

# University Hospitals of Northamptonshire NHS Group (UHN): Meeting in Public of the Boards of Directors of Kettering General Hospital NHS Foundation Trust and Northampton General Hospital NHS Trust

Fri 08 December 2023, 09:30 - 12:45

William Wilson Room, Cripps Postgraduate Centre, Northampton General Hospital

## Agenda

09:30 - 09:30 0 min	<b>1. Welcome, apologies and declarations of interest</b>  <i>John MacDonald</i>   UHN Boards Part I Agenda 081223 (3).pdf (2 pages)
09:30 - 10:00 30 min	<b>2. Patient Story: Mick's story</b>  <i>Presentation</i> <i>Nerea Odongo</i>
10:00 - 10:05 5 min	<b>3. Minutes of the previous meetings held on 5-6 October 2023 and Action Logs</b>  <i>Decision</i> <i>John MacDonald</i>   3.1 051023 KGH Public Part I Board of Directors Draft Minutes.pdf (10 pages)  3.2 KGH Action Log Updated Post 051023 Part I Board.pdf (2 pages)  3.3 Draft NGH Public Trust Board Minutes - October 2023.pdf (10 pages)  3.4 Action Log Updated Post 061023 Part I Board.pdf (2 pages)
10:05 - 10:15 10 min	<b>4. Chair's report (verbal)</b>  <i>Information</i> <i>John MacDonald</i>  <b>4.1. Chief Executive's report</b>  <i>Information</i> <i>Richard Mitchell</i>   4.1 CEO update public board 2023.pdf (6 pages)
10:15 - 11:10 55 min	<b>5. Board Committee Chairs' reports and Integrated Governance Report</b>  <i>Assurance</i> <i>Richard Mitchell / Board Committee Chairs</i>  BREAK 11:00-11:10   5. Cover sheet_IGR.pdf (2 pages)  5.0 Group Upward Reporting to UHN 081223 Boards.pdf (12 pages)  5. Nov IGR 23.pdf (110 pages)  5. M7 KGH Board.pdf (4 pages)

**11:10 - 11:30 6. Dedicated to Excellence in-year review**

20 min

*Assurance Rebecca Taylor*

 6.0 UHN Strategic priorities six month review cover paper.pdf (5 pages)


 6.0 UHN Strategic priorities six month review.pdf (25 pages)


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**11:30 - 11:50 7. Group Academic Strategy**

20 min

*Decision Hemant Nemade and John Jameson*

 7. 20231208 Academic Strategy.pdf (5 pages)

 7. Gap analysis - Academic Strategy UHN Joint Board.pdf (12 pages)

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**11:50 - 12:10 8. Workforce Race and Disability Equality Standards reporting (WRES and WDES)**

20 min

*Paula Kirkpatrick and Farhana Ahmedabadi-Patel*

 8. WRES WDES UHN Public Board Report Dec 2023.pdf (6 pages)

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**12:10 - 12:20 9. Group Board Assurance Framework (BAF)**

10 min

*Assurance Richard Apps*

 9. Cover paper\_Group BAF\_Dec23.pdf (2 pages)

 9. Appendix A\_Group BAF\_29NOV23.pdf (17 pages)


 9. Appendix B\_Corporate risks aligned to BAF risks @ 29NOV2023.pdf (2 pages)

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**12:20 - 12:30 10. Emergency Planning, Resilience and Response (EPRR) annual reports and Core Standards compliance**

10 min

*Receive Palmer Winstanley and Fay Gordon*

 10. COVER\_Boards EPRR Group Annual Reports 2023 v29\_11\_23.pdf (4 pages)

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**12:30 - 12:35 11. Remuneration and Appointments Committees: Terms of Reference**

5 min

*Decision Richard Apps*

 11. KGH NGH Boards Cover Sheet RA TOR 081223.pdf (2 pages)

 11. Appendix A KGH Remuneration and Appointments Committee TOR revised 1123.pdf (4 pages)

 11. Appendix B NGH Appointments and Remuneration Cttee TOR revised 1123.pdf (3 pages)

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**12:35 - 12:40 12. Appointments to Boards' Committees for 2024**

5 min

*Decision Richard Apps*

 12. UHN Appointments to Committees for 2024.pdf (3 pages)

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**12:40 - 12:45 13. Appointment of NGH External Auditor**

5 min

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12:45 - 12:45 **14. Questions from the public**  
0 min

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12:45 - 12:45 **15. Any other business and close**  
0 min

## University Hospitals of Northamptonshire NHS Group: Meeting in Public of the Boards of Directors of Kettering General Hospital NHS Foundation Trust and Northampton General Hospital NHS Trust

Meeting	Boards of Directors (Part I) Meeting in Public
Date & Time	Friday 8 December 2023, 09:30-12:45
Location	William Wilson Room, Cripps Postgraduate Centre, 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: Mick's Story	Director of Nursing, Midwifery and AHPs (NGH)	09:30	Discussion	Present-ation
3	Minutes of the Previous Meetings held on 5-6 October 2023 and Action Logs	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
Strategy					
	BREAK		11:00		



6	Dedicated to Excellence In-Year Review	Director of Transformation and QI	11:10	Assurance	Attached
7	Group Academic Strategy Review	Medical Directors	11:30	Approve	Attached
Culture					
8	Workforce Race and Disability Equality Standards reporting (WRES/WDES)	Chief People Officer	11:50	Discussion	Attached
Governance					
9	Group Board Assurance Framework	Director of Corporate Affairs	12:10	Assurance	Attached
10	Emergency Planning, Resilience and Response (EPRR) annual reports and Core Standards compliance	Chief Operating Officers	12:20	Receive	Attached
11	Remuneration and Appointments Committees: Terms of Reference	Director of Corporate Affairs	12:30	Approve	Attached
12	Appointments to Boards' Committees 2024	Director of Corporate Affairs	12:35	Approve	Attached
13	Appointment of NGH External Auditor	Chief Finance Officer	12:40	NGH Approve	Attached
14	Questions from the Public	Chair	12:45	Information	Verbal
15	Any Other Business and close	Chair	12:45	Information	Verbal
<b>Date of Next Meeting: February 2024 (date and venue to be confirmed)</b>					

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

## Minutes of the Meeting

Meeting	Board of Directors (Part I) Meeting in Public
Date & Time	Thursday 5 October 2023, 09:30-12:15
Location	Boardroom, Kettering General Hospital

### Purpose and Ambition

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

Attendance		Name and Title	
Present	John MacDonald	Interim Trust Chair	
	Deborah Needham	Interim Chief Executive	
	Richard Apps	Director of Corporate Affairs	
	Professor Natalie Armstrong	Non-Executive Director	
	Natasha Chare	Chief Digital Information Officer	
	Alice Cooper	Non-Executive Director	
	Fay Gordon	Chief Operating Officer	
	Polly Grimmett	Director of Strategy	
	Sam Holden	Director of Communications and Engagement	
	John Jameson	Medical Director	
	Paula Kirkpatrick	Chief People Officer	
	Deborah Manger	Non-Executive Director	
	Andrew Moore	Non-Executive Director	
	Trevor Shipman	Non-Executive Director	
	Jayne Skippen	Director of Nursing, Midwifery and Allied Health Professionals	
	Becky Taylor	Director of Transformation and Quality Improvement	
Damien Venkatasamy	Non-Executive Director		
Professor Chris Welsh	Non-Executive Director		
Richard Wheeler	Interim Chief Finance Officer		
In Attendance	Susan Clennett	Freedom to Speak Up Guardian (item 9)	
	Richard May	Trust Board Secretary	
	Richard Mitchell	Chief Executive, University Hospitals of Leicester NHS Trust (UHL)	
	Professor Peter Woolliscroft	Lead Governor	
Item	Discussion		Action Owner
1	Welcome, Apologies and Declarations of Interest		
	The Chair welcomed colleagues to the meeting and specifically the following colleagues who were attending their first meetings:		

	<ul style="list-style-type: none"> <li>• Sam Holden, Interim Director of Communications and Engagement;</li> <li>• Richard Mitchell, Chief Executive, UHL</li> <li>• Richard Wheeler, Interim Chief Finance Officer</li> </ul> <p>There were no apologies for absence or declarations of interest relating to specific agenda items.</p>	
2	<p><b>Patient Story</b></p> <p>The Board viewed a patient story in which a family, who wished to remain anonymous, described the support they had received from the KGH learning disability lead following a family member's attendance in the emergency department. There were opportunities for sharing best practice, learning and continuous improvement across KGH and NGH, particularly in respect of support for patients with learning disabilities outside of specialist working hours. The story reaffirmed the importance of exploring wider wellbeing factors, over and above the immediate reasons for attending hospital.</p> <p>The Board thanked the family for sharing its experiences, welcoming feedback which helped the Trust to understand the experiences of families and family members living with learning disabilities, who often had to work hard over long periods to secure the right care and support for their loved ones. Learning disability support 'passports' had been implemented across the Northamptonshire Integrated Care System (ICS), though this initiative required review to assess its effectiveness; the Board welcomed the forthcoming appointment of a specialist learning disability Nursing Advocate as a means of raising awareness and understanding of care and support needs across the hospital, whilst ensuring that the respective responsibilities of this role compared to those of all staff, were clearly understood and communicated. The Board requested that the Director of Nursing, Midwifery and AHPs explore means of assessing skills and knowledge of learning disability, as well as to capture other patients' and families' experiences of treatments.</p>	
3	<p><b>Minutes of the last meeting held on 28 July 2023 and Action Log</b></p> <p>The Minutes of the last meeting held on 28 July 2023 were approved as a correct record.</p> <p>The Board noted closed and ongoing items on the Action Log.</p>	
4	<p><b>Chair's Report</b></p> <p>The Chair provided a brief overview of his first 100 days in office, during which he had worked closely with both trusts (Kettering and Northampton) to move the organisations to a point where they were able to progress collaboration at pace; proposals would be submitted to the private Board meetings, and would be publicised widely following agreement. He reiterated the scale of the opportunities to improve services and efficiencies within the University Hospitals of Northamptonshire Group (UHN), and more widely with the ICS and</p>	

	<p>UHL; elective recovery and financial sustainability were specific areas for attention.</p> <p>The Chair advised that the trusts were advertising for Associate Non-Executive Directors to enable succession planning and broaden the base of skills and experiences on the UHN Boards of Directors.</p>	
4.1	<p><b>Chief Executive's Report</b></p> <p>The Chief Executive presented her report and drew the Board's attention to the following specific items:</p> <ul style="list-style-type: none"> <li>• The Trust's response to the NHS England letter seeking action and assurance in response to the murder and attempted murder of babies at the Countess of Chester hospital; the report at agenda item 6 would provide an update, in advance of the conclusion of the independent enquiry, on actions KGH has taken and assurance on Freedom to Speak Up processes;</li> <li>• The continuing impacts of industrial action on patient care, experience and operational performance; the Trust's elective care activity remained strong compared to regional and national benchmarks, though regrettably many hundreds of appointments had been changed or delayed. The Chief Executive apologised to patients whose appointments had been postponed and thanked teams, particularly administrative colleagues, for their work to minimise disruption in difficult circumstances, and to all colleagues who had attended work during strike periods. In response to a question, the Board was advised that the percentage of medical colleagues striking was increasing.</li> <li>• The Trust's Local Neonatal Unit had been redesignated as a Specialist Care Baby Unit on 18 September 2023 following extensive discussions with specialist commissioners, the Integrated Care Board (ICB) and local neonatal network. The impact upon mothers and babies had been minimal, and all women were reassured that they should attend KGH to receive care (supported by targeted communications). The Trust's neonatal service was subject to review to identify a preferred future operating model which ensured clinical quality and financial sustainability;</li> <li>• Attendance at Downing Street on 4 October to receive a special national award from Baby Lifeline UK, on behalf of the maternity team, for improving safety and investing in our workforce. The team had also been nominated for Baby Lifeline's UK MUM Award in recognition of its dedication and compassionate care. The Board joined the Chief Executive in commending these achievements and asked the Chair to issue a letter of congratulations on its behalf.</li> </ul> <p>The Board of Directors noted the report.</p>	
5.	<p><b>Board Committee Summaries and Integrated Governance Report (IGR)</b></p> <p>Committee Chairs and Executive Leads brought the following matters to</p>	

	<p>the Board's attention:</p> <p><i>Group Strategic Development Committee</i></p> <p>The Committee met to consider the Trust's response to a data request from the National Hospital Programme Team to assess the viability of schemes within the programme. The Trust's submission showed a higher total costs compared to national baselines, but also a higher bed capacity; overall, the national team had indicated satisfaction with the Trust's preparedness for its scheme, though concerns remained that the overall national funding available would be insufficient for all schemes to be funded.</p> <p><i>Group Clinical Quality, Safety and Performance Committee</i></p> <p>The Committee:</p> <ul style="list-style-type: none"> <li>- Indicated reasonable assurance in respect of actions being taken by both trusts in response to the Countess of Chester hospital murders;</li> <li>- Expressed concern regarding limitations to the value of aggregated performance data at organisational level within the IGR, which could hide localised underperformance;</li> <li>- Received sub-group reports and noted items of limited assurance, particularly regarding the practice of disseminating clinical information and decisions at NGH, using systems which were not supported for clinical use under the terms of the group policy. The Director of Corporate Affairs undertook to review the KGH position in this regard;</li> <li>- Indicated reasonable assurance in respect of actions taken in response to the redesignation of the neonatal unit; the committee co-chair also chaired weekly review meetings to ensure the satisfactory completion of actions.</li> </ul> <p>The Committee had been unable to provide any assurance that the Group Academic Strategy objectives and associated business benefits were likely to be met, which presented significant risks to the trusts' ability to recruit staff, develop research activities, and expand medical education provision (ultimately detrimental to patient care), and to University Hospitals status. Specifically, commitments would very shortly be required to enable the University of Leicester to increase its capacity for medical students from the 2025-26 academic year, for which teaching and accommodation capacity at KGH and NGH were critical dependencies. The Board reaffirmed its commitment to delivering the strategy and requested that the Medical Directors work closely with Non-Executive Directors and with NGH and University counterparts to address the current issues as a matter of urgency.</p> <p><i>Group Finance and Performance Committee</i></p> <p>The Committee noted continuing strong operational performance compared to regional and national peers but expressed concerns regarding the trust and the group's financial position which showed large year-to-date (Month 5, 31 August 2023) deficits compared to plans. It was increasingly unlikely that the breakeven plan target for</p>	<p>RA</p> <p>JJ</p>
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	<p>2023-24 for the ICB would be met following reforecasting, which would take place during Quarter 3 (October to December 2023).</p> <p>The delivery of efficiency savings targets remained behind plan, though KGH had made good progress which showed a favourable variance of £677k (year to date). The Committee had approved the draw down of £7.3m to ensure cash flow in response to the overall deficit. The Board of Directors <b>RATIFIED</b> this approval.</p> <p>The Board noted the continuing development of a Medium Term Financial Plan for the ICS and committed to early engagement with Non-Executive Directors, to ensure all were fully sighted in the development of proposals to move to a sustainable position which could address the comparative high cost of services compared to national benchmarking and significant increases in the staffing establishment since the start of the COVID pandemic. The Board was assured of forthcoming oversight of this work by the quality, finance and performance and people committees as it developed.</p> <p>The seriousness of the financial position was reflected in the receipt of enforcement undertakings by both trusts from NHS England, which required stronger grip and governance in the development and delivery of financial recovery plans (see item 13 below).</p> <p>In response to a question, the Board was advised that the net cost of industrial action was currently around £1.6 million.</p> <p><i>Audit Committee</i></p> <p>The Committee:</p> <ul style="list-style-type: none"> <li>- Noted and endorsed processes and timescales for forthcoming tenders for the internal and external audit contracts;</li> <li>- Endorsed the framework and content of the Enforcement Undertakings received from NHS England (see item 12 below);</li> <li>- Approved the External Auditor's annual report which set out in detail the outcomes of the Value for Money aspect of the audit. The report identified significant weaknesses in the areas of: 'financial sustainability' (due to the current financial challenges for the trust) and 'improving economy, efficiency, and effectiveness' (due to the issues identified in the recent CQC inspection of Children's and Young People's Services) - giving rise to key recommendations in these two areas. Whilst not rated as significant, there were also improvement recommendations identified in the third area considered, 'governance', including the need for greater clarity over the group model and ambitions, following a period of instability in group leadership. The Board noted learning for the committee in respect of preparation for future reviews and requested the dissemination of additional evidence, presented to the External Auditor, in respect of benefits achieved from group model working.</li> </ul>	
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	<p><i>Group Transformation and Digital Hospital Committees (meeting together)</i></p> <p>The Committee:</p> <ul style="list-style-type: none"> <li>- Received and noted a summary of feedback received in relation to the IGR, actions agreed to improve it, and the roadmap, with associated roadmap and timescale. The people, quality and finance and performance committees had also been consulted on the latest position, and there was a commitment to better understand and address constraints identified in respect of the use of aggregate data;</li> <li>- The UHN data warehouse project was due to be completed in the current financial year, though there were risks to this timescale due to the need to clarify financial implications. The Board was assured that an aligned approach had been agreed with the ICB, emphasising the need to achieve a single source of data for the local health system;</li> <li>- Received sub-group exception reports, indicating limited assurance in respect of video calling software, the contract for which expired in March 2024;</li> <li>- The ICB was holding transformation workshops to develop proposals for 2024-25;</li> <li>- The Committee endorsed a preferred supplier for the NGH Electronic Patient Record; it would be important to ensure interoperability between systems should KGH and NGH select different suppliers.</li> </ul> <p>The Board requested as stronger focus on priorities, outcomes and business benefits in future reports.</p> <p><i>Group People Committee</i></p> <p>The Committee:</p> <ul style="list-style-type: none"> <li>- Reviewed disaggregated performance data, identifying departmental exceptions at each hospital for subsequent analysis;</li> <li>- Indicated substantial assurance in respect of the current success of the management and leadership programme and particularly its contribution to delivering cultural change;</li> <li>- Noted that shift fill rates remained a challenge at both organisations due to the ongoing impacts of short and long term sickness, increased acuity, dependency and activity, leading to continuing use of bank and agency staff. The committee obtained assurance regarding short term measures to ensure safety and medium term plans to recruit and develop staff to create a more sustainable workforce;</li> <li>- Requested updates to the Group Board Assurance Framework to reflect completed actions (changes incorporated - see item 11 below);</li> <li>- Welcomed encouraging results from the latest 'Pulse' staff survey, which generated a high KGH response rate (24% compared to 12%) and improved engagement, advocacy and motivation scores. The 2023 national NHS Staff Survey</li> </ul>	
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	<p>launched on 2 October and 10% of KGH staff had already responded.</p> <p>The Board noted the report and requested robust workforce planning projections to be agreed as part of the review of the Group People Plan, aligned to the objectives of the Academic Strategy and taking into account the opportunities presented by the hospital redevelopment.</p>	
6.	<p><b>Hospital Response to events at the Countess of Chester Hospital</b></p> <p>The Board received a report providing assurance that the Trust had considered and reviewed recent NHS England guidance following the convictions of a former nurse for the horrific crimes of killing seven babies, and attempting to kill six others, at the Countess of Chester Hospital between 2015-2016.</p> <p>The Trust had put in place, and was delivering, a short term action plan, and anticipated further learning and actions following the conclusion of the national enquiry into the case, which would apply to all areas of the hospital. The Trust was evaluating its Freedom to Speak Up arrangements to ensure that those speaking up were seen to be heard and responded to (see item 8 below), and was exploring ways to improve the triangulation of patient safety, complaint and grievance data to build an integrated picture which would flag potential issues of concern at the earliest stage; the new national patient safety process (PSIRF) would assist this process, though national roll-out had been delayed and the Trust was in the process of recruiting a dedicated implementation team.</p> <p>The Board indicated its assurance in respect of the Trust's current position and noted that a 'making data count' workshop would be taking place in November 2023 in order to optimise qualitative and quantitative health intelligence to ensure safety and continuous improvement.</p>	
7.	<p><b>Winter Plan</b></p> <p>The Board of Directors considered a report providing assurance in respect of the Trust's winter plan, with an expectation of a particularly challenging period exacerbating severe existing pressures. The Trust had plans to implement the following high impact interventions identified by NHS England:</p> <ul style="list-style-type: none"> <li>• Increasing same day emergency care to avoid admissions;</li> <li>• Frailty: assessment and on-the-day care to avoid admissions;</li> <li>• Improving discharge processes to reduce length of stay, and</li> <li>• Board rounds, early planning and preparation for discharge to improve patient flow across the organisation.</li> </ul> <p>The Trust had refreshed its bed model, which predicted, assuming the high impact schemes delivered and based on 99% occupancy, a deficit of 59 beds (excluding Paediatric beds).</p> <p>In addition to the KGH schemes, the ICS had identified six workstreams as part of the 'Supporting and Recovering Independence' programme,</p>	



	<p>each led by a Chief Operating Officer reporting to the ICB Urgent and Emergency Care Board. In addition to these schemes, the programme would also focus on 'ageing well' and the expansion of the Virtual ward.</p> <p>The report set out key risks to the plan, particularly COVID impacts (cases in the hospital had recently doubled to 40) and the Board noted that full operational and patient benefits of ICS schemes were unlikely to be realised during the 2023-24 winter. National and regional funding for winter mitigation schemes was a matter of particular concern in the context of the Trust's financial position.</p> <p>In response to a question, the Board was assured that key performance metrics were in place to assess the impacts of Trust and ICS initiatives.</p> <p>The Board noted the latest position and, whilst acknowledging key risks and constraints, indicated its assurance in respect of the Trust's preparations for the winter period; effective working across the local health system would be required, ensuring each provider was clear about expectations to contribute to a safe and sustainable position across the ICS.</p>	
8.	<p><b>Dedicated to Excellence Strategy: Process for the in-year review of progress</b></p> <p>The Board considered and noted the process and timescale for the review of delivery of priorities within the Group's Dedicated to Excellence Strategy for 2023-24; these would be reported to Committees before the December Board meetings, focussing on outcomes and benefits delivered.</p>	
9.	<p><b>2022-23 Freedom to Speak Up (FTSU) Annual Report</b></p> <p>The Board welcomed Susan Clennett, FTSU Guardian, to present the 2022-23 FTSU annual report, which set out the following key points:</p> <ul style="list-style-type: none"> <li>• The national Guardian's Office reported that feedback on the main barriers to speaking up nationally is fear of breakdown in working relationships and that nothing will change;</li> <li>• The 2022 KGH staff survey indicated a decline for the second year in staff confidence that their concerns will be addressed;</li> <li>• Compared to similar small acute Trusts, KGH was mid-range in the number of staff speaking up;</li> <li>• Learning and improvements were detailed within the report;</li> <li>• Fewer medical, nursing and AHP staff spoke up compared to the previous year whereas more Healthcare Assistants and administrative staff spoke up during the year;</li> <li>• Behaviours that do not uphold the Group/KGH values continued to be the main category, followed by patient safety and staff safety;</li> <li>• The number of staff utilising FTSU was greater than the number of formal grievances during the year;</li> <li>• One case of detriment was found during the year</li> <li>• The FTSU Strategy has been updated for 2023-26;</li> <li>• Managers' Handbook to be introduced to foster an open culture</li> </ul>	

	<p>of speaking up;</p> <ul style="list-style-type: none"> <li>• Speaking up poster campaign has commenced across the Trust alongside visits to teams by the FTSU Guardian (also resulting in more staff volunteering to be Champions);</li> <li>• KGH Briefing in September included presentation from Guardian and Champions focused on “why speaking up is important”;</li> <li>• Open Office drop-in sessions with the Guardian arranged during October Speaking Up Month and to continue throughout the year.</li> </ul> <p>The Board noted the report and extended its thanks to the FTSU Guardian and organisational champions and committed to continuing to promote speaking up, where fear and reluctance to do so had had such a bearing on the tragic murders at the Countess of Chester Hospital. This required regular case studies which demonstrated the value of speaking up and provided confidence that staff would be listened to, and their concerns properly acted upon, aligned with support for managers to engage appropriately in the process in a supportive manner which saw speaking up as an opportunity to reflect and improve.</p>	
10.	<p><b>Audit Committee Terms of Reference</b></p> <p>The Board considered and <b>APPROVED</b> updated Audit Committee Terms of Reference, as appended to the report.</p>	
11.	<p><b>Group Board Assurance Framework (BAF)</b></p> <p>The Board received the latest Group BAF following consideration by committees, noting the outputs from ‘deep dive’ reviews and the postponement of the ‘deep dive’ review of the risk to the delivery of the Group Academic Strategy in light of the concerns regarding its deliverability (see item 5 above). The priority during quarter three would be to ensure the outputs of internal audit reviews were reflected in BAF and corporate risks.</p> <p>The Board expressed concern regarding risks that continued to be scored at the maximum for likelihood and impact and requested further briefing and discussion regarding the justification for current risk appetite levels and any proposed changes to them. Reports from committees should clearly specify significant exceptions related to controls, assurances and actions linked to BAF and corporate risks.</p>	RA
12.	<p><b>Composition and Appointments</b></p> <p>The Board of Directors considered a report and:</p> <ul style="list-style-type: none"> <li>(1) <b>APPROVED</b> a proposal to invite expressions of interest from Northampton General Hospital Non-Executive Directors to fill the vacant Non-Executive position based on the process outlined in the report;</li> <li>(2) <b>APPROVED</b> the appointments of Trevor Shipman to the position of Co-Chair and KGH Convenor of the Group Digital Hospital Committee and of Professor Natalie Armstrong as Non-</li> </ul>	

	Executive Champion for Maternity and Neonatal Services, and (3) <b>AUTHORISED</b> the Trust Chair and Vice-Chair to undertake a further review of committee allocations following the recruitment to vacant Non-Executive positions, the outcomes of which will be reported to the Board of Directors for ratification.	
13.	<p><b>NHS England: Receipt of Enforcement Undertakings</b></p> <p>The Board of Directors considered a report setting out the latest position following the receipt of Enforcement Undertakings from NHS England relating to the recovery of the Trust's financial position, mechanisms for grip and control, and financial oversight. The Audit Committee and Group Finance and Performance Committee had reviewed the Undertakings and, noting their implications, had recommended their acceptance to Board and agreed monitoring mechanisms to ensure a satisfactory response.</p> <p>The Board noted the content of the proposed recommendations and <b>APPROVED</b> the Undertakings for signature and return to NHS England.</p>	
14.	<p><b>Trust Seal</b></p> <p>The Board of Directors noted the use of the Trust Seal in respect of the Deed of Surrender for the Kettering Conference Centre on 23 August 2023, affixed by the Group Company Secretary in the presence of the Chief Executive.</p>	
15.	<p><b>Questions from the public</b></p> <p>There were no questions from the public.</p>	
16.	<p><b>Any Other Business</b></p> <p>There was no other business.</p>	

**Next meeting:** Thursday 7 December 2023 at 09:30

## Action Log

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

Minute Ref.	Action	Owner	Due Date	Progress	Status
Mar 22 9	Identification of KPIs for the Communications Strategic Framework	SH	Feb 24	Deferred	NOT YET DUE
Oct 23 5i	Assurance requested in respect of the use of non-supported channels for clinical communication	RA	07 12 23	Being progressed through digital and data security teams	CLOSE
Oct 23 5ii	The Board reaffirmed its commitment to delivering the Group Academic Strategy and requested that the Medical Directors work closely with Non-Executive Directors and with NGH and University counterparts to address the current issues as a matter of urgency.	JJ	07 12 23	On agenda	CLOSE
Oct 23 5iii	Circulate additional evidence presented to External Auditors in respect of benefits of group working	RA	07 12 23	Added to Board portal	CLOSE
Oct 23 11	The Board requested further briefing and discussion regarding the justification for current risk appetite levels and any proposed changes to them	RA	07 12 23	To be taken forward within the 2024 review of the UHN risk management strategy, engaging with audit committees	CLOSE



## Minutes of the meeting

Meeting	<b>Board of Directors (Part I) Meeting in Public</b>
Date & Time	Friday 6 October 2023, 09:00-11:40
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`	
<b>Present</b>	John MacDonald	Chair
	Heidi Smoult	Interim Chief Executive
	Richard Apps	Director of Corporate Affairs
	Natasha Chare	Group Chief Digital Information Officer
	Stuart Finn	Interim Group Director of Operational Estates
	Sam Holden	Group Director of Communications and Engagement
	Carl Holland	Deputy Chief Operating Officer (Deputy for the Chief Operating Officer)
	Jill Houghton	Non-Executive Officer
	Denise Kirkham	Non-Executive Officer
	Paula Kirkpatrick	Group Chief People Officer
	Elena Lokteva	Non-Executive Director
	Hemant Nemade	Medical Director
	Professor Andre Ng	Associate Non-Executive Director
	Nerea Odongo	Director, of Nursing, Midwifery and Allied Health Professionals (AHP)
	Rachel Parker	Non-Executive Director
	Becky Taylor	Group Director of Transformation and Quality Improvement
	Richard Wheeler	Group Chief Finance Officer
<b>In Attendance</b>	Steffany Balintrec	International Shared Decision-Making Council Lead (Item 2)
	Emily Lambert	Lead Nurse, Pathway to Excellence (Item 2)
	Brian Marimba	Clinical Systems Analyst (Item 9)
	Richard May	Group Company Secretary

	Sophie Mayes	Professional Nurse Advocate Lead (Item 2)
	Ana Merrit	Director of Nursing Fellow (Item 2)
	Richard Mitchell	Chief Executive, University Hospitals of Leicester NHS Trust and UHN Collaboration Lead
	Jane Sanjeevi	Freedom to Speak Up Guardian (Item 9)
	Holly Slyne	Associate Director for Infection Prevention and Control (Item 2)

<b>Apologies for Absence</b>	Anette Whitehouse	Associate Non-Executive Director
	Palmer Winstanley	Chief Operating Officer

Agenda Item	Discussion	Action Owner
<b>1</b>	<p><b>Welcome, Apologies and Declarations of Interest</b></p> <p>The Chair welcomed Board Members and guests to the meeting and noted apologies for absence as listed above. There were no declarations of interest relating to specific Agenda items.</p>	
<b>2</b>	<p><b>Pathway to Excellence – our redesignation journey</b></p> <p>The Board of Directors welcomed colleagues to celebrate the Trust's Pathway to Excellence redesignation, the first hospital in the UK to achieve this. As part of the programme, nursing teams at the hospital worked on implementing positive changes to patient care and the working environment, and the Board heard how the establishment of 40 shared decision-making councils across the organisation was enabling nurses to be involved in decisions affecting patient care and their working lives. In addition, the Trust's pastoral support for new overseas nurses had led to the achievement of the NHS Pastoral Care Quality Award for International Nurses, which recognised NGH's commitment to providing exceptional support for staff moving to work in the UK including language support, cultural awareness training and access to support networks and resources.</p> <p>In seeking redesignation, the Trust was assessed on nursing practice standards, nurse satisfaction, patient outcomes, and the overall work environment for nurses. 83% of nurses responded to the survey, satisfaction scores from which exceeded targets in all categories.</p> <p>The Professional Nurse Advocate (PNA) Lead outlined the achievements of the PNA role, set up to support nurses in response to the COVID-19 pandemic. NGH had recruited 35 PNAs who listened, understood and supported nurses to improve their</p>	

	<p>wellbeing, encourage nurses to stay in the NHS, and help them to improve patient care.</p> <p>The Board welcomed Helena Fitzhenry, who described her experience of a cross-organisational network of professionals, whose care and support had enabled her condition to be managed and impacts upon daily life and wellbeing minimised; this emphasised the benefits to be derived when patients were helped to manage their own care, not only for their wellbeing but for reducing the need for hospital attendance and admission. Helena's experience also showed the benefits of multi-disciplinary working across organisational boundaries, which Pathway to Excellence helped to facilitate and encourage.</p> <p>The Board noted that the programme had stimulated a number of quality improvement initiatives, with self-rostering being cited as a particularly successful project which was trialled in critical care before being rolled out more widely and enabled greater control and ownership of rosters with benefits for work-life balance and a reduction in short term sickness absence resulting.</p> <p>The Board thanked colleagues and Helena for attending and extended its warmest congratulations to the teams and individuals who had contributed to a prestigious reaccreditation which demonstrated the Trust's unwavering commitment to delivering exceptional patient care, a positive work environment for nurses and nursing associates, and the delivery of excellence in nursing practice. The Board looked forward to continuing to support Pathway leads to disseminate good practice and learning across all disciplines within the hospital.</p>	
3	<p><b>Minutes of the Previous Meeting held on 27 July 2023 and Action Log</b></p> <p>The Board <b>APPROVED</b> the Minutes of the Meeting held on 27 July 2023 as a correct record.</p> <p>The Board noted open and closed items on the action log.</p>	
4	<p><b>Chair's Report</b></p> <p>The Chair provided a brief overview of his first 100 days in office, during which he had worked closely with both trusts (Northampton and Kettering) to move the organisations to a point where they were able to progress collaboration at pace; proposals would be submitted to the private Board meetings, and would be publicised widely following agreement. He reiterated the scale of the opportunities to improve services and efficiencies within the University Hospitals of Northamptonshire Group (UHN), and more widely with the ICS and UHL; elective recovery and financial sustainability were specific areas for attention.</p>	



	<p>The Chair advised that the trusts were advertising for Associate Non-Executive Directors to enable succession planning and broaden the base of skills and experiences on the UHN Boards of Directors.</p>	
4.1	<p><b>Chief Executive's Report</b></p> <p>The Chief Executive presented her report and drew attention to the following specific items within it:</p> <ul style="list-style-type: none"> <li>- The Trust's thoughts were with the families of the victims of the murders at the Countess of Chester Hospital; the Board was responding to immediate requests for assurance and priority areas for review and learning, particularly in regard to its speaking up arrangements: see items 6 and 9 below;</li> <li>- The Trust's 'Connect, Explore and Improve' initiative enabled all colleagues to raise concerns and suggest ideas for innovation or improvements as part of the wider engagement and cultural change programme;</li> <li>- The Secretary of State had announced support for the implementation of Martha's Rule across England, which would allow the Trust to build upon its existing Call 4 concern initiative to empower and support patients and their families to escalate concerns directly to the Critical Care Outreach Team</li> <li>- The Chief Executive thanked all teams for their unrelenting collaborative working to keep patients safe and support colleagues during continuing industrial action;</li> <li>- The Chief Executive drew attention to rewards and recognition achieved by colleagues and teams, particularly commending the work of Victoria Summers, a Senior Therapeutic Radiographer at NGH, nominated and shortlisted for Regional Fundraiser of the Year in the ITV Pride of Britain awards.</li> </ul>	
5	<p><b>Board Committee summaries and Integrated Governance Report (IGR)</b></p> <p>Committee Chairs and Executive Leads presented Committee summaries reports.</p> <p><i>Group Clinical Quality, Safety and Performance Committee</i></p> <p>The Committee Co-Chair drew attention to items set out in the written report and raised particular concern regarding the Group Academic Strategy: The Committee had been unable to provide any assurance that the strategy's objectives and associated business benefits were likely to be met, which presented significant risks to the trusts' ability to recruit staff, develop research activities, and expand medical education provision (ultimately detrimental to patient care), and to University Hospitals status. Specifically, commitments would very shortly be required to enable the University of Leicester to increase its capacity for</p>	

	<p>medical students from the 2025-26 academic year, for which teaching and accommodation at NGH and KGH were critical dependencies. The Board reaffirmed its commitment to delivering the strategy and requested that the Medical Directors work closely with Non-Executive Directors and with NGH and University counterparts to address the current issues as a matter of urgency.</p> <p>The Board noted that patient satisfaction scores were based on low response rates and, whilst local scores were high, this contrasted with national NHS satisfaction rates around 30%. The Board requested that close review of this data by the Committee, and noted plans to roll out the 'Connect, Explore and Improve' initiative to patients.</p> <p><i>Group Finance and Performance Committee</i></p> <p>The Committee noted continuing strong operational performance compared to regional and national peers (the Trust was the top performer in England for the 28-day faster diagnosis cancer standard) but expressed concern regarding the trust and the group's financial position which showed large year-to-date (Month 5, 31 August 2023) deficits compared to plans. It was increasingly unlikely that the breakeven plan target for 2023-24 for the ICB would be met following reforecasting, which would take place during Quarter 3 (October to December 2023). Rigorous thinking would be required to address this deficit, in the context of Enforcement Undertakings received from NHS England (see item 13 below). The Board requested oversight of key efficiency proposals to provide assurance in respect of the satisfactory progress of this work.</p> <p>The Board of Directors <b>RATIFIED</b> the approval by the Committee of a request for revenue support of £9.2m to alleviate short term cash flow pressures brought about by the profiling of deficits early in the financial year.</p> <p>The Board commended the strong operational performance identified but expressed concern regarding the doubling of the number of patients awaiting treatment in the past two years; without remedial action with ICS partners, this risked giving rise to unacceptable waits for treatment in future periods. The Board requested 'deep dive' review of this issue by the Committee.</p> <p>The Committee had noted the latest position in respect of work to align medical bank rates across the UHN Group, which would give rise to savings on agency staff when implemented.</p> <p>The Committee indicated limited assurance in respect of the trusts' winter plans given that no additional national or regional support funding had been announced (see item 7 below).</p>	<p>HN</p> <p>NO</p> <p>RW / BT</p> <p>PW</p>
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	<p><i>Group Digital Hospital and Transformation Committees (meeting together)</i></p> <p>The report was received and noted without further comment.</p> <p><i>Audit Committee</i></p> <p>The Committee indicated its satisfaction with the Trust's progress in implementing outstanding internal audit recommendations, though there were several revised deadlines in the next three months, such that the Chief Executive had been invited to the January 2024 meeting to provide additional assurance.</p> <p>The Committee received the Trust's annual Value for Money assessment for 2022-23, discussing the principal areas of concern in respect of financial Sustainability and group governance. The risks continued to apply in the current financial year and would continue to be managed closely. The Committee Chair requested that for the next three Committees, progress reports on these would be received.</p> <p><i>Group People Committee</i></p> <p>The Committee:</p> <ul style="list-style-type: none"> <li>Continued to closely analyse agency spend, which remained a cause for concern. A transformation project was underway which sought to reduce the time to recruitment to substantive positions and thus reduce the requirement for agency use;</li> <li>Indicated substantial assurance in respect of the current success of the management and leadership programme and particularly its contribution to delivering cultural change;</li> <li>Considered shift fill rates which remained a challenge at both organisations due to the ongoing impacts of short and long term sickness, increased acuity, dependency and activity, leading to continuing use of bank and agency staff. The committee obtained assurance regarding short term measures to ensure safety and medium term plans to recruit and develop staff to create a more sustainable workforce, noting a cohort of qualified and unqualified new staff to reduce pressures in midwifery;</li> <li>Requested updates to the Group Board Assurance to reflect completed actions (changes incorporated - see item 10 below);</li> <li>Welcomed encouraging results from the latest 'Pulse' staff survey, including higher response rates.</li> </ul> <p>The Board of Directors noted the Integrated Governance Report.</p>	
6.	<b>Trust Response to events at the Countess of Chester Hospital</b>	

	<p>The Board received a report providing assurance that the Trust had considered and reviewed recent NHS England guidance following the convictions of a former nurse for the horrific crimes of killing seven babies, and attempting to kill six others, at the Countess of Chester Hospital between 2015-2016.</p> <p>Guidance and requests for assurance were received in the following areas:</p> <ol style="list-style-type: none"> <li>1. All staff have easy access to information on how to speak up.</li> <li>2. Relevant departments, such as Human Resources, and Freedom to Speak Up Guardians are aware of the national Speaking Up Support Scheme and actively refer individuals to the scheme.</li> <li>3. Approaches or mechanisms are put in place to support those members of staff who may have cultural barriers to speaking up or who are in lower paid roles and may be less confident to do so, and also those who work unsociable hours and may not always be aware of or have access to the policy or processes supporting speaking up. Methods for communicating with staff to build healthy and supporting cultures where everyone feels safe to speak up should also be put in place.</li> <li>4. Boards seek assurance that staff can speak up with confidence and whistle-blowers are treated well.</li> <li>5. Boards are regularly reporting, reviewing, and acting upon available data.</li> </ol> <p>The Trust had identified an additional area of focus in respect of neonatal care and sought to assure the Board on relevant safety metrics.</p> <p>The Board indicated its assurance in respect of the Trust's current position and commended exceptional leadership within neonatal services and the robustness of scrutiny of deaths through a combination of internal and external sources. Further work was required, to be led by the Group Clinical Quality Safety and Performance Committee, to ensure the correct identification and triangulation of quality and safety data from key indicators and patient and staff feedback.</p>	
7.	<p><b>Winter Planning</b></p> <p>The Board of Directors considered a report providing assurance in respect of the Trust's winter plan, with an expectation of a particularly challenging period exacerbating severe existing pressures. The report summarised the Trust's work in three parts:</p> <ol style="list-style-type: none"> <li>(1) External ICS planning</li> <li>(2) Internal urgent and emergency care planning, and</li> <li>(3) Internal divisional and specialty plans.</li> </ol>	



	<p>The aim of all the schemes and process changes described was to ensure lower admissions and lower lengths of stay for those required to be admitted; only through focussing on internal Pathway 0 patients (discharge home) and ICS processes (pathways 1-3) could the Trust minimise ambulance delays and disruption to elective care during the winter period. The lack of national and regional funding for winter mitigation schemes was a matter of particular concern in the context of the Trust's financial position.</p> <p>The Board noted the latest position and, whilst acknowledging key risks and constraints, indicated its assurance in respect of the Trust's preparations for the winter period; effective working across the local health system would be required, ensuring each provider was clear about expectations to contribute to a safe and sustainable position across the ICS.</p>	
8.	<p><b>Dedicated to Excellence Strategy: Process for the in-year review of progress</b></p> <p>The Board considered and noted the process and timescale for the review of delivery of priorities within the Group's Dedicated to Excellence Strategy for 2023-24; these would be reported to Committees before the December Board meetings, with a focus on outcomes and benefits delivered.</p>	
9.	<p><b>Freedom to Speak Up (FTSU) Annual Report 2022-23</b></p> <p>The Board of Directors welcomed Jane Sanjeevi, FTSU Guardian, to present the annual report which set out highlights of proactive work focussing on raising the profile of speaking up within the Trust, increasing lines of accessibility for colleagues, engaging with senior leaders and normalising speaking up within the organisation to build an inclusive speaking up culture.</p> <p>The Trust's FTSU Strategy was being created and co-produced with colleagues during FTSU month (October 2023) and beyond; the strategy would be discussed at a Group People Committee Strategy event on 30 October, included a focussed piece of work on strengthening FTSU culture following the issues raised following convictions in the Countess of Chester case.</p> <p>The Board welcomed Brian Marimba to the meeting to describe his experience of using speaking up to access emotional and career support and advice and senior colleagues in a trusted environment in which he felt truly listened to; Brian described how the experience had helped to improve his personal wellbeing and work-life balance in a number of ways.</p> <p>In response to questions, the Board was advised that:</p> <ul style="list-style-type: none"> <li>• The reduction in staff reporting personal detriment after speaking up was partly attributable to culture change</li> </ul>	

	<p>whereby managers were increasingly open to speaking up as a valuable opportunity for reflection, learning and improvement;</p> <ul style="list-style-type: none"> <li>The trust had responded to national concerns around sexual misconduct in surgeries via focussed theatre visits by the FTSU Guardian and champions, while the Trust had signed up to the sexual safety charter and was reviewing associated policies to ensure appropriate processes and behaviours.</li> </ul> <p>The Board thanked Jane and Brian for their attendance and presentations and committed to continuing to champion speaking up throughout the organisation, and to build speaking up culture through demonstrable cases in which those speaking up had been listened to and their concerns acted upon. Managers should continue to receive appropriate training and support to embrace speaking up as an additional channel for raising concerns when other established channels had failed. Speaking up cases should also continue to be analysed to enable triangulation with other sources of feedback, including staff and GMC surveys.</p>	
10.	<p><b>Group Board Assurance Framework (BAF)</b></p> <p>The Board received the latest Group BAF following consideration by committees, noting the outputs from 'deep dive' reviews and the postponement of the 'deep dive' review of the risk to the delivery of the Group Academic Strategy in light of the concerns regarding its deliverability (see item 5 above). The priority during quarter three would be to ensure the outputs of internal audit reviews were reflected in BAF and corporate risks.</p> <p>The Board noted the latest position, welcoming evidence of increasing committee engagement and the introduction of key performance measures to monitor the effectiveness of the Group's risk management framework.</p>	
11.	<p><b>Audit Committee Terms of Reference</b></p> <p>The Board of Directors <b>APPROVED</b> revised Audit Committee Terms of Reference, as appended to the report.</p>	
12.	<p><b>Board Composition and Appointments to Committees</b></p> <p>The Board of Directors considered a report and <b>APPROVED</b>:</p> <ul style="list-style-type: none"> <li>(1) A proposal to invite expressions of interest from Kettering General Hospital Non-Executive Directors to fill the vacant Non-Executive position based on the process outlined in the report; and</li> <li>(2) The appointment of Rachel Parker to the Audit Committee.</li> </ul>	
13.	<p><b>NHS England: Receipt of Enforcement Undertakings</b></p>	

	<p>The Board of Directors considered a report setting out the latest position following the receipt of Enforcement Undertakings from NHS England relating to the recovery of the Trust's financial position, mechanisms for grip and control, and financial oversight. The Audit Committee and Group Finance and Performance Committee had reviewed the Undertakings and, noting their implications, had recommended their acceptance to Board and agreed monitoring mechanisms to ensure a satisfactory response.</p> <p>The Board noted the content of the proposed recommendations and <b>APPROVED</b> the Undertakings for signature and return to NHS England.</p>	
14.	<p><b>Questions from the Public (Received in Advance)</b></p> <p>There were no questions from the public.</p>	
15	<p><b>Any Other Business and close</b></p> <p>None.</p>	

#### Next meeting

<b>Date &amp; Time</b>	Friday 8 December 2023, 9.30am
<b>Location</b>	Cripps Postgraduate Centre, NGH

## Action Log

Meeting	Board of Directors (Part I) Meeting in Public
Date & Time	Updated following 6 October 2023 meeting

Minute Ref.	Action	Owner	Due Date	Progress	Status
Mar 22 8	Identification of metrics to assess implementation of Group Communications Framework	SH	Feb 2024	Deferred	NOT YET DUE
Oct 23 5i	Ref The Board reaffirmed its commitment to delivering the Group Academic Strategy and requested that the Medical Directors work closely with Non-Executive Directors and with NGH and University counterparts to address the current issues as a matter of urgency.	HN	Dec 2023	On agenda	CLOSE
Oct 23 5ii	The Board requested close review of patient satisfaction data by the Group Clinical Quality, Safety and Performance Committee	NO	Dec 2023	Added to work plan	CLOSE
Oct 23 5iii	The Board requested oversight of key efficiency proposals to provide assurance in respect of the satisfactory progress of the delivery of the 2023-24 programme.	BT / RW	Dec 2023	Referred to the Group Finance and Performance Committee and considered at 28 November meeting	CLOSE
Oct 23 5iv	The Board requested 'deep dive' review of increasing waiting lists by the UHN Finance and Performance Committee.	PW	Dec 2023	Referred to the Group Finance and Performance Committee and considered at 28 November meeting	CLOSE





## Cover sheet

Meeting	University Hospitals of Northamptonshire (UHN) NHS Group Boards of Directors (Part I) Meeting in Public
Date	8 December 2023
Agenda item	4.1

Title	Chief Executive (CEO) Update
Presenters	Richard Mitchell, CEO UHN, Fay Gordon, Chief Operating Officer (COO) KGH, Palmer Winstanley, Deputy Chief Executive, NGH
Authors	Richard Mitchell, CEO UHN, Fay Gordon, Chief Operating Officer (COO) KGH, Palmer Winstanley, Deputy Chief Executive, NGH

## This paper is for

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

## Group priority

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

## Reason for consideration

For the Board's information

## Previous consideration

None

## Executive Summary

This report is an update for the month of November 2023 on the University Hospitals of Northamptonshire NHS Group and the Northamptonshire Integrated Care Board (ICB).

## Appendices

None

## Risk and assurance

No direct implications for the Group Board Assurance Framework

## Financial Impact

There is no financial impact

## Legal implications/regulatory requirements

There is no legal impact

## Equality Impact Assessment

Neutral

I have enjoyed my first month at UHN and I would like to thank colleagues for the warm welcome I have received and I have been really impressed by much of what I have heard and seen. In November I have spent time meeting and listening to colleagues within and outside of UHN. We have held seven virtual briefs for UHN colleagues which have been well attended, I have written five blogs to UHN colleagues, I have attended sessions with the consultants across both hospitals, I have met the UHN divisional teams and colleagues from the local authority and general practice, the integrated executive team across UHN has met every week, I have met many Non-Executive Directors for one to ones and on 22 November the executive teams in UHN and UHL met.

I have joined UHN to deliver on a small number of clear priorities; to strengthen patient care in Kettering and Northampton General Hospitals, to strengthen the way UHN works with UHL and to work more effectively with partner organisations across the Northamptonshire Integrated Care Board. All of this is underpinned by culture. It is not possible to run a large organisation effectively without a relentless focus on culture.

I am pleased with the response rates to the NHS Staff Survey. Kettering finished with 56% and Northampton finished with 60% of colleagues responding. The NHS Staff Survey is one of the most important ways to understand how people feel about work and strengthening the experience at work underpins safe patient care. We will use the 2023 NHS Staff Survey information in 2024 to begin to improve UHN as a place to work and receive care.

In the last month, some of the joint achievements within UHN include:

- Submission of a single financial plan for the second half of the year
- Single all colleague briefings now taking place across UHN
- Weekly message to all colleagues is now combined across UHN
- New Tackling Racism strategy being developed at the UHN level
- Head and Neck teams have established a route to having one management structure across both sites for 1<sup>st</sup> April 2024, with Clinical Directors and Operations Managers in place and the Matron advertisement planned. Further work is planned to combine all referral routes to SPOA for Head and Neck, which will take longer to establish
- Fifty long waiting elective patients and moved between hospitals
- Long waiting ophthalmology patients will move from KGH to NGH
- Kettering is supporting Northampton with a recent backlog of pathology cases
- Recent go-live to upgrade each Trust's finance system onto a shared and common platform
- Shared work underway across a range of finance areas, including financial recovery, Elective Recovery Fund, income forecasting and cash management
- The communications teams from UHN and UHL have begun to review opportunities for joint procurement, including for example internal communication solutions, media monitoring software and intranet/website providers

In the last month, some of the joint achievements between UHN and UHL include:

- Discussions are underway about robotics collaboration, and potential decontamination collaboration
- Initial conversations have begun on clinical collaboration around spinal, urological, and head and neck services
- Teams have begun to share learnings around faster diagnostics
- The communications teams have identified opportunities to utilise specialist areas of their teams
- UHN colleagues are working with UHL people services to help with agency and temporary staffing.

We face some big challenges including; industrial action, variable colleague morale, financial challenges, the need to improve productivity, growing elective waiting lists, urgent and emergency care and winter pressures and general practice challenges.

The list of things we need to do may feel overwhelming but, building on previous work at UHN, I believe we have made a good start over the last month. We will focus on a small number of clear priorities with improving the experience of working in UHN, for all colleagues, at the top of the list.

I recognise we are working to change a lot of things at pace and our plans are ambitious. Change is never universally popular, but I would suggest the consequences of not changing would be far worse for the patients and colleagues of UHN.

Below are brief updates on Kettering General Hospital and Northampton General Hospital.

### **Kettering General Hospital**

**Referral to treatment (RTT):** Data indicates we are among the best in the region, with no patients waiting over 78 weeks and we are forecasting that we will achieve 65 week zero waits within the year, (target March 2024).

**Cancer:** Our performance continues to exceed others in the region for faster diagnosis, and with the imminent opening of the urology one stop clinic centre we will see an improvement in waiting times for those patients. The number of patients who have waited longer than standard on the 62-day pathway has now started to decrease and as we continue to treat those patients who have breached the standard, this will be reflected in our overall performance.

**Diagnostics:** The additional capacity in the community diagnostic centre (CDC) is having the planned impact, with continually improving performance with the end of October showing 74%.

### **CEO & Executive Recognition Award:**

Every month the KGH Executive Team recognises and rewards a colleague for outstanding behaviours or actions that live up to our values. We pleased to share that in October Kelly, our ward clerk on Lamport ward, was awarded with an experience voucher for her commitment to KGH, and for going above and beyond her role. In October, Andrew from our recruitment team was recognised for the exceptional support which he gives our colleagues across the trust regarding recruitment of new staff.

**One stop Urology Clinic:**

Our new £2.1m Urology centre opened in November, this facility will enable patients to receive their outpatient consultation and diagnostics on the same day, ensuring repeat visits are minimal. This will also reduce the time it takes for patients to receive their diagnoses and commence treatment.

**KGH Anticoagulation, DVT and VTE team were in the finals of Thrombosis UK's prestigious VTE awards 2023:**

The team was shortlisted for an award in two categories at an event held in the House of Commons, London on 29<sup>th</sup> November. The awards celebrate outstanding practice across healthcare services from primary, secondary, and tertiary care from all areas in the UK in relation to both prevention and embedding the effective management of venous thromboembolism (VTE), a condition which occurs when a blood clot forms in a vein. The team won the VTE award for Enhancing Patient and Carer Experience, and runner up commended award, in the Quality Improvement Programme category.

**External Inspections:**

In October we had a full CQC inspection of our Maternity services, we await the report, but high-level feedback on the day was very positive. We also had a national peer review of our neonatal service in November, again we had positive feedback on the day, and we await the formal report.

**Northampton General Hospital  
Connect Explore Improve**

Through Connect, Explore, Improve we have facilitated numerous sessions for our Admin and Clerical colleagues at NGH. These have been a powerful extension of the broader Connect, Explore, Improve initiative and have been pivotal in ensuring we are capturing the breadth of staff groups when engaging to understand how we can improve the organisation. We have exciting workstreams ongoing around career progression and skills which will support us in our broader ambition to train and ultimately retain our talented teams.

**Macmillan & Cancer Services ExTRA Evening Events**

Our Macmillan Information Support Service, Macmillan Personalised Care Transformation Lead and Head of Patient Experience & Engagement co-produced an exciting pilot to improve how we support patients in the period between being told of their cancer diagnosis and their first treatment. The event was designed for both the patient and their loved ones to ensure they are aware of what support is available for them during what can be a very frightening and uncertain time. The teams invited patients on site in the evening to familiarise them with where to go, what to expect and met key stakeholders in their patient journey to help to ease some of the practical uncertainties that patients and their loved ones experience.

In collaboration with the Oncology services, the first trial ExTRa event was held on 1<sup>st</sup> November and consisted of an overview of Personalised Care, how the Macmillan Information support team can provide support, a tour of the department, representation from Northamptonshire Carers Organisation and input from one of the Oncology Consultants with

great feedback from the attendees. Another event also took place highlighting financial support from the Citizens Advice Bureau for patients with cancer.

### **Childrens Inpatient Services Visit by Kate Pye, Children and Young Person's (CYP) Transformation Programme Team, Nursing Directorate at NHS England**

Our Children's Inpatient Team welcomed Kate Pye from NHS England who was keen to see the facilities and care we provide for our younger patients and their carers. On 22<sup>nd</sup> November Kate visited Northampton General Hospital to provide a national overview of the various projects being undertaken by the Children and Young People's Transformation Programme before taking a tour of our children's and neonate wards along with our Play Activity Centre. A huge thank you to Kate for taking the time to visit our teams and we look forward to seeing you soon. Kate offered some amazing feedback for the team which provided a real boost to moral - that the positive feel of the unit and strong teamwork were evident and there was clear leadership and a real focus on patient experience. Well done team.

### **Young Healthwatch visit to Children's Services**

On 24<sup>th</sup> November, four members of Young Healthwatch (ages 12 to 19) accompanied by their Projects and Engagements Officer visited various Childrens Service departments to assess our services from their perspective using the NHS 15 Steps assessment process. The departments that were visited included: the Paediatric Emergency Department, Paddington Ward, Disney Ward, Childrens Outpatients, the Child Development Centre and the Play Activity Centre. The assessment of the services will be incorporated into the Young Healthwatch report of the visit along with any recommendations for improvements they feel would benefit children and young people using our services. Thank you to our teams for receiving the young people and we look forward to implementing any feedback they find.

### **Awards and Recognition**

Congratulations to Stephanie Shea, our Consultant Lead for Advanced Clinical Practice who was recognised nationally for her project on Clinical Supervision at the NHS England Advancing Practice Conference 2023. Stephanie won the coveted top prize at the Flagship national conference for Advancing Practice. Her service evaluation project explored the challenges of clinical supervision for advanced practitioners. Observing practice and reviewing clinical care is central to the safe development of trainees to qualified autonomous practitioners.

### ***Macmillan Professionals Excellence Awards 2023***

Congratulations to our Macmillan Information and Support Team who were winners at the Macmillan Professionals Excellence Awards 2023, in the Integration Excellence category. The judges said about the entry: "When COVID hit, this team were able to respond by producing as much helpful and accessible content as they could for people with cancer. They have developed a huge library of content with information about specific cancer types, as well as general concerns and information for clinical teams."

### ***RCN Nursing Awards 2023***

Congratulations to Holly Slyne, our Associate Director of Infection Prevention, who was announced the winner of the Greener Nursing Practice category of the RCN Nursing

Awards 2023. Holly won the award for transforming awareness of Personal Protective Equipment (PPE) waste. Holly identified eight trends in overuse of gloves and aprons and made a training package to address them. She also showed colleagues how some unnecessary use of PPE could spread infection. Porters, domestic and catering colleagues received training in how to cut waste. Awareness of unnecessary PPE also surged. Before Holly's initiative, only 12% of nurses responded correctly to surveys on correct PPE use. This increased to 98% after it was introduced.

### **Attraction & Resourcing Project**

The Discovery phase for the Attraction and Recruitment Transformation project has been completed. This project will support the organisation in crafting a function which will enable us to profile ourselves as an organisation and a Group to more and stronger applicants to our vacancies. We have held several workshops with stakeholders to finalise the workstreams to which colleagues will be allocated to carry out project work. We are currently working through identifying deliverables and timescales. This project is vital in the current workforce context due to numerous national challenges so I am looking forward to the project coming to completion and am proud of the People teams for their hard work on it.

### **Operational**

The Trust continues to maintain patient volumes waiting on cancer pathways, with cancer performance for NGH second regionally in August 2023; however, due to increased referral rates and industrial action, the routine waiting lists have increased and the Trust is working across UHN to mitigate any long waiting patients over 65 weeks before the end of the financial year. The Community Diagnostic Centres (CDC) are starting to show gains with CT waits of only 35% in 6 weeks in April 23, to 96% in October. Urgent and Emergency Care continues with high demand and acuity. We have reduced hospital delays to ambulances from last year and move into this winter with 16 more beds available. We continue to work closely with KGH with intelligent conveyancing to ensure we further reduce all ambulance delays across the county.

## Cover sheet

Meeting	Boards of Directors (Part I) Meeting in Public
Date	8 December 2023
Agenda item	5

Title	Board Committee summaries and the Integrated Governance Report (IGR)
Facilitator	Richard Mitchell, UHN Chief Executive
Author	Richard May, UHN Company Secretary

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

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

Reason for consideration	Previous consideration
The Integrated Governance Report (IGR) provides a mechanism to provide a holistic overview to both KGH and NGH's performance to support overarching governance of the respective Trust boards in promotion of assurance and continuous improvement.	The IGR is produced on a monthly basis and is presented at each public Board on a bi-monthly basis.  Board Committees, October - December 2023



Board Committee summaries enable the Boards of Directors to be assured around organisational performance on an exception reporting basis. Committee Chairs and Executive Leads will be invited to draw the Board's attention to other significant items considered at meetings, indicating the degree of assurance the committee is able to provide in each case.	
<b>Executive Summary</b>	
Board Committee summaries and the Integrated Governance Report for October to December 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.	
.	
<b>Appendices</b>	
Board Committee Summaries, October - December 2023 Integrated Governance Report, October 2023 Finance Report, Month 7 (31 October 2023)	
<b>Risk and assurance</b>	
The appendices provide key controls and assurances to inform the effective management of strategic risks, set out in the Group Board Assurance Framework.	
<b>Financial Impact</b>	
No direct implications relating to this assurance report.	
<b>Legal implications/regulatory requirements</b>	
No direct implications relating to this assurance report.	
<b>Equality Impact Assessment</b>	
Neutral	

## BOARD COMMITTEE SUMMARIES

University Hospitals of Northamptonshire Boards of Directors Meeting: 8 December 2023

### AGENDA ITEM 5

Transformation and Digital Hospital Committees (meeting together): 16 October and 20 November 2023

Finance and Performance Committee: 24 October and 28 November 2023

Clinical Quality, Safety and Performance Committee: 27 October and 1 December 2023

People Committee: 30 October and 30 November 2023

Audit Committees (meeting together): 27 November 2023

<b>Joint Group Transformation and Group Digital Hospital Committees in Common Upward Report to Board of Directors</b>	<b>Date(s) of reporting group's meeting(s): 16 October 2023</b>
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<b>Reporting Non-Executive Directors: Andrew Moore (Convenor, KGH) and Jill Houghton (NGH and KGH)</b>			
<b>Agenda Item</b>	<b>Description and summary discussion</b>	<b>Decision / Actions and timeframe</b>	<b>Assurance level *</b>
<b>Subgroup reports</b>	The committee received upward reports from the Digital Operational Group, Digital Programmes and Strategic Delivery Group, noting items of limited assurance relating to the number of overdue risks requiring review at NGH and the need for combined oversight of KGH/NGH risk. The committee was assured that overdue risks were being reviewed.	n/a	Reasonable assurance
<b>Digital roadmap</b>	The committee received an update on the delivery of digital transformation across KGH and NGH and noted a summary of the projects that have been implemented this year and how these are supporting staff and patients. The committee noted that the implementation of vitals in the NGH ED was delayed due to integration issues between systems however, work is ongoing with the supplier to resolve this.	n/a	Reasonable assurance
<b>Outpatients transformation</b>	The committee received an update on the outpatients transformation programme and noted the significant progress that had been made on this programme over the summer despite continued disruption of industrial action in progressing the implementation of initiatives to support management of outpatient clinics and the waiting list. The committee indicated its support for the proposed approach as endorsed by the Outpatient Steering Group and the Strategic Delivery Group, and suggested the transformation programme would benefit from further discussion by both KGH And NGH Boards of Directors.	n/a	Reasonable assurance
<b>EPR programme</b>	The committee noted an update on progress on the EPR Programme. The committee was informed that detailed legal advice had been sought and remaining issues had been discussed by the NGH Board of Directors. Next steps in the project were noted.	n/a	Reasonable assurance
<b>People processes recruitment and onboarding transformation</b>	The committee received an update on the transformation of recruitment and onboarding processes to improve candidate and manager experience and reduce the time to hire. The key findings from the discovery phase of the project were noted.	n/a	Reasonable assurance

Joint Group Transformation and Group Digital Hospital Committees (meeting together) Upward Report to Board of Directors		Date(s) of reporting group’s meeting(s): 20 November 2023	
Reporting Non-Executive Directors: Andrew Moore (Convenor, KGH) and Jill Houghton (NGH and KGH)			
Agenda Item	Description and summary discussion	Decision / Actions and timeframe	Assurance level *
Subgroup reports	The committee received upward reports from Digital Operational Group and Digital Programmes. The committee noted and congratulated the work of the digital team in responding to the recent cyber security incident at NGH. The effectiveness of the response and work of the digital team has been commended by the national team.	n/a	Reasonable assurance
Grow 2.0 highlight report	The committee received an update on the implementation of Grow 2.0 at NGH, which has been delayed due to ongoing external provider issues in enabling the connectivity required at the community hubs, to enable the implementation of Grow 2.0. Due to this the committee can only confirm limited assurance in relation to this item.		Limited assurance
Data warehouse	The committee received an update on the decision to progress with the UHN data warehouse project. The project was paused while the procurement process was undertaken. Financial and legal risks related to the procurement and the delay to the project were discussed and noted by the committee.		n/a – item was for discussion
Outpatients transformation	The committee received an update on the outpatients transformation programme. The committee could only confirm limited assurance on this item due to external factors and the risk relating to engagement with GPs.	n/a	Limited assurance
ICB digital update	The committee received an update from the ICB Digital Director and noted the encouraging progress that has been made in relation to Northamptonshire’s digital maturity.	n/a	Reasonable assurance

UHN Clinical Quality, Safety and Performance Committee Upward Report to Board of Directors		Date of reporting group’s meeting: 27 October 2023	
Reporting Group Chairs: Andre Ng (Jill Houghton to deputise), NGH, Chris Welsh (KGH)			
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, and the NGH and KGH Radiation Protection Committee. The committee noted and received updates on items of limited assurance and was assured that mitigations and plans were in place in relation to these items.	-	Reasonable
National Neonatal Audit Programme	The committee received a presentation on the National Neonatal Audit Programme and noted NGH’s action plan. The committee confirmed that it had received limited assurance on this item however, the committee confirmed this assurance level could be upgraded once it had seen KGH’s action plan.	-	Limited
Maternity & Neonatal Safety and Quarterly Maternity Updates	The committee received and noted the maternity and neonatal safety report and the quarterly maternity updates for both Trusts for MBRRACE PMRT, maternity serious incidents, Saving Babies Lives Care Bundle compliance, CNST compliance, the three-year delivery plan for maternity and neonatal framework and the core competency framework. The committee thanked colleagues for their ongoing work in the maternity and neonatal services at both hospitals and noted the ongoing workforce challenges in the NGH Maternity Service.	-	Reasonable
Integrated Governance Report	The committee did not confirm an assurance level in relation to this item due to gaps in the data.	-	n/a
Joint Urgent and Emergency Care Report	The committee confirmed it had received reasonable assurance on this item and noted an issue highlighted during the meeting, regarding paediatric emergency department admissions which were 60% higher at KGH compared to areas with similar populations nationally.	-	Reasonable
Joint Safeguarding report	The committee received the joint quarterly update on safeguarding activity and a report which summarised the findings of an external audit of the NGH safeguarding service which was completed in August 2023. The committee highlighted the need for an online paediatric liaison form to be implemented at NGH, to enable easier completion for audit.	-	Reasonable
UHN Strategic Priorities six-month review – Patient & Quality	The committee received a six-month review of the Dedicated to Excellence 23/24 strategic priorities, noting a summary of delivery, common themes of learning and challenge, and project updates for the patient and quality priorities. The committee confirmed it had received reasonable assurance on this item.	-	Reasonable.

