Boards of Directors (Part I) Meeting in Public

Fri 06 December 2024, 09:30 - 11:30

William Wilson Room, Cripps Postgraduate Centre, Northampton General Hospital

Agenda

09:30 - 09:30
0 min

1. Welcome, apologies and declarations of interest

Andrew Moore

- 1. UHN Boards Part I Agenda 061224 (1).pdf (2 pages)

09:30 - 10:00
30 min

2. Patient Story - Clinical Collaboration in ENT and Head and Neck

Presentation *Hemant Nemade*

- 2. Not public pack HN Integration and Patient Story Nov 24.pdf (6 pages)

10:00 - 10:05
5 min

3. Minutes of the previous meeting held on 4 October 2024 and Action Log

Decision *Andrew Moore*

- 3.1 041024 Draft Minutes UHN Public Part I Board of Directors meeting.pdf (11 pages)
- 3.2 Board Action Log Updated 041024 Part I Boards.pdf (2 pages)

10:05 - 10:15
10 min

4. Chair's report (verbal)

Information *Andrew Moore*

4.1. UHN Chief Executive's report

Information *Laura Churchward*

- 4.1 Final CEO report 061224.pdf (3 pages)

10:15 - 11:00
45 min

5. Integrated Performance Report (IPR - enclosed) and Board Committee Chairs' reports

Assurance *Laura Churchward / Executive Leads / Board Committee Chairs*

- 5. Cover sheet_IGR.pdf (2 pages)
- 5.0 Group Upward Reporting to UHN 061224 Boards (1).pdf (18 pages)
- 5. Nov24 IPR (1).pdf (107 pages)

11:00 - 11:10
10 min

6. Maternity Perinatal Dashboards

Assurance *Julie Hogg*

- 6. UHN Perinatal Quality Surveillance Scorecard Nov 2024 (Oct Data).pdf (4 pages)
- 6. Appendix 1 - NGH FINAL PQSM OCT 24.pdf (10 pages)
- 6. Appendix 2 - KGH FINAL PQSM OCT 24.pdf (9 pages)

11:10 - 11:20
10 min

7. Patient Safety and Incident Response Frameworks (PSIRF)

Decision *Hemant Nemade*

- 7. PSIRP - UHN-Cover-Sheet (002).pdf (2 pages)
- 7. UHN PSIRP V1.6.pdf (17 pages)

11:20 - 11:20
0 min

8. Use of the Trusts' Seals

Information *Richard Apps*

- 8. UHN Cover Sheet Trusts' Seal 061224 (1).pdf (2 pages)

11:20 - 11:25
5 min

9. Revised Terms of Reference for the Operational Performance and Clinical Quality and Safety Committees

Decision *Richard Apps*

- 9. OPC CQSC TOR review Board cover report Dec 24.pdf (3 pages)
- 9. Appendix 1 OPC TOR review Nov 2024.pdf (5 pages)
- 9. Appendix 2 CQSC TOR review Nov 24.pdf (6 pages)

11:25 - 11:30
5 min

10. Northamptonshire Healthcare Charitable Fund - Amendments to Memorandum

Decision *Richard Apps*

LUNCH AND WARD VISITS 12:30-13:30

- 10. Cover NHCF MOU 061224.pdf (3 pages)
- 10. Appendix MOU amendments - agreed at 08112024.pdf (5 pages)

11:30 - 11:30
0 min

11. Questions from the public

11:30 - 11:30
0 min

12. Any other business and close

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

Meeting	Boards of Directors (Part I) Meeting in Public
Date & Time	Friday 6 December 2024, 09:30-11:30
Location	William Wilson Room (First Floor), Cripps Postgraduate Centre, Northampton General Hospital

Purpose and Ambition					
The Boards are accountable to the public and stakeholders; to formulate the Trusts' strategies; ensure accountability; and to shape the culture of the organisations. The Boards delegate authority to Board Committees to discharge their duties effectively and these committees escalate items to the Boards, where Board oversight, 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 – Clinical Collaboration in ENT and Head and Neck	Medical Director	09:30	Discussion	Presentation
3	Minutes of the Previous Meeting held on 4 October 2024 and Action Log	Chair	10:00	Decision Receive	Attached Attached
4	4 Chair's Report 4.1 UHN Chief Executive's Report	Chair Chief Executive Officer	10:05	Information Information	Verbal Attached
Operations					
5	Integrated Performance Report (IPR) / Board Committee Chairs' Reports	Chief Executive and Executive Directors / Committee Chairs	10:15	Assurance	Attached
6	Maternity Perinatal Dashboards	Chief Nurse	11:00	Assurance	Attached
Strategy					
7	Patient Safety Incident Response Framework (PSIRF)	Medical Director	11:10	Decision	Attached

	Governance				
8	Use of the Trusts' Seals	Director of Corporate and Legal Affairs	11:20	Information	Attached
9	Revised Terms of Reference for the Operational Performance and Clinical Quality and Safety Committees	Director of Corporate and Legal Affairs	11:20	Decision	Attached
10	Northamptonshire Healthcare Charitable Fund – Amendments to Memorandum	Director of Corporate and Legal Affairs	11:25	Decision	Attached
11	Questions from the Public	Chair	11:30	Information	Verbal
12	Any Other Business and close	Chair	11:30	Information	Verbal

UHN Head and Neck Integration

Patient Story

Hemant Nemade
UHN Medical Director

December 2024

University Hospitals of Northamptonshire NHS Group

Exec Summary

- This paper provides the UHN Boards with an update in relation to the UHN Head and Neck integration
- Since the UHN Head and Neck Service integrated in 2020, the Northampton and Kettering teams consolidated under a Group Clinical Director and have worked together to deliver combined non-elective and elective services, building on the existing collaboration of the head and neck cancer service
- The Ear, Nose and Throat (ENT) Service integrated the emergency inpatient pathway across UHN, by transferring all Kettering inpatients to Northampton, in 2021. This has improved the emergency pathway and reduced admissions to the Head and Neck Ward and patient length of stay
- Elective ENT activity has increased across the group in the past year and patient access has improved, with shorter waiting times, for Northampton patients
- A wider range of innovative services are now offered. Kettering provides specialist outpatient procedures and Northampton has established a robotic service for patients across the East Midlands
- Next steps are to integrate the two audiology services across UHN and collaborate with the University Hospitals of Leicester on Oral Maxillo-Facial Surgery

Setting the scene before integration

- KGH did not offer a weekend/Emergency Inpatient ENT service (pre-14th July 2021)
  - Any patient who was an inpatient over the weekend had to be transferred to NGH and then moved back to KGH on a Monday.
- Northampton had longer waiting lists for elective surgery than Kettering

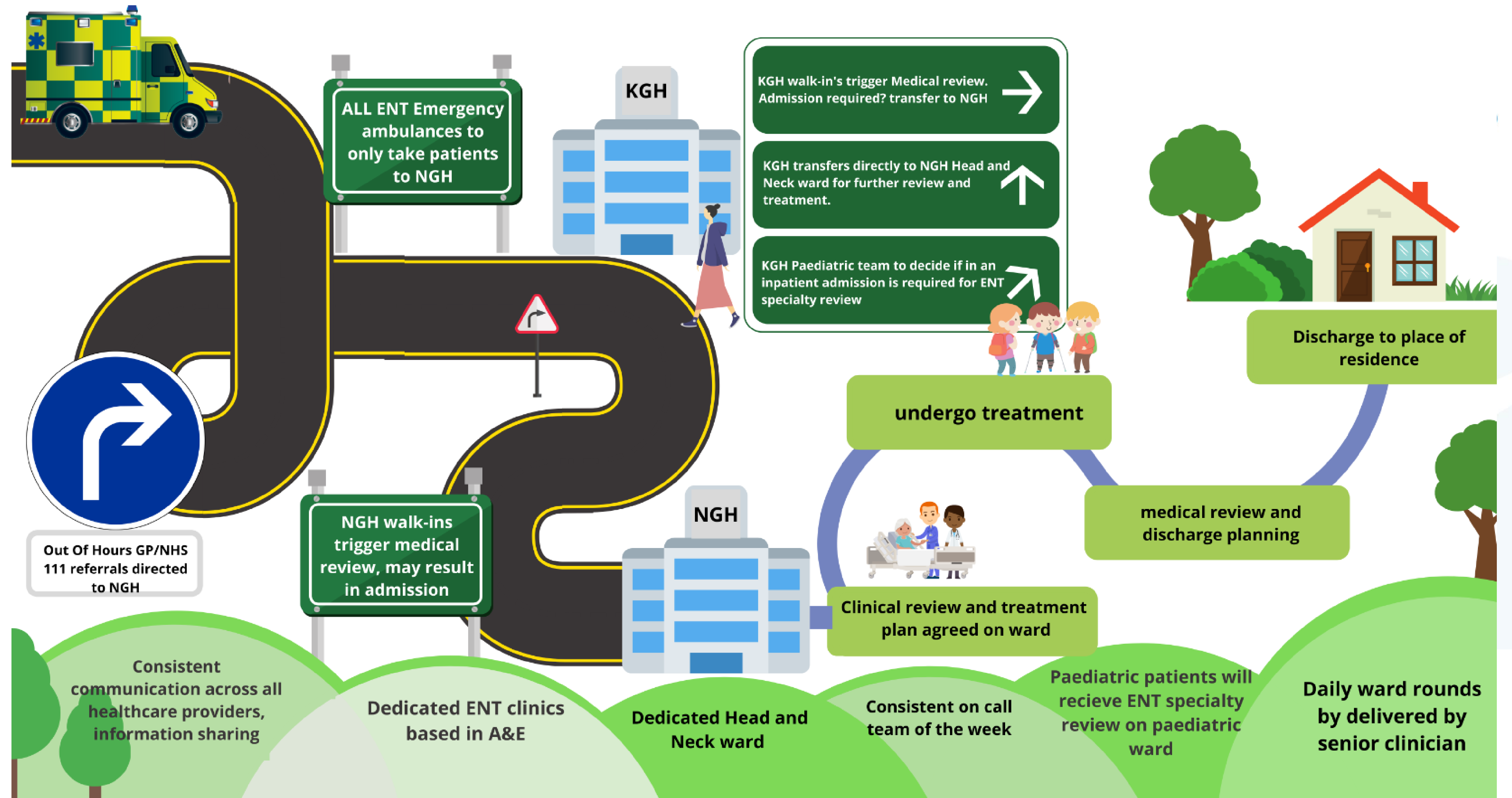
Feedback from patients has told us that this approach and model is not working

- There are issues with consistency of care
- Communication failures
- No continuity of care. Patients go back via NGH ED and be triaged again prior to admission

What did we do?

- Together we contacted over 400 previous ENT patients who had used the emergency pathway
- We held a focus group (8 participants) to discuss the current service and the issues they faced
- We asked patients about their experience of the service and reflected this in the new pathway

Integrated Northamptonshire ENT Emergency Inpatient Pathway



Head and neck integration successes

- All non-elective ENT inpatient admissions consolidated to Northampton avoiding multiple patient transfers and reduced admissions to the Head and Neck Ward
- Reduced length of stay from 3.5 days across UHN to 1.5 days due to 7-day consultant-led ward rounds
- Northampton has introduced robotic head and neck surgery as part of the East Midlands cancer service and Kettering is now developing a specialist outpatient centre for trans-nasal oesophagoscopy (TNO)
- Clinical audit on safety of patient transfer from Kettering to Northampton demonstrated most patients were transferred quickly and safely, with 40% going directly to the head and neck ward, avoiding ED
- Elective ENT activity (including daycase) has increased across the group
- Pioneering the use of Prevents VOIS Thyroplasty implants to improve the voice in patients with unilateral vocal cord. This procedure is rare, with only 3 or 4 centres across the country offering it. We will soon become the first centre in the UK to publish our results in January 2025
- Kettering is now recognised by the General Medical Council (GMC) as a training centre for ENT Higher Specialist Trainees (HST)
- The team identity has now transformed into a UHN service with single management structure, clinicians working across both sites, shared clinical protocols and governance with a single Patient Tracking List (PTL)

Dedicated to excellence

Conclusion and next steps

This service has concluded that:

- Over the past 3 years, integration of the Kettering and Northampton Head and Neck Service has delivered significant improvements for patients
- Strong clinical leadership and corporate support are fundamental to success
- Single divisional and corporate team structures should expedite future integration

Next steps are to:

- Integrate the two audiology services, and;
- Collaborate with the University Hospitals of Leicester to improve sustainability of Oral Maxillo-Facial Surgery

Minutes of the Meeting

Meeting	Boards of Directors of the University Hospitals of Northamptonshire NHS Group (UHN) comprising Northampton General Hospital (NGH) and Kettering General Hospital (KGH) (Part I) Meeting together in Public
Date & Time	4 October 2024, 09:30-14:30
Location	Boardroom, Kettering General Hospital

Purpose and Ambition
The Boards are accountable to the public, stakeholders and KGH Council of Governors to formulate the UHN Group's strategy, ensure accountability and shape the culture of the group. The Boards delegate authority to Committees to discharge their duties effectively and these committees escalate items to the Boards where decision making, assurance and direction is required.

Attendance	Name and Title	
Present		
	Andrew Moore	Trusts' Chair
	Richard Mitchell	Chief Executive (UHN/UHL)
	Laura Churchward	Chief Executive (UHN)
	Richard Apps	Director of Corporate and Legal Affairs
	Natalie Armstrong	Non-Executive Director
	Alice Cooper	Non-Executive Director
	Stuart Finn	Director of Estates, Facilities and Sustainability
	Polly Grimmett	Director of Strategy
	Julie Hogg	Interim Chief Nurse
	Jill Houghton	Non-Executive Director
	Denise Kirkham	Non-Executive Director
	Paula Kirkpatrick	Chief People Officer
	Will Monaghan	Chief Digital Information Officer
	Hemant Nemade	Medical Director
	Sarah Noonan	Chief Operating Officer
	Suzie O'Neill	Director of Communications and Engagement
	Trevor Shipman	Vice-Chair and Non-Executive Director
	Caroline Stevens	Non-Executive Director
	Becky Taylor	Director of Transformation and Continuous Improvement
	Damien Venkatasamy	Non-Executive Director
	Chris Welsh	Non-Executive Director
	Richard Wheeler	Chief Finance Officer
In Attendance		
	Simon Baylis	Lead Governor, KGH
	Susan Clennett	Freedom to Speak Up Guardian, KGH (Item 13)
	Ilene Machiva	Director of Midwifery, NGH (Items 9-10)
	Richard May	Company Secretary

	Jonathan McGee	Chief Executive Northamptonshire Health Charity (Item 11)
	Jane Sanjeevi	Freedom to Speak Up Guardian, NGH (Item 13)
	Luke Sullivan	Freedom to Speak Up Guardian, NGH (Item 13)
	Mara Tonks	Director of Midwifery, KGH (Items 9-10)

Item	Discussion	Action Owner
1	**Welcome, Apologies and Declarations of Interest** The Chair welcomed colleagues to the meeting, extending particular welcomes to colleagues attending their first meetings: - Laura Churchward, UHN Chief Executive - Will Monaghan, UHN/UHL Chief Digital Information Officer - Suzie O'Neill, UHN Director of Communications and Engagement, returning to the trusts following maternity leave. There were no apologies for absence or declarations of interest relating to specific agenda items.	
2	**Gabriella's story** The Boards viewed a video in which Gabriella shared her experience of treatment at NGH after breaking her leg in October 2023, the care that she received and the changes that could be made to the way different teams communicated and worked together. Whilst Gabriella received excellent treatment and was thankfully recovering well, lack of timely and effective communication between clinical teams regarding diagnosis, and with her directly, exacerbated a situation which was already a source of considerable stress and anxiety. Gabriella's experience in the Emergency Department did not represent the quality of service and care the Trusts should be aspiring to as, following initial triage, Gabriella experienced considerable pain and discomfort in the seated waiting area. Gabriella was particularly praiseworthy of the fracture clinic, who were responsive and kind and provided confidence and peace of mind to accelerate recovery. The Boards thanked Gabriella for providing feedback and were assured that departments concerned were responding positively in implementing changes in response; the Boards were advised that tagging would be rolled out at KGH to ensure equipment was available in the right places at the right times, and that UHN midwifery, nursing and patient safety for a were now in place to enable the dissemination of learning between the trusts.	
3	**Minutes of the last meeting held on 2 August 2024 and Action Log** The Minutes of the meeting of the Boards of Directors of Kettering General Hospital (KGH) and Northampton General Hospital (NGH) held on 2 August 2024, were approved as a correct record. The Boards noted the action log and specifically actions: • Feb 24 (5): for December 2024 meeting (open)	

	• Aug 24 (4): Complete: close • Aug 24 (11): The Interim Chief Nurse advised that Boards' members' ward and service visits had been reinstated for this meeting to provide an informal opportunity to meet and talk to colleagues and patients. A separate formal programme of quality assurance visits was also being prepared. Boards' Members were requested to promote the 2024 Staff Survey during the visits, which launched on Monday 7 October 2024.	
4	**Chair's Report** The Chair confirmed that this was the first public meeting of the UHN Boards of Directors following the appointment of executive and non-executive directors to UHN positions on both Boards of Directors; he commended all colleagues who had been successful in recent recruitment processes and extended thanks to those who had recently left the trusts following the process. The Chair aspired to lead a high-performing unitary board in which contrasting but complementary executive and non-executive roles were clearly defined and understood, focussed on constructive challenge and support, seeking and obtaining assurance around the quality and safety of care, robust performance management and role-modelling of leadership behaviours aligned to the group's Values. The role, function and agenda for Boards and Committee meetings would be reviewed to ensure space for consideration and progress of key issues, empowering Committees to provide detailed challenge to release the Boards to focus on the most significant exceptions.	
4.1	**UHN/UHL Chief Executive's Report** The UHN/UHL welcomed Laura Churchward to her first meeting since taking up the position of UHN Chief Executive. He looked ahead to the second half of the 2024-25 financial year which would be particularly challenging and a period in which the trusts must demonstrate positive progress and performance whilst maintaining safety and strong governance, acknowledging and sharing areas of strong performance and being open and realistic where improvements were required.	
4.2	**UHN Chief Executive's report** The UHN CEO provided initial reflections from her first week in post, thanking colleagues for being welcoming and engaging. She looked forward to working together to tackle significant issues as the winter period approached, particularly with regard to safe and timely discharge to enable patient flow through the hospitals, balancing short term decision-making with longer term sustainability.	
5.	**Integrated Governance Report (IGR) and Board Committee Summaries** Executive leads brought the following key exceptions to the Boards' attention:	

Quality and safety

- Performance remained stable in a sub-optimal care environment with strong Friends and Family Test feedback and improving Emergency Department (ED) performance,
- Complaints performance required improvement, particularly in respect of responses not being returned in a timely fashion due to sickness and annual leave. The Boards emphasised the role of the Patient Advice and Liaison Service, and of dialogue and informal resolution, in addressing this issue, noting progress towards the alignment of processes between the trusts.
- A 'deep dive' review had identified that deaths in the EDs had increased at both hospitals, and that this was likely to be partly attributable to increasing overcrowding and lengths of stay, and was a matter of significant concern as the trusts approached the winter period;
- Three recent 'never' events had been reported; a quality summit had been arranged to take place on 13 October 2024 in order to share learning and improvements in response.

Operations

- ED performance was stable but 'black breach' ambulance handovers exceeding 60 minutes had increased due to increased overall attendances and peak time surges; the report set out actions and mitigations in response;
- No patients were waiting over 78 weeks for planned treatment during August; 35 patients were waiting over 65 weeks for treatment at 30 September, which was slightly below forecast;
- Performance against the Cancer 28-Day Diagnosis standard remained the best in the region. This was a commendable achievement made possible by improvements to clinical pathways, including automation of processes, fast diagnosis and the impact of the surgical robot; the Boards hoped that learning from these successes could be extended to other specialties, including through the work of the elective productivity group and expansion of the 'one stop' imitative; performance against the 62-day cancer standard had also improved during August.

Finance

The Boards were advised that 70% of the projected deficit for the whole year had been incurred at Month 5 (31 August); without targeted interventions, this would give rise to a combined UHN year-end deficit of £102m; actions were in place to reduce this figure to £80m, against the original plan total of £55m. Mitigating actions focussed on the workforce establishment controls, including bank and agency, whilst the trusts had recently appointed an external partner to undertake a review of the underlying drivers of the deficit. £26.6m of Cost Improvement Plan efficiencies had been identified against the annual target of £41.8m, with 'pipeline' schemes amounting to a further £3m were being brought forward. The Boards were clear that a revised year-end projection not exceeding £80m should be agreed and delivered, acknowledging associated risks and uncertainties.

	People The Boards were advised that key performance metrics were generally performing consistently, and that the average time to recruit had reduced from 109 to 79 days at NGH. The People Committee continued to focus on achieving a financially sustainable workforce establishment across UHN, whilst maintaining and enhancing colleagues' working experiences. Achieving a sustainable position required review of establishments against safer staffing methodologies, review of corporate and back office establishments and better alignment of HR and financial data to enable accurate annual budgets. The identification of fragile services for intervention, linked to the clinical strategy, was required to embed a longer term solution to reducing agency usage. Once set, annual staffing budgets must be robustly managed, identifying and addressing skills gaps amongst budget holders to achieve this. The Boards requested additional assurance from the Chief People and Financial Officer, linked to the 2025-26 planning process. The Committee received reports setting out drivers of the current financial position and actions to improve this. Progress had been made with reducing agency usage and expenditure at NGH, though there were continuing challenges at KGH, particularly within the medical workforce. Further analysis was required to understand why agency reduction did not directly correlate to changes in the bank and substantive establishments. Recent and ongoing initiatives to improve colleagues' experiences included a forthcoming campaign launch to enhance sexual safety, promote and embed the right to flexible working, encourage national staff survey completion and keep colleagues in work through preventative measures, for example for those experiencing muscular-skeletal conditions. The Boards noted a number of recent interviews to fill clinical consultant vacancies in the trusts and were assured regarding the calibre of candidates attracted and the robustness of the subsequent selection processes; successful recruitment not only contributed to reductions in agency usage but also had the potential to increase the quality and consistency of care. *Audit Committees* The Audit Committees' Chair confirmed that the KGH Annual Report and Accounts 2023-24 had been approved and submitted to NHS England, and subsequently Laid before Parliament. The final External Auditor's Report would be submitted to the next meeting, with a lessons report to ensure accounts were prepared and submitted within prescribed deadlines in future years. The Boards **NOTED** the IGR and committee summaries. In doing so, the Boards were advised that the IGR document was subject to redesign, which would include common definitions for key performance	**PK/RW**

	indicators, enabled by the federated data platform and data warehouse. The Chief Digital Information Officer was leading this work, with the engagement, input and ownership of all executive directors.	
6.	**Northamptonshire Integrated Care Board (NICB) Operating Plan 2024-25** The Boards of Directors received and noted the NICB Operating Plan 2024-25.	
7.	**Patient Safety and Incident Response Frameworks (PSIRF)** This item was deferred without discussion, pending receipt of an aligned UHN PSIRF framework to the next meeting.	**HN**
8.	**UHN Winter Plan** The Boards considered a report providing an update on the Trusts' plan for the winter 2024-25 period and in particular mitigations to address the current projected bed gap of 125 across KGH and NGH. The report summarised internal efficiency and improvement work to avoid admissions, improve patient flow through the hospitals and the timeliness of discharge, and NICB initiatives to improve self-care and prevention, and ensure rapid access to primary and community care. The report set out planned and approved mitigation projects and proposed additional project which could, if implemented, largely eliminate the proposed bed gap: - 18 beds reopening Thomas Moore Ward, KGH, in December 2024 (reliant on RAAC concrete works) - 26 beds top floor Spinney – assessment of staffing options underway (likely to be revenue cost implications) - 21 beds repurposing Grafton, NGH, from office into a medical ward – assessment of staffing option underway (likely to be revenue cost implications). The Boards indicated their **support** for the Spinney proposal, noting that: 1) Substantive staff would be likely to be relocated to the facility, which would result in increased temporary staffing costs to backfill posts; 2) It was anticipated that the project could be funded from revenue provision of £1.6m for winter mitigation schemes within 2024-25 budgets. In doing so, the Boards **delegated authority** to the Executive Team to finalise and implement the proposal, subject to the required approvals being obtained and financial implications being confirmed. The significance of the acute trusts providing community beds should also be emphasised.	

	The Boards were advised that, given the extent of works required, it was extremely unlikely that the Grafton scheme would be implemented soon enough to contribute to mitigations in the current financial year, therefore this proposal was **not supported,** pending further exploration as part of future years' plans, requested to be submitted to the Boards in February 2024 and aligned to long term bed model projections. Following discussion, and subject to the above decisions, the Boards noted the latest position regarding the winter plan, requesting further assurance on delivery to the next meeting, and requesting the Chief Operating Officer to explore alternative measures to reduce the projected bed gap.	**SN** **SN**
9.	**KGH Neonatal Unit Transition Plan** The Boards considered a report setting out the latest position regarding plans to reinstate level 2 cots at the KGH Neonatal Unit. The Boards acknowledged the recent actions completed against the transition plan to enable the reinstatement in respect of nursing and medical staffing, training compliance, peer, network and psychological support, which would enable safe transition to level 2 on a phased return, with babies from 30 weeks in the first instance extending to babies from 28 weeks following monitoring and review. An extensive review by the NICB and regional colleagues had been conducted, and the service was on track to reinstate level 2 cots from 21 October 2024, pending final approval by the NHS England (Midlands) Board. The Boards **supported** the proposed reinstatement on the phased basis proposed, noting that no additional financial support was being made available by the regional network towards the additional costs of level 2 provision.	
10.	**UHN Perinatal Surveillance Dashboards** The Boards welcomed the Directors of Midwifery to present the latest UHN Perinatal Surveillance dashboards, drawing attention to the exceptions identified within the reports, including new, ongoing and closed serious incident investigations. The Boards noted the Maternity and Newborn Safety Investigations letter to NGH, raising concerns regarding the accuracy of ultrasound scans, storage arrangements, audit processes for specific scans and staff awareness of procedures for obstetric ultrasound investigations. The Trust had responded to the concerns raised, and the report summarised actions in progress to address areas of concern. In response to a question, the Boards were advised that the final version of the NGH response to these issues clarified the status and credentials of fetal medicine consultants within NGH. The Boards noted the latest position, extending their thanks to Mara Tonks, KGH Director of Midwifery, who was attending her final meeting before leaving the trust for a new role, and their congratulations to Ilene	

	Machiva, NGH Director of Midwifery, who would be taking on the role of UHN Director of Midwifery.	
11	**Annual Report of the Northamptonshire Healthcare Charitable Fund (NHCF) and appointment of KGH Trustees** The Boards received the annual report of the NHCF regarding charitable activities at the trusts and welcomed Jonathan McGee, NHCF Chief Executive, to outline key components of the charity's three-year strategy, launched in April 2024. The strategy set out the charity's objectives to double its core income through investment in strengthening the team to build longer term sustainable corporate income and relationships which could attract major gifts and donors. The charity currently comprised 244 separate funds, which would be consolidated into a small number of funds per trust, complemented by a larger unrestricted fund which would enable targeted funding towards areas of need which were traditionally overlooked, particularly the Emergency Department. The charity's governance structure was also being reviewed to create themed sub-committees focussing on patient care, staff health and wellbeing and environmental enhancements. The Boards thanked the NHCF CEO for his presentation and welcomed the charity's professionalism and ambition and the proposals to consolidate smaller funding pots, noting that the charity was recruiting a Head of Expenditure who would work with the trusts on clinical prioritization. The target to double income within three years was acknowledged to be extremely challenging, and would require regular gifts and the development of philanthropic relationships and represent a change of emphasis from the community fundraising undertaken to date; Boards' members were urged to promote charitable aims and options within their personal and professional networks. The Boards acknowledged also that the trusts' responsibilities were to prepare robust business cases for major schemes where charitable funding was sought, supported by strong internal governance and associated project, programme and financial management. This must be supported by strong and consistent communications messages promoting the aims of the charity and the benefits which could be derived for staff and patients. The Boards were advised that a preferred way forward had been determined in response to the Twinkling Stars Appeal to provide a Bereavement Suite at KGH and extended their thanks to the parents who had driven the appeal. The Boards were advised that fund distribution would be aligned with the Health and Wellbeing Strategy for UHN, which was currently under development. The Chair thanked the NHCF CEO for attending and undertook to share learning from a recent external review of charitable activity at the University Hospitals of Leicester NHS Trust (UHL). Following discussion of the NHCF's annual reports and future strategic ambitions, the Boards **approved** the appointments of the UHN Chief	**AM/RMI**

	Executive and Director of Corporate and Legal Affairs to the positions of NHCF Trustee and Standing Deputy respectively.	
12.	**Workforce Race (WRES) and Disability (WDES) Equality Standard and Gender Pay Gap reporting** The Boards received annual WRES, WDES and Gender Pay Gap reports for the Trusts, following consideration by the People Committee and prior to submission to NHS England and publication. KGH data was a continuing cause for concern in respect of lack of inclusion on the grounds of race, which aligned with staff survey feedback in this area. The report outlined key actions as part of the group's anti-racism plan to improve colleagues' experiences, including the Rethinking Racism training and awareness programme, attended by around 250 colleagues to date, and to plans to align networks across the trusts to share and disseminate good practice. Similar work was taking place regarding WDES data, in which KGH also showed a deteriorating position; neurodiversity was a particular area of focus here. The gender pay gap at both trusts had narrowed compared to the last report, though women continued to earn 89% and 95% of their male counterparts at KGH and NGH respectively. The Boards noted the latest position and, whilst acknowledging actions underway and the trusts' need for, and commitment to, change, recognized that much more work was required to achieve and embed sustainable long-term changes to behaviours; senior leaders had a particular responsibility to role-model the right behaviours to the management tiers below them. It was considered that forthcoming leadership and management alignment should include improving representativeness by protected equality characteristic as a specific outcome.	
13.	**UHN Freedom to Speak Up (FTSU) report: 2024-25 Quarter One** The Boards welcomed the FTSU Guardians to present key messages from the Quarter One report contained within the agenda and reports pack. Board Members were encouraged to promote FTSU month during October 2024, and to make personal pledges to continue to promote speaking up and participation in associated training and awareness-raising events. The Boards welcomed the continuing engagement and promotional work and the increased collaborative working between guardians highlighted in the report and the proposal to appoint a standalone FTSU Guardian for KGH. Notwithstanding these efforts, UHN (KGH specifically) was an outlier compared to national benchmarks, due to the high number of colleagues raising concerns anonymously, due to the perceived fear of detriment should they identify themselves; this aligned with staff survey results from 2023 which revealed low percentages of staff feeling safe to speak up, and feeling confident their concerns would be addressed.	

	The Boards acknowledged the extent of the issue and reiterated their intention to provide the leadership and decisions required to address the issue through the successful delivery of the group's cultural change programme and associated promotion of speaking up to include case studies of positive change where FTSU had contributed. The Boards thanked the FTSU Guardians for their work and attendance and committed to receiving further reports on a quarterly basis.	
14.	**Board Assurance Framework (BAF)** The Boards considered the latest BAF, which included updates following quarterly reviews of strategic risks by executive leads. A rolling programme of 'deep dive' reviews of specific risks was scheduled, with such reviews to take place within Committee meetings where possible. The Boards noted that the Finance and Investment Committee had increased the current risk score in respect of risk BAF08 (financial deficit) to 20, and discussed whether this should be the group's most significant risk as, whilst financial constraints continued to impact widely across all services, the trusts continued to operate significant deficit positions. In this context, clinical risks were of greater concern and significance in terms of their likelihood and consequence for patient safety and quality of care. The Boards looked forward to the next stages of development, including the closer alignment, and possible amalgamation, of corporate risk registers, and with NICB risks. The Trusts' framework had been substantially assured by internal audit and external review; the next stage was for UHN and local health system partners to use their assurance frameworks to inform strategic and operational decision-making.	
15.	**NED appointments** The Boards congratulated non-executive colleagues appointed following the recent recruitment process and extended their thanks and best wishes to those who had recently left the trusts. Given the statutory limit upon the number of voting non-executive positions set out in its Establishment Order, the **NGH Board of Directors approved** the appointment of Damien Venkatasamy to the role of Designate Non-Executive Director (NGH), pending approval of a change to the Establishment Order by the Secretary of State. The Boards noted non-executive appointments of committee and champion roles as set out in the appendix to the report, subject to review of diversity network sponsors.	**RA**
16.	**Integrated Leadership Team Terms of Reference** The Boards of Directors **approved** updated Terms of Reference for the	

	Integrated Leadership Team as proposed in the report and appendix, subject to the clarification of vice-chair/deputy and group administrator roles at sections 3.1 and 4.1 respectively, and to accountability being to the Boards of Directors, not the Chief Executive as specified.	**RA**
17.	**Questions from the Public** There were no questions from the public.	
18.	**Any other business and close** None.	

Action Log

Meeting	Boards of Directors (Part I) Meeting in Public				
Date & Time	Updated following 4 October 2024 meeting				
Minute Ref.	**Action**	**Owner**	**Due Date**	**Progress**	**Status**
Feb 24 5(ii)	The Board welcomed progress with the head and neck collaboration and invited service representatives to address a future meeting to celebrate progress and identify challenges and learning for future clinical collaborations.	HN	Dec 24	Agenda item 2	CLOSE
Aug 24 4	Names of staff who had supported Northampton Pride march to be provided for Chief Executive to write letters of thanks.	PK	Oct 24	Chief People Officer has confirmed completion	CLOSE
Aug 24 11	Consider process for capturing feedback from Non-Executive Director visits.	JH	Oct 24	Interim Chief Nurse updated Boards at 4 October meeting	CLOSE
Oct 24 5	Preparation of annual staffing budgets: the Boards requested additional assurance from the Chief People and Financial Officer, linked to the 2025-26 planning process.	RW/PK	Jan 25	Scheduled for discussion at development event	NOT YET DUE
Oct 24 7	Presentation of UHN Patient Safety and Incident Response Framework (PSIRF)	HN	Dec 24	Agenda item 7	CLOSE
Oct 24 8i	Assurance on 2024-25 winter plan delivery and mitigations	SN	Dec 24	Will be covered as part of Integrated Performance Report discussion at agenda item 5	CLOSE
Oct 24 8ii	Initial submission of future year winter plans	SN	Feb 25	Added to 2025 work plan	NOT YET DUE

Oct 24 11	Share learning from a recent external review of charitable activity at the University Hospitals of Leicester NHS Trust (UHL).	RA	Dec 24	Director of Corporate and Legal Affairs is arranging a briefing with NHCF to identify shared learning	CLOSE
Oct 24 15	Clarify and communicate non-executive diversity network sponsors	RA	Dec 24	Complete	CLOSE
Oct 24 16	Revisions to Integrated Leadership Team Terms of Reference	RA	Oct 24	Complete	CLOSE

Cover sheet

Meeting	University Hospitals of Northamptonshire NHS Group: Public Boards of Directors Meeting (Kettering General Hospital and Northampton General Hospital)
Date	6 December 2024
Agenda item	4.1

Title	Chief Executive's report (CEO)
Presenter	Laura Churchward UHN CEO
Authors	Laura Churchward UHN CEO, UHN Executive Team

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

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

Reason for consideration	Previous consideration
For the Boards' information.	None
Executive Summary	
This report is an update for October and November 2024 from the UHN CEO.	
Appendices	
None	
Risk and assurance	
Information report – no direct implications.	
Financial Impact	
There is no financial impact	
Legal implications/regulatory requirements	
There is no legal impact	
Equality Impact Assessment	
Information report – neutral	

Welcome

This meeting marks my second as Chief Executive of University Hospitals of Northamptonshire (UHN). Over the last two months I have visited many departments across Kettering General Hospital (KGH) and Northampton General Hospital (NGH). There have been many highlights with some fantastic and dedicated teams across both sites, which we can be very proud of.

It is also evident to see that there are areas which are in difficultly, with poor facilities and poor morale within the workforce. This has reinforced to me that the proposed plan to rebuild part of KGH is of critical importance to the wider community and to our teams. It also tells me that we have some work to do on the culture within UHN and I look forward to reading the results of our staff survey to help us focus our attention where needed.

System under significant pressure

There have been significant winter pressures across the hospitals in the past three weeks, with a critical incident called by us on 19 November. This was called because of high demand for our services, which led to severe capacity constraints across the hospitals and the resultant pressure in our Emergency Departments (ED), alongside the high levels of demand on EMAS, our ambulance provider.

Given the pressures, I would like to thank all of the staff who work in and support our urgent and emergency care pathway, particularly those who work in the EDs themselves. We know it will remain challenging for the next few months and will do what we can to ensure we are able to support the teams to deliver safe care.

Spinneyfield step-down facility

We have now opened the second floor of Spinneyfield, which is our step-down facility. When fully open, this unit will provide us with 60 additional beds and should mitigate some of the ongoing bed pressures across the organisation. Thank you to the Spinneyfield team who had to bring our plans to open forward, due to the winter demands. I know this must have been really challenging. I also want to thank the capital projects team who got the building ready in record time.

Ophthalmology Injection Suite

We will be opening our new Ophthalmology Injection Suite in Nene Park on 10 December, for the treatment of macular degeneration. This will allow us to reduce our reliance on in-sourcing within Ophthalmology over a period of months and will also provide a dedicated service for patients. It's a fantastic step forward for the ophthalmology service and for our patients.

Organ and tissue donor memorial

In October I hosted the commemorative event to open the organ and tissue donor memorial at NGH. The memorial was officially opened by the HRH The Duke of Gloucester and those in attendance included the St John Cadets and the Lord Lieutenant of Northamptonshire. Thank you to the teams that organised this event and to the families that joined us – they are the ones that matter the most.

Freedom to speak up month

October was the annual Freedom to Speak Up (FTSU) month, during which the FTSU Guardians ran additional engagement activities across our hospitals, alongside key leadership messages to

support staff to speak up and our leaders to listen up and foster a culture of openness and learning. We know that this is an area where we can make some improvements, and I look forward to working closely with the team.

Bringing UHN together

We have launched a consultation on the proposals for our new UHN structures for some of our operational, nursing, and medical leadership teams. This is due to conclude in January, and the team is already working with colleagues to ensure their feedback is listened to so that we create the best leadership structure across our organisation, with a proposed start date of 1 April for our new structures.

The executive team has also facilitated a number of activities to continue our development of UHN. Highlights included a UHN-wide Grand Round in October, focused on learning from patient safety events, a joint innovation summit with University Hospitals of Leicester (UHL) and inaugural meetings of the UHN Patient Safety Committee, Health and Safety Committee and Risk Management Committee. We also launched our UHN Sexual Safety Charter at the end of November.

To end of a positive note – our Trauma and Orthopaedics team has now successfully transferred over 200 patients from one site to another to facilitate shorter waiting times. Thank you to the teams that have worked on this. The Orthopaedic Department at Kettering has also been awarded a Gold Level Award for the National Joint Registry, which is very uncommon and should be commended by the Boards.

Cover sheet

Meeting	University Hospitals of Northamptonshire NHS Group Public Boards of Directors (Kettering General Hospital and Northampton General Hospital)
Date	6 December 2024
Agenda item	5

Title	Board Committee summaries and the Integrated Performance Report (IPR)
Facilitator	Laura Churchward, UHN Chief Executive
Author	Richard May, UHN Company Secretary

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

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

Reason for consideration	Previous consideration
The Integrated Performance Report (IPR) provides a mechanism to provide a holistic overview to both KGH and NGH's performance to support overarching governance of the respective boards in promotion of	The IPR is produced on a monthly basis and is presented at each public Board on a bi-monthly basis.

assurance and continuous improvement. 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.	

Executive Summary

Board Committee summaries and the Integrated Performance Report for October - November 2024 are enclosed. Executive Leads will draw the Boards' attention to significant exceptions within the quality, operations, finance and people domains. Committee Chairs will subsequently be invited to draw the Boards' attention to other significant items considered at meetings, indicating the degree of assurance the committee is able to provide in each case.

Boards' members' attention is drawn to an accompanying note setting out the purpose and objectives of the IPR and Committee summaries, which is available in the 'documents' section of the Board portal.

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Appendices

Board Committee Summaries, October - November 2024
Integrated Performance Report, November 2024. Board Members' particular attention is drawn to the following Committee cover sheets:

- Clinical Quality and Safety (page 5 of 107)
- Finance and Investment (page 35 of 107)
- Operational Performance (page 50 of 107)
- People (page 90 of 107)

Briefing note (documents section of Board portal only)

Risk and assurance

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

Financial Impact

No direct implications relating to this assurance report.

Legal implications/regulatory requirements

No direct implications relating to this assurance report.

Equality Impact Assessment

Neutral

BOARD COMMITTEE SUMMARIES

University Hospitals of Northamptonshire Boards of Directors Meeting: 6 December 2024

AGENDA ITEM 5

Operational Performance: 25 October and 22 November 2024

Finance and Investment: 29 October and 26 November 2024

People: 29 October (workshop) and 28 November 2024

Quality and Safety: 30 October and 27 November 2024

UHN/UHL Partnership: 1 November 2024

Audit: 11 November 2024

UHN Operational Performance Committee Upward Report to Board of Directors		Date of reporting group's meeting: 25th October 2024 (1 of 2)	
Reporting Non-Executive Director: Trevor Shipman (Chair)			
Agenda Item	**Description and summary discussion** **The committee:**	**Decision / Actions and timeframe**	**Assurance level ***
Items of urgent business	1. Received an update on issues relating to the patient transport service contract and the impact of this service on discharge. Opportunities to tighten key performance measures within the contract will be investigated.	-	Reasonable
Subgroup upward reports	1. Received upward reports from the first meeting of the UHN Urgent and Emergency Care Steering Group and the UHN Elective Productivity Board. 2. Noted items of limited assurance from both groups and the actions being taken to address these.	-	Reasonable
Operational performance	Acknowledged: 1. Severe pressures on urgent and emergency care. Noted: 1. UHN's performance remained strong compared to regional peers in key performance areas. 2. There were no 78-week breaches across UHN in September. 3. 65 week waiting patients (50) are the lowest in the region. 4. UHN has the lowest number of patients in the region that could breach 65 weeks by the end of September 2024 (298), the lowest number of 62+day waiting cancer patients in the region (227) and the highest RTT performance in the region (64.4%). 5. Diagnostic performance has improved and there has been a reduction in backlogs with the best DM01 in the region. 6. Both trusts had zero 78-week breaches in September and the expectation is zero in October. While the system has the lowest number of 65-week breaches in the region and the lowest cohort that could breach, the challenge to hit zero by 31st October is a significant challenge. Various issues such as industrial action earlier in the year and RAAC concrete issues at KGH have limited options to reduce activity further.	-	Reasonable

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UHN Operational Performance Committee Upward Report to Board of Directors		Date of reporting group's meeting: 25th October 2024 (2 of 2)	
Reporting Non-Executive Director: Trevor Shipman (Chair)			
Agenda Item	**Description and summary discussion** **The committee:**	**Decision / Actions and timeframe**	**Assurance level ***
Operational performance	7. There was an increase in NGH Emergency Department (ED) attendance in September (from 11,348 to 11,826). Ambulance handover delays have increased significantly in September to 647 from 434. With the onset of Autum and rise in acuity, increased pressures in ambulance handover delays are being seen across the country. 4-hour performance in September decreased (73% to 71.65%) at NGH. Ambulance handover delays have continued to increase at KGH over the last 3 months. Bed capacity continues to impact handover times. There are plans to increase the bed base.		
Update on UHN/UHL waiting times work	Received an update on the work to improve waiting times as part of the collaboration with UHL.		n/a
NHS Clinical and Operational Productivity Programme	1. Received a briefing on the Operational and Clinical Productivity Excellence programme, noting that operational planning guidance for 2024/25 provided more focus on improving productivity. 2. Agreed the proposal that the committee will oversee the clinical and operational productivity programme.		Reasonable
Update on Demand and Capacity	Noted the main outputs from the demand and capacity exercise that had been undertaken using an NHSE prescribed model, which modelled future demand for services and converted this into capacity requirements. This supports the new hospital business case as it provides information on the number of beds and clinical spaces required by the hospital in the future.		Reasonable

UHN Operational Performance Committee Upward Report to Board of Directors	Date of reporting group's meeting: 22nd November 2024 (1 of 2)		
Reporting Non-Executive Director: Trevor Shipman (Chair)			
Agenda Item	**Description and summary discussion** **The committee:**	**Decision / Actions and timeframe**	**Assurance level ***
Subgroup upward reports	1. Received upward reports from the UHN Urgent and Emergency Care Steering Group, Digital Department and UHN Elective Productivity Board. 2. Noted items of limited assurance from these groups and the actions being taken to address these.	-	Reasonable
Health Intelligence (data warehouse) transformation update	1. Received an update on the Health Intelligence transformation programme and noted the aims of phase 2 of the programme. 2. Noted the ongoing challenges in obtaining the robust data that is required across UHN. 3. Noted the persistent challenges to create the Integrated Performance Report (IPR), which are being addressed through the Health Intelligence transformation programme. The IPR was not available in time for the committee's meeting due to technicalities, despite assurance to the Boards in August that these issues would be resolved by October. 4. Acknowledged the significant amount of work that is ongoing but given the lack of clarity on timetables and staffing challenges, the committee can only confirm limited assurance on this item.	-	Limited
Review of the committee's Terms of Reference	1. Reviewed and endorsed its amended Terms of Reference, which the committee recommends for the Boards' approval.	Boards' approval recommended	n/a
Operational performance	Noted that: 1. An internal critical incident had been declared due to the increased pressure and demand in urgent and emergency care, an excessive number of ambulances being held and a lack of flow through both hospitals. The system had also declared a critical incident in support of this position, both of which has since been stood down. 2. UHN's Elective and Cancer performance remains strong compared to regional peers in key performance areas. 3. There were no 78-week breaches across UHN in October. The expectation is zero in November. 4. UHN has the lowest number of 65-week cohort waiting patients in the region. 5. Diagnostics continues to show positive improvements in performance and a reduction in the backlogs. 6. There was a significant increase in ambulance handover delays in September and October which had increased to 867 from 434 at NGH. Boarding is in place to support offloading ambulances. 7. Spinneyfield is being opened which will provide an additional 30 beds, which it is anticipated will make a significant difference. 8. Some schemes such as opening Same Day Emergency Care for 24 hours are being trialled to ease pressure on the ED.	-	Reasonable

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UHN Operational Performance Committee Upward Report to Board of Directors		Date of reporting group's meeting: 22nd November 2024 (2 of 2)	
Reporting Non-Executive Director: Trevor Shipman (Chair)			
Agenda Item	**Description and summary discussion** **The committee:**	**Decision / Actions and timeframe**	**Assurance level ***
Federated Data Platform (FDP)	1. Noted the positive experiences in using the Federated Data Platform which were shared by representatives from frontline teams, who attended the meeting to share their experiences with the committee and explained what the system enabled them to do to support patients on their journeys. 2. Noted that UHN is a national incubator pilot site for the FDP. 3. Noted the hard work of teams on the Federated Data Platform project and the benefits that this is bringing to frontline teams and patients.	-	n/a

UHN Finance and Investment Committee Upward Report to Boards of Directors		Date(s) of reporting group's meeting(s): 29 October 2024	
Reporting Group Chair: Damien Venkatasamy			
Agenda Item	**Description and summary discussion**	**Decision / Actions and timeframe**	**Assurance level ***
Finance Report Month 6	At month 6, £55m had been confirmed for deficit funding. This reset the plan to a breakeven position for UHN and the local health system, it also mitigated some cash flow issues. The £55m would not be split equally across the year. There would be £33m in first half and £22m in the second half.	Ongoing monthly monitoring	Limited
Temporary Staffing	Data received from the monthly provider workforce return. KGH establishment has grown by 57 and NGH 309. The plan was to reduce by 400 staff to deliver the 5% efficiency. Substantive numbers were increasing, and the temporary staff numbers were reducing by less. The Committee believed that there was a need for advanced controls. The Finance and HR business partners were to work through the reduction trajectories with the operational teams, with plans discussed with NHS England.	Ongoing monthly monitoring	Limited
Quarterly Capital Update	The Committee received an update on Capital: both Trusts were at risk of underspend. There were queries on the approval of the RAAC concrete business case – this was to be discussed in Capital Committee with recommendations to leadership. KGH had spent £9m of its allocated £50m capital. A plan to achieve this in the next 6 months was critical and this was to be agreed imminently. This would be risk rated. NGH closer to delivering its capital programme. It had been agreed that next year there would be a single capital approach across UHN.	Ongoing plan monitoring	Limited
Community Diagnostic Centres (CDC)	There had been lease implications identified with the CDC's which was being worked through. The larger CDC could have potentially a substantial capital implication, this needed to be explored as to whether the CDC would be affordable.	-	Limited
Energy Centre	The Committee was informed of the slippage on the energy centre project due to contractual issues.	For information	n/a

UHN Finance and Investment Committee Upward Report to Boards of Directors	Date(s) of reporting group's meeting(s): 26 November 2024		
Reporting Group Chair: Damien Venkatasamy			
Agenda Item	**Description and summary discussion**	**Decision / Actions and timeframe**	**Assurance level ***
Finance Report Month 7	Following the receipt of £55m of additional funding to support the submitted plan deficit, UHN continue to be monitored against a revised breakeven plan in 2024/25. UHN had produced an initial forecast suggesting they would be off plan by the end of the year in the range £45m-£50m, following mitigations. It was reported that cashflow pressures were likely in quarter four, which would require careful management.	Ongoing monthly monitoring	Limited
Capital Update	Capital expenditure to month 7 was £18.3m (£11.3m KGH, £7.0m NGH). RAAC concrete funding was anticipated to be approved, subject to business case approval. The 2024-25 capital forecast would be updated.	Ongoing plan monitoring	Limited
Temporary Staffing	The Committee challenged the workforce controls in place to bring down temporary staffing. Several of the controls were shared: A UHN vacancy control panel (VCP)had been organised, a reduction in the number of roles excluded from VCPs and all bank/agency for non-clinical staff would require to go through VCP.	Ongoing monthly monitoring	Limited
Revised forecast	The Committee expressed their concerns on elements of the revised forecast not being confirmed. A particular area of concern was the £4m allocated for removal of 182 whole time equivalent posts. This was not guaranteed; however the Committee was assured that the £4m was a risk adjusted figure, with the overall figure originally £5.2m. The Committee queried the true underlying run rate, once exceptional items had been removed and would like to understand the average monthly deficit.	Ongoing monthly monitoring	Limited

Group People Committee (Workshop) Reports to the Boards of Directors		Date of reporting group's meeting: 29 October 2024 (Strategy workshop)	
Reporting Group Chair: Denise Kirkham			
Agenda Item	**Description and summary discussion**	**Decision / Actions and timeframe**	**Assurance level** *
Workshop summary	Topics covered in the workshop as below: • People Delivery Plan with focus on actions/impacts in response to the staff survey 2023 – an update was provided on achievements in the last 6 months and a forward look to the next 6 months. Financial sustainability was high on the agenda. • Board Assurance Framework Deep-Dive - a deep dive on BAF risk UHN01. The Committee agreed to reduce the likelihood by 1 and the assurance level to be reasonable. • Freedom to Speak Up - work was ongoing to launch a joint UHN strategy. There had been a positive trend with hard-to-reach groups speaking up. Staff fear of detriment was still flagging as a theme.	-	-

Group People Committee Reports to the Boards of Directors	Date of reporting group's meeting: 28 November 2024 (1 of 2)		
Reporting Group Chair: Denise Kirkham			
Agenda Item	**Description and summary discussion**	**Decision / Actions and timeframe**	**Assurance level ***
CPO Report	HCA back pay dispute had come to a conclusion, with back pay in December, and the second tranche in Q4. The sexual safety charter had launched via a webinar and face to face session. Divisional management of change consultation process launched 11 November with 100 people impacted across UHN – the Committee acknowledged the personal effects and wider impacts on teams. The latest staff survey figures had NGH at 56% and KGH at 51% completion.	-	See culture, safety and workforce sections below
Culture and Safety Reports	There was an ongoing piece of work on professional behaviours with a detailed operating procedure being developed. The rethinking racism programme continued. NHSE have confirmed the framework for mandatory training, and work has commenced to develop an aligned approach with UHL. This is to be communicated and explored further to ensure we maximise streamlining across UHN/NHFT. The Committee had an in-depth discussion on the new appraisal process noting the positive feedback on the new paperwork; however, appraisal completion target at NGH is still not being achieved and additional focus is required here during the new process rollout.		Reasonable
Workforce Report including Financial Sustainability	A key area of focus was the workforce controls including whole time equivalent and temporary staffing figures – Vacancy Control Panels would take place weekly to bring consistent messaging and increase the number of roles being scrutinized. There was a vacancy freeze on departments above budget, and no other vacancies other than those essential to patient safety would be approved. The total workforce size from Months 6-7 had remained static at NGH; however, this had increased at KGH – KGH would be subject to increased scrutiny. The Committee noted the concerns moving into winter, with additional beds opening, which will require additional staff. Automation was also discussed with benefits in future for time to hire and occupational health screening planned. Time to hire at NGH was noted as very disappointing, particularly given the focus on this over the last 12 months. Change is required here as it is a key enabler to financial sustainability		Limited
Safe Staffing Report	Fill rates are mostly positive at 106% - the figure tends to be lower in the day and higher at night due to enhanced care. CHPPD remains strong and UHN is in the upper quartile. The safer nursing tool is in the process of being rolled out. The establishment review was nearly completed. Alignment was needed on recruitment/retention/pastoral care to reduce turnover - this is being worked on. It was noted that additional areas not in the plan are requiring to be opened (top floor Spinneyfield).		Reasonable
Joint Midwifery Workforce Report	An improvement had been seen in vacancy rates. UHN has received support and scrutiny from the NHS England regional team – as a result of improved performance, this support was likely to be reduced/removed. Birth Rate Plus compliance had NGH fully compliant with recruitment, where KGH was recommended five more clinical midwives. Maternity red flags have NGH as significantly higher than KGH - however, it was discovered that the Trusts had been counting differently; this has now been aligned across UHN from August 2024.		Reasonable

Group People Committee Reports to the Boards of Directors		Date of reporting group's meeting: 28 November 2024 (2 of 2)	
Reporting Group Chair: Denise Kirkham			
Agenda Item	**Description and summary discussion**	**Decision / Actions and timeframe**	**Assurance level ***
Guardian of Safe Working (GOSW) Report KGH	The Committee received the Guardian of Safer Working report from KGH. There had been 122 exception reports in quarter which was a significant increase (the total for the previous year was 134). Key themes identified were increased awareness of the GOSW, increased work intensity, early winter pressures, staff sickness and inadequate staffing levels. The GOSW shared his recommendations with the Committee, and this included increased staffing levels and support of business cases to increase resident doctors. No report was received in time from NGH. The Medical Director shared several mitigations which included his attendance at the JD Forum, the creation of a joint medical board (January 2025) and the launch of a rostering system in April which would enhance understanding of the gaps.		Limited

UHN Clinical Quality and Safety Committee Upward Report to Board of Directors	Date of reporting group's meeting: 30th October 2024 (1 of 2)		
Reporting Non-Executive Director: Chris Welsh (Chair)			
Agenda Item	**Description and summary discussion** **The committee:**	**Decision / Actions and timeframe**	**Assurance level ***
Subgroup reports	1. Reviewed and discussed items of limited assurance reported from the Nursing, Midwifery and AHP steering group, UHN Infection Prevention Assurance Committee, UHN Safeguarding Assurance Committee, NGH Health and Safety Committee and UHN Risk Management Committee. The committee received assurance on the actions being taken in relation to these items. 2. Noted challenges in relation to a reduction in the national funding for student nurse associate training and issues with nurse recruitment, which is a national and local issue. 3. Approved the Terms of Reference for the Quality Improvement Steering Group.	-	Reasonable
Perinatal Assurance Committee (PAC) Highlight report- Perinatal Surveillance dashboard	1. Was assured that the identification, investigation and learning from maternity patient safety incidents is being managed effectively. 2. Was assured that the maternity services are achieving compliance against the national maternity key safety indicators, with actions in place to address any gaps. 3. Noted that work is in progress to address the scanning issues that have previously been discussed by the committee. 4. Noted that is hoped a foetal medicine review will be completed before the end of the year.	On Boards' agenda	Reasonable
PAC Highlight Report – Q2 Quarterly reports	1. Delegated the review of NHS Resolution (NHSR) Maternity Incentive Scheme (MIS) Year 6 evidence, to the Perinatal Assurance Committee 2. Was assured that UHN is on track to deliver all 10 MIS actions however, noted some risks to achieving increasing compliance with some actions (1,7 and 8). Further support is needed on safety action 7 due to lack of ICB provision for MNVP (Maternity and Neonatal Voices Partnership) in Northamptonshire. Despite this, the committee was assured that actions are in place to achieve compliance with the safety actions.	On Boards' agenda	Reasonable

UHN Clinical Quality and Safety Committee Upward Report to Board of Directors		Date of reporting group's meeting: 30th October 2024 (2 of 2)	
Reporting Non-Executive Director: Chris Welsh (Chair)			
Agenda Item	**Description and summary discussion** **The committee:**	**Decision / Actions and timeframe**	**Assurance level ***
Chief Nurse Exception report	1. Noted that despite the operational pressures across both sites, performance in relation to hospital acquired harms remains stable.	-	Reasonable
Integrated Performance Report	1. Noted continuing pressures in Urgent and Emergency Care with boarding and escalation areas maximised and challenges in relation to ambulance handovers. 2. Confirmed limited assurance due to the quality and safety issues related to reverse boarding being in use and extended at both sites to mitigate the bed gap and risk in the community. The importance of this not becoming normal practice and the need for support from system colleagues to ensure everything is done to mitigate the bed gap, was emphasised.		Limited
UHN Patient Experience report	1. Noted that the timeliness and quality of responses to complaints remains an issue and was assured that work is in progress to address and resolve these issues.	-	Reasonable

UHN Clinical Quality and Safety Committee Upward Report to Board of Directors		Date of reporting group's meeting: 27th November 2024 (1 of 2)	
Reporting Non-Executive Director: Chris Welsh (Chair)			
Agenda Item	**Description and summary discussion** **The committee:**	**Decision / Actions and timeframe**	**Assurance level ***
Subgroup reports	1. Reviewed and discussed items of limited assurance reported from the UHN Nursing, Midwifery and AHP steering group, UHN Patient Safety Committee, UHN Risk Management Committee and UHN Health and Safety Committee. The committee confirmed reasonable assurance taking into account the actions being taken in relation to these items.	-	Reasonable
Review of the committee's Terms of Reference	1. Reviewed its terms of reference and agreed changes which include amending the committee's name to the 'UHN Quality and Safety Committee', removing the word 'Clinical' from this. 2. Recommends approval of the updated Terms of Reference by the Boards of Directors.	Recommends Board's approval.	n/a
Perinatal Quality Surveillance Scorecard	1. Received an overview of the key discussions from the 20th November Perinatal Safety Champions meeting. 2. Was assured that the identification, investigation and learning from maternity patient safety incidents is being managed effectively. 3. Was assured that the maternity services are achieving compliance against the national maternity key safety indicators, with actions in place to address any gaps.	On Boards' agends	Reasonable
Harm Free Care Report	1. Confirmed reasonable assurance that falls, pressure ulcers, healthcare associated infections and nutrition and hydration are being monitored and that actions are being taken to address issues that have been identified in these areas.		Reasonable
Update on Sepsis work	1. Received an update on ongoing work across UHN to improve recognition and management of sepsis in adults and paediatrics within the Emergency Departments and wards.		Reasonable

UHN Clinical Quality and Safety Committee Upward Report to Board of Directors		Date of reporting group's meeting: 27th November 2024 (2 of 2)	
Reporting Non-Executive Director: Chris Welsh (Chair)			
Agenda Item	**Description and summary discussion** **The committee:**	**Decision / Actions and timeframe**	**Assurance level ***
Update on paediatric waiting times	1. Received an update on the ongoing work to mitigate long waits for children and young people and confirmed it had received reasonable assurance from this and the committee's ensuing discussion that long waits for children and young people are being managed and mitigated. 2. Supported a suggestion that a children's board is needed for the Integrated Care System.		Reasonable
Integrated Governance Report	1. Noted continuing severe pressures in Urgent and Emergency Care. 2. Confirmed reasonable assurance noting the actions being taken to mitigate the impact of the severe pressure across the system, about which the committee remains concerned.		Reasonable
Emergency Preparedness, Resilience and Response (EPRR) Core Standards Self-Assessment	1. Received a summary of this year's EPRR core standard results for NGH and KGH and noted that work is ongoing to ensure compliance with national standards.	Annual reports to be reported to Boards Feb 2025	n/a
UHN Patient Safety Incident Response Plan (PSIRP)	1. Received the new UHN PSIRP and supported the Boards ratification of this.		n/a
Head and Neck Clinical Integration and Collaboration	1. Noted an update on the integration of the Kettering and Northampton Head and Neck teams which has resulted in no emergency ENT admissions to KGH and a reduced length of stay. The committee will receive a further update in March 2025 on the benefits realisation of the collaboration between the UHN and UHL Oral Maxillo-Facial Services.	Patient story on 6 December Boards' agenda	n/a

UHL/UHN Partnership Committee Upward Report to Boards of Directors	**Date of reporting group's meeting: 1 November 2024**		
Reporting Group Chair: Andrew Moore			
Agenda Item	**Description and summary discussion** **The committee:**	**Decision / Actions and timeframe**	**Assurance level ***
Collaboration Programme update	Considered an update on the collaboration programme which highlighted the benefits and progress of the workstreams. The waiting times workstream has progressed well; improvements in waiting times and mutual aid between the three hospitals was highlighted; however, challenges such as separate waiting lists and cultural differences were acknowledged. The challenges related to workstreams that have made limited progress were discussed; changes in leadership, limited resource, lack of clarity of objectives and competing priorities were contributing factors.	-	-
Development of Clinical Services Strategy	1. Received an update on the development of the Group Clinical Services Strategy, the scope of which has been approved. 2. Approved the approach to the development of the Group Clinical Services Strategy.	As per point (2)	-

KGH/NGH Audit Committees Upward Report to Boards of KGH & NGH		Date of reporting group's meeting: 11 November 2024 (1 of 2)	
Reporting Chair: Alice Cooper			
Agenda Item	**Description and summary discussion**	**Decision / Actions and timeframe**	**Assurance level ***
Internal Audit	The Committees received completed internal audit reports and Summary Document from TIAA (internal auditors), and took only Limited Assurance from the findings presented, for the following reasons: •The concerns raised in the report into the Dedalus LIMS system across the region, which suggested other challenges in our Trusts around contract management skills •The fact that BCP (Business Continuity Planning) documentation and testing was evidently not as complete, comprehensive and up to date as would be considered necessary. •The continued lack of progress on reducing the salary overpayments following both an internal audit and then a subsequent follow up audit.	N/A	Limited
Anti-Financial Crime	The Committees received reports detailing activity against agreed counter fraud annual work plans. The Committees indicated 'reasonable' assurance in respect of the delivery of the annual plan.	N/A	Reasonable
External Audit (KGH only at this meeting)	The committee formally received the delayed External Auditor's report on the Audit of the KGH Financial Statements for the year 23/24 (NGH received previously), and also the Value for Money reporting. It was noted that other than the delay in the completion of the audit work this year (which in turn had an impact on the Governance rating in the VFM report) the findings were as would be expected in terms of scale and severity, and the discussion focussed on the need to coordinate the tracking of progress of these actions ready for the next year's audit process. The committee also received a lessons report from the CFO regarding the 23/24 Audit process at KGH and challenged the assumptions within it at some length. It was felt that a great deal of reliance was now being placed on the ability of the Finance Team to carry out the required people reorganisations and recruitment in good time, which was a significant ask given the timeframes concerned, other pressures on the team, and the market for recruitment in these areas.	Timelines requested by the Committee	Limited
Financial Governance (KGH only at this meeting)	The Committees reviewed the delayed KGH Financial Governance report. The Committees expressed continuing concerned regarding continuing high salary overpayment levels, and also a general question for consideration as to whether we are getting the implementation of procurement controls quite right if we still seem in some areas (for instance where emergency capital spending is required) to fail to make it easiest for people to do 'the right thing' in terms of Financial Governance	Jan 2025 meeting	Limited

KGH/NGH Audit Committees Upward Report to Boards of KGH & NGH	Date of reporting group's meeting: 11 November 2024 (2 of 2)		
Reporting Chair: Alice Cooper			
Agenda Item	**Description and summary discussion**	**Decision / Actions and timeframe**	**Assurance level ***
Private Medical work reporting	The Director of Corporate and Legal Affairs provided a report to the Committee following a previous discussion regarding an alleged reporting breach earlier in the year. Investigation into this had been completed, but had yielded a number of other questions about both the desire to carry on with the small quantities of such work still completed in both trusts, and the governance required over them if they are continued. A number of these issues were referred to the ILT to take some initial decisions around.	Nov 2024	Reasonable

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

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

University Hospitals of Northamptonshire NHS Group is a collaboration between Kettering General Hospital NHS Foundation Trust and Northampton General Hospital NHS Trust
NHS
University Hospitals of Northamptonshire
NHS Group
IGR
November 2024
Dedicated to excellence

Introducing the IGR

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

1) Clinical Quality and Safety Committee (pages 4 to 33) covering metrics aligned to our 'patient' and 'quality' dedicated to excellence values
2) Finance and Investment Committee (pages 34 to 45) covering metrics aligned to our 'sustainability' dedicated to excellence values
3) Operational Committee (pages 46 to 87) covering metrics aligned to our 'sustainability' and 'systems and partnerships' dedicated to excellence values
4) People Committee (pages 88 to 107) covering metrics aligned to our 'people' dedicated to excellence values

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).

