Board of Directors (Part I) Meeting in Public

Thu 27 July 2023, 09:30 - 12:00

Boardroom, Northampton General Hospital

NHS
Northampton General Hospital
NHS Trust

Agenda

09:30 - 09:30
0 min

1. Welcome, Apologies and Declarations of Interest

Information *John MacDonald*

- 1. NGH Board Part I Agenda 270723.pdf (2 pages)

09:30 - 10:00
30 min

2. Patient Story: Surgical Robot

Discussion *Hemant Nemade*

10:00 - 10:05
5 min

3. Minutes of the Previous Meeting held on 9 June 2023 and Action Log

Decision *John MacDonald*

- 3.0 Draft NGH Public Trust Board Minutes - June 2023.pdf (9 pages)
- 3.2 Action Log Updated Post 090623 Part I Board.pdf (1 pages)

10:05 - 10:15
10 min

4. Chair's Report

Information *John MacDonald*

4.1. Chief Executive's Report

Information *Heidi Smoult*

- 4.1 CEO Board Report Jul 23.pdf (8 pages)

10:15 - 11:05
50 min

5. Board Committee summaries / Integrated Governance Report

Assurance *Chief Executive / Executive Directors*

BREAK 10:55-11:05

- 5.0 a IGR cover paper.pdf (2 pages)
- 5.0 NGH Group Upward Reporting to July 23 Board.pdf (10 pages)
- 5. Jul 23 IGR v3.pdf (79 pages)
- 5. M3 NGH Board Finance Report.pdf (5 pages)

11:05 - 11:25
20 min

6. An inclusive place to work: Tackling racism in our workplace

Decision *Paula Kirkpatrick*

- 6. UHN Cover Sheet - AR plan.pdf (4 pages)
- 6. Inclusive culture tackling racism BoD paper July 2023.pdf (27 pages)

11:25 - 11:45
20 min

7. Annual report on the activities of the Northamptonshire Health Charity (NHCF)

Assurance *Heidi Smoult / Jonathan McGee (NHCF)*

- 7. NGH Cover Sheet NHCF.pdf (2 pages)
- 7. NHCF Charity NGH Board presentation 2023.pdf (11 pages)

11:45 - 11:55
10 min

8. Group Governance Review, Board Composition and Appointments to Committees

Decision *Rachel Parker*

- 8. NGH Cover Sheet Group Governance 270723 (1).pdf (7 pages)

11:55 - 12:00
5 min

9. Remuneration and Appointments Committee Terms of Reference

Decision *Paula Kirkpatrick*

- 9. NGH Cover Sheet RA Committee Terms of Reference 270723.pdf (2 pages)
- 9. NGH Remuneration and Appointments Committee Terms of Reference Revised 2023.pdf (3 pages)

12:00 - 12:00
0 min

10. Questions from the Public (Received in Advance)

Discussion *Rachel Parker*

12:00 - 12:00
0 min

11. Any Other Business and close

Discussion *Rachel Parker*

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Board of Directors (Part I) Agenda

Meeting	Board of Directors (Part I) Meeting in Public
Date & Time	Thursday 27 July 2023, 09:30-12:00
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	09:30	-	Verbal
2	Patient Story: Surgical Robot	Medical Director	09:30	Discussion	Present-ation
3	Minutes of the Previous Meeting held on 9 June 2023 and Action Log	Chair	10:00	Approve Receive	Attached Attached
4	4 Chair's Report 4.1 Chief Executive's Report	Chair Chief Executive Officer	10:05	Information Information	Verbal Attached
Operations					
5	Board Committee Chairs' Reports/ Integrated Governance Report (IGR)	Committee Chairs / Chief Executive and Executive Directors	10:15	Assurance	Attached
	BREAK		10:55		
Culture					
6	An inclusive place to work: Tackling racism in our workplace	Group Chief People Officer	11:05	Approve	Attached
Governance					
7	Annual report on the activities of the Northamptonshire Health Charity (NHCF)	Chief Executive	11:25	Receive	Attached
8	Group Governance Review, Board Composition and Appointments to Committees	Vice-Chair	11:45	Approve	Attached
9	Remuneration and Appointments Committee Terms of Reference	Group Chief People Officer	11:55	Approve	Attached

10	Questions from the Public (Received in Advance)	Chair	12:00	Information	Verbal
11	Any Other Business and close	Chair	12:00	Information	Verbal
Date of Next Meeting: Friday 6 October 2023, 9am					

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

Minutes of the meeting

Meeting	**Board of Directors (Part I) Meeting in Public**
Date & Time	Friday 9 June 2023, 09:00-10:40
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
	Heidi Smoult	Chief Executive
	Natasha Chare	Group Chief Digital Information Officer
	Jon Evans	Group Chief Finance Officer
	Stuart Finn	Interim Group Director of Operational Estates
	Paula Kirkpatrick	Group Chief People Officer
	Elena Lokteva	Non-Executive Director
	Professor Andre Ng	Associate Non-Executive Director
	Nerea Odongo	Director of Nursing, Midwifery and Allied Health Professionals (AHP)
	Suzie O'Neill	Group Director of Communications and Engagement
	Becky Taylor	Group Director of Transformation and Quality Improvement
	Palmer Winstanley	Chief Operating Officer
In Attendance	Richard Apps	Director of Corporate Governance (KGH)
	Richard May	Trust Board Secretary (KGH)

Apologies for Absence	Jill Houghton	Non-Executive Director
	Denise Kirkham	Non-Executive Director
	Hemant Nemade	Medical Director
	Anette Whitehouse	Non-Executive Director

Agenda Item	Discussion	Action Owner
1	**Welcome, Apologies and Declarations of Interest** The Chair welcomed Board Members and guests to the meeting and noted apologies for absence as listed above. There were no declarations of interest relating to specific Agenda items.	
2	**Patient Story – Ellie's Story** The Board welcomed Ellie who shared her story of treatment by the hospital as an inpatient and outpatient for a condition diagnosed to be severe heart failure. Ellie praised the treatment she had received and the timeliness and quality of the communication from all professional groups about the diagnosis and ongoing treatment of her condition. Ellie had become a patient educator for a heart failure charity and was rebuilding her life, with the ongoing support of the health therapies team and of charities: the British Heart Foundation and Pumping Marvellous. Ellie reflected on her experience as an inpatient, during which she welcomed the sense of community and opportunities to share experiences with her fellow patients; many of her fellow patients were older and more vulnerable, which provided communications challenges which were exacerbated by ongoing visiting restrictions due to COVID-19. Ellie was frustrated that her length of stay was extended whilst waiting for MRI scans, though she welcomed daily communication regarding progress, even if there was little to report. Ellie emphasised the importance of social media as a communication tool for accessing further information and sources of support relating to her condition. She commended the work of the teams who had provided such excellent care to her and asked that they be formally recognised, and undertook to provide feedback on hospital catering to the Interim Group Director of Operational Estates. The Board gave its sincere thanks to Ellie for attending the meeting to provide rich insight into her experiences which would inform service delivery and help other patients prepare for treatment and manage the anxieties this gave rise to. The Board committed to further extending opportunities for patients and their families to provide feedback and wished Ellie well for her continuing recovery.	
3	**Minutes of the Previous Meeting held on 5 April 2023 and Action Log** The Board **APPROVED** the Minutes of the Meeting held on 5 April 2023 as a correct record.	

	The Board noted the action log. n relation to Action Feb 23 (4), verbal feedback to the Integrated Care Board (ICB) would be followed up in writing.	
4	**Chair's Report** The Board joined the Chair in congratulating Professor Andre Ng following his election as the President Elect of the British Cardiovascular Society following recent elections, Andre would take up the presidency in summer 2024 for a four-year term. The Board joined the Chair in extending thanks to Jon Evans who was attending his last Board meeting before leaving the Trust, praising his leadership, friendship, calmness and tenacity and acknowledging his proactive and measured contributions to improving collaborative work across the Integrated Care System (ICS). The Board noted that John MacDonald would be taking up the position of Interim Trust Chair on 1 July 2023.	
4.1	**Chief Executive's Report** The Chief Executive presented her report and drew specific attention to the following items: - A recent multi-disciplinary teams' discharge event with partners had assisted patient flow through the hospital, which had been adversely impacted by recent industrial action; - The Trust had successfully launched 'Our Space', with funding from the Trust's charity (Northamptonshire Healthcare Charity), providing a space for individuals and teams to pause and relax away from their work environments and for confidential appointments with the Health and Wellbeing Team where required; - Sunflower Lanyards and Badges had ben received for colleagues with hidden disabilities to ensure equitable access to support for all colleagues; - The Trust had been recognised nationally with the NHS Pastoral Care Quality Award, in recognition of its commitment and drive to provide exceptional pastoral care to its internationally educated nurses and midwives; - The Trust was seeking to become the first organisation in the UK to achieve Pathway to Excellence redesignation for demonstrating a positive practice environment for its nursing workforce. The Director of the Pathway to Excellence Programme would be visiting the Trust on 14 June, while the NHS England Regional Chief Nurse had recently cited learning from NGH as best practice to share with other organisations, and - The results of the most recent staff 'Pulse' survey showed slight increases in engagement, motivation and	

	involvement, which was testament to work to focus on building a positive culture and environment for all colleagues. In response to a question, the Board noted the challenge for all Integrated Care System (ICS) partners to deliver current-year activity and financial targets whilst considering longer term service redesign to improve preventative public health. Future proposals for resource reallocation away from 'front door' urgent and emergency care must show clear business benefits for public health leading to lower hospital attendances and admissions. The outpatient transformation programme was cited as an example of 'whole-pathway' redesign between primary care, community and acute providers.	
Operations		
5	**Board Committee summaries and Integrated Governance Report (IGR)** The Board was advised that the IGR had been subject to review and improvement to format, layout and commentary since its recent submission to Board Committees. Committee Chairs and Executive Leads brought the following highlights and exceptions to the Board's attention: *Group Strategic Development Committee* The Committee received updates on Community Diagnostic Centres and the delivery of the Trusts' Green Plans, as specified in the report, and noted early work to deliver the KGH Energy Centre. *Group Transformation Committee* The Committee was reviewing its priorities to enable a clearer focus on key deliverables during 2023-24, and noted significant improvements in theatre productivity, which had reached the upper quartile nationally for Northampton General Hospital (NGH) and above average for KGH. NGH utilisation reached 80% during May 2023, and the Board commended the Chief Operating Officer and operational and transformation teams for this improvement. The Committee received an update on the GIRFT (Getting it right first time) programme, noting that ongoing development work was required in respect of the development of action plans and governance arrangements to ensure delivery. *Finance and Performance Committee in Common* The Committee:	

	• Noted a combined deficit (for KGH and NGH) at Month 1 (30 April 2023) of £6.4m, which represented an adverse deficit of £1.1m compared to plan. There was a £1.3m shortfall in the delivery of planned efficiencies, and a requirement to focus more strongly on this work to ensure the delivery of the annual plan. The Board noted that a larger deficit was anticipated in Month 1 pending the receipt of ICB funding at 30 June 2023, and that industrial action, agency expenditure and under-delivery of efficiencies had generated a negative financial impact of around £700k; • Noted that the national pay award would be accounted for in Month 2 (May 2023) and was anticipated to be fully funded; • Approved a request for revenue funding to ensure adequate working capital for the first part of the financial year. In response to a question, the Group Chief Finance Officer undertook to clarify limits of delegated authority in respect of borrowing in future requests to the Committee; • Approved the Full Business Case for the second phase Community Diagnostic Centre submission; • Noted strong operational performance in respect of minimising ambulance handover delays and theatre utilisation, though some patients continued to experience unacceptably long delays for beds after attending A&E; • Noted that the cancer treatment 28-day standard had been achieved, but the 62-day standard missed due to the need to improved triage in the Colorectal service; • Noted that the Trust was the only provider in the region with no patients waiting over 104 weeks for treatment, and was on track to have no patients waiting over 65 weeks by March 2024; • Acknowledged that the West Northamptonshire Council was highly commended for its contribution to the Integrated Care Across Northamptonshire (ICAN) initiative at the recent Local Government Awards, an indicator of the effectiveness of collaborative working across the ICS in this regard, and • Recognised the proactive responses of Estates and Facilities teams following the fire at NGH which took place on 13 March 2023. *Group People Committee* The Committee: • Held a workshop during April 2023, reviewing implementation of the Nursing, Midwifery and AHP Strategy and the development of the Group's culture and leadership programme; • 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;
- Indicated 'substantial' assurance in respect of Maternity Staffing annual reports;
- Indicated 'reasonable' assurance in respect of the Trusts' Freedom to Speak Up (FTSU) procedures, with FTSU leads known and accessible, and
- Commended sustained performance improvement for all key NGH workforce metrics.

The Board further noted that the 'thank you' event for volunteers had taken place on 7 June 2023, recognising volunteer hours which were continuing to increase across the Group.

Group Digital Hospital Committee

The Committee had reviewed digital priorities, identifying a revised list of ten key projects, for which stringent governance and monitoring processes would be put in place to ensure delivery. Significant challenges remained in the Health Intelligence team, and the Committee noted proposals to strengthen capacity which would progress to the next stage of prioritisation for funding and other resources.

The Committee received an update on the procurement process for the NGH Electronic Patient Record, noting a shortlist of four providers and the completion of initial scoring against the detailed criteria set out in the business case; a final decision was expected in late-summer 2023.

Audit Committee

The Committee

- Received the Head of Internal Audit's provisional opinion which indicated reasonable assurance, but with concerns regarding the direction of travel due to the need for improved ownership and accountability regarding the completion of internal audit recommendations by Executive Directors. The Chief Executive stated her commitment to addressing these issues on behalf of her executive team,
- Counter Fraud staff training remained unaligned across the group and was not currently part of the suite of mandatory training modules for NGH colleagues. The Group Chief People Officer undertook to ensure this was addressed, along with any other significant areas of non-alignment, by March 2024.

Group Clinical Quality, Safety and Performance Committee

The Committee:

	- Continued to strengthen, and devote more of its meetings, to exception reports from sub-groups of both trusts, with work continuing to improve alignment between the hospitals and ensure consistency and quality in sub-group governance and terms of reference; - Was substantially assured following the receipt of exception reports relating to urgent and emergency care, mortality and morbidity, maternity and safeguarding across both hospitals. The Group Chief Digital Information Officer advised that connectivity at maternity hub sites should be resolved following action by the supplier; - Commended work to maintain patient safety during recent period of industrial action. *Elective Care (Lead Provider) Collaborative Committee* The Committee was overseeing changes to the management and delivery of elective care across the ICS for the benefit of patients throughout their experiences from GP referral to outcomes, and was reviewing elective care priorities for 2023-24 to take account of activity and efficiency requirements within the ICS 2023-24 operating plan. The Board of Directors noted the Integrated Governance Report.	
6.	**2023-24 ICS Operating Plan** The Board received NGH and KGH elements of the final ICS Operating Plan for 2023-24, which had been approved by the Chief Executive and Group Chief Finance Officer under powers previously delegated by the Board, and submitted to NHS England on 4 May 2023. The finance and workforce sections were subject to change compared to the original submission in March 2023, with the activity elements remaining unaltered. The plan had yet to be formally accepted by NHS England. The report provided a brief summary of the principal components of the plan, consisting of: • A financial plan for breakeven for both NGH and KGH, supported by the receipt of £30m of ICB support funding; • Operational plans to deliver elective recovery targets as percentages of 2019/20 weighted activity (NGH 108.9%; KGH 104.5%). Additional productivity, transformation and in-sourcing outsourcing reinstated to deliver elective recovery performance at 100% for KGH and 107% for NGH. ICS submission includes advice and guidance and other providers and achieves 109%. • The achievement of cancer, diagnostic and urgent and emergency care standards by March 2024, with the elimination of waits for treatment over 65 weeks by this date;	

	• A reduction in workforce across NGH and KGH in line with efficiency targets on a phased basis; • Efficiencies removed from bank/agency and 2023/24 establishment as per efficiency plan. The Board noted the latest position and organisational commitment to deliver planned activity and finance targets, notwithstanding the challenges and risks to achieving these, as set out in the report.	
Governance		
7.	**Group Board Assurance Framework (BAF)** The Board of Directors received the Group BAF and noted updates which strengthened links to corporate risks within each trust; the next stage of development work would focus on improving alignment to ensure risk-based internal audit annual plans. The report summarised changes to risk descriptions arising from Committee reviews. The Board noted the latest position and indicated its assurance in respect of the Trust's management of its key strategic risks, and their associated corporate risks. In response to questions, the Director of Governance undertook to address the following specific questions as part of the next review, and rolling 'deep dive' programme, by committees: - Nature of Risk UHN04 as an external threat, and how the Integrated Care Board provided assurance to the Boards; - Clarification of shared responsibility in respect of Risk UHN05 (strategic estates) and - Identifying and reviewing high-scoring risks which had not materialised in accordance with the definition of 12 months.	
8.	**Group Digital Hospital Committee Terms of Reference** The Board of Directors **APPROVED** revised Terms of Reference for the Digital Hospital Committee as set out in the report, deferring appointment of an NGH Co-Chair and Convenor pending a review of Non-Executive Directors' responsibilities and Board composition.	
9.	**Questions from the Public (Received in Advance)** There were no questions from the public.	
10.	**Any Other Business and close** None.	

11	**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	Thursday 27 July 2023, 9.30am
Location	Boardroom, NGH

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Action Log

Meeting	Board of Directors (Part I) Meeting in Public
Date & Time	Updated following 9 June 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: follow up in writing	OPEN
Apr 23 8	23-24 delivery plans for strategic objectives to be submitted to May-June business cycle	BT	July 2023	Referred to Board Committees; verabl update to be provided	OPEN
Apr 23 10	Further review of 'in common' working' to include an assessment of performance against agreed terms of reference;	RA	July 2023	On agenda	CLOSE

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Cover sheet

Meeting	Board of Directors (Part I) Meeting in Public
Date	27 July 2023
Agenda item	4.1

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

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

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

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

CEO Report

This report provides an update on activity since the last meeting across our trust and Integrated Care System (ICS), and includes regional and national updates, including the recent publication of the NHS Workforce Plan.

I would like to commence this report with something to be extremely proud of and recognise our teams across NGH for achieving, in the interests of our teams and patients.

Pathway to Excellence® Redesignation

I am delighted to announce that NGH has officially become the first UK organisation to be designated with Pathway to Excellence® for a second time and only the second organisation in Europe to achieve this.

The Pathway to Excellence® framework is an international accreditation which signals our achievements in being an organisation which has created a positive practice environment which empowers staff, creates better patient outcomes, and has a positive organisational culture.

This means that we have been recognised internationally, by the American Nurses Credentialing Center (ANCC), for our commitment to making our hospital a positive environment where nurses, nursing associates and all our colleagues can flourish. When colleagues from ANCC visited NGH, they commented on how the positive culture at NGH was palpable and we should be extremely proud of what has been achieved.

Our designation recognises that we have passed both the Pathway to Excellence® Standards document and the Pathway to Excellence® nurse survey. We submitted the Pathway to Excellence® Standards document in April which consisted of 500 pages of examples of nursing excellence at NGH. We then launched the Pathway to Excellence® nurse survey in May and to pass the organisation needed to meet the following parameters:

- At least 60% of nurses at NGH to complete the survey. In total 83% of nurses at NGH took the survey, which equals 1089 nurses
- Over 50% agreement rate on every question: We achieved this with our highest agreement rate at 96% and lowest agreement rate being 84%
- Out of 28 questions we needed a 75% strongly agree response rate: All questions were above 75% with 11 of the 28 above 95% and 22 out of 28 were 90%

These results are exceptional and a testament to our teams across NGH. I would like to thank all the standard leads and Emily Lambert and Sarah Coiffait for their leadership in this work. I would also like to thank Debbie Shanahan and Jo Smith for their leadership and more recently Nerea Odongo for her leadership in this work since joining NGH.

Developing a positive culture across our hospital is so important to me and our leadership teams here at NGH, and we are incredibly proud of the results of this accreditation. It means our teams have reflected that we work in an organisation where our voices really count in decision making and where we are given the tools to develop and provide the best care for patients.

I am so proud of our teams for their extraordinary efforts in helping us to gain this achievement, and I am truly privileged to be the Chief Executive here, leading our talented teams.

CNO Awards and Dame Ruth May Visit

We are exceptionally proud to say our nursing teams were able to celebrate achieving Pathway to Excellence® redesignation with a visit from Dame Ruth May. Our teams took the opportunity to share some of the excellence in the work they have achieved on the day to celebrate the breadth of exceptional work being done across NGH.

I am also delighted to update that three of our nurses were awarded NHS Chief Nursing Officer (CNO) Awards in Person by Dame Ruth May.

Our NGH Macmillan Cancer Lead Nurse Liz Summers won a rare Gold Award for her exceptional contribution to nursing through her work in cancer care – Liz is the first nurse at NGH to win a gold award. Liz is a truly exceptional nurse who has shown a dedication to her patients through co-production and relentless passion to improve services, with a lasting difference.

Our NGH Outreach Lead Nurse for the Critical Care Unit, Tina Taylor, was presented with a Silver Award for her work with critically ill patients, her leadership of patient safety work, including the most recent work on call for concern.

Maria Sagucio, International Nurse Pastoral Support Facilitator, received a Silver Award for the exceptional way she has supported internationally educated nurses joining the NGH team, which led to the hospital receiving the NHS Pastoral Care Quality Award for International Nurses in May this year.

Operational Performance

I am pleased to update the board that our teams across clinical, operational and support services have demonstrated excellent collaborative working internally and with partners across our ICS, with a sustained focus on the importance of improving our operational performance and flow and we are beginning to see significant improvements that have been sustained for a number of weeks, and we will continue to update the board on sustained progress in these areas.

It is important to note these improvements are not due to reduced activity in urgent and emergency care (UEC), as UEC demand remains high, with June activity the 4th busiest in 15 months, and the final week in June being the second busiest in the previous 70 weeks. Ambulance attendances also remain high, along with above average weekly attendances.

Some of the factors contributing to this improvement have been due to a significant focus on our board rounds work and I would like to thank everyone who has shown such a dedication to excellence in this area and teamwork that has resulted in the necessary change. This change has been demonstrated through our escalation status, which has previously been on Opel 4 (highest escalation) most of the time, more recently reducing Opel 2 and 3 status.

To note, Lesley Watts who is leading the National Hospitals Discharge programme visited the trust on Monday 17th July and confirmed she can see the significant difference in several areas and commended the teams and leadership underpinning this work. Whilst we will continue to focus our work to improve these metrics further, these are some key improvements to note:

- We have seen the average weekly discharges increase from an average of 391 before June to an average of 503 weekly discharges per week in the last 6 weeks.

- Our ‘Super Stranded’ Patients with lengths of hospital stay of over 21 days has reduced from an average of 171 per day in hospital prior to June to 109 patients at 17 July 2023. This remains much higher than we would like, but the improvement is due

to several factors and collaborative partnership working demonstrating necessary improvements.

- Our patients with no reason to reside in an acute bed have reduced from 200 in May to 150 in the previous week in July.

- Considering the 4 hours target in our emergency department (ED), our average minutes in ED was 215 minutes between March and May 2023, and has reduced to 196 minutes in the last 6 weeks. Whilst our average minutes for patients being admitted has significantly improved too, this is still significantly above the 4 hours target and will improve as our other operational flow metrics sustain.

- Our ambulance delays over one hour prior to June were an average of 129 per month. In June this reduced to 103 over one hour, but notably as the time of writing this report on 17th July we had only has 8 ambulance delays over one hour. It is important to note when patients experience these ambulance delays, they are still reviewed and safely cared for from arrival, but their environment and patient experience is inevitably compromised.

- We have seen a significant improvement in the percentage of patients getting into a stroke bed within 4 hours. Whilst our stroke team who are exceptional will provide the care within ED, this improvement if a significant improvement for this cohort of patients and the team.

- Our Pathway 0 length of stay (LoS) has reduced in all areas from 6.8 days average to 5.8 days. In medicine this improvement has been from 8.1 days to 6.6 days. This is as a testament to the internal improvement work across a number of areas from our breadth of teams, particularly operational and clinical teams.

These improvements are early in the change journey, as they have been sustained for approx. 6-7weeks, so it is essential these are maintained – we are confident that the necessary focus and collaborative working is in place to achieve this, and will continue to report progress to committees. This work is inevitably driving improvements in productivity, as well as operational and patient safety. I would like to take the opportunity to recognise this work and thank our teams across NGH for this essential work.

Our teams continue to work proactively and collaboratively with partners across the ICS to improve pathways of care for our community and to achieve the ICB Strategic priorities.

Cancer - Robotic Assisted Surgery (RAS)

The multidisciplinary team leading our RAS service has worked effectively to implement our RAS service and we are proud that the number of procedures performed on our surgical robot is over 250 cases. We are now supporting three other Trusts and working with partners to look at expanding our RAS capacity. We are also looking at broadening the specialty usage to include colorectal and gynae surgery along with Kettering Consultants starting to be trained, which is an example of collaborative working benefiting our workforce and patients. The robot has been a significant strategic addition to our services for our patients which has made considerable impact both in terms of access to treatment time and patient experience. Our decision to treat time now averages 22 days from a previous 70 days prior to the robot being utilised.

In addition, due to nurses joining NGH in our colorectal specialty to strengthen our workforce, we are ensuring our patients move through their pathways quicker to improve patient access and experience more broadly.

Macmillan Health & Wellbeing Event

We were fortunate to facilitate a dedicated Macmillan Health & Wellbeing Event for our adult cancer patients, including any carers, following a bid our teams submitted to Macmillan. Our Macmillan and Cancer teams held the event off site, planned in co-production with patients based on prior feedback, to ensure it covered the breadth of their holistic needs and included a keynote speech from a patient who courageously shared their cancer experience.

Industrial Action

As I write this report, we are on the final day of another junior doctor strike, with the first Consultant strike to take place. As I have previously stated, we respect our doctors' right to strike and we are committed to supporting them and ensuring the safety of our staff and patients during these times. I would like to thank all our teams for their sustained collaborative working which all our teams have exhibited to keep our patients safe and support their colleagues.

Partnership working

EMAP

We are part of East Midlands Acute Providers (EMAP), which aims to bring acute providers across the East Midlands together to support greater clinical collaboration and strategic stewardship in key areas where collaboration at regional scale drives greater sustainability and opportunity for our workforce and for the benefit of our patients. This includes developing a shared understanding of population need, agreeing pathways to meet population need and providing oversight to ensure expected outcomes are being achieved. Medical Directors, Directors of Strategy and Chief Executives from the Acute Providers in the East Midlands now meet to which demonstrates the commitment to collaboration at scale to improve the sustainability of our workforce and services. We are reviewing strategic priority areas collectively and will update into and across the Acute Providers and ICS Boards in the East Midlands as this work progresses.

UHN and UHL

Whilst NGH has already been collaboratively working with UHL on clinical pathways, I am delighted to welcome John MacDonald as Chair of NGH from 1 July. John is also chair for KGH and UHL and therefore this will allow us to enhance the opportunity for at-scale benefits for the population across Northamptonshire and more broadly across the East Midlands. It will also expand opportunities to work across boundaries to build connections with partners across our communities and learn from each other more proactively. These opportunities for strategic collaboration will include strengthening clinical services and the potential for at-scale collaboration opportunities to improve productivity and efficiency.

ICS
We continue to work collaboratively across the ICS to improve services and pathways across our community. We also continue to work on a number of strategic priorities across the ICS. These include our responses to the NHS long Term Workforce Plan

published on 30 June 2023 and the National NHSE equality, diversity and inclusion (EDI) plan published on 8 June 2023.

The NHS Long Term Workforce Plan

Against a backdrop of significant workforce challenges across the NHS, this workforce plan is the first time that the NHS has produced a comprehensive long term workforce plan, and it aims to represent a once-in-a-generation opportunity to put staffing on a sustainable footing for the future with confirmed funding up to 2028.

It aims to allow us to take the actions locally, regionally, and nationally and covers three priority areas of **train, retain and reform.** We are working across the trust and with our ICS partners on this important work, which is a key part of sustainability in the NHS and creating the culture we strive for at NGH.

NHS75

On 5 July 2023, the NHS celebrated its 75th Anniversary. Across our services and teams, we took the opportunity to celebrate 75 years of the NHS and to recognise the progress that has been made in delivery of care, prevention, research, science and technology and the improvements in outcomes and care that have been delivered. We are extremely fortunate to have a universal, free at the point of delivery healthcare system across the country. One significant recognition of the reputation of the NHS is our international colleagues who choose to come and work here due to the purpose and values underpinning he NHS, which creates a richness in diversity to strengthen our NHS reflecting our population the NHS serves.

We felt a huge sense of purpose and pride for everyone at NGH as an opportunity for all of us to reflect on our journey, reflect and celebrate how the NHS has been a constant for many of us our whole lives, and prepare for the future of healthcare for our communities with ambition and pride.

Five of our colleagues got the opportunity to join many others in the NHS at Westminster Abbey on the 5th of July– Debbie Shanahan, Dr Kalpna Gupta, Marcella Irvine, Maisie Savage and Kevin Perryman I was incredibly proud that they represented us.

We also held a special Connect, Explore, Improve session for our teams across the organisation, at which we heard rich and diverse personal stories of our colleagues' journeys in the NHS and it was a privilege to hear from everyone and feel a genuine sense of shared purpose to providing the best possible care for our patients. It was an opportunity to thank each other.

Leading up to NHS75 Anniversary, the Kings Fund produced some analysis which can be found here: How does the NHS compare to the health care systems of other countries? | The King's Fund. This report provides an insightful comparison of healthcare across a number of different countries and provides insights into areas where the NHS can further strengthen the NHS for our communities and people we serve. It highlights data on the NHS workforce, which links to the ambition in the NHS Long Term Workforce Plan highlighted above.

NHS equality, diversity and inclusion (EDI) improvement plan

This national NHS Equality, Diversity, and Inclusion Improvement plan sets out targeted actions to address the prejudice and discrimination – direct and indirect – that exists through behaviour, policies, practices and cultures against certain groups and individuals across the NHS workforce. The plan has been co-produced through engagement with staff networks and senior leaders.

We are working with our colleagues across the ICS on this work and I would like to thank Tracey Robson and her team as a key ICS lead in this essential work. Across UHN we have a key piece of work on Anti-Racism (see agenda item 6 below).

Pride Month

In June we celebrated Pride Month which is a crucial time for us as we celebrate our LGBTQ+ community at NGH and further our commitment to being a truly inclusive organisation. Our Pride Network organised a stall at Northampton Pride on 8 July which was a huge success. The team showcased educational information on hospitals for LGBTQ+ colleagues and collated feedback on our services for LGBTQ+ patients which is essential so we can improve our services to be more inclusive.

Wellbeing Festival

We were part of the Northamptonshire Wellbeing Festival which was a system collaboration for health and social care colleagues which placed a focus on the wellbeing of staff through activities and keynote speakers. Looking after our staff is central to our success so I was delighted that many of our colleagues found the sessions informative and helpful. I interviewed author Vex King who was inspirational in his remarks and reminded us all to stay true to our values and consistently be kind to others.

Culture

We continue to strengthen our work to continuously improve the culture our teams work within to ensure they can thrive and flourish. We have focussed work across our networks and continuing to connect with our colleagues through Connect, Explore and Improve.

We are working collaboratively across UHN on further work to improve our culture and experience for our colleagues across the hospitals, as we will always strive to improve.

NJR Award

We were proud to be awarded as a NJR Quality Data Provider for 2022/23. A huge well done and thank you to our Orthopaedic teams who have worked so hard to put patients at the forefront of everything they do.

The 'NJR Quality Data Provider' scheme has been devised to offer hospitals public recognition for achieving excellence in supporting the promotion of patient safety standards through their compliance with the mandatory National Joint Registry (NJR) data submission quality audit process and by awarding certificates the scheme rewards those hospitals who have met the targets.

Electronic Patient Record System (EPR)

The procurement of the new Electronic Patient Record system continues, and I would like to thank all colleagues for their commitment during the procurement process. Clinical

engagement remains strong with almost 200 colleagues across all areas involved in the process. The system demonstrations will conclude shortly and site visits to see the systems in-use will take place in late summer. Once procured, the new EPR system will start being implemented from Spring 2024 and is expected to take around 18 - 24 months.
Appendices
None
Risk and assurance
None
Financial Impact
None
Legal implications/regulatory requirements
None
Equality Impact Assessment
Neutral

Dedicated to excellence

NHS
Northampton General Hospital
NHS Trust

Cover sheet

Meeting	Board of Directors (Part I) Meeting in Public
Date	27 July 2023
Agenda item	5

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

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

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

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

Executive Summary

Board Committee summaries and the Integrated Governance Report for July 2023 are enclosed. Committee Chairs and Executive Leads will be invited to draw the Board's attention to other significant items considered at meetings, indicating the degree of assurance the committee is able to provide in each case.

Appendices

- Board Committee summaries, June – July 2023
- Integrated Governance Report, July 2023
- Finance Report, Month 3 (30 June 2023 – to follow)

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

BOARD COMMITTEE SUMMARIES

Northampton General Hospital Board of Directors Meeting: 27 July 2023

AGENDA ITEM 5

Group Clinical Quality, Safety and Performance Committee: 23 June and 21 July 2023

Audit Committee: 26 June 2023

Group Finance and Performance Committee: 27 June and 25 July 2023

Group People Committee: 29 June and 20 July 2023

Group Digital Hospital and Transformation Committees: 13 July 2023

Group Clinical Quality, Safety and Performance Committee Upward Report to *Board of Directors*	Date(s) of reporting group's meeting(s): 23 June 2023

Reporting Directors: Andre Ng and Jill Houghton

Agenda Item	Description and summary discussion	Decision / Actions and timeframe	Assurance level *
Items of urgent business	The committee was informed of the serious incident at NGH due to the failure in WIFI. This had been due to a provider issue. The committee was assured that no safety incidents had occurred because of this and business continuity measures had been implemented successfully. The committee was also informed of an issue that had arisen at NGH regarding National Early Warning Scores (NEWS) in the emergency department. The committee was assured that the incident had been investigated and appropriate actions had been taken.	-	Substantial assurance
Oncology service update	The committee received an update on the organisational development work that had been undertaken to address concerns with the oncology service at NGH. The committee received reasonable assurance that the problem had been identified and the actions being taken were having an impact.	-	Reasonable assurance
Sub group reports	The committee received and noted upward reports from NGH Health and Safety Committee, NGH Assurance, Risk and Compliance Committee (ARCC), NGH Clinical Quality and Effectiveness Group, KGH Quality Governance Steering Group (QGSG) and the KGH Safeguarding Group. The committee noted the items of limited assurance from KGH QGSG and NGH ARCC and the actions being taken in relation to these.	-	Reasonable assurance
Directors of Nursing exception reports	The committee received the Directors of Nursing exception reports and noted that antibiotic prescribing was an ongoing issue at NGH which is being addressed.	-	Reasonable assurance
Maternity Safety	The committee received the maternity services joint safety report. The committee noted ongoing digital issues at NGH which had been discussed with the relevant Digital Director. The committee noted workforce vacancy and smoking cessation service issues at NGH and that plans are in place to try and resolve these issues.	-	Reasonable assurance
Breast service collaboration	The committee received an update on the breast service collaboration and noted that work is in progress and an action plan is in place to address the issues detailed in the report. The committee will receive a further update after a Medical Director led joint surgeons and mastalgia nurses meeting has taken place in September.	Further update to CQSP in Sept/Oct 2023	Limited assurance

Clinical Quality, Safety and Performance Committee in Common Upward Report to Board of Directors	Date of reporting group's meeting: 21 July 2023

Reporting Directors: Andre Ng and Jill Houghton

Agenda Item	Description and summary discussion	Decision / Actions and timeframe	Assurance level *
Subgroup reports	The committee received upward reports from KGH and NGH Health and Safety Committees, KGH and NGH Assurance and Risk Committees, NGH Clinical Quality and Effectiveness Group, KGH Quality Governance Steering Group, NGH Patient Exeprience and Carer Engagement Group, and NGH and KGH Radiation Protection Committees. The committee noted items of limited assurance from NGH CQEG relating to maternity access to wi-fi in community hubs but noted mitigations were in place. Items of limited assurance were also noted from KGH QGSG relating to overdue incidents in Medicine which had not been reviewed within target due to ongoing pressures and demand, and open internal investigations. A slight increase in overdue SI actions and a slight decrease in complaints performance in the Surgery Division was also noted. The committee was also informed of an issue relating to a change in anti-embolism stockings at KGH.	-	Reasonable
Committee effectiveness review	The committee considered the outputs of the review of committee governance and assurance and confirmed reasonable assurance to the Board that based on the evidence and views of Members, the committee is operating efficiently and effectively while recognising that there is further work to do to gain more benefits from the committee in common.	On Agenda	Reasonable
Joint Urgent Care & Emergency Standards Performance Report	The committee noted the collaborative working between both hospitals' emergency departments, which remained busy. The committee also noted positive results from a peer review of NGH's emergency department.	-	Substantial
Director of Nursing Exception Reports	The committee noted NGH had achieved the ANCC Pathway to Excellence reaccreditation after becoming the first hospital to achieve this standard in 2018. The committee applauded this achievement.	-	Substantial
Maternity Safety Joint Report	The committee noted issues with the NGH obstetric workforce including foetal medicine vacancies and two HSIB letters of concern relating to KGH for which all safety requirements have been completed. The committee confirmed it had received reasonable assurance on some issues but limited assurance regarding the Digital Maternity update that was provided in meeting papers and emphasised the need for a plan to address these issues.	On Private Board agenda	Reasonable/ limited

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

Reporting Non-Executive Director: Elena Lokteva

Agenda Item	Description and summary discussion	Decision / Actions and timeframe	Assurance level *
SICA Report	The Committee provided reasonable assurance to the Board in respect of the effectiveness of the system of internal control whilst recognised concerns in respect of long-standing internal audit recommendations and the referral of the internal audit of Consultant Job Planning to committees.	-	Reasonable
Internal Audit Annual Report 2022/23	TIAA indicated a finding of reasonable assurance, that, for the areas reviewed during the year, the Trust had reasonable and effective risk management, control and governance processes in place	-	Reasonable
Approvals under Delegated Powers	- Trust Letter of Representation - Annual Accounts 2022-23 - Annual Report 2022-23	Approved	-
Group Board Assurance Framework & Corporate Risk Register	The Committee noted the latest position and indicated its assurance in respect of the implementation of the Group Risk Management Strategy, identifying that overdue actions required particular focus and welcoming the enhanced Senior Leadership Team engagement via the forthcoming team workshop.	-	Reasonable
Clinical Audit Compliance Report 2022-23	The Committee noted the report which, while summarising activity for 2022-23, did not provide assurance about the effectiveness of the clinical audit framework in identifying and resolving issues in ways that maintained and enhanced the quality and safety of care provided to patients. As such, the Committee was not able to form any opinion about the assurance level and requested the development of a template for future reports which would address these issues.	Tbc	To be determined

Group Finance and Performance Committee Report to the Board of Directors	Date of reporting group's meetings: 27 June 2023		
Reporting Director: Rachel Parker			
Agenda Item	**Description and summary discussion**	**Decision / Actions and timeframe**	**Assurance level ***
Discharge of patients	The Committee noted underperformance in discharging patients on pathways 1-3 compared to regional peers. It was explained that for pathway 2, a gap had been identified in intermediate therapy provision. In the north KGH utilised at home services which the west of the county did not. he Committee expressed concern that nursing home capacity was reducing as some changed status to residential homes, whilst others were becoming more cautious when accepting patients with behavioural challenges.	-	Limited
Financial position	The Committee considered risks to the deliverability of 2023-24 financial and efficiency plans	Part II (Private) Agenda item, 27-28 July	Limited