UHN Clinical Quality, Safety and Performance Committee Upward Report to Board of Directors		Date of reporting group's meeting: 1 <sup>st</sup> December 2023	
Reporting Group Chairs: Andre Ng (Jill Houghton to deputise), NGH, Chris Welsh (KGH)			
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, KGH and NGH Safeguarding Groups and KGH and NGH Patient Experience and Carer Engagement Groups. The committee noted items of limited assurance from the NGH Safeguarding Group regarding identification of reasonable adjustments to undertake mental health capacity assessment for decisions relating to consent and discharge. The committee also noted the Safeguarding Adults Review (SAR) 021 which has been published in relation to a care home which has been closed, and in which both trusts were mentioned in relation to key areas of discharge and communication with relatives. The committee noted that measures to improve discharges have been implemented with the addition of new staff and close monitoring of safeguarding concerns.	-	Reasonable
Joint Maternity and Neonatal Safety report	The committee received and noted the maternity and neonatal safety report and confirms reasonable assurance in relation to this item however, wishes to highlight to the Board the ongoing Wi-Fi connectivity issues at NGH community midwifery hubs, which are affecting the implementation of GROW 2.0 due to a lack of connectivity and ongoing provider issues in relation to this. The committee also notes limited assurance in relation to DVT as there is no agreed pathway for pregnant women to have DVT investigations at NGH.	Escalate wi-fi connectivity issues	Reasonable
Integrated Governance Report	The committee confirmed reasonable assurance on this item as no exceptions were identified.	-	Reasonable
Joint UEC	The committee confirmed it had received reasonable assurance on this item but noted the impact on the winter plan of the closure of 17 beds at KGH due to the identification of RAAC.	-	Reasonable
Directors of Nursing joint exception report	The committee confirmed reasonable assurance on this item, noting continuing challenges in the nursing service. Good news stories were noted in relation to a member of KGH nursing staff who had been invited to Buckingham Palace to celebrate the King's birthday, in recognition of their contribution to nursing and the first ward at KGH has received star status for ward accreditation.	-	Reasonable

<b>UHN Clinical Quality, Safety and Performance Committee Upward Report to Board of Directors</b>	<b>Date of reporting group's meeting: 1<sup>st</sup> December 2023</b>
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**Reporting Group Chairs: Andre Ng (Jill Houghton to deputise), NGH, Chris Welsh (KGH)**

<b>Agenda Item</b>	<b>Description and summary discussion</b>	<b>Decision / Actions and timeframe</b>	<b>Assurance level *</b>
Patient Safety reports	The committee confirmed reasonable assurance in relation to patient safety reports for both trusts. The committee was assured that the identification, investigation and learning from all patient safety incidents is being managed effectively at both trusts	-	Reasonable
Group Academic Strategy	The committee confirmed it had received reasonable assurance in relation to the Group Academic Strategy. The committee acknowledges the work to be done and looks forward to a further update in three months' time.	-	Reasonable
EPRR annual reports	The committee received the EPRR annual reports for both trusts noting the findings of these. The committee confirmed it had received reasonable assurance in relation to the Trusts' responses.	-	Reasonable
Clinical Collaboration: Cardiology, Breast and Head & Neck	The committee received an update on the cardiology collaboration, noting the encouraging progress that has been made with this. Some challenges remain regarding finance and cross site job planning which is a particular issue and an aligned policy for this is needed for both sites. Updates were also received from the Breast and Head and Neck services, both of which are in the early stages with many issues to be resolved. The committee thanks the collaborators and confirms that it is reasonably assured by the work so far completed.	-	Reasonable

UHN Finance and Performance Committee Upward Report to Boards of Directors		Date(s) of reporting group’s meeting(s):  24 October 2023	
Reporting Group Chairs: KGH – Damien Venkatasamy, NGH – Rachel Parker			
Agenda Item	Description and summary discussion	Decision / Actions and timeframe	Assurance level *
Operational Performance	The Committee expressed concern over the 16 beds closed in community hospitals, discussions on this were being had with social care/ICB. There were high numbers of stranded/super stranded patients which demonstrated the high acuity of patients. KGH’s paediatrics department had been impacted, in which NGH had supported with taking patients.	-	n/a
Estate Compliance Report	The Committee were provided an update on RAAC concrete. There was presence of RAAC in Rockingham Wing. A structural engineer report confirmed this. Recommendations were given however none categorised as urgent. There would be weekly inspections with the roof to be replaced in the next 1 to 5 years. The findings have been reported to NHSE. The full paper has been to the KGH Health and Safety Committee and would be reported up through the UHN Clinical Quality, Safety and Performance Committee.	RAAC update on KGH Private Board agenda 8/12/23	n/a



UHN Finance and Performance Committee Upward Report to Boards of Directors		Date(s) of reporting group’s meeting(s):  28 November 2023	
Reporting Group Chairs: KGH – Damien Venkatasamy, NGH – Denise Kirkham			
Agenda Item	Description and summary discussion	Decision / Actions and timeframe	Assurance level *
Operational Performance - ED	The Committee had discussed the emergency department metrics in detail. There was a gap against the bed model, which had been further compromised at KGH due to the RAAC concerns on Rockingham. There was a focus on board round work/discharge improvement programmes. At KGH, a pilot was underway for two weeks of moving patients unlikely to be admitted to Same Day Emergency Care from the Emergency Department. The 16 closed NHFT community beds continued to be a high concern of the Committee and it was agreed for this to be escalated to Board.	-	-
Operational Performance – ICB	The Committee expressed their concern that the ICB were able to present drilled down data regarding the two Trusts that the Trusts were unable to replicate. Trust representatives were attending meetings with ICB with no advance sharing of these reports. The Chairs would escalate this to Board.	-	-
Waiting List Deep-Dive – NGH	The Committee received a deep-dive on the waiting lists at NGH due to being one of the Trust's with the largest growths, as publicised in the HSJ. It had increased 20,000 to 43,000 in 2 years. This linked in with the previous discussion of lack of comparable data, as NGH was unaware how it had compared to others. A paper on remedial actions would be presented back to the Committee.	Jan-24	-
Efficiencies	The Committee requested further clarity on the assumed efficiencies in the revised financial out-turn. The key risks in the slide deck had now moved on and it was requested a more up to date picture was presented.	Jan-24	-
Business Cases	The below business cases were discussed: <ul style="list-style-type: none"><li>Enhanced Care – approved</li><li>People Processing Hub – noted, more information required.</li><li>Energy Centre Business Case – approved subject to caveats (information to be included on contractual changes)</li><li>EPR Business case (verbal) - to be presented in Jan-24</li></ul>	Jan-24	-

<b>Audit Committees (meeting together) Report to the Boards of Directors</b>	<b>Date of reporting group's meetings: 27 November 2023</b>
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**Reporting Chairs: Alice Cooper (KGH), Elena Lokteva (NGH)**

<b>Agenda Item</b>	<b>Description and summary discussion</b>	<b>Decision / Actions and timeframe</b>	<b>Assurance level *</b>
Procurement of External Auditors	The Committees recommended an extension of the External Auditors contract to cover the 2024-25 financial year. Recommendations subject to ratification by the Board of Directors (NGH) and Council of Governors (KGH)	On agenda for NGH Board ratification	-

Group People Committee Reports to the Boards of Directors		Date(s) of reporting group's meeting(s): 30 October 2023 – Strategy (formal assurance not sought)	
Reporting Group Chairs: Deborah Manger (KGH – Alice Cooper deputising) and Denise Kirkham (NGH, Elena Lokteva deputising)			
Agenda Item	Description and summary discussion	Decision / Actions and timeframe	Assurance level *
Group Priorities Review	The Committee reviewed the paper evaluating the progress on the Group Priorities assigned to the People team. Whilst it was acknowledged that a great deal of work had been done, and that in some areas progress was encouraging, the committee felt that for greater accountability and assurance, it needed more information on the budget and resource available to pursue the various priorities, and the accountable individuals for each workstream. It was also noted that as our new collaboration develops, these will need to be reviewed for continued relevance	-	-
Reporting of Diversity Statistics	The Board reviewed the draft infographics which are required to be published on the websites of the two trusts by the end of October. A few queries as to the source, and accuracy of the data were raised, which were to be followed up by the team prior to publication. The most significant reflection was for the continued need to improve diversity at senior levels, and also to ensure that those who already are in roles feel comfortable disclosing their status on the staff record - from which the data is drawn.	-	-
Improving recruitment and onboarding	Fact finding exercise - The Committee welcomed the findings of the exercise and discussed a number of potential initiatives that could be considered to improve on these areas, and looked forward to receiving some detailed proposals on these back to a future committee	-	-
Efficiencies: People related	The committee received a useful analysis of the work done to date in the area, and what was needed to make further progress	-	-
Freedom to Speak Up Annual Reports	The committee received with interest both Trust reports, and spent discussion time generating a list of questions required for further discussion at future meeting	-	-
BAF People Risk Review	The committee received the revised BAF and agreed it was reflective of the current position with regard to people risk	-	-

Group People Committee Upward Report to Boards of Directors		Date(s) of reporting group’s meeting(s): 30 November 2023	
Reporting Group Chairs: Deborah Manger (KGH – Alice Cooper deputising) and Denise Kirkham (NGH, Elena Lokteva deputising)			
Agenda Item	Description and summary discussion	Decision / Actions and timeframe	Assurance level *
Chief People Officer’s report	The Committee approved the anti-racism statement. There had been progress made against the people plan pledges, and there are mitigations in place with timelines. Leadership teams in both Trusts were thanked in relation to the staff survey and wider staff engagement. The Committee agreed a reasonable level assurance, however noting concerns with efficiencies.	-	Reasonable
Speaking Up & update on Countess of Chester Action Plan	The Committee noted that the focus on detriment and psychological safety to be of high importance. Staff needed to feel safe at work to be able to raise concerns/speak up. The Committee discussed how the Board/Committee members can promote Freedom to Speak Up, highlighting that staff are safeguarded when doing so.	-	Substantial
Statutory and Mandatory Training assurance	The Committee was aware of the continuing improvements; however, concerns were raised on how to measure rotating doctors' compliance. Policies and what is done in practice need to be aligned. The Committee agreed limited assurance due to the partial understanding of the breadth of all training (mandatory/specific).	-	Limited
Safe Staffing Report including Bi-Annual Review	The Committee welcomed a refresh of the format/information received by the Committee. Improvements in staffing could be seen which hoped to be sustained, however it was understood that challenges remained.	-	Limited
Maternity Workforce Reports	The Committee noted the challenges in obtaining full substantive establishment, with risks being mitigated. The Committee agreed for the level of assurance to be limited due to the lag in the data and concerns raised by Non-Executive Directors	-	Limited
Medical Education Report – NGH	The Committee received the NGH Medical Education Report. The ongoing support from NHS England was noted. NGH had responded to feedback to issues raised in GMC surveys, to provide a greater level of assurance. While there was work still to do, progress to date was complimented.	-	-
Guardian of Safe Working	The Committee highlighted that there should be a senior rep at Junior Doctor forums in both Trusts. Wellbeing offers should be promoted and HR were asked to discuss with the Guardians to enable this to be communicated.	-	Limited

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

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



# IGR

## November 2023



# Introducing the IGR

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

- 1) Quality Committee (pages 4 to 43) covering metrics aligned to our 'patient' and 'quality' dedicated to excellence values
- 2) Finance and Performance Committee (pages 44 to 94) covering metrics aligned to our 'sustainability' and 'systems and partnerships' dedicated to excellence values
- 3) People Committee (pages 95 to 110) covering metrics aligned to our 'people' dedicated to excellence value

It is worth noting:

- Only metrics that have a) had data provided and b) have been signed off, will be published – therefore, this could lead to some gaps in reporting.
- Many of our metrics are aggregated as they show the high-level performance of the Trust in this area (e.g. mandatory training). Therefore, there may be higher/ lower levels of performance at local level which will be monitored and acted upon accordingly.



## 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 and is likely to be consistently met going forwards according to historic values.
- **'Target Not Met (Consistent)'** = The target has not been met and is likely to be consistently met going forwards according to historic values.

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

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

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



# Quality Committee

# Quality Committee

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

*In reminder, this Committee monitors the ‘quality’ metrics and the ‘patient’ metrics within the IGR.*

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

- 1

% patients satisfaction: Outpatients showing positive improvement trend
- 2

KGH showing improvement in reduction of hospital associated pressure ulcers. Sustained performance for falls.
- 3

NGH: One patient developed MRSA in October. Learning has been identified around mouth care as reflected in the metric commentary
- 4

QI projects: Life QI is launching in November to help better track and capture QI projects.

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

- 1

Safeguarding metrics/ data can be found within wider safeguarding report



# 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	01/10/23	89.20%	95.00%	85.61%	88.57%	91.53%			Consistently Anticipated to Not Meet Target
KGH	Patient	% Patients satisfaction score - Trustwide	01/10/23	93.00%	95.00%	82.75%	89.24%	95.73%			Not Consistently Anticipated to Meet Target
NGH	Patient	% Patients satisfaction score - inpatients	01/10/23	92.20%	89.50%	84.19%	90.56%	96.92%			Not Consistently Anticipated to Meet Target
KGH	Patient	% Patients satisfaction score - inpatients	01/10/23	93.00%	95.00%	80.55%	89.38%	98.2%			Not Consistently Anticipated to Meet Target
KGH	Patient	% Patients satisfaction score - A&E	01/10/23	71.00%	95.00%	66.79%	76.84%	86.89%			Consistently Anticipated to Not Meet Target
NGH	Patient	% Patients satisfaction score - A&E	01/10/23	76.50%	88.00%	68.96%	76.92%	84.89%			Consistently Anticipated to Not Meet Target
NGH	Patient	% Patients satisfaction score - maternity	01/10/23	93.50%	96.80%	83.23%	91.92%	100.61%			Not Consistently Anticipated to Meet Target
KGH	Patient	% Patients satisfaction score - maternity	01/10/23	94.00%	95.00%	65.72%	91.25%	116.78%			Not Consistently Anticipated to Meet Target
KGH	Patient	% Patients satisfaction score - outpatients	01/10/23	96.00%	95.00%	83.33%	93.19%	103.04%			Not Consistently Anticipated to Meet Target
NGH	Patient	% Patients satisfaction score - outpatients	01/10/23	94.00%	93.80%	91.37%	93.32%	95.27%			Not Consistently Anticipated to Meet Target
KGH	Patient	Number of complaints	01/10/23	35	0	14	40	66			Consistently Anticipated to Not Meet Target
NGH	Patient	Number of complaints	01/10/23	42	0	11	31	52			Consistently Anticipated to Not Meet Target



# % Patients satisfaction score - Trustwide



Committee Name  
All

GroupName  
Patient

MetricName  
% Patients satisfaction score - Trustwide

01/03/2020 31/10/2023

93.00%

KGH: Current Value

95.00%

KGH: Current Target

89.20%

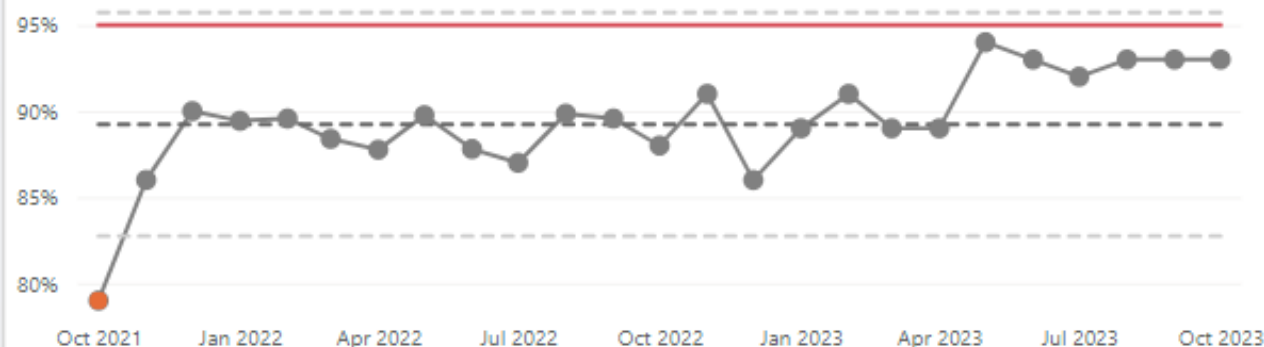
NGH: Current Value

95.00%

NGH: Current Target

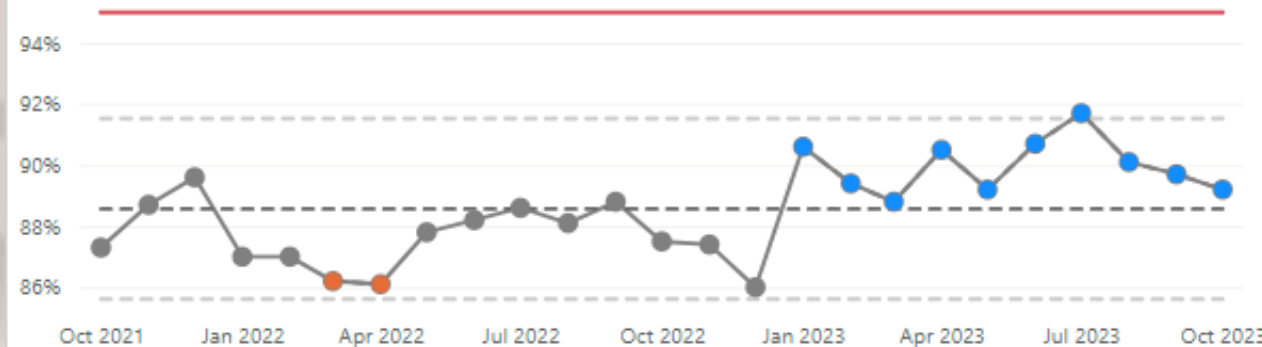
## Kettering General Hospital

% Patients satisfaction score - Trustwide: Patient



## Northampton General Hospital

% Patients satisfaction score - Trustwide: Patient



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/23	The satisfaction score is calculated by adding together all the "Very good" and "Good" responses, to obtain a percentage from the overall responses.	The Trust received an overall satisfaction score of 93% for October.	The Trust response rate is still too low.	We are working with departments to increase the FFT response rate trust wide.	Additional volunteers supporting wards with patient participation. Patient Experience Team spending time on wards to support and coach where needed.
NGH	01/10/23	The satisfaction score is calculated by adding together all the "Very good" and "Good" responses, to obtain a percentage from the overall responses.	There was a slight decrease of 0.5% down to 89.2% from the previous month for the overall Trustwide satisfaction score	The main decreases were seen within Emergency departments and maternity services	Areas of concern are identified within the regular reporting processes to the service leads and senior management teams. The reports also identifies where improvements have been made to recognise the areas and teams that have seen an increase in patient experience.	The full detailed performance data is shared at various management levels with the ability to drill down to Divisions, Directorates, locations, and specialties there by identifying areas of concern requiring action.



# % Patients satisfaction score - inpatients



Committee Name  
All

GroupName  
Patient

MetricName  
% Patients satisfaction score - inpatients

01/03/2020 31/10/2023

93.00%

KGH: Current Value

95.00%

KGH: Current Target

92.20%

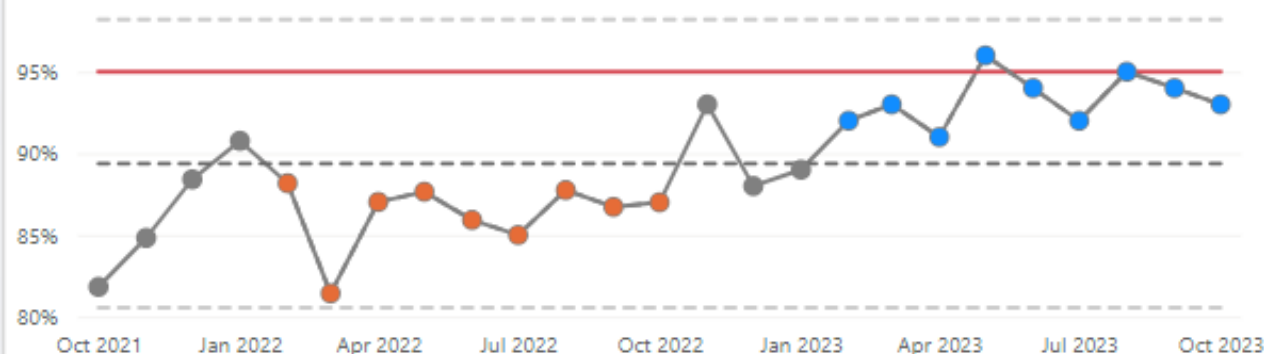
NGH: Current Value

89.50%

NGH: Current Target

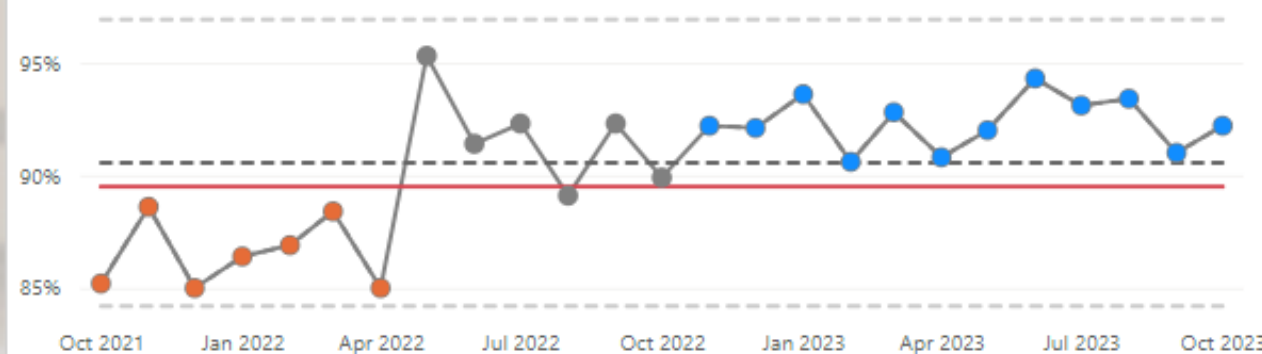
## Kettering General Hospital

% Patients satisfaction score - inpatients: Patient



## Northampton General Hospital

% Patients satisfaction score - inpatient: Patient



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/23	The satisfaction score is calculated by adding together all the "Very good" and "Good" responses, to obtain a percentage from the overall responses.	KGH received an overall satisfaction score of 93% for October.	This is a decrease of 1% compared with September.	Actions are around the response rate rather than satisfaction score. Targeting low / no responding areas to support increases in patient participation.	FFT Fridays Launching in Medicine Surgery FFT Audit to ensure all inpatient wards have access to an iPad to collect FFT. Patient Experience Team spending time on areas to support participation.
NGH	01/10/23	The satisfaction score is calculated by adding together all the "Very good" and "Good" responses, to obtain a percentage from the overall responses.	Inpatient wards saw a 1.2% increase from the previous month.	742 FFT responses were received during October for inpatient wards, with 11 wards achieving 100% patient satisfaction.	FFT performance is shared with all wards and managers, especially where exceptional performance has been fed back.	Continuous monitoring of performance and trends to recognise areas of good performance and any areas which may need support to raise their score(s).





# % Patients satisfaction score - A&E



Committee Name  
All

GroupName  
Patient

MetricName  
% Patients satisfaction score - A&E

01/03/2020 31/10/2023

71.00%

KGH: Current Value

95.00%

KGH: Current Target

76.50%

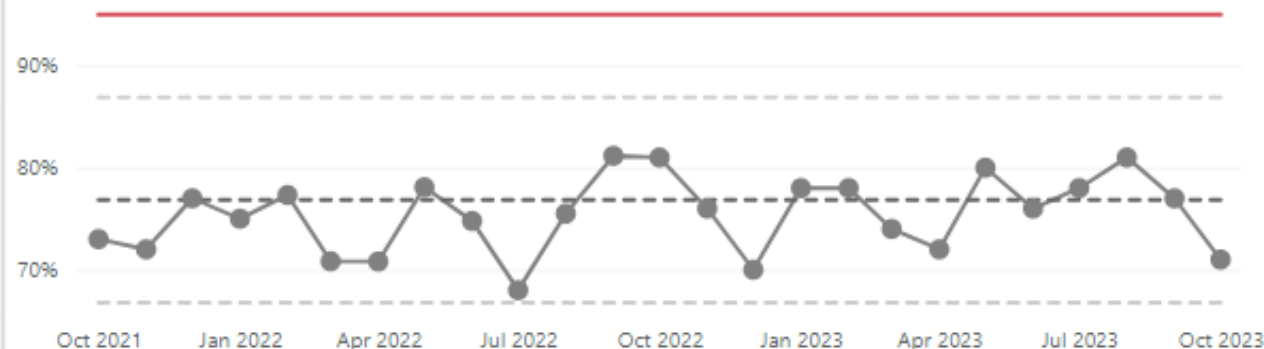
NGH: Current Value

88.00%

NGH: Current Target

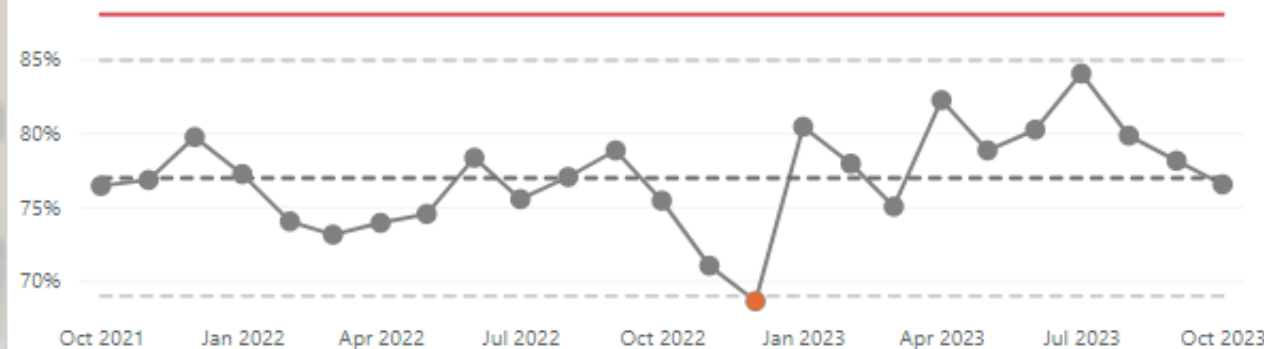
## Kettering General Hospital

% 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	01/10/23	The satisfaction score is calculated by adding together all the "Very good" and "Good" responses, to obtain a percentage from the overall responses.	That we received a satisfaction score of 71% in October.	This was a decrease of 6%, however responses in this area did increase.	Support A&E with capturing FFT	QR Code badges have now been issued in this area. PEX Team to spend some time in this area weekly collecting FFT
NGH	01/10/23	The satisfaction score is calculated by adding together all the "Very good" and "Good" responses, to obtain a percentage from the overall responses.	A decrease in patient satisfaction of 1.6% from the previous month. In total, 1713 responses were captured during the month of October for ED Services.	Decreases in patient satisfaction were seen in all emergency departments except SDEC, with long waits and poor patient flow being the main contributors to this decline.	A patient listening event was held recently with senior nursing leads present to hear the voices of the patients and what aspects were both negative and positive during their attendances.	Outcomes from the listening event alongside the regular feedback reporting processes are to be shared with the relevant manager.

Committee Name  
All

GroupName  
Patient

MetricName  
% Patients satisfaction score - maternity

01/03/2020 31/10/2023

94.00%

KGH: Current Value

95.00%

KGH: Current Target

93.50%

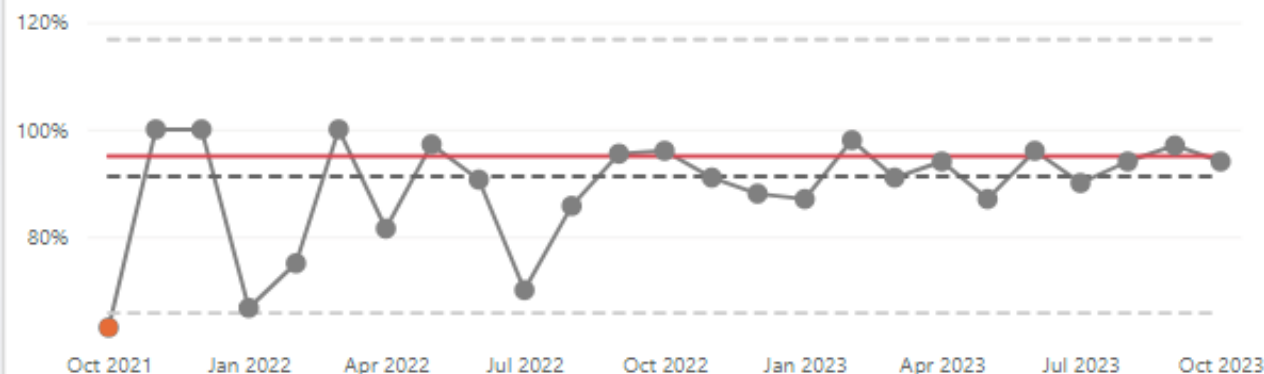
NGH: Current Value

96.80%

NGH: Current Target

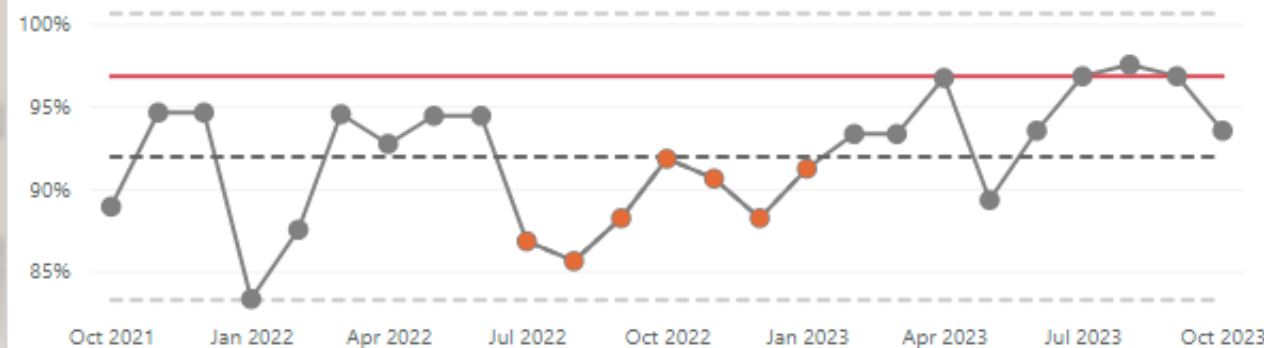
## Kettering General Hospital

% 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	01/10/23	The satisfaction score is calculated by adding together all the "Very good" and "Good" responses, to obtain a percentage from the overall responses.	The value tells us that we received an overall satisfaction score of 94% in Maternity Services in October.	The response rate in this area is still too low.	Work alongside new Patient Experience Midwife to support a plan of how we can increase FFT in this area.	Weekly meetings with Patient Experience Lead in this area.
NGH	01/10/23	The satisfaction score is calculated by adding together all the "Very good" and "Good" responses, to obtain a percentage from the overall responses.	October saw a decrease in satisfaction down to 93.5% which is still above the mean for the whole reporting period	Decreases in satisfaction were seen within the Birth and Postnatal Ward pathways. The number of FFT responses did however increase from 158 in Sept to 186 in Oct 2023	There is now a newly appointed Patient Experience Midwife role for Maternity services which will provide the service with a dedicated staff member to investigate and focus on improving patient satisfaction and care.	Focus on birth and postnatal ward care to be prioritised by the Patient Experience Midwife, along with increasing the levels of patient feedback

Committee Name  
All

GroupName  
Patient

MetricName  
% Patients satisfaction score - outpatients

01/03/2020 31/10/2023

96.00%

KGH: Current Value

95.00%

KGH: Current Target

94.00%

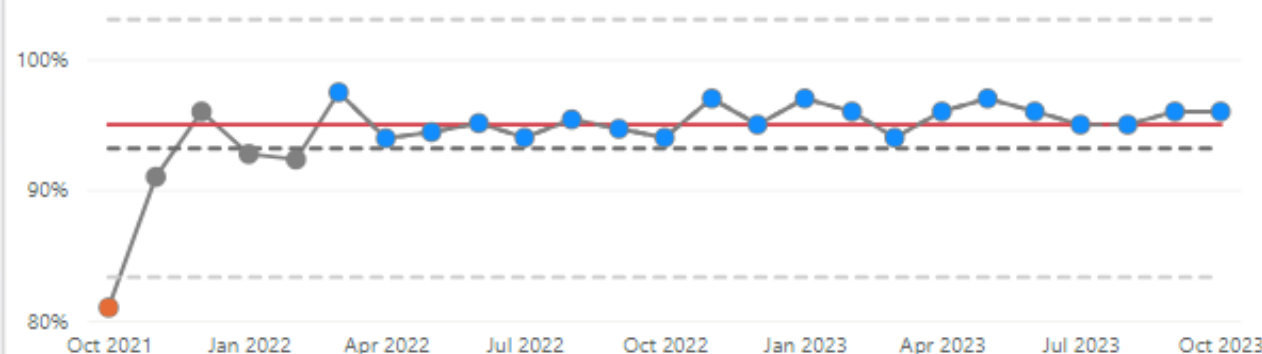
NGH: Current Value

93.80%

NGH: Current Target

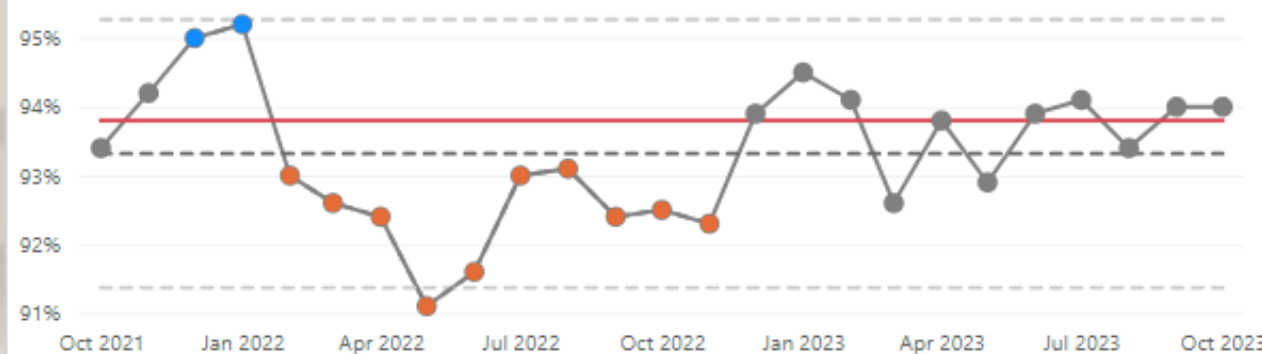
## Kettering General Hospital

% Patients satisfaction score - outpatients: Patient



## Northampton General Hospital

% Patients satisfaction score - outpatients: Patient



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/23	The satisfaction score is calculated by adding together all the "Very good" and "Good" responses, to obtain a percentage from the overall responses.	The value tells us that we received an overall satisfaction score of 96% in Outpatients departments for October.	Despite an increase of 861 feedback responses compared with September, we still need to increase the response rate in this area.	Additional time spent in this area on promoting FFT. Work on a digital plan to support the FFT growth.	PEX Team spending time in OPD to support the increase of participation. QR code badges to be issued to OPD.
NGH	01/10/23	The satisfaction score is calculated by adding together all the "Very good" and "Good" responses, to obtain a percentage from the overall responses.	The FFT score for October was the same as the previously month showing stability in patient satisfaction.	NGH received 2,672 FFT responses for outpatient attendances during October 2023	Outpatient satisfaction data by speciality is shared with all senior managers for review.	Performance is monitored through various forums and overseen by the CSS Divisional Manager who reports back to the bi-monthly Patient & Carer Experience & Engagement Group.





# Number of complaints



Committee Name

All

GroupName

Patient

MetricName

Number of complaints

01/03/2020

31/10/2023

35

KGH: Current Value

0

KGH: Current Target

42

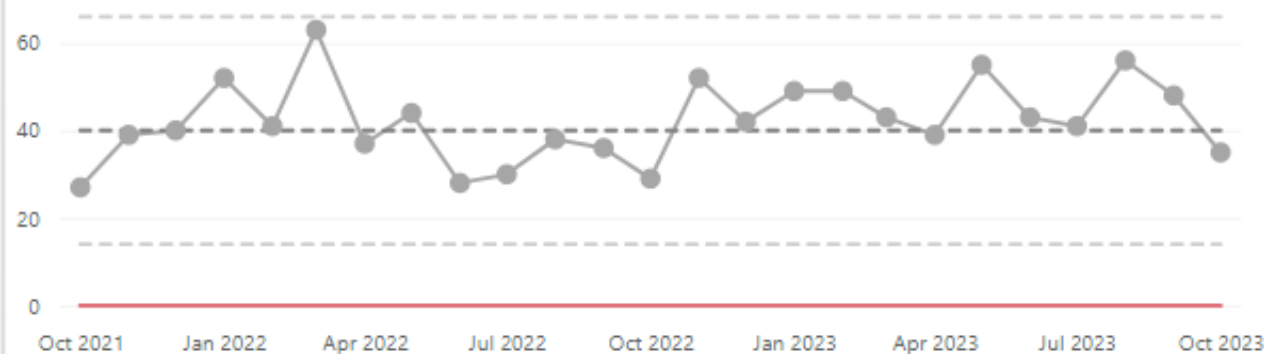
NGH: Current Value

0

NGH: Current Target

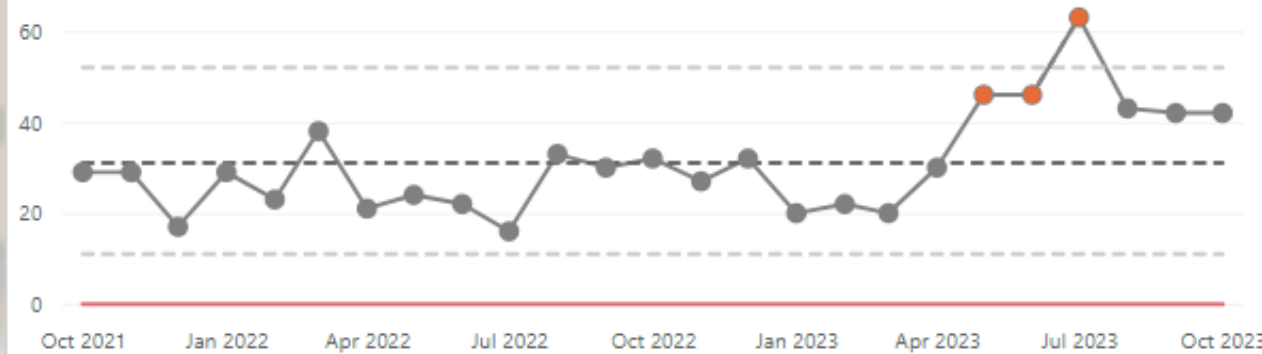
## Kettering General Hospital

Number of complaints: Patient



## Northampton General Hospital

Number of complaints: Patient



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/23	Number of complaints received in month. This is the number of complaints that proceeded to a formal investigation. Any complaints that were locally resolved withdrawn or escalated to the patient safety team would not be included in this figure, this figure can be provided if required.	That number of logged complaints has dropped slightly this month,	No specific concerns other than focusing on backlog of complaints. Overdue is now 14% compared to 42% in March 2023.	Continue overdue meeting weekly Continue weekly meetings with divisions	None
NGH	01/10/23	Number of complaints received in month. This is the number of complaints that proceeded to a formal investigation. Any complaints that were locally resolved withdrawn or escalated to the patient safety team would not be included in this figure, this figure can be provided if required.	The number of complaints received in October was 42, which was the same as those received in September. The number therefore continues to remain consistent. What these numbers do not reflect is the increased level of complexity.	The Complaints team continue to work with reduced resources due to long term maternity leave. A second temporary person was employed but has since been on long term sick.	Senior team aware of the situation through regular email and verbal communication. Funding is in place for support but unable to recruit to the role on a seconded basis.	Temporary staff have been providing support but not at the same banding as the complaints officers and therefore they are only able to cover certain elements of the role.



# Summary Table



Committee Name

All

Group Name

Quality

Metric Name

All

Site

All

Variation

All

Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance	Assurance
KGH	Quality	Serious or moderate harms	01/10/23	10	8	-1	7	14			Not Consistently Anticipated to Meet Target
NGH	Quality	Serious or moderate harms	01/10/23	16	0	7	32	57			Consistently Anticipated to Not Meet Target
KGH	Quality	Serious or moderate harms – falls	01/10/23	0.00	0.18	0.41	0.41	0.41			Not Consistently Anticipated to Meet Target
NGH	Quality	Serious or moderate harms – falls	01/10/23	0.09	0.06	0.45	0.45	0.45			Not Consistently Anticipated to Meet Target
KGH	Quality	Serious or moderate harms – pressure ulcers	01/10/23	0.25	0.69	0.88	0.88	0.88			Not Consistently Anticipated to Meet Target
NGH	Quality	Serious or moderate harms – pressure ulcers	01/10/23	1	0	-4	5	14			Not Consistently Anticipated to Meet Target
NGH	Quality	Number of medication errors	01/10/23	117		29	100	170			Consistently Anticipated to Not Meet Target
KGH	Quality	Number of medication errors	01/10/23	57		37	76	115			Consistently Anticipated to Not Meet Target
NGH	Quality	Hospital-acquired infections	01/10/23	7	7	0	7	14			Not Consistently Anticipated to Meet Target
KGH	Quality	Hospital-acquired infections	01/10/23	18	7	0	10	20			Not Consistently Anticipated to Meet Target
NGH	Quality	Covid-19 (HOPA)	01/03/23	1.82		2.75	2.75	2.75			Not Consistently Anticipated to Meet Target
KGH	Quality	Covid-19 (HOPA)	01/10/23	0.80		2.35	2.35	2.35			Not Consistently Anticipated to Meet Target
NGH	Quality	MRSA	01/10/23	1	0	0	0	0			Not Consistently Anticipated to Meet Target
KGH	Quality	MRSA	01/10/23	0	0	0	0	0			Not Consistently Anticipated to Meet Target
KGH	Quality	C diff	01/10/23	2	3	-3	3	9			Not Consistently Anticipated to Meet Target
NGH	Quality	C diff	01/10/23	11	4	-3	6	15			Not Consistently Anticipated to Meet Target



# Summary Table



Committee Name

All

Group Name

Quality

Metric Name

All

Site

All

Variation

All

Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance	Assurance
NGH	Quality	SHMI	01/10/23	86		89	91	93			Consistently Anticipated to Not Meet Target
KGH	Quality	SHMI	01/10/23	108.19		111.14	111.14	111.14			Consistently Anticipated to Not Meet Target
KGH	Quality	HSMR	01/10/23	95.90	100	132.53	132.53	132.53			Not Consistently Anticipated to Meet Target
NGH	Quality	HSMR	01/10/23	89	100	89	92	94			Consistently Anticipated to Meet Target
KGH	Quality	SMR	01/10/23	97.30		123.39	123.39	123.39			Consistently Anticipated to Not Meet Target
NGH	Quality	SMR	01/10/23	89			89				Consistently Anticipated to Not Meet Target
NGH	Quality	Safe Staffing	01/10/23	104.60%	96.00%	96.09%	101.06%	106.04%			Consistently Anticipated to Meet Target
KGH	Quality	Safe Staffing	01/10/23	95.79%	96.00%	85.72%	91.85%	97.97%			Not Consistently Anticipated to Meet Target
NGH	Quality	30 day readmissions	01/09/23	15.48%	12.00%	9.24%	13.45%	17.65%			Not Consistently Anticipated to Meet Target
KGH	Quality	30 day readmissions	01/10/23	2.03%	12.00%	8.43%	15.85%	23.27%			Not Consistently Anticipated to Meet Target
NGH	Quality	Never event incidence	01/09/23	0	0	0	0	1			Not Consistently Anticipated to Meet Target
KGH	Quality	Never event incidence	01/10/23	0	0	0	0	1			Not Consistently Anticipated to Meet Target
KGH	Quality	QI projects undertaken	01/10/23	2		-5	6	16			Not Consistently Anticipated to Meet Target
NGH	Quality	QI projects undertaken	01/10/23	5		-11	5	22			Not Consistently Anticipated to Meet Target
NGH	Quality	Covid-19 (HODA)	01/03/23	2.62		4.87	4.87	4.87			Not Consistently Anticipated to Meet Target
KGH	Quality	Covid-19 (HODA)	01/10/23	1.17		2.95	2.95	2.95			Not Consistently Anticipated to Meet Target
NGH	Quality	Food wastage	01/10/23	6.45		11.19	11.19	11.19			Consistently Anticipated to Meet Target
KGH	Quality	Food wastage	01/10/23	6.81		9.49	9.49	9.49			Consistently Anticipated to Meet Target



# Summary Table



Committee Name

All



Group Name

Quality



Metric Name

All



Site

All



Variation

All



Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance	Assurance
NGH	Quality	Desflurane usage	01/10/23	0.00%		-2.46%	0.92%	4.29%			Not Consistently Anticipated to Meet Target
KGH	Quality	Desflurane usage	01/10/23	1.90%		0.66%	11.43%	22.2%			Consistently Anticipated to Meet Target

# Serious or moderate harms

Committee Name: 
 GroupName: 
 MetricName: 
 Date Range:  to

10

KGH: Current Value

8

KGH: Current Target

16

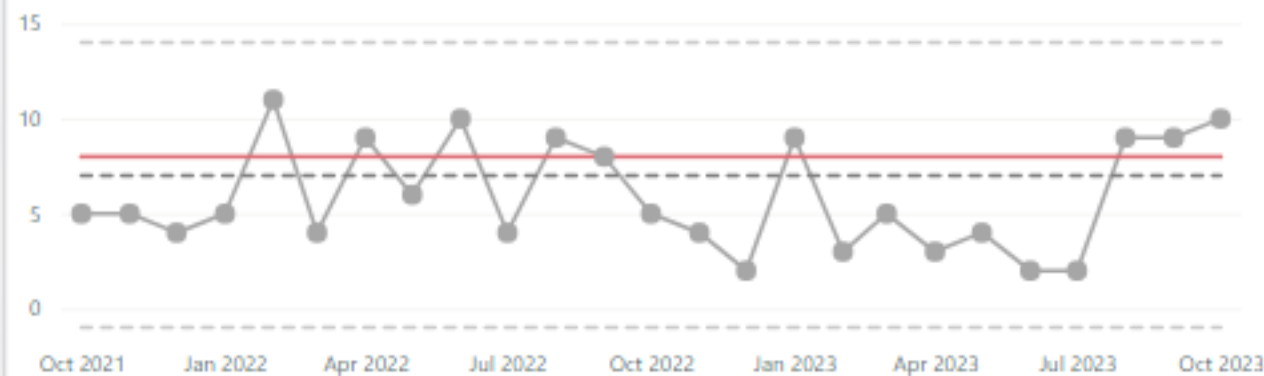
NGH: Current Value

0

NGH: Current Target

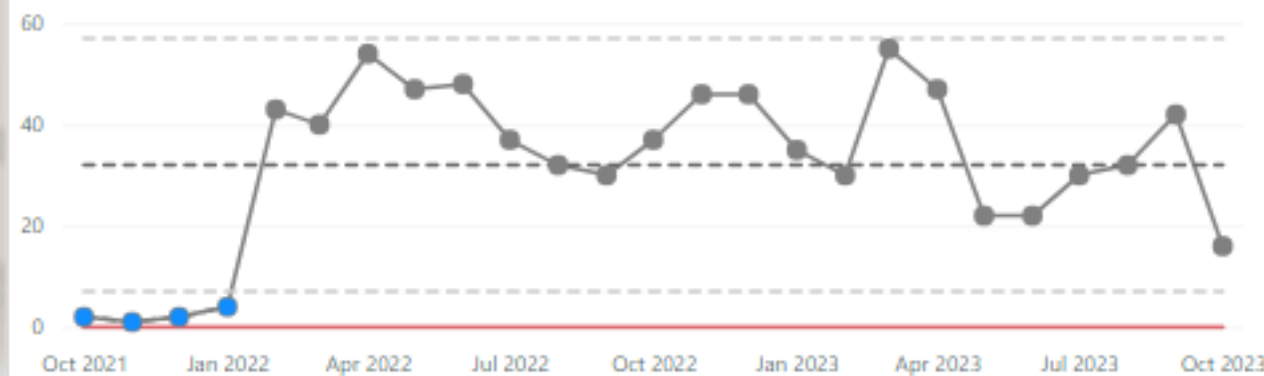
## Kettering General Hospital

Serious or moderate harms: Quality



## Northampton General Hospital

Serious or moderate harms: Quality





Committee Name

All

GroupName

Quality

MetricName

Serious or moderate harms

10

KGH: Current Value

8

KGH: Current Target

16

NGH: Current Value

0

NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/23	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 3.92% of all incidents with a patient harm incurred, and 0.87% of all incidents reported.
NGH	01/10/23	Patients experiencing moderate, severe, catastrophic harm or patient death as a result of a patient safety incident.	Patients experiencing moderate, severe, catastrophic harm or patient death as a result of a patient safety incident.	All incidences are reviewed to identify any themes or immediate actions required to mitigate against further incidences.	All moderate and above harms are considered in the twice weekly incident review group meeting to agree the level of harm caused, a proportionate response is considered and whether the incident meets the threshold of a serious incident.	Serious incidences are investigated using a root cause analysis technique, and include recommendations and actions to mitigate against further occurrences.

# Serious or moderate harms – falls

Committee Name  
All

GroupName  
Quality

MetricName  
Serious or moderate harms – falls

01/03/2020 31/10/2023

0.00

KGH: Current Value

0.18

KGH: Current Target

0.09

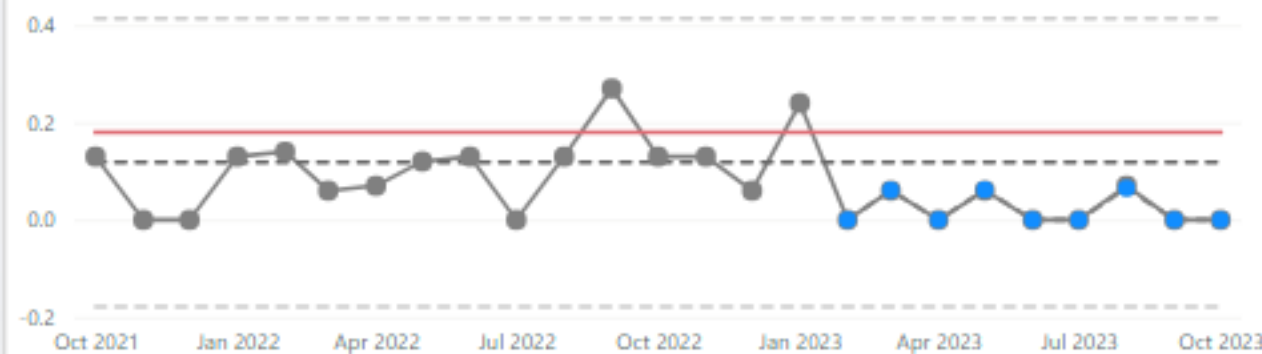
NGH: Current Value

0.06

NGH: Current Target

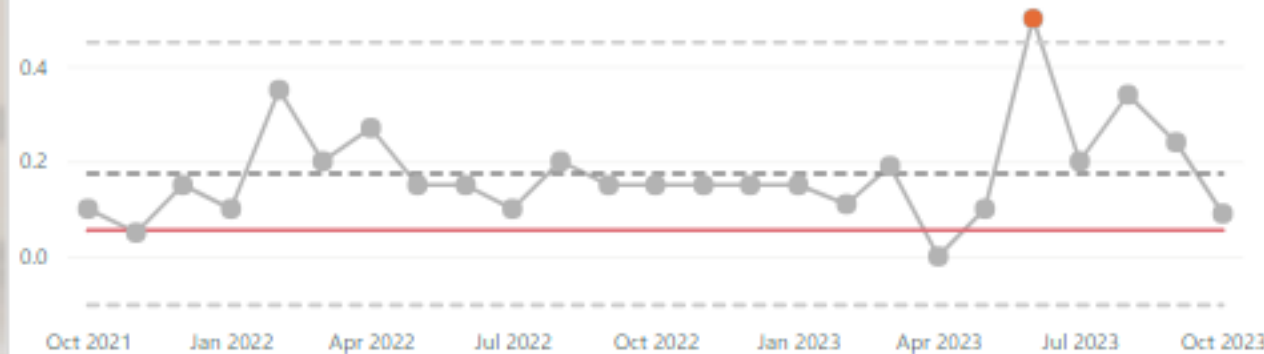
## Kettering General Hospital

Serious or moderate harms – falls: Quality



## Northampton General Hospital

Serious or moderate harms – falls: Quality



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/23	Patients experiencing falls with moderate harm or above per 1000 bed days.	The chart is showing common cause variation with variable assurance, however sustained positive performance for eight consecutive months.	There were no falls with harm in October. The two harms in September have been reviewed by the Harm Free Care Scrutiny panel and the level of harm reduced.	Three weekly focus on falls as part of the Friday Harm Free Care Meetings	Significant work has been undertaken over the last two years, with a revision of paperwork and mandatory training for relevant staff. All falls with harm are reviewed by the Falls Prevention Lead and Practice Development Team in conjunction with the clinical area
NGH	01/10/23	Patients experiencing falls with moderate harm or above per 1000 bed days.	During October 2023 there was 0.09 moderate and severe harm falls/1000 bed days	This is a decrease of 0.15 when compared to the previous month of September 2023. In total there was 1 moderate harm fall and 1 severe harm fall.	All incidents have been reviewed through IRG and no further level of investigation was required. Local learning was highlighted in one area where an environment review of bathrooms is required.	All falls and themes are discussed at the falls steering group.



# Serious or moderate harms – pressure ulcers



Committee Name

All

GroupName

Quality

MetricName

Serious or moderate harms – pressure ulc...

01/03/2020

31/10/2023

0.25

KGH: Current Value

0.69

KGH: Current Target

1

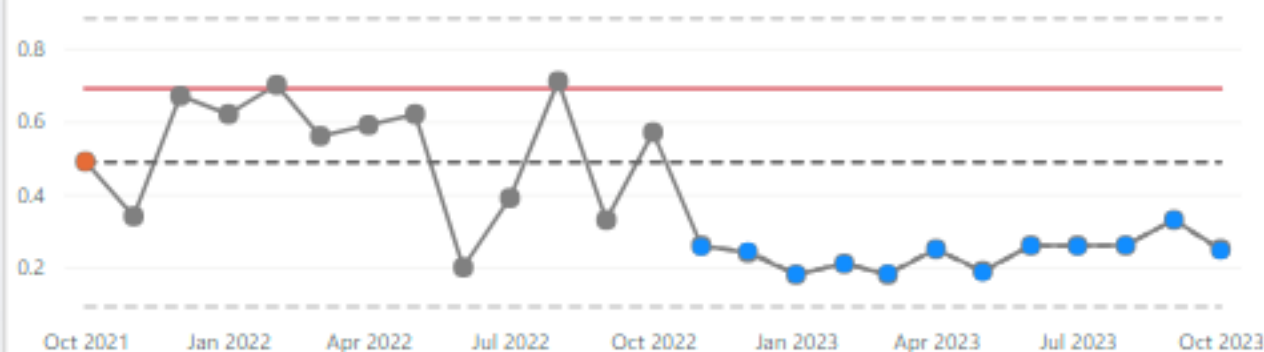
NGH: Current Value

0

NGH: Current Target

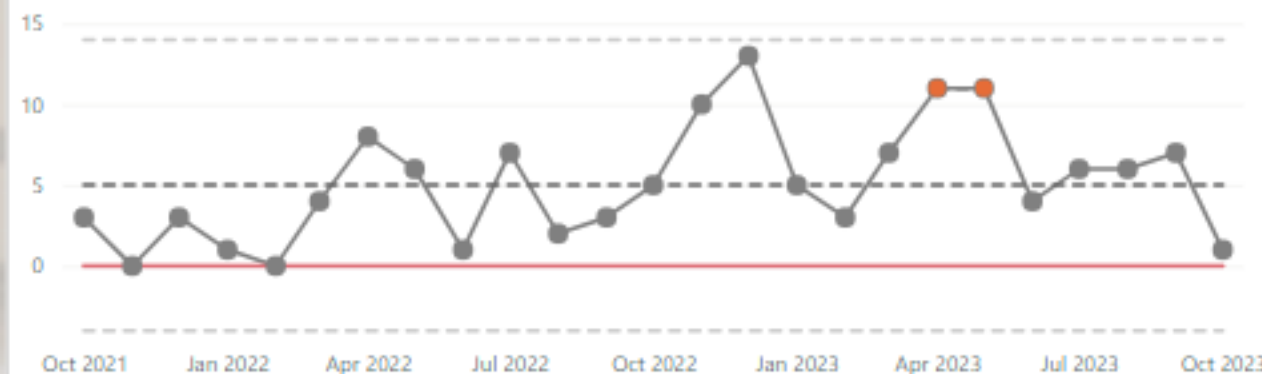
## Kettering General Hospital

Serious or moderate harms – pressure ulcers: Quality



## Northampton General Hospital

Serious or moderate harms – pressure ulcers: Quality







# Serious or moderate harms – pressure ulcers



Committee Name

All

GroupName

Quality

MetricName

Serious or moderate harms – pressure ulcers

0.25

KGH: Current Value

0.69

KGH: Current Target

1

NGH: Current Value

0

NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/23	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	01/10/23	Patients experiencing pressure tissue damage category 2, 3, 4 or unstageable developed or worsened in hospital per 1000 bed days. Not including moisture associated skin damage or deep tissue injury	There were 24 Hospital acquired pressure ulcers (HAPU's) validated during October 2023. This equates to 1.11 HAPU/1000 bed days.	This is an increase of 7 HAPU incidents and 0.27 HAPU/1000 bed days when compared to the previous month of September 2023.	The tissue viability team continue with weekly "Share & Learn" meetings. The wards that have acquired pressure ulcers meet to discuss each incident, share practice ideas, and identify themes. The learning from the meetings is disseminated to all areas to help improve practice. Current themes are identified and populated into an action log. Huddle sheets and educational material related to increasing themes are disseminated to matrons and ward sisters and through our Skin Ambassador's.	The primary learning from these incidents is removing devices to check for pressure damage and be aware of the patient complaining of pain. Education and pathway information has been disseminated to all ward areas. The TVT created a pathway for use with medical devices, to protect underlying tissue using barrier cream and a dressing used as a second skin. Another contributing factor has been patients not being repositioned adequately in the bed leading to pressure from the bed end. This has been discussed with the Manual Handling Lead and will be followed up through our Pressure Ulcer steering group.

# Number of medication errors

Committee Name

All

GroupName

Quality

MetricName

Number of medication errors

01/03/2020

31/10/2023

57

KGH: Current Value

KGH: Current Target

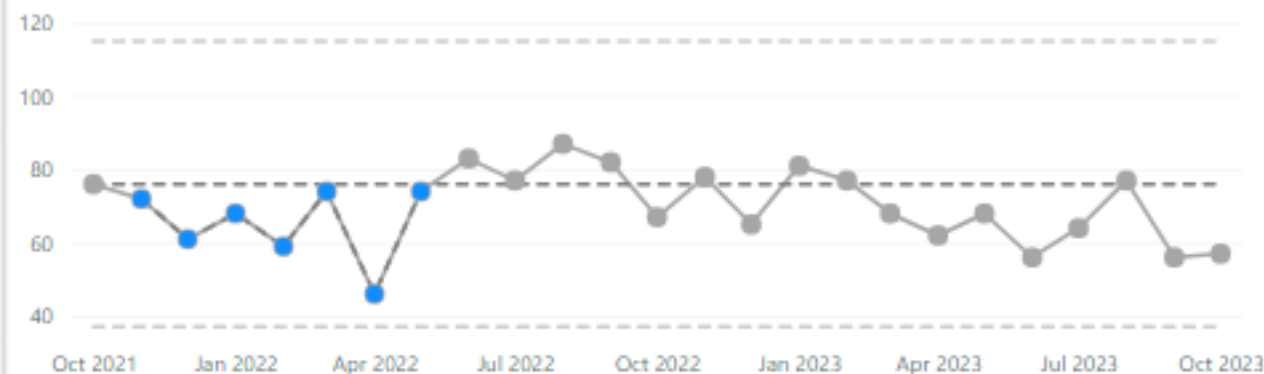
117

NGH: Current Value

NGH: Current Target

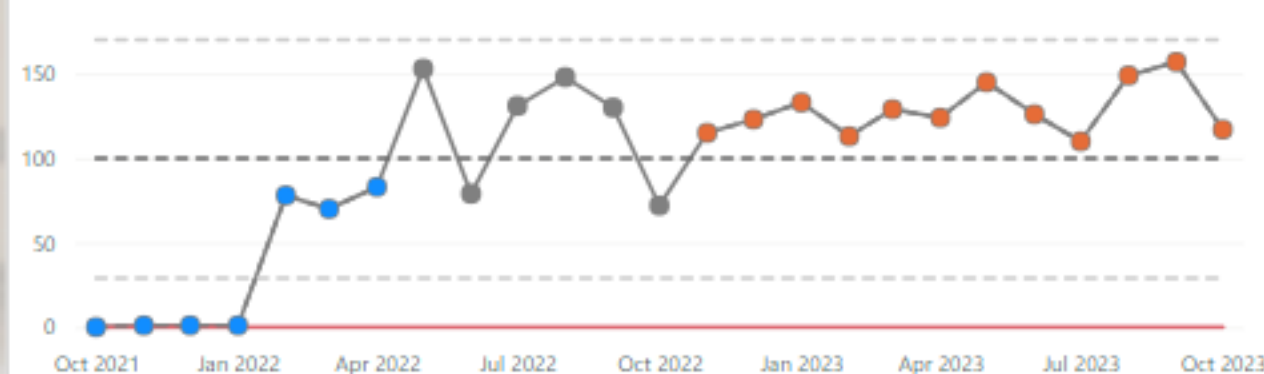
## Kettering General Hospital

Number of medication errors: Quality



## Northampton General Hospital

Number of medication errors: Quality



Committee Name

All

GroupName

Quality

MetricName

Number of medication errors

57

KGH: Current Value

KGH: Current Target

117

NGH: Current Value

NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/23	Medication incidents reported irrespective of subclass of incident (prescribing, dispensing, administering) and irrespective of harm or level of harm.	The Chart shows common cause variation with no agreed target. Historically the Trust had taken a proactive approach to encouraging incident reporting.	A 'low' reporting rate from an organisation should not be interpreted as a 'safe' organisation, and may represent under-reporting. Subsequently, a 'high' reporting rate should not be interpreted as an 'unsafe' organisation, and may actually represent a culture of greater openness.	The reporting of incidents to a national central system (The National Reporting and Learning System (NRLS)) helps protect patients from avoidable harm by increasing opportunities to learn from mistakes where things go wrong. At a national level the NHS uses these reports to identify and take action to prevent emerging patterns of incidents on a national level via patient safety alerts. At a local level these reports are used to identify and target areas of risk emerging through deficiencies in policy, practice process or therapeutics.	There were no medication errors resulting in moderate or above harm. 14 were low harm incidents equating to 24.56%.
NGH	01/10/23	Medication incidents reported irrespective of subclass of incident (prescribing, dispensing, administering) and irrespective of harm or level of harm.	This is the number of reported medication incidents for October. There has been a small increase in the rolling 6 month average number of reported incidents but no overall increase in degree of harm	There was an increase in the number of reports related to temperature excursions for medicines storage due to hot weather during September.	Advice on what to do if ward temperatures exceed recommended limit was circulated. Actions were taken by ward and pharmacy staff when temperatures exceeded.	Ward temperatures are recorded daily. Compliance is audited as part of the Safe and Secure Medicines Audit plan.

