMS OF REFERENCE

1. PURPOSE

1.1. The Digital Hospital Committee ('GDHC') will oversee strategic aspects of the NGH and KGH ('UHN Group') digital, technology and information agenda.

2. DUTIES

2.1.1. Steering the creation and development of the Group Digital Strategy (to align with the Group's overall strategy), and driving the overall digital ambition for the Group, with particular regard to:
- Enabling the delivery of safe, high quality patient care and improving patient experience including facilitating patients to be more in control of their care; and
- Providing clinicians and wider colleagues with the right digital tools to work safely and efficiently, within in, and when moving across, both trusts.

2.1.2. Overseeing the development and delivery of both the hospital and Group level digital transformation roadmaps,in line with the ambitions of the Group Digital Strategy

2.1.3. Overseeing the delivery of the digital component of agreed KGH and NGH priorities and in line with the Dedicated to Excellence strategy.

2.1.4. Overseeing the engagement between the digital teams and digital transformation projects and the clinical and operational teams, to ensure all work is appropriately prioritised, clinically/operationally-led and delivery is supported by the relevant teams.

2.1.5. Overseeing the operational performance of the Digital Division

2.1.6. Overseeing the financial performance of the Digital Division

2.1.7. Overseeing the Group's digital risk exposure and seeking assurance that the appropriate risk management processes are in place.

2.1.8. Seeking assurance on the delivery of major Group digital transformation programmes, monitoring progress and supporting the alignment and assignment of resources in order to facilitate successful delivery. This will include:

2.1.8.1. Scuritinising implementation timeframes

2.1.8.2. Acting as point of escalation for risks/ issues and supporting mitigations

2.1.8.3. Monitoring benefits

2.1.8.4. Gathering lessons learnt for application to future projects

2.1.9. Overseeing the direction of digitally linked innovation activities, such as (but not limited to) centres of excellence within the Group, on behalf of the Trust Boards.

2.1.10. Promoting the application of the culture, processes, business models and technologies of the internet era to respond to people's raised expectations [Tom Loosemore's definition of Digital].

3. AUTHORITY

3.1. The Group Digital Hospital Committee ("the Committee") is a Committee in Common and has delegated authority from each Trust Board, as set out each Trust's Scheme of Delegation. The Committee has the responsibility for ensuring the delivery of the overall Group Digital Roadmap and will delegate this authority to individuals or groups as appropriate.

3.2. The Committee is charged with providing assurance to the Trust Boards and is authorised to investigate any activity within its Terms of Reference.

3.3. The Committee is required to escalate items to the Trust Boards, where their direction and decision making is required.

4. MEMBERSHIP AND ATTENDANCE

Role	KGH	NGH
Co-Chairs	Non-Executive Director	Non-Executive Director
Members	Non-Executive Director (Deputy)	Non-Executive Director (Deputy)
	Group Chief Digital Information Officer (Accountable Executive)	
	Chief Operating Officer	Chief Operating Officer
	Director of Nursing	Director of Nursing
	Medical Director	Medical Director
	Director of Transformation and Quality improvement	
	Director of Governance	
Attendees	Digital SLT determined by Chair/ Accountable Executive as required	
	Nominated Governor representative (s)	N/a
	Patient Advocacy Representative as required	

4.1. Notes on membership and attendance:

The Committee may invite non-members to attend all or part of its meetings as it considers necessary and appropriate. The Trusts' Chairs, Non-Executive Directors or other Executive Directors may be invited to attend any meeting of the Committee, particularly when it is discussing areas of the Trust's operation that are the responsibility of that director.

Two Non-Executive Co-Chairs will be appointed (one from each Trust Board) , one of whom shall convene each meeting, by agreement.

The role of the Non-Executive Directors on this Committee is to:

- Act as the Convenor of the committee (for one nominated Non-Executive Director).
- Provide independent scrutiny and advice and to constructively challenge, influence and help on the digital strategy, its vision and roadmap, delivery performance and resources.
- Provide assurance that digital-related risks to the Trusts and their patients, staff, carers and the public are managed and mitigated effectively.