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

Reporting Director: Rachel Parker

Agenda Item	Description and summary discussion	Decision / Actions and timeframe	Assurance level *
Financial Plan	The system support funding from the ICB had been profiled in from month 3. There had also been receipt of funding for the 22/23 and 23/24 agenda for change pay award. There was a group deficit of £11.2m against plan of £7.5m. The key drivers including behind plan on efficiencies, industrial action, pay awards, utilities and non-pay inflation. NHSE have asked for a medium-term financial plan to 2025/26 by the end of Q2, which would include a high-level forecast of where the Group would be at the end of 2024. Capital programmes continued, with an emphasis on the delivery of the CDC's which had £13.4m capital allocated to them. The Committee needed to determine the likely financial outcome of the current financial year and continued to express their concern that the Group position could be a £50m deficit by year end against a break-even plan.	Item on Private Board Agenda	Limited
Annual Plan Efficiencies	The efficiency position on a year-to-date basis was £2m behind plan. This was one of the Group's largest risks as the profile increased as the year goes on. There had been £15.4m costed schemes identified with £9.2m of pipeline schemes. The gap to the target of £42m was £18.2m. The challenges to the activity plan and ERF impacted this further. There had been a number of minor schemes identified, however larger schemes are needed to reduce the gap further. The Committee believed that there needed to be a pragmatic view of what efficiencies could deliver in year and we worried that there was not enough opportunities coming through to achieve the target. Opportunities system-wide needed to be uncovered and it was requested an update on this was included at the next Committee.	Item on Private Board Agenda	Limited
IGR	The Committee wished to highlight to the Boards the high bed occupancy numbers. The impact this could have on flow and ED, with more pressure needed on system partners to help with discharge.	-	-
Committee Review of Effectiveness	The Committee approved the continuation of the Committee in Common approach. The Committee noted the benefits of the joint discussions and richer conversations.		Reasonable

Group People Committee Upward Report to NGH Board of Directors	Date(s) of reporting group's meeting(s): 29 June 2023
Reporting Group Chair: Denise Kirkham	

Agenda Item	Description and summary discussion	Decision / Actions and timeframe	Assurance level *
CPO Report	CPO report highlighted progress and risks. Mandatory training is improving at NGH and appraisals are improving across the group. Turnover has stabilised at KGH and sustained improvement is being seen at NGH. The Committee noted the improvement in TTH at NGH as a result of increased focus in this area. The cultural programmes are still in the development phases. Challenges are vacancies continue to rise and workforce productivity challenging the ability to reduce agency spend.	-	Reasonable
Attraction, Resourcing and Retention Reports	Attraction, resourcing and retention updates provided the detail to enable probing questions and understand mitigations and assurances. The papers addressed factors that affect staff perception of the organisations as a place to work or receive care and processes that affect organisational efficiency.	-	Reasonable
Gender Pay Report	This is an annual requirement and demonstrated that both organisations are meeting their legal obligations and wish to enhance their approach. Plans include inclusive approaches to recruitment and talent management.	-	Substantial
Appraisal and Revalidation Report	The People committee have asked that the medical directors advise at the July meeting when they can update the committee about the approach to job planning including milestones.	July-23	-

Group People Committee Upward Report to KGH Board of Directors	Date(s) of reporting group's meeting(s): 20 July 2023
Reporting Group Chair: Denise Kirkham	

Agenda Item	Description and summary discussion	Decision / Actions and timeframe	Assurance level *
CPO Report	The committee received the Chief People Officer's report noting updates on the NHS Workforce Plan and NHS EDI Improvement Plan. The committee considered and approved the plan to tackle racism in the workplace but requested greater clarity regarding the workstream target dates provided in this plan. The committee would like a Board development session to take place which focusses on the EDI and workforce plans.	-	Reasonable
Volunteering Report	The committee received and noted the very positive report which provided an overview of the key achievements regarding the volunteering function within the People Directorate. The committee would like to highlight to the Board the value that the volunteers provide to the organisation and without which it could not function.	-	Substantial
Employment Relations Quarterly Review	The committee received the report which provided assurance that the organisation is committed to fair and transparent case management processes, continuous improvement and aligning with recommended best practice. The committee confirmed the report provided reasonable assurance however, the committee has some concerns regarding the duration of some of the complex cases.	-	Reasonable
Learning and Education Report	The committee received the report which provided an update on Learning and Education and compliance with training and development. The committee acknowledged there is a need for more and improved data, which the committee has requested for inclusion in the next report it receives.	-	n/a
Safe Staffing Report	The committee received and noted the monthly update on Safe Staffing for NGH and KGH. The committee noted staffing levels remained an issue and more information is needed to understand the reasons for this. Unfortunately, NGH representatives were unable to attend the meeting therefore specific questions committee members had regarding headroom and staffing levels could not be addressed at the meeting. The committee is therefore unable to provide an assurance level on this item to the Board.		n/a
Medical Appraisal & Revalidation Annual Reports	The committee received the report which provided a summary of the medical appraisal and revalidation status at KGH and NGH. The committee received substantial assurance on this item and confirmed the certificate of compliance can be signed to confirm that the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013)		Substantial

Joint Group Transformation and Group Digital Hospital Committees in Common Report to Boards of Directors	Date(s) of reporting group's meeting(s): 13 July 2023

Reporting Non-Executive Director: Jill Houghton

Agenda Item	Description and summary discussion	Decision / Actions and timeframe	Assurance level *
Integrated Governance Report process	The committee received an update on the IGR process. The committee hopes to discuss this further at its next meeting, including discussing an action plan to resolve the outstanding issues with the IGR.	Item for discussion at next GTC/GDHC meeting	Limited assurance
Subgroup reports	The committee received upward reports from the Digital Operational Meeting, Digital Clinical Design Authority and Strategic Delivery Group.	n/a	Reasonable assurance
Roadmap and spotlight projects	The committee received digital roadmap and spotlight updates which provided assurance of digital transformation delivery against the hospitals' agreed set of priorities linking to the Group Digital Strategy and Dedicated to Excellence Strategy. Committee members noted a delay with the EPMA project and received assurance that information had been requested from the supplier to see if there is anything that can be done to reduce the delay.	n/a	Reasonable assurance
Transformation Programme Overview	As this report was not received in advance of the meeting, the committee received no assurance on this item.	n/a	No assurance
ICB update	The committee received an update from the ICB Digital Director on progress with the ICS Digital Strategy since its inception 12 months ago. The committee confirmed that it had received reasonable assurance on this although timescales are needed. The committee noted with disappointment the current digital maturity assessment for both acutes.	n/a	Reasonable assurance
Digital enablers supporting collaboration	The committee confirmed it had received reasonable assurance on the progress of the digital transformation agenda to support clinical collaboration across KGH and NGH.	n/a	Reasonable assurance
Outpatients transformation	The committee received an update on the outpatient transformation programme to improve and transform outpatient services across the group. The committee confirmed it had received reasonable assurance in relation to this, noting that it was early days and that a good plan is in place.	n/a	Reasonable assurance

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

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

Integrated Governance Report (IGR)

June 2023

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

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).

Summary Table

Committee Name: All

Group Name: Patient

Metric Name: Multiple selections

Site: All

Variation: All

Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance	Assurance
NGH	Patient	% Patients satisfaction score - Trustwide	01/06/23	90.70%	95.00%	82.91%	87.89%	92.86%			Consistently Anticipated to Not Meet Target
KGH	Patient	% Patients satisfaction score - Trustwide	01/06/23	93.00%	95.00%	81.68%	88.81%	95.95%			Not Consistently Anticipated to Meet Target
NGH	Patient	% Patients satisfaction score - inpatients	01/06/23	94.30%	95.00%	82.27%	89.47%	96.66%			Not Consistently Anticipated to Meet Target
KGH	Patient	% Patients satisfaction score - inpatients	01/06/23	94.00%	95.00%	79.47%	88.84%	98.22%			Not Consistently Anticipated to Meet Target
NGH	Patient	% Patients satisfaction score - A&E	01/06/23	80.20%	95.00%	69.39%	76.59%	83.78%			Consistently Anticipated to Not Meet Target
KGH	Patient	% Patients satisfaction score - A&E	01/06/23	76.00%	95.00%	66.79%	76.85%	86.92%			Consistently Anticipated to Not Meet Target
NGH	Patient	% Patients satisfaction score - maternity	01/06/23	93.50%	95.00%	82.5%	90.89%	99.28%			Not Consistently Anticipated to Meet Target
KGH	Patient	% Patients satisfaction score - maternity	01/06/23	96.00%	95.00%	63.24%	90.9%	118.56%			Not Consistently Anticipated to Meet Target
KGH	Patient	% Patients satisfaction score - outpatients	01/06/23	96.00%	95.00%	81.9%	92.89%	103.88%			Not Consistently Anticipated to Meet Target
NGH	Patient	% Patients satisfaction score - outpatients	01/06/23	93.90%	95.00%	90.91%	93.26%	95.61%			Not Consistently Anticipated to Meet Target
NGH	Patient	Number of complaints	01/06/23	46	0	7	24	41			Consistently Anticipated to Not Meet Target
KGH	Patient	Number of complaints	01/06/23	43	0	13	39	65			Consistently Anticipated to Not Meet Target
NGH	Patient	Complaints response performance	01/06/23	100.00%	90.00%	81.44%	95.63%	109.81%			Not Consistently Anticipated to Meet Target
KGH	Patient	Complaints response performance	01/06/23	42.00%	90.00%	-515.11%	159.27%	833.65%			Not Consistently Anticipated to Meet Target
KGH	Patient	Patient safeguarding - Child	01/04/23	116		25	82	139			Consistently Anticipated to Meet Target
NGH	Patient	Patient safeguarding - Child	01/06/23	113		35	95	154			Consistently Anticipated to Meet Target

% Patients satisfaction score - Trustwide

Committee Name: All

GroupName: All

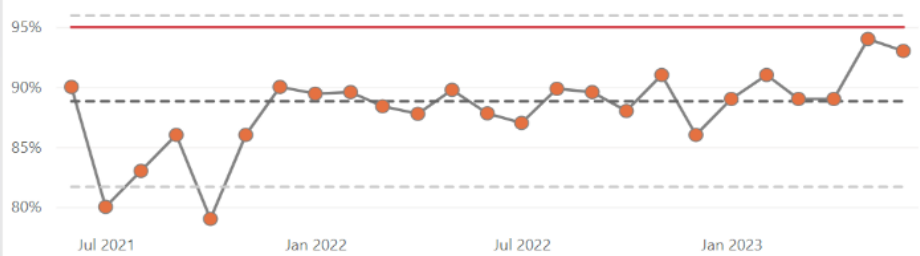
MetricName: % Patients satisfaction score - Trustwide

01/04/2019 – 01/06/2023

93.00%	95.00%	90.70%	95.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

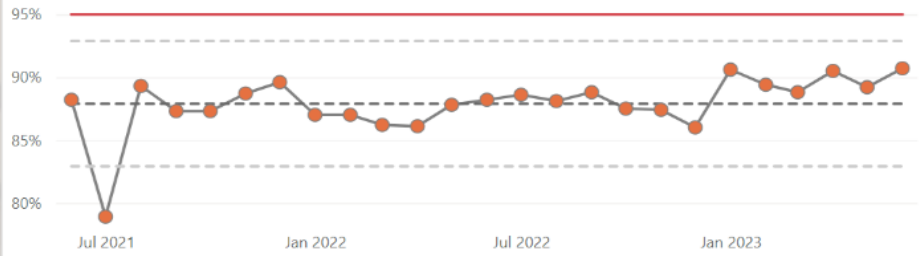
Kettering General Hospital

% Patients satisfaction score - Trustwide: Patient



Northampton General Hospital

% Patients satisfaction score: Patient



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/06/23	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 has slightly decreased by less than 1%.	There has been an increase of 193 feedback responses vs May, we are now working towards a higher percentage of eligible patients responding to the Friends and Family Test.	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 response targets are being implemented at a department level.	Monthly reports sent to departments to share findings and themes of feedback responses
NGH	01/06/23	The satisfaction score is calculated by adding together all the "Very good" and "Good" responses, to obtain a percentage from the overall responses.	The current value for June 2023 is 90.7%	The performance for June 2023 was the highest satisfaction rate over the last 2 years displayed. This is a culmination of improvements at every service level, except a slight decrease for day case units.	Provision of satisfaction score performance by location, specialty, Directorate and Division to relevant leads and managers.	All services are provided with their performance data and also negative comments analysis. Any areas that experience a decrease are highlighted to the relevant service leads

% Patients satisfaction score - inpatients

Committee Name: All

GroupName: All

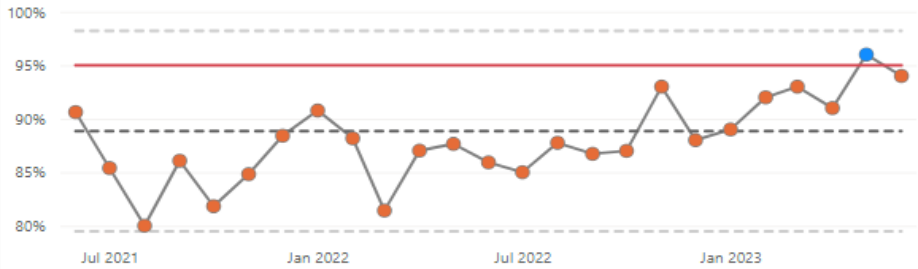
MetricName: % Patients satisfaction score - inpatients

01/04/2019 – 01/06/2023

94.00%	95.00%	94.30%	95.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

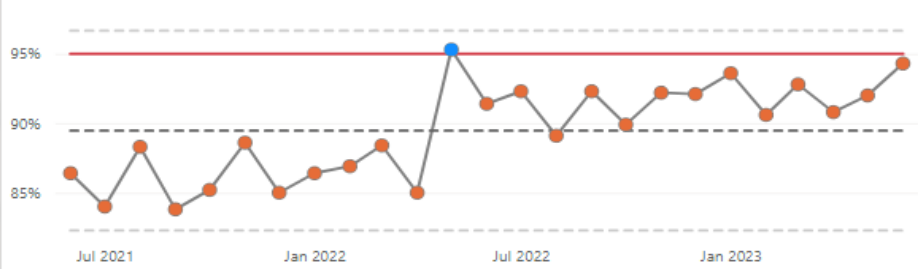
Kettering General Hospital

% Patients satisfaction score - inpatients: Patient



Northampton General Hospital

% Patients satisfaction score - inpatients: Patient



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/06/23	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 has declined by 2%.	There has been an increase in the number of resposnes. Areas remain working hard to increase FFT participation.	Performance is being monitored and we continue to work closely with inpatient areas on how they can promote FFT throughout their departments. We are now sending out RAG reports to monitor low / no responding areas.	Departments are working locally to increase the participation with FFT in their areas. We have also given support to the areas of volunteers attending inpatient areas to continue to help increase participation in these areas.
NGH	01/06/23	The satisfaction score is calculated by adding together all the "Very good" and "Good" responses, to obtain a percentage from the overall responses.	The current value for June 2023 is 94.3%. This is the highest performance for inpatient areas since May 2022. Please note: Day case units reached 95.9% in June but do not have theor own metric display.	Provision of satisfaction score performance by ward, Directorate and Division to relevant leads and managers.	All services are provided with their performance data and also negative comments analysis. Any areas that experience a decrease are highlighted to the relevant service lead(s).	Departments are working locally to increase the participation with FFT in their areas. We have also given support to the areas of volunteers attending inpatient areas to continue to help increase participation in these areas.

% Patients satisfaction score - A&E

Committee Name: All

GroupName: All

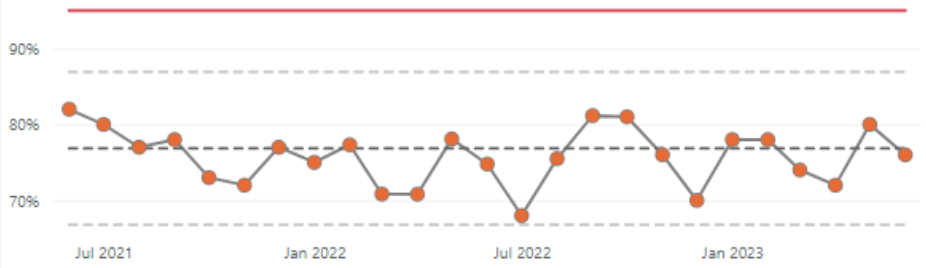
MetricName: % Patients satisfaction score - A&E

01/04/2019 – 01/06/2023

76.00%	95.00%	80.20%	95.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

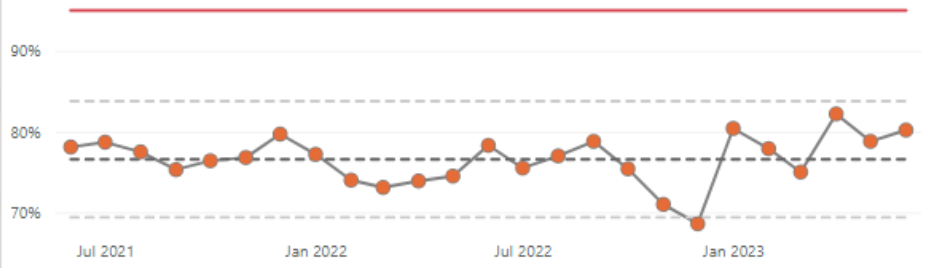
Kettering General Hospital

% Patients satisfaction score - A&E: Patient



Northampton General Hospital

% Patients satisfaction score - A&E: Patient



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/06/23	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 has declined by 4%.	The number of responses in this area slightly increased for June.	Continue to drive participation with ED at the time of transfer or discharge.	Performance to be monitored and actions are in place to increase the FFT participation in this area.
NGH	01/06/23	The satisfaction score is calculated by adding together all the "Very good" and "Good" responses, to obtain a percentage from the overall responses.	The current value for June 2023 is 80.2% which is a 1.4% increase from May 2023	All ED services increased their satisfaction score with the exception of Main ED. The volume of attendances remains high with a record of 525 patients attending on 12th June (a normal day would be around 400)	All ED services are provided with their performance data and also negative comments analysis. Any areas that experience a decrease are highlighted to the relevant service lead(s).	Patient satisfaction score increases seen in 4 of the 5 ED services. Improved bed flow within the Trust with two dates achieving Opel 1 bed state thereby resulting in less incidences of patients on trolleys in ED. The Minor Injuries unit moved into a new location next to the Streaming Hub on 20th June 2023.

% Patients satisfaction score - maternity

Committee Name: All

GroupName: All

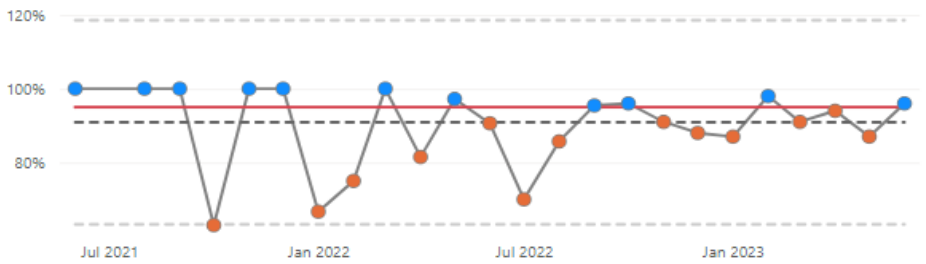
MetricName: % Patients satisfaction score - maternity

01/04/2019 – 01/06/2023

96.00%	95.00%	93.50%	95.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

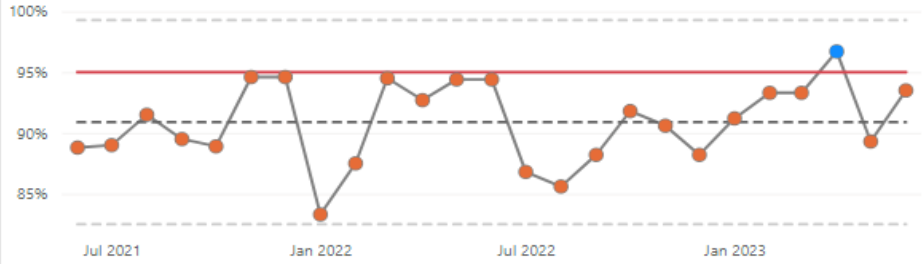
Kettering General Hospital

% Patients satisfaction score - maternity: Patient



Northampton General Hospital

% Patients satisfaction score - maternity: Patient



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/06/23	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 has increased in Maternity Services by 9%.	There was an increase of 9% in Maternity FFT Satisfaction, and responses also increased by 68.	We are working closely with the Matrons in Maternity Services to increase the patient participation on completing the FFT.	Performance in this area is being monitored and local plans are now in place to continue to increase the participation. The response rate in Maternity Services has been increasing since January.
NGH	01/06/23	The satisfaction score is calculated by adding together all the "Very good" and "Good" responses, to obtain a percentage from the overall responses.	The current value for June 2023 is 93.5% which is an improvement of 4.2% from May 2023.	Reasons for the low performance in May where investigated (mostly relating to high volumes of inductions) with actions taken during June to address the low result	June saw the number of Friend & Family Test responses increase. Provision of satisfaction score performance by maternity service and wards to relevant managers along with patient feedback comments.	Continued focus on the induction of labour process. Patient satisfaction performance is discussed at the bi-monthly Patient & Carer Experience and Engagement meeting as well as Divisional and Nursing & Midwifery meetings.

% Patients satisfaction score - outpatients

Committee Name: All

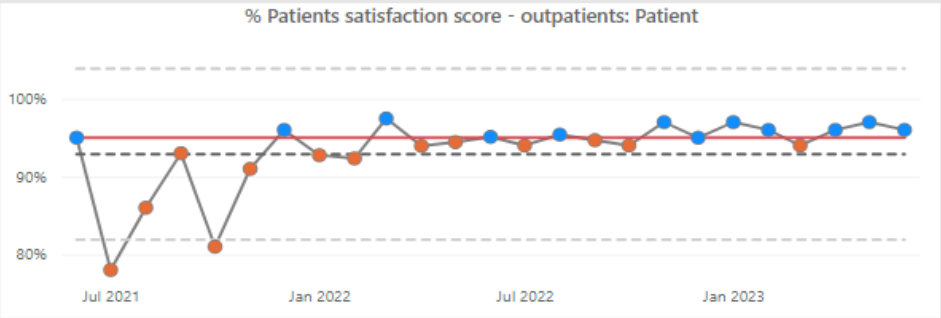
GroupName: All

MetricName: % Patients satisfaction score - outpatients

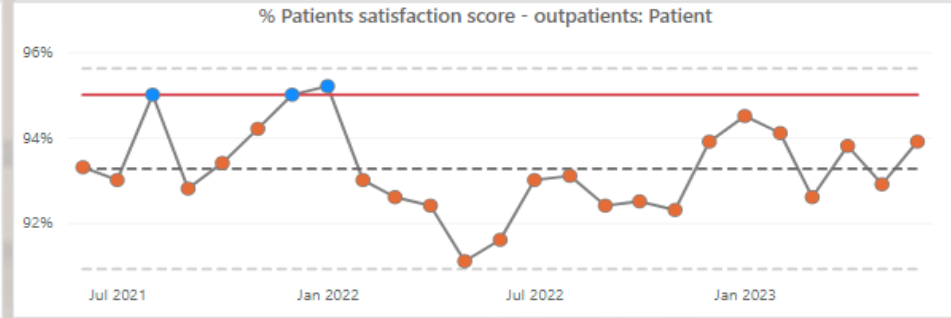
01/04/2019 – 01/06/2023

96.00%	95.00%	93.90%	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	01/06/23	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 has slightly decreased by less than 1%.	There was an increase of 805 responses within OPD. Nene Park and Nuffield are driving this increase.	Nene park have reintroduced paper feedback and have had a much better response rate.	Performance to be monitored and actions are in place in this area. We continue to locally address themes within our patient experience team and work alongside departments to put actions in place to resolve issues. Focus is being pushed into low / no respondng areas.
NGH	01/06/23	The satisfaction score is calculated by adding together all the "Very good" and "Good" responses, to obtain a percentage from the overall responses.	The current value for June 2023 is 93.9% which is an improvement of 1.0% since the previous month.	Issues experienced during May when the rate dropped where highlighted to the Divisional Manager.	Outpatient services managers receive the monthly performance reports at specialty level as well as Directorate and Divisional level reports being published to senior management teams.	Performance results are discussed at the Bi-Monthly Patient & Carer Experience & Engagement Group meeting.

Number of complaints

Committee Name: All

GroupName: All

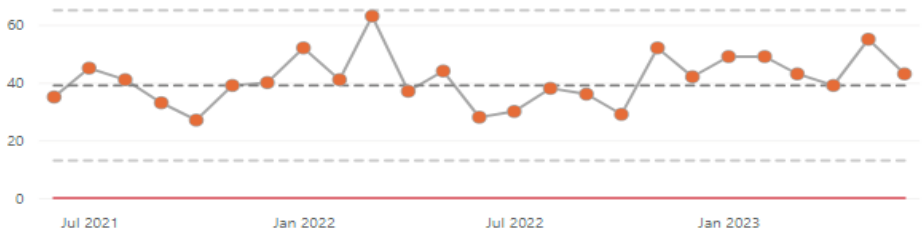
MetricName: Number of complaints

01/04/2019 – 01/06/2023

43	0	46	0
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

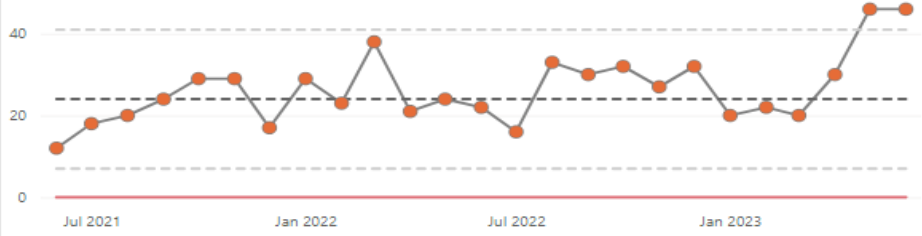
Kettering General Hospital

Number of complaints: Patient



Northampton General Hospital

Number of complaints: Patient



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/06/23	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 fig	We logged 43 complaints in June, and we have 141 currently open. We are improving in our performance and meeting our trajectory to get on top of our back log. A reduction in those logs, therefore we are managing concerns locally better. The addition of opening the PALS office has aided this.	N/A	Continue Weekly Dashboard to clinical teams Role out live datix reporting to divisions to see performance live	N/A
NGH	01/06/23	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 fig	The Trust received 46 complaints in June which is the same as the number received in May. When compared to this time last year the number of complaints received has reduced by a small percentage. In view of this information the statistics show that currently a consistent number of complaints are being received by the Trust on a monthly basis. The number of complaints received YTD is comparable to this	There was an increase in the number of complaints received regarding the following clinical areas when compared to the previous month: General Surgery, Head & Neck, Women's, Children's and Oncology.	This information is communicated on a monthly basis to the Divisions through their Patient Experience Workbook reporting for onward action.	No mitigations identified.

Complaints response performance

Committee Name: All

GroupName: All

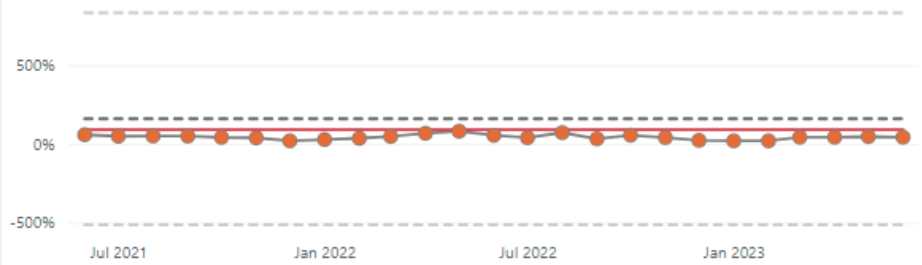
MetricName: Complaints response performance

01/04/2019 – 01/06/2023

42.00%	90.00%	100.00%	90.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

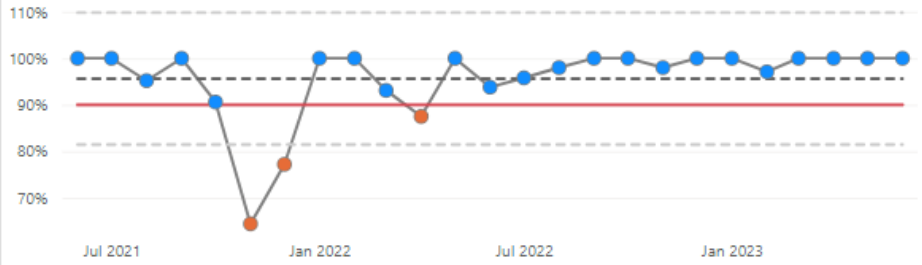
Kettering General Hospital

Complaints response performance: Patient



Northampton General Hospital

Complaints response performance: Patient



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/06/23	Complaints performance – Providing a written response to a complaint within an agreed timescale	Maintaining our performance in an upward trend. Still working, mainly in medicine to overcome the backlog. We now only have one complaint older than 6 months.	None	Continue trajectory aims with division and team Continued focused on overdue, but also maintaining performance on new complaints	None
NGH	01/06/23	Complaints performance – Providing a written response to a complaint within an agreed timescale	Currently the Trust is achieving 100% response rate both including and excluding extension of time requests. Whilst the Complaints team have been very short staffed, with the support of management colleagues and through the escalation process to date this year all complaints are currently on track.	There are some clinical areas where internal timeframes are consistently being missed and these are escalated accordingly by the complaints team to senior colleagues and Executives.	All escalations are monitored through to completion and where indicated senior colleagues are involved in obtaining the information required.	Doctors strikes, bank holidays, demands on services and staffing levels all impact timeframes and response rates.

Patient safeguarding - Child

Committee Name: All

GroupName: All

MetricName: Patient safeguarding - Child

01/04/2019 01/06/2023

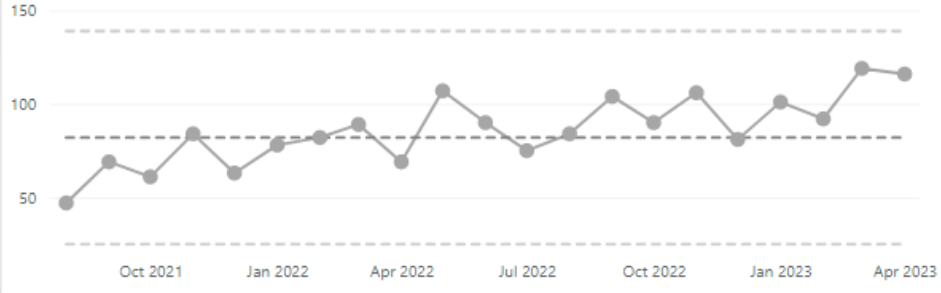
116

KGH: Current Value

KGH: Current Target

Kettering General Hospital

Patient safeguarding - Child: Patient



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/04/23	Data provided for this metric 2 months behind.	March and April have seen a further increase in MASH referrals compared to previous months, with March having a total of 119 referrals. The highest reason for a MASH referral has been due to mental health including deliberate self-harm, intentional overdoses, and suicidal ideations. The number of referrals for this concern have gone from being in the 30s to 53 in March and 43 in April.	Due to the ongoing concerns around high volume of MASH referrals for assaults and gang concerns the safeguarding team have been liaising with the deputy designated nurse at ICB to support in updating level 3 safeguarding training. she has kindly offered to give updated figures for the local area and support in delivering the training.	Training packages are constantly being reviewed and updated to reflect current themes and trends Ongoing systemwide engagement to address issues around gangs and knife crimes.	Ongoing support from Safeguarding Team to all clinical areas. Training packages are constantly being reviewed and updated to reflect current themes and trends

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 People pulse advocacy questions	01/04/23	46.00%			56.86%				Consistently Anticipated to Meet Target
NGH	People	Quarterly People pulse advocacy questions	01/04/23	55.00%			60.29%				Consistently Anticipated to Meet Target
NGH	People	Quarterly staff engagement score	01/04/23	6.26			0				Consistently Anticipated to Meet Target
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%			16.33%				Consistently Anticipated to Meet Target
NGH	People	Sickness and absence rate	01/06/23	5.92%	5.00%	4.53%	6.18%	7.83%			Not Consistently Anticipated to Meet Target
KGH	People	Sickness and absence rate	01/06/23	4.38%	5.00%	3.72%	5.55%	7.39%			Not Consistently Anticipated to Meet Target
NGH	People	Vacancy rate	01/06/23	11.62%	8.00%	8.82%	10.01%	11.2%			Consistently Anticipated to Not Meet Target
KGH	People	Vacancy rate	01/06/23	13.52%	8.00%	7.72%	9.79%	11.87%			Not Consistently Anticipated to Meet Target
KGH	People	Formal procedures	01/06/23	13		-2	4	11			Not Consistently Anticipated to Meet Target
NGH	People	Formal procedures	01/06/23	14			16				Consistently Anticipated to Meet Target
KGH	People	Time to hire	01/06/23	58.80	91	86.81	86.81	86.81			Consistently Anticipated to Meet Target
NGH	People	Time to hire	01/06/23	76.70	91	100.42	100.42	100.42			Not Consistently Anticipated to Meet Target
NGH	People	Number of volunteering hours	01/06/23	2,712		1690	2113	2537			Consistently Anticipated to Meet Target
KGH	People	Number of volunteering hours	01/06/23	1,784		373	807	1240			Consistently Anticipated to Meet Target

Quarterly People pulse advocacy questions

Committee Name: All

GroupName: All

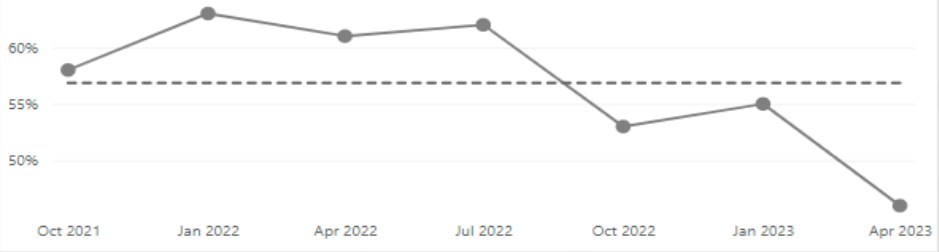
MetricName: Quarterly People pulse advocacy questions

01/04/2019 – 01/06/2023

46.00%		55.00%	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

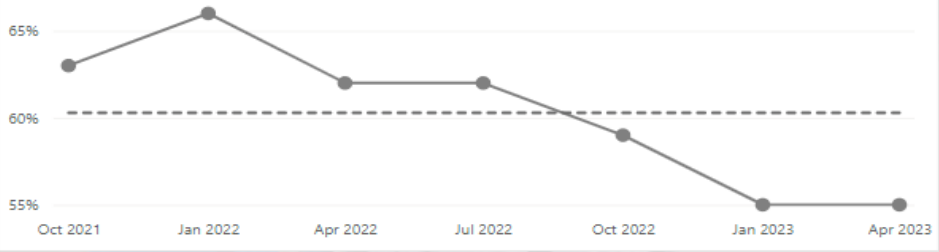
Kettering General Hospital

Quarterly People pulse advocacy questions: People



Northampton General Hospital

Quarterly People pulse advocacy questions: People



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/04/23	Quarterly People pulse advocacy questions	KGH has seen a continued decline in recommendation as a place to work, down 8% from January 2023 to 39%. There has been a considerable drop in recommendation as a place to receive care, down 12% from January 2023 to 41%. Lowest scores were seen in Core services (site team), Facilities and Medicine (Medical wards and Urgent Care).	* Cultural audit in ED may have been an impacting factor * 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 Sessions * next review is July 2023
NGH	01/04/23	Quarterly People pulse advocacy questions	The advocacy scores for NGH have stabilised in this quarter, having reduced for the previous two quarters, with a slight increase in recommendation as a place to receive care. Lowest scoring areas were seen in Digital, Pathology and Urgent Care.	* 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 Sessions * next review is July 2023

People pulse response rates

Committee Name: All

GroupName: All

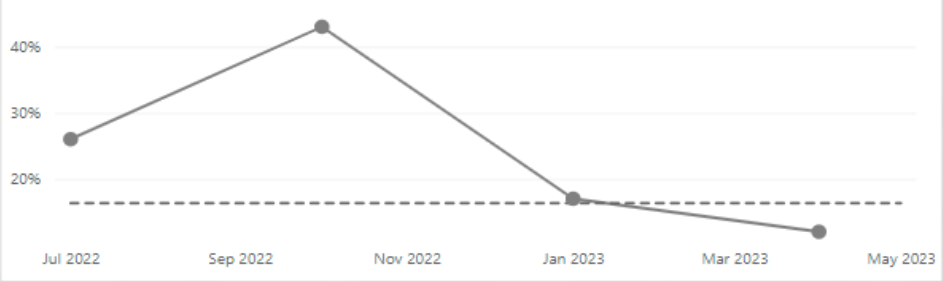
MetricName: People pulse response rates

01/04/2019 – 01/06/2023

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

Sickness and absence rate

Committee Name: All

GroupName: All

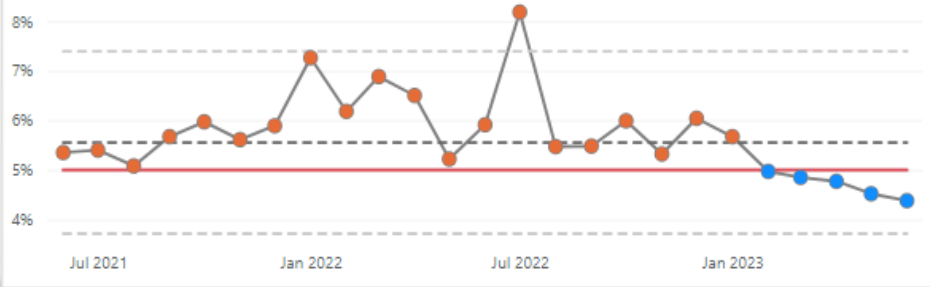
MetricName: Sickness and absence rate

01/04/2019 01/06/2023

4.38%	5.00%	5.92%	5.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

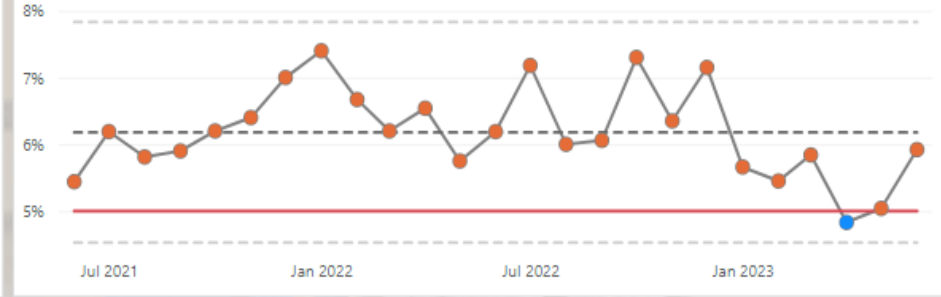
Kettering General Hospital

Sickness and absence rate: People



Northampton General Hospital

Sickness and absence rate: People



Sickness and absence rate

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/06/23	% of Staff absent	Achieving target: Currently is at the target of 4.38%. Results are within the statistical boundary. There is a continuing positive reducing trend in sickness absence over the previous 5 months.	1) Building a comprehensive multi-professional-inter-services approach within the People Directorate to Sickness absence-attendance management. b) Re-evaluating the H&WB OH workforce capacity and capability to deliver on workplace ill-health assessments including workplace adjustments, management support and HRBP engagement to proactively reduce sickness absence and not just react to absenteeism. 2) Reducing the impact of the pandemic and NHS operational recovery and demand on staff health and wellbeing wellbeing and the subsequent rise in sickness absence. a) A multi-faceted approach strategically led by the Head of Health & Wellbeing, co-ordinating a working group to focus strategy and project tasks across the People directorate related to managing sickness and increasing attendance. b) Evaluating the OH services capacity to proactively reduce sickness absence, return staff back to work in a timely way and engage and work with managers and HR focusing on 2 key services that are under functioning due to resource and delivery model: 1) Occupational Health Physician Service and the 2) Internal OH flu vaccine delivery model.	Developing the "Supporting Wellbeing at Work" Policy: A new overarching People/ HR policy designed support more than attendance management and proactively engage employees and managers in the Health & Wellbeing discussions that impact on staff function and service delivery. A first draft has been completed and focuses on employee and manager responsibility to engage in H&WB communications about their (physical, mental and other) health needs and develop support systems and workplace adjustments (within the context of the service delivery and team function) to proactively implement active support strategies (e.g. changes to agile working, physical working environment, communication processes, tasks/ allocation) to prevent absence. The policy is moving away from reactive and punitive views of absence to supportive, preventative and a collaborative approach to maximising staff attendance and health. Focusing on staff having an equity of impact with patient care and not using team "precedent" as a reason for managers not to engage in individual staff needs assessments. A set of values, methods and processes are suggested as first line strategies including: health passport, wellness action plans, stress assessments & H&WB support service referrals. Reviewing the UHN Occupational Health Physician Service review: A comprehensive review of the OHP service across the Group which was motivated by a substantial difference in the alignment of OHP service between KGH and NGH. NGH has a significant waiting list (10 weeks) but a high quality contract with UHL OH specialist service and KGH is relying on the RPS agency for easy access but low quality service. Access to more resource for substantially more complex high acuity work involving blood borne virus, mental health and ill-health retirement work is required. This review led to discussion at the	Cross-cutting work: 1) Co-ordinated by Head of H&WB involving a collaboration of People Services ensuring that absence and attendance workstreams are included and considered outcomes of the leadership-managers training, OD-EDI just culture programme, retention agenda and workforce recruitment process reviews. 2) Adopting a prevention approach to attendance management by reducing vacancies in the H&WB and people partnering resources which are integral to provide front line patient service team support and developing leadership confidence in working proactively with staff distress, relationship grievance and ill-health reducing key factors increasing absence. This prevention agenda for attendance management should include the evaluation of the impact of cost improvement processes particularly in our OH services and include a recommendation to change our delivery models of the vaccine programme to increase attendance through reduce delays in assessments, screening and management support. Acknowledging the continuing impact of the pandemic on operational demand and its direct relationship with staff burnout is critical and ensuring staff have access to high quality supervision time and dedicated H&WB resource.