Committee Name

All

GroupName

Quality

MetricName

Hospital-acquired infections

01/03/2020

31/10/2023



18

KGH: Current Value

7

KGH: Current Target

7

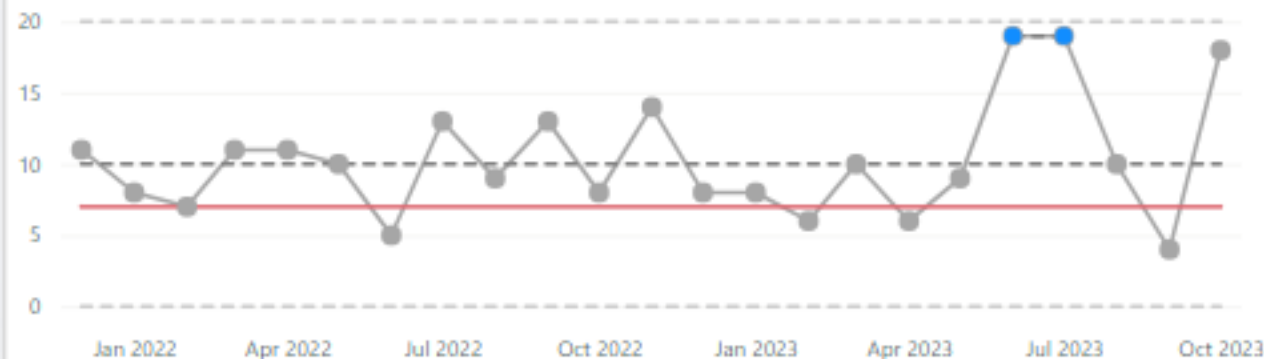
NGH: Current Value

7

NGH: Current Target

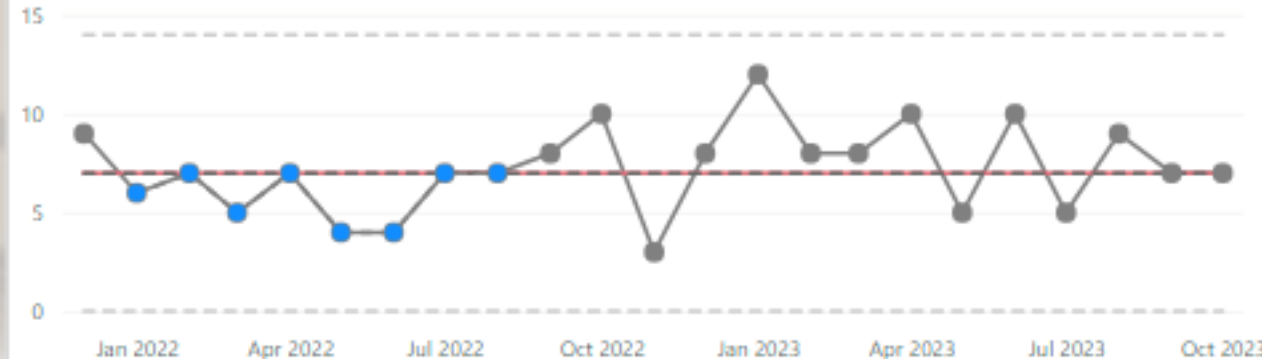
## Kettering General Hospital

Hospital-acquired infections: Quality



## Northampton General Hospital

Hospital-acquired infections: Quality



Committee Name

All

GroupName

Quality

MetricName

Hospital-acquired infections

18

KGH: Current Value

7

KGH: Current Target

7

NGH: Current Value

7

NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/23	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.	Gram negative infections are above the rolling ceiling set by the ICB. E-Coli 47/30 Pseudomonas aeruginosa 7/5 Klebsiella species 18/15	Full RCAs are undertaken on all cases followed by a subsequent MDT review. Identified learning is action planned and presented at IPSG	Full RCAs are undertaken on all cases followed by a subsequent MDT review. Identified learning is action planned and presented at IPSG
NGH	01/10/23	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.	7 patients developed a healthcare associated Gram negative blood stream infection in October.	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 and Klebsiella but under for Pseudomonas cases. This is against a backdrop of 2 key changes in clinical practice that have been implemented across the Trust during Q1 to increase the likelihood of detecting a micro-organism in the blood culture. Firstly, new national Sepsis guidance has been published to take two sets of blood cultures when sepsis is suspected, and secondly a quality improvement project led by NHSE Microbiology to increase the volume of blood in blood culture samples has been implemented. A third issue is around not removing urinary catheters at the earliest opportunity.	The IPC Team continue to deliver on the GNB section of the HCAI Improvement Plan and are continuing with three key workstreams in November around the catheter prevention pathway, blood culture training and EPIC skills sessions to reduce the risk of these infection to patients.	The GNB trajectory is monitored via the monthly IPC Report to IPC Steering Group and the monthly DON report to CSIP and CQEG and sits on the IPC risk register.





# Covid-19 (HODA)



Committee Name

All

GroupName

Quality

MetricName

Covid-19 (HODA)

01/03/2020

31/10/2023

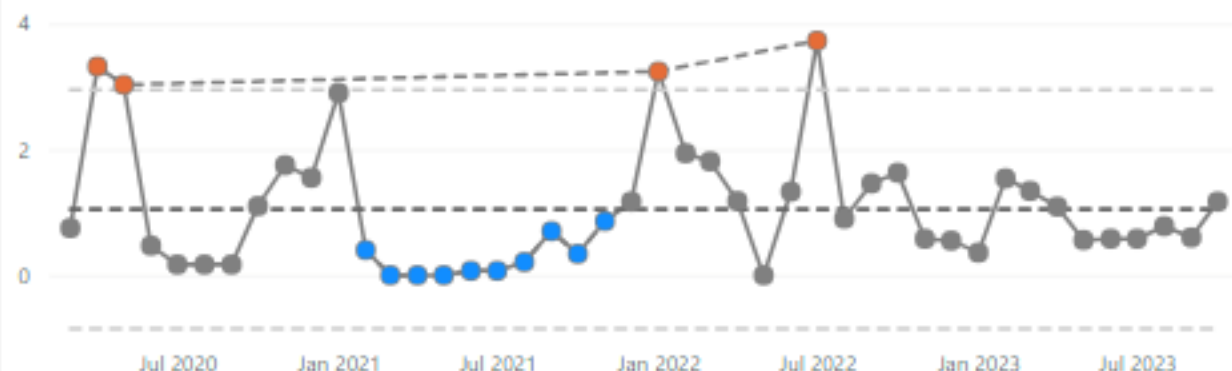
1.17

KGH: Current Value

KGH: Current Target

Kettering General Hospital

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



Northampton General Hospital

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/23	Hospital-onset definite healthcare-associated (15+ days)	The number of patients per 1000 bed days that have been in hospital beyond 15 days that have developed a hospital acquired infection (COVID-19). The chart is showing common cause variation.	Ideally there would be no hospital acquired infections, however there is currently no national agreed ceiling of tolerance. 19 patients were identified as HODA and 13 HOPA . The annual average HODA/HOPA per average 1000 bed days for 2020-21 was 1.25 and 1.02. 2021-22 was 0.87 and 0.58 and 2022-23 was 1.19 and 0.86 respectively. Combined HOPA and HODA equates to 27.6% (an increase from 21.42%) of all COVID+ in-patients.	None	None



# Covid-19 (HOPA)



Committee Name

All

GroupName

Quality

MetricName

Covid-19 (HOPA)

01/03/2020

31/10/2023



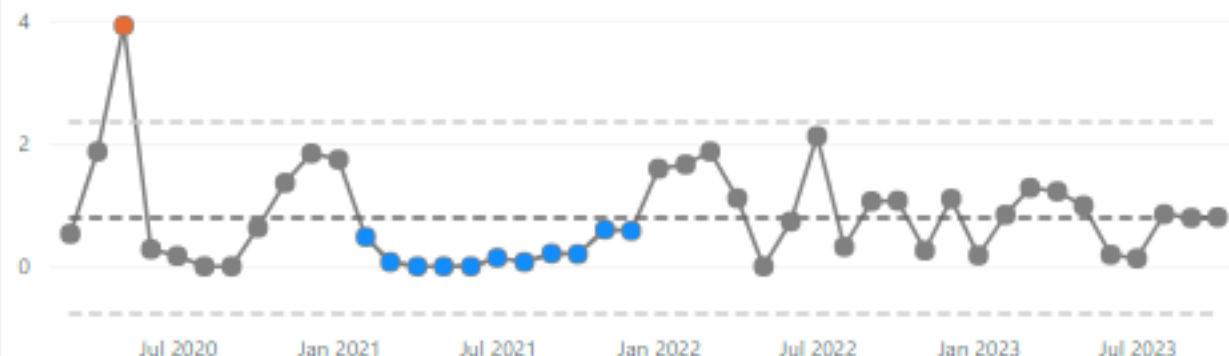
0.80

KGH: Current Value

KGH: Current Target

## Kettering General Hospital

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



## Northampton General Hospital

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/23	Hospital-onset probable healthcare-associated (8 – 14 days)	The number of patients per 1000 bed days that have been in hospital between 8 and 14 days that have potentially developed a hospital acquired infection (COVID-19). The chart is showing common cause variation.	Ideally there would be no hospital acquired infections, however there is currently no national agreed ceiling of tolerance. 19 patients were identified as HODA and 13 HOPA. The annual average HODA/HOPA per average 1000 bed days for 2020-21 was 1.25 and 1.02. 2021-22 was 0.87 and 0.58 and 2022-23 was 1.19 and 0.86 respectively. Combined HOPA and HODA equates to 27.6% (an increase from 21.42%) of all COVID+ in-patients.	None	None



# MRSA



Committee Name  
All

GroupName  
Quality

MetricName  
MRSA

01/03/2020 31/10/2023

0

KGH: Current Value

0

KGH: Current Target

1

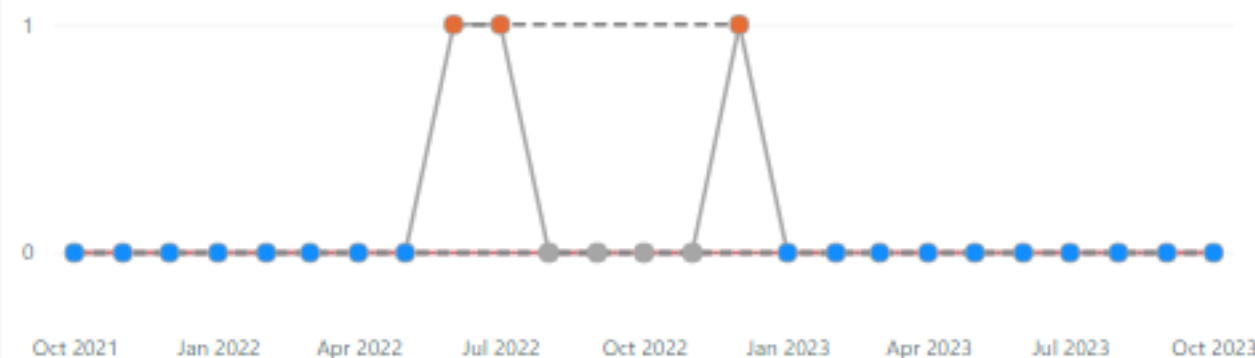
NGH: Current Value

0

NGH: Current Target

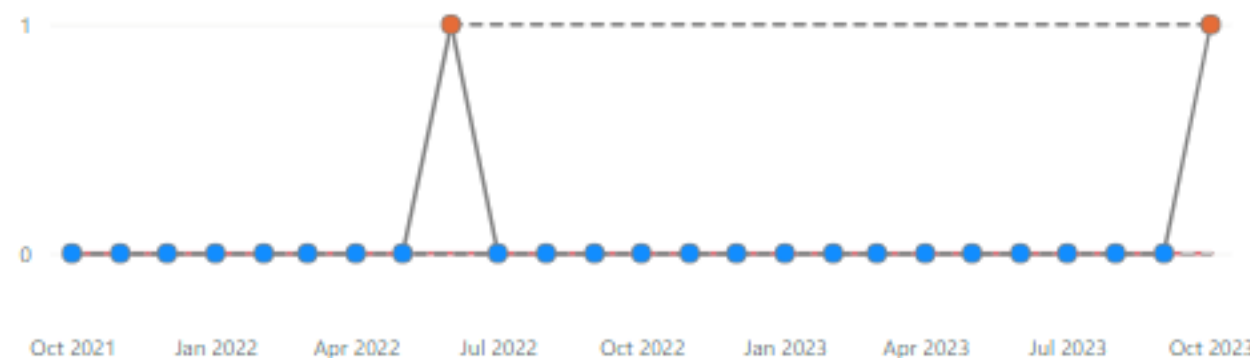
## Kettering General Hospital

Methicillin-resistant staphylococcus aureus: Quality



## Northampton General Hospital

Methicillin-resistant staphylococcus aureus: Quality



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/23	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.
NGH	01/10/23	Patients experiencing a MRSA Bacteraemia	1 patient developed a MRSA bloodstream infection in October.	A post infection review has been completed and meeting held with the clinical team to discuss the case and identify the learning.	Some good practice was noted, the source was a hospital acquired pneumonia, learning around mouthcare has been cascaded back to the ward team via a huddle sheet.	MRSA rates continue to be monitored by IPC Steering Group and a zero tolerance approach remains.





# C diff



Committee Name

All

GroupName

Quality

MetricName

C diff

01/03/2020

31/10/2023



2

KGH: Current Value

3

KGH: Current Target

11

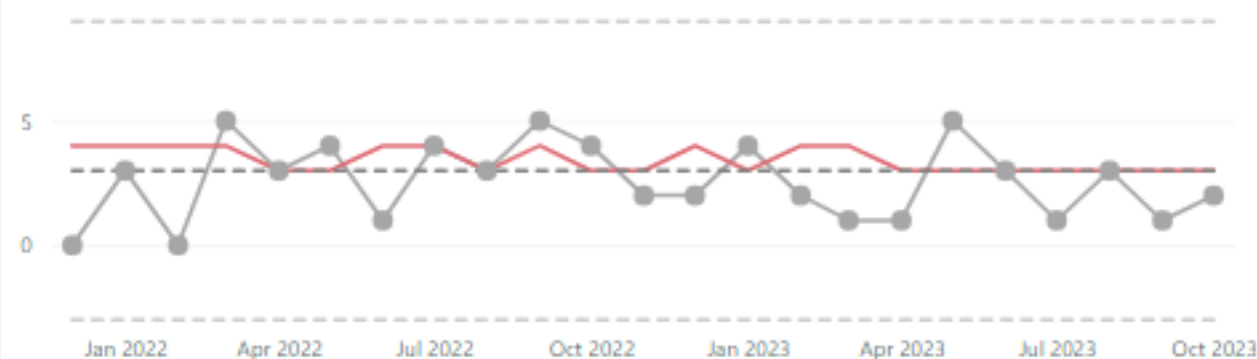
NGH: Current Value

4

NGH: Current Target

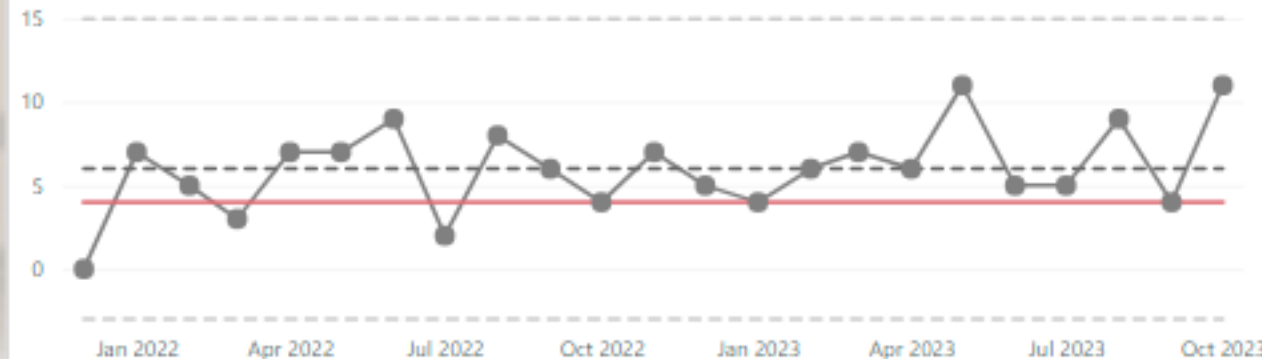
Kettering General Hospital

Clostridium difficile: Quality



Northampton General Hospital

Clostridium difficile: Quality



Committee Name	GroupName	MetricName	
All	Quality	C diff	
2	3	11	4
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/23	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 16 cases to date (October), which is below the rolling trajectory of 20.	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	01/10/23	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 51 for 2022-23.	11 patients developed C.diff infection in October.	The NHSE standard contract for CDI for NGH 2023/24 is 50 cases. The Trust is currently over trajectory for this with 51 cases year to date. This is on the IPC risk register. Nationally there has been an approximate 25% increase in CDI and the national NHSE team are investigating influencing factors for this.	Post-infection reviews and review meetings are completed for every HOHA and COHA CDI case. The IPC Team are delivering the 2023/24 CDI Improvement Plan and the designated CDI nurse within the IPC Team has fed back targeted learning from antibiotic prescribing that has contributed to CDI with the relevant clinicians successfully. Of the 11 patients, there were 4 lapses in care due to inappropriate antibiotic prescribing. The IPC Team have commenced a weekly Antibiotic Stewardship round in addition to the weekly Consultant Micro stewardship round, in November the Nye Bevan are trailing a Tazocin review code, and IPC plan to roll out new Hand rub product and environmental cleaning and disinfectant chemical that have better efficacy against C.diff than current products.	The CDI position and actions are monitored monthly through IPSG, are raised quarterly via the IPC report to CQEG and SQIP and monthly via the DON report to SQIP for discussion and oversight.



# SHMI



Committee Name

All

GroupName

Quality

MetricName

SHMI

01/03/2020

31/10/2023



108.19

KGH: Current Value

KGH: Current Target

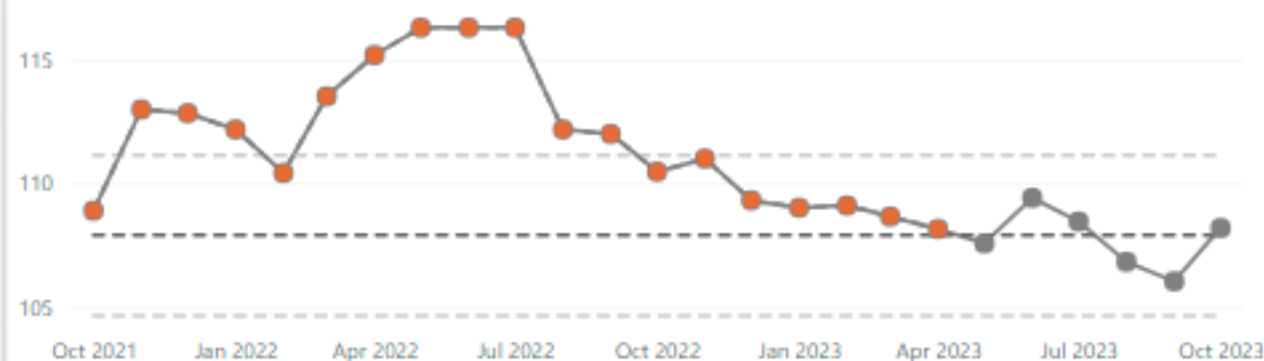
86

NGH: Current Value

NGH: Current Target

## Kettering General Hospital

Summary Hospital-level Mortality Indicator: Quality



## Northampton General Hospital

Summary Hospital-level Mortality Indicator: Quality



Committee Name	GroupName	MetricName	
All	Quality	SHMI	
108.19		86	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/23	Summary Hospital-Level Mortality Indicator (SHMI) is an indicator of healthcare quality that measures whether the number of deaths in hospital, or within 30 days of patients leaving hospital, is higher or lower than you would expect. A score of 100 means that the number of deaths is similar to what you would expect. A higher score means more deaths; a lower score, fewer.	108.19 - 'as expected' (Data Period: June 22 - May 23)	SHMI is 'as expected' overall but higher than expected for 3 individual diagnosis groups: Pneumonia (118.83), Septicaemia; except in labour (131.87) and Cancer of Bronchus; Lung (152.06).	Analysis and assurance of individual diagnosis groups has been provided in the February 2023, Quarter 4 22/23 and Quarter 2 23/24 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 12 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	01/10/23	Summary Hospital-Level Mortality Indicator (SHMI) is an indicator of healthcare quality that measures whether the number of deaths in hospital, or within 30 days of patients leaving hospital, is higher or lower than you would expect. A score of 100 means that the number of deaths is similar to what you would expect. A higher score means more deaths; a lower score, fewer.	SHMI continues in the "below expected range"	No exceptions to report	Nil currently required	Nil currently required



# HSMR



Committee Name

All

GroupName

Quality

MetricName

HSMR

01/03/2020

31/10/2023



95.90

KGH: Current Value

100

KGH: Current Target

89

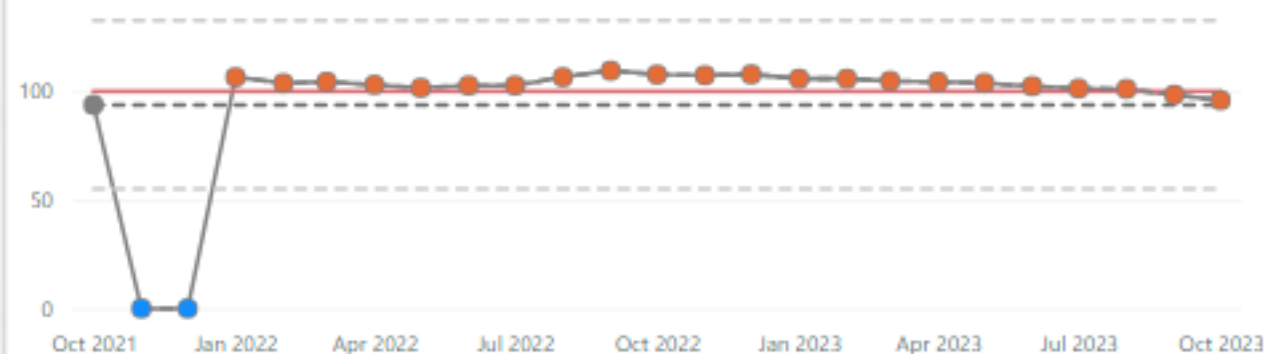
NGH: Current Value

100

NGH: Current Target

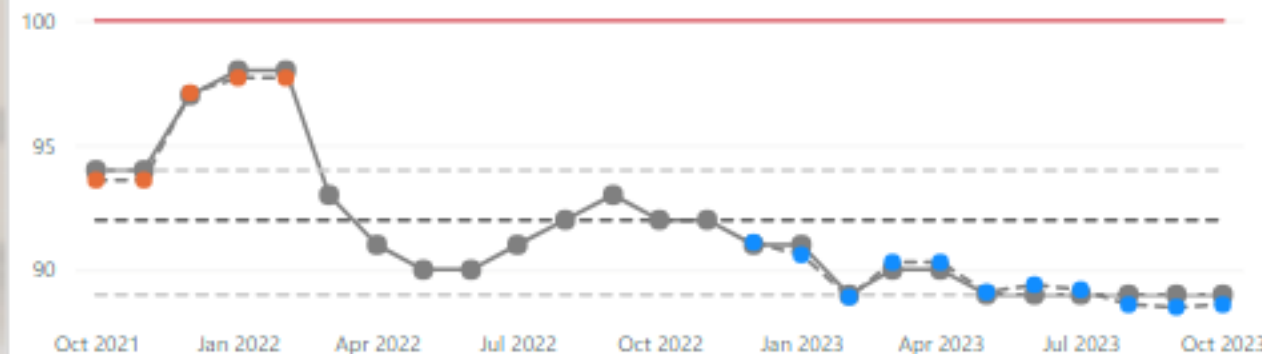
## Kettering General Hospital

Hospital Standardised Mortality Ratio: Quality



## Northampton General Hospital

Hospital Standardised Mortality Ratio: Quality



Committee Name

All

GroupName

Quality

MetricName

HSMR

95.90

KGH: Current Value

100

KGH: Current Target

89

NGH: Current Value

100

NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/23	Hospital Standardised Mortality Ratio (HSMR) is an indicator of healthcare quality that measures whether the number of deaths in hospital is higher or lower than you would expect. A score of 100 means that the number of deaths is similar to what you would expect. A higher score means more deaths; a lower score, fewer. Statistically, the HSMR is the relative risk of in-hospital mortality for patients admitted within the 56 diagnosis groups that account for 80% of in-hospital deaths.	95.9 - 'as expected' range (August 2022 - July 2023)	There are 2 outlying group attracting significantly higher than expected deaths: Septicaemia (except in labour) and Congestive Heart Failure, non hypertensive – both of which continue to alert.	Analysis and assurance of individual diagnosis groups has been provided in the February 2023, Quarter 4 22/23 and Quarter 2 23/24 Mortality Dashboards. The Trust continue to work with Clinical Coding, Clinical Leads and our Dr Foster Representative.	Mortality is monitored closely through the Medical Director's office. Monthly meetings between Mortality, Dr Foster and Clinical Coding continue to be effective and as of September 2023, Learning from Deaths Group is now held monthly with Dr Foster alerts being a standing agenda item.
NGH	01/10/23	Hospital Standardised Mortality Ratio (HSMR) is an indicator of healthcare quality that measures whether the number of deaths in hospital is higher or lower than you would expect. A score of 100 means that the number of deaths is similar to what you would expect. A higher score means more deaths; a lower score, fewer. Statistically, the HSMR is the relative risk of in-hospital mortality for patients admitted within the 56 diagnosis groups that account for 80% of in-hospital deaths.	HSMR continued in the "below expected" range	No exceptions to report. Positive news to highlight - weekend & weekday HSMR are now converging as a month on month trend. The Board previously asked us to review at LFDG.	Nil currently required	Nil currently required





# SMR



Committee Name

All

GroupName

Quality

MetricName

SMR

01/03/2020

31/10/2023



97.30

KGH: Current Value

KGH: Current Target

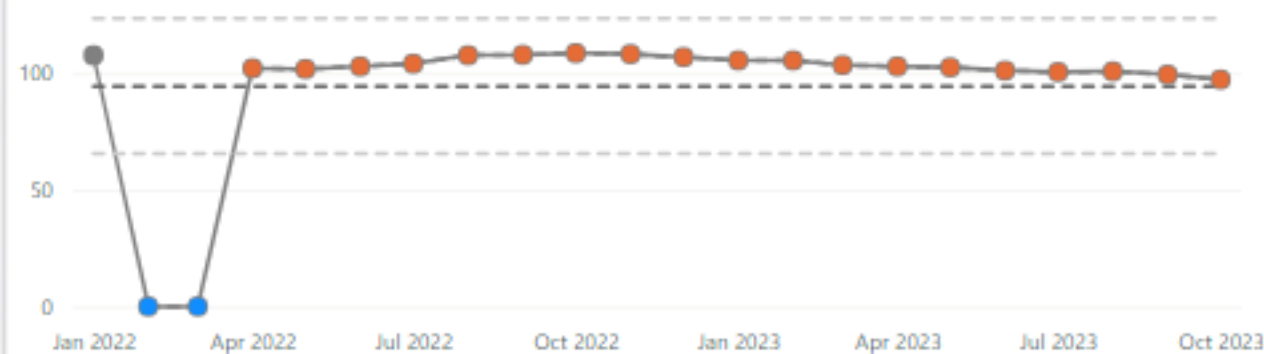
89

NGH: Current Value

NGH: Current Target

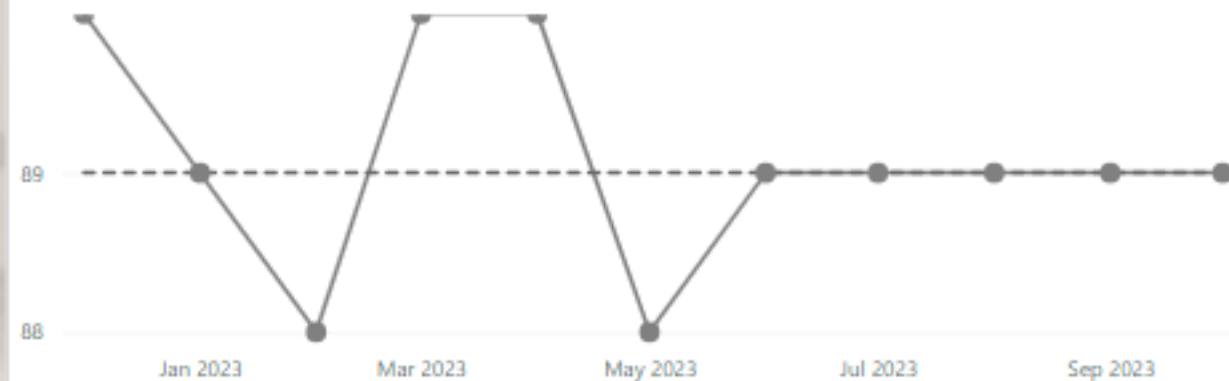
## Kettering General Hospital

Standardised Mortality Ratio: Quality



## Northampton General Hospital

Standardised Mortality Ratio: Quality



Committee Name	GroupName	MetricName	
All	Quality	SMR	
97.30		89	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/23	Standardised Mortality Ratio (SMR) is an indicator of healthcare quality that measures whether the number of deaths in hospital is higher or lower than you would expect. A score of 100 means that the number of deaths is similar to what you would expect. A higher score means more deaths; a lower score, fewer. Statistically, the SMR is the relative risk of in-hospital mortality for all patients admitted.	97.3 - 'as expected' range (August 2022 - July 2023)	There are 2 outlying group attracting significantly higher than expected deaths: Septicaemia (except in labour) and Congestive Heart Failure, non hypertensive – both of which continue to alert.	Analysis and assurance of individual diagnosis groups has been provided in the February 2023, Quarter 4 22/23 and Quarter 2 23/24 Mortality Dashboards. The Trust continue to work with Clinical Coding, Clinical Leads and our Dr Foster Representative.	Mortality is monitored closely through the Medical Director's office. Monthly meetings between Mortality, Dr Foster and Clinical Coding continue to be effective and as of September 2023, Learning from Deaths Group is now held monthly with Dr Foster alerts being a standing agenda item.
NGH	01/10/23	Standardised Mortality Ratio (SMR) is an indicator of healthcare quality that measures whether the number of deaths in hospital is higher or lower than you would expect. A score of 100 means that the number of deaths is similar to what you would expect. A higher score means more deaths; a lower score, fewer. Statistically, the SMR is the relative risk of in-hospital mortality for all patients admitted.	SMR continues in the "below expected range"	No exceptions to highlight	Nil currently required	Nil currently required



Committee Name

All

GroupName

Quality

MetricName

Safe Staffing

01/03/2020

31/10/2023



95.79%

KGH: Current Value

96.00%

KGH: Current Target

104.60%

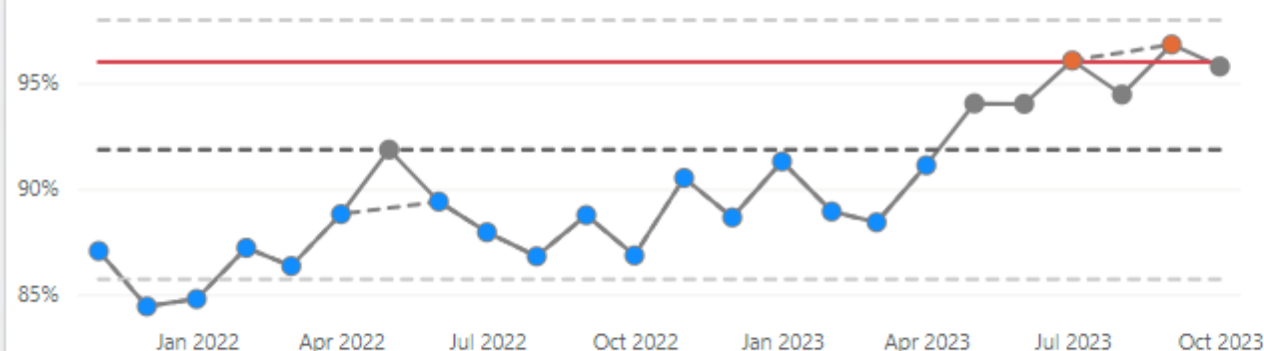
NGH: Current Value

96.00%

NGH: Current Target

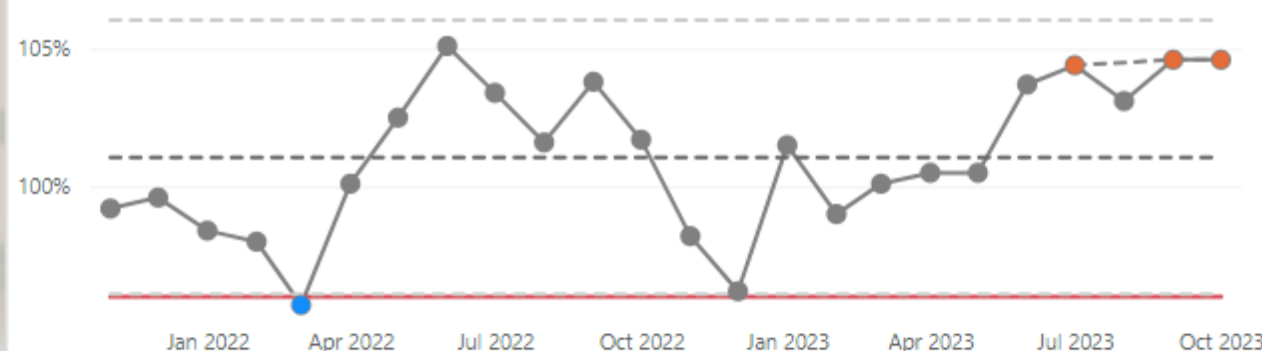
## Kettering General Hospital

Safe Staffing: Quality



## Northampton General Hospital

Safe Staffing: Quality



Committee Name

All

GroupName

Quality

MetricName

Safe Staffing

3/1/2020

10/1/2023

95.79%

KGH: Current Value

96.00%

KGH: Current Target

104.60%

NGH: Current Value

96.00%

NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/23	Combined day & night shift fill rate % for registered & non-registered Nursing, midwifery & AHP staff. Reported nationally to NHSE in accordance with National Quality Board guidance.	The overall combined staffing fill rate for October is 95.79%: the second highest fill rate for over 12 months. October 2023 is the first month for 2 years to have no ward with a non-registered fill rate <80%.	Registered Nursing vacancy rate is reducing but remains a concern.	November recruitment & assessment centre will focus on Registered recruitment. All divisional Nursing leads have been contacted to ensure all vacancies are approved on the TRAC system to enable recruitment.	Operational staffing management via staffing cell and temporary staffing via Bank & Agency
NGH	01/10/23	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.	103.8% 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 6.6% since 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 more than 30% unavailability with parenting rates of > 5.7% and 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.	<div>Actions</div> <div>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.</div>	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 greater objectivity in relation to evaluation of shortfalls, this has ensured alignment of approach to staffing evaluation across KGH and NGH.

Committee Name  
All

GroupName  
Quality

MetricName  
30 day readmissions

01/03/2020 31/10/2023

2.03%

KGH: Current Value

12.00%

KGH: Current Target

15.48%

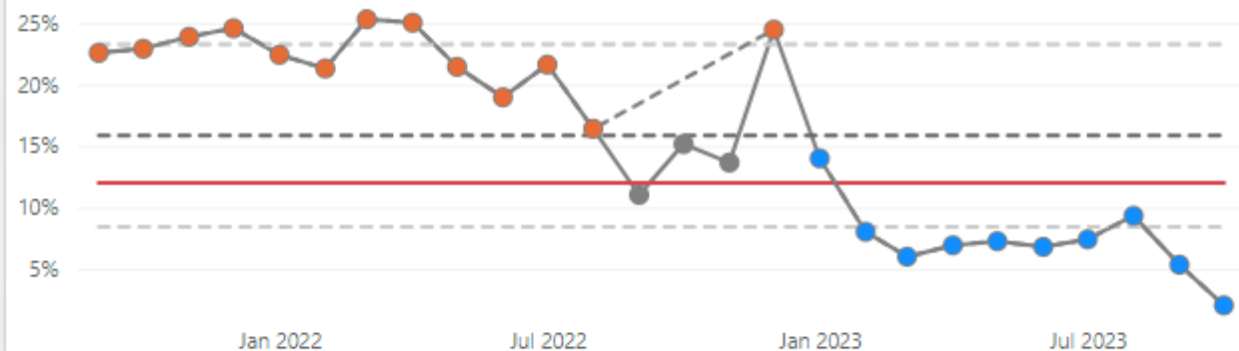
NGH: Current Value

12.00%

NGH: Current Target

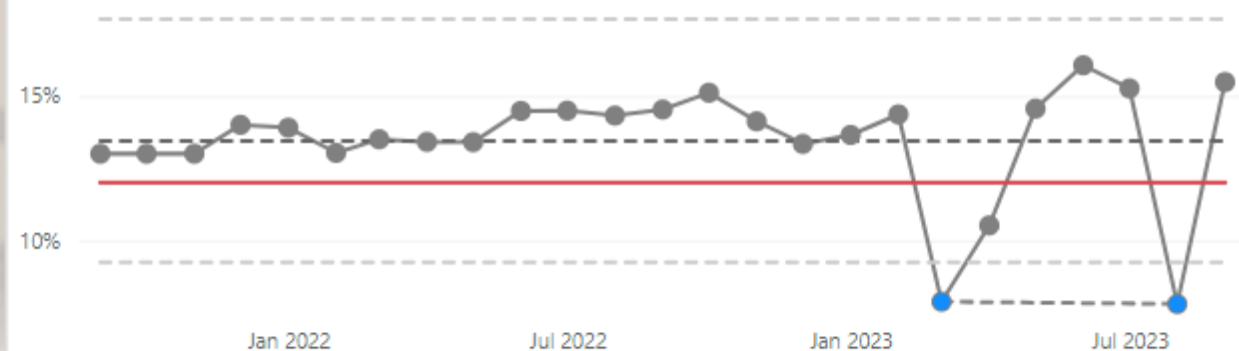
## Kettering General Hospital

30 day readmissions: Quality



## Northampton General Hospital

30 day readmissions: Quality



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/23	Number of patients readmitted within 30 days of discharge	Current value remains below local and national target	Root cause of re-admissions are: - shortfall in community service provision result in packages failing - patients care requirements deviate from original requirement	Concerns raised via safeguarding form a core part of discharge governance work which meets on a monthly basis actioning plans to improve communication and the quality of discharge assessments to reduce the risk of failed discharges	monthly discharge governance across all divisions with support from senior clinical staff



# Never event incidence



Committee Name

All

GroupName

Quality

MetricName

Never event incidence

01/03/2020

31/10/2023

0

KGH: Current Value

0

KGH: Current Target

0

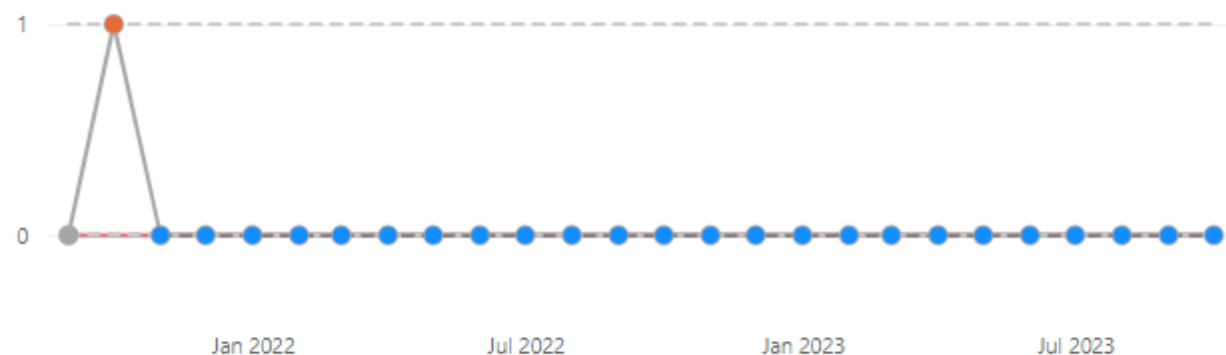
NGH: Current Value

0

NGH: Current Target

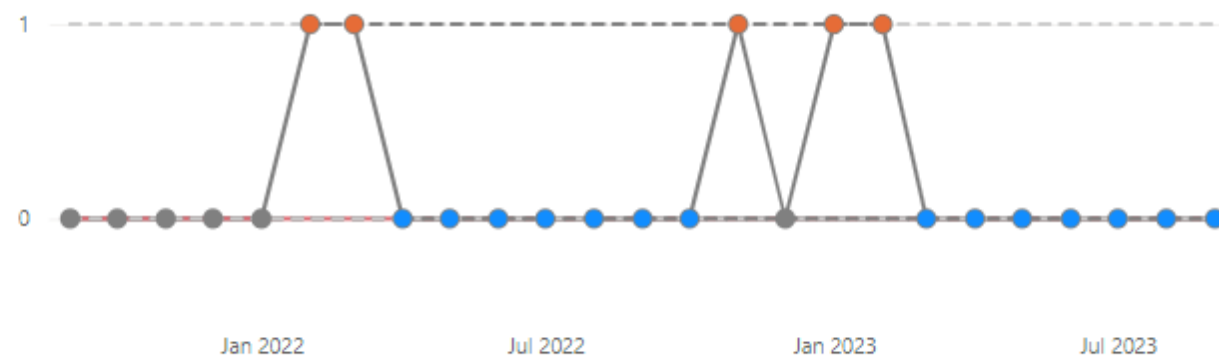
## Kettering General Hospital

Never event incidence: Quality



## Northampton General Hospital

Never event incidence: Quality



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/23	Never Events are patient safety incidents that are wholly preventable where guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and have been implemented by healthcare providers. As context between 01 April 22 and 31 March 23, 410 never events were reported nationally. National themes are shared across the NHS for learning.	The chart shows that since November 2021 there is a positive assurance with no Never Events reported.	None	None	None

# QI projects undertaken

Committee Name

All

GroupName

Quality

MetricName

QI projects undertaken

01/03/2020

31/10/2023

2

KGH: Current Value

KGH: Current Target

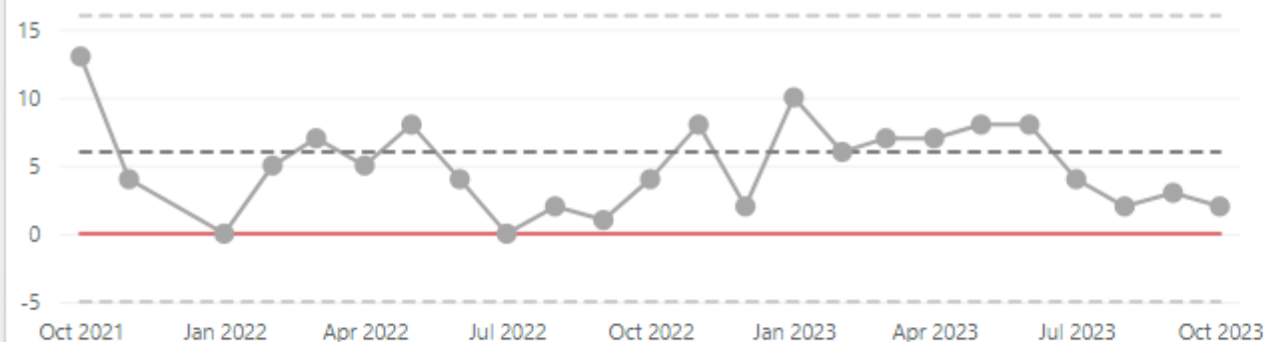
5

NGH: Current Value

NGH: Current Target

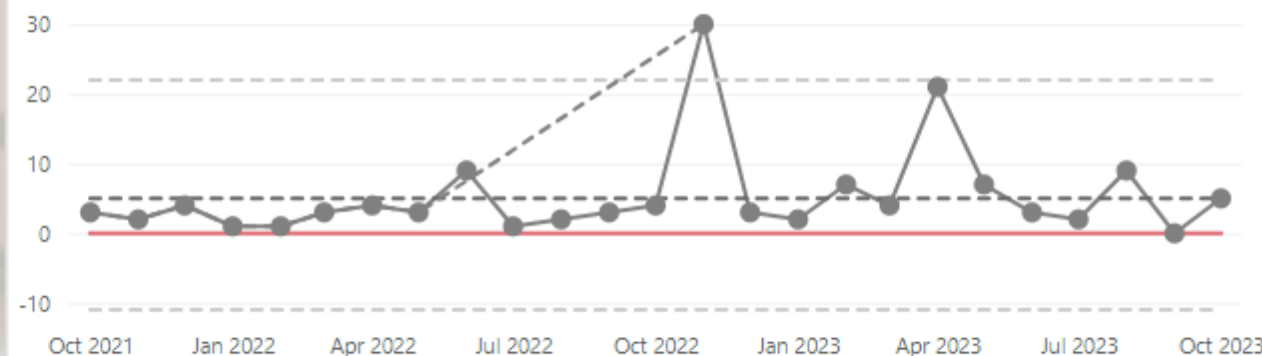
**Kettering General Hospital**

QI projects undertaken: Quality



**Northampton General Hospital**

QI projects undertaken: Quality





Committee Name

All

GroupName

Quality

MetricName

QI projects undertaken

2

KGH: Current Value

5

NGH: Current Value

KGH: Current Target

NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/23	Number of QI projects undertaken	The number of QI projects registered and approved to start in October in KGH was 2.	Some proposals for projects submitted need further developing as a project proposal before progressing to be a project. There is no target for the number of QI projects we are aiming for. Low uptake of registration of QI projects.	Life QI software is launching in November to better capture and track QI projects. Increased awareness of the QI team through embedding QI coaches in divisions, who will begin bringing QI work through divisional assurance / oversight. Comms plan to engage staff in our improvement approach, share and celebrate improvement in November. Regular sharing of QI projects through re-invigorated 'Improvement club' / 'Yokoten' sessions monthly from December. Development of Improvement Strategy needs to set a target for QI projects, and to develop maturity against self-assessment of NHS Impact domains.	Use of email / forms in the interim before Life QI goes live. Representation of QI coaches in Let's Talk and identification of QI priorities with divisional leadership. QI Steering Group established with functions supporting clinical improvement (nursing, clinical effectiveness, mortality etc.) to build better links between QI and other clinical support teams supporting QI.
NGH	01/10/23	Number of QI projects undertaken	The number of QI projects registered and approved to start in October in KGH was 5.	Some proposals for projects submitted need further developing as a project proposal before progressing to be a project. There is no target for the number of QI projects we are aiming for. Low uptake of registration of QI projects.	Life QI software is launching in November to better capture and track QI projects. Increased awareness of the QI team through embedding QI coaches in divisions, who will begin bringing QI work through divisional assurance / oversight. Comms plan to engage staff in our improvement approach, share and celebrate improvement in November. Regular sharing of QI projects through re-invigorated 'Improvement club' / 'Yokoten' sessions monthly from December. Development of Improvement Strategy needs to set a target for QI projects, and to develop maturity against self-assessment of NHS Impact domains.	Use of email / forms in the interim before Life QI goes live. Representation of QI coaches in Let's Talk and identification of QI priorities with divisional leadership. QI Steering Group established with functions supporting clinical improvement (nursing, clinical effectiveness, mortality etc.) to build better links between QI and other clinical support teams supporting QI.



# Food wastage



Committee Name

All

GroupName

Quality

MetricName

Food wastage

01/03/2020

31/10/2023



6.81

KGH: Current Value

KGH: Current Target

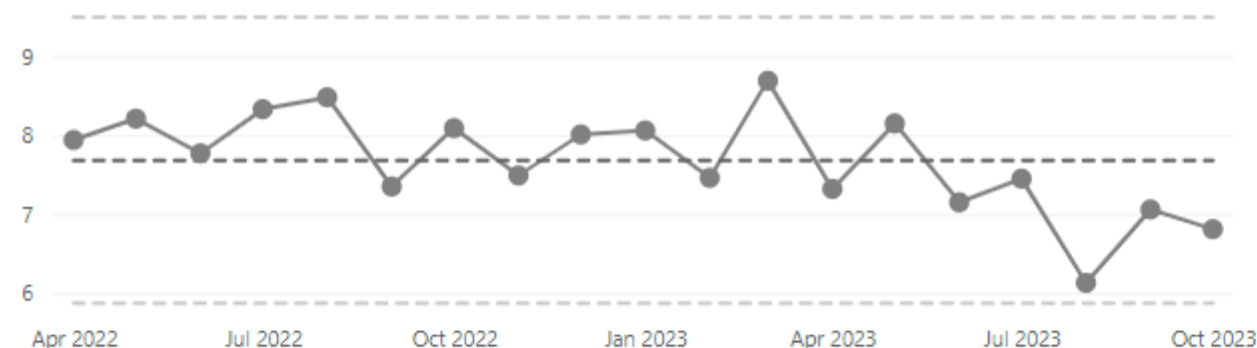
6.45

NGH: Current Value

NGH: Current Target

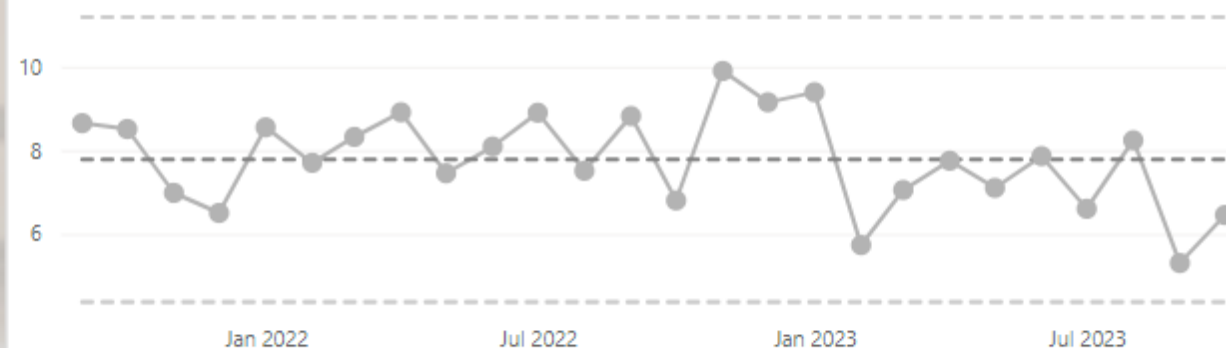
## Kettering General Hospital

Food wastage (t): Quality



## Northampton General Hospital

Food wastage (t): Quality



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/23	A Group sustainability priority for reduction of the carbon footprint of food waste. Financial savings for Trust.	food waste was down compared to Sept	none to report	carry on monitoring amount of waste that comes back from ward areas.	More was consumed at ward level.
NGH	01/10/23	A Group sustainability priority for reduction of the carbon footprint of food waste. Financial savings for Trust.	No material change	Overall change in behaviours to drive change	None - Led from Group food waste group	None

Committee Name

All

GroupName

Quality

MetricName

Desflurane Usage

01/03/2020

31/10/2023

1.90%

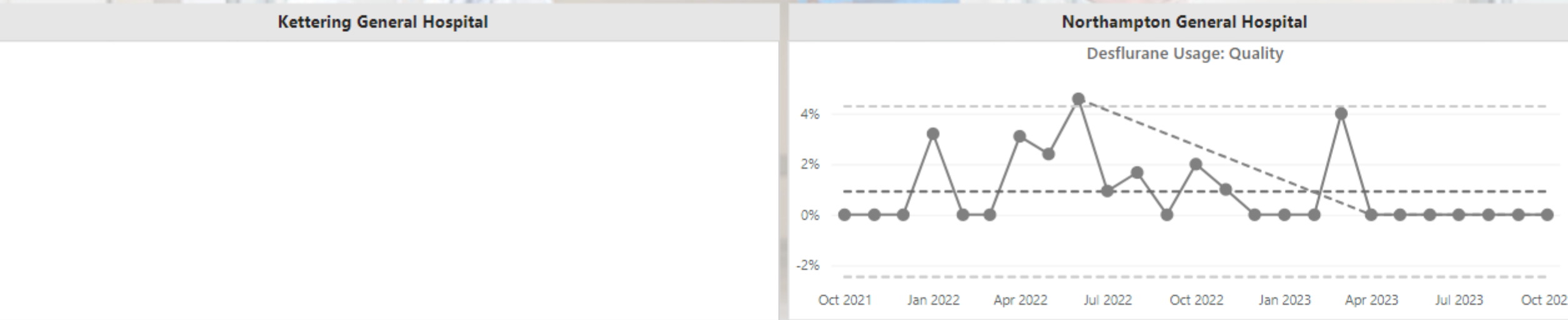
KGH: Current Value

KGH: Current Target

0.00%

NGH: Current Value

NGH: Current Target



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
NGH	01/10/23	Standard contract requirement is to reduce to less than 5% desflurane with 0 being reached at the end of financial year 23/24. Also a Group sustainability priority for reduction of the carbon footprint of Desflurane	Zero usage @ NGH continues	None	Constant reviews	N/A



# Finance and Performance Committee

# Finance and Performance Committee

Exec owners: Fay Gordon, Palmer Winstanley, Richard Wheeler

*In reminder, this Committee monitors the ‘sustainability’ metrics and the ‘systems and partnerships’ metrics within the IGR.*

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

- 1 The YTD position is a £8.2m (KGH) £15.4m (NGH) deficit which is £15.8m worse than plan. This is impacted upon by continued UEC pressures, pay awards and other inflationary pressures and ongoing industrial action
- 2 The new Urology Centre has opened in KGH, increasing one-stop clinics and improving FDS (faster diagnostic standard) compliance.
- 3 Industrial action has contributed to performance – e.g. at KGH we have seen the first drop in performance against ‘agreed decision to treat’, this has slipped to 91% below target of 93% due to loss of elective capacity; RTT waits continue to rise across both organisations

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

- 1 We have been working on the beds available metric to build consistency in reporting across KGH and NGH (this is reflected in KGH commentary)
- 2 We have been working on the 4hr ED performance metric which is now in the pack for KGH and NGH



# Sustainability



KGH

NGH

Committee Name

All

GroupName

Sustainability

5

Exec comments KGH

0

Exec comments NGH

13

Total No. of Metrics

Site	MetricName	Value
KGH	Theatre sessions planned	405
KGH	Surplus / Deficit YTD (M)	-0.51
KGH	Pay YTD (M)	22.66
KGH	Outpatients activity (& vs plan) 2	32,378
KGH	Non-elective activity (& vs plan) 2	2,311
KGH	Non Pay YTD (M)	9.94
KGH	Income YTD (M)	33.67
KGH	Elective inpatient activity (& vs plan) 2	305
KGH	Elective day-case activity (& vs plan) 2	3,799
KGH	CIP Performance YTD (M)	1.40
KGH	Beds available	518
KGH	Bank and Agency Spend (M)	3.55
KGH	A&E activity (& vs plan) 2	9,700

Metric	Comment	Site
Income	Year to date income is £1.7m better than plan plan. This includes £1.0m NHSE variable income higher than plan, £0.2m of ERF delivery higher than plan partially offset by £0.5m under-delivery of CDC activity.	KGH
M5 Position	The in-month position is a £0.5m deficit which is £0.8m worse than plan. This is impacted upon by ongoing industrial action, continued UEC pressures, pay awards and other inflationary pressures and costs to enhance support to specific services to address quality concerns. Efficiency delivery is less than plan in the month. Additional funding has been received to support existing pay award pressures.	KGH
Non Pay	Year to date non pay excluding capital charges is on plan. This includes a ombination of continuing utilities and other inflationary pressures, clinical expenditure to support elective recovery partially offset by CDC expenditure lower than plan, net variances on efficiencies and additional funding to support the revenue consequences of centrally funded capital schemes.	KGH
Pay	Year to date pay costs are £5.6m worse than than plan, including £2.4m of pressures relating to industrial action and £0.3m of pay award pressures. The remainder includes efficiency slippage, cover for vacancies & sickness across the Trust and specific service pressures to address quality concerns.	KGH
YTD Position	The YTD position is an £8.2m deficit which is £3.9m worse than plan. This is impacted upon by ongoing industrial action, continued UEC pressures, pay awards and other inflationary pressures and costs to enhance support to specific services to address quality concerns. he delivery of elective recovery is ahead of plan for the year to date but efficiency delivery is now behind plan for the year to date. Additional funding has been received to support existing pay award pressures.	KGH



# Sustainability



KGH

NGH

Committee Name

All

GroupName

Sustainability

0

Exec comments KGH

5

Exec comments NGH

13

Total No. of Metrics

Site	MetricName	Value
NGH	Theatre sessions planned	640
NGH	Surplus / Deficit YTD (M)	-2.10
NGH	Pay YTD (M)	29.20
NGH	Outpatients activity (& vs plan) 2	45,932
NGH	Non-elective activity (& vs plan) 2	6,007
NGH	Non Pay YTD (M)	12.70
NGH	Income YTD (M)	41.70
NGH	Elective inpatient activity (& vs plan) 2	359
NGH	Elective day-case activity (& vs plan) 2	4,226
NGH	CIP Performance YTD (M)	2.20
NGH	Beds available	709
NGH	Bank and Agency Spend (M)	5.90
NGH	A&E activity (& vs plan) 2	11,997

Metric	Comment	Site
Income	Year to date income is £2.4m better than plan. This includes by £1.7m PSDS income ahead of plan, £1.4m of ERP and Emerging technologies funding partially offset by £0.6m estimated ERF under delivery and £0.6m CDC and non clinical income under delivery.	NGH
M5 Position	The in-month position is a £2.0m deficit which is £2.5m worse than plan. This is impacted upon by ongoing industrial action, continued UEC pressures, pay awards and other inflationary pressures and an assessed shortfall in Elective Recovery. Efficiency delivery is also below plan for the month. Further funding has been received to support support existing pay award pressures.	NGH
Non Pay	Year to date non pay excluding capital charges is £5.1m worse than plan including £0.8m of continuing utilities and other inflationary pressures, £0.6m under achievement against efficiency targets. The remaining £3.7m includes variable expenditure covered by income variances and a further net operational position including continued clinical expenditure related to elective activity delivery.	NGH
Pay	Year to date pay costs are £7.8m worse than plan including £2.2m of pressures relating to industrial action, £3.3m of efficiency slippage, £1.0m of pay award pressures and other smaller operational variances.	NGH
YTD Position	The YTD position is a £15.4m deficit which is £11.9m worse than plan. This is impacted upon by under-delivery of efficiencies, continued UEC pressures, an assessed shortfall in the delivery of elective recovery income, pay awards and other inflationary pressures and ongoing industrial action. Further funding has been received to support support existing pay award pressures.	NGH



# Summary Table



Committee Name

All



Group Name

Sustainability



Metric Name

All



Site

All



Variation

All



Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance	Assurance
NGH	Sustainability	Income YTD (M)	01/10/23	41.70	42.1	50.37	50.37	50.37			Not Consistently Anticipated to Meet Target
KGH	Sustainability	Income YTD (M)	01/10/23	33.67	32.53	38.06	38.06	38.06			Not Consistently Anticipated to Meet Target
NGH	Sustainability	Pay YTD (M)	01/10/23	29.20	27.3	35.01	35.01	35.01			Not Consistently Anticipated to Meet Target
KGH	Sustainability	Pay YTD (M)	01/10/23	22.66	20.51	25.37	25.37	25.37			Not Consistently Anticipated to Meet Target
NGH	Sustainability	Non Pay YTD (M)	01/10/23	12.70	12.5	15.17	15.17	15.17			Not Consistently Anticipated to Meet Target
KGH	Sustainability	Non Pay YTD (M)	01/10/23	9.94	10.08	10.53	10.53	10.53			Not Consistently Anticipated to Meet Target
NGH	Sustainability	Surplus / Deficit YTD (M)	01/10/23	-2.10	0.4	2.03	2.03	2.03			Not Consistently Anticipated to Meet Target
KGH	Sustainability	Surplus / Deficit YTD (M)	01/10/23	-0.51	0.33	3.6	3.6	3.6			Not Consistently Anticipated to Meet Target
KGH	Sustainability	CIP Performance YTD (M)	01/10/23	1.40	2.68	1.29	1.29	1.29			Consistently Anticipated to Not Meet Target
NGH	Sustainability	CIP Performance YTD (M)	01/10/23	2.20	3		0				Consistently Anticipated to Not Meet Target
NGH	Sustainability	Bank and Agency Spend (M)	01/10/23	5.90	3.8	6.86	6.86	6.86			Consistently Anticipated to Meet Target
KGH	Sustainability	Bank and Agency Spend (M)	01/10/23	3.55	2.04	3.86	3.86	3.86			Not Consistently Anticipated to Meet Target
KGH	Sustainability	Beds available	01/10/23	518		502	517	532			Consistently Anticipated to Meet Target
NGH	Sustainability	Beds available	01/10/23	709		631	674	717			Consistently Anticipated to Meet Target
KGH	Sustainability	Theatre sessions planned	01/10/23	405		158	282	405			Consistently Anticipated to Meet Target
NGH	Sustainability	Theatre sessions planned	01/10/23	640		449	576	704			Consistently Anticipated to Meet Target
KGH	Sustainability	A&E activity (& vs plan) 2	01/10/23	9,700	9078	4187	7439	10690			Not Consistently Anticipated to Meet Target
NGH	Sustainability	A&E activity (& vs plan) 2	01/10/23	11,997	11754		11469				Consistently Anticipated to Not Meet Target

Committee Name

All

Group Name

Sustainability

Metric Name

All

Site

All

Variation

All

Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance	Assurance
KGH	Sustainability	Non-elective activity (& vs plan) 2	01/10/23	2,311	1848	1218	1974	2729			Not Consistently Anticipated to Meet Target
NGH	Sustainability	Non-elective activity (& vs plan) 2	01/10/23	6,007	4380		5785				Consistently Anticipated to Meet Target
KGH	Sustainability	Elective inpatient activity (& vs plan) 2	01/10/23	305	357	116	264	411			Not Consistently Anticipated to Meet Target
NGH	Sustainability	Elective inpatient activity (& vs plan) 2	01/10/23	359	350		350				Consistently Anticipated to Meet Target
KGH	Sustainability	Elective day-case activity (& vs plan) 2	01/10/23	3,799	3610	1248	2701	4154			Not Consistently Anticipated to Meet Target
NGH	Sustainability	Elective day-case activity (& vs plan) 2	01/10/23	4,226	4021		3950				Consistently Anticipated to Not Meet Target
KGH	Sustainability	Outpatients activity (& vs plan) 2	01/10/23	32,378	32695	17032	25583	34133			Not Consistently Anticipated to Meet Target
NGH	Sustainability	Outpatients activity (& vs plan) 2	01/10/23	45,932	46463		43101				Consistently Anticipated to Not Meet Target



Committee Name

All

GroupName

Sustainability

MetricName

Income YTD (M)

