UHN Boards of Directors (Part I)
Meeting in Public

Fri 07 February 2025, 09:30 - 12:00

Boardroom, Kettering General Hospital

Agenda

09:30 - 09:30
0 min

1. Welcome, apologies and declarations of interest

Andrew Moore

1. UHN Boards Part I Agenda 070225.pdf (2 pages)

09:30 - 10:00
30 min

2. Patient Story - Kirstie's Story

Presentation *Julie Hogg*

10:00 - 10:05
5 min

3. Minutes of the previous meeting held on 6 December 2024 and Action Log

Decision *Andrew Moore*

3.1 061224 Draft Minutes UHN Public Part I Board of Directors meeting.pdf (9 pages)
3.2 Board Action Log Updated 061224 Part I Boards.pdf (1 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 CEO update public board report February 2025.V1.pdf (3 pages)

10:15 - 11:00
45 min

5. Integrated Performance Report (IPR) 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 070225 Boards.pdf (11 pages)
5. Jan25 IGR.pdf (111 pages)

11:00 - 11:15
15 min

6. Maternity Perinatal Dashboards

Assurance *Julie Hogg*

6. UHN Perinatal Quality Surveillance Scorecard Feb 2024 (Nov 2024 Data).pdf (5 pages)
6. KGH FINAL PQSM Nov 24 anonymised.pdf (8 pages)
6. NGH FINAL PQSM NOV 24 Anonymised.pdf (9 pages)

6.1. Clinical Negligence Scheme (CNST) Maternity Incentive Scheme (MIS) Year 6 Evidence Review: Report of the Perinatal Assurance Committee (PAC)

Information *Julie Hogg*

6.1 UHN PAC Chairs Highlight Report (Feb 2025) (1).pdf (6 pages)

6.2. CNST MIS Year 6 – UHN Exceptions Report

Assurance *Julie Hogg*

6.2 UHN MIS Year 6 CNST - Exceptions Report (1).pdf (3 pages)

6.3. CNST MIS Year 6 – UHN Declaration Summary

Decision *Julie Hogg*

6.3 UHN MIS Year 6 CNST - Declaration Summary (1).pdf (2 pages)

11:15 - 11:30
15 min

7. Freedom to Speak Up Quarterly Report (FTSU)

Assurance *FTSU Guardians*

7. FTSU Cover Sheet UHN Boards Feb 2025.pdf (2 pages)
7. FTSU 2024-25 Q2 and Q3 Board Report Jan 2025.pdf (14 pages)

11:30 - 11:45
15 min

8. Emergency Preparedness, Response and Resilience (EPPR) Annual Report

Receive *Sarah Noonan*

8. EPRR Annual Report and CS Report 2024 v1.2.pdf (14 pages)

11:45 - 11:55
10 min

9. Board Assurance Framework (BAF)

Assurance *Richard Apps*

9. BAF Boards cover paper FEB25.pdf (2 pages)
9. BAF Appendix A_Group BAF_24JAN25.pdf (16 pages)
9. BAF Appendix B_Corporate risks aligned to BAF risks @ Jan25.pdf (1 pages)

11:55 - 12:00
5 min

10. Questions from the public

12:00 - 12:00
0 min

11. 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 7 February 2025, 09:30-12:00
Location	Boardroom, Kettering 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	Chief Nurse	09:30	Discussion	Presentation
3	Minutes of the Previous Meeting held on 6 December 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) and Board Committee Chairs' Reports	Chief Executive, Executive Directors and NED Committee Chairs	10:15	Assurance	Attached
6	Perinatal Quality Surveillance Scorecards	Chief Nurse	11:00	Assurance	Attached
6.1	Clinical Negligence Scheme (CNST) Maternity Incentive Scheme (MIS) Year 6 Evidence Review: Report of the Perinatal Assurance Committee (PAC)	Chief Nurse		Information	Attached

6.2	CNST MIS Year 6 – UHN Exceptions Report	Chief Nurse		Assurance	Attached
6.3	CNST MIS Year 6 – UHN Declaration Summary	Chief Nurse		Decision	Attached
People and Culture					
7	Freedom to Speak Up Quarterly Report	FTSU Guardians, Director of Corporate and Legal Affairs	11:15	Assurance	Attached
	Governance				
8	Emergency Preparedness, Response and Resilience (EPPR) Annual Report	Chief Operating Officer	11:30	Receive	Attached
9	Board Assurance Framework	Director of Corporate and Legal Affairs	11:45	Assurance	Attached
10	Questions from the Public	Chair	11:55	Information	Verbal
11	Any Other Business and close	Chair	12:00	Information	Verbal

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	6 December 2024, 09:30-11:30
Location	William Wilson Room, Cripps Postgraduate Centre, Northampton 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
	Helen Ellis	Deputy Chief Finance Officer (Deputy for Chief Finance Officer)
	Stuart Finn	Director of Estates, Facilities and Sustainability
	Polly Grimmett	Director of Strategy
	Julie Hogg	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 Continuous Improvement
	Damien Venkatasamy	Non-Executive Director
	Chris Welsh	Non-Executive Director
In Attendance		
	Richard May	Company Secretary
	Mrinal Surpriya	Divisional Director for Surgery ENT, Head/Neck & Robotic surgeon, NGH (Item 2)

Apologies for absence		
	Simon Baylis	Lead Governor, KGH
	Richard Wheeler	Chief Finance Officer

Item	Discussion	Action Owner
1	**Welcome, Apologies and Declarations of Interest** The Chair welcomed colleagues to the meeting and noted apologies for absence as listed above. There were no declarations of interest relating to specific agenda items.	
2	**Patient Story – Don's Story** The Boards viewed a video in which Don described his experiences of cancer treatment following referral to the UHN Ears, Nose and Throat (ENT) service. Don described how impressed he had been with the joined up approach to his care between the teams at both hospitals, although travel to Northampton from his home in Kettering was an obstacle. The Boards welcomed Mrinal Supriya, Divisional Director for Surgery ENT, Head/Neck & Robotic surgeon (NGH) to present a brief summary of the trusts' journey to an integrated ENT Service since 2020, providing elective and non-elective services. The ENT service implemented an emergency inpatient pathway across UHN in 2021, by transferring all Kettering inpatients to Northampton, reducing admissions to the Head and Neck Ward and patient length of stay. Elective ENT had increased across the group in the past year and patient access had improved, with shorter waiting times for Northampton patients. A wider range of innovative services were now offered, with specialist outpatient procedures provided by KGH and a robotic service established at NGH for patients across the East Midlands. Next steps were for the integration of audiology services across UHN and collaboration with the University Hospitals of Leicester NHS Trust on Oral Maxillo-Facial Surgery. The Boards welcomed Don's positive feedback and the achievements and patient benefits of establishing an integrated service, commending the leadership that had contributed. The Boards were advised that much enabling work was still required, particularly regarding inefficiencies in managing joint waiting lists caused by separate digital systems, and difficulties in accessing case notes between hospital sites. The Boards identified that there was valuable learning for future collaborations, emphasising the importance of clinical leadership, early and ongoing engagement and direct patient involvement in service redesign. The Boards extended their thanks to Don and to Mr Supriya for their contributions.	
3	**Minutes of the last meeting held on 4 October 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 4 October 2024, were approved as a correct record. The Boards noted the action log and specifically actions: • Aug 24 (11): formal visits process yet to be implemented; revised target completion date January 2025; action to remain open; • Oct 24 (15): Further work was required to clarify the respective roles of Executive and Non-Executive network sponsors; revised target completion date February 2025, action to remain open.	
4	**Chair's Report** The Chair advised that, in common with the wider NHS, the trusts were experiencing severe winter pressures, with particular challenges for urgent and emergency care demand in the context of rapidly rising cases of COVID, influenza and respiratory conditions; the trusts would continue to promote winter vaccinations given that take-up within communities was low. The group's financial position remained extremely challenged and would be the subject of focussed attention during the meetings. The challenges facing the local health system could only be addressed through a collaborative approach with Northamptonshire Integrated Care System partners. The Chair drew attention to the schedule of ward and service visits, scheduled to take place between the public and private meetings. This was an important opportunity to witness operational pressures at first hand and to recognize and thank colleagues for their hard work to maintain the quality and safety of patient care.	
4.1	**UHN Chief Executive's report** The UHN Chief Executive drew the Boards' attention to the contents of her written report and to severe pressures in urgent and emergency care, apologising to patients and families who had experienced unacceptably long waits, sometimes in corridors, as a consequence. She joined the Chair in extending thanks to colleagues for their continuing efforts in response to the pressures, particularly within medicine pathways. The second floor of the Spinneyfield facility had opened, providing 60 additional beds to mitigate some of the ongoing bed pressures across the organisation; the UHN Chief Executive extended her thanks to teams whose work had ensured timely opening during a period of sever operational pressure. The new Ophthalmology Injection Suite would be opening in Nene Park in January 2025 to treat macular degeneration and reduce reliance on in-sourcing within the service whilst providing a dedicated service for patients. The Boards recognized that there were other services which potentially could be provided away from the main hospital sites to improve access and reduce congestion and overcrowding.	

	The group was consulting on proposals for integrated leadership structures for operational, nursing and medical teams. Consultation concluded in January, and the Chief Executive acknowledged the leadership of the Chief Nurse, Chief Operating Officer and Medical Director in driving the project and engaging with many colleagues on an individual basis.	
5.	**Integrated Performance Report (IPR) and Board Committee Summaries** The UHN Chief Executive presented the IPR, reiterating the need to improve its format and content under the leadership of the Chief Digital Information Officer. Executive leads drew significant items to the Boards' attention: *Quality* - The group's safety profile remained stable; the Nursing, Midwifery and Allied Health Professionals Committee was reviewing a recent downward trajectory of Friends and Family Test feedback; - Additional capacity to address complaints underperformance at NGH had been approved. The Boards were advised that the Quality and Safety Committee would receive a report focussing on learning from complaints at its next meeting, and were assured that the new Patient Safety and Incident Response Plan (see item 7 below) had been informed by learning; - The number of patients experiencing moderate harm following safety incidents had increased at KGH following the adoption of a common methodology with NGH. Key themes included communications and urgent and emergency care pressures; - The number of hospital-acquired infections remained stable. C-Difficile was a continuing issue at NGH. In response to a question, the Boards were advised that sampling methodologies continued to differ between the trusts, though reporting procedures had been aligned; - A 'never' event had occurred in October following a patient being incorrectly selected for a device at NGH, resulting in moderate harm; the Boards were assured that robust investigation and learning processes were in place in response to such events; - Mortality data remained stable despite high acuity at both hospitals. In response to a question, Boards were advised that the number of medication errors at each trust remained stable. *Operations* - Performance against national Cancer treatment standards remained strong; the position regarding skin cancer treatment times at NGH had deteriorated, but was expected to recover; - Diagnostic performance continued to improve;	

	- No patients were waiting over 78 weeks for treatment at 31 October 2024; the Integrated Leadership Team would consider mitigations against the risk of some patients waiting over 65 weeks for elective treatment by 31 March 2025; - Ambulance handover delays increased during October 2024 at both trusts, who continued to experience high attendances into emergency departments. There was a marginal deterioration in performance against the four-hour A&E wait standard. Escalation protocols were in place to manage periods of increased demand. The Chief Operating Officer provided the latest position regarding the implementation of the trusts' winter planning, advising that £900k of NICB funding had been received to invest in short term mitigation schemes over the next 12 weeks; a further £1 million would be invested more widely within the local health system to strengthen community capacity and thereby reduce emergency department attendance and improve patient flow and discharge through the acute hospitals. The Chief Operating Officer expressed confidence that these schemes would deliver the desired business benefits, though there were risks relating to the need to recruit additional temporary staffing at short notice. Internal mitigation measures included extended opening hours for same day emergency care and the Urgent Treatment Centre. The Trusts had declared a critical incident recently in response to operational pressures; this status had now been lifted and pressure had marginally eased. The Boards noted the latest position, commended the collaborative working with NICB partners to expedite mitigation schemes quickly and looked forward to 2025-26 plans being brought forward at an earlier stage of future year planning. *People* - Agency expenditure was reducing at both hospitals but remained higher than national targets. Bank usage was stable, remaining over target. The NGH staffing establishment remained stable during Month 7 (October), showing a small increase at KGH; - Seasonal increases in sickness absence were evident and the trusts had relaunched the Keeping Well Policy to mitigate this Staff take-up of vaccinations for COVID and influenza was around 20%; - Time to hire was concerningly long at NGH and was the subject of focussed work by the People Committee to address; improved automation of processes, particularly regarding Occupational Health clearance, would be key to improving performance; - A new appraisal methodology, focussing increasingly on wellbeing, had received positive feedback from colleagues; the new process should facilitate higher completion rates compared to target; - The continuing increase in volunteering hours was to be welcomed.	