Sickness and absence rate

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
					ICN H&WB sub-group level about the value of having a Northants NHS Trusts OHP system wide contract as NHFT OH department also have highlighted the same problems with resourcing and quality of service need. A comprehensive review of the 3 NHS trust services has now been completed by the Group Head of H&WB and this has highlighted the maximum clinical service capacity from current financial resource available plus developing a SPOA/ urgent care model with flexibility of service provision across the 3 sites which will attract a specialist high quality OH physician clinical service for all providers. This 3 Trust review has been presented at the ICN HR exec directors meeting and given initial approval to develop a specification for a pilot "proof of concept" SPOC service model for re-presentation on August 11th. Occupational Health flu delivery model: A comprehensive cost-effectiveness and clinical service impact analysis has been conducted of the value of continuing to deliver the flu model by our internal OH departments. this has been presented to HRDs, CPO and will be presented to the NGH and KGH HMTs and the Group PLT shortly for discussion and approval. A substantial cost reduction of £271,400 is proposed by moving to an external provider of the flu vaccine through supplying staff with a free flu voucher accessible to use in their own time from multiple pharmacy-supermarket-shop outlets from October 2024 (presentation and data available to view). Also the substantial financial and clinical benefits to OH departments and the wider hospital workforce for this service to have 6 months of extra work time each year to proactively work on assessing management referrals in a real time capacity, reducing sick	

Sickness and absence rate

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
NGH	01/06/23	% of Staff absent	Not achieving target - negative performance trend at 5.92% : Workforce data suggests that there is an increase in absence for all staffing groups and that the student population had a substantial 0.90% impact on this month's absenteeism.	1) The need to build a comprehensive multi-professional-inter-services approach within the People Directorate for sickness absence-attendance management strategically led by the Head of Health & Wellbeing, co-ordinating a working group to focus strategy, project tasks and policy-SOP development and review across the People directorate related to managing sickness and increasing attendance. This is including 2) Reducing the impact of the pandemic and NHS operational recovery and demand on staff health and wellbeing wellbeing and the subsequent rise in sickness absence by evaluating the OH services capacity to proactively reduce sickness absence, return staff back to work in a timely way and engage and work with managers and HRBPs to proactively prevent absence. Focusing on 2 key services that are under functioning due to resource and delivery model; i) Occupational Health Physician Service and the ii) Internal OH flu vaccine delivery model.	Developing the UHN "Supporting Wellbeing at Work" Policy: A new overarching People/ HR policy designed support more than attendance management and proactively engage employees and managers in the Health & Wellbeing discussions that impact on staff function and service delivery. A first draft has been completed and focuses on employee and manager responsibility to engage in H&WB communications about their (physical, mental and other) health needs and develop support systems and workplace adjustments (within the context of the service delivery and team function) to proactively implement active support strategies (e.g. changes to agile working, physical working environment, communication processes, tasks/ allocation) to prevent absence. The policy is moving away from reactive and punitive views of absence to supportive, preventative and a collaborative approach to maximising staff attendance and health. Focusing on staff having an equity of impact with patient care and not using team "precedent" as a reason for managers not to engage in individual staff needs assessments. A set of values, methods and processes are suggested as first line strategies including: health passport, wellness action plans, stress assessments & H&WB support service referrals. UHN Occupational Health Physician Service review: A comprehensive review of the OHP service across the Group which was motivated by a substantial difference in the alignment of OHP service between KGH and NGH. NGH has a significant waiting list (10 weeks) but a high quality contract with UHL OH specialist service and KGH is relying on the RPS agency for easy access but low quality service. Access to more resource for substantially more complex high acuity work involving blood borne virus, mental health and ill-health retirement	Cross-cutting work: 1) Co-ordinated by Head of H&WB involving a collaboration of People Services ensuring that absence and attendance workstreams are included and considered outcomes of the leadership-managers training, OD-EDI just culture programme, retention agenda and workforce recruitment process reviews. 2) Adopting a prevention approach to attendance management by reducing vacancies in the H&WB and people partnering resources which are integral to provide front line patient service team support and developing leadership confidence in working proactively with staff distress, relationship grievance and ill-health reducing key factors increasing absence. This prevention agenda for attendance management should include the evaluation of the impact of cost improvement processes particularly in our OH services and include a recommendation to change our delivery models of the vaccine programme to increase attendance through reduce delays in assessments, screening and management support. Acknowledging the continuing impact of the pandemic on operational demand and its direct relationship with staff burnout is critical and ensuring staff have access to high quality supervision time and dedicated H&WB resource.

Sickness and absence rate

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
					work is required. This review led to discussion at the ICN H&WB sub-group level about the value of having a Northants NHS Trusts OHP system wide contract as NHFT OH department also have highlighted the same problems with resourcing and quality of service need. A comprehensive review of the 3 NHS trust services has now been completed by the Group Head of H&WB and this has highlighted the maximum clinical service capacity from current financial resource available plus developing a SPOA/ urgent care model with flexibility of service provision across the 3 sites which will attract a specialist high quality OH physician clinical service for all providers. This 3 Trust review has been presented at the ICN HR exec directors meeting and given initial approval to develop a specification for a pilot "proof of concept" SPOC service model for re-presentation on August 11th. Occupational Health flu delivery model: A comprehensive cost-effectiveness and clinical service impact analysis has been conducted of the value of continuing to deliver the flu model by our internal OH departments. this has been presented to HRDs, CPO and will be presented to the NGH and KGH HMTs and the Group PLT shortly for discussion and approval. A substantial cost reduction of £271,400 is proposed by moving to an external provider of the flu vaccine through supplying staff with a free flu voucher accessible to use in their own time from multiple pharmacy-supermarket-shop outlets from October 2024 (presentation and data available to view). Also the substantial financial and clinical benefits to OH departments and the wider hospital workforce for this service to have 6 months of extra work time each year to proactively work on assessing management referrals in a real time capacity, reducing sickness absence and proactively engaging in delivering health surveillance programmes to prevent outbreaks and risk to staff and patients.	

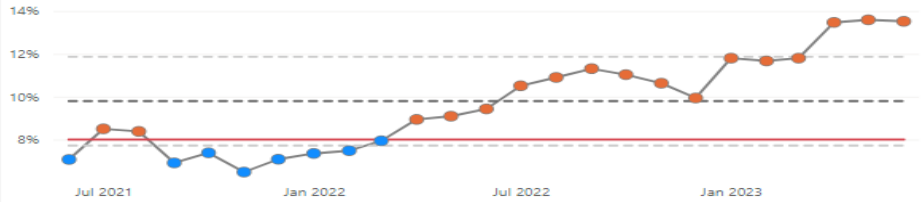
Vacancy rate

Committee Name: All | GroupName: All | MetricName: Vacancy rate | 01/04/2019 – 01/06/2023

13.52%	8.00%	11.62%	8.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

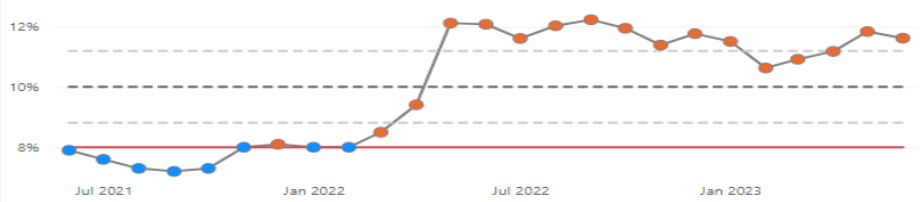
Kettering General Hospital

Vacancy rate: People



Northampton General Hospital

Vacancy rate: People



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/06/23	% difference between budgeted establishment and actual establishment	% difference between budgeted establishment and actual establishment	Metric is experiencing special cause variation - trend is showing a negative performance of 13.59% significantly above the Trust target of 8%	High vacancy in some staff groups especially HCA, RGN, facilities and some medical specialties. The high number of new starters in the organisation each month is causing pressures as existing staff seek to support, induct and train. New financial year changes to the ESR establishment have also caused a slight increase in vacancy but this work should be completed shortly.	Ongoing targeted campaigns via social media and Best of Both Worlds for specific vacancies will continue to support an improved performance in 2023. An increase in establishment is having an impact on vacancies but this may be mitigated by the new hospital vacancy approval process. Recruitment and Education are working closely with Divisional leadership to ensure the pressures are managed and new starters supported in their new roles.
NGH	01/06/23	% difference between budgeted establishment and actual establishment	The value tells us the percentage of budgeted posts that are vacant	Particular staff group hotspots for vacancy rates are AHPs, Additional Clinical Services (HCAs), Additional Professional Scientific and Technical and Estates and Ancillary. Factors impacting these particular areas relate to a shortage of staff nationally. and for non qualified staff comparability of pay rates to other industry sectors in the job market.	A further international recruitment campaign for nurses has been partially funded by NHSE with a total of 40 internationally educated nurses to be onboarded by August 2023 and interviews are already arranged. 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.

Formal procedures

Committee Name: All

GroupName: All

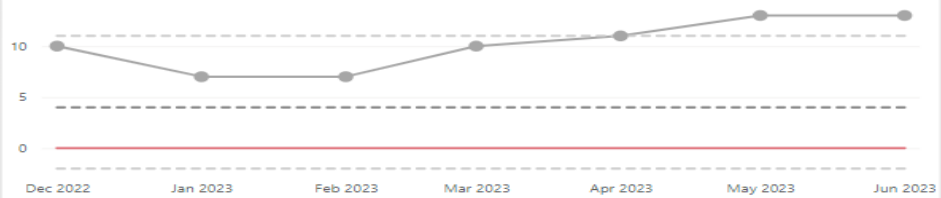
MetricName: Formal procedures

01/04/2019 – 01/06/2023

13		14	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

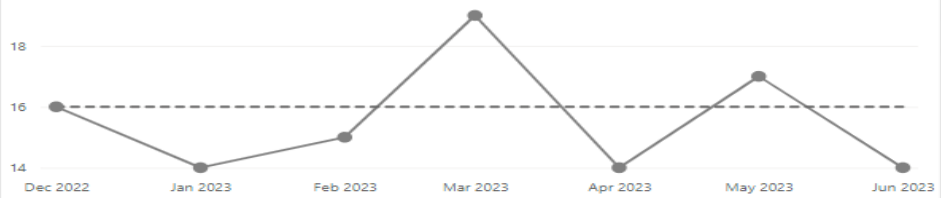
Kettering General Hospital

Formal procedures: People



Northampton General Hospital

Formal procedures: People



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/06/23	Number of formal complaints – active and open	13 active disciplinary/MHPS cases across the trust	* Operational pressures and availability of staff and managers to meet * National context around industrial unrest and financial crisis * Concerned raised nationally around employment relation cases citing racism	* Monitoring and maintaining close position on number of formal cases. * Supervision and review of cases, in light of recent national cases relating to racism	* Case management, partnership working with unions and formal supervision, deep dive at board in January and July 2023 * Disciplinary Policy consultation concluded looking to provide manager toolkit as part of leadership offering due for roll out * Culture session ran with HRBP and Hospital Management Team * Review of Cox and Shaikh national cases happened in July 2023 further quarterly face to face review planned * HR/Unions staff being trained on Restorative and Just Culture Trained with provision for role out and further board engagement by September 2023
NGH	01/06/23	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 * Concerned raised nationally around employment relation cases citing racism	* Monitoring and maintaining close position on number of formal cases. * Supervision and review of cases, in light of recent national cases relating to racism, Session run in July 2023	* Case management, partnership working with unions and formal supervision, deep dive at board in January and July 2023 * Disciplinary Policy consultation concluded looking to provide manager toolkit as part of leadership offering due for roll out * Review of Cox and Shaikh national cases happened in July 2023 further quarterly face to face review planned
						* HR/Unions staff being trained on Restorative and Just Culture Trained with provision for role out and further board engagement by September

Time to hire

Committee Name: All

GroupName: All

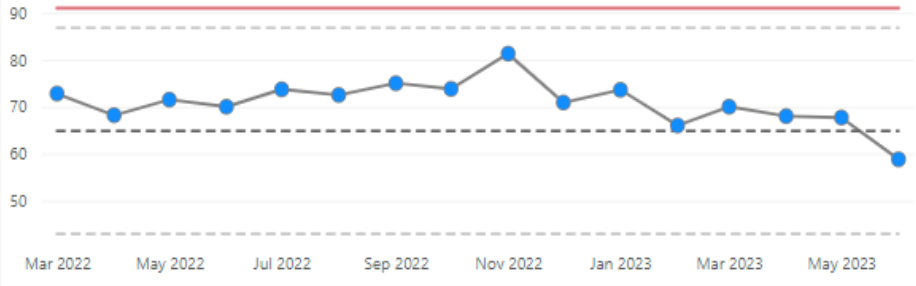
MetricName: Time to hire

01/04/2019 – 01/06/2023

58.80	91	76.70	91
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

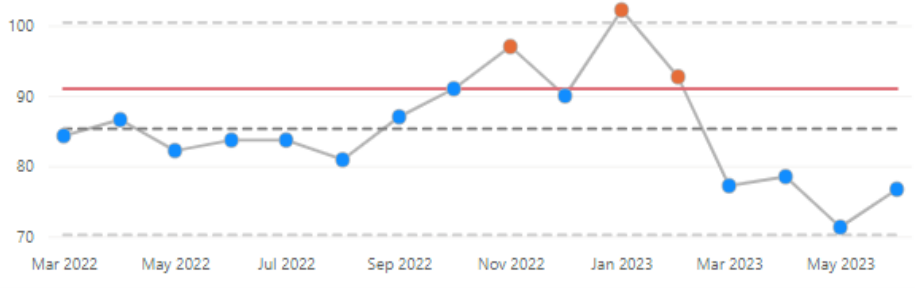
Kettering General Hospital

Time to hire: People



Northampton General Hospital

Time to hire: People



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/06/23	Time to recruit from Advert – to in post – target 13 weeks	Average number of days taken to recruit, from advertising date to start date. Consistently achieving below 70 days against a KPI target of 91 days	No issues	Transformation will be supporting Resourcing across the Group to look at onboarding and where efficiencies can be further made and to enhance the experience of candidates going through the process.	Not applicable
NGH	01/06/23	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

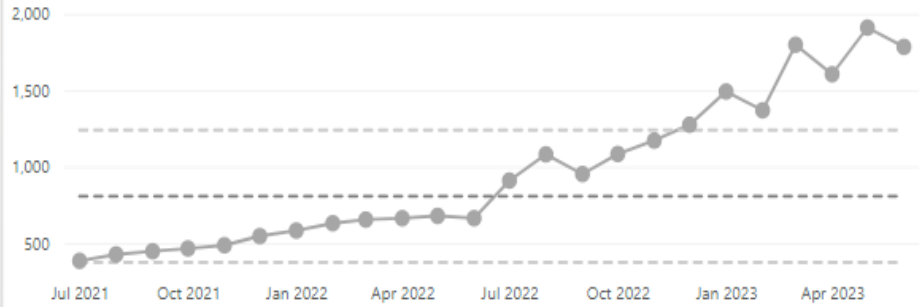
MetricName: Number of volunteering hours

01/04/2019 – 01/06/2023

1,784		2,712	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

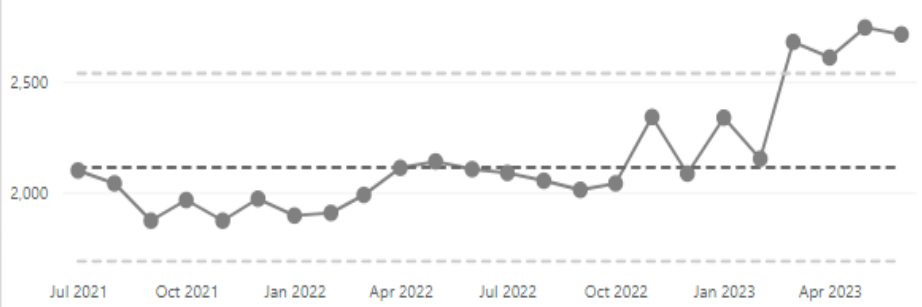
Kettering General Hospital

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	01/06/23	Number of volunteering hours	1784	The number of hours has fallen slightly. This is due to students exams and a number of volunteers taking holiday.	Ensuring we keep in contact with the volunteers during this time. We are also recruiting again in July.	.
NGH	01/06/23	Number of volunteering hours	2712	The number of hours has fallen slightly. This is due to students exams and a number of volunteers taking holiday.	Ensuring we keep in contact with the volunteers during this time. We are also recruiting again in July.	.

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
NGH	SHMI	89
KGH	SHMI	109.41
KGH	Serious or moderate harms – pressure ulcers	0.26
NGH	Serious or moderate harms – pressure ulcers	7
KGH	Serious or moderate harms – falls	0.00
NGH	Serious or moderate harms – falls	0.50
KGH	Serious or moderate harms	2
NGH	Serious or moderate harms	22
KGH	Safe Staffing	94.02%
NGH	Safe Staffing	103.70%
KGH	Number of medication errors	56
NGH	Number of medication errors	145
NGH	New harms	0.00%
KGH	New harms	21.49%
KGH	Never event incidence	0
NGH	Never event incidence	0
KGH	Hospital-acquired infections	6
NGH	Hospital-acquired infections	10
KGH	30 day readmissions	6.79%
NGH	30 day readmissions	16.06%

Metric	Comment	Site
Complaints	In June 2023 the performance against timely response declined slightly from 46% to 42%.	KGH
Infection Prevention & Control	The IGR now shows COVID-19 HOPA and HODA per 1000 bed days at 0.58 (9 patients) and 0.19 (3 patients) respectively. There was one COVID outbreak in June. Combined HOPA/HODA equates to 37.5% of all COVID+ in-patients. NHSE have now published the thresholds for HCAI for 2023-24. For KGH this is an annual ceiling of: 33 for C Diff (reduction from 41); 52 for E Coli (reduction from 55); 9 for Pseudomonas aeruginosa (static); 25 for Klebsiella (reduction from 26). There were six Gram negative infections in June. E Coli is slightly above the rolling cumulative trajectory, whilst Pseudomonas and Klebsiella are below the cumulative trajectory, keeping the whole under the ceiling of 22 (21) for the first three months in 2023-24.	KGH
Falls	There were no falls with moderate or above harm in June.	KGH
Pressure Ulcers	There were three Category 2 pressure ulcers recorded in June. There was one unstageable pressure ulcer which is being reviewed at SIRG. Pressure ulcers has seen a consistent reduction and (October 2022), represents a 62% reduction in Category 2, 3, 4 and unstageable combined.	KGH

Summary Table

Committee Name: All

Group Name: Quality

Metric Name: Multiple selections

Site: All

Variation: All

Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance	Assurance
NGH	Quality	Serious or moderate harms	01/06/23	22	0	5	27	50			Consistently Anticipated to Not Meet Target
KGH	Quality	Serious or moderate harms	01/06/23	2	8	-1	7	15			Not Consistently Anticipated to Meet Target
NGH	Quality	Serious or moderate harms – falls	01/06/23	0.50	0.06	0.37	0.37	0.37			Not Consistently Anticipated to Meet Target
KGH	Quality	Serious or moderate harms – falls	01/06/23	0.00	0.18	0.44	0.44	0.44			Not Consistently Anticipated to Meet Target
NGH	Quality	Serious or moderate harms – pressure ulcers	01/06/23	4	0	-4	4	13			Not Consistently Anticipated to Meet Target
KGH	Quality	Serious or moderate harms – pressure ulcers	01/06/23	0.26	0	0.93	0.93	0.93			Consistently Anticipated to Not Meet Target
NGH	Quality	Number of medication errors	01/05/23	145		16	73	131			Consistently Anticipated to Not Meet Target
KGH	Quality	Number of medication errors	01/06/23	56		37	77	117			Consistently Anticipated to Not Meet Target
NGH	Quality	Hospital-acquired infections	01/06/23	10	7	-1	7	15			Not Consistently Anticipated to Meet Target
KGH	Quality	Hospital-acquired infections	01/06/23	6	7	1	9	17			Not Consistently Anticipated to Meet Target
NGH	Quality	MRSA	01/06/23	0	0	0	0	0			Not Consistently Anticipated to Meet Target
KGH	Quality	MRSA	01/06/23	0	0	0	0	0			Not Consistently Anticipated to Meet Target
NGH	Quality	C diff	01/06/23	5	4	-3	5	14			Not Consistently Anticipated to Meet Target
KGH	Quality	C diff	01/06/23	3	3	-3	3	9			Not Consistently Anticipated to Meet Target
NGH	Quality	SHMI	01/06/23	89		91	93	95			Consistently Anticipated to Not Meet Target
KGH	Quality	SHMI	01/06/23	109.41		112.8	112.8	112.8			Consistently Anticipated to Not Meet Target
NGH	Quality	Safe Staffing	01/06/23	103.70%	96.00%	95.62%	101.01%	106.4%			Not Consistently Anticipated to Meet Target
KGH	Quality	Safe Staffing	01/06/23	94.02%	96.00%	85.22%	91.48%	97.74%			Not Consistently Anticipated to Meet Target

Summary Table

Committee Name: All

Group Name: Quality

Metric Name: Multiple selections

Site: All

Variation: All

Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance	Assurance
KGH	Quality	30 day readmissions	01/06/23	6.79%	12.00%	8.68%	16.63%	24.57%			Not Consistently Anticipated to Meet Target
NGH	Quality	30 day readmissions	01/06/23	16.06%	12.00%	10.83%	13.83%	16.82%			Not Consistently Anticipated to Meet Target
KGH	Quality	Never event incidence	01/06/23	0	0	0	0	1			Not Consistently Anticipated to Meet Target
NGH	Quality	Never event incidence	01/06/23	0	0	0	0	1			Not Consistently Anticipated to Meet Target
NGH	Quality	QI projects undertaken	01/06/23	3		-10	5	20			Not Consistently Anticipated to Meet Target
KGH	Quality	QI projects undertaken	01/06/23	8		-6	6	17			Not Consistently Anticipated to Meet Target

Serious or moderate harms

Committee Name: All

GroupName: All

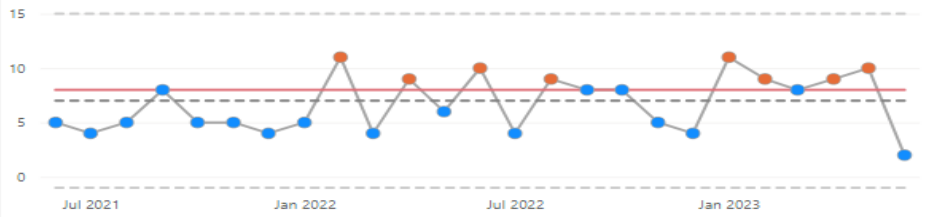
MetricName: Serious or moderate harms

01/04/2019 – 01/06/2023

2	8	22	0
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

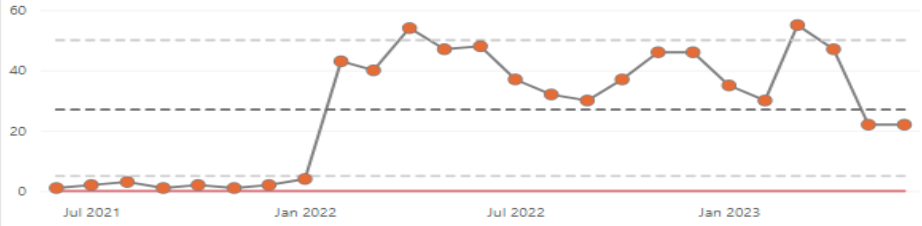
Kettering General Hospital

Serious or moderate harms: Quality



Northampton General Hospital

Serious or moderate harms: Quality



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/06/23	Patients experiencing moderate, severe, catastrophic harm or patient death as a result of a patient safety incident.	The chart is showing common cause variation with variable assurance. The ceiling was set on the average based on Dec-19-Mar-22 numbers and may require revision.	KGH has an average reporting number of 6.85 for the time period Dec-19-Mar-22. 2020-2021 average reporting was 7.25. 2021-22 average reporting number was 6. KGH propose to set the ceiling at 8 pending review. Caution must be applied as harms levels can change pending investigation which may take several months.	The Trust recognises that there will be incidents that do not meet the Serious Incident reporting threshold. Where moderate harm has occurred, such incidents fall within the scope of the Policy For The Reporting And Management Of Serious Incidents, Never Events And Investigations Into Moderate Harm Incidents and its guidance, in terms of provision of root cause analysis investigations and evidence of assessment of harm and duty of candour by the Serious Incident Review Group (SIRG).	For the time period stated, moderate, severe, catastrophic harm or patient death as a result of a patient safety incident equates to 4.03% of all incidents with a patient harm incurred and 0.91% of all incidents reported.
NGH	01/06/23	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 for the period	There were 22 moderate and above harms for the reporting period wwhich is the same for the previous month	Incidents are reported via our incident reporting system (Datix Cloud) with moderate and above incidents being presente for discussion in the twice weekly Incident Review Group meeting. This group decides what level of repsonse the incidents require.	If they meet the criteria for declaration as a Serious Incident inestigation in line with the Serious Incident Framework 2015 criteria they are investigated using root cause analysis techniques including recommendations and actions aiming to mitigate against future occurrences. If they do not meet this criteria the Incident Review Group will decide what level of investigation (if any) is required.

Serious or moderate harms – falls

Committee Name: All

GroupName: All

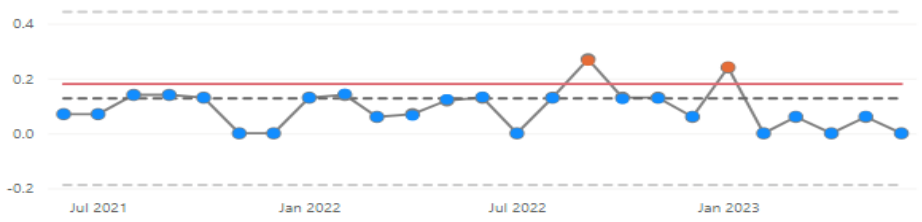
MetricName: Serious or moderate harms – falls

01/04/2019 – 01/06/2023

0.00	0.18	0.50	0.06
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

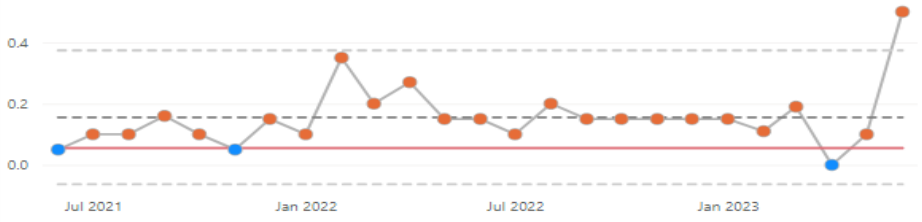
Kettering General Hospital

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	01/06/23	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 moderate or above harm sustained in June. In June there were a total of 12 assisted falls which have not been included within this data. One of these had a low harm and sustained their injury as they were assisted to the floor. There were a total of 47 No harm and 22 Low Harm falls making a total of 69 falls for June. Most falls occurred on Lamport and Twywell (8) and Barnwell B ward (7) Wards. Harrowden A, Naseby B and HC Pretty A & B all had a total of 6 falls for the month.	Three weekly focus on falls as part of the Friday Harm Free Care Meetings.	Significant work has been undertaken over the last two years, with a revision of paperwork and mandatory training for relevant staff. All falls with harm are reviewed by the Falls Prevention Lead and Practice Development Team in conjunction with the clinical area and reviewed by SIRG.
NGH	01/06/23	Patients experiencing falls with moderate harm or above per 1000 bed days.	The total harmful falls (moderate, severe and catastrophic)/1000 bed days was 0.15 during the month of June 2023. This is an increase of 0.05 when compared to May 2023.	In total there were 3 falls; 2 moderate harm falls and 1 catastrophic harm fall.	2 incidents have been reviewed by the Incident Review Group (IRG). 1 inpatient fall has been declared a serious incident, immediate actions include; implementation of bay tagging in every bay on the ward where the fall occurred, new information for bank and agency staff and a review of Trust CT guidance. 1 incident initiated local learning for staff following patients having a trial without catheter and the third incident is due to be reviewed by IRG. Immediate actions post fall included a	Immediate actions taken by ward areas where inpatient fall occurred.

Serious or moderate harms – pressure ulcers

Committee Name: All

GroupName: All

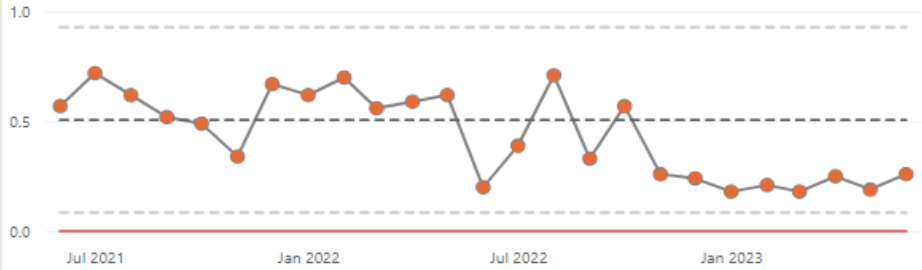
MetricName: Serious or moderate harms – pressure ulcers

01/04/2019 – 01/06/2023

0.26	0	4	0
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

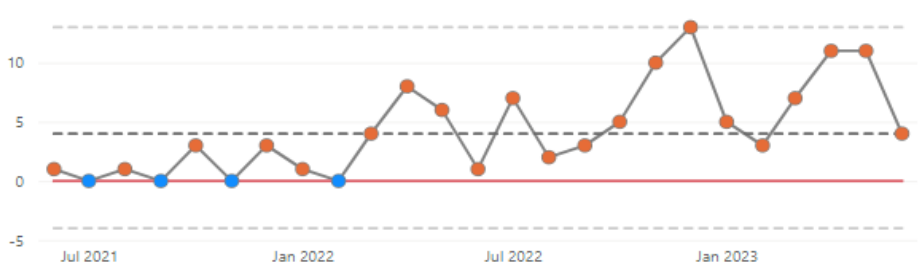
Kettering General Hospital

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	01/06/23	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	01/06/23	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	A decrease in pressure ulcers this month.	an increase in device related pressure ulcer	As an immediate action the Tissue Viability team have recirculated the information to all ward areas regarding preventative measures to reduce devise related skin damage.	The wards where the HAPU's occurred are reviewing new CPAP masks to reduce the risk of device related pressure ulcers to the nose in the future, they are currently on trial on the respiratory ward and cr[illegible] TVn are providing further training on

Number of medication errors

Committee Name: All

GroupName: All

MetricName: Number of medication errors

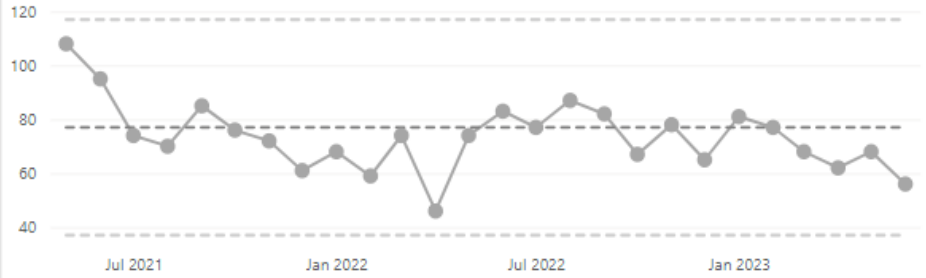
01/04/2019 – 01/06/2023

56
KGH: Current Value

KGH: Current Target

Kettering General Hospital

Number of medication errors: Quality



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/06/23	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 target. The Trust takes a proactive approach to incident reporting.	No changes needed	No changes needed	For the time period stated, no harm or near misses equate to 78% of all medication incidents reported. Of the harm incidents, all were low harm.

Hospital-acquired infections

Committee Name: All

GroupName: All

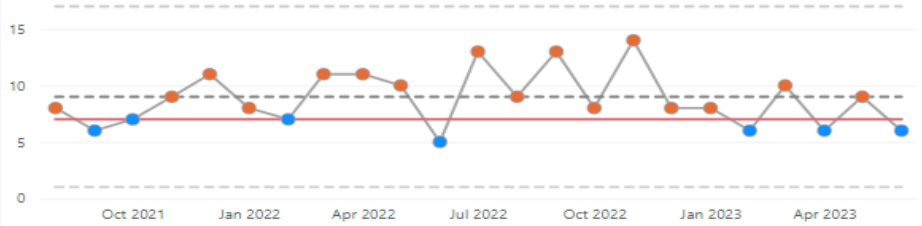
MetricName: Hospital-acquired infections

01/04/2019 – 01/06/2023

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

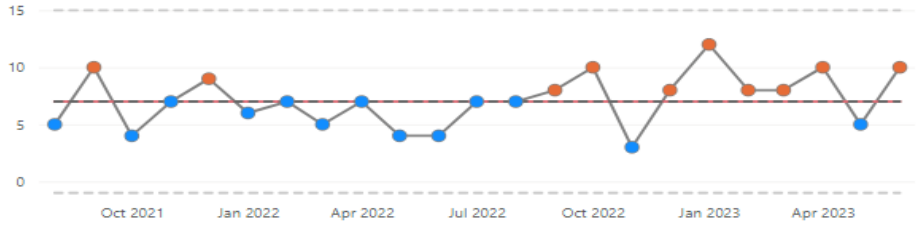
Kettering General Hospital

Hospital-acquired infections: Quality



Northampton General Hospital

Hospital-acquired infections: Quality



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/06/23	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 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	01/06/23	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 June.	NHSE standard contract for GNB 2023/24 for NGH is: 46 cases of healthcare associated E.coli, 15 cases of Klebsiella and 9 cases of Pseudomonas bloodstream infections. The Trust is currently over trajectory for E.coli, Klebsiella and Pseudomonas cases. This is against a backdrop of 2 key changes in clinical practice that have been implemented across the Trust during Q1 to increase the likelihood of detecting a micro-organism in the blood culture. Firstly, new national Sepsis guidance has been published to take two sets of blood cultures when sepsis is suspected, and secondly a quality	The risk of exceeding GNB trajectories has been added to the IPC risk register and a thematic review of the Klebsiella cases to date was discussed at June IPC Steering Group. The IPC Team are continuing with three key workstreams in July around the catheter prevention pathway, blood culture training and EPIC skills sessions.	The GNB trajectory is monitored via the monthly IPC Report to IPC Steering Group and CQEG.

MRSA

Committee Name: All

GroupName: All

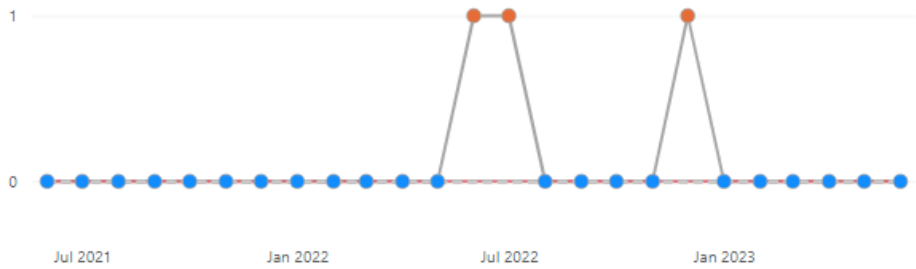
MetricName: MRSA

01/04/2019 – 01/06/2023

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

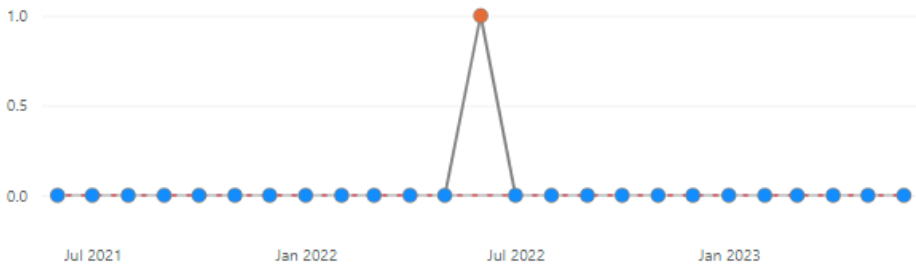
Kettering General Hospital

Methicillin-resistant staphylococcus aureus: Quality



Northampton General Hospital

Methicillin-resistant staphylococcus aureus: Quality



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/06/23	Patients experiencing a MRSA Bacteraemia	The chart shows common cause variation with variable assurance	None	All MRSA bacteraemia undergo robust root cause analysis	IPC measures are reviewed and revised in line with National Changes. NHSE/I have submitted a new National IPC Board Assurance Framework which the Trust is working through undertaking a gap analysis.
NGH	01/06/23	Patients experiencing a MRSA Bacteraemia	0 patients experienced a MRSA bacteraemia in June.	None	The IPC Team continues to implement the MRSA workstream of the HCAI reduction plan. Currently this includes updating the MRSA policy to include MSSA screening in targeted areas.	A post infection review is completed for each patient that develops a MRSA bacteraemias and cases are monitored through IPSG.