01/03/2020

31/10/2023



33.67

KGH: Current Value

32.53

KGH: Current Target

41.70

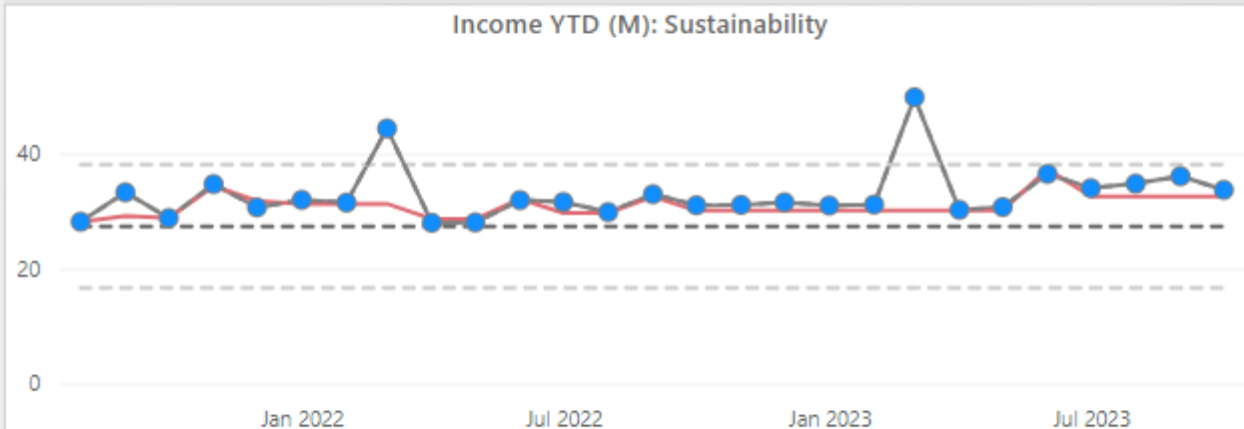
NGH: Current Value

42.1

NGH: Current Target

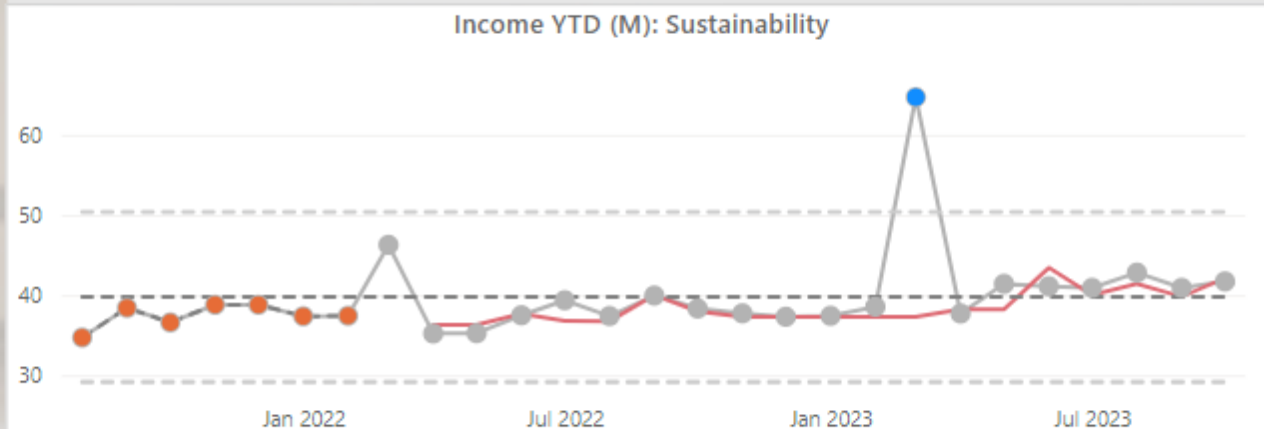
Kettering General Hospital

Income YTD (M): Sustainability



Northampton General Hospital

Income YTD (M): Sustainability







# Pay YTD (M)



Committee Name

All

GroupName

Sustainability

MetricName

Pay YTD (M)

01/03/2020

31/10/2023



22.66

KGH: Current Value

20.51

KGH: Current Target

29.20

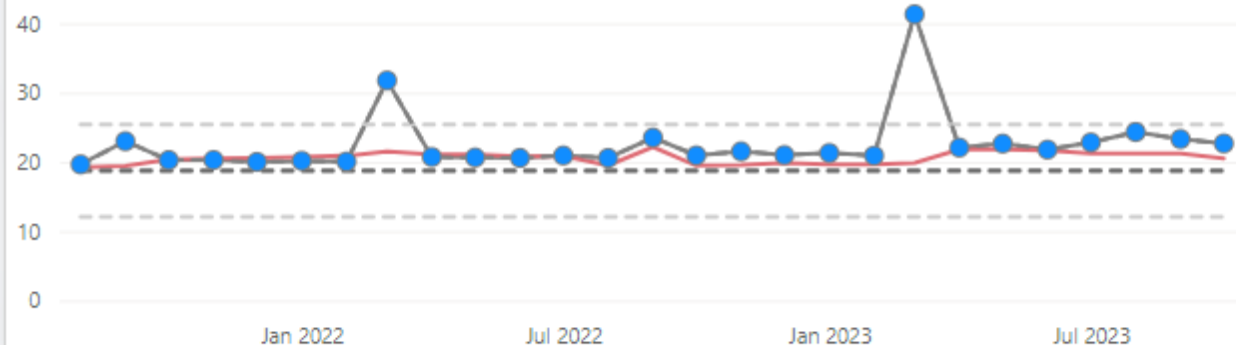
NGH: Current Value

27.3

NGH: Current Target

## Kettering General Hospital

Pay YTD (M): Sustainability



## Northampton General Hospital

Pay YTD (M): Sustainability



Committee Name

All

GroupName

Sustainability

MetricName

Non Pay YTD (M)

01/03/2020

31/10/2023



9.94

KGH: Current Value

10.08

KGH: Current Target

12.70

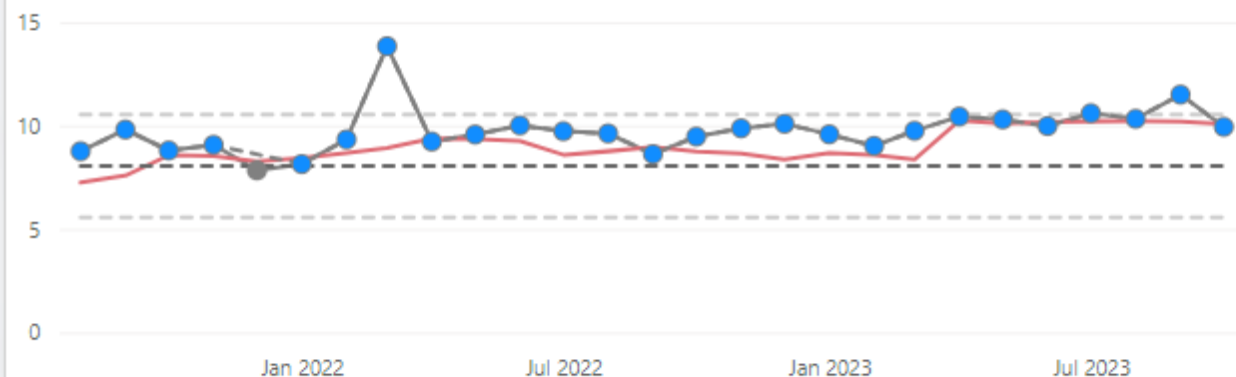
NGH: Current Value

12.5

NGH: Current Target

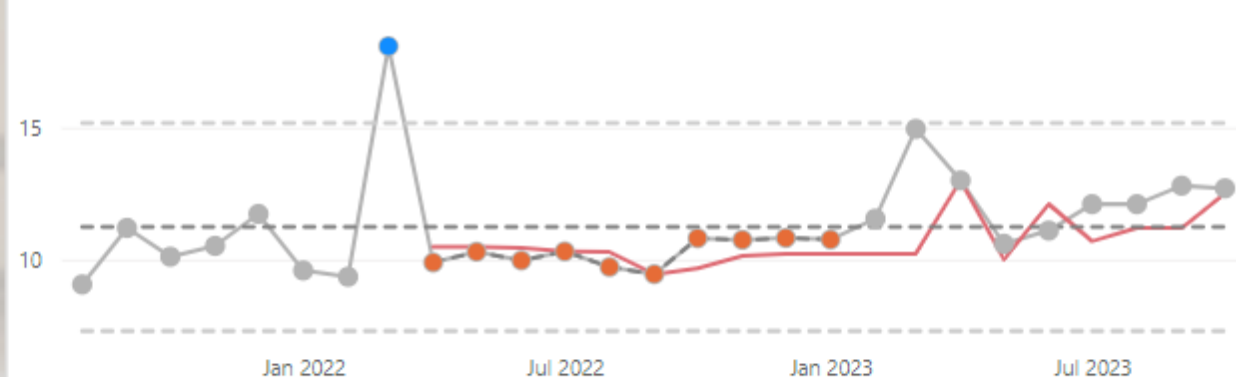
Kettering General Hospital

Non Pay YTD (M): Sustainability



Northampton General Hospital

Non Pay YTD (M): Sustainability



Committee Name  
All

GroupName  
Sustainability

MetricName  
Surplus / Deficit YTD (M)

01/03/2020

31/10/2023



-0.51

KGH: Current Value

0.33

KGH: Current Target

-2.10

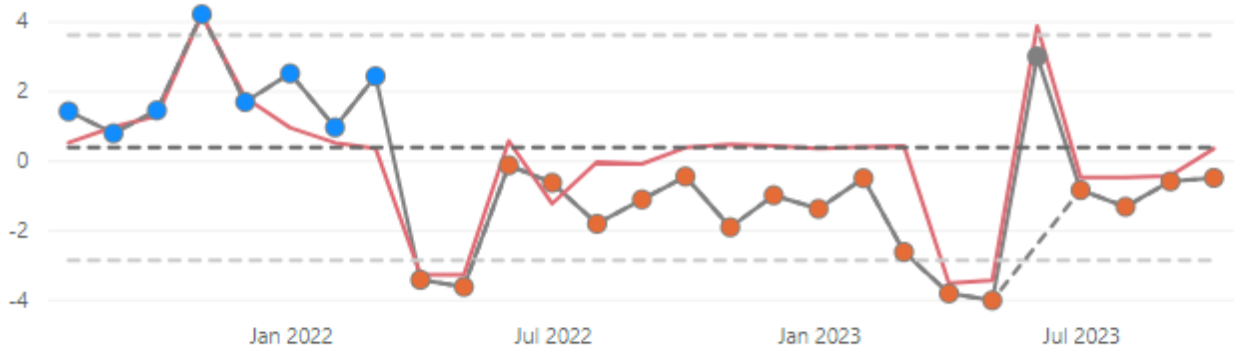
NGH: Current Value

0.4

NGH: Current Target

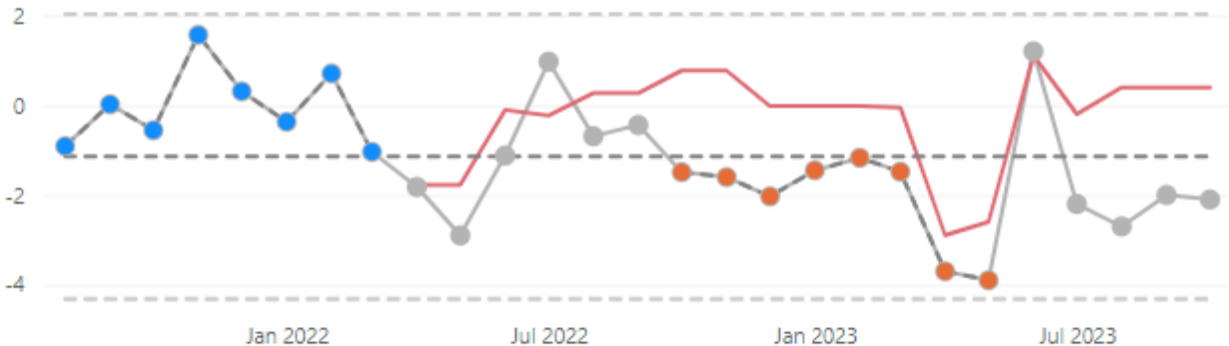
### Kettering General Hospital

Surplus / Deficit YTD (M): Sustainability



### Northampton General Hospital

Surplus / Deficit YTD (M): Sustainability





# CIP Performance YTD (M)



Committee Name

All

GroupName

Sustainability

MetricName

CIP Performance YTD (M)

01/03/2020

31/10/2023



1.40

KGH: Current Value

2.68

KGH: Current Target

2.20

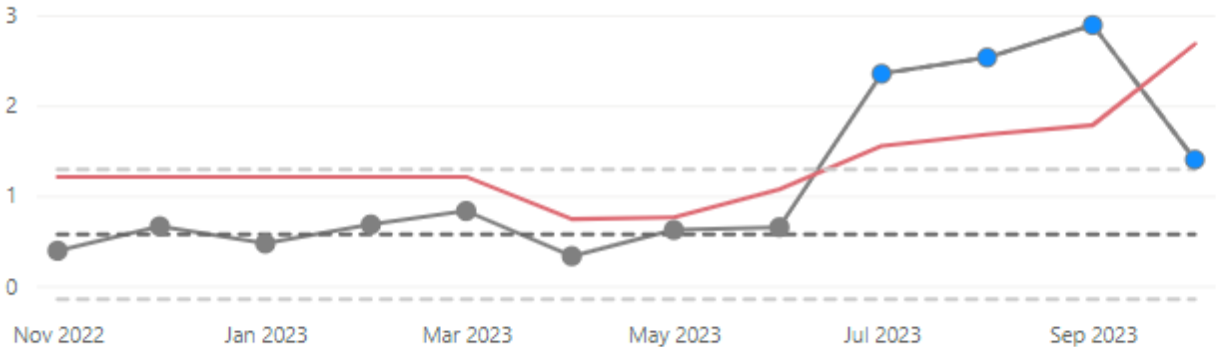
NGH: Current Value

3

NGH: Current Target

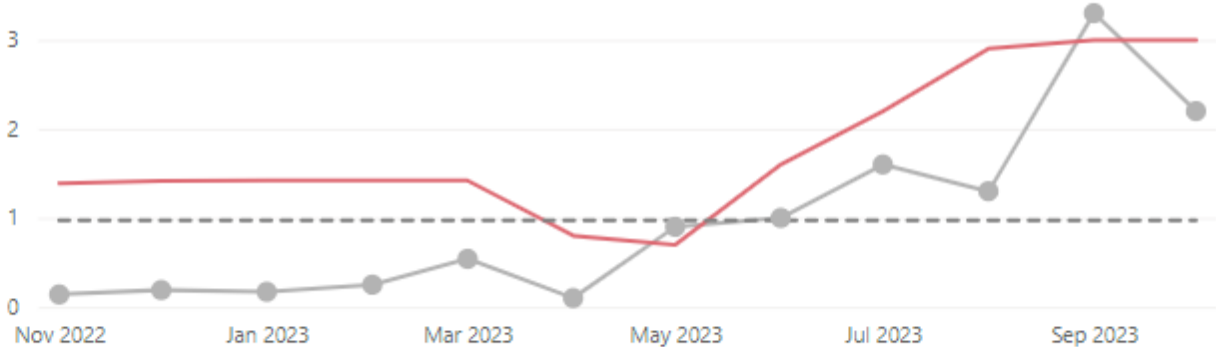
## Kettering General Hospital

CIP Performance YTD (M): Sustainability



## Northampton General Hospital

CIP Performance YTD (M): Sustainability



Committee Name

All

GroupName

Sustainability

MetricName

Bank and Agency Spend (M)

01/03/2020

31/10/2023



3.55

KGH: Current Value

2.04

KGH: Current Target

5.90

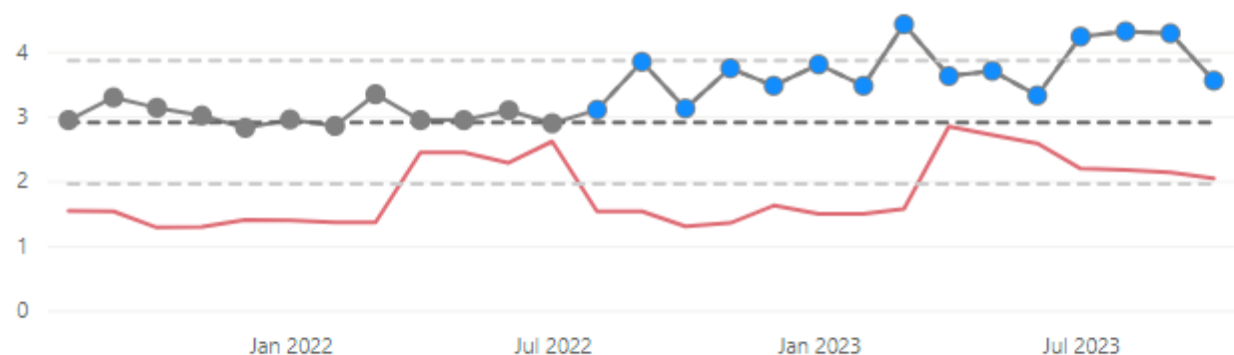
NGH: Current Value

3.8

NGH: Current Target

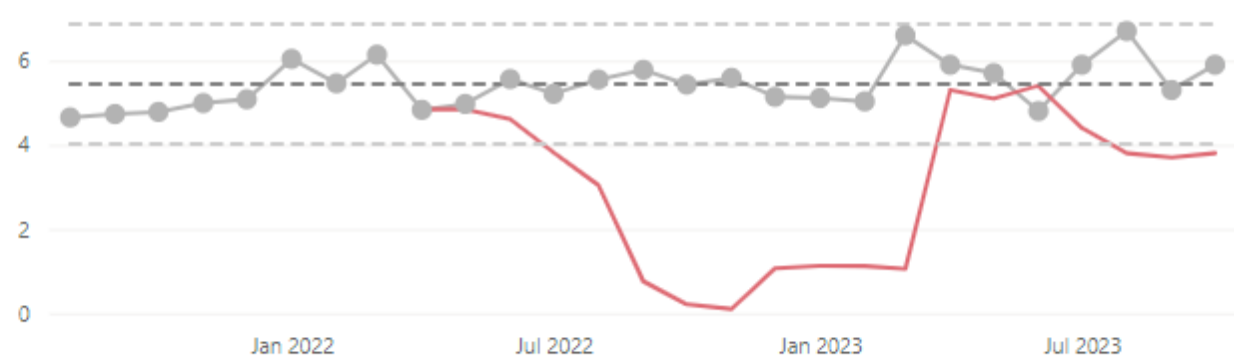
Kettering General Hospital

Bank and Agency Spend (M): Sustainability



Northampton General Hospital

Bank and Agency Spend (M): Sustainability





# Beds available



Committee Name

All

GroupName

Sustainability

MetricName

Beds available

01/03/2020

31/10/2023



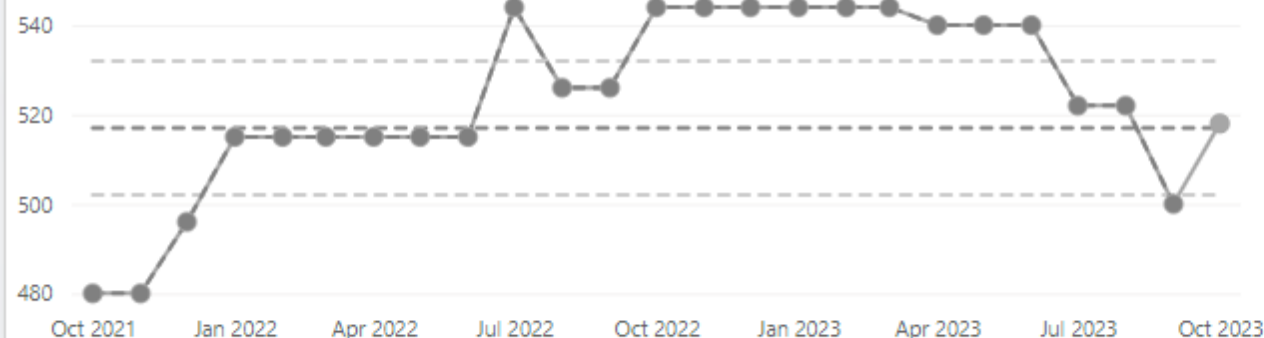
518

KGH: Current Value

KGH: Current Target

## Kettering General Hospital

Beds available: Sustainability



## Northampton General Hospital

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/23	Number of General and Acute Beds (G&A)	The value has changed to exclude paediatric beds meaning the trend data is not correct. Paed beds account for 22 which is consistent with previous months. Thomas Moore (18 beds) re-opened as part of winter plan from 1/10/23.	ideally the capacity needed to support safe and timely admission flow from ED requires enough beds at 92% bed occupancy. Modelling shows we are 40-90 beds short to deliver this between Oct and March.	Continue work with the system to develop plans to admission avoid, increase virtual ward capacity and increase discharge capacity	Unfunded escalation beds are used when demand exceeds capacity and safety is compromised

# Theatre sessions planned

Committee Name  
All

GroupName  
Sustainability

MetricName  
Theatre sessions planned

01/03/2020 31/10/2023

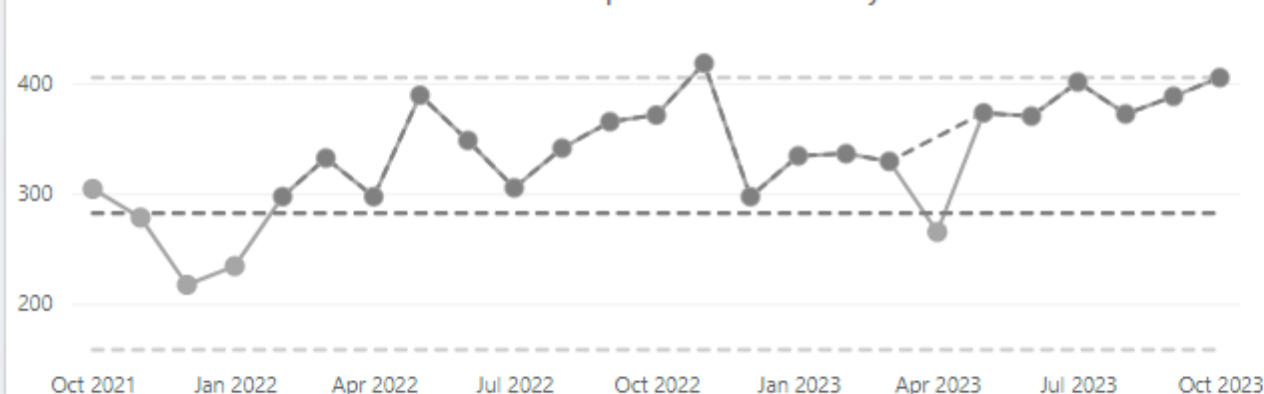
405

KGH: Current Value

KGH: Current Target

## Kettering General Hospital

Theatre sessions planned: Sustainability



## Northampton General Hospital

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/23	To monitor number of elective theatre sessions	The chart tells us the number of theatre sessions used during October was 405.	The number of theatre sessions was adversely affected by industrial action, but still saw the highest monthly theatre activity since November 2022. Anaesthetic availability as a result of ITU consultant shortage decreased potential number of sessions available	Continued recruitment to Theatres with ongoing planning at weekly Theatre Planning meeting with all specialties represented. Review of anaesthetic staffing.	Weekly Theatre Planning meeting and use of premium costs anaesthetists (locums, WLI and insourced). Proposal to increase ITU consultant staffing (at lower cost than WLIs) to free up theatre anaesthetics submitted
NGH	01/10/23	To monitor number of elective theatre sessions	640 sessions planned for this month	Lack of Anaesthetists resulting in the cancellation of some planned lists.	Ongoing recruitment. Development of a workforce plan	Use of locum and agency staff. Additional weekend lists for long waiting patients affected by the Industrial Action





# A&E activity (& vs plan) 2



Committee Name

All

GroupName

Sustainability

MetricName

A&E activity (& vs plan) 2

01/03/2020

31/10/2023



9,700

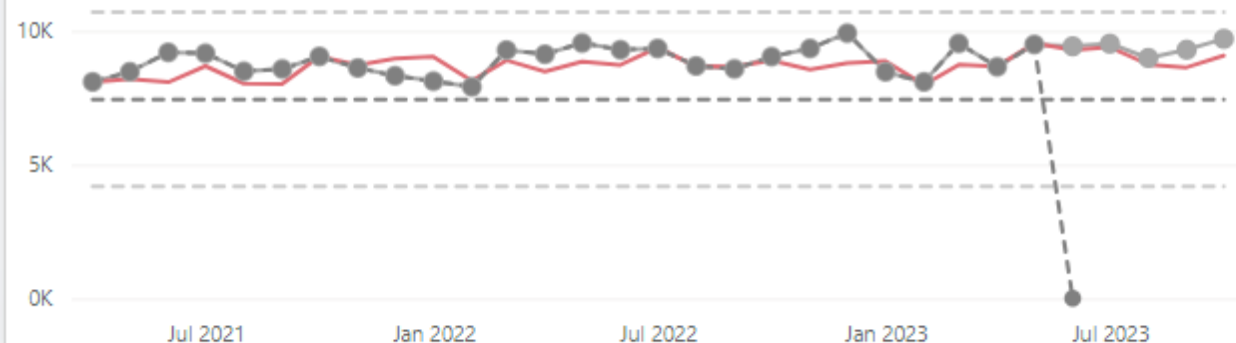
KGH: Current Value

9078

KGH: Current Target

## Kettering General Hospital

A&E activity (actual vs plan): Sustainability



## Northampton General Hospital

Committee Name

All

GroupName

Sustainability

MetricName

A&E activity (& vs plan) 2

3/1/2020

3/1/2024

9,700

KGH: Current Value

9078

KGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/23	A&E attendances	<p>We have seen an increase in the total number of attendances in October 2023. This is the highest number since December 2022, and a 7.3% increase from October 2022.</p> <p>There was a 20% increase in PED attendances from the previous month, and this is due predominantly to unheralded patients.</p>	<p>Safety concerns remain in respect of the risk of overcrowding in ED, which further impacts the following:</p> <p>Trust capacity impacting performance against the 4-hour National Standard and Ambulance handovers</p> <p>Achieving an increase in compliance with quality and safety KPI's around TTIA, wait to be seen by a clinician and pain management.</p> <p>Patient experience impacted because of extended waits and the potential for extended delays leading to poorer patient outcomes.</p>	<p>Maximise use of streaming pathway to MIAMI – ED consultant currently reviewing patient criteria with a view to increase footfall via this pathway.</p> <p>2 hourly safety rounds by the NIC to support early identification of quality and safety concerns</p> <p>Implementation of the paed's ED minor illness pathway times of a surge in attendances.</p> <p>Availability of streaming and re-direction IPAD service</p>	<p>Implementation of the Trustwide escalation protocol</p> <p>Move of patients against confirmed and predicted discharges from base wards to support capacity pressures in ED.</p>

Committee Name  
All

GroupName  
Sustainability

MetricName  
Non-elective activity (& vs plan) 2

01/03/2020 31/10/2023

2,311

KGH: Current Value

1848

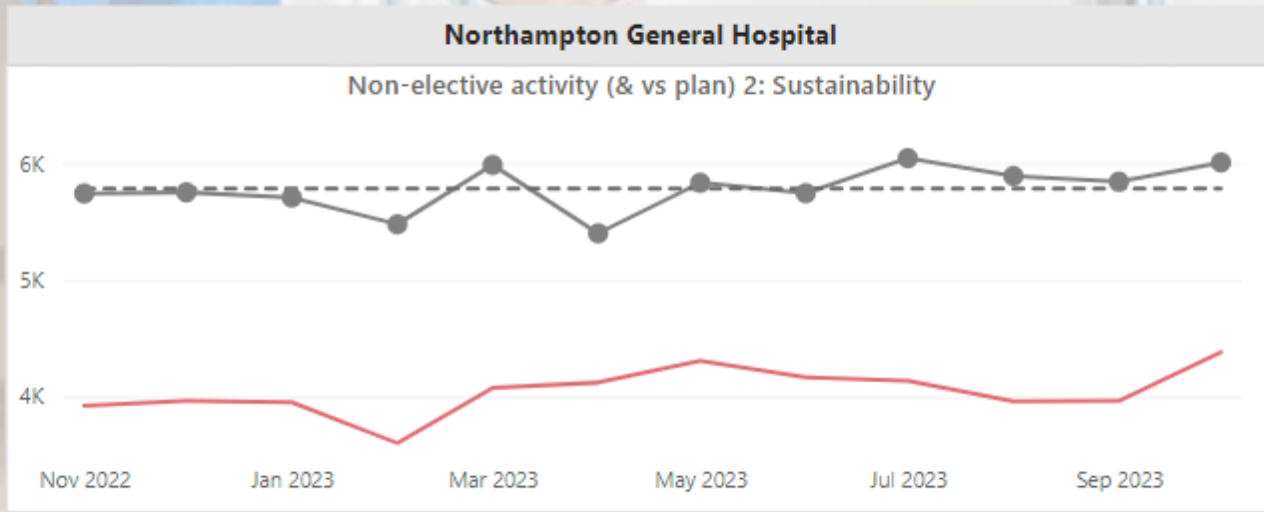
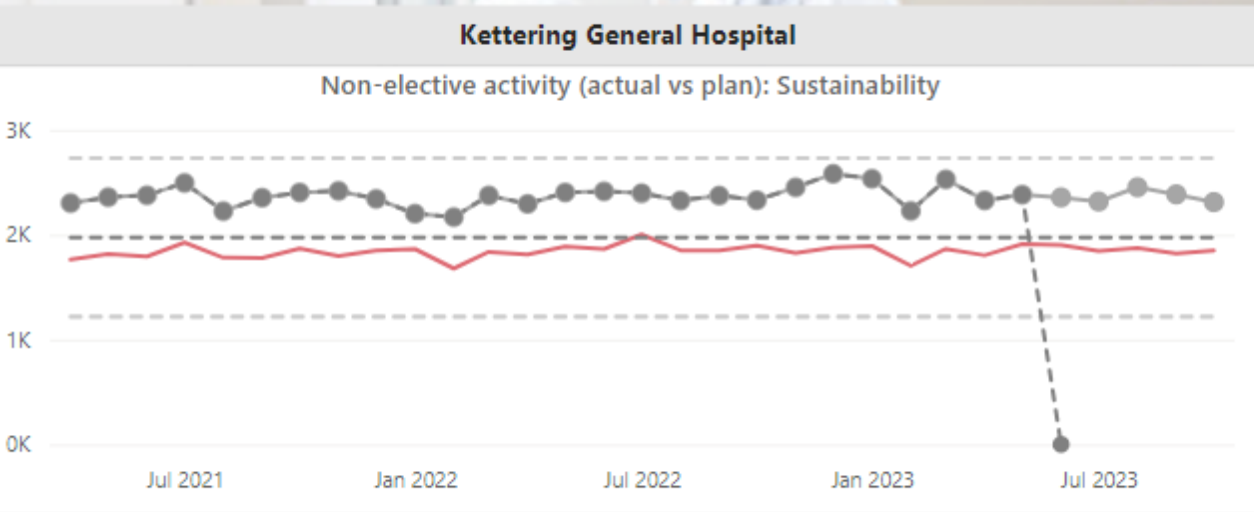
KGH: Current Target

6,007

NGH: Current Value

4380

NGH: Current Target



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
NGH	01/10/23	Non-elective activity is all the patients admitted to inpatient areas with a non-elective/emergency admission method.	This data set shows an increase of activity through the service that has slowly continued from oct 22	None	Confirmation that this data sets pertains to all emergency activity outside of ED.	None

Committee Name  
All

GroupName  
Sustainability

MetricName  
Elective inpatient activity (& vs plan) 2

01/03/2020 31/10/2023

305

KGH: Current Value

357

KGH: Current Target

359

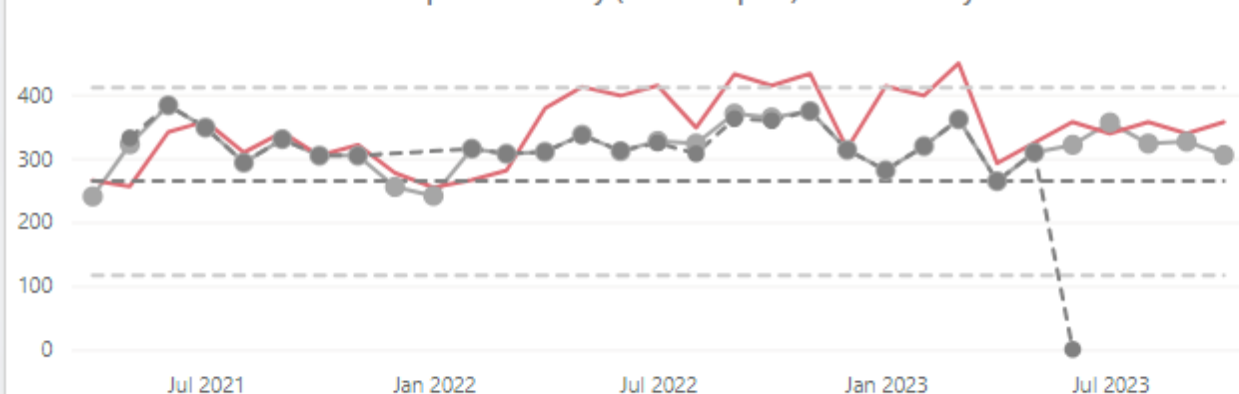
NGH: Current Value

350

NGH: Current Target

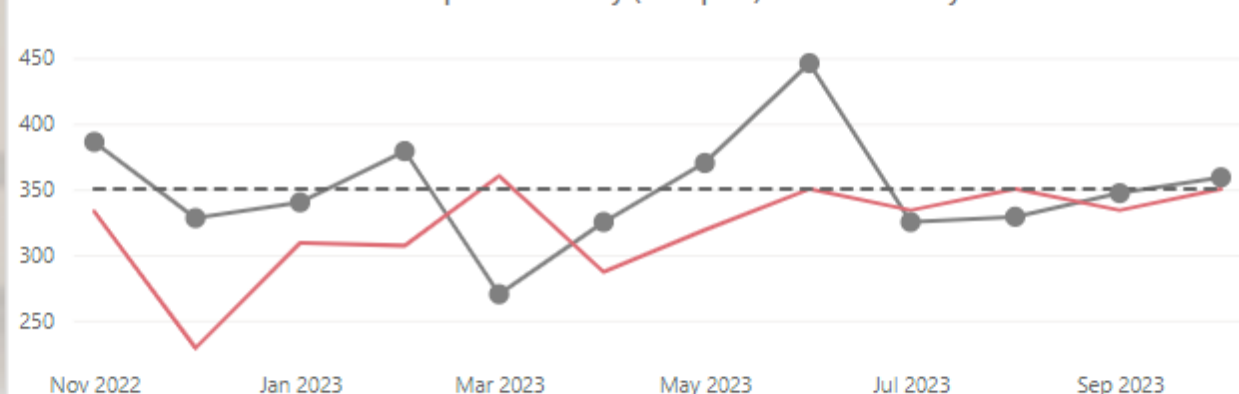
## Kettering General Hospital

Elective inpatient activity (actual vs plan): Sustainability



## Northampton General Hospital

Elective inpatient activity (& vs plan) 2: Sustainability



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/23	Elective inpatient activity actuals v plan	The chart tells us that inpatient activity is at 95.60% of plan for October (overall elective activity at 105.27% of plan)	Inpatient activity was affected by industrial action, but still contributed to overall elective performance above plan	Access Board examines specialties where activity is below plan and requires actions to be taken - also reported to Performance Review Meetings	Backfilling of lists takes place wherever possible with alignment of unavailability through staffing wherever possible to minimise disruption
NGH	01/10/23	Elective inpatient activity actuals v plan	The Trust saw 106% (359 vs 350 target) of its Elective activity vs plan during October.	We completed more inpatient surgery than plan this month and treated 12 more inpatients	Target is to ensure we have no patients waiting over 65 weeks by March 24. We are further exploring support from our Local Independent Sector providers	PIDMAS (Patient Initiated Digital Mutual Aid) has gone live and 200 patients 10% of the letters we sent out have indicated that wish to be considered for treatment elsewhere. This will most likely be the Independent Sector and we are now required to review each one to see if they are suitable to be treated elsewhere

Committee Name  
All

GroupName  
Sustainability

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

01/03/2020 31/10/2023

3,799

KGH: Current Value

3610

KGH: Current Target

4,226

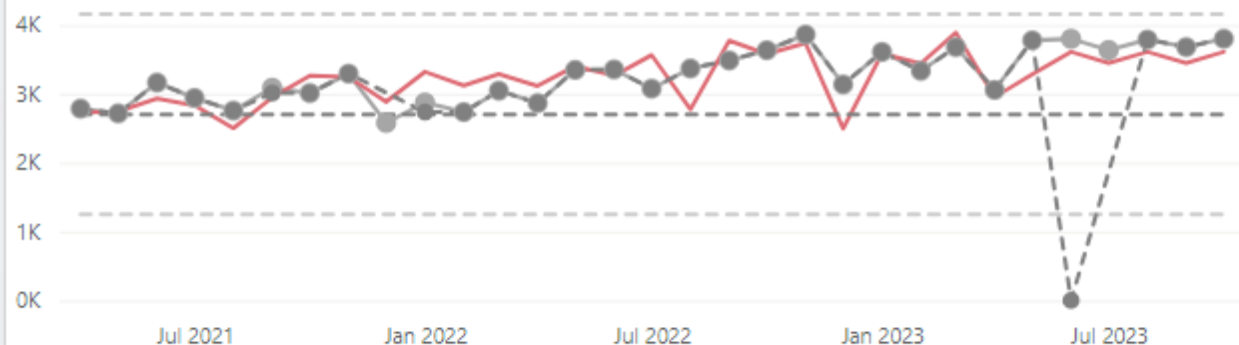
NGH: Current Value

4021

NGH: Current Target

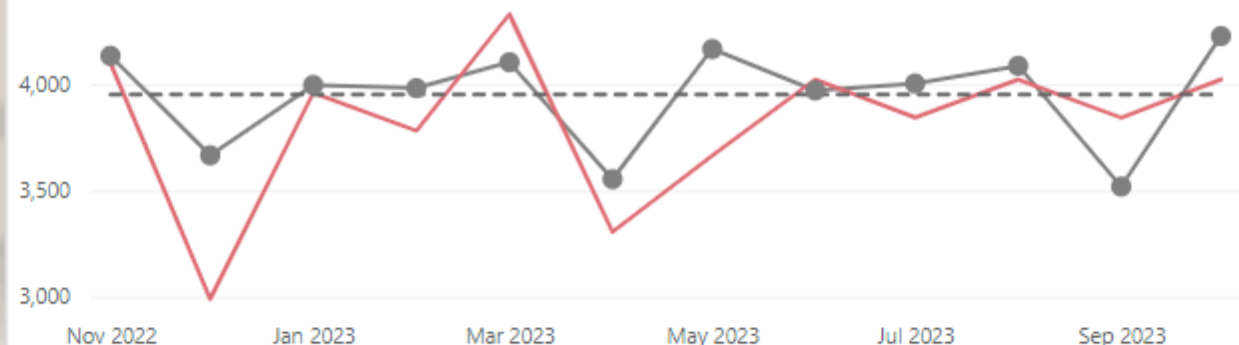
## Kettering General Hospital

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	01/10/23	Elective day case activity actuals v plan	The chart tells us that day case activity is at 106.15% of plan for October (overall elective activity at 105.27% of plan)	Day case activity was affected by industrial action, but still contributed to overall elective performance above plan	Access Board examines specialties where activity is below plan and requires actions to be taken - also reported to Performance Review Meetings	Backfilling of lists takes place wherever possible with alignment of unavailability through staffing wherever possible to minimise disruption
NGH	01/10/23	Elective day case activity actuals v plan	Data shows that we are delivering at 106% (4,266 patients vs 4,021 target) against the plan for October	Performance against target increased in October with NGH performing 748 more day cases than the previous month which indicates how much extra work we can perform when we have no industrial action	Where we have specialties under severe pressure such as ENT we are working with IS providers to source additional capacity to mitigate. We are working with Athena Surgical Services to provide 650 ENT day cases being sent there to be operated on by our consultants which will ensure the activity contributed to our ERF figures	PIDMAS (Patient Initiated Digital Mutual Aid) has gone live and 200 patients 10% of the letters we sent out have indicated that wish to be considered for treatment elsewhere. This will most likely be the Independent Sector and we are now required to review each one to see if they are suitable to be treated elsewhere.



Committee Name  
All

GroupName  
Sustainability

MetricName  
Outpatients activity (& vs plan) 2

01/03/2020 31/10/2023

32,378

KGH: Current Value

32695

KGH: Current Target

45,932

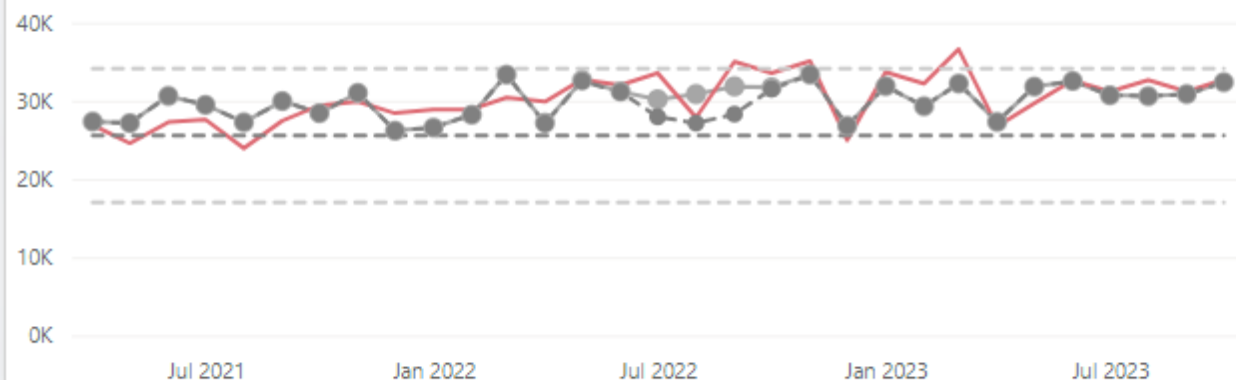
NGH: Current Value

46463

NGH: Current Target

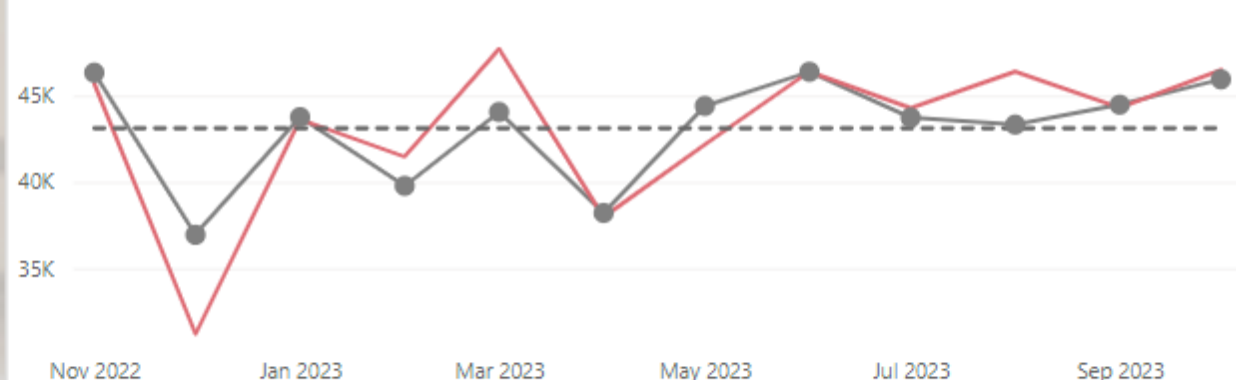
## Kettering General Hospital

### 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	01/10/23	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 99% against the plan for October (45,932 vs 46,463 plan) OPD appointments	We saw an extra 1466 patients in October compared to September which is pleasing	Weekly monitoring in place with Divisional PTL's and a weekly Access Board meeting where activity vs plan is a standing agenda item. The Trust has prepared and submitted its assurance response to NHSE 'Protecting and expanding elective capacity' and it working through its actions	Outpatient improvement project continues across the group with a Regional focus on DNA's, referral triage, PIFU and patient validation



# 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
KGH	Systems and Partnerships	31-day wait for first treatment	01/09/23	91.90%	96.00%	93.63%	96.92%	100.2%			Not Consistently Anticipated to Meet Target
NGH	Systems and Partnerships	31-day wait for first treatment	01/09/23	90.00%	96.00%	82.34%	91.51%	100.67%			Not Consistently Anticipated to Meet Target
KGH	Systems and Partnerships	62-day wait for first treatment	01/09/23	44.60%	85.00%	48.9%	70.2%	91.5%			Not Consistently Anticipated to Meet Target
NGH	Systems and Partnerships	62-day wait for first treatment	01/09/23	60.40%	85.00%	47.18%	64.17%	81.16%			Consistently Anticipated to Not Meet Target
NGH	Systems and Partnerships	Cancer: Faster Diagnostic Standard	01/09/23	85.80%	75.00%	76.2%	81%	85.81%			Consistently Anticipated to Meet Target
KGH	Systems and Partnerships	Cancer: Faster Diagnostic Standard	01/09/23	82.70%	75.00%	77.16%	84.62%	92.09%			Consistently Anticipated to Meet Target
NGH	Systems and Partnerships	6-week diagnostic test target performance	01/10/23	70.01%	99.00%	65%	74.02%	83.03%			Consistently Anticipated to Not Meet Target
KGH	Systems and Partnerships	6-week diagnostic test target performance	01/10/23	74.00%	99.00%	58.25%	72.94%	87.64%			Consistently Anticipated to Not Meet Target
NGH	Systems and Partnerships	Unappointed outpatient follow ups	01/10/23	25,193	0	16798	19516	22234			Consistently Anticipated to Not Meet Target
KGH	Systems and Partnerships	Unappointed outpatient follow ups	01/10/23	4,071		8814	14535	20256			Consistently Anticipated to Not Meet Target
NGH	Systems and Partnerships	RTT over 52 week waits	01/10/23	1,814	0	394	593	792			Consistently Anticipated to Not Meet Target
KGH	Systems and Partnerships	RTT over 52 week waits	01/10/23	456	0	50	107	165			Consistently Anticipated to Not Meet Target
NGH	Systems and Partnerships	Size of RTT waiting list	01/10/23	43,813	0	31544	33957	36370			Consistently Anticipated to Not Meet Target
KGH	Systems and Partnerships	Size of RTT waiting list	01/10/23	28,900		20641	22389	24138			Consistently Anticipated to Not Meet Target
KGH	Systems and Partnerships	Theatre utilisation	01/10/23	76.00%		66.56%	73.79%	81.02%			Consistently Anticipated to Meet Target
NGH	Systems and Partnerships	Theatre utilisation	01/10/23	79.00%		69.21%	75.08%	80.95%			Consistently Anticipated to 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	01/10/23	98.34%		88.15%	93.15%	98.15%			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	Stranded patients (7+ day length of stay)	01/10/23								Consistently Anticipated to Not Meet Target
KGH	Systems and Partnerships	Stranded patients (7+ day length of stay)	01/10/23	292		213	254	295			Consistently Anticipated to Not Meet Target
KGH	Systems and Partnerships	Super-Stranded patients (21+ day length ...	01/10/23	107	0	64	91	118			Consistently Anticipated to Not Meet Target
NGH	Systems and Partnerships	Super-Stranded patients (21+ day length ...	01/10/23								Consistently Anticipated to Not Meet Target
KGH	Systems and Partnerships	Patients with a reason to reside	01/10/23	77.22%		66.02%	71.08%	76.14%			Consistently Anticipated to Meet Target
NGH	Systems and Partnerships	Patients with a reason to reside	01/10/23	68.07%	95.00%	61.73%	67.26%	72.79%			Consistently Anticipated to Not Meet Target
KGH	Systems and Partnerships	Ambulance Handover	01/10/23	185		-46	55	156			Not Consistently Anticipated to Meet Target
NGH	Systems and Partnerships	Ambulance Handover	01/10/23	160		-80	182	443			Not Consistently Anticipated to Meet Target
KGH	Systems and Partnerships	Time to initial assessment	01/10/23	60.20%		48.33%	60.02%	71.71%			Consistently Anticipated to Meet Target
NGH	Systems and Partnerships	Time to initial assessment	01/10/23	49.78%		42.7%	49.43%	56.16%			Consistently Anticipated to Meet Target
KGH	Systems and Partnerships	Average time in department - Admitted	01/10/23	623		425	540	656			Consistently Anticipated to Meet Target
KGH	Systems and Partnerships	Average time in department - Discharged	01/10/23	247		205	227	249			Consistently Anticipated to Meet Target
NGH	Systems and Partnerships	4hr ED Performance	01/10/23	61.10%		61.8%	66.32%	70.84%			Consistently Anticipated to Meet Target
KGH	Systems and Partnerships	4hr ED Performance	01/10/23	51.00%		47.44%	52.44%	57.44%			Consistently Anticipated to Meet Target
NGH	Systems and Partnerships	Average time in department - Discharged	01/10/23	228		170	200	229			Consistently Anticipated to Meet Target
NGH	Systems and Partnerships	Average time in department - Admitted	01/10/23	949		584	831	1078			Consistently Anticipated to Meet Target

Committee Name

All

GroupName

Systems and Partnerships

MetricName

31-day wait for first treatment

01/03/2020

31/10/2023

91.90%

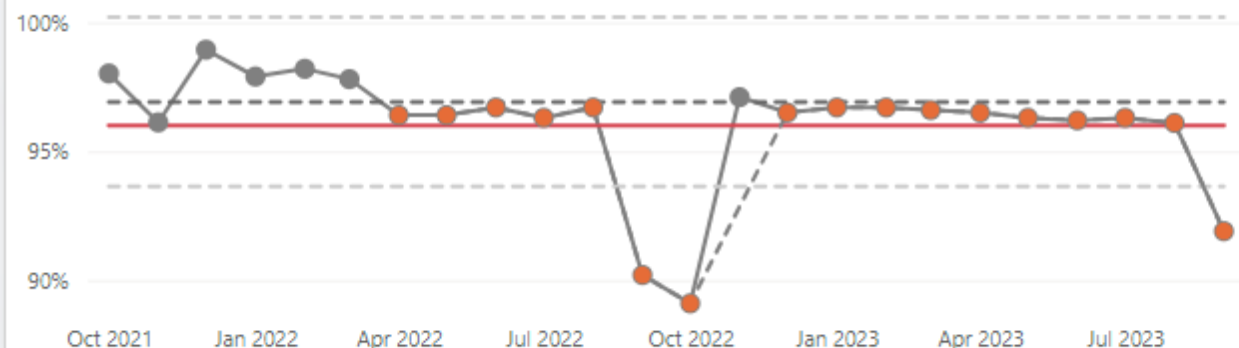
KGH: Current Value

96.00%

KGH: Current Target

## Kettering General Hospital

31-day wait for first treatment: Systems and Partnerships



## Northampton General Hospital

Committee Name	GroupName	MetricName	
All	Systems and Partnerships	31-day wait for first treatment	
91.90%	96.00%		
KGH: Current Value	KGH: Current Target		

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/09/23	% of patients whose treatment is initiated within 31 days of the decision to treat	The Trust did not achieve recording 91.9% against 31d standard of 96% for September	10 breaches were recorded for the month of September. 3 in Dermatology, 6 in Colorectal and 1 in Urology. Patient fitness, surgical capacity and treatment delay due to annual leave.	<div>The Trust continues to monitor demand for all sites and escalate as appropriate.</div> <div>31d patient tracking list reviewed weekly by MDT coordinator and trackers.</div>	<div>Cancer trackers continue to highlight breaches in order to bring patients forward where capacity allows.</div> <div>Impact of industrial action added to the risk register.</div>

Committee Name

All

GroupName

Systems and Partnerships

MetricName

62-day wait for first treatment

01/03/2020 31/10/2023

44.60%

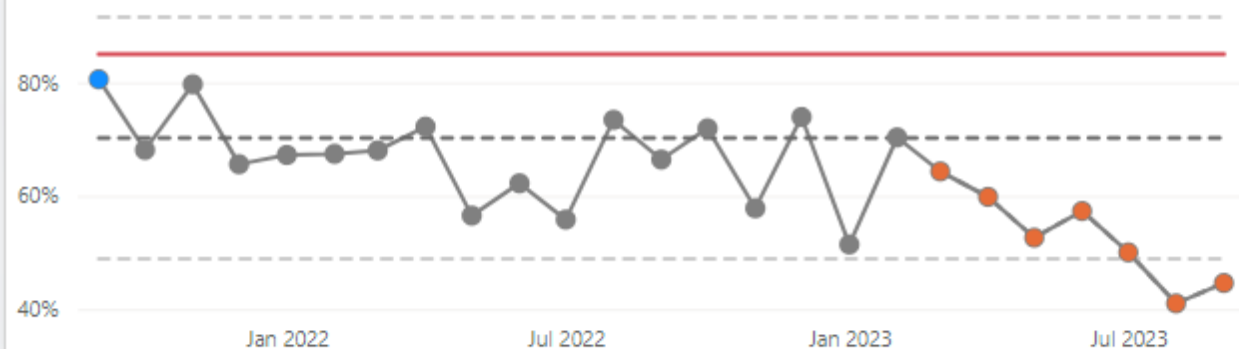
KGH: Current Value

85.00%

KGH: Current Target

## Kettering General Hospital

62-day wait for first treatment: Systems and Partnerships



## Northampton General Hospital

# 62-day wait for first treatment

Committee Name

All

GroupName

Systems and Partnerships

MetricName

62-day wait for first treatment

44.60%

KGH: Current Value

85.00%

KGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/09/23	% of patients whose treatment initiated within 63 days of urgent referral	The Trust did not meet the standard of 85%. Performance for the month of September was recorded at 44.6% and increase of 4.6%	<p>No change - 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, UGI, Colorectal and Urology)</p> <p>Breaches to first OPA due to capacity and patient choice have delayed the pathway leaving less time to treat within 62 days.</p> <p>Patient choice at 1st OPA and for diagnostics has affected the Trusts ability to treat in time for our patients.</p> <p>Complex pathways continue to be reported for the month of September, capacity for minor ops have also impacted the Trusts ability to achieve the standard.</p> <p>LATPs and post MDT OPA capacity continues to affect our performance in Urology, WLIs continue at the weekends and demand is reviewed by the service.</p> <p>There has been an improvement in the efficiency of booking CT colons. Extra capacity has been provided and a dedicated phone line is due to go live in October.</p>	<p>No change - Cancer recovery action plan discussed and updated weekly by Head of Nursing Cancer and presented at Patient access board.</p> <p>No change - Weekly calls take place with tertiary centres requesting and escalating when required next steps for patients.</p> <p>No change - Weekly attendance from radiology and histology at twice weekly PTLs to expediate pathways</p> <p>No change - LATP nurse now in post and is scheduled to achieve competency by end of October 2023.</p> <p>Dedicated phoneline to be installed to ensure improved contact with the Trust for patients awaiting CT Colon test, to be implemented in October</p> <p>Impact of industrial action added to risk register Clinicians reviewing their patients on the PTL to expedite decisions on next steps.</p> <p>Discuss at CMG more robust clinical involvement in reviewing patient tracking lists, expediting next steps and earlier removal of patients where cancer is no longer suspected in order to maintain the consistent performance of faster diagnosis</p>	<p>Cancer Recovery action plan updated, monitored and presented weekly at Patient Access Board.</p> <p>The Cancer Management team continue to hold and chair twice weekly Confirm and Challenge meetings, Within this forum all patients up to passed breach date and up to day 31 of their pathway are discussed, escalated and actioned. The meeting is also attended by DCOO and Head of Access.</p> <p>Patient access board continues weekly where actions to improve cancer performance are highlighted by the divisions and escalated when necessary.</p> <p>LATP and OPA capacity managed weekly and clinics changed to accommodate where current demand necessitates.</p> <p>Additional lists provided for increased demand of CT colon requests</p> <p>Locum employed in Dermatology to ease demand</p>

Committee Name  
All

GroupName  
Systems and Partnerships

MetricName  
Cancer: Faster Diagnostic Standard

01/03/2020 31/10/2023

82.70%

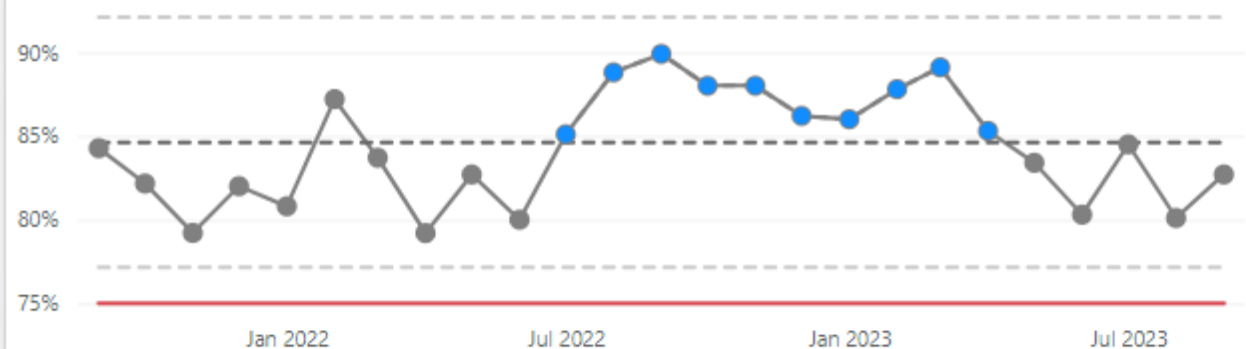
KGH: Current Value

75.00%

KGH: Current Target

## Kettering General Hospital

Cancer: Faster Diagnostic Standard: Systems and Partnerships



## Northampton General Hospital



Committee Name	GroupName	MetricName	
All	Systems and Partnerships	Cancer: Faster Diagnostic Standard	
82.70%	75.00%		
KGH: Current Value	KGH: Current Target		

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/09/23	% of patients diagnosed in less than 28 days	The Trust achieved the faster diagnosis standard for the month of September at 82.6%	<p>The Trust continues to meet the faster diagnosis standard, we are recognised by EMCA and nationally for our consistent over achievement of the faster diagnosis standard.</p> <p>Despite challenges achieving the 2ww standard the Trust continues to achieve the faster diagnosis standard</p>	<p>No changes</p> <p>Divisions to continue to monitor performance against the standard</p> <p>Increased PTL meetings continue to maintain focus and performance</p>	<p>No changes</p> <p>Patients discussed twice weekly with histopathology and radiology to ensure timely booking and reporting of investigations.</p> <p>Additional CDC capacity now provided for routine tests enabling specialist diagnostics to be kept on site with reduced turnaround times</p> <p>Gynaecology service write to patients who are non cancer post PTL to ensure faster diagnosis standard is met. This also reduces the burden on clinic OPAs</p>



Committee Name

All

GroupName

Systems and Partnerships

MetricName

6-week diagnostic test target performance

01/03/2020

31/10/2023



74.00%

KGH: Current Value

99.00%

KGH: Current Target

70.01%

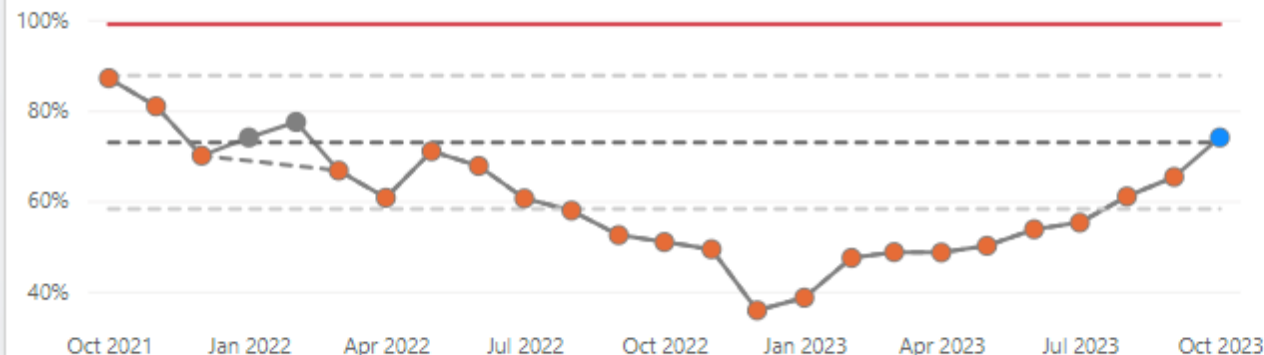
NGH: Current Value

99.00%

NGH: Current Target

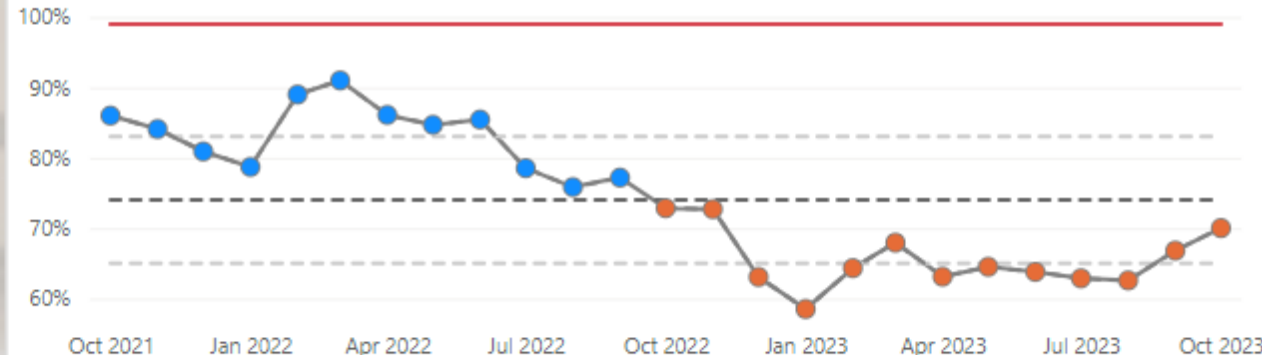
## Kettering General Hospital

6-week diagnostic test target performance: Systems and Partnerships



## Northampton General Hospital

6-week diagnostic test target performance: Systems and Partnerships



# 6-week diagnostic test target performance

Committee Name	GroupName	MetricName	
All	Systems and Partnerships	6-week diagnostic test target performance	
74.00%	99.00%	70.01%	99.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/23	% of patients not seen within six weeks	Overall performance has continued to see an improvement as per the chart below. Performance has improved from 66% in September to 74% in October 2023. The trust remains on target to meet the 85% ambitions for March 2024	Cardiac Radiology Tests Patient Choice to delay Capacity in Audiology for vestibular testing Capacity and recovery from IA disruptions	Cardiology have been reviewing capacity and reallocating time to allow for more capacity to conduct Cardiac Radiology tests DM01 Access policy is being applied to patients who are choosing to delay tests or are not compliant with request for tests e.g. getting bloods completed Additional capacity is being placed for Vestibular testing however this will not meet the excessive demand on the service. This is being discussed with divisional management for mitigations. Endoscopy continue to work through backlog caused by reduced capacity during the IA. WL office to meeting with HoA to support processes	PTL meetings continue with Radiology and Endoscopy weekly DM01 Access meetings continue weekly with all modality leads Cancer/2ww PTL meeting held and outcomes shared with Cancer teams
NGH	01/10/23	% of patients not seen within six weeks	Position has improved to 73% (current). On target for 85% delivery in March 23.	- Audiology capacity constrained (National issue). - Ultrasound capacity constrained with resultant backlog now being cleared.	- Service exploring options for additional audiology capacity - Ultrasound CDC now in place and continued additional capacity has resulted in performance improvement with backlog being worked through.	Standing Agenda item at Access Committee and Weekly PTL meetings

Committee Name  
All

GroupName  
Systems and Partnerships

MetricName  
Unappointed outpatient follow ups

01/03/2020 31/10/2023

4,071

KGH: Current Value

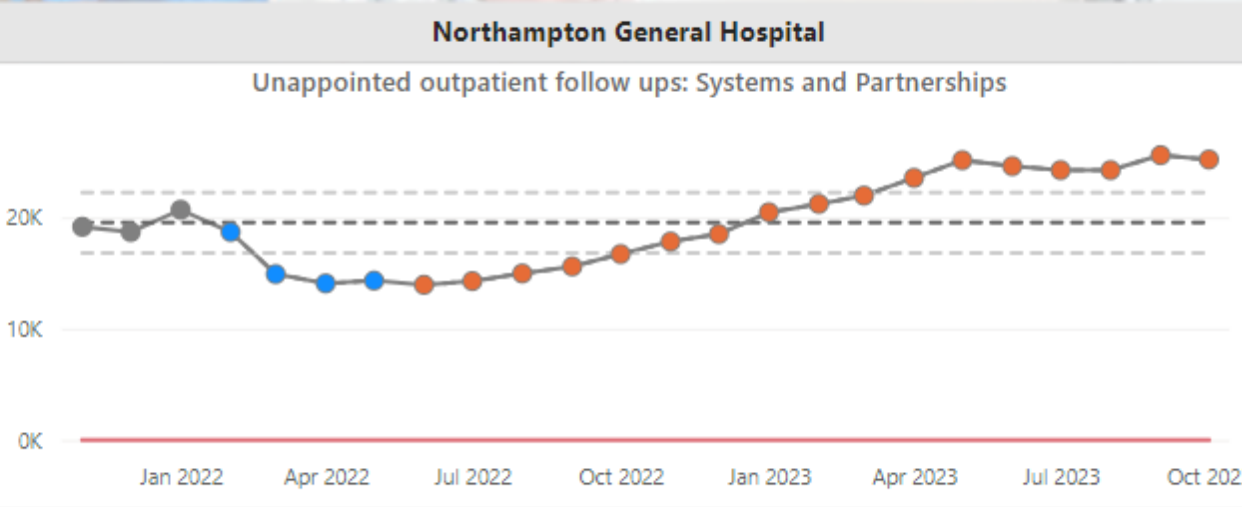
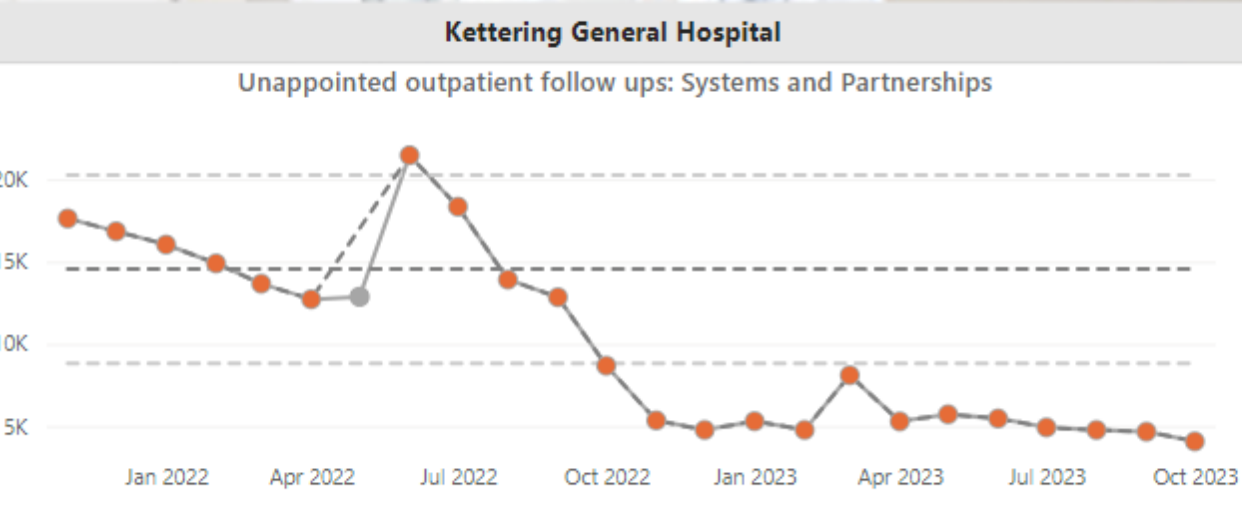
KGH: Current Target

25,193

NGH: Current Value

0

NGH: Current Target



Committee Name

All

GroupName

Systems and Partnerships

MetricName

Unappointed outpatient follow ups

4,071

KGH: Current Value

KGH: Current Target

25,193

NGH: Current Value

0

NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/23	Count of patients who do not have a booked appointment and are past their due date	Patient 6 months or more past their review date with no appointment booked has seen a reduction from 4660 last month to 4071 in October 2023.	Cohorts of patients that have been sent for tests with no F/Up booked. Visibility of waiting lists to the appropriate staffing groups Limitations with capacity	Patients who have been sent for tests with no f/up booked are being raised with specialties. particular issue in Urology is being worked through with the operational staff for pathways to be reviewed and patients being booked ASAP. CCS is being deployed in the coming months for Outpatients. This will provide staff with the much needed visibility of all open pathways for more efficient management Capacity continues to be a trust challenge that is being managed locally with radical service redesigns being supported by Transformation	Continued review of data by HoA HoA supporting specific clinicians and services with provision of patient cohorts that need to be reviewed. Divisions are asked to account for their data at weekly Access Boards OMG are sighted on performance in monthly papers.
NGH	01/10/23	Count of patients who do not have a booked appointment and are past their due date	6,257 over 6 months reduced from previous. 2,200 over 12 months.	Administrative resource , capacity limitations and IA	- Group strategy being worked on re. reduction in 25% FU and PIFU by default with transformation team supporting. - Ongoing Divisions have been tasked to clear all those over 10 months by end of year - Increased usage of PIFU - Operational leads allocated to support PIFU drive - Divisional leads with dedicated support from CSS lead for all divisions - Open appointments function being disabled - this has now been completed - Exploring validation of outpatient lists - text message asking whether still need to be seen - expected end of October - Overtime offered to support validation in the interim	Standing agenda item at Access Committee



# RTT over 52 week waits



Committee Name

All

GroupName

Systems and Partnerships

MetricName

RTT over 52 week waits

01/03/2020

31/10/2023



456

KGH: Current Value

0

KGH: Current Target

1,814

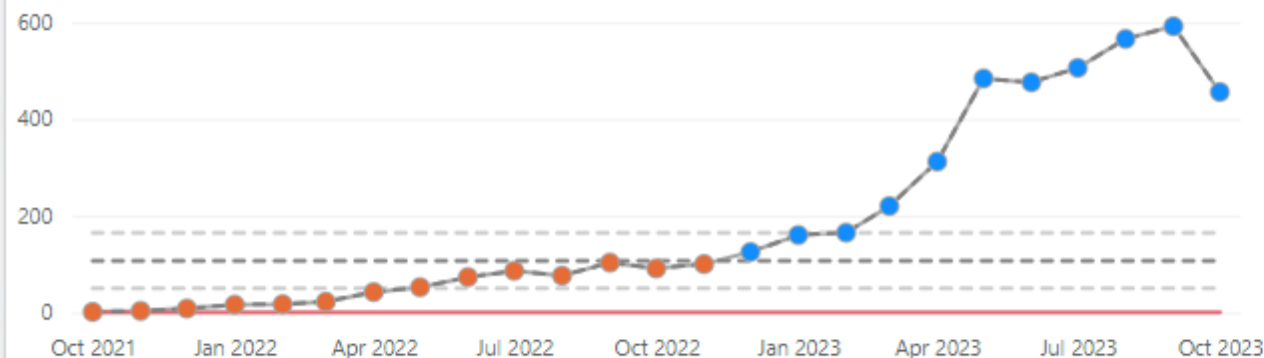
NGH: Current Value

0

NGH: Current Target

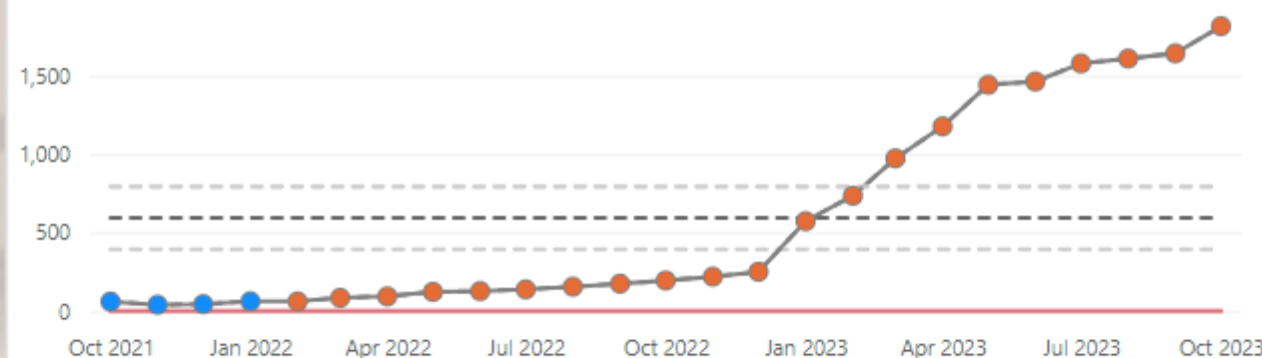
## Kettering General Hospital

RTT over 52 week waits: Systems and Partnerships



## Northampton General Hospital

RTT over 52 week waits: Systems and Partnerships





Committee Name	GroupName	MetricName	
All	Systems and Partnerships	RTT over 52 week waits	
456	0	1,814	0
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/23	No. of patients waiting greater than 52 weeks from referral to treatment (RTT)	Unvalidated performance for October has seen a decline in the number of patients waiting 52w or more for treatment. This has come down to 456 from 576 the previous month	The trust continues to recover from delays caused during the industrial action. Both IP and OP capacity being taken down means next steps being agreed have been delayed. Capacity to mitigate the impact IA and increase service provision OPEL4 + Patient Choice to delay treatment Delays to 1st OPA specifically within Neurology and Respiratory	The trust were sent an ambition to have zero patients in the 65w cohort to be awaiting a 1st OPA by the end of October. the trust did really well in reducing these figures and getting patients seen. while we were not able to get this to zero, many were moved and have plans to be seen by the end of November/Dec. Trust wide conversations continue to understand the benefits of continued WLI and Insourcing. So far there has clear evidence of the improvement since the allocation of additional capacity. Both the 52w+ and 65w+ have seen reductions. The trust have been on OPEL4 + for the last few weeks and are preparing for winter pressures of which are already being seen. This is likely to put pressure on Elective care. Division are meeting to establish options for continued elective care and mitigation of risk during the seasonal challenges. The trust has now deployed Patient Choice Active Monitoring. This allows us to consider patients to be placed on AM should they decline two reasonable dates for treatment. This is being closely monitored by the HoA as well as the RTT Manager to mitigate any patients "lost" to the systems	Weekly validation of RTT PTL Weekly PTL meetings with RTT Management Surgery PTL attend by HoA Auditing of patient being placed on AM to potentially capture inappropriate allocations.