	Committee reports Committee Chairs brought significant items to the Boards' attention: *Operational Performance* - The Committee received positive feedback from users of the Federated Data Platform which brought data sources together to enable improved support for patients' experiences at the hospitals; - The Committee indicated 'Limited' assurance in respect of the Health Intelligence transformation programme, noting significant ongoing work and commitment to resolve issues but a lack of clarity on timetables and staffing challenges; - The trusts were performing well on planned and cancer care compared to regional peers; however, further improvements were required to benchmark against the strongest performers nationally. *Finance and Investment* - The Trusts' current forecast outturn was a deficit of £96m compared to £80m (revised) and £55m (original). The Trusts had received £55m of NHS England funding, giving a net deficit of £41m. There was continued focus on deficit reduction measures, and an independent review of the underlying drivers of the deficit, and the trusts' mitigation plans, continued; - UHN capital expenditure at month 7 (31 October) was £18.3m against an annual plan of £66m, with a further £16m contractually committed; the trusts were at significant risk of underspend; a single capital approach for 2025-26 was planned in order to improve management and delivery of the plan. - The trusts faced potential cash flow issues in quarter 4 (January to March 2025) and would apply for external support to mitigate. *People* The Committee: - Recognized the impacts of urgent and emergency care pressures and structural consultations upon morale and wellbeing; - Noted staffing and establishment and time to hire figures, as referred to by the Chief People Officer (above); - Indicated 'limited' assurance in respect of the Guardian of Safe Working report for KGH given the significant increase in exception reports submitted in the last quarter; the committee noted key themes and received assurances from the Medical Director regarding mitigations. The NGH report would be submitted to the next meeting. The Boards' attention was drawn to concerns from KGH Staff Governors regarding the impacts of recruitment requests being refused	

	by vacancy control panels; expectations needed to be managed effectively and executive engagement required earlier in the process to ensure only roles fulfilling the most critical business need were submitted to panels. The Boards were advised that the final staff survey return rates were 51.6% for KGH and 57.1% for NGH, compared to 56% and 60% in 2023. The first results would be made available in early 2025. *Quality and Safety* The Committee Chair commended clinical leadership contributing to the achievements of the integrated UHN Head and Neck service, as exemplified within the patient story (above). The Committee: - Received a report on ongoing work to mitigate long waits for children and young people, supporting a suggestion that a children's board was needed for the NICB; the Operational Performance Committee Chair undertook to review specific performance issues for UHN specialties; - Noted challenges in relation of a reduction in the national funding for student nurse associate training and issues with nurse recruitment, which was a local and a national issue which could have detrimental longer term implications for quality and safety. *Audit* The Committee Chair drew the following areas of 'limited' assurance to the Boards' attention: - Internal audit reports, specifically concerns raised in the report into the Dedalus LIMMS system across the region, incomplete Business Continuity Planning documentation and testing and a continued lack of progress on reducing salary overpayments; the Boards identified improved training, support and systems as necessary to resolve this issue; - Lessons from the audit of the 2023-24 KGH annual accounts, given the reliance on timely completion of reorganisation within the service given other pressures on the team and the market for recruitment in these areas; - The implementation of procurement controls.	**OPC**
6.	**UHN Perinatal Quality Surveillance Scorecards** The Boards received scorecard reports and noted the following exceptions: - Following changes in community prescribing, maternity processes were in place in the community to provide prescriptions for women seeing community midwives - The KGH Local Neonatal Unit was redesignated to Level 2	

	status from 28 October 2024 using a staged approach, and was now receiving babies from 30 weeks' gestation; no issues had been identified since redesignation; - Estates work had been completed at KGH to improve access to the Thomas Moore Ward for mothers and babies; - The Maternity safety support programme diagnostic phase was underway, - NGH and KGH were compliant in 9/10 and 8/10 Maternity Incentive Scheme safety actions respectively, and it was unlikely KGH would achieve compliance within the current reporting period; both trusts had improved compared to the previous year positions, however. The CQC action plan at KGH remained in progress; - One new safety investigation was declared at NGH in October; there were no care or service delivery concerns arising; - High numbers of maternity red flags were reported across both sites relating induction of labour; focussed review of these pathways was required; - Combined perinatal champions meeting and assurance committees were now in place for UHN; - The staffing position was strong at both trusts, with a strengthened preceptorship programme in place to support new starters. The Boards noted the report and indicated assurance in respect of maternity services's compliance against national key safety indicators, including actions to address gaps, and the identification and investigation of, and learning from, maternity patient safety incidents.	
7.	**Patient Safety Incident Response Plan (PSIRP)** The Boards considered a report seeking approval for a PSIRP for UHN, developed as part of the transition to the national Patient Safety and Incident Response Framework (PSIRF), replacing the serious incident framework. The plan set out how UHN would respond to patient safety incidents, including methods to be applied, rationale and articulation of safety priorities; it was developed in collaboration with key stakeholders to establish local improvement priorities around cancer, children and young people, maternity and compassionate engagement, which aligned with nationally mandated requirements including deaths, serious incidents and 'never' events. The aligned plan as intended to standardize reporting and monitoring and, in doing so, improve information sharing and learning from incidents; it also enshrined a key role for patient safety partners in the review processed. The plan had been received and endorsed by the Quality and Safety Committee. The Boards indicated support for the plan and welcomed the offer of support from organisational development colleagues for the implementation of cultural and behavioural aspects. Following discussion, the Boards **approved** the UHN Patient Safety and Incident Response Plan as appended to the report, subject to reference to the Duty of Candour within the appendices.	**HN**

8.	**Trusts' Seals** The KGH Board noted 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 noted 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.	
9.	**Committee Terms of Reference** The Boards of Directors **approved** revised Terms of Revised for the Operational Performance Committee (OPC) and Quality and Safety Committee (as appended to the report) to reflect changes to membership and the transfer of responsibilities for emergency planning and digital oversight to the OPC. Both sets of revised Terms of Reference had been endorsed by the committees.	
10.	**Northamptonshire Healthcare Charitable Fund (NHCF) – Revisions to Memorandum of Understanding** The Boards of Directors **approved** amendments to the Memorandum of Understanding with the NHCF as proposed in, and appended to, the report.	
11.	**Questions from the Public** There were no questions from the public.	
12.	**Any other business and close** The Board joined the Chair in extending its thanks and best wishes to Professor Natalie Armstrong, who was attending her last meeting as Non-Executive Director representative of the University of Leicester before moving to new employment within the university sector.	

Action Log

Meeting	Boards of Directors (Part I) Meeting in Public
Date & Time	Updated following 6 December 2024 meeting

Minute Ref.	Action	Owner	Due Date	Progress	Status
Aug 24 11	Consider process for capturing feedback from Non-Executive Director visits.	JH	Feb 25	Trust Secretary creating Sharepoint site and feedback form – for launch during February 2025	OPEN
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.	SS/PK	Mar 25	Planning guidance received 30 January. Work is underway to prepare the workforce plan, triangulated to finance and activity and will be submitted to NHS England within the required timescales – Board governance timeline is to be confirmed.	OPEN
Oct 24 8ii	Initial submission of future year winter plans	SN	Apr 25	Added to 2025 work plan	NOT YET DUE
Oct 24 15	Clarify and communicate non-executive diversity network sponsors	PK	Mar 25	Meetings taking place Jan/Feb with exec sponsors to discuss role with support of new documentation to clarify expectations. New UHN networks in place from March.	OPEN
Dec 24 5	Paediatric waiting lists: the Operational Performance Committee Chair undertook to review specific performance issues for UHN specialties	TS/SN	Jan 25	Included in January Performance Report and will continue to be tracked in future reports	CLOSE
Dec 24 7	Refer to Duty of Candour in Patient Safety and Incident Response Plan	HN	Dec 24	Medical Director to confirm inclusion in final versions	OPEN

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NHS
University Hospitals of Northamptonshire
NHS Group

Cover sheet

Meeting	University Hospitals of Northamptonshire NHS Group Public Boards of Directors (Kettering General Hospital and Northampton General Hospital)
Date	7 February 2025
Agenda item	4.1

Title	Chief Executive's report
Presenter	Laura Churchward - UHN Chief Executive (CEO)
Author	Laura Churchward UHN CEO and wider UHN Executive Team (contributors)

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 December 2024 and January 2025 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 third as CEO of University Hospitals of Northamptonshire (UHN). Over the last two months I have continued to visit many of the teams across the many sites we manage. Thank you again to all the teams who have been so welcoming to me.

New Hospitals Programme

There has been a decision to delay the next steps in our NHP development programme, with the build now timetabled for construction between 2032 – 2034. Board members will share my disappointment in this news.

We have, however, been given permission to continue to build our new Energy Centre, which will vastly improve the site infrastructure at Kettering. Work on site with the contractor is due to start in February 2025 and complete in 2027. We are also progressing plans to re-provide space for the services which were affected by our discovery of RAAC concrete with work on this due to start later this year.

Further work is needed to understand the long -term plan for us to address the RAAC concrete in our Women's and Children's unit. An update will be provided to the Boards in due course.

System under significant stress

There continues to be significant pressures relating to winter across the Urgent and Emergency Care pathways at both sites. This has resulted in delays in off-loading ambulances as well as long waiting times for patients requiring beds in our Emergency Departments (EDs), with critical incidents called in early and late January 2025. We continue to work with system partners as well as internally on actions to improve our position.

Bringing UHN together

The consultation on changes to create an integrated leadership structure across divisions and in our corporate medical, nursing and operations teams closed in January. It remains our intention to move to new integrated structures from 1 April 2025, with some modifications to the original proposal as a direct result of feedback from our teams.

One Digital

UHN and UHL have brought together our digital programmes under a ‘One Digital’ approach, which will mean better care and outcomes for patients and a better experience for colleagues.

This will replace UHN’s dedicated to digital excellence programme, providing a single banner for how we describe and organise our work. We will start using our digital system ‘NerveCentre’ in May 2025 and the initial change will focus on the way we perform our observations on patients and medicines administration. The ‘One Digital’ Strategy will be brought to a future meeting of the Boards for formal adoption.

And to end on a positive:

Thanks to the incredible generosity of two donors and the support of Northamptonshire Health Charity, we are in the process of acquiring a High Intensity Focused Ultrasound (HIFU) machine. This cutting-edge equipment will provide prostate cancer patients in the East Midlands with a less invasive treatment option as part of a new service at Northampton General Hospital.

The machine is particularly effective in treating early-stage cancers and can be utilised by approximately 20% of cases. It is anticipated that the new service will be up and running from March.

Cover sheet

Meeting	University Hospitals of Northamptonshire NHS Group Public Boards of Directors (Kettering General Hospital and Northampton General Hospital)
Date	7 February 2025
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 an overview to both KGH and NGH's performance. Board Committee summaries enable the Boards of Directors to be assured around organisational performance on an exception	The IPR is produced on a monthly basis and is presented at each public Board on a bi-monthly basis. The IPR was considered by Board Committees during January 2025.

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.	The Operational Performance Committee received a report setting out the latest position regarding work to transition to an Integrated Performance Report from the first 2025-26 Board and Committee cycle, including work by Committees during February to agree a new suite of performance metrics aligned to CQC domains. The Committee indicated its support for the direction of travel towards a single source of timely 'Ward to Board' performance reporting for the organisations, including the change in executive ownership of the IPR to the Director of Continuous Improvement. The Director of Continuous Improvement is leading this work and will update the Boards regarding progress.

Executive Summary

Board Committee summaries and the Integrated Performance Report for January 2025 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.

Appendices

Board Committee Summaries, January 2025
Integrated Performance Report, January 2025. Board Members' particular attention is drawn to the following Committee cover sheets:

- Quality and Safety (page 4 of 111)
- Finance and Investment (page 39 of 111)
- Operational Performance (page 54 of 111)
- People (page 94 of 111)

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: 7 February 2025

AGENDA ITEM 5

Audit: 15 January 2025

Operational Performance: 23 January 2025

UHN/UHL Partnership: 24 January 2025

Finance and Investment: 28 January 2025

Quality and Safety: 29 January 2025

People: 30 January 2025

KGH/NGH Audit Committees (meeting together) Upward Report to Boards of Directors	Date of reporting group's meeting: 15 January 2025		
Reporting Chair: Alice Cooper			
Agenda Item	**Description and summary discussion**	**Decision / Actions and timeframe**	**Assurance level ***
Internal Audit	The Committees received an update from TIAA (internal auditors), noting that no reports had been finalised in the period, and 4 (FTSU, Maternity incentive scheme, Digital Procurement, & Salary Overpayments (revisit) remained in draft form. The Committees took only Limited Assurance from the findings presented, for the following reasons: • The growth in the number of actions outstanding (to increase further once the 4 outstanding reports are finalised shortly), • The slow progress in finalising reports with management, • The continued lack of significant progress on some stubborn longstanding issues. The committee discussed the reasons for these challenges, and agreed actions to reinforce engagement and ownership amongst management and Executive leads.	Assess improvement at March 2025 meeting	Limited
Anti-Financial Crime	The Committees received reports detailing activity against agreed counter fraud annual work plans. The Committees indicated 'reasonable' assurance – however noted this was at the very low end of this range, due to a number of actions agreed as being required around the better (and more timely) 'case management' of loss or fraud cases, and the need to shift the focus from recovery after the event back to prevention.	Update on SOP at March 2025 meeting	(Low) Reasonable
External Audit	• The committee received an update from the external auditors on audit preparation work to date. Disappointingly this has been delayed by a few weeks due to the change of Chief Finance Officer (CFO) shortly before the Christmas break, the committee expressed significant concern that we must catch up this currently modest delay as soon as possible to prevent delays on the scale experienced last year. • The committee also received an update from the interim CFO on the previously presented lessons report (regarding the 23/24 Audit process at KGH). It was noted that this did not contain detailed next steps due to her recent arrival, and it was agreed that the monitoring of this work should continue between the committee chair and the Interim CFO between now and the next meeting. • In a private session, the committee members and governors received an update on the process for the external audit procurement exercise currently ongoing.	- Update on current audit timeline after 16th January meeting. - Regular updates between CFO and AC chair between now and March meeting.	Limited
Financial Governance	The Committees reviewed the Financial Governance reports for the two trusts. The Committees expressed concerns regarding: • The need for a joint, and where possible consistently presented, report to allow proper comparison and focussing of efforts, and with a greater focus on context for data, and the actions needed ensure good governance of our financial resources. • The cashflow risk presented by the uncertainty over the revenue support claim due in March 2025. • The continued acknowledged need to better equip and train our budget holders and leaders for their financial governance responsibilities.	Enhanced reporting for March 2025 meeting.	Limited

UHN Operational Performance Committee Upward Report to Board of Directors	Date of reporting group's meeting: 23 January 2025

Reporting Non-Executive Director: Trevor Shipman (Chair)