C diff

Committee Name: All

GroupName: All

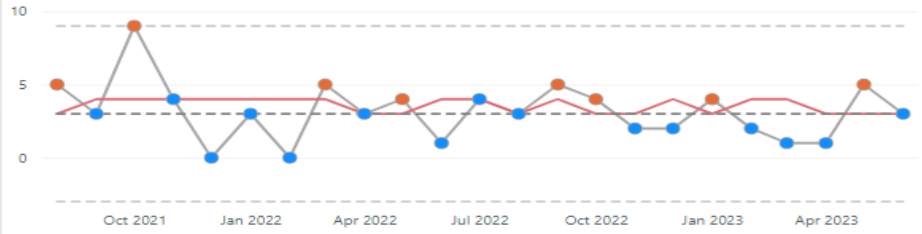
MetricName: C diff

01/04/2019 – 01/06/2023

3	3	5	4
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

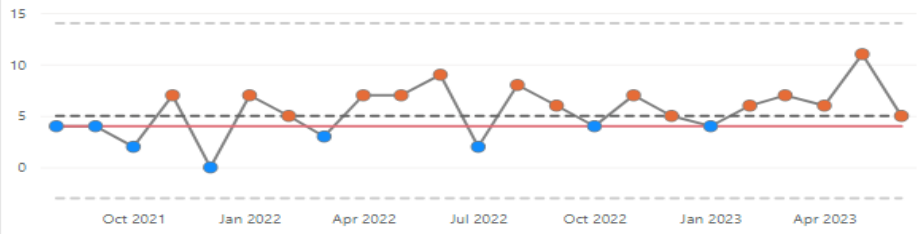
Kettering General Hospital

Clostridium difficile: Quality



Northampton General Hospital

Clostridium difficile: Quality



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/06/23	Reduce the number of attributed Clostridium difficile against CCG ceiling. The CCG have now set a variable number per month with an annual ceiling of 41 for 2022-23.	The chart is showing common cause variation and variable assurance.	C Diff are now attributed to KGH if the patient has been admitted in the last 4 weeks and is readmitted and diagnosed with C Diff. The ceiling has been set for 2023-24 by NHSE at 33 (reduction from 41). KGH has had 9 cases to date (June).	SIGHT tool being promoted in clinical areas from the IPC team on ward meetings. IPC working with matrons and action plans have been drawn up in clinical areas to assist with auditing and education. Pharmacy are discussing correct prescribing of antibiotics within guidance for CDT patients with medical staff.	IPC daily visits to laboratory to check stool samples and liaising with the clinical areas to ensure all appropriate actions (SIGHT) have been put in place in the area. SIGHT posters given to clinical areas for nursing staff and medical staff. Stool chart audits by IPC on clinical area to ensure SIGHT tool, Isolation and stool sampling is in line with guidance. Actions then given back to clinical area.
NGH	01/06/23	Reduce the number of attributed Clostridium difficile against CCG ceiling. The CCG have now set a variable number per month with an annual ceiling of 41 for 2022-23.	5 patients developed healthcare associated C.diff infection (CDI) in June.	The NHSE standard contract for CDI for NGH 2023/24 is 50 cases. The Trust is currently over trajectory for this with 22 cases year to date. This is on the IPC risk register. Nationally there has been an approximate 25% increase in CDI and the national NHSE team are investigating influencing factors for this.	Post-infection reviews and review meetings are completed for every HOHA and COHA CDI case, in June these have been face to face with really positive clinician engagement. The 2023/24 CDI Improvement Plan has been developed following the aggregated review of the 2022/23 cases, and in June the designated CDI nurse within the IPC Team has fed back targeted learning from antibiotic prescribing that has contributed to CDI with the relevant clinicians successfully. The IV to oral CQUIN audit has been completed for Q1 with 26% of patients not switched to an oral option in a timely manner so training and stickers are being implemented in July to improve this.	The CDI position and actions are monitored monthly through IPSG, are raised quarterly via the IPC report to CQEG and QGC and monthly via the DON report to QGC for discussion and oversight. The IPC Team are actively engaged in the NHSE Midlands regional CDI collaborative and the ICB systemwide CDI collaborative to reduce CDI and current workstreams including in June the systemwide catheter prevention pathway and Care Home catheter care app.

SHMI

Committee Name: All

GroupName: All

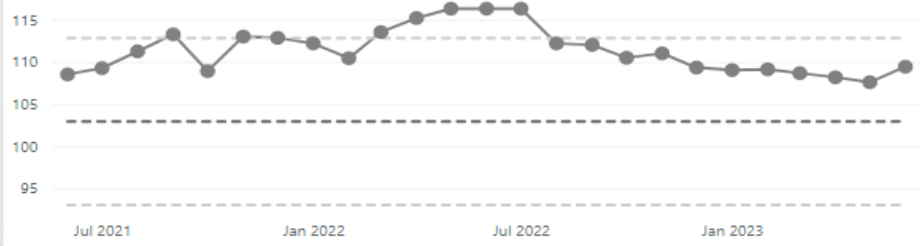
MetricName: SHMI

01/04/2019 – 01/06/2023

109.41		89	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

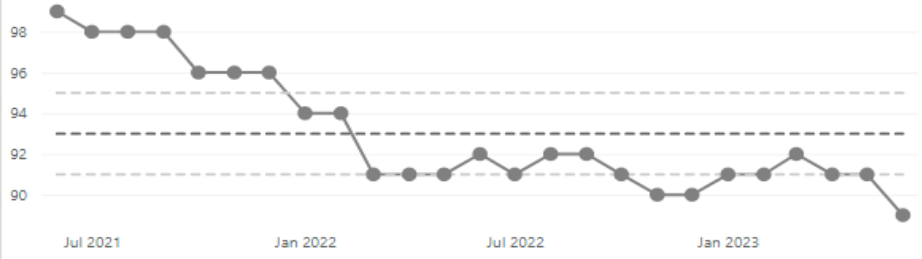
Kettering General Hospital

Summary Hospital-level Mortality Indicator: Quality



Northampton General Hospital

Summary Hospital-level Mortality Indicator: Quality



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/06/23	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	109.41 - 'as expected' (Data Period: Feb22 - Jan23)	SHMI is higher than expected for 4 individual diagnosis groups: Pneumonia (127.59), Septicaemia; except in labour (133.05), Cancer of Bronchus; Lung (142.89) and Secondary Malignancies (157.66)	Analysis and assurance of individual diagnosis groups has been provided in the February 2023 and Quarter 4 22/23 Mortality Dashboards. Significant work from both the Coding and Mortality Review Teams continues to review and address the fluctuating SHMI. SHMI Mortality deep-dive was presented in June 2022. Metric has been within 'as expected' banding for 10 consecutive months.	Nil - Alerts are early warning indicators. KGH currently within 'as expected' banding when compared Nationally (Data via NHS England & supported by Dr Foster HSMR / SMR figures).
NGH	01/06/23	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	SHMI now lies in the "below expected" range	Nil	Nil	Nil

Safe Staffing

Committee Name: All

GroupName: All

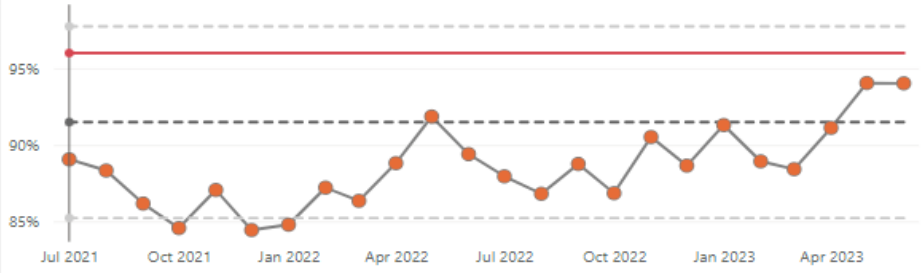
MetricName: Safe Staffing

01/04/2019 – 01/06/2023

94.02%	96.00%	103.70%	96.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

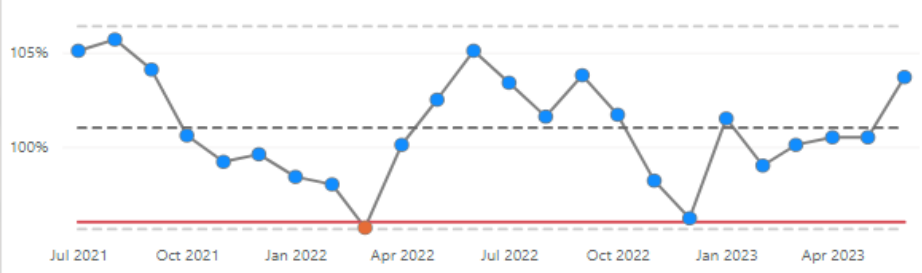
Kettering General Hospital

Safe Staffing: Quality



Northampton General Hospital

Safe Staffing: Quality



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
NGH	01/06/23	Combined day & night shift fill rate % for registered & non-registered Nursing, midwifery & AHP staff. Reported nationally to NHSE in accordance with National Quality Board guidance.	103.7% This is the combined day and night shift fill rate % for registered and non registered nursing staff. reported nationally to NHSE in accordance with the National Quality board guidance. The value tells us that the combined registered and non registered nursing and midwifery fill rates are above the current NGH target and has increased by 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 5.7% 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

30 day readmissions

Committee Name: All

GroupName: All

MetricName: 30 day readmissions

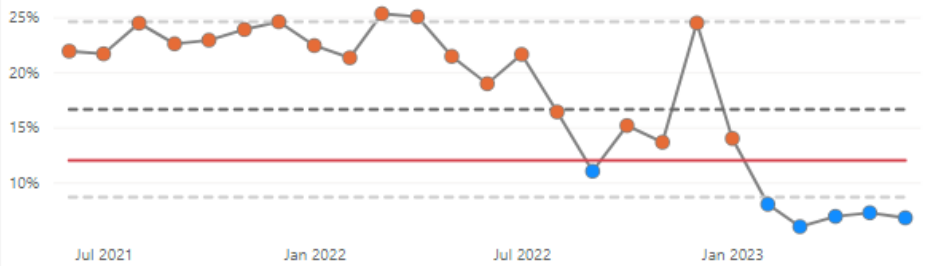
01/04/2019 – 01/06/2023

6.79%
KGH: Current Value

12.00%
KGH: Current Target

Kettering General Hospital

30 day readmissions: Quality



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/06/23	Number of patients readmitted within 30 days of discharge	Current value is lower than last month & below target at 6.29% which is in line with national and peer data	Pressures in community services have resulted in patients being readmitted when packages fail or patients care requirements deviate from original requirement. Nursing home readmissions mainly a result of behavioural challenges rather than acute illness requirements.	Discharge governance process now established, working with services and partner organisations to highlight themes and identify potential mitigations to improve. Work ongoing with EMAS to prevent readmissions due to safeguarding concerns	On going active discussions with partners and internal services to ensure discharge process is robust and safe. Continue to assess supported discharge SBAR returns from decision hub, to ensure they are high quality, and thus package decisions are robust All EMAS safeguarding concerns raised on admission now shared with safeguarding team so we can put mitigation in place prior to discharge

Never event incidence

Committee Name: All

GroupName: All

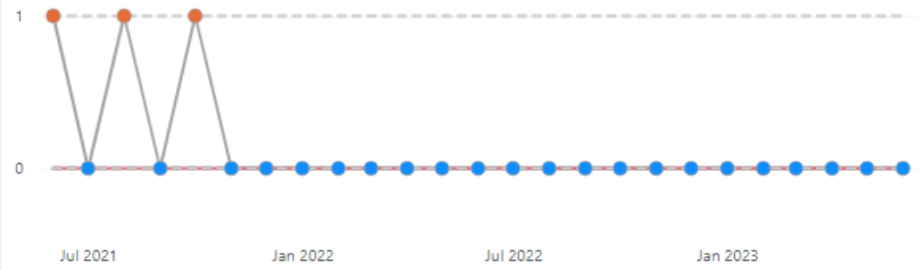
MetricName: Never event incidence

01/04/2019 – 01/06/2023

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

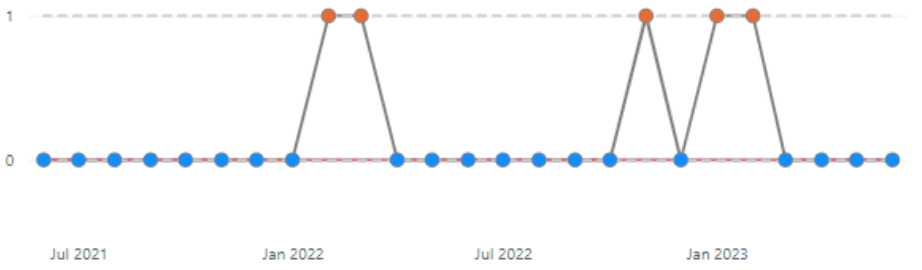
Kettering General Hospital

Never event incidence: Quality



Northampton General Hospital

Never event incidence: Quality



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/06/23	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 contex	The chart shows that since November 2021 there is a positive assurance with no Never Events reported.	Currently none	All Never Events are investigated using robust Root Cause Analysis. Learning is shared in the Incident Learning Bulletins, Patient Safety Hot Topics and on the Trust Learning from Investigations page on K-Net.	None
NGH	01/06/23	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 contex	The number of Never Events declared in the reporting period	There were no Never Events declared in June 2023	Incidents are considered in the twice weekly Incident Review Group meeting and if appropriate and they meet the criteria set out in the Never Event List 2018 they will be considered for Never Event status	Declarations of serious incidents meeting the Never Event status are investigated using root cause analysis techniques and include recommendations and actions aiming to mitigate against future occurrences

Sustainability

KGH | NGH

Committee Name: Integrated Governance Report (I...

GroupName: Sustainability

5	5	7
Exec comments KGH	Exec comments NGH	Total No. of Metrics

Site	MetricName	Value
KGH	Bank and Agency Spend (M)	3.84
KGH	CIP Performance YTD (M)	0.62
KGH	Elective day-case activity (& vs plan)	105.20%
KGH	Elective inpatient activity (& vs plan)	90.00%
KGH	Non-elective activity (& vs plan)	123.90%
KGH	Outpatients activity (& vs plan)	99.76%
KGH	Surplus / Deficit YTD (M)	-4.03
NGH	Bank and Agency Spend (M)	4.80
NGH	CIP Performance YTD (M)	1.00
NGH	Elective day-case activity (& vs plan)	98.74%
NGH	Elective inpatient activity (& vs plan)	127.38%
NGH	Non-elective activity (& vs plan)	68.97%
NGH	Outpatients activity (& vs plan)	99.98%
NGH	Surplus / Deficit YTD (M)	1.20

Metric	Comment	Site
M5 Position	The in-month position is a £3.0m surplus which is £0.9m worse than plan. This is impacted upon by under-delivery of efficiencies, continued UEC pressures, a shortfall in the delivery of elective recovery, pay award and other inflationary pressures.	KGH
YTD Position	The YTD position is a £4.8m deficit which is £1.7m worse than plan. This is impacted upon by under-delivery of efficiencies, continued UEC pressures, a shortfall in the delivery of elective recovery, pay award and other inflationary pressures and ongoing industrial action	KGH
Income	Year to date income is £1.4m worse than plan. £1.7m estimated ERF under delivery partially offset by £0.3m NHSE variable income higher than plan	KGH
Non Pay	Year to date non pay is £0.5m worse than plan as a result of £0.9m of efficiency slippage, £0.8m of continuing utilities and clinical supplies pressures partially offset by £0.2m of CDC expenditure lower than plan and £1.1m release of unspent growth / ERF	KGH
Pay	Year to date pay costs are £0.1m better than plan, including £0.4m of pressures relating to industrial action, offset by £0.5m release of unspent growth / ERF and other accruals.	KGH
M5 Position	The in-month position is a £1.2m surplus which is £0.1m better than plan. This is includes over delivery of efficiencies by £0.5m in month partially offset by continued UEC pressures, a shortfall in the delivery of elective recovery, pay award and other inflationary pressures.	NGH
YTD Position	The YTD position is a £6.4m deficit which is £2.0m worse than plan. This is impacted upon by under-delivery of efficiencies, continued UEC pressures, a shortfall in the delivery of elective recovery, pay award and other inflationary pressures and ongoing industrial action	NGH
Income	Year to date income is £0.5m worse than plan. £1.0m estimated ERF under delivery, £1.0m CDC and non clinical income under delivery partially offset by £1.4m PSDS income ahead of plan	NGH
Non Pay	Year to date non pay is £0.5m worse than plan as a result of £0.9m of efficiency slippage, £0.8m of continuing utilities and clinical supplies pressures partially offset by £0.2m of CDC expenditure lower than plan and £1.1m release of non pay expenditure accruals related to ERF delivery.	NGH
Pay	Year to date pay costs are £0.5m worse than plan including £0.5m of pressures relating to industrial action, £0.5m of efficiency slippage, £0.4m of pay award pressures offset by £0.8m of other operational variances and release of accruals.	NGH

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
NGH	Sustainability	Income YTD (M)	01/06/23	41.10	43.4	49.19	49.19	49.19			Not Consistently Anticipated to Meet Target
KGH	Sustainability	Income YTD (M)	01/05/23	30.68	30.09	35.57	35.57	35.57			Not Consistently Anticipated to Meet Target
NGH	Sustainability	Pay YTD (M)	01/06/23	27.90	29.1	34.04	34.04	34.04			Not Consistently Anticipated to Meet Target
NGH	Sustainability	Non Pay YTD (M)	01/06/23	11.10	12.1	14.65	14.65	14.65			Not Consistently Anticipated to Meet Target
KGH	Sustainability	Pay YTD (M)	01/05/23	22.64	21.83	23.59	23.59	23.59			Not Consistently Anticipated to Meet Target
KGH	Sustainability	Non Pay YTD (M)	01/05/23	10.30	10.11	9.66	9.66	9.66			Consistently Anticipated to Not Meet Target
NGH	Sustainability	Surplus / Deficit YTD (M)	01/06/23	1.20	1.1	2.1	2.1	2.1			Not Consistently Anticipated to Meet Target
NGH	Sustainability	CIP Performance YTD (M)	01/06/23	1.00	1.6		0				Consistently Anticipated to Not Meet Target
KGH	Sustainability	Surplus / Deficit YTD (M)	01/05/23	-4.03	-3.45	3.53	3.53	3.53			Consistently Anticipated to Meet Target
NGH	Sustainability	Bank and Agency Spend (M)	01/06/23	4.80	5.4	6.36	6.36	6.36			Not Consistently Anticipated to Meet Target
KGH	Sustainability	CIP Performance YTD (M)	01/05/23	0.62	0.76	0.93	0.93	0.93			Not Consistently Anticipated to Meet Target
KGH	Sustainability	Bank and Agency Spend (M)	01/05/23	3.84	2.71	3.5	3.5	3.5			Not Consistently Anticipated to Meet Target
KGH	Sustainability	Beds available	01/06/23	540		505	518	530			Consistently Anticipated to Meet Target
NGH	Sustainability	Beds available	01/06/23	570		682	692	703			Consistently Anticipated to Meet Target
KGH	Sustainability	Non-elective activity (& vs plan)	01/06/23	123.90%		69.33%	118.55%	167.78%			Consistently Anticipated to Meet Target
NGH	Sustainability	Non-elective activity (& vs plan)	01/06/23	68.97%		82.92%	114.25%	145.58%			Consistently Anticipated to Meet Target
KGH	Sustainability	Elective inpatient activity (& vs plan)	01/06/23	90.00%		68.56%	93.74%	118.93%			Consistently Anticipated to Meet Target
NGH	Sustainability	Elective inpatient activity (& vs plan)	01/06/23	127.38%		55.56%	103%	150.43%			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	Elective day-case activity (& vs plan)	01/06/23	105.20%		78.59%	142.16%	205.74%			Consistently Anticipated to Meet Target
NGH	Sustainability	Elective day-case activity (& vs plan)	01/06/23	98.74%		67.91%	96.98%	126.05%			Consistently Anticipated to Meet Target
KGH	Sustainability	Outpatients activity (& vs plan)	01/06/23	99.76%		71.44%	125.6%	179.76%			Consistently Anticipated to Meet Target
NGH	Sustainability	Outpatients activity (& vs plan)	01/06/23	99.98%		80.62%	108.42%	136.21%			Consistently Anticipated to Meet Target
NGH	Sustainability	A&E activity (& vs plan) 2	01/06/23	11,897	11931		11335				Consistently Anticipated to Not Meet Target
KGH	Sustainability	A&E activity (& vs plan) 2	01/05/23	9,488	9538	4701	6397	8093			Consistently Anticipated to Not Meet Target
NGH	Sustainability	Non-elective activity (& vs plan) 2	01/06/23	5,744	4166		5616				Consistently Anticipated to Meet Target
NGH	Sustainability	Elective inpatient activity (& vs plan) 2	01/06/23	446	350		358				Consistently Anticipated to Meet Target
KGH	Sustainability	Non-elective activity (& vs plan) 2	01/05/23	2,382	1910	1328	1711	2093			Not Consistently Anticipated to Meet Target
NGH	Sustainability	Elective day-case activity (& vs plan) 2	01/06/23	3,970	4021		3898				Consistently Anticipated to Not Meet Target
KGH	Sustainability	Elective inpatient activity (& vs plan) 2	01/05/23	309	324	135	227	320			Consistently Anticipated to Not Meet Target
KGH	Sustainability	Elective day-case activity (& vs plan) 2	01/05/23	3,776	3280	1428	2287	3147			Consistently Anticipated to Not Meet Target
NGH	Sustainability	Outpatients activity (& vs plan) 2	01/06/23	46,369	46378		42170				Consistently Anticipated to Not Meet Target
KGH	Sustainability	Outpatients activity (& vs plan) 2	01/06/23	32,534	32612	13049	21219	29390			Consistently Anticipated to Not Meet Target

Income YTD (M)

Committee Name: All

GroupName: All

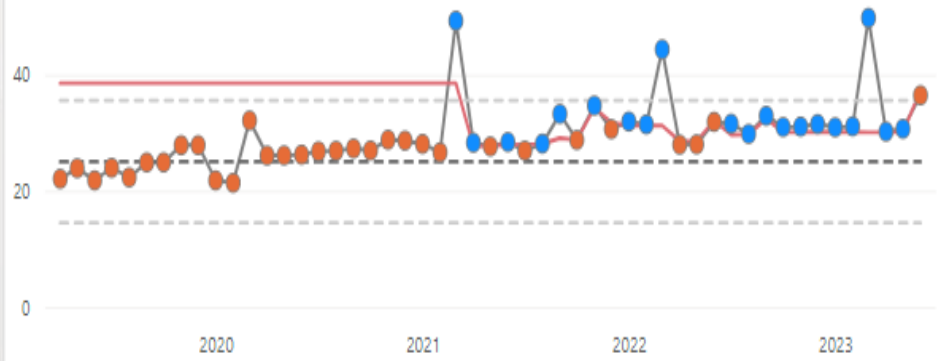
MetricName: Income YTD (M)

01/04/2019 – 01/06/2023

30.68	30.09	41.10	43.4
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

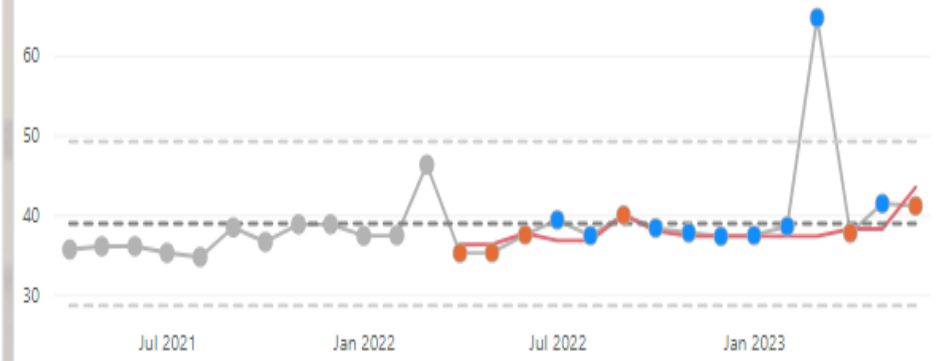
Kettering General Hospital

Income YTD (M): Sustainability



Northampton General Hospital

Income YTD (M): Sustainability



Pay YTD (M)

Committee Name: All

GroupName: All

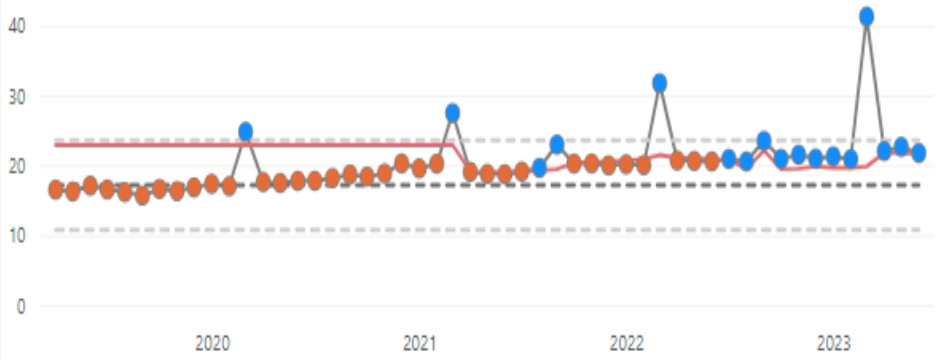
MetricName: Pay YTD (M)

01/04/2019 – 01/06/2023

22.64	21.83	27.90	29.1
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

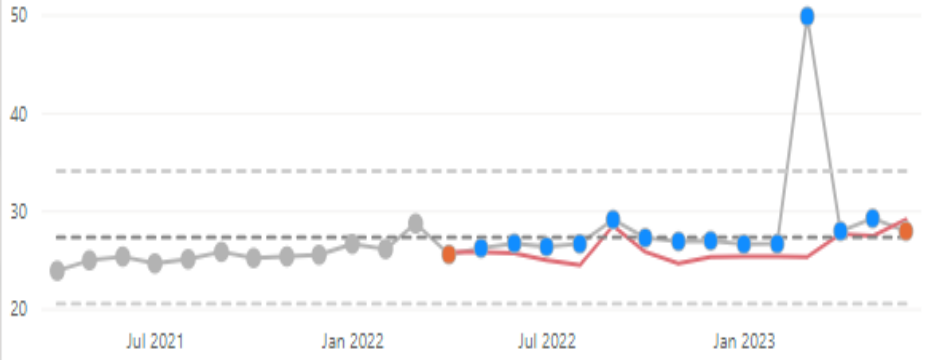
Kettering General Hospital

Pay YTD (M): Sustainability



Northampton General Hospital

Pay YTD (M): Sustainability



Non Pay YTD (M)

Committee Name: All

GroupName: All

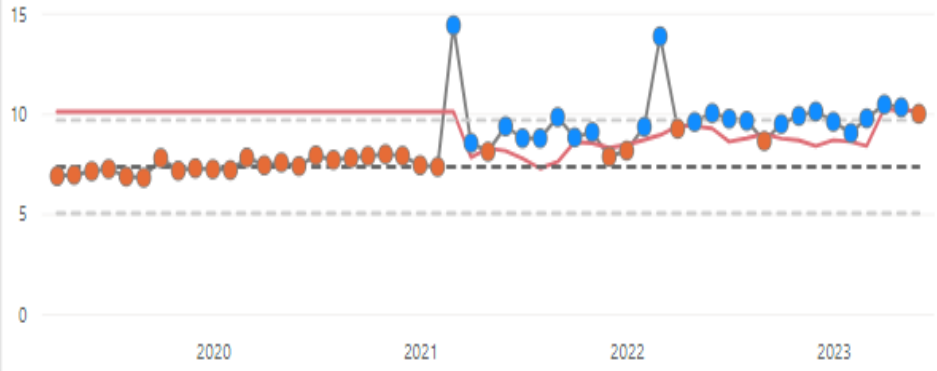
MetricName: Non Pay YTD (M)

01/04/2019 – 01/06/2023

10.30	10.11	11.10	12.1
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

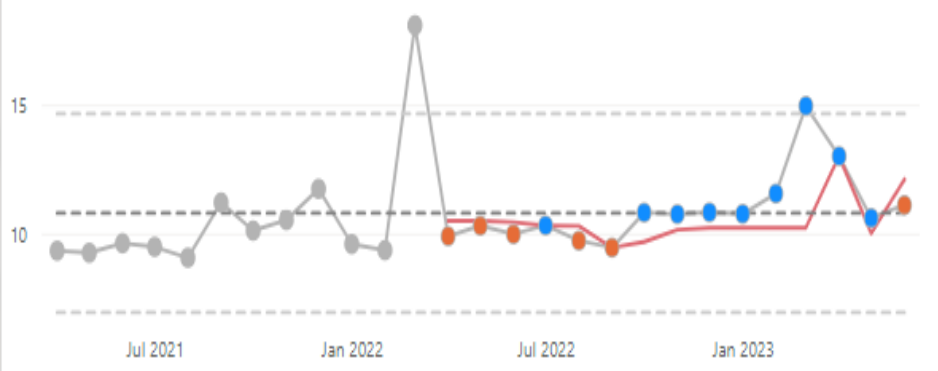
Kettering General Hospital

Non Pay YTD (M): Sustainability



Northampton General Hospital

Non Pay YTD (M): Sustainability



Surplus / Deficit YTD (M)

Committee Name: All

GroupName: All

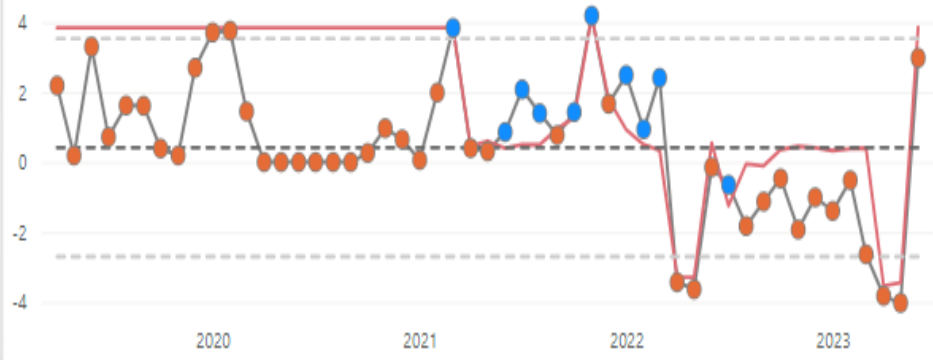
MetricName: Surplus / Deficit YTD (M)

01/04/2019 – 01/06/2023

-4.03	-3.45	1.20	1.1
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

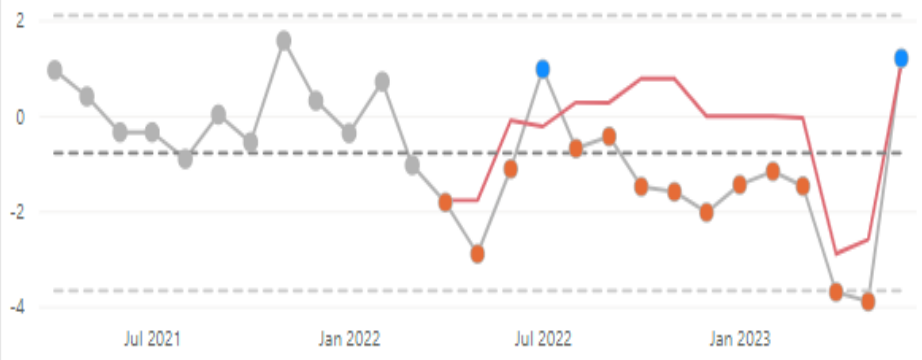
Kettering General Hospital

Surplus / Deficit YTD (M): Sustainability



Northampton General Hospital

Surplus / Deficit YTD (M): Sustainability



CIP Performance YTD (M)

Committee Name: All

GroupName: All

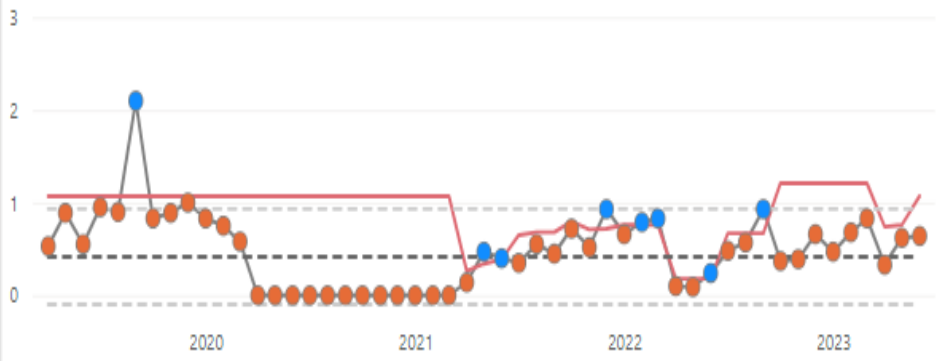
MetricName: CIP Performance YTD (M)

01/04/2019 – 01/06/2023

0.62	0.76	1.00	1.6
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

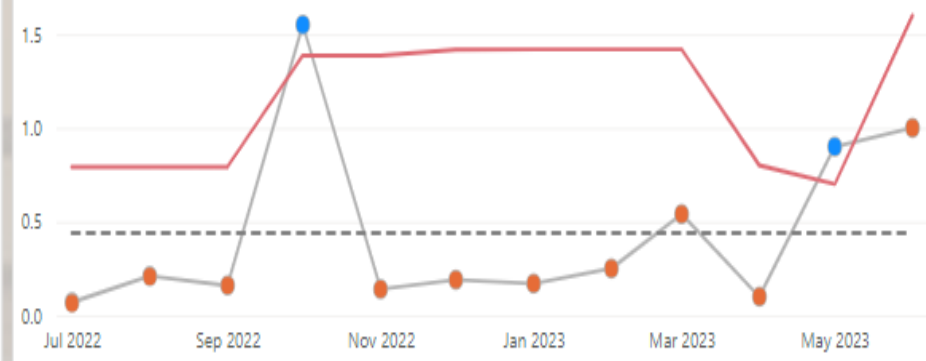
Kettering General Hospital

CIP Performance YTD (M): Sustainability



Northampton General Hospital

CIP Performance YTD (M): Sustainability



Bank and Agency Spend (M)

Committee Name: All

GroupName: All

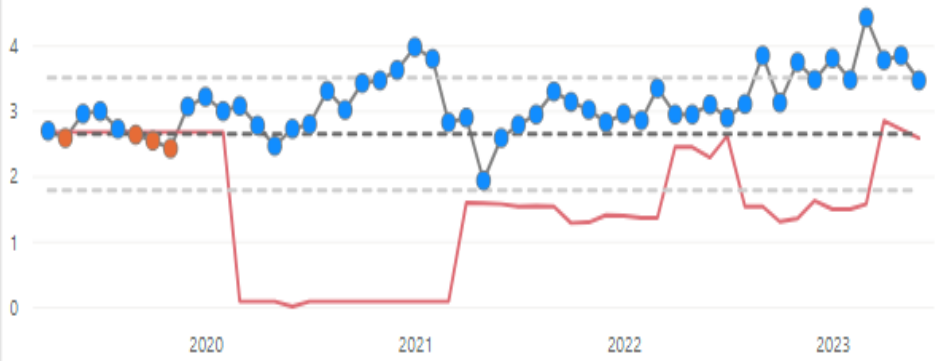
MetricName: Bank and Agency Spend (M)

01/04/2019 – 01/06/2023

3.84	2.71	4.80	5.4
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

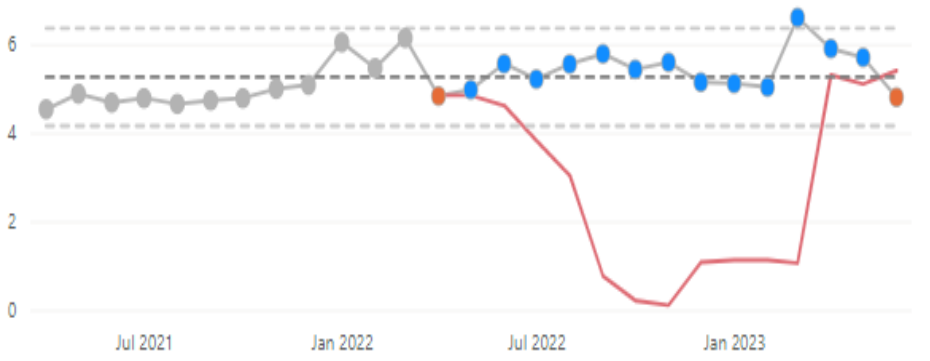
Kettering General Hospital

Bank and Agency Spend (M): Sustainability



Northampton General Hospital

Bank and Agency Spend (M): Sustainability



Beds available

Committee Name: All

GroupName: All

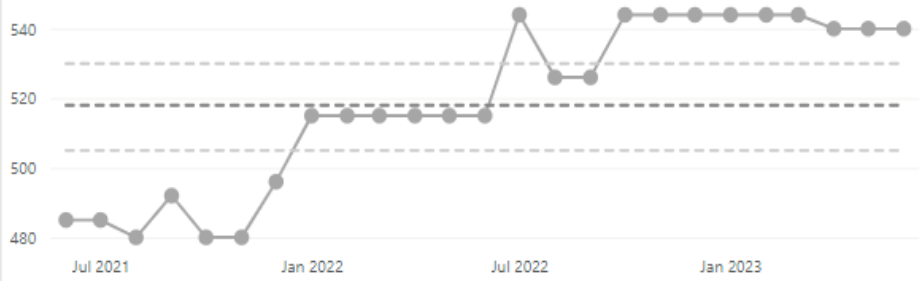
MetricName: Beds available

01/04/2019 – 01/06/2023

540		570	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

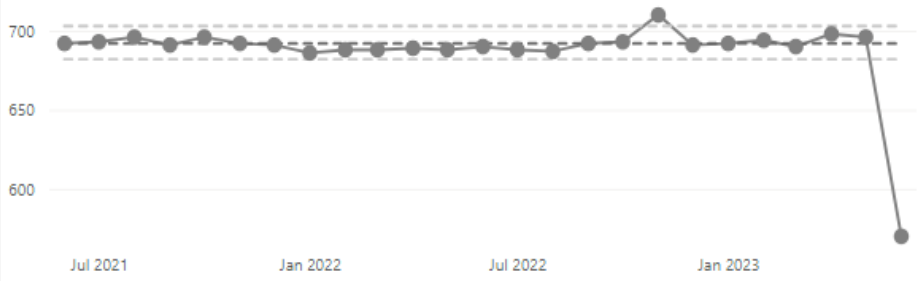
Kettering General Hospital

Beds available: Sustainability



Northampton General Hospital

Beds available: Sustainability



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/06/23	Number of General and Acute Beds (G&A)	Full capacity of 540 beds are open. 4 are closed on paediatric ward due to safe staffing levels	Funding limitations requires us to limit the use of escalation beds, which we are currently managing, and close 18 Thomas Moore beds for 3m from June, which we are unable with the current demand. Bed modelling predicts utilisation of over for 98-108% with the available beds after current mitigation plans in place.	Have successfully de-escalated out of Thomas Moore ward. Now need to keep empty for 3months. Identify further mitigation to manage flow in peak times so that if additional funds available (likely with conservative govt and impending election) schemes are ready to launch.	iCan workstreams for reducing LoS. Continued work with partners to increase and streamline process for discharges requiring supported care. Open escalation capacity to manage safety and flow, albeit overspending financial plans