Clinical Quality and Safety Committee

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

Clinical Quality and Safety Committee

Exec owners: Julie Hogg, Hemant Nemade, Sarah Noonan, Becky Taylor

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

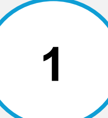
This cover sheet is designed to **highlight to the Committee salient messages from the IGR metrics** for this month:

1. Both Trusts have seen a decrease in reporting numbers for Hospital Acquired Infections for Oct 24. KGH have indicated Full RCAs are undertaken on all cases followed by subsequent MDT reviews.

2. % Patient satisfaction scores for A&E have declined for KGH and NGH for Oct 24. KGH saw a decline in satisfaction scores of 15% for Children's A&E. KGH are reviewing feedback across ED and triangulating this with complaints and PALS concerns to produce joints actions from learning.

3. NGH is above target for the metric % Patient satisfaction scores for Maternity. Antenatal Observation and Postnatal wards all saw increases in FFT scores (%) when comparing to September.

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



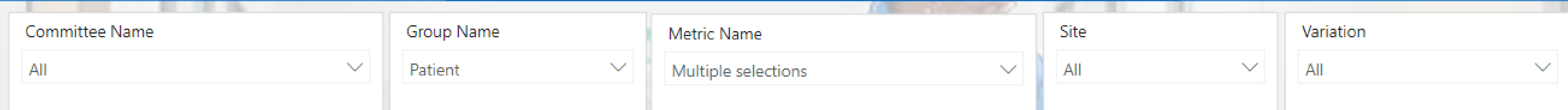
COVID 19 metrics have been removed following discussions with the Nursing Leads. Please indicate if you wish for these metrics to be added again?

Safeguarding, Compliments and Complaints metrics are under review.

The Committees have confirmed that the Safe Staffing metric is to be reported in the Peoples Committee.

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

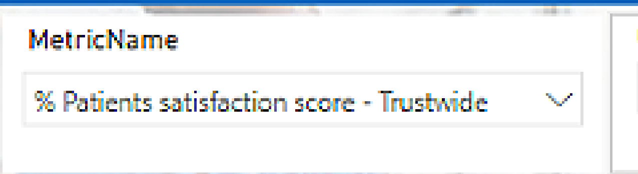
Summary Table



Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance	Assurance
KGH	Patient	% Patients satisfaction score - Trustwide	01/10/24	94.00%	95.00%	89.16%	92.48%	95.81%			Not Consistently Anticipated to Meet Target
NGH	Patient	% Patients satisfaction score - Trustwide	01/10/24	90.00%	95.00%	86.98%	89.7%	92.42%			Consistently Anticipated to Not Meet Target
NGH	Patient	% Patients satisfaction score - inpatients	01/10/24	93.70%	89.50%	89.08%	92.78%	96.48%			Not Consistently Anticipated to Meet Target
KGH	Patient	% Patients satisfaction score - inpatients	01/10/24	91.00%	95.00%	87.5%	92.6%	97.7%			Not Consistently Anticipated to Meet Target
KGH	Patient	% Patients satisfaction score - A&E	01/10/24	75.00%	95.00%	67.32%	77.52%	87.72%			Consistently Anticipated to Not Meet Target
NGH	Patient	% Patients satisfaction score - A&E	01/10/24	77.40%	88.00%	70.32%	78.15%	85.97%			Consistently Anticipated to Not Meet Target
KGH	Patient	% Patients satisfaction score - maternity	01/10/24	98.00%	95.00%	82.35%	93.88%	105.41%			Not Consistently Anticipated to Meet Target
NGH	Patient	% Patients satisfaction score - maternity	01/10/24	98.30%	96.80%	87.52%	94.42%	101.32%			Not Consistently Anticipated to Meet Target
NGH	Patient	% Patients satisfaction score - outpatients	01/10/24	94.10%	93.80%	91.92%	93.72%	95.51%			Not Consistently Anticipated to Meet Target
KGH	Patient	% Patients satisfaction score - outpatients	01/10/24	97.00%	95.00%	93.09%	96.08%	99.07%			Not Consistently Anticipated to Meet Target
KGH	Patient	Number of complaints	01/10/24	43	0	14	45	75			Consistently Anticipated to Not Meet Target
NGH	Patient	Number of complaints	01/10/24	43	0	20	38	56			Consistently Anticipated to Not Meet Target
NGH	Patient	Complaints response performance	01/10/24	15.20%	90.00%	61.22%	85.05%	108.88%			Not Consistently Anticipated to Meet Target
KGH	Patient	Complaints response performance	01/10/24	62.00%	90.00%	14.85%	46.88%	78.91%			Consistently Anticipated to Not Meet Target

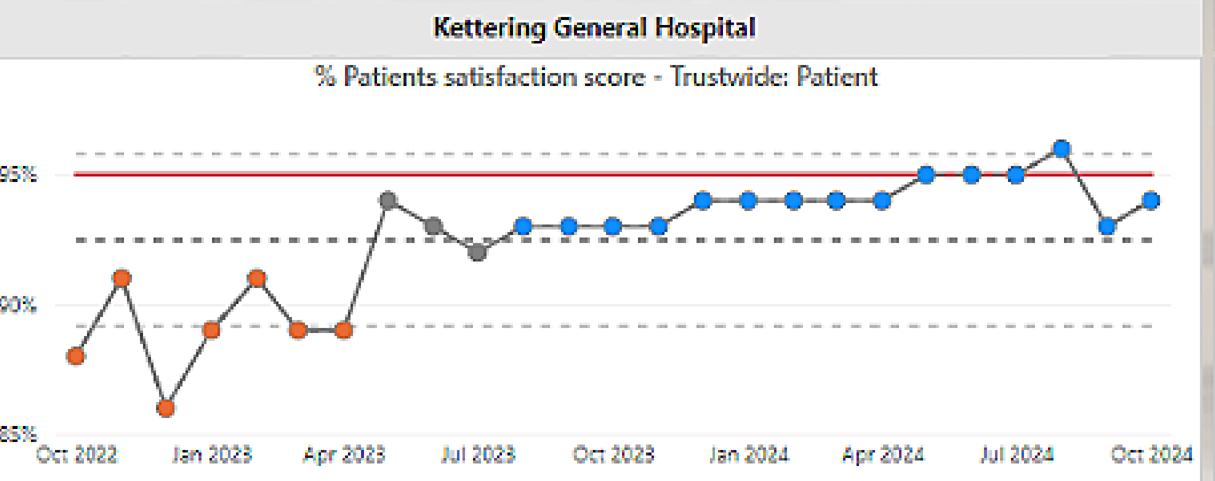
% Patients satisfaction score - Trustwide

Committee Name	GroupName	MetricName	Date
All	Patient	% Patients satisfaction score - Trustwide	01/09/2022 – 01/10/2024

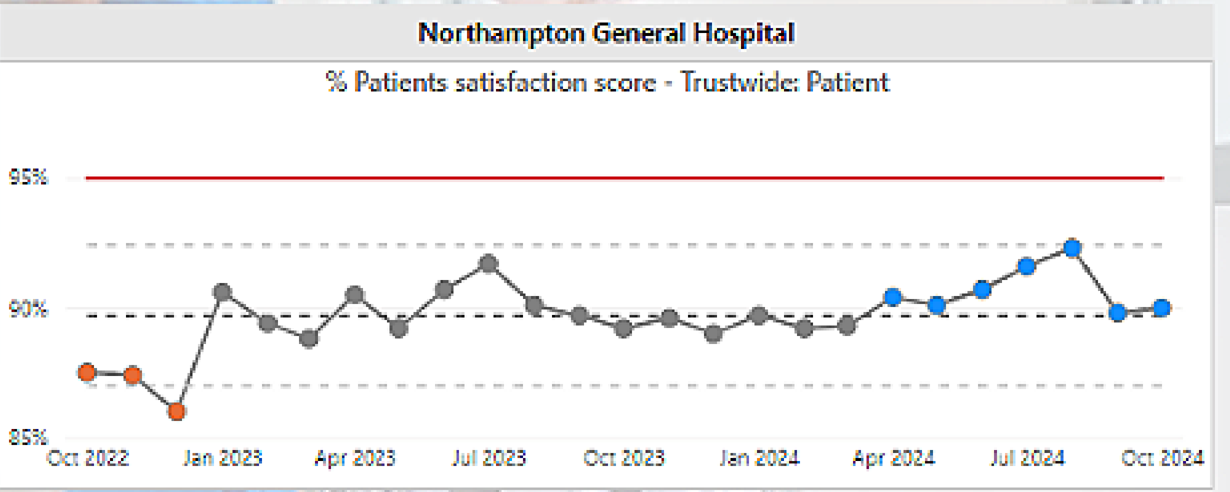


94.00%	95.00%	90.00%	95.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

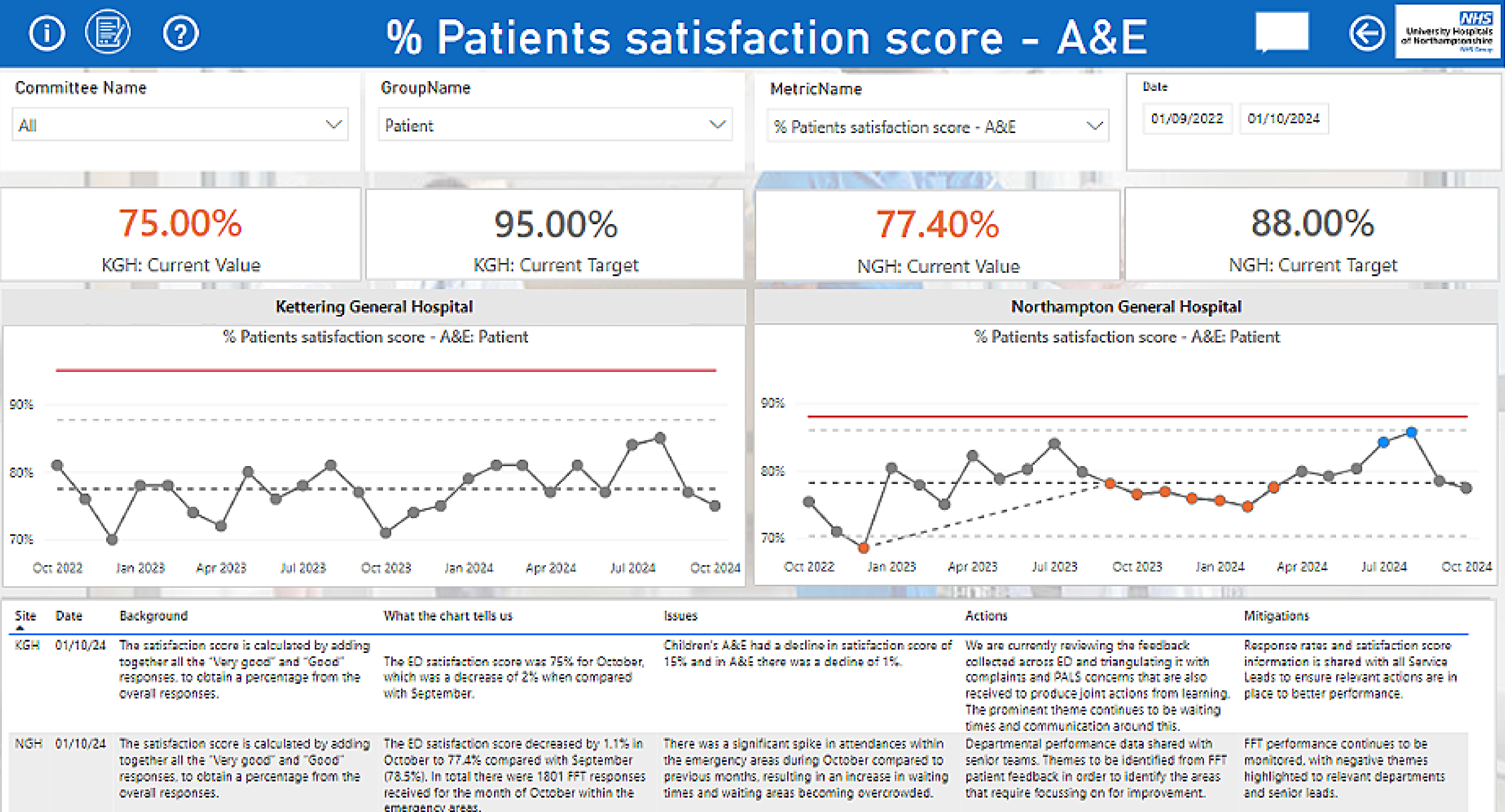
Kettering General Hospital



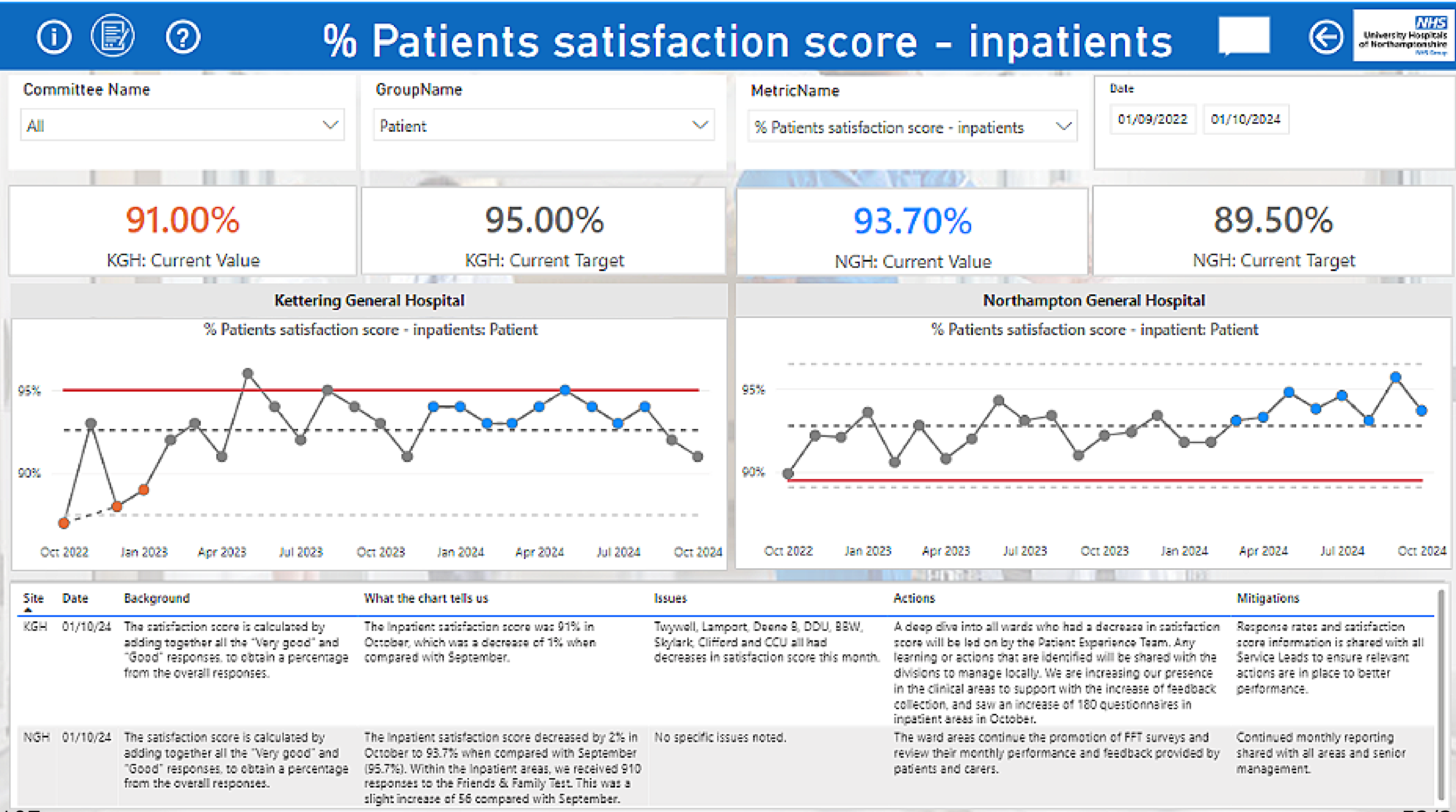
Northampton General Hospital



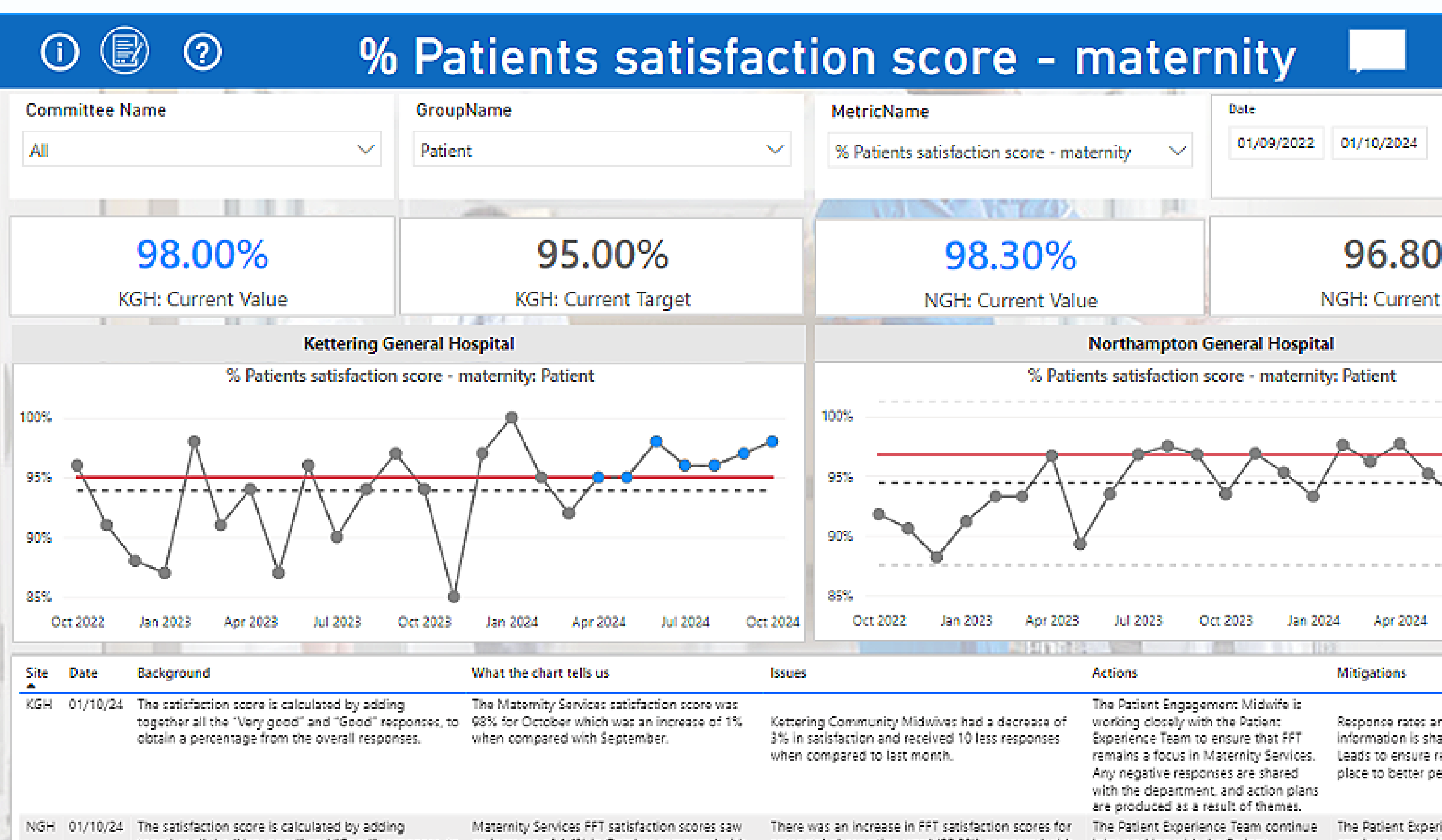
Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/24	The satisfaction score is calculated by adding together all the "Very good" and "Good" responses, to obtain a percentage from the overall responses.	The Trustwide satisfaction score for October was 94%. As a Trust, we received 4,815 responses to the Friends and Family Test, which was an increase of 526 questionnaires.	Inpatient and ED had a decline in satisfaction score in October. This was due to some areas declining in the amount of feedback that was collected.	Any learning actions identified through the FFT are highlighted in the monthly divisional updates which are discussed in divisional governance meetings. Bi-Monthly, updates on actions and learning from feedback are reported to the Patient Experience & Engagement Steering Group (PESG).	Response rates and satisfaction score information is shared with all Service Leads to ensure relevant actions are in place to better performance. FFT continues to be a focus across the Trust.
NGH	01/10/24	The satisfaction score is calculated by adding together all the "Very good" and "Good" responses, to obtain a percentage from the overall responses.	A slight increase in FFT satisfaction scores of 0.2% in October (90%) compared with September (89.8%). There were 6,712 responses received during October which was an increase of 198 compared with September.	Most services saw an increase in their performance except for some the ED and outpatient services affecting the overall Trust performance.	The areas of concern are identified within the regular reporting process to the service leads.	The full detailed performance data is shared at various management levels with the ability to drill down to divisions, directorates, locations and specialties (OPs).



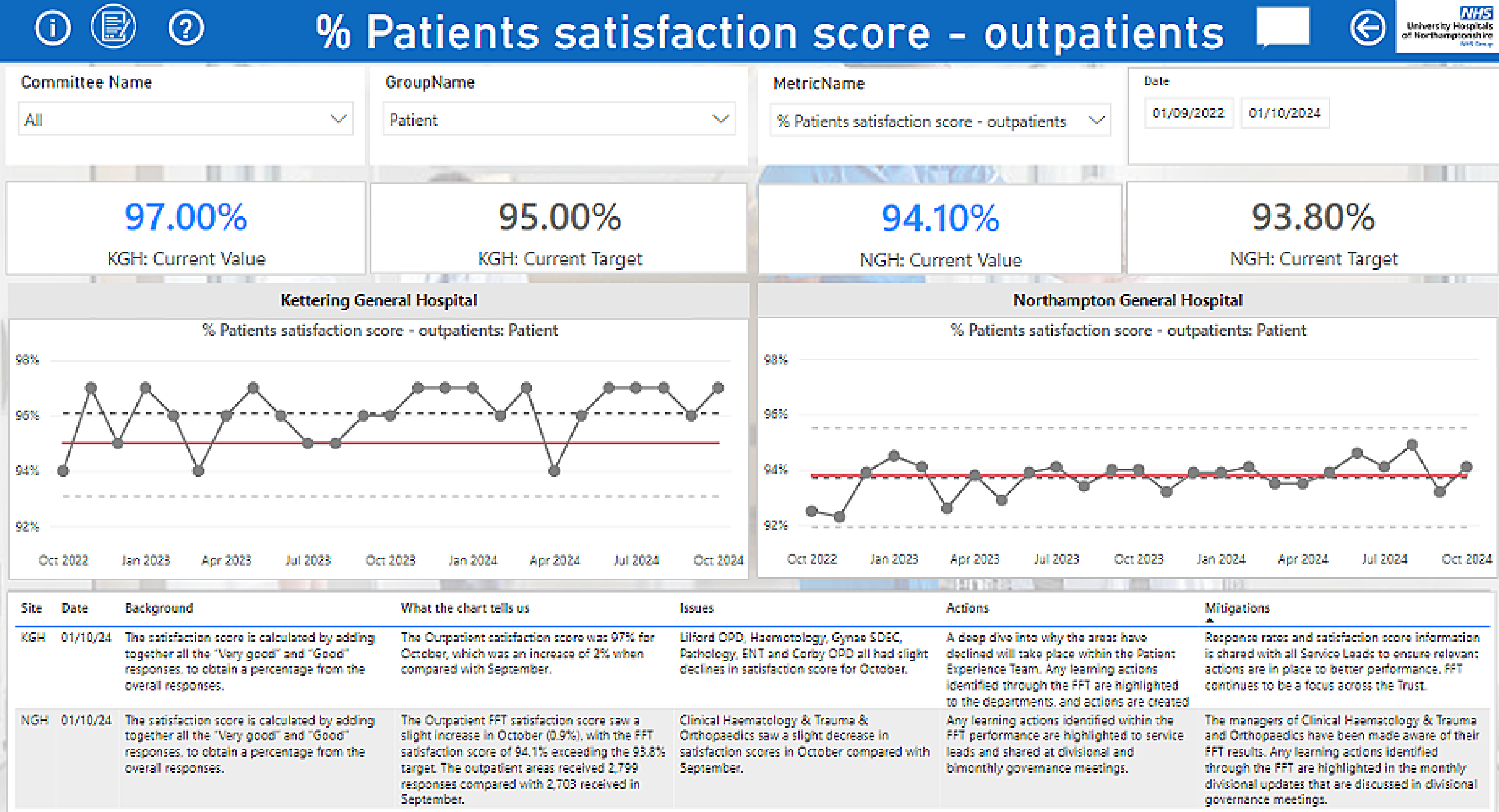
Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/24	The satisfaction score is calculated by adding together all the "Very good" and "Good" responses, to obtain a percentage from the overall responses.	The ED satisfaction score was 75% for October, which was a decrease of 2% when compared with September.	Children's A&E had a decline in satisfaction score of 15% and in A&E there was a decline of 1%.	We are currently reviewing the feedback collected across ED and triangulating it with complaints and PALS concerns that are also received to produce joint actions from learning. The prominent theme continues to be waiting times and communication around this.	Response rates and satisfaction score information is shared with all Service Leads to ensure relevant actions are in place to better performance.
NGH	01/10/24	The satisfaction score is calculated by adding together all the "Very good" and "Good" responses, to obtain a percentage from the overall responses.	The ED satisfaction score decreased by 1.1% in October to 77.4% compared with September (78.5%). In total there were 1801 FFT responses received for the month of October within the emergency areas.	There was a significant spike in attendances within the emergency areas during October compared to previous months, resulting in an increase in waiting times and waiting areas becoming overcrowded.	Departmental performance data shared with senior teams. Themes to be identified from FFT patient feedback in order to identify the areas that require focussing on for improvement.	FFT performance continues to be monitored, with negative themes highlighted to relevant departments and senior leads.



% Patients satisfaction score - inpatients
NHS University Hospitals of Northamptonshire
Committee Name
All
GroupName
Patient
MetricName
% Patients satisfaction score - inpatients
Date
01/09/2022
01/10/2024
91.00%
KGH: Current Value
95.00%
KGH: Current Target
93.70%
NGH: Current Value
89.50%
NGH: Current Target
Kettering General Hospital
% Patients satisfaction score - inpatients: Patient
95%
90%
Oct 2022
Jan 2023
Apr 2023
Jul 2023
Oct 2023
Jan 2024
Apr 2024
Jul 2024
Oct 2024
Northampton General Hospital
% Patients satisfaction score - inpatient: Patient
95%
90%
Oct 2022
Jan 2023
Apr 2023
Jul 2023
Oct 2023
Jan 2024
Apr 2024
Jul 2024
Oct 2024
Site
Date
Background
What the chart tells us
Issues
Actions
Mitigations
KGH
01/10/24
The satisfaction score is calculated by adding together all the "Very good" and "Good" responses, to obtain a percentage from the overall responses.
The Inpatient satisfaction score was 91% in October, which was a decrease of 1% when compared with September.
Twywell, Lamport, Deene B, DDU, BBW, Skylark, Clifford and CCU all had decreases in satisfaction score this month.
A deep dive into all wards who had a decrease in satisfaction score will be led on by the Patient Experience Team. Any learning or actions that are identified will be shared with the divisions to manage locally. We are increasing our presence in the clinical areas to support with the increase of feedback collection, and saw an increase of 180 questionnaires in inpatient areas in October.
Response rates and satisfaction score information is shared with all Service Leads to ensure relevant actions are in place to better performance.
NGH
01/10/24
The satisfaction score is calculated by adding together all the "Very good" and "Good" responses, to obtain a percentage from the overall responses.
The Inpatient satisfaction score decreased by 2% in October to 93.7% when compared with September (95.7%). Within the Inpatient areas, we received 910 responses to the Friends & Family Test. This was a slight increase of 56 compared with September.
No specific issues noted.
The ward areas continue the promotion of FFT surveys and review their monthly performance and feedback provided by patients and carers.
Continued monthly reporting shared with all areas and senior management.



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/24	The satisfaction score is calculated by adding together all the "Very good" and "Good" responses, to obtain a percentage from the overall responses.	The Maternity Services satisfaction score was 98% for October which was an increase of 1% when compared with September.	Kettering Community Midwives had a decrease of 3% in satisfaction and received 10 less responses when compared to last month.	The Patient Engagement Midwife is working closely with the Patient Experience Team to ensure that FFT remains a focus in Maternity Services. Any negative responses are shared with the department, and action plans are produced as a result of themes.	Response rates and satisfaction score information is shared with all Service Leads to ensure relevant actions are in place to better performance.
NGH	01/10/24	The satisfaction score is calculated by adding together all the "Very good" and "Good" responses, to obtain a percentage from the overall responses.	Maternity Services FFT satisfaction scores saw an increase of 4.4% in October compared with September (93.9%)	There was an increase in FFT satisfaction scores for antenatal observation ward (93.3%) compared with September (69.6%). Birth (97%) compared with September (88.9%) and postnatal ward (97.4%) compared with September (96.8%).	The Patient Experience Team continue joint working with the Patient Experience Midwife and Midwifery teams.	The Patient Experience Team will continue to monitor patient FFT satisfaction scores and work alongside the Patient Experience Midwife and Midwifery Teams.


% Patients satisfaction score - outpatients
NHS University Hospitals of Northamptonshire
Committee Name
All
GroupName
Patient
MetricName
% Patients satisfaction score - outpatients
Date
01/09/2022
01/10/2024
97.00%
KGH: Current Value
95.00%
KGH: Current Target
94.10%
NGH: Current Value
93.80%
NGH: Current Target
Kettering General Hospital
% Patients satisfaction score - outpatients: Patient
98%
96%
94%
92%
Oct 2022
Jan 2023
Apr 2023
Jul 2023
Oct 2023
Jan 2024
Apr 2024
Jul 2024
Oct 2024
Northampton General Hospital
% Patients satisfaction score - outpatients: Patient
98%
96%
94%
92%
Oct 2022
Jan 2023
Apr 2023
Jul 2023
Oct 2023
Jan 2024
Apr 2024
Jul 2024
Oct 2024
Site
Date
Background
What the chart tells us
Issues
Actions
Mitigations
KGH
01/10/24
The satisfaction score is calculated by adding together all the "Very good" and "Good" responses, to obtain a percentage from the overall responses.
The Outpatient satisfaction score was 97% for October, which was an increase of 2% when compared with September.
Lilford OPD, Haematology, Gynae SDEC, Pathology, ENT and Corby OPD all had slight declines in satisfaction score for October.
A deep dive into why the areas have declined will take place within the Patient Experience Team. Any learning actions identified through the FFT are highlighted to the departments, and actions are created
Response rates and satisfaction score information is shared with all Service Leads to ensure relevant actions are in place to better performance. FFT continues to be a focus across the Trust.
NGH
01/10/24
The satisfaction score is calculated by adding together all the "Very good" and "Good" responses, to obtain a percentage from the overall responses.
The Outpatient FFT satisfaction score saw a slight increase in October (0.9%), with the FFT satisfaction score of 94.1% exceeding the 93.8% target. The outpatient areas received 2,799 responses compared with 2,703 received in September.
Clinical Haematology & Trauma & Orthopaedics saw a slight decrease in satisfaction scores in October compared with September.
Any learning actions identified within the FFT performance are highlighted to service leads and shared at divisional and bimonthly governance meetings.
The managers of Clinical Haematology & Trauma and Orthopaedics have been made aware of their FFT results. Any learning actions identified through the FFT are highlighted in the monthly divisional updates that are discussed in divisional governance meetings.

Number of complaints

Committee Name	GroupName	MetricName	Date
All	Patient	Number of complaints	01/09/2022 – 01/10/2024

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

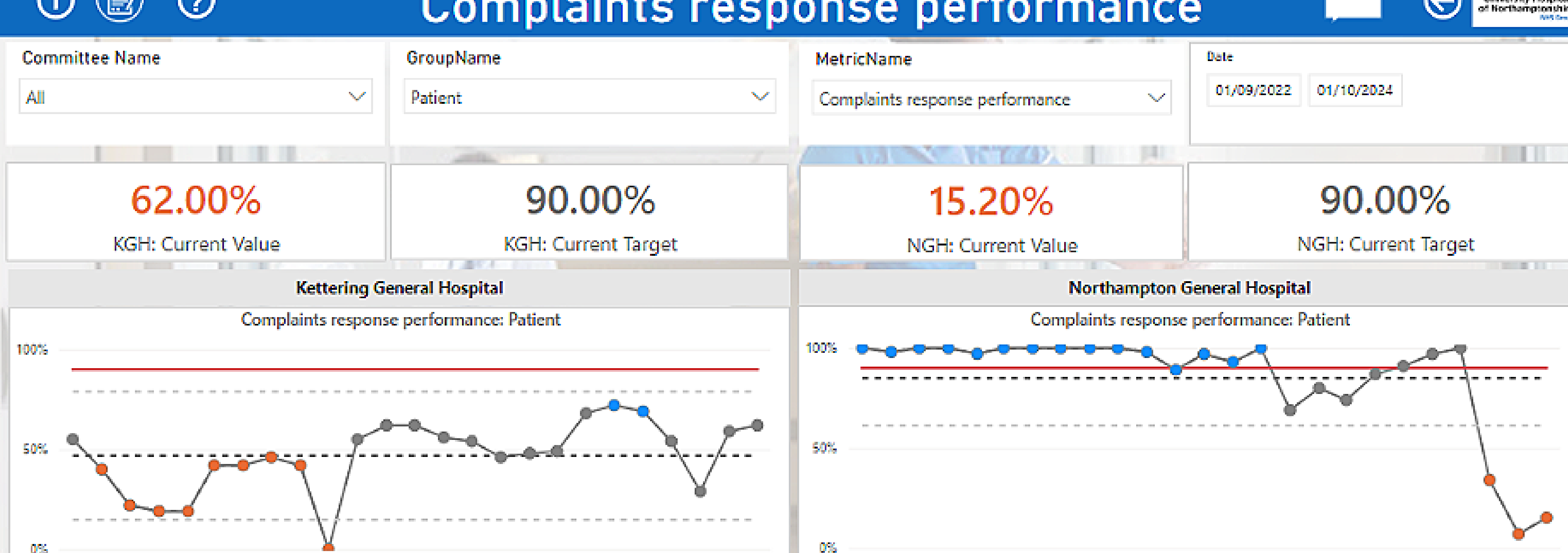
Kettering General Hospital

Number of complaints: Patient

Northampton General Hospital

Number of complaints: Patient

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/24	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.	43 opened complaints, compared to 39 closed. Slightly more opened this month. Sharing with divisions appropriately and aiming for local resolution as able.	Nil	To get responses in on time from divisions	Support from the team with divisions as needed
NGH	01/10/24	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.	43 new complaints were received in October the same number as those received in September. Additionally, the Complaints team have resolved 16 complaints through local resolution with a further 8 signposted to PALS for informal resolution.	The number of complaints received regarding clinical care, communication and privacy & dignity have all increased this month.	Work is currently ongoing to improve our reporting processes to provide information to the divisions on a weekly basis.	The Complaints team continue to have a backlog of complaints awaiting a response which is due partly to the long term sickness absence of a member of staff but also the increased number of complaints received when compared year on year. A service review has been completed and approval is now awaited through VCP.



Complaints response performance
Committee Name
All
GroupName
Patient
MetricName
Complaints response performance
Date
01/09/2022
01/10/2024
62.00%
KGH: Current Value
90.00%
KGH: Current Target
15.20%
NGH: Current Value
90.00%
NGH: Current Target
Kettering General Hospital
Complaints response performance: Patient
100%
50%
0%
Oct 2022
Jan 2023
Apr 2023
Jul 2023
Oct 2023
Jan 2024
Apr 2024
Jul 2024
Oct 2024
Northampton General Hospital
Complaints response performance: Patient
100%
50%
0%
Oct 2022
Jan 2023
Apr 2023
Jul 2023
Oct 2023
Jan 2024
Apr 2024
Jul 2024
Oct 2024

Complaints response performance

Committee Name: All

GroupName: Patient

MetricName: Complaints response performance

62.00%	90.00%	15.20%	90.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

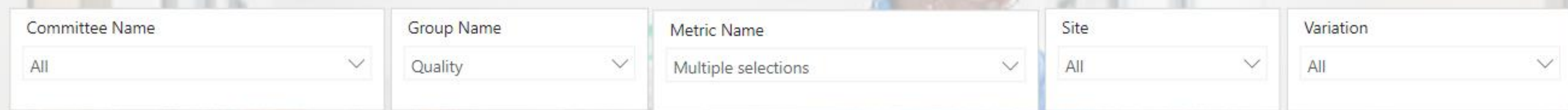
Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/24	Complaints performance – Providing a written response to a complaint within an agreed timescale	62% shows an increase in the number of complaints being sent to complainants in 60 day time frame. The maximum 120 day time frame set out by NHS England standards is 100% (we have no cases going over this). For the 60 day target we were able to have 28 out of 45 cases out on time.	Getting responses back from the divisions within 40 working days, to then allow us 20 working days to collate, draft, quality check and sign off. We often get responses back significantly overdue from clinical areas.	Team continue to support the division as we can and aid in response writing Divisions to give dedicated time to review concerns	Team continue to support the division as we can and aid in response writing
NGH	01/10/24	Complaints performance – Providing a written response to a complaint within an agreed timescale	In October, of the 33 complaints responded to (those due out in October), only 5 were in time (i.e. within the 60 days). Whilst the response remains well outside of the 90% Trust target, there has been an 8% increase compared to last month.	The change in the reporting process (to align NGH with KGH), has had a significant impact on the response rate. If NGH continued to report as previous, the response rate would have been 56%, which includes those complaints out of time.	A review is currently being completed of the resource levels within the Complaints team as currently the activity exceeds the resources available. This is now at approval stage.	The Complaints team continue to have a backlog of complaints awaiting a response which is due partly to the long term sickness absence of a member of staff but also the increased number of complaints received when compared year on year (around 35%). A service review is currently awaiting approval. It is not possible to predict when this will change given the current capacity issues being experienced.

Summary Table

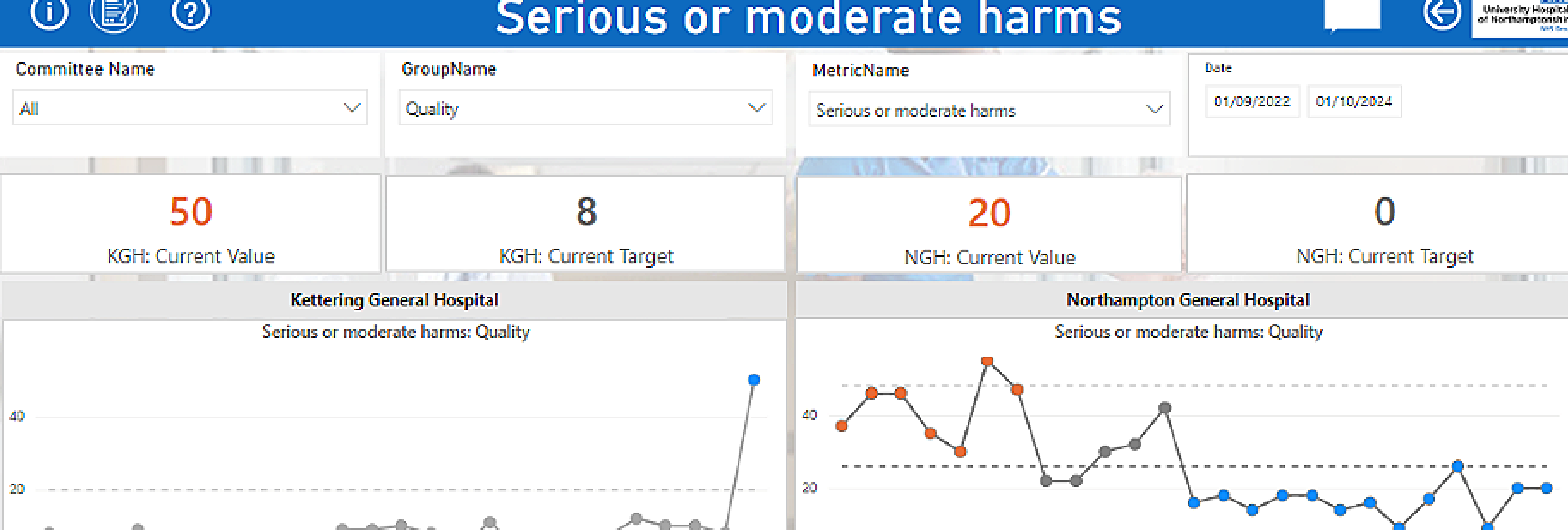
Committee Name	Group Name	Metric Name	Site	Variation
All	Quality	Multiple selections	All	All

Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance	Assurance
KGH	Quality	Serious or moderate harms	01/10/24	50	8	-4	8	20			Not Consistently Anticipated to Meet Target
NGH	Quality	Serious or moderate harms	01/10/24	20	0	5	26	48			Consistently Anticipated to Not Meet Target
KGH	Quality	Serious or moderate harms – falls	01/10/24	0.30	0.18	0.29	0.29	0.29			Not Consistently Anticipated to Meet Target
NGH	Quality	Serious or moderate harms – falls	01/10/24	0.10	0.06	0.39	0.39	0.39			Not Consistently Anticipated to Meet Target
KGH	Quality	Serious or moderate harms – pressure ulcers	01/10/24	0.18	0.69	0.43	0.43	0.43			Consistently Anticipated to Meet Target
NGH	Quality	Serious or moderate harms – pressure ulcers	01/10/24	0.50	0	1.72	1.72	1.72			Consistently Anticipated to Not Meet Target
NGH	Quality	Number of medication errors	01/10/24	90		63	121	179			Consistently Anticipated to Not Meet Target
KGH	Quality	Number of medication errors	01/10/24	78		33	63	94			Consistently Anticipated to Not Meet Target
NGH	Quality	Hospital-acquired infections	01/10/24	4	7	-1	8	17			Not Consistently Anticipated to Meet Target
KGH	Quality	Hospital-acquired infections	01/10/24	6	10	-2	11	23			Not Consistently Anticipated to Meet Target
NGH	Quality	MRSA	01/10/24	0	0	-1	0	1			Not Consistently Anticipated to Meet Target
KGH	Quality	MRSA	01/10/24	0	0	-1	0	1			Not Consistently Anticipated to Meet Target
KGH	Quality	C Diff	01/10/24	1	3	-2	3	7			Not Consistently Anticipated to Meet Target
NGH	Quality	C Diff	01/10/24	8	4	-1	7	16			Not Consistently Anticipated to Meet Target
NGH	Quality	SHMI	01/10/24	95		87	89	92			Consistently Anticipated to Not Meet Target
KGH	Quality	SHMI	01/10/24	105.80		109.23	109.23	109.23			Consistently Anticipated to Not Meet Target
NGH	Quality	HSMR	01/10/24	94	100	89	90	92			Consistently Anticipated to Meet Target
KGH	Quality	HSMR	01/10/24	95.00	100	102.08	102.08	102.08			Not Consistently Anticipated to Meet Target

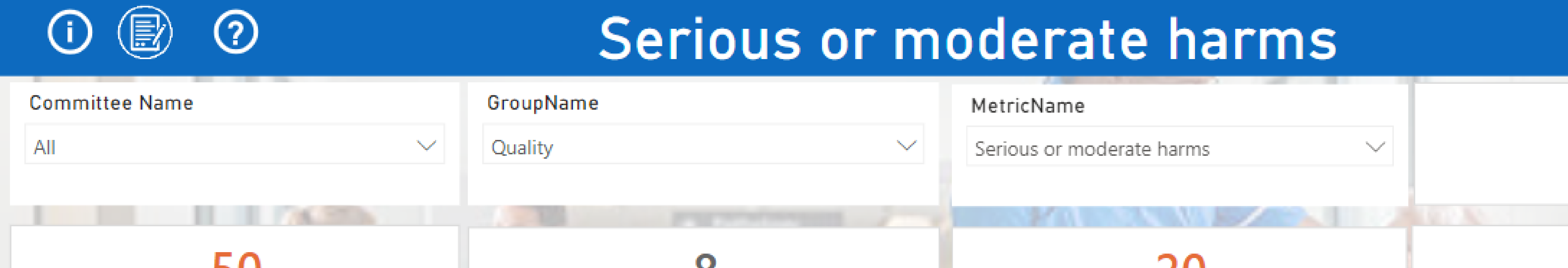
Summary Table



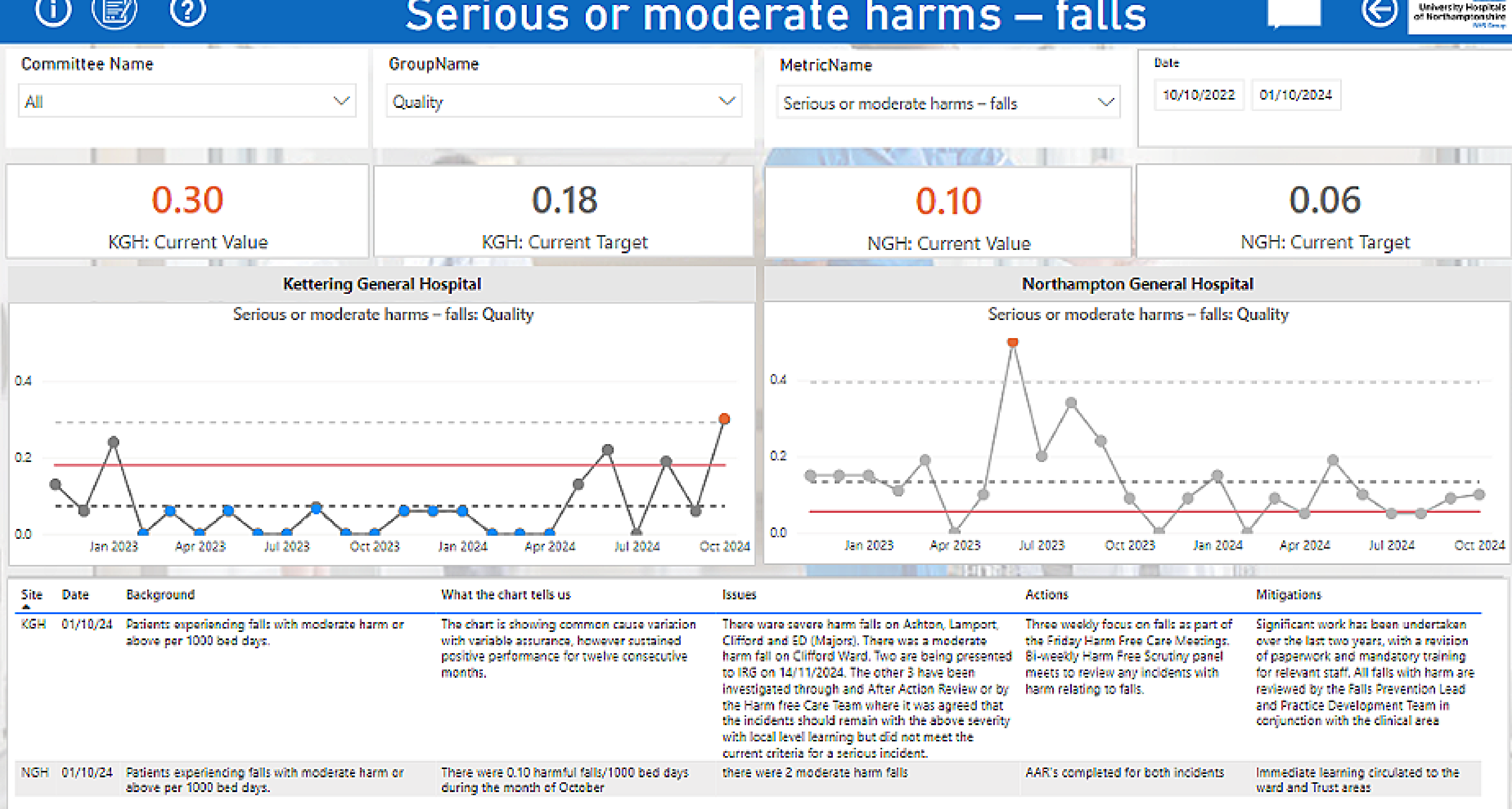
Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance	Assurance
NGH	Quality	SMR	01/10/24	96		89	91	92			Consistently Anticipated to Not Meet Target
KGH	Quality	SMR	01/10/24	96.40		102.55	102.55	102.55			Consistently Anticipated to Not Meet Target
KGH	Quality	30 day readmissions	01/10/24	0.00%	12.00%	-3.67%	5.99%	15.65%			Not Consistently Anticipated to Meet Target
NGH	Quality	30 day readmissions	01/10/24	15.24%	12.00%	7.79%	13.23%	18.67%			Not Consistently Anticipated to Meet Target
NGH	Quality	Never event incidence	01/10/24	1	0	-1	0	1			Not Consistently Anticipated to Meet Target
KGH	Quality	Never event incidence	01/10/24	0	0	-1	0	1			Not Consistently Anticipated to Meet Target
NGH	Quality	Food wastage	01/10/24	8.00		12.01	12.01	12.01			Consistently Anticipated to Meet Target
KGH	Quality	Food wastage	01/10/24	7.26		9.06	9.06	9.06			Consistently Anticipated to Meet Target

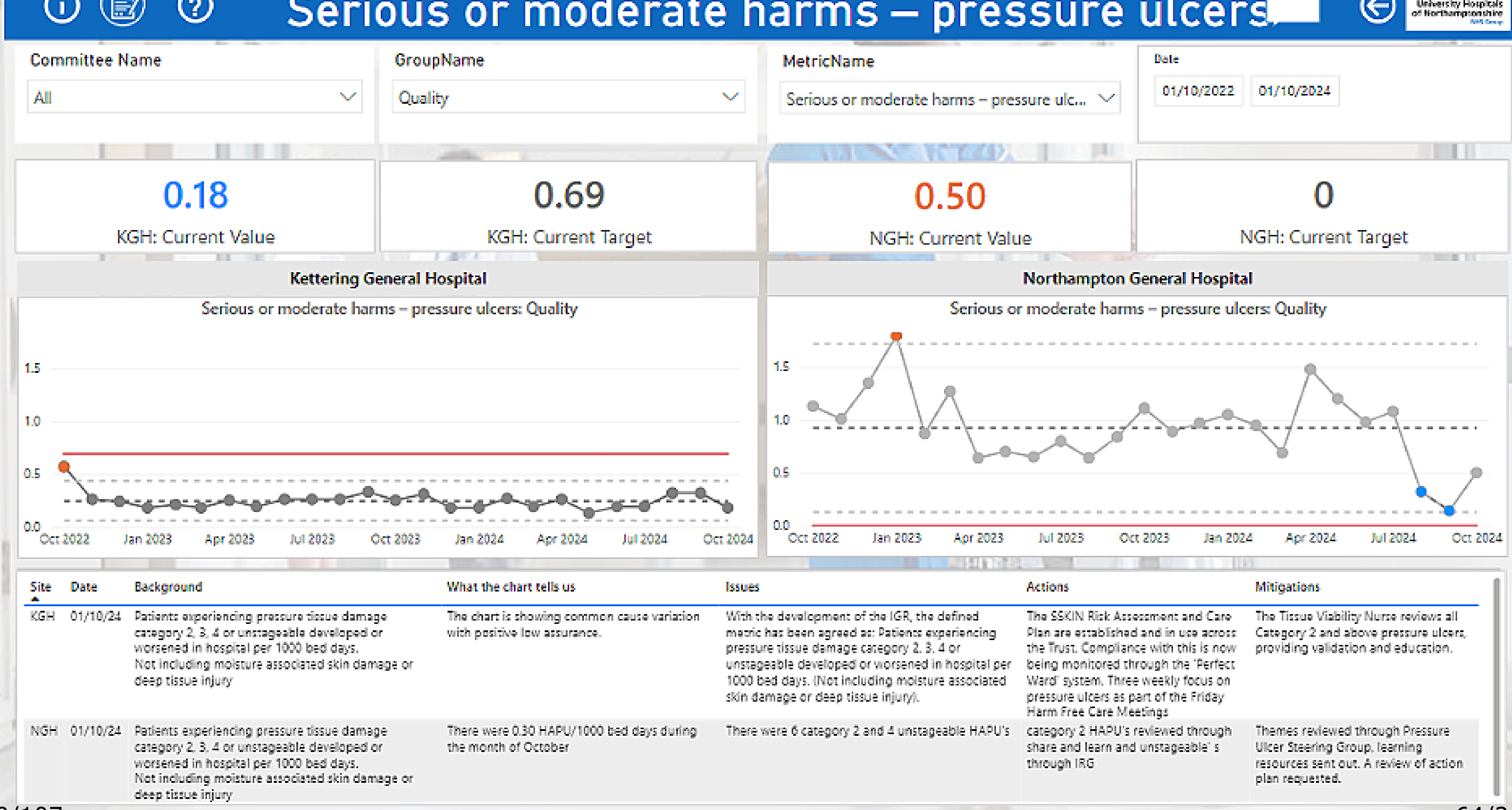


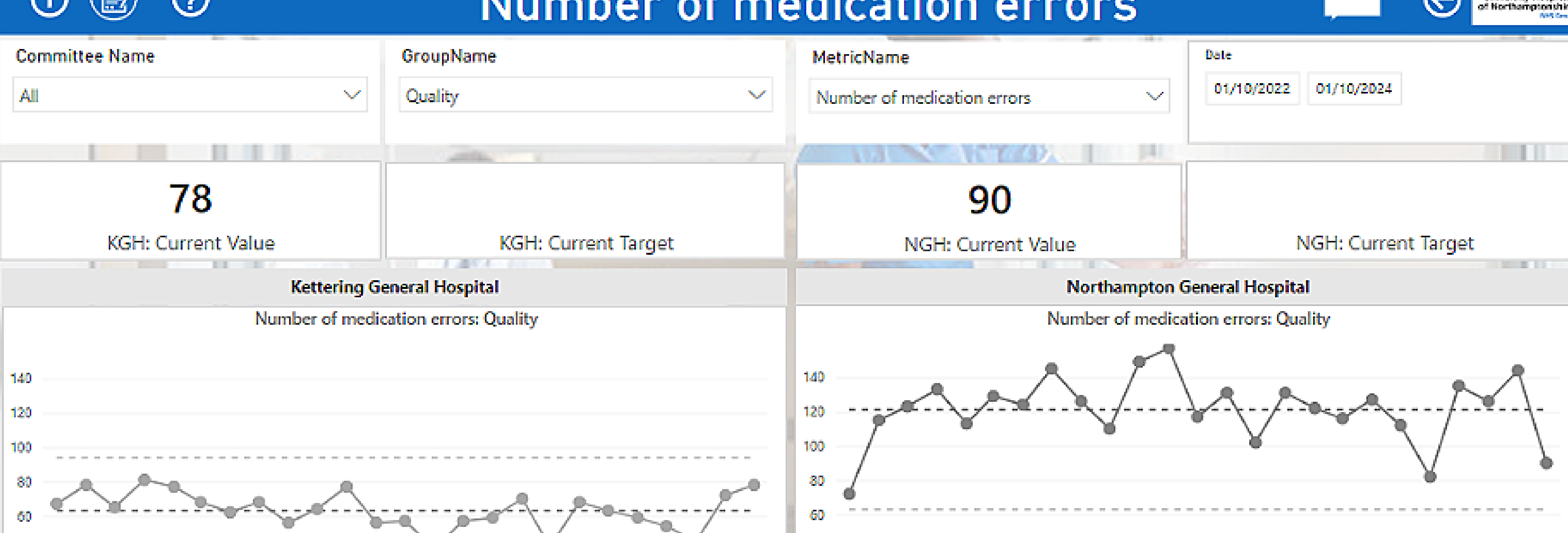
Serious or moderate harms
Committee Name
All
GroupName
Quality
MetricName
Serious or moderate harms
Date
01/09/2022
01/10/2024
50
KGH: Current Value
8
KGH: Current Target
20
NGH: Current Value
0
NGH: Current Target
Kettering General Hospital
Serious or moderate harms: Quality
Northampton General Hospital
Serious or moderate harms: Quality
40
20
0
Oct 2022
Jan 2023
Apr 2023
Jul 2023
Oct 2023
Jan 2024
Apr 2024
Jul 2024
Oct 2024



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/24	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 16.89% of all incidents with a patient harm incurred.