Agenda Item	Description and summary discussion **The committee:**	Decision / Actions and timeframe	Assurance level *
Board Assurance Framework (BAF)	The Committee received the latest BAF and endorsed changes to BAF Risk (04) (Failure of the Integrated Care Board to deliver transformed care) since the last review. The Committee looked forward to the 'deep dive' review of this risk, scheduled for the next meeting	February 2025 (BAF on Boards' agenda) - item 9	Reasonable
Performance Report	The Committee commended the new and improved format of the report, which enhanced understanding of key issues. The Committee was assured regarding the robustness of the trusts' response to the recent Critical Incidents, whilst retaining concerns regarding quality and safety issues caused by the need to provide urgent and emergency care in sub-optimal clinical environments.	-	Reasonable
Sub-Group reports	The Committee received reports from the Digital and Urgent Care Groups, noting items of limited assurance and plans to mitigate these.	-	Reasonable
Productivity (Getting it Right First Time – GIRFT) Report	The Committee received a report setting out progress with the elective productivity agenda. A theatres performance dashboard was now in place, built to Model Hospital specification and providing overview performance charts and patient and session level data; feedback from teams was positive. The Committee commended improvements in theatre utilisation, particularly at Kettering, and in day case rates where the trusts were now consistently over-performing against the target of 85%. Improved elective productivity contributed towards the achievement of Elective Recovery Fund (ERF) funding (c. £19m of income), though increased productivity did not directly correlate to efficiency gains due to continuing insourcing and Waiting List Initiatives.	-	Substantial
Emergency Preparedness, Resilience and Response (EPRR) Annual Report and Core Standards Self-Assessment	The Committee received and endorsed the EPRR Annual Report and Core Standards Self-Assessment for onward submission to Boards of Directors noting that, partly as a consequence of more stringent reporting and monitoring regime, that both trusts' overall self-assessments were non-compliant with the standards. The Committee was assured at the structural and cultural improvement plans specified in the report.	On Boards' Agenda – item 8	N/a
Integrated Performance Report (IPR)	The Committee received a report setting out the latest position regarding work to transition to an Integrated Performance Report from the April – May 2025 Board and Committee cycle, including work by Committees during February to agree a new suite of performance metrics aligned to CQC domains. The Committee indicated its support for the direction of travel towards a single source of timely 'Ward to Board' performance reporting for the organisations, including the change in executive ownership of the IPR to the Director of Continuous Improvement.	Brief update at agenda item 5.	N/a

UHL/UHN Partnership Committee Upward Report to Boards of Directors	Date of reporting group's meeting: 24 January 2025

Reporting Group Chair: Andrew Moore

Agenda Item	Description and summary discussion The committee:	Decision / Actions and timeframe	Assurance level *
Development of Group Clinical Services Strategy: UHN/UHL	The Committee endorsed the proposed approach to the development of the strategy set out in the report, with components for UHN (Kettering and Northampton), UHN/UHL (Kettering, Northampton and Leicester), local partners ('place') and the wider East Midlands Acute Partnership; the UHN and UHL Boards would be meeting together on 3 February 2025 to identify cross-cutting principles and emerging strategic ambitions prior to adoption in May 2025. The strategy must meet local population health needs, create health equality, enable further integration and ensure safe and sustainable services; it must be developed with clinicians' input and support.	May 2025	-
Development of Group priorities for 2025-26	The Committee endorsed UHL priorities and key deliverables for 2025-26 and requested that, given the areas of commonalty and the desire to advance collaboration, they inform the development of UHN priorities.	February 2025 Boards	-
Group financial plan 2025-26	UHN and UHL would be preparing financial plans and the committee took the opportunity to discuss projected 24-25 outturn and priorities for 2025-26; both partners faced significant challenges to achieve a balance between activity, quality, safety, workforce and finance which would maintain and enhance patient care whilst moving the organisations towards sustainable medium term positions. Detailed plan development would be informed by national planning guidance which was due to be issued shortly, and would incorporate mitigations and variances likely for the 25-26 winter peak period.	March 2025 (plans' agreement)	-

UHN Finance and Investment Committee Upward Report to Boards of Directors	Date of reporting group's meeting: 28 January 2025		
Reporting Group Chair: Damien Venkatasamy			
Agenda Item	**Description and summary discussion**	**Decision / Actions and timeframe**	**Assurance level ***
Finance Report Month 9	The year to date UHN position was a £31.7m deficit (£13.8m KGH, £17.9m NGH) after receipt of deficit funding against a break even plan. UHN forecasting had been suggesting being between £42m and £45m off plan by the end of the year, however the extenral review initial findings showed a higher figure by year end. The Committee supported the request for NGH to draw a further £6m and KGH £4m of PDC revenue support for March to cover identified commitments and recommended approval to the Boards.	Revenue support requests on agenda for approval	Limited
P23 Procurement Outcome	KGH is working to deliver an extension to Rockingham Wing through NHSE RAAC funding of circa £33m. A procurement exercise has resulted in a recommendation to appoint a Principal Supply Chain Partner (PSCP) to take forward this much needed design and build project. Integrated Leadership Team had agreed with the recommendation to approve and NHSE have verbally confirmed to meet the financial difference – written confirmation was awaited. Once appointed, the supplier would complete stage 4 designs with the team, go out to market and cost supply chains.	Approved	-
Temporary Staffing Update	Agency performance continued to reduce, but remained above the national target. Bank use was static and there had been an increase in the substantive workforce. Vacancy Control Panels had been strengthened with three criteria needing to be met for approval - no increase to run rate, cost centre in budget and clinical urgency. The number of new starters in Q4 had also been capped. The Committee recognised the ongoing efforts on workforce controls and these needed to be sustained.	-	Reasonable

UHN Quality and Safety Committee Upward Report to Board of Directors	Date of reporting group's meeting: 29th January 2025 (1 of 3)

Reporting Non-Executive Director: Chris Welsh (Chair)

Agenda Item	Description and summary discussion **The committee:**	Decision / Actions and timeframe	Assurance level *
Subgroup reports	1. Received upward reports from the Nursing Midwifery & AHP Committee, Patient Safety Committee, Health and Safety Committee, Risk Management Committee, Quality Improvement Committee and Radiation Protection Committee 2. Reviewed and discussed items of limited assurance reported from the UHN Nursing, Midwifery and AHP steering group, and confirmed reasonable assurance considering the actions being taken in relation to these items.	-	Reasonable
Patient Story	1. Commended to the Board the patient story as an excellent example of the steps taken to ensure patients are cared for appropriately, particularly in the Intensive Care Unit.	Item 2	n/a
Perinatal Quality Surveillance Scorecard	1. Received and noted the detailed review of evidence and the key discussion from the 16th January Perinatal Assurance Committee 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 gaps.	Item 6	Substantial
UHN Maternity Incentive Scheme Year 6 evidence review	1. Was assured that UHN maternity services have demonstrated substantial progress towards achieving compliance with MIS Year 6 and that actions are being implemented to address and achieve compliance in areas where this has not yet been met.	Item 6	Substantial
Patient Safety Report (Q3 2024-2025)	1. Commended the improved report and confirmed reasonable assurance that processes of identifying, investigating and learning from all patient safety incidents are being managed effectively.	-	Reasonable

UHN Quality and Safety Committee Upward Report to Board of Directors	Date of reporting group's meeting: 29th January 2025 (2 of 3)

Reporting Non-Executive Director: Chris Welsh (Convenor)

Agenda Item	Description and summary discussion **The committee:**	Decision / Actions and timeframe	Assurance level *
Integrated Governance Report	1. Noted improved complaints response rates at KGH and slower improvement at NGH; issues relating to this have been identified and were discussed. 2. Noted an update on mortality, the UHN position in relation to peers and the difference between the old and new HSMR models and changes to methodologies. The committee indicated assurance that the mortality rate was to be expected or better than expected and noted that hard work was ongoing to standardise processes and documentation.	Item 5	n/a
Board Assurance Framework	1. Agreed the changes to the BAF and was assured that the content of risks is accurate, and that controls and actions are in place to mitigate risks.	Item 9	Reasonable
Clinical Integration and Collaboration	1. Emphasised the importance of implementing enablers, the absence of which is causing challenges and hindering progress in relation to clinical integration and collaboration. Enablers are a critical component of the clinical strategy and support to advance these would be welcomed. 2. Noted the challenge in relation to the investment required to progress clinical integration and collaboration given the challenged financial position.	Item of escalation to the Board.	Limited
Developing Research and Innovation activities across UHN	1. Endorsed recommendations to: a) Establish senior R&I leadership and integrate research teams across UHN b) Develop research capacity at UHN by • Integrating teams and joint office working • Engaging with staff • Harmonising financial processes • Improving research infrastructure • Maximising leverage from existing partnerships c) Support clinicians into research roles by incorporating research time in job plans 2. Noted the need for funding resulting from partnership agreements to be quickly identified and allocated to enable the delivery of activities.	Decision approved	Decision item

UHN Quality and Safety Committee Upward Report to Board of Directors	Date of reporting group's meeting: 29th January 2025 (3 of 3)		
Reporting Non-Executive Director: Chris Welsh (Convenor)			
Agenda Item	**Description and summary discussion** **The committee:**	**Decision / Actions and timeframe**	**Assurance level ***
External Inspection and Assurance	1. Noted an update on actions relating to the December 2023 KGH CQC inspection. 2. Noted that a plan is in place to monitor the completion of the remaining CQC actions.	-	Limited

People Committee - (page 1 of 2) Reports to the Boards of Directors	Date of reporting group's meeting: 30 January 2025		
Reporting: Jill Houghton (Non-Executive Director)			
Agenda Item	**Description and summary discussion**	**Decision / Actions and timeframe**	**Assurance level ***
Culture and Safety Reports	The Committee was informed that sickness absence was above target across UHN, mask wearing had been introduced in some areas. Preventative work for MSK was ongoing targeting clinical staff at risk of MSK injury. HSE Stress at Work Assessment and Action Plan are being discussed as well as a health passport which would be presented to the April Strategy People Committee. A UHN Professional Behaviours operating procedure to support managers and HR Business Partners was being developed.		Reasonable
	The Committee received an update on the Sexual Safety Charter which advised of the procurement of an anonymous reporting tool which aimed to be delivered end of Q4/start of Q1.		
	A paper was presented on the NSS 2024 Results Roll Out with the results under a period of embargo. The delivery of the staff survey response would be under the four key building blocks which would help shape response in local teams. A theme coming out of the culture and safety reports was to ensure core messages were understood and that any branding/naming was clear		
Workforce Reports	An update on time to hire (TTH) was presented - NGH had been a greater challenge with information not being always available at divisional level and this was being addressed. There would be a delay in starters to April, which would increase TTH. Work was ongoing to look at the workforce data available due to the different systems in each Trust and the issues identified by it. An update was provided on the collaborative bank across UHN/UHL – the tender had not been resolved due to complexities. NGH and UHL was possible, however KGH's current bank contract did not allow this. The primary focus now was on creating a UHN collaborative bank and to make cross working more efficient as a foundation to a wider bank with UHL. The Automation Programme of work was highlighted as a risk with multiple workstreams within the programmes failing to achieve amber or green status.		Limited

People Committee (page 2 of 2) Reports to the Boards of Directors	Date of reporting group's meeting: 30 January 2025		
Reporting: Jill Houghton (Non-Executive Director)			
Agenda Item	**Description and summary discussion**	**Decision / Actions and timeframe**	**Assurance level ***
Freedom to Speak Up	The Committee received the Q2 and Q3 reports. There had been a rise in reports from corporate services at NGH. During Q2 and Q3, the largest proportion of concerns across both KGH and NGH were received from nursing, followed by admin and clerical. Concerns raised by medical and dental professionals continued to be reported at a greater rate in KGH, whereas NGH received few. Behaviour and attitudes were a key theme of reports raised. The use of the anonymous reporting tool had increased into Q3. The Committee had a discussion on freedom to speak up training and whether it could mirror a programme of delivery similar to Rethinking Racism.	Agenda item 7	Reasonable
Medical Education Reports	The Committee received the first iteration of a UHN medical education report – moving forward the Committee would receive quarterly updates from the Medical Director. The Committee highlighted the risk with the aging estate/infrastructure which impacted support to our graduates and postgraduates which had seen a 50% increase in the last 20 years. The short-term plan for NGH was the repurposing of Cripps Postgraduate Centre – next steps needed to invovle the modernising of IT solutions and work with UHL on an academic strategy.	-	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

IPR

January 2025

Dedicated to excellence

Introducing the IPR

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

1) Quality and Safety Committee (pages 4 to 37) covering metrics aligned to our 'patient' and 'quality' dedicated to excellence values
2) Finance and Investment Committee (pages 38 to 49) covering metrics aligned to our 'sustainability' dedicated to excellence values
3) Operational Performance Committee (pages 50 to 93) covering metrics aligned to our 'sustainability' and 'systems and partnerships' dedicated to excellence values
4) People Committee (pages 94 to 111) 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).

Quality and Safety Committee

Dedicated to excellence

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

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

1. Collaborative quality improvement work continues across UHN to focus on reducing HCAI ;
NGH Increase in C diff HCAI in December but reduction in other HCAI
KGH Increase in HCAI in December but continued reduction in C Diff

2. Increase in complaint response compliance across UHN with particular focus of improvement at NGH. Workforce challenges across both sites with significant impact on NGH. Recovery plans in place but affecting compliance.

3. Continued challenges in ED patient feedback response performance due to increased pressures on the UEC pathway, reflects national picture. Focus across UHN continues to improve patient experience and feedback response rates

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

1. Alignment of targets in progress across UHN for specific quality metrics.

2. Cautionary note that ongoing work to align processes behind metrics so more complex in comparing data.

3.