Non-elective activity (& vs plan)

Committee Name: All

GroupName: All

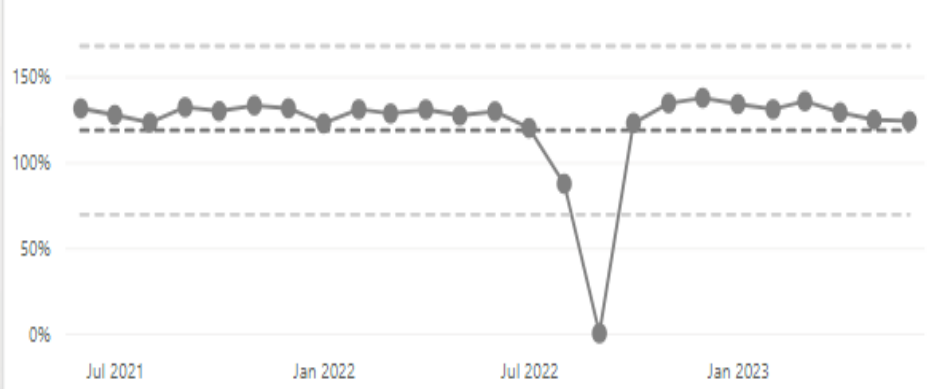
MetricName: Non-elective activity (& vs plan)

01/04/2019 – 01/06/2023

123.90%		68.97%	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

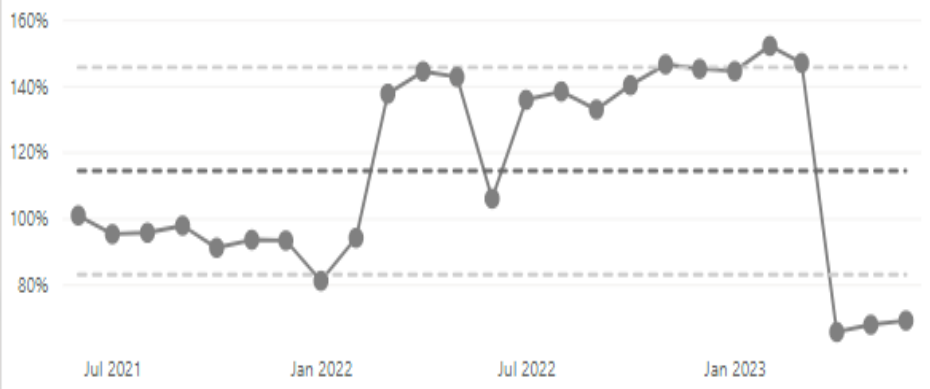
Kettering General Hospital

Non-elective activity (actual vs plan): Sustainability



Northampton General Hospital

Non-elective activity (actual vs plan): Sustainability



Elective inpatient activity (& vs plan)

Committee Name: All

GroupName: All

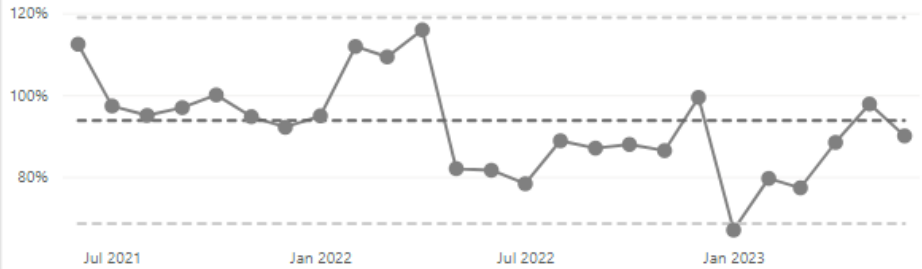
MetricName: Elective inpatient activity (& vs plan)

01/04/2019 – 01/06/2023

90.00%		127.38%	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

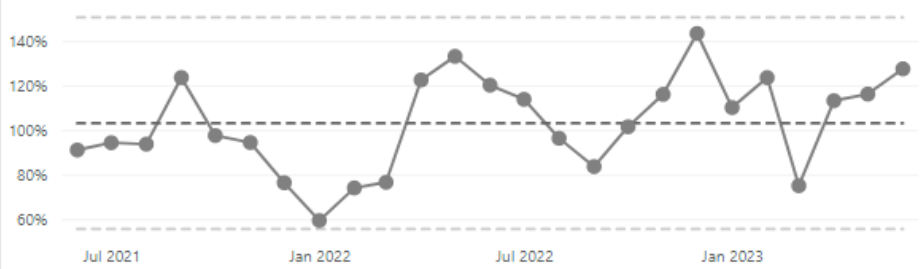
Kettering General Hospital

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	01/06/23	Elective inpatient activity actuals v plan	The chart tells us that inpatient activity is at 92.74% of plan for June (overall elective activity at 103.8% of plan)	Inpatient activity was affected by 3 days of industrial action, but still saw the highest monthly theatre activity since November 2022	Weekly Reset and Access meeting examines specialties where activity is below plan and requires actions to be taken - chaired by Deputy COO.	Backfilling of lists takes place wherever possible with alignment of unavailability through staffing wherever possible to minimise disruption
NGH	01/06/23	Elective inpatient activity actuals v plan	The Trust saw 127% (446 vs 350 target) of its Elective activity vs plan during June 23	Performance improved again over 4 months from 75% to 113% to 116% to 127% despite the Industrial Action and an increased target each month These figures are pleasing in showing that we managed to maintain our urgent P2 category surgery which included cancer cases	Where we have specialties under severe pressure such at ENT we are working with IS providers to source additional capacity to mitigate. We are expecting to start work with Athena Surgical Services in July.	NGH have been asked by NHSE to outsource their High Volume Low Complexity (HVLC) activity to allow us to concentrate on the complex cancer robotic work for the region for the next 6 months as a minimum

Elective day-case activity (& vs plan)

Committee Name: All

GroupName: All

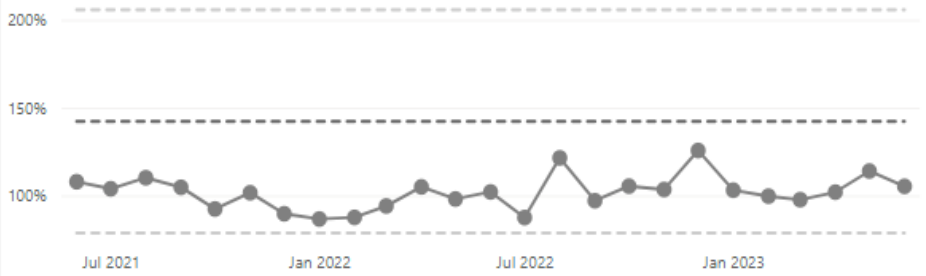
MetricName: Elective day-case activity (& vs plan)

01/04/2019 – 01/06/2023

105.20%		98.74%	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

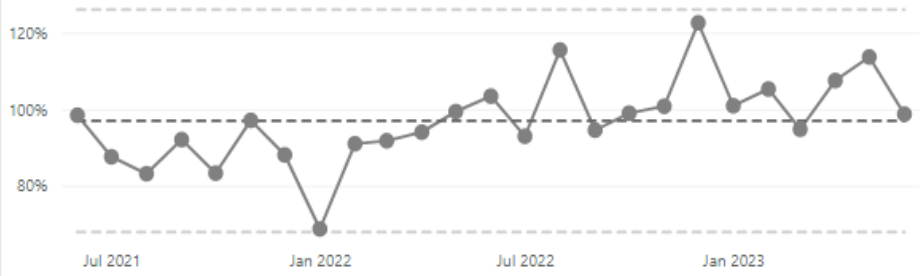
Kettering General Hospital

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
NGH	01/06/23	Elective day case activity actuals v plan	Data shows that we are delivering at 98.7% (3970 patients vs 4021 target) against the plan for June 23	Performance against target decreased in June. The target was significantly higher in June at 4021 compared to May at 3664 by 357. If was expected that activity would be lower tin June due to the Industrial action and we expect the same in July with both Consultants and Juniors taking IA	NGH GIRFT day cases rates are now the best in the region however where we have specialties under severe pressure such at ENT we are working with IS providers to source additional capacity to mitigate. We are expecting to start work with Athena Surgical Services in July.	NGH have been asked by NHSE to outsource their High Volume Low Complexity (HVLC) activity to allow us to concentrate on the complex cancer robotic work for the region for the next 6 months as a minimum.

Outpatients activity (& vs plan)

Committee Name: All

GroupName: All

MetricName: Outpatients activity (& vs plan)

01/04/2019 – 01/06/2023

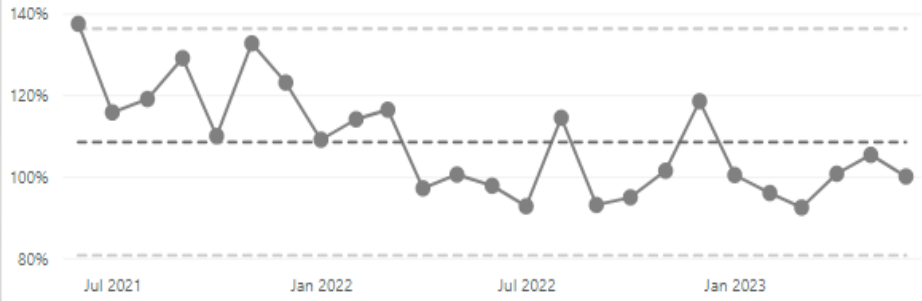
99.76%		99.98%	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

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
NGH	01/06/23	This is the total number of outpatient appointments in the month (face to face and virtual, new and follow up)	Data shows that we are delivering at plan at 99.99% against the plan for June (46,369 vs 46,378) OPD appointments	While performance appeared to decrease in June we actually saw 2000 more patients than the previous month. The plan was significantly higher in June at 46,378 compared to the previous month at 42,167. As such performance was pleasing despite the Industrial Action challenges.	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 and a local focus on ENT, Dermatology, Urology and Cardiology

A&E activity (& vs plan) 2

Committee Name: All

GroupName: All

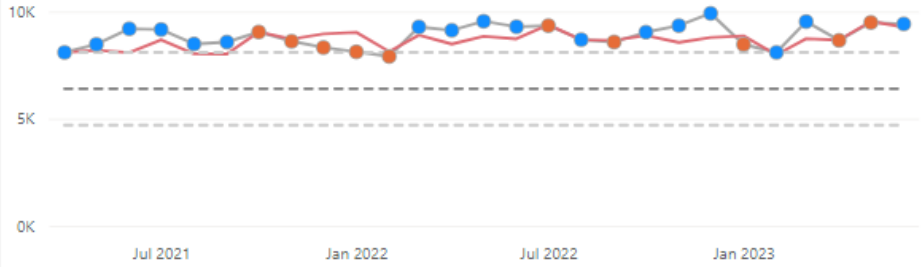
MetricName: A&E activity (& vs plan) 2

01/04/2019 – 01/06/2023

9,488	9538	11,897	11931
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

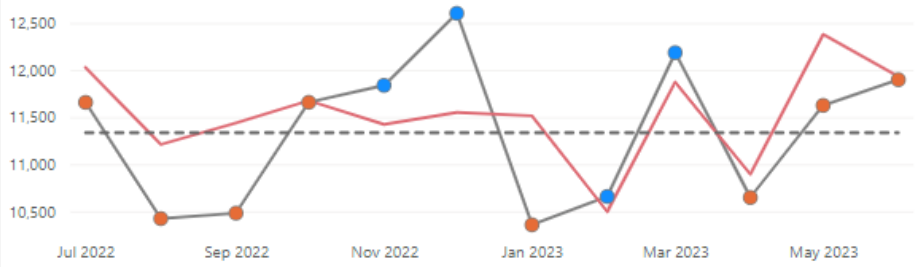
Kettering General Hospital

A&E activity (actual vs plan): Sustainability



Northampton General Hospital

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



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/06/23	A&E attendances	High number of attendances in June, consistent with numbers in May. Our adult unheralded self-presenters remain consistently high.	Safety concerns remain in respect to overcrowding in the current ED estate due to the volume of attendances at peak times of the day, combined with Trust capacity and limited moves out of hours.	Reviewed process for Ambulance Streaming awaiting approval at Governance; to include updated ambulance delay action card, direct streaming to MSDEC, and centralising reception areas. Continued focus on the 4-hour task and finish group; which will include targeted work on increasing flow out of ED to speciality SDECs Re-direction profile agreed to CUCC via the S&R iPAD for appropriate patients.	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. Maximise use of streaming pathways, and patient re-direction pathway to CUCC

Non-elective activity (& vs plan) 2

Committee Name: All

GroupName: All

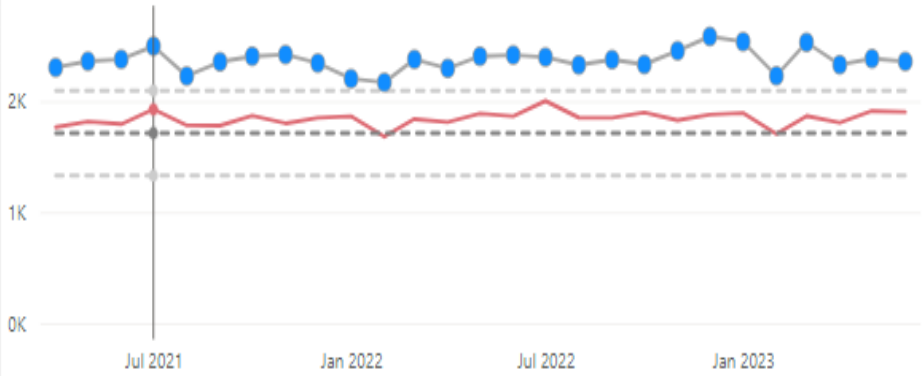
MetricName: Non-elective activity (& vs plan) 2

01/04/2019 – 01/06/2023

2,382	1910	5,744	4166
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

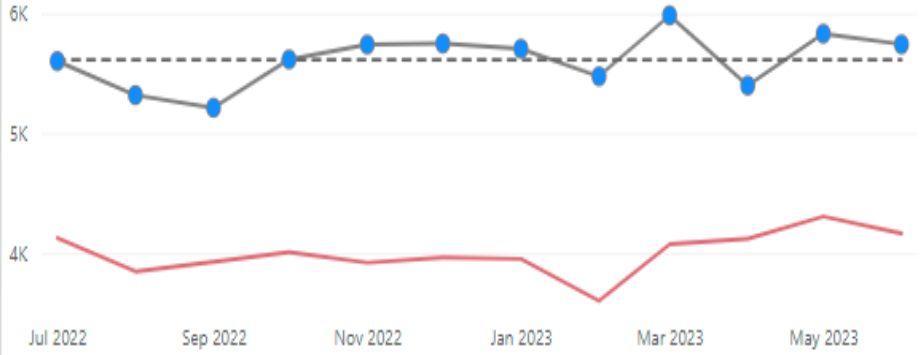
Kettering General Hospital

Non-elective activity (actual vs plan): Sustainability



Northampton General Hospital

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



Elective inpatient activity (& vs plan) 2

Committee Name: All

GroupName: All

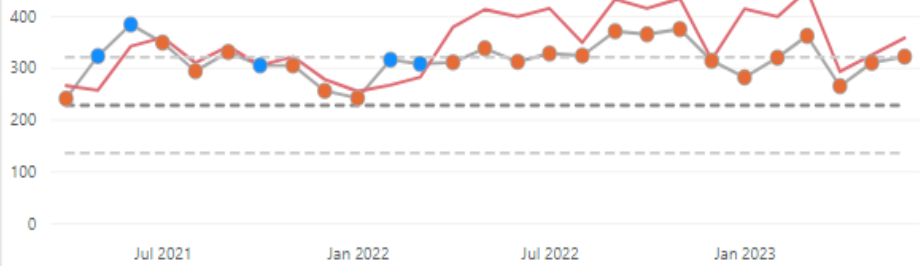
MetricName: Elective inpatient activity (& vs plan) 2

01/04/2019 – 01/06/2023

309	324	446	350
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

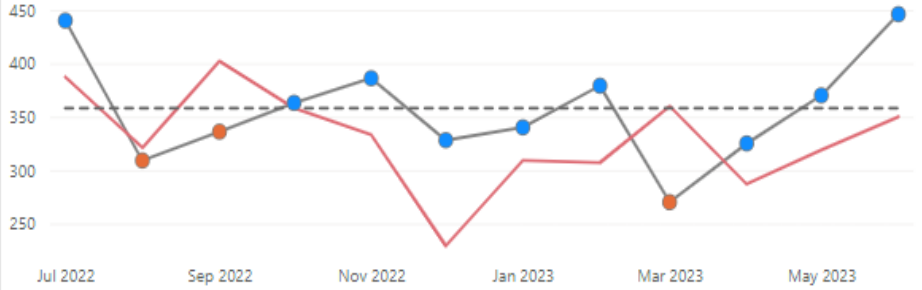
Kettering General Hospital

Elective inpatient activity (actual vs plan): Sustainability



Northampton General Hospital

Elective inpatient activity (& vs plan) 2: Sustainability



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
NGH	01/06/23	Elective inpatient activity actuals v plan	The Trust saw 127% (446 vs 350 target) of its Elective activity vs plan during June 23	Performance improved again over 4 months from 75% to 113% to 116% to 127% despite the Industrial Action and an increased target each month These figures are pleasing in showing that we managed to maintain our urgent P2 category surgery which included cancer cases	Where we have specialties under severe pressure such at ENT we are working with IS providers to source additional capacity to mitigate. We are expecting to start work with Athena Surgical Services in July.	NGH have been asked by NHSE to outsource their High Volume Low Complexity (HVLC) activity to allow us to concentrate on the complex cancer robotic work for the region for the next 6 months as a minimum.

Elective day-case activity (& vs plan) 2

Committee Name: All

GroupName: All

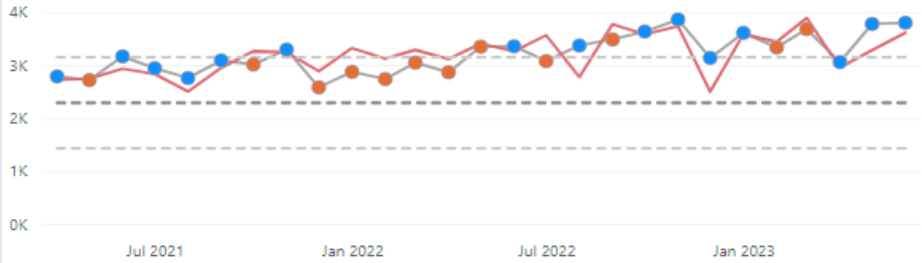
MetricName: Elective day-case activity (& vs plan) 2

01/04/2019 – 01/06/2023

3,776	3280	3,970	4021
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

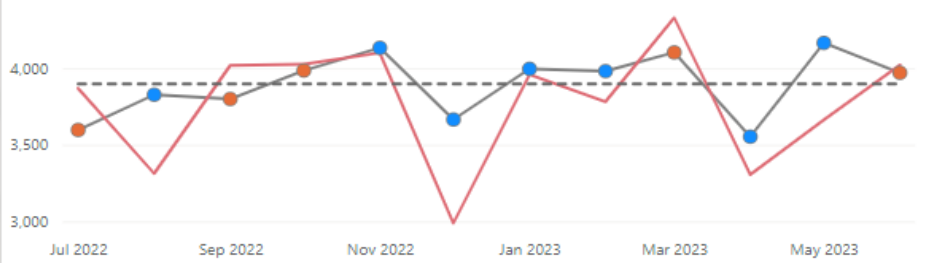
Kettering General Hospital

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



Northampton General Hospital

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



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/06/23	Elective day case activity actuals v plan	The chart tells us that day case activity is at 104.85% of plan for June (overall elective activity at 103.8% of plan)	Day case activity was affected by 3 days of industrial action, but still saw the highest monthly theatre activity since November 2022	Weekly Reset and Access meeting examines specialties where activity is below plan and requires actions to be taken - chaired by Deputy COO.	Backfilling of lists takes place wherever possible with alignment of unavailability through staffing wherever possible to minimise disruption
NGH	01/06/23	Elective day case activity actuals v plan	Data shows that we are delivering at 98.7% (3970 patients vs 4021 target) against the plan for June 23	Performance against target decreased in June, The target was significantly higher in June at 4021 compared to May at 3664 by 357. If was expected that activity would be lower tin June due to the Industrial action and we expect the same in July with both Consultants and Juniors taking IA	NGH GIRFT day cases rates are now the best in the region however where we have specialties under severe pressure such at ENT we are working with IS providers to source additional capacity to mitigate. We are expecting to start work with Athena Surgical Services in July.	NGH have been asked by NHSE to outsource their High Volume Low Complexity (HVLC) activity to allow us to concentrate on the complex cancer robotic work for the region for the next 6 months as a minimum.

Outpatients activity (& vs plan) 2

Committee Name: All

GroupName: All

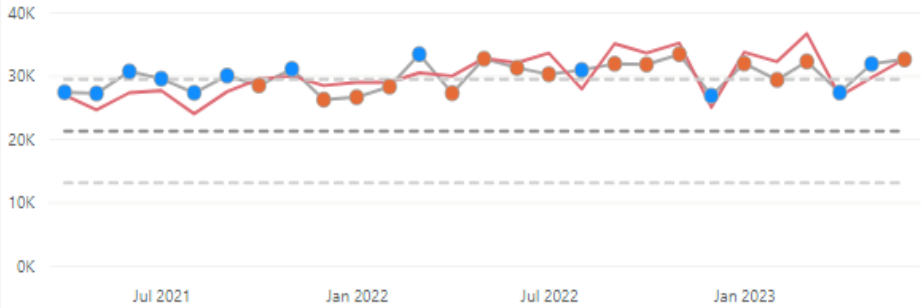
MetricName: Outpatients activity (& vs plan) 2

01/04/2019 – 01/06/2023

32,534	32612	46,369	46378
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

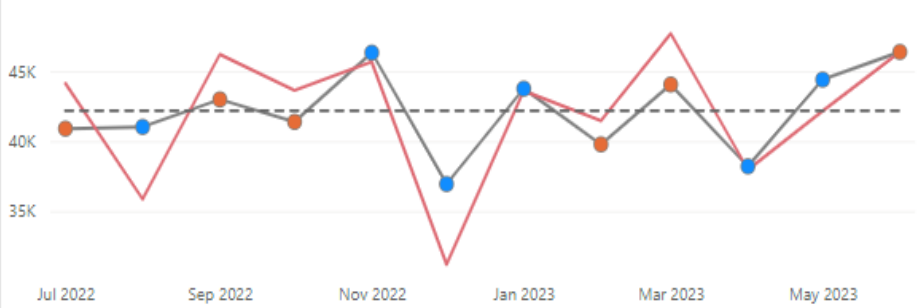
Kettering General Hospital

Outpatients activity (actual vs plan): Sustainability



Northampton General Hospital

Outpatients activity (& vs plan) 2: Sustainability



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
NGH	01/06/23	This is the total number of outpatient appointments in the month (face to face and virtual, new and follow up)	Data shows that we are delivering at plan at 99.99% against the plan for June (46,369 vs 46,378) OPD appointments	While performance appeared to decrease in June we actually saw 2000 more patients than the previous month. The plan was significantly higher in June at 46,378 compared to the previous month at 42,167. As such performance was pleasing despite the Industrial Action challenges.	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 and a local focus on ENT, Dermatology, Urology and Cardiology

Summary Table

Committee Name: All

Group Name: Systems and Partnerships

Metric Name: All

Site: All

Variation: All

Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance	Assurance
NGH	Systems and Partnerships	Two week wait	01/05/23	82.10%	93.00%	77.91%	90.54%	103.17%			Not Consistently Anticipated to Meet Target
KGH	Systems and Partnerships	Two week wait	01/05/23	83.90%	93.00%	86.61%	93%	99.4%			Not Consistently Anticipated to Meet Target
KGH	Systems and Partnerships	31-day wait for first treatment	01/05/23	96.30%	96.00%	93.79%	97.09%	100.4%			Not Consistently Anticipated to Meet Target
NGH	Systems and Partnerships	31-day wait for first treatment	01/05/23	81.30%	96.00%	83.89%	92.18%	100.47%			Not Consistently Anticipated to Meet Target
NGH	Systems and Partnerships	62-day wait for first treatment	01/05/23	53.00%	85.00%	50.42%	65.57%	80.72%			Consistently Anticipated to Not Meet Target
KGH	Systems and Partnerships	62-day wait for first treatment	01/05/23	52.60%	85.00%	50.55%	72.35%	94.14%			Not Consistently Anticipated to Meet Target
KGH	Systems and Partnerships	Cancer: Faster Diagnostic Standard	01/05/23	83.40%	75.00%	77.9%	85.04%	92.18%			Consistently Anticipated to Meet Target
NGH	Systems and Partnerships	Cancer: Faster Diagnostic Standard	01/05/23	78.55%	75.00%	75.88%	80.61%	85.35%			Consistently Anticipated to Meet Target
NGH	Systems and Partnerships	6-week diagnostic test target performance	01/06/23	63.78%	99.00%	66.94%	76.82%	86.71%			Consistently Anticipated to Not Meet Target
KGH	Systems and Partnerships	6-week diagnostic test target performance	01/06/23	52.00%	99.00%	59.05%	73.75%	88.45%			Consistently Anticipated to Not Meet Target
NGH	Systems and Partnerships	Unappointed outpatient follow ups	01/06/23	24,238	0	15731	19164	22597			Consistently Anticipated to Not Meet Target
KGH	Systems and Partnerships	Unappointed outpatient follow ups	01/06/23	5,460		8327	15750	23172			Consistently Anticipated to Not Meet Target
NGH	Systems and Partnerships	Virtual outpatient appointments	01/06/23	19.33%	0.00%	18.95%	24.16%	29.36%			Consistently Anticipated to Meet Target
KGH	Systems and Partnerships	Virtual outpatient appointments	01/06/23	30.00%		30.11%	34.37%	38.64%			Consistently Anticipated to Meet Target
NGH	Systems and Partnerships	RTT over 52 week waits	01/06/23	1,462	0	172	350	528			Consistently Anticipated to Not Meet Target
KGH	Systems and Partnerships	RTT over 52 week waits	01/06/23	500	0	20	68	115			Consistently Anticipated to Not Meet Target
NGH	Systems and Partnerships	RTT median wait incomplete pathways	01/06/23	13.50	10.9	12.05	12.05	12.05			Not Consistently Anticipated to Meet Target
KGH	Systems and Partnerships	RTT median wait incomplete pathways	01/06/23	13.10		12.52	12.52	12.52			Consistently Anticipated to Meet Target

Summary Table

Committee Name: All

Group Name: Systems and Partnerships

Metric Name: All

Site: All

Variation: All

Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance	Assurance
NGH	Systems and Partnerships	Size of RTT waiting list	01/06/23	40,395	0	28621	30862	33102			Consistently Anticipated to Not Meet Target
KGH	Systems and Partnerships	Size of RTT waiting list	01/06/23	29,034		19940	21791	23643			Consistently Anticipated to Not Meet Target
KGH	Systems and Partnerships	Theatre utilisation	01/06/23	81.00%	85.00%	66.2%	73.42%	80.65%			Consistently Anticipated to Not Meet Target
NGH	Systems and Partnerships	Theatre utilisation	01/06/23	78.00%	85.00%	66.53%	73.96%	81.39%			Consistently Anticipated to Not Meet Target
NGH	Systems and Partnerships	Bed utilisation	01/12/22	87.67%		79.6%	83.62%	87.64%			Consistently Anticipated to Meet Target
KGH	Systems and Partnerships	Bed utilisation	01/06/23	98.13%		87.42%	92.69%	97.96%			Consistently Anticipated to Meet Target
NGH	Systems and Partnerships	Stranded patients (7+ day length of stay)	01/06/23	363	0	322	347	373			Consistently Anticipated to Not Meet Target
KGH	Systems and Partnerships	Stranded patients (7+ day length of stay)	01/06/23	268	0	212	253	294			Consistently Anticipated to Not Meet Target
NGH	Systems and Partnerships	Super-Stranded patients (21+ day length of stay)	01/06/23	158	0	117	152	186			Consistently Anticipated to Not Meet Target
KGH	Systems and Partnerships	Super-Stranded patients (21+ day length of stay)	01/06/23	95	0	63	90	117			Consistently Anticipated to Not Meet Target
KGH	Systems and Partnerships	Patients with a reason to reside	01/06/23	73.55%		58.03%	68.51%	78.99%			Consistently Anticipated to Meet Target
NGH	Systems and Partnerships	Patients with a reason to reside	01/06/23	65.46%	95.00%	60.86%	66.75%	72.65%			Consistently Anticipated to Not Meet Target
NGH	Systems and Partnerships	Ambulance Handover	01/06/23	103		-81	172	425			Not Consistently Anticipated to Meet Target
KGH	Systems and Partnerships	Ambulance Handover	01/06/23	113		-42	49	141			Not Consistently Anticipated to Meet Target
NGH	Systems and Partnerships	Average time in department - Discharged	01/06/23	192		163	190	218			Consistently Anticipated to Meet Target
NGH	Systems and Partnerships	Average time in department - Admitted	01/06/23	768		522	764	1007			Consistently Anticipated to Meet Target
NGH	Systems and Partnerships	Time to initial assessment	01/06/23	50.59%		40.68%	47.87%	55.06%			Consistently Anticipated to Meet Target
KGH	Systems and Partnerships	Time to initial assessment	01/06/23	61.19%		36.01%	56.86%	77.72%			Consistently Anticipated to Meet Target
KGH	Systems and Partnerships	Average time in department - Admitted	01/06/23	580		331	508	684			Consistently Anticipated to Meet Target
KGH	Systems and Partnerships	Average time in department - Discharged	01/06/23	236		166	216	266			Consistently Anticipated to Meet Target
KGH	Systems and Partnerships	Clinically ready to proceed	01/06/23	381.40		473.01	473.01	473.01			Consistently Anticipated to Meet Target

Two week wait

Committee Name: All

GroupName: All

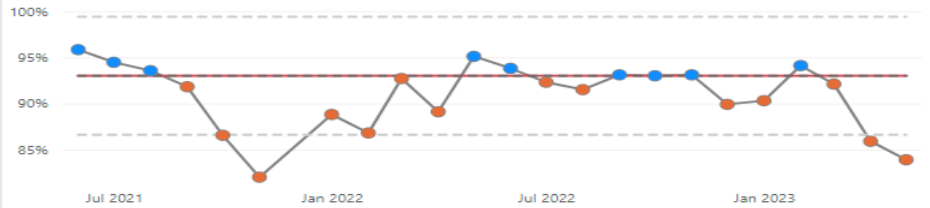
MetricName: Two week wait

01/04/2019 – 01/06/2023

83.90%	93.00%	82.10%	93.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

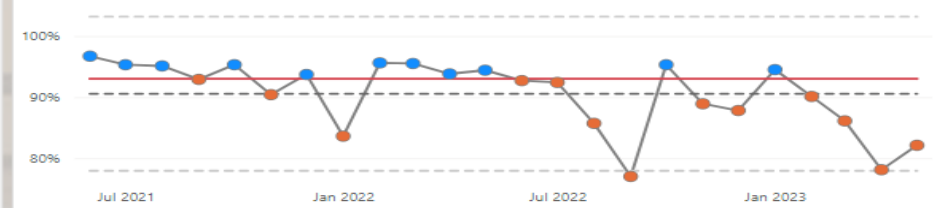
Kettering General Hospital

Two week wait: Systems and Partnerships



Northampton General Hospital

Two week wait: Systems and Partnerships



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/05/23	% of patients referred on urgent cancer pathway seen within 2 weeks	The Trust did not achieve the standard of 93%. Performance for May of 83.9%	The Trust did not meet the standard for the month of May, achieving 83.9% against the standard of 93%. 1274 referrals were received, an increase of 2% from April, and 1304 patients seen. Of the breaches 37% were due to patient choice. 52% of breaches were due to capacity and industrial action. Colorectal and Upper GI saw the highest percentage of breaches at 62% and this was largely due to reduced capacity because of industrial action. We have seen an increase in Breast referrals (18%) from the previous month and is being managed with extra capacity. As documented in last months submission the impact of the industrial action is likely to continue. The Trust is managing the recovery by sourcing extra capacity where resources are available.	Forward look at breaches discussed weekly at patient action board in order to bring forward if capacity allows. Patient initiated delays continue to be discussed at twice weekly confirm and challenge meetings. HON for Cancer and CNS continue to liaise with patients and GPs in order to encourage attendance.	Escalation at patient access board, confirm and challenge twice weekly to discuss capacity and demand Impact of industrial action added to the risk register Further industrial action planned and request made from DCOO to ensure as much cancer activity continues as possible
NGH	01/05/23	% of patients referred on urgent cancer pathway seen within 2 weeks	The Trust did not meet the standard in May reaching 82.1% against the 93% standard.	1695 patients were seen, 1392 were seen within 14 days, 303 breached the standard. Haematology, head and neck, paediatrics, skin and Upper GI did not meet the standard.	The biggest impact to meeting this standard is from the skin and head and neck pathway. The head and neck team have undertaken capacity and demand modelling and have carved out 2ww capacity, however this is not enough and additional clinical activity is being sought from the team. Skin have secured locum support to assist with 2ww capacity	Referral numbers are available to all sites for capacity and demand modelling and management of peaks and troughs The cancer services team leaders alert services as capacity is looking challenged in order to secure more 2ww performance shared weekly at the Access Committee in order for divisional managers to have oversight of site performance

31-day wait for first treatment

Committee Name: All

GroupName: All

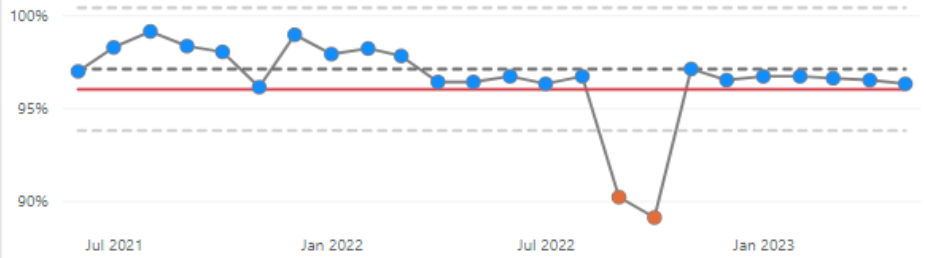
MetricName: 31-day wait for first treatment

01/04/2019 – 01/06/2023

96.30%	96.00%	81.30%	96.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

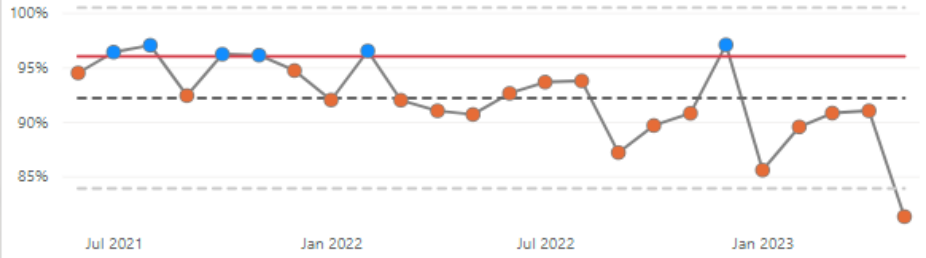
Kettering General Hospital

31-day wait for first treatment: Systems and Partnerships



Northampton General Hospital

31-day wait for first treatment: Systems and Partnerships



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/05/23	% of patients whose treatment is initiated within 31 days of the decision to treat	The Trust achieved the standard of 96% at 96.3%	6 breaches were recorded for the month of May. 2 in Colorectal and 4 in Dermatology. The Trusts Dermatology breaches were due to lack of surgery capacity within Plastics.	The Trust continues to monitor demand for all sites and escalate as appropriate. 31d patient tracking list reviewed weekly by MDT coordinator and trackers.	Cancer tracker continues to highlight breaches in order to bring patients forward where capacity allows.
NGH	01/05/23	% of patients whose treatment is initiated within 31 days of the decision to treat	The Trust did not meet this standard in May achieving 81.3% against the 96% standard.	198 patients were treated of which 37 breached the 31 day standard. 34 of the breaches were due to surgical capacity. 2 were due to Oncology capacity and 1 was delayed by industrial action	Additional theatre capacity in order to reduce wait times has been provided, although this currently has some workforce operational issues	Separate ptl is shared with each speciality to ensure full visibility of patients dated in/out of target trust escalation policy in order to identify patients not meeting milestones

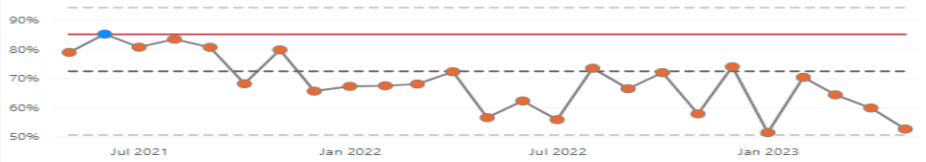
62-day wait for first treatment

Committee Name: All | GroupName: All | MetricName: 62-day wait for first treatment | 01/04/2019 – 01/06/2023