Serious or moderate harms – falls
Committee Name
All
GroupName
Quality
MetricName
Serious or moderate harms – falls
Date
10/10/2022
01/10/2024
0.30
KGH: Current Value
0.18
KGH: Current Target
0.10
NGH: Current Value
0.06
NGH: Current Target
Kettering General Hospital
Serious or moderate harms – falls: Quality
0.4
0.2
0.0
Jan 2023
Apr 2023
Jul 2023
Oct 2023
Jan 2024
Apr 2024
Jul 2024
Oct 2024
Northampton General Hospital
Serious or moderate harms – falls: Quality
0.4
0.2
0.0
Jan 2023
Apr 2023
Jul 2023
Oct 2023
Jan 2024
Apr 2024
Jul 2024
Oct 2024
Site
Date
Background
What the chart tells us
Issues
Actions
Mitigations
KGH
01/10/24
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 twelve consecutive months.
There ware severe harm falls on Ashton, Lamport, Clifford and ED (Majors). There was a moderate harm fall on Clifford Ward. Two are being presented to IRG on 14/11/2024. The other 3 have been investigated through and After Action Review or by the Harm free Care Team where it was agreed that the incidents should remain with the above severity with local level learning but did not meet the current criteria for a serious incident.
Three weekly focus on falls as part of the Friday Harm Free Care Meetings. Bi-weekly Harm Free Scrutiny panel meets to review any incidents with harm relating to falls.
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
01/10/24
Patients experiencing falls with moderate harm or above per 1000 bed days.
There were 0.10 harmful falls/1000 bed days during the month of October
there were 2 moderate harm falls
AAR's completed for both incidents
Immediate learning circulated to the ward and Trust areas


Serious or moderate harms – pressure ulcers
Committee Name
All
GroupName
Quality
MetricName
Serious or moderate harms – pressure ulc...
Date
01/10/2022
01/10/2024
0.18
KGH: Current Value
0.69
KGH: Current Target
0.50
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
Site
Date
Background
What the chart tells us
Issues
Actions
Mitigations
KGH
01/10/24
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
01/10/24
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 0.30 HAPU/1000 bed days during the month of October
There were 6 category 2 and 4 unstageable HAPU's
category 2 HAPU's reviewed through share and learn and unstageable' s through IRG
Themes reviewed through Pressure Ulcer Steering Group, learning resources sent out. A review of action plan requested.



Number of medication errors
Committee Name
All
GroupName
Quality
MetricName
Number of medication errors
Date
01/10/2022
01/10/2024
78
KGH: Current Value
KGH: Current Target
90
NGH: Current Value
NGH: Current Target
Kettering General Hospital
Number of medication errors: Quality
140
120
100
80
60
Oct 2022
Jan 2023
Apr 2023
Jul 2023
Oct 2023
Jan 2024
Apr 2024
Jul 2024
Oct 2024
Northampton General Hospital
Number of medication errors: Quality
140
120
100
80
60
Oct 2022
Jan 2023
Apr 2023
Jul 2023
Oct 2023
Jan 2024
Apr 2024
Jul 2024
Oct 2024

Number of medication errors

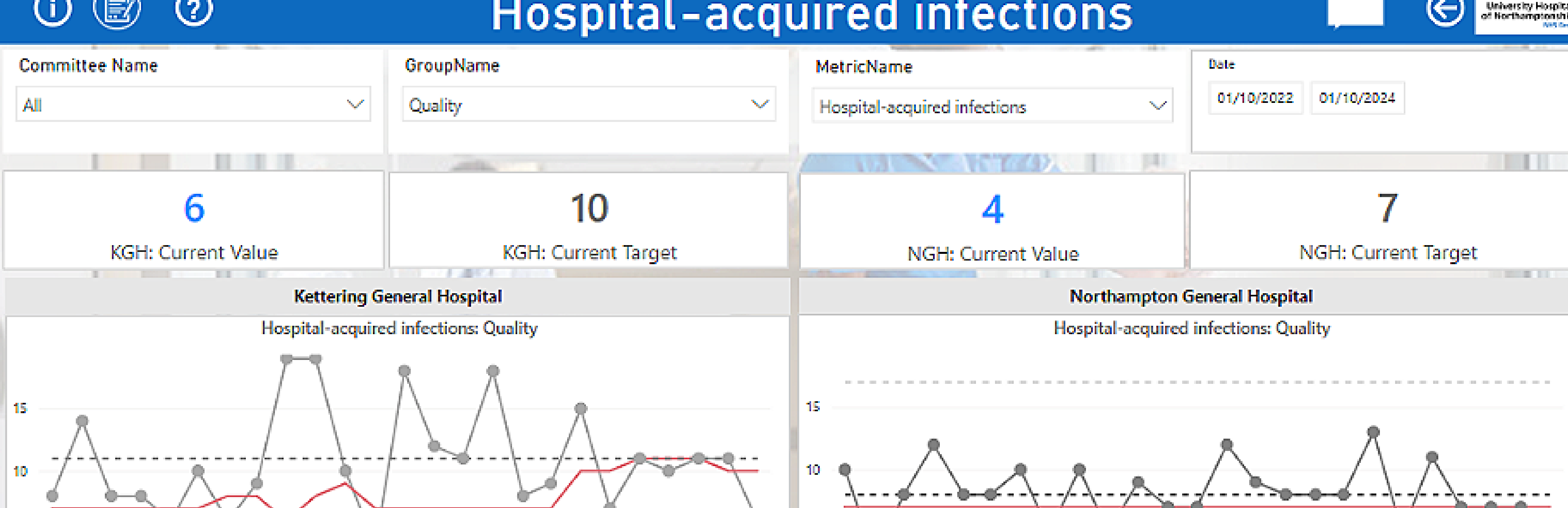
Committee Name: All

GroupName: Quality

MetricName: Number of medication errors

78		90	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/24	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 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 moderate harm incidents reported



Hospital-acquired infections
University Hospitals of Northamptonshire
Committee Name
All
GroupName
Quality
MetricName
Hospital-acquired infections
Date
01/10/2022
01/10/2024
6
KGH: Current Value
10
KGH: Current Target
4
NGH: Current Value
7
NGH: Current Target
Kettering General Hospital
Hospital-acquired infections: Quality
15
10
5
Oct 2022
Jan 2023
Apr 2023
Jul 2023
Oct 2023
Jan 2024
Apr 2024
Jul 2024
Oct 2024
Northampton General Hospital
Hospital-acquired infections: Quality
15
10
5
Oct 2022
Jan 2023
Apr 2023
Jul 2023
Oct 2023
Jan 2024
Apr 2024
Jul 2024
Oct 2024

Hospital-acquired infections

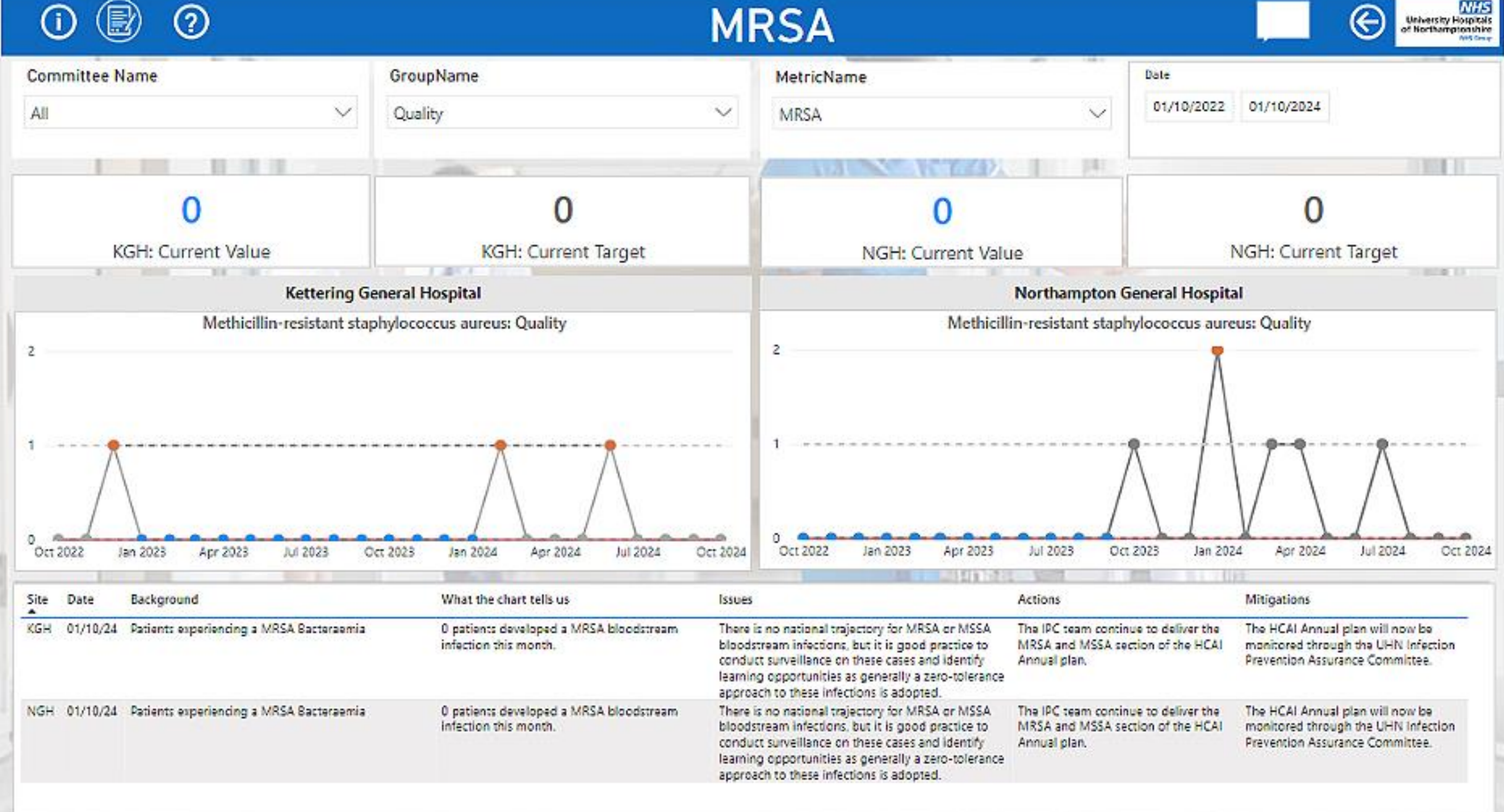
Committee Name: All

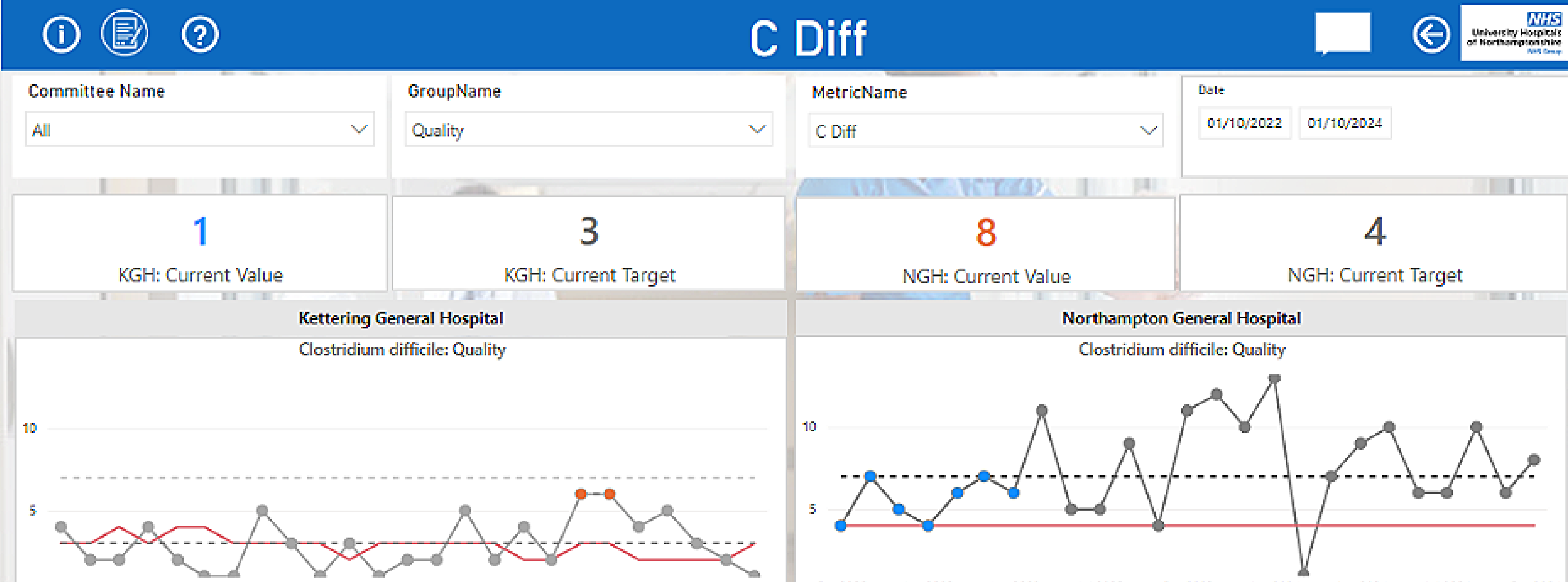
GroupName: Quality

MetricName: Hospital-acquired infections

6	10	4	7
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

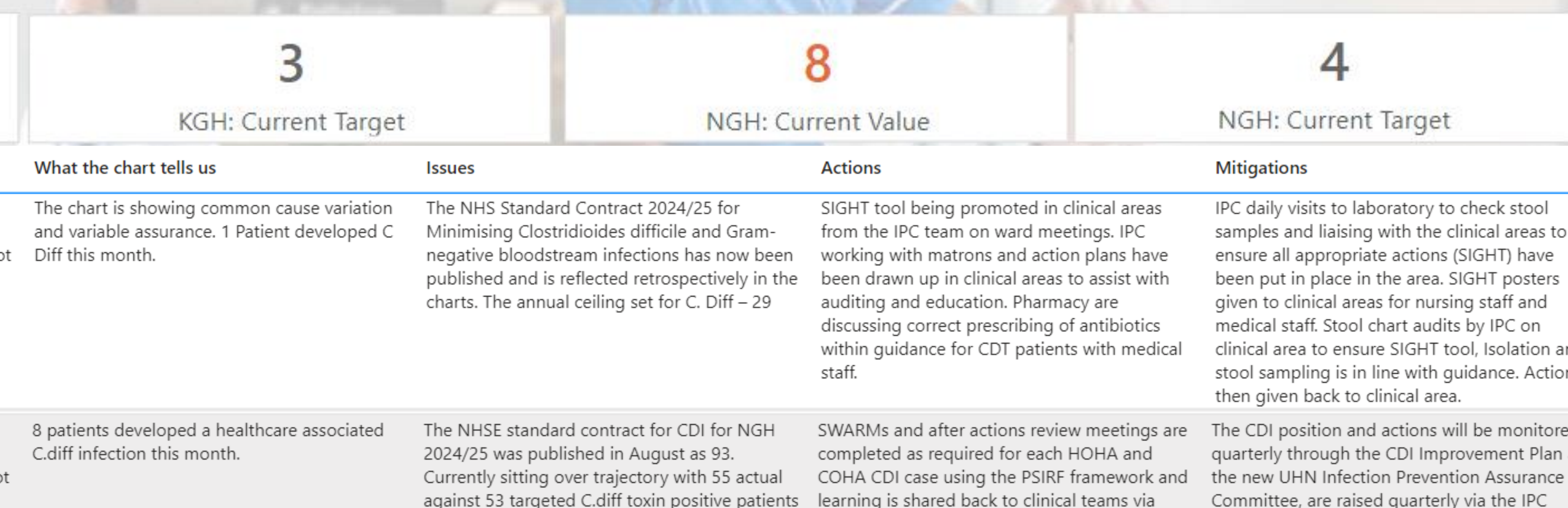
Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/24	Patients experiencing a Gram-negative Hospital Onset Healthcare Associated (HOHA) or Community Onset Healthcare Associated (COHA) infection, defined as: E.coli, Pseudomonas aeruginosa and Klebsiella species.	The chart is showing common cause variation and variable assurance. Patients experiencing a Gram negative Hospital Onset Hospital Acquired (HOHA) or Community Onset Hospital Acquired (COHA) infection, defined as: E-Coli, Pseudomonas aeruginosa and Klebsiella species. E-Coli occurrences.	The NHS Standard Contract 2024/25 for Minimising Clostridioides difficile and Gram-negative bloodstream infections has now been published and is reflected retrospectively in the charts. The annual ceilings set are: E. Coli – 76, Klebsiella – 35 and Pseudomonas – 12 with a collective ceiling of 123. These ceilings are allocated across the 12 months and therefore the ceilings will change month to month.	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	01/10/24	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.	4 patients developed a healthcare associated Gram-negative blood stream infection (GNB) this month.	The NHSE standard contract for GNB for NGH 2024/25 was published in August as 58 E.coli, 29 Klebsiella and 6 Pseudomonas aeruginosa. Currently under trajectory with 32 E.coli, under with 12 Klebsiella, but have exceeded trajectory for Pseudomonas with 9 cases year to date.	1 patient comprises 3 Pseudomonas GNBs cases with a source of infective endocarditis. The Consultant Microbiologist has reviewed this patient, there was no learning or prevention from an IPC perspective, but plans to set up an Infective Endocarditis MDT with Cardiology. The IPC Team has contributed towards a regional piece of work to audit Q2 cases for other risk factors for patients developing GNBs including patient on a waiting list, complex diagnoses including cancer, care in the community to inform onward improvement plans and workstreams.	The GNB position and actions are monitored monthly through the new UHN Infection Prevention Assurance Committee, are raised quarterly via the IPC report to Patient Safety Committee and monthly via the CNO exception report for discussion and oversight.


MRSA
Committee Name
All
GroupName
Quality
MetricName
MRSA
Date
01/10/2022
01/10/2024
0
KGH: Current Value
0
KGH: Current Target
0
NGH: Current Value
0
NGH: Current Target
Kettering General Hospital
Methicillin-resistant staphylococcus aureus: Quality
2
1
0
Oct 2022
Jan 2023
Apr 2023
Jul 2023
Oct 2023
Jan 2024
Apr 2024
Jul 2024
Oct 2024
Northampton General Hospital
Methicillin-resistant staphylococcus aureus: Quality
2
1
0
Oct 2022
Jan 2023
Apr 2023
Jul 2023
Oct 2023
Jan 2024
Apr 2024
Jul 2024
Oct 2024
Site
Date
Background
What the chart tells us
Issues
Actions
Mitigations
KGH
01/10/24
Patients experiencing a MRSA Bacteraemia
0 patients developed a MRSA bloodstream infection this month.
There is no national trajectory for MRSA or MSSA bloodstream infections, but it is good practice to conduct surveillance on these cases and identify learning opportunities as generally a zero-tolerance approach to these infections is adopted.
The IPC team continue to deliver the MRSA and MSSA section of the HCAI Annual plan.
The HCAI Annual plan will now be monitored through the UHN Infection Prevention Assurance Committee.
NGH
01/10/24
Patients experiencing a MRSA Bacteraemia
0 patients developed a MRSA bloodstream infection this month.
There is no national trajectory for MRSA or MSSA bloodstream infections, but it is good practice to conduct surveillance on these cases and identify learning opportunities as generally a zero-tolerance approach to these infections is adopted.
The IPC team continue to deliver the MRSA and MSSA section of the HCAI Annual plan.
The HCAI Annual plan will now be monitored through the UHN Infection Prevention Assurance Committee.
Committees Dashboard (current month commentary only). Metric Detail


C Diff
University Hospitals of Northamptonshire
Committee Name
All
GroupName
Quality
MetricName
C Diff
Date
01/10/2022
01/10/2024
1
KGH: Current Value
3
KGH: Current Target
8
NGH: Current Value
4
NGH: Current Target
Kettering General Hospital
Clostridium difficile: Quality
10
5
Oct 2022
Jan 2023
Apr 2023
Jul 2023
Oct 2023
Jan 2024
Apr 2024
Jul 2024
Oct 2024
Northampton General Hospital
Clostridium difficile: Quality
10
5
Oct 2022
Jan 2023
Apr 2023
Jul 2023
Oct 2023
Jan 2024
Apr 2024
Jul 2024
Oct 2024

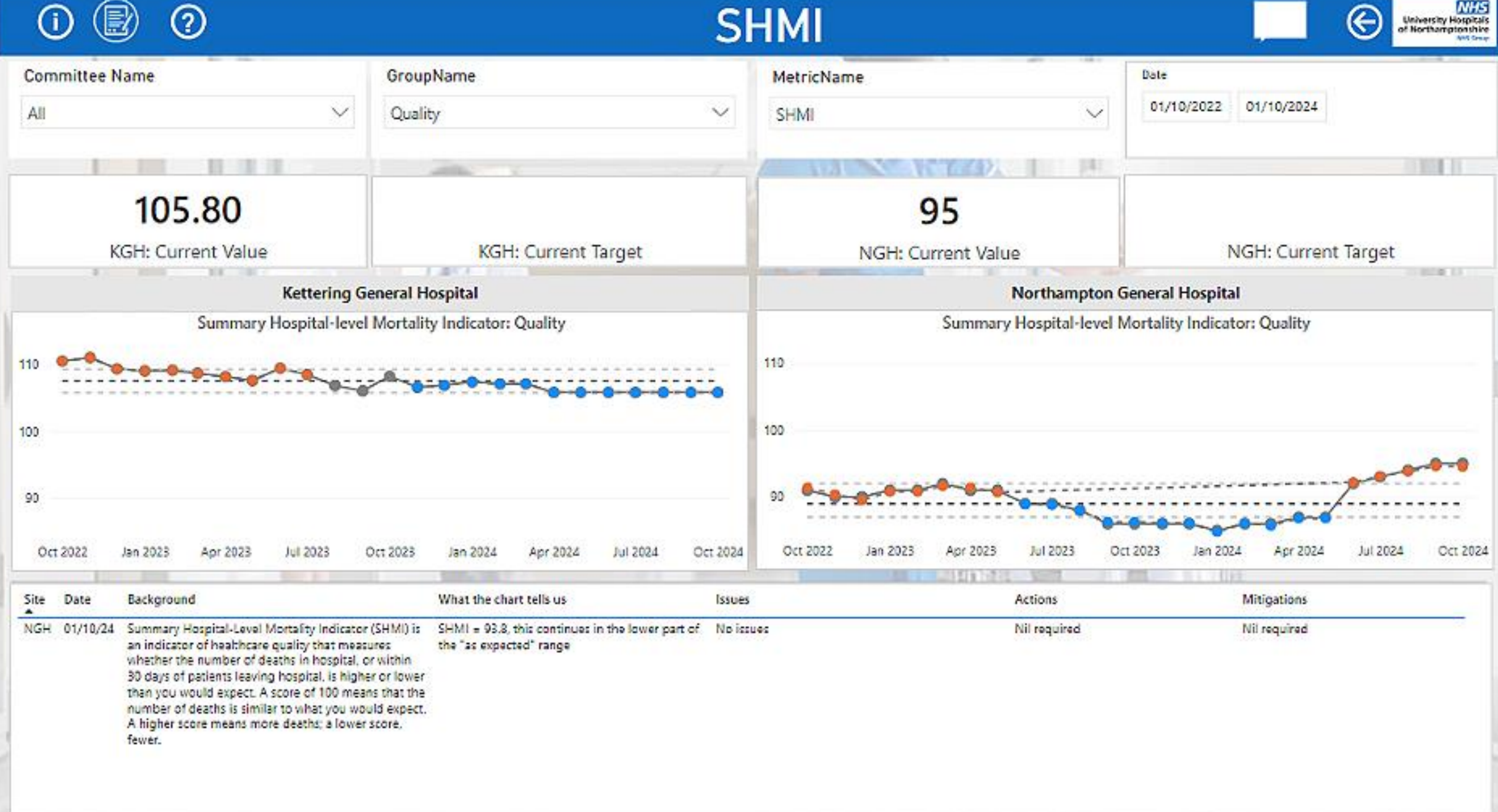
C Diff

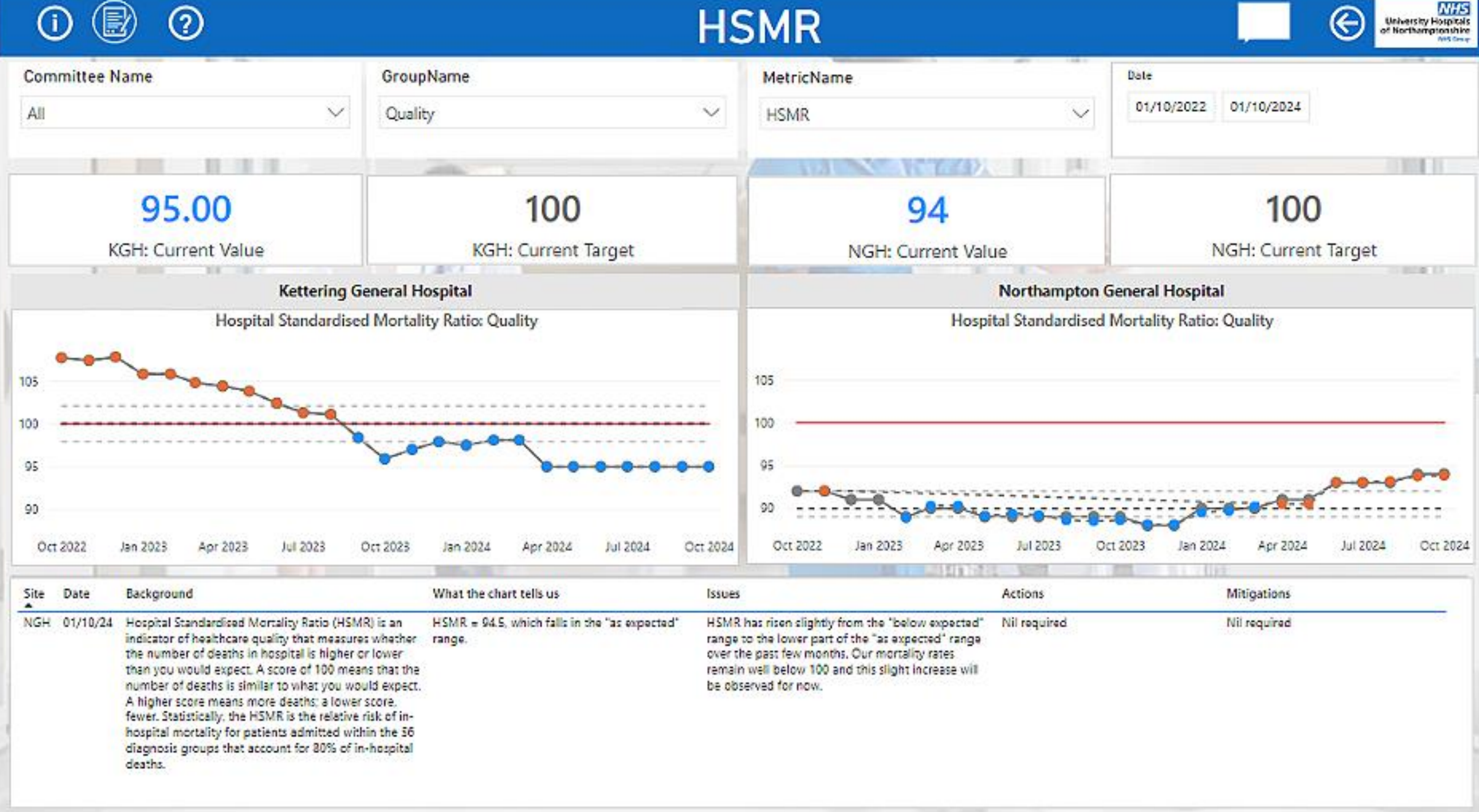
Committee Name	GroupName	MetricName
All	Quality	C Diff

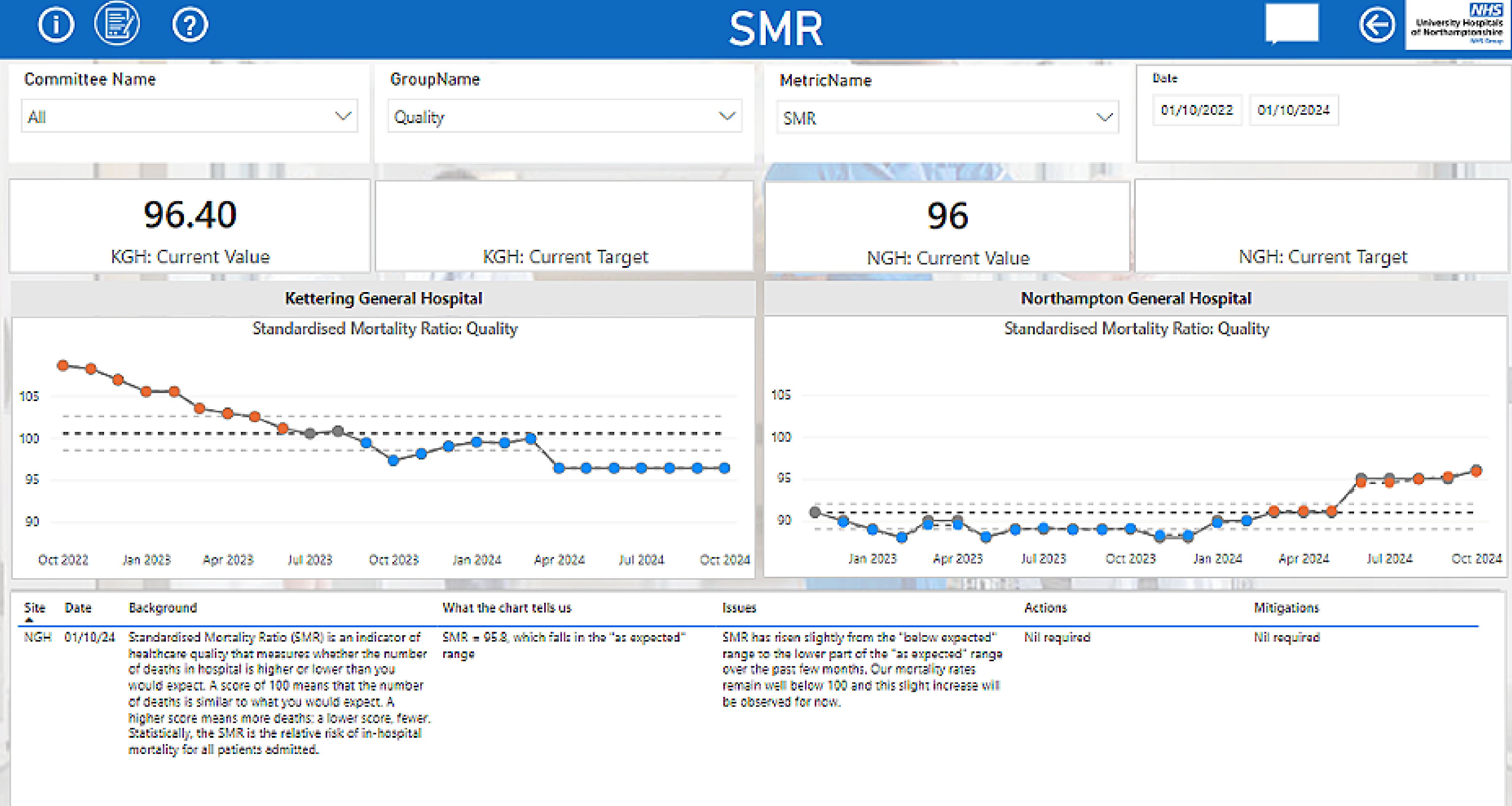


1	3	8	4
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/24	Reduce the number of patients who develop healthcare associated C.diff infection. NHSE trajectories for 2024/25 not yet set	The chart is showing common cause variation and variable assurance. 1 Patient developed C Diff this month.	The NHS Standard Contract 2024/25 for Minimising Clostridioides difficile and Gram-negative bloodstream infections has now been published and is reflected retrospectively in the charts. The annual ceiling set for C. Diff – 29	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	01/10/24	Reduce the number of patients who develop healthcare associated C.diff infection. NHSE trajectories for 2024/25 not yet set, but internal ceiling of 50 cases has been set	8 patients developed a healthcare associated C.diff infection this month.	The NHSE standard contract for CDI for NGH 2024/25 was published in August as 93. Currently sitting over trajectory with 55 actual against 53 targeted C.diff toxin positive patients year to date.	SWARMs and after actions review meetings are completed as required for each HOHA and COHA CDI case using the PSIRF framework and learning is shared back to clinical teams via huddle sheets, Directorate Governance reports and IPOG. Themes centred on antimicrobial stewardship and inappropriate sampling. A stool sampling decision aid was cascaded in September and following appointment of a third Consultant Micro, AMS rounds have increased to thrice weekly from 1st October. The IPC Team are actioning the CDI Improvement Plan and are supporting the IV to oral UHN collaborative QI project. The second UHN IPC Assurance Committee is scheduled for 19th November to review Q2 data.	The CDI position and actions will be monitored quarterly through the CDI Improvement Plan at the new UHN Infection Prevention Assurance Committee, are raised quarterly via the IPC report to Patient Safety Committee and monthly via the CNO exception report for discussion and oversight.

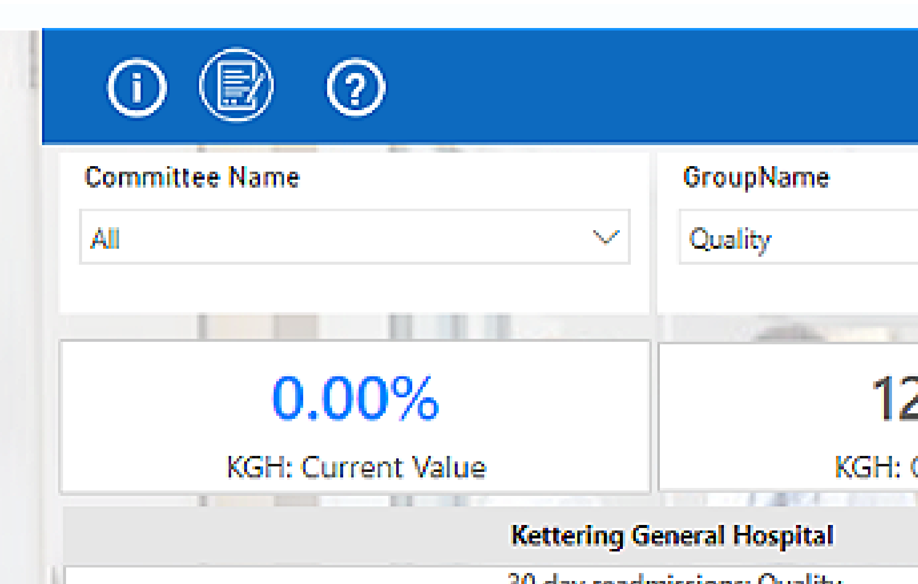

SHMI
Committee Name
All
GroupName
Quality
MetricName
SHMI
Date
01/10/2022
01/10/2024
105.80
KGH: Current Value
KGH: Current Target
95
NGH: Current Value
NGH: Current Target
Kettering General Hospital
Summary Hospital-level Mortality Indicator: Quality
110
100
90
Oct 2022
Jan 2023
Apr 2023
Jul 2023
Oct 2023
Jan 2024
Apr 2024
Jul 2024
Oct 2024
Northampton General Hospital
Summary Hospital-level Mortality Indicator: Quality
110
100
90
Oct 2022
Jan 2023
Apr 2023
Jul 2023
Oct 2023
Jan 2024
Apr 2024
Jul 2024
Oct 2024
Site
Date
Background
What the chart tells us
Issues
Actions
Mitigations
NGH
01/10/24
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 = 93.8, this continues in the lower part of the "as expected" range
No issues
Nil required
Nil required
Committees Dashboard (current month commentary only), Metric Detail


HSMR
Committee Name
All
GroupName
Quality
MetricName
HSMR
Date
01/10/2022
01/10/2024
95.00
KGH: Current Value
100
KGH: Current Target
94
NGH: Current Value
100
NGH: Current Target
Kettering General Hospital
Hospital Standardised Mortality Ratio: Quality
Northampton General Hospital
Hospital Standardised Mortality Ratio: Quality
105
100
95
90
Oct 2022
Jan 2023
Apr 2023
Jul 2023
Oct 2023
Jan 2024
Apr 2024
Jul 2024
Oct 2024
Site
Date
Background
What the chart tells us
Issues
Actions
Mitigations
NGH
01/10/24
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 = 94.5, which falls in the "as expected" range.
HSMR has risen slightly from the "below expected" range to the lower part of the "as expected" range over the past few months. Our mortality rates remain well below 100 and this slight increase will be observed for now.
Nil required
Nil required
Committees Dashboard (current month commentary only). Metric Detail



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
NGH	01/10/24	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 = 95.8, which falls in the "as expected" range	SMR has risen slightly from the "below expected" range to the lower part of the "as expected" range over the past few months. Our mortality rates remain well below 100 and this slight increase will be observed for now.	Nil required	Nil required

30 day readmissions



Committee Name: All

GroupName: Quality

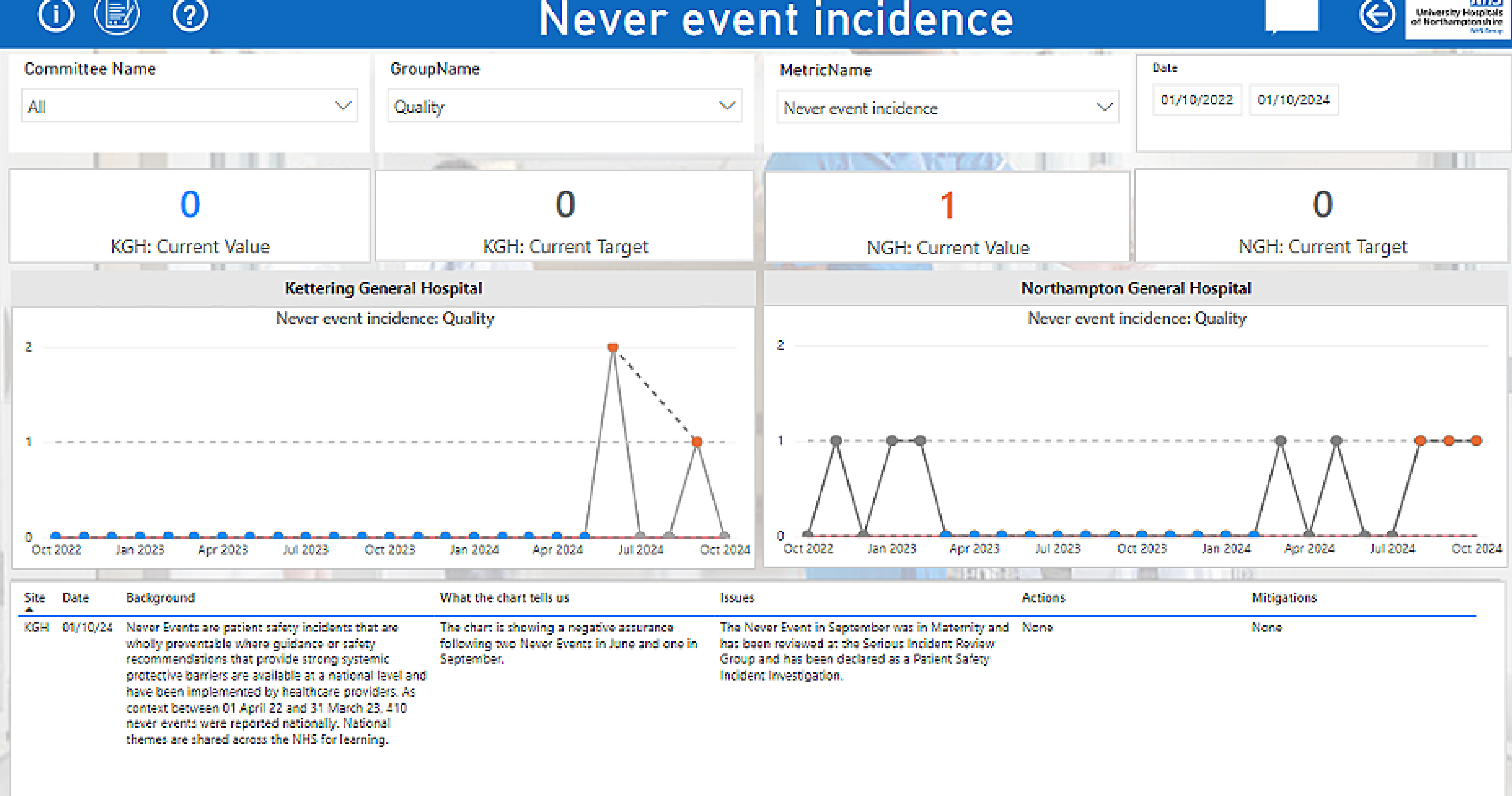
MetricName: 30 day readmissions

Date: 01/10/2022 – 01/10/2024

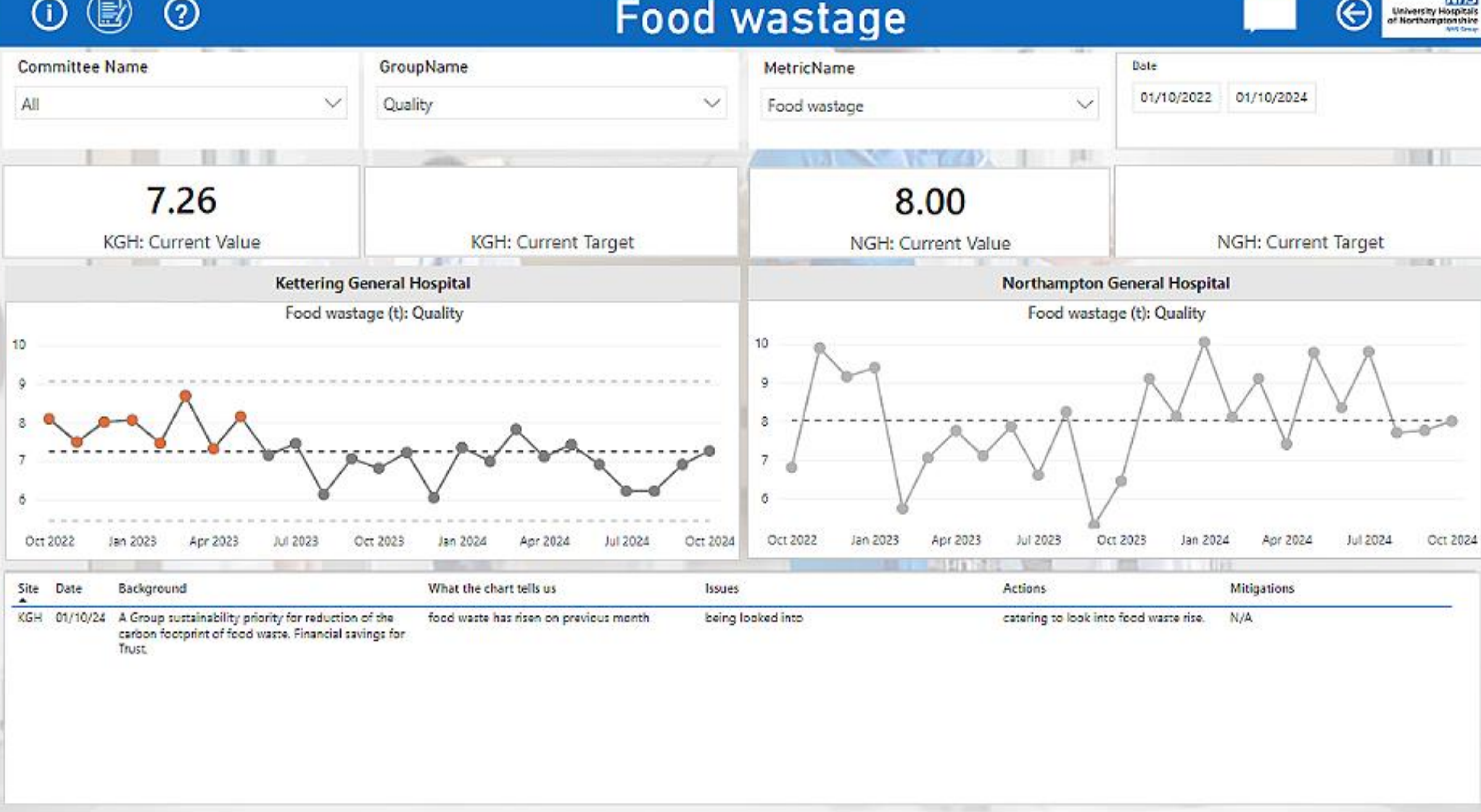
0.00%	12.00%	15.24%	12.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital

Northampton General Hospital



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/24	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 is showing a negative assurance following two Never Events in June and one in September.	The Never Event in September was in Maternity and has been reviewed at the Serious Incident Review Group and has been declared as a Patient Safety Incident Investigation.	None	None


Food wastage
University Hospitals of Northamptonshire
Committee Name
All
GroupName
Quality
MetricName
Food wastage
Date
01/10/2022
01/10/2024
7.26
KGH: Current Value
KGH: Current Target
8.00
NGH: Current Value
NGH: Current Target
Kettering General Hospital
Food wastage (t): Quality
Northampton General Hospital
Food wastage (t): Quality
10
9
8
7
6
Oct 2022
Jan 2023
Apr 2023
Jul 2023
Oct 2023
Jan 2024
Apr 2024
Jul 2024
Oct 2024
Site
Date
Background
What the chart tells us
Issues
Actions
Mitigations
KGH
01/10/24
A Group sustainability priority for reduction of the carbon footprint of food waste. Financial savings for Trust.
food waste has risen on previous month
being looked into
catering to look into food waste rise.
N/A
Committees Dashboard (current month commentary only), Metric Detail

Finance and Investment Committee

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

Finance and Investment Committee

Exec owner: Richard Wheeler

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

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

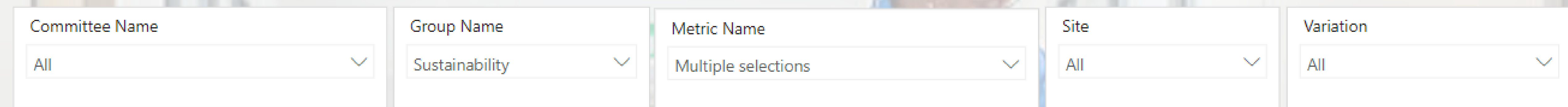
1

Following receipt of income to cover the original planned deficit of £55.0m, the residual plan is now a breakeven requirement on a year to date and full year basis against which the actual year to date position is a £16.6m deficit (£6.4m KGH, £10.2m NGH) These variances include ongoing UEC, inflationary and specific service pressures recognised as risks in the plan and pay award pressures where income received from commissioners does not cover the full cost of the awards. ERF income is exceeding planned values and partially mitigating the variance from plan. Further work is required to identify the full CIP programme from the original submission and with the inclusion of ERF performance the programme is £2.3m ahead of plan, (KGH on plan, NGH £2.3m better than plan)
The forecast for the year identifies a number of risks to the achievement of the breakeven plan and a range of mitigations were identified in August to reduce the overall risk. These are beginning to deliver and impact positively, whilst others require a level of further development and overall progress is impacted by new cost pressures. The programme of mitigations is Executive led, monitored through the UHN internal governance and committee structure and in conjunction with the wider system and NHSE.

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

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

Summary Table



Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance	Assurance
NGH	Sustainability	Income YTD (M)	01/10/24	52.93	51.62	57.79	57.79	57.79			Not Consistently Anticipated to Meet Target
KGH	Sustainability	Income YTD (M)	01/10/24	42.14	41.4	47.89	47.89	47.89			Not Consistently Anticipated to Meet Target
NGH	Sustainability	Pay YTD (M)	01/10/24	39.52	38.35	40.52	40.52	40.52			Not Consistently Anticipated to Meet Target
KGH	Sustainability	Pay YTD (M)	01/10/24	30.65	29.81	33.07	33.07	33.07			Not Consistently Anticipated to Meet Target
KGH	Sustainability	Non Pay YTD (M)	01/10/24	8.98	7.26	12.14	12.14	12.14			Consistently Anticipated to Meet Target
NGH	Sustainability	Non Pay YTD (M)	01/10/24	10.66	7.71	15.03	15.03	15.03			Consistently Anticipated to Meet Target
NGH	Sustainability	Surplus / Deficit YTD (M)	01/10/24	-2.80	0	6.14	6.14	6.14			Not Consistently Anticipated to Meet Target
KGH	Sustainability	Surplus / Deficit YTD (M)	01/10/24	-0.95	0	7.28	7.28	7.28			Not Consistently Anticipated to Meet Target
NGH	Sustainability	CIP Performance YTD (M)	01/10/24	2.64	2.43	5.46	5.46	5.46			Not Consistently Anticipated to Meet Target
KGH	Sustainability	CIP Performance YTD (M)	01/10/24	3.09	2.09	3.45	3.45	3.45			Not Consistently Anticipated to Meet Target
KGH	Sustainability	Bank and Agency Spend (M)	01/10/24	4.44	2.28	5.13	5.13	5.13			Consistently Anticipated to Meet Target
NGH	Sustainability	Bank and Agency Spend (M)	01/10/24	6.40	3.24	8.07	8.07	8.07			Consistently Anticipated to Meet Target
NGH	Sustainability	Capital Spend (M)	01/10/24	1	2	-2	2	7			Not Consistently Anticipated to Meet Target
KGH	Sustainability	Capital Spend (M)	01/10/24	2.44	2.25	6.16	6.16	6.16			Not Consistently Anticipated to Meet Target

Sustainability

KGH | NGH

Committee Name: All

GroupName: Sustainability

5 Exec comments KGH

0 Exec comments NGH

14 Total No. of Metrics

Site	MetricName	Value
KGH	Theatre sessions planned	364
KGH	Surplus / Deficit YTD (M)	-0.95
KGH	Pay YTD (M)	30.65
KGH	Outpatients activity (& vs plan) 2	0
KGH	Non-elective activity (& vs plan) 2	0
KGH	Non Pay YTD (M)	8.98
KGH	Income YTD (M)	42.14
KGH	Elective inpatient activity (& vs plan) 2	0
KGH	Elective day-case activity (& vs plan) 2	0
KGH	CIP Performance YTD (M)	3.09
KGH	Capital Spend (M)	2.44
KGH	Beds available	521
KGH	Bank and Agency Spend (M)	4.44
KGH	A&E activity (& vs plan) 2	10,152

Metric	Comment
YTD Position	Following receipt of income to cover the original planned deficit of £29.2m the residual plan is now a breakeven requirement on a year to date and full year basis against which the actual year to date position is a £6.43m deficit. Variances include ongoing UEC, unfunded inflation and other specific service pressures identified as risks in the compilation of the plan and pay award pressures where income received from commissioners does not cover the full cost of the awards. Industrial action pay costs are largely funded now and efficiency delivery is broadly on plan at month 7 but gaps remain in the delivery of the full plan. Recovery actions are being progressed to reduce the deficit as much as is safely possible by year end.
In-month Position	Following receipt of planned deficit funding, the in-month position is a £1.0m deficit versus a breakeven plan. Adverse variances include ongoing UEC, unfunded inflation and other specific service pressures. Pay award impacts for all staff have been included in the month but funding received is insufficient to cover the identified costs and is resulting in a further pressure. ERF delivery has been recalculated due to an issue with previous months data and is now broadly matching the planned target. Efficiencies, including the recognition of new schemes are £1.0m better than plan in the month.
Income	Year to date income is £4.1m better than plan. ERF now broadly matches the internal target, £1.6m relates to additional non recurrent income recognised as efficiencies and £0.3m relates to Education and Training income, the remainder is largely due to excluded drugs and devices performance.
Non Pay	Year to date non pay excluding depreciation is £6.2m worse than plan. This includes a level of unfunded inflation identified as a risk in the plan and clinical expenses in pursuit of elective recovery partly offset by lower than anticipated utility costs. The efficiency plan profile accelerated significantly in month 4 but schemes to deliver the full increase remain under development and will require recovery in future months.
Pay	Year to date pay costs are £6.8m worse than plan including the impact of ongoing UEC and other unfunded service specific pressures identified as risks in the plan along with pay award pressures where funding received through commissioners does not cover the full cost of the awards. The efficiency target profile increased in month 4 but plans to deliver these savings are not fully developed and are therefore contributing to the overall pay overspend.

Sustainability

KGH | NGH

Committee Name: All

GroupName: Sustainability

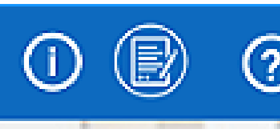
0 Exec comments KGH

5 Exec comments NGH

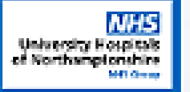
14 Total No. of Metrics

Site	MetricName	Value
NGH	Theatre sessions planned	733
NGH	Surplus / Deficit YTD (M)	-2.80
NGH	Pay YTD (M)	39.52
NGH	Outpatients activity (& vs plan) 2	48,422
NGH	Non-elective activity (& vs plan) 2	6,047
NGH	Non Pay YTD (M)	10.66
NGH	Income YTD (M)	52.93
NGH	Elective inpatient activity (& vs plan) 2	434
NGH	Elective day-case activity (& vs plan) 2	4,766
NGH	CIP Performance YTD (M)	2.64
NGH	Capital Spend (M)	1
NGH	Beds available	612
NGH	Bank and Agency Spend (M)	6.40
NGH	A&E activity (& vs plan) 2	12,540

Metric	Comment
YTD Position	Following receipt of income to cover the original planned deficit of £25.8m the residual plan is now a breakeven requirement on a year to date and full year basis against which the actual year to date position is a £10.18m deficit. Variances include ongoing UEC, unfunded inflation and other specific service pressures identified as risks in the compilation of the plan and pay award pressures where income received from commissioners does not cover the full cost of the awards. Industrial action pay costs are largely funded now and bolstered by strong ERF performance efficiency delivery is £2.3m better than plan at month 7 but gaps remain in the delivery of the full plan. Recovery actions are being progressed to reduce the deficit as much as is safely possible by year end.
	Following receipt of planned deficit funding, the in-month position is a £2.8m deficit versus a breakeven plan. Adverse variances include ongoing UEC, unfunded inflation and other specific service pressures. Pay award impacts for all staff have been included in the month but funding received is insufficient to cover the identified costs and is resulting in a further pressure. ERF delivery remains significanlty better than plan. Efficiencies, including the recognition of new schemes are £0.2m better than plan in the month.
Income	Year to date income is £9.6m better than plan. This includes significant estimated overperformance against the ERF target and a range of other ares including excluded drugs and devices performance which offset related non pay overspends.
Non Pay	Year to date non pay excluding depreciation is £10.2m worse than plan. This includes a level of unfunded inflation identified as a risk in the plan and clinical expenses in pursuit of elective recovery and excluded drugs and devices partly covered by additional income. Additional energy pressures have stemmed from the failure of CHP plant in month 4 and 5. Efficiency targets were budgeted to increase in month 4 but schemes to deliver the full increase remain under development and will require recovery in future months.
Pay	Year to date pay costs are £9.5m worse than plan including the impact of ongoing UEC and other unfunded service specific pressures identified as risks in the plan along with pay award pressures where funding received through commissioners does not cover the full cost of the awards. The efficiency target profile increased in month 4 but plans to deliver these savings are not fully developed and are therefore contributing to the overall pay overspend.