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

Summary Table

Committee Name: All

Group Name: Patient

Metric Name: Multiple selections

Site: All

Variation: All

Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance	Assurance
KGH	Patient	% Patients satisfaction score - Trustwide	01/12/24	92.00%	95.00%	90.1%	92.76%	95.42%			Not Consistently Anticipated to Meet Target
NGH	Patient	% Patients satisfaction score - Trustwide	01/12/24	88.00%	95.00%	86.99%	89.76%	92.53%			Consistently Anticipated to Not Meet Target
NGH	Patient	% Patients satisfaction score - inpatients	01/12/24	93.90%	89.50%	89.44%	92.98%	96.53%			Not Consistently Anticipated to Meet Target
KGH	Patient	% Patients satisfaction score - inpatients	01/12/24	93.00%	95.00%	88.74%	92.84%	96.94%			Not Consistently Anticipated to Meet Target
KGH	Patient	% Patients satisfaction score - A&E	01/12/24	72.00%	95.00%	67.77%	77.08%	86.39%			Consistently Anticipated to Not Meet Target
NGH	Patient	% Patients satisfaction score - A&E	01/12/24	73.30%	88.00%	70.58%	78.15%	85.72%			Consistently Anticipated to Not Meet Target
KGH	Patient	% Patients satisfaction score - maternity	01/12/24	91.00%	95.00%	82.3%	93.72%	105.14%			Not Consistently Anticipated to Meet Target
NGH	Patient	% Patients satisfaction score - maternity	01/12/24	96.50%	96.80%	87.2%	94.7%	102.2%			Not Consistently Anticipated to Meet Target
NGH	Patient	% Patients satisfaction score - outpatients	01/12/24	93.60%	93.80%	92.13%	93.84%	95.56%			Not Consistently Anticipated to Meet Target
KGH	Patient	% Patients satisfaction score - outpatients	01/12/24	96.00%	95.00%	93.61%	96.16%	98.71%			Not Consistently Anticipated to Meet Target
KGH	Patient	Number of complaints	01/12/24	38	0	17	45	72			Consistently Anticipated to Not Meet Target
NGH	Patient	Number of complaints	01/12/24	44	0	21	39	57			Consistently Anticipated to Not Meet Target
NGH	Patient	Complaints response performance	01/12/24	20.00%	90.00%	53.47%	78.36%	103.26%			Not Consistently Anticipated to Meet Target
KGH	Patient	Complaints response performance	01/12/24	83.00%	90.00%	18.42%	49.12%	79.82%			Consistently Anticipated to Not Meet Target

% Patients satisfaction score - Trustwide

Committee Name: All

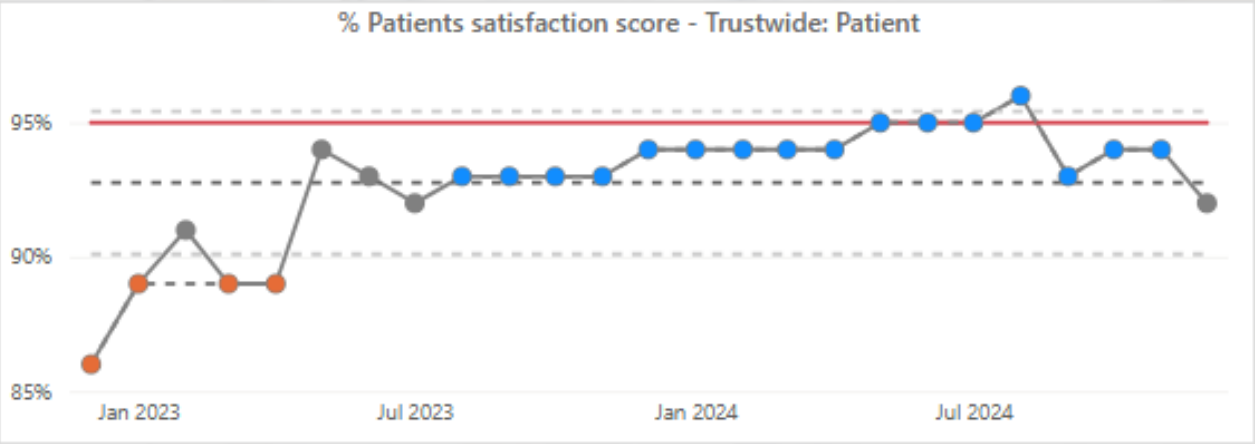
GroupName: Patient

MetricName: % Patients satisfaction score - Trustwide

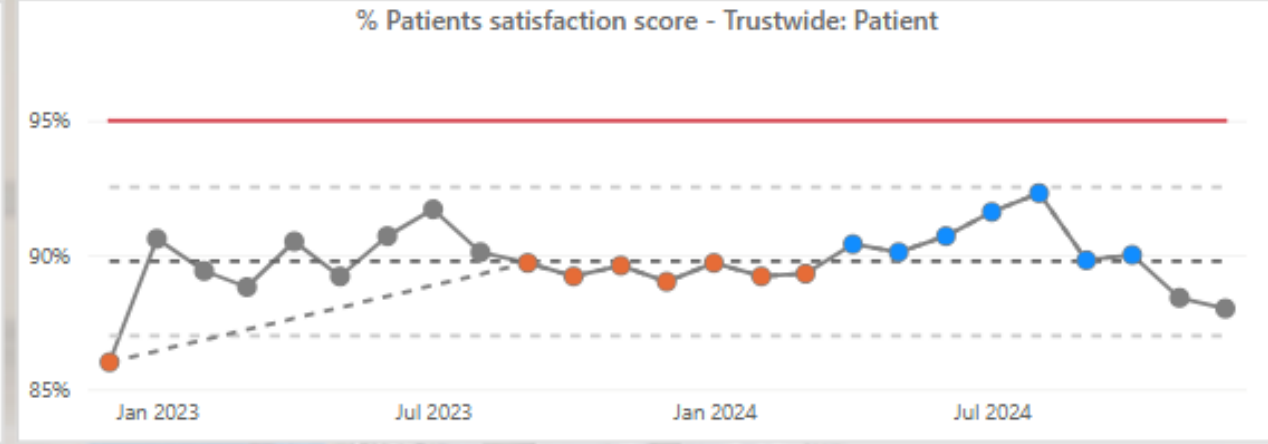
Date: 01/11/2022 – 01/12/2024

92.00%	95.00%	88.00%	95.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital



Northampton General Hospital



% Patients satisfaction score - Trustwide

Committee Name: All

GroupName: Patient

MetricName: % Patients satisfaction score - Trustwide

92.00%	95.00%	88.00%	95.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/24	The satisfaction score is calculated by adding together all the "Very good" and "Good" responses, to obtain a percentage from the overall responses.	The Trust-wide satisfaction score for December was 92%. As a Trust, we received 3,476 responses to the Friends and Family Test, which was a decrease of 1525 questionnaires when compared with November.	There were decreases in satisfaction score across all areas in December. Outpatient and Inpatient areas saw a decline in responses whilst Maternity Services and ED had a slight increase.	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	01/12/24	The satisfaction score is calculated by adding together all the "Very good" and "Good" responses, to obtain a percentage from the overall responses.	The value tells us that there was a slight decrease in satisfaction score for December of 0.4% (88.0%) compared with the previous month (88.4%). There were 5598 FFT responses received in December compared with 6369 received the previous month.	Slight decline in satisfaction scores within ED affecting the overall Trust score.	Any learning from the FFT continues to be highlighted in monthly divisional and departmental reports and discussed at monthly and bimonthly governance meetings.	Response rates and FFT satisfaction score results are shared with all service leads to ensure relevant improvements plans are in place to improve patient satisfaction performance.

% Patients satisfaction score - inpatients

Committee Name: All

GroupName: Patient

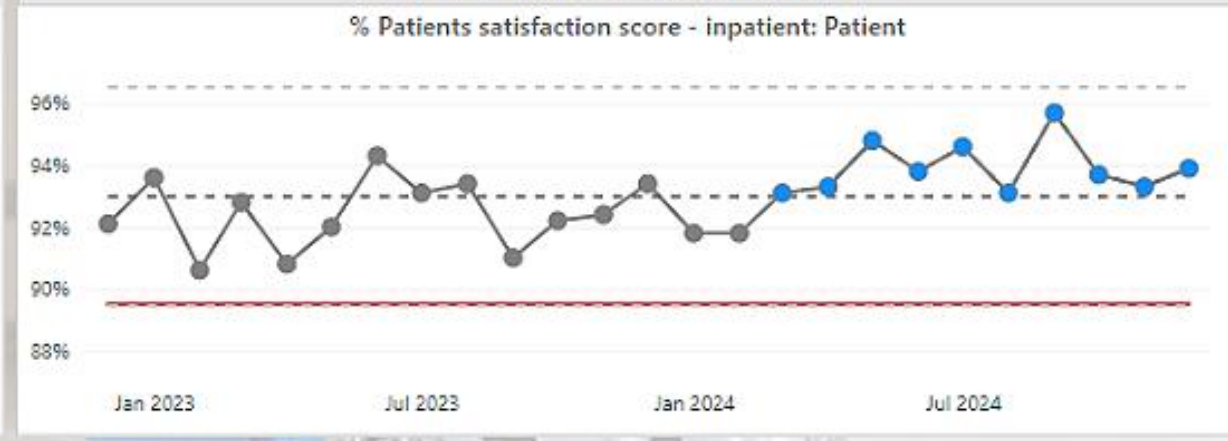
MetricName: % Patients satisfaction score - inpatients

Date: 01/12/2022 – 01/12/2024

93.00%	95.00%	93.90%	89.50%
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	01/12/24	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 93% in December, which was the same as November.	There were increases in satisfaction scores in Barnwell B and Naseby A. Nearly all inpatient areas had a decrease in feedback responses in December. The only areas to have an increase were Deene B, Lilford, DDU, Clifford, Lamport, Twywell and Harrowden A.	A deep dive into all wards who had a decrease in responses will be led on by the Patient Experience Team, and areas will be asked to put a recovery plan in place. Any learning or actions that are identified will be shared with the divisions to manage locally.	Response rates and satisfaction score information is shared with all Service Leads to ensure relevant actions are in place to better performance.
NGH	01/12/24	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 FFT satisfaction scores show a slight increase in December of 0.6% (93.9%), compared with the previous month (93.3%). There was also a slight increase in responses in December (723) compared with the previous month (672).	No specific issues. The monthly performance continues to remain above target.	Ward areas continue to promote the FFT within their areas, and review monthly performance and patient feedback received from patients and carers.	Continued monthly reporting of FFT satisfaction scores and shared with all areas and relevant senior management.

% Patients satisfaction score - A&E

Committee Name: All

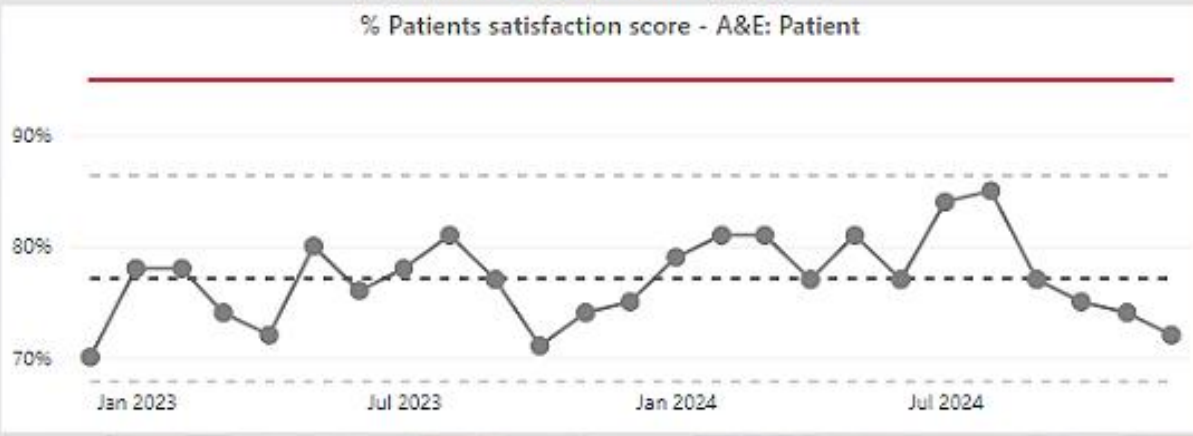
GroupName: Patient

MetricName: % Patients satisfaction score - A&E

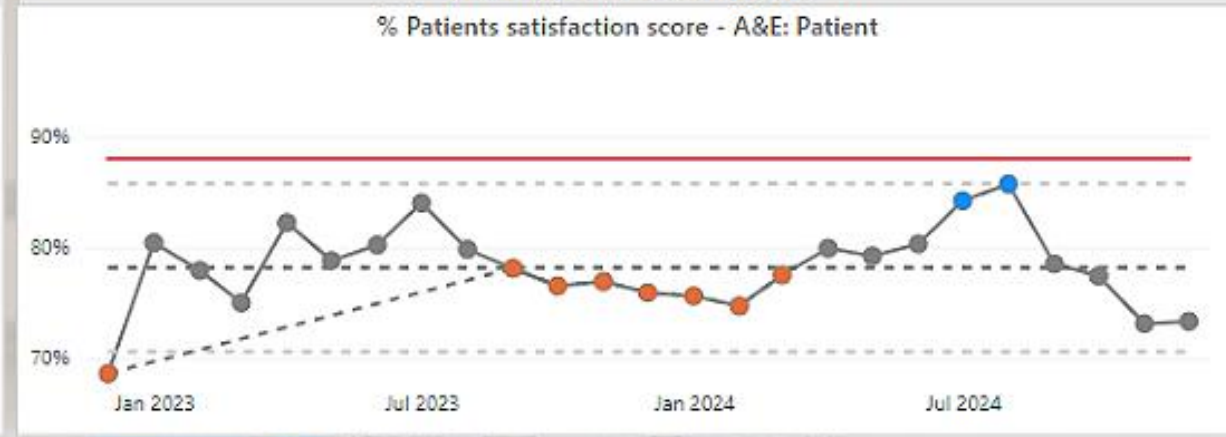
Date: 01/12/2022 – 01/12/2024

72.00%	95.00%	73.30%	88.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital



Northampton General Hospital



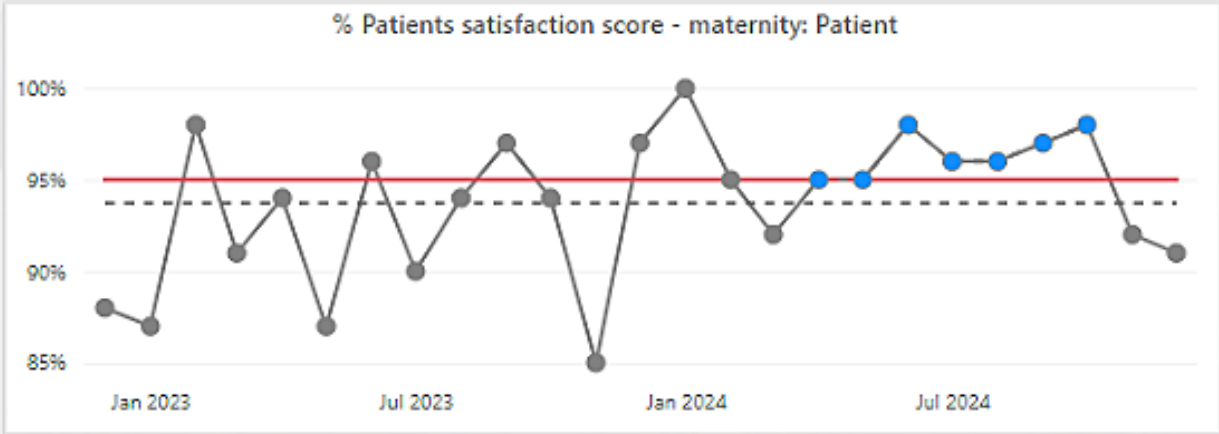
Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/24	The satisfaction score is calculated by adding together all the "Very good" and "Good" responses, to obtain a percentage from the overall responses.	The ED satisfaction score was 72% for December, which was a decrease of 2% when compared with November.	Adult Accident & Emergency had a decline of 11% in satisfaction score in December, whilst PED saw an increase of 17% after 2 consecutive months of decline. Great work team PED. Due to A&E having the most responses in this area, the overall satisfaction score decreased despite the increase in PED/	We are currently reviewing the feedback collected from ED as all of the responses are captured digitally. This does not reach all patient groups, and so a review of the paper feedback option in ED is being undertaken.	Response rates and satisfaction score information is shared with all Service Leads to ensure relevant actions are in place to better performance.
NGH	01/12/24	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 FFT satisfaction score was 73.3% in December, which is a slight increase from the previous month (73.1%). The department received 1707 responses in December, which was a slight decrease when compared with November (1812 responses).	High volume of patients attending ED in December resulting in long waits. The average number of attendances in December was 474 with the highest number of attendances being 582 in 24 hours. Decline in FFT satisfaction scores in Paediatric ED, SDEC (Quinton) & Eye Casualty in December.	The data that relates to the different emergency areas is escalated to relevant senior management teams to identify areas with lower satisfaction rates. Any successes are also shared with relevant senior management teams.	The FFT performance continues to be monitored, with negative themes highlighted to relevant departments and senior leads.

% Patients satisfaction score - maternity

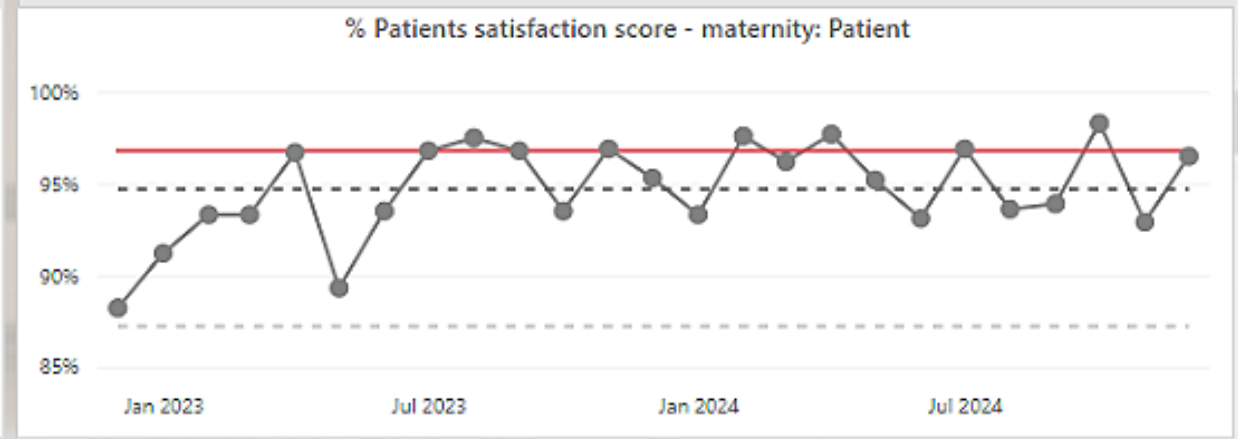
Committee Name	GroupName	MetricName	Date
All	Patient	% Patients satisfaction score - maternity	01/12/2022 – 01/12/2024

91.00%	95.00%	96.50%	96.80%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital



Northampton General Hospital



% Patients satisfaction score - maternity

Committee Name: All

GroupName: Patient

MetricName: % Patients satisfaction score - maternity

91.00%	95.00%	96.50%	96.80%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/24	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 91% for December which was a decrease of 1% when compared with November.	The decline was due to community teams and fetal health receiving no feedback in December. Usually, the community midwifery teams see a high satisfaction score, so this change in mix equates to an overall decline within the area.	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. The decline in response and satisfaction has been fed to the departments, as well as the Patient Engagement Midwife.	Response rates and satisfaction score information is shared with all Service Leads to ensure relevant actions are in place to better performance
NGH	01/12/24	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 3.6% in December (96.5%), compared with the previous month (92.9%). FFT responses received in December had also increased (288) compared with the previous month (184).	Most of the areas within maternity had shown slight increases in FFT satisfaction scores. Postnatal ward saw a slight decline in FFT satisfaction scores when compared with the previous month.	Focus on improvement within postnatal ward. The Patient Experience Team continue to joint work with the Patient Experience Midwife and Midwifery Teams. All FFT feedback is shared with the relevant senior teams and discussed at monthly divisional governance teams and bimonthly PCEG group.	The Patient Experience Team will continue to monitor patient satisfaction performance and joint working with the Patient Experience Midwife and Midwifery Teams.

% Patients satisfaction score - outpatients

Committee Name: All

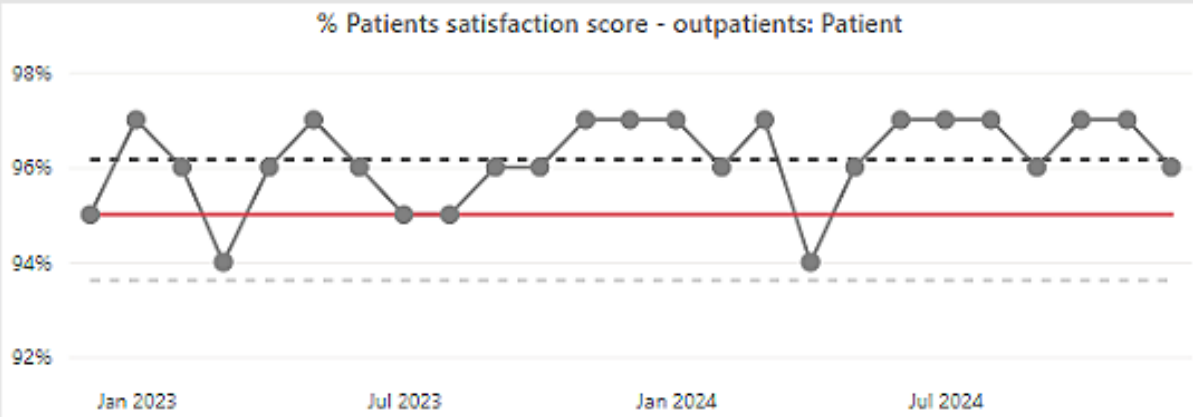
GroupName: Patient

MetricName: % Patients satisfaction score - outpatients

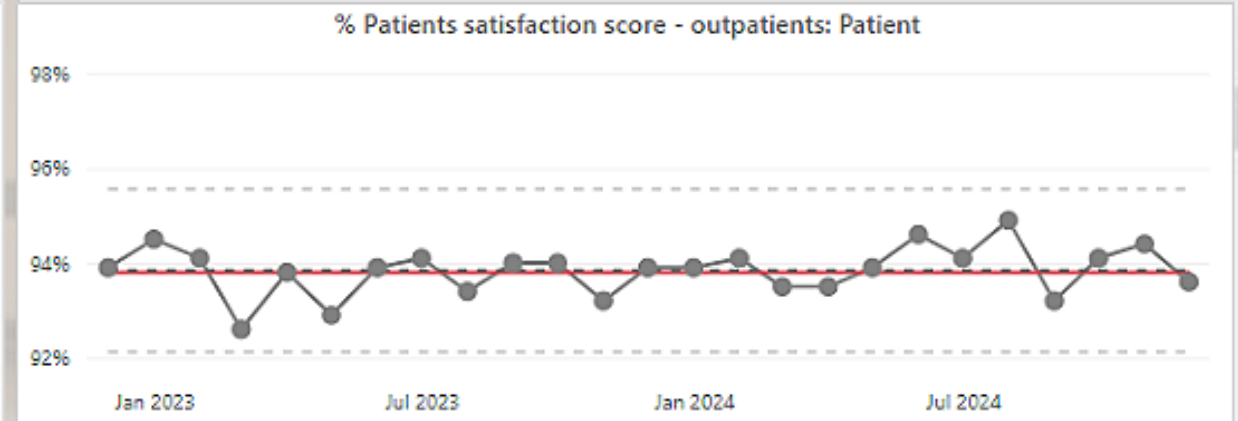
Date: 01/12/2022 – 01/12/2024

96.00%	95.00%	93.60%	93.80%
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	01/12/24	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 96% for December, which was a decrease of 1% when compared with November.	Pathology, Rheumatology, Maxillofacial, Surgical SDEC and Medical SDEC all has declines in satisfaction score in December.	We are resetting the focus on areas who have had a decline in satisfaction score or responses in December. 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	01/12/24	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 scores saw a slight decrease in December of 0.8% (93.6%) compared with the previous month (94.4%). The Outpatient areas received a total of 2092 responses in December compared with 2838 responses received the previous month.	Clinical Oncology, Cardiology and Oral Surgery saw a slight decline in satisfaction scores in December compared with the previous month.	Any learning actions identified within the FFT performance are highlighted to the service leads and shared at divisional and bimonthly governance meetings.	The managers of Clinical Oncology, Cardiology and Oral Surgery have been made aware of their FFT results. Any learning actions identified through the FFT are highlighted in monthly divisional updates that are then discussed at governance meetings.

Number of complaints

Committee Name: All

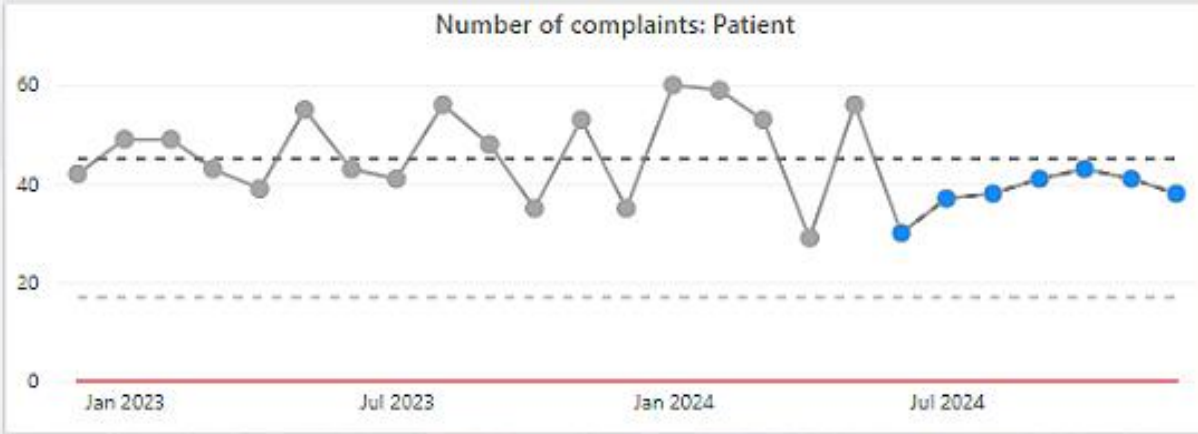
GroupName: Patient

MetricName: Number of complaints

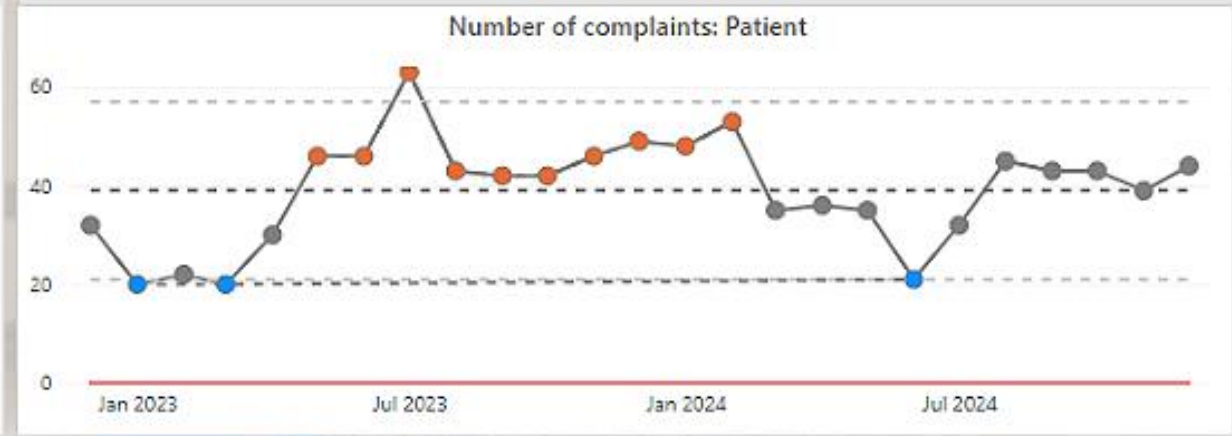
Date: 01/12/2022 – 01/12/2024

38	0	44	0
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital



Northampton General Hospital



Number of complaints

Committee Name: All

GroupName: Patient

MetricName: Number of complaints

38	0	44	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	01/12/24	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.	38 complaints opened, and we closed 51. This indicates we are closing more than we are opening. This reflects that PALS and ward areas are doing local resolution of issues as primary resolution. PALS has 200+ open and closed each month. Teams to continue to resolve issues locally.	To continue to try and reduce number of concerns by resolving locally.	Continue with complaints training role out to promote local resolution. Early contact with patients and families to resolve their concerns.	1 x staff member off sick which does impact acknowledgement time, apologises given to patients (down to 72% in 3 days contact).
NGH	01/12/24	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.	44 new complaints were received in December compared to the 39 complaints received in November. The Complaints team resolved 13 complaints through local resolution with a further 7 signposted to PALS for informal resolution.	The top three themes from complaints are clinical care, communication and discharges. The number of complaints relatinmg to discharge has increased by 5 when compared to the previous month.	The weekly report is now live and is being sent to divisional senior teams and other senior staff confirmed via the Interim Director of Nursing. This will support teams to monitor their complaints directly.	The Complaints team continue to have a significant backlog of complaints due to workload and capacity within the service. The first round of recruitment has not been successful and advertisement will be repeated in January 2025.