Committee Name	GroupName	MetricName	
All	Systems and Partnerships	RTT over 52 week waits	
456	0	1,814	0
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
NGH	01/10/23	No. of patients waiting greater than 52 weeks from referral to treatment (RTT)	Current position is 1760 waiting 52+ (un-validated) this is an increase from previous month however 65+ continues to reduce.	<ul style="list-style-type: none"> <li>- ENT remain constrained and hold all long waiting patients and majority of the 52+ Breaches</li> <li>- There has been a significant impact on activity with the continued BMA and Nursing strikes, impacting long waiting patients. Athena activity continues supporting long waiters and has seen a reduction in 78+ with 21 reported in August and 12 in September with 8 in October.</li> <li>- T&amp;O and General Surgery also continue to remain constrained</li> <li>- Theatre and Anaesthetic staffing capacity including sickness resulting in lists being taken down</li> <li>-The trust continues to recover from delays caused during the industrial action. Both IP and OP capacity being taken down means next steps being agreed have been delayed.</li> <li>-OPEL4 +</li> <li>-Patient Choice to delay treatment</li> <li>-Delays to 1st OPA specifically within General Surgery, Urology, Vascular, T&amp;O</li> </ul>	<ul style="list-style-type: none"> <li>- Athena activity continues</li> <li>- Decision being made around use of IS to support other specialties</li> <li>- PIDMAS 200 patients opted for alternative provision</li> <li>- The Trust were sent an ambition to have zero patients in the 65w cohort to be awaiting a 1st OPA by the end of October. Plans to be seen by the end of November/Dec.</li> <li>- Group decision and discussion in progress to understand the benefits of continued WLI and Insourcing.</li> <li>- The trust have been on OPEL4 +</li> <li>- 65+ reduced to 424 patients waiting</li> </ul>	Standing Agenda item at Access Committee and Weekly PTL meetings

Committee Name  
All

GroupName  
Systems and Partnerships

MetricName  
Size of RTT waiting list

01/03/2020 31/10/2023

28,900

KGH: Current Value

KGH: Current Target

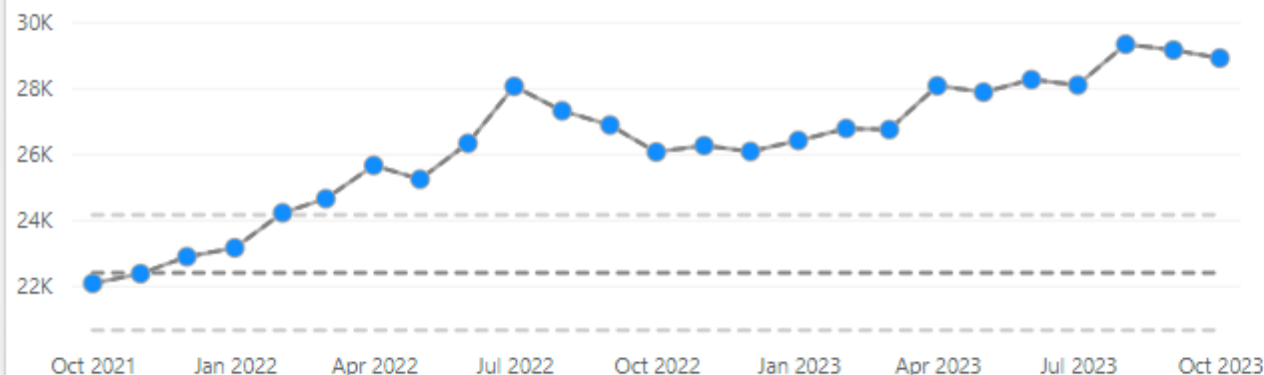
43,813

NGH: Current Value

NGH: Current Target

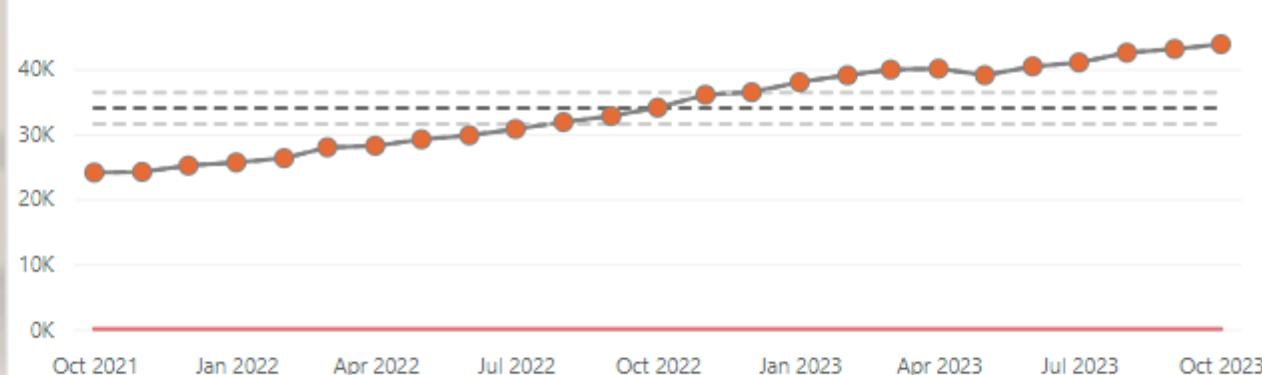
## Kettering General Hospital

### 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	01/10/23	Count of patients actively waiting against the 18 week RTT target	Unvalidated figures for October 2023 have seen an increase in the total PTL from 28.5k to 28.9k	More clocks being started than are being stopped	Actioned echoed from 52W+ IGR Comments	Mitigations echoed from 52w+ IGR Comments
NGH	01/10/23	Count of patients actively waiting against the 18 week RTT target	Waiting list size 43,813 increased from previous	<ul style="list-style-type: none"> <li>- Continued increase in referrals overall with clock starts out of proportion with clock stops</li> <li>- Continued impact of IA</li> <li>- Referrals continue to increase with the Trust continually seeing 20-30% increase in referrals across specialities.</li> </ul>	Actioned echoed from 52W+ IGR Comments	Actioned echoed from 52W+ IGR Comments

Committee Name  
All

GroupName  
Systems and Partnerships

MetricName  
Theatre utilisation

01/03/2020 31/10/2023

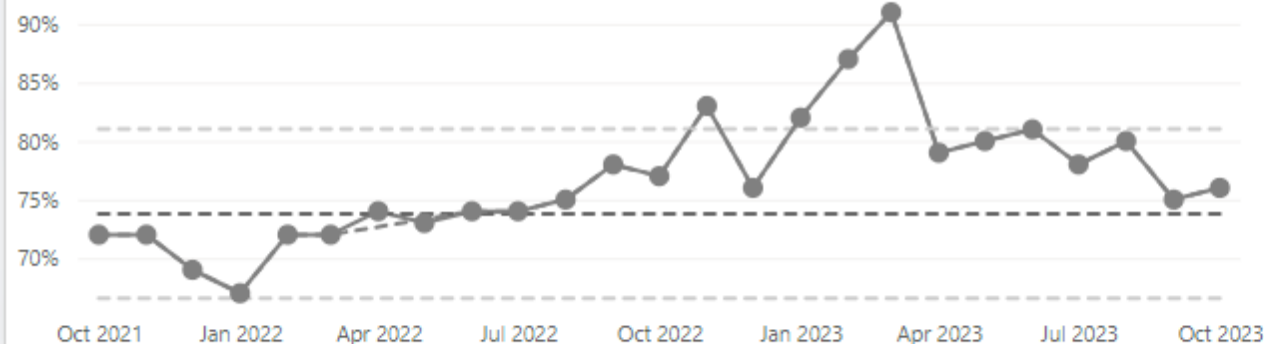
76.00%

KGH: Current Value

KGH: Current Target

## Kettering General Hospital

### Theatre utilisation: Systems and Partnerships



## Northampton General Hospital

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/23	Theatre utilisation % against 85% national target	The chart tells us that theatre utilisation was at 76% in October.	Theatre utilisation was affected by a further increase in the number of patients per list - this decreases utilisation because of the higher number of handovers between patients, which are not counted as used time. This is demonstrated by utilisation including turnover time being at 86%	WL Office booking to 102% time. Continued focus on theatre starting times and checking specialties with biggest difference between booked and actual operating time. Focus on cancellations on the day, which have increased across KGH and NGH, mainly due to patients having cough and cold symptoms on the day of planned surgery.	Weekly 642 and theatre scheduling meetings have improved booking practice. New accommodation for Pre-Assessment Service approved through capital in August 2022 for increased face to face appointments - Estates work started in last month.

Committee Name  
All

GroupName  
Systems and Partnerships

MetricName  
Bed utilisation

01/03/2020 31/10/2023

98.34%

KGH: Current Value

KGH: Current Target

87.67%

NGH: Current Value

NGH: Current Target

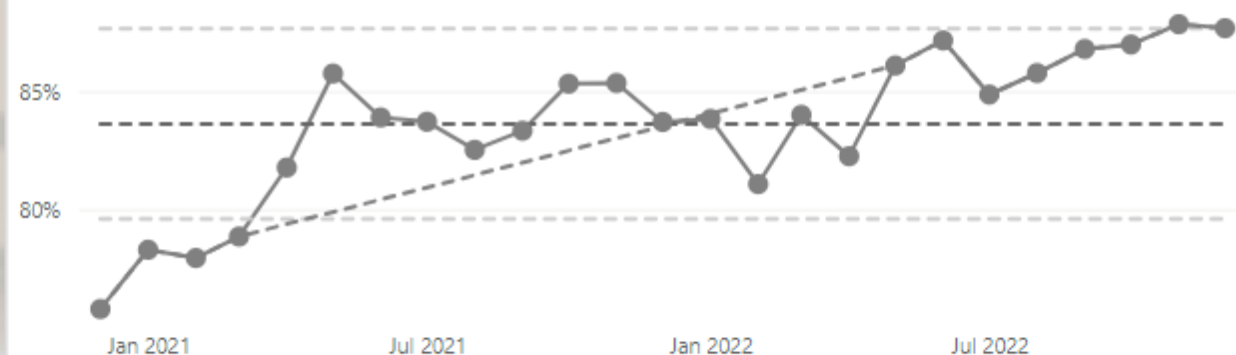
## Kettering General Hospital

### Bed utilisation: Systems and Partnerships



## Northampton General Hospital

### Bed utilisation: Systems and Partnerships



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/23	% General and acute beds utilised - excluding maternity	Bed occupancy remains at nearly 100%, with escalation capacity used to support flow. If escalation capacity is calculated we run at time at 108% of funded beds	Recommended bed utilisation is 85-92% 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 - patients accepted with manageable delirium & for reablement. Continued work with system partners to reduce number 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 re-opened beginning of October

# Stranded patients (7+ day length of stay)

Committee Name  
All

GroupName  
Systems and Partnerships

MetricName  
Stranded patients (7+ day length of stay)

01/03/2020 31/10/2023

292

KGH: Current Value

KGH: Current Target

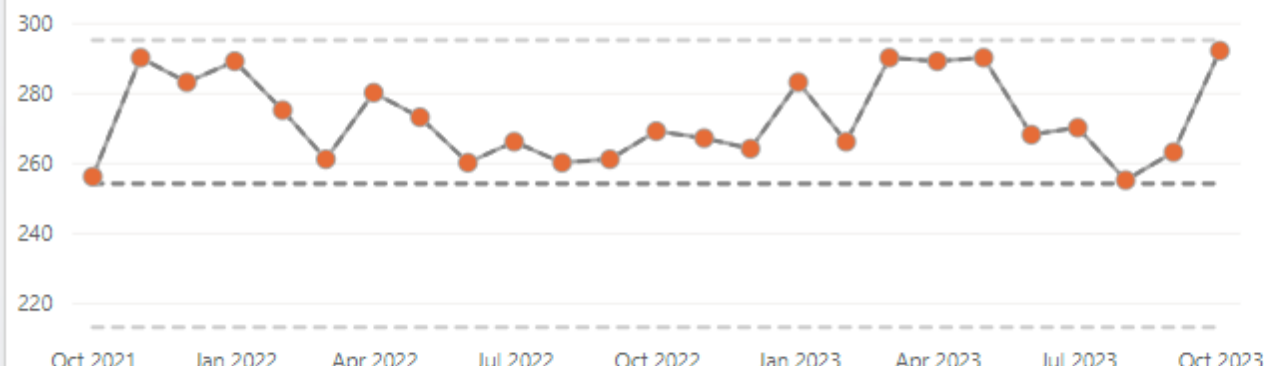
393

NGH: Current Value

NGH: Current Target

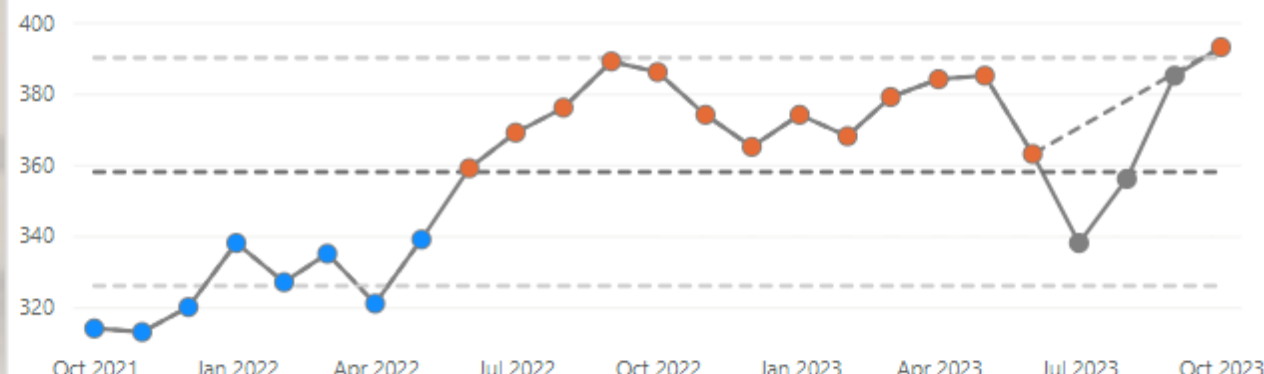
## Kettering General Hospital

### 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	01/10/23	Number of patients with a LoS > 7 days	We have seen a significant and sustained increase in stranded patient numbers	<p>Medical LoS increased to 10.2 days against plan of 9.5 days, equiv of 21 bed demand increase over plan</p> <p>Emergency admission demand 1.2% higher than planned, equiv of 7 bed demand increase than planned</p>	<p>Continued focus of complex discharge process and minimise delays with allocation of required package - we are sustaining a TAT of &lt;2.5 days for completion and decision on package</p> <p>Ongoing work with NNH ASC to utilise PW 2 beds in Thackley Green specialist care centre to free up community hospital rehab beds &amp; to take a higher level of patient dependency e.g. manageable delirium.</p> <p>Focus on ensuring effective board rounds with daily completion of actions to generate discharges</p> <p>Criteria led discharge work across surgery to reduce reliance on Drs to discharge</p>	<p>Bi Weekly Patient time matters meeting to oversee progress and provide scrutiny and advice</p> <p>Upwards reporting to UEC Delivery Board also Bi weekly</p> <p>Senior nursing support to wards</p> <p>Consideration of external support to review gaps in mitigations</p>



Committee Name  
All

GroupName  
Systems and Partnerships

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

01/03/2020
31/10/2023

107

KGH: Current Value

0

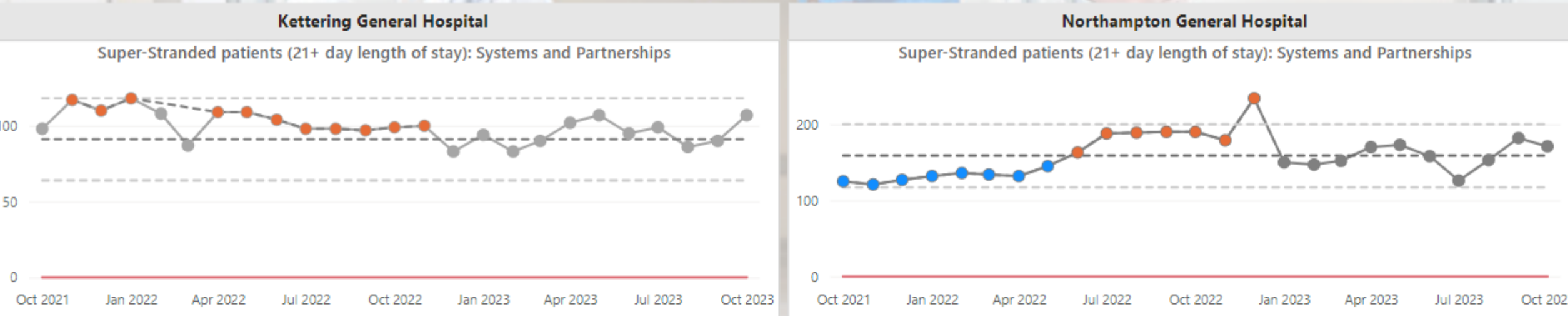
KGH: Current Target

171

NGH: Current Value

0

NGH: Current Target



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/23	Number of patients with a LOS> 21 days	Super stranded numbers have increased in October back to the peak seen in May	<p>P3 pathway - average wait of 21 days for allocation of beds since patient identified as need care home support, an increase of 2 days since last month, with 25 awaiting placement, an increase of 5 month on month - no clear actions to resolve this pathway in the system</p> <p>P2 pathway - average wait of 20 days for allocation of package, with 26 awaiting placement, an increase of 15 month on month</p>	<p>We have gained additional 8 p2 beds in community hospitals during November, although ICB is saying they cannot be maintained due to cost</p> <p>Negotiating with social care about opening additional p2 residential beds at Thackley Green, with likely staff support from us</p>	<p>Additional capacity to support P2 pathways</p> <p>Increase frequency of the discharge cell when demand peaks</p> <p>Monitoring progress via Discharge Dashboard</p> <p>Continued sharing information and improvements with partners</p>





# Patients with a reason to reside



Committee Name

All

GroupName

Systems and Partnerships

MetricName

Patients with a reason to reside

01/03/2020 31/10/2023

77.22%

KGH: Current Value

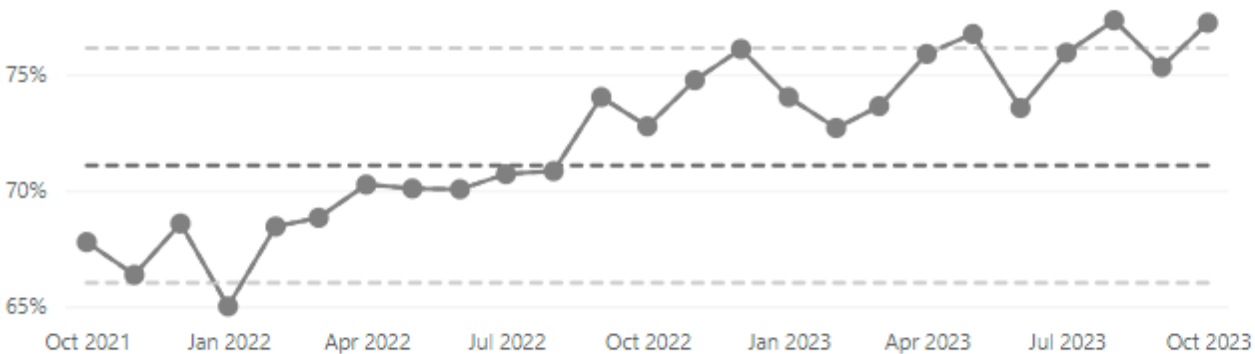
KGH: Current Target

68.07%

NGH: Current Value

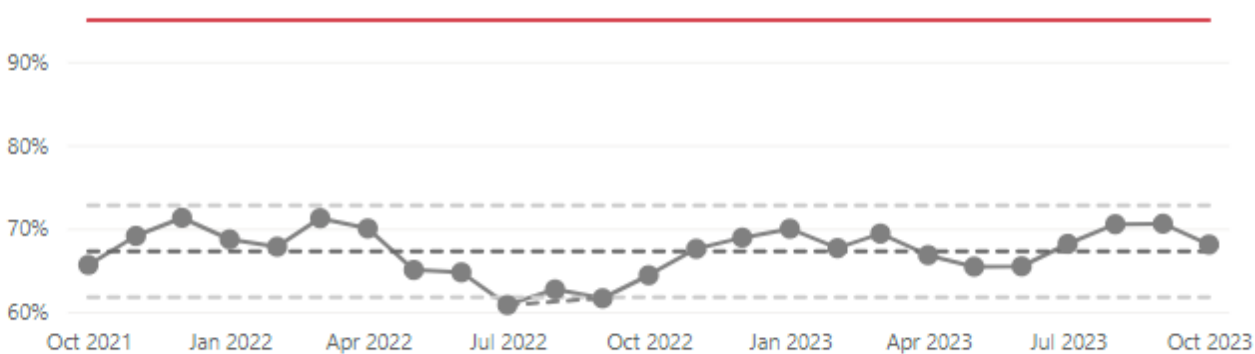
## Kettering General Hospital

Patients with a reason to reside: Systems and Partnerships



## Northampton General Hospital

Patients with a reason to reside: Systems and Partnerships



Committee Name	GroupName	MetricName	
All	Systems and Partnerships	Patients with a reason to reside	
77.22%		68.07%	95.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/23	Number of patients who have a reason to reside in hospital based on national reason to reside criteria	NHS E have asked for assurance boards review and challenge metrics associated with patients whom have no reason to reside/discharge ready. This metric describes that. The percentage of patients whom have a reason to reside has increased indicating acuity has increased and correlates with increased bed occupancy and stranded numbers.	22.5% of patients have no reason to reside (approximately 90) and of these 55-60 patients are awaiting supported discharge with biggest delays being in P2 (rehab) and P3 (nursing and residential home) discharges (on average 21 days from no reason to reside to discharge). The remaining 40 are classed as pathway zero and the operational teams focus on a daily basis is to expedite these - on average 80% of these patients are discharged, one of the best performers in the region	System level challenge for patients who have been declined by more than 3 care homes - weekly meeting set up Review of patients awaiting community hospital beds for rehab to identify those that could change to pathway 1 Expand screening at the front door to include pathways other than acute medicine Continued work with partners to ensure a continual flow of supported discharges and identify gaps in provision System level work, led by COOs, on improving P2 and P3 pathway flow	Review of Super stranded patients 2 x weekly concentrating on medicine Daily focus on pathway zero patients to ensure same day discharge Review and challenge all patients who have been declined by 3 care homes



# Ambulance Handover



Committee Name

All

GroupName

Systems and Partnerships

MetricName

Ambulance Handover

01/03/2020

31/10/2023



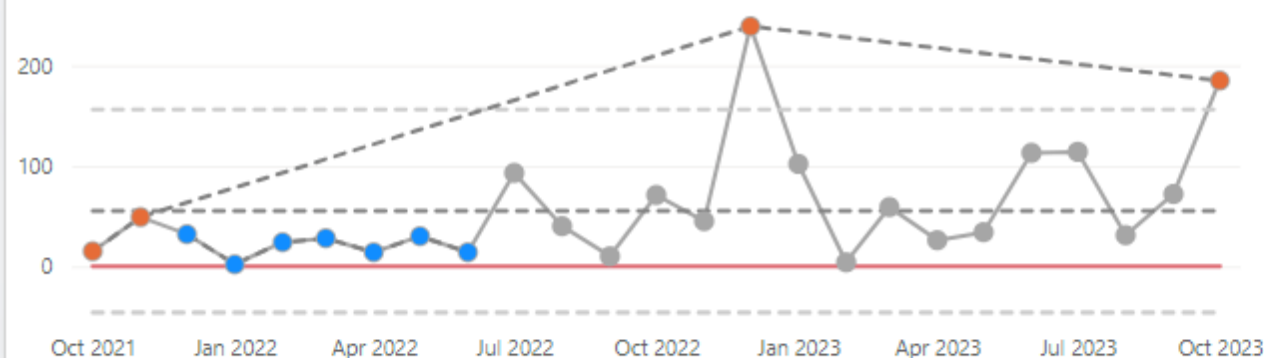
185

KGH: Current Value

KGH: Current Target

## Kettering General Hospital

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



## Northampton General Hospital

<div>Committee Name</div> <div>All</div>	<div>GroupName</div> <div>Systems and Partnerships</div>	<div>MetricName</div> <div>Ambulance Handover</div>	
<div>185</div> <div>KGH: Current Value</div>	<div></div> <div>KGH: Current Target</div>		

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/23	EMAS ambulance handovers > 60 minutes	<p>The organisation has seen a further increase in the number of black breaches during October.</p> <p>Overall, 185 black breaches were reported, of which 106 were validated as true breaches.</p> <p>4% of our 2471 ambulance conveyances had a handover &gt;60 mins.</p>	<p>An increase in total attendances to ED.</p> <p>Department capacity and Trust capacity pressures impacting our ability to offload within 15 mins.</p> <p>Poor utilisation of direct MSDEC pathway via EMAS/GP/111;</p>	<p>'go live' of the new ambulance offload process in a phased approach launched in PED from 13th November, and planned from 20th November in adult ED.</p> <p>New RAT process to be started – as a trial from 20th November during 10:00 – 22:00.</p> <p>Planned increased in spaces within Ambulance streaming with the addition of 4 x F2S trolleys.</p> <p>Discussed with EMAS the inclusion of additional departments on the arrival screen to assist the team with knowing how to direct conveyances and reduce avoidable delays.</p>	<p>No incidents of harm identified from the harm reviews undertaken in October.</p>

Committee Name

All

GroupName

Systems and Partnerships

MetricName

Time to initial assessment

01/03/2020

31/10/2023



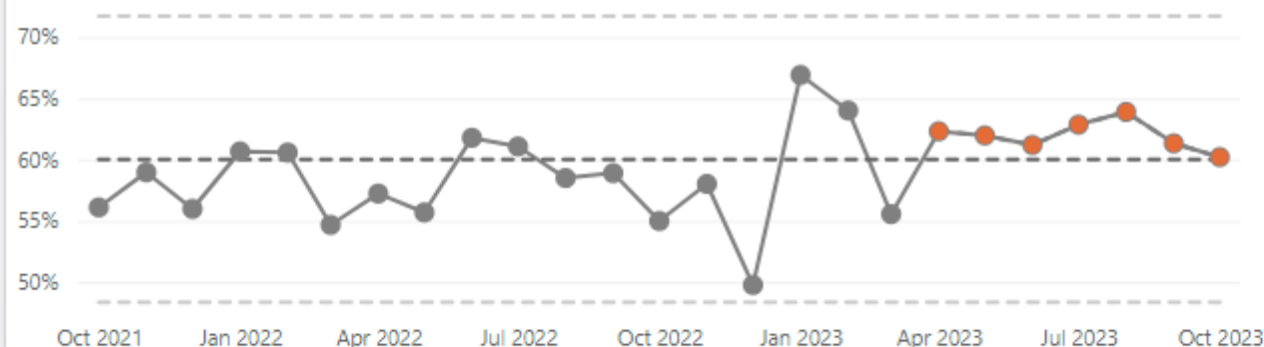
60.20%

KGH: Current Value

KGH: Current Target

## Kettering General Hospital

Time to initial assessment: Systems and Partnerships



## Northampton General Hospital

Committee Name	GroupName	MetricName	
All	Systems and Partnerships	Time to initial assessment	
60.20%			
KGH: Current Value	KGH: Current Target		

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/23	The percentage of patients who had an initial assessment within 15 minutes arriving at the department.	<p>Our monthly compliance with TTIA decreased during October 23.</p> <p>However, our local quality data tells us that our average time to TTIA for adults during the month = 21 mins, and for Paeds = 13 mins.</p>	Decreased performance directly linked to an increase in attendances during the month. Our ability to complete TTIA within time standard is further impacted by nursing numbers inhibiting our ability to increase triage rooms in ED.	<p>Ongoing work with ED staff for sign off of triage competency.</p> <p>Trust investment in iBOX to support development of performance dashboard and increased availability of data to show live performance and assist us with pre-empting surge areas.</p> <p>SNCT/PJR signed off for Adult ED, engagement in Trust recruitment process still ongoing.</p> <p>Local quality and safety audits being undertaken across adult ED and PED</p>	<p>Staffing reviewed twice daily via staffing cell with staff re-deployed from other areas to support safe staffing levels.</p> <p>MIAMI and resus patients excluded from denominator giving assurance that the metric is appropriately measured.</p>



Committee Name

All

GroupName

Systems and Partnerships

MetricName

Average time in department - Admitted

01/03/2020

31/10/2023



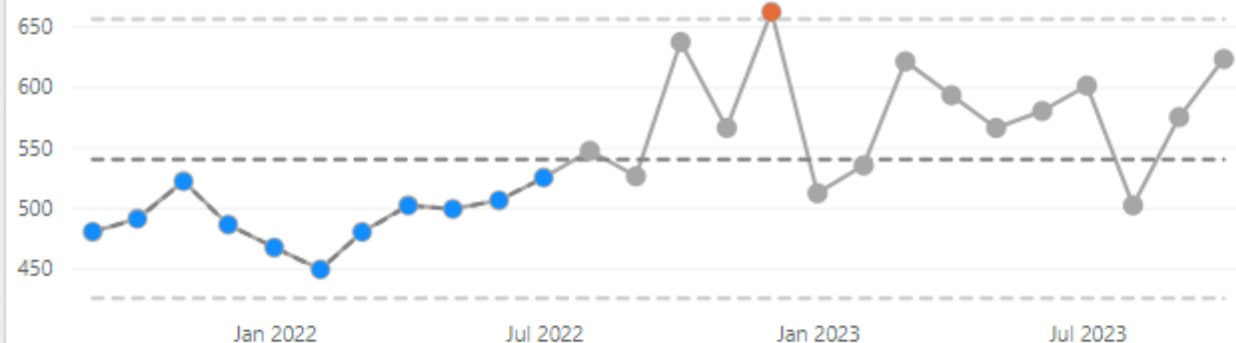
623

KGH: Current Value

KGH: Current Target

Kettering General Hospital

Average time in department - Admitted: Systems and Partnerships



Northampton General Hospital

<div>Committee Name</div> <div>All</div>	<div>GroupName</div> <div>Systems and Partnerships</div>	<div>MetricName</div> <div>Average time in department - Admitted</div>	
<div>623</div> <div>KGH: Current Value</div>	<div></div> <div>KGH: Current Target</div>		

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/23	Average time in department for those patients who are admitted to the hospital	The data shows a 10% increase from the previous month for the average time to discharge for admitted patients.	<div>This is not solely an ED Metric but a Whole System metric and largely impacted by capacity and flow out of ED.</div> <div>Admission of MH patients into UC wards due to the unavailability of inpatient beds in the community.</div>	<div>Continue with direct admission into acute medical wards for patients with EDD &gt;48hours</div> <div>Continue with MSDEC in reach to ED - 2 hourly – undertake a review of activity and decision making over suspending referrals</div> <div>Frailty SDEC in reach</div>	<div>Use of escalation areas and outlying capacity</div> <div>Rapid transfer protocol</div>

Committee Name

All

GroupName

Systems and Partnerships

MetricName

Average time in department - Discharged

01/03/2020

31/10/2023



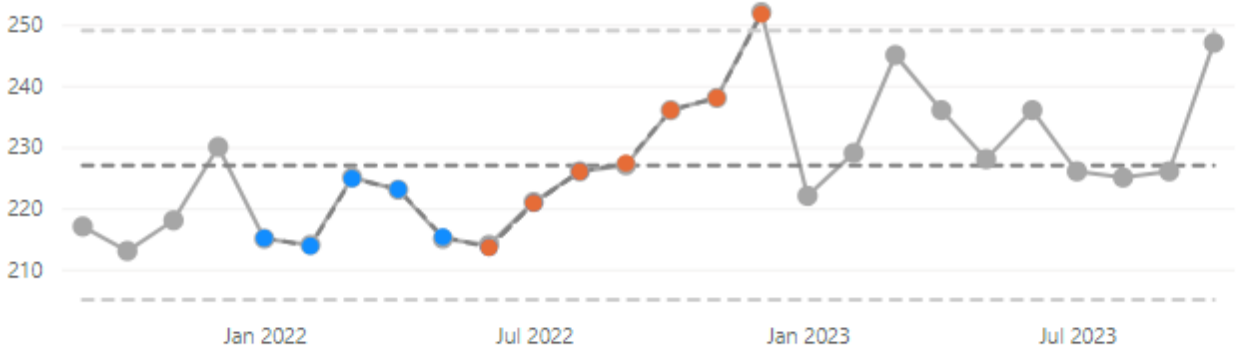
247

KGH: Current Value

KGH: Current Target

## Kettering General Hospital

Average time in department - Discharged: Systems and Partnerships



## Northampton General Hospital

Committee Name

All

GroupName

Systems and Partnerships

MetricName

Average time in department - Discharged

247

KGH: Current Value

KGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/23	Average time in department for those patients who are not admitted to the hospital	The data shows that the average time to discharge for October 2023 exceeded the 240 min time standard.	Recognised limitations with regards to existing streaming and re-direction pathways available from ED. Timely review of patients further challenged by lack of capacity within the department footprint It is recognised that this current data includes patients against which a confirmed admit has been applied; however due to lack of Trust capacity these patients have experienced extended lengths of stay before becoming fit to be discharged home.	To further extend Planned Care services to include receiving returning patients from MSDEC. As a result, this will increase MSDECs capacity to support Same Day Emergency Care work directly from ED. Further work in progress to review pathways to ensure maximisation of streaming opportunities at the front door to support management of our walk-in patient cohort	Use of streaming pathways to MSDEC, MIAMI and in reach in the department to support medical on call for patients who can be discharged on the same day Use of re-direction pathway to CUCC is used where appropriate [no co-located UTC from which we can stream directly]. Post take of ED patients



# 4hr ED Performance



Committee Name  
All

GroupName  
Systems and Partnerships

MetricName  
4hr ED Performance

01/03/2020 31/10/2023

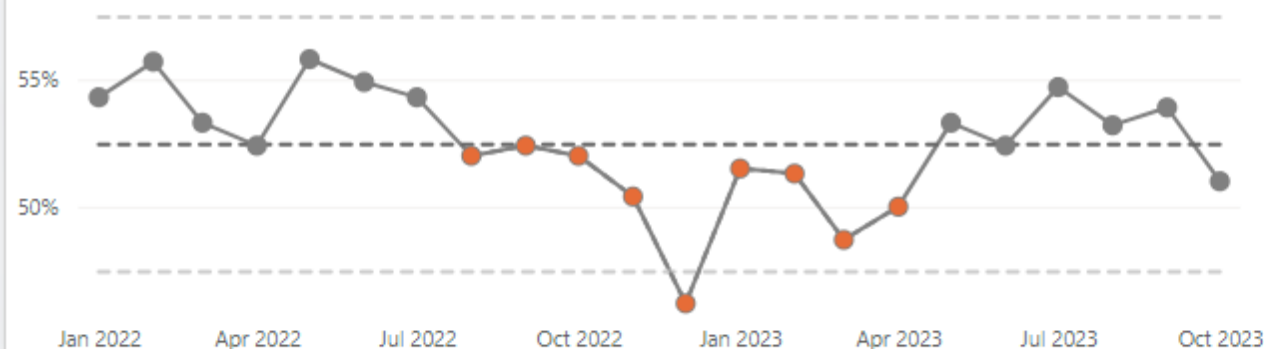
51.00%

KGH: Current Value

KGH: Current Target

## Kettering General Hospital

### 4hr ED Performance: Systems and Partnerships



## Northampton General Hospital

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/23	% of emergency patients seen, treated if necessary, and either discharged or admitted, within four hours of arrival in ED	<p>A decrease in performance from the previous month, and the lowest since we resumed reporting in May 2023.</p> <p>Admitted 26.3%</p> <p>Non-Admitted 59.8%</p>	<p>An increase in total admissions during the month. Patients requiring admission with an extended LOS in ED</p> <p>Inability to stream to an SDEC outside of the medicine division directly from triage</p> <p>Restricted pathways to stream and redirect outside of the Trust due to our current governance and workforce structure</p>		<p>2 Hourly In reach by MSDEC and Frailty SDEC</p> <p>Implement rapid flow protocol</p> <p>Appropriate use of operational escalation protocol</p> <p>Weekly focus 4hr group for oversight of performance and previous intervention</p>

# People Committee



# People Committee

Exec owners: Paula Kirkpatrick

*In reminder, this Committee monitors the ‘people’ metrics within the IGR.*

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

- 1

Staff sickness rising slightly – sighting winter sickness period as driver as reflected in the commentary
- 2

Positive trend for turnover rate continues across both organisations (although acknowledging local intervention may still be required for specific staff groups)
- 3

Positive trend shown for volunteering hours – return of volunteers from holiday and better recording of hours completed on system

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

- 1

Cautionary note around aggregated data has been added to the introductory page to the wider IGR pack following feedback regarding mandatory training.
- 2

WRES and WDES data is picked up in wider People reporting



# Summary Table



Committee Name

All

Group Name

People

Metric Name

Multiple selections

Site

All

Variation

All

Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance	Assurance
NGH	People	Mandatory training complia...	01/09/23	87.66%	85.00%	84.83%	85.78%	86.72%			Not Consistently Anticipated to Meet Target
KGH	People	Mandatory training complia...	01/10/23	92.65%	85.00%	87.9%	90.42%	92.95%			Consistently Anticipated to Meet Target
NGH	People	Appraisal completion rates	01/09/23	78.19%	85.00%	73.72%	75.81%	77.89%			Consistently Anticipated to Not Meet Target
KGH	People	Appraisal completion rates	01/10/23	84.10%	85.00%	78.5%	81.79%	85.07%			Not Consistently Anticipated to Meet Target
KGH	People	Sickness and absence rate	01/10/23	5.46%	5.00%	3.76%	5.5%	7.24%			Not Consistently Anticipated to Meet Target
NGH	People	Sickness and absence rate	01/10/23	5.75%	5.00%	4.43%	6.1%	7.78%			Not Consistently Anticipated to Meet Target
KGH	People	Vacancy rate	01/10/23	12.93%	8.00%	8.14%	10.1%	12.07%			Consistently Anticipated to Not Meet Target
NGH	People	Vacancy rate	01/10/23	10.17%	8.00%	9.31%	10.57%	11.83%			Consistently Anticipated to Not Meet Target
NGH	People	Turnover rate	01/10/23	7.10%	8.50%	8.05%	8.54%	9.02%			Not Consistently Anticipated to Meet Target
KGH	People	Turnover rate	01/10/23	8.23%	8.50%	9.23%	9.87%	10.51%			Consistently Anticipated to Not Meet Target
KGH	People	Formal procedures	01/10/23	9		2	7	11			Consistently Anticipated to Meet Target
NGH	People	Formal procedures	01/10/23	8			11				Consistently Anticipated to Meet Target
NGH	People	Roster publication performa...	01/09/23	37	42	24	34	44			Not Consistently Anticipated to Meet Target
KGH	People	Roster publication performa...	01/10/23	46	42	26	35	44			Not Consistently Anticipated to Meet Target
KGH	People	Time to hire	01/10/23	62.80	91	81.66	81.66	81.66			Consistently Anticipated to Meet Target
NGH	People	Time to hire	01/10/23	69.90	91	98.27	98.27	98.27			Not Consistently Anticipated to Meet Target
KGH	People	Number of volunteering hours	01/10/23	2,212		813	1133	1453			Consistently Anticipated to Meet Target
NGH	People	Number of volunteering hours	01/10/23	3,723		1879	2390	2900			Consistently Anticipated to Meet Target

Committee Name

All

GroupName

People

MetricName

Mandatory training compliance

01/03/2020

31/10/2023

92.65%

KGH: Current Value

85.00%

KGH: Current Target

87.66%

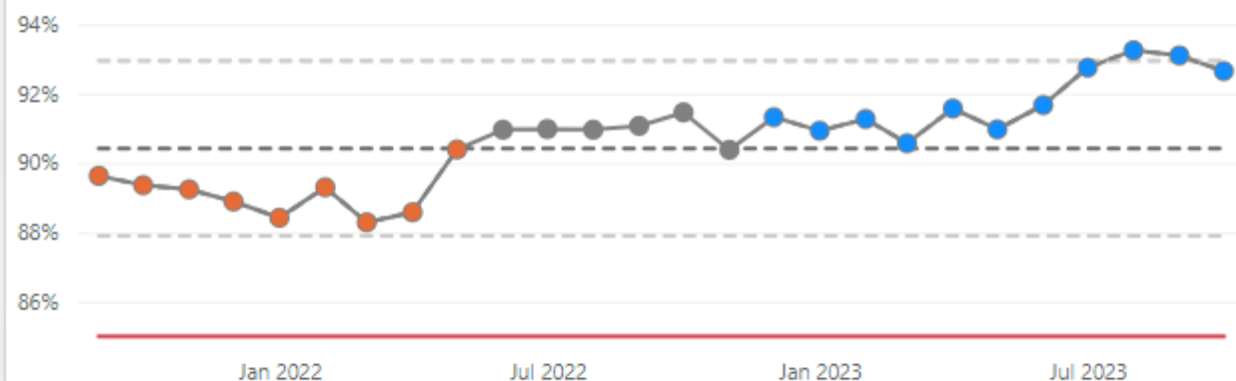
NGH: Current Value

85.00%

NGH: Current Target

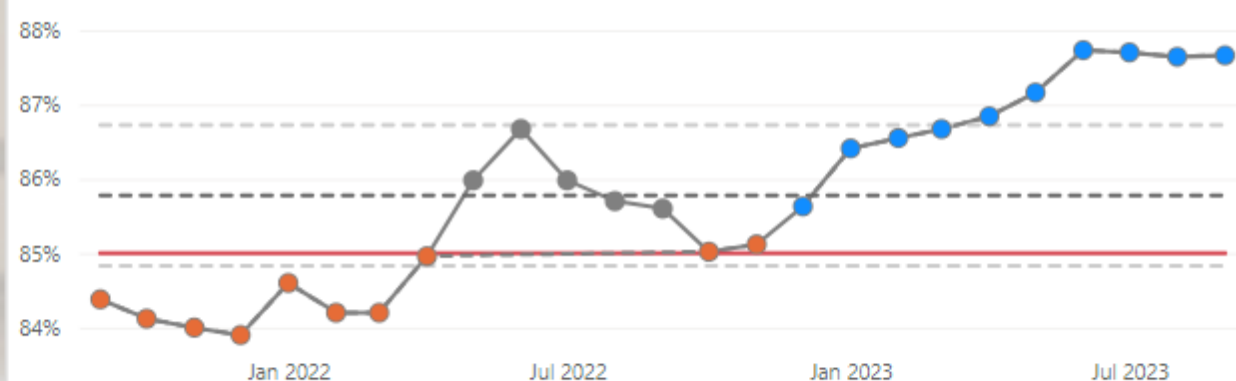
## Kettering General Hospital

Mandatory training compliance: People



## Northampton General Hospital

Mandatory training compliance: People



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/23	% of staff compliant with their mandatory training	% of staff compliant with their mandatory training profile	The issues with overall resuscitation compliance continue, but within the clinical divisions this has continued to improve	Target ting and additional flexible sessions provided with DNA's tracked and reported to managers	Staff release time as this is a face to face only delivery

# Appraisal completion rates

Committee Name  
All

GroupName  
People

MetricName  
Appraisal completion rates

01/03/2020 31/10/2023

84.10%

KGH: Current Value

85.00%

KGH: Current Target

78.19%

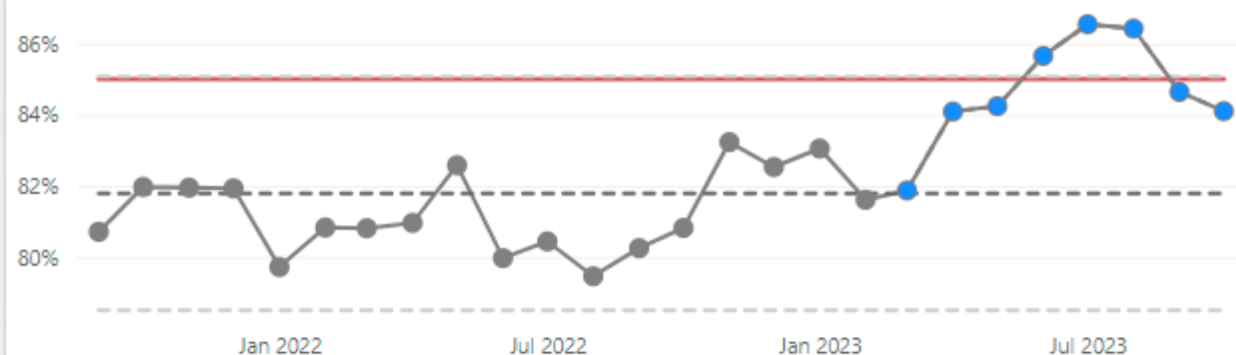
NGH: Current Value

85.00%

NGH: Current Target

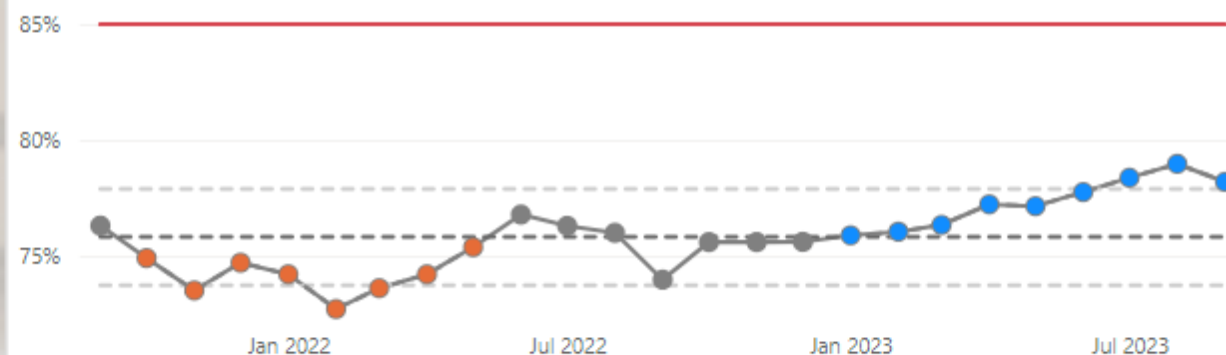
## Kettering General Hospital

Appraisal completion rates: People



## Northampton General Hospital

Appraisal completion rates: People



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/23	% of staff having completed their appraisal	% of staff have had a documented appraisal in the past 12 months	The lowest areas for achievement are the administration staff across the organisation and the Digital division having the lowest compliance percentage. The clinical divisions and the medical staff group have the highest compliance	On going focused targeting of staff member and manager, and ongoing development work	operational pressures

# Sickness and absence rate

Committee Name

All

GroupName

People

MetricName

Sickness and absence rate

01/03/2020

31/10/2023



5.46%

KGH: Current Value

5.00%

KGH: Current Target

5.75%

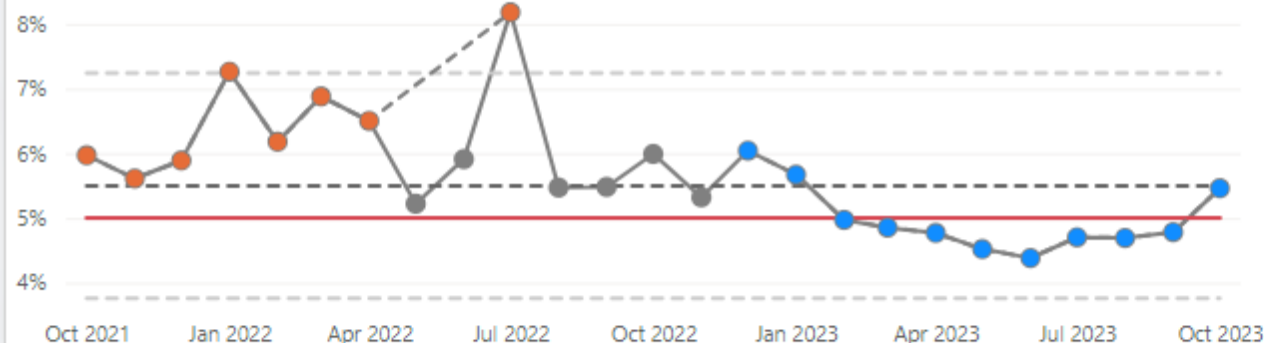
NGH: Current Value

5.00%

NGH: Current Target

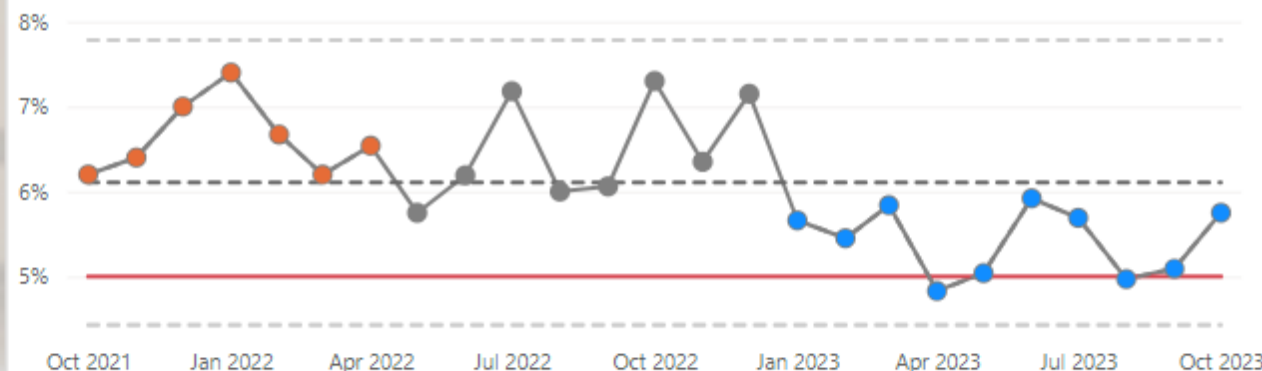
## Kettering General Hospital

Sickness and absence rate: People



## Northampton General Hospital

Sickness and absence rate: People



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/23	% of Staff absent	Sickness is rising across the Trust	Entering winter sickness period.	Continuing to monitor and highlight areas where sickness is increasing .Arranging FS1 and LTS meetings.	Auditing return to work forms. Producing SOP for areas which require intervention/improvement.
NGH	01/10/23	% of Staff absent	Percentage of lost hours due to sickness absence during October 2023	The most common causes of absence relate to psychological well-being and musculoskeletal conditions. Absence due to Covid continues to be a factor and is monitored on a daily basis.	A range of psychological and health and wellbeing initiatives are in place , which are specifically designed to address psychological related absence, including the now fully operational 'Our Space' environment for staff. Manual handling training and DSE support and risk assessments are also in place. Both short term absence and long term absence are being actively managed at divisional level with good progress particularly being made in terms of the management of long term absence.	Supplementing absence related unavailability is supported through Bank back-fill in order to maintain critical services. Absence management continues to be supported by HR Business Partners and Advisors in conjunction with managers and OH advice to support those that are absence with a return to work.



# Vacancy rate



Committee Name

All

GroupName

People

MetricName

Vacancy rate

01/03/2020

31/10/2023



12.93%

KGH: Current Value

8.00%

KGH: Current Target

10.17%

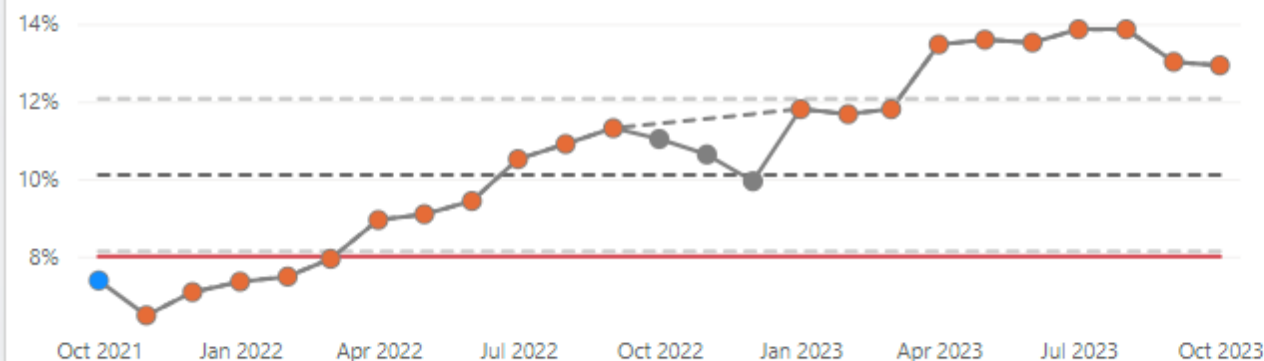
NGH: Current Value

8.00%

NGH: Current Target

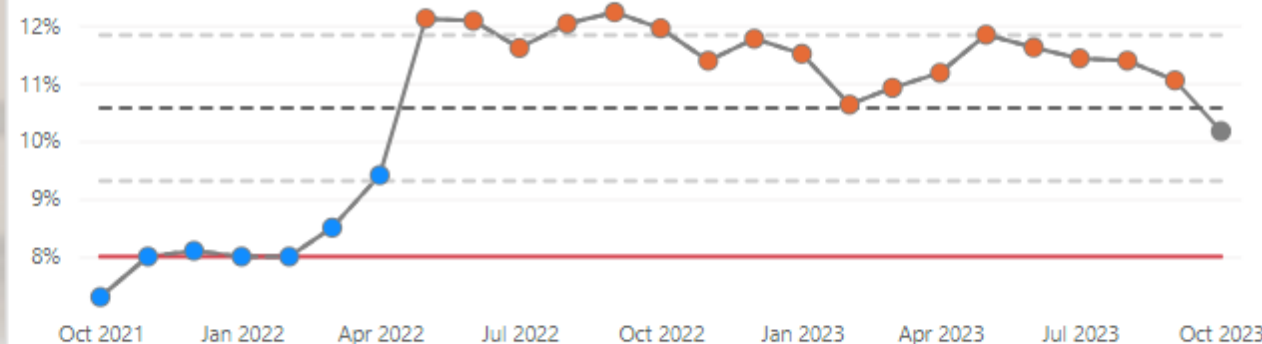
## Kettering General Hospital

Vacancy rate: People



## Northampton General Hospital

Vacancy rate: People





Committee Name	GroupName	MetricName	
All	People	Vacancy rate	
12.93%	8.00%	10.17%	8.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/23	% 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. An attraction strategy and resource is required to innovatively distinguish UHoN in the job market.	Internationally educated nurse, midwifery, medical and AHP recruitment has continued and NHSE funding has been applied for International medical recruitment. The transformation programme to look at resourcing, recruitment and onboarding process is now in the planning phase and resource requirements for implementation against an associated timescale is being explored Efforts to repurpose resources to the development of attraction strategies is mapped out at Group structure level subject to approval. Some temporary resource has been identified at NGH to support social media advertising and liaison with Divisions is due to commence in this regard.	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.
NGH	01/10/23	% 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. An attraction strategy and resource is required to innovatively distinguish UHoN in the job market.	Internationally educated nurse, midwifery, medical and AHP recruitment has continued and NHSE funding has been applied for International medical recruitment. The transformation programme to look at resourcing, recruitment and onboarding process is now in the planning phase and resource requirements for implementation against an associated timescale is being explored Efforts to repurpose resources to the development of attraction strategies is mapped out at Group structure level subject to approval. Some temporary resource has been identified at NGH to support social media advertising and liaison with Divisions is due to commence in this regard.	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.