Income YTD (M)



Committee Name	GroupName	MetricName	Date
All	Sustainability	Income YTD (M)	01/10/2022 – 01/10/2024

42.14	41.4	52.93	51.62
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital

Income YTD (M): Sustainability

60
50
40
30
Oct 2022 Jan 2023 Apr 2023 Jul 2023 Oct 2023 Jan 2024 Apr 2024 Jul 2024 Oct 2024

Northampton General Hospital

Income YTD (M): Sustainability

60
50
40
30
Oct 2022 Jan 2023 Apr 2023 Jul 2023 Oct 2023 Jan 2024 Apr 2024 Jul 2024 Oct 2024

Pay YTD (M)

Committee Name: All

GroupName: Sustainability

MetricName: Pay YTD (M)

Date: 01/10/2022 – 01/10/2024

30.65	29.81	39.52	38.35
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital

Pay YTD (M): Sustainability

50, 40, 30, 20

Oct 2022, Jan 2023, Apr 2023, Jul 2023, Oct 2023, Jan 2024, Apr 2024, Jul 2024, Oct 2024

Northampton General Hospital

Pay YTD (M): Sustainability

50, 40, 30, 20

Oct 2022, Jan 2023, Apr 2023, Jul 2023, Oct 2023, Jan 2024, Apr 2024, Jul 2024, Oct 2024

Non Pay YTD (M)

Committee Name: All

GroupName: Sustainability

MetricName: Non Pay YTD (M)

Date: 01/10/2022 – 01/10/2024

8.98	7.26	10.66	7.71
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital

Non Pay YTD (M): Sustainability

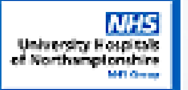
14
12
10
8
Oct 2022 Jan 2023 Apr 2023 Jul 2023 Oct 2023 Jan 2024 Apr 2024 Jul 2024 Oct 2024

Northampton General Hospital

Non Pay YTD (M): Sustainability

14
12
10
8
Oct 2022 Jan 2023 Apr 2023 Jul 2023 Oct 2023 Jan 2024 Apr 2024 Jul 2024 Oct 2024

Surplus / Deficit YTD (M)



Committee Name: All

GroupName: Sustainability

MetricName: Surplus / Deficit YTD (M)

Date: 01/10/2022 – 01/10/2024

-0.95	0	-2.80	0
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital

Surplus / Deficit YTD (M): Sustainability

15
10
5
0
Oct 2022 Jan 2023 Apr 2023 Jul 2023 Oct 2023 Jan 2024 Apr 2024 Jul 2024 Oct 2024

Northampton General Hospital

Surplus / Deficit YTD (M): Sustainability

15
10
5
0
Oct 2022 Jan 2023 Apr 2023 Jul 2023 Oct 2023 Jan 2024 Apr 2024 Jul 2024 Oct 2024

CIP Performance YTD (M)

Committee Name	GroupName	MetricName	Date
All	Sustainability	CIP Performance YTD (M)	01/10/2022 – 01/10/2024

3.09	2.09	2.64	2.43
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital

CIP Performance YTD (M): Sustainability

6
4
2
Jan 2023 Apr 2023 Jul 2023 Oct 2023 Jan 2024 Apr 2024 Jul 2024 Oct 2024

Northampton General Hospital

CIP Performance YTD (M): Sustainability

6
4
2
Jan 2023 Apr 2023 Jul 2023 Oct 2023 Jan 2024 Apr 2024 Jul 2024 Oct 2024

Bank and Agency Spend (M)

Committee Name: All

GroupName: Sustainability

MetricName: Bank and Agency Spend (M)

Date: 01/10/2022 – 01/10/2024

4.44	2.28	6.40	3.24
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital

Bank and Agency Spend (M): Sustainability

6
4
2
Oct 2022
Jan 2023
Apr 2023
Jul 2023
Oct 2023
Jan 2024
Apr 2024
Jul 2024
Oct 2024

Northampton General Hospital

Bank and Agency Spend (M): Sustainability

6
4
2
Oct 2022
Jan 2023
Apr 2023
Jul 2023
Oct 2023
Jan 2024
Apr 2024
Jul 2024
Oct 2024

Capital Spend (M)

Committee Name	GroupName	MetricName	Date
All	Sustainability	Capital Spend (M)	01/10/2022 – 01/10/2024

2.44	2.25	1	2
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital

Capital Spend (M): Sustainability

10 8 6 4 2

Oct 2022 Jan 2023 Apr 2023 Jul 2023 Oct 2023 Jan 2024 Apr 2024 Jul 2024 Oct 2024

Northampton General Hospital

Capital Spend: Sustainability

10 8 6 4 2

Oct 2022 Jan 2023 Apr 2023 Jul 2023 Oct 2023 Jan 2024 Apr 2024 Jul 2024 Oct 2024

Operational Performance Committee

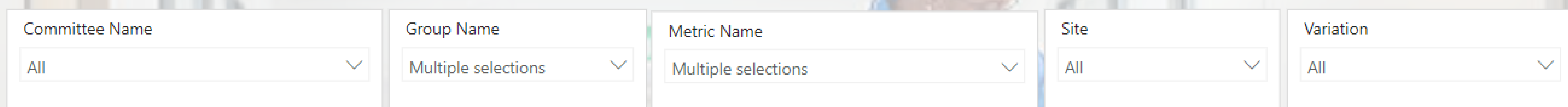
University Hospitals of Northamptonshire NHS Group is a collaboration between Kettering General Hospital NHS Foundation Trust and Northampton General Hospital NHS Trust

Summary Table

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

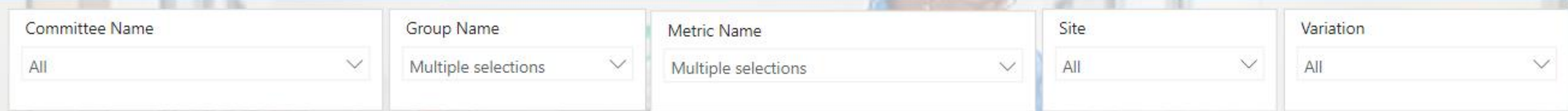
Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance	Assurance
KGH	Sustainability	Beds available	01/10/24	521		512	523	534			Consistently Anticipated to Meet Target
NGH	Sustainability	Beds available	01/10/24	612		593	615	637			Consistently Anticipated to Meet Target
NGH	Sustainability	A&E activity (& vs plan) 2	01/10/24	12,540	9034	9756	12084	14412			Consistently Anticipated to Meet Target
NGH	Sustainability	Theatre sessions planned	01/10/24	733		558	614	670			Consistently Anticipated to Meet Target
KGH	Sustainability	Theatre sessions planned	01/10/24	364		110	288	466			Consistently Anticipated to Meet Target
NGH	Sustainability	Non-elective activity (& vs plan) 2	01/10/24	6,047	2187	5319	5875	6431			Consistently Anticipated to Meet Target
NGH	Sustainability	Elective inpatient activity (& vs plan) 2	01/10/24	434		265	372	479			Consistently Anticipated to Meet Target
NGH	Sustainability	Elective day-case activity (& vs plan) 2	01/10/24	4,766		3267	4119	4971			Consistently Anticipated to Meet Target
NGH	Sustainability	Outpatients activity (& vs plan) 2	01/10/24	48,422	51465	33460	43982	54504			Not Consistently Anticipated to Meet Target
KGH	Sustainability	A&E activity (& vs plan) 2	01/10/24	10,152		5663	9134	12606			Consistently Anticipated to Meet Target
KGH	Sustainability	Non-elective activity (& vs plan) 2	01/10/24	0		732	1785	2838			Consistently Anticipated to Meet Target
KGH	Sustainability	Elective inpatient activity (& vs plan) 2	01/10/24	0		66	242	419			Consistently Anticipated to Meet Target
KGH	Sustainability	Elective day-case activity (& vs plan) 2	01/10/24	0		923	2765	4606			Consistently Anticipated to Meet Target
KGH	Sustainability	Outpatients activity (& vs plan) 2	01/10/24	0		15363	24866	34369			Consistently Anticipated to Meet Target
KGH	Systems and Partnerships	31-day wait for first treatment	01/09/24	92.10%	96.00%	88.36%	94.86%	101.36%			Not Consistently Anticipated to Meet Target
NGH	Systems and Partnerships	31-day wait for first treatment	01/09/24	93.00%	96.00%	80.21%	90.81%	101.42%			Not Consistently Anticipated to Meet Target
KGH	Systems and Partnerships	62-day wait for first treatment	01/09/24	71.90%	85.00%	30.67%	58.25%	85.82%			Not Consistently Anticipated to Meet Target
NGH	Systems and Partnerships	62-day wait for first treatment	01/09/24	67.80%	85.00%	46.59%	63.92%	81.25%			Consistently Anticipated to Not Meet Target

Summary Table



Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance	Assurance
KGH	Systems and Partnerships	Cancer: Faster Diagnostic Standard	01/09/24	83.70%	75.00%	78.81%	84.63%	90.44%			Consistently Anticipated to Meet Target
NGH	Systems and Partnerships	Cancer: Faster Diagnostic Standard	01/09/24	86.90%	75.00%	78.23%	84.17%	90.11%			Consistently Anticipated to Meet Target
KGH	Systems and Partnerships	6-week diagnostic test target performance	01/10/24	80.00%	99.00%	55.89%	66.64%	77.39%			Consistently Anticipated to Not Meet Target
NGH	Systems and Partnerships	6-week diagnostic test target performance	01/10/24	98.00%	99.00%	68.48%	77.34%	86.19%			Consistently Anticipated to Not Meet Target
NGH	Systems and Partnerships	Unappointed outpatient follow ups	01/10/24	8,524	0	4309	5197	6085			Consistently Anticipated to Not Meet Target
KGH	Systems and Partnerships	Unappointed outpatient follow ups	01/10/24	7,567		3787	5650	7513			Consistently Anticipated to Not Meet Target
NGH	Systems and Partnerships	RTT over 52 week waits	01/10/24	942	0	913	1218	1522			Consistently Anticipated to Not Meet Target
KGH	Systems and Partnerships	RTT over 52 week waits	01/10/24	365	0	222	353	483			Consistently Anticipated to Not Meet Target
NGH	Systems and Partnerships	Size of RTT waiting list	01/10/24	41,304	0	37999	40375	42751			Consistently Anticipated to Not Meet Target
KGH	Systems and Partnerships	Size of RTT waiting list	01/10/24	27,418		26526	27937	29348			Consistently Anticipated to Not Meet Target
NGH	Systems and Partnerships	Theatre utilisation	01/10/24	79.00%		73.94%	78.15%	82.36%			Consistently Anticipated to Meet Target
KGH	Systems and Partnerships	Theatre utilisation	01/10/24	83.00%		42.76%	66.92%	91.08%			Consistently Anticipated to Meet Target
NGH	Systems and Partnerships	Bed utilisation	01/10/24	91.04%		85.25%	88.64%	92.03%			Consistently Anticipated to Meet Target
KGH	Systems and Partnerships	Bed utilisation	01/10/24	98.05%		96.64%	98.07%	99.5%			Consistently Anticipated to Meet Target
NGH	Systems and Partnerships	Stranded patients (7+ day length of stay)	01/10/24	371		328	373	418			Consistently Anticipated to Not Meet Target
KGH	Systems and Partnerships	Stranded patients (7+ day length of stay)	01/10/24	294		254	281	307			Consistently Anticipated to Not Meet Target
KGH	Systems and Partnerships	Super-Stranded patients (21+ day length of stay)	01/10/24	108	0	77	98	118			Consistently Anticipated to Not Meet Target
NGH	Systems and Partnerships	Super-Stranded patients (21+ day length of stay)	01/10/24	155	0	119	164	208			Consistently Anticipated to Not Meet Target

Summary Table



Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance	Assurance
NGH	Systems and Partnerships	Patients with a reason to reside	01/10/24	33.61%	95.00%	58.71%	67.18%	75.66%			Consistently Anticipated to Not Meet Target
KGH	Systems and Partnerships	Patients with a reason to reside	01/10/24	75.83%		71.1%	75.14%	79.18%			Consistently Anticipated to Meet Target
KGH	Systems and Partnerships	Ambulance Handover	01/10/24	656		-52	210	473			Not Consistently Anticipated to Meet Target
NGH	Systems and Partnerships	Ambulance Handover	01/10/24	867		-6	295	596			Not Consistently Anticipated to Meet Target
NGH	Systems and Partnerships	Time to initial assessment	01/10/24	36.86%		41.43%	47.09%	52.75%			Consistently Anticipated to Meet Target
KGH	Systems and Partnerships	Time to initial assessment	01/10/24	58.49%		50.67%	61.83%	73%			Consistently Anticipated to Meet Target
KGH	Systems and Partnerships	Average time in department - Admitted	01/10/24	676		460	591	723			Consistently Anticipated to Meet Target
KGH	Systems and Partnerships	Average time in department - Discharged	01/10/24	232		201	227	254			Consistently Anticipated to Meet Target
KGH	Systems and Partnerships	4hr ED Performance	01/10/24	78.60%		54.13%	60.94%	67.74%			Consistently Anticipated to Meet Target
NGH	Systems and Partnerships	4hr ED Performance	01/10/24	69.75%		61.42%	67.42%	73.42%			Consistently Anticipated to Meet Target
NGH	Systems and Partnerships	Average time in department - Discharged	01/10/24	190		170	203	237			Consistently Anticipated to Meet Target
NGH	Systems and Partnerships	Average time in department - Admitted	01/10/24	896		600	887	1173			Consistently Anticipated to Meet Target

Operational and Performance Committee

Exec owners: Sarah Noonan

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 salient messages from the IGR metrics** for this month:

1. Ambulance Handovers continue to increase for Oct 24 for KGH and NGH. Both Trusts have indicated high number of attendances and Trust Capacity issues.

2. Stranded and Super-stranded metrics are showing increases for Oct 24. KGH have indicated system wide meetings continue, escalating any issues and involving external partners in MDT meetings.

3. Unappointed Follow ups continues to show an upward trend in numbers. KGH have indicated capacity issues within clinics to see patients. FDP being rolled out to support with validation and sight.

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

Health Intelligence Transformation Programme will be developing the IGR as part of the NEW data warehouse initiative.

30-Day Re-admission Rate – The logic for KGH is corrupt and requires a full re-build. Before the work commences – Is this metric still relevant?

Unappointed Follow up logic has now been adjusted and NGH now follow the same logic as KGH. Change made in Sept 24 and data has been adjusted back to Sept 22.

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

A&E activity (& vs plan) 2

Committee Name: All

GroupName: Sustainability

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

Date: 01/10/2022 – 01/10/2024

10,152		12,540	9034
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital

A&E activity (actual vs plan): Sustainability

Northampton General Hospital

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

A&E activity (& vs plan) 2

Committee Name: All

GroupName: Sustainability

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

10,152		12,540	9034
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/24	A&E attendances	Total attendances in October 2024 are 5% higher than in October 2023;(13% higher than Oct 22). the increase continues to be across our adult unheralded cohort. EMAS conveyances were 10% lower last month, than in October 23 and 22.	Safety concerns remain in respect of the risk of overcrowding in ED, which further impacts the following: High number of self-presenters increasing the risk of overcrowding in the waiting room impacting patient experience and outcomes. Overcrowding impacting our ability to improve our compliance with quality and safety KPI's around TTIA, wait to be seen by a clinician and pain management. Trust capacity impacting performance against the 4-hour National Standard and Ambulance handovers	Continue to maximise use of streaming pathway to MIAMI, and MSDEC in reach early morning. Ongoing collaborative meetings with EMAS and CUCC colleagues to discuss appropriateness of conveyances and/or alternative streaming options such as direct referral to SDEC Engagement work ongoing with our Primary care colleagues via the GP Liaison Lead. Agreement with Paeds OP to use their clinical space OOHs for PED patients requiring clinical assessment during periods of heightened capacity pressures	Implementation of the Trustwide. escalation protocol Move of patients against confirmed and predicted discharges from base wards to support capacity pressures in ED.
NGH	01/10/24	A&E attendances	We have had an increase in attendances of 714 since last month. We continue to meet or exceed target (consistently since February 2024)	The estate (site) is problematic, leading to continued over crowding, continued corridor care which means poor patient experience	Pilot of having a GP at streaming for 4 weeks. Data to be collated as just ended. Ensure patient safety at all times.	Safety nurse who does safety rounds. MADE events on backend wards. Continue with early board rounds on Nye Bevan

Non-elective activity (& vs plan) 2

Committee Name: All

GroupName: Sustainability

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

Date: 01/10/2022 – 01/10/2024

0		6,047	2187
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital

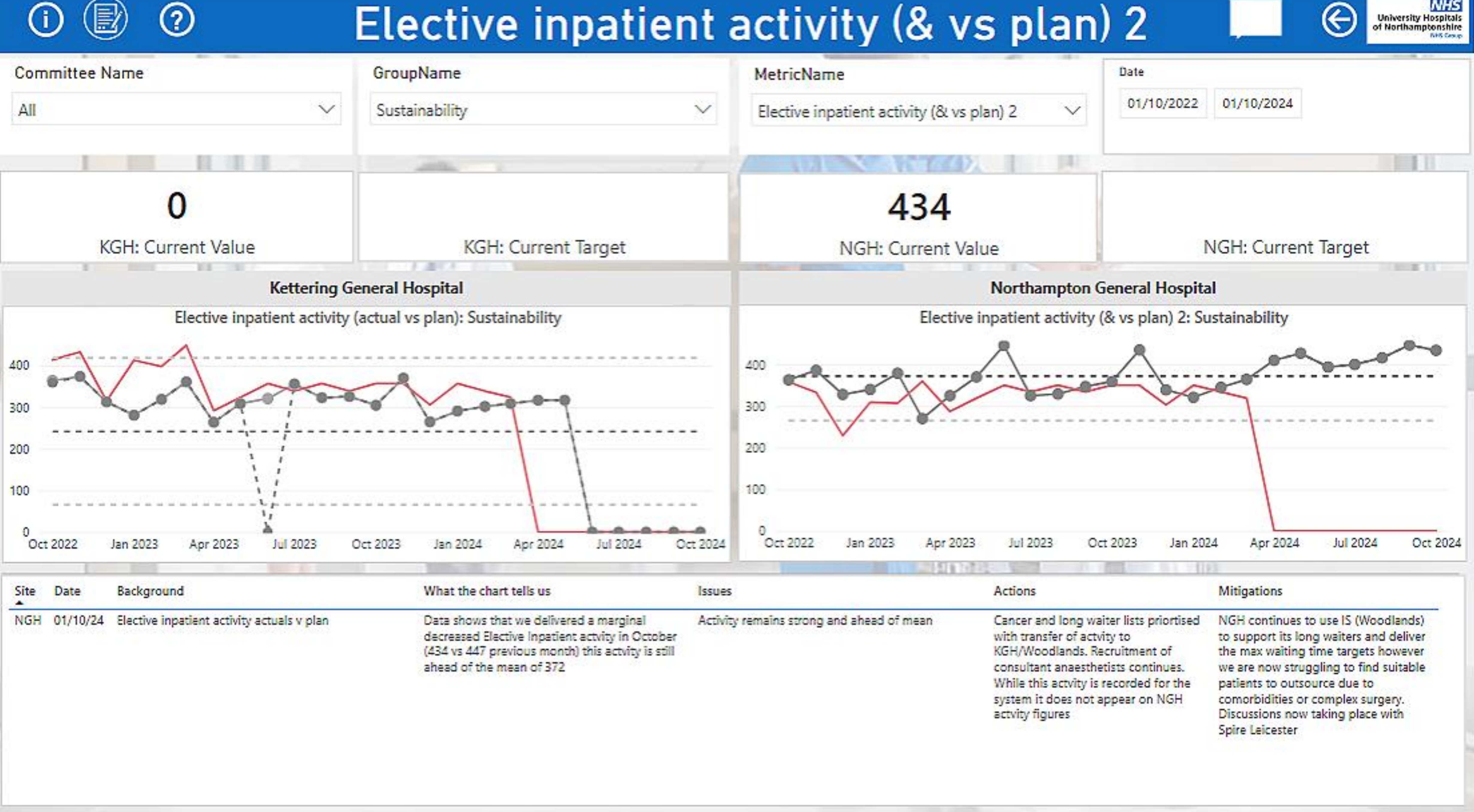
Non-elective activity (actual vs plan): Sustainability

6K
4K
2K
0K
Oct 2022 Jan 2023 Apr 2023 Jul 2023 Oct 2023 Jan 2024 Apr 2024 Jul 2024 Oct 2024

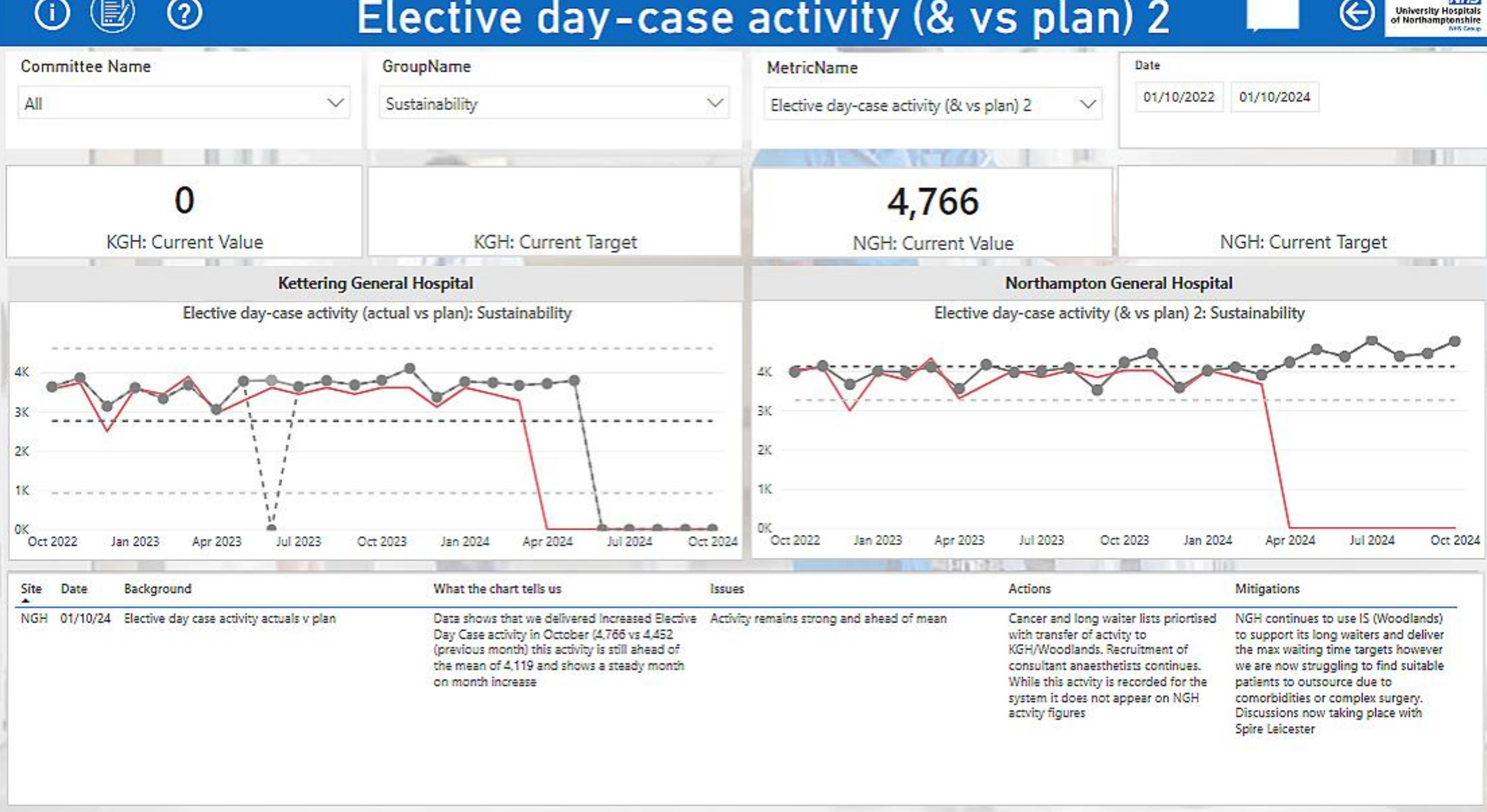
Northampton General Hospital

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

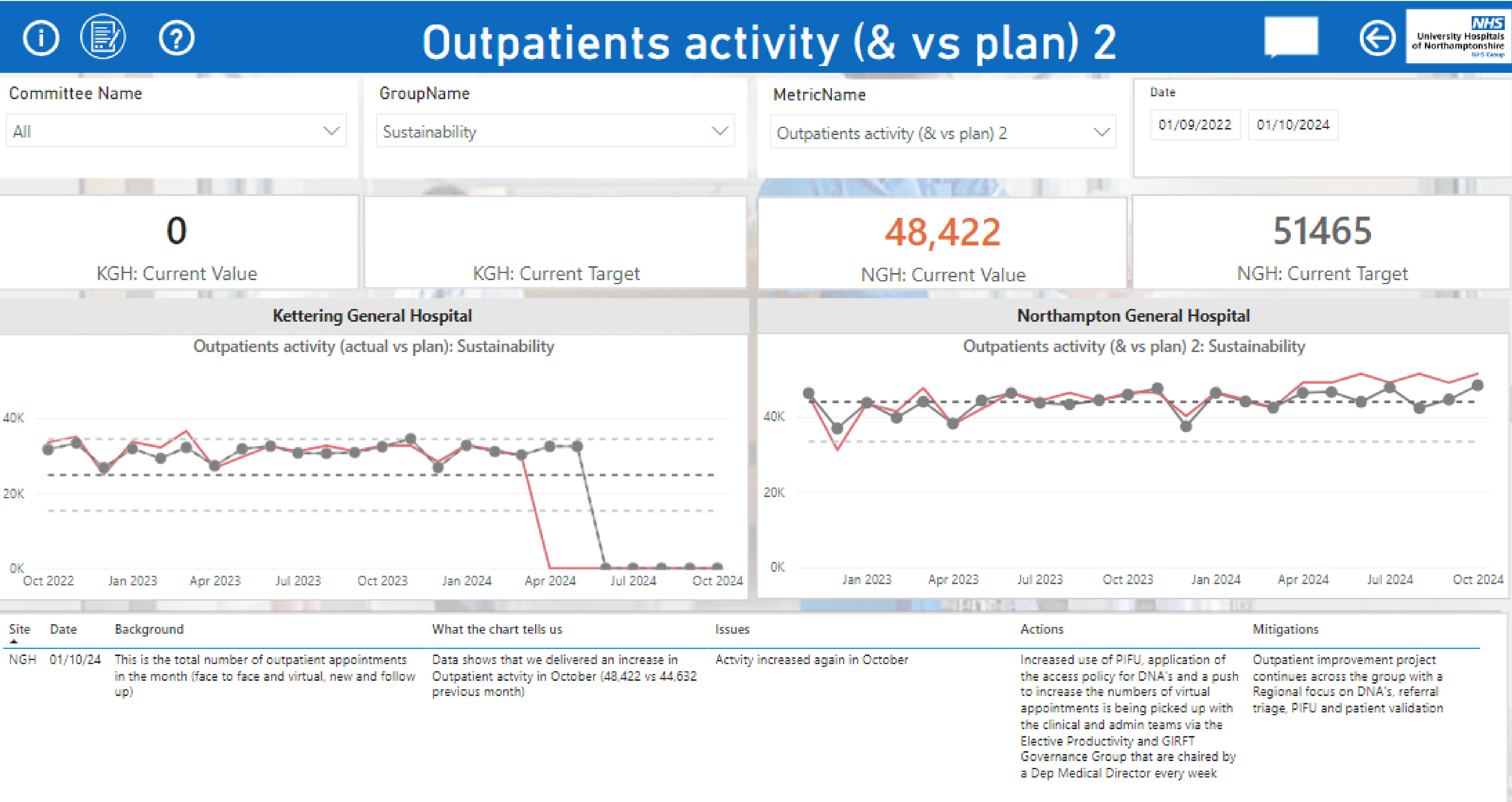
6K
4K
2K
0K
Oct 2022 Jan 2023 Apr 2023 Jul 2023 Oct 2023 Jan 2024 Apr 2024 Jul 2024 Oct 2024



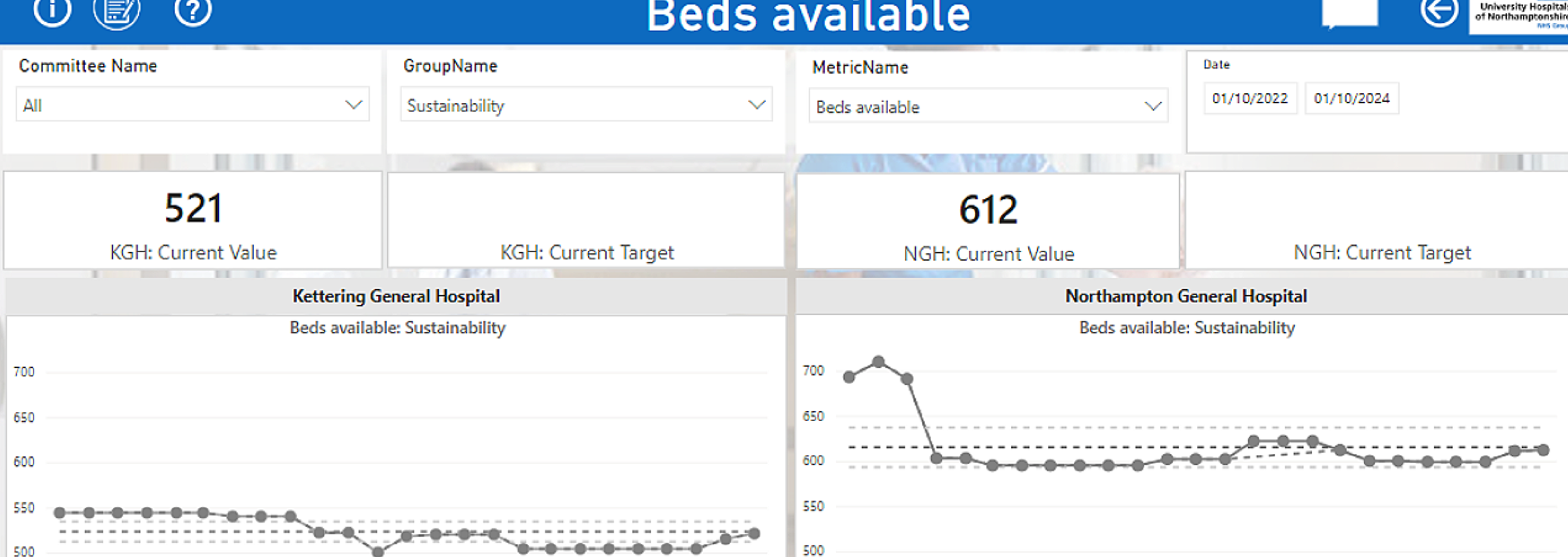
Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
NGH	01/10/24	Elective inpatient activity actuals v plan	Data shows that we delivered a marginal decreased Elective Inpatient actvity in October (434 vs 447 previous month) this activity is still ahead of the mean of 372	Activity remains strong and ahead of mean	Cancer and long waiter lists priortised with transfer of actvity to KGH/Woodlands. Recruitment of consultant anaesthetists continues. While this actvity is recorded for the system it does not appear on NGH actvity figures	NGH continues to use IS (Woodlands) to support its long waiters and deliver the max waiting time targets however we are now struggling to find suitable patients to outsource due to comorbidities or complex surgery. Discussions now taking place with Spire Leicester



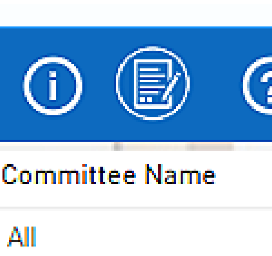
Elective day-case activity (& vs plan) 2
University Hospitals of Northamptonshire
Committee Name
All
GroupName
Sustainability
MetricName
Elective day-case activity (& vs plan) 2
Date
01/10/2022
01/10/2024
0
KGH: Current Value
KGH: Current Target
4,766
NGH: Current Value
NGH: Current Target
Kettering General Hospital
Elective day-case activity (actual vs plan): Sustainability
Northampton General Hospital
Elective day-case activity (& vs plan) 2: Sustainability
4K
3K
2K
1K
0K
Oct 2022
Jan 2023
Apr 2023
Jul 2023
Oct 2023
Jan 2024
Apr 2024
Jul 2024
Oct 2024
Site
Date
Background
What the chart tells us
Issues
Actions
Mitigations
NGH
01/10/24
Elective day case activity actuals v plan
Data shows that we delivered Increased Elective Day Case activity in October (4,766 vs 4,452 (previous month) this activity is still ahead of the mean of 4,119 and shows a steady month on month increase
Activity remains strong and ahead of mean
Cancer and long waiter lists priortised with transfer of activty to KGH/Woodlands. Recruitment of consultant anaesthetists continues. While this actvity is recorded for the system it does not appear on NGH actvity figures
NGH continues to use IS (Woodlands) to support its long waiters and deliver the max waiting time targets however we are now struggling to find suitable patients to outsource due to comorbidities or complex surgery. Discussions now taking place with Spire Leicester
Committees Dashboard (current month commentary only), Metric Detail



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
NGH	01/10/24	This is the total number of outpatient appointments in the month (face to face and virtual, new and follow up)	Data shows that we delivered an increase in Outpatient actvity in October (48,422 vs 44,632 previous month)	Actvity increased again in October	Increased use of PIFU, application of the access policy for DNA's and a push to increase the numbers of virtual appointments is being picked up with the clinical and admin teams via the Elective Productivity and GIRFT Governance Group that are chaired by a Dep Medical Director every week	Outpatient improvement project continues across the group with a Regional focus on DNA's, referral triage, PIFU and patient validation



Beds available
University Hospitals of Northamptonshire
NHS
Committee Name
All
GroupName
Sustainability
MetricName
Beds available
Date
01/10/2022
01/10/2024
521
KGH: Current Value
KGH: Current Target
612
NGH: Current Value
NGH: Current Target
Kettering General Hospital
Beds available: Sustainability
700
650
600
550
500
Oct 2022
Jan 2023
Apr 2023
Jul 2023
Oct 2023
Jan 2024
Apr 2024
Jul 2024
Oct 2024
Northampton General Hospital
Beds available: Sustainability
700
650
600
550
500
Oct 2022
Jan 2023
Apr 2023
Jul 2023
Oct 2023
Jan 2024
Apr 2024
Jul 2024
Oct 2024



Theatre sessions planned

Committee Name: All

GroupName: Sustainability

MetricName: Theatre sessions planned

Date: 01/10/2022 – 01/10/2024

364
KGH: Current Value

KGH: Current Target

733
NGH: Current Value

NGH: Current Target

Kettering General Hospital

Theatre sessions planned: Sustainability

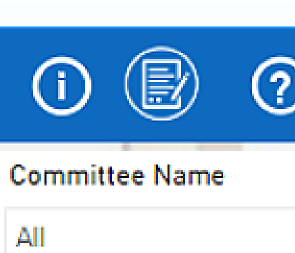
600
400
200
0
Oct 2022 Jan 2023 Apr 2023 Jul 2023 Oct 2023 Jan 2024 Apr 2024 Jul 2024 Oct 2024

Northampton General Hospital

Theatre sessions planned: Sustainability

600
400
200
0
Oct 2022 Jan 2023 Apr 2023 Jul 2023 Oct 2023 Jan 2024 Apr 2024 Jul 2024 Oct 2024

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/24	To monitor number of elective theatre sessions	The chart tells us the number of theatre sessions used during October was 364.	The number of lists in any given month is affected by staff availability, and the willingness for clinical staff to have additional sessions. Increased trauma also impacted on the number of elective lists that could be run during October.	Backfill of theatre sessions is encouraged from specialties	Weekly Theatre Planning meeting used to ensure sessions are backfilled wherever possible
NGH	01/10/24	To monitor number of elective theatre sessions	Blank PBI sessions planned for this month	Lack of Anaesthetists resulting in many cancellations of planned lists.	Ongoing substantive and locum recruitment. KGH and MK anaesthetists have been asked if willing to work at NGH weekdays. Development of a workforce plan	Use of locum and agency staff. Additional weekend lists for long waiting and cancer patients



31-day wait for first treatment

Committee Name: All

GroupName: Systems and Partnerships

MetricName: 31-day wait for first treatment

Date: 01/09/2022 – 01/09/2024

92.10%	96.00%	93.00%	96.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital

31-day wait for first treatment: Systems and Partnerships

100%
95%
90%
85%
Oct 2022 Jan 2023 Apr 2023 Jul 2023 Oct 2023 Jan 2024 Apr 2024 Jul 2024

Northampton General Hospital

31-day wait for first treatment: Systems and Partnerships

100%
95%
90%
85%
Oct 2022 Jan 2023 Apr 2023 Jul 2023 Oct 2023 Jan 2024 Apr 2024 Jul 2024

31-day wait for first treatment

Committee Name: All

GroupName: Systems and Partnerships

MetricName: 31-day wait for first treatment

92.10%	96.00%	93.00%	96.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/09/24	% of patients whose treatment is initiated within 31 days of the decision to treat	The Trust recorded 92.1% against the standard of 100%	The trust recorded 92.1% against the standard, treating 165 and recording 13 breaches. 12 of those breaches were attributed to Dermatology and were due to capacity for minor ops. Workforce issues and increased referrals due to seasonal variation further impacted Dermatologys' performance against the standard	Locum to commence post in Dermatology (October) Action re implementation of teledermatology; Currently awaiting response from ICS to reconvene meeting between NGH / KGH and ICS key stake holders. Clear communication with Waiting lists - attendance at PTL meetings, access to Somerset and PTL Continue to report performance at Patient Access Board	31d and subsequent tracking lists are reviewed weekly by cancer services tracking team. Potential breaches are escalated to the service leads and actions initiated in response documented within patient tracking notes. Weekly PTLs to review patients between 0-31 days to identify issues or blockages in pathways and breach prevent. Representatives from the waiting list team are in attendance at the twice weekly PTLs to expedite patient bookings.
NGH	01/09/24	% of patients whose treatment is initiated within 31 days of the decision to treat	The Trust did not meet this standard reaching 93% against the 96% standard	473 treatments occurred across first and subsequent pathways, 33 breached, 21 of these were due to surgical capacity, 1 due to patient fitness to proceed, 3 due to patient choice and 1 due to oncology re scanning requirements	National recovery of the 31 day standard has been identified by NHSE as a priority area, NGH have struggled for many years to achieve this standard. The trust continues to prioritise cancer, Moving patients to treatment remains the biggest challenge.	Site and corporate ptl's provide full visibility of patient pathways, the trust escalation policy identifies patients not meeting key milestones for services to address, weekly access committee to highlight areas of concern to divisional teams, monthly cancer strategy group overseeing and driving improvements

62-day wait for first treatment

Committee Name	GroupName	MetricName	Date
All	Systems and Partnerships	62-day wait for first treatment	01/09/2022 – 01/09/2024

71.90%	85.00%	67.80%	85.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital

62-day wait for first treatment: Systems and Partnerships

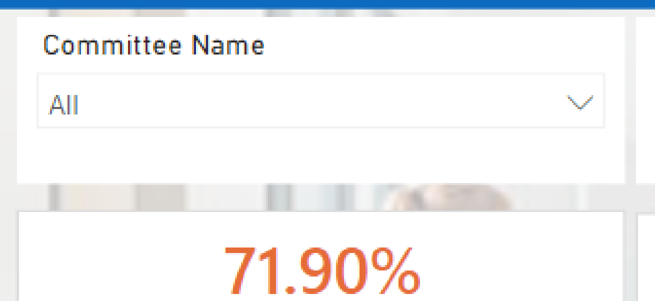
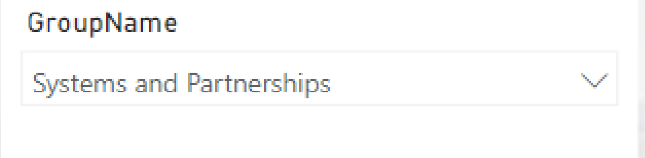
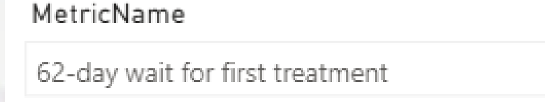
80%
70%
60%
50%
Oct 2022 Jan 2023 Apr 2023 Jul 2023 Oct 2023 Jan 2024 Apr 2024 Jul 2024

Northampton General Hospital

62-day wait for first treatment: Systems and Partnerships

80%
70%
60%
50%
Oct 2022 Jan 2023 Apr 2023 Jul 2023 Oct 2023 Jan 2024 Apr 2024 Jul 2024

62-day wait for first treatment

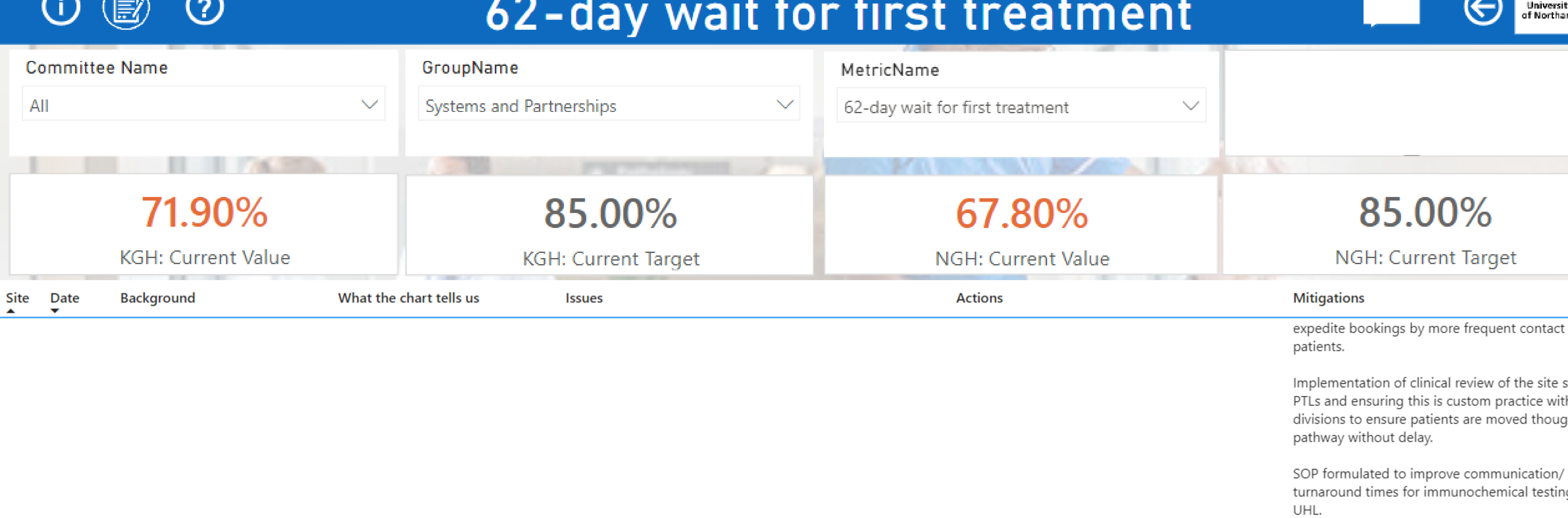
Committee Name: All

GroupName: Systems and Partnerships

MetricName: 62-day wait for first treatment

71.90%	85.00%	67.80%	85.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/09/24	% of patients whose treatment in initiated within 63 days of urgent referral	The Trust did not meet the standard of 85%. Performance for the month of August was recorded at 79.2%.	The Trust achieved a performance of 79.2% against the standard of 85%, and showing continued consistent improvement month on month within the quarter. This surpasses the national expectation of reaching 70% by March 2025 and which the Trust has now met for two consecutive months. These results indicate that the Trust is progressing as planned with achievement of its predicted projected trajectory. During this period, 134.5 treatments were recorded, with 28 breaches. Common themes contributing to these breaches include: Complex pathways Limitations in surgical and diagnostic capacity Increased volume of and repeated diagnostics Patient choice during the diagnostic phase Patient fitness during diagnostics The factors highlighted above identify further areas for ongoing focus and action to facilitate further improvement in performance and breach reduction.	No change - Cancer recovery action plan discussed and updated by Head of Nursing for Cancer and presented weekly at patient access board. Ongoing - Attempt to employ overseas pathologist - feasibility of employing by 3rd party (Medica) explored and its possible costings reviewed by executives. Rate limiting step now identified as the procurement process. A follow-up Key stakeholder meeting is scheduled to discuss issues affecting patients timely transition through the colorectal pathway in further detail. Additional actions to shorten the CTC pathway,specifically prescribing prep at point of OPA identified following pathway meeting with key stakeholders. Decision to reimplement SOP and go live with pathway adjustments in Nov 24 once Gastrografin back in circulation WLIs to commence where capacity is required	Weekly PTLs for patients with 31 days left on pathways held with tracking team and service support managers from divisions take place. Weekly PTLs to review patients between 0-31 days to identify issues or blockages in pathways and breach prevent. Performance against the standard is discussed weekly at Patient Access Board and presented monthly at the Cancer Management Group Twice weekly confirm and challenge meetings continue to take place between the Head of Access, Cancer Management team, Service Support Managers, Radiology and Histopathology attend. Representatives from the Waiting list team are invited to attend to ensure TCIs are booked within breach dates. Weekly calls take place with tertiary centres for next steps of patients, both NGH, UHL and St Marks commenced The training of administration staff in book CTC scans is completed resulting in the release of clinical staff to



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
						expedite bookings by more frequent contact with patients. Implementation of clinical review of the site specific PTLs and ensuring this is custom practice within the divisions to ensure patients are moved though the pathway without delay. SOP formulated to improve communication/ turnaround times for immunochemical testing with UHL. MLA recruited to assist with digital scanning of slides to assist the implementation of digital pathology.
NGH	01/09/24	% of patients whose treatment in initiated within 63 days of urgent referral	Achieved 67.8% in September against the 70% target for March 2025, a 7% reduction on August performance, anticipated as patients treated in September rather than August due to workforce gaps in summer period.	197 treatments were undertaken 6% less than last month with 63.5 breached. Only brain and Sarcoma achieved the standard, skin not meeting the standard this month impacted on overall performance. Skin has particular challenges when transferred to plastics or MaxFax due to workforce gaps.	The trust continues to prioritise cancer, Moving patients to treatment remains the biggest challenge both at NGH and nationally.	Site and corporate ptl's provide full visibility of patient pathways, the trust escalation policy identifies patients not meeting key milestones for services to address, weekly access committee to highlight areas of concern to divisional teams, monthly cancer strategy group overseeing and driving improvements

Cancer: Faster Diagnostic Standard

Committee Name: All

GroupName: Systems and Partnerships

MetricName: Cancer: Faster Diagnostic Standard

Date: 01/09/2022 – 01/09/2024

83.70%	75.00%	86.90%	75.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital

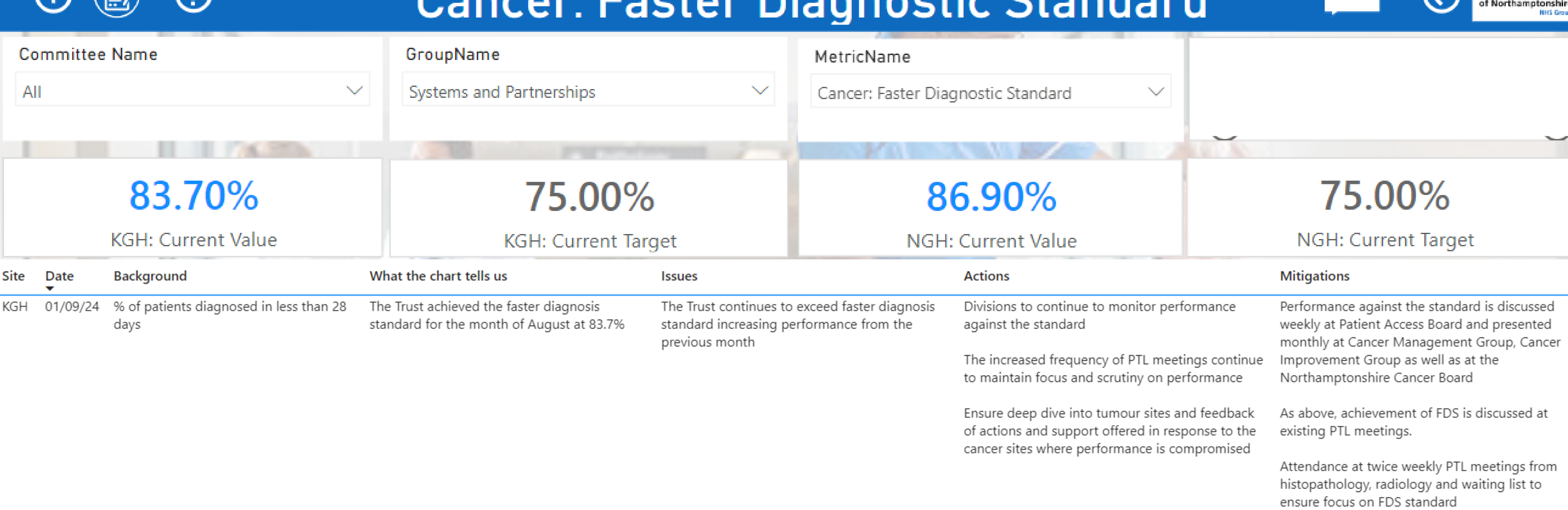
Cancer: Faster Diagnostic Standard: Systems and Partnerships

90%
85%
80%
75%
Oct 2022 Jan 2023 Apr 2023 Jul 2023 Oct 2023 Jan 2024 Apr 2024 Jul 2024

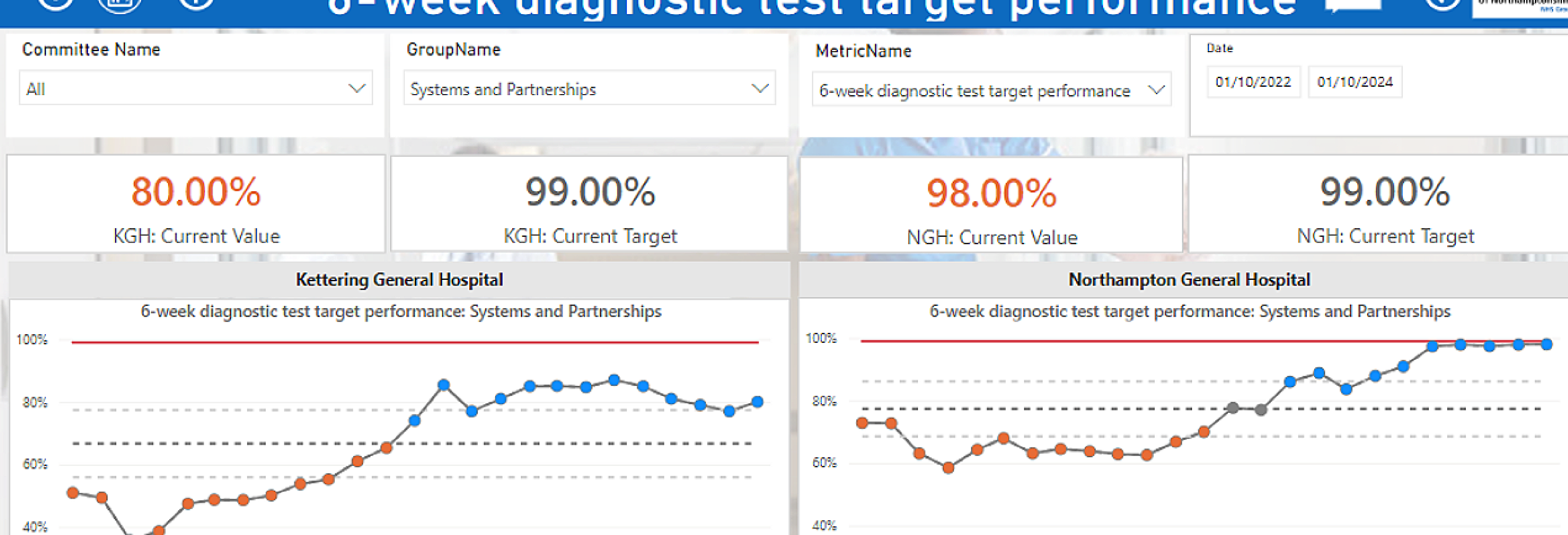
Northampton General Hospital

Cancer: Faster Diagnostic Standard: Systems and Partnerships

90%
85%
80%
75%
Oct 2022 Jan 2023 Apr 2023 Jul 2023 Oct 2023 Jan 2024 Apr 2024 Jul 2024



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/09/24	% of patients diagnosed in less than 28 days	The Trust achieved the faster diagnosis standard for the month of August at 83.7%	The Trust continues to exceed faster diagnosis standard increasing performance from the previous month	Divisions to continue to monitor performance against the standard The increased frequency of PTL meetings continue to maintain focus and scrutiny on performance Ensure deep dive into tumour sites and feedback of actions and support offered in response to the cancer sites where performance is compromised	Performance against the standard is discussed weekly at Patient Access Board and presented monthly at Cancer Management Group, Cancer Improvement Group as well as at the Northamptonshire Cancer Board As above, achievement of FDS is discussed at existing PTL meetings. Attendance at twice weekly PTL meetings from histopathology, radiology and waiting list to ensure focus on FDS standard
NGH	01/09/24	% of patients diagnosed in less than 28 days	The Trust continues to exceed the standard reaching 86.9%.	None, standard exceeded	Focus remans on improving times to diagnosing cancer as opposed to ruling it out, an national challenge	First seen within 7 days. Diagnostics request to report stretch target 7 days Histology 7 days TAT Trust escalation policy and ptl meetings with oversight of all patients Effective MDT meetings


6-week diagnostic test target performance
Committee Name
All
GroupName
Systems and Partnerships
MetricName
6-week diagnostic test target performance
Date
01/10/2022
01/10/2024
80.00%
KGH: Current Value
99.00%
KGH: Current Target
98.00%
NGH: Current Value
99.00%
NGH: Current Target
Kettering General Hospital
6-week diagnostic test target performance: Systems and Partnerships
100%
80%
60%
40%
Oct 2022
Jan 2023
Apr 2023
Jul 2023
Oct 2023
Jan 2024
Apr 2024
Jul 2024
Oct 2024
Northampton General Hospital
6-week diagnostic test target performance: Systems and Partnerships
100%
80%
60%
40%
Oct 2022
Jan 2023
Apr 2023
Jul 2023
Oct 2023
Jan 2024
Apr 2024
Jul 2024
Oct 2024

6-week diagnostic test target performance

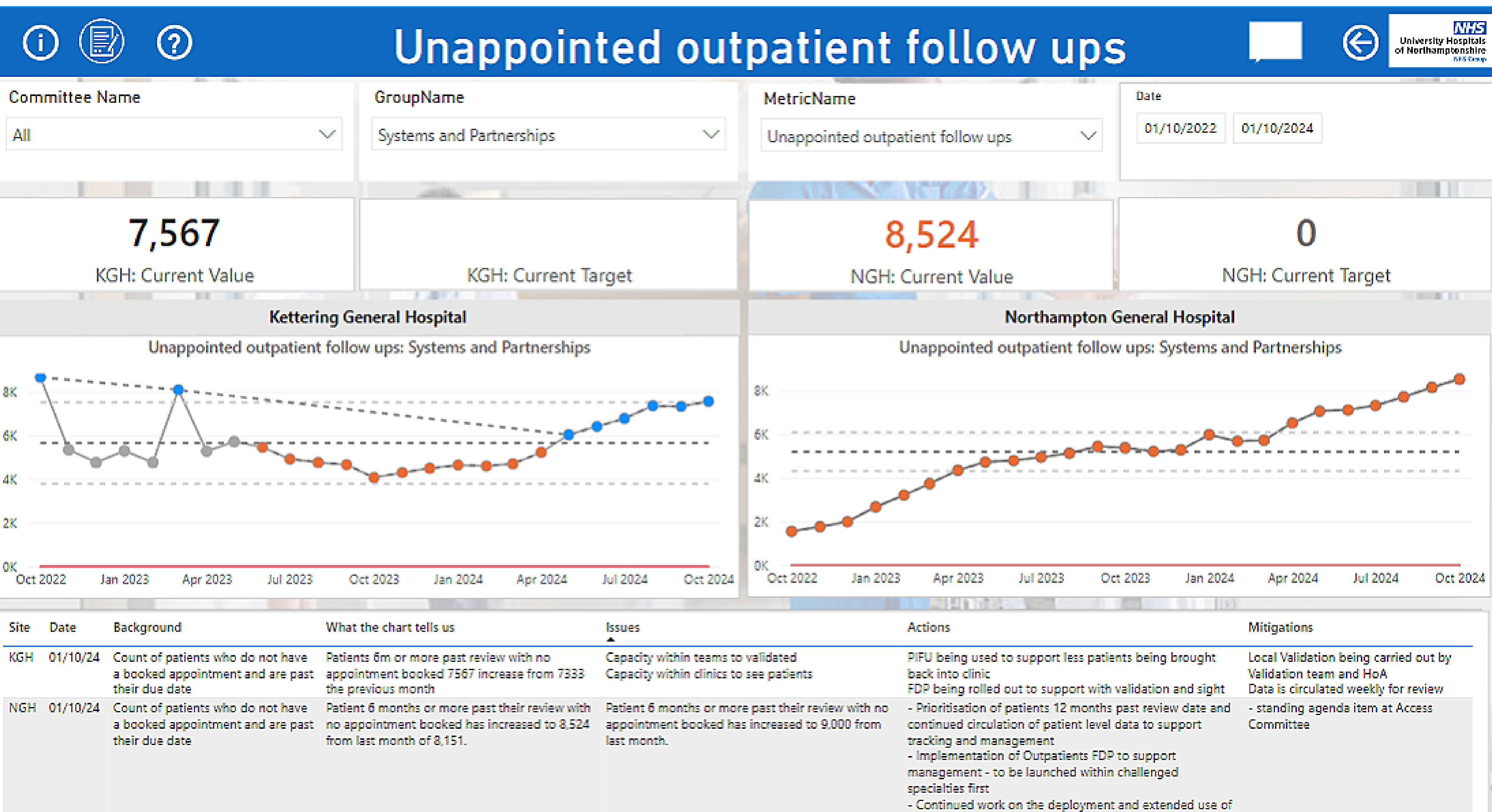
Committee Name: All

GroupName: Systems and Partnerships

MetricName: 6-week diagnostic test target performance

80.00%	99.00%	98.00%	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	01/10/24	% of patients not seen within six weeks	Performance has improved to 80%	Capacity to meet the demands in MRI and NOUS.	Mitigations include; Inhealth Van additional capacity from Nov24. Continued onboarding of additional staffing. Continued work with Family Health and Cardiology for additional capacity.	Continued validation and PTL meetings.
NGH	01/10/24	% of patients not seen within six weeks	Diagnostic performance has maintained at 98%*Unvalidated month end October.	- DSE's TOES continue to be challenged however locum in place to support recovery	- Ambition to deliver 95% by March 25 has been exceeded. - Audiology has maintained the excellent performance since last month with the introduction of 'super weekends' which has cleared the backlog achieving 96% within 6 weeks - MRI, CT and U/S continues to achieve performance greater than 95% ambition. NGH exploring options to support KGH.	- Standing agenda item at Access Committee and Diagnostic PTL on-going



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/24	Count of patients who do not have a booked appointment and are past their due date	Patients 6m or more past review with no appointment booked 7567 increase from 7333 the previous month	Capacity within teams to validated Capacity within clinics to see patients	PIFU being used to support less patients being brought back into clinic FDP being rolled out to support with validation and sight	Local Validation being carried out by Validation team and HoA Data is circulated weekly for review
NGH	01/10/24	Count of patients who do not have a booked appointment and are past their due date	Patient 6 months or more past their review with no appointment booked has increased to 8,524 from last month of 8,151.	Patient 6 months or more past their review with no appointment booked has increased to 9,000 from last month.	- Prioritisation of patients 12 months past review date and continued circulation of patient level data to support tracking and management - Implementation of Outpatients FDP to support management - to be launched within challenged specialties first - Continued work on the deployment and extended use of PIFU	- standing agenda item at Access Committee

RTT over 52 week waits

Committee Name: All

GroupName: Systems and Partnerships

MetricName: RTT over 52 week waits

Date: 01/10/2022 – 01/10/2024

365	0	942	0
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital

RTT over 52 week waits: Systems and Partnerships

1,500
1,000
500
0
Oct 2022 Jan 2023 Apr 2023 Jul 2023 Oct 2023 Jan 2024 Apr 2024 Jul 2024 Oct 2024

Northampton General Hospital

RTT over 52 week waits: Systems and Partnerships

1,500
1,000
500
0
Oct 2022 Jan 2023 Apr 2023 Jul 2023 Oct 2023 Jan 2024 Apr 2024 Jul 2024 Oct 2024

RTT over 52 week waits

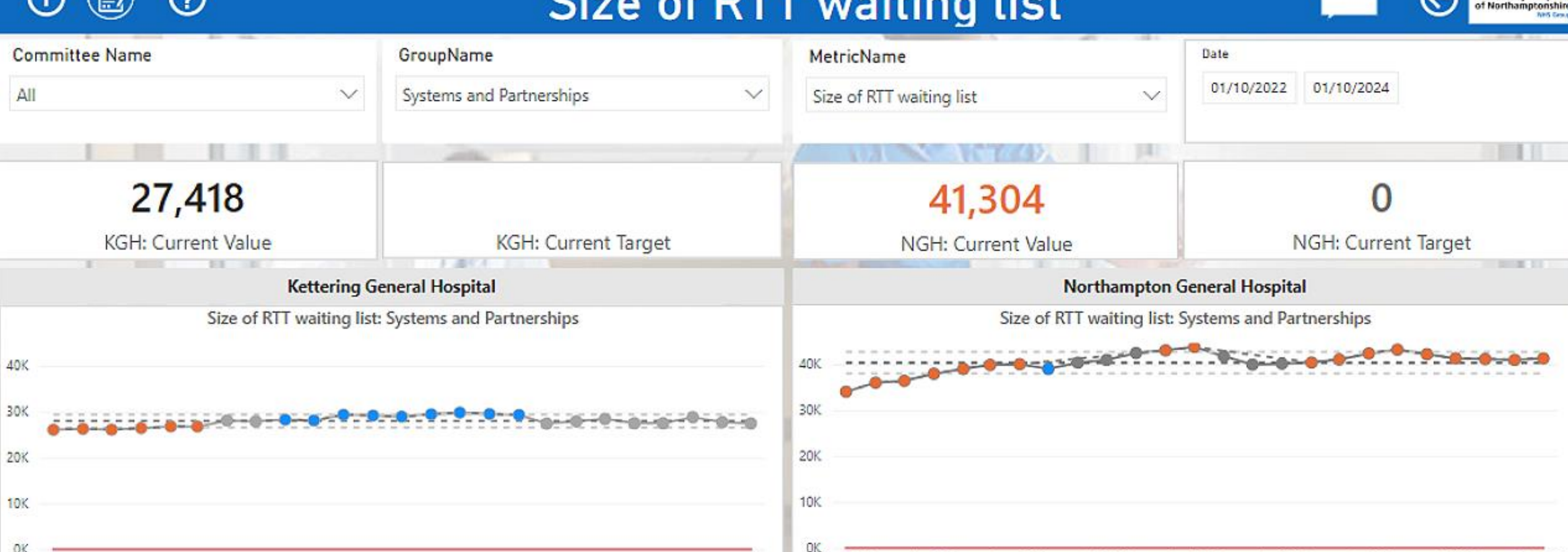
Committee Name: All

GroupName: Systems and Partnerships

MetricName: RTT over 52 week waits

365	0	942	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	01/10/24	No. of patients waiting greater than 52 weeks from referral to treatment (RTT)	Number of patients over 52 weeks has increased in month.	Length of Resp pathway and long waits to first OPA. Clinical capacity to meet the demand	Agreement of 20 patients in Resp to be transferred to NGH Continued use of IS for General Surgery, Gastro and T&O YMS being used for Pediatrics Allergy clinics	Validation remaining consistent for top end of the PTL FDP being used in all PTL meetings to manage PTLs further Confirm and Challenge processes vis PAG
NGH	01/10/24	No. of patients waiting greater than 52 weeks from referral to treatment (RTT)	NGH October Month end delivered on forecast with 35+ patients waiting over 65+ weeks wait at month end. 52+ Actuals still continues to reduce at pace with position of 942 reduced from 1083 in September.	Clearance continues at pace however risk remains within challenged specialties T&O and General Surgery.	Teams continue to use IS for those breaching in November onward and to support the ask around 65+ weeks and 52+ weeks. Mutual Aid has also been explored with KGH who are supporting for November and December cohorts. With NGH providing support for Respiratory and Gastroenterology.	-Weekly reports circulated with those requiring first OPA by December and standing agenda item at Access Committee. - Daily monitoring of long waiting patients - Standing Agenda item at Access Committee - PTL weekly; weekly PTL meetings ensures pathways are monitored, managed, and escalated. -Utilisation of independent sector capacity for General Surgery and T&O on-going. -Support from KGH with long waiters This is on-going -Weekend clinics and Theatre lists within surgical division


Size of RTT waiting list
University Hospitals of Northamptonshire
Committee Name
All
GroupName
Systems and Partnerships
MetricName
Size of RTT waiting list
Date
01/10/2022
01/10/2024
27,418
KGH: Current Value
KGH: Current Target
41,304
NGH: Current Value
0
NGH: Current Target
Kettering General Hospital
Size of RTT waiting list: Systems and Partnerships
40K
30K
20K
10K
0K
Oct 2022
Jan 2023
Apr 2023
Jul 2023
Oct 2023
Jan 2024
Apr 2024
Jul 2024
Oct 2024
Northampton General Hospital
Size of RTT waiting list: Systems and Partnerships
40K
30K
20K
10K
0K
Oct 2022
Jan 2023
Apr 2023
Jul 2023
Oct 2023
Jan 2024
Apr 2024
Jul 2024
Oct 2024

Size of RTT waiting list

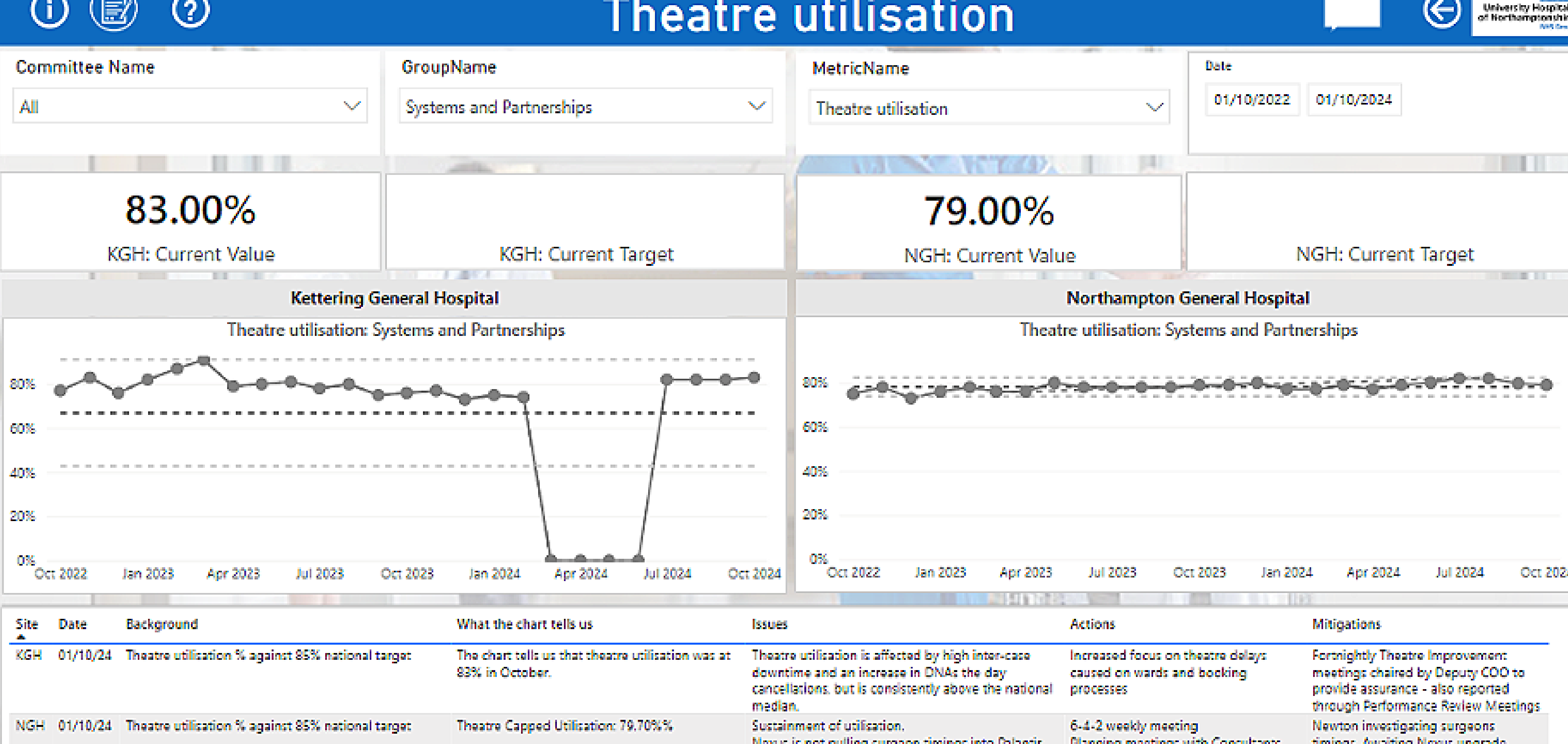
Committee Name: All

GroupName: Systems and Partnerships

MetricName: Size of RTT waiting list

27,418		41,304	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	01/10/24	Count of patients actively waiting against the 18 week RTT target	The overall PTL has declined from 27694 to 27418	Extensive wait to first opa in some specialties Length of pathways Patient choice and application of access policy for disengage patient	Continued support from bother internal additional clinics and external providers to create capacity Continues engagement with NGH and UHL for best practice and adoptable processes Validation continues to ensure all pathways a legitimate PTL meeting to ensure next steps are planned and challenges are escalated Patient choice	FDP PTL meetings Validation Escalation
NGH	01/10/24	Count of patients actively waiting against the 18 week RTT target	· PTL size month end October unvalidated is 41,304 this is increased from last month September a 0.7% increase. This is below IBP plan and position has been supported by Intensive validation by the central validation team. · Validation has remained above the target of 90% with 95% being validated within 12 weeks. The deployment of the RTT Validation tool has made this much easier and efficient for the team	- The Trust has seen an increase in the number of referrals and a deep dive with request to HI for reporting to support. It is noted that this may be as a result of action being taken in primary care driving the numbers of both internal and external referrals. - Deep dive into 'other' referrals with report being sent out to teams to review those that fall into this category – ongoing · DQ reports being sent out with quick wins i.e. Duplicates with training support allocated to key directorates to mitigate DQ issues going forward. · Clearance has been impacted by increased number of referrals into the Trusts with increased clock starts vs Stops. The system has seen increased referral rates due to primary care action. There has also been Annual leave, Sickness, Cancelled elective activity due to shortage/lack of availability of anaesthetic cover for theatre lists.	· Continued application of Access Policies and Guidance has been useful for management patient pathways where they have disengaged or refused continued care. Weekly PTL meetings ensures pathways are monitored, managed, and escalated. Ambitions are for zero 65w+ waits by Dec 24 and zero 52w+ by March 2025. · Foundry RTT validation tool has in use by the central validation team and has supported intensive validation efforts. This has been trialled with T&O at PTL meetings and will continue to be used for that specialty with Cardiology next. · Collaboration with KGH and UHL to review scope for mutual aid and support for challenged specialties in spirit of ensuring equitable waits across the Trusts.	- Standing agenda item Access Committee - Weekly PTL - Validation (ongoing)



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/24	Theatre utilisation % against 85% national target	The chart tells us that theatre utilisation was at 83% in October.	Theatre utilisation is affected by high inter-case downtime and an increase in DNAs the day cancellations. but is consistently above the national median.	Increased focus on theatre delays caused on wards and booking processes	Fortnightly Theatre Improvement meetings chaired by Deputy COO to provide assurance - also reported through Performance Review Meetings
NGH	01/10/24	Theatre utilisation % against 85% national target	Theatre Capped Utilisation: 79.70%%	Sustainment of utilisation. Nexus is not pulling surgeon timings into Palantir.	6-4-2 weekly meeting Planning meetings with Consultants	Newton investigating surgeons timings. Awaiting Nexus upgrade.