Complaints response performance

Committee Name: All

GroupName: Patient

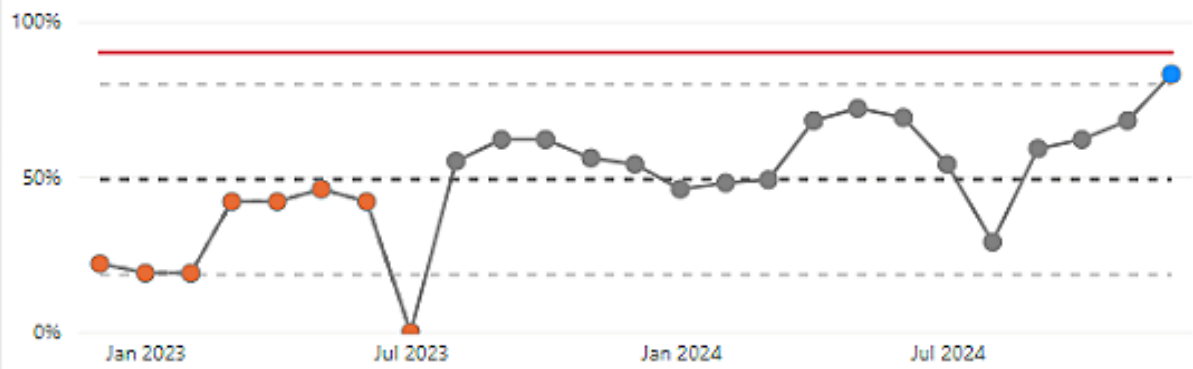
MetricName: Complaints response performance

Date: 01/12/2022 – 01/12/2024

83.00%	90.00%	20.00%	90.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

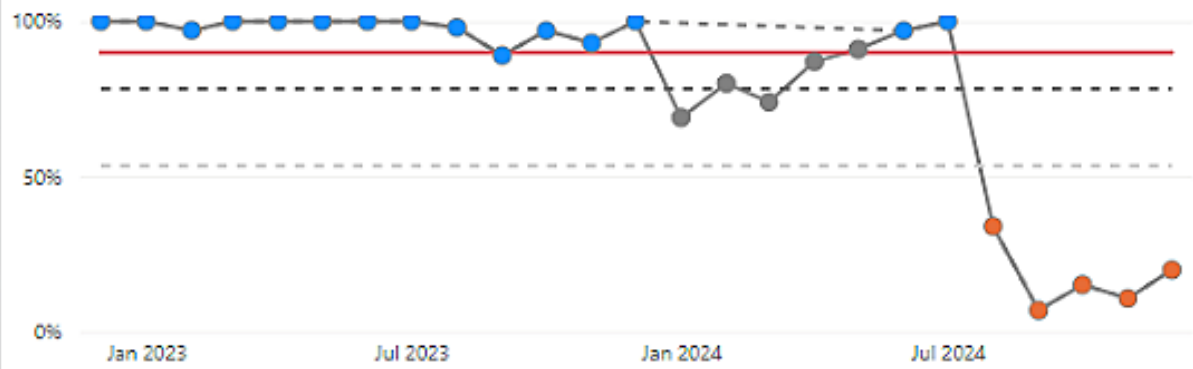
Kettering General Hospital

Complaints response performance: Patient



Northampton General Hospital

Complaints response performance: Patient



Complaints response performance

Committee Name: All

GroupName: Patient

MetricName: Complaints response performance

83.00%	90.00%	20.00%	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	01/12/24	Complaints performance – Providing a written response to a complaint within an agreed timescale	KGH Complaints team have achieved 83% which is the highest performance achieved by the team. This means we are getting a high proportion of our complaint responses out within the 60 day target. This is due to the changes in complaints process using the digital system and slicker management to reduce duplication now reaping its rewards. This change has been in last 18 months and we also now only have 7 cases still required to be fully closed for 2024. All other cases (out of 115 we have open) are all due in 2025.	We do still have the 7 overdue cases. 6 of which are still with the Surgery division, clinical team for investigation. The triumvirate are managing the response and nursing and complaints team supporting the responses of these.	Complaints team send weekly reports and dashboard so areas know what is required and when. Weekly meetings with divisional teams, and Urgent care team in place. Cross working of complaints handlers across differing areas (i.e. support surgery) as needed.	We have 1 x administration officer on sick leave currently which is noticed and has affected the acknowledgement rate of complaints in 3 days with patients/loved ones being 72%. Managing this as able within team.
NGH	01/12/24	Complaints performance – Providing a written response to a complaint within an agreed timescale	In December, 56 complaints were responded to and closed. However, of the 40 complaints due to be responded to (in December) only 8 were in time (i.e. within the 60 days). The remainder all related to previous months and were therefore very overdue. The trust response rate for this month was 20%, which is a 9% incerease 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 37%, which includes those complaints out of time.	A weekly report has been developed by the Complaints team and this will be issued to the divisional senior teams from January 2025. This will allow the teams to monitor their complaints and see what is outstanding and overdue. Complaints have also been added to the Trust Risk Register given the response rate, workload and capacity.	The backlog remains in place and the Complaints now have a vacant post (the bank person covering left at short notice) in addition to the new 0.8 head. This will put additional pressure on the service. The 0.8 post is going back out to advert as the recruitment was not successful.

Summary Table

Committee Name: All

Group Name: Quality

Metric Name: Multiple selections

Site: All

Variation: All

Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance	Assurance
NGH	Quality	Serious or moderate harms	01/11/24	25	0	4	26	47			Consistently Anticipated to Not Meet Target
KGH	Quality	Serious or moderate harms	01/12/24	29	8	-4	10	24			Not Consistently Anticipated to Meet Target
NGH	Quality	Serious or moderate harms – falls	01/12/24	0.09	0.06	0.4	0.4	0.4			Not Consistently Anticipated to Meet Target
KGH	Quality	Serious or moderate harms – falls	01/12/24	0.12	0.18	0.31	0.31	0.31			Not Consistently Anticipated to Meet Target
KGH	Quality	Serious or moderate harms – pressure ulcers	01/12/24	0.46	0.69	0.43	0.43	0.43			Consistently Anticipated to Meet Target
NGH	Quality	Serious or moderate harms – pressure ulcers	01/12/24	0.56	0	1.67	1.67	1.67			Consistently Anticipated to Not Meet Target
NGH	Quality	Number of medication errors	01/12/24	112		65	123	182			Consistently Anticipated to Not Meet Target
KGH	Quality	Number of medication errors	01/12/24	65		33	63	94			Consistently Anticipated to Not Meet Target
NGH	Quality	Hospital-acquired infections	01/12/24	5	7	0	8	16			Not Consistently Anticipated to Meet Target
KGH	Quality	Hospital-acquired infections	01/12/24	18	6	-2	11	24			Not Consistently Anticipated to Meet Target
KGH	Quality	MRSA	01/12/24	1	0	-1	0	1			Not Consistently Anticipated to Meet Target
NGH	Quality	MRSA	01/12/24	1	0	-1	0	1			Not Consistently Anticipated to Meet Target
KGH	Quality	C Diff	01/12/24	1	3	-2	3	7			Not Consistently Anticipated to Meet Target
NGH	Quality	C Diff	01/12/24	13	4	-1	8	17			Not Consistently Anticipated to Meet Target
NGH	Quality	SHMI	01/12/24	94.90		91.94	91.94	91.94			Consistently Anticipated to Not Meet Target
KGH	Quality	SHMI	01/12/24	100.00		108.98	108.98	108.98			Consistently Anticipated to Not Meet Target
NGH	Quality	HSMR	01/12/24	101.50	100	93.56	93.56	93.56			Consistently Anticipated to Meet Target
KGH	Quality	HSMR	01/12/24	91.10	100	103.01	103.01	103.01			Not Consistently Anticipated to Meet Target

Summary Table

Committee Name: All

Group Name: Quality

Metric Name: Multiple selections

Site: All

Variation: All

Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance	Assurance
NGH	Quality	SMR	01/12/24	97.30		92.97	92.97	92.97			Consistently Anticipated to Not Meet Target
KGH	Quality	SMR	01/12/24	92.50		103.39	103.39	103.39			Consistently Anticipated to Not Meet Target
KGH	Quality	30 day readmissions	01/12/24	0.00%	12.00%	-3.46%	4.83%	13.13%			Not Consistently Anticipated to Meet Target
NGH	Quality	30 day readmissions	01/12/24	13.65%	12.00%	7.74%	13.16%	18.58%			Not Consistently Anticipated to Meet Target
NGH	Quality	Never event incidence	01/11/24	0	0	-1	0	1			Not Consistently Anticipated to Meet Target
KGH	Quality	Never event incidence	01/12/24	0	0	-1	0	1			Not Consistently Anticipated to Meet Target
NGH	Quality	Food wastage	01/12/24	4.00		11.77	11.77	11.77			Consistently Anticipated to Meet Target
KGH	Quality	Food wastage	01/12/24	6.99		8.95	8.95	8.95			Consistently Anticipated to Meet Target

Serious or moderate harms

Committee Name: All

GroupName: Quality

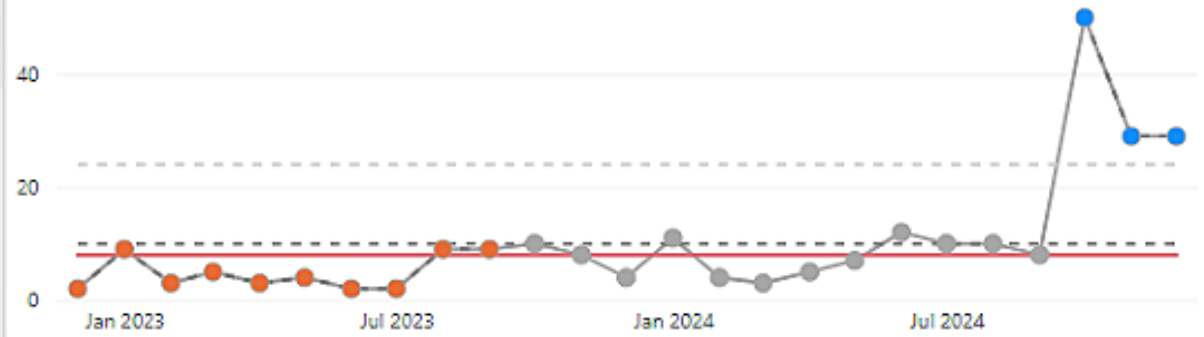
MetricName: Serious or moderate harms

Date: 01/12/2022 – 01/12/2024

29	8	25	0
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

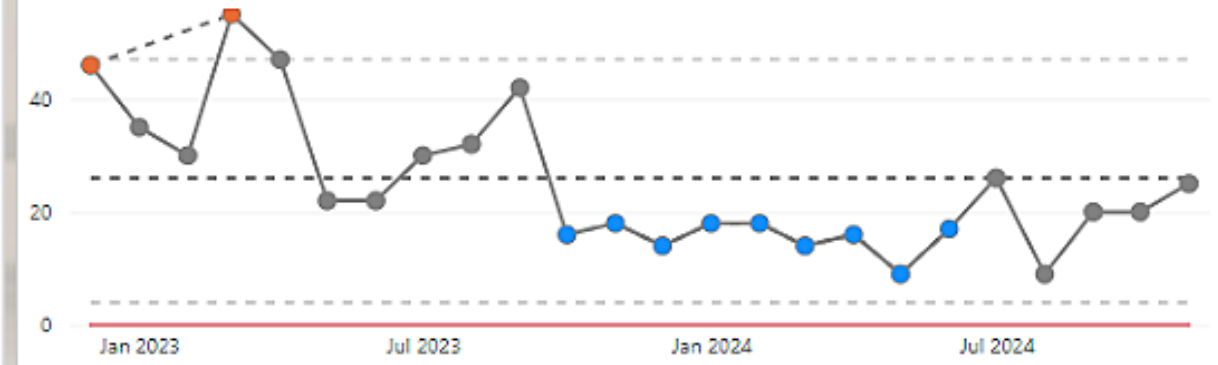
Kettering General Hospital

Serious or moderate harms: Quality



Northampton General Hospital

Serious or moderate harms: Quality



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/24	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 9.03% of all incidents with a patient harm incurred, and 3.06% of all incidents reported.