Committee Name  
All

GroupName  
People

MetricName  
Turnover rate

01/03/2020

31/10/2023



8.23%

KGH: Current Value

8.50%

KGH: Current Target

7.10%

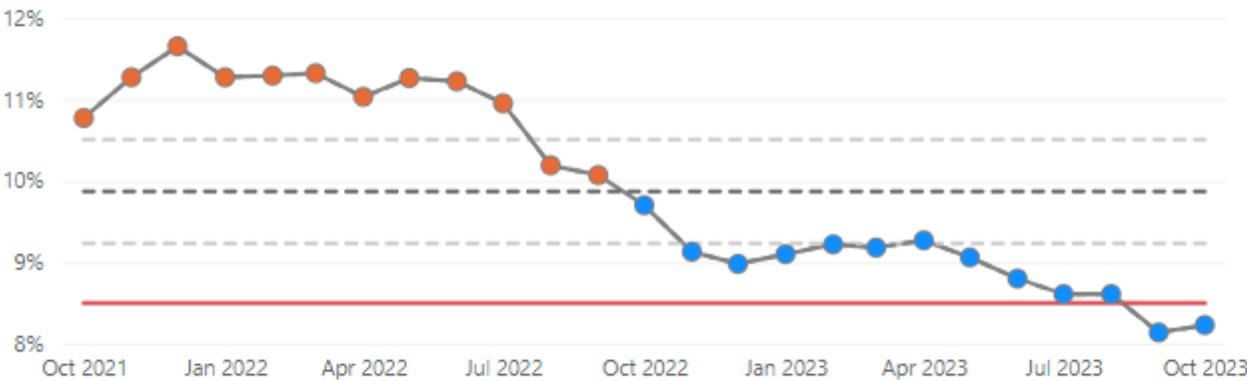
NGH: Current Value

8.50%

NGH: Current Target

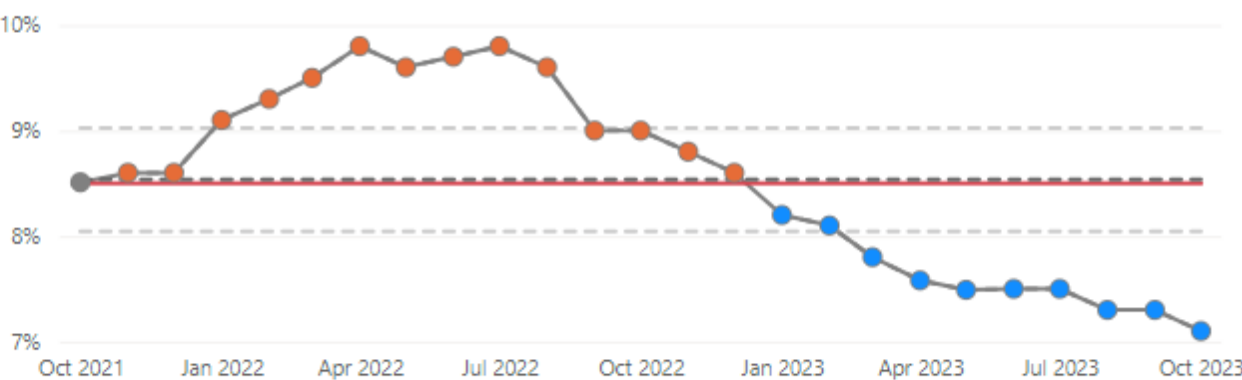
Kettering General Hospital

Turnover rate: People



Northampton General Hospital

Turnover rate: People



Committee Name

All

GroupName

People

MetricName

Turnover rate

8.23%

KGH: Current Value

8.50%

KGH: Current Target

7.10%

NGH: Current Value

8.50%

NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/23	% of staff leaving the organisation over a 12 month rolling period	% of staff leaving the organisation over a 12 month rolling period	Turnover rates are showing common cause variation and are at 8.23% under the Trust target of 8.5%	This month has seen turnover increase but remains under target. The local labour market is loose and the Trust is seeing increased competition to secure candidates for roles. Turnover rates still need to be closely monitored for specific staff groups which may need intervention to recruit successfully.	Work is being undertaken to review exit interviews to ensure feedback is being acted upon and to assess the quality of the data and response rate. Divisions are being asked to review any areas of concern following staff leaving. Engagement with staff is still critical to understand staff views and reasons for leaving. The Staff Survey and Pulse Survey results have been received with Divisional Plans to improve and support staff experience. Further work will be planned following the results of the National Staff Survey.
NGH	01/10/23	% of staff leaving the organisation over a 12 month rolling period	Number of leavers as a proportion of total headcount during October 2023	Issues relate to a tired post pandemic workforce and the risk of those nearing retirement age wishing to retire. Flexibility in terms of working patterns and hours and for HCAs expectation setting prior to offer and the development of career pathways are also issues affecting the ability to retain staff.	A stay conversation toolkit and guidance for managers has been developed rolled out. Career pathway conversations available in conjunction with Practice Development and learning and development opportunities available including apprenticeships for existing staff. A range of Health and Wellbeing initiatives are available including financial wellbeing support and self rostering is being piloted in a number of clinical areas in order to try to better facilitate flexible working opportunities and support work/life balance. System wide collaboration is on going and areas of priority for retention have been fed back so that areas of focus can be agreed.	A particular area of focus at the moment is HCSW retention which has a high turnover rate. This has been addressed locally through ICB approval of a business case for the implementation of a HCA pool that has within it resources to support the retention of HCAs. Work is also underway to look at the provision of a band 2 to 3 career pathway for HCAs.



# Formal procedures



Committee Name

All

GroupName

People

MetricName

Formal procedures

01/03/2020

31/10/2023

9

KGH: Current Value

KGH: Current Target

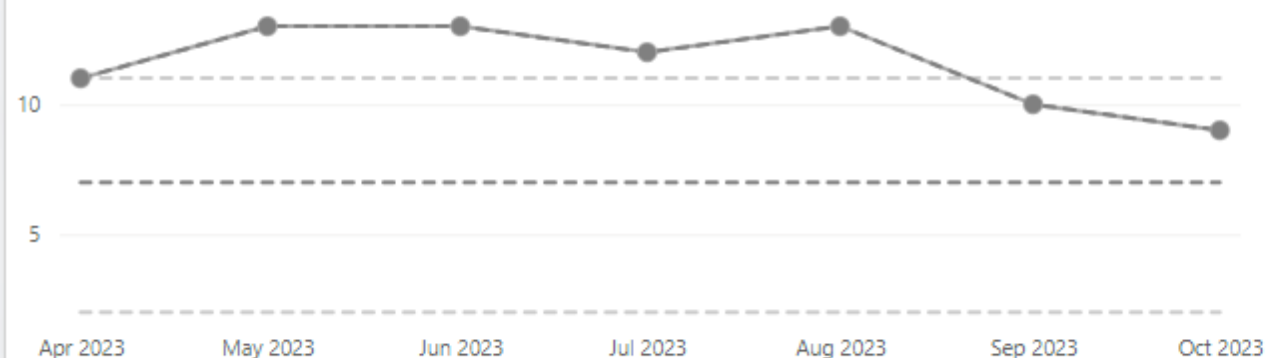
8

NGH: Current Value

NGH: Current Target

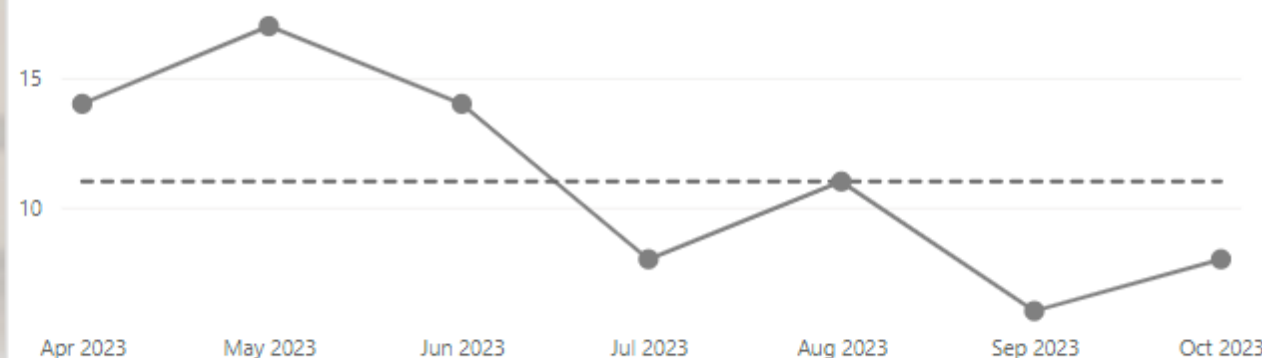
Kettering General Hospital

Formal procedures: People



Northampton General Hospital

Formal procedures: People



Committee Name

All

GroupName

People

MetricName

Formal procedures

3/1/2020

3/1/2024

9

KGH: Current Value

KGH: Current Target

8

NGH: Current Value

NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/23	Number of formal complaints – active and open	9 active disciplinary/MHPS cases across the trust	<ul style="list-style-type: none"> <li>* Operational pressures and availability of staff and managers to meet</li> <li>* National context around industrial unrest and financial crisis</li> <li>* Concerned raised nationally around employment relation cases citing racism</li> <li>* Concerned raised nationally about levels of accountability and managers taking appropriate actions relating to concerns</li> </ul>	<ul style="list-style-type: none"> <li>* Monitoring and maintaining close position on number of formal cases. * Ongoing Supervision and review of cases, in light of recent national cases relating to racism - Bi Monthly events being planned looking the next to look at the impact of the Letby case on HR practice</li> <li>* HR to be provided with understanding racism training as part of Inclusive HR action out of anti-racism action plan</li> <li>* Review of centralised mediation training and offering – round table training planned to be launched in October 2023 and delivered in October / November</li> <li>* Case management, partnership working with unions and formal supervision, deep dive at board in January and July 2023 these deep dives are planned an on rolling basis</li> </ul>	<ul style="list-style-type: none"> <li>* Disciplinary Policy manager toolkit launched to be included as part of leadership offering due for roll out</li> <li>* Culture session ran with HRBP and Hospital Management Team</li> <li>* Review of Cox and Shaikh national cases happened in July 2023 further quarterly face to face review planned</li> <li>* Senior HRBP trained on Restorative and Just Culture</li> <li>* Plan to roll out new disciplinary training by 31 Jan 2023</li> </ul>



Committee Name

All

GroupName

People

MetricName

Formal procedures

9

KGH: Current Value

8

NGH: Current Value

NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
NGH	01/10/23	Number of formal complaints – active and open	8 active disciplinary/MHPS cases across the trust	<ul style="list-style-type: none"> <li>* Operational pressures and availability of staff and managers to meet</li> <li>* National context around industrial unrest and financial crisis</li> <li>* Concerned raised nationally around employment relation cases citing racism</li> <li>* Concerned raised nationally about levels of accountability and managers taking appropriate actions relating to concerns</li> </ul>	<ul style="list-style-type: none"> <li>* Monitoring and maintaining close position on number of formal cases.</li> <li>* Ongoing Supervision and review of cases, in light of recent national cases relating to racism - Bi Monthly events being planned. the next to look at the impact of the Letby case on HR practice</li> <li>* HR to be provided with understanding racism training as part of Inclusive HR action out of anti-racism action plan</li> <li>* Review of centralised mediation training and offering – round table training planned to be launched in October 2023 and delivered in October / November</li> <li>* Case management, partnership working with unions and formal supervision, deep dive at board in January and July 2023 these deep dives are planned an on rolling basis</li> </ul>	<ul style="list-style-type: none"> <li>* Disciplinary Policy manager toolkit launched to be included as part of leadership offering due for roll out</li> <li>* Culture session to be planned with HRBP and Hospital Management Team</li> <li>* Review of Cox and Shaikh national cases happened in July 2023 further quarterly face to face review planned</li> <li>* HRBP and Staff Side Chair trained on Restorative and Just Culture</li> </ul>





# Roster publication performance



Committee Name

All

GroupName

People

MetricName

Roster publication performance

01/03/2020

31/10/2023



46

KGH: Current Value

42

KGH: Current Target

37

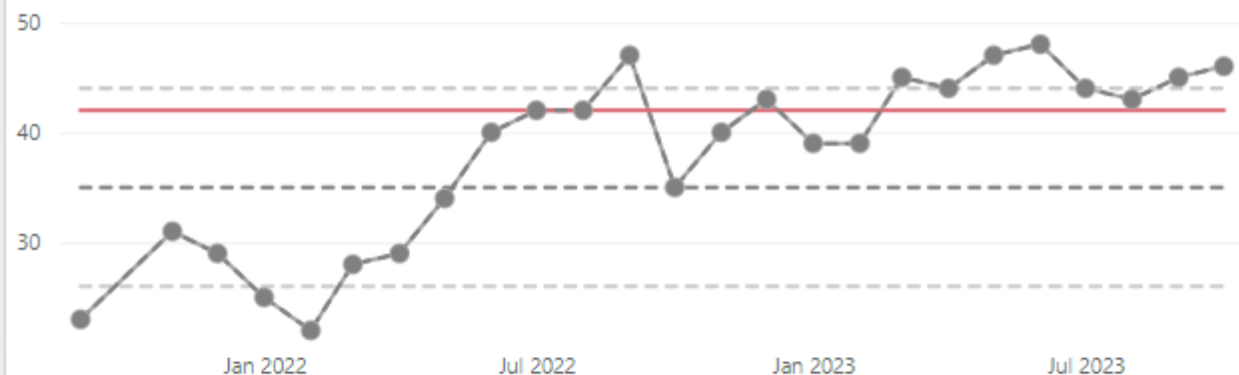
NGH: Current Value

42

NGH: Current Target

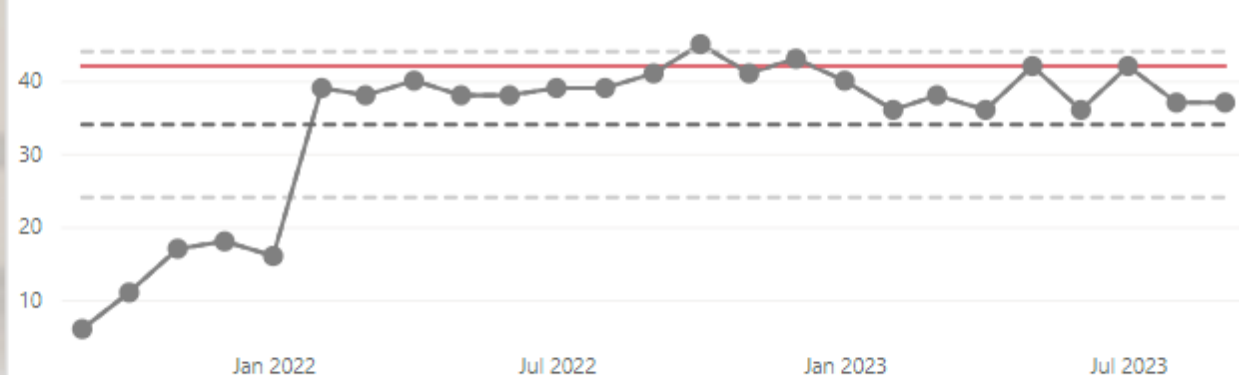
## Kettering General Hospital

Roster publication performance: People



## Northampton General Hospital

Roster publication performance: People



Committee Name

All

GroupName

People

MetricName

Time to hire

01/03/2020

31/10/2023



62.80

KGH: Current Value

91

KGH: Current Target

69.90

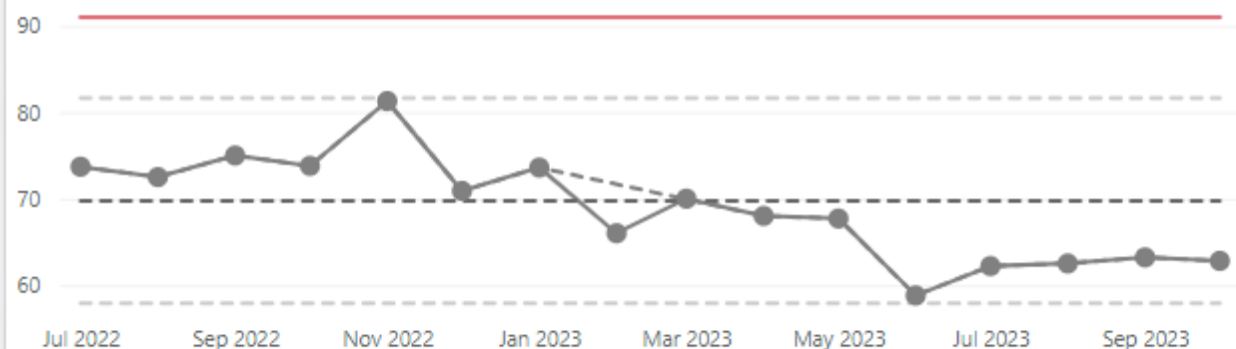
NGH: Current Value

91

NGH: Current Target

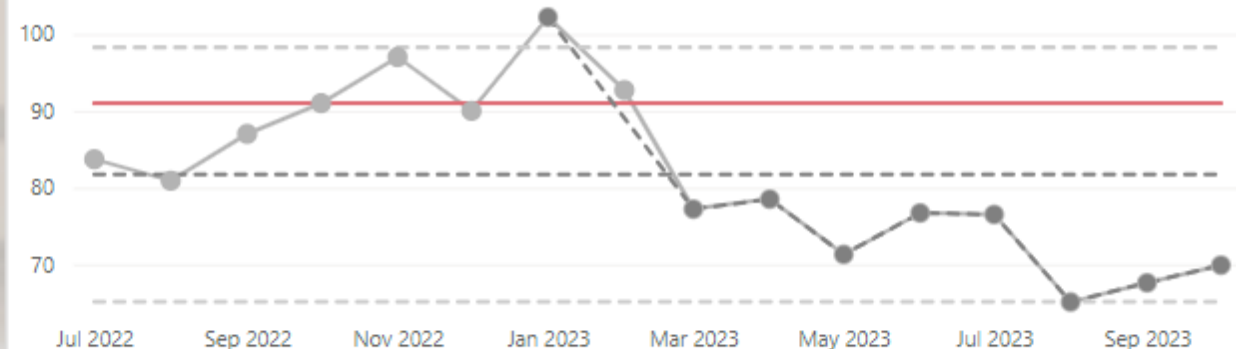
## Kettering General Hospital

Time to hire: People



## Northampton General Hospital

Time to hire: People



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/23	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.	N/A

# Number of volunteering hours

Committee Name  
All

GroupName  
People

MetricName  
Number of volunteering hours

01/03/2020 31/10/2023

2,212

KGH: Current Value

KGH: Current Target

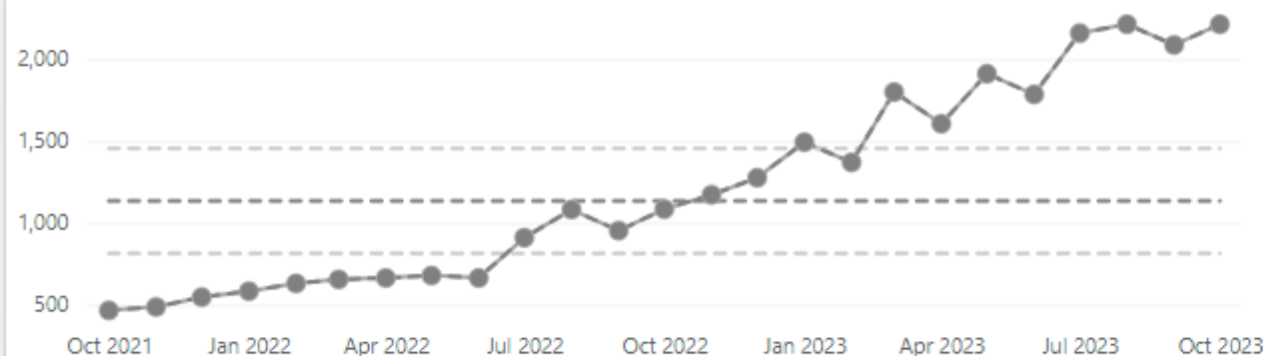
3,723

NGH: Current Value

NGH: Current Target

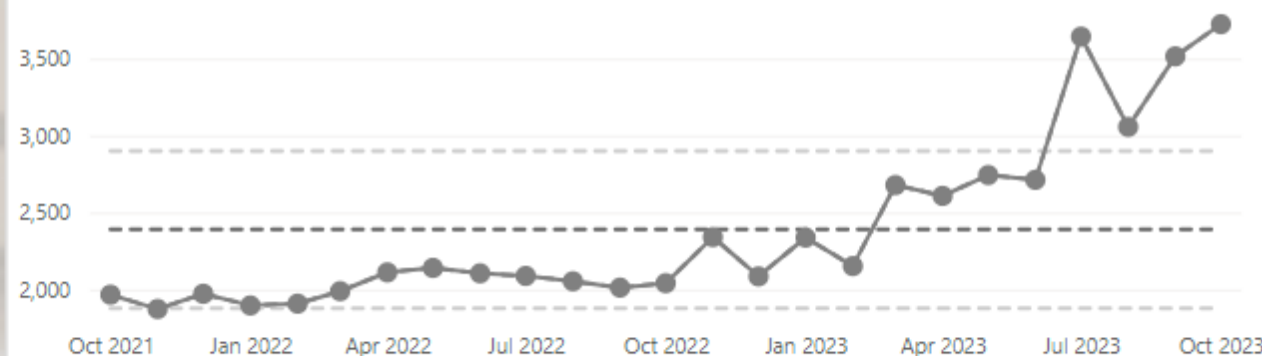
## Kettering General Hospital

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	01/10/23	Number of volunteering hours	2212	No issues	Our numbers are steadily raising again due to volunteers back from holiday. Also our compliance using Better Impact increases monthly. This is due to ensuring at interview stage we stress the importance of using the system to capture the hours to allow us to measure the impact on the our patients and staff and strive to bring in more ways to support	
NGH	01/10/23	Number of volunteering hours	3723	No issues	Our highest number of recorded monthly hours to date. This is due to a slight increase in volunteer numbers and also our compliance using Better Impact increases monthly. This is due to ensuring at interview stage we stress the importance of using the system to capture the hours to allow us to measure the impact on the our patients and staff and strive to bring in more ways to support	

# KGH Board Finance Performance

## Month 7 (October 2023) FY 2023/24

## Income and Expenditure – Year to date

The Month 7 year to date position is an £(8.2)m deficit which is £3.9m worse than the year to date £(4.3)m deficit plan.

This has been impacted upon by ongoing industrial action, pay awards and utilities inflationary pressures, combined with an over delivery of Elective Recovery Fund (ERF) activity using local calculations.

## Capital

KGH year to date capital expenditure is £7.2m (£1.1m in October). Further capital commitments total £3.3m. Forecast slippage of £7.5m on the £13.3m CDC scheme has been identified along with £2m forecast slippage in the New Hospitals programme to determine how this risk can be managed with NHS England support.

## Cash

KGH cash balance at the end of October is £2.2m, a decrease of £0.9m from September's balance of £3.1m.

The Trust has received PDC Revenue funding YTD of £2.9m and is currently pursuing further revenue support for Q3. In its October meeting the Board approved a level of revenue support that could be requested for the year as £12.3m. This will continue to be reviewed and revised under updated forecasts to ensure that commitments can be met.

## Forecast

Risks to the achievement of the planned breakeven position have been monitored over recent months and following updated funding assumptions and guidance over the impact of industrial action received from NHSE, KGH have produced a revised forecast outturn for the year which is being considered with NHS England and is not yet finalised.

KGH Trust Position				
Description	23-24 Annual Plan	Year to Date		
		Plan	Actuals	Variance
	£m	£m	£m	£m
Total Income	366.5	217.3	219.0	1.7
Total Pay	(255.5)	(154.0)	(159.5)	(5.6)
Total Non Pay	(135.5)	(81.9)	(81.8)	0.0
<b>OPERATING DEFICIT</b>	<b>(24.4)</b>	<b>(18.5)</b>	<b>(22.3)</b>	<b>(3.8)</b>
Capital Charges	(4.7)	(2.7)	(2.5)	0.2
<b>Trust Surplus/(Deficit)</b>	<b>(29.1)</b>	<b>(21.2)</b>	<b>(24.8)</b>	<b>(3.6)</b>
System Support Funding	28.7	16.7	16.7	(0.0)
<b>I&amp;E Surplus/(Deficit)</b>	<b>(0.4)</b>	<b>(4.5)</b>	<b>(8.1)</b>	<b>(3.6)</b>
NHSE Accounting Adjustments	0.4	0.2	(0.1)	(0.3)
<b>NHSE Adjusted Surplus/(Deficit)</b>	<b>0.0</b>	<b>(4.3)</b>	<b>(8.2)</b>	<b>(3.9)</b>

### KGH Finance Overview

The YTD position is an £(8.2)m deficit which is £3.9m worse than plan. This includes £0.5m over-delivery of efficiencies.

**Income** - £1.7m better than plan. This includes £0.9m of excluded drugs and devices with NHSE and £0.2m ERF performance beyond target partly offset by a £0.8m underperformance on CDC and Virtual Wards, and £0.2m below plan on RTA/Overseas income. Non-Clinical Income is £1.6m better than plan, which is driven primarily in M7 by Education & Training income, being £0.7m above plan due to funding received for Medical Pay Awards, as well as having an increased number of trainees seen across the Trust. Supplier rebates and Group digital recharges have also contributed to the £1.6m variance to plan.

**Pay** - £5.6m worse than plan. £2.4m relates to ongoing industrial action, £0.3m is due to pay award pressures, with the remaining £2.9m including cover for vacancies & sickness across the Trust and specific service pressures.

**Non-Pay** - Breakeven against plan. Includes £1.4m of continued utilities pressures. Further pressures include expenditure to support elective recovery, offset by CDC expenditure lower than plan & underspends on Lung Health Check projects, COVID testing & Teleradiology.

**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 key movements / issues are:

## Non-Current Assets

- Capital expenditure in the month includes £0.8m against BAU schemes and £0.3m against centrally funded schemes.
- Depreciation and in year movements include the impact of right of use assets.

## Current assets

- The cash balance has decreased to £2.1m, a £0.9m reduction in month. Cash continues to be a concern and will be monitored to limit revenue and capital support.
- Trade and other receivables have increased slightly in the month including further accrued income from the local ICB for additional depreciation funding, virtual ward and CDC income.

## Current Liabilities

- Invoices were paid upon approval for most of the month but restricted the final weeks payment to manage cash as central support was unknown. This has contributed to the increase of £0.3m of current liabilities balance in the month.

## Financed By

- I & E Account - £0.5m unadjusted deficit in month.

TRUST SUMMARY BALANCE SHEET MONTH 7 2023/24				
	Balance at 31-Mar-23 £000	Opening Balance £000	Closing Balance £000	Movement (in month) £000
<b>NON CURRENT ASSETS</b>				
OPENING NET BOOK VALUE	195,875	195,875	195,875	0
IN YEAR REVALUATIONS	0	0	0	0
IN YEAR MOVEMENTS	0	6,269	7,396	1,127
LESS DEPRECIATION	0	(7,487)	(8,737)	(1,250)
<b>NET BOOK VALUE</b>	<b>195,875</b>	<b>194,657</b>	<b>194,534</b>	<b>(123)</b>
<b>NON CURRENT RECEIVABLES</b>	<b>1,133</b>	<b>853</b>	<b>832</b>	<b>(21)</b>
<b>CURRENT ASSETS</b>				
INVENTORIES	5,309	5,962	5,995	33
TRADE & OTHER RECEIVABLES	16,422	12,353	12,423	70
CASH	4,401	3,052	2,147	(905)
<b>TOTAL CURRENT ASSETS</b>	<b>26,132</b>	<b>21,367</b>	<b>20,565</b>	<b>(802)</b>
<b>CURRENT LIABILITIES</b>				
TRADE & OTHER PAYABLES	42,286	41,624	42,179	555
LEASE PAYABLE under 1 year	1,764	2,016	1,833	(183)
DHSC LOANS	1,526	1,517	1,483	(34)
PROVISIONS under 1 year	815	884	890	6
<b>TOTAL CURRENT LIABILITIES</b>	<b>46,391</b>	<b>46,041</b>	<b>46,385</b>	<b>344</b>
<b>NET CURRENT ASSETS / (LIABILITIES)</b>	<b>(20,259)</b>	<b>(24,674)</b>	<b>(25,820)</b>	<b>(1,146)</b>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>	<b>176,749</b>	<b>170,836</b>	<b>169,546</b>	<b>(1,290)</b>
<b>NON CURRENT LIABILITIES</b>				
LEASE PAYABLE over 1 year	5,748	4,748	4,748	0
LOANS over 1 year	2,240	1,500	760	(740)
PROVISIONS over 1 year	634	433	426	(7)
<b>NON CURRENT LIABILITIES</b>	<b>8,622</b>	<b>6,681</b>	<b>5,934</b>	<b>(747)</b>
<b>TOTAL ASSETS EMPLOYED</b>	<b>168,127</b>	<b>164,155</b>	<b>163,612</b>	<b>(543)</b>
<b>FINANCED BY</b>				
PDC CAPITAL	262,952	266,536	266,536	0
REVALUATION RESERVE	48,387	48,387	48,387	0
I & E ACCOUNT	(143,212)	(150,768)	(151,311)	(543)
<b>FINANCING TOTAL</b>	<b>168,127</b>	<b>164,155</b>	<b>163,612</b>	<b>(543)</b>

# NGH Board Finance Performance

## Month 7 (October 2023) FY 2023/24

## Income and Expenditure – Year to date

The Month 7 year to date position is a £(15.4)m deficit which is £11.9m worse than the £(3.4)m deficit plan.

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

## Capital

NGH year to date capital expenditure is £12.5m (£2.5m in October). Further capital commitments total £4.3m. Forecast slippage of £0.7m on the NGH CDC scheme has been identified and £0.5m of other slippage has been agreed to be delivered and transferred to partners in the system to support projected overspends in other organisations.

## Cash

NGH cash balance at the end of October is £1.9m, a decrease of £0.4m from September's balance of £2.4m. This was £4.2m lower than the forecast closing balance, mainly due to higher than forecast Trade and Capital Creditor payments.

The MOU for the £2.0m Revenue Support requested in December has been signed. The forecast drawn down is currently within the maximum level approved by the Board in October and the cashflow forecast will continue to be updated as ICB funding is refined, and the forecast outturn position is updated.

## Other Notes

A planned ledger upgrade and alignment project went live at the end of month 7 in support of efficient operations and reporting. This is a complex mid-year project involving a range of teams.

## Submitted FOT

Risks to the achievement of the planned breakeven position have been monitored over recent months and following updated funding assumptions and guidance over the impact of industrial action received from NHSE, NGH have produced a forecast outturn which is being considered with NHS England and is not yet finalised.

NGH Trust Position				
Description	23-24 Annual Plan	Year to Date		
		Plan	Actuals	Variance
	£m	£m	£m	£m
Total Income	474.8	279.4	281.9	2.5
Total Pay	(320.7)	(194.1)	(201.9)	(7.8)
Total Non Pay	(153.8)	(89.5)	(94.6)	(5.1)
<b>OPERATING DEFICIT</b>	<b>0.3</b>	<b>(4.2)</b>	<b>(14.6)</b>	<b>(10.4)</b>
Capital Charges	(5.7)	(3.3)	(3.1)	0.2
<b>Trust Surplus/(Deficit)</b>	<b>(5.4)</b>	<b>(7.5)</b>	<b>(17.7)</b>	<b>(10.2)</b>
System Support Funding	14.8	8.6	8.6	-
<b>I&amp;E Surplus/(Deficit)</b>	<b>9.4</b>	<b>1.1</b>	<b>(9.1)</b>	<b>(10.2)</b>
NHSE Accounting Adjustments	(9.4)	(4.6)	(6.3)	(1.7)
<b>NHSE Adjusted Surplus/(Deficit)</b>	<b>0.0</b>	<b>(3.4)</b>	<b>(15.4)</b>	<b>(11.9)</b>

### NGH Finance Overview

The YTD position is a £(15.4)m deficit which is £11.9m worse than plan. This includes £3.7m under-delivery of efficiencies.

**Income** – £2.5m better than plan. Clinical Income is £0.5m better than plan. This includes an additional £0.7m funding for revenue consequences of central capital schemes. The remaining £0.2m net shortfall includes a £0.4m underperformance on CDC activity, £0.6m underperformance against ERF partly offset with additional Excluded Medicines Cost & Volume Income. Non-Clinical Income is also £2.8m better than plan YTD. £1.7m relates to PSDS income received earlier than anticipated, £0.6m EPR funding & £0.8m Emerging Technology Income.

**Pay** – £7.8m worse than plan. £2.3m relates to industrial action, £3.3m is due to efficiency slippage, £1.0m of pay award pressures net of additional funding received & £0.2m of other net variances.

**Non-pay** – £5.1m worse than plan. £1.6m of inflationary and other pressures, £1.1m of NHSE drugs and devices covered by income. The remaining £2.4m includes RPA/Training/EPR/Consultancy expenditure (all offset by income) and a range of clinical expenditure to support elective recovery.

**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.

# Statement of Financial Position NGH

The key movements from the opening balance are:

## Non-Current Assets

- M7 Capital additions of £2,833k, includes Estates PSDS Spend of £751k, Estates Schemes £515k, Digital £913k (including £831k of EPR Spend) and MESC Spend £110k.

## Current assets

- Inventories – £119k. Increase in Pacing (£46k) and Pathology (£99k) offset by decrease in Pharmacy (£26k) stockholdings.
- Trade and Other Receivables - £924k due to: Increases in VAT reclaim (£393k), Non-NHS Other Receivables (£340k), Capital Receivables (£96k) and Prepayment (£283k). Decreases in NHS Receivables (£1,053k) due to payment of invoices by NHS Northamptonshire and KGH, NHS Income accruals (£116k) and Other Trade Receivables (£817k) due to payment of Boxxe and Northamptonshire Charity invoices.
- Cash – Decrease of £414k.

## Current Liabilities

- Trade and Other Payables – £1,502k Increase due to: Increases in NHS Payables (£601k), Receipts in Advance (£2,217k), mainly relating to receipt of quarterly education contract (£3,533k) offset by release of SLA, Excluded Devices, LVA, Robot, RPA Income (£1,415k), PDC Dividend Due (£521k) and Accruals (£398k). Decreases in Trade Payables (£662k), Capital Payables (£510k) and .Tax, NI and Pensions (£1,060k), values have returned to a normal level following previous high values due to Clinical Excellence and Medical Staff Pay Awards

## Non-Current Liabilities

- Finance Lease Payable – £44k. Nye Bevan and Car Park lease repayment (£114k), ROU Assets (£180k) and increase in Danetre Hospital lease liability (£338k).
- Loans over 1 year - £69k. Repayment of Salix Loan.

## Financed By

- I & E Account - £1,358k deficit

TRUST SUMMARY BALANCE SHEET						
MONTH 7 2023/24						
	Balance at 31-Mar-23 £000	Opening Balance £000	Closing Balance £000	Movement £000	Forecast end of year Closing Balance £000	Movement £000
<b>NON CURRENT ASSETS</b>						
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	10,404	13,237	2,833	31,605	31,605
LESS DEPRECIATION	0	(8,696)	(10,191)	(1,495)	(17,486)	(17,486)
<b>NET BOOK VALUE</b>	<b>244,116</b>	<b>245,824</b>	<b>247,162</b>	<b>1,338</b>	<b>258,235</b>	<b>14,119</b>
<b>CURRENT ASSETS</b>						
INVENTORIES	6,723	7,150	7,269	119	6,864	141
TRADE & OTHER RECEIVABLES	31,984	22,159	21,235	(924)	15,891	(16,093)
CLINICIAN PENSION TAX FUNDING	790	790	790	0	790	0
CASH	1,838	2,358	1,944	(414)	1,500	(338)
<b>TOTAL CURRENT ASSETS</b>	<b>41,335</b>	<b>32,457</b>	<b>31,238</b>	<b>(1,219)</b>	<b>25,045</b>	<b>(16,290)</b>
<b>CURRENT LIABILITIES</b>						
TRADE & OTHER PAYABLES	52,996	52,031	53,533	1,502	31,098	(21,898)
FINANCE LEASE PAYABLE under 1 year	1,303	1,327	1,331	4	1,254	(49)
SHORT TERM LOANS	271	271	271	0	217	(54)
PROVISIONS under 1 year	1,084	1,047	1,043	(4)	1,068	(16)
<b>TOTAL CURRENT LIABILITIES</b>	<b>55,654</b>	<b>54,676</b>	<b>56,178</b>	<b>1,502</b>	<b>33,637</b>	<b>(22,017)</b>
<b>NET CURRENT ASSETS / (LIABILITIES)</b>	<b>(14,319)</b>	<b>(22,219)</b>	<b>(24,940)</b>	<b>(2,721)</b>	<b>(8,592)</b>	<b>5,727</b>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>	<b>229,797</b>	<b>223,605</b>	<b>222,222</b>	<b>(1,383)</b>	<b>249,643</b>	<b>19,846</b>
<b>NON CURRENT LIABILITIES</b>						
FINANCE LEASE PAYABLE over 1 year	13,890	12,579	12,623	44	12,767	(1,123)
LOANS over 1 year	439	303	234	(69)	222	(217)
PROVISIONS over 1 year	2,027	2,027	2,027	0	2,027	0
<b>NON CURRENT LIABILITIES</b>	<b>16,356</b>	<b>14,909</b>	<b>14,884</b>	<b>(25)</b>	<b>15,016</b>	<b>(1,340)</b>
<b>TOTAL ASSETS EMPLOYED</b>	<b>213,441</b>	<b>208,696</b>	<b>207,338</b>	<b>(1,358)</b>	<b>234,627</b>	<b>21,186</b>
<b>FINANCED BY</b>						
PDC CAPITAL	273,256	276,256	276,256	0	284,920	11,664
REVALUATION RESERVE	57,665	57,665	57,665	0	57,666	1
I & E ACCOUNT	(117,480)	(125,225)	(126,583)	(1,358)	(107,959)	9,521
<b>FINANCING TOTAL</b>	<b>213,441</b>	<b>208,696</b>	<b>207,338</b>	<b>(1,358)</b>	<b>234,627</b>	<b>21,186</b>

## Cover sheet

Meeting	Boards of Directors (Kettering and Northampton General Hospitals) (Part I) Meetings in Private
Date	8 December 2023
Agenda item	6

Title	Dedicated to Excellence In-Year Review
Presenter	Becky Taylor, Director of Transformation and Quality Improvement (QI) Executive leads for strategic priorities: <ul style="list-style-type: none"> <li>- Fay Gordon and Palmer Winstanley, Chief Operating Officers</li> <li>- John Jameson and Hemant Nemade, Medical Directors</li> <li>- Jayne Skippen and Nerea Odongo, Directors of Nursing, Midwifery and AHPs</li> <li>- Richard Wheeler, Interim Chief Financial Officer</li> <li>- Stuart Finn, Director of Estates and Facilities</li> <li>- Paula Kirkpatrick, Chief People Officer</li> </ul>
Author	Becky Taylor, Director of Transformation and QI Executive leads for strategic priorities

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

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



Reason for consideration	Previous consideration
To provide assurance to the Boards on delivery of the Strategic Priority plans for 23/24 as agreed at Boards in Spring, and recommendations for changes for delivery in the second half of the year as supported by Committees.	Boards of Directors, 5-6 October 2023 Clinical Quality, Safety and Performance Committee in Common, October 2023 Finance and Performance Committee in Common, November 2023 Joint People Committee, October 2023

## Executive Summary

We agreed as Boards in May 2023 that there would be a six-monthly delivery update on the UHN Strategic Priorities, with each Committee overseeing their individual priorities receiving an update which would outline:

- Key achievements
- Delivery to date
- Challenges and lessons learned
- Metric tracking
- Benefits and impact for patients and our colleagues

The Strategic priorities and the agreed projects for 23/24 are outlined in summary below.

Clinical Quality Safety & Performance Committee		People Committee	Finance and Performance Committee	
Directors of Nursing, Midwifery & AHPs		Chief People Officer	Chief Operating Officers	Chief Finance Officer and Director of Estates & Facilities
<b>Patient</b> <i>Excellent patient experience shaped by the patient voice</i>	<b>Quality</b> <i>Outstanding quality healthcare underpinned by continuous, patient-centred improvement and innovation</i>	<b>People</b> <i>An inclusive place to work where people are empowered to be the difference</i>	<b>Systems and partnerships</b> <i>Seamless, timely pathways for all people's health needs, together with our partners</i>	<b>Sustainability</b> <i>A resilient and creative university hospital Group, embracing every opportunity to improve care</i>
Our 4 year goals and success measures	<ul style="list-style-type: none"> <li>• Top 10% nationally in the inpatient and cancer surveys</li> <li>• Positive feedback in local patient feedback and surveys</li> <li>• Improved complaints performance rates</li> </ul>	<ul style="list-style-type: none"> <li>• Aspire to no avoidable harm</li> <li>• Mortality indices that are best in peer group (SHMI / HSMR / SMR)</li> <li>• 100% of wards achieve Assessment &amp; Accreditation</li> <li>• Reducing clinical variation:</li> </ul>	<ul style="list-style-type: none"> <li>• Above average national staff survey advocacy scores</li> <li>• Improvement in diversity measures</li> </ul>	<ul style="list-style-type: none"> <li>• All cancer patients treated in 62 days unless clinically inappropriate</li> <li>• Deliver planned and emergency care standards</li> <li>• Maximum 92% bed occupancy</li> </ul>
	<ul style="list-style-type: none"> <li>• Double the number of patients who can participate in research trials</li> <li>• Continue progress towards eliminating our carbon footprint by 2040</li> <li>• Demonstrable improvement in underlying financial performance and effective use of resources, to median benchmark levels or better</li> </ul>	<ul style="list-style-type: none"> <li>• Developing our People</li> <li>• Improving health and wellbeing</li> <li>• Culture change – inclusion and empowerment</li> <li>• Clinical and Corporate services collaboration</li> <li>• Delivering a sustainable workforce</li> </ul>	<ul style="list-style-type: none"> <li>• Community Diagnostic Centres</li> <li>• Outpatients transformation</li> <li>• Theatre productivity</li> <li>• Cancer centre of excellence- Clinical Collaboration</li> <li>• Virtual wards</li> <li>• Urgent and emergency care</li> </ul>	<ul style="list-style-type: none"> <li>• Sustainability Group</li> <li>• Green plans</li> <li>• Decarbonisation</li> <li>• Use of resources</li> <li>• Efficiencies programmes</li> <li>• Clinical collaboration</li> </ul>
Focus for delivery in the year 23/24	<ul style="list-style-type: none"> <li>• Patient feedback digital system</li> <li>• Complaints process &amp; compliance</li> <li>• Clinical collaboration</li> <li>• Outpatients communication</li> <li>• Improving equality for people of Northamptonshire</li> </ul>	<ul style="list-style-type: none"> <li>• Deteriorating patient</li> <li>• Medicines management/digital patient records</li> <li>• Cardiology centre of excellence</li> <li>• Cancer centre of excellence</li> <li>• GIRFT</li> <li>• Assessment &amp; Accreditation</li> <li>• Implementation of Patient safety strategy</li> </ul>		

Each of the priorities has an executive lead, who has worked with the PMO to develop a six-monthly delivery update.

This paper includes a summary of the overall delivery, common themes of learning and challenge, and proposed updates for the second half of 23/24. Individual committees have reviewed progress through the October and November Committee cycles.

Key areas to highlight of impact and benefits for our patients and colleagues are:

- **Patient:**

- The amount of patient feedback we are receiving in KGH has **more than doubled**, enabling us to better hear the voice of our patients
- New community diagnostic centres **sited in locations to support reducing our health inequalities**, and with **strong community engagement events** run jointly with the ICB
- Our updated complaints process in KGH to improve the investigation and quality of the response means that when our patients do make a complaint, they **receive a better quality response** – and we have **received positive feedback from the CQC** on this
- During April – Sept 2023/24 NGH averaged **6,100** FFT responses per month which equates to an **11% increase** against the same period last year.

- **Quality:**

- We have now delivered **384 robot surgeries** in NGH as part of the Cancer Centre of Excellence work, providing faster, better quality care and better patient experience by reducing the need to go out of county.
- Over the last 6 months, **SHMI has continued to improve in both hospitals**, improving safety for our patients.
- We have received **positive feedback from the regional GIRFT team** on the development of our GIRFT delivery plan.
- We are the first UK hospital to be re-accredited for **Pathway to Excellence**, which improves care for our patients and the experience of our nursing staff

- **People:**

- **Improvement in all KPIs** except vacancy
- 155 delegates attending new **UHN aspiring and emerging leadership** programmes
- 983 **management skills workshops** attended
- 36 RNs, 5 RMs, 4 AHPs and 34 Doctors **recruited** at NGH from overseas
- **Over 30,000 volunteer hours** contributed equating to over 33 WTE each month
- NGH **Our Space** opens May 2023
- Volunteers **celebration event** June 2023

- **Systems and Partnerships:**

- Over **80%** of our patients receive their **cancer diagnosis within 28 days**
- In NGH, we have **treated 155 more patients for elective care** than we had planned
- Our patients who are waiting for a diagnosis **receive their cancer diagnosis faster than other systems in the region**, and in June the fastest nationally

- Our virtual ward programme across Northamptonshire is **supporting individuals to be able to manage their condition** at home and contact community hubs directly instead of coming to hospital.
- New **community diagnostic centres have opened** in the county, increasing the number of diagnostic tests we are able to complete for our patients
- In KGH, on average **16% more people are diagnosed within 6 weeks** than six months ago
- **Sustainability**
  - New air source heat pumps and infrastructure being installed as part of NGH PSDS3 scheme, **reducing our carbon emissions**
  - We have **phased out the use of desflurane**, an anaesthetic gas that is a large contributor to our carbon footprint, **a year ahead of the NHSE target**

Common challenges in delivery that have been identified by executives are:

- Ensuring there is appropriate capacity for delivery
- Clarity on governance below Committees of the Boards and strengthening tracking and monitoring
- Embedding the strategic priorities through the organisations

Next steps for our strategic priorities are to:

- Implement key changes recommended as part of the six-month review for improving the delivery in Q3/4, including:
  - Developing a communications plan around a succinct narrative on our key priorities
  - Strengthening further reporting and governance
- Continue monitoring progress during the second half of the year, with reports back to monitoring committees in the Spring on full-year delivery
- The Director of Strategy is leading the work on developing our strategic priorities for 24/25, to ensure we have a realistic number of priorities and clarity on resource for delivery for those priorities in 24/25
- The Integrated Business Planning process has begun to support the development of the plans for 24/25

The Boards are asked to:

- Review the delivery updates and reflections for the first half of the 23/24 financial year, and provide any feedback or comments to executive leads
- Receive assurance on the tracking and delivery of the strategic priority programmes
- Agree any next steps to safeguard delivery

## Appendices

Slides: UHN Priorities Six-Month review

### Risk and assurance

There is a risk to delivery of the organisation's strategic objectives in relation to the delivery of programmes and projects outlined in this Dedicated to Excellence session.

### Financial Impact

The Sustainability priority incorporates the efficiencies programme and ensuring we are making effective use of resources.

### Legal implications/regulatory requirements

There are regulatory requirements incorporated in the delivery of some of these projects, including the implementation of the national PSIRF framework.

### Equality Impact Assessment

One of the priority projects is ensuring that EIAs are appropriately used across all programmes of delivery and to reduce health inequalities.



# UHN Strategic Priorities: Six month review

Boards of Directors, 8 December 2023



# Reviewing the Dedicated to Excellence priorities

- ▶ The Dedicated to Excellence strategy was agreed in 2021 as the strategic direction for UHN.
- ▶ During March and April 2023, Committees of the Boards and the KGH and NGH Boards reviewed progress against the delivery of the strategy and the strategic priorities, and confirmed the five strategic priorities as our current priorities.
- ▶ During that review and refresh, it was acknowledged that whilst we have made progress in delivering some of the agreed programmes of work, we recognise that we have not delivered on all the delivery programmes defined from 2021-2023. As part of the review and learning from previous delivery, we undertook to bring a six-month update on delivery of the 23/24 programmes to Boards, ensuring that there is clear executive leadership for the priorities, and that enabling plans are in place to support delivery.
- ▶ The strategic priorities are a key part of our integrated business planning cycle to ensure that we create a single forward focused view of our priorities and goals that can be used to communicate and engage staff about what we are trying to achieve, with clear goals, deliverables and KPIs.
- ▶ Executive leads have completed a six-month review against the plans for their priority in 23/24, which has been through the October & November Committee cycles.
- ▶ The six-month review of the strategic priorities and delivery has fed into our 24/25 Integrated Business Planning round, which has launched with divisional teams, and supports the creation of a single plan for delivery.
- ▶ The development of the strategic priorities and programmes for 24/25 is underway, led by the Director of Strategy.
- ▶ For each strategic priority, this pack outlines a summary of the metrics, impact and benefits for our staff and patients, key issues faced and lessons learned, and any revisions proposed to the in-year focus for Q3 and Q4.



# Our Strategic Priorities



University Hospitals of  
Northamptonshire  
NHS Group

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

## Clinical Quality Safety & Performance Committee

Directors of Nursing,  
Midwifery & AHPs

Medical Directors

### Patient

*Excellent patient  
experience shaped by  
the patient voice*

- Top 10% nationally in the inpatient and cancer surveys
- Positive feedback in local patient feedback and surveys
- Improved complaints performance rates

- Patient feedback digital system
- Complaints process & compliance
- Clinical collaboration
- Outpatients communication
- Improving equality for people of Northamptonshire

### Quality

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

- Aspire to no avoidable harm
- Mortality indices that are best in peer group (SHMI / HSMR / SMR)
- 100% of wards achieve Assessment & Accreditation
- Reducing clinical variation:

- Deteriorating patient
- Medicines management/digital patient records
- Cardiology centre of excellence
- Cancer centre of excellence
- GIRFT
- Assessment & Accreditation
- Implementation of Patient safety strategy

## People Committee

Chief People Officer

### People

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

- Above average national staff survey advocacy scores
- Improvement in diversity measures

- Developing our People
- Improving health and wellbeing
- Culture change – inclusion and empowerment
- Clinical and Corporate services collaboration
- Delivering a sustainable workforce

## Finance and Performance Committee

Chief Operating  
Officers

Chief Finance Officer  
and Director of  
Estates & Facilities

### Systems and partnerships

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

- All cancer patients treated in 62 days unless clinically inappropriate
- Deliver planned and emergency care standards
- Maximum 92% bed occupancy

- Community Diagnostic Centres
- Outpatients transformation
- Theatre productivity
- Cancer centre of excellence-Clinical Collaboration
- Virtual wards
- Urgent and emergency care

### Sustainability

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

- Double the number of patients who can participate in research trials
- Continue progress towards eliminating our carbon footprint by 2040
- Demonstrable improvement in underlying financial performance and effective use of resources, to median benchmark levels or better

- Sustainability Group
- Green plans
- Decarbonisation
- Use of resources
- Efficiencies programmes
- Clinical collaboration

Our 4 year goals  
and success  
measures

Focus for delivery  
in the year 23/24

# Individual priority updates

# Strategic priority delivery status overview


Patient			Quality	People	Systems & Partnerships	Sustainability
Patient satisfaction KGH ⬆️ NGH ➡️			Serious or moderate harms KGH ➡️ NGH ➡️	Staff engagement score KGH ⬆️ NGH ⬆️	Cancer FDS KGH ⬆️ NGH ⬆️	Surplus / deficit KGH ⬆️ NGH ⬆️
Complaints performance KGH ⬆️ NGH ➡️			SHMI KGH ⬆️ NGH ⬆️	WRES & WDES KGH     NGH	Elective activity vs plan KGH ➡️ NGH ⬆️	Desflurane usage KGH ⬆️ NGH ⬆️
					A&E performance KGH     NGH ⬆️	
					Bed occupancy KGH ➡️ NGH ⬆️	
K	Patient feedback	N	Deteriorating patient	Improving health and wellbeing	Community Diagnostic Centres	Sustainability Group
K	Complaints process & compliance	N	Medicines management/ digital patient records	Culture change – inclusion and empowerment	Outpatients transformation	Green plans
Clinical collaboration			Cardiology centre of excellence	Clinical and Corporate services collaboration across UHN	Theatre productivity	Decarbonisation
Communication to patients around outpatients			Cancer centre of excellence	Delivering a sustainable workforce	Cancer centre of excellence	Use of resources
Improving equality for people of Northamptonshire			GIRFT	Developing our people	Virtual wards	Efficiencies programmes
			Assessment & Accreditation		Urgent and emergency care	Clinical collaboration
K	Implementation of Patient safety strategy	N	Academic research			

Metric status arrow key:

- Red (metric not meeting target)
- Yellow (metric close to target)
- Green (metric achieving target)

Project RAG status key:

- Red (not expected to deliver to original plan / outcome)
- Yellow (Delivery of original plan / outcome at risk)





Metric status arrow key:

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- Green (metric achieving target)
- Blue (metric without target)
- Up arrow (value increased since Apr 23)
- Down arrow (value decreased since Apr 23)
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Project RAG status key:

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- Green (On track)
- Blue (Complete)
- Grey (Delivery not yet started)

# Patient delivery summary

Metric status arrow key:

- Red (metric not meeting target)
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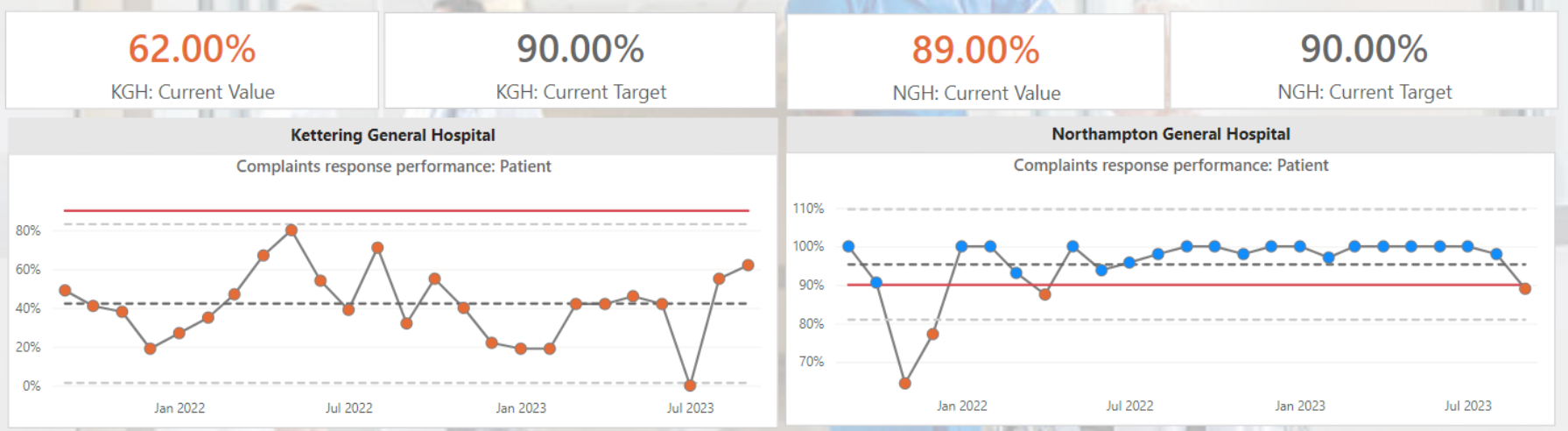
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- Green (On track)
- Blue (Complete)
- Grey (Delivery not yet started)

Project name	Executive lead	Project status	Metric status	What's gone well	What's got in the way
Patient feedback	Nerea Odongo / Jayne Skippen	KGH NGH	FFT satisfaction: KGH NGH	<ul style="list-style-type: none"> <li>• Patient feedback responses up by 276% in KGH and 11% at NGH</li> <li>• Patient experience midwife starting in October in KGH and NGH</li> </ul>	
Complaints process & compliance	Nerea Odongo / Jayne Skippen	KGH NGH	Complaints: KGH NGH Complaints performance: KGH NGH	<ul style="list-style-type: none"> <li>• Re-structured the complaints team and refreshed the process to strengthen investigation and response</li> <li>• Currently in the process of moving to digital responses in NGH</li> <li>• Introduced virtual huddle board (Complaints &amp; PALS) which monitors compliance automatically in NGH</li> </ul>	<ul style="list-style-type: none"> <li>• Backlog of complaints in both hospitals is impacting on ability to hit the complaints target</li> <li>• Challenges with staffing levels with maternity and sickness in NGH and late responses from divisions</li> </ul>
Clinical collaboration	Hemant Nemade / John Jameson		-	<ul style="list-style-type: none"> <li>• All clinical collaboration strategy development groups have patient representation and there has been a range of engagement with patients.</li> </ul>	
Communication to patients around outpatients	Fay Gordon / Palmer Winstanley		-	<ul style="list-style-type: none"> <li>• Receiving funding from NHSE for the digital solutions that will enable this</li> </ul>	<ul style="list-style-type: none"> <li>• There is a need for much deeper patient and public engagement and co-design</li> </ul>
Improving equality for people of Northamptonshire			-	<ul style="list-style-type: none"> <li>• Community Diagnostic Centres have been sited based on health inequalities in our communities</li> </ul>	<ul style="list-style-type: none"> <li>• We need to build our teams' practical skillset to design services to reduce inequality</li> <li>• Having easy access to data to help interrogate inequalities</li> </ul>

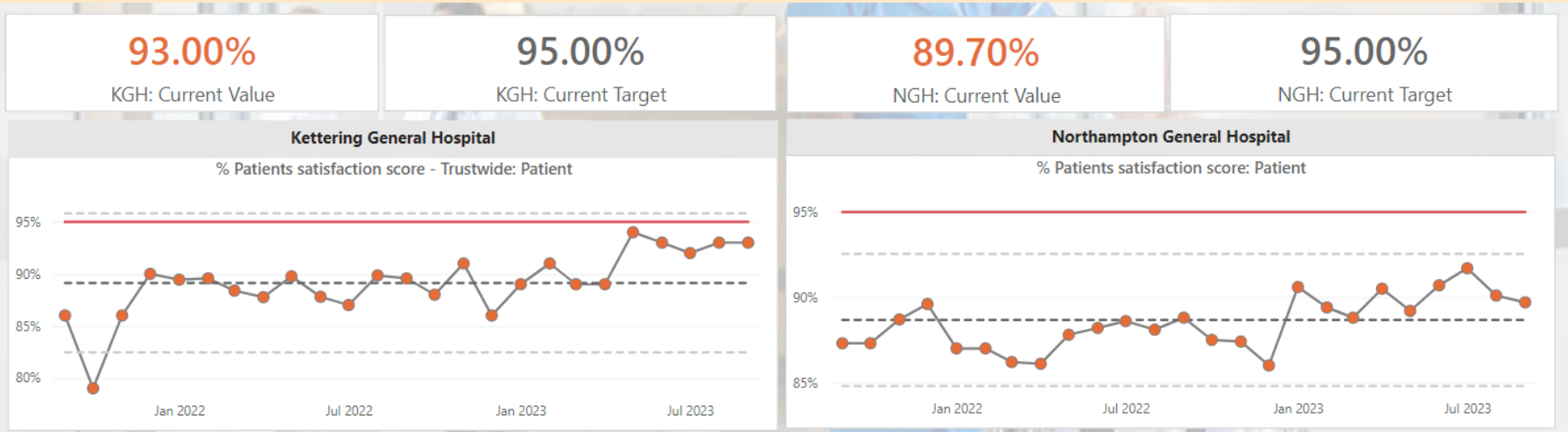
# Patient metrics

## Complaints response performance



- Complaints performance in Northampton has been consistently meeting target in the last six months.
- In Kettering, there has been an upward trend on complaints performance, increasing from c. 40% to c. 60%.

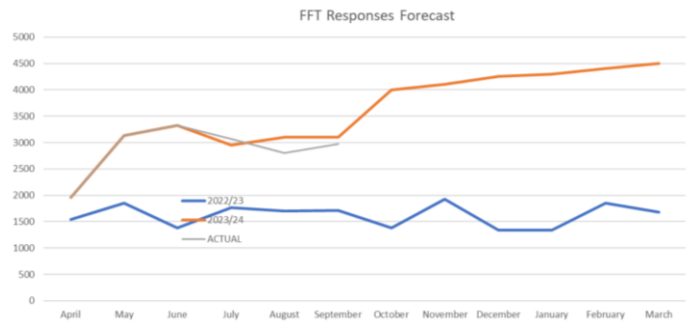
## Patient satisfaction in friends and family test



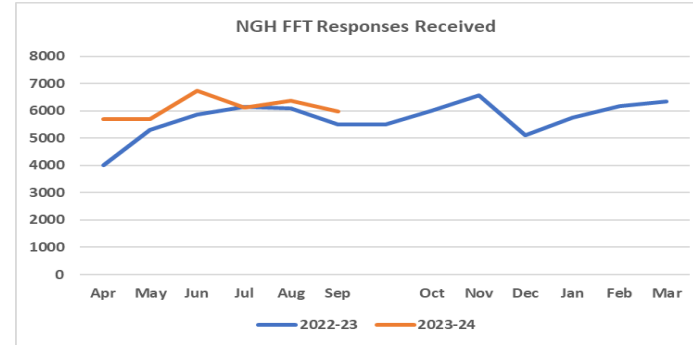
- In the last six months, in both hospitals, there has been an improvement in patient satisfaction scores from the previous year.



# Impact and benefits for our staff and patients



The amount of patient feedback we are receiving in KGH has **more than doubled**, enabling us to better hear the voice of our patients



During April – Sept 2023/24 NGH averaged **6,100** FFT responses per month which equates to an **11% increase** against the same period last year.