Bed utilisation

Committee Name: All

GroupName: Systems and Partnerships

MetricName: Bed utilisation

Date: 01/10/2022 – 01/10/2024

98.05%		91.04%	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital

Bed utilisation: Systems and Partnerships

100%
95%
90%
85%

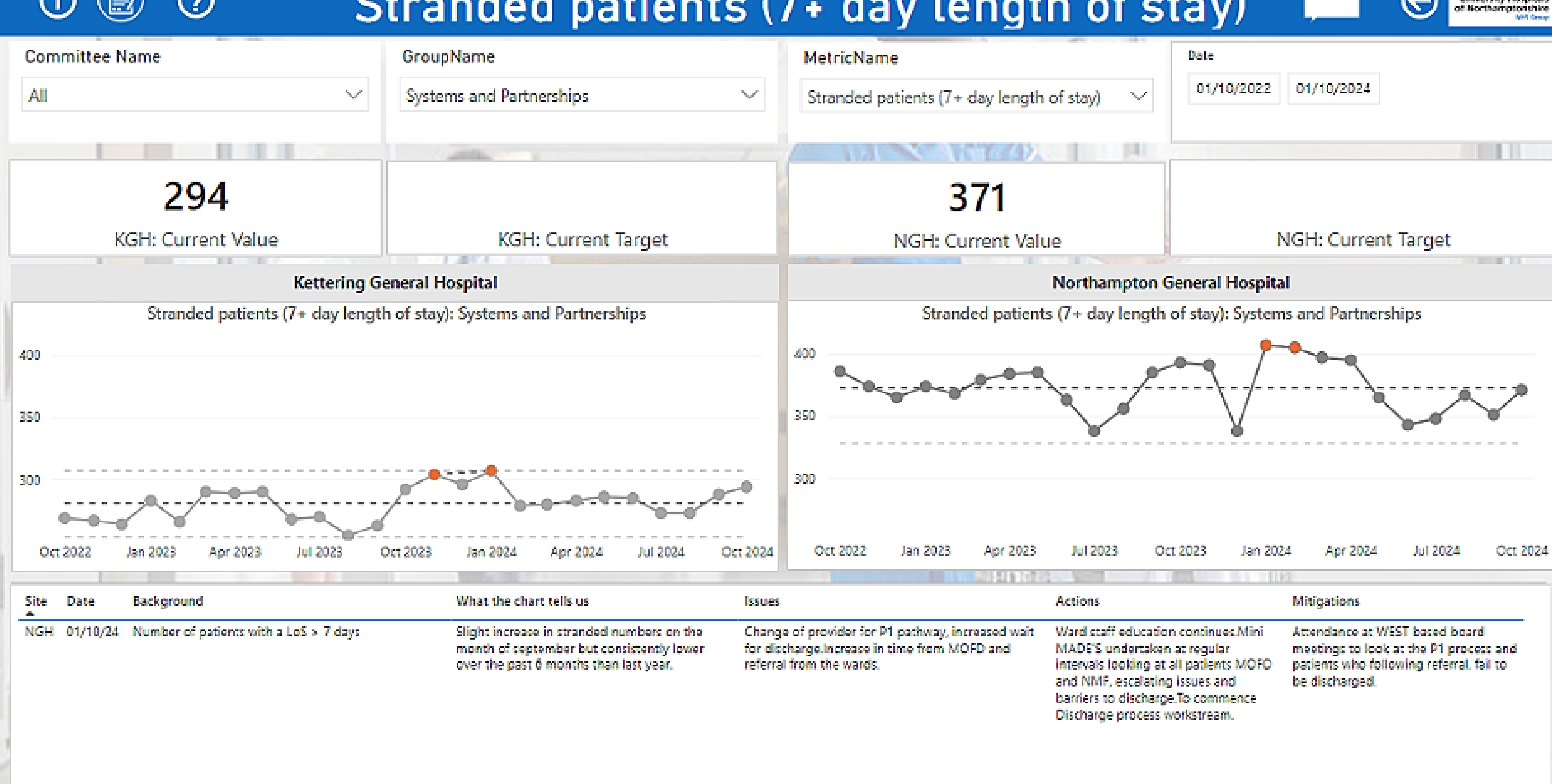
Oct 2022 Jan 2023 Apr 2023 Jul 2023 Oct 2023 Jan 2024 Apr 2024 Jul 2024 Oct 2024

Northampton General Hospital

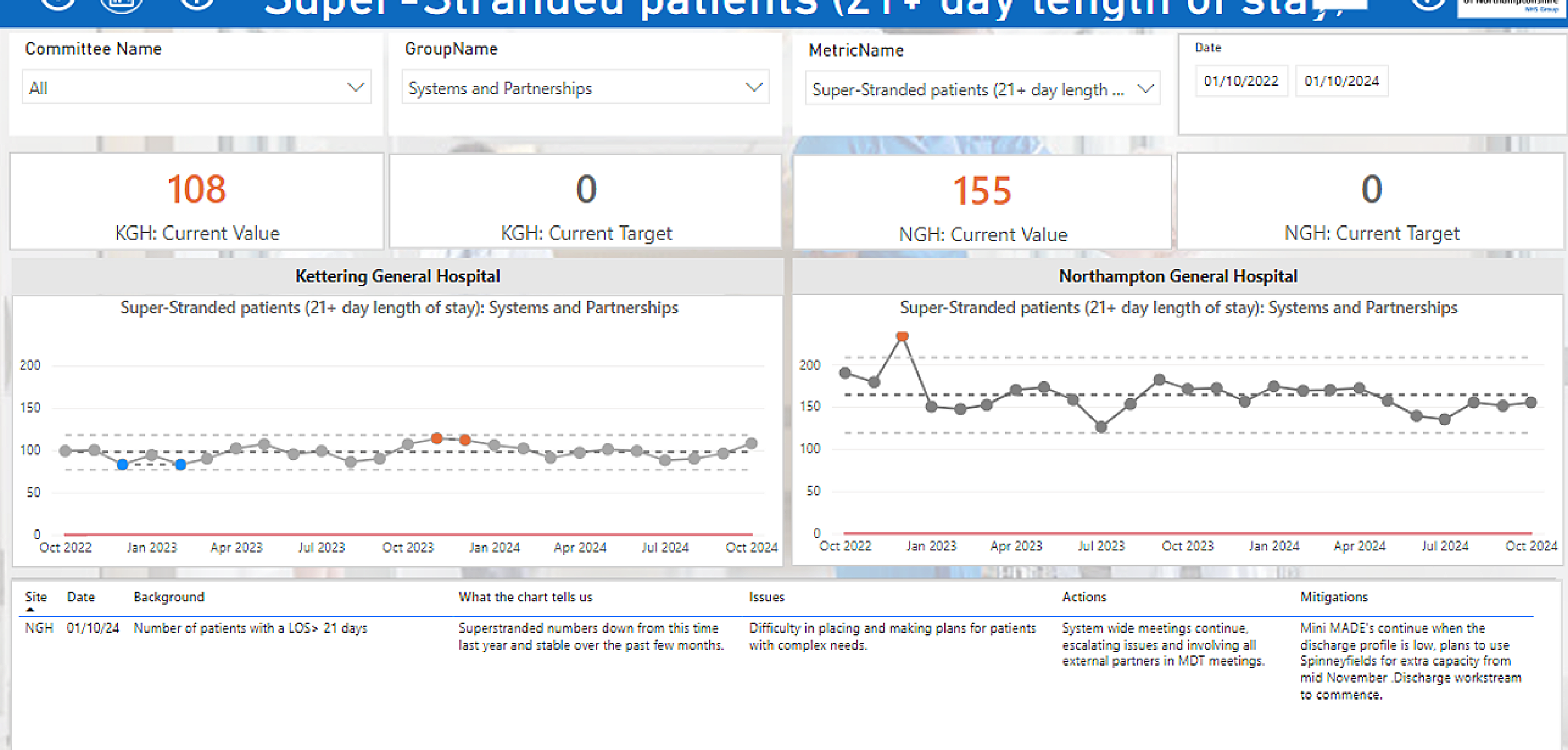
Bed utilisation: Systems and Partnerships

100%
95%
90%
85%

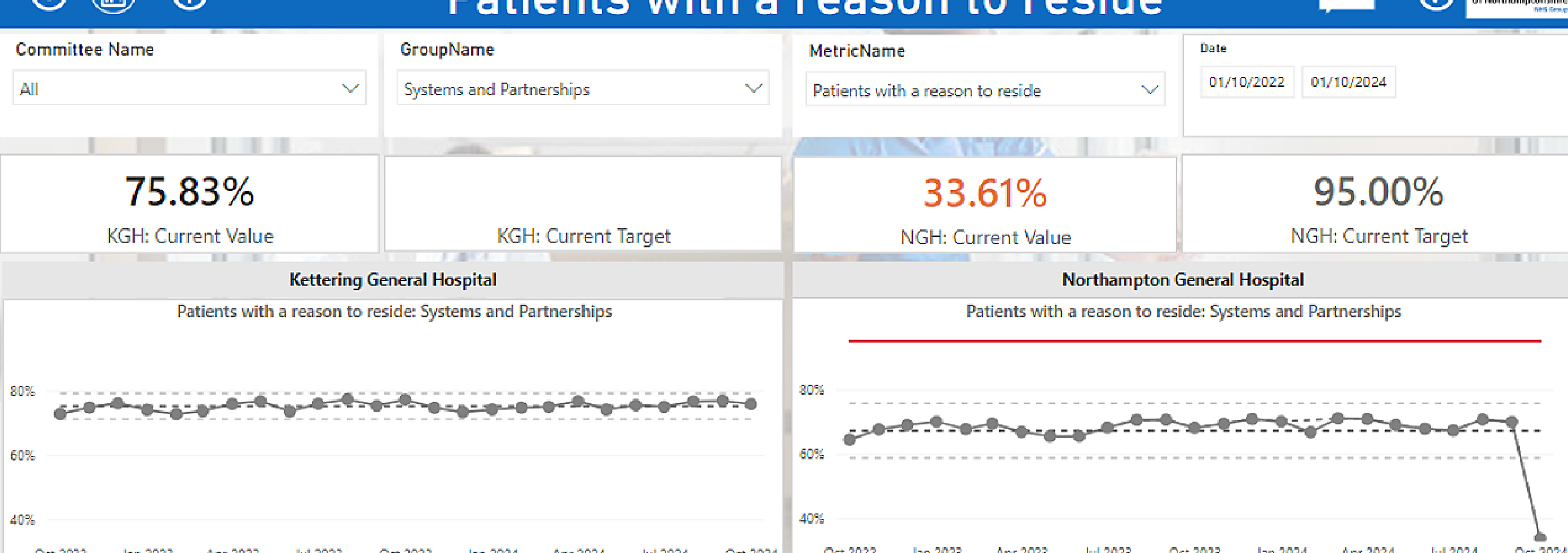
Oct 2022 Jan 2023 Apr 2023 Jul 2023 Oct 2023 Jan 2024 Apr 2024 Jul 2024 Oct 2024



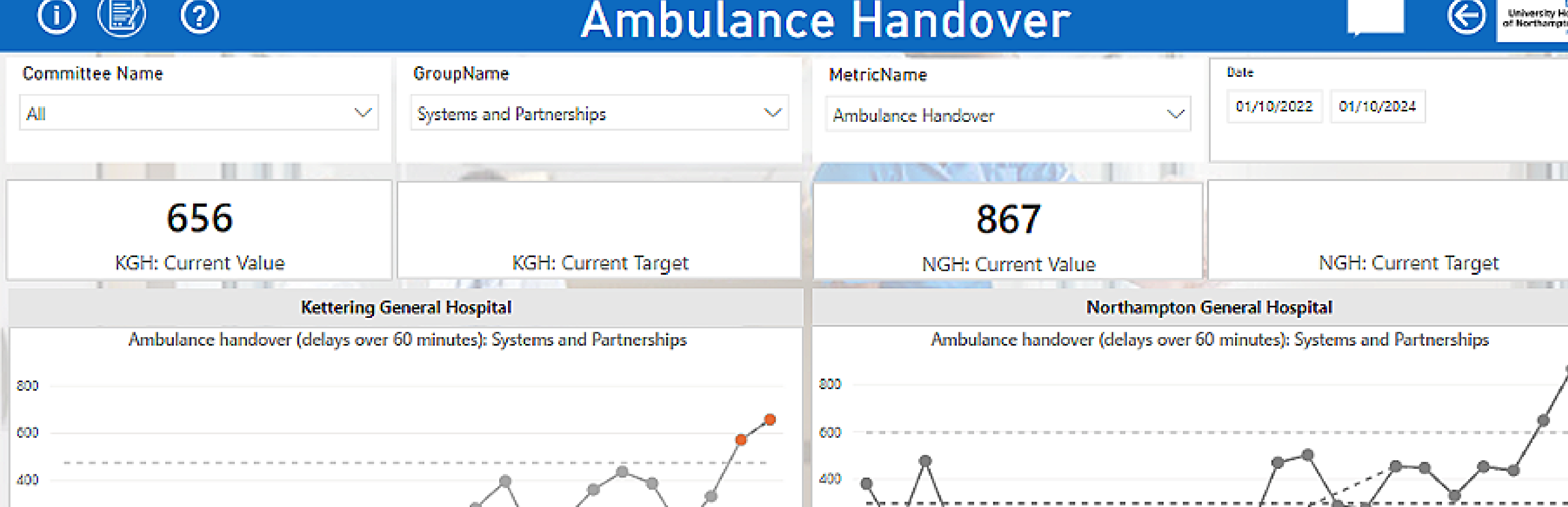
Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
NGH	01/10/24	Number of patients with a LoS > 7 days	Slight increase in stranded numbers on the month of september but consistently lower over the past 6 months than last year.	Change of provider for P1 pathway, increased wait for discharge.Increase in time from MOFD and referral from the wards.	Ward staff education continues.Mini MADE'S undertaken at regular Intervals looking at all patients MOFD and NMF, escalating Issues and barriers to discharge.To commence Discharge process workstream.	Attendance at WEST based board meetings to look at the P1 process and patients who following referral, fail to be discharged.



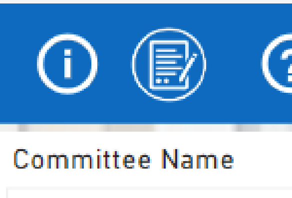
Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
NGH	01/10/24	Number of patients with a LOS> 21 days	Superstranded numbers down from this time last year and stable over the past few months.	Difficulty in placing and making plans for patients with complex needs.	System wide meetings continue, escalating issues and involving all external partners in MDT meetings.	Mini MADE's continue when the discharge profile is low, plans to use Spinneyfields for extra capacity from mid November .Discharge workstream to commence.



Patients with a reason to reside
Committee Name
All
GroupName
Systems and Partnerships
MetricName
Patients with a reason to reside
Date
01/10/2022
01/10/2024
75.83%
KGH: Current Value
KGH: Current Target
33.61%
NGH: Current Value
95.00%
NGH: Current Target
Kettering General Hospital
Patients with a reason to reside: Systems and Partnerships
80%
60%
40%
Oct 2022
Jan 2023
Apr 2023
Jul 2023
Oct 2023
Jan 2024
Apr 2024
Jul 2024
Oct 2024
Northampton General Hospital
Patients with a reason to reside: Systems and Partnerships
80%
60%
40%
Oct 2022
Jan 2023
Apr 2023
Jul 2023
Oct 2023
Jan 2024
Apr 2024
Jul 2024
Oct 2024



Ambulance Handover
Committee Name
All
GroupName
Systems and Partnerships
MetricName
Ambulance Handover
Date
01/10/2022
01/10/2024
656
KGH: Current Value
KGH: Current Target
867
NGH: Current Value
NGH: Current Target
Kettering General Hospital
Ambulance handover (delays over 60 minutes): Systems and Partnerships
800
600
400
200
Oct 2022
Jan 2023
Apr 2023
Jul 2023
Oct 2023
Jan 2024
Apr 2024
Jul 2024
Oct 2024
Northampton General Hospital
Ambulance handover (delays over 60 minutes): Systems and Partnerships
800
600
400
200
Oct 2022
Jan 2023
Apr 2023
Jul 2023
Oct 2023
Jan 2024
Apr 2024
Jul 2024
Oct 2024



Ambulance Handover

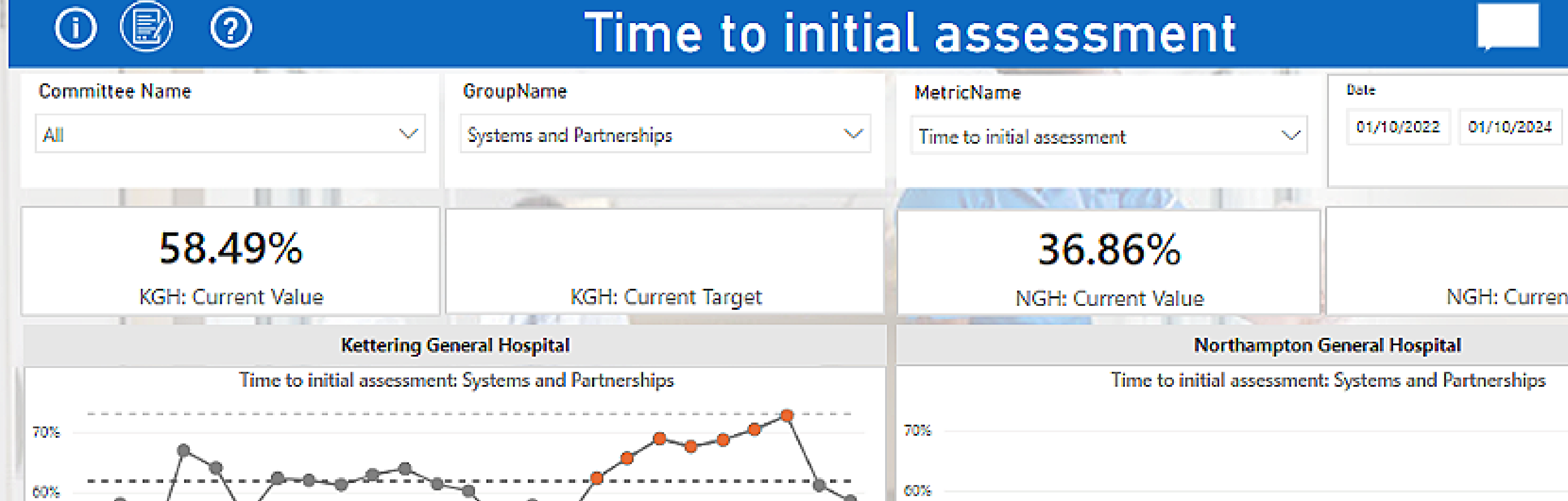
Committee Name: All

GroupName: Systems and Partnerships

MetricName: Ambulance Handover

656		867	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/24	EMAS ambulance handovers > 60 minutes	The organisation has seen a significant increase in the number of black breaches during October. The number of breaches in Oct was 2.5 times higher than in October 2023.	We continue to experience an increase in attendances, further impacted by Trust capacity pressures impacting our ability to offload within 15 mins. We continue to see a surge in arrivals during peak times of the day;	Ongoing review of ED escalation protocol and further planned review of internal SOPs to support focus on handover <45 mins [current Trust position = 80% of handovers <45 mins] Develop trajectory and actions to support delivery Ongoing engagement with EMAS lead to review appropriateness of conveyances, use of alternative pathways and handover expectations Continue to facilitate physician and nurse assessment for patients where handover is delayed to ensure safety and minimum care standards are maintained.	No incidents of harm identified from the harm reviews undertaken.
NGH	01/10/24	EMAS ambulance handovers > 60 minutes	Seen an increase of 220 ambulance attendances since last month	Overcrowding in ED with patients staying over 24hours. Poor flow from backend wards	We continue to ensure minimum care standards are met, if patients are held on ambulances, we continue to monitor and treat	We continue to monitor clinical care standards. We give each crew the EMAS nurse mobile number in order to escalate any concerns with patients



Kettering General Hospital

Time to initial assessment: Systems and Partnerships

70%
60%
50%
40%

Oct 2022 Jan 2023 Apr 2023 Jul 2023 Oct 2023 Jan 2024 Apr 2024 Jul 2024 Oct 2024

Northampton General Hospital

Time to initial assessment: Systems and Partnerships

70%
60%
50%
40%

Oct 2022 Jan 2023 Apr 2023 Jul 2023 Oct 2023 Jan 2024 Apr 2024 Jul 2024 Oct 2024

Time to initial assessment

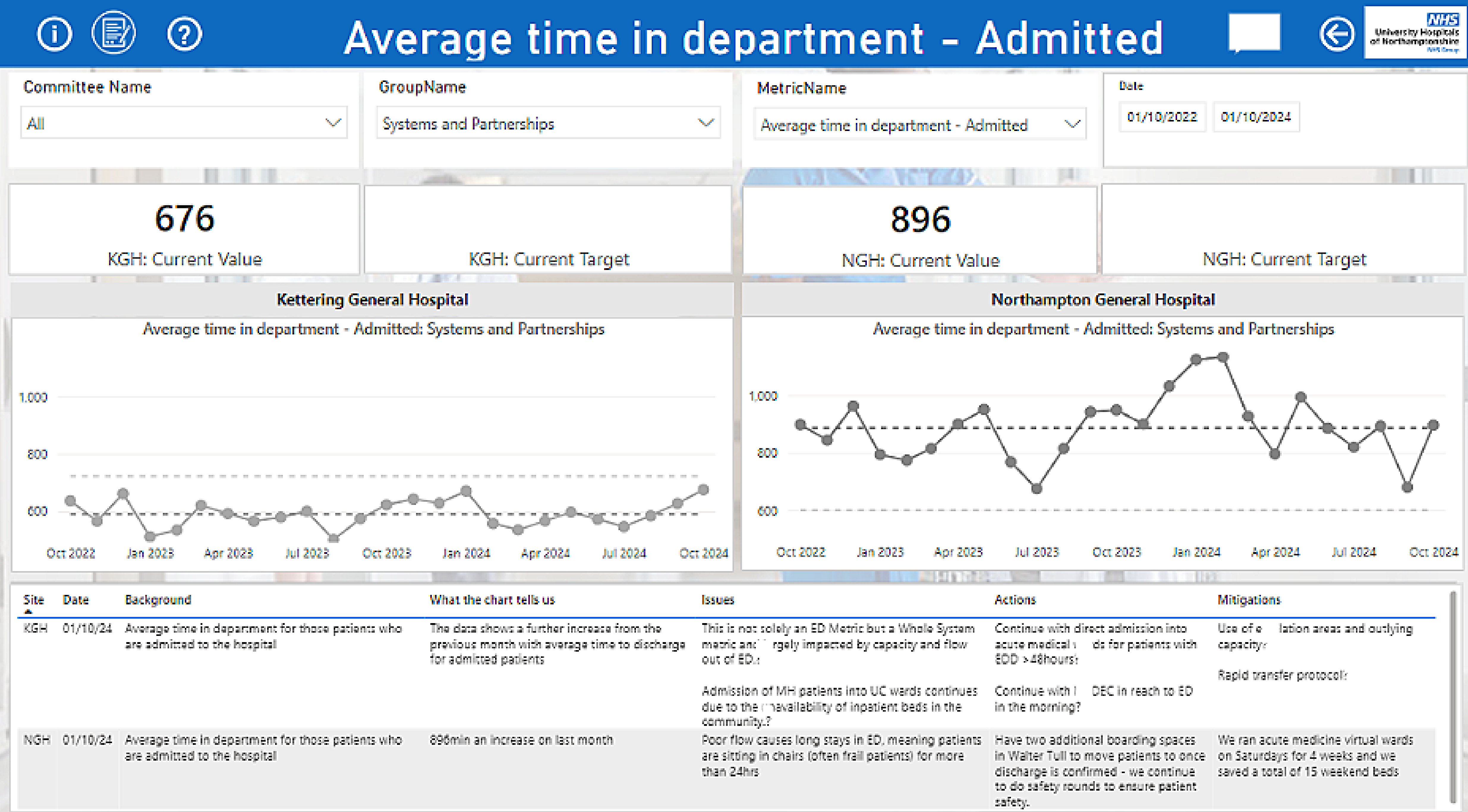
Committee Name: All

GroupName: Systems and Partnerships

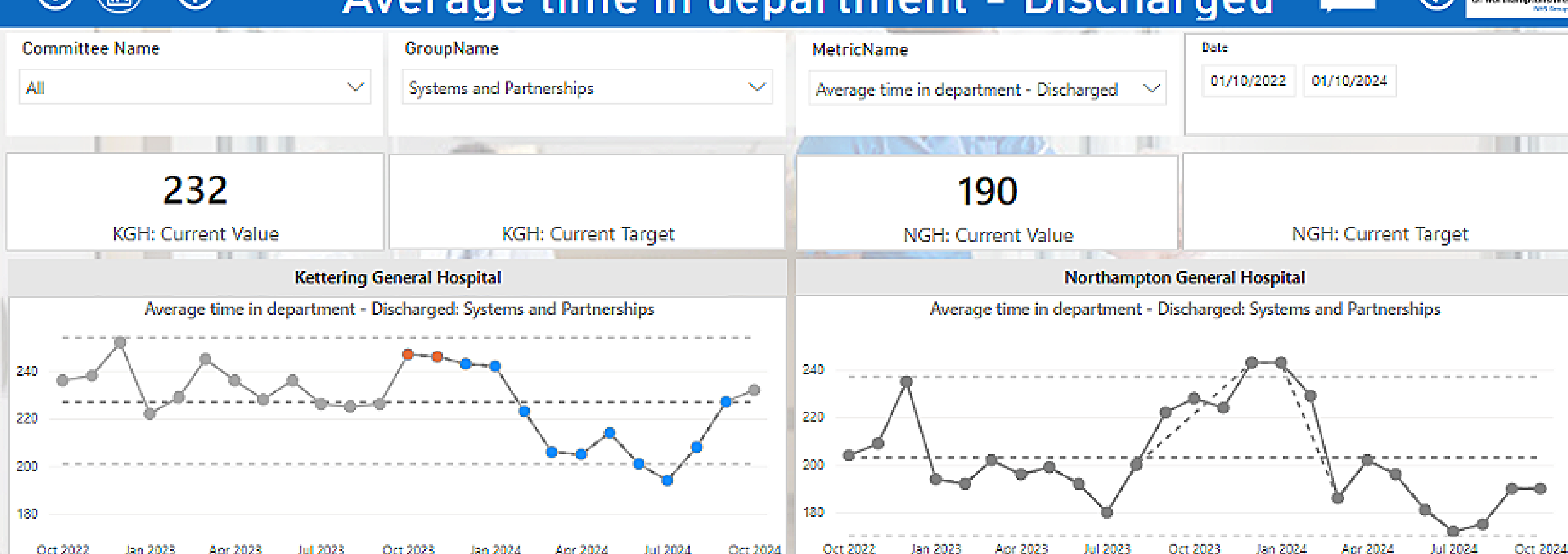
MetricName: Time to initial assessment

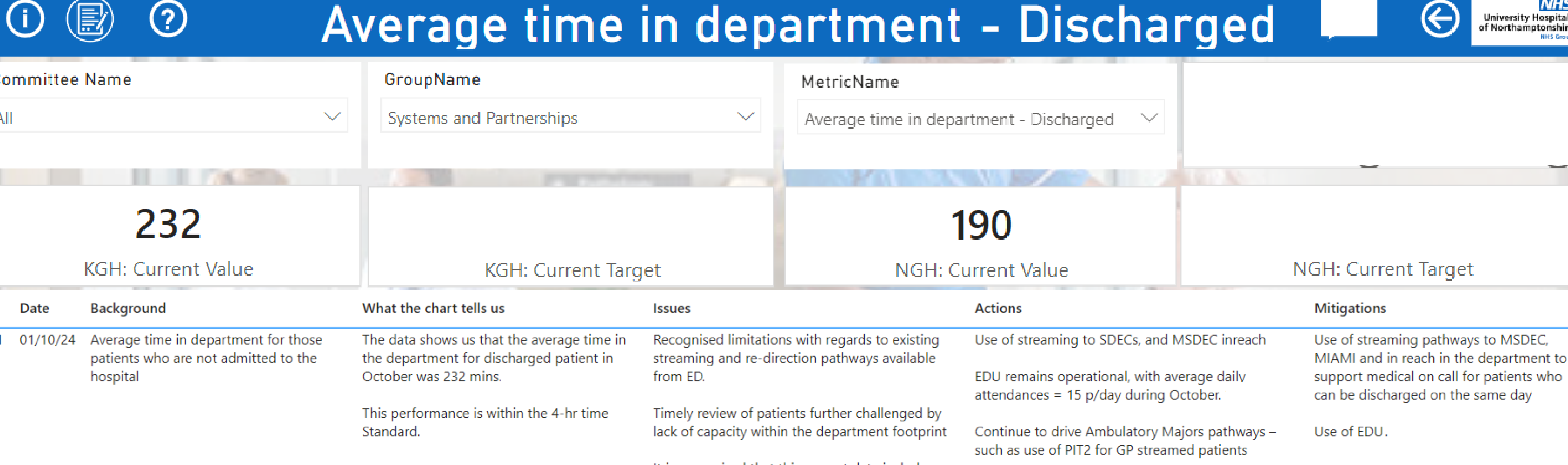
58.49%		36.86%	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/24	The percentage of patients who had an initial assessment within 15 minutes arriving at the department.	TTIA compliance within 15 mins has decreased by 11% from the previous month There continues to be a direct correlation between this metric, attendances, and department time	Our ability to complete TTIA within time standard continues to impacted during periods of heightened activity further impacted by nursing numbers inhibiting our ability to increase triage rooms in ED Assessment space available to increase triage rooms limited due to current estate footprint.	Continued provision of additional triage rooms to support at times of a surge in activity (depending on staffing levels)	Staffing reviewed twice daily via staffing cell with staff re-deployed from other areas to support safe staffing levels. MIAMI and resus patients excluded from denominator giving assurance that the metric is appropriately measured.
NGH	01/10/24	The percentage of patients who had an initial assessment within 15 minutes arriving at the department.	Continues to decrease 36.86%	The reception/streaming hub is small and not big enough to see the footfall coming in. Often patients are left standing or waiting outside the hub to come in	Capital given from 'most improved incentive' from NHSE will be used to extend the current porta cabin to give additional rooms to see patients	Additional staff i.e. HCA are sent to help with triage. When we have up to 50 attendances in an hour, an additional clinician is sent to help stream to alternate pathways

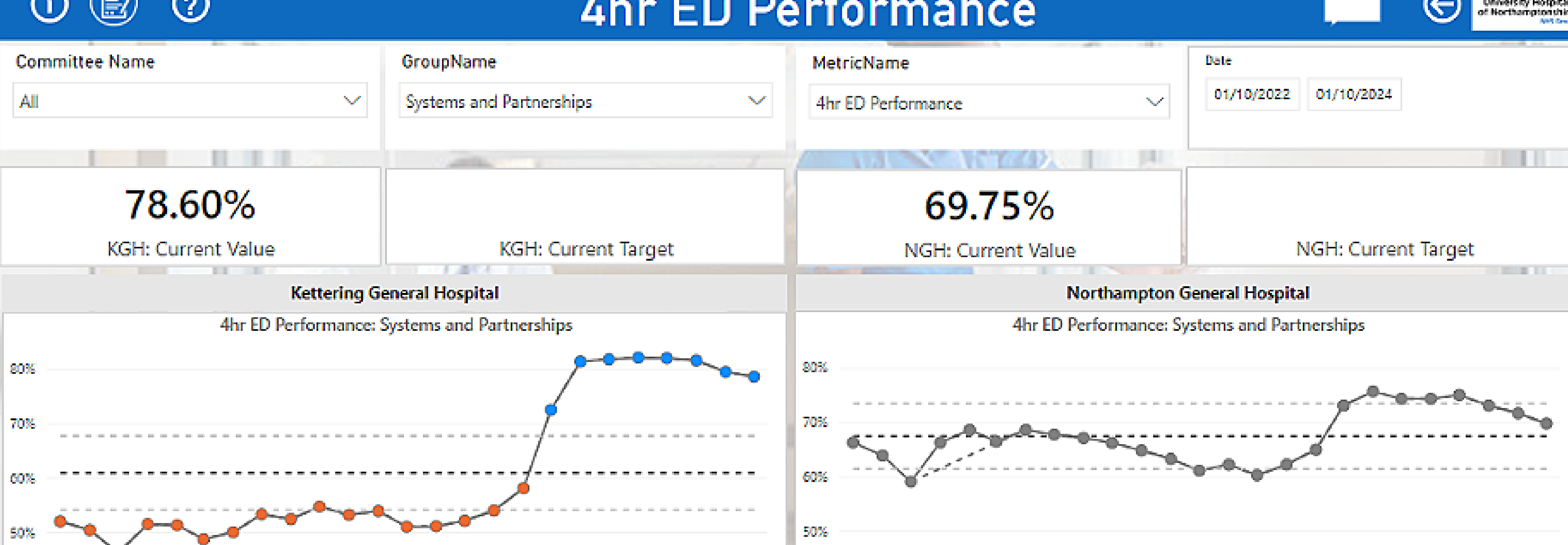


Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/24	Average time in department for those patients who are admitted to the hospital	The data shows a further increase from the previous month with average time to discharge for admitted patients	This is not solely an ED Metric but a Whole System metric and largely impacted by capacity and flow out of ED. Admission of MH patients into UC wards continues due to the unavailability of inpatient beds in the community.?	Continue with direct admission into acute medical wards for patients with EDD >48hours Continue with DEC in reach to ED in the morning?	Use of escalation areas and outlying capacity Rapid transfer protocol
NGH	01/10/24	Average time in department for those patients who are admitted to the hospital	896min an increase on last month	Poor flow causes long stays in ED, meaning patients are sitting in chairs (often frail patients) for more than 24hrs	Have two additional boarding spaces in Walter Tull to move patients to once discharge is confirmed - we continue to do safety rounds to ensure patient safety.	We ran acute medicine virtual wards on Saturdays for 4 weeks and we saved a total of 15 weekend beds

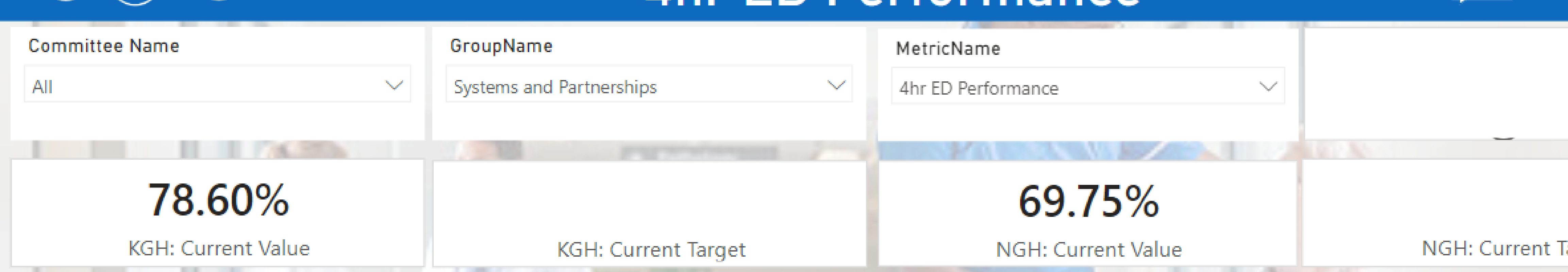

Average time in department - Discharged
Committee Name
All
GroupName
Systems and Partnerships
MetricName
Average time in department - Discharged
Date
01/10/2022
01/10/2024
232
KGH: Current Value
KGH: Current Target
190
NGH: Current Value
NGH: Current Target
Kettering General Hospital
Average time in department - Discharged: Systems and Partnerships
240
220
200
180
Oct 2022
Jan 2023
Apr 2023
Jul 2023
Oct 2023
Jan 2024
Apr 2024
Jul 2024
Oct 2024
Northampton General Hospital
Average time in department - Discharged: Systems and Partnerships
240
220
200
180
Oct 2022
Jan 2023
Apr 2023
Jul 2023
Oct 2023
Jan 2024
Apr 2024
Jul 2024
Oct 2024



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/24	Average time in department for those patients who are not admitted to the hospital	The data shows us that the average time in the department for discharged patient in October was 232 mins. This performance is within the 4-hr 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.	Use of streaming to SDECs, and MSDEC inreach EDU remains operational, with average daily attendances = 15 p/day during October. Continue to drive Ambulatory Majors pathways – such as use of PIT2 for GP streamed patients Ongoing engagement with EMAS/CUCC at monthly collaborative meetings Reinforce internal standards around timely coding and discharge	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 EDU.
NGH	01/10/24	Average time in department for those patients who are not admitted to the hospital	Has remained the same as last month	Patient transport delays to take discharged patients home. Patients unable to use Boots for prescriptions as they don't accept FP10's	Continue to do audits for patient safety - ensure Safety nurse on every shift	Doctors reminded to ensure discharged patients have their TTO's written up early to facilitate leaving ED in good time


4hr ED Performance
Committee Name
All
GroupName
Systems and Partnerships
MetricName
4hr ED Performance
Date
01/10/2022
01/10/2024
78.60%
KGH: Current Value
KGH: Current Target
69.75%
NGH: Current Value
NGH: Current Target
Kettering General Hospital
4hr ED Performance: Systems and Partnerships
80%
70%
60%
50%
Oct 2022
Jan 2023
Apr 2023
Jul 2023
Oct 2023
Jan 2024
Apr 2024
Jul 2024
Oct 2024
Northampton General Hospital
4hr ED Performance: Systems and Partnerships
80%
70%
60%
50%
Oct 2022
Jan 2023
Apr 2023
Jul 2023
Oct 2023
Jan 2024
Apr 2024
Jul 2024
Oct 2024

4hr ED Performance

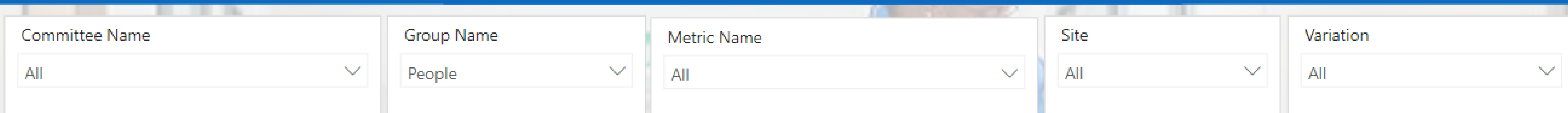


Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/24	% of emergency patients seen, treated if necessary, and either discharged or admitted, within four hours of arrival in ED	Overall, a 1% drop in performance. ?KGH Non-admit patient pathway performance = 72.2%	The requirement to embed renewed focus across the system with regards to working to the standard Patients requiring admission with an extended LOS in ED Inability to stream to an SDEC outside of the medicine division directly from triage Restricted pathways to stream and redirect outside of the Trust due to our current governance and workforce structure	Engagement work ongoing with our Primary care colleagues via the GP Liaison Lead; as well as a collaborative group ongoing with EMAS and CUCC. EDU operational hours remains 13:00 – 01:00; with average daily admissions = 15 Plan to establish a streaming and redirection working group with multi stakeholders. Clinical lead identified. Currently exploring options for establishing an AAU (Acute Assessment Unit). Awaiting outcome of review of UEC Board/4-hour group meeting structure to reflect UHN Group model	Implement rapid flow protocol Appropriate use of operational escalation protocol
NGH	01/10/24	% of emergency patients seen, treated if necessary, and either discharged or admitted, within four hours of arrival in ED	Professional standards not being adhered to by specialties. Poor flow through the Trust	Safety rounds by Safety nurse and EPIC ongoing	MADE events to aid flow on backend wards. Continue to board on Nye Bevan	

People Committee

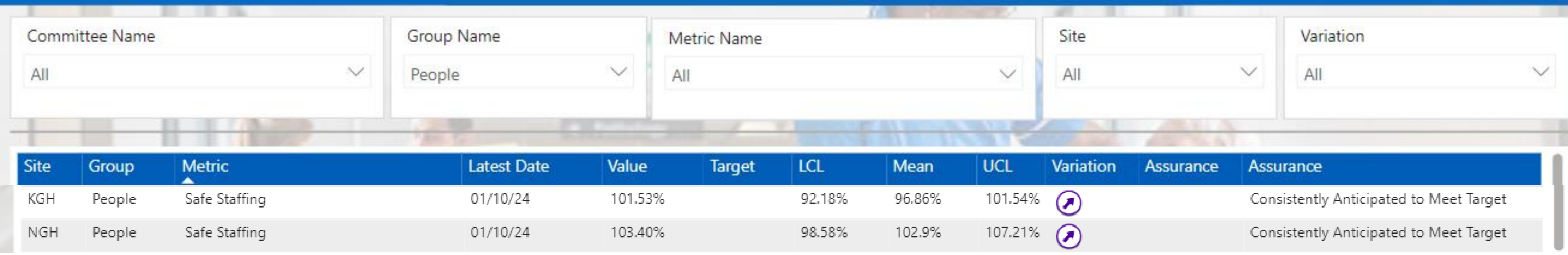
University Hospitals of Northamptonshire NHS Group is a collaboration between Kettering General Hospital NHS Foundation Trust and Northampton General Hospital NHS Trust

Summary Table



Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance	Assurance
NGH	People	Mandatory training compliance	01/10/24	89.00%	85.00%	87.08%	87.9%	88.72%			Consistently Anticipated to Meet Target
KGH	People	Mandatory training compliance	01/10/24	92.26%	85.00%	90.52%	91.83%	93.14%			Consistently Anticipated to Meet Target
KGH	People	Appraisal completion rates	01/10/24	85.30%	85.00%	81.28%	84.26%	87.23%			Not Consistently Anticipated to Meet Target
NGH	People	Appraisal completion rates	01/10/24	78.26%	85.00%	75.5%	77.57%	79.63%			Consistently Anticipated to Not Meet Target
NGH	People	Sickness and absence rate	01/10/24	5.29%	5.00%	4.18%	5.45%	6.72%			Not Consistently Anticipated to Meet Target
KGH	People	Sickness and absence rate	01/10/24	5.18%	5.00%	4.25%	5.02%	5.8%			Not Consistently Anticipated to Meet Target
NGH	People	Vacancy rate	01/10/24	10.94%	8.00%	9.55%	11.11%	12.68%			Consistently Anticipated to Not Meet Target
KGH	People	Vacancy rate	01/10/24	13.53%	8.00%	10.74%	12.31%	13.88%			Consistently Anticipated to Not Meet Target
NGH	People	Turnover rate	01/10/24	5.84%	6.50%	6.7%	7.2%	7.69%			Consistently Anticipated to Not Meet Target
KGH	People	Turnover rate	01/10/24	6.65%	6.50%	7.83%	8.27%	8.71%			Consistently Anticipated to Not Meet Target
NGH	People	Formal procedures	01/08/24	23		6	18	31			Consistently Anticipated to Meet Target
KGH	People	Formal procedures	01/10/24	14		6	12	19			Consistently Anticipated to Meet Target
NGH	People	Roster publication performance	01/10/24	22	42	30	38	46			Not Consistently Anticipated to Meet Target
KGH	People	Roster publication performance	01/10/24	41	42	37	43	48			Not Consistently Anticipated to Meet Target
KGH	People	Time to hire	01/10/24	64.50	65	80.61	80.61	80.61			Not Consistently Anticipated to Meet Target
NGH	People	Time to hire	01/10/24	102.30	65	105.99	105.99	105.99			Not Consistently Anticipated to Meet Target
KGH	People	Number of volunteering hours	01/10/24	2,808		1511	2087	2663			Consistently Anticipated to Meet Target
NGH	People	Number of volunteering hours	01/10/24	3,972		2456	3255	4054			Consistently Anticipated to Meet Target

Summary Table



Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance	Assurance
KGH	People	Safe Staffing	01/10/24	101.53%		92.18%	96.86%	101.54%			Consistently Anticipated to Meet Target
NGH	People	Safe Staffing	01/10/24	103.40%		98.58%	102.9%	107.21%			Consistently Anticipated to Meet Target

People Committee

Exec owner: Paula Kirkpatrick

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

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

1. Sickness and Absence Rate has increased again for Oct 24 and both Trusts are now slightly above target. Commentary has indicated several different strategies including targeting areas with high sickness rates, actively managing attendance against absence triggers and development of guidance and protocol to follow for HR.

2. Mandatory Compliance remains static and above target. Ongoing focus on Staff and Managers to improve compliance.

3. Number of Volunteering hours has increased for Oct 24. Commentary has indicated a focus in retention of existing volunteers. NGH have cleared and inducted 31 volunteers in Oct 24 which should reflect as another increase for Nov 24.

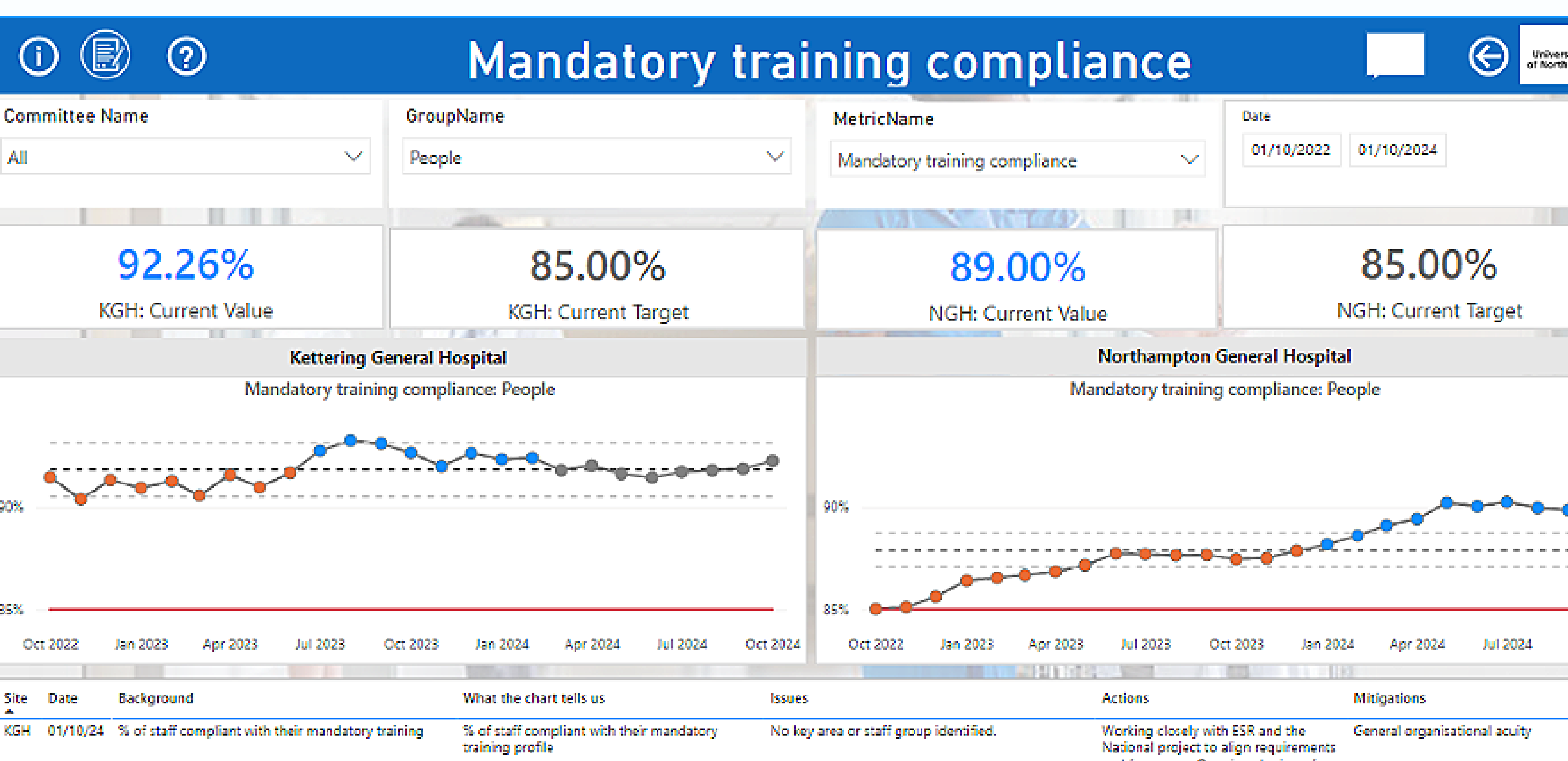
Key **developments with the IGR** itself for the Committee to note:

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

WRES and WDES data is picked up in wider People reporting

The Committees have confirmed that the Safe Staffing metric is to be reported in the Peoples Committee.

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



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/24	% of staff compliant with their mandatory training	% of staff compliant with their mandatory training profile	No key area or staff group identified.	Working closely with ESR and the National project to align requirements and frequency. Ongoing sharing of local reports with outlined manager expectations.	General organisational acuity
NGH	01/10/24	% of staff compliant with their mandatory training	% of staff compliant with their mandatory training profile	Training levels remain consistent, ongoing focus on medical staff although improving	Continuing focus and report sharing with manager expectations outlined	General organisational acuity

Appraisal completion rates

Committee Name: All

GroupName: People

MetricName: Appraisal completion rates

Date: 01/10/2022 – 01/10/2024

85.30%	85.00%	78.26%	85.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital

Appraisal completion rates: People

85%
80%
75%
Oct 2022 Jan 2023 Apr 2023 Jul 2023 Oct 2023 Jan 2024 Apr 2024 Jul 2024 Oct 2024

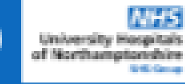
Northampton General Hospital

Appraisal completion rates: People

85%
80%
75%
Oct 2022 Jan 2023 Apr 2023 Jul 2023 Oct 2023 Jan 2024 Apr 2024 Jul 2024 Oct 2024

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/24	% of staff having completed their appraisal	% of staff who have had a documented appraisal in the past 12 months	Areas have maintained their compliance overall.	Areas have maintained their compliance overall. Ongoing delivery of the new appraisal training to reinforce the responsibility of the manager to follow process to inform for recording processes on ESR	General organisational acuity
NGH	01/10/24	% of staff having completed their appraisal	% of staff who have had a documented appraisal in the past 12 months	Areas have maintained their compliance overall.	Ongoing delivery of the new appraisal training to reinforce the responsibility of the manager to follow process to inform for recording processes on ESR	General organisational acuity

Sickness and absence rate



Committee Name	GroupName	MetricName	Date
All	People	Sickness and absence rate	01/10/2022 – 01/10/2024

5.18%	5.00%	5.29%	5.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital

Northampton General Hospital

Sit

KG

Sickness and absence rate

Committee Name: All

GroupName: People

MetricName: Sickness and absence rate

Date: 10/1/2022 – 10/1/2024

5.18%	5.00%	5.29%	5.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/24	% of Staff absent	Above target: Currently is 5.18%, 0.18% above the adjusted target of 5%. Results are within the statistical boundary. Mean absence has increased 0.54% from previous month at 4.64%.	* Short term absences in prevalence order relate to Cough/Cold/ COVID-Flu, Gastroenteritis and Anxiety/Depression/Stress. Winter respiratory virus wave has had substantial impact on absence and support services for staff. Core services, Estates and Facilities and Surgery all have above target short term sickness. * Long term absence (over 28 days): 4/8 divisions had greater than 2.5% long term sickness with Facilities have a greater 5% rate – although reduced from the previous month. Estates and nursing staff groups have the highest sickness rates. Impact of long term sickness on some clinical services with little ability to resolve the impact of staff waiting for surgery and inability to back fill posts with agency-bank staff due to operational efficiency demands. * Distressed teams are proactively referring to OH-HWB services and from HRBPs for interventional support in high demand areas. Corporate & Clinical Collaboration challenges: Considerable distress and challenges are occurring in the corporate clinical teams and clinical leadership positions as a result of the UHN divisional restructure consultation. High levels of uncertainty, stress, low levels of psychological safety and burnout in teams.is now impacting on high level of referrals to staff support services.	* Targeting areas with high sickness absence (hot spots). High prevalence of very long term sick staff in health care assistant roles. Plan to address at recruitment and through clearance the impact of mental health and role specific challenges through OH-HWB-HRBP processes. * Actively managing attendance against absence triggers - in Long term conditions/ MSK cases are being actively managed in RTW programme on therapeutic hours and being offered supportive multidisciplinary approaches to their recovery through occupational health assessment, physiotherapy assessment and treatment and long-term condition support peer group attendance. *Support for staff impacted by the menopause being offered proactive 1:1 support and guidance through the H&WB service. * Development of guidance and a protocol to follow for HR and managers that provides a robust and evidence based process for the management of unprofessional and inappropriate behaviours concerns at work. SOP has been finalised and is now out for consultation across the UHN. * Training to the HWB services practitioner on understanding and screening for ADHD. Joint work with the Neurodiversity lead/OD on developing a Toolkit and training programme on Neurodiversity workplace support for managers and	* The UHN Health and Wellbeing at Work Policy has been developed as an "umbrella" approach to preventative-proactive management of staff absence and sickness including both physical and psychological wellbeing. This is the overarching strategic change of approach to developing a group harmonised attendance management policy and a preventative systematic approach to sickness management across the UHN group. Goes live on 1/12/24 and managers training workshops and launch events are underway. * UHN Menopause has completed its consultation period and final amendments being made. The new policy and training programme for managers within UHN to be socialised. * Continue to provide UHN Group wide Health & Wellbeing Conversations training and staff suicide risk management training in a 6-week rolling programme to prevent the impact of mental and physical health deterioration of staff on their service delivery and absences and to engage leaders in their proactive management of staff wellbeing. * Neurodiversity Working Group led by Head of OD in collaboration with Head of H&WB to scope out neurodiverse support pathways for diagnosed and self-diagnosed staff including awareness raising for employees, managers and HRBPs to facilitate early intervention and support where needed.