Serious or moderate harms – falls

Committee Name: All

GroupName: Quality

MetricName: Serious or moderate harms – falls

Date: 01/12/2022 – 01/12/2024

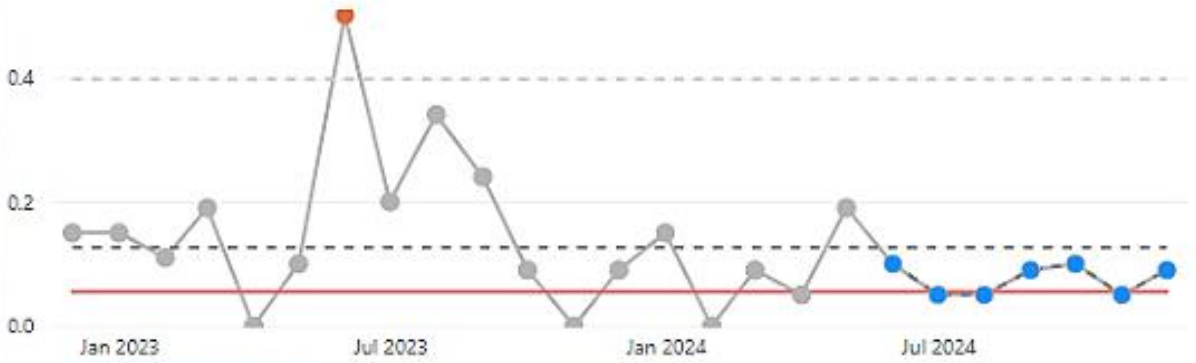
0.12	0.18	0.09	0.06
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital

Serious or moderate harms – falls: Quality

Northampton General Hospital

Serious or moderate harms – falls: Quality



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/24	Patients experiencing falls with moderate harm or above per 1000 bed days.	There was 0.1154 moderate, severe, catastrophic falls/1000 bed days during the month of December 2024.		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	01/12/24	Patients experiencing falls with moderate harm or above per 1000 bed days.	there were 0.09 harmful falls/1000 bed days	there was 1 moderate harm fall and 1 severe harm fall	post fall reviews undertaken and incidents reviewed through IRG	learning is shared through falls trust wide multidisciplinary working group

Serious or moderate harms – pressure ulcers

Committee Name: All

GroupName: Quality

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

Date: 01/12/2022 – 01/12/2024

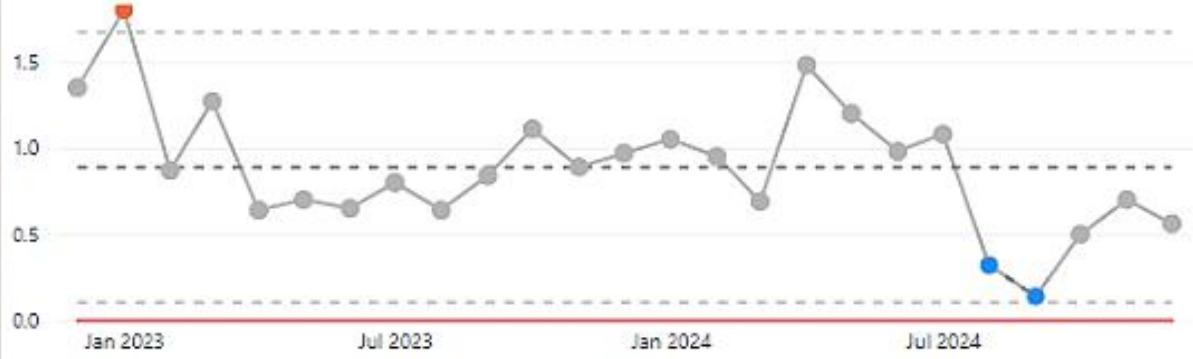
0.46	0.69	0.56	0
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital

Serious or moderate harms – pressure ulcers: Quality

Northampton General Hospital

Serious or moderate harms – pressure ulcers: Quality



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/24	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	01/12/24	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 was 0.56 HAPU/1000 bed days (excluding DTI's)	There was 8 category 2, 2 unstageable and 1 category 4 HAPU validated at NGH.	all HAPU's are discussed at share and learn	Themes and actions are discussed through the trust wide Pressure Ulcer Steering Group.

Number of medication errors

Committee Name: All

GroupName: Quality

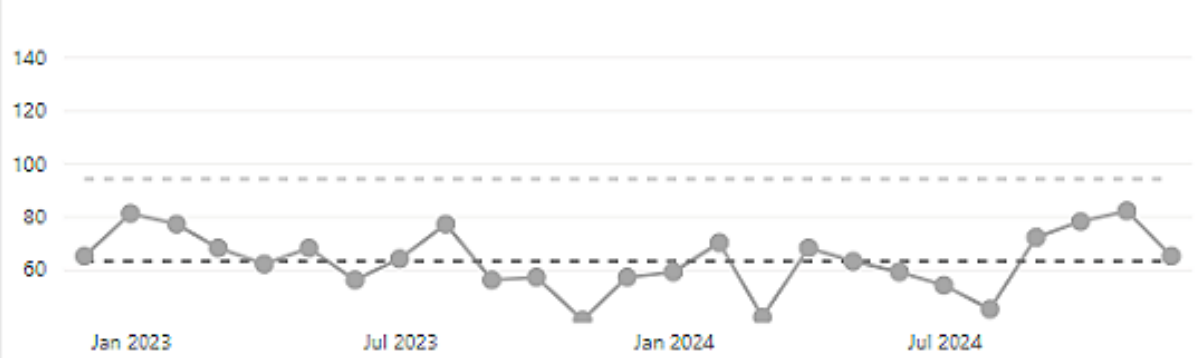
MetricName: Number of medication errors

Date: 01/12/2022 – 01/12/2024

65		112	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

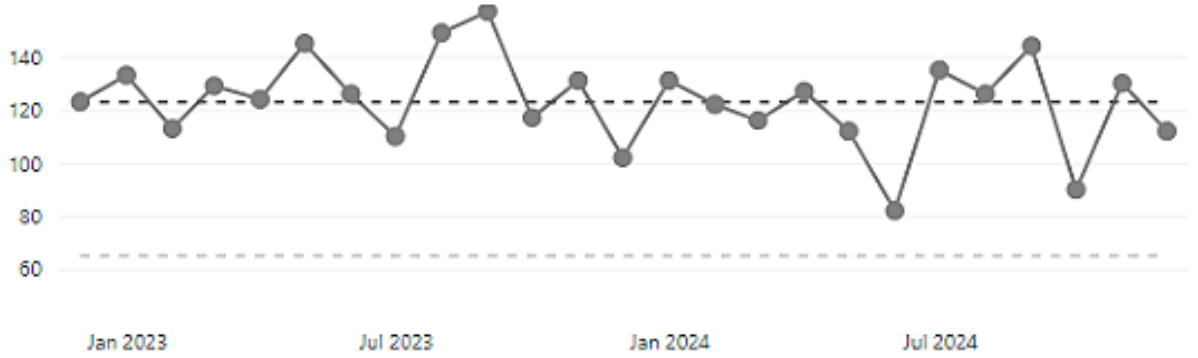
Kettering General Hospital

Number of medication errors: Quality



Northampton General Hospital

Number of medication errors: Quality



Number of medication errors

Committee Name: All

GroupName: Quality

MetricName: Number of medication errors

KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target
65		112	

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/24	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 was 1 moderate harm incidents reported and appropriate action has been taken by those involved. Incident did not require AAR or review at IRG.
NGH	01/12/24	Medication incidents reported irrespective of subclass of incident (prescribing, dispensing, administering) and irrespective of harm or level of harm.	The chart shows the number of reported medication incidents	The number of reports is within the normal range for incident theme, stage of process and degree of harm.	Incident reviews and reporting through MSGG continue.	Incident review carried out by medication safety team, with trends and learning discussed through incident review, MSGG and local learning where applicable.

Hospital-acquired infections

Committee Name: All

GroupName: Quality

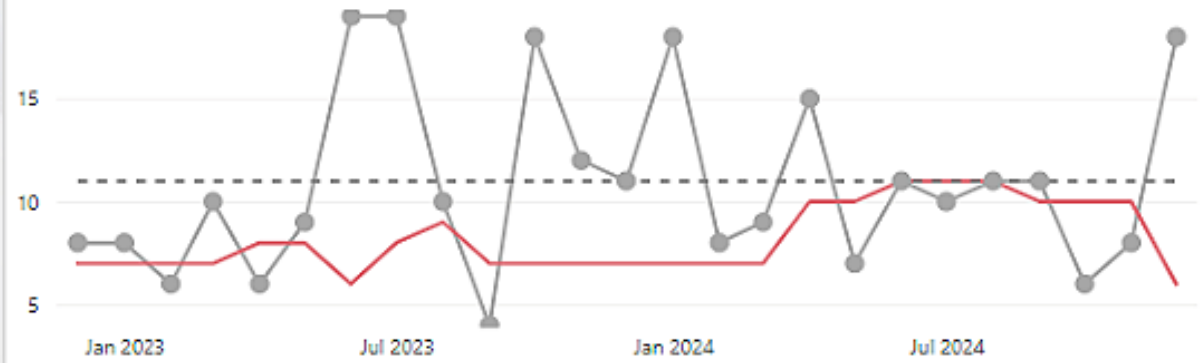
MetricName: Hospital-acquired infections

Date: 01/12/2022 – 01/12/2024

18	6	5	7
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

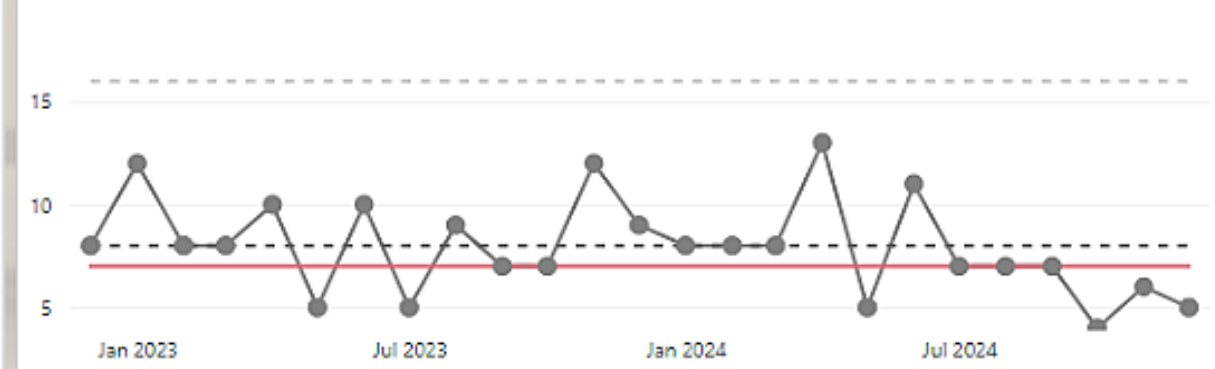
Kettering General Hospital

Hospital-acquired infections: Quality



Northampton General Hospital

Hospital-acquired infections: Quality



Hospital-acquired infections

Committee Name: All

GroupName: Quality

MetricName: Hospital-acquired infections

18	6	5	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	01/12/24	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	01/12/24	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.	5 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 39 E.coli, under with 15 Klebsiella, but have exceeded trajectory for Pseudomonas with 11 cases year to date.	The Group IPC leads collaborated to develop the UNH IPC Quality Improvement plan and UHN Gram-Negative Bacteria Procedure in November. The Continence CNS role is in post and is developing ICE referral to go live in January. All cases of healthcare associated Pseudomonas are now being reviewed by the Consultant Microbiologist and the IPC Team have implemented targeted follow up for these patients from December.	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

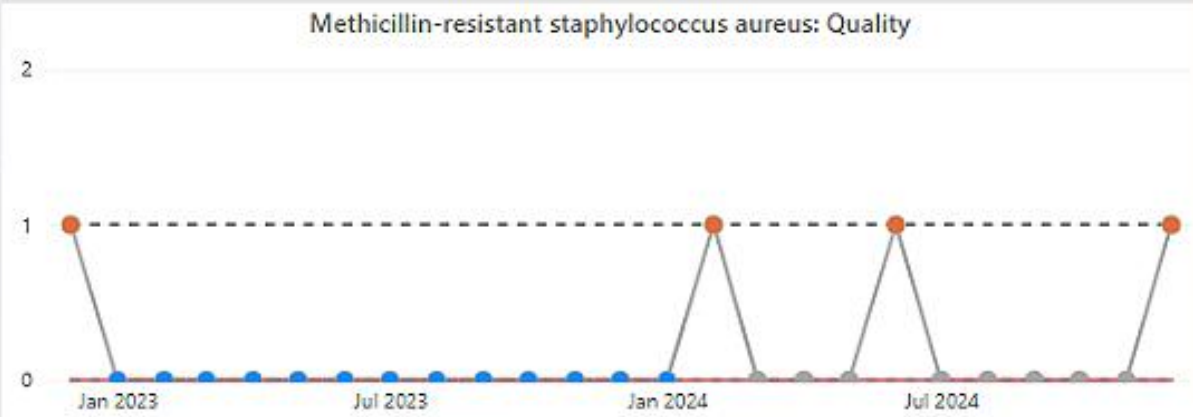
GroupName: Quality

MetricName: MRSA

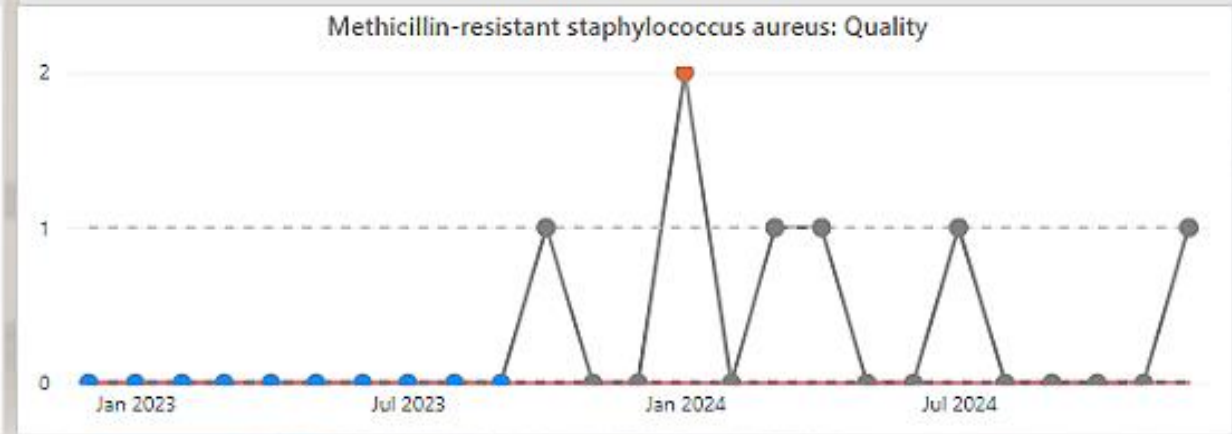
Date: 01/12/2022 – 01/12/2024

1	0	1	0
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital



Northampton General Hospital



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/24	Patients experiencing a MRSA Bacteraemia	1 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	01/12/24	Patients experiencing a MRSA Bacteraemia	1 patient 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.	1 patient developed a MRSA bloodstream infection in Critical Care following infective endocarditis from a previous colonisation. A post infection review was conducted and this was unavoidable from an infection prevention and control perspective.	The HCAI Annual plan will now be monitored through the UHN Infection Prevention Assurance Committee.