52.60%	85.00%	53.00%	85.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

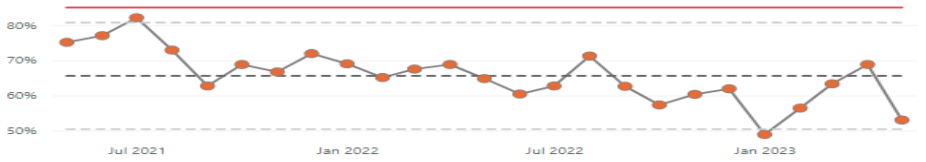
Kettering General Hospital

62-day wait for first treatment: Systems and Partnerships



Northampton General Hospital

62-day wait for first treatment: Systems and Partnerships



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/05/23	% of patients whose treatment in initiated within 63 days of urgent referral	The Trust did not achieve the standard of 85%. Performance for May was 52.6%	A number of treatments were delayed due to the impact of cancelled appointments and activity because of industrial action. The highest proportion of breaches were in surgery. (Breast, Colorectal and Urology) A high proportion of breaches were attributed to Urology and was a result of previous delays with LATP biopsies. The Trust is experiencing a higher demand fot CT colons which has resulted in longer waits for colorectal patients. A number of breaches were recorded due to patient fitness and patient choice. As mentioned previously Industrial action has impacted our performance against most of our standards.	No change - Cancer recovery action plan discussed and updated weekly by Head of Nursing Cancer and presented at Patient access board. No change - Weekly calls take place with tertiary centres for next steps of patients. No change - Following escalation, specialist commissioning are undertaking a 3 month review of providers who deliver robotic surgery organisations No change - Weekly attendance from radiology and histology at twice weekly PTLs to expediate pathways LATP nurse now in post and is scheduled to achieve competancy by end of May 2023. Increased capacity sought by division to reduce number of patients on waiting list for LATP / PAB. Additional lists confirmed until end of May, further capacity/plans requested for June/July. Additional lists provided for increased demand of CT colons. Impact of industrial action added to risk register	We continue to hold the twice weekly Confirm and Challenge meetings, we discuss every patient passed breach date and up to day 31 of their pathway. This is chaired by the cancer management team and the DCOO. Patient access board continues weekly where actions to improve cancer performance are highlighted by the divisions and escalated when necessary.
NGH	01/05/23	% of patients whose treatment in initiated within 63 days of urgent referral	The Trust did not meet the 62 day standard for May achieving 53% against the 85% standard.	It is recognised nationally that until trusts considerably reduce their backlogs, patients waiting on a pathway 62 days+ recovery of this standard will not occur. 117 treatments occurred of which 55 breached the standard. Industrial action and bank holidays have also contributed to delays this month The Trust continues with KGH to have the lowest combined backlog in the East and West Midlands. And is performing better than the trajectory submitted to NHSI/E	The trust continues to prioritise cancer, seeing improvements in diagnostic waiting times as is evidenced by our 28 day faster diagnosis performance. Moving patients to treatment is the biggest challenge. Additional weekend theatre lists have been secured, but have been impacted by workforce issues. Ongoing work to understand and address oncological service challenges is ongoing.	site and corporate ptl's provide full visibility of patient pathways trust escalation policy identifies patients not meeting key milestones for services to address weekly access committee to highlight areas of concern to divisional teams monthly cancer strategy group overseeing and driving improvements

Cancer: Faster Diagnostic Standard

Committee Name: All

GroupName: All

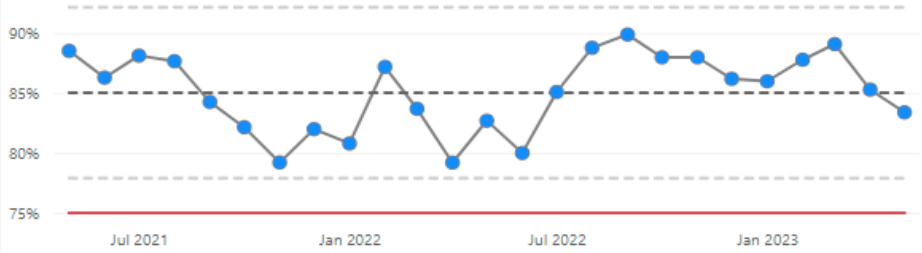
MetricName: Cancer: Faster Diagnostic Standard

01/04/2019 – 01/06/2023

83.40%	75.00%	78.55%	75.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

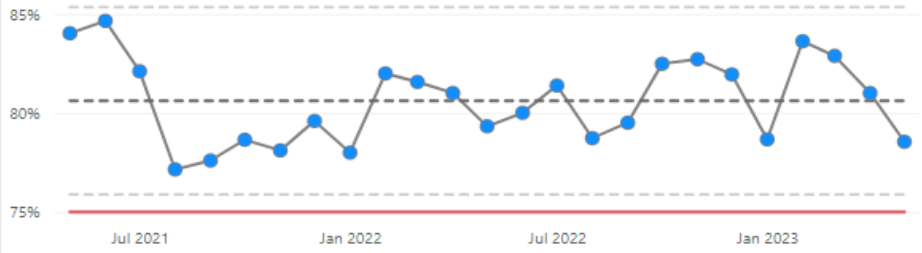
Kettering General Hospital

Cancer: Faster Diagnostic Standard: Systems and Partnerships



Northampton General Hospital

Cancer: Faster Diagnostic Standard: Systems and Partnerships



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/05/23	% of patients diagnosed in less than 28 days	The Trust achieved the faster diagnosis standard at 83.4%	The Trust continues to meet the faster diagnosis standard, we are recognised by EMCA and nationally for our over achievement of the faster diagnosis standard. Despite challenges achieving the 2ww standard the Trust continue to achieve the faster diagnosis standard	No changes Divisions to continue to monitor performance against the standard Increased PTL meetings continue to maintain focus and performance	Patients discussed twice weekly with histopathology and radiology to ensure timely booking and reporting of investigations. Additional CDC capacity now provided for routine tests enabling specialist diagnostics to be kept on site with reduced turnaround times
NGH	01/05/23	% of patients diagnosed in less than 28 days	The Trust continued to exceed the 75% standard achieving 78.5% for May	Unusually skin did not meet the standard in May this is as a result of failing to meet the 2ww standard.	all teams continue to embed best practice timed pathways supporting the ability to meet the 28 day faster diagnosis standard, this is improved for June	Site and corporate ptl meetings provide full oversight of all patients weekly performance by site is shared at the Access committee Cancer services directly escalate areas of concern to individual teams

6-week diagnostic test target performance

Committee Name: All

GroupName: All

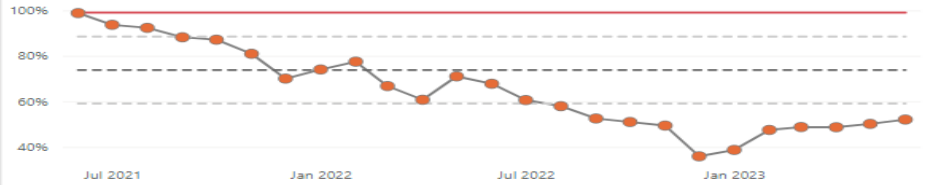
MetricName: 6-week diagnostic test target performance

01/04/2019 – 01/06/2023

52.00%	99.00%	63.78%	99.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

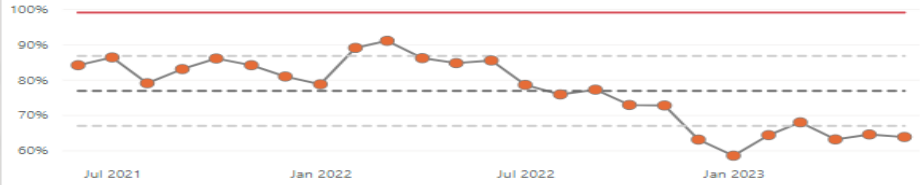
Kettering General Hospital

6-week diagnostic test target performance: Systems and Partnerships



Northampton General Hospital

6-week diagnostic test target performance: Systems and Partnerships



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/06/23	% of patients not seen within six weeks	The unvalidated position at the end of June 2023 suggests a performance of 52.5%. This is an improved position from last month	Child GA List: patients will require a bed on a ward as part of recovery as well as theatre staff to support with the GA. Cardiac MRI remains a challenge as there is limited capacity to conduct these test Concerns have been raised in Cancer Services with the delays to booking CTCs. There has been a sharp increase in requests for CTC. Capacity is also challenged as the lists can only be run in the morning due to patients being asked to fast. CDC activity remains below plan at this point. This is due to delays in recruitment into the additional CDC post. Recruitment has been difficult as there are minimal expressions of interest in the role. Endoscopy continues to be impacted by the IA that have been taking place over the last few months. The upcoming IA in July23 is likely to impact 33 slots in Cystoscopy, 110 slots in Febxi and c100+ in Gastro. This will have a significant impact on waiting times as all these patients will need to be rebooked while the referrals continue to come in.	Conversations are being had with Family Health and Theatre teams to arrange these. Optimal time would be over summer holidays. Medicine have devised a recovery plan which will see additional capacity allocated. These are to be confirmed within job plans. There are plans for additional capacity to go live as from July 10th with the completion of the new room at KGH and the recruitment of two sonographers. This should support in the reduction of the TWL and patients over 6wks as per plans below. CTC requests are being investigated by imaging management as the test seems to be the preferred option and is becoming a routine test for Colon patients on a 2ww pathway. The department have identified a Cardiac morning clinic that can be moved to the afternoon to allow for more CTCs in the morning. Additional capacity is also being located by detailing skill mixes on-site and maximising these. The modality continue to use a Locum in place to support activity plans for cardiac investigations A deep dive into Endoscopy is planned for July 2023 (delayed from June due to AL). This will look to understand the capacity plans as well as the demand for the modality as done in 22/23. The deep dive will also look into the booking processes and teams to provide assurance this this is being done in a systematic, standard way.	Weekly PTL meetings with Endoscopy Weekly DM01 Access Meetings with Modality Leads Weekly CDC discussions in PAG

6-week diagnostic test target performance

Committee Name: All

GroupName: All

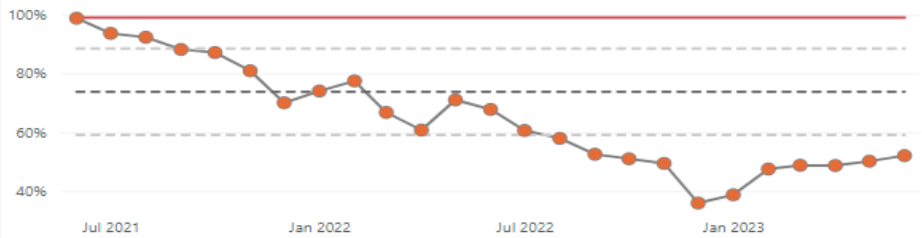
MetricName: 6-week diagnostic test target performance

01/04/2019 – 01/06/2023

52.00%	99.00%	63.78%	99.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

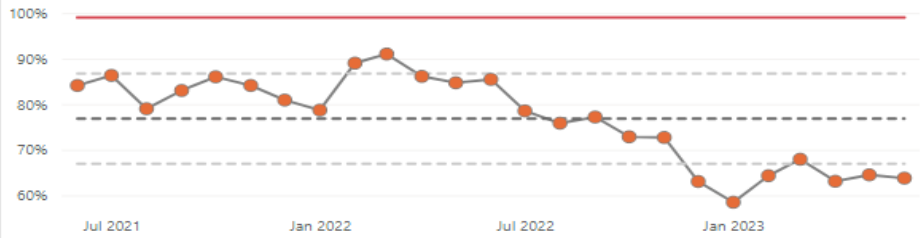
Kettering General Hospital

6-week diagnostic test target performance: Systems and Partnerships



Northampton General Hospital

6-week diagnostic test target performance: Systems and Partnerships



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
NGH	01/06/23	% of patients not seen within six weeks	Unvalidated performance for DM01 at 63%	- Cardiology Echoe's are still constrained resultant of delay in delivery of CDC activity. Digital connectivity and workforce issues at Kings Heath remain and are being resolved. - 3 WTE down in Audiology, service has suffered with limited capacity and recruitment constraints - 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	- Echoe CDC capacity live end of July 2023 with additional clinics to catch up from delayed start. - Audiology – difficulty recruiting locums due to lack of training, looking at providing support in Audiology to help with recovery plan also prioritised audiology presence in otology clinics. - Non - Obs Ultrasound - Service has provided a recovery plan which is being worked through inclusive of options including IS. -The trust continues to priorities capacity allocation to 2ww/Cancer, however this does impact waits for routine requests • Focused work to prioritise long waits and reduce 13WW continues • Accelerated CDC capacity in March	

Unappointed outpatient follow ups

Committee Name: All

GroupName: All

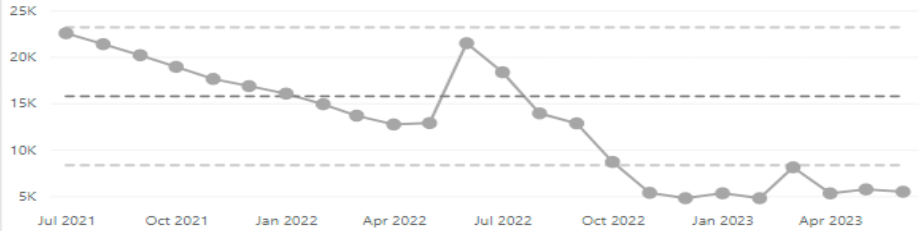
MetricName: Unappointed outpatient follow ups

01/04/2019 – 01/06/2023

5,460		24,238	0
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

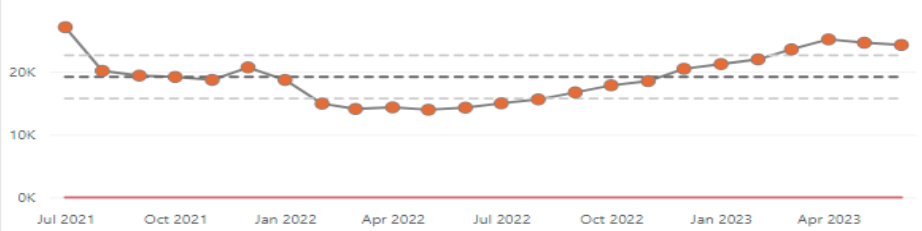
Kettering General Hospital

Unappointed outpatient follow ups: Systems and Partnerships



Northampton General Hospital

Unappointed outpatient follow ups: Systems and Partnerships



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/06/23	Count of patients who do not have a booked appointment and are past their due date	Number of pathways 6 months or more past their review date with no appointments booked for June 2023 totaled 5460.	Capacity with specialties to meet the demand. Additional ask to reduce the number of follow-ups by 25% Data quality concerns with incorrect review dates	Monthly circulation of data is provided to divisions that detail the patients that have been validated and now need action Increased usage of PIFU which aims to initiate pathways out of actue care over time Training roadshows with digital training to support learning on outcomes	Continued validation of patient pathways to ensure accurate reflection of pathways that needs following actions Encouragement to increase PIFU where appropriate Planned investigation into DNA rates which is appx 8% for the last 3 months
NGH	01/06/23	Count of patients who do not have a booked appointment and are past their due date	7,094 over 6 months	> PIFU roll out across the board limited by PAS capability and administrative resource. > Capacity with specialties to meet the demand. >Data Quality >Administrative resource	- Increased usage of PIFU - Operational leads allocated to support PIFU drive - Divisional leads with dedicated support drom CSS lead for all divisions - Open appointments function being disabled - to support PIFU drive - Exploring validation of outpatient lists - text message asking whether still need to be seen with ENT "Go live" to be trialled. - Longest waits over 11 months being validated by Divisions	

Virtual outpatient appointments

Committee Name: All

GroupName: All

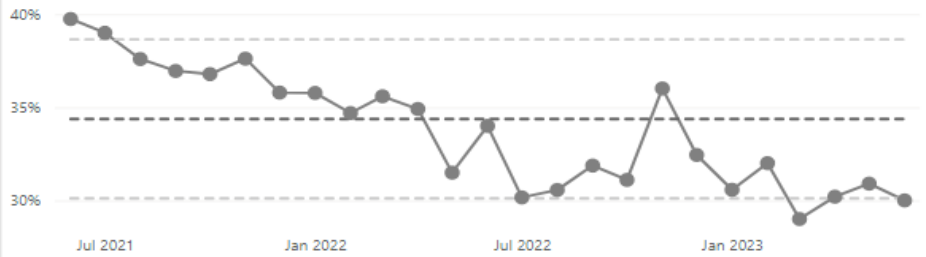
MetricName: Virtual outpatient appointments

01/04/2019 – 01/06/2023

30.00%		19.33%	0.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

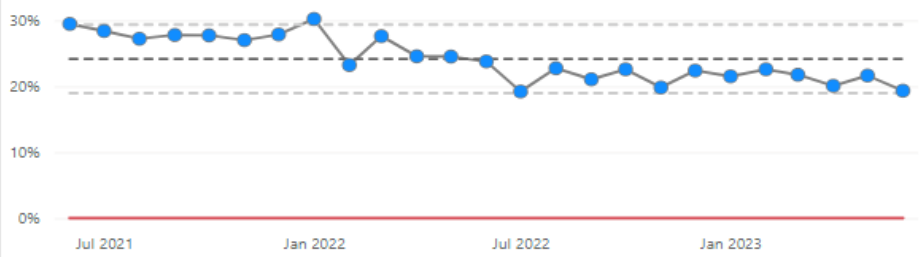
Kettering General Hospital

Virtual outpatient appointments: Systems and Partnerships



Northampton General Hospital

Virtual outpatient appointments: Systems and Partnerships



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/06/23	This is the proportion of all outpatients (new and follow up) that are not face to face	June virtual performance was 30% of all OPAs	Clinical risks associated with no seeing a patient F2F is consistently raised from the clinical teams.	Continued discussion with consultant bodies on the appetite to use more virtual mediums to engage with patients. Development of digital systems to support more user friendly domains for the clinical teams to use Engagement with patient forums to understand their experience and preference	-
NGH	01/06/23	This is the proportion of all outpatients (new and follow up) that are not face to face	The virtual activity % has not really changed over the past months, constantly around the 22% mark.	Same as previous months, situation has not changed	Regional virtual activity dashboard has now been fully populated and the data is under review. Transformation have included increasing virtual activity as part of their key KPI's	As above

RTT over 52 week waits

Committee Name: All

GroupName: All

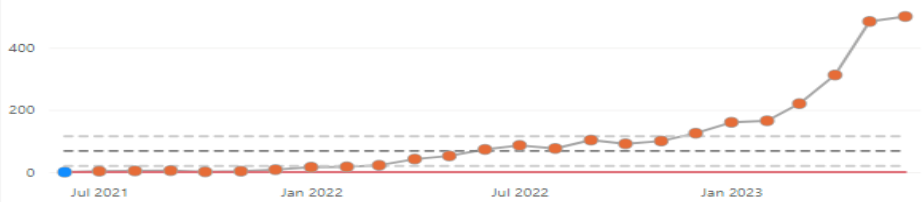
MetricName: RTT over 52 week waits

01/04/2019 – 01/06/2023

500	0	1,462	0
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

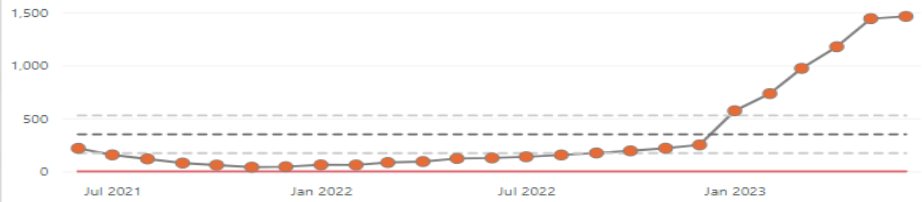
Kettering General Hospital

RTT over 52 week waits: Systems and Partnerships



Northampton General Hospital

RTT over 52 week waits: Systems and Partnerships



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/06/23	No. of patients waiting greater than 52 weeks from referral to treatment (RTT)	Unvalidate 52w+ position for June 2023 = 500. This is an increase from 484 the previous month and 276 over IBP	Continued activity and recovery interruptions from IA, Patient Choice, Consultant Only To Do lists and IPT support being provided to NGH	July will see the start of both WLI and Insourced activity to support Elective Care. Additional resources are being allocated to the most challenged specialties including Oral, General Surgery and Urology. This has been agreed until November 2023 to support the recovery of activity plans. Consideration of DMAS support within Medicine, Utilisation of theatres and backfilling where possible	Mitigating actions include weekly validation of all patients over 52 weeks, weekly PTL meetings with RTT Manager to ensure next steps are in place and escalation of issues impacting clinical care,
NGH	01/06/23	No. of patients waiting greater than 52 weeks from referral to treatment (RTT)	1462 over 52+ - unvalidated position for Monthly	- ENT remain constrained and hold all long waiting patients and majority of the 52+ Breaches - There has been a significant impact on activity with the continued BMA and Nursing strikes, impacting long waiting patients. - T&O and General Surgery also remain constrained	- ENT recovery plan in place inclusive of: - Outsourcing to Athena due to commence 20/7/23 for Surgery and OPA's with view to mitigate 78+/65+ breaches. - Validation of waiting list through HC text messaging to "go live" - KGH support with daycases agreed for ENT - CC support also being actioned - review of 2,000 patients - T&O MSK referrals being triaged through MSK hub only. - Three Shires being explored to support with T&O activity.	

RTT median wait incomplete pathways

Committee Name: All

GroupName: All

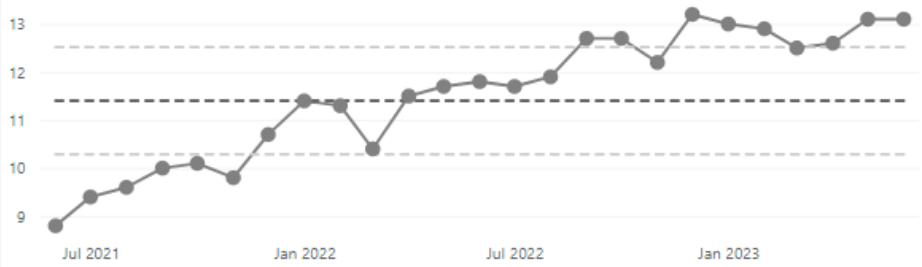
MetricName: RTT median wait incomplete pathways

01/04/2019 – 01/06/2023

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

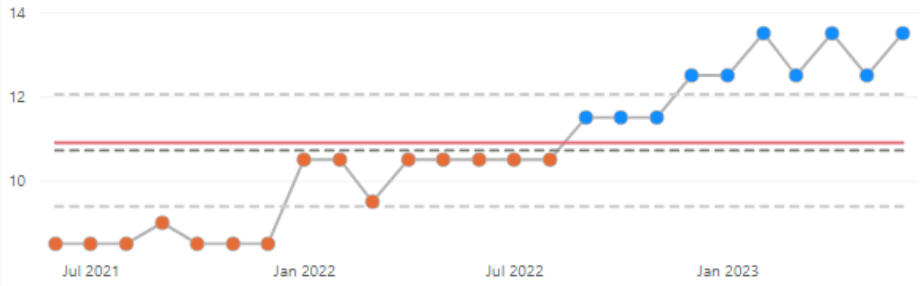
Kettering General Hospital

RTT median wait incomplete pathways: Systems and Partnerships



Northampton General Hospital

RTT median wait incomplete pathways: Systems and Partnerships



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/06/23	% of patients waiting more than 18wks for treatment (incomplete pathways)	13.1 weeks median wait for incomplete pathways	Patient Choice - High volumes of patients are choosing not to be seen for either in or outpatient appointments. Following the access policy these are being escalated to the consultant who at times chooses to approve the wait. Capacity - within Oral, ENT and Urology Industrial Action - this has been greatly reducing and is of impact but reducing impacts Complicated "Consultant Only" lists - this reduces capacity as these need to be booked in with one individual.	Weekly 65w+ PTL meeting with HoA and RTT Manager to ensure next steps are planned for the trust's longest waiting patients IPTs of General Surgery, T&O and Urology pathways to ISPs to support patient treatments and reduction of pressure internally Local PTL meetings continue During IA the trust is dedicated to ensuring minimal impact to longest waiting RTT and Cancer Pathway Patients.	Validation continues Weekly PAG meetings continue

Size of RTT waiting list

Committee Name: All

GroupName: All

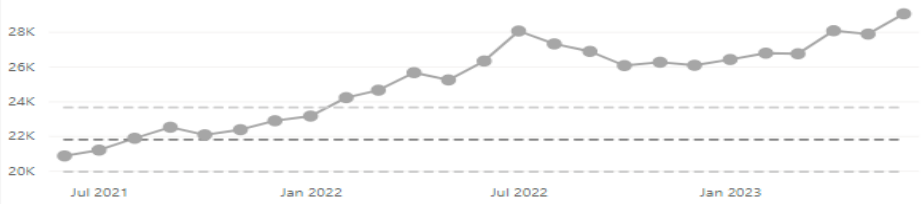
MetricName: Size of RTT waiting list

01/04/2019 – 01/06/2023

29,034		40,395	0
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

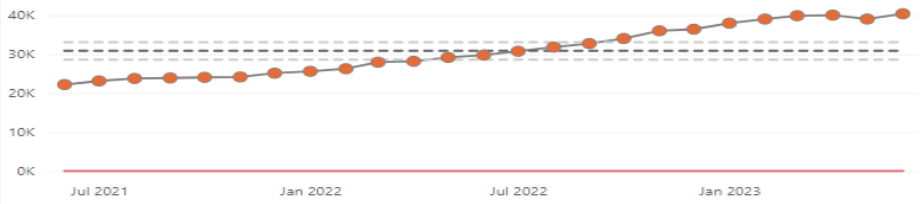
Kettering General Hospital

Size of RTT waiting list: Systems and Partnerships



Northampton General Hospital

Size of RTT waiting list: Systems and Partnerships



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/06/23	Count of patients actively waiting against the 18 week RTT target	Unvalidated position for June 2023 has seen an increase of the PTL to 29,034	The variance between clocks started and clocks stopped has remained over 2k for Q1. This is a driver or the increasing PTL as there are more clocks started than stopped in month.	• Continued validation of patients waiting – consideration of a repeated patient lead validation exercise. • Ensuring we achieve the planned activity levels – being uplifted by additional funding for elective care • Assuring ourselves via GIRFT guidelines that services are running to optimal standards. This included the used of triage and advice and guidance. • Strategic planning for IA to ensure minimal impact to long waiting patients where possible.	Mitigating actions include weekly validation of all patients over 52 weeks, weekly PTL meetings with RTT Manager to ensure next steps are in place and escalation of issues impacting clinical care.
NGH	01/06/23	Count of patients actively waiting against the 18 week RTT target	Unvalidated position has seen a continued increase in PTL size	- Referral rates have increased with the Trust continually seeing 20-30% increase in referrals across specialties. - Clock starts are not in proportion to clock stops - Impact of Industrial action	- Outsourcing to Athena and use of IS to support elective activity - Continued roll out and expansion of PIFU - Transfer of all open appointments onto PIFU being progressed and worked through - Exploring validation in ENT of patients waiting for appointment (patient led validation exercise) and CC for triage - Work in place with transformation team with constrained specialties to support O/P transformation in these areas - Validation of PTL down to 12 weeks	

Theatre utilisation

Committee Name: All

GroupName: All

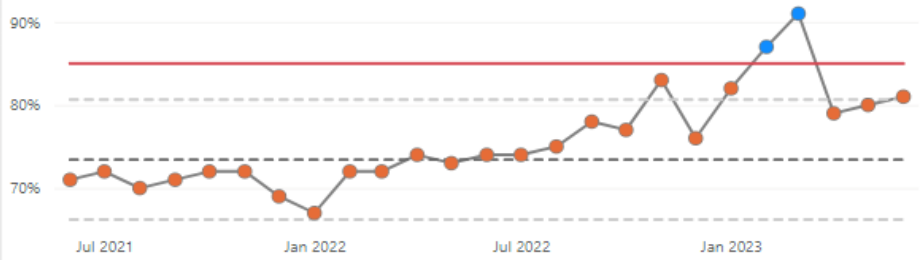
MetricName: Theatre utilisation

01/04/2019 – 01/06/2023

81.00%	85.00%	78.00%	85.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

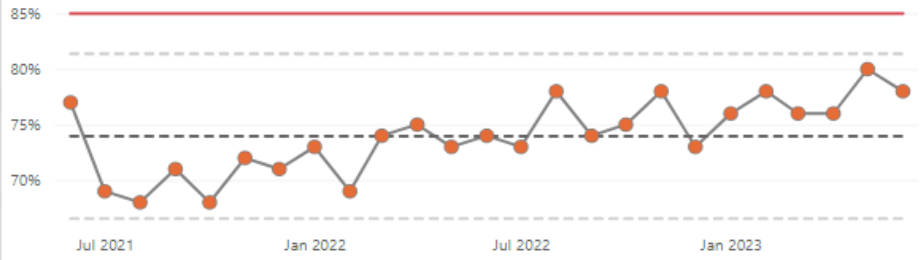
Kettering General Hospital

Theatre utilisation: Systems and Partnerships



Northampton General Hospital

Theatre utilisation: Systems and Partnerships



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/06/23	Theatre utilisation % against 85% national target	The chart tells us that theatre utilisation was at 81% in June.	Theatre utilisation was affected by a further increase in the number of patients per list (2.43, was 2.36 in May) - this decreases utilisation because of the higher number of handovers between patients, which are not counted as used time.	WL Office booking to 105% time. Continued focus on theatre starting times and checking specialties with biggest difference between booked and actual operating time	Weekly 642 and theatre scheduling meetings have improved booking practice. New accommodation for Pre-Assessment Service identified in early December 2022 and approved through capital in June 2022 for increased face to face appointments - further delays to estates work mean that a start date is not yet available, but approved on 23/24 capital programme in June 2023.
NGH	01/06/23	Theatre utilisation % against 85% national target	80% theatre utilisation	Continued late starts of theatre sessions Sessions over running / under running	Weekly planning meeting with booking staff and Consultants.	6-4-2 Theatre meeting

Bed utilisation

Committee Name: All

GroupName: All

MetricName: Bed utilisation

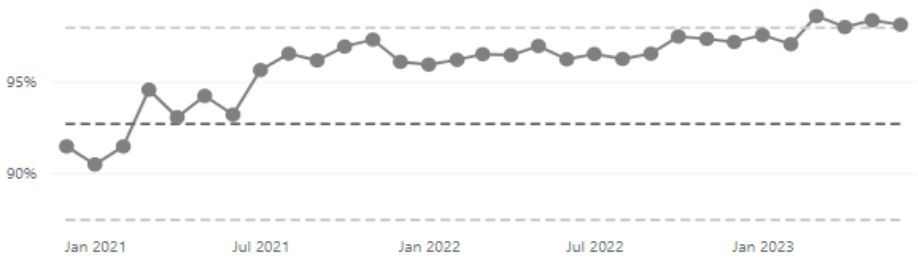
01/04/2019 – 01/06/2023

98.13%
KGH: Current Value

KGH: Current Target

Kettering General Hospital

Bed utilisation: Systems and Partnerships



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/06/23	% General and acute beds utilised - excluding maternity	Bed utilisation in May averaged 98% which has remained stable across the last few months	Recommended bed utilisation is 85% to enable efficient flow throughout the system supporting the achievement of the 4hr emergency access quality standard and the avoidance of patients exceeding the 12 hr total time quality standard. Bed utilisation above this puts undue pressure on the system resulting in patients being cared for outside the most appropriate specialty commonly known as 'outlying'.	Work with System partners to redesign capacity available outside of KGH - work on pathway 2 Thackley Green to take an increased level of dependency in support of early discharge Continued work with system partners to maintain a reduced level of patients staying >21 days Regular MADE events to support extended periods of leave - BH weekends and industrial action Continued focus on simple discharge pathways - pathway zero Workstream to maximize virtual care pathways	Escalation areas incl the discharge lounge and Short Stay Unit to be used to support surges in activity outside of expected norms Use of additional capacity during the winter months - Thomas Moore Unit 18 beds currently closed

Stranded patients (7+ day length of stay)

Committee Name: All

GroupName: All

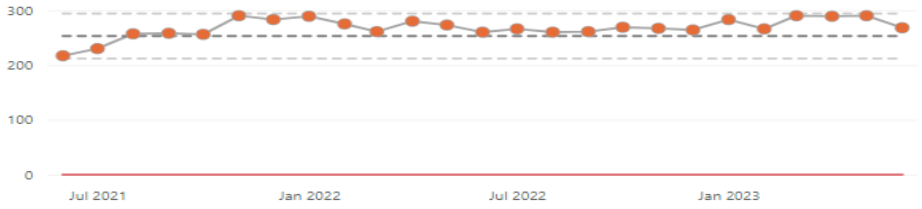
MetricName: Stranded patients (7+ day length of stay)

01/04/2019 – 01/06/2023

268	0	363	0
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

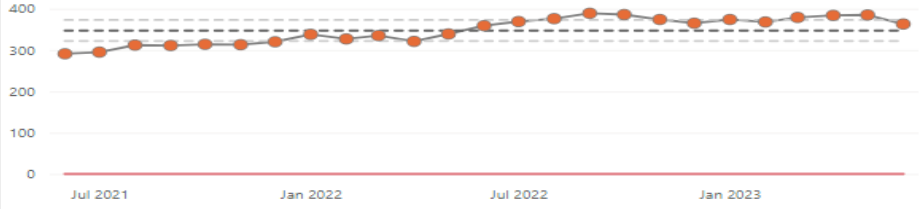
Kettering General Hospital

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	01/06/23	Number of patients with a LoS > 7 days	Stranded number for June reduced to 266 from 290 this has remained relatively stable since the beginning of the year.	Stranded numbers above 250 patients has a negative impact on our ability to keep bed utilisation below 90% which enables us to manage adequate flow through the organisation to achieve 4hr and 12hr emergency quality standards. Changes in system funding from April 2023 and the cessation of discharge funding has presented further challenges with discharging patients on pathways 2 & 3. Staffing continues to present challenges to the board round process in addition to the impact of Drs Industrial action.	Renewed focus on Hospital Only Discharge concentrating on key processes: Board Rounds, Criteria led discharge and data from the discharge dashboard where we are not meeting targets. Monthly reporting to trustwide HOD meeting chaired at exec level. Audit of 2 elective wards completed to identify procedures that could be managed via criteria led discharge - work will continue with NHSE regarding this. Continued focus on simple discharges (pathway zero) and home based pathway 1 discharges.	Matrons support with Board Rounds Continued work new NHSE criteria led discharge SPEED programme Daily review of dashboard data and metrics - identifying areas for continued focus
NGH	01/06/23	Number of patients with a LoS > 7 days	steady reduction in number of stranded patients	Issues regarding access to community services to facilitate discharge are ongoing. The focus for stranded pts though is around what can we do within our gift to ensure these patients are discharged in a timely way.	Real scrutiny on pathway 0 pts. Supported board rounds has become BAU across all wards. focus on next steps, escalating any treatment delays and challenge around does this need to happen in hospital. Creating a culture of patients time is important is crucial for ensuring we maximise pts treatment progress and discharge. This needs to be driven not just by medical and nursing staff but all staff groups to support.	All pathway 0 pts are cross referenced to ensure they are true pathway 0 and what is next steps. Ongoing culture push of developing a sense of responsibility for pts care progression and pride in staff around discharges. Active push ot minimise the number of ward transfers as this is one of the key drivers for increasing LOS with when this happens push to not restart treatment entirely but ensure that new ward continues with treatment program e.g. doesnt start antibiotics with blood tests etc

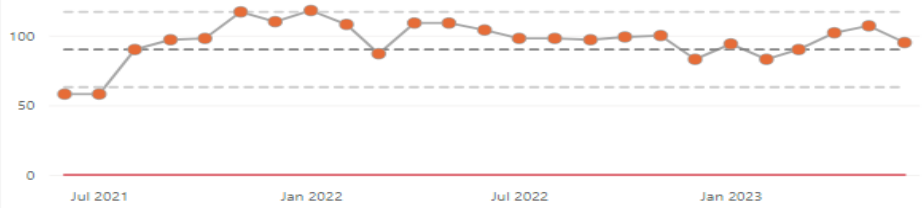
Super-Stranded patients (21+ day length of sta

Committee Name: All | GroupName: All | MetricName: Super-Stranded patients (21+ day length o... | 01/04/2019 – 01/06/2023

95	0	158	0
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

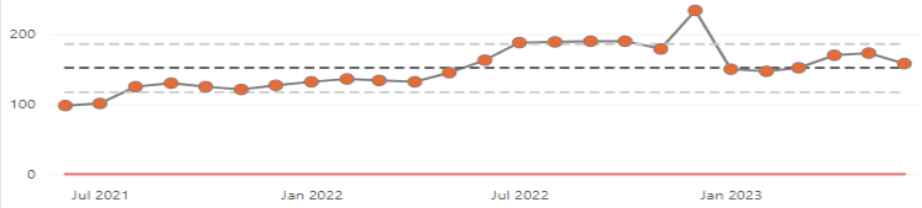
Kettering General Hospital

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



Northampton General Hospital

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



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/06/23	Number of patients with a LOS> 21 days	Super stranded numbers are 95 which is a decrease on last months number of 107	Reduction in beds available for delirium pathway and cessation of non-weight bearing pathway resulting in an increase in patients awaiting pathway 2 and 3 supported discharges	Continue to maintain < 2 days from NRTR to SBAR submitted and < 2 days from SBAR submission to accepted on pathway. Focus on reducing time from accepted on pathway to package / provision agreed which is our longest wait affecting patients waiting for pathway 3 - chasing brokerage and CHS daily 3 x weekly review of superstranded patients	Increase frequency of dc cell when needed divert activity to support flow Monitoring progress via Discharge Dashboard Continued sharing information and improvements with partners
					weekly meeting with provider of delirium beds to agree next patient for discharge and work with dementia nurse Instigation of system weekly meetings to discuss all patients who have been declined by more than 3 times	
NGH	01/06/23	Number of patients with a LOS> 21 days	Steady reduction in super stranded	lack of delirium and acute confusion beds in the community has a significant impact on this co-hort of patients. ongoing discussions with ICB have not produced any tangible solution. Significant issues within the commissioning of pathway 3 pts and community rehab pts with both having large delays for access to these beds. Renal dialysis community slots continue to be a further barrier for discharge with pts waiting weeks due to lack of dialysis capacity in the community. Likewise stroke specialist beds continue to have on average a delay of 26 days from referral to actual access to the bed.	Full pathway redesign of stroke pathway is underway with staff across the sector signed up to patient centric approach as opposed to service provider focussed positive trial of duel review between therapy at NGH and therapy staff in community underway. Further discussion with UHL re dialysis capacity. Full system MADE event held with ECIST support	top 20 review weekly of our longest stayers to really drill down as to what are the delays ongoing. Ongoing escalation to ICB of delirium and acute confusion issues. Really enhanced ways of working with adult social care who have staff embedded in our complex discharge team has reduced the delays and duplication for pts requiring supported discharges via adult social care

Patients with a reason to reside

Committee Name: All | GroupName: All | MetricName: Patients with a reason to reside | 01/04/2019 – 01/06/2023

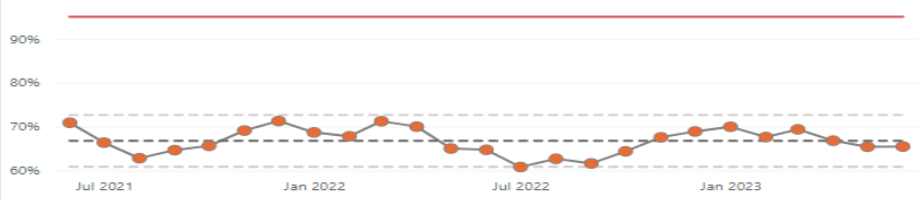
73.55%		65.46%	95.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital

Patients with a reason to reside: Systems and Partnerships

Northampton General Hospital

Patients with a reason to reside: Systems and Partnerships



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/06/23	Number of patients who have a reason to reside in hospital based on national reason to reside criteria	current value of 75% is a small decrease on last month 77%. This means that we have slightly more patients in our beds who do not have a reason to reside.	25% of patients have no reason to reside (approximately 130) and of these 90 patients are awaiting supported discharge. 43 patients are waiting to be discharged on pathway 2 or 3 which are bed based pathways and the current average wait time is 17.4 days for the allocation of the care home or community hospital which is the longest wait time this year. Our Target is 5 days. The remaining 40 are classed as pathway zero and as such are within our gift to discharge on the same day as NRTR.	Put in system level challenge for patients who have been declined by more than 3 care homes - weekly meeting set up regular review of patients awaiting community hospital beds for rehab to identify those that could change to pathway 1 Commence discharge planning earlier for patients who have a reason to reside but are not anticipated to change functional level prior to discharge Expand screening at the front door to include pathways other than acute medicine Continued work with partners to ensure a continual flow of supported discharges and identify gaps in provision	Review of Super stranded patients 2 x weekly concentrating on medicine Daily focus on pathway zero patients to ensure same day discharge Review and challenge all patients who have been declined by 3 care homes
NGH	01/06/23	Number of patients who have a reason to reside in hospital based on national reason to reside criteria	There continues to be significant challenges around data validity of this measure.	there is significant variability around this measure we need ongoing support and real push within board rounds to ensure that this data is correctly entered and also if pt becomes NMOFD that R2R reflects this.	Next step of board round work is to really start educating and referencing r2r to create culture of valid data entry for this measure.	This will be part of our continuous board round support and education across the trust. As our super stranded and stranded numbers reduce we should see corresponding increase in pts with a R2R this is not evident but is primarily as stated a data quality issue with the inputter not the BI team. The continued reduction in stranded and super stranded does assure me that we are moving in positive direction for R2R.