Our updated complaints process in KGH to improve the investigation and quality of the response means that when our patients do make a complaint, they **receive a better quality response** – and we have **received positive feedback from the CQC** on this



New community diagnostic centres **sited in locations to support reducing our health inequalities**, and with **strong community engagement events** run jointly with the ICB



# Quality delivery summary

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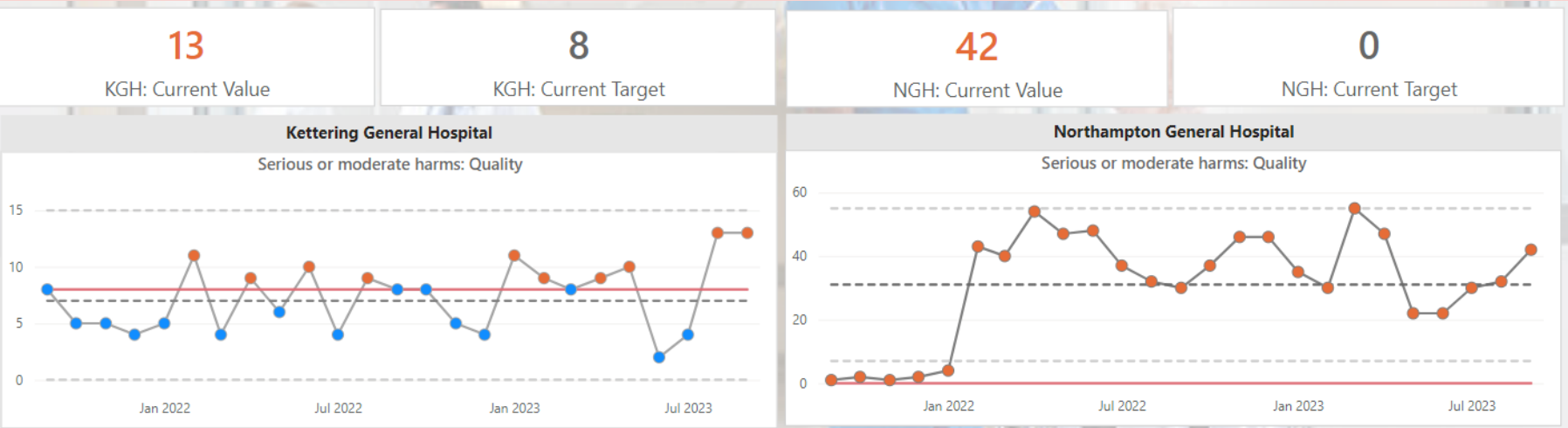
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- Green (On track)
- Blue (Complete)
- Grey (Delivery not yet started)

Project name	Executive lead	Project status	Metric status	What's gone well	What's got in the way
Deteriorating patient	Hemant Nemade / John Jameson		Audit not yet complete	<ul style="list-style-type: none"> <li>KGH: Implementation of dashboard and steady improvement in audit KPIs, establishment of sepsis task force</li> </ul>	<ul style="list-style-type: none"> <li>KGH: Vacancies in clinical leadership posts. Policies not reflective of latest national best practice</li> </ul>
Medicines management/digital patient records	Hemant Nemade / John Jameson		Medication errors: KGH NGH	<ul style="list-style-type: none"> <li>Prep work for initial EPMA build</li> <li>Clinical engagement in EPR procurement at NGH</li> </ul>	<ul style="list-style-type: none"> <li>Supplier delays for configuration;</li> <li>Active clinically-led decision to slow project until confirmed outcome of EPR tender</li> </ul>
Cardiology centre of excellence	John Jameson		-	<ul style="list-style-type: none"> <li>Development of service proposals and implementation plans</li> <li>Patient engagement in service design</li> </ul>	<ul style="list-style-type: none"> <li>Key HR elements such as nurse bank bonus and job planning not aligned across UHN</li> <li>Vacancies in key roles</li> </ul>
Cancer centre of excellence	Hemant Nemade		-	<ul style="list-style-type: none"> <li>MDT, patient and carer engagement in development of a robust implementation plan</li> </ul>	<ul style="list-style-type: none"> <li>Financial and resource constraints for delivery</li> <li>Need better alignment to regional networks</li> </ul>
GIRFT	Becky Taylor		Day case rates: KGH NGH	<ul style="list-style-type: none"> <li>Established governance structure, tracking and action plans</li> </ul>	<ul style="list-style-type: none"> <li>Data availability and quality</li> <li>Vacancies in clinical leadership posts</li> </ul>
Assessment & Accreditation	Nerea Odongo / Jayne Skippen		All wards accredited	<ul style="list-style-type: none"> <li>All wards have had an A/A review undertaken</li> <li>Increase number of Blue Wards to two in NGH</li> <li>KGH in the process of accrediting first Star ward</li> </ul>	<ul style="list-style-type: none"> <li>Post Covid back log led to delay in reviews.</li> </ul>
Implementation of Patient safety strategy	Hemant Nemade / John Jameson	KGH NGH	-	<ul style="list-style-type: none"> <li>PSIRF is implemented in NGH and the steering group established in KGH</li> <li>Participation in national 'worry and concern' pilot</li> </ul>	<ul style="list-style-type: none"> <li>Existing structures and clinical corporate oversight needed to be redesigned to support PSIRF implementation</li> </ul>
Academic research	Hemant Nemade / John Jameson		-	<ul style="list-style-type: none"> <li>Closer working on the UHN / UHL axis</li> </ul>	<ul style="list-style-type: none"> <li>Leadership instability</li> <li>Lack of standardised governance, reporting and oversight</li> </ul>

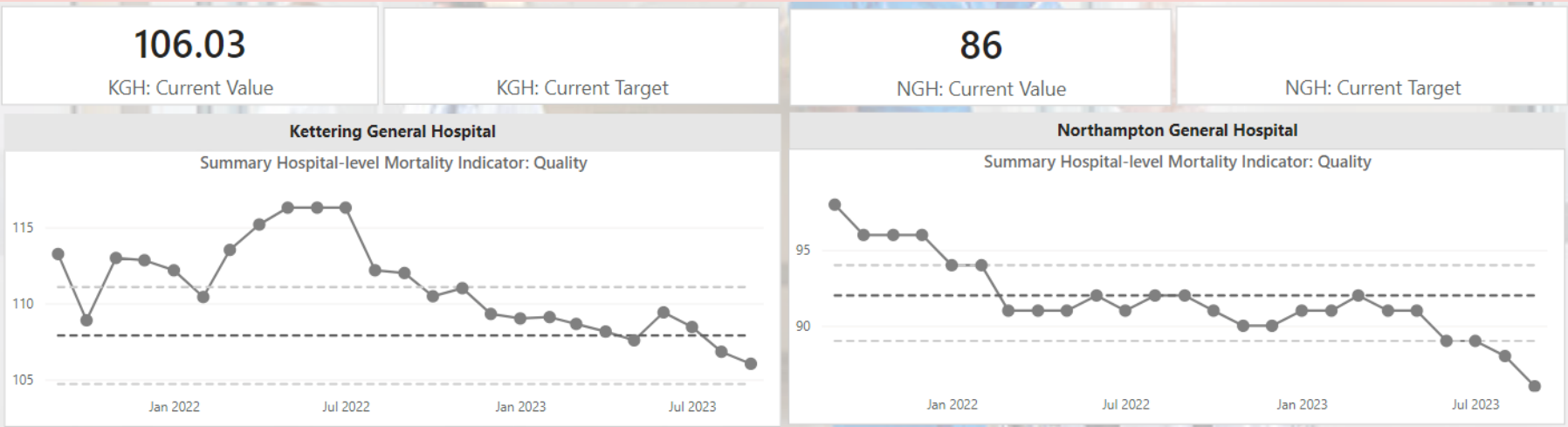
# Quality metrics

## Serious or moderate harms



- It is challenging to measure 'avoidable harm'. The nearest measure we have in the IGR is number of serious or moderate harms which are variable month-on-month, but have remained relatively flat.

## Mortality indices



- In the last six months, both hospitals continue to see a downward trend in SHMI which is also reflected in other mortality indices.
- Northampton continues to have a lower number of deaths than you would expect given the case mix.

# Impact and benefits for our staff and patients



Over the last 6 months, **SHMI** has continued to improve in both hospitals, improving safety for our patients.

We have now delivered **384 robot surgeries** in NGH as part of the Cancer Centre of Excellence work, providing faster, better quality care and better patient experience by reducing the need to go out of county.

We have received **positive feedback from the regional GIRFT team** on the development of our GIRFT delivery plan.



We are the first UK hospital to be re-accredited for **Pathway to Excellence**, which improves care for our patients and the experience of our nursing staff

# People delivery summary

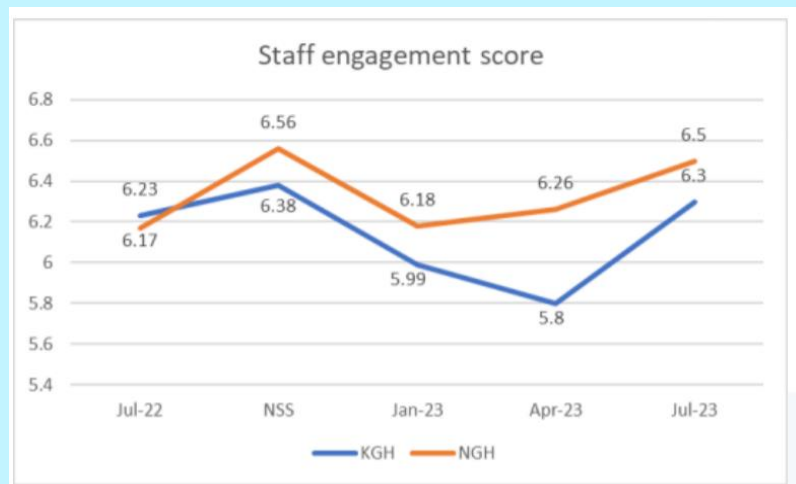
- Metric status arrow key:
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  - Yellow (Delivery of original plan / outcome at risk)
  - Green (On track)
  - Blue (Complete)
  - Grey (Delivery not yet started)

Project name	Executive lead	Project status	Metric status	What's gone well	What's got in the way
Developing our people	Paula Kirkpatrick		Leadership course Appraisal: KGH  NGH MAST: KGH  NGH	<ul style="list-style-type: none"><li>The Aspiring and Emerging leadership courses and workshops for all staff have gone live, with over 700 colleagues and received positive feedback</li></ul>	<ul style="list-style-type: none"><li>Still building capacity to be able to embed fully throughout the hospitals, led by senior leaders</li></ul>
Improving health and wellbeing	Paula Kirkpatrick		Sickness absence: KGH  NGH	<ul style="list-style-type: none"><li>Creating sustainable places for our staff</li><li>Addressing hygiene factors for colleagues</li></ul>	<ul style="list-style-type: none"><li>Leadership absence</li><li>Historic inequity in H&amp;WB offers results in imbalance in budgets to deliver</li></ul>
Culture change – inclusion and empowerment	Paula Kirkpatrick		Excellence ambassadors Staff engagement: KGH  NGH	<ul style="list-style-type: none"><li>Launch of Tackling Racism Strategy</li><li>System-wide REACH event to celebrate diversity</li></ul>	<ul style="list-style-type: none"><li>Reaching agreement on the way forward for wider culture and leadership work</li></ul>
Clinical and Corporate services collaboration across the Group	Paula Kirkpatrick		People policies aligned	<ul style="list-style-type: none"><li>Cross-site working enabled through MOU process</li><li>9 policies aligned across UHN</li></ul>	<ul style="list-style-type: none"><li>Lack of OD resource</li></ul>
Delivering a sustainable workforce	Paula Kirkpatrick		Bank & agency spend KGH  NGH Vacancy rate KGH  NGH Time to hire KGH  NGH	<ul style="list-style-type: none"><li>Focus on agency controls, with reduction in non-clinical agency and trajectory to achieve 0 by year end</li><li>Collaborative bank model agreed</li><li>Exciting discovery for recruitment transformation undertaken</li></ul>	<ul style="list-style-type: none"><li>Capacity in the team to drive improvements</li><li>Lack of real-time data to support insights</li></ul>

# People metrics

## Staff survey engagement scores



- Using the national 10-point engagement score, both Trusts have seen a significant increase in staff engagement scores compared to April 2023.
- Increases in all staff groups, with significantly higher responses from Nursing and Midwifery staff and Administrative and Clinical staff.
- Trend seems to show July response rates are highest for NQPS.

## WRES & WDES metrics

- WRES & WDES scores narrative



# Impact and benefits for colleagues and patients

- ▶ Improvement in all KPIs except vacancy
- ▶ 155 delegates attending new UHN aspiring and emerging leadership programmes
- ▶ 983 management skills workshops attended
- ▶ 36 RNs, 5 RMs, 4 AHPs and 34 Doctors recruited at NGH from overseas
- ▶ Over 30,000 volunteer hours contributed equating to over 33 WTE each month



NGH Our Space  
opens May 2023



Volunteers week  
June 2023



NGH Pride, system REACH and  
UHN BHM celebrations



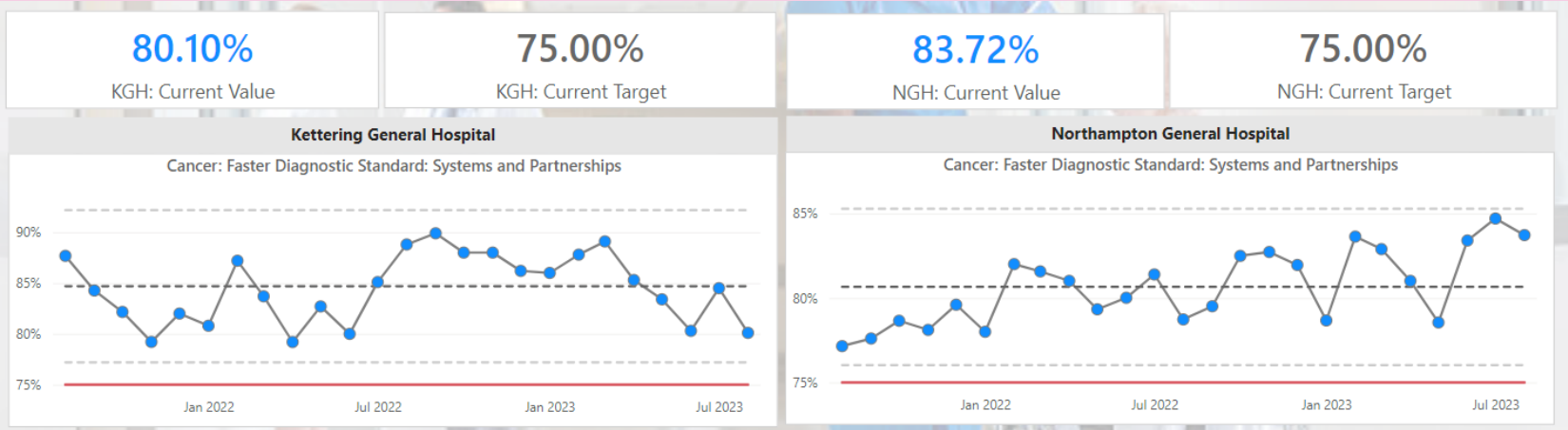
Volunteers  
celebration event  
June 2023





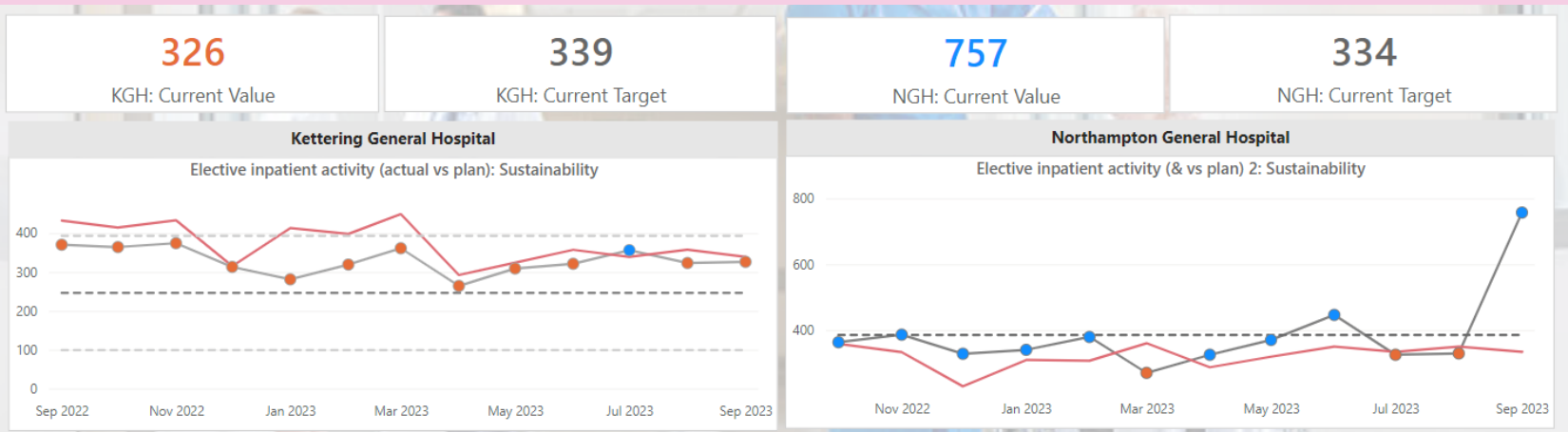
# Systems and Partnerships metrics

## Cancer faster diagnosis standard



- Our faster cancer diagnosis standard continues to beat the 75% target level, with some month-on-month variation.

## Elective activity compared to plan



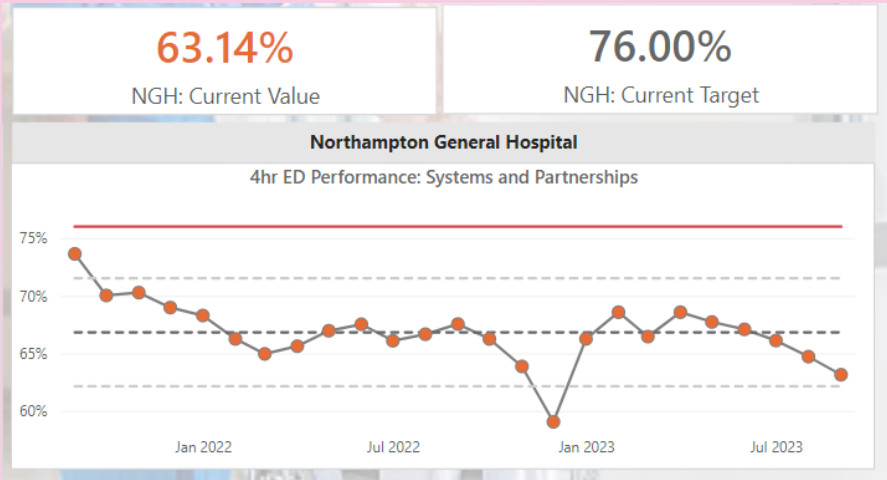
- NGH has over-delivered on elective activity in the last six months, achieving 109% of plan YTD. The last months' data is being validated by health intelligence.
- KGH elective activity increased over the summer period, but remains just below plan at 95% delivery compared to the plan YTD.

# Systems and Partnerships delivery summary

Project name	Executive lead	Project status	Metric status	What's gone well	What's got in the way
<b>Community Diagnostic Centres</b>	Polly Grimmett		6 week diag: KGH NGH	<ul style="list-style-type: none"> <li>CDCs are providing much-needed capacity for CT &amp; MRI</li> </ul>	<ul style="list-style-type: none"> <li>Delays in the Corby CDC due to the discovery of badgers on the site</li> </ul>
<b>Outpatients transformation</b>	Fay Gordon / Palmer Winstanley		OP FA activity: KGH NGH New: FU: KGH NGH	<ul style="list-style-type: none"> <li>Discharge to patient-initiated follow-up (PIFU) has been maintained, with KGH nearly achieving the 5% target.</li> <li>Implementation of the Trust CCS Outpatient and RTT Validation modules</li> </ul>	<ul style="list-style-type: none"> <li>Ensuring we have the right level of clinical engagement on outpatients transformation and being able to manage risk effectively across the system</li> <li>Continuing industrial action</li> </ul>
<b>Theatre productivity</b>	Fay Gordon / Palmer Winstanley		Theatres util: KGH NGH Elective activity: KGH NGH	<ul style="list-style-type: none"> <li>Maintaining stable performance for theatres through a period of industrial action</li> <li>Achieving the elective activity plan in NGH</li> </ul>	<ul style="list-style-type: none"> <li>Creating the capacity and headroom to maintain the focus on productive theatre sessions delivery when there are urgent issues to be resolved on a daily basis if challenging</li> <li>Industrial action disruption</li> </ul>
<b>Cancer centre of excellence</b>	Hemant Nemade		Cancer FDS: KGH NGH	<ul style="list-style-type: none"> <li>We consistently achieve the faster diagnosis standard and are among the best in the region</li> </ul>	<ul style="list-style-type: none"> <li>Industrial action disruption</li> </ul>
<b>Virtual wards</b>	Fay Gordon / Palmer Winstanley		Capacity	<ul style="list-style-type: none"> <li>Maximising the use of virtual wards across our system to support patients at home, with a 35% increase in capacity</li> </ul>	<ul style="list-style-type: none"> <li>Increased acuity for respiratory patients has lowered the number of eligible patients for respiratory virtual wards</li> </ul>
<b>Urgent and emergency care</b>	Fay Gordon / Palmer Winstanley		A&E: NGH Bed occupancy: KGH NGH	<ul style="list-style-type: none"> <li>Internal work in both Trusts around focus on Board rounds has resulted in length of stay improvements.</li> </ul>	<ul style="list-style-type: none"> <li>High demand and high numbers of patients awaiting supported discharge is causing poor flow</li> <li>Lack of capacity to drive system-wide transformation</li> </ul>

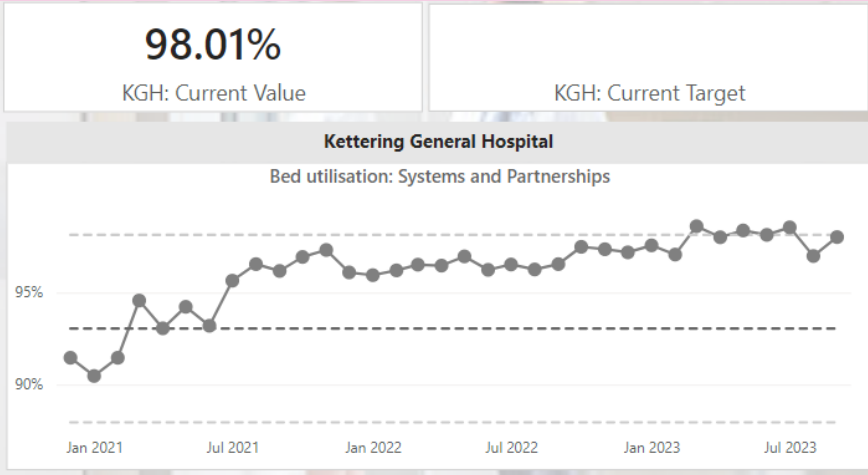
# Systems and Partnerships metrics

## A&E performance



- A&E performance in NGH has been decreasing over the last six months from around 68% to around 63%.
- KGH A&E performance is not yet added to the IGR following the restart of the use of the metric.

## Bed utilisation



- KGH bed utilisation remains high, often in escalation areas.
- The NGH metric for bed utilisation on the IGR utilises the incorrect bed base denominator and required updating.

# Impact and benefits for our staff and patients

Over **80%** of our patients  
receive their **cancer diagnosis**  
**within 28 days**

In NGH, we have **treated 155**  
**more patients for elective care**  
than we had planned

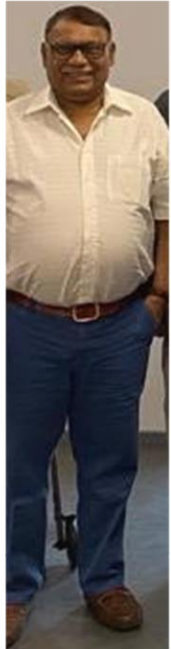
Our patients who are waiting for a diagnosis  
**receive their cancer diagnosis faster than**  
**other systems in the region**, and in June the  
fastest nationally



New **community diagnostic**  
**centres have opened** in the  
county, increasing the number of  
diagnostic tests we are able to  
complete for our patients

In KGH, on average **16%**  
**more people are diagnosed**  
**within 6 weeks** than six months  
ago

Our virtual ward programme across  
Northamptonshire is **supporting**  
**individuals to be able to manage**  
**their condition** at home and contact  
community hubs directly instead of  
coming to hospital.



*Joe, a virtual ward patient and  
attendee of 'Pumped Up'  
classes*





# Sustainability delivery summary

Metric status arrow key:

- Red (metric not meeting target)
- Yellow (metric close to target)
- Green (metric achieving target)
- Blue (metric without target)
- Up arrow (value increased since Apr 23)
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Project RAG status key:

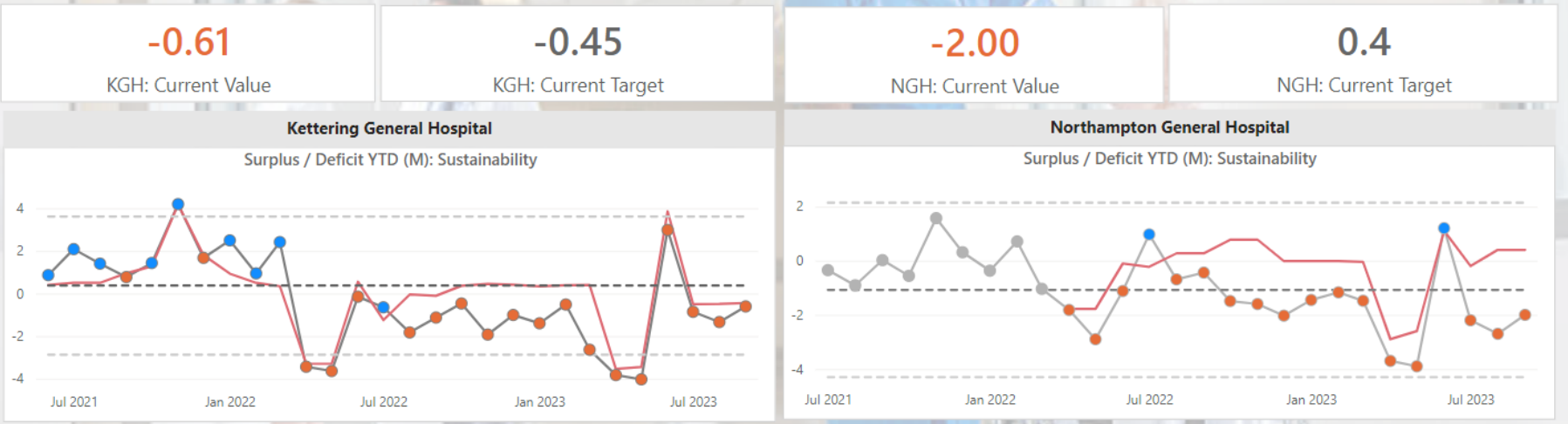
- Red (not expected to deliver to original plan / outcome)
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- Green (On track)
- Blue (Complete)
- Grey (Delivery not yet started)

Project name	Executive lead	Project status	Metric status	What's gone well	What's got in the way
<b>Sustainability Group</b>	Stuart Finn		-	<ul style="list-style-type: none"> <li>Initial Group Sustainability meeting set up. Ideas across trusts are being shared</li> </ul>	<ul style="list-style-type: none"> <li>There is no Sustainability resource at KGH</li> </ul>
<b>Green plans</b>	Stuart Finn		-	<ul style="list-style-type: none"> <li>NGH Green plan in place and managed via Sust. Committee</li> <li>KGH Green Plan in place and under review</li> <li>Clinical Chair in place and in process of setting up Sust Committee at KGH</li> <li>GDoE&amp;F now part of System Green plan management group</li> </ul>	<ul style="list-style-type: none"> <li>There is no KGH Lead or Sust Committee in place to date.</li> <li>A new Sust. committee has a lead identified and meeting due to start in November</li> </ul>
<b>Decarbonisation</b>	Stuart Finn		-	<ul style="list-style-type: none"> <li>Decarb plans for each site commissioned and underway</li> <li>PSDS scheme at NGH; year 1 delivered and year 2 underway</li> <li>New energy scheme at KGH at design stage 3</li> </ul>	<ul style="list-style-type: none"> <li>NGH PSDS scheme delayed due to design/contract negotiations</li> <li>Energy Centre at KGH delayed due to external approvals and management of increasing costs</li> </ul>
<b>Use of resources</b>	Richard Wheeler		£ plan variance: KGH  NGH 	<ul style="list-style-type: none"> <li>Model hospital sessions with divisions have identified a need to have a programme of structured service review for 24/25</li> </ul>	<ul style="list-style-type: none"> <li>A lack of trusted data sources on productivity at specialty level</li> <li>A lack of clarity on leadership and drive for this agenda</li> </ul>
<b>Efficiencies programmes</b>	Richard Wheeler		Efficiency plan variance: KGH  NGH 	<ul style="list-style-type: none"> <li>A more robust structure to tracking and reporting delivery</li> <li>Strong engagement from teams across the hospitals</li> <li>YTD KGH is ahead of efficiency plan delivery</li> </ul>	<ul style="list-style-type: none"> <li>Better clarity on support required and availability of support</li> <li>Starting the programme later in 23/24 meant delivery of more transformational efficiencies has been hampered</li> </ul>
<b>Clinical collaboration</b>	Richard Wheeler		-	<ul style="list-style-type: none"> <li>Corporate collaboration support group has been working through finance options to support H&amp;N</li> </ul>	<ul style="list-style-type: none"> <li>Better clarity on the operational model for collaborating specialties</li> </ul>



# Sustainability metrics

## Financial sustainability – surplus / deficit



- Both hospitals are running a financial deficit.

## Desflurane usage



- In the last six months, neither hospital has used desflurane gas in anaesthetics which is a key priority for reducing carbon footprint.



# Impact and benefits for colleagues and patients



New air source heat pumps and infrastructure being installed as part of NGH PSDS3 scheme, **reducing our carbon emissions**



We have **phased out the use of desflurane**, an anaesthetic gas that is a large contributor to our carbon footprint, **a year ahead of the NHSE target**

# Summary of learning and reflection for Q3/Q4

# Common themes of challenge and learning across all priorities

Ensuring there is appropriate leadership capacity both at executive level and project lead level to drive the work

Governance below Board Committee level could be clarified and strengthened to maintain focus on priorities

Building relationships across the collaboration to support delivery

Ongoing operational pressures, industrial action and urgent quality issues in specific services have limited capacity

Project plans could be more robust and tracked more transparently

The priorities aren't embedded throughout the organisation, which could be strengthened through the IBP process and a communications strategy


Building teams' capability and capacity for engaging in programmes

Improved access to data and insights would support and drive improvement

Aligning divisional governance and ensuring that priorities are linked in appropriately

# Proposed updates for Q3/Q4 delivery

Patient	Quality	Systems and partnerships	Sustainability	People
	<ul style="list-style-type: none"><li>• Remove EPR in all wards as a metric for delivery in year</li><li>• Review EPMA project objectives in year in light of pause for EPR procurement completion</li><li>• Add in academic research as a priority project following refresh of the Academic Strategy</li></ul>	<ul style="list-style-type: none"><li>• Add PIFU as a metric under the Outpatients Transformation programme</li></ul>		<ul style="list-style-type: none"><li>• Add volunteering as a priority project</li></ul>
Communications	PMO reporting	Governance	Monitoring and measurement	
<ul style="list-style-type: none"><li>• Develop and deliver communications plan to embed the priorities</li><li>• Improve communication of benefits and ‘what it means for me’</li></ul>	<ul style="list-style-type: none"><li>• Support from PMO to improve robustness of delivery plans</li><li>• Improve management of risks and interdependencies</li></ul>	<ul style="list-style-type: none"><li>• Clarify governance below Board committees</li><li>• Embed strategic priorities through IBPs</li></ul>	<ul style="list-style-type: none"><li>• Develop planned approach to mitigate challenges with measuring and monitoring whilst wider transformation of data warehouse underway</li></ul>	

Dedicated excellence



# Next steps

- ▶ Implement key changes recommended as part of the six-month review for improving the delivery in Q3/4, including:
  - ▶ Developing a communications plan around a succinct narrative on our key priorities
  - ▶ Strengthening further reporting and governance
- ▶ Continue monitoring progress during the second half of the year, with reports back to monitoring committees in the Spring on full-year delivery
- ▶ The Director of Strategy is leading the work on developing our strategic priorities for 24/25, to ensure we have a realistic number of priorities and clarity on resource for delivery for those priorities in 24/25
- ▶ The Integrated Business Planning process has begun to support the development of the plans for 24/25

## Cover sheet

Meeting	Boards of Directors (Part I) Meeting in Public
Date	8 <sup>th</sup> December 2023
Agenda item	7

Title	Academic Strategy Update- review current position and recommendations for future
Presenters	John Jameson - Medical Director KGH Hemant Nemade - Medical Director NGH
Author	Kay Faulkner – Head of Research, Innovation and Education

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

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

Reason for consideration	Previous consideration
Review of strategy delivery and agreement of key principles to inform the development of a new strategy	UHN Clinical Quality, Safety and Performance Committee, 1 December 2023

Executive Summary
The Academic Strategy ran from 2020-2023. The Strategy had 8 objectives to enable us to achieve University Hospital Status, improve retention and recruitment



of our workforce, double numbers of research participants and increase our undergraduate medical student placement capacity.

The Strategy was launched in 2020 during Covid-19 and previously was reported via the Group Transformation and Clinical Quality, Safety and Performance Committees. In addition, updates were given at Boards of both trusts and UHN Briefings. There has been a gap in UHN reporting on the Academic Strategy. The Gap analysis was presented at the Clinical Quality, Safety and Performance Joint Committee in Common on 1<sup>st</sup> December 2023.

The paper identifies our successes against the key objectives, lessons learned and areas for future development.

### KPIs

	KGH		NGH		UHN	
Metric	19/20	22/23	19/20	22/23	19/20	22/23
Double Research Participants	938	2,095	716	1,181	1,654	3,276
Increase Undergraduate Medical Education Placements	52 (Nos)	76 (Nos)	135 (weeks)	278 (weeks)		
Increase number of clinical trials to 30 by 25/26	2	5	7	6	9	11

By year end 23/24, UHN will have doubled research participants and in 24/25 will have recruitment over 5,000 research participants. Medical Student numbers have increased. The target of 30 Clinical trials puts us in the same level of performance as Liverpool, Sheffield and Hull Trusts. This was highly ambitious as a target. Year end position will be 12 as a group, with 3 Clinical Academic Associate Professors in post at KGH only, who will be leading on research.

UHN are part of the Leicester National Institute Health Social Care Research BioMedical Research Centre and Clinical Research Facility.

### Lessons Learned:-

- Financial Sustainability- gaps in governance reporting, highly ambitious commercial trial targets post covid, transparency of HEE Undergraduate Medical Education funding to support the Academic Strategy.
- Workforce- time and ability to recruit Clinical Academics to UHN impacting on 3 appointments against a target of 10.
- UHN- limited promotion of the UHN brand to support recruitment and retention of our workforce
- Governance- gaps in governance for the last 15 months.

### Key recommendations:-

The Boards are requested to **APPROVE** the following key design principles and objectives for the development of an updated UHN Academic Strategy:

1. Separation of the education and research and innovation in the future strategy.
2. Increased emphasis on UHN as opposed to KGH and NGH.
3. Review financial grip of the various research and education income streams
4. Reinstate governance to manage Academic Strategy.
5. Use the new partnership with University Hospitals of Leicester to explore further collaboration opportunities.
6. Secure investment in academic roles.

## Appendices

The Academic Strategy: Delivery update and lessons learned

## Risk and assurance

### *UHN 06- Failure to deliver the Academic Strategy*

The lessons learned and recommendations proposed in this paper are to be considered, which mitigate the risks associated with the delivery of the Academic Strategy.

## Financial Impact

Consideration of financial sustainability of the Academic Strategy funding and how best to support Clinical Academic posts.

Transparency of the use of HEE Undergraduate Medical Education Funding to support the Academic Strategy.

## Legal implications/regulatory requirements

None

## Equality Impact Assessment

Revised strategy will be subject to equality impact assessment.

## Glossary

Name	Description
<b>Research Participants</b>	<p>Someone who participates in a clinical trial/ study. There are interventional trials and observational trials. For our KPI, we have given each research participant the same weighting. Interventional trials are far more complex and involved than an observational study.</p> <p><b>Interventional trials</b> aim to find out more about a particular intervention, or treatment.</p> <p><b>Observational studies</b> aim to find out what happens to people in different situations. The research team observe the people taking part, but they don't influence what treatments people have. The people taking part aren't put into treatment groups.</p>
<b>Commercial Trials</b>	A commercial trial is a trial that is funded by a pharmaceutical, biotechnology or medical device company. The trials are vital in the development of new treatments, which can then be taken to market.
<b>NIHR Biomedical Research Centre</b>	<p>A £26.1 million award from National Institute for Health and Care Research (NIHR)* enables pioneering research into medical advancements to continue apace in Leicester through the Biomedical Research Centre (BRC).</p> <p>NIHR Biomedical Research Centres (BRCs) are collaborations between NHS organisations and universities. They bring together academics and clinicians to translate scientific discoveries into potential new treatments, diagnostics and technologies.</p> <p>UHN receives no funding from BRC.</p>
<b>NIHR Clinical Research Centre</b>	<p>A £4.1 million grant from the National Institute for Health and Care Research (NIHR) enables the Leicester Clinical Research Facility (CRF) to support excellent early translational research studies in order to increase understanding of disease, evaluate new treatments and improve the health of our patients.</p> <p>UHN receives no funding from CRF, but benefits indirectly from resources to support CRF activities..</p>
<b>Clinical Academic</b>	A clinical academic is a qualified healthcare professional who also works in academia, typically

	in research, teaching, or both. They balance their time between treating patients, conducting research that contributes to the scientific understanding of their field, and training the next generation of clinicians.
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A photograph showing the hands and forearms of several medical professionals wearing white protective gowns and blue nitrile gloves. They are pointing their fingers towards a large, out-of-focus X-ray image of a human torso, specifically the chest and lung area. The background is a solid blue color.

# The Academic Strategy: Delivery update and Lessons Learned

Kay Faulkner

# Executive summary

- The UHN Academic Strategy was approved in 2020, this paper describes the success in implementing the key objectives, identifies lessons learned and area for future development.
- Progress against the strategy KPIs have been reviewed to assess progress since the strategy was approved
- Key recommendations include:
  - Separation of the education and research in the future strategy.
  - Increased emphasis on UHN as opposed to KGH and NGH.
  - Review financial grip of the various research and education income streams
  - Reinstate governance to manage Academic Strategy.
  - Use the new partnership with University Hospitals of Leicester to explore further collaboration opportunities.
  - Secure investment in academic roles.



# Academic Strategy- Objectives

Our ambition is to achieve international recognition as an academic centre that promotes and delivers better health service and provision and health outcomes to our patients

How will we achieve this?

Partnering with University of Leicester to become a **University Teaching Hospital**

Foster a **culture of learning, research and development** with strong leadership championing the strategy

Build **academic, research and digital infrastructure** to support and grow innovative clinical education and an increased research portfolio

Increase **success of research funding** from research networks, grant giving bodies and commercial sources

Develop closer alignment with **all our University Partners**

Provide a **multi professional clinical academic programme** and improved training and development offer for staff

Increase **opportunities and resources for innovation and research** to be incorporated at the core of our work and clinical practice

Develop and promote the **academic brand**

# Benefits of the Academic Strategy



## For our Patients

- **Access to new treatments** through clinical trials
- Opportunity to **Be Part of Research** to inform new diagnostics and treatments



- Supporting the **workforce of the future** - student placements



## For our Workforce

- **Contribution to new knowledge** through research
- Creation of **clinical academic careers**
- Growing numbers of **research active workforce** from **Masters to PhDs**
- **Employer of choice** post qualifying



## For UHN

- **Lower mortality rates**
- Improved **recruitment and retention** of clinical workforce
- Efficiencies from **access to new screening and treatments**
- **Increased income** from clinical trials
- **UHN credible hospital group** to be research active and a **research leader**

# 22/23 Benefits Realisation- Year 3 of 5 Year Plan



Increase patients recruited to clinical research studies 3,276 from 1,654

Access to new drugs, and diagnostics for our patients.

Commercial trials to 11 from 9 against 40% decrease nationally.

**NHS**  
**Northampton General Hospital**  
NHS Trust

**NHS**  
**Kettering General Hospital**  
NHS Foundation Trust

Part of NIHR BRC & CRF.

Research income targets – significantly under performance

Innovation- first product commercialised @NGH.

Research Active consultants- 10% NGH, 28% KGH.



3/10 Clinical Academics

Increase student placements

Increased student placement satisfaction

Increase GCP qualified staff to 346 from 207

4 NIHR Internships for NMAHPS

Growth Research Nurses 5 new posts

Evidenced based training

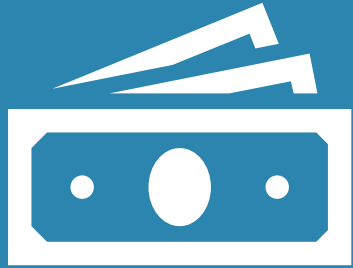
**NHS**  
**University Hospitals of Northamptonshire**  
NHS Group

UHN Brand created- limited impact on workforce, patients, and recruitment.

Business Case – income targets below forecast.

UHN PhD Fellowship

# Lessons Learned



## Financial Sustainability

Financial Governance

Income Forecasts  
assumptions

Transparency of  
Education spend

Sustainability of Clinical  
Academic Posts

## Workforce

Time and ability to  
recruit to clinical  
academic posts.

Senior Manager Post  
replacement



**NHS**

**University Hospitals  
of Northamptonshire**  
NHS Group

## UHN branding

Limited promotion of  
UHN as a brand name to  
attract and retain  
workforce.

Membership of UHA\* is  
not achievable based on  
current research activity.

## Governance

Last 12 months no  
governance for Academic  
Strategy

IG variance for research



\* UHA= University Hospital Association

# Academic Strategy Income Sources



## HEE Higher Education Contact

Funding for Undergraduate Medical Students.



## Commercial Clinical Trials

Funding by Pharmaceutical and Medical Technology industries to discover new diagnostics and treatments.



## Research Grants

Research Grant income from our workforce ( various external sources).



## MSc QI and Patient Safety

NGH ran a franchised course with University of Northampton at Masters level- bringing in student fees per student enrolled.



# Finance Review – Academic Strategy 2021-2024

## Income

£,000	21/22	22/23	23/24*	24/25
Business Case Plan	1,024	1,560	1,955	2,096
Actual	131	758	958	
Variance	(893)	(802)	(997)	

## Expenditure

£,000	21/22	22/23	23/24*	24/25
Business Case Plan	(1,303)	(1,979)	(1,929)	(1,898)
Actual	(231)	(844)	(903)	
Variance	1,071	1,135	1,026	

## Net Cost\*\*

£,000	21/22	22/23	23/24*	24/25
Business Case Plan	(279)	(419)	25	198
Actual	(100)	(86)	55	
Variance	179	333	30	

\*2023/24 actuals are full year forecast outturn based on H1 actuals

\*\*Net cost does not include indirect or overheads

## Income

- The model assumed 100% of this income was realised without any additional direct and indirect costs for delivering these trials, inflating the net surplus generated by the implementation of the strategy.
- The income generated has been lower than forecast due to
  - HEE reducing the UG medical education tariff by 10%
  - National 40% reduction in volume of commercial trials
  - Commercial trial and research grant income overly ambitious.
  - MSc Programme cost pressure rather than income generating

## Expenditure

- Pay budget fully recruited to at KGH with clinical academics and research staffing.
- NGH lower expenditure due to non-appointment of Clinical Academic posts.

## Other financial issues to address:-

- Sustainability of funding Clinical Academic posts 100% from UHN.
- No capital costs or budget allocated
- Undergraduate Medical Education income used to offset costs in Academic Strategy
- Academic Strategy should be separate from hospital R&I budgets and Medical Education budgets.
- No inflation costs or sensitivity analysis of financial models in the original business case



# Recommendations

- **Academic Strategy**

- Create a separate strategy for Education. The Academic Strategy is clear that Education, and Research and Innovation are separate and discrete activities.
- Develop in partnership with UHL.
- Opportunity to explore benefits of collaboration with UHL.
- Create timeline for updating the Academic Strategy.
- Define objectives for Innovation and how best to work with UHL to deliver.

- **Governance**

- Re-instate appropriate governance arrangements for the delivery of the Academic Strategy and upward reporting.
- This includes robust Financial reporting for delivery.

- **Finance**

- Financial sustainability of the funding of the Clinical Academic posts- review with Uni of Leics regards long term funding plans.
- Transparency of the UG Medical Education Funding contract and impact on Research funding. UG Med Education funding is used to fund Academic Strategy.

# In depth review- Academic Strategy

# Academic Strategy– Review 20/21-23

## KPIs

- AS1:** Double research participation
- AS2:** Increase Undergraduate Medical Placement
- AS3:** Increase number of Commercial Trials

2019/20		2022/23	
NGH	KGH	NGH	KGH
716	938	1,181	2,095
135 (weeks)	52 (Nos)	278	76
7	2	6	5

## Progress so far

			Metrics/ Outcomes	
Initiative	What did we want to achieve?	What did we achieve?	Where were we?	Where are we now?
<b>Partnering with UoL to become a University Hospital</b>	Formalise our partnership working with UoL to become a University Hospital group, by joint appointments, growth in placements and, research activity.	University Hospital status achieved July 2021. We are proud partners of the NIHR Leicester Biomedical Research Centre and Clinical Research Facility Partner 22-27. 3 Clinical Academic posts appointed. Partnership Agreement agreed.	U/G Medical Students: U/G NMAHP students: 0 UoL NEDS 0 Clinical Academic posts No group name	U/G Medical Students: U/G NMAHP Students 2 UoL NEDs appointed 3 Clinical Academic posts 26 Honorary posts
<b>Foster a culture of learning, research and innovation.</b>	Raising applications to regional programmes. Expanding our Evidence Based Training programmes.	Launched group level Evidence based practice courses (EBP). Joined Leicester Clinical Academic Network to access training and funding. We are an NHS partner in the Innovate UK Queens University Belfast programme to support Clinical Entrepreneurs. UHN PhD annual fellowship on a part time basis. 4 Internships gained for NIHR Clinical Academics 3 Evidence Based Practice Cohorts running each year across UHN.	1 Evidence based Practice (EBP) GCP No.s: 207 NMAHPS 51% > Degree (NGH)	3 EBP UHN GCP 346 NMAHPS 67.5% > Degree (NGH)
<b>Student Placement experience &amp; Research Training</b>	Create innovative ways of training such as more ward based apprenticeship opportunities. Market our courses locally, national and internationally and provide digital and on line learning opportunities.	Apprenticeship programmes for Physios and OT. We invested in teaching staff to support our expanded placements across all professions. We are running a franchised Masters in Quality Improvement with University of Northampton-mutually agreed to terminate the contract.	Nationally approved courses	EBP courses - running
<b>Growing research and innovation opportunities</b>	Increase opportunities for patients to participate in high quality clinical research. Produce a strategy for patient, carer and public involvement and engagement in research Substantial improvement in clinical trial delivery across the Group, enabling more patients access to innovative treatments	Part of NIHR Leicester Bio Medical Research Centre and Clinical Research Facility to create more opportunities for our patients to be part of research. Appointed three Clinical Academic Roles. Established Shared Decision Council Research Grown our Research teams by investing in Research Nurses and research officer roles.	Research Recruitment: 1,654 GCP No.s: 207 0 Clinical Academics	Research Recruitment: 3,276 GCP 346  3 Clinical Academic posts appointed.

# Academic Strategy– Review 21-23

## KPIs

- AS1:** Double research participation  
**AS2:** Increase Undergraduate Medical Placement Capacity  
**AS:** Increase number of Commercial Trials

2019		2022	
NGH	KGH	NGH	KGH
716	938	1,181	2,095
135 (weeks)	52 ( People)	278	76
7	2	5	6

## Progress so far

Metrics/ Outcomes				
Initiative	What did we want to achieve?	What did we achieve?	Where were we?	Where are we now?
Investing in our infrastructure.	Increasing our research infrastructure to support increased clinical trial portfolio. Embed Digital transformation into our research activity. Provide high quality education facilities and TEL experience.	Increased Clinical Research Delivery teams- investment in Research Nurses and Study support staff to support growth in our portfolio. Agreed Digital Strategy for Research and Innovation.	Mostly CRN funded Research Nurses. No Digital Strategy for Research	Increase in Research Nurse Teams * 5 and Research Officer. 4 Clinical Academic posts appointed.
Increase our external funding	Supporting our workforce to access research training to support increased applications for external funding. Working with industry partners to commercialise our ideas.	Research income increased from a baseline of £191k to £380k. Our workforce is able to access Research training and commercialisation market validation opportunities.	Income derived from commercial trials £191k	2023/24 forecast 12 trials Developing sponsoring research SOPs Commercialisation of eezyCD Regional success for 4 NMAHPs secure funding for Research programmes.
Develop closer alignment with our University partners	Building capacity for undergraduate placements. Building capacity for our workforce to have Honorary titles and joint appointments.	Increased medical student placements from UoL. Supported our NMAHP Clinical Academic Development pathway. Launched UHN PhD Scholarships. UHN Workforce now has access to Leicester NIHR BRC PhD Fellowships and Wellcome Trust Doctoral Programme.	Medical Placements NGH 135 weeks, KGH 52 (People) NMAHP Placements 335	Medical Placements 278 weeks NGH, KGH 76 (people) NMAHP Placements 467
Develop and promote the academic brand	Develop a joint visual branding for University Hospitals Group. Include a clear academic branding in all our recruitment and social media campaigns Recognise , celebrate and promote academic and research success and achievements.	University Hospitals of Northamptonshire NHS Group brand launched. Inclusion of our partnership with UoL in all consultant recruitment materials. Spotlight award for excellence in Research launched. Research and Innovation Staff Excellence Awards. Education Awards for teaching excellence.	No metrics set.	

## Cover sheet

Meeting	Boards of Directors (Part I) Meeting in Public
Date	8 December 2023
Agenda item	8

Title	Workforce Race Equality Standard (WRES) / Workforce Disability Equality Standard (WDES) 2023 for Kettering General Hospital (KGH) Foundation NHS Trust and Northampton General Hospital (NGH) NHS Trust
Presenter	Paula Kirkpatrick, Chief People Officer
Author	Farhana Ahmedabadi-Patel, Senior Diversity and Inclusion Specialist

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

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

Reason for consideration	Previous consideration
<ul style="list-style-type: none"> <li>To receive the WRES progress report and action plan</li> <li>To provide assurance to the Boards on progress against the People Delivery Plan</li> </ul>	People Committee

## Executive Summary

This paper sets out the latest annual Workforce Race Equality Standard (WRES) & Workforce Disability Equality Standard (WDES) report for Kettering General Hospital NHS Foundation Trust & Northampton General Hospital (NGH) NHS Trust.

Appendices – available in ‘Documents’ section of Board portal or on the Trusts’ websites:

<https://www.kgh.nhs.uk/equality-diversity-and-inclusion> (KGH)

<https://www.northamptongeneral.nhs.uk/About/Equality-and-diversity-information/Equality-Diversity-Inclusion.aspx> (NGH)

1. KGH WRES Report
2. KGH WRES Infographic
3. NGH WRES Report
4. NGH WRES Infographic
5. KGH WDES Report
6. KGH WDES Infographic
7. NGH WDES Report
8. NGH WDES Infographic

## Risk and assurance

BAF ref: 008 & SO4

Mandated in the NHS contract and considered by the CQC

To empower all staff to be leaders within an open culture in line with our values and aspirations for inclusivity and diversity

## Financial Impact

N/A

## Legal implications/regulatory requirements

The following compliance and regulatory implications have been identified as a result of the work outlined in this report:

- Compliance with the Equality Act 2010 and 2017 Regulations.
- WRES and WDES standards.
- NHS Equality Delivery System Implementation

## Equality Impact Assessment

This work focusses on the three general duties of the Equality Act 2010: Enhancing equal opportunities, fostering good community relations between groups and; eliminate discrimination, harassment and victimisation.

With a specific emphasis on the Race and Disability protected characteristics. The WRES and WDES is an equality analysis. Data is collected and analysed for inequalities and actions are developed in response. The process established within UHN involves staff and stakeholders in the discussion and action planning.



# Paper

## Situation

Equality, Diversity and Inclusion (EDI) is a priority for University Hospitals Northamptonshire Group (UHN) in meeting our strategic goals including being the Best Place to Work. The annual staff survey consistently highlights the disparities that Black, Asian and Minority Ethnic Staff (BME) and staff who have Disabilities and Long-Term Health Conditions report about their experience.

A note on language: there has, and continues to be, much local and national debate regarding the terminology best employed to respectfully and accurately make reference to ethnicity. Both NHS England and WRES material use the term Black and Minority Ethnic (BME), following internal discussion it has been agreed that for the purposes of this report and future documentation we will use this terminology the term Race Ethnicity And Cultural Heritage ('REACH') staff'. The term REACH replaces BAME/BME used nationally and is in line with the language used throughout WRES.

The WRES and WDES use metrics from the staff survey along with headline data about proportion and representation of REACH and disabled staff in recruitment, disciplinary and capability processes and in the workforce itself at senior and decision-making levels to measure inequality. There is a direct link between equality and outstanding care thus the WRES and WDES provide an important performance and quality marker.

Though overall WRES performance has improved and progress has been made in most areas, the results highlight the continued disparity of experience for our REACH staff. WRES report forms an integral driver of transformation in our commitment towards workforce inclusion.

For the WDES improvements have been made in a number of metrics however progress has been slow in areas relating to Board representation, experiences of bullying and harassment towards disabled staff and likelihood of appointment after shortlisting.

The data for WRES & WDES return has been sourced from Electronic Staff Records (ESR) as equality data is routinely gathered on a 'voluntary self-reporting' basis from staff. Staff declaration is therefore important in enabling the Group to present a true and accurate picture of equality in the organisation and is based on self-reporting through ESR or the National Staff Survey.

## Background

WRES was introduced in 2015 and is designed to improve the experiences of REACH colleagues working in or seeking employment within the NHS. WDES was introduced in 2019 and is designed to improve the experiences of Disabled and those with Long Term health Conditions (LTC) people working in or seeking employment within the NHS. This mandated collection of evidence-

based metrics helps an organisation understand more about the experiences of its staff.

The implementation of both standards is an Equality Objective for the Group. The Equality Objectives run from 2021-2024 and are a legal requirement to have under the Public Sector Equality Duty.

The Group Equality, Diversity and Inclusion Strategy 2021-2024, includes the Group's priorities and commitments to improve performance against the NHS Workforce Equality Standards.

The data collected for both standards was submitted via the Strategic Data Collection Service (SCDS) NHS Digital database and the DCF online platform in August 2023. This report outlines the headlines from that submission and the actions that will be and already have been embedded into the Group Equality, Diversity and Inclusion Strategy 2021-2024. Publication is a key element of compliance with the Public Sector Duty of the Equality Act 2010

#### Assessment

**WRES** is designed to highlight inequality of experience and under-representation of REACH staff within NHS organisations. The aim is to narrow the gap between BME and White staff responses in the staff survey and experiences of working in the Group and to increase representation of REACH staff at all levels especially at voting Board Members level.

Both Trusts continue to take action to ensure the voices of REACH staff are heard and acted upon by continuing to support the REACH Network to grow and develop. The network has an active involvement in the WRES action plan alongside their own priorities, with the support of their executive sponsors.

Progression for clinical REACH colleagues is a priority for improvement on the WRES. This is driven by the success of our international nursing recruitment Programme which has led to an increase of REACH colleagues at Band 5, however, the rate at which REACH colleagues have commenced in roles within the Group outpaces the rate at which they progress leading to an increasing race disparity ratio. Progression is affected by a range of factors including differences in cultural expectations, as well as biases within our recruitment processes. We are attempting to overcome these and there are some good examples of local initiatives that have been taking place to support progression such as our award winning Levelling Up programme.

REACH network continues to support new internationally educated colleagues through the Shared Decision Making Council (SDMC). Colleagues share staff stories, talk openly to develop a culture where staff feel comfortable and confident to share their personal experiences, building a community both within and outside the organisation to help them assimilate into the local community. SDMC & REACH network provide a supportive framework for Internationally

Educated Nurses & Midwives (IENMs) in offering them career development conversations and cultural celebration events including picnic in the park

Inclusive Recruitment Champions (IRCs) have been introduced to support recruiting managers and debias the recruitment process for clinical leadership roles.

The network's focus for the next 12 months in both KGH & NGH, led by their co-chairs and supported by the EDI Team will be:

- Network Chair Development Programme
- Empowerment – empowering women in leadership
- Career & Leadership Development (mentoring, continue with Levelling Up)

The success of our WRES action plan and our participation in the implementation of the anti-racism strategy will require all colleagues to be supportive and inclusive in their behaviour. We require all leaders to be accountable and responsible for creating an inclusive culture where racism and discrimination is not tolerated and action is taken to address racial harassment, micro-aggressions and incivility. Measures and targets to meet our Model Employer goals and with what are described as 'accountability nudges' by Roger Kline will be incorporated in our anti-racism strategy. We will continue to inform educate and support colleagues and leaders to be accountable. Our aim is to shift the current culture and improve the experience of work and opportunity for REACH Colleagues.

**WDES** aims to decrease the inequality that disabled staff face within the NHS workforce. The standard is based on the social model of disability. The Equality Act 2010 defines disability as follows; 'if you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities . 'substantial' is more than minor or trivial, for example, it takes much longer than it usually would to complete a daily task like getting dressed. 'Long-term' means 12 months or more. We aim to narrow the gap between how disabled and non-disabled staff report their experiences and satisfaction levels in the metrics of WDES and by increasing representation of disabled staff across the organisation.

The Group has and continues to take action to ensure the voices of disabled staff are heard and acted upon by continuing to support the Disability And Wellbeing Support (DAWS) at KGH and Disability And Wellbeing Network (DAWN) network at NGH to grow and develop. The network has an active involvement in the WDES action plan alongside their own priorities, with the support of their executive sponsors.

DAWS/DAWN network continues to share staff stories, talk openly about and increase understanding of disability, health conditions and neurodifferences to develop a culture where staff feel comfortable and confident to share their personal experiences, including recording this on ESR. The EDI team along

with DAWS/DAWN Network introduced the Sunflower Badge Scheme to support clinical staff with hidden disabilities. The Neurodiversity support programme will be the focus for the next 12 months and will be led by co-chairs. The network has also commenced on review of Accessible for the entire organisation along with review of accessibility for wheelchair users for certain areas of the Building including the Board Room at NGH.

Both KGH & NGH are Level 3 Disability Confident Leaders. The membership will require renewal in May 2025

**Risk and Implications** - EDI continues to be a high priority within the NHS. It is important that the work is supported and led across the Group to make real sustainable cultural change. The EDI resource is established with the Organisational Development Team of the Group. The small team focuses on Divisions developing their own equality objectives as a key to success, with the help of staff networks. Without this the Group would remain compliant but not mature to integrate inclusive approaches to EDI that supports the wider health inequalities of workforce and community.

#### Recommendation(s)

The Boards of Directors are asked to:

1. Note and discuss the latest WRES & WDES reports.
2. Note that the WRES positions set out in this paper sits alongside the Group's overarching commitment to workforce inclusion across a range of protected characteristics.
3. Note and discuss our commitment to implementing the Tackling Racism strategy.
4. Consider personal actions and commitment to progress race equality and inclusion as part of the broader inclusion agenda
5. Align this work with other Group priorities to ensure everything we do contributes to a fairer and more inclusive place to work for all staff, taking best practice from priorities such as: current race equality discussions; the Group's approach to bullying, harassment and violence in the workplace; recruitment and resourcing; just and learning culture.

Board Members are requested to ensure their personal information is updated, including disability status.

## Cover sheet

Meeting	Boards of Directors (Part I) Meeting in Public
Date	8 <sup>th</sup> December 2023
Agenda item	9

Title	Board Assurance Framework (BAF)
Presenter	Richard Apps, Director of Corporate and Legal Affairs
Author	Debbie Spowart, Head of Risk

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

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

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

Report
<p>This report provides oversight of the UHN Board Assurance Framework at 29<sup>th</sup> November 2023 and the relationship between the strategic risks on the Group BAF and the significant risks contained on the Corporate Risk Registers at both Kettering General (KGH) and Northampton General Hospitals (NGH) that potentially impact on the BAFs strategic risks.</p> <p>Each assigned BAF monitoring committee received the Group BAF in November 2023 alongside the associated significant corporate risks from each hospital.</p> <p>Following Executive lead review committees undertook deep dive assurance reviews of the following risks to provide an overall assurance opinion. Details of the changes were as follows:</p> <ul style="list-style-type: none"> <li>• UHN01 - extended dates to some further planned actions under Volunteering Strategy and retention and Wellbeing Strategy</li> <li>• UHN02 – No changes were made.</li> </ul>

- UHN03 – No changes were made
- UHN04 – Minor wording changing in risk title and some further planned actions extended to 31.03.2024.
- UHN05 – Additional further planned actions added to line 1 and further planned action deadlines extended on line 3 and 4.
- UHN06 – Additional controls relating to Governance, Research, Accommodation and Finance added. Risk description updated.
- UHN07 - completion of some further planned actions.
- UHN08 – Amendments to risk title and risk score increased from 16 to 20.

During these reviews the Committees were asked to consider the following questions for each of the revised BAF risks, taking into consideration each of the above prompts and discuss and agree the level of assurance against each risk

- Is the risk description concise and focussed primarily on the impact on patient care and the population we serve?
- Does it clearly describe both the consequence and likelihood of the risk occurring?
- Are the systems and processes that are currently in place to control the risk detailed?
- Are gaps in controls or additional controls required stated?
- Does the current risk score accurately present the level of risk at this time with current controls in place?
- Is assurance provided that controls are effective from both internal and external sources (e.g., Board reporting, subcommittee, and internal audit committee reviews, planned or received external audit reviews). Are gaps in assurance detailed?
- Do the on-going or future planned actions sufficiently close any control or assurance gaps?
- Does the target risk score accurately present the level of risk once all additional actions are complete?
- Does the BAF risk reflect the totality of the linked Hospital CRR risks? Are there any gaps?

Appendix A details the group BAF and Appendix B details the alignment of significant corporate risks at both KGH and NGH @ 29<sup>th</sup> November 2023.

## Appendices

Appendix A – UHN Group BAF @ 29/11/2023

Appendix B – Alignment of significant corporate risks at both KGH and NGH @ 29/11/2023

## Risk and assurance

As set out in the report.