Sickness and absence rate

Committee Name: All

GroupName: People

MetricName: Sickness and absence rate

Date: 10/1/2022 – 10/1/2024

5.18%	5.00%	5.29%	5.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
				Key issues for sickness absence: * Moral distress/ injury experienced by staff that are unable to work to their own standards and values of high quality care and burnout due to work pressures, changes in the workplace (either happened, happening or uncertainty) causing anxiety - ie clinical collaboration, i.e working across two sites, additional or onerous on-call commitments, managers requiring staff to be on-site rather than supportive of home working, workplace conflict, uncertainty surrounding job retention for senior clinical leaders. * Coroner's Inquest in October involved neonatal/ Skylark ward – high levels of anxiety and distress impacting on staff wellbeing and may impact on absence over or after inquest. Social media and press interest exacerbating staff wellbeing difficulties. * Management support monitoring and completing return to work and health & wellbeing review meetings are inconsistently being applied. Managers with high workload, overlooking wellbeing and absence reviews. Unsure about the process and whether they can intervene whilst staff away from work, need guidance on managing attendance appropriately.	colleagues (diagnosed and self-diagnosed). * Co-ordinated strategy across the People Directorate to improving attendance from recruitment, pre-employment OH screening, local onboarding to management induction following a preventative framework. * Managing unavailability with a prevention focused approach, using the newly developed UHN Health and Wellbeing at Work Policy and SOP, utilising the staff support service guidance and health passport scheme at employment commencement and through career journey engaging HRBPs and managers for early intervention and workplace adaptations to reduce agency and temporary staffing. * Scoping radical solutions to OH/ HWB resourcing for preventative absence management through the H&WB staff support 2024 survey, including a staff health hub benefits to reducing short term sickness from lack of primary care resource and absence strategy that evaluates wider system, process and resourcing benefits.	* Developing the Doctors Engagement and Wellbeing Support Strategy: Engagement with the Medical Directors Office at KGH to start to develop aligned programme of health and wellbeing support for junior and senior doctors programmes

Sickness and absence rate

Committee Name: All

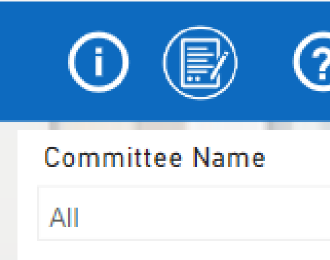
GroupName: People

MetricName: Sickness and absence rate

Date: 10/1/2022 – 10/1/2024

5.18%	5.00%	5.29%	5.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
NGH	01/10/24	% of Staff absent	Above target: Currently at 5.29%, which is 0.29% above the adjusted target of 5%. Results are within the statistical boundary. Mean absence has increased 0.48% from previous month at 4.81%.	* Short term absences in prevalence relate to 1) Gastroenteritis, 2) Cough/Cold/ COVID-Flu, and 3) Anxiety/Depression/Stress. Short term absence over absence target in 4/6 clinical divisions. * Long term absence: Women, children and oncology division and clinical support services. * OH Management referrals have highlighted a combination of MSK related referrals due to leisure injuries and older age rheumatoid health concerns impacting on sickness absence due to pain and fatigue management. Drug and alcohol testing requests have also increased. * Staff Psychology Service and TRiM Service referrals from distressed senior clinical leaders and corporate teams Is high resulting from the UHN divisional restructure consultation. Staff with complex personal lives being destabilised from uncertain consultation outcome on job retention. *Executive changes in UHN: Changes at executive level and lack of clarity as to what will happen in the organisational change process and possible change to clinical structures is causing anxiety, lack of psychological safety and organisational concern. * Management inability to be able to adequately address the impact of unprofessional behaviours and microagressions on staff wellbeing to prevent sickness absence from work stress is	* Targeting areas with high sickness absence (hot spots). High prevalence of very long term sick staff in health care assistant roles. Plan to address at recruitment and through clearance the impact of all physical and mental health conditions, to be proactive and preventative utilising the health passport, wellbeing action plans to reduce impact of health on early work life and role specific challenges through OH-HWB-HRBP processes. * Actively managing attendance against absence triggers - in Long term condition/ MSK cases are being actively managed in RTW programme on therapeutic hours and being offered supportive multidisciplinary approaches to their recovery through occupational health assessment, psychological support and long-term condition support peer group attendance. UHN long term conditions support group and a joint UHN-IAPT/Talking Health self-management programme has been commissioned to proactively target staff with complex MSK recovery and living with pain. HRBP initiatives: Protracted internal processes causing lengthy absence - this is due to capacity issues and managers taking inappropriate action or nil action at an early stage and failing to address the problem appropriately. Recruitment and partnering query whether new managers - are they being recruited with the right skill sets? Are they being given capacity in their role to undertake the people management elements?	* TIAA Absence audit completed and recommendations for managing observations and key findings have been developed into an action plan (including those below). * UHN sickness absence Strategy Review underway with a working party led by the Head of Service for Health and Wellbeing. Analysing varied systems, services and processes for managing absence and radical solutions to reduce long and short term absence within the next 2 years. * The UHN Health and Wellbeing at Work policy has been developed as an "umbrella" approach to preventative-proactive management of staff absence and sickness including both physical and psychological wellbeing. This is the overarching strategic change of approach to developing a group harmonised attendance management policy and a preventative systematic approach to sickness management across the UHN group. * Wellbeing at Work resources, guidance and training have been developed with the Policy Task and Finish Group to support managers and employees. Including, health and disability passport, staff support referral guidance, health and wellbeing conversations training. * Continue to provide UHN Group wide Health & Wellbeing Conversations training and staff suicide risk management training in a 6-week rolling programme to prevent the



Sickness and absence rate

Committee Name: All

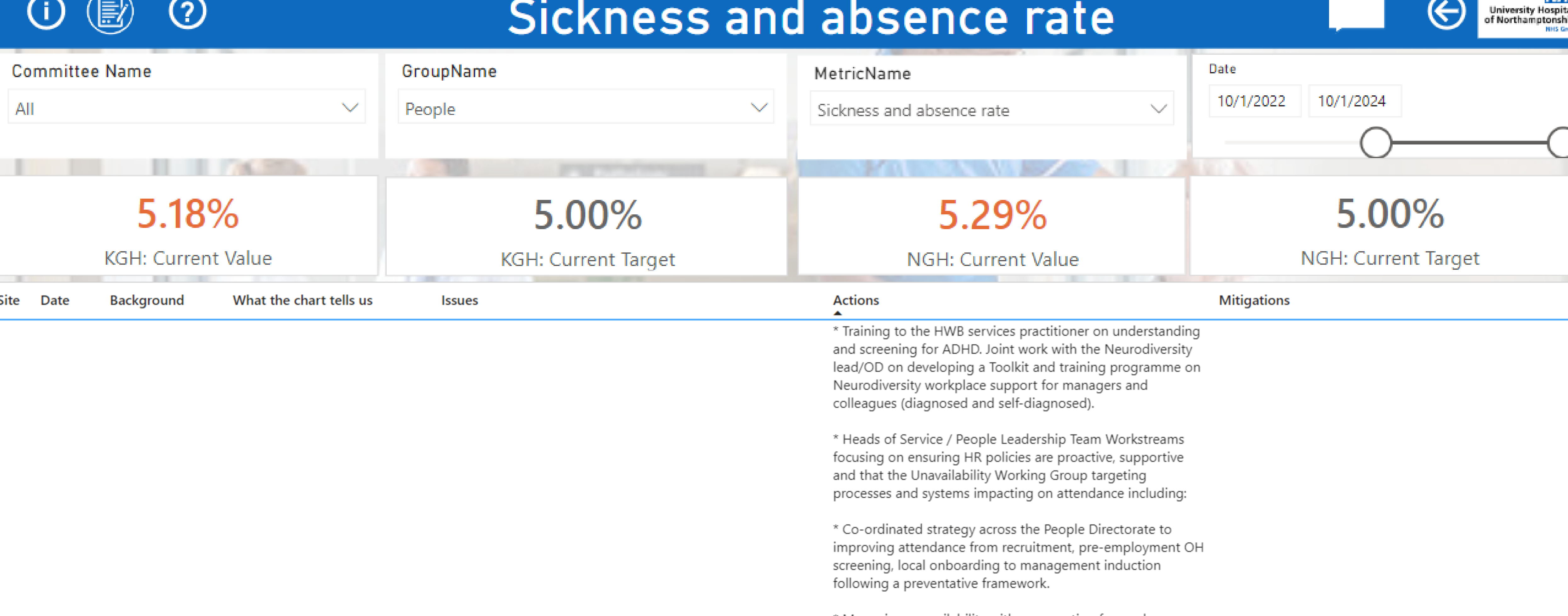
GroupName: People

MetricName: Sickness and absence rate

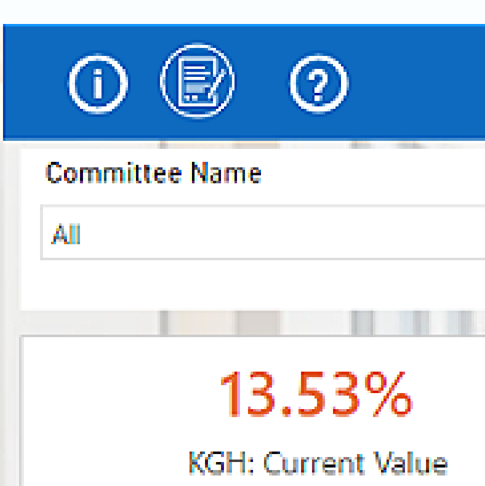
Date: 10/1/2022 – 10/1/2024

5.18%	5.00%	5.29%	5.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
				visible in business partner and OHWB case loads. * Doctor Wellbeing: Ongoing work to engage doctors with wellbeing interventions. Issues continue to be reported with lack of support from managers-supervisors with mental health difficulties and following incidents at work. LED doctors support and IMG doctors with transitional psychological and social adjustment to new roles and country of work. * HRBP feedback: External factors increasing sickness, work related sickness linked to internal grievance or disciplinary processes. Mental Health issues increasing within workforce and lack of skill set within the ER and managerial teams to remedy , managers not recognising need or having capacity to manage sickness in a timely and effective way.	* Proactive offer of psychological safety and self-compassion interventions/workshops for teams in distress and senior staff groups including clinical and divisional directors. * Medical Engagement/ Doctors Wellbeing Strategy: To work with the medical leadership and medical education teams to continue to develop a package of preventative support for doctors at all levels of training and employment to enhance their psychological wellbeing. Includes focusing on FY1/2, junior consultant development programmes, all new medical staff inductions and IMG doctors' recruitment and support programme. In addition, Doctors Experience working group reviewing medical rotas, estates and facilities services to manage practical impacts of rotational shifts on their wellbeing as per the BMA 5 Priorities for Improving Wellbeing at Work guidance (2024). * Development of Professional Behaviours Agreement Guidance and SOP for HR and managers that provides a robust and evidence-based process for the management of unprofessional and inappropriate behaviours concerns at work. 1st draft is complete and out for consultation across People directorate and for wider consultation shortly.	impact of mental and physical health deterioration of staff on their service delivery and absences and to engage leaders in their proactive management of staff wellbeing. * High profile and promotion of H&WB services to support staff and engage early intervention for staff support through new H&WB communication strategy, NGH induction programmes, UHN Policy reviews. * Ensuring wellbeing support services are working with the managers to provide the support needed with any change, making referrals to OH and making reasonable adjustments, ensuring clear communication and feedback loops through the managers, listening and addressing concerns, risk assessments, supporting agile working where possible. Reintroduced sending out monthly trigger reports however staff triggering formal management should be picked up by the line manager conducting the RTW.



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
					* Training to the HWB services practitioner on understanding and screening for ADHD. Joint work with the Neurodiversity lead/OD on developing a Toolkit and training programme on Neurodiversity workplace support for managers and colleagues (diagnosed and self-diagnosed). * Heads of Service / People Leadership Team Workstreams focusing on ensuring HR policies are proactive, supportive and that the Unavailability Working Group targeting processes and systems impacting on attendance including: * Co-ordinated strategy across the People Directorate to improving attendance from recruitment, pre-employment OH screening, local onboarding to management induction following a preventative framework. * Managing unavailability with a prevention focused approach, using the newly developed UHN Health and Wellbeing at Work Policy and SOP, utilising the staff support service guidance and health passport scheme at employment commencement and through career journey engaging HRBPs and managers for early intervention and workplace adaptations to reduce agency and temporary staffing.	



Vacancy rate

Committee Name: All

GroupName: People

MetricName: Vacancy rate

Date: 01/10/2022 – 01/10/2024

13.53%	8.00%	10.94%	8.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital

Vacancy rate: People

14%
12%
10%
8%
Oct 2022 Jan 2023 Apr 2023 Jul 2023 Oct 2023 Jan 2024 Apr 2024 Jul 2024 Oct 2024

Northampton General Hospital

Vacancy rate: People

14%
12%
10%
8%
Oct 2022 Jan 2023 Apr 2023 Jul 2023 Oct 2023 Jan 2024 Apr 2024 Jul 2024 Oct 2024

Vacancy rate

Committee Name: All

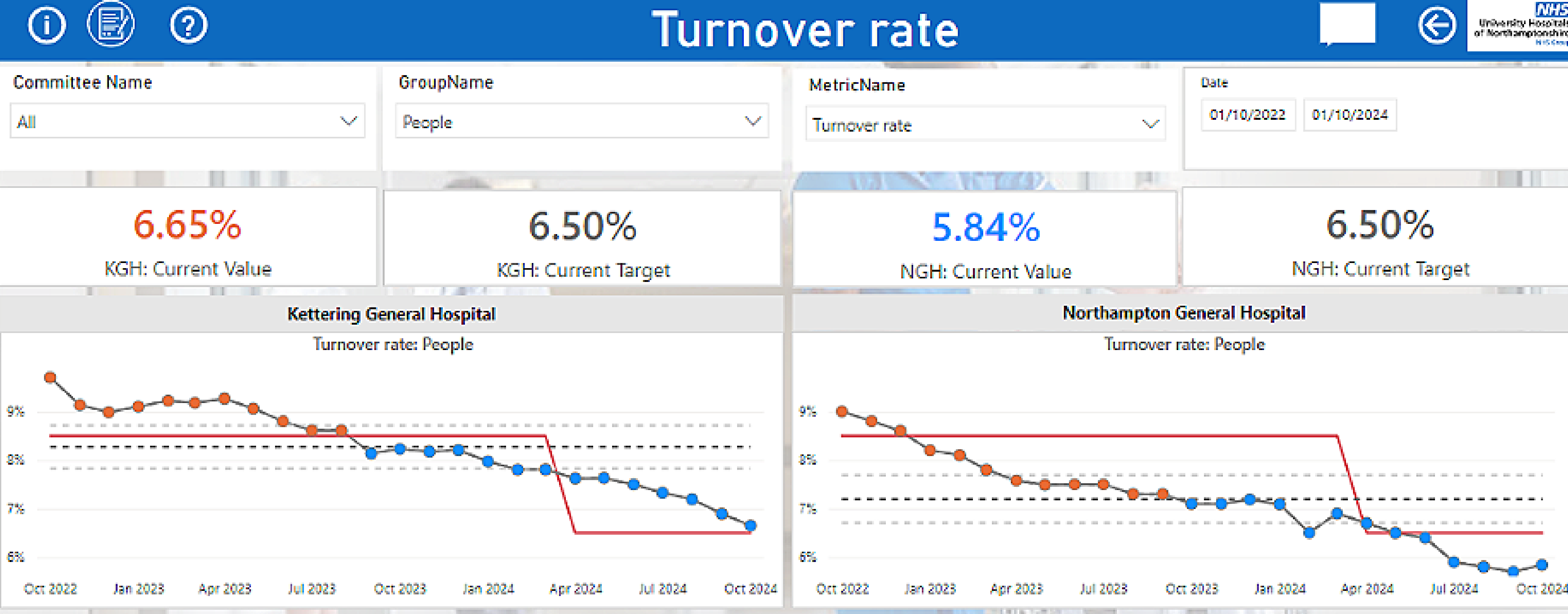
GroupName: People

MetricName: Vacancy rate

Date: 10/1/2022 – 10/1/2024

13.53%	8.00%	10.94%	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
NGH	01/10/24	% 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, Medical 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 and associated need to develop an attraction strategy.	Content for a dedicated microsite aimed at attracting new talent has been prepared and work is being undertaken in conjunction with the Communications team to launch this. Timescales for development are in the process of being explored. This platform will clearly communicate UHNs identity, culture, and values, provide links to both internal and external job postings, and highlight the advantages of becoming part of our team. Additionally, an induction section will be developed. Procurement process now complete. Process Automation (RPA) projects are progressing well and agreement for the implementation of a new workflow tool from which RPAs can be implemented is scheduled for implementation by February 2025. From this RPAs have been prioritised and will be developed for NOC?NOL forms, OH Clearances and Car Parking Permit issue. The attraction strategy feedback sessions have been delivered and it has been presented to People Committee. The strategy will now be sent through the various governance committees for final sign off. UoN have been approached and have agreed in prinicple to support their graphic design and illustration students with support UHN with attraction campaigns. System wide funding of 100k has been obtained to support with recruitment for band 2&3 staff in Estates and Facilities.	Weekly meetings are in place to monitor recruitment activities for each Division in a way in which they are mapped to long terms agency use and to ensure that any delays are unblocked and minimised. Time to Hire reporting is broken down into each stage of the recruitment process and monitored accordingly enabling targeted intervention and support as and when required.



Turnover rate
Committee Name
All
GroupName
People
MetricName
Turnover rate
Date
01/10/2022
01/10/2024
6.65%
KGH: Current Value
6.50%
KGH: Current Target
5.84%
NGH: Current Value
6.50%
NGH: Current Target
Kettering General Hospital
Turnover rate: People
9%
8%
7%
6%
Oct 2022
Jan 2023
Apr 2023
Jul 2023
Oct 2023
Jan 2024
Apr 2024
Jul 2024
Oct 2024
Northampton General Hospital
Turnover rate: People
9%
8%
7%
6%
Oct 2022
Jan 2023
Apr 2023
Jul 2023
Oct 2023
Jan 2024
Apr 2024
Jul 2024
Oct 2024

Formal procedures

Committee Name: All

GroupName: People

MetricName: Formal procedures

Date: 01/10/2022 – 01/10/2024

14		23	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital

Formal procedures: People

25 20 15 10 5

Oct 2022 Jan 2023 Apr 2023 Jul 2023 Oct 2023 Jan 2024 Apr 2024 Jul 2024 Oct 2024

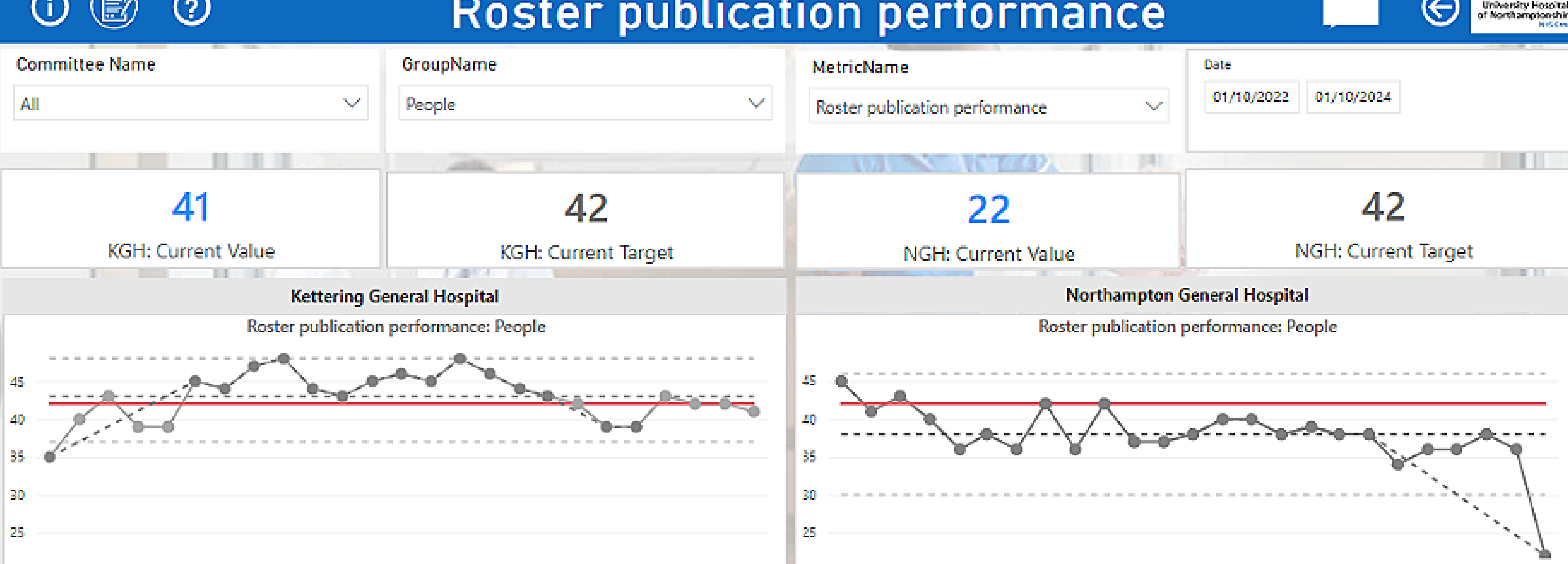
Northampton General Hospital

Formal procedures: People

25 20 15 10 5

Apr 2023 Jul 2023 Oct 2023 Jan 2024 Apr 2024 Jul 2024

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/24	Number of formal complaints – active and open	There are currently 14 formal procedures at KGH 7 Disciplinary and 7 Grievance with 1 live suspension. The low number of formal procedures would indicate that many issues have been addressed at a more informal level and brought to resolution.	The current suspension has been unable to progress through to a hearing due to medical issues, but we are working with OH to reach a resolution.	We continue to work closely with staff side to try and resolve issues at the lowest possible level, in line with our Just Culture principles.	In more serious cases we risk assess and will actively discuss with stakeholders alternatives to suspension.



Roster publication performance
Committee Name
All
GroupName
People
MetricName
Roster publication performance
Date
01/10/2022
01/10/2024
41
KGH: Current Value
42
KGH: Current Target
22
NGH: Current Value
42
NGH: Current Target
Kettering General Hospital
Roster publication performance: People
45
40
35
30
25
Oct 2022
Jan 2023
Apr 2023
Jul 2023
Oct 2023
Jan 2024
Apr 2024
Jul 2024
Oct 2024
Northampton General Hospital
Roster publication performance: People
45
40
35
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Oct 2022
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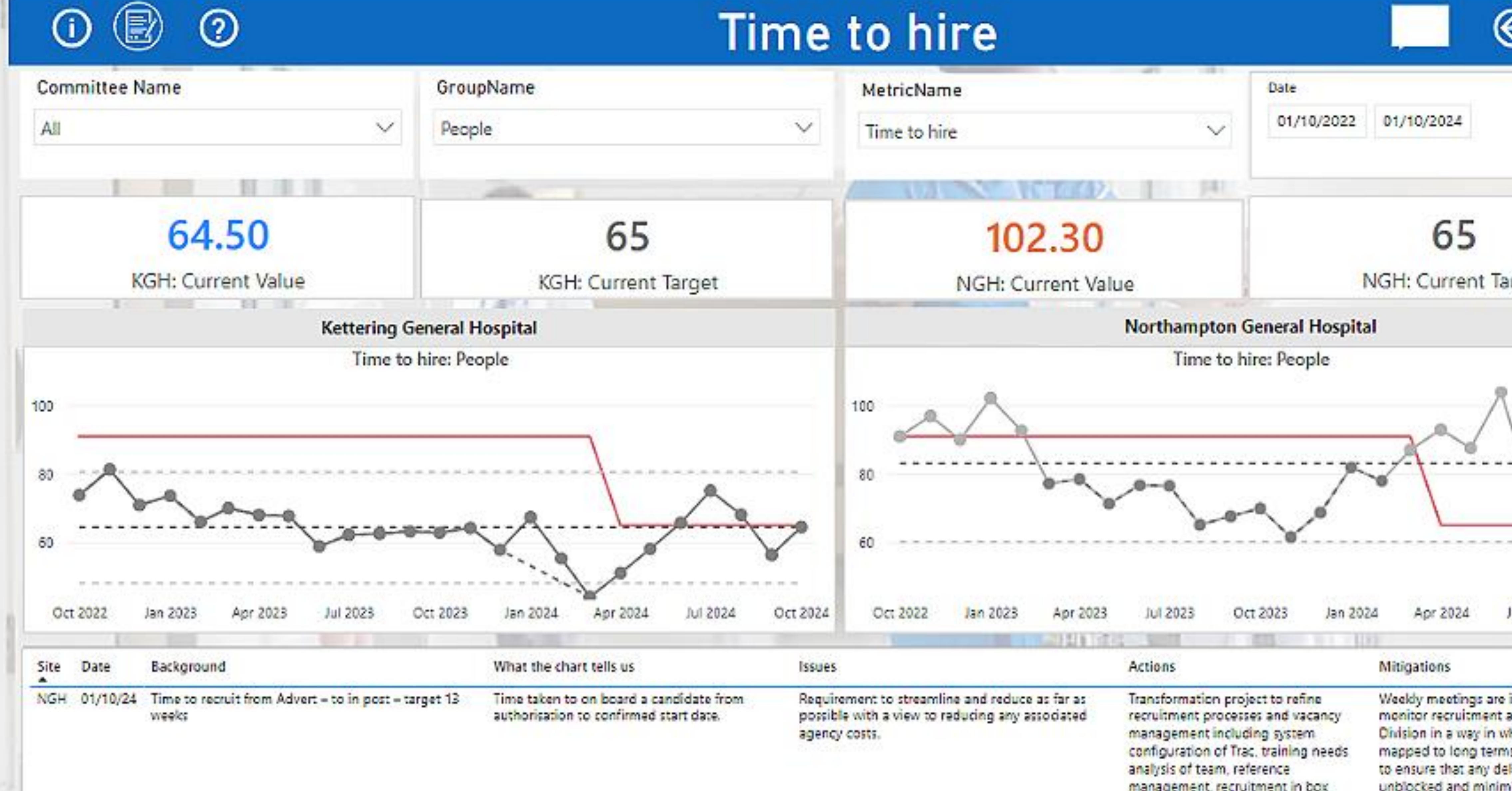
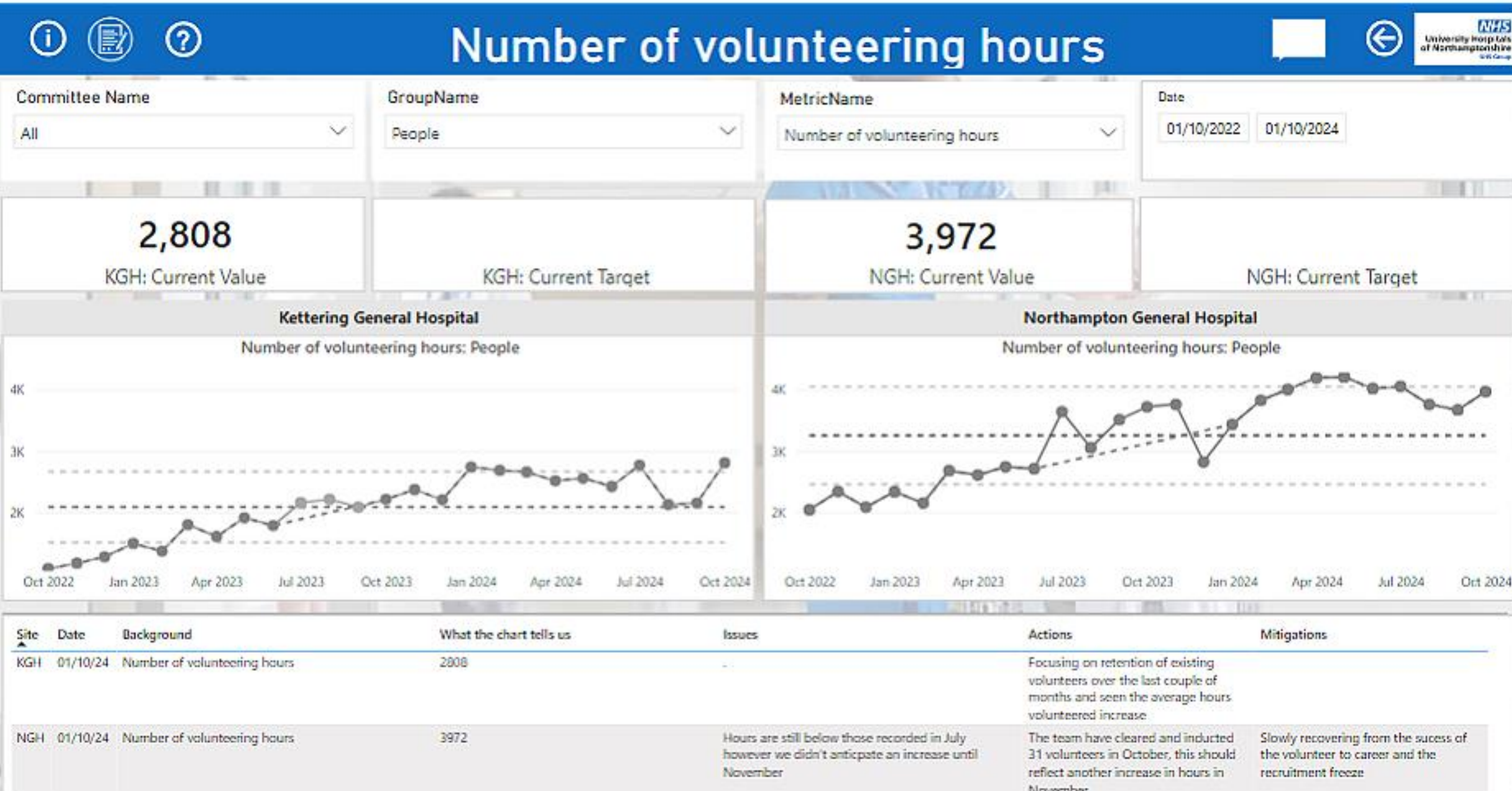
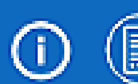
Apr 2024
Jul 2024
Oct 2024



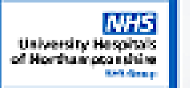
Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
NGH	01/10/24	Time to recruit from Advert – to in post – target 13 weeks	Time taken to on board a candidate from authorisation to confirmed start date.	Requirement to streamline and reduce as far as possible with a view to reducing any associated agency costs.	Transformation project to refine recruitment processes and vacancy management including system configuration of Trac, training needs analysis of team, reference management, recruitment in box management and transitioning team to Divisional recruitment support function.	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.



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/24	Number of volunteering hours	2808	-	Focusing on retention of existing volunteers over the last couple of months and seen the average hours volunteered increase	
NGH	01/10/24	Number of volunteering hours	3972	Hours are still below those recorded in July however we didn't anticpate an increase until November	The team have cleared and inducted 31 volunteers in October, this should reflect another increase in hours in November	Slowly recovering from the sucess of the volunteer to career and the recruitment freeze



Safe Staffing



Committee Name: All

GroupName: People

MetricName: Safe Staffing

Date: 01/10/2022 – 01/10/2024

101.53%		103.40%	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital

Safe staffing: People

105%
100%
95%
90%

Oct 2022 Jan 2023 Apr 2023 Jul 2023 Oct 2023 Jan 2024 Apr 2024 Jul 2024 Oct 2024

Northampton General Hospital

Safe staffing: People

105%
100%
95%
90%

Oct 2022 Jan 2023 Apr 2023 Jul 2023 Oct 2023 Jan 2024 Apr 2024 Jul 2024 Oct 2024

Safe Staffing

Committee Name: All

GroupName: People

MetricName: Safe Staffing

Date: 10/1/2022 – 10/1/2024

101.53%
KGH: Current Value

KGH: Current Target

103.40%
NGH: Current Value

NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/24	Combined day & night shift fill rate % for registered & non-registered Nursing, midwifery & AHP staff. Reported nationally to NHSE in accordance with National Quality Board guidance.	The value has again reduced this month, though remains above 100, which provides assurance that staffing levels are safe for both registered and unregistered staff	No issues	To continue with the recruitment plan and NA deployment strategy. Whilst we continue to review the "specialing" needs we are working collaboratively with UHL and NGH in this area	Temporary staffing and internal deployment is being utilised as needed, and managed/ monitored through the twice daily staffing cells
NGH	01/10/24	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.	103.4% 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 but has increased by 4.0 % since Nov 23 (103.8%). 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.	Nursing and Midwifery continues to be more than 30% unavailability with parenting rates of 4.5% and sickness rates at 7.6%, 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. Enhanced care team is now in post and should see a reduction in the use of 1:1, although this may take a few months for the vacancies to be fully recruited.	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. Agency HCA continues to been switched off at present across the trust.	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.

Cover Sheet

Meeting	University Hospitals of Northamptonshire NHS Group (UHN): Boards of Directors of Kettering General Hospital NHS Foundation Trust and Northampton General Hospital NHS Trust (Part I) Meeting in Public
Date	6 December 2024
Agenda item	6

Title	UHN Perinatal Quality Surveillance Scorecard – Chair's Highlight Report
Presenters	Julie Hogg, UHN Chief Nurse Ilene Machiva, UHN Director of Midwifery
Authors	Ilene Machiva, UHN Director of Midwifery

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

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

Reason for Consideration	Previous consideration
To brief the Boards of Directors on the key discussions at the Perinatal Safety Champions Meeting (PSC) on Wednesday 20 November 2024 – October data discussed. The Boards of Directors are asked to receive and note the update from PSC and associated actions relating to the external visits. To receive this report as assurance that: • The identification investigation and learning from all maternity patient safety incidents is being managed effectively. • The maternity services is achieving good compliance against the national maternity key safety indicators	Quality and Safety Committee O&G Governance Meetings Perinatal Safety Champions Meetings

NHS
University Hospitals of Northamptonshire

Executive Summary

PURPOSE OF THE REPORT:
The scorecard is produced in line with the Perinatal Quality Surveillance Model designed by NHS England to support sharing safety intelligence Board to Frontline / Frontline to Board.

The scorecard includes 5 areas of focus:

1. Safety
2. Workforce
3. Training
4. Experience
5. Outcomes

The scorecard includes the minimum dataset as described within Maternity Incentive Scheme (MIS), in addition to local insights, operational activity. Neonatal workforce will be included in future report

SUMMARY:
NGH Perinatal Surveillance Dashboard is attached as Appendix 1

- **Item(s) for Escalation:**. Achievement of Maternity Incentive Scheme (MIS) year 6 at NGH at risk due to the risk of compliance with safety actions 1 and 7.
- **Successes:** Prescription provision in response to GPs no longer supporting community midwifery prescription requests. Maternity processes in place in the community to support with the provision of prescriptions for women seeing community midwives. Community hubs now stocked with medication and oral antibiotic Patient Group Direction (PGD) now in place, with staff training completed.
- **Moderate and above Incidents:** At NGH, there were six moderate or above incidents declared in October 2024. All incidents reviewed at Incident Review Group. One incident related to an intra-uterine death. Incident declared fatal harm due to the outcome, with no care and service delivery issues identified. One MNSI incident declared following an unattended birth at home, with a shoulder dystocia. Baby required therapeutic cooling.
- **Staffing position for Maternity Services:** Midwifery staffing met acuity for intrapartum care 74% of the time in October. NGH midwifery vacancy position 26.24 whole time equivalents (WTE) (12.9%) Obstetric Consultant staffing position improved with 1wte vacancy still to be recruited into. There was 100% compliance with consultant led ward rounds and 81% compliance with Obstetric Consultant attendance to labour ward when indicated, in line with Royal College of Obstetricians and Gynaecologists (RCOG) guidance. 100% of women received one to one care in labour in October. There were no occasions in October, when the labour ward coordinator lost supernumerary status.
- **Red Flags.** There were 11 red flags in October. 68% of these related to delays in the induction of labour pathways. System approaches being explored to improve pathway.
- **Governance Compliance including Maternity Dashboard Exceptions and Learnings from Serious Incidents:** There was MNSI investigation declared in October 2024. There was one new claim received in October, no closed claims. There were two complaint and two Patient Advice and Liaison Service (PALs) concerns received. On review there were no common themes identified across the claims, complaints and PALs concerns.
- **Family and Friends Test (FFT).** Response rates dropped in October. Positive feedback given when feedback was received. Patient experience midwife working with teams to increase response rates.
- **Training Compliance**: NGH training compliance for multi-professional training (MIS safety 8) has been achieved for all professional groups, except for Obstetric resident doctors, (88%), who are anticipated to achieve this with training in November.

- **Saving Babies Lives Care Bundle:** Following the recent Integrated Care Board quality review, NGH fully compliant with two out of the six elements, with overall compliance for the bundle at 83%. ICB quality review planned for November 2024
- **Maternity Incentive Scheme (MIS), Clinical Negligence Scheme for Trusts (CNST) Year 6:** Safety Actions 1 and 7 continue to be a risk to the compliance with MIS year 6
- **Neonatal.** No exceptions to report

KGH Perinatal Surveillance Dashboard is attached as Appendix 2

- **Item(s) for Escalation:** MIS year 6 compliance at risk for safety action 5 and safety action 7. CQC action plan in progress. Business case to support the pharmacy provision for maternity services was unsuccessful putting one of the CQC 'Must Do' actions at risk of non-compliance. Pharmacy workforce review currently in progress within the pharmacy team led by the Chief Pharmacist. Current mitigation involves audits and support from pharmacy when requested by clinical teams
- **Success**: Midwife won National Black and Minority Ethnic) BAME Midwife of the Year award. 2 midwives nominated for Excellence awards
- **Moderate and above Incidents:** There were 2 moderate incidents declared in October. One incident was downgraded following re-view at maternity round table due to incorrect grading of tear. The other incident was reviewed at IRG and remains as a moderate. No PSII or MNSI cases were declared in October 2024. There was one maternal death reported, awaiting PM report to ascertain if report-able to Maternity and Newborn Safety Investigations (MNSI)
- **Staffing position for Maternity Services:** KGH vacancy position 23.4 WTE (15.3%). Concerns about the data accuracy. Work in progress with finance to review current workforce data and the funded establishment. Midwifery vacancies all recruited to and in pipeline between November to January 2025. One red flag reported for loss of supernumerary status for the Band 7 Co-ordinator. 1:1 care on labour was 100%. Obstetric Consultant Led Board rounds took place 100% (am) and 100% (pm) of the time in October.
- **Red Flags.** Highest number of red flags (95.6%) relate to delays in in the induction of labour pathways. System approach being explored to manage induction of labour pathways.
- **Governance Compliance including Maternity Dashboard Exceptions and Learnings from Serious Incidents:** No Patient Safety Incidents (PSIIs) or MNSI were declared or received in August. Two complaints and one PALs concerns received in October. No common themes identified. No news claims and one closed Claim in October.
- **FFT.** Areas identified on the dashboard where no FFT was received. Patient Experience Midwife to support teams to improve response rates.
- **Training Compliance:** CNST training compliance met for all staff groups.
- **Update on progress with Saving Babies Lives Care Bundle:** KGH fully compliant in Elements 2, 3, 4 and 6 and partially compliant in the 2 other elements. Overall compliance risen from 79% to 94%. ICB quality review planned for November 2024
- **Maternity Incentive Scheme (MIS), CNST Year 6:** On track to deliver all 10 safety actions with further support needed in safety action 5 due to the number of occasions labour ward coordinator lost supernumerary status, and safety action 7 due to concerns around the MNVP provision.
- **Local Neonatal Unit (LNU) redesignation to level 2 from 28th October 2024.** Staged approach with babies 30 weeks and above currently accepted into Unit. Perinatal Oversight group meetings bi-weekly with key stakeholders. No issues identified since redesignation.

Recommendation:

For Boards to receive this report and indicate assurance that:

1. the identification investigation and learning from all maternity patient safety incidents is being managed effectively, and
2. The maternity services are achieving compliance against the national maternity key safety indicators, with actions in progress to address any gaps

Appendices
Appendix 1: UHN Perinatal Surveillance Dashboard (NGH - Oct Data) Appendix 2: UHN Perinatal Surveillance Dashboard (KGH – Oct Data)
Risk and assurance
Non delivery of National and Local recommendations and improvements in maternity care which compromises our Trust strategic objectives and may result in increased claims, poor patient outcomes/ experience and Trust reputation.
Financial Impact
Potential for increased/changes to workforce and equipment. Failure to achieve our CNST incentive reduction (>£200k). Possible support available through NHS England funding vis LMS work streams.
Legal implications/regulatory requirements
Risk to Board oversight of maternity services in line with the Perinatal Quality Surveillance Tool and the requirements of the Maternity Incentive Scheme
Equality Impact Assessment
This is applicable to all staff within Northamptonshire LMNS and all women accessing care within the LMNS.

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

NGH Perinatal Quality Surveillance Model—October 2024

Maternity CQC rating (last inspected Nov 2022)	Safe	Effective	Caring	Responsive	Well-Led	Overall

Maternity Perinatal Mortality Data

Perinatal Mortality Cases												
		Monthly Perinatal Losses	Total number of losses reported to MBRRACE	Number of losses reported to MBRRACE within 7 days	Perinatal Surveillance completed within 1 month	Number that meet PMRT criteria	Parents informed and questions/ concerns noted	PMRT completed by MDT and comply with CNST submission requirements	Late Fetal Loss >22/40	Stillbirths	NND born and died at NGH	NND (born, NGH transferred and died at other Trust)
Q4 2023/24	Jan-24	1	1	1	0	0	N/A	0	0	0	1	0
	Feb-24	3	3	3	3	2	100%	0	2	2	1	0
	Mar-24	2	2	2	2	1	100%	2	0	1	0	0
Q1 2024/25	Apr-24	0	2	2	2	2	100%	1	0	0	0	2
	May-24	4	3	3	3	3	100%	2	1	3	0	0
	Jun-24	5	1	1	1	0	N/A		1	0	0	0
Q2 2024/25	Jul-24	11	4	4	4	4	3	2	0	2	3	0
	Aug-24	9	1	1	1	1	1	3	2	1	0	1
	Sep-24	3	3	3	2	2	100%	2	2	1	1	0
Q3 2024/25	Oct-24	11	2	2	1	1	100%	1	1	1	1	0
	Nov-24											
	Dec-24											

Level of Investigation

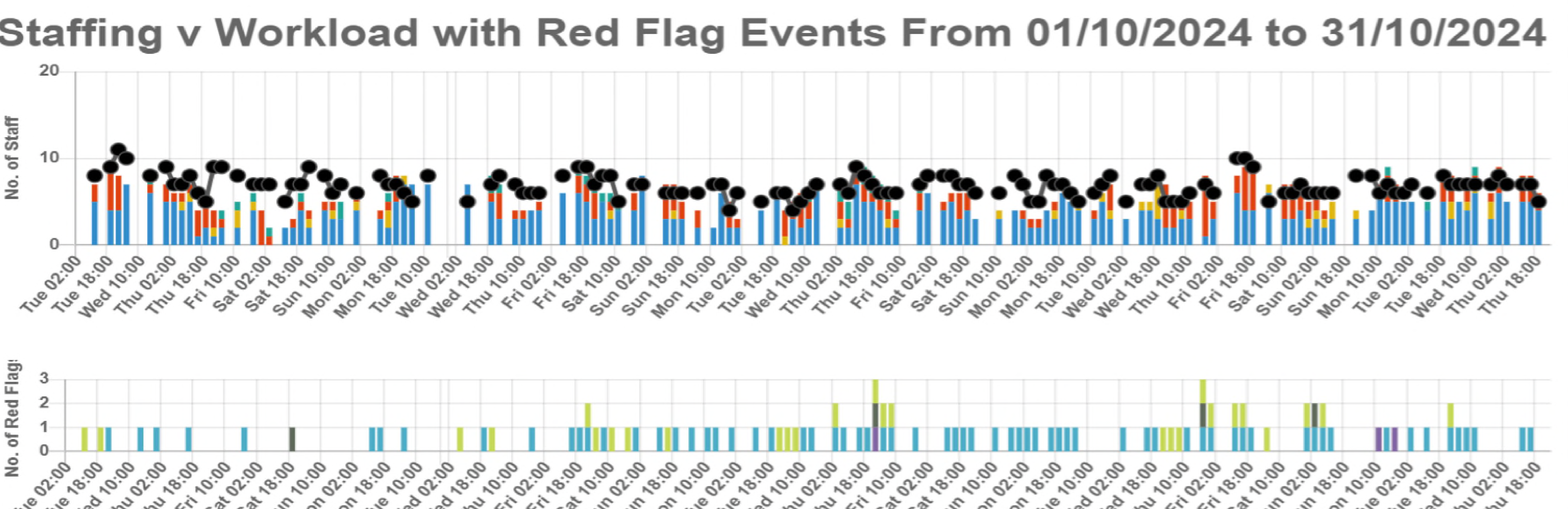
Level of investigation	Obstetric Datix (Moderate & Above)	Internal Local Level Investigation (CI)	PSII	MNSI
Q4 2023/24	6	0	0	3
Q1 2024/25	24	0	0	2
Q2 2024/25	12	0	0	0
Q3 2024/25	7	0	0	1

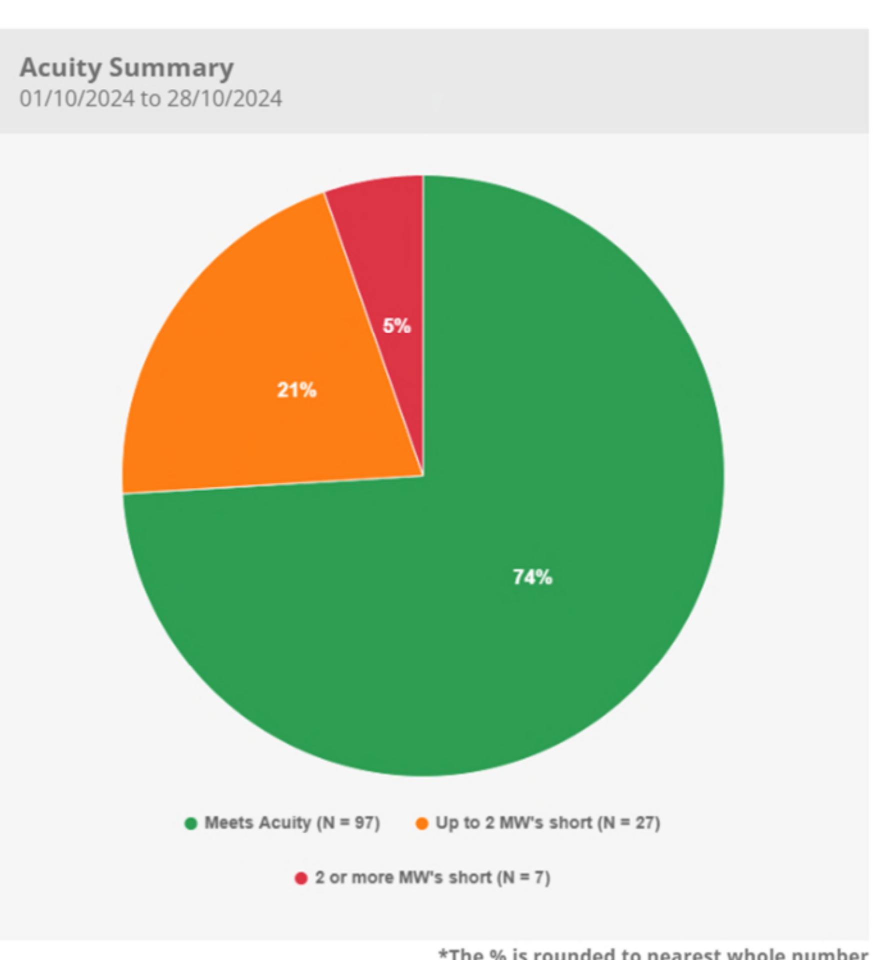
Staff Survey QR Code
Relaunched 5th July 2024

Review of all Maternity Moderate & Above Incidents

Q3 24/25 October		
Incident type	**Description**	**Outcome/Learning**
Intra– uterine death	Intra– uterine death	Incident reviewed . No omissions in care identified. To remain as Fatal harm but not a patient safety event. Case will be reviewed through PMRT
ITU Admission/MOH	Suspected abruption with major obstetric haemorrhage followed by admission to ITU	Discussed at Trust Incident review Group (IRG) appropriate management. After Action Review (AAR) requested by IRG. AAR completed
ITU Admission	Admission to ITU	Incident reviewed at MIRF. No omissions in care identified that could have prevented the admission to CCU. MDT agreed to downgrade to low harm
4th Degree Tear	Rapid progress in labour leading to spontaneous birth with perineal 4th degree perineal tear.	Reviewed at Maternity Incident Review Forum (MIRF). No omissions in care identified but lack of documentation highlighted and learning will be shared with staff.
Baby transferred for cooling	Shoulder dystocia	Maternity and Newborn Safety Investigation (MNSI) investigation commenced.
Postnatal Readmission	Postnatal readmission with a confirmed PE.	To be reviewed at MIRF and discussed at IRG with MDT outcome.
Staff Injury	When midwife went to pull the emergency buzzer in PROMPT, bed was in front of buzzer and observations machine also in the way so had to stretch and turn to reach buzzer. When turned back around, staff member felt knee go out of place and pop back in and pain. Staff member then begun to fall/lower to floor as was feeling faint. Injured midwife struggling to walk following it and ?blacked out on the floor following injury.	Not a RIDDOR as no time off work. Appropriate discussions held with practise development team. Line manager informed. To request downgrade to low harm

Labour Ward





Red Flag Exceptions

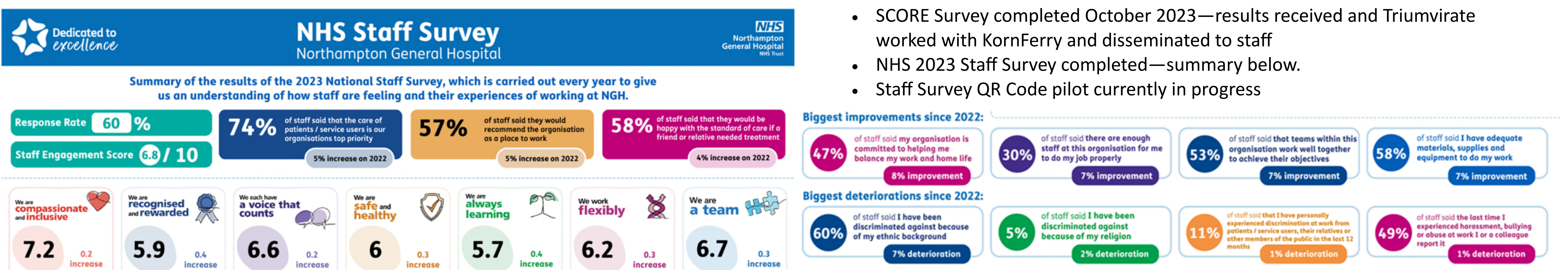
October 2024

There were a total of **111** red flags reported in October. The highest recording red flag was Delayed or cancelled time critical activity which accounted for **68%** of the total red flags. The 2nd highest recording red flag was Delay between admission for Induction and beginning of process that accounts for **26%** of the total.

Maternity Red Flags—LW
August—134
September—91
October—111

Red Flag Event	No.	Mitigation
Delayed or cancelled critical activity	75	• Relates to delays with transfers to Labour Ward to continue the process of induction of labour or timely completion of elective caesarean section • Escalation process in place via Midwifery Manager on call in relation to delays in labour pathway • Induction of Labour working group in place from November 2022 reviewing IOL pathways. Outpatient induction of labour commenced January 2024 and Cooks Balloon use commenced March 2024 • Where possible women are offered transfer to other units
Delay between admission for induction and beginning of process . Induction of labour delayed starting by 2 hours	29	• Capacity and staffing impact on timely commencing IOL • Outpatient induction of labour commenced January 2024 and Cooks Balloon use commenced March 2024
Delay between presentation and triage	4	• Unable to facilitate timely assessment of women presenting to Triage • Under review by Triage Lead Midwife and Intrapartum Matron
Missed or delayed care (for example, delay of 60 minutes or more in washing and suturing)	3	• Appropriate escalation implemented

- SCORE Survey completed October 2023—results received and Triumvirate worked with KornFerry and disseminated to staff
- NHS 2023 Staff Survey completed—summary below.
- Staff Survey QR Code pilot currently in progress



October 2024 Maternity Statistics

160 Vaginal births

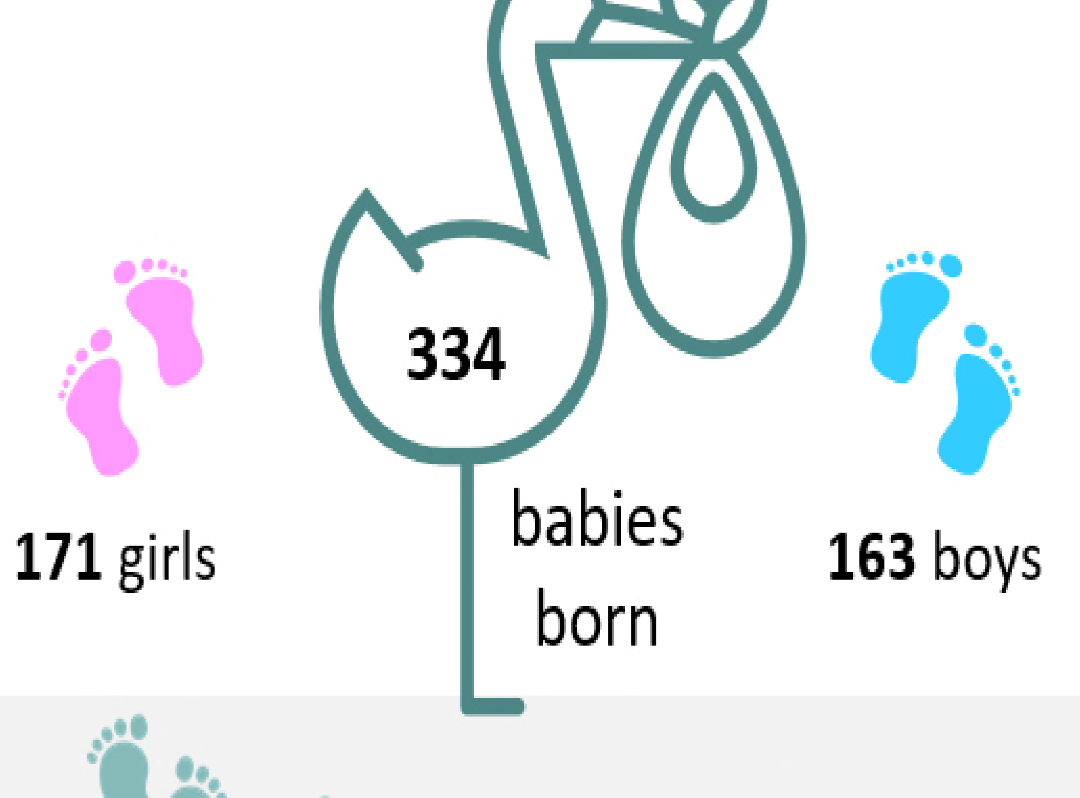
29 Instrumental births

23 Laboured in water

13 Birth centre births

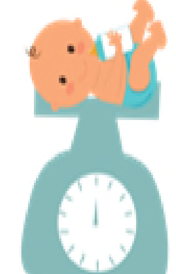
9 Home birth births

171 girls



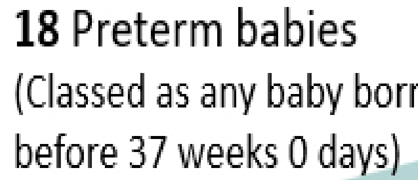
163 boys

2 Sets of twins


Our heaviest baby weighed in at 4.74kg (10lb 4oz)

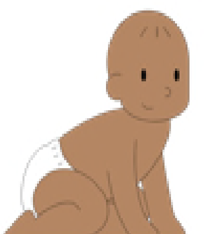
We remember precious babies and their heart broken parents

15 Babies born on our busiest day



18 Preterm babies
(Classed as any baby born before 37 weeks 0 days)

48.2%
Vaginal births
(**39.5%** unassisted, **8.7%** assisted)



51.8%
Caesarean section births
(**21.7%** elective, **30.1%** emergency)

26.5% Had an Induction of Labour

84.6%
Breastfeeding initiation rate

Northampton General Hospital

NORTHAMPTONSHIRE Maternity Voices

Working in partnership to improve maternity services

Service User Feedback

Positive comments received in October

"My community midwife was excellent. She gave me the support and reassurance that I needed to help relieve some of my anxiety during pregnancy and better prepare me for another induction. I don't know what I would have done without her!"

"Everyone we have come across during our stay has gone over and above to look after us"

"With first baby is very scary, but every person who has looked after me, fed me, helped me has been truly one to remember. Thank you all for making my experience so good. Can't wait for baby #2 so I can come back, very informative and so helpful"

The care we received was outstanding from start to finish! We were fully supported during the phone call to triage and greeted by an amazing team that did everything possible to meet our every need during and after labour. Our midwife for the duration of our labour was an absolute angel. We can't express the extent of our gratitude for her care!"

"Both sets of our midwives were absolutely amazing. Very polite, lovely, super caring. Was very confident we had the best care"

"The postnatal care has been outstanding, from immediately after delivery with the medical care, listening and kindness from the support workers and midwives clean and fast responses and waiting times, always on hand to support"

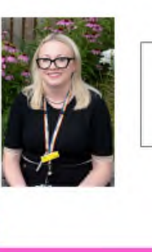
Indicator	APR	MAY	JUNE	JULY	AUG	SEP	OCT
FFT Satisfaction Score: Antenatal Community	98.2%	94.6%	92.8%	97.1%	94.5%	93.9%	99.2%
FFT Satisfaction Score: Birth	95.5%	90.6%	87.9%	93.2%	92.7%	88.9%	97.0%
FFT Satisfaction Score: Postnatal Ward	96.1%	97.3%	94.9%	96.7%	92.6%	96.8%	97.4%
FFT recommend: Postnatal Community	100.0%	95.0%	100%	100%	100%	100%	100%

CNST Claims Scorecard			
	AUGUST 2024	SEPTEMBER 2024	OCTOBER 2024
New	0	0	1 Case referred to the MNSI (Maternity & Newborn Safety Investigations) due to the baby being transferred out for cooling
Closed	0	0	0

Feedback and Actions Taken (Staff) – August 2024

NHS Northampton General Hospital NHS Trust

Our Safety Champions for Maternity Services



Julie Hogg
UHN Chief Nurse (Interim)
Executive Safety Champion for Maternity Services

Jill Houghton
Non-Executive Director
Non-Executive Safety Champion for Maternity & Neonatal Services

You Said…. 17.04.24: More staff required

We Did…. With current trajectories, we anticipate having less than 5 midwifery vacancies by the end of December 2024 and there is ongoing recruitment of MSWs. Two new obstetric consultants recruited and commencing in post in September, with a further consultant due to start in November

You Said…. 15.05.24: Impact of the publication of the Birth Trauma report on staff

We Did…. Action plan is in progress for the areas identified in Birth Trauma. Our Patient Experience Midwife shared some of the actions in progress in the service during Birth Trauma Awareness Week. Staff should contact the PMA Service, their line manager or the Trust's SOS Service for support.

You Said…. 15.05.24: Delays in inductions of labour

We Did…. IOL working group continues. Improvement in delays has improved slightly with the increase in midwifery staffing. Further work required around the indications for IOL.

You Said…. 17.04.24: Junior doctors requested log ins to Medway before they started - not several days into post

We Did…. Response from Digital Training and Engagement Team: Training is available on our online learning platform, Digital Learning Solutions, or DLS for short. It can be accessed from any device as it is web based. Training can therefore be completed in preparation for their start date.

You Said…. 15.05.24: Ring fenced midwives for Maternity Triage, to make responses more consistent and safer

We Did…. Part of the workforce review in progress will support a dedicated Triage team, with allocated midwives as part of the funded establishment.

You Said…. 15.05.24: Overbooked clinics so lack of time to talk to women in detail about choice eg seeing over 40 women rather than 15 to 20 in a session.

We Did…. We have reviewed the clinics within maternity services to identify the areas of high activity. This had led to restructuring and relocation of Diabetic Antenatal Clinic to create a more robust and resilient service with appropriate resources. We continue to work with the Lead Clinicians for Diabetes Antenatal Service to review the changes made and measure the impact for patients and our workforce.