Ambulance Handover

Committee Name: All

GroupName: All

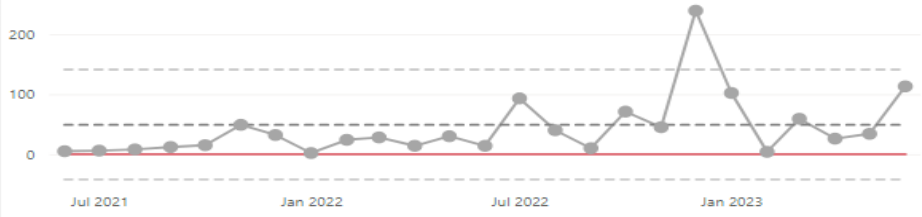
MetricName: Ambulance Handover

01/04/2019 – 01/06/2023

113		103	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital

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



Northampton General Hospital

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

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/06/23	EMAS ambulance handovers > 60 minutes	We have seen a continued increase in the number of black breaches in June, although conveyancing numbers were slightly reduced during the month. Black breaching is often a direct consequence of capacity pressures within the Trust and consistently operating on Opel 4 or above.	Visibility on the 'total time' on the ambulance screen has still not been re-instated – this means it is not possible to have sight of the total time since arrival. Continue with proactive in-reach from MSDEC to include patients who remain on ambulances for extended periods of time, to include education across paramedic crews for criteria	Reviewed process for Ambulance Streaming awaiting approval at Governance; to include updated ambulance delay action card, centralising reception to support registration from multiple areas in ED, and direct streaming to MSDEC from the point of arrival. Continue to operate within the parameters of the Rapid Transfer protocol.	We continue to undertake a clinical harm review into all ambulance handover delays >60 minutes. No incidents of harm identified from the reviews undertaken on the 57 black breaches in June.
NGH	01/06/23	EMAS ambulance handovers > 60 minutes	We have seen an improvement on last months figures, decreasing delays by 40%	When we compare the daily data sets we can see that its not uniform but presents as spikes, showing there are key dates when we struggle. These times correspond to when the trust is struggling to admit patients due to lack of ward beds (discharges)	• We currently have a secondment member of staff focused on off loading ambulances as quickly as possible. • Where we can we board patients in ED to facilitate off loads. • If patients are held on ambulances, treatment starts immediately, and a clinician will attend the patients in the back of ambulances	• Where possible we reverse board patients onto the wards to promote flow through the ED department • The trust at times has taken down all important meetings for snr team members to support the wards with discharge. • Focusing on second board rounds on the wards • Making sure there are early escalation of any patient blockers. • Post post take wards rounds of all patients waiting in ED fo[illegible] to identify those who have [illegible]

Time to initial assessment

Committee Name: All

GroupName: All

MetricName: Time to initial assessment

01/04/2019 – 01/06/2023

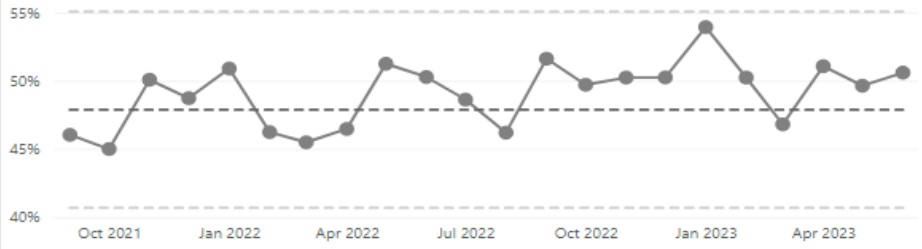
61.19%		50.59%	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital

Time to initial assessment: Systems and Partnerships

Northampton General Hospital

Time to initial assessment: Systems and Partnerships



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/06/23	The percentage of patients who had an initial assessment within 15 minutes arriving at the department.	We have maintained performance against this metric = 61% compliance.	Challenges remain over having both paper and electronic systems for documentation. Support from HI Team required to assist us to identify and set different parameters for reporting this metric to accurately reflect patient management in ED and provide assurance that TTIA is captured correctly i.e pull data from Vitals/1st seen clinician time etc [currently this metric is only pulled from the point triage is entered on Careflow EPR. This metric is further impacted by Capacity and Flow	We have aligned the quality audit across adult ED and PED; [with the exception of the pain audit] to provide a locally validated position against this metric Ongoing review and monitoring of a local data tool developed between the service and HI team. This provides performance data split by different areas of the department so that we can focus our efforts on the right place.	Although we have achieved an overall compliance of 61% within 15 mins. Review of local data highlights that we have achieved 17 mins TTIA for adult ED, and 11 mins for PED
NGH	01/06/23	The percentage of patients who had an initial assessment within 15 minutes arriving at the department.	We have identified that this figure currently reports time to medical clinician and not time to initial assessment.	The reason for this is due to the way we stream at the front door of ED. We recognise that this needs to change to enable us to capture this accurately and we have a streaming team working on this.	We have run 2 PDSA cyles to implement change and have learnt lessons and are now working on a 3rd trial to implement the desired process.	50 % of patients are assessed by a medical clinician within the current time frame but its not capturing the assessment that happens [illegible] patient is booked in by the streamer

Average time in department – Admitted

Committee Name: All

GroupName: All

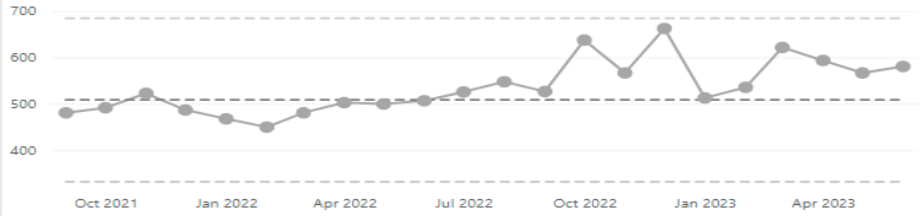
MetricName: Average time in department - Admitted

01/04/2019 – 01/06/2023

580		768	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

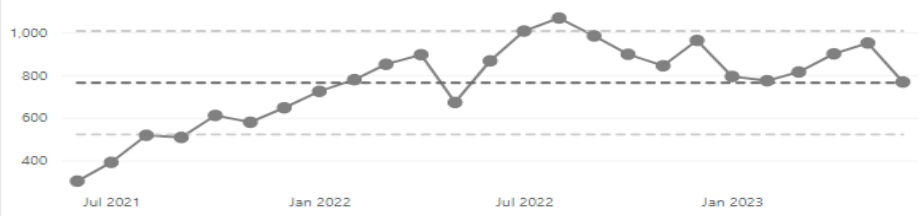
Kettering General Hospital

Average time in department - Admitted: Systems and Partnerships



Northampton General Hospital

Average time in department – Admitted: Systems and Partnerships



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/06/23	Average time in department for those patients who are admitted to the hospital	The data shows a slight increase in the average time to discharge for admitted patients from the previous month	This is not solely an ED Metric but a Whole System metric and largely impact by capacity and flow out of ED.	Implemented rapid transfer protocol Continue with direct admission into acute medical wards for patients with EDD >48hours MSDEC in reach to ED - 2 hourly – undertake a review of activity and decision making over suspending referrals Frailty SDEC in reach	Use of escalation areas and outlying capacity
NGH	01/06/23	Average time in department for those patients who are admitted to the hospital	There has been a 20 % reduction in average time in department admitted.?	Since may 2021 we have seen our admitted performance drop and we have struggled since then to improve this figure. This figure is directly linked to our ability to match our admit and discharge patient numbers and is reliant on multiple stakeholders, some of which are not within the trusts gift to influence.	• Twice daily board rounds • Attendance of snr management teams to wards to facilitate any blockages to patient treatment or discharges. • For those patients held in ED patient safety rounding. • Post post take ward rounds. • Live declaration and allocation of beds. • Pull model of patients from ED to SDEC • Streaming hub to redirect patients attending ED to out of hours, UTC & SDEC	• Early discharges identified the previous day, with support and transport implemented to make them as efficient as possible. • Weekend plan stickers used in notes on wards to identify & support weekend planned discharges. • Early switch to oral IV antibiotics to facilitate earlier discharges. • Rapid handovers from wards to facilitate efficient bed management. • Live declaration and allocation of beds. • Opening of escalation areas to provide as much flow through ED as possible. • Support from directorate managers at board rounds twice daily to facilitate efficient discharges and reduce delays. • Daily challenges around [illegible] the need for inpatient diagnostics

Average time in department - Discharged

Committee Name: All

GroupName: All

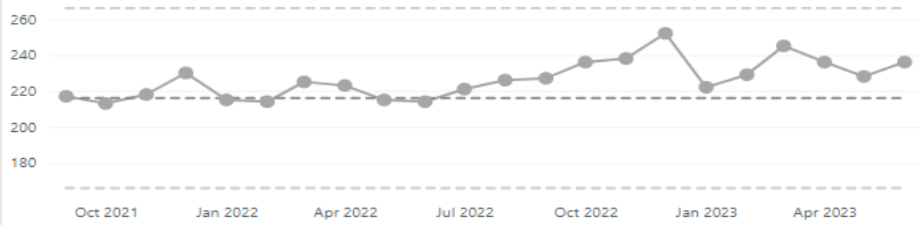
MetricName: Average time in department - Discharged

01/04/2019 – 01/06/2023

236		192	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

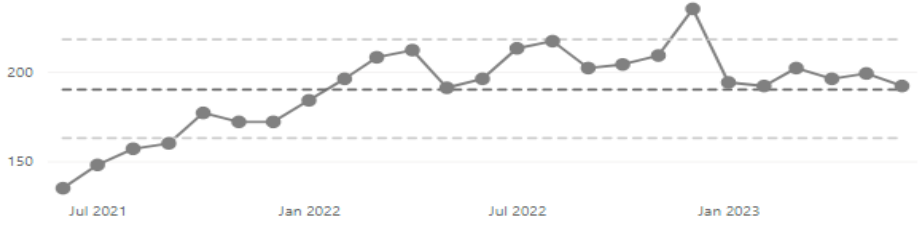
Kettering General Hospital

Average time in department - Discharged: Systems and Partnerships



Northampton General Hospital

Average time in department – Discharged: Systems and Partnerships



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/06/23	Average time in department for those patients who are not admitted to the hospital	The data shows a slight increase in the average time to discharge for June.	There were 221 non-admitted 12 hour waits in June, of which 171 were medical patients waiting in the department for extended periods of time whilst awaiting review. It is recognised that this current data includes patients against which a confirmed admit has been applied; however due to lack of Trust capacity these patients have experienced extended lengths of stay before becoming fit to be discharged home.	Reviewed process for Ambulance Streaming awaiting approval at Governance; to include updated ambulance delay action card, direct streaming to MSDEC, and centralising reception areas. Continued focus on the 4-hour task and finish group; which will include targeted work on increasing flow out of ED to speciality SDECs Review of department footprint to maximise use of available estate to include implementation of POC testing areas to support decision making and timely access of appropriate pathway	Use of streaming pathways to SDECs Post take of ED patients
NGH	01/06/23	Average time in department for those patients who are not admitted to the hospital	We have seen a further improvement to this performance metric, with a decrease in the time it takes for patients to be seen, treated and sent home from ED.	The gold standard for patients to be seen, treated and discharged is 4 hrs (240 minutes). Our current average is 192 mins for those that go home. we could improve on this is we didnt have overcrowding in the department preventing us from accessing areas to reviews patients.	We have recently been given access to a further 6 bayed area (quinton) where our clinical teams can see and assess patients. This has led to the efficiencies we are seeing in our figures.	We have "a front door working group" currently looking at how we can further streamline our patient processes and improve earlier decision making.

Clinically ready to proceed

Committee Name: All

GroupName: All

MetricName: Clinically ready to proceed

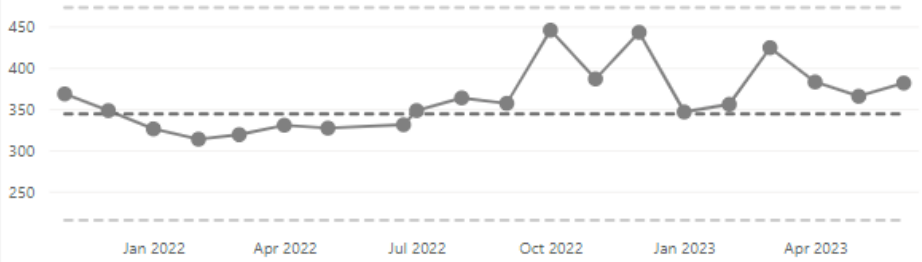
01/04/2019 – 01/06/2023

381.40
KGH: Current Value

KGH: Current Target

Kettering General Hospital

Clinically ready to proceed: Systems and Partnerships



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/06/23	The average wait for patients to leave the department after being declared clinically ready.	The chart tells us that we have seen an increase in the length of time to discharge from the point of being made CRtP.	This metric is directly impacted by high attendances and Trust capacity to move confirmed admit patients to the wards. Lack of Speciality engagement with the CRtP metric Further action: Request for separating CRtP for admitted and non-admitted patients has been made to our BI team - as this will provide more value against the metric	Ongoing work with our ED clinicians to improve compliance with capturing this standard on our electronic CAScard within the Clinical Noting section for every patient. Our plan to improve compliance will align with the clinical noting element of a mandated field for CRtP. Improved compliance with this metric will enable us to identify barriers to patients leaving the department.	This metric continues to be captured on paper where not completed on Medway to ensure good governance around the decision making for admitted patients.

NHS
University Hospitals of Northamptonshire
NHS Group

NGH Board, 27 July 2023
Finance Performance

Month 1 (April 2023)
FY 2023/24

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Executive Summary

Income and Expenditure – In Month

The Month 3 year to date position is a £6.4m deficit which is £2.0m worse than plan the £4.4m deficit plan.

This has been impacted upon by under delivery of efficiencies, shortfall in delivery of Elective Recovery Fund (ERF) activity, ongoing industrial action, pay award and utilities inflationary pressures.

Capital

The capital plan for the year is £31.3m, comprising of an NGH BAU system capital envelope of £15.5M and a non-BAU allocation of £15.8m. Cumulative spend at M3 was £3,269k, consisting mainly of PSDS spend. Commitments total £6,469k, this includes £2,034k that relates to network refresh for the new EPR (Electronic Patient Record) system. Spend plus commitments total 31% of the budget.

Cash

NGH cash balance at the end of June is £8.4m (March £1.8m). Whilst cash balances are higher than planned for June due to high levels of NHS receipts, cash balances will continue to be closely monitored in year and the Trust are considering a request for PDC revenue support to be prudent.

Other Key Assumptions and impacts for Month 3 Reporting

- Full recognition of Agenda For Change pay award in month 3. Continued accrual of 2% for Medical and other non AFC 2023/24 pay award.
- Release of 2023/24 ERF and growth related additional staffing accruals to support under delivery of ERF income to month 3.
- No generic additional accrual for future inflationary rises in non pay.

Forward Planning

NHSE have requested that systems produce a medium term financial plan (2 – 3 years) by the end of Q2. Work is ongoing with the ICB to confirm the detailed timeline and process for completion.

2023/24 M3 Summary

	NGH Trust Position			
Description	23-24 Annual Plan	Year to Date		
		Plan	Actuals	Variance
	£m	£m	£m	£m
Total Income	474.8	117.0	116.4	(0.5)
Total Pay	(320.7)	(84.1)	(84.6)	(0.5)
Total Non Pay	(153.8)	(38.9)	(38.4)	0.5
NHSE/I Adjustments	-			
OPERATING DEFICIT	**0.3**	**(6.0)**	**(6.6)**	**(0.6)**
Capital Charges	(5.7)	(1.4)	(1.4)	0.0
Trust Surplus/(Deficit)	**(5.4)**	**(11.1)**	**(11.7)**	**(0.6)**
System Support Funding	14.8	3.7	3.7	-
I&E Surplus/(Deficit)	**9.4**	**(3.7)**	**(4.3)**	**(0.6)**
NHSE Accounting Adjustments	(9.4)	(0.7)	(2.1)	(1.4)
NHSE Adjusted Surplus/(Deficit)	**0.0**	**(4.4)**	**(6.4)**	**(2.0)**

NGH Finance Overview

The year to date position is a £6.4m deficit which is £2.0m worse than plan. This is impacted upon by under-delivery of efficiencies, shortfall in the delivery of elective recovery, pay award and other inflationary pressures and on-going industrial action.

Income – £0.5m worse than plan including shortfall of ERF delivery and lower than planned private patients, overseas visitors and training and development income partially offset by higher than planned PSDS funding. System support funding has begun to be received in June and is shown separately in the table.

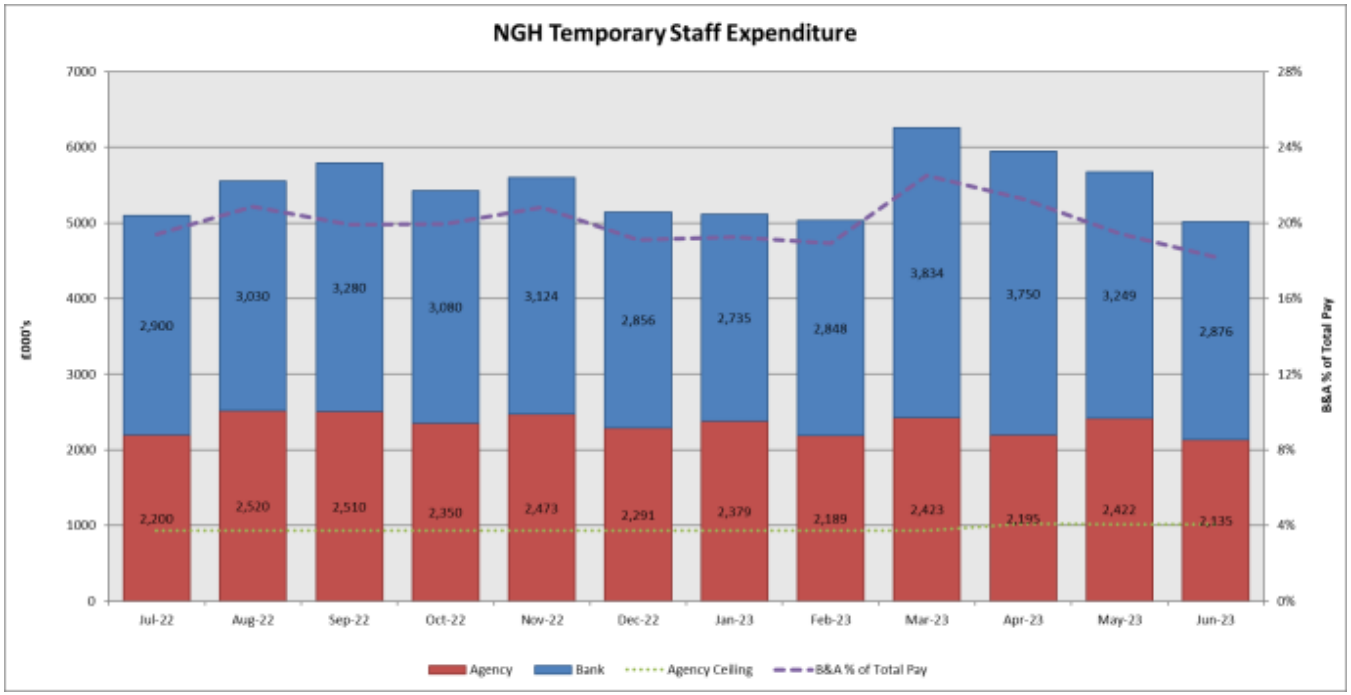
Pay – £0.5m worse than plan including pressures from the AFC pay award, ongoing industrial action and shortfalls in efficiency delivery less the release of ERF related expenditure accruals.

Non-pay – £0.5m better than plan. This includes ongoing shortfall in delivery of efficiencies and non pay inflationary pressures offset by the release of ERF and growth related expenditure accruals.

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

NGH - Pay: Temporary Staffing

NGH Temporary Staff Costs M3									
	Agency			Bank			Overall Temporary Staff		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
Staff Type	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Senior Medical	453	808	(355)	536	1,130	(594)	989	1,938	(949)
Junior Medical	216	350	(134)	587	260	327	803	610	193
Qualified Nursing	172	111	61	1,025	770	255	1,197	881	316
Unqualified Nursing	214	285	(71)	986	327	659	1,200	612	588
Other Staff	510	581	(71)	432	389	43	942	970	(28)
Total	1,565	2,135	(570)	3,566	2,876	690	5,131	5,011	120



In Month 3 Overall temporary staff expenditure was £5.0m, 21% of Total Pay.

Agency spend at £2.1m in month 3 remains higher than the identified agency ceiling of £1.0m.

Whilst agency remains above the ceiling Month 3 was the lowest reported month in the last 12 months, with the percentage of pay reducing from 8% to 7%

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

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

Statement of Financial Position NGH

The key movements from the opening balance are:

Non Current Assets

• Capital additions of £0.6m, less £1.5m in month depreciation

Current assets

•Inventories – minimal £0.1m decrease in month.

•Trade and Other Receivables – significant reduction (£12.8m) dominated by receipt of funding for settlement of 22/23 and 23/24 AFC pay award.

•Cash – Increase of £2.2m includes the first profiled receipt of system support funding from the ICB.

Current Liabilities

•Trade and Other Payables – significant reduction (£12.2m) dominated by the settlement of 22/23 and 23/24 AFC pay award.

Non Current Liabilities

•Finance Lease Payable - £0.3m including Nye Bevan and Car Park lease repayment

Financed By

•I & E Account - £1.0m surplus in month.

TRUST SUMMARY BALANCE SHEET
MONTH 3 2023/24

	Balance at 31-Mar-23	Current Month			Forecast end of year	
		Opening Balance	Closing Balance	Movement	Closing Balance	Movement
	£000	£000	£000	£000	£000	£000
NON CURRENT ASSETS						
OPENING NET BOOK VALUE	244,116	244,116	244,116	0	244,116	0
IN YEAR REVALUATIONS	0	0	0	0	0	0
IN YEAR MOVEMENTS	0	2,705	3,351	646	31,864	31,864
LESS DEPRECIATION	0	(2,902)	(4,353)	(1,451)	(17,486)	(17,486)
NET BOOK VALUE	**244,116**	**243,919**	**243,114**	**(805)**	**258,494**	**14,378**
CURRENT ASSETS						
INVENTORIES	6,723	7,322	7,230	(92)	6,864	141
TRADE & OTHER RECEIVABLES	31,984	30,118	17,308	(12,810)	15,891	(16,093)
CLINICIAN PENSION TAX FUNDING	790	790	790	0	790	0
CASH	1,838	6,139	8,379	2,240	1,500	(338)
TOTAL CURRENT ASSETS	**41,335**	**44,369**	**33,707**	**(10,662)**	**25,045**	**(16,290)**
CURRENT LIABILITIES						
TRADE & OTHER PAYABLES	52,996	61,771	49,528	(12,243)	36,098	(16,898)
FINANCE LEASE PAYABLE under 1 year	1,303	1,311	1,315	4	1,254	(49)
SHORT TERM LOANS	271	271	271	0	217	(54)
PROVISIONS under 1 year	1,084	1,084	1,052	(32)	1,068	(16)
TOTAL CURRENT LIABILITIES	**55,654**	**64,437**	**52,166**	**(12,271)**	**38,637**	**(17,017)**
NET CURRENT ASSETS / (LIABILITIES)	**(14,319)**	**(20,068)**	**(18,459)**	**1,609**	**(13,592)**	**727**
TOTAL ASSETS LESS CURRENT LIABILITIES	**229,797**	**223,851**	**224,655**	**804**	**244,902**	**15,105**
NON CURRENT LIABILITIES						
FINANCE LEASE PAYABLE over 1 year	13,890	13,393	13,148	(245)	12,680	(1,210)
LOANS over 1 year	439	369	364	(5)	222	(217)
PROVISIONS over 1 year	2,027	2,027	2,027	0	2,027	0
NON CURRENT LIABILITIES	**16,356**	**15,789**	**15,539**	**(250)**	**14,929**	**(1,427)**
TOTAL ASSETS EMPLOYED	**213,441**	**208,062**	**209,116**	**1,054**	**229,973**	**16,532**
FINANCED BY						
PDC CAPITAL	273,256	273,256	273,256	0	280,347	7,091
REVALUATION RESERVE	57,665	57,665	57,665	0	57,666	1
I & E ACCOUNT	(117,480)	(122,859)	(121,805)	1,054	(108,040)	9,440
FINANCING TOTAL	**213,441**	**208,062**	**209,116**	**1,054**	**229,973**	**16,532**

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NHS
Northampton General Hospital
NHS Trust

Cover sheet

Meeting	Board of Directors (Part I) Meeting in Public
Date	27 July 2023
Agenda item	6

Title	An inclusive place to work: Tackling racism in our workplace
Presenter	Paula Kirkpatrick, Chief People Officer
Author	Matt Asbrey, Head of OD and Inclusion

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 approval.	Discussed in Board Development session (May 2023)

Appendices
PP slide deck providing full details of the plan
Risk and assurance
This paper outlines how this plan will help the organisation to meet the requirements as laid out in the NHS Equality, Diversity and inclusion Improvement plan, published in June 2023.
Financial Impact
It is anticipated that reductions in bullying, harassment and discrimination towards staff with protected characteristics will lead to enhanced outcomes for patients,

improved staff and patient satisfaction and reduced levels of sickness absence and turnover.
Legal implications/regulatory requirements
This paper outlines how this plan will help the organisation to meet the requirements as laid out in the NHS Equality, Diversity and inclusion Improvement plan, published in June 2023.
Equality Impact Assessment
The proposed actions in this paper will have a profoundly positive impact on equality of opportunity in the organisation.

Paper

Situation

Achieving equality of health outcomes requires identification of barriers and biases, and targeted action to overcome specific inequalities, discrimination and marginalisation experienced by certain groups and individuals. Sadly our National Staff Survey results show that our REACH staff have poorer experiences at work than other white colleagues, including higher levels of bullying, harassment, violence or discrimination from the public or other colleagues.

An initial outline of our Anti-racism approach was shared at Board Development Workshop in May 2023, and initial engagement with our REACH networks, SLT and HMT across both organisations has been completed during July 2023.

The attached presentation lays out the national drivers for change, our current position and work to date, and a detailed plan of action to help start our journey to being an anti-racist organisation. Overall governance of the programme is set out, and clear priorities for action are identified.

Background

The Covid-19 pandemic brought into stark focus the impacts of racism on society. Of the 1.2 million staff employed by NHS, 20.7% belong to Black, Asian and minority ethnic (BME) background. However, analysis of deaths of NHS Staff during the pandemic shows that 64% of those who died belonged to BME background

The impacts of the pandemic were not restricted to staff, with people from BME communities over-represented in mortality figures compared to White British people:

- COVID-19 hospital deaths were highest among the black Caribbean population
- After stripping out the role of age and geography, Bangladeshi hospital fatalities were twice those of the white British group, Pakistani deaths were 2.9 times as high and black African deaths 3.7 times as high

Combined with the murder of George Floyd, it has highlighted the need for the NHS to take an anti-racist stance and address long-standing, structural and systemic discrimination.

Assessment

Our data shows that we have seen a significant change in the ethnic diversity of our staff, with the majority of change in clinical roles particularly at Band 5 level. Whilst our actions to date have shown improvement in some HR data, including reductions in REACH staff entering formal disciplinary processes and improvements in relatively likelihood of REACH staff being appointed from interview, *perception* of fairness in processes remains low. Our data also shows that REACH colleagues are more likely to experience discrimination from the public but also from other staff compared to their white colleagues.

Our proposed ‘anti-racism’ strategy will require us to critically appraise our organisational culture from top to bottom and address racism at a systemic level by looking at where it is embedded in our organisations.

This plan will set clear standards for the behaviour we expect and accept from patients and staff – we will make it clear when we have addressed racism and what the consequences were. We will focus on educating ourselves to improve understanding of racism and our internal bias and will take a “top down/bottom up” approach by setting the standard at the Board and with local management teams.

Our strategic approach is set out based on 5 key areas of focus:

1. Executive leadership and accountability
2. HR processes and capability
3. Developing cultural competence of race and racism
4. Recruitment and development of talent
5. Space and support for our REACH staff

Details of each workstream are laid out in the attached slide deck.

Recommendation(s)

1. Seek assurance on the plan and activities detailed in this presentation, taking assurance that this will make a material difference for REACH colleagues in our organisation
2. Confirm support and commitment to improving inclusion by tackling racism and **APPROVE** the Strategic Plan as set out in the appendix.

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

An inclusive place to work: Tackling racism in our workplace

People Committee, 20th July 2023

Paula Kirkpatrick, Chief People Officer

Dedicated to excellence

Introduction

- Achieving equality of health outcomes requires identification of barriers and biases, and targeted action to overcome specific inequalities, discrimination and marginalisation experienced by certain groups and individuals. Our National Staff Survey results show that our REACH staff have poorer experiences at work than white colleagues, including higher levels of bullying, harassment, violence or discrimination from the public or other colleagues.

- An initial outline of our approach to tackling racism was shared at Board Development Workshop in May 2023, and initial engagement with our REACH networks, SLT and HMT across both organisations has been completed during July 2023.

- This presentation lays out the national drivers for change, our current position and work to date, and a detailed plan of action to help start our journey to being an anti-racist organisation. Overall governance of the programme is set out, and clear priorities for action are identified. A paper will be taken to People Committee and then Trust Boards proposing the following:

  1. Approve the request for £50,000 to deliver 'Understanding race and racism in the workplace' education for up to 130 identified staff
  2. Approve the plan and activities detailed in this presentation, taking assurance that this will make a material difference for people of colour in our organisation
  3. Approve the proposal for an EDI steering group to be established
  4. Confirm support and commitment to becoming an anti-racist organisation
  5. Schedule formal review and update of the delivery plan to be presented to future People Committee strategy sessions

Please note: In NGH and KGH, we have moved to use the term 'Race, Ethnicity and Cultural Heritage' or REACH to describe this group of staff. However, the national language tends to refer to 'Black and Minority Ethnic' or BME people. For the purpose of this presentation, these terms are used interchangeably, based on the sources of information such as ESR and Staff Survey information.

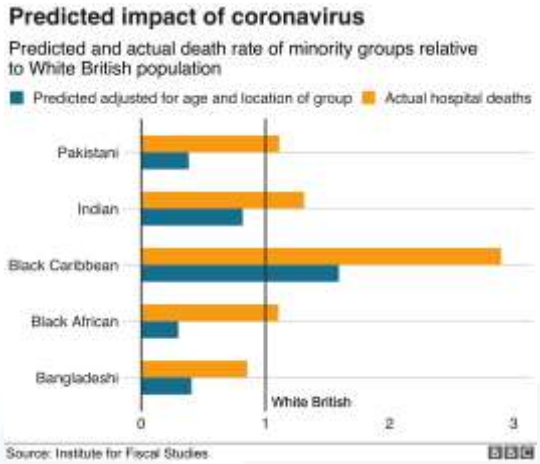
The national drivers for change

The impacts of a pandemic

- The Covid-19 pandemic brought into stark focus the impacts of racism on society. Of the 1.2 million staff employed by NHS, 20.7% belong to Black, Asian and minority ethnic (BME) background. However, analysis of deaths of NHS Staff during the pandemic shows that 64% of those who died belonged to BME background

- The impacts of the pandemic were not restricted to staff, with people from BME communities over-represented in mortality figures compared to White British people:
  - COVID-19 hospital deaths were highest among the black Caribbean population
  - After stripping out the role of age and geography, Bangladeshi hospital fatalities were twice those of the white British group, Pakistani deaths were 2.9 times as high and black African deaths 3.7 times as high

- Combined with the murder of George Floyd, it has highlighted the need for the NHS to take an anti-racist stance and address long-standing, structural and systemic discrimination



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Racism is a public health issue

- People living in areas of high deprivation, those from **Black, Asian and minority ethnic communities** and those from marginalised groups e.g. the homeless, are most at risk of experiencing health inequalities
- Race discrimination is positively associated with many **adverse conditions** e.g. coronary heart disease, high blood pressure, lower birth weight

- **Racism also has a significant impact on patient safety**
  - Black and Minority Ethnic (BME) NHS staff are disadvantaged in recruitment and career progression, disciplinary action, bullying and harassment, and if they raise concerns. Such discrimination has serious consequences for patient care/safety.
  - Research (Dawson) has found **strong correlation between the experiences of BME staff at work and patient satisfaction**.
  - **Racism and bullying undermine psychological safety** at work. Inclusive and compassionate leadership helps create a psychologically safe workplace – creating this environment where staff listen and support each other, results in fewer errors, fewer staff injuries, less bullying of staff, reduced absenteeism and reduced patient mortality (Carter, Mathew et al).
  - **Inclusive organisations are more likely to be 'psychologically safe' workplaces** where staff feel confident in expressing their true selves, raising concerns and admitting mistakes without fear of being unfairly judged.

National drivers

- In order to drive forwards this important work, regulators of the NHS are increasing the requirements for providers to demonstrate their work in tackling racism and discrimination. These include:
  - Workforce Race Equality Standards (WRES) results and actions forming part of the ‘Well led’ domain for inspections from late-2023 onwards
  - Publication of NHS England’s ‘NHS equality, diversity and inclusion (EDI) improvement plan’ detailing six high impact actions in June 2023:

The reality for our staff

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

A changing workforce

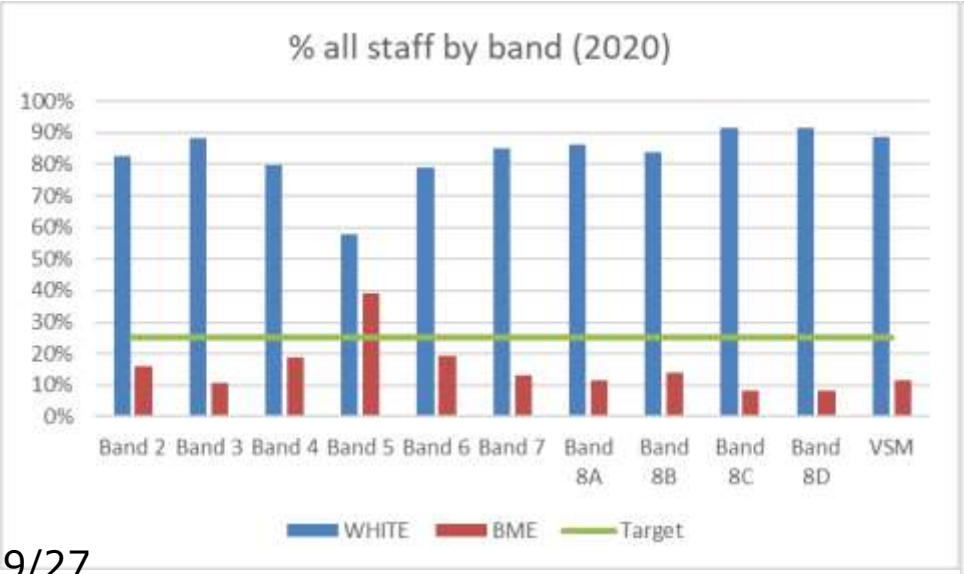
- As reflected nationally, we have seen a significant change in the ethnic diversity of our staff across both Hospitals:

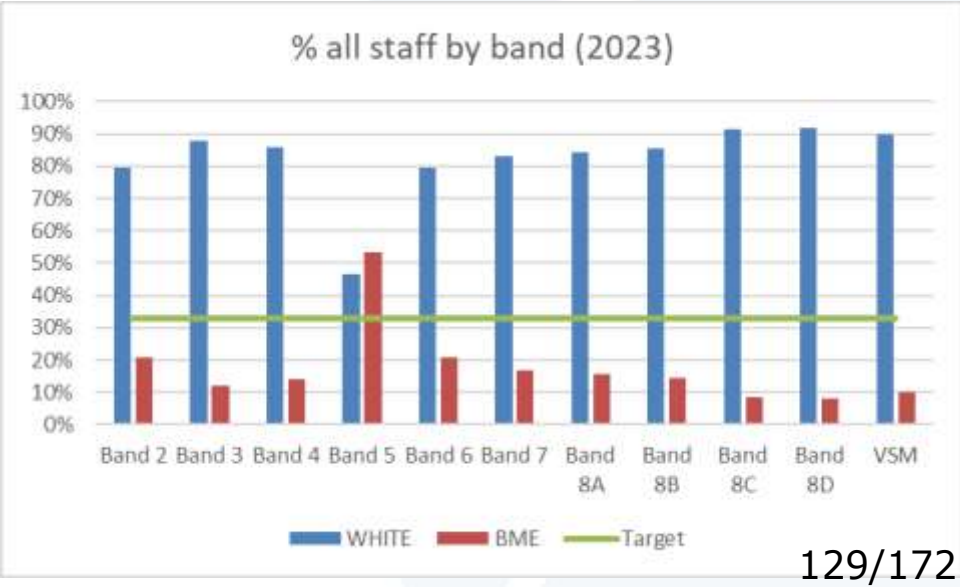
	Kettering General Hospital			Northampton General Hospital		
	March 2020	March 2023	Change	March 2020	March 2023	Change
Total workforce	4535	4901	+ 366	5457	5913	+ 456
REACH workforce	1130	1622	+ 492	1333	1966	+ 633
REACH % of overall workforce	25%	33%	+ 8%	24%	33%	+ 9%

- Whilst there has been an 8% increase in overall workforce, the % of REACH staff has increased at a faster rate; by nearly 44% at KGH and 48% at NGH
- The majority of these changes are seen in clinical roles, mainly at Band 5, and are largely due to international recruitment work.