5. MEETINGS AND QUORUM

5.1. Meetings of the Committee shall be deemed quorate when there is a minimum of five members present (one to be the Chair or Deputy Chair), comprising one Non-Executive and one Executive Director from each Trust, plus one Group Director (including deputies in each case). Inquorate meetings may proceed, but may not take decisions.

5.2. Members should nominate deputies to attend in their absence – for Non-Executive Directors, if they are absent they should ensure there is still Non-Executive Director representation from their hospital.

5.3. Meetings of the Committee will take place every month but this will be reviewed on an ongoing basis with the view that this may be reduced to every other month. Scheduled to support the business cycle of the Trust and the effectiveness of the Trust Board.

6. SUPPORT ARRANGEMENTS

6.1. The Digital Hospital Committee will be supported administratively by Board Secretary representatives from either Trust whose duties in this respect will include:-

6.1.1. Agreement of the agenda with the Chair.

6.1.2. Collation of papers.

6.1.3. Electronic distribution of papers no later than one week in advance of the meeting, with exceptional data to be added at least three days in advance of the meeting.

6.1.4. Making papers available to other members of the Trust Board for information.

6.1.5. Accurate minute taking and keeping a record of matters arising and issues to be carried forward.

7. DECLARATION OF INTERESTS

7.1. All members must declare any actual or potential conflicts of interest relevant to the work of the Committee, which shall be recorded in the Minutes accordingly.

7.2. Members should exclude themselves from any part of a meeting in which they have a material conflict of interest. The Chair (or Deputy Chair, when acting as Chair of the meeting) will decide whether a declared interest represents a material conflict of interest.

8. STANDING AGENDA ITEMS

1	Welcome & apologies
2	Declarations of interest
3	Minutes of the previous meeting
4	Action log review
5	Digital transformation overview – roadmap and summary view
6	Spotlight projects
7	Themed updates
8	Escalations/ updates from Clinical Design Authority (prioritisation focus)
9	Escalations/ updates from Operational Group
10	BAF/ risk review
11	Items of escalation or update to Board and agreement on assurance level

9. REPORTING

Outputs

9.1. To Board:

9.1.1. The Committee is directly accountable to the Trust Board. The Chairs of the Committee shall prepare a summary report to the Boards detailing:

9.1.1.1. Decisions taken.

9.1.1.2. Items that require Trust Boards' assurance.

9.1.1.3. Items that need to be escalated to the Boards for direction or decision making.

9.2. Targeted and ad hoc communication materials to other groups, as appropriate and agreed in GDHC. This could focused on progress, success stories and next steps, for example:

9.2.1. Clinical groups

9.2.2. Digital Data and Transformation Group of the ICS

9.2.3. Patient groups

9.2.4. Management team meetings for each hospital

9.2.5. Other Board Members (incl. NEDS and Executive members)

Inputs

9.3. Inputs from the Digital Operational Meeting (including upward reporting from Data Security Protection Group)

9.4. Inputs from the Clinical Design Authority

9.5. Inputs from the Trust Operational, Divisional and Management Groups as required

9.6. Inputs from the Clinical Groups as required

9.7. Inputs from Patient Advocacy Groups on opportunities for improvement and feedback on existing digital solutions.

9.8. Inputs from Cyber Security and Digital Risk reviews and internal audits.

10. PROCESS FOR MONITORING EFFECTIVENESS OF THE COMMITTEE

10.1. The Chair of the Committee will seek feedback on the effectiveness of the Committee meetings at frequent intervals, as deemed necessary by the Chair.

10.2. Members should attend regularly and should not be absent for more than two consecutive meetings.

10.3. The Committee Terms of Reference are to be reviewed at least annually.

Approved: KGH and NGH Boards of Directors, 8-9 June 2023
Next Review: May 2024