Ilene Machiva
Director of Midwifery

Clare Flower
Head of Midwifery

Dr Amrita Datta
Clinical Director

Dr Nick Barnes
Lead Neonatal and Cardiology Consultant

PALS Complaints			
	AUGUST 2024	SEPTEMBER 2024	OCTOBER 2024
Number	5	2	2
Themes	Issues following 2nd Degree tear Lack of communication/information for first time parents Delay in C-Section Issues when attended emergency triage Discrepancy on notes	Lack of communication Delay in IOL due to staff Shortages	Mum would like inaccuracies removed from son's medical records (how he was born, missing obs, medication etc) Patient would like to have her care and baby at NGH (currently at KGH)

Complaints			
	AUGUST 2024	SEPTEMBER 2024	OCTOBER 2024
Number	1	3	2
Themes	Poor communication	Poor communication Left waiting on Labour Ward phone for 30 minutes Poor sensitivity	Incorrect medication given Issues with examination given by Midwife

Maternity Specific Training - October 2024

PROMPT overall compliance – **95%**↑

Module 3: Maternity emergencies and multi-professional training:

	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sept 2024	Oct 2024
Midwives	94%	92%	83%	86%	90%	89%	93%	92%	94%	97%
Consultants	100%	100%	100%	100%	100%	80%	90%	80%	100%	100%
Obstetric Doctors	98%	86%	86%	76%	82%	85%	100%	73%	77%	88%
Anaesthetists	81%	75%	71%	82%	79%	83%	80%	87%	89%	90%
MSW's	82%	79%	80%	83%	83%	78%	80%	88%	90%	94%

Newborn life support (NBLS/NLS) overall compliance – **98%**↑

	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sept 2024	Oct 2024
Midwives	94%	95%	94%	91%	91%	89%	95%	95%	93%	97%
MSWs	94%	94%	95%	92%	94%	86%	87%	92%	84%	91%
Neonatal Consultants	100%	100%	100%	100%	100%	100%	100%	92%	100%	100%
Neonatal Junior Doctors (who attend births)	100%	94%	100%	100%	95%	94%	100%	100%	95%	100%
Neonatal Nurses (Band 5 and above QIS)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Advanced Neonatal Practitioners (ANNP)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Challenges:
- Support from Anaesthetic Team to facilitate training sessions remains a challenge due to their clinical commitments
- Ensuring a complete and accurate database that has all employed staff within it. Concerns regarding ascertaining maternity bank staff nominal roll/complete staff list
- Difficulty with roster templates for obstetric staff that does not allow attendance for the full training week
- Resuscitation Department does not currently support NBLS/NLS training for Midwives

Actions taken:
- In addition to the Maternity Training Week, additional PROMPTS are planned to capture out of date staff. Planned for October 3rd and 7th
- Maintain good communication links with community and hospital-based ward managers to ensure compliance by offering maternity ward manager meetings
- Support from E-Roster team to enable sickness and maternity leave reports to be run in a timely manner
- Identification of staff returning to work and ensuring mandatory training is completed as soon as possible
- Continue with early dissemination of planned training days, attendance, and facilitation expectation
- Deep dive on those non-compliant, ensure denominator is correct with regard to bank staff no longer working at NGH
- Further escalation of concerns regarding bank staff list to improve accuracy of database and subsequent patient safety
- The decision has been taken to include the MSW's who attended the December 2023 PROMPT catch up that coincided with the Junior Drs strikes, into our compliance figures. This decision has been taken considering MSW's do not have a PIN, and their quality of training within their role specific responsibilities was not impacted by the non-attendance of obstetric colleagues.
- Maternity Practice Development Midwife is facilitating the NBLS training updates on the core modules day on the Maternity Training Week
- Targeted deep dive to ensure those out of date are prioritised to attend NBLS sessions
- Further facilitation of NLS days planned across the next 18 months to improve the number of gold standard NLS trained staff

PROMPT Training inclusion criteria:
- Postpartum Haemorrhage
- Antepartum Haemorrhage
- Impacted Fetal Head
- Pre Eclampsia
- Uterine Rupture
- Maternal Collapse & Resuscitation
- Vaginal Breech
- Shoulder Dystocia
- Cord Prolapse
- HDU & MEOWS charts
- Structured Review Proformas
- Escalation & Thresholds
- Timing of Birth
- Immediate Postnatal Care & VTE
- MDT Ward Rounds

SAFEGUARDING TRAINING

Safeguarding Adults Level 3 – 94.87%
Safeguarding Children's Level 3 – 86.05%

The Safeguarding Team do the following to support staff training compliance:
- SGL3 Training (full day) is held every month via MST
- Training dates are advertised in the monthly Safeguarding Bulletin and on the Safeguarding page on the Street
- Staff are notified via ESR when they are out date
- The Safeguarding Team email staff on a monthly basis to inform them when they are out of date
- There are no issues with accommodating SGL3 due to capacity

Maternity Dashboard Key Indicators

2024	Goal	August	September	October
Midwife to birth ratio	01:27	01:28	01:28	TBC
BBA	0	0	2	3
MNSI Declared	0	0	0	1
PSII Declared	0	0	0	0
Patient Safety Event Declared	0	0	0	0
Number of overdue management actions	0	0	7	4
Term admissions	≤3%	4.2%	5.0%	6.0%
3rd/4th Degree tears	≤3.4%	2.5%	2.0%	1.9%
Babies transferred for cooling	0	0	2.1%	1
ENS Babies	0	0	0	1
ITU/HDU Admissions	0	2	1	2
Term neonatal deaths (non-abnormalities)		0	0	0
Maternal Death	0	0	0	0
Total stillbirths	0	1	1	1
Term stillbirths	0	0	1	1
Pre-term stillbirths 24-36+6	0	1	0	0
FFT satisfaction score: Antenatal Community	≥96%	94.5%	93.9%	99.2%
FFT satisfaction score: Maternity - Birth	≥96.6%	92.7%	88.9%	97.0%
FFT satisfaction score: Postnatal ward	≥93.7%	92.6%	96.8%	97.4%
FFT satisfaction score: Postnatal Community	≥97.5%	100%	100%	100.%
CO levels documented at booking	≥90%	92.0%	92.3%	97.0%
Safeguarding children level 3 training	≥85%	85.4%	85.3%	86.05%
PROMPT training compliance - all staff. (Excluding sickness and mat leave)	≥90%	90%	91%	95%

Workforce Data

	Aug-24	Sep-24	Oct-24
MW Vacancy WTE	27.56	27.66	28.32
MW Vacancy Rate	13.68%	13.75%	13.86%
% of women receiving 1:1 care in labour	99.5%	99.2%	100%
No of occasions LWC was NOT supernumerary	0	0	0

Midwives vacancies have gone up despite having additional Midwives in post due to our funded establishment being aligned with the financial ledger which has 204 WTE vs the 198 WTE we were working with

NGH Turnover for last 12 months (01.06.2023 – 31.05.2024):

- MSWs – 6.13%
- Midwives – 5.15%

OBSTETRIC STAFFING UPDATE

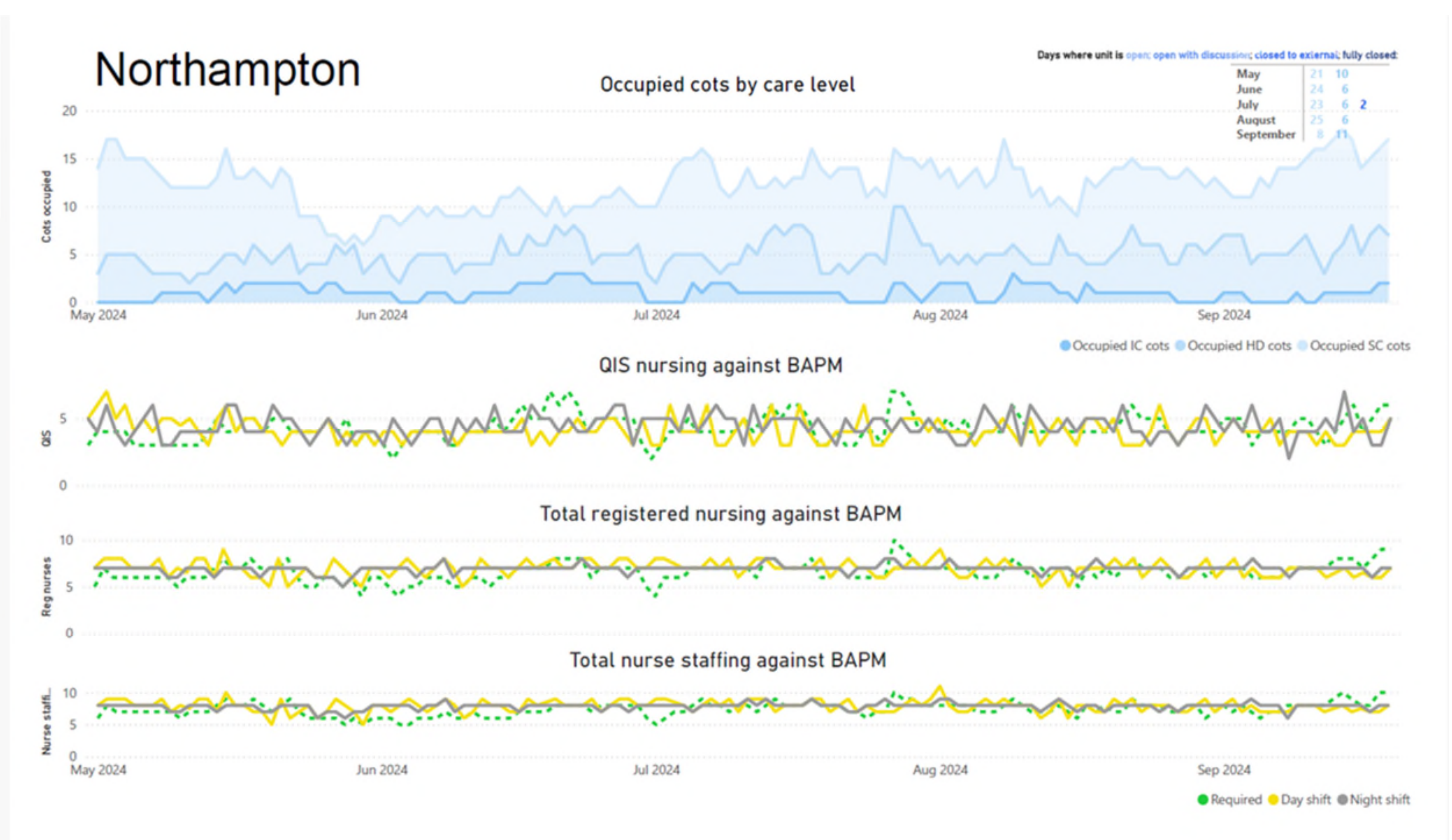
- 9.8 WTE currently in position (9.8 WTE Substantive Consultants + 2.2 WTE Locum Consultant)
- 1 WTE vacancies within the recruitment process – Due to start November
- 8.8 WTE Consultant able to undertake full clinical duties
- 1X Vacancy currently going thorough RCOG JD approval process for Special Interest in College Tutor role

One to One Care in Labour— 100%
LW Co-ordinator was not supernumerary— There was 0 occasions in October when LW Co-ordinator provided 1:1 care in labour
Continuity of Carer—No CoC team at present and 1 team focussing on BAME woman for Antenatal & Postnatal Care

Dashboard Exceptions	Comments
BBA	All three cases reviewed, and were unplanned births at home. Contacted Triage but were unable to make it to the hospital before birth.
MNSI Declared	Baby transferred out for cooling
Term Admissions	Total Number: 20 Avoidable Admissions: 0 Details of Avoidable Admissions: N/A Common indication for admission was hypoglycaemia. Practise issues related to clinical teams not always following the neonatal hypoglycaemia guideline. Action in progress – QI project being developed, posters in clinical areas as reminder to teams, working group to support with identifying solutions. Term Admissions continue to be reviewed as a MDT in MIRF and ATAIN. Monthly and quarterly reports are completed and presented at Maternity Risk and Governance meeting on a quarterly basis.
Babies Transferred for Cooling	Shoulder dystocia. Baby transferred for cooling. MNSI investigation commenced.
ENS Babies	Same baby as noted above. Baby transferred out for cooling
ITU/HDU Admissions	Suspected abruption, major obstetric haemorrhage, followed by ITU admission.
Total Stillbirths/Term Stillbirth	Term stillbirth. To be discussed through PMRT process. No omissions in care

Neonatal Exceptions—September 2024 Data

Nursing Staffing
Opel Status: Most shifts throughout September were staffed with the correct nursing skill mix. In order to safely care for the acuity and capacity of babies on the unit specialist nurses were used if needed. The unit did not closed to admissions in September.



SPC Exceptions

Areas of Good Practice:

Magnesium sulphate - 100% compliance

Intrapartum antibiotic – 50% compliance 6 eligible mothers and no missing data

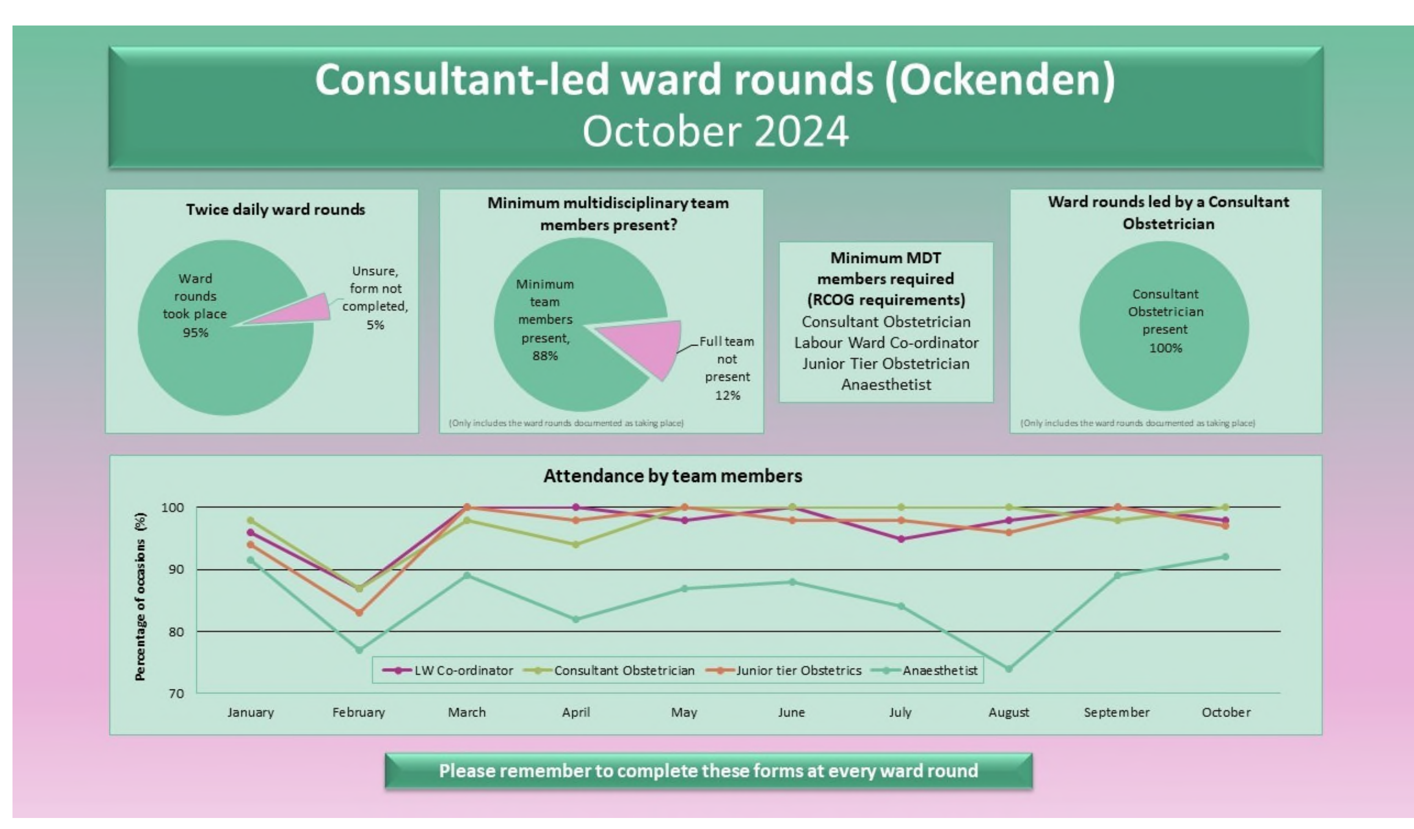
Delayed cord clamping – 71.42% compliance. 5/7 eligible babies received DCC (X1 baby placenta abruption and born in poor condition and X1 Poor condition following prolonged and difficult extraction due to breech presentation. Baby flat so decision made to clamp cord immediately)

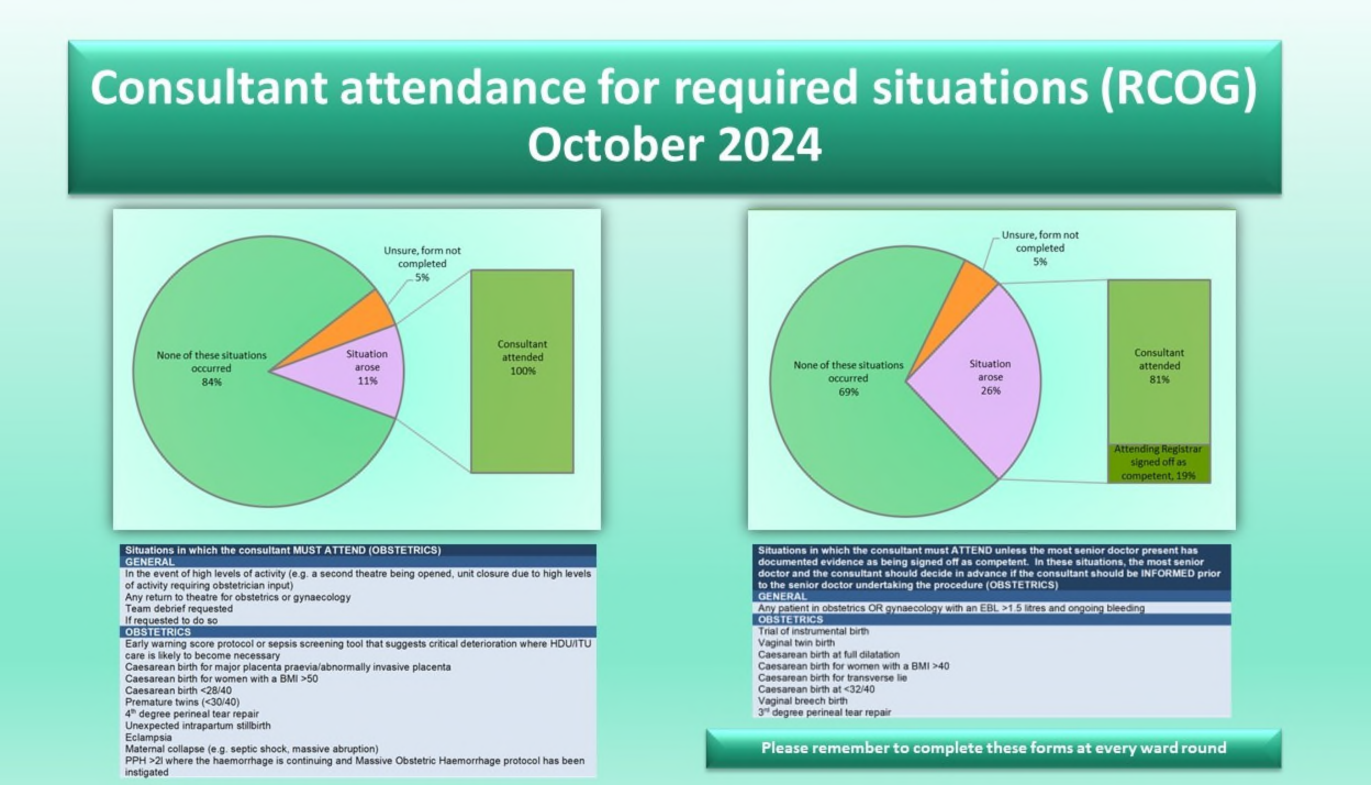
Temperature on admission – 100% compliance

Breastmilk within 24 hours of birth – 70% compliance (remains above network average) 7 babies eligible. 2 did not receive breast milk due to parental choice and 1 NBM, to remind staff to use EBM as buccal care if NBM and if breast milk is available.

Non – invasive respiratory support – 100% compliance

Parental consultation – 100% compliance





Saving Babies Lives Care Bundle Version 3 Progress

Saving Babies Lives Care Bundle v3					
Element 1	**Element 2**	**Element 3**	**Element 4**	**Element 5**	**Element 6**
Partially Implemented	Partially Implemented	Fully Implemented	Partially Implemented	Partially Implemented	Fully Implemented
LMNS Assurance					
Partially Implemented	Partially Implemented	Fully Implemented	Partially Implemented	Partially Implemented	Fully Implemented

Overall compliance for SBLCB v3 is 83%

Ockenden Dashboard—Insight Visit 30/10/23

SAFETY ACTIONS	RAG RATING
Safety Action 1 – Enhanced Safety	
Safety Action 2 – Listening to Women & Families	
Safety Action 3 – Staff Training & Working Together	
Safety Action 4 – Managing Complex Pregnancy	SBLCBv3 fully compliant with 3 Elements and partially compliant with the other 3. Trust using regional tool—overall compliance is 71%
Safety Action 5 – Risk Assessment throughout Pregnancy	Risk assessment tool reviewed and new tool currently being piloted
Safety Action 6 – Monitoring Fetal Wellbeing	Current compliance for PROMPT below the required standard of MIS of 90%. Action Plan in place
Safety Action 7 – Informed Consent	Trust website update in progress
Workforce Planning / Guidelines	

CNST YEAR 6 PROGRESS (As of 12.11.24)

SAFETY ACTION REQUIREMENTS:

Safety Action	Red	Amber	Green	Blue	Total Requirements	Overall Compliance
1	1	5	0	0	6	
2	0	0	0	2	2	
3	0	2	2	1	4	
4	0	19	1	0	20	
5	0	6	0	0	6	
6	0	6	0	0	6	
7	3	4	0	0	7	
8	5	13	1	0	19	
9	0	5	3	1	9	
10	0	8	0	0	8	
Total	9	68	7	3	87	

Key:

Red	Not compliant
Amber	Partial compliance - work underway
Green	Full compliance - evidence not yet reviewed
Blue	Full compliance - final evidence reviewed

KGH Perinatal Quality Surveillance Model—October 2024

Kettering General Hospital
NHS Foundation Trust

MBRRACE-UK

Maternity Perinatal Mortality Data

Maternity CQC rating (Last Inspected Feb 2019 &	Safe	Effective	Caring	Responsive	Well-led	Overall

Perinatal Mortality Data										Breakdown of perinatal losses			
		Monthly perinatal losses	Total Number of Losses reported to MBRRACE	Number of losses reported to MBRRACE within 7 days	Perinatal Surveillance completed within 1 month	Number that meet PMRT criteria and 72hr review completed	Parents informed and questions/ concerns noted	PMRT completed by MDT team and comply with CNST submission requirements	Late Fetal Loss >22/40	Stillbirths	NND born and died at KGH	NND (born KGH, transferred and died at other Trust)
Q4 2024	DECEMBER		0	0	0	1 (external)	1/100%	0	0	0	0	1
	NOVEMBER											
	OCTOBER	0										
Q3 2024	SEPTEMBER	8	3	3	4	3	2/100%	2/100%	0	1	1	0
	AUGUST	5										
	JULY	0										
Q2 2024	JUNE	3	4	4	1	1	1/100%	1/100%	0	2(1CI)	2(2<22/40)	1
	MAY	1										
	APRIL	0										
Q1 2024	MARCH	1	8	8	7	7	7/100%	7/100%	1	5	2 (1<22/40)	1
	FEBRUARY	4										
	JANUARY	3										

Review of all Maternity Moderate & Above Incidents

Q3 October 24— Ongoing		
Type of Incident	**Description of incident**	**Incident grading/ Decision**
Undiagnosed 4th Degree Tear	Instrumental delivery, 3c perineal tear identified at time of delivery and sutured,.	Discussed at the Maternity Round Table - 3rd degree tear. Therefore downgraded
Grade C from PMRT process	PMRT at KGH. Multidisciplinary team graded this as C – care issues identified that may have changed the outcome. This was due to the delays in commencing Aspirin despite the patient meeting the criteria at booking.	Presented at IRG. Remain as moderate. .No further investigation recommended.

Level of Investigation					
Level of investigation	Obstetric Datix	Briefing Paper	Internal Local Level Investigation	PSII External Review	MNSI
Q3 2024	2	4	0	1	1
Q2 2024	4	0	0	0	0
Q1 2024	7	2	0	0	0

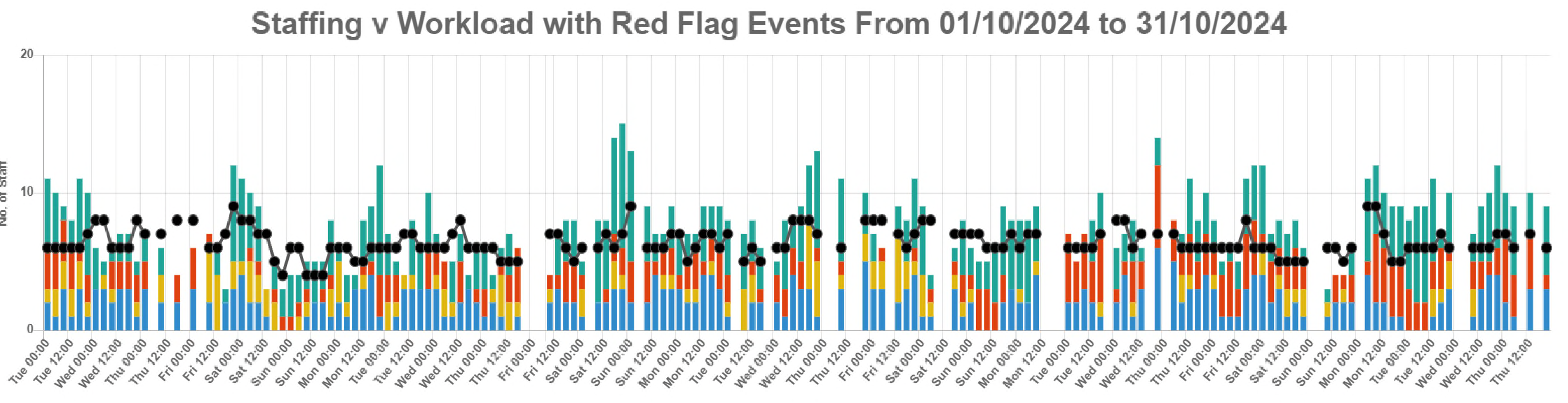
Summary

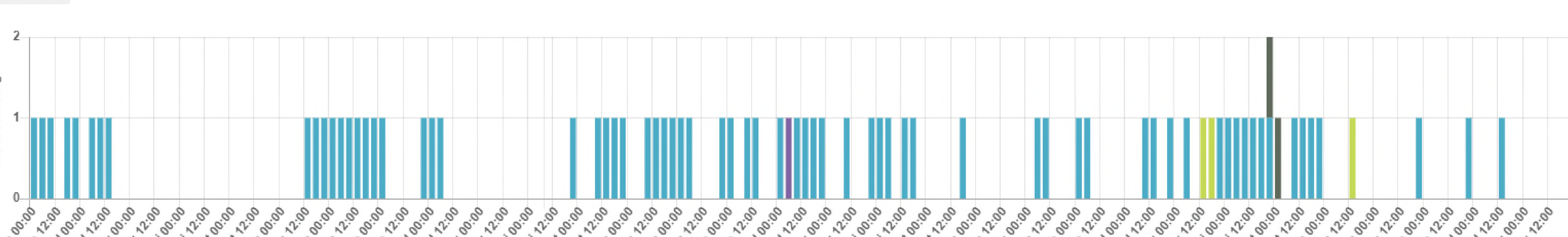
There were 2 moderate incidents declared in October. One incident was downgraded following review at maternity round table due to incorrect grading of tear. The other incident was reviewed at IRG and remains as a moderate.

No Patient Safety Incident Investigations (PSII) or Maternity and Newborn Safety Investigations (MNSI) cases were declared in October 2024. There was one maternal death reported. Awaiting post mortem report to ascertain if reportable to MNSI.

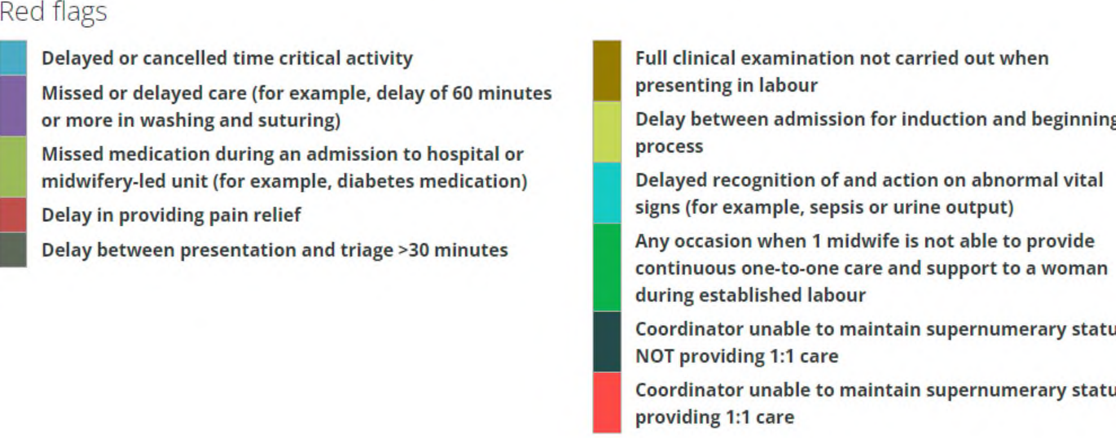
Two MNSI action plans are being finalised and for peer review by LMNS

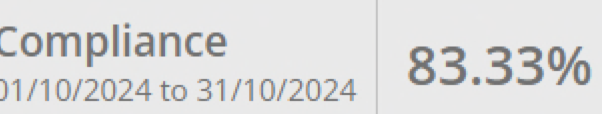
Two ongoing PSIIs in progress

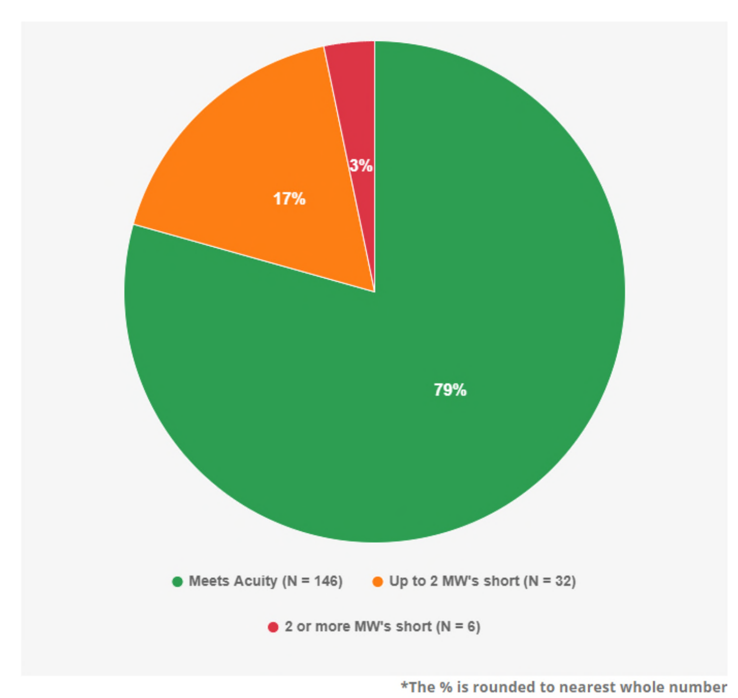




Red Flags







*The % is rounded to nearest whole number

birthrateplus® | Safe Staffing for Maternity Services

Red Flag Exceptions

October 2024

There were 93 Red Flags reported in October which is a increase on the previous month, (September 144). 86 Delayed ARMS (RF1) increased from 115 In September. There were 3 delays in admission to IOL process (RF7) . There were 1 RF reported for Delivery Suite Coordinator not being supernumerary, however no RF for DSC providing 1:1 care.

Maternity Red Flags—LW

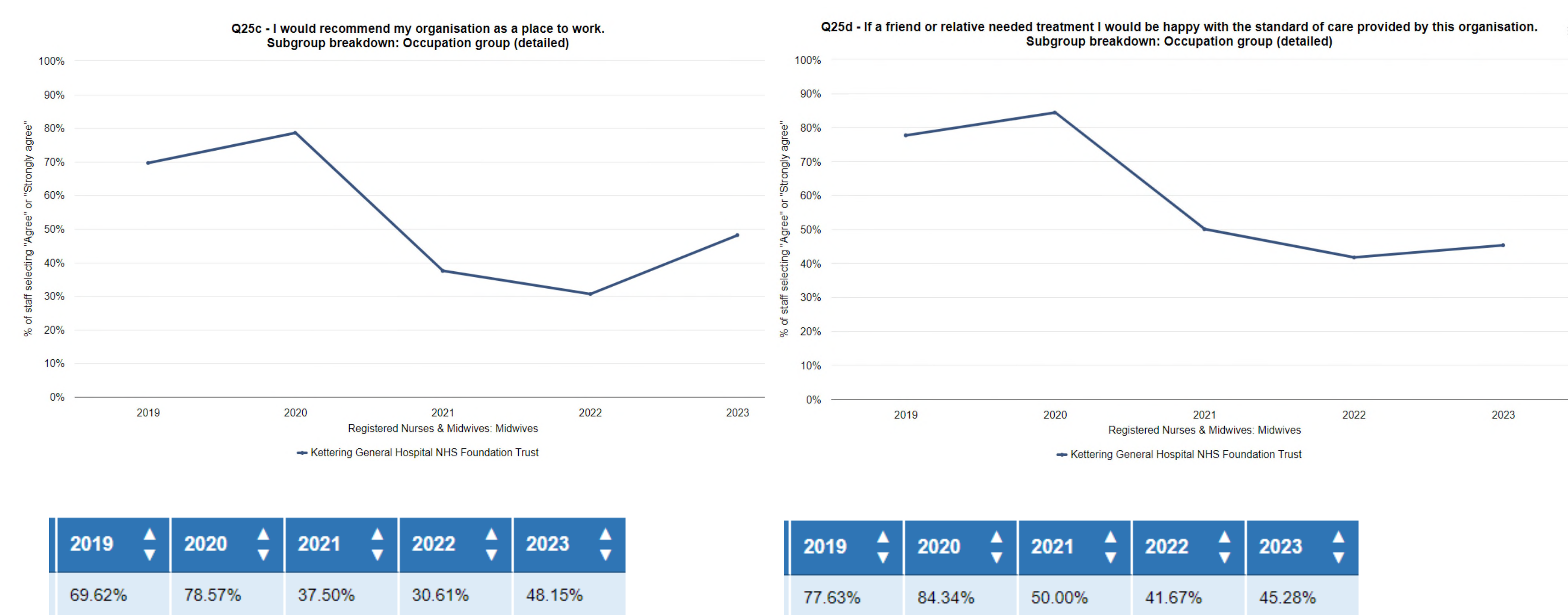
July- 107
August - 84
September - 144
October - 93

Total Q2 24/25 = 335

Total Q1 24/25 = 268

Red Flag Event	No.	Mitigation
Delayed or cancelled critical activity	86	• Relates to delays with transfers to Labour Ward to continue the process of induction of labour (IOL) awaiting artificial rupture of membranes (ARM) • Escalation process in place via Midwifery Manager on call in relation to delays in labour pathway • Ops Matron to undertake QI project to improve IOL pathway
Delay in care	1	• Narrative on app—Delays related to delay in transfer for ongoing induction of labour on labour ward.
Delay between admission for induction and beginning of process . Induction of labour delayed starting by 2 hours	3	• Impacted by Ward moves and longer recovery of patients following caesarean section.
Labour ward coordinator (LWC) being supernumerary	1	• Appropriate escalation implemented—to enable LWC not to provide 1:1 care

Proportion of Midwives who responded to 'Agree or Strongly Agree' on whether they would recommend their trust as a place to work or receive treatment in the KGH NHS 2023 staff survey:



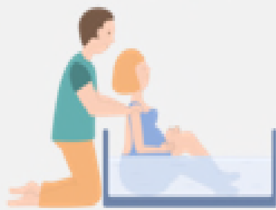
2019	2020	2021	2022	2023
69.62%	78.57%	37.50%	30.61%	48.15%

2019	2020	2021	2022	2023
77.63%	84.34%	50.00%	41.67%	45.28%

October 2024
KGH Maternity Statistics

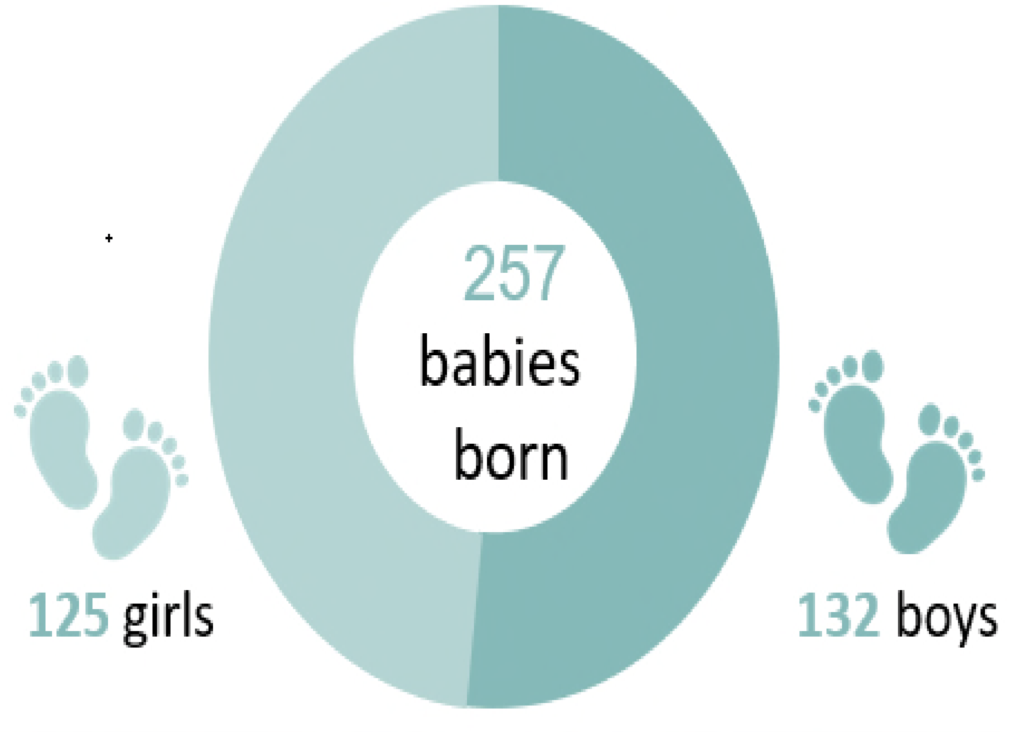
104 Vaginal births

22 Instrumental births

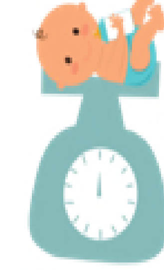


6 Water births

6 Home Births



5 Sets of twins

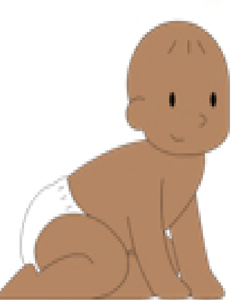


Our heaviest baby weighed in at 5.21Kg (11lb 7oz)

We had 0 babies born sleeping

15 Babies delivered on our busiest day

16 Preterm babies



49.4%
Vaginal births
17.5% - Assisted
82.5% - Unassisted

50.6%
Caesarean section births
43.8% - Elective
56.2% - Emergency

76.1%
Breastfeeding initiation rate

Service User Feedback

Monthly MNVP Feedback	Action
1.Concern raised around early multiple loss. Fells has been treated the same way as someone with no previous losses. 2.Multiple dads felt a bit left out at routine appointments, particularly birth plan chats. 3. Really positive triage experience for a couple with reduced fmf. Impressed with short wait time, how seriously their concerns were taken and how well they were looked after.	1.New tracker devised along with feedback meeting to share and up-date actions. 2.Bereavement team advised of feedback. They were sorry that the service user did not feel supported, there are many charities she could have been directed too, but unable as we have no way of identifying the service user, early previous losses are not re-ferred to Rainbow clinic. Should be consultant led care. 3.Email sent to CB to d/w community teams. 4.Positive feedback shared in forums.

Themes from FFT	Action
1.Communication 2.Parking 3.Not feeling listened to. 4.Partner unable to stay . 5.Willow Ward noisy at night and heard handover as no glass in wall. 6.Getting to STM form LW, understand but was still disap-pointing.	1.Service users concerns documented in Hot Topics. Document sent as assurance. 3. LTM Campaign relaunch November. 4. Patients charter to be revisited in new year. 5. Headphones ordered for patients and glass ordered to be fitted to midwives station. 6. Work commenced on covered walkway.

FFT numbers collected this month:
36/40 – Willow 2 collected
Labour Ward – 0 collected
Rowan Ward – 67 collected.
Community - Kettering - 0 collected
Community - Corby – 42 collected
Community - Wellingborough –0 collected
Fetal Health Unit – 0

PALS Complaints			
	AUGUST 2024	SEPTEMBER 2024	October 2024
Number	5	6	2
Themes	Staff behaviours Delay in treatment Follow up Notes requests	Lack of follow up Communication	X2 Notes requests

Complaints			
	AUGUST 2024	SEPTEMBER 2024	October 2024
Number	1	1	1
Themes	Lack of care in postnatal period	Poor communication	Poor Birth/Care experience

CNST Claims Scorecard			
	AUGUST 2024	SEPTEMBER 2024	October 2024
New	1 - new claim received regarding allegation of delayed identification of retained products of conception leading to extended pain and re-quirement for 2 readmissions before surgical removal of products	1 - claim received , did not refer to Obstetric clinic or prescribe aspirin that may have contribut-ed to early onset preeclampsia and Intrauterine death	0
Closed	0	0	1

October Safety Champion Walkabout Feedback

Kerry Williams
Head of Midwifery
Kerry.williams40@nhs.net

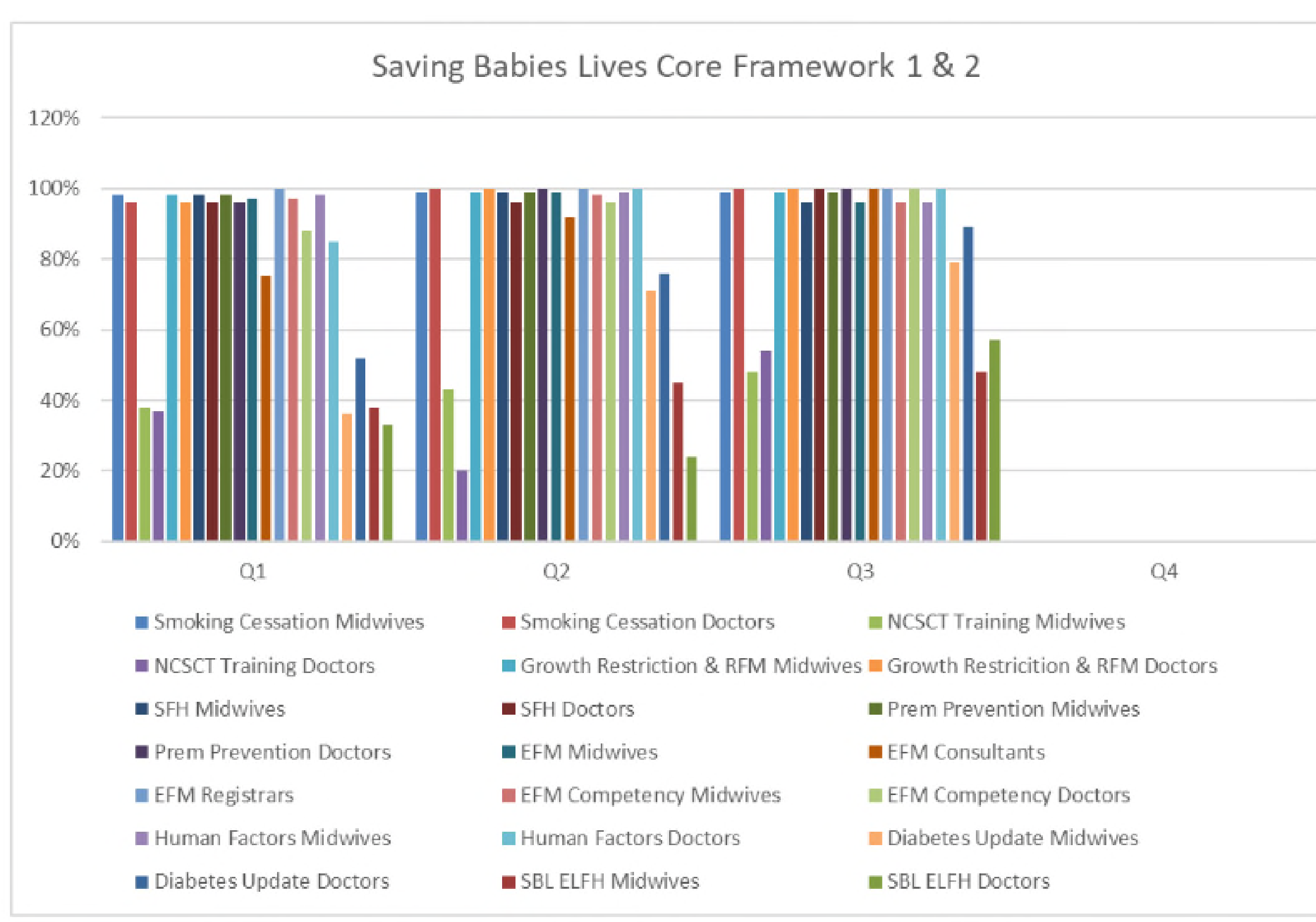
Julie Hogg
Chief Nursing Officer
Julie.hogg1@nhs.net

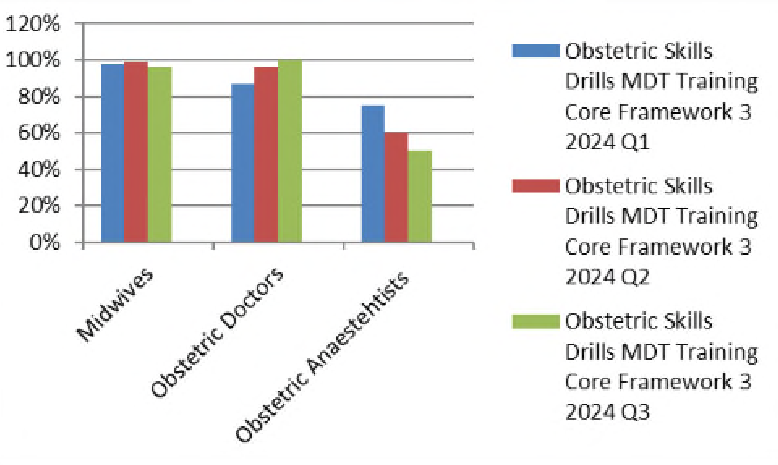
Jill Houghton
Non Exec Director
Jill.houghton1@nhs.net

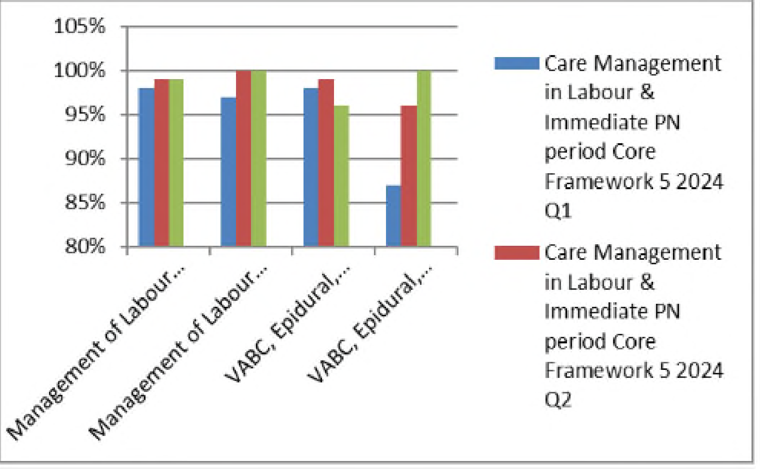
Sree Biswas
Clinical Director
Sreeparna.biswas1@nhs.net

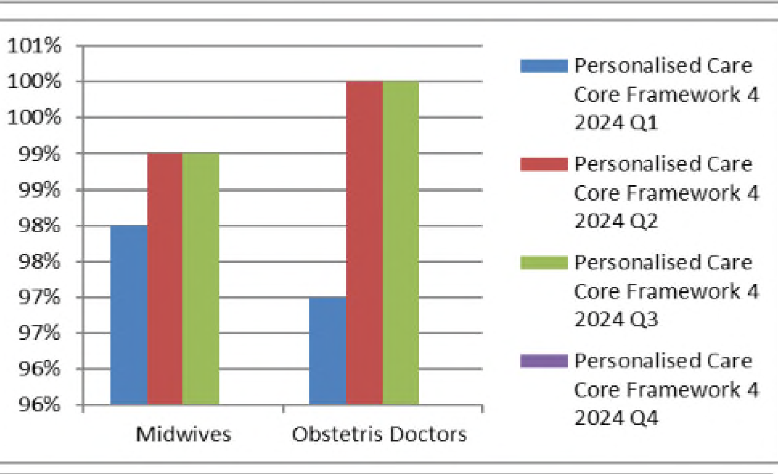
Date of Walkaround : 21st October 2024 **Location:** Prospect House (Community)	**SC Name:** Jill Houghton **No. of Staff** : 3 Midwives 2 MSWs
Staff Feedback	**Plan**
Review threshold for Inductions (e.g LGA)	Work with NGH to review IOL process and undertake QI Project
Staff felt happy in CoC Team and keen to expand	Supported with recent recruitment of 2 additional midwives. Will review CoC provision once BR+ report received
Staff felt happy with recent flexible working actions and sup-port to work in area of choice	Continue to review and support where required. Weekly flexi-ble working meetings continue
Staff fed back flexible preceptorship was working well	Continue to support more flexible, compassionate preceptor-ship/supernumerary support to aid development of skills and

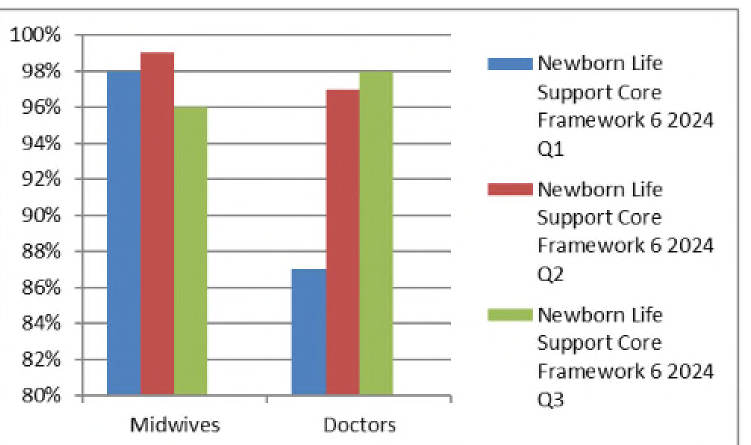
Maternity Specific Training - October 2024

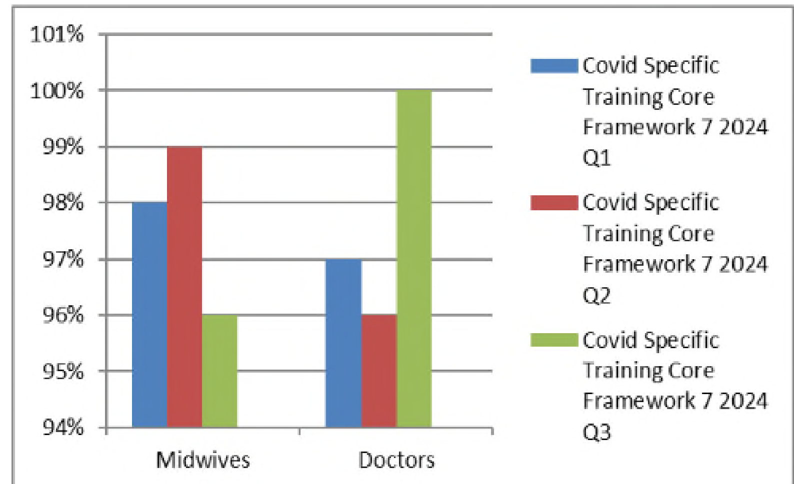


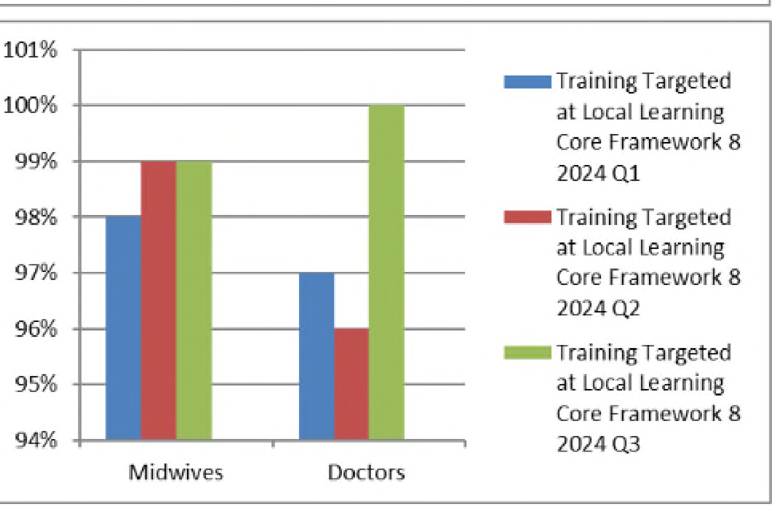












October 2024 —Criteria Framework 1 & 2

Smoking Cessation

Midwives **99%**

Obstetric Doctors **100%**

SFH, RFM, Growth Restriction & Prem Prevention

Midwives **99%**

Obstetric Doctors **100%**

IA, AN EFM & Intrapartum EFM with surveillance

Midwives **96%**

Doctors **96%**

CTG Competency Assessment (Test)

Midwives **96%**

Doctors **100%**

Human Factors Training

Midwives **96%**

Doctors **100%**

SAFEGUARDING TRAINING

Safeguarding Adults Level 3 – 91.%
Safeguarding Children's Level 3 – 99%

Criteria Framework 4

Midwives **99%**

Doctors **100%**

Criteria Framework 5

Covered on mandatory midwifery

Management of Labour (Annual) & Perineal Trauma (Bi annual)

Midwives **99%**

Doctors **100%**

Covered on Obstetric Skills Drills

VBAC, Epidural Update, Operative Birth, Critical Care & Enhanced Recovery

Midwives **96%**

Doctors **100%**

Criteria Framework 7 Covid Specific Training

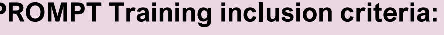
Midwives **96%**

Doctors **100%**

Criteria Framework 8

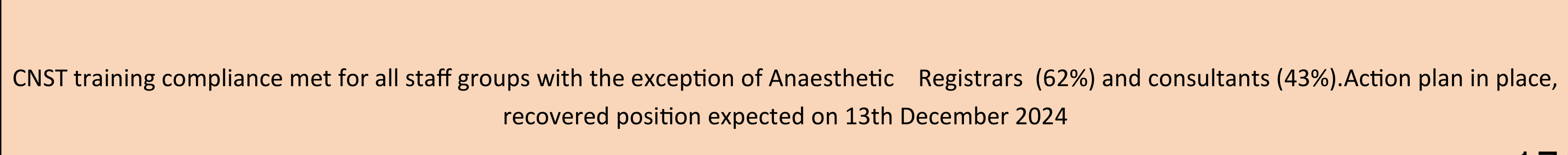
Midwives **99%**

Doctors **100%**



PROMPT Training inclusion criteria:

- Postpartum Haemorrhage
- Antepartum Haemorrhage
- Impacted Fetal Head
- Pre Eclampsia
- Uterine Rupture
- Maternal Collapse & Resuscitation
- Vaginal Breech
- Shoulder Dystocia
- Cord Prolapse
- HDU & MEOWS charts
- Structured Review Proformas
- Escalation & Thresholds
- Timing of Birth
- Immediate Postnatal Care & VTE
- MDT Ward Rounds
- Human Factors
- Covid
- Epidural



CNST training compliance met for all staff groups with the exception of Anaesthetic Registrars (62%) and consultants (43%).Action plan in place, recovered position expected on 13th December 2024

Maternity Dashboard Key Indicators

Transitional care delivery 24/25	April	May	June	July	August	September	October
% of babies eligible and TC delivered	100%	100%	100%	100%	100%	100%	100%

Continuity of carer 24/25 progress	April	May	June	July	August	September	October
% of women booked on CoC pathway	19.7%	15.3%	15.8%	18.2%	14.6%	14%	14%
%of women delivered on a CoC pathway (including LSCS team)	26.41%	18.75%	14.57%	14.91%	16.27%	18.53%	12.30%
% of BAME women on a CoC pathway	92%	73%	64%	77%	71.9%	77.6%	65.57%

One to One care in labour 24/25	April	May	June	July	August	September	October
% of women receiving 1:1 care in labour	100%	100%	100%	100%	100%	100%	100%

Supernumerary status of DSC - 24/25	April	May	June	July	August	September	October
No of occasions DSC was NOT supernumerary	1	4	3	5	0	5	1

Consultant obstetric Cover on Delivery Suite

AREA	INDICATOR	MEASURE/ COMMENT	DATA SOURCE	INDICATOR SOURCE	GREEN	RED	2024/25 Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct
WORK-FORCE	Weekly hours of consultant cover on labour ward	Hours/ week	Intrapartum scorecard	National - Safter Child-birth 2007 Minimum 60 Hours	>60	1	66	66	66	66	66	66	66	66	66	66	66	66	66

OBSTETRIC STAFFING UPDATE

- 13 WTE currently in position (11 covering O&G)
- 1 WTE vacancies within the recruitment process – Due to start January 2025
- Only 10 cover out of hours.

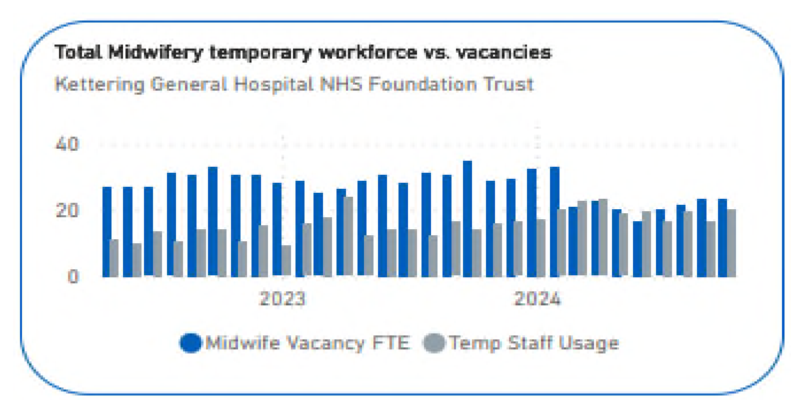
GMC indicator above demonstrates a continued improvement by the service for clinical supervision of speciality trainees out of hours (please note there was no survey in 2020). These are the most recent results, with the GMC 2023 KGH has been recognised as one of the best pre-forming O&G GMC results in the Midlands 2023.

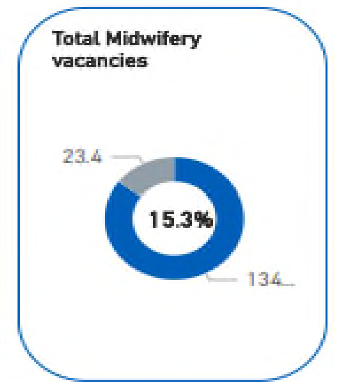
Workforce Data

Maternity Workforce Programme - Midwifery workforce

Midwifery headline figures	Establishment	Midwives SIP	Midwife Vacancy FTE	Vacancy rate
Registered Midwives in trust (WTE/KPI tab)	156.4	134.4	22.0	14.0%
Midwives in maternity services (Maternity tab)	152.9	134.4	23.4	15.3%
	BR+ demand	Establishment gap	Vacancy gap	
Midwifery demand (BR+vs.funded establishment)	150.6	2.3	-16.1	

Midwives vacancies all recruited to and in pipeline between July and January 2025.