A changing workforce

- As seen nationally, BME staff are often over represented in Band 5 roles but often fail to progress into higher roles and is shown in our 2020 data.
- The changes in the ethnicity profile of the organisation have further exacerbated the lack of equity in pay; with BME staff making up 64% of clinical Band 5 roles (and 53% overall), but are not yet progressing to higher bands. The % of staff who are from a BME background drops to just 21% of all Band 6 roles and below 17% at Band 7 and above.
- Reviews of data show a higher proportion of BME staff on the initial pay points of Band 5, showing they are in the first 1-2 years of their time with the NHS. It is important that we see an increase in the proportion of BME staff at Band 6 in the next 2-3 years, and the high impact action on talent and development will aid in achieving this goal.





Our work to date

- The Group EDI Strategy 2021-24 has five goals, with associated action plans underpinning this.
- Addressing race and racism in the workplace has been an area of focus, with several actions completed to improve the experience of REACH staff, including:
  - Implementation of Cultural Ambassador roles in HR processes
  - Introduction of Inclusive Recruitment Champions
  - REACH staff networks in place in both Hospitals
  - 'Levelling up' training and Pastoral support for Internationally Educated Nurses (NGH)
  - Introduction of IMG Induction (KGH)
- We have seen improvements in some HR data, including reductions in REACH staff entering formal disciplinary processes and improvements in relatively likelihood of REACH staff being appointed from interview. Despite these efforts, staff *perception* of fairness in processes remains low.
- NGH has seen some improvements in B&H and discrimination from other staff but overall, our data has not improved significantly with REACH staff experiencing poorer experiences at work, including:
  - REACH staff are more likely to enter the formal disciplinary process
  - REACH staff report higher levels of bullying, harassment and discrimination from the public and other staff than white colleagues
  - REACH staff make up less than 14% of Band 8a and above, compared to 31% overall workforce
  - REACH staff reporting discrimination from managers has doubled at KGH since 2019 (12.6% to 25.8%)

Our Five Goals for the Future

This Equality, Diversity and Inclusion Strategy 2021- 2024 will focus on five goals:

1. Creating a representative and supportive workforce
2. Supporting accurate data collection and usage to measure and reduce inequalities
3. Developing compassionate leadership and accountability
4. Culture change through mainstreaming diversity and inclusion
5. Improving Patient access and experience in and of our services

Dedicated to excellence

The impact of our work

- Our WRES data:

	Kettering General Hospital			Northampton General Hospital		
	March 2020	March 2023	Impact	March 2020	March 2023	Impact
Metric 2: relative recruitment	1.37	3.47		1.06	0.90	
Metric 3: Relative disciplinary	3.70	1.19		1.30	0.47	
Metric 4: Relative CPD training	0.99	0.94		1.01	0.97	
Metric 5: B&H from public	BME: 32% White: 27%	BME: 36% White: 29%		BME: 36% White: 33%	BME: 32% White: 32%	
Metric 6: B&H from other staff	BME: 26% White: 21%	BME: 34% White: 28%		BME: 38% White: 31%	BME: 30% White: 30%	
Metric 7: % belief in fair career prog.	BME: 75% White: 86%	BME: 43% White: 54%		BME: 60% White: 85%	BME: 40% White: 55%	
Metric 8: % discrim from mgr	BME: 12% White: 15%	BME: 26% White: 8%		BME: 21% White: 8%	BME: 19% White: 10%	
Metric 9: Voting membership	BME: - 25% White: + 26%	BME: - 33% White: + 34%		BME: - 23% White: + 27%	BME: - 19% White: + 14%	

A challenging starting point

- Harassment, bullying and abuse from patients is experienced more by REACH colleagues than by white colleagues
- At KGH 34% REACH (28% white) and at NGH 30% REACH (30% white) colleagues experienced harassment, bullying or abuse from staff in the last 12 months
- At KGH 26% REACH (8% white) and at NGH 19% REACH (10% white) colleagues experienced discrimination at work from manager/team leader or other colleagues in the last 12 months

- **Leadership has been identified as a fundamental part of safety culture**:
- "Collaborative, inclusive and compassionate leadership is essential to deliver the highest quality care for patients and tackle deep-seated cultural issues in the NHS, including unacceptable levels of work-related stress, bullying and discrimination." *The Kings Fund*
- Creating a collaborative, inclusive and compassionate culture **will benefit all colleagues** in our organisations
  - 30% of our colleagues are of REACH origin
  - Around 15% declare a disability
  - Intersectionality

What is needed now?

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

Why do we need a different approach?

- Whilst some of the work we have focused on has seen improvements, our data shows we are not having the impact intended. We need something different that is backed up by **evidence and research** to achieve long-term and sustainable improvements in our culture.
- An Inclusion strategy that tackles racism will require us to critically appraise our **organisational culture from top to bottom** and address racism at a systemic level by looking at where it is embedded in our organisations.
- **Systemic racism** is where **bias and prejudice are built into systems, policies, processes and customs and practices** and is **built up over a long period of time.**
- Addressing systemic racism is also **time-consuming** and is **evolutionary** – embedded change will take time.
- It is widely accepted that race inequality cannot be tackled with a series of initiatives; our **actions need to be well planned, strategic and, most importantly, sustainable**.
- This is likely to be an **uncomfortable journey** and one where the Board need to commit to deep learning and self-reflection in order to lead and deliver real, sustainable change.

What will be different?

- We will **set clear standards** for the behaviour we expect and accept from patients and staff – we will make it clear when we have addressed racism and what the consequences were
- We will focus on **educating ourselves** to improve understanding of racism and our internal bias
- We will take a **"top down/bottom up"** approach by setting the standard at the Board and with local management teams
- We are clear this is a **patient safety issue** and will create a clear link for staff between inclusive behaviours and excellent patient outcomes
- We will focus on creating a **psychologically safe** environment for people to talk about race, with **co-production** at the heart of our plans; working with our REACH colleagues to make a difference
- We will **support staff who "call out" racism** – listening and understanding and taking supportive action. We will be purposeful in our action.
- We will **all be leaders** and take responsibility for making change
- We will **celebrate** our diverse teams and the value they bring to our organisations and to our patients
- We will **support our People team** to improve their understanding of race and racism, to develop policies and processes that promote inclusion and we will actively work to improve the diversity of our People team

Our guiding principles

- Whilst we have a number of actions we have/continue to take, to date we have not made an explicit plan for how we will improve inclusion by addressing racism in our hospitals.

- In order for us to gain traction it is proposed that we develop a comprehensive and co-produced UHN **‘An Inclusive place to work: tackling racism in our organsiation delivery plan’**, including existing and planned work being undertaken (e.g. Reverse mentoring through the ICB, debiasing recruitment).

- This presentation sets out an initial structure for this plan which will continue to be developed through on-going **co-production** across both organisations as part of our **‘Be the change’ Culture and Leadership programme**.

- This plan aligns to the NHS EDI Workforce Improvement Plan High Impact Actions (HIA)

Improving inclusion by tackling racism – outline structure

- It is proposed that our 'Improving inclusion: tackling racism delivery plan' is developed with the following workstreams:

Detailed plan

Workstream 1:	Executive leadership and accountability
Justification/ Rationale:	• In order for this work to move forwards at pace, it is essential that this is lead by the Senior leaders from across the organisation • Positive role modelling and communication will be essential • Addressing abuse and aggression from the Public will require clear leadership and community engagement which needs to be lead from the top of the organisation

Ref:	Action	Lead	Target date	Success metric
1.1	All Board members to have a specific and measurable EDI objective (HIA 1)	Chair and CEOs	October 2024	Annual appraisals and BAF
1.2	Executive Board members to take part in the ICN Reverse Mentoring programme	TBC	December 2024	Annual appraisals
1.3	All staff networks to have a Board level sponsor, and receive an update from each network at Board each year	Chair and Company Secretary	December 2023 (sponsors) December 2024 (updates)	Board development / Board meeting agendas
1.4	Establish ethnicity pay gap reporting, in line with Gender Pay Gap timelines (HIA 3)	Senior Diversity and inclusion Specialist	March 2024	Reductions in gaps

Detailed plan

Workstream 2:	HR processes and capability
Justification/ Rationale:	• REACH staff continue to be over-represented in formal HR cases • Significant increases in number of REACH staff involved in Grievance processes • Nationally, HR staff are 83% white (ESR data, 2021). At Oct 2022, only 13% of HR staff were from a REACH background. Of these, very few are at B7 or higher.

Ref:	Action	Lead	Target date	Success metric
2.1	Review FTSU concerns by protected characteristics and establish plans to achieve parity for all staff	FTSU guardian	March 2024	NSS q. 23e
2.2	Review all current and pending Disciplinary/Grievance cases to assess whether there may be bias in our process	Chief People Officer	October 2023	Review and remedial actions
2.3	Complete Inclusive HR review, identifying clear actions	Organisational Culture Lead	December 2023	Review and action plan in place
2.4	Roll out 'Just and Learning Culture' in line with other programmes (e.g. Cultural Ambassadors) and update/change processes to further debias processes	Organisational Culture Lead	March 2024	Review and action plan in place
2.5	People Leadership Team and HR business partners to complete 'Understanding race and racism in the workplace' programme	Chief People Officer	June 2024	Completion of programme

Detailed plan

Workstream 3:	Developing cultural competence of race and racism
Justification/ Rationale:	• The organisations have seen a significant change in the diversity of staff over the past 5 years, with over 30% of staff identifying as being from a REACH background • REACH staff in the organisation are also over-represented compared to the wider community with recent census data showing over 90% of the population identifying as 'White'

Ref:	Action	Lead	Target date	Success metric
3.1	Review data by protected characteristic on bullying, harassment, and discrimination and violence, and set reduction target (HIA 6)	Senior Diversity and Inclusion Specialist	March 2024	WRES metric 5, 6 & 7
3.2	Host listening and engagement events with staff to better understand the experience of REACH staff, and to enable further action planning	Senior Diversity and Inclusion Specialist	December 2023	TBC
3.3	Review existing EDI training offered, including mandatory training, and make recommendations for improving this going forwards	Senior Diversity and Inclusion Specialist	December 2023	TBC
3.4	Deliver 'Understanding Race and Racism in the Workplace' education for 10 cohorts of identified divisions/teams	Senior Diversity and Inclusion Specialist	June 2024	TBC

Detailed plan

Workstream 4:	Recruitment and development of talent
Justification/ Rationale:	• Whilst over 30% of staff identify as REACH, they are significantly under-represented in more senior roles (Band 8 to VSM), making up less than 13% (NGH) and 17% (KGH) of staff in these bands • 2021/22 data shows white staff are more likely to be appointed from shortlisting, • Whilst REACH staff are more likely to access non-mandatory training than white staff, and recruitment metrics have improved, *perception* of fairness continues to be lower in REACH staff v White staff (11% difference in KGH, 15% difference in NGH)

Ref:	Action	Lead	Target date	Success metric
4.1	Create and implement a talent management plan to improve the diversity of executive and senior leadership teams and evidence progress of implementation (HIA 2). Targeting a higher % of REACH staff at Band 6 by June 2025 is planned.	Chief People Officer	June 2024 (plan) June 2025 (progress)	WRES metric 2 WRES metric 7 % BME at Band 6
4.2	Evaluate the impact of 'Assessment Centres', considering the diversity of candidates appointed, and make recommendations for improvement	Head of People Processes	October 2023	WRES metric 1 WRES metric 2
4.3	Continue the delivery of 'Levelling up' workshop, with [50%] of IENs joining since 2020 completing the workshop	TBC	June 2025	WRES metric 1 WRES metric 2
4.4	REACH staff making up min. 33% of attendees on the new 'Lead the change' programmes	Head of People Development	June 2025	Improved progression from Bands 5-8
4.5	Host listening and engagement with REACH Band 5 and 6 staff to understand challenges and barriers to progression	Organisational Culture Lead	December 2023	WRES metric 1 WRES metric 2

Detailed plan

Workstream:	Space and support for our REACH staff
Justification/ Rationale:	• REACH networks are in place on both sites, with an 'Overseas' network in KGH (albeit currently dormant). • Development of 'safe spaces' and peer-support are important to ensure staff have access to support and a voice that the organisations are able to hear

Ref:	Action	Lead	Target date	Success metric
5.1	Conduct a review of the experience of internationally recruited nurses, identifying areas of good practice and improvement for future induction and onboarding (HIA 5)	TBC	December 2023	WRES metric 8
5.2	Continue to support and evaluate the impact of International Medical Graduate inductions (HIA 5)	TBC	December 2023	WRES metric 8
5.3	Ensure all staff networks have key structures in place: Executive sponsor (with clear role expectations), budget, Chair (with agreed release time) and co-produced action plan which is reviewed annually	Senior Diversity and Inclusion Specialist	December 2023	WRES metric 8
5.4	Review data by protected characteristic on incidents of violence and/or aggression, and set reduction target (HIA 6)	Local Security Management Specialists	March 2024	Datix reports, WRES metric 5

Governance

- The delivery of the plan will be overseen by hospital **working groups** comprising colleagues from the People team (including Culture lead and EDI leads), operational representatives, staff networks, staff side and Local Security Management Specialists (LSMS)
- A number of proposed actions rely on on-going review of data to keep the plan relevant. It is proposed that the **plan is regularly reviewed and updated**.
- Alongside the work on racism, it is important that we do not discount our obligations to support people with other protected characteristics. At present, EDI governance is accountable to the Trust Board through the People Committee. Each Hospital then has forums for discussion at local level:
  - NGH: an EDI steering group is in place, chaired by the Director of People and attended by the staff networks.
  - KGH: an EDI steering group was previously in place but due to resource pressure and changes in Director of People, this has been dormant
- To deliver our Group ambition to improve the experience of all colleagues in our hospitals it is proposed an **EDI steering group** is established, to be chaired by the Chief People Officer. This group would receive updates from the Improving Inclusion: tackling racism working group and be a forum to facilitate collaboration and sharing best practice, ensure progress against the delivery plan, discussion of key issues, shared decision making and action.

Priority actions – by March 2024

Workstream	Ref:	Priority actions
Executive leadership and accountability	1.3	All staff networks to have a Board level sponsor, and receive an update from each network at Board each year
	1.4	Establish ethnicity pay gap reporting, in line with Gender Pay Gap timelines (HIA 3)
HR processes and capability	2.1	Review FTSU concerns by protected characteristics and establish plans to achieve parity for all staff
	2.2	Review all current and pending Disciplinary/Grievance cases to assess whether there may be bias in our process
	2.3	Complete Inclusive HR review, identifying clear actions
	2.4	Roll out 'Just and Learning Culture' in line with other programmes (e.g. Cultural Ambassadors) and update/change processes to further debias processes
Develop cultural competence of race & racism	3.1	Review data by protected characteristic on bullying, harassment, and discrimination and set reduction target (HIA 6)
	3.2	Host listening and engagement events with staff to better understand the experience of REACH staff, and to enable further action planning
	3.3	Review existing EDI training offered, including mandatory training, and make recommendations for improving this going forwards
Recruitment and development of talent	4.2	Evaluate the impact of 'Assessment Centres', considering the diversity of candidates appointed, and make recommendations for improvement
	4.5	Host listening and engagement with REACH Band 5 and 6 staff to understand challenges and barriers to progression
Space and support for our REACH staff	5.1	Conduct a review of the experience of internationally recruited nurses, identifying areas of good practice and improvement for future induction and onboarding (HIA 5)
	5.2	Continue to support and evaluate the impact of International Medical Graduate inductions (HIA 5)
	5.3	Ensure all staff networks have key structures in place: Executive sponsor (with clear role expectations), budget, Chair (with agreed release time) and co-produced action plan which is reviewed annually
	5.4	Review data by protected characteristic on incidents of violence and/or aggression, and set reduction target (HIA 6)

Progress against priority actions to date

- This is a dynamic plan and we have already started work on a number of the actions previously outlined. These include:

  - Executive Directors engaged in Reverse Mentoring programme with Integrated Care Northamptonshire
  - Audit of staff networks completed, with findings planned to be shared with SLTs
  - Review of current recruitment processes, with discussions for improvement on-going between Workforce and EDI teams
  - Workshop held with HR colleagues to discuss race discrimination in light of recent Employment Tribunal outcomes, with further workshops with HR Advisors planning July/August 2023
  - Quarterly workshops with Cultural Ambassadors being restarted, with the first session in August 2023 discussing the new Group Disciplinary policy
  - 'Inclusive HR' programme commenced, with a review of HR data in relation to protected characteristics and action planning based on the findings

Recommendations

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

Resources required

- It is acknowledged that this is an ambitious plan, and one that will require support and engagement from not only the People team but also from Divisional and Senior leaders. Engagement with Staff networks and Senior Leaders to date has been positive.
- Progress is being made in the recruitment of a Senior Diversity and Inclusion Specialist to lead and guide this work with interviews scheduled for July. As part of the wider People Services transformation we plan to reshape our resource to put more into our EDI team at Hospital level to support this work
- Delivery of ‘Understanding Race and Racism’ education through an external provider has been quoted at just under £4,000 per cohort. An estimated cost of £50,000 is requested to support this work, to take up to 130 people in the organisation through this programme, funded from the 'Dedicated to Excellence' budget. The programme will be provided by an expert in the field, and will include input on key terminology and concepts as well as space for discussion, reflection and challenge about the topic. This will be in a structured way to include:
  - Pilot of 2 cohorts for People Division – being scheduled for August/September 2023
  - Subject to agreement and procurement, further cohorts of:
    - SLT/Group directors (x 3)
    - HMT colleagues (x 5)
    - Cohorts for identified 'hot spot' areas, based on review of HR/FTSU cases, Pulse and NSS data (x 2-3)
  - Once this initial phase is completed and evaluated, further phases of this work may include a ‘train the trainer’ approach to develop internal capability and reach a wider audience.
- Communication and engagement will also be an important requirement, to ensure we are able to communicate our plans to our staff and to our wider communities about our proactive steps to address racism in the workplace and in the care and treatment our patients receive. A dedicated Communication and Engagement plan will be required to schedule our messaging but also to communicate progress and activities planned. Launching this plan, with a statement and commitment from the Trust Boards is also recommended.

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Cover sheet

Meeting	Board of Directors (Part I) Meeting in Public
Date	27 July 2023
Agenda item	7

Title	Report on the activities of the Northamptonshire Health Charity (NHCF)
Presenters	Heidi Smoult, Chief Exectuvie and Trustee to the NHCF Jonathan McGee, Chief Executive, NHCF
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 Terms of Nomination require the submission of reports on the NHCF's activities on an annual basis.	Reports submitted to Board of Directors in July each year.

Executive Summary
The NHCF acts as trustee for the Trust's charitable funds. Jonathan McGee from the NHCF will attend the meeting to present a review of the Charity's activities during the past year, as set out in the **attached** slides. The presentation is for the Board's receipt, information and consideration.

Appendices
Presentation: Reflecting on the activities of the charity during the last year
Risk and assurance
No direct implications
Financial Impact
No direct implications
Legal implications/regulatory requirements
As set out in ‘Reason for consideration’ above
Equality Impact Assessment
The charity’s activities generate positive equality impacts, as specified in the presentation.

Presentation to NGH Board

27 July 2023

Reflecting on the activities of the charity during the last year

Presented by Jonathan McGee
Chief Executive, NHC

April 2022 to March 2023

We spent £1.331 million on charitable expenditure improving your hospitals

Making a difference at NGH over the past year

Supporting patients and families

£26,000 towards added extras in the new Critical Care Unit

From colourful vinyl infographics and a stunning mural; to furnishing the new family and relative's room and LED sky lights to benefit patients.

Making a difference at NGH over the past year

Supporting patients and families

Swan room on Talbot Butler Ward

Supporting patients receiving end-of-life care, and their relatives. The rooms provide a comfortable space away from hustle & bustle of main ward.

Family Swan Room

Not all relatives or caregivers live local to NGH. The family room provides a space for them to relax, with access to kitchen and wash-room facilities

Making a difference at NGH over the past year

Supporting patients and families

Gosset Ward 2x Parent Rooms

For parents to be near to their baby when they are unwell and being cared for in the local neonatal unit at NGH.

Construction and refurbishment works are completed with furniture and contents to follow.

Bedroom 1

New Corridor

Bedroom 2

En-Suite 1

Making a difference at NGH over the past year

Supporting patients and families

Radiotherapy photo-biomodulation equipment

A ‘light therapy’ system that can reduce inflammation, aid tissue repair and reduce pain. For patients undergoing radiotherapy to reduce side-effects of the treatment.

Oncology scalp cooling

Funding granted to replace scalp cooling machines for the NGH Chemotherapy Suite, to continue giving patients the opportunity to preserve their hair during treatment. Provides a sense of control for patients and eases the physical and mental stress hair loss can bring.

Explain my procedure for Cardiology

Funding for one year trial of “Explain my Procedure” – animations to support communication and understanding of cardiology procedures for patients where English is not their first language.

Making a difference at NGH over the past year

Supporting staff

£46,000 towards NGH OurSpace

Contributed towards the creation of the dedicated hub for staff wellbeing.

Furniture for refurbished restaurant

Funded Tables, benches and seating for the refurbished Eat Street restaurant. Provides a more welcoming, comfortable and modern space for staff, with 24/7 access.

Making a difference at NGH over the past year

Supporting staff

Staff Excellence Awards

Proud to be the primary sponsor of the University Hospitals of Northamptonshire Staff Excellence Awards celebrating staff at NGH & KGH.

Making a difference at NGH over the past year

Supporting staff

Nursing & Midwifery conference

Proud to fund the NGH conference for nurses and midwives for the second year running. Also funded the Nurses Day celebrations.

Staff restoration days

Funding for Professional Nurse Advocate (PNA) restoration days for staff. Beneficial for staff wellbeing, morale and professional development.

Our achievements

Northamptonshire Business Awards winner

Winner of the Charity of the Year award at the 2022 event last July.

Northamptonshire SME Business Awards finalist

Chosen as a finalist for Community Business of the Year award.

Non-Profit Organisation Awards winner

Chosen as ‘Most Supportive Local Hospital Fundraiser 2023 – East Midlands.’

Our asks for the future

We want to do even more for patient care and staff benefit

If you have ideas of how charity funding can help enhance patient care and staff wellbeing, let us know!

More general funds help us do even more

The more general unrestricted donations the charity has available, the more projects we can support right across the Trust. Responding to requests quicker.

Staff can fundraise and are welcome to take part in our charity events

Organise a raffle, a cake sale etc, or take on an abseil, skydive or other challenge. There are also charity events staff can take part in.

greenheart@nhcf.co.uk
www.northamptonshirehealthcharity.co.uk

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Cover sheet

Meeting	Board of Directors (Part I) Meeting in Public
Date	27 July 2023
Agenda item	8

Title	Review of Group Governance, Composition of the Board and Appointments to Committees
Presenter	Rachel Parker, Vice-Chair and Senior Independent Director
Authors	Richard Apps, Director of Corporate Governance Richard May, Trust Board Secretary

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

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

Reason for consideration	Previous consideration
To receive outputs from the review of the Finance and Performance, and the Clinical Quality Safety and Performance committees in common, previously requested. To note next steps in the group governance review. To approve Non-Executive committee memberships of committees and changes to Board composition	Boards of Directors (NGH and KGH), 5-6 April 2023. Group Clinical Quality, Safety and Performance Committee (CQSP), 21 July 2023 Group Finance and Performance Committees, 25 July 2023

Executive Summary

(A) Committees in Common

Situation and Background

The Trusts created committees in common for finance, performance, quality and safety in November 2020 as part of collaboration planning work following the launch of the group model between KGH and NGH. Committees in Common are a recognised governance approach that enables collaborations between organisations to take decisions together on projects that cross boundaries without compromising the integrity of their own statutory requirements.

During 2021-22, The Trusts operated a 'hybrid' model of alternating in-common and trust only meetings, which gave rise to a lack of clarity between the purpose and roles of the group and trust committees, resulting in the duplication of existing standalone assurance reports and over-long agenda providing limited assurance in respect of the quality, safety, efficiency and effectiveness of services.

The Trusts reverted to trust-only committees in April 2022 in response to these concerns, before undertaking a programme of developmental workshops for executive leads to build shared reports and for both trusts to consider agenda, work plans, reporting methods and ways of working that would allow in-common working to succeed. The outputs of this programme enabled in-common working to resume in January 2023 on an initial three-month trial basis, resulting in positive feedback on improved communication and transparency across the organisations.

The Boards, at their meetings on 5-6 April 2023, considered reports setting out the results of the trial, indicating their continuing support for the evolution of 'in-common' working, agreeing revised Terms of Reference and the continuation of the approach, subject to a further review, to include an assessment of performance against agreed terms of reference. This report sets out the results of this review.

Assessment

The Group CQSP and Finance and Performance Committees considered reports their July 2023 meetings, reviewing outputs from the following work:

1. *Review of CIC working against gateway criteria for implementation, identified at the outset of the process.*

The group governance working group agreed, in 2021, a series of enabling 'gateways' for each committee in readiness for 'in common' working. It is considered that progress has been made against each key element identified:

Information

- Aligned reporting methodologies e.g. maternity, urgent and emergency care, Nursing Directors exception reports;

- Ongoing work to improve the format and content of the Integrated Governance Report (IGR).

Agenda and work plan management

- Consolidated work plan and monthly agenda-setting meetings for the Committees in place;
- Meeting cycle amended to enable more timely performance reporting.

Ways of working

- Use of a common template for agenda and reports
- Improvement to the consistency, quality and timeliness of exception reporting by sub-groups
- Committee membership, quoracy and decision-making reviewed as part of revised Terms of Reference

Governance

- Revised updated Terms of Reference approved;
- Schemes of delegation updated to articulate in-common responsibilities.

2. *Developing, in conjunction with NHS Providers, a training package report writers and readers, and to (further) improve challenge at meetings, particularly between executive directors; also touch on Board and committee working in the context of public accountability, and the nature of convening vs chairing.*

The Group CQSP Committee considered a proposal at its meeting on 21 July 2023 for a training and development day focussing on effective reports and challenge at meetings, to be facilitated by NHS Providers. Subject to endorsement, feedback and evaluation, this programme will be rolled out to other Board Committees.

3. *Further review of self-evaluation results with opportunity for further input, particularly to identify examples of effective joint working and learning and hospital-level challenge, oversight and assurance; Board self-evaluation will assess Board Members' satisfaction with the assurance provided by committees.*

   Group CQSP and FPC Committees revisited their annual evaluations and identified agenda items and reports which were facilitating learning between the trusts.

   Group Clinical Quality, Safety and Performance Committee

   Of eight respondents:

- Five agreed and two disagreed that they understood the role of the committee in common and the governance model on which it is based;
- Three agreed and three disagreed that they were able to point to positive examples where the committee in common had helped to facilitate the establishment of the University Hospitals of Northamptonshire (UHN) Group;
- Four agreed or strongly agreed and two disagreed that the establishment of the CIC had enhanced working relationships between the trusts;
- Four agreed or strongly agreed and one disagreed the establishment of the CIC had enabled more streamlined agenda management and information sharing between the trusts; and
- Five agreed and one disagreed that the CIC maintained oversight of key operational and performance measures within the trusts.

Open text comments acknowledged that, it the time of the survey, the committee was at an early stage of its development journey.

There have been a number of examples of agenda items and reports which have facilitated learning between the trusts, including:

- Receipt of CQC Inspection reports of maternity (NGH) and Children's and Young People's services (KGH),
- Learning from deaths annual reports;
- Mortality quarterly reports;
- Group Board Assurance Framework;
- Fire compartmentation;
- Joint safeguarding reports;
- Patient experience and complaints quarterly reports.

Group Finance and Performance Committee

Of eight respondents:

- All agreed or strongly agreed that they understood the role of the committee in common and the governance model on which it is based;
- Seven agreed or strongly agreed that they were able to point to positive examples where the committee in common had helped to facilitate the establishment of the University Hospitals of Northamptonshire (UHN) Group;
- All agreed or strongly agreed that the establishment of the CIC had enhanced working relationships between the trusts;
- All agreed or strongly agreed the establishment of the CIC had enabled more streamlined agenda management and information sharing between the trusts; and
- Seven agreed and one disagreed that the CIC maintained oversight of key operational and performance measures within the trusts, and
- All strongly agreed that the resumption of 'in common' working during January-February 2023 on a pilot had been successful and should be extended.

(Source – Section 9 of the self-evaluation survey, March 2023)

The Committee's work plan and agenda is designed to provide group oversight and facilitate learning between the trusts, for example through:

- Monthly financial reports;
- Development and oversight of the Integrated Care System Operational Plan for 2023-24;
- Review of Group strategic priorities;
- Approval of business cases for a joint catering procurement, Community Diagnostic provision (NGH) and the redevelopment of the Rockingham Wing (KGH).

4. *Review of sub-group reporting to the Group CQSP Committee, comprising a review of minutes and terms of reference and the roll-out of a common exception reporting template to improve the quality and consistency of upward exception reporting*

The profile of sub-group exception reporting to the Group CQSP Committee has increased as part of the new work plan and these reports are now received near to the top of each agenda, supported by the roll-out of a common template for the identification of assurance levels which is also used by the committee in its 'upwards' reports to Boards of Directors. Sub-group reports now provide the committee with clearer oversight of key clinical quality escalation, driving detailed, assurance focussed challenge and learning.

The Deputy Trust Board Secretary has also undertaken an audit of sub-groups in order to assure the committee that each is properly constituted and chaired, including exception reporting.

5. *An internal audit review of in-common working, which gave rise to a finding of Reasonable Assurance in respect of the Trust's governance add reference to findings and recommendations.*

TIAA, the trusts' internal auditors, has recently concluded an advisory review to provide assurance that the Governance, reporting and monitoring arrangements regarding the Committees in Common (CIC) are robust and support delivery of the Trusts' vision. The review's key findings are as follows:

1. There was an appropriately approved Group vision and governance structure with regular review of leadership capacity. Regular reports on the group working had been presented to the Boards. The Group CQSP's Terms of Reference explicitly articulate its role in delivering group strategic priorities.
2. There was an independent review by Capsticks (the Trusts' legal advisors) at the early stage of the Group establishment to inform the implementation of the Group model.

3. A project plan including the workstreams, responsible officers and timescales for delivery was not in place *(this will be addressed during the next stages of the governance review)*
4. A review of the reporting arrangements from sub-groups of the CiC was in progress to ensure they reflect the related CiC terms of reference and the revised governance structure.
5. While the CiC terms of reference, including the purpose and objectives of the CiC were approved by Boards, it was not always possible to align the Group CQSP's duties, as set out in its terms of reference, to specific work plan and agenda items;
6. A sample review confirmed that decisions were only made when the meetings are quorate.

The findings gave rise to a number of recommendations, which will be implemented with oversight by the Audit Committees.

In light of this evidence, the committees are able to provide **reasonable assurance** to the Boards of Directors that, based on the evidence presented and the views of Members, they are operating efficiently and effectively and, in so doing, increasingly adding value to the trusts' and the group's activity. As such, the Boards are further recommended to **APPROVE** the continuation of 'in common' working until the conclusion of the further review of governance commissioned by the Trusts' Chair.

(B) Next steps – Group Governance structure

The Boards deferred a decision to move to Boards meeting in common pending a review of group strategic aims and objectives. The Interim Trusts' Chair has commenced this review after taking up office on 1 July 2023, facilitating a workshop for both boards held on 19 July 2023. Following further development work, with external support for governance, risk and cultural elements, the Trusts will be in a position to explore the optimum governance and leadership frameworks which will enable these objectives to be delivered. Further reports and recommendations will be brought to future meetings.

(C) Board composition and review of appointments to committees

The Trust's Establishment Order specifies that there are six voting Non-Executive Director positions on the Board of Directors, including the Trust Chair. The University of Leicester representative (Professor Andre Ng) holds a non-voting, Associate Non-Executive Director position.

The Non-Executive Directors are contractually obliged to devote around 3-5 days per month to their roles; however, the evolution of group working, continuing organisational pressures. the formal establishment of the Integrated Care Board, and changes to the executive team, have increased the required time commitment to a level that is no longer sustainable. The Board cannot increase the number of non-executive director positions without formally changing its Establishment Order, requiring a lengthy legal process, therefore it is recommended that two additional Associate roles are created to provide the capacity required to meet the current

and ongoing challenges, and to provide succession planning opportunities as sitting non-executives' terms of office reach their conclusion. NHS England is supportive of this proposal.

Non-Executive Anette Whitehouse has consented to move into an associate role due to personal reasons. The Board is recommended to note and support Anette's request and to extend its best wishes until such time as she is in a position to resume her duties. The Board is recommended to **APPROVE** the establishment of two additional Associate Non-Executive Director roles and to **APPOINT:**

(1) Professor Andre Ng to the role of Non-Executive Director (Voting) and
(2) Appoint a Non-Executive Director to the position of Safeguarding Lead.

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

Dedicated to excellence

NHS
Northampton General Hospital
NHS Trust

Cover sheet

Meeting	Board of Directors (Part I) Meeting in Public
Date	27 July 2023
Agenda item	9

Title	Remuneration and Appointments Committee Terms of Reference
Presenter	Paula Kirkpatrick, Group Chief People Officer
Author	Richard May, Group Company Secretary

This paper is for			
✓Approval	☐Discussion	☐Note	☐Assurance
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Reason for consideration	Previous consideration
The Board is responsible for the establishment of committees, and agreement of Terms of Reference.	Remuneration and Appointments Committee, 9 June 2023

Executive Summary

Revised Terms of Reference are enclosed for the Board's ratification following endorse by the committee. The changes enable clarity and consistency between the Trust and Kettering General Hospital, whilst continuing to recognise specific legal responsibilities for KGH (an NHS Foundation Trust) and NGH (an NHS Trust).

The Committee **RECOMMENDED TO THE BOARDS OF DIRECTORS** that the revised Terms of Reference be approved as set out at Appendix A attached. The Board is requested to approve and ratify this recommendation.
Appendices
Revised draft Terms of Reference
Risk and assurance
No direct implications
Financial Impact
None
Legal implications/regulatory requirements
As above
Equality Impact Assessment
Neutral

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REMUNERATION AND APPOINTMENTS COMMITTEE

TERMS OF REFERENCE

1. Purpose

1.1 The Committee's role is to oversee the selection, appointment, performance, termination, compensation and benefits of the **Chief Executive, Executive Directors and other roles subject to 'Very Senior Manager' (VSM) Terms and Conditions**.

2. Authority

2.1 The Remuneration and Appointments Committee has delegated authority from the Board of Directors as set out in the Trust's Scheme of Delegation. The committee is authorised, subject to the scheme of delegation, to take the necessary decisions to perform the duties set out below.

2.2 The Committee may obtain legal, remuneration and other advice as and when required and may appoint and secure the attendance at meetings of external remuneration and other consultants and advisers as it deems appropriate.

3. Membership and attendance

3.1 All Non-Executive Directors shall be members of the Committee. The Trust Chair shall be Chair of the Committee or, in his/her absence, the Trust Vice-Chair.

3.2 A quorum of the Committee shall be three members including the Chair or Vice-Chair.

3.3 The Chief Executive will attend meetings at the request of the Committee.

3.4 The Chief People Officer will attend meetings at the request of the Committee to provide advice on matters related to its role including benchmarking data, reward practice, external regulation impacting on appointment, compensation, benefit and termination.

3.5 The Chief Executive and Chief People Officer shall be excluded from discussions related to their own remuneration.

4. Meetings and Quorum

4.1 No business shall be transacted unless any three members, including the Trust Chair or Vice-Chair, are in attendance.

4.2 The committee will meet at least annually, and at other times, subject to a schedule to be agreed with the Trust Chair.

5. Administration

The Trust Board Secretary will be responsible for ensuring the provision of appropriate administrative support to the Committee.

Committee papers will be distributed to members at least three days in advance of the meeting.

The Committee will establish an annual work programme, summarising those items that it expects to consider at forthcoming meetings. The Committee's other business shall be conducted as required e.g. upon vacancies arising

6. DECLARATIONS OF INTERESTS

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.

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

7. Duties

The duties and responsibilities of the Committee are as follows:

7.1 Appointments to posts specified in paragraph 1.1 above

7.1.1 To approve the process for the selection, appointment, termination, compensation and benefits of posts.

7.1.2 To approve, subject to the requirements of the Trust's Scheme of Delegation, the creation of, and appointment to posts.

7.1.3 The Committee will maintain oversight of the Executive composition of the Board of Directors, making recommendations to NHS England in respect of changes to the Trust's Establishment Order which may be required.

7.2 Appraisal, Remuneration and Succession Planning in respect of posts specified in Section (1) above

7.2.1 The committee has delegated responsibility for setting postholders' remuneration, including pension rights and any compensation payments.

7.2.2 The committee will:

- Establish and keep under review a remuneration policy in respect of Executive Directors;
- Oversee the development and implementation of effective appraisal processes;
- receive a written report from the Trust Chair summarising the performance of the Chief Executive against their agreed objectives, upon which the committee can base its assessment for salary reviews;
- receive a written report from the Chief Executive summarising Trust and Group postholders' performance against their agreed objectives, both as a team and individuals, upon which the committee can base its assessment for salary reviews, including proposals for succession planning to ensure the sustainability of the Trust's executive leadership team;
- In accordance with all relevant laws, regulations and trust policies, decide and keep under review postholders' terms and conditions of office, including:
    - salary, including any performance-related pay or bonus;
    - provisions for other benefits, including pensions and cars;

allowances;
- payable expenses; and
- compensation payments.

7.2.3 In adhering to all relevant laws, regulations and Trust policies, the Committee will:

- Establish levels of remuneration which are sufficient to attract, retain and motivate postholders of the quality and with the skills and experience required to lead the Trust successfully, without paying more than is necessary for this purpose, and at a level which is affordable for the Trust, and has regard to pay and employment conditions within it ; and
- Use national guidance and market benchmarking analysis in the annual determination of postholders' remuneration, while ensuring that increases are not made where Trust or individual performance do not justify them;

7.2.4 The Committee shall take appropriate steps to ensure that recruitment and selection processes are designed to take account of equality, diversity and inclusion at each stage of the process, having regard to the objective that the composition of the Board of Directors should reflect that of the Trust's employees, patients, families and wider communities.

7.2.5 The Committee will agree and propose severance arrangements to NHS England for any directors and for any non-contractual severance arrangements at any grade. Contractual terminations for non-director staff in excess of £100k also require NHS England approval.

8. Sub-committees and reporting arrangements

8.1 The Committee shall have the power to establish sub-committees for the purpose of addressing specific tasks or areas of responsibility. In accordance with the Trust's Standing Orders, the Committee may not delegate powers to a sub-committee unless expressly authorised by the Board of Directors. In approving these Terms of Reference, the Board of Directors authorises the Committee to delegate authority to the Committee Chair to determine the size and membership of selection interview panels, having regard to the Group's 'Very Senior Manager Recruitment Guidance', and successor documents. Panel Chairs shall prepare reports and recommendations to the committee in respect of appointments following this process.

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

9. STANDING AGENDA ITEMS

1.	Six-monthly and annual appraisals
2.	Recruitment to leadership position (ad hoc)
3.	Review of Terms of Reference and Self-Evaluation (Annual)

10. PROCESS FOR MONITORING EFFECTIVENESS OF THE COMMITTEE

The Chair of the committee will seek feedback from all attendees on the effectiveness of committee meetings following each meeting.

The Committee will carry out an annual review of its performance and function in satisfaction of these Terms of Reference and report to the Board on any consequent recommendations for change.
Agreed: July 2023

Review date: July 2024