## Financial Impact

Financial risks are detailed within the BAF

## Legal implications/regulatory requirements

Duty to identify and manage risks / CQC Well-Led

## Equality Impact Assessment

Neutral



# Group Board Assurance Framework

## 29<sup>th</sup> November 2023

Ref	Group Priority	Scrutinising Committee	Risk Title	Initial Risk Level (July 2022)	Current Risk Level (November 2023)	Movement (from Initial)	Residual Risk Level	Risk Appetite	Summary Updates
UHN01	People	Group People Committees in common	Challenges in our ability to attract, recruit, develop and retain colleagues means we are unable to deploy the right people to the right role at the right time resulting in potential detriment to patient care..	16	16	→	12	Moderate	Extended dates to some further planned actions under Volunteering Strategy and retention and Wellbeing Strategy
UHN02	Quality	Clinical Quality Safety and Performance Committees in common	Failure to deliver the UHN Clinical Strategy and clinical collaboration may result in some areas of clinical and financial unsustainability	12	16	↑	8	Low	No changes made
UHN03	Patient	Clinical Quality Safety and Performance Committees in common	Failure to deliver the group Nursing, Midwifery and Allied Health Professionals (NMAHP) Strategy may result in inequity of clinical voice, failure to become a truly clinically led organisation and centre of excellence for patient care	12	12	→	8	Low	No Changes Made
UHN04	Systems and Partnership	Clinical Quality Safety and Performance Committees in common Finance and Performance Committees in Common	Failure of the Integrated Care Board (ICB) to deliver transformed care will result in an impact on the quality of service provided across the Group	16	16	→	12	High	Risk title wording changed. Further planned action deadlines extended to 31.03.2024
UHN05	Sustainability	Group Strategic Development Committees in common Finance and Performance Committees in Common	Risk of failing estate buildings and infrastructure due to age and suitability and, failure to deliver Group strategic estates plans, may prevent delivery of key Group strategies, eg Clinical Strategy	12	12	→	6	High	Additional further planned actions added to line 1. Further planned action extended on line 3 and 4. Line 5 control amended with revised assurances
UHN06	Quality	Clinical Quality Safety and Performance Committees in common	Failure to deliver the long-term Group Academic Strategy may result in University Hospitals Northamptonshire's (UHN) ability to attract high calibre staff and research and education ambitions. Recognition of impact on financial income to the Group	12	12	→	4	Low	Changes to controls relating to Governance, Research, accommodation and finance. Risk description changed
UHN07	Sustainability	Digital Hospital Committees in common	Failure to deliver the Group Digital Strategy may result in our staff and patients not having the tools or information they need to deliver, and receive safe, high quality patient care.	16	16	→	16	High	Further planned actions updated as achieved
UHN08	Sustainability	Finance and Performance Committees in Common	Failure to deliver a Group Medium Term Financial Plan results in an inability to deliver Trust, Group and system objectives.	16	20	↑	16	High	Amendments made to risk title. Current Risk score increased from 16 to 20

<b>Principal Risk No:</b>	<b>UHN01</b>	<b>Risk Title:</b>	Challenges in our ability to attract, recruit, develop and retain colleagues means we are unable to deploy the right people to the right role at the right time resulting in potential detriment to patient care.				
		<b>Materialising in [any/several] of the following circumstances:</b>	The Group People Committee will determine circumstances in which it considers the risk to have materialised, having regard to key qualitative and quantitative evidence including: (1) Sustained declines in Staff and People Pulse Survey key indicators in respect of response rates, discrimination and advocacy (2) Key metrics relating to sickness absence, turnover, vacancies and statutory and mandatory training/appraisal completions in special cause variation for at least three consecutive reporting periods (3)Key metrics relating to safe staffing in special cause variation for at least three consecutive periods (4)Customer experience performance/concerns referred from quality committees (5) Cumulative qualitative and anecdotal evidence identified in the course of business-as-usual activities e.g. Non-Executive site visits/presentations to Committee/regular communication mechanisms. (6)Corporate Risks (below) materialise.				
<b>Date Risk Opened:</b>	April 2021	<b>Risk Classification:</b>	Operational / Infrastructure	<b>Risk Owner:</b>	Group Chief People Officer	<b>Scrutinising Committee:</b>	People Committees in common
<b>Corporate Risk Register Links:</b>							
<b>NGH CRR:</b>	NGH46 - Detrimental staff wellbeing and mental health including self harm and suicide (Current risk score 20) NGH47 - HCSW Retention (Current risk score 16) NGH49 - Staff Morale (Current risk score 16)			<b>KGH CRR:</b>	KCRR017 - Organisational challenge in relation to staffing with the potential to impact negatively on patient experience and outcomes (Current risk score 16) KCRR069 – Management of V&A to staff and impact on staff wellbeing (Current risk score 15)		
<b>Initial Risk Score</b>		<b>Current Risk Score</b>			<b>Residual Risk Score</b>		<b>Risk Appetite</b>
16 (Extreme)		16 (Extreme)			12 (High)		Moderate
<b>Consequence</b>		<b>Likelihood</b>		<b>Consequence</b>		<b>Likelihood</b>	
4		4		4		3	
<b>Current Controls</b>		<b>Plan Delivery Assurance/ Group IGRs (Internal / External)</b>		<b>Control Gaps</b>	<b>Assurance Gaps</b>	<b>Further planned actions to mitigate gaps</b>	<b>Action Owner</b>  <b>Due date</b>
1	Dedicated to Excellence Strategy – Culture and Leadership programme	People Pulse advocacy and discrimination scores reviewed by People Committee (int)  National Staff Survey staff engagement and morale scores reviewed by People Committee (int)  Anti- racism plan (int)  Quarterly People Pulse survey asks discrimination question (int)  New strategic EDI lead commenced in post Sept 2023		Discovery plan including recruitment of Excellence Ambassadors  Anti-racism education for HR team to support high level of cultural competence.  Staff networks at different levels of maturity impacting ability to support colleagues and leadership.  UHN Head of OD and Inclusion left Trust (Aug 2023)	Discovery plans have been delayed whilst re-set of group model is concluded.  Staff network support package has been delayed.	Discovery plans for KGH and NGH  Develop detailed Anti-racism delivery plan with localised target dates.  Complete anti racism education for HR team  Staff network support package to be introduced including exec sponsorship & development of network Chairs.	Culture Lead 31.12.2023  EDI lead 31.01.2024  EDI lead 31.12.2023  Strategic EDI Lead 31.01.2024
2	Dedicated to Excellence Strategy – Leadership and Management programme	People Pulse advocacy and discrimination scores reported to People Committee (int)  National Staff Survey staff engagement and morale scores reported to People Committee (int)  Appraisal completion rates reported to People Committee (int)  Numbers completing leadership training reported to People Committee (int)		UHN appraisal process and integrated system  Availability of staff makes it difficult to release colleagues to attend training	Delays in scoping and agreement for UHN appraisal process and system  Delays in engagement for UHN leadership engagement plan although briefing on early engagement of Leadership and Management approach completed and due to go to Hospital Management Teams in October 2023	Scope and agree new non-medical appraisal process and create service specification for system.  Leadership and Management engagement plan with senior leadership to develop commitment to the programme	Head of Learning and Education 31.03.2024  31.12.2023
3	Attraction and Resourcing Strategy, including international recruitment and Agency Transformation Programme	Vacancy rates, Turnover rates, Time to Hire reported to People Committee (int)  Audit of recruitment processes reported to Audit Committee according to schedule (int)  National Staff Survey morale score reported to People Committee (int)  Agency spend (WTE, % pay bill, above cap and off framework) reported to Finance and Performance Committee and People Committee and ICB Financial Recovery Board (int/ext.)  QI resource deployed to Recruitment team to Improve Time to Hire (int)  Finalise costed efficiency plans at KGH and NGH (int)		Challenges recruiting nurses due to supply of trained nurses in the UK.  Process improvement will result in reductions in Time to Hire leading to reduced attrition.  Creation of new Collaborative Bank  Single temporary staffing team NGH  Development of costed efficiency plans KGH and NGH  Aligned approach to DBS recheck programme	Delays in implementation of collaborative bank but early adopter of collaborative bank to be completed by end of October 2023	Deliver 2023 recruitment campaign for internationally educated nurses (NGH target 40)  Onboarding scoping paper to be agreed by People Leadership team as part of work over next 12 months.  Implement collaborative bank early adopter trial in maternity.  Create NGH Temporary staffing hub – seek approval from ICB.  Prioritised plan to seek DBS approval where no DBS record held (target high risk roles)  Review current DBS approval profile by role to ensure parity between NGH and KGH	Head of People Planning/Process 31.12.2023  Head of People Planning/Process 31.12.2023  Senior Transformation lead 31.12.2023  Head of People Planning/Process 07.11.2023  Head of Planning and Process 31.12.2023  Deputy Head of Resourcing 30.11.2023

Current Controls		Plan Delivery Assurance/ Group IGRs (Internal / External)	Control Gaps	Assurance Gaps	Further planned actions to mitigate gaps	Action Owner	Due date
4	Retention Strategy, including Health and Wellbeing and Recognition	<p>Vacancy &amp; Turnover rates, Absence rates reported to People Committee (int)</p> <p>Exit interview analysis reported to People Committee (int)</p> <p>National Staff Survey engagement and morale scores reported to People Committee (int)</p> <p>Opened Our Space at NGH (int)</p> <p>Implementation of Just Culture principles with HR, Union and management teams with introductory workshops been run at both sites (int)</p> <p>Dedicated HWB space at NGH opened summer 2023.</p> <p>Greater consistency in approach to restorative justice across UHN evidenced in similar case load in both Trusts.</p>	<p>Aligned medical bank rates.</p> <p>HCA career pathway</p> <p>Psychological support offer at KGH</p> <p>Flexibility strategy</p>	<p>Looking a the review date for alignment of medical rate bank card as impacted by national industrial action and additional process step requiring ICB approval for investment</p> <p>Head of HWB out of organisation leading to delay in developing aligned psychological support offer</p>	<p>Align medical bank rate card – seek agreement from ICB.</p> <p>Review HCA pathway including consideration of band 3 roles.</p> <p>Align psychological support offer.</p> <p>Review UHN Agile / Flexible / Hybrid working policy.</p> <p>Development of UHN stay conversation tool kit</p>	<p>Chief People Officer / Medical Director</p> <p>Dep CPO with DoN</p> <p>Head of HWB</p> <p>Senior HR Business Partners</p> <p>Senior HR Business Partner</p>	<p>31.12.2023</p> <p>30.11.2023</p> <p>31.03.2024</p> <p>31.03.2024</p> <p>30.11.2023</p>
5	Learning and Development Strategy	<p>Statutory and mandatory training completion rates (MAST) and Appraisal completion rates reported to People Committee (int)</p> <p>MAST reporting aligned (Int)</p>	<p>Appraisal process and system not aligned or fit for purpose.</p> <p>Industrial relations climate / strikes</p>		<p>New UHN appraisal process to be reviewed and supporting system to be scoped and agreed.</p> <p>Mandatory training audit (planned for Q3)</p>	Head of Learning and Education	<p>31.03.2024</p> <p>31.01.2024</p>
6	Clinical Strategy including detailed speciality strategies and workforce plans	<p>Oversight of strategy documents to Group Transformation Committee (int)</p> <p>Workplan of prioritised policies for alignment agreed to be achieved by April 2025 (int)</p>	<p>Prioritised timebound plan to deliver clinical collaboration (including enabling functions)</p> <p>Potential gap in resource to meet the requirements of the plan.</p> <p>Aligned People Policies</p>	<p>Development of People structure to support group model/collaborative working to be finalised once re-set of UHN model is clear.</p> <p>Vacancy in Head of OD/EDI post</p>	<p>Propose People team structure to deliver support for the Clinical Collaboration strategy.</p> <p>Develop OD package of support for collaborating services.</p> <p>Work toward achieving workplan of prioritised aligned UHN policies</p>	<p>Chief People Officer</p> <p>Head of OD/EDI</p> <p>Senior HR Business Partner</p>	<p>31.03.2024</p> <p>31.03.2024</p> <p>31.03.2025</p>
7	Safe Staffing Strategy	<p>Safe staff metrics including Roster publication performance reported to People Committee (int)</p> <p>Compassionate rostering programme (KGH) (int)</p> <p>Self-rostering pilot (NGH) (int)</p> <p>Agile working Audit (NGH) (int)</p>	Industrial relations climate/strikes		<p>Reviewing self-rostering pilot at NGH given addition work required for eRostering team around set up and administration.</p> <p>Reviewing UHN Agile/Flexible/Hybrid working policy)</p>	<p>Head of People Process / Planning</p> <p>Senior HR BP</p>	<p>30.11.2023</p> <p>30.04.2024</p>
8	Volunteering strategy	<p>Number of volunteer hours/month reported to People Committee (int)</p>	<p>Gap in a formal pathway from Volunteer to career</p> <p>Volunteer profile should reflect our communities – attraction and recruitment activities need to facilitate diverse volunteer profile.</p> <p>Additional transport options needed for both Trusts to support patients/carers with mobility needs to move within our buildings.</p> <p>Identified role for volunteers to support patients on admission to improve patient experience</p>	<p>Diversity profile of volunteers</p> <p>No on-going funding for school's outreach worker</p>	<p>Focus group to develop volunteer to career programme.</p> <p>Continue to support school outreach work on more limited basis.</p> <p>Trial of power assisted wheelchairs at both Trusts.</p> <p>Patient survey with nursing colleagues to identify how volunteers can support patients on admission</p>	Head of Volunteer Services	<p>31.12.2023</p> <p>31.03.2024</p> <p>31.01.2024</p> <p>31.03.2024</p>

Principal Risk No:	UHN02	Risk Title:	Failure to deliver the UHN Clinical Strategy and clinical collaboration may result in some areas of clinical and financial unsustainability									
		Materialising in any/several of the following circumstances:	Fragmented and inefficient service delivery Service cessation or interruption of service provision for fragile services Sub-optimal outcomes and patient experience Negatively impacting staff retention, recruitment and morale									
Date Risk Opened:	June 2022		Risk Classification:	Quality, Operational Infrastructure, Financial	Risk Owner:	Medical Directors	Scrutinising Committee:	Clinical Quality Safety and Performance Committees in common				
Corporate Risk Register Links:												
NGH CRR:	NGH331 - Risk of harm due to inappropriate admission and prolonged hospital stay due to lack of community haemodialysis slots (Current Risk Score 20)				KGH CRR:	KCRR049 - If Radiology imaging is not completed within 6 weeks of referral the Diagnostic target will be breached (Current risk score 16)						
	NGH88 - Failure to Meet National Cancer Waiting Times Standards (Current risk score 16)					KCRR065 – Safe delivery of T&O Spinal Surgery (Current Risk score 15)						
	NGH536 - Struggling to safely staff/sustain Respiratory on-call Physio service (Current Risk score 16)											
Initial Risk Score			Current Risk Score			Residual Risk Score		Risk Appetite				
12 (High)			20 (Significant)			8 (High)		Low				
Consequence		Likelihood	Consequence		Likelihood	Consequence		Likelihood	Group Priority			
4		3	4		5	4		2	Quality			
Current Controls		Plan Delivery Assurance/ Group IGRs (Internal / External)		Control Gaps		Assurance Gaps		Further planned actions to mitigate gaps		Action Owner	Due date	
1	The Clinical Strategy is managed through the Joint Strategic Collaboration Group and Joint Clinical Senate, with individual Trust Clinical Leadership meetings providing a further point of reference and point for resolving tactical issues.		Progress of work shared and reviewed at Trust Clinical Leadership Meetings (Internal) Final Strategy approved at May (2021) public Boards (Group) (Internal) UHN Board governance updates (Quality, Finance, Transformation) (Internal) HMT updates and assurance (Internal) External reviews (Breast, Head and Neck) (External) Final strategy was approved at H&WB Board and overview and scrutiny committees (External)		Resource constraints – clinical and project resource  Ability to influence systemwide patient pathway changes		Clinical strategy fora being reviewed with stakeholders in light of partnership arrangements and wider collaboration		Review of wider collaboration governance  Progress pathway reviews across system UEC and Elective Boards  Review of enabling clinical capacity to affect change		Medical Directors, Chief Operating Officers	31.12.2023
2	Detailed plan for subsequent phase of work that will focus on the integration of specific services – Review of Target Operating Models		Schedule of service strategy developments (Group) (Internal) Oversight monitoring through Asana Project Software (Group) (Internal) Standing clinical collaboration updates to Clinical Quality Safety and Performance Committees (Group) (Internal)		Resource Gaps Resource constraints – clinical and project resource				Progress the review of all services against Target Operating Model Review of enabling clinical capacity to affect change		Chief Operating Officers, Medical Directors	31.03.2024



Principal Risk No:	UHN03	Risk Title:	Failure to deliver the group Nursing, Midwifery and Allied Health Processionals (NMAHP) Strategy may result in inequity of clinical voice, failure to become a truly clinically led organisation and centre of excellence for patient care									
		Materialising in any/several of the following circumstances:	N,M,AHP reduced engagement with patient centred initiatives focused on improving safety and quality of care N,M,AHP reduced engagement with professional projects that enhance our working environment and improve morale N,M,AHP are not offered, engage or attend development, training and education opportunities NGH is not able to demonstrate Pathway to Excellence compliance for re-designation									
Date Risk Opened:	April 2021		Risk Classification:	Quality, Operational, Infrastructure		Risk Owner:	Directors of Nursing and Midwifery		Scrutinising Committee:	Clinical Quality Safety and Performance Committees in common		
Corporate Risk Register Links:												
NGH CRR:	NGH39 - Risk of lack of adherence to good safeguarding practices in the trust (current risks score 16) NGH41 - There is a risk that patients are not being discharged robustly and safely (Current risk score 16) NGH42 - Risk that patients in NGH will suffer harm from falling (Current risk score 15) NGH74 - Risk of harm to patients from physical and psychological deconditioning (current risks score 16) NGH168 - Risk of patients requiring mental health admission with delayed transfers of care inappropriately kept in Assessment bays (current risk score 15) NGH260 - There is a risk due to increased volume of investigations and a number of historical incidents being opened (Current Risk score 20) NGH282 - Small for gestational age and growth-restricted babies may not be detected and managed appropriately (current risk score 15) NGH291 - Risk of an adverse event due to delays in the Induction of Labour process (current risk score 15) NGH304 - There is a risk of an adverse event as a consequence of no second maternity out of hours theatre team (current risks core 15) NGH307 - There is a risk of an adverse event as a result of incorrect CTG interpretation (current risk score 15) NGH562 - Risk that children & pregnant women at risk may not be identified due to insufficient skill & availability within Safeguarding (Current risks score 20) NGH569 - Reputational and patient safety risk of reporting inaccurate covid and flu data externally and within the organisation (current risk score 16)						KGH CRR:					
Initial Risk Score			Current Risk Score				Residual Risk Score			Risk Appetite		
12 (High)			12 (High)				8 (High)			Low		
Consequence		Likelihood		Consequence		Likelihood		Consequence		Likelihood		
4		4		4		3		4		3		
Group Priority		Patient										
Current Controls		Plan Delivery Assurance/ Group IGRs (Internal / External)		Control Gaps		Assurance Gaps		Further planned actions to mitigate gaps		Action Owner	Due date	
1	NGH and KGH have a shared Nursing, Midwifery & AHP professional strategy (IGNITE) monitored via hospital Nursing and Midwifery Boards/Nurse Executive Meeting.  Aligned reporting and monitoring across the Group	NGH in progress for Pathway to Excellence re-accreditation (June 23) (Internal)  All focused works streams have updated year 2 plan and work under way to refresh metrics moving into year 3 or strategy (Internal)										
2	There is a Director of Nursing and Midwifery and a Deputy who have jointly led the development of the NMAHP strategy at NGH and KGH.	The NMAHP is linked to our People, Academic and Clinical Strategies (Internal)  Ignite strategy oversight at NMHAP (Internal)  Establishment of a quarterly joint NMAHP Board (Internal)  Established quarterly strategy review groups (Group) (internal)										
3	Workstream leads and working groups identified to define progress against objectives.	Each Trust has a Strategy Group Meeting where each Workstream Lead provides an update on progress (internal)  Established quarterly strategy review groups (Group) (internal)		Objectives not fully AGREED for KGH  Objectives not fully agreed across the group				NMAHP strategy group (KGH)  Group NMAHP strategy group		DoN (KGH)  DoN (KGH & NGH)	28.02.2023  31.03.2023	
4	Reporting structure agreed to the joint Collaborative Programme Committee	Reports to joint Collaboration Programme Committee (CPC), Group People Committee (internal)  Report individually to NMB (NGH) and CPAG (internal)				Potential for delayed reporting on objectives to CPC and people						

5	<p>KGH Strategy / Pathway Lead proactively managing the implementation of the IGNITE strategy</p> <p>Secured funding to commence P2E journey (KGH)</p>	Named KGH lead for IGNITE and in due course P2E (internal)					
6	Dedicated communication programme to support the implementation of IGNITE (NGH and KGH)	Strategy celebrated through International Nurses Day, Midwives Day & AHP Day 2022 (Group) (internal)			KGH Strategy/Pathway Lead to plan monthly communication updates via different media avenue	DoN (KGH)	To commence 01.04.2023



Principal Risk No:	UHN04	Risk Title:	Failure of the Integrated Care System (ICS) to deliver transformed care will result in an impact on the quality of service provided across the Group								
		Materialising in any/several of the following circumstances:	Risk to delivering locally for our patients the core aims of Integrated Care Systems to; 1. Improve outcomes in population health and healthcare. 2. Tackle inequalities in outcomes, experience and access.3. Enhance productivity and value for money 4. Help the NHS support broader social and economic development.								
Date Risk Opened:	June 2022		Risk Classification:	Quality Finance	Risk Owner:	Director of Strategy and Strategic Estate	Scrutinising Committee:	Clinical Quality Safety and Performance Committees in common  Finance and Performance Committees in Common			
Corporate Risk Register Links:											
NGH CRR:	NGH 424 - Risk of reduced patient safety when demand exceeds capacity (Current risk score 15)				KGH CRR:	KCRR011 - Continued extreme pressure on capacity and reported incidents of low nursing levels and delayed discharges creates the risk of creates the risk of poor quality of care and patient safety, combined with staff well-being. (current risks core 20)					
Initial Risk Score			Current Risk Score			Residual Risk Score		Risk Appetite			
16 (Extreme)			16 (Extreme)			12 (High)		High			
Consequence	Likelihood		Consequence	Likelihood		Consequence	Likelihood	Group Priority			
4	4		4	4		4	3	Systems and Partnership			
Current Controls		Plan Delivery Assurance/ Group IGRs (Internal / External)		Control Gaps	Assurance Gaps		Further planned actions to mitigate gaps	Action Owner  Due date			
1	The development and delivery of the Northamptonshire Integrated Care System (ICS) to include the Northamptonshire Integrated Care Board and the Northamptonshire Integrated Care Partnership		UHN Chair and GCEO representation at the Integrated Care Partnership and the Integrated Care Board  Integrated Care Partnership 10 year Strategy and Outcomes Framework  Alignment of the Health and Wellbeing Boards (North and West) strategies and ICB 5 year plan to the ICP 10 year strategy  ICB Strategy and planning group established to deliver ON THE 5 year forward plan as per national guidance		Alignment of ICB plan with the Integrated Care Partnership strategy, Health and Wellbeing Boards strategies, operational planning requirements and UHN Group strategies and planning	Level of focus on system resilience and working as a system to ensure delivery of collaborative working to deliver the strategies and supporting operational plans  Assurance to delivery of system delivery plans	Review and increase Group engagement to possibly include NEDS and further include EDs on existing ICB architecture where possible. Review of NED engagement	DoCG	31.03.2024		
							System Urgent and Emergency and discharge planning to Be Plans developed-delivery to be led at Place for North and West	COOS	31.12.2023		
							Delivery of the ICB forward plan	DoS CFO	31.03.2024		
2	Implementation of the ICS operating model to deliver good quality care, financial balance and improved outcomes		Collaborative Boards developing prioritised delivery plans; <ul style="list-style-type: none"><li>MHLDA</li><li>Elective Care</li><li>CYP</li></ul> Establishment of Place Deliver Boards, Local Area Partnerships to deliver improved outcomes in population health and healthcare  Population Health Board System Clinical Leads Board System Quality Board  System Boards for enablers; <ul style="list-style-type: none"><li>Estates</li><li>People</li><li>Digital</li></ul> Urgent and Emergency Care system Board and Planning		Connection of decision making across the ICB to include Place and Collaboratives   UHN Place based approach and strategies	Assurance to delivery of system delivery plans for collaboratives and Place	Continue UHN leadership to system, workstreams to develop Collaboratives, Place, Clinical Model, and enablers e.g., Digital, People, Estates, Finance with supporting delivery plans	DoS DT&QI CPO CDIO	31.03.2024		
							Prioritisation of delivery and Out of Hospital, discharge, UEC strategy and Plans (to replace iCAN) priorities across the collaboratives and Place	COOs	31.03.2024		

Principal Risk No:	UHN05	Risk Title:	Risk of failing estate buildings and infrastructure due to age and suitability and, failure to deliver Group strategic estates plans, may prevent delivery of key Group strategies, eg Clinical Strategy.								
		Materialising in any/several of the following circumstances:	May result in care delivery from poor clinical environments, cost inefficiencies, health and safety incidents, accidents and statutory non-compliance attributable to some degree to substandard existing estate, and lost opportunities for integrated care delivery at place, resulting in serious safety incidents causing injury or death, fines, prosecution and associated reputational damage.								
Date Risk Opened:	01 April 2022		Risk Classification:	Quality Finance Infrastructure	Risk Owner:	Director of Strategy and Strategic Estate Director of Operational Estates		Scrutinising Committee:	Group Strategic Development Committees in common Group Finance & Performance Committees in common		
Corporate Risk Register Links:											
NGH CRR:	NGH259 - Risk of exposure to asbestos fibre from lack of management to exposure (Current risk score 15) NGH 262 - Risk of asbestos related diseases from exposure to asbestos fibre (Current risk score 20) NGH 265 - Heating and hot water infrastructure (Current risk score 16) NGH 270 - Risk of failure to meet national standards of cleaning (Current risk score 16) NGH 301 – Risk of failure of gas interlock system (current risk score 15)				KGH CRR:	KCRR015 - No sustainable capacity for urgent care (Current risk score 20) KCRR026 - Risk of loss of power or reduced power to site if the main high voltage incoming switchgear fails (Current risk score 15) KCRR030 - Loss of heating and hot water failures and interruptions to some or all areas of the trust due to age of boiler system (Current risk score 16) KCRR059 - Risk to patient safety and quality of care due to the current layout of LNU as there is a lack of visibility of all babies and the lack of continuous supervision of these babies (Current risk score 16) KCRR036 - Recognition that due to the age of the Trusts estate not all wards or services have suitable environments to be able to provide a high-quality service from. (Current risk score 16) KCRR040 - Recognition that due to the age of the some of the medical and diagnostic equipment, maintenance and replacement parts are no longer available (Current risk score 15) KCRR045 - A significant increase in headcount coupled with reduced useable office accommodation puts at risk operational and clinical efficacy and compliance with workplace occupational health and safety regulations (Current risk score 16) KCRR055 - Recognition that areas of Trust could fall into darkness due to aged lighting that is no longer available (Current risk score 15) KCRR062 – Risk to staff safety thorough lack of Entonox monitoring (Current risk score 16)					
Initial Risk Score			Current Risk Score			Residual Risk Score			Risk Appetite		
12 (High)			12 (High)			6 (Moderate)			High		
Consequence		Likelihood		Consequence		Likelihood		Consequence		Likelihood	
3		4		3		4		3		2	
										Sustainability	
Current Controls			Plan Delivery Assurance/ Group IGRs (Internal / External)			Control Gaps		Assurance Gaps		Further planned actions to mitigate gaps	
										Group Priority	
1	Completed and approved Group Clinical Strategy will define the clinical requirements of both sites for the future.		UHN now has a Strategic Development Committee in place (Internal)  Clinical service strategy focus and implementation plan (internal)			Scope of Clinical collaboration				Complete target operating model  Complete NGH Master Plan  Developmental Control Plan (NGH)	
2	Kettering Hospital now have a full Development Control Plan for the whole site, forming part of the HIP2 and other programmes.  Northampton Hospital have a site masterplan.  OBC has been submitted  NGH Masterplan funding		Kettering HIP2 SOC has been submitted and a Local Development Order has been signed with Kettering Planning Authority (Internal / External)  Board oversight of KGH outline business case (internal)			NGH do not have an up to date Development Control Plan				NGH Development Control Plan to commence	
										Action Owner	
										Due date	

Current Controls		Plan Delivery Assurance/ Group IGRs (Internal / External)	Control Gaps	Assurance Gaps	Further planned actions to mitigate gaps	Action Owner	Due date
3	These foundations will come together to start to form the Group Strategic Estates Plan.			The Group requires a joint Strategic Estates Plan that supports delivery of the Group Clinical Strategy	Group Strategic Estates Plan to be commissioned in Autumn 2021 following completion of the Group Clinical Strategy.	DofS&SE	31.08.2024
4	A System Estates Board is in place across the ICS with all Health and Care partners.			The System Estates Strategy is not strategic and needs further development  System wide view of all provider / partner strategic estate need / plans	Led by ICB to develop an infrastructure plan		TBC
5	All key estates infrastructure elements have independent AE (authorising engineers) appointed, annual audits and action plans in place; technical and trust meetings in place.	Monthly estates assurance report for each hospital is presented at the Finance CiC  Technical meetings in place to review progress against audit plans			Review of technical meetings effectiveness	DofE&F KGH and NGH	31.12.2023
6	Business continuity plans and infrastructure resilience/back up systems are in place	Estates infrastructure is regularly tested.  Risk rated capital backlog plans in place  Estates strategies for each site	Infrastructure is aging and estates capital plans are insufficient to replace all equipment	assurance for Estates infrastructure BCP to be included in estates assurance reporting, with input from EPRR leads	Annual review of Business Continuity Plans	EPRR Leads	31.03.2024
7	Estates backlog capital programme	Trust capital committees	An up to date 6 facet survey		Tender for completion of a full site 6 facet survey for each site	DofE&F KGH and NGH	28.02.2024

Principal Risk No:	UHN06	Risk Title:	Failure to deliver the long-term Group Academic Strategy may result in inability to attract high calibre staff and deliver on our research and education ambitions.									
		Materialising in any/several of the following circumstances:	Sustainability of 5-year project Impact on financial income to the Group Impact on patient outcomes and experience Lack of progress with our academic partnerships and collaborations with local universities, with potential to impact on University status									
Date Risk Opened:	April 2021		Risk Classification:		Quality Finance	Risk Owner:	Medical Directors and Directors of Strategy		Scrutinising Committee:	Clinical Quality Safety and Performance Committees in Common People Committee		
Corporate Risk Register Links:												
NGH CRR:							KGH CRR	KCRR017 - Organisational challenge in relation to staffing with the potential to impact negatively on patient experience and outcomes (Current risk score 20)				
Initial Risk Score			Current Risk Score				Residual Risk Score				Risk Appetite	
12 (High)			12 (High)				4 (Moderate)				Low	
Consequence		Likelihood		Consequence		Likelihood		Consequence		Likelihood		Group Priority
4		3		4		3		4		1		Quality
Current Controls		Plan Delivery Assurance/ Group IGRs (Internal / External)		Control Gaps		Assurance Gaps		Further planned actions to mitigate gaps		Action Owner	Due date	
1.	Governance: The Academic Strategy is managed through the Academic Strategy Programme Board which reports into the Quality Committees in common		The Academic Strategy and the supporting Business Case has been approved by both Hospitals (Internal / External).		The Academic Strategy is due to expire at the end of 2023  Frequency and regularity of the Academic strategy programme board meetings which are currently suspended and only met once in the last year.		Lack of oversight at CSQP. AD R&I, E is leaving on 8 <sup>th</sup> December 23. DME at NGH is leaving role at end of December 23. Project officer the Academic Strategy leaving 31 <sup>st</sup> December 23. IGR reporting – focusses on Research participants only. Gaps in how Education outcomes are reporting as part of the group metrics.		Re-establish programme board meetings.  Complete a gap analysis inc lessons learned to present at CQSP 1 <sup>st</sup> Dec 23.  Re-establish routine reporting to Quality Committee by medical directors. Review terms of reference of Strategy Partnership meetings with University of Leicester and set objectives for next 12 months.		Medical Director NGH / KGH  AD RI,E  MDs MDs	31.12.2023  01.12.2023  01.12.2023 31.01.2024
	Capacity Research: Levels of Clinical Academics across UHN and PI Engagement.		3 Clinical Academic Post appointed to at KGH- risks regards sustainability of funding. Decision on offer to Professor of Diabetes at NGH- senior Professor.		Governance/ decision making on future Clinical Academic posts/ Protected PAs for Research.		Reporting on consultant engagement across UHN to support Research portfolio regards PI engagement as a % of workforce. External factors impacting on UHN ability to attract high quality Clinical Academic staff.		Re-establish programme board meetings.  Complete a gap analysis inc lessons learned to present at CQSP 1 <sup>st</sup> Dec 23		Medical Director NGH / KGH	31.12.2023
	Research Facilities KGH: Current and long term research facilities at KGH to support increased activity.		Research team located in Thorpe House. Discussions to acquire Portakabin as a Research Facility.		Gaps in business case addressing capital needs of expanding Research portfolio.		Research Team located in Thorpe House with no plans for inclusion of Research team and Clinical Research Facilities into the new hospital build.		Impact on long term plans regards Estate – to be discussed at CSQP. Estates Task and Finish Group to assess future needs at KGH.		MD KGH Director Estates	28.02.2024
	Student Accommodation at UHN: Capacity to expand due to student accommodation capacity.		Student placements remain within the current capacity and/ or utilise external accommodation increasing operating costs from external providers.		Governance to discuss future needs of Undergraduate Medical Students to meet the needs of the NHS Workforce Plan.				Estates Task and Finish Group to assess future needs against UHL and Uni of Oxford Undergraduate Medical Students.		MD KGH Director Estates	28.02.2024

Current Controls		Plan Delivery Assurance/ Group IGRs (Internal / External)	Control Gaps	Assurance Gaps	Further planned actions to mitigate gaps	Action Owner	Due date
	<b>Finance: Sustainability</b> - funding of Clinical Academic posts	100% UHN funding for Clinical Academic posts from Academic Strategy due to lack of available funding at Divisional level.	Sustainability of Clinical Academic Posts long term with University of Leicester.		complete a gap analysis inc lessons learned for consideration and impact on financial sustainability.	MD KGH	31.12.2023
	<b>Finance: Risk</b> of not achieving commercial research income targets set out in the business case.	Year end 23/24 position will be 12 Commercial trials open across UHN. Invoice time lag between open to receipting income of 12 months. Unrealistic targets set in Business Case, especially for NGH which is additional to the non academic strategy targets set.	Nationally commercial trials is 40% lower post covid, due to lack of UK bounce back.	Governance to review targets for financial income.	Re-establish programme board meetings.  Complete a gap analysis inc lessons learned for consideration.	Medical Director NGH / KGH	31.1.2023
	<b>Innovation:</b> Develop Innovation eco-system at UHN to support workforce to develop ideas for new products.	Aligned Management of Intellectual Property Policies across UHN with UHL and University of Leicester.	Gap in capacity and capability as a result of AD R, I & E leaving UHN. Defining innovation priorities for UHN.	Governance to review innovation priorities, how work with QI/ Transformation and develop innovation eco-system.	Review Academic Strategy and define Innovation objectives.	Medical Director NGH / KGH	31.03.2024
	Communications: Risk to profile of UHN by not sharing successes of our Academic Strategy.		Lack of communications plan for sharing success of Academic Strategy and what this means for our patients, workforce and future workforce.	Capacity within communications team to support.	Complete a gap analysis inc lessons learned for consideration.	Director of Comms.	
2.	Themes relating to academic strategy delivery.						
	• Medical Education (ME)	HEE new schedule regards student income for 23/24. Finance confirming numbers and income allocated to the Academic Strategy.		No Medical Education focus group	Ensure that the DME role is relevant and robust to delivery of strategy	Medical Directors	31.01.2023
		Agreed to develop a MOU with Uni of Leics School of Healthcare to cover, education appointments, placements for expanding provision, and research opportunities.			Establish Medical Education Focus group		
		Assistant Professor post in Medical Education starts with Uni of Leicester on 1st November	HEE reduction of 10% on per student fee which impacts on the income for the Academic Strategy.		Agreement of MOU with School of Healthcare		
	• Estates (E)	Academic Programme Board oversight (Internal)	(E) Accommodation – teaching space. With rising student numbers, there are no current firm plans to manage the demands on the estate (Group)		The Estates Subgroup to develop short term and long-term potential solutions across the group.  Outcome of Integrated Business Case submitted for a short-term solution at NGH.	Operational Director of Estates	31.12.2022
		Academic Programme Board oversight (Internal)	(E) Accommodation- Student living space. With rising student numbers there is pressure on the current estate and at NGH poor feedback from the Medical Students staying onsite at CRIPPS (NGH)		The Estates Subgroup to develop short term and long term potential solutions across the group to manage growing cohorts.  A refurbishment plan to be completed at CRIPPS to address student feedback.	Operational Director of Estates	

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



Current Controls (Likelihood/Impact)		Plan Delivery Assurance/ Group IGRs (Internal / External)	Control Gaps	Assurance Gaps	Further planned actions to mitigate gaps	Action Owner	Due date
	UHN membership of Clinical Research Facility (UoL Partnership) and Biomedical Research Centre steering groups/committees to develop partnership with UoL and UHL under the main body of National Institute for Health and Care Research	July 2021 launch of University Hospitals of Northamptonshire NHS Group.	Postholder vacancy has resulted in lack of support to BRC and CRF				

Principal Risk No:	UHN07	Risk Title:	Failure to deliver the Group Digital Strategy may result in our staff and patients not having the tools or information they need to deliver, and receive safe, high quality patient care.									
		Materialising in any/several of the following circumstances:	<div><div>-</div><div>Patients are not in control of, or kept well informed of, their care so we fall behind standards and expectations of patients</div><div>-</div><div>Clinicians do not have the access to full, accurate and timely patient information when they need it, leading to a negative impact on patient care decisions - and therefore outcomes</div><div>-</div><div>Staff (clinical and non clinical) do not have the tools, (or the tools are not based on a secure and reliable supporting digital infrastructure), to perform their roles effectively, resulting in poor productivity, poorer outcomes for patients, and a block on their ability to collaborate easily and well, within UHN and also more widely.</div><div>-</div><div>Managers and clinicians do not have relevant, accurate, consistent and reliable data readily available in a useful form, to make timely informed decisions, leading to greater operational challenges for UHN, and poorer patient outcomes as result.</div></div>									
Date Risk Opened:	Apr 21 Revised April 23		Risk Classification:	Quality, infrastructure, finance	Risk Owner:	Group Chief Digital Information Officer	Scrutinising Committee:	Digital Hospital Committees in common				
Corporate Risk Register Links:												
NGH 93 - Clin Apps - No Electronic Prescribing and Medicine Administration System (EPMA) (Current risk score 16) NGH 114 - TECH - threat to our IT systems and / or infrastructure from a cyber or malware attack resulting in a loss of service or data (Current risk score 15)				KGH CRR:	KCRR054 - Lack of quality assurance on destruction of the paper originals of scanned records in line with the EPR project (Current risk score 16) KCRR038 - Loss of the current Intranet service and experience a loss of data contained therein. (Current risk score 16) KCRR009 - Threat to IT systems from Cyber security and malware attacks (Current risk score 16)							
Initial Risk Score			Current Risk Score			Residual Risk Score			Risk Appetite			
16 (Extreme)			16 (Extreme)			16 (extreme)			High			
Consequence		Likelihood		Consequence		Likelihood		Group Priority				
4		4		4		4		Sustainability				
Current Controls		Plan Delivery Assurance/ Group IGRs (Internal / External)		Control Gaps		Assurance Gaps		Further planned actions to mitigate gaps		Action Owner	Due date	
1	Digital Transformation governance structure to monitor and support project delivery against plan		Upward reporting to Group Digital Hospital Committee from governance groups, including:  Updates from programme boards (EPR; digital transformation, infrastructure boards and communication and engagement group)  Project highlight reports on key current priority projects agreed with the committee.  Group CDIO attendance at ICS digital and data board to help tie KGH. NGH and ICS ambitions together and also secure support from wider ICS colleagues where required.  TIAA audit (reasonable assurance report)  ICS Digital Director involvement and ICS involvement with digital strategy (external)				Benefits reporting to showcase impact of digital transformation, and ensure lessons learnt (and then communicate this back to our colleagues)  Clarity on digital ambitions and priorities of the ICS, and timescales of key projects they are leading on (such as NSCR).  Robotic Process Automation reporting and governance on delivery to give assurance of performance.		Benefit reporting to incorporate into GDHC papers  Review of engagement and communication inititaives MARC 20234  Robotic Process Automation assurance to be given to GDHC at a minimum of quarterly basis with clarity on underpinning governance – including performance reporting		Head of DT&I/ GCDIO  GCDIO  Head of RPA	31.12.2023  30.11.2023  30.11.2023
2	Operational governance structure (meetings/committees) to review and oversee the performance of the ‘business as usual’ parts of the Digital Division’s work (e.g. financial control & risk management, and performance of ICT areas such as security, systems performance, upgrades, hardware management, etc))		Upward reporting to Group Digital Hospital Committee from Digital Operational Meeting and Data Security Protection Group (internal)				KPIs for Digital Division to track operational (‘BAU’) performance need to be clearly agreed with DOM.		KPIs drafted June 23 – refine Sept 23 and agreed with GDHC in Oct 23		GCDIO	30.11.2023

3	Prioritisation governance process (including representatives from a diverse range of staff) to oversee digital transformation prioritisation.	Upward reporting to Group Digital Hospital Committee from Strategic Delivery Group (led by Group Transformation Team).  Operation of key forums from Digital which feed into SDG, including the Clinical (main forum for clinical and operational input into digital transformation agenda) and Technical Design (main forum for checking ideas are technically feasible for consideration) authority groups.  Prioritisation governance process to SDC (internal)		Require continual review of priorities – will need assurance the dynamism of process will be ongoing. Effectiveness review of these two new groups once been operating for a few cycles.  Method of reviewing relevance of project backlog (projects previously identified as on digital's list but not in current shortlist of active priority projects) needs to be established through clinical and technical design authority	Review dynamism of priority calls in 6 months' time	GCDIO	31.01.2024
4	Structured communication and engagement activities with clinical and operational leadership on the digital agenda  Communication and engagement plan Overarching KGH and NGH (UHN)  Digital champion network and supporting digital academy with digital competency framework	Upward reporting to Group Digital Hospital Committee (internal)  Digital champion network (KGH) (internal)  Admin academy (NGH); digital academy (KGH) to oversee digital training and support (internal)		Need to include targets or assess how we will measure improvements in engagement of staff and patients with key messages, and review effectiveness of engagement channels after a period.	Review implementation of communication and engagement plan by the end of 2023.	Head of Clinical Systems	31.03.2024
5	Plan to have the digital resource required to ensure capability and capacity required to deliver strategy	Reporting progress of restructure to Group Digital Hospital Committee (internal)	Vacancy gaps within new structure	Resource dependency to be highlighted as critical factor at GDHC to give assurance necessary capability/ capacity is in place for key priority work, and to understand risks and specific areas of pressure.	Recruit into vacancies	GCDIO	31.03.2024
6	Supplier management process. to manage relationships with key digital suppliers and key contracts, to ensure confidence in their ability to deliver and manage any risks.  Regular Exec meetings with KGH EPR supplier	Contractual meetings between Digital SLT and account managers of suppliers (internal)  Reporting to GDHC around supplier support (internal)					
7	Strategy to seek out nationally funded programmes of work (e.g. EPR) to ensure necessary funding to deliver as much of our strategic ambitions as possible, as soon as possible. .	Digital Operational Meeting (internal)  CGDIO / ICS Digital Director collaboration (internal)		Opportunity/ horizon scanning – implementation of Digital Commercial Manager to support this activity	Recruit into vacancies	GCDIO	31.03.2024
8	Strategy to enhance our Health Intelligence Function's ability to service the information needs of UHN.  Action plan to support Health Intelligence		Findings of internal review (carried out in April/ May2023 by former KGH Digital Director) to be considered by Digital team and GDHC to allow better articulation of the current control gaps.	Limited visibility and assurance of performance of Health Intelligence team at GDHC at present.	GDHC to receive assurance on health intelligence  Refinement of priorities of Health Intelligence function reflected in the GDHC reporting DEC 23	GCDIO  GCDIO	31.03.2024  31.07.2023

Principal Risk No:	UHN08	Risk Title:	Failure to deliver a ‘break even’ plan in the financial year and a sustainable Group Medium Term Financial Plan results in support of the Trust, Group and system objectives, specifically: (a) Failure to deliver efficiency, productivity and pathway collaboration results in revenue deficit. (c) Non-delivery of transformation and efficiency targets results in non-delivery of external funds e.g. Elective Recovery, discretionary capital. (d) Management capacity is drawn to financial issues to detriment of other strategic objectives								
		Materialising in any/several of the following circumstances:	<ul style="list-style-type: none"><li>- Financial performance (income and expenditure) is materially worse than Plan</li><li>- Insufficient cash to continue day to day operations;</li><li>- Materially lower transformation, efficiency and productivity performance compared to Plan</li><li>- Qualified external audit opinions, and / or significant control weaknesses identified by Internal Audit</li><li>- Increased NHSE oversight and reduced autonomy through NHSE and NICB</li><li>- Failure to deliver capital plan elements causes detriment to programme delivery outside agreed tolerances.</li></ul>								
Date Risk Opened:	April 2021		Risk Classification:	Financial Operational	Risk Owner:	Group Chief Finance Officer		Scrutinising Committee:	Group Finance & Performance Committees in common		
Corporate Risk Register Links:											
NGH CRR:	NGH 35 - Failure in having financial control measures to deliver the 22-23 Financial Plan and return to medium term financial balance (Current risk score 20) NGH 38 - The Trust may not have sufficient capital for Capital requirements or may not be able to maximise its capital spend (Current risk score 15) NGH40 - There is a risk to the consistent supply and availability of clinical consumables from NHSSC (current risk score 15)				KGH CRR:	KCRR056 - Failure in having financial control measures to deliver the 22-23 Financial Plan and return to medium term financial balance (Current risk score 20)					
Initial Risk Score			Current Risk Score				Residual Risk Score			Risk Appetite	
16 (Extreme)			20 (Extreme)				16 (extreme)			High	
Consequence		Likelihood		Consequence		Likelihood		Consequence		Group Priority	
4		4		4		5		4		Sustainability	
Current Controls		Plan Delivery Assurance/ Group IGRs (Internal / External)		Control Gaps		Assurance Gaps		Further planned actions to mitigate gaps		Action Owner Due date	
1	Business planning process, alignment of activity, workforce and finances		Planning submissions subject to board and board committee scrutiny (internal)  Implementation of Group Benefits Realisation approach, agreed by Board (Internal)								
2	Group Performance Management framework, including areas where not on track.		Performance management framework and meetings (Internal)				Aligned internal performance framework report through to F&P  Role of GEM preboard committees on review and delivery of performance		Review of GEM governance and effectiveness	Director of Corporate Governance31.07.2023	
3	Management of capital and working capital.		Performance management framework and meetings (Internal)								
4	Workforce Management meetings (Workforce)		Finance & Performance Committee minutes (Internal)(NGH))								
5	Efficiency/Productivity reporting		Group Transformation Committee and Group Strategic Delivery Group (internal)								
6	Elective recovery monitoring		Finance & Performance Committee (internal)								
7	Finance & Performance meetings		Finance & Performance Committee minutes (Internal)  System Finance meeting minutes (External)  System collaboration and joint working including Group representation (Group CFO, DoFs & NEDs) at System Finance Committee minutes  Group Business Planning Framework in place and used in 23/24 Planning				Group policy on reforecasting, if a reforecast is required in-year		Development of a policy reforecasting  Budget Holder Policy	CFO/DoS30.09.2023	
Current Controls		Plan Delivery Assurance/ Group IGRs (Internal / External)		Control Gaps		Assurance Gaps		Further planned actions to mitigate gaps		Action Owner Due date	

8	Hospital Management Team meetings	Hospital Management Team minutes (Internal)					
9	Group Executive meetings	Group Executive meeting minutes (Internal)					
10	External review of underlying deficit and improvement opportunities	23/24 plans have an underlying financial position, which will continue to be managed (Internal/ External)					
12	Established Group Transformation Committee and Group Strategic Delivery Group	Structure and processes for Group transformation, investment controls and opportunity identification / delivery (internal)					
13	Established Hospital and group Vacancy control panels						

BAF Link	Risk ID (BAF/CRR)
UHN001 (Group People Plan)	KCRR017 - Organisational challenge in relation to staffing with the potential to impact negatively on patient experience and outcomes (Current risk score 16) KCRR069 – Management of V&A incidents to staff and impact on staff well-being (Current risk score 15)
	NGH46 - Detrimental staff wellbeing and mental health including self harm and suicide (Current risk score 20) NGH47 - HCSW Retention (Current risk score 16) NGH49 - Staff Morale (Current risk score 16)
UNH002 (Clinical Strategy)	KCRR049 - If Radiology imaging is not completed within 6 weeks of referral the Diagnostic target will be breached (Current risk score 16) KCRR065 – Safe delivery of T&O Spinal Surgery (Current Risk score 15)
	NGH331 - Risk of harm due to inappropriate admission and prolonged hospital stay due to lack of community haemodialysis slots (Current Risk Score 20) NGH88 - Failure to Meet National Cancer Waiting Times Standards (Current risk score 16) NGH536 - Struggling to safely staff/sustain Respiratory on-call Physio service (Current Risk score 16)
UHN003 (Group Nursing, Midwifery and Allied health Professionals strategy)	
	NGH39 - Risk of lack of adherence to good safeguarding practices in the trust (current risks score 16) NGH41 - There is a risk that patients are not being discharged robustly and safely (Current risk score 16) NGH42 - Risk that patients in NGH will suffer harm from falling (Current risk score 15) NGH74 - Risk of harm to patients from physical and psychological deconditioning (current risks score 16) NGH168 - Risk of patients requiring mental health admission with delayed transfers of care inappropriately kept in Assessment bays (current risk score 15) NGH260 - There is a risk due to increased volume of investigations and a number of historical incidents being opened (Current Risk score 20) NGH282 - Small for gestational age and growth-restricted babies may not be detected and managed appropriately (current risk score 15) NGH291 - Risk of an adverse event due to delays in the Induction of Labour process (current risk score 15) NGH304 - There is a risk of an adverse event as a consequence of no second maternity out of hours theatre team (current risks core 15) NGH307 - There is a risk of an adverse event as a result of incorrect CTG interpretation (current risk score 15) NGH562 - Risk that children & pregnant women at risk may not be identified due to insufficient skill & availability within Safeguarding (Current risks score 20) NGH569 - Reputational and patient safety risk of reporting inaccurate covid and flu data externally and within the organisation (current risk score 16)
UHN004 (Integrated Care Board)	KCRR011 - Continued extreme pressure on capacity and reported incidents of low nursing levels and delayed discharges creates the risk of creates the risk of poor quality of care and patient safety, combined with staff well-being. (current risks core 20)
	NGH 424 - Risk of reduced patient safety when demand exceeds capacity (Current risk score 25)
UHN005 (Group Strategic Estates Programme)	KCRR015 - No sustainable capacity for urgent care (Current risk score 20) KCRR026 - Risk of loss of power or reduced power to site if the main high voltage incoming switchgear fails (Current risk score 15) KCRR030 - Loss of heating and hot water failures and interruptions to some or all areas of the trust due to age of boiler system (Current risk score 16) KCRR059 - Risk to patient safety and quality of care due to the current layout of LNU as there is a lack of visibility of all babies and the lack of continuous supervision of these babies (Current risk score 16) KCRR036 - Recognition that due to the age of the Trusts estate not all wards or services have suitable environments to be able to provide a high-quality service from. (Current risk score 16) KCRR040 - Recognition that due to the age of the some of the medical and diagnostic equipment, maintenance and replacement parts are no longer available (Current risk score 15) KCRR045 - A significant increase in headcount coupled with reduced useable office accommodation puts at risk operational and clinical efficacy and compliance with workplace occupational health and safety regulations (Current risk score 16) KCRR055 - Recognition that areas of Trust could fall into darkness due to aged lighting that is no longer available (Current risk score 15) KCRR062 – Risk to staff safety thorough lack of Entonox monitoring (Current risk score 16)
	NGH259 - Risk of exposure to asbestos fibre from lack of management to exposure (Current risk score 15) NGH 262 - Risk of asbestos related diseases from exposure to asbestos fibre (Current risk score 20) NGH 265 - Heating and hot water infrastructure (Current risk score 16) NGH 270 - Risk of failure to meet national standards of cleaning (Current risk score 16) NGH 301 – Risk of failure of gas interlock system (current risk score 15)
UHN006 (Group Academic Strategy)	KCRR017 - Organisational challenge in relation to staffing with the potential to impact negatively on patient experience and outcomes (Current risk score 20)



BAF Link	Risk ID (BAF/CRR)
UHN007 (Digital Strategy)	KCRR054 - Lack of quality assurance on destruction of the paper originals of scanned records in line with the EPR project (Current risk score 16) KCRR038 - Loss of the current Intranet service and experience a loss of data contained therein. (Current risk score 16) KCRR009 - Threat to IT systems from Cyber security and malware attacks (Current risk score 16)
	NGH 93 - Clin Apps - No Electronic Prescribing and Medicine Administration System (EPMA) (Current risk score 16) NGH 114 - TECH - threat to our IT systems and / or infrastructure from a cyber or malware attack resulting in a loss of service or data (Current risk score 15)
UHN008 (Group Medium Term Financial Plan)	KCRR056 - Failure in having financial control measures to deliver the 22-23 Financial Plan and return to medium term financial balance (Current risk score 20)
	NGH 35 - Failure in having financial control measures to deliver the 22-23 Financial Plan and return to medium term financial balance (Current risk score 20) NGH 38 - The Trust may not have sufficient capital for Capital requirements or may not be able to maximise its capital spend (Current risk score 15) NGH40 - There is a risk to the consistent supply and availability of clinical consumables from NHSSC (current risk score 15)

## Cover sheet

Meeting	Boards of Directors (Part I) Meeting in Public
Date	8 <sup>th</sup> December 2023
Agenda item	10

Title	<b>Emergency Preparedness, Resilience &amp; Response (EPRR): KGH &amp; NGH Annual Reports 2023</b>
Presenters	Fay Gordon (Chief Operating Officer KGH) and Palmer Winstanley (Deputy Chief Executive, NGH)
Author	Deputy Chief Operating Officers: Matthew Tucker (KGH) and Carl Holland (NGH) EPRR Managers: Craig McGowan (KGH) and Andrea Contini (NGH)

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

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

Reason for consideration	Previous consideration
Statutory requirement (and assessed annually) for boards to receive and challenge full annual reports	UHN Clinical Quality, Safety and Performance Committee, 1 December 2023
Executive Summary	
As an acute provider of NHS Funded Care, the Trust is required to evidence appropriate planning and response mechanisms for a wide range of emergencies and business continuity incidents. These requirements are set out by the Civil Contingencies Act (CCA,	

2004) and NHS England's Emergency Preparedness, Resilience and Response (EPRR) Framework 2015.

There are 62 core standards applicable to acute organisations and in order to achieve partial compliance, 72% of standards need to be fully compliant, substantial compliance 95%, and fully compliant 100%.

Several mitigating circumstances impacted on the 2023 submission, including a much more stringent compliance assessment by regional EPRR (previous years were completely self-assessed) and changes in KGH EPRR personnel resulting in a gap of expert support and significantly reduced timescales to ensure all policies and plans were updated, consulted on and ratified.

This full report has been reviewed by the Group Clinical Quality, Safety and Performance Committee (CQSP) on 1st December, any feedback from this meeting will be set out in the committee report to Boards at agenda item 5.

### Kettering General Hospital was assessed as non-compliant

42% of the 62 core standards assessed as fully compliant and 58% assessed as partially compliant. No standards were assessed as non-compliant.

Core Standards	Total standards applicable	Fully compliant	Partially compliant	Non compliant
Governance	6	3	3	0
Duty to risk assess	2	1	1	0
Duty to maintain plans	11	3	8	0
Command and control	2	2	0	0
Training and exercising	4	0	4	0
Response	7	5	2	0
Warning and informing	4	4	0	0
Cooperation	4	2	2	0
Business Continuity	10	1	9	0
CBRN	12	5	7	0
<b>Total</b>	<b>62</b>	<b>26</b>	<b>36</b>	<b>0</b>
<b>Overall Compliance:</b>	<b>Non Compliant</b>			

Three areas stand out in our assessment:

- 1) Duty to Maintain plans – our current plans required updating to account for latest guidance on an annual basis. Most plans had been updated but in the submission timescales we had not consulted nor ratified them. Thus, we submitted our current but not updated plans which were deemed partially compliant. This was a result of an unfilled EPRR Manager vacancy for 7 months of 2023.
- 2) Training and exercising – there were areas of good compliance e.g. CBRN, however ensuring our on-call staff have command and control training, and wider staff groups understand EPRR principles were not evidenced
- 3) Business Continuity – we were unable to provide up to date BC plans and testing regimes. We have allocated specific resources to undertake this, initially focussed on maternity in support of the Rockingham wing RAAC programme

A detailed action plan using the national EPRR Assurance Framework has been developed and interim resources sourced to support further development and delivery of the action plan along with the day-to-day EPRR portfolio is maintained, whilst substantive recruitment is undertaken. A bi-weekly assurance meeting is in place with the COO to monitor progress, and monthly progress updates will be reported to the Trusts H&S committee

Kettering General Hospitals Health and Safety Committee reviewed the full annual report on 22<sup>nd</sup> November 2023 and concluded it was reasonably assured with this programme as there was an approved and comprehensive action plan in place to recover compliance.

### Northampton General Hospital was assessed as non-compliant

37% of the 62 core standards assessed as fully compliant and 63% assessed as partially compliant. No standards were assessed as non-compliant.

Core Standards	Total standards applicable	Fully compliant	Partially compliant	Non compliant
Governance	6	5	1	0
Duty to risk assess	2	2	0	0
Duty to maintain plans	11	3	8	0
Command and control	2	2	0	0
Training and exercising	4	0	4	0
Response	7	4	3	0
Warning and informing	4	0	4	0
Cooperation	4	1	3	0
Business Continuity	10	3	7	0
CBRN	12	3	9	0
<b>Total</b>	<b>62</b>	<b>23</b>	<b>39</b>	<b>0</b>
<b>Overall Compliance:</b>	<b>Non Compliant</b>			

Five domains have been identified as priority for focus:

- Duty to maintain plans
- Training and exercising - a deep dive highlighted the need to broaden and include different staff groups in the training cycle
- Warning and informing
- Business Continuity - the Resilience Planning Group (RPG) has been revised to ensure all business continuity leads across the organisation are involved
- CBRN (documentation management)

A detailed action plan using the national EPRR Assurance Framework has been developed and submitted to the ICB and NHS England. Alternative resources to support the Trust EPRR function are being sourced to fill the administrative gap as the EPRR and ICC Administrator will leave for a 12 month secondment . The plan is monthly reviewed by the Resilience Planning Group and Deputy COO, and progress shared with the Integrated

Care Board. This is also regularly reported 4 times a year to the Assurance and Risk Committee and issues escalated to CQSP Committee if deemed necessary.

Both Trusts' action plans are detailed in the appendices of the full reports and are available directly from the Group Company Secretary, Deputy Chief Operating Officers or EPRR Managers.

#### Appendices

Full annual reports from:

- Kettering General Hospital
- Northampton General Hospital

Available in 'documents' section of Board portal and from the Trust Board Secretary: please email [richard.may1@nhs.net](mailto:richard.may1@nhs.net)

#### Risk and assurance

There are several EPRR risks, all detailed in the full annual reports in the appendix

#### Financial Impact

In order to ensure compliance interim support has been secured and equipment investment e.g. replacement radio comms system, will require procuring

#### Legal implications/regulatory requirements

EPRR compliance is a statutory requirement

#### Equality Impact Assessment

Neutral

## Cover sheet

Meeting	Boards of Directors (Part I) Meeting in Public
Date	8 December 2023
Agenda item	11

Title	Remuneration and Appointments Committees: Terms of Reference
Presenter	Richard Apps, Director of Governance
Author	Richard May, Trust Board Secretary

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

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

Reason for consideration	Previous consideration
The Committees have considered and proposed amendments to Terms of Reference to enable a Chair and Vice-Chair to be appointed on an annual basis by the Board of Directors. The amendments have been requested by the Trusts' Chair, who currently convenes meetings.	Remuneration and Appointments Committees, 3 November 2023
Executive Summary	



Revised Terms of Reference are enclosed for the Committees' review. It is proposed that the Boards appoint a chair and vice-chair from amongst the committees' membership each year (currently, the Trust Chair presides). Following appointment, one of the chairs will be asked to convene meetings. These amendments have been recommended by the Trusts' Chair and reflect suggested best practice in the Code of Governance for NHS Provider Trusts.

The Committees **RECOMMENDED TO THE BOARDS OF DIRECTORS** that, subject to the changes proposed, revised Terms of Reference be approved as set out at Appendices A-B attached. The Boards of Directors are requested to **RATIFY** these recommendations.

#### Appendices

Revised drafts: Terms of Reference

#### Risk and assurance

No direct implications

#### Financial Impact

None

#### Legal implications/regulatory requirements

As above

#### Equality Impact Assessment

Neutral



## TERMS OF REFERENCE

### REMUNERATION AND APPOINTMENTS COMMITTEE

#### 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 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

- 3.1 All Non-Executive Directors shall be members of the Committee. **The Board of Directors shall appoint members to Chair and Vice-Chair the Committee, on an annual basis. Associate Non-Executive Directors will be invited to attend meetings but shall not be members of the Committee.**
- 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 Committee 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 Committee 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 Committee 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 Constitution, 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 the Board of Directors and Council of Governors in respect of any changes to the Constitution which may be required.
- 7.1.4 The Committee will make recommendations to the Council of Governors concerning the appointment of the Chief Executive.

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

- 7.2.1 The remuneration committee has delegated responsibility for setting remuneration for postholders, 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:**

- 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;
- 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. The Committee shall delegate authority to its 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**

- 10.1 The Chair of the committee will seek feedback from all attendees on the effectiveness of committee meetings following each meeting .
- 10.2 The Committee will carry out an annual review of its performance and function in satisfaction of these Terms of Reference and report to the Board on any consequent recommendations for change.

Review date: December 2023 (Board of Directors)

Next Review: December 2024

DRAFT

**APPENDIX B (8 December 2023)**

# **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 Board of Directors shall appoint members to Chair and Vice-Chair the Committee, on an annual basis. Associate Non-Executive Directors will be invited to attend meetings but shall not be members of the Committee.**

3.2 A quorum of the Committee shall be three members including its 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 Committee Chair 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 its 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: December 2023*

*Review date: December 2024*

## Cover sheet

Meeting	University Hospitals of Northamptonshire NHS Group (UHN) Boards of Directors (Kettering General Hospital / Northampton General Hospital) (Part I) Meetings in Public
Date	8 December 2023
Agenda item	12

Title	Appointments to Committees (KGH, NGH, UHN) and Lead Roles for 2024
Presenter	John MacDonald, UHN Chair
Author	Richard May, UHN Company Secretary

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

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

Reason for consideration	Previous consideration
To make arrangements for the appointments of Non-Executive Directors (NED) to Committees and Lead Roles for 2024.	None

## Executive Summary

The Boards of Directors appointed Non-Executive Directors to committees and lead roles in November 2022 for the 2023 calendar year. Given the ongoing review of governance appointments and recent changes to Non-Executive Directors cohort, the Boards are invited to **APPROVE** the continuation of existing appointments to Committees and Lead Roles, enabling January 2024 committees to proceed, and pending further review at the February 2024 meetings:

Board Committee	Chair(s)	Deputy Chair / NED	NED
Finance and Performance	Damien Venkatasamy and Rachel Parker	Andrew Moore and Denise Kirkham	-
Clinical Quality, Safety and Performance	Chris Welsh* and Andre Ng	Natalie Armstrong and Jill Houghton*	-
People	Deborah Manger** and Denise Kirkham	Alice Cooper and Elena Lokteva	-
Audit	Alice Cooper and Elena Lokteva	Trevor Shipman and Jill Houghton	KGH vacancy and Rachel Parker
Remuneration and Appointments	Trevor Shipman and Denise Kirkham**	All NEDs***	
Transformation and Digital Hospital	Andrew Moore** and Jill Houghton	Vacant	
UHN/UHL Partnership Board	John MacDonald (member)	Trevor Shipman and Rachel Parker (members)	
Strategic Development	Trevor Shipman (KGH only)	Vacant	
Elective Collaborative	Vacant (KGH) / Elena Lokteva (NGH)	-	
<b>Additio nal Lead role</b>	<b>KGH NED lead</b>	<b>NGH NED Lead</b>	
<b>Health and Wellbei</b>	Deborah Manger	Denise Kirkham	

<b>ng Guardia n</b>		
<b>Freedo m to Speak Up</b>	Trevor Shipman	Denise Kirkham
<b>Safegua rding</b>	Trevor Shipman	Jill Houghton
<b>Security Manage ment</b>	Trevor Shipman	Rachel Parker
<b>Materni ty</b>	Natalie Armstrong	Jill Houghton
<b>Childre n and Young People</b>	Vacant	Jill Houghton
<b>Doctors ,  disciplin ary</b>	Chris Welsh	Andre Ng

\*Appointed to Non-Executive positions on both Boards.

\*\*To convene (preside at) meetings on behalf of both Trusts

\*\*\*Associate Non-Executive Directors are not members of the Remuneration and Appointments Committees, though they may attend meetings.

In addition to the roles specified above, Trevor Shipman (KGH) and Rachel Parker (NGH) continue to hold the positions of Trust Vice-Chair and Senior Independent Director.

#### Appendices

None

#### Risk and assurance

None

#### Financial Impact

None

#### Legal implications/regulatory requirements

The appointment of Non-Executive Directors to Board Committees is reserved to the Board of Directors within the KGH Constitution and NGH Standing Orders.

#### Equality Impact Assessment

Neutral

## Cover sheet

Meeting	Boards of Directors (Part I) Meeting in Public
Date	8 December 2023
Agenda item	13

Title	External Audit Appointment: Northampton General Hospital (NGH)
Presenter	Richard Wheeler, Interim Chief Financial Officer
Author	Richard Wheeler, Interim Chief Financial Officer

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

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

Reason for consideration	Previous consideration
Request approval to take the option for a 1-year contract extension for External Audit contract previously approved.	Audit Committees, September and November 2023



## Executive Summary

In 2020, a four-year contract, was approved with Grant Thornton UK LLP, which covers the period up to and including the 2023/24 financial year audit.

That contract provided for a 1-year extension which has now been considered by the Trust's Audit Committee. The Committee noted that there were very few providers on the external audit market and consequently recommended that the Trust exercise the 1-year extension to cover the external audit for financial year 2024/25, with a full tender process to commence in 2024 covering the financial year 2025/26, including evaluation of the current provider.

The **NGH Board of Directors** is requested to **APPROVE** and **RATIFY** this recommendation.

The Kettering General Hospital Audit Committee supported a similar extension; as a Foundation Trust, this recommendation is subject to approval by the Council of Governors at its meeting on 6 December 2023.

## Appendices

None

## Risk and assurance

Section 7 of the 2014 Act requires that an NHS trust or CCG appoints an external auditor to audit its accounts by 31 December in the financial year preceding the one to which the audit relates.

## Financial Impact

Limited supplier market and professional rates have increased significantly.

## Legal implications/regulatory requirements

Under schedule 4, paragraph 1 of the 2014 Act, the board can resolve to nominate its audit committee to act as its auditor panel to advise the organisation's board on the selection and appointment of the external auditor.

## Equality Impact Assessment

Neutral

# Paper

## Situation

Call off contract for NGH was awarded covering financial years 2020/21 to 2023/24.

A 1-year extension was available, to be confirmed prior to the expiry of the fourth annual term.

Contract values in years 2-4 are subject to inflationary uplifts and to changes in National Audit Office Code of Audit Practice, financial reporting changes and auditing standards. All contract value changes are subject to mutual agreement between the supplier and the trust. Values for 2023/24 are currently in discussion.

## Background

Grant Thornton have been External Auditors to NGH since 2020/21. Expectations on NHS bodies are they should change audit firm at least every 20 years. We are operating within current boundaries.

The NGH Audit Committee considered the options in September, including that the January 2024 Audit committee is brought forward to allow for the NGH Board to consider and approve a recommendation at its December 2023 meeting, allowing arrangements for the 2024/25 audit to be determined within a suitable period prior to the end of the financial year.

## Assessment

Intention would be to commence a process in early 2024 where the auditor panel supported by Trust officers advise on the selection, appointment and removal of external auditors and on maintaining an independent relationship with them.

## Recommendation(s)

The Trust Audit Committee at its meeting on 27 November 2023 made a recommendation, to take forward for consideration by the Board of Directors, to exercise the 1-year option to extend the contract with Grant Thornton UK LLP to cover the financial year 2024/25. The NGH Board of Directors is recommended to **APPROVE** and **RATIFY** this recommendation