Post Specialty	Trust / Board	Indicator	2019	2021	2022	2023
Obstetrics and gynaecology	Kettering General Hospital NHS Foundation	Overall Satisfaction	76.86	81.67	75.42	84.23
Obstetrics and gynaecology	Kettering General Hospital NHS Foundation	Clinical Supervision	92.14	87.64	89.09	90.48
Obstetrics and gynaecology	Kettering General Hospital NHS Foundation	Clinical Supervision out of hours	90.91	88.02	86.11	87.12

Dashboard Exceptions

Homebirth – 11 planned – 6 achieved.

1 x homebirths suspended due to staffing.
3 x NVD in hospital following change to booking risk factors
1 x Em LSCS following IOL with ^BP

Escalation to community – 5 entries – 3 care episodes.

1: 00.03am – Amber acuity -1.65 - 6 x 1:1 care in labour
2: 20.00pm/00.00am – Red acuity -5.70 High activity – 6 x 1:1 and 14 patients on ward.
3: 20.00pm/00.00am – Red acuity -2.80 High activity – 5 x 1:1 and 12 patients on ward

Incidents

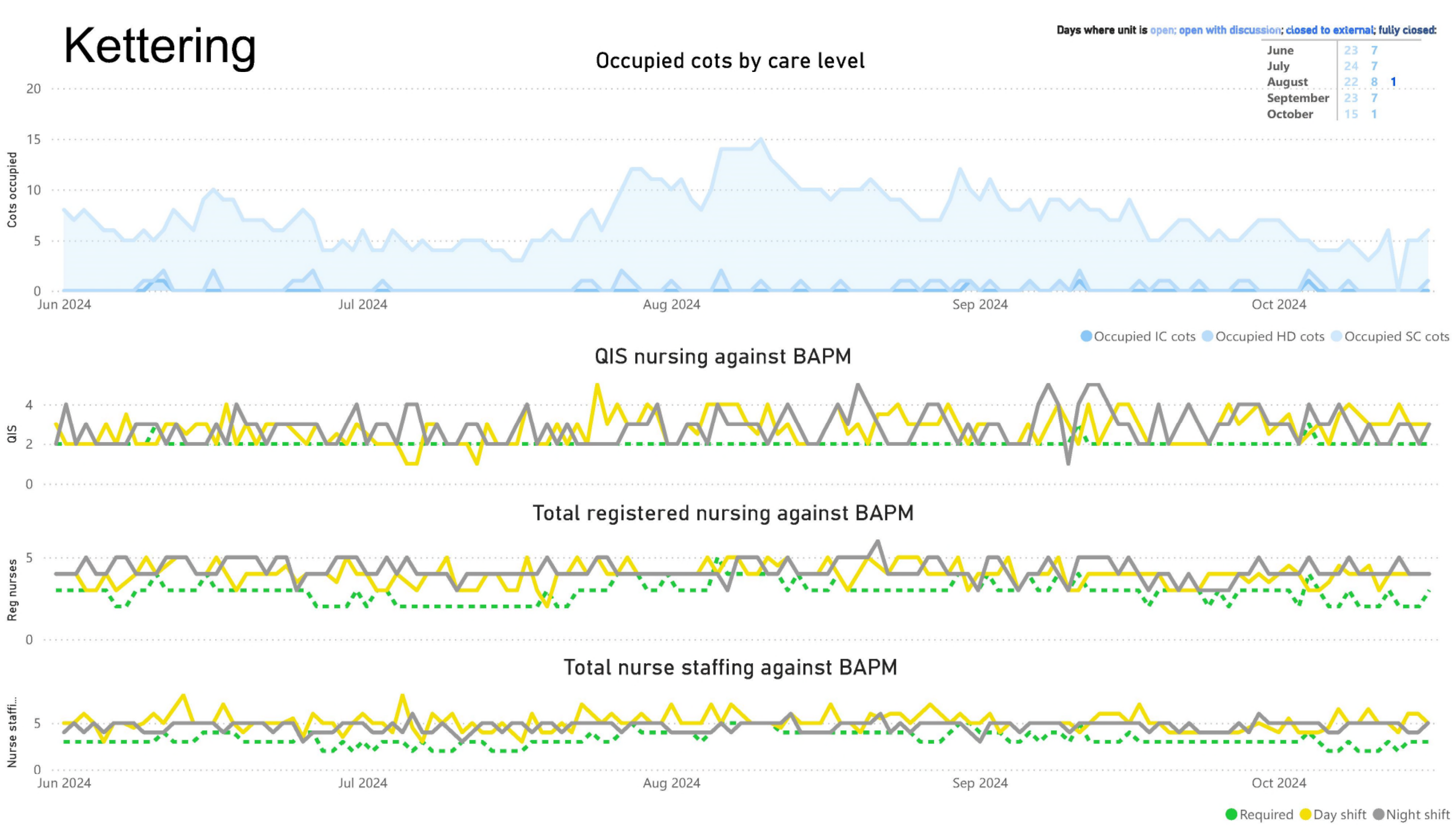
No PSII or MNSI cases were declared in October 2024. There was one maternal death reported however awaiting PM report to ascertain if reportable to MNSI.

Two ongoing PSIIs in progress

Saving Baies Lives—Compliance

Intervention Elements	Description	Element Progress Status (Self assessment)	% of Interventions Fully Implemented (Self assessment)	Element Progress Status (LMNS Validated)	% of Interventions Fully Implemented (LMNS Validated)	NHS Resolution Maternity Incentive Scheme
Element 1	Smoking in pregnancy	Partially implemented	80%	Partially implemented	80%	CNST Met
Element 2	Fetal growth restriction	Fully implemented	100%	Fully implemented	100%	CNST Met
Element 3	Reduced fetal movements	Fully implemented	100%	Fully implemented	100%	CNST Met
Element 4	Fetal monitoring in labour	Fully implemented	100%	Fully implemented	100%	CNST Met
Element 5	Preterm birth	Partially implemented	93%	Partially implemented	93%	CNST Met
Element 6	Diabetes	Fully implemented	100%	Fully implemented	100%	CNST Met
All Elements	TOTAL	Partially implemented	94%	Partially implemented	94%	CNST Met

Neonatal Exceptions—September 2024 Data



***Exceptions* – 7 reported in September:**

Antenatal steroids compliance – 66% – Out of the 3 eligible mothers, 2 had a complete course and 1 had only one dose administered before imminent delivery. Neonatal team continue working in close collaboration with maternity services to capture this data on a monthly basis, in order to ensure it is inputted accurately onto Badgernet.

Magnesium sulphate compliance – 100%.

Intrapartum antibiotic compliance – 68% with a positive special cause (blue dotted line). Above the network and national average. In the process of relaunching the Periprem Passport within maternity and neonatal services.

Delayed cord clamping compliance – 100%.

Temperature on admission compliance – 66%. There was a 28+3 weeker who's temperature on admission was just out of range at 37.6 C.

Breastmilk within 24 hours of birth compliance – 33%. 3 babies eligible, 2 mothers made the informed decision to formula feed their babies. BFI lead continues training and educating nursing and medical staff regarding the importance of promoting breastfeeding. Working towards Stage 2 BFI Accreditation at present.

CNST Year 6 MIS Compliance

Overview of progress on safety action requirements

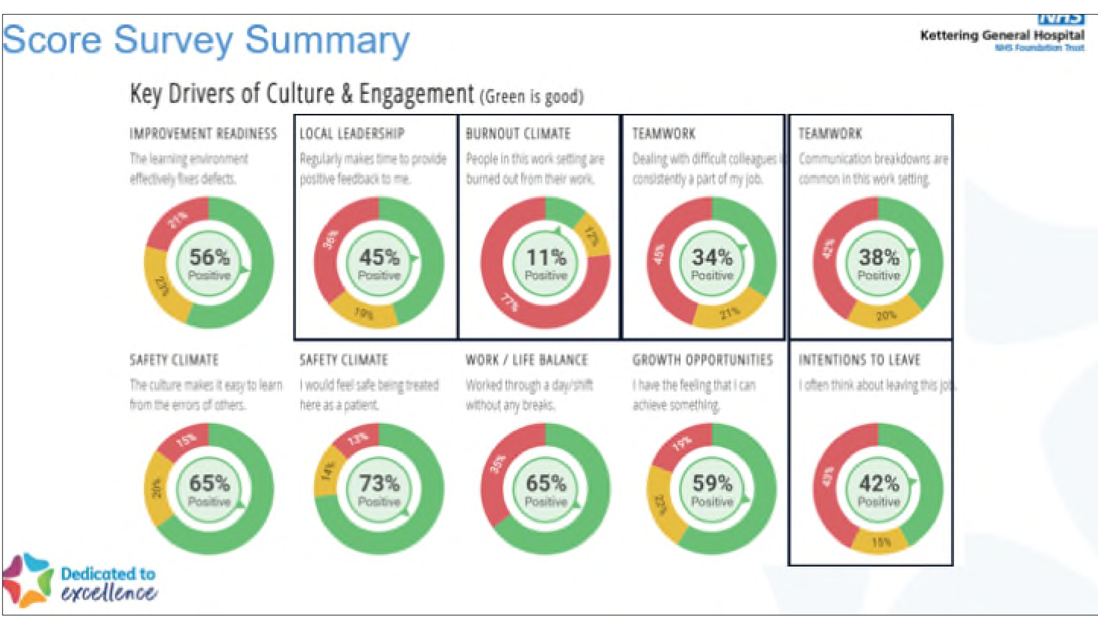
Safety Action Requirements:

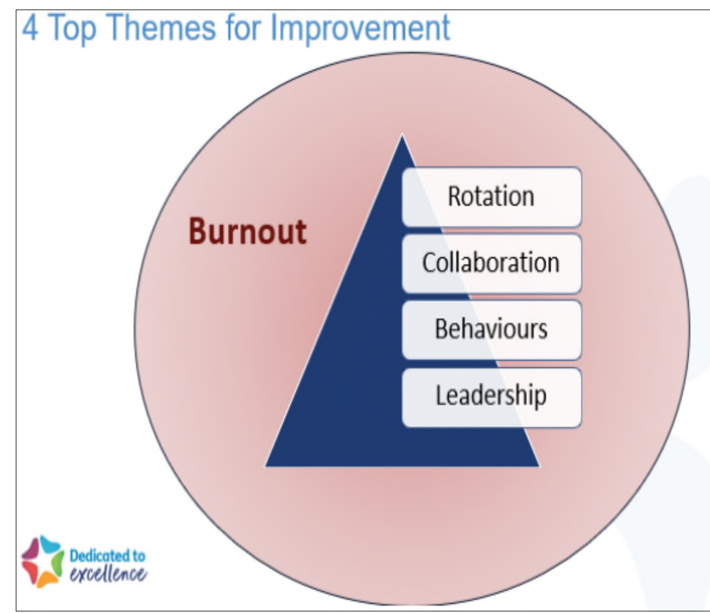
Safety Action	Red	Amber	Green	Blue	Total Requirements
1	0	2	3	1	6
2	0	0	0	2	2
3	0	4	0	0	4
4	0	17	2	1	20
5	0	1	5	0	6
6	0	6	0	0	6
7	3	4	0	0	7
8	0	7	1	10	18
9	0	2	3	3	8
10	0	2	6	0	8
Total	3	45	20	17	85

Key:

Red	Not compliant
Amber	Partial compliance - work underway
Green	Full compliance - evidence not yet reviewed
Blue	Full compliance - final evidence reviewed

Monthly Highlights





Theme	Timescale	Action	Progress	Comments
Rotation	Short Term	Undertake review of Midwives preferred area of work and where possible support individuals' choice	Completed	No further concerns raised by clinical staff
	Medium Term	Develop group of core staff in hospital to support consistency, quality and ownership	In progress	Completed on Rowan Ward, to be carried out on labour ward and FHU
	Long Term	Improve on call rota to support better work life balance	In progress	Plan to be implemented in September 2024. Hospital on call in place from Sept '24 as pilot. Further work required to reduce number of community on calls
Collaboration	Short Term	Reinstate safety huddle	Completed	Safety huddle and team of the shift in place
		Continue with social events	Completed	2 successful events taken place, additional 2 planned
	Medium Term	Continue to role model, embed and champion professional behaviours and challenge when falls outside of standards	In progress	MDT approach in place to resolve issues when arise
		Embed regular MDT time out sessions to build relationships between midwifery and medical staff	Completed	In place with ACORN. 2 sessions taken place to date
Behaviours	Short Term	Reinstate 'Back to Basics' campaign	Completed	Continues to take place - Commenced on 1st May
	Medium Term	Embed a culture of communicating more effectively to those giving birth	In Progress	Listen to Me campaign launching in November. New complaints process introduced to offer more personalised approach from MW leadership team
Leadership	Short Term	Support Band 7 team to undertake Kings Fund Leadership Training	Completed	
	Medium Term	Once rotation fully embedded encourage and support regular leadership meetings and time out days to build relationships	In Progress	To be facilitated by matrons.

Cover sheet

Meeting	Boards of Directors of Northampton General Hospital NHS Trust (NGH) and Kettering General Hospital NHS Foundation Trust (KGH) (Part I) Meeting together in Public
Date	6 December 2024
Agenda item	7

Title	UHN Patient Safety Incident Response Plan (PSIRP)
Presenters	Hemant Nemade, Medical Director, Julie Hogg, Chief Nurse
Author	Mitesh Thanki, Patient Safety Manager

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

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

Reason for consideration	Previous consideration
To introduce the newly created Patient Safety Incident Response Plan (PSIRP) for UHN, developed in line with transition to the Patient Safety Incident Response Framework (PSIRF). For approval of the PSIRF response plan.	None

Executive Summary

As part of the NHS Patient Safety Strategy (2019 - updated 2021) PSIRF is the new framework that all NHS providers are to adopt. This replaces the current Serious Incident framework.

The patient safety incident response plan describes how UHN intend to respond to patient safety incidents, including the methods to be applied, rationale, and clearly articulates the Safety priorities.

A thematic analysis has been used to determine which areas of patient safety activity we should focus on to establish the local priorities. This has been a collaborative approach and data has been cross referenced with key stakeholders.

The UHN PSIRP will continue to evolve as improvement programmes mature and emerging issues are addressed.

Appendices

PSIRP document (for approval)

Risk and assurance

Enhanced focus on proactive risk identification, monitoring, and response.

Financial Impact

None.

Legal implications/regulatory requirements

Failing to implement and embed the plan within UHN will lead to regulatory issues. The patient safety incident response plan is an NHS Standard Contract requirement and will be monitored via the Northamptonshire Integrated Care Board and NHS England

Equality Impact Assessment

Full equality impact assessment to be included in core documents.

Patient Safety Incident Response Plan

Effective date:

Estimated refresh date:

	Document authors and approvals			
	Name	**Title**	**Signature**	**Date**
Author		Heads of Patient Safety/Patient Safety Specialist Patient Safety Manager		
Reviewer		Chief Nurse, Deputy Chief Nurse, Director of Integrated Governance, Patient Safety Team member, Divisional Head of Nursing/Midwifery and Quality from each clinical Division, Senior Clinical Representative from each clinical division, nominated by each divisional management team, Deputy Chief Pharmacist, (Patient Partnership Representative/Governor)		
Authoriser	**UHN Board**	**UHN Board**		

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Introduction

The Patient Safety Incident Response Framework (PSIRF) is a new approach to how the NHS will respond and learn from Patient Safety Incidents. This is a new process to investigate incidents and learn from them when they occur; a marked cultural shift in our approach to systems, protocols, and thinking. Working closely with families, patients, and staff this new framework will support us to make changes to ensure incidents that have occurred may be prevented from happening again.

The NHS Patient Safety Strategy was published in July 2019 and describes the PSIRF, a replacement for the NHS Serious Incident Framework (2015). This document is the Patient Safety Incident Response Plan (PSIRP). It describes what we have done at University Hospitals of Northamptonshire (UHN) to prepare for PSIRF.

PSIRF is best considered as a learning and improvement framework with the emphasis placed on the system and culture that support continuous improvement in patient safety through how we respond to patient safety incidents. PSIRF promotes a proportionate approach to responding to patient safety incidents.

Under PSIRF framework, each organisation internally determines the type of incidents to be investigated, based upon local risks, trends, and priorities for highest impact.

This Patient Safety Incident Response Plan (PSIRP) sets out how UHN will respond to patient safety incidents reported by staff and patients, their families, and carers as part of work to continually improve patient safety incident responses, underpinned by the four key PSIRF principles:

1. Compassionate engagement and involvement of those affected by patient safety incidents.

2. Application of a range of system-based approaches to learning from patient safety incidents.

3. Considered and proportionate responses to patient safety incidents.

4. Supportive oversight focused on strengthening response system functioning and improvement.

Our services

UHN is made up of Kettering General Hospital (KGH) NHS Foundation Trust and Northampton General Hospital (NGH) NHS Trust and was formed in 2020. We deliver acute services from two main sites: Kettering General Hospital and Northampton General Hospital. We also provide diagnostic, outpatient and other non-acute care facilities across Northamptonshire, South Leicestershire, and Rutland

Both our hospitals are acute hospitals providing 24-hour emergency care. We offer a full range of district general hospital care as well as some specialist services: KGH provides emergency cardiac care for the county and NGH provides stroke and some specialist cancer and care for the county, as a centre of excellence. In total we have approximately 1,400 beds with over 600 at KGH and nearly 800 at NGH.

We serve a population of approximately 900,000 people across the county and employ over 9,000 staff, making us one of the largest employers in Northamptonshire.

Compassion Accountability Respect Integrity Courage

Defining our patient safety incident profile

We have used a thematic analysis approach to determine which areas of patient safety activity we should focus on, to establish the local priorities.

Our analysis used several data sources and safety insights from key stakeholders.

The patient safety risk process was a collaborative process to enable us to define the top patient safety risks from incident reporting and then cross reference these from several other data sources including key stakeholders.

The key priorities were defined from this list based on number of incidents reported, number of Serious Incident investigations conducted and areas where the Trust had existing quality priorities or initiatives in place.

Key stakeholders included:

- Staff from all levels and areas.
- Senior Managers within the Trust.
- Patient Safety Specialists.
- Commissioners.
- Patient Safety Partners.
- Patient Safety teams.

We reviewed three years of data, the sources included:

- Patient safety incident reports.
- Complaints.
- Mortality reviews.
- Claims and outcomes of inquests.
- Trust Risk Register.
- Staff survey on patient safety key priorities.
- Qualitative insight from divisional/directorate level leaders.

Incident Insight

Over the last three-year period, the following are the top 10 categories of incident types reported by each respective trust, through the Datix incident reporting system. Of note, category types differ between both organisations, with differing versions of Datix in use. KGH utilise Datix Web and NGH Datix Cloud.

Access/Appointment/ Admission

Clinical Care & Treatment

Patient Fall

Clinical Harms from breaches

Pressure Ulcers

Medication (Non-controlled drugs)

Healthcare Associated Infection & Infection Control

Infrastructure

Neonates

Maternity

Kettering General Hospital
Top Ten Incident Profile

Northampton General Hospital Top Ten Incident Profile

- Pressure Ulcers
- Medication
- Patient Accident/Fall
- Documentation
- Communication
- Maternity Care
- Diagnostic Processes/Procedures
- Behaviour/Violence and Aggression
- Administrative Processes
- Infection control (Healthcare Acquired Infections)

Common themes surround documentation and communication, specifically in relation to patient movements between wards and services. There is also a link here with staffing levels and staff skill mix on the wards.

Pressure ulcers and falls have a national improvement requirement and have their own specific improvement groups. The trust has engaged with the ICB to look at how these harm types could be addressed across Northamptonshire.

Appointment/Admission/Discharge incidents at KGH, align with Administrative Process incidents at NGH. Specifically with discharge information and referral into services.
A review of 2,672 complaints across both trusts has seen a marked increase in complaints in relation to information provided on discharge.

The top three complaint themes are:

- Communication re. patient care
- Delays in treatment
- Attitude/behaviour of clinicians

Where required, complaints are logged through Datix and clinically reviewed to ascertain if a patient safety review/response is required. Further strengthening of complaints into patient safety/governance will be undertaken as the two trusts look at aligning processes under the UHN banner.

Outside of Maternity claims, missed fractures and missed/misdiagnosis remain as prominent claim's themes, alongside delays in treatment and inaccurate nursing care. As with complaints, a further strengthening of claims with patient safety/governance will be undertaken under the UHN banner.

Defining our patient safety improvement profile

We have set out to deliver high quality care for all the people of Northamptonshire and be a great place to work within our two hospitals. There is strong and ever-growing evidence that the way for us to achieve this and then sustain it, is to foster a continuous improvement culture. There is work underway to align improvement programmes across the group, with specific focus on:

- Deteriorating Patients
- Maternity and Neo-natal services
- Urgent Emergency Care Transformation
- Theatre Transformation
- Digital Transformation

The UHN PSIRP will be ever evolving, as improvement programmes mature to highlight quality improvement and in turn focus on new and emerging issues to be addressed.

The Group has agreed an 'Improving Together' continuous Improvement Strategy for UHN and a clear set of measures. This ambitious plan for 2024-29 sets a clear vision for the Group in developing a vibrant improvement culture and continuous improvement in our teams.

Improving Together goals:

(1) UHN Improving Together
(2) Sharing and Learning

(3) Supportive and Skilled Leaders
(4) A Culture for Improvement
(5) All going in the same direction
(6) Involve patients, carers, and colleagues.
(7) Intelligent Measurement

Measurement

- All UHN colleagues are trained in UHN improving together approach.
- Everyone is empowered to use QI skills to improve their area of work.
- Each year, every department completes at least one QI project that is focussed on what matters most to patients and colleagues in their area.

Established process: Incidents related to the specialist areas below will be monitored and reviewed by the relevant subject matter experts. The specialist teams will be involved in relevant learning responses and have oversight of these. They may steer the appropriate learning response for specific incidents depending on the level of issues identified. Improvement activity will be overseen by the relevant Trust group.

Patient safety incident type or issue	Planned response	Anticipated improvement route
Falls	Improvement review process in place	Harm Free Care Group
Hospital acquired pressure ulcers	Improvement review process in place	Pressure ulcer collaborative work with ICB and Harm Free Care activity.
Healthcare Associated Infections	Improvement review process in place	Harm Free Care Group
IR(ME)R reportable Incidents –	Patient Safety Learning Review	Radiology and Radiotherapy Incidents Ionising Radiation Governance Group
Nutrition related to artificial methods of feeding	Rapid review / learning review for individual cases if moderate or above harm. After Action Review Themed Review Walkthrough Analysis	Patient Safety Committee quarterly reporting
Treatment – delay or cancellation of treatment	Patient safety audit Thematic Review	Patient Safety Committee quarterly reporting
Security – disruptive behaviour, including the use of restrictive interventions	Local Incident review	Violence and Aggression Reduction Group and quarterly reporting

Where an emerging issue is identified that needs a learning response, this will be coordinated in the normal way with the support of the patient safety team and specialist services including the harm free care team for example. Likely response methods would include MDT system reviews, after action reviews and SWARM huddles.

Our patient safety incident response plan: national requirements

	Patient safety incident type or issue	Description	Planned response and anticipated improvement route
National Safety Priorities	Never Events	Incidents meeting the Never Events criteria	Review by Patient Safety to confirm criteria met & immediate safety actions. PSII. Create local organisational actions and feed these into the quality improvement strategy
	Death thought more likely than not due to problems in care	Incident meeting the learning from deaths criteria	Review by Patient Safety to confirm criteria met & immediate safety actions. Structured judgement review triggering PSII. Create local organisational actions and feed these into the quality improvement strategy.
	Incident meeting Each Baby Counts criteria	Incident meeting Each Baby Counts criteria	Refer to MNSI for independent patient safety incident investigation. Refer to NHS Resolution as required. Respond to recommendations as required and feed actions into the quality improvement strategy.
	Deaths of patients detained under the Mental Health Act (1983) or where the Mental Capacity Act (2005) applies, where there is reason to	Incidents meeting the learning from deaths criteria	Review by Patient Safety to confirm criteria met & immediate safety actions & consider Duty of Candour. PSII

	think that the death may be linked to problems in care.		Create local organisational actions and feed these into the quality improvement strategy
	Mental health-related homicides	Mental health-related homicides	Review by Patient Safety to confirm criteria met & immediate safety actions. Refer to the NHS England Regional Independent Investigation Team (RIIT) for consideration for an independent PSII.
	Maternity and neonatal incidents	Maternity & Newborn Safety Investigation (MNSI) criteria	Review by MIRF and Patient Safety to confirm criteria met & immediate safety actions & consider Duty of Candour. Refer to MNSI for independent PSII.
	Child deaths	Death of a child	Review by Patient Safety to confirm criteria met & immediate safety actions & consider Duty of Candour Refer for Child Death Overview Panel Locally led PSII (or other response) may be required alongside the panel review – organisations should liaise with the panel.
	Deaths of persons with learning disabilities	Deaths of persons with learning disabilities	Review by Patient Safety to confirm criteria met & immediate safety actions & consider Duty of Candour. Refer for Learning Disability Mortality Review (LeDeR). Locally led PSII (or other response) may be required alongside the LeDeR.
	Safeguarding incidents	Where: babies, children, or young people are on a	Refer to safeguarding lead & to local authority lead, as required.

		child protection plan; looked after plan or a victim of wilful neglect or domestic abuse/violence. adults (over 18 years old) are in receipt of care and support needs from their local authority. the incident relates to FGM, Prevent (radicalisation to terrorism), modern slavery and human trafficking or domestic abuse/violence	
	Incidents in NHS screening programmes		Refer to local screening quality assurance service for consideration of locally led learning response. See: Guidance for managing incidents in NHS screening programmes

Table 1: National Incident Response Requirements

Our patient safety incident response plan: local focus

	Trust Priority (aligned to local priorities)	Response Assessment	Response Action		Governance Oversight
Local safety priorities	Acting on results (Cancer pathways)	Assess the contributory factors involved in the patient safety event to identify whether they are well understood and aligned to existing improvement plans. Consider the potential for learning.	Contributory factors are well understood and aligned to improvement plan. Provide local staff and team feedback and close the incident. Inform patient/NoK in line with Engaging and Involving Patients, Families and staff standards and DoC SoPs.	Contributory factors aligned to improvement plan and potential additional learning. Consider appropriate and proportionate learning response method and feed results into the relevant improvement group and teams within existing governance structures	Patient Safety Committee
	Children and Young People Pathways				Children and Young People Oversight Board
	Compassionate Engagement				Deteriorating Patient Oversight Group
	Maternity				Patient Safety Committee

Table 2: Local safety priorities planned response and improvement route.

In line with our PSIRF policy, local responses will conform broadly with the plan outlined above. We will maintain the flexibility to adjust our approach.

The key decision-making that informed both our plan and will inform our ongoing decision making are:

- The views of those affected, including patients and their families.
- Input from local Patient Safety Specialists and Patient Safety Partners.
- Capacity and engagement to undertake a learning response.
- What is known about the factors that lead to the incident(s).
- Whether improvement work is underway to address the identified contributory factors.
- Whether there is evidence that improvement work is having the intended effect/benefit.
- If we as an organisation and our Integrated Care Board (ICB) are satisfied risks are being appropriately managed.

UHN considers that all the incident types detailed in Table 1 and 2 have relevance Group wide. A summary of tools we will use to generate a learning response is summarised in appendix 2.

Appendix 1 – Glossary

Deaths thought more likely than not due to problems in care.
Incidents that meet the 'Learning from Deaths' (LfD) criteria. These are deaths that have been clinically assessed as more likely than not due to problems in care using a recognised method of case note review. These reviews must have been conducted by a clinical specialist not involved in the patient's care and conducted either as part of a local LfD plan or following reported concerns about care or service delivery.

Never Event
Never Events are defined as incidents that are considered wholly preventable. This is because of the presence of guidance or safety recommendations that provide strong systemic protective barriers, available at a national level that should have been implemented by all healthcare providers.

Patient Safety Incident Response Plan (PSIRP)
Our local plan details how we will achieve the PSIRF locally, including our list of current local priorities. These have been developed through a collaboration with key staff, subject matter experts, stakeholders and patients supported by analysis of local data.

Patient Safety Incident Response Framework (PSIRF)
PSIRF is designed to enable a risk-based approach to responding to patient safety incidents. This framework prioritises support for those affected by incidents (including patients, families, advocates, and staff), effectively analysing incidents, and sustainably reducing future risk.

Perinatal Mortality Review Tool (PMRT)
Developed through a collaboration led by MBRRACEUK with user and parent involvement, the PMRT ensures systematic, multidisciplinary, high-quality reviews of the circumstances and care.

Appendix 2 - Learning response types

After Action Review (AAR)
A method of evaluation that is used when outcomes of an activity or incident have been particularly successful or unsuccessful. It aims to capture learning from these incidents to identify opportunities to improve and increase the instances where success occurs.

Datix Review
A local review documented on Datix which can include specific targeted questions.

Multidisciplinary Team Review
The Multidisciplinary Review (MDT) supports teams to identify learning from multiple patient safety incidents. It allows them to agree, through open discussion, the key contributory factors and system gaps in patient safety incidents, explore a safety theme, pathway or process and gain insight into 'work as done'.

Observational Analysis
A method of evaluation of a pathway, process, or culture. The observer places themselves within the environment to identify opportunities for improvement or learning.

Patient Safety Audit
The monitoring of systems and processes to provide assurance of patient safety and quality of care across the organisation.

Patient Safety Incident Investigations (PSIIs)
An in-depth review of a single Patient Safety Incident or a cluster of incidents to understand what happened and how (replaces SI/RCAs). Must be completed for Never Events and Deaths thought more likely than not due to problems in care (Learning from Deaths criteria).

SEIPS framework (Systems Engineering Initiative for Patient Safety)
A framework that looks at Tools and Technology, Tasks, Person, Organisation, Internal and External Environments. Can be incorporated into the tools below. In line with the philosophy of PSIRF we will flexibly use the approaches outlined above in line with the nature of the incident which is being investigated and how it aligns with our PSIRP. Hybrid approaches mixing learning responses will be used as appropriate.

Specialist Review
Local reviews developed to address specific patient safety incidents e.g. falls / pressure ulcers.

Structured Judgement Review (SJR)
SJR is a systematic, evidence-based mortality review programme that can help drive improvement in the quality and safety of patient care. SJR was developed by the Royal College

of Physicians as part of the National quality board national guidance on learning from deaths and blends traditional, clinical judgement-based review methods with a standard format. This approach requires reviewers to make safety and quality judgements over phases of care, to make explicit written comments about, and score, care for each phase.

SWARM

Swarm-based huddles are designed to start as soon as possible after a patient safety incident occurs to identify learning. Immediately after an incident, staff 'swarm' to the site to quickly analyse what happened, how it happened and decide what needs to be done to reduce risk. Swarms enable insights and reflections to be quickly sought and generate prompt learning.

Thematic systems review

Learning from multiple sources of insight into a patient safety issue.

Walkthrough analysis

Walkthrough analysis is a structured approach to collecting and analysing information about a task or process or a future development (e.g. designing a new protocol).

Cover sheet

Meeting	Boards of Directors of Northampton General Hospital NHS Trust (NGH) and Kettering General Hospital NHS Foundation Trust (KGH) (Part I) Meeting together in Public
Date	6 December 2024
Agenda item	8

Title	Use of the Trusts' Seals
Presenter	Richard Apps, Director of Corporate Affairs
Author	Richard May, Group Company Secretary

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

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

Reason for consideration	Previous consideration
The Trusts' procedures require uses of the Seals to be reported to the Boards of Directors.	None

Executive Summary

The **KGH** Board is requested to note the use of the Trust Seal in respect of the Lease and Licence to alter with NHS Property Services at the Corby Community Centre on 7 November 2024, affixed by the Group Company Secretary in the presence of the Director of Corporate and Legal Affairs.

The **NGH** Board is requested to note the use of the Trust Seal in respect of the following:

(1) Lease (NGH and West Northamptonshire Council), Licence to Alter, Wayleave Agreement and Sub-Lease (NGH and Alliance Medical Limited) in respect of the Community Diagnostic Centre at King's Heath, North Oval Northampton, on 15 October 2024, affixed by the Group Company Secretary in the presence of the Director of Strategy
(2) Deed of Rectification relating to the Compass Contract at Northampton General Hospital (Retail Units Main Entrance) on 6 November 2024, affixed by the Group Company Secretary in the presence of the Director of Estates, Facilities and Sustainability.

Appendices
None
Risk and assurance
None
Financial Impact
None
Legal implications/regulatory requirements
As specified in 'reason for consideration' section above.
Equality Impact Assessment
Neutral

Meeting	University Hospitals of Northamptonshire NHS Group (UHN): Boards of Directors of Kettering General Hospital NHS Foundation Trust and Northampton General Hospital NHS Trust (Part I) Meeting in Public
Date	6 December 2024
Agenda item	9

Title	Review of Terms of Reference for the UHN Operational Performance Committee and UHN Clinical Quality and Safety Committee
Presenter	Richard Apps, Director of Corporate and Legal Affairs
Author	Victoria Wallace, Deputy UHN Company Secretary

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

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

Reason for consideration	Previous consideration
To review and approve the revised Terms of Reference for the UHN Operational Performance Committee and the UHN Clinical Quality and Safety Committee.	Boards of Directors on 9th April 2024. UHN Operational Performance Committee, 22nd November 2024. UHN Clinical Quality and Safety Committee, 27th November 2024.
Executive Summary	

The UHN Operational Performance Committee and UHN Clinical Quality and Safety Committee have reviewed and endorsed changes to their Terms of Reference which are recommended to the Boards of Directors for approval.

Proposed changes to the UHN Operational Performance Committee's Terms of Reference reflect:

- The committee's responsibility for the oversight of digital matters and Emergency Preparedness, Resilience and Response (EPRR), responsibility for which is proposed to be transferred from the remit of the UHN Clinical Quality and Safety Committee.
- UHN roles within the committee's membership
- The addition of the UHN/UHL Chief Digital Information Officer to the committee's membership.
- Change in terminology from 'convenor' to 'chair'.

Proposed changes to the UHN Clinical Quality and Safety Committee's Terms of Reference reflect:

- Removal of 'Clinical' from the committee's name.
- UHN roles within the committee's membership.
- Transfer of the responsibility of the oversight of Emergency Preparedness, Response and Resilience (EPRR) to the Operational Performance Committee.
- Transfer of responsibility of the oversight of digital matters to the Operational Performance Committee. The committee will retain oversight of quality and safety issues arising from digital and/or performance issues.
- Change in terminology from 'convenor' to 'chair'.

RECOMMENDATION

It is recommended that the Boards of Directors **APPROVE:**

a) the updated Terms of Reference for the UHN Operational Performance Committee
b) The updated Terms of Reference for the UHN Clinical Quality and Safety Committee

(attached as appendices 1-2)

Appendices

Appendix 1 – Revised Operational Performance Committee Terms of Reference
Appendix 2 – Revised Quality and Safety Committee Terms of Reference

Risk and assurance

The Committees have oversight of strategic risks within their areas of responsibility.

Financial Impact

No direct implications
Legal implications/regulatory requirements
No direct implications
Equality Impact Assessment
Neutral

Operational Performance Committee

Terms of Reference

1.Purpose and authority

1.1. The Operational Performance Committee is a committee in common of the Boards of Directors of Kettering General Hospital NHS Foundation Trust and Northampton General Hospital NHS Trust with delegated authority from the Boards to seek and provide assurance that the Trusts meet and surpass key local and national performance indicators in respect of urgent, emergency and elective care, whilst maintaining and enhancing quality, safety and the patient and staff experience.

2. Membership and attendance

- Two UHN Non-Executive Directors, one of whom shall chair the committee as directed by the Boards of Directors
- UHN Chief Operating Officer
- UHN Director of Continuous Improvement
- UHN Director of Strategy
- UHN Medical Director and Chief Nurse (minimum of one postholder to attend each meeting)
- UHN/UHL Group Chief Digital Information Officer

Attendees

- KGH Nominated Governor and Deputy
- Corporate Governance Team (administration)
- Director of Corporate and Legal Affairs
- Others by invitation

The committee may invite non-members to attend all or part of its meetings as it considers necessary and appropriate. The UHN Chair, Chief Executives or other executive directors

may be invited to attend any meeting of the committee, particularly when the committee is discussing areas of the group's operation that are the responsibility of that director. The KGH nominated Governor (and their Deputy) will attend the meeting as an observer.

3. Meetings and Quorum

3.1 The quorum of the committee shall be four members, including at least one Non-Executive Director. Members of the committee can nominate a deputy but not for more than two consecutive meetings without prior permission of the Chair.

3.2 Virtual meetings, subject to minimum quoracy requirements, will have full authority to take decisions; meetings may be recorded with the Chair's agreement, and Minutes/Action Logs produced, in the normal way.

3.3 The Committee shall meet not less than six times per year on times and dates to be agreed with the Chair.

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

- circulated to voting members of the body for comment and approval, or:
- taken by Chair's action, in liaison with the Chief Operating Officer as the executive lead for the Committee.

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

4. Support arrangements

The committee shall be supported administratively by the Corporate Governance Team whose duties in this respect will include:

- Review of the Terms of Reference in line with requirements
- Maintain agenda against work planner/cycle of business
- Agreement of the agenda with the Chair and attendees and collation of papers;
- Circulation of agendas and supporting papers to committee members at least five working days prior to the meeting
- Taking and issuing the minutes and preparing action lists in a timely way;
- Keeping a record of matters arising and issues to be carried forward.
- Maintain an on-going list of actions, specifying members responsible, timescales and keeping track of these actions
- Drafting of minutes for approval by the chair within five working days of the meeting and then distributed as outlined above within ten working days, and
- Keeping an accurate record of attendance.

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5. Declaration of Interests

5.1 All members must declare any actual or potential conflicts of interest relevant to the work of the committee, which shall be recorded in the minutes accordingly.

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

6. Duties and responsibilities

6.1 Oversee UHN performance against local and national Emergency and Elective Care standards, ensuring that:

i. A comprehensive suite of metrics is in place, bringing together key national and local targets to provide oversight of operational performance, as part of the Integrated Governance Report, aligned to relevant metrics set out in the NHS Oversight Framework;
ii. Key underlying issues and risks in these areas are known and evidence based.
iii. Robust and clear actions, impact and owners are in place and supported to deliver agreed improvement trajectories.
iv. Learning mechanisms are in place to ensure areas of strong performance can be sustained and replicated, within and between trusts and the wider health economy.
v. Transformation programmes are aligned with national, system and service priorities and are set to deliver tangible annual and longer term gains.
vi. The implementation of action plans is having the right impact and resulting in the intended outcomes.

6.2 Agree, and ensure implementation of a Performance Management Strategy and Framework for UHN.

6.3 Oversee any other significant operational and performance issues which may arise.

6.4 Ensure quality improvement within clinical pathways drives sustained improvement on operational performance, noting that collaboration on clinical pathways between UHL and UHN is overseen by the Partnership Committee.

6.5 Regularly review the Board Assurance Framework (and linked corporate risks) to ensure that risks pursuant to the Committee's duties are appropriately captured and monitored.

6.6 Alert the Boards of Directors and inform the Audit Committee where assurance cannot be given or further work or consideration at Board level is recommended.

6.7 Seek assurance that the Trusts are working effectively within the local health system to understand the healthcare needs of the local population and ensure equity of access to healthcare to identify and address local health inequalities.

6.8 Receive appropriate internal audit reports pertinent to the committee's remit and be assured the necessary actions are in place to address any risks identified.

6.9 Promote a positive focus on working with system partners to address any operational or performance issues in the short term, and to support working across the Integrated Care System in respect of longer term transformational aims.

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6.10 Provide a forum for shared learning between the trusts, enabling the identification, review and monitoring of unwarranted variation in quality and performance to ensure that they are understood and investigated with any associated analysis and actions.

6.11 Provide oversight of the development, delivery and review of digital strategy.

6.12 Provide oversight of digital transformation as an enabler of performance improvement.

6.13. Provide oversight of health intelligence as an enabler of the effective monitoring and assurance of operational performance through robust and accurate metrics and dashboards.

6.14 Receive, and make recommendations to the Boards of Directors (where statutorily required) regarding external compliance process including (but not confined to) annual Emergency Planning, Response and Resilience (EPRR) compliance.

6.15 The Chair will liaise with other Board committees to ensure co-ordinated and comprehensive oversight of cross-cutting issues via the annual work plan

6.16 The committee may establish other working groups or sub-committees which report into it as required.

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7.Reporting responsibilities

Accountabilities and flow of decision authority

7.1 The committee is accountable to the Boards of Directors, and it will formally escalate issues and decisions as required in these Terms of Reference, at the request of the Boards, or at the discretion of the Chair.

7.2 The committee will make whatever recommendations to the Boards of Directors it deems appropriate in any area within its remit.

7.3 On a regular basis the Operational Performance Committee will receive and review reports from any sub-groups and papers on key risks / topics for discussion or decision.

7.4 The secretary will minute the proceedings and decisions of all meetings of the committee, including recording the names of those present and in attendance. Draft minutes shall be sent to the Chair following the meeting and submitted for formal agreement at the next meeting.

7.5 A written summary of each meeting shall be submitted to the next scheduled meeting of the Boards of Directors, focussed on items of escalations, items which have been approved and items connected to strategic risks and strategic direction. The chair of the committee will present the report.

8. Monitoring Effectiveness

8.1 The committee's Chair will seek feedback on the effectiveness of committee meetings following each meeting.

8.2 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.

8.3 The committee will review its terms of reference annually, and recommend any changes for approval by the Boards of Directors.

Approved by committee: 22 November 2025
Approved by Boards of Directors:
Date of next review: April 2025

UHN Quality and Safety Committee

Terms of Reference

Membership	• 2 UHN Non-Executive Directors one of whom will be appointed by the Boards of Directors to chair meetings. • UHN Medical Director • UHN Chief Nurse • UHN Chief Operating Officer • UHN Director of Corporate and Legal Affairs
Quorum	• Four committee members (one of whom should be a Non-Executive Director)
In Attendance (at the Chair's discretion)	• UHN Director of Continuous Improvement • Corporate Governance Team (Minutes and administration) • Quality and safety leads to attend and present reports (by invite) **KGH** • Nominated Governor and Deputy
Frequency of Meetings	• Up to 12 scheduled meetings per year, plus extraordinary meetings at the Chair's discretion. • The Chair may convene meetings of the constituent Trust Committee to consider Trust-specific matters.
Accountability & Reporting	• Accountable to KGH & NGH Trust Boards • Approved minutes available to all Trust Board members • Exception reports to be presented to Boards of Directors

Date of Approval by Committee in Common	27 November 2024
Date of Approval by KGH & NGH Trust Boards	
Date of last review	November 2024
Date of next review	April 2025

UHN Quality and Safety Committee

Terms of Reference

1. Context

Kettering General Hospital (KGH) Foundation Trust and Northampton General Hospital (NGH) are working together to strengthen acute care service provision across Northamptonshire, under the leadership of a jointly appointed Chair and CEO for both Boards. A common approach of working across both organisations and emphasis on acute pathway transformation and quality improvement is recognised as a priority. The approach of working as a Group Model across both organisations maintains the statutory duties and responsibilities of two separate Boards.

2. Purpose, Objectives and Duties

The Committee's overarching purpose is to assure the Boards, patients, visitors and staff of the UHN Group that services at Kettering and Northampton General Hospitals are safe and that they conform to, and surpass, the required quality and safety standards required within a culture of learning and continuous improvement.

In fulfilling this purpose, the Committee will

1. Oversee the delivery of strategic priorities covering quality and patient elements as expressed in the Trusts' strategies and strategic frameworks);
2. Provide a forum for shared learning enabling the identification, review and monitoring of unwarranted variation in quality across both Trusts to ensure that they are understood and investigated with any associated analysis and actions.
3. Enable hospital-level and cross-trust assurance, commissioning sub-group/trust-only working on issues of specific concern/priority and receiving exception reports from sub-groups specified in section 3 below
4. Develop, review and maintain oversight of key metrics providing integrated group reporting by exception
5. Monitor the Trusts' systems and processes in place in relation to compliance with the CQC and other relevant regulatory compliance standards and external sources of assurance, including the receipt of draft and final reports and recommendations and oversight of action plans and other statutory undertakings,
6. Ensure that there are effective mechanisms for integrated governance, risk management and control for quality, safety, clinical audit and effectiveness within the hospitals and in a group context, receiving the Group Board Assurance Framework and assurance in respect of linked corporate risks within the Committee's area of responsibility,
7. Oversee the development of robust integrated quality systems for quality planning, quality improvement and quality assurance
8. Evaluate transformational change for agreed acute countywide service provision against agreed key KPI's and improve clinical outcomes for patients. Ensure that quality and service outcomes are an integral part of the redesigned acute clinical pathway(s).
9. Oversee the safe transition and integration of quality for service provision into a new architecture and transition from individual organisation to enable clinical collaboration across UHN, seeking assurance in respect of quality and safety implications of collaboration and service transformation proposals

10. Oversee the development and delivery of recovery plans to drive overarching quality improvements for acute care provision
11. Enable the sharing of learning and participative discussion in a psychologically safe environment
12. Seek assurance for timely alignment of key enablers (finance, workforce/HR) for countywide service provision to enable acute clinical service transformation to be progressed with neither organisation becoming compromised during the process.
13. Approve the annual Quality Report (KGH) and Quality Account (NGH) on behalf of Boards of Directors.
14. Receive, and make recommendations to the Boards of Directors (where statutorily required) regarding external compliance process including (but not confined to) Maternity Safety (CNST) clinical audit and Infection Prevention and Control.

3. Accountability and Reporting Arrangements

The Committee will provide assurance to both Boards through the Chair, on its proceedings after each meeting through a highlight report.

Two Non-Executive Co-Chairs will be appointed one of whom shall chair each meeting.

The Committee in Common will only operate within the parameters of the responsibilities delegated to it by both Boards and as described in these Terms of Reference. Each Board will record the delegation within its Scheme of Reservation & Delegation.

The Chair will report any specific concerns regarding the effectiveness of the risk management framework to the Audit Committee.

The Chair will liaise with other Board Committees to ensure co-ordinated and comprehensive oversight of cross-cutting issues via the annual work plan, including (but not confined to) safe staffing, quality and safety implications of operational performance trends and clinical engagement in digital transformation.

The Committee shall receive exception reports from sub-groups responsible for specific aspects of quality and safety within the trusts (the list below is subject to review):

UHN
Patient Safety Committee
Health and Safety Committee
Patient Experience Group
Perinatal Assurance Committee
Assurance and Risk Committee
Nursing Midwifery and Allied Health Professionals Group
Radiation Protection Committee
Other Groups established by the Committee in pursuance of its purpose and duties as specified in sections (1) and (8) of these Terms of Reference.

4. Declaration of interests

All members and attendees must declare actual or potential conflicts of interest relevant to the work of the Committee and this shall be recorded in the minutes accordingly and added to the Conflict of Interest Register of individual Trusts.

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

5. Quorum, and required frequency of attendance

Four committee members (one of whom should be a Non-Executive Director) will constitute a quorum.

The Director of Corporate and Legal Affairs will monitor compliance with the Terms of Reference and will bring any non-compliance to the attention of the Boards of Directors.

The agenda and supporting papers for meetings will be circulated to all members at least five working days before the date the meeting will take place. Extraordinary meetings may also be called giving at least five working days' notice before the meeting can take place.

Members of the Committee in Common are required to attend a minimum of 80% of the meetings held and not be absent for two consecutive meetings without prior permission of the Chair. Members of the Committee in Common can nominate a deputy but not for more than two consecutive meetings without prior permission of the Chair.

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

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

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

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

6. Administration

The Committee shall be supported administratively by the Corporate Governance Team whose duties in this respect will include:

- Review of the Terms of Reference in line with requirements
- Maintain agenda against work planner/cycle of business
- Agreement of the agenda with the Chair and attendees and collation of papers;
    - Circulation of agendas and supporting papers to Committee members at least five working days prior to the meeting

- Other members of the Committee should request agenda items to the Chair for the meeting
- Taking and issuing the minutes and preparing action lists in a timely way;
- Keeping a record of matters arising and issues to be carried forward.
- Maintain an on-going list of actions, specifying members responsible, timescales and keeping track of these actions
- Drafting of minutes for approval by the Chair within five working days of the meeting and then distributed as outlined above within ten working days

- Keeping an accurate record of attendance

Other members of the Boards of Directors may request or be required to attend meetings of the Committee when matters concerning their responsibilities are to be discussed or they are presenting papers submitted to the Committee.

7. Requirement for Review

These terms of reference may be amended in consultation with the Boards of Directors, to reflect changes in circumstances that may arise. This Committee in Common is recognised as undertaking a role to support and enable collaboration of clinical service delivery and as such solutions considered may be iterative and designed to evolve over time. Together the Boards of Directors will implement and review annually the Terms of Reference.

8. Process for monitoring effectiveness of the Committee

The Chair will seek feedback on the effectiveness of committee meetings following each meeting during the period of Board governance review.

The Committee will undertake an annual self-evaluation of its effectiveness and report the outcomes to the Audit Committees and Boards of Directors. The Company Secretary will monitor the frequency of the Committee meetings and the attendance records to ensure attendance figures are complied with. The Terms of reference to be reviewed at least annually.

Meeting	University Hospitals of Northamptonshire NHS Group (UHN): Boards of Directors of Kettering General Hospital NHS Foundation Trust and Northampton General Hospital NHS Trust (Part I) Meeting in Public
Date	6 December 2024
Agenda item	10

Title	Northamptonshire Healthcare Charitable Fund (NHCF) – Revisions to Memorandum of Understanding
Presenter	Richard Apps, Director of Corporate and Legal Affairs
Author	Richard May, Company Secretary

This paper is for			
✓ Decision	☐Discussion	☐Note	☐Assurance
To formally receive and discuss a report and make a decision/decisions based on the option/options recommended	To discuss, in depth, a report noting its implications for the Board or Trust without formally approving it	For the intelligence of the Board without the in-depth discussion as above	To reassure the Board that controls and assurances are in place

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

Reason for consideration	Previous consideration
Changes to the Memorandum of Understanding require the approval of the Boards of Directors, in accordance with Section 4.1.	NHCF Trustees, 8 November 2024

Executive Summary

The NHCF Trustees have agreed changes to the Memorandum of Understanding between NHCF and Providers which are summarised as follows:

1. *Change to reflect the new sub-committee structure*

As reported at the October 2024 Boards of Directors meeting, the charity is transitioning from Trust-specific sub-committees to thematic sub-committees —

focused on enhancing environments, patient pathways, and staff well-being and development.

It is proposed to amend 3.4 of the MOU from:

“NHCF will create a sub-committee for each NHS Body which will be chaired by one of the trustees of NHCF appointed by the relevant NHS Body. The sub-committees will encourage the involvement of employees of the relevant NHS Body with NHCF's work and will oversee the nomination of fund advisors who will advise NHCF on how grants should be made” To:

“NHCF will create sub-committees to focus on enhancing the environments, patient pathways, and staff wellbeing and development across all of the NHS Bodies. These will be chaired by one of the trustees of NHCF. The membership of the sub-committees are to include ideally 4 members of NHS staff across the 3 Trusts, who hold the relevant skills and experience to cover all service areas of the Trusts.”

2. *Fundraising across Trust estates*

In order to ensure sufficient focus and exposure for the NHCF within the trusts, it is proposed to amend paragraph 3.7 from:

“The NHS Bodies will actively promote and support NHCF (including within their hospitals, centres and other locations) and give special attention to the promotion of funding opportunities and the co-ordination of emerging proposals” to:

“The NHS Bodies will actively promote and support NHCF (including within their hospitals, centres and other locations) and give special attention to the promotion of funding opportunities and the co-ordination of emerging proposals. Charities other than NHCF will not be permitted to fundraise within these locations unless agreed with NHCF. Instead, such charities will be referred to NHCF via greenheart@nhcf.co.uk which will review their request and determine if there is a mutual benefit for NHCF beneficiaries across the Trusts.”

3. *Fundraising governance*

To improve compliance with legal and regulatory policies and frameworks, it is proposed to add a new section at section 3.13:

“NHS bodies have a responsibility to ensure its staff comply with all legal and regulatory policies and frameworks. As such NHS bodies must actively promote and enforce compliance with the charity guidance documents, which outline the most current procedures, including those relating to cash handling, fundraising and raffles.”

4. Trust coverage

It is noted that MOU relates to all Trusts the charity supports but the current MOU only refers to 'both Trusts' (assuming reference to KGH and NGH). It is proposed that 3.6. is amended from:

"NHCF will give special attention and resources, as capacity allows, to the encouragement and solicitation of grant applications from both NHS Bodies" to:

"NHCF will give special attention and resources, as capacity allows, to the encouragement and solicitation of grant applications from all NHS Bodies."

The above proposals have been incorporated into a revised Memorandum of Understanding, which is set out in the **appendix** and is **recommended** for the **Boards' approval.**

Appendices
Revised Memorandum of Understanding: NHCF and Provider Trusts
Risk and assurance
No direct implications for the Board Assurance Framework
Financial Impact
No direct implications relating to this report and recommendations.
Legal implications/regulatory requirements
As specified above and in the attachment.
Equality Impact Assessment
Neutral

DATE **8th November 2024**

(1) Northampton General Hospital NHS Trust

(2) Northamptonshire Healthcare NHS Foundation Trust

(3) Kettering General Hospital NHS Foundation Trust

(4) Northamptonshire Health Charitable Fund

Memorandum of Understanding

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DATED **8th November 2024**

PARTIES

(1) **Northampton General Hospital NHS Trust** of Northampton General Hospital, Cliftonville, Northampton NN1 5BD;

(2) **Northamptonshire Healthcare NHS Foundation Trust** of Sudborough House, St Mary's Hospital, London Road, Kettering NN15 7PW ;

(3) **Kettering General Hospital NHS Foundation Trust** of Kettering General Hospital, Rothwell Road, Kettering, NN16 8UZ;

(4) (each a '**NHS Body**' and together the '**NHS Bodies**'); and

(5) **Northamptonshire Health Charitable Fund**, a charitable incorporated organisation registered with the Charity Commission with registration number 1165702, whose address is Springfield, Cliftonville, Northampton NN1 5BE ('**NHCF**').

1. **Introduction**

1.1 The Government Response to the consultation concerning the regulation and governance of NHS Charities published on 14 March 2014 outlined a process by which the trustees of an NHS Charity may resolve to transfer the undertaking of the NHS Charity to a new Independent Charity, and the parties have agreed to do so.

1.2 The Department of Health's stipulations, so far as the NHS Bodies are concerned, in that response, as amplified in the guidance issued by the Department of Health in November 2014 and updated in April 2015, are satisfied by:

(a) the Commitment set out in a deed (the '**Deed**') copies of which are set out at the Appendix to this memorandum and which are to be executed by the parties on the same date as this memorandum; and

(b) the ongoing input of the NHS Bodies into the governance of NHCF

1.3 The parties recognise, however, the importance of recording, the guiding principles which they intend will apply to the future relationship between the NHS Bodies and NHCF, and so have prepared this memorandum of understanding for this purpose.

1.4 Terms used in this memorandum have the same meaning as the terms defined in the Deed (where this makes sense in the context).

2. **Timing**

The Assignment from NHFT and NGH took place on 1 April 2016 and from KGH on 1 April 2021 and the guiding principles set out below shall apply as between the NHS Bodies and NHCF from the date of the Assignment.

3. **Guiding principles**

The NHS Bodies and NHCF shall abide as far as reasonably possible by the following guiding principles:

3.1 The mutual over-riding intention of each of the NHS Bodies and NHCF is that they will put in place suitably co-operative and collaborative arrangements between themselves to ensure benefit to the NHS patients who are NHCF's beneficiaries.

3.2 NHCF acknowledges the importance of understanding the strategic objectives of the NHS Bodies and the NHS Bodies also each acknowledge the importance of understanding NHCF's strategic objectives. The NHS Bodies will each work with NHCF, and it with each of them, to achieve a mutually supportive relationship (to the extent compatible with their respective legal obligations).

3.3 The NHS Bodies and NHCF recognise the importance of regular communication in ensuring that these guiding principles are made a reality and drive success, and will maintain a number of bilateral and multilateral relationships at executive and non-executive level to ensure effective working relations and communication between themselves.

3.4 NHCF will create sub-committees to focus on enhancing the environments, patient pathways and staff wellbeing and development across each of the NHS Bodies. These will be chaired by one of the trustees of NHCF. The membership of the sub-committees are to include ideally 4 members of NHS staff across all the Trusts, who hold the relevant skills and experience to cover all service areas of the Trusts.

3.5 In particular, in the interests of ensuring understanding of the priorities of each NHS Body, the NHS Bodies will ensure that NHCF's trustees are fully briefed, including where relevant by clinical leaders, on any significant projects.

3.6 NHCF will give special attention and resources, as capacity allows, to the encouragement and solicitation of grant applications from all NHS Bodies.

3.7 The NHS Bodies will actively promote and support NHCF (including within their hospitals, centres and other locations) and give special attention to the promotion of funding opportunities and the co-ordination of emerging proposals. Charities other than NHCF will not be permitted to fundraise within these locations unless agreed with NHCF. Instead, such charities will be referred to NHCF via greenheart@nhcf.co.uk which will review their request and determine if there is a mutual benefit for NHCF beneficiaries across the Trusts.

3.8 The NHS Bodies will continue to allow NHCF to work with each NHS Body's communication teams and provide space within communications to the public, patients and staff to promote NHCF and its activities and events. The NHS Bodies will also continue to allow NHCF to make use of each NHS Body's photographic services, including providing images and other media for NHCF's use free of charge.

3.9 NHCF recognises that any Gifts it receives from an NHS Body are likely to relate to donors' desire to recognise the relevant NHS Body's work and to provide benefit to the NHS patients it serves, and NHCF will have due regard to this when considering grant applications.

3.10 NHCF and the NHS Bodies will cause to be prepared and will enter into any necessary licence agreements in order to allow NHCF to use the current 'Greenheart' branding.

3.11 The NHS Bodies will provide NHCF with such premises as are necessary for NHCF to continue the Existing Charity's operations, including office space for up to six staff members, retail space (including the existing shop at Berrywood) and storage space (the '**Premises**') at a peppercorn rent. The NHS Bodies will also make available barrier parking close to the office and storage space provided to NHCF. NHCF will be responsible for all outgoings relating to the Premises. NHCF and the NHS Bodies will cause to be prepared and will enter into any necessary licence or lease agreements in order to allow NHCF to continue to use the Premises.

3.12 The NHS Bodies will continue to provide cashier support to NHCF in relation to donations received. The NHS Bodies will also provide NHCF with basic telephone and IT infrastructure support.

3.13 NHS bodies have a responsibility to ensure its staff comply with all legal and regulatory policies and frameworks. As such NHS bodies must actively promote and enforce compliance with the charity

guidance documents, which outline the most current procedures, including those relating to cash handling, fundraising and raffles.

3.14 The ownership of the heritage assets described in the Schedule (the '**Heritage Assets**') will pass to NHCF on the Assignment. NHCF will act as custodian of the Heritage Assets and will not take any steps to dispose of any material asset or assets which form part of the Heritage Assets without seeking the support and endorsement of the NHS Trust. The NHS Bodies will respect the Heritage Assets and, in particular, will ensure that any Heritage Assets displayed or stored on the NHS Body's premises are kept safely and securely. The NHS Trust will continue to provide suitable space for Heritage Assets, in particular artwork and books, to be displayed. NHCF will be responsible for insuring the Heritage Assets and the costs of restoration and conservation.

4. Review and amendment

4.1 This memorandum will only be varied by written agreement of the NHS Bodies and NHCF, but all parties recognise that it is a living document and that it will need to adapt to changing circumstances.

4.2 On that basis, the NHS Bodies and NHCF will conduct an annual review of the guiding principles set out in this memorandum and of their relationship in order to ensure they continue to work effectively together, and will make amendments to this memorandum under this clause 4 as agreed.

5. Dispute Resolution

Any dispute or disagreement between the NHS Bodies and NHCF shall be referred in the first instance for resolution by the Chief Executive Officers of the four organisations. If the Chief Executive Officers are not able to resolve the dispute or disagreement themselves, the Chairmen of the four organisations shall meet to attempt a resolution, engaging the services of a mediator if they deem it beneficial.

Signed on behalf of **NORTHAMPTON GENERAL HOSPITAL NHS TRUST**	Director
Signed on behalf of **KETTERING GENERAL HOSPITAL NHS FOUNDATION TRUST**	Director
Signed on behalf of **NORTHAMPTONSHIRE HEALTHCARE NHS FOUNDATION TRUST**	Director
Signed by **NORTHAMPTONSHIRE HEALTH CHARITABLE FUND** Sushel Ohri, Chari	Sushel Ohri, Chair Trustee