C Diff

Committee Name: All

GroupName: Quality

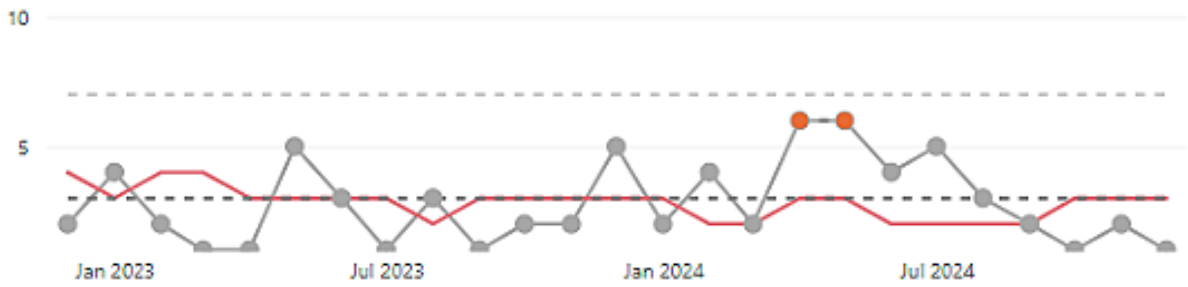
MetricName: C Diff

Date: 01/12/2022 – 01/12/2024

1	3	13	4
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

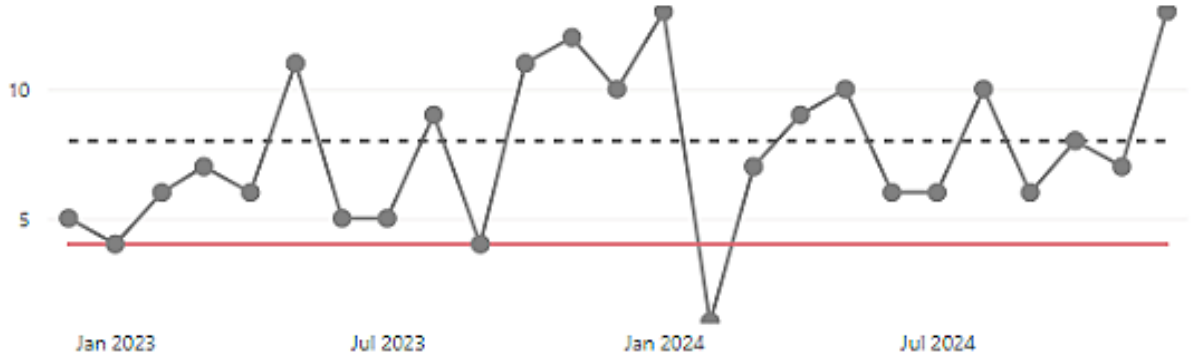
Kettering General Hospital

Clostridium difficile: Quality



Northampton General Hospital

Clostridium difficile: Quality



C Diff

Committee Name: All

GroupName: Quality

MetricName: C Diff

1	3	13	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	01/12/24	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	01/12/24	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	13 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 75 actual against 70 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. AMS rounds have increased to thrice weekly from 1st October. The IPC Team are actioning the CDI section of the UHN QI IPC Plan and are supporting the IV to oral UHN collaborative QI project. The second UHN IPC Assurance Committee convened on 19th November. Nationally there is an increase in CDI and UKHSA declared CDI a national incident on 20th November.	The CDI position and actions will be monitored quarterly through the UHN QI Improvement Plan at the 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

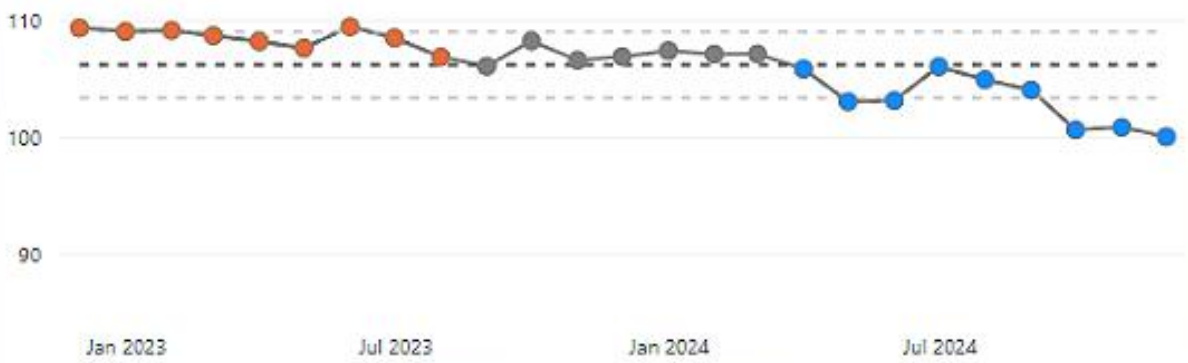
MetricName: SHMI

Date: 01/11/2022 – 01/12/2024

100.00		94.90	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

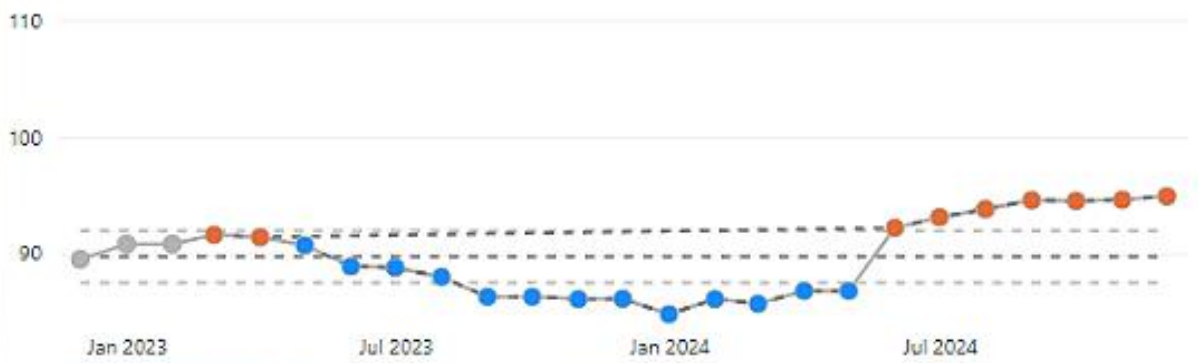
Kettering General Hospital

Summary Hospital-level Mortality Indicator: Quality



Northampton General Hospital

Summary Hospital-level Mortality Indicator: Quality



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
NGH	01/12/24	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 = 94.9 and continues in the "as expected" range	No current issues	Nil required	Nil required
KGH	01/12/24	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.	100.0 - 'as expected' (Data Period: August 23 - July 24)	SHMI is 'as expected' overall. 1 diagnosis group 'above expected', Fracture of Neck of Femur (Hip)	Alerts are monitored through monthly UHN Learning from Deaths Group, with overview provided by Dr Foster Representitve.	Overview of Alerts and actions required detailed in publically available monthly / quarterly Mortality Dashboard.

HSMR

Committee Name: All

GroupName: Quality

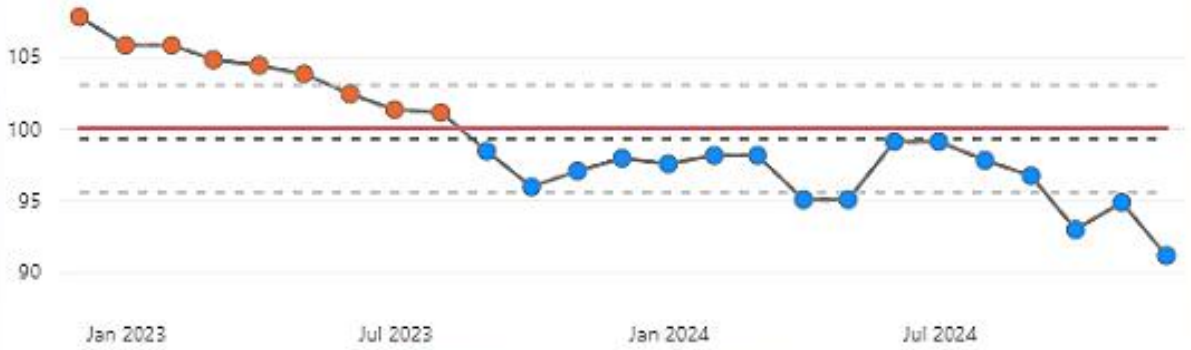
MetricName: HSMR

Date: 01/12/2022 – 01/12/2024

91.10	100	101.50	100
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

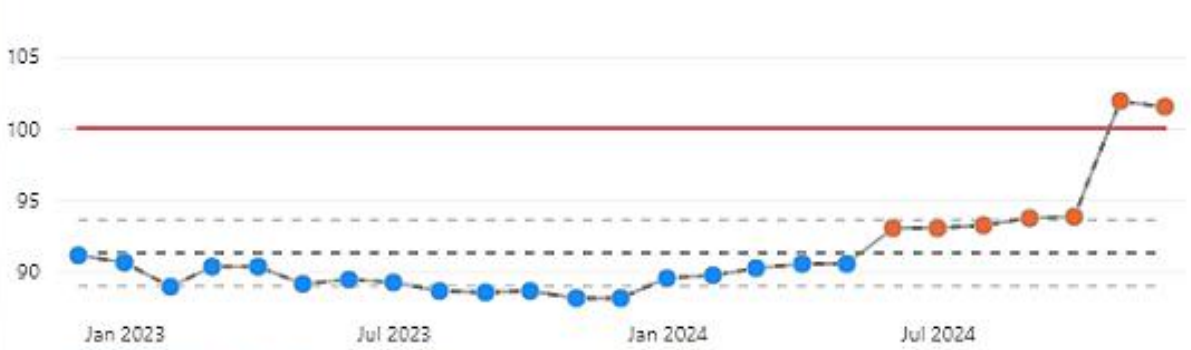
Kettering General Hospital

Hospital Standardised Mortality Ratio: Quality



Northampton General Hospital

Hospital Standardised Mortality Ratio: Quality



HSMR

Committee Name: All

GroupName: Quality

MetricName: HSMR

91.10	100	101.50	100
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/24	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.	92.4 'below expected' (August 2023 - July) 1 MONTH LAG	Alerts are monitored through monthly UHN Learning from Deaths Group, with overview provided by Dr Foster Representitve.	Overview of Alerts and actions required detailed in publically available monthly / quarterly Mortality Dashboard.	Mortality is monitored closely through the Medical Director's office. Monthly meetings between Mortality, Dr Foster and Clinical Coding continue to be effective and as of September 2023, Learning from Deaths Group is now held monthly with Dr Foster alerts being a standing agenda item.
NGH	01/12/24	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 = 101.5 in the "as expected" range.	Following the switch to the HSMR+ methodology, our HSMR has risen to above 100, having previously been consistently in the "below expected" range. This is largely due to a falling "expected" rate of deaths. Palliative care has now been excluded from the data, which has negatively impacted upon the trust. Analysis reveals the rise may at least partly reflect our depth of coding capture of frailty and comorbidities.	Planned rollout of medical assurance module at NGH to improve our depth of coding capture. Data triangulation with the bereavement team data and deteriorating patient quality metrics has revealed no significant changes. We currently have mortlaity alerts for COPD, acute bronchitis and septicaemia which are being reviewed at LFDG and actively followed up.	Staffing gaps within clinical coding team and recent change to a new model of data capture.

SMR

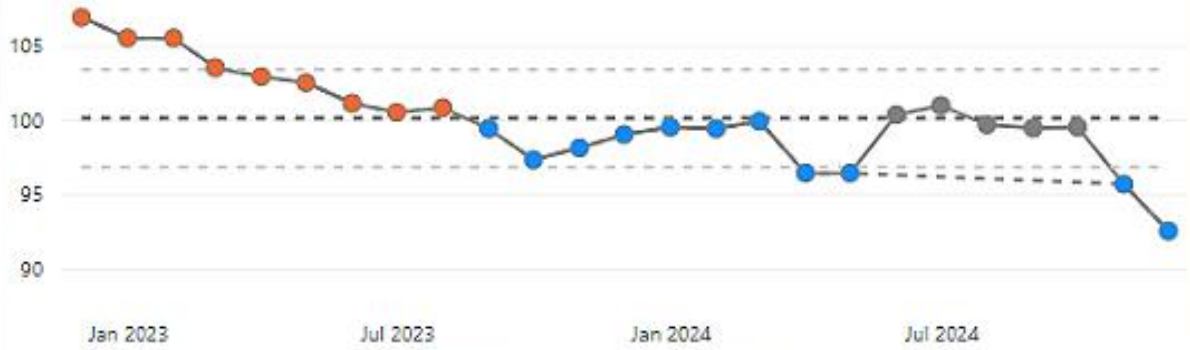
University Hospitals of Northamptonshire NHS

Committee Name	GroupName	MetricName	Date
All	Quality	SMR	01/12/2022 – 01/12/2024

92.50		97.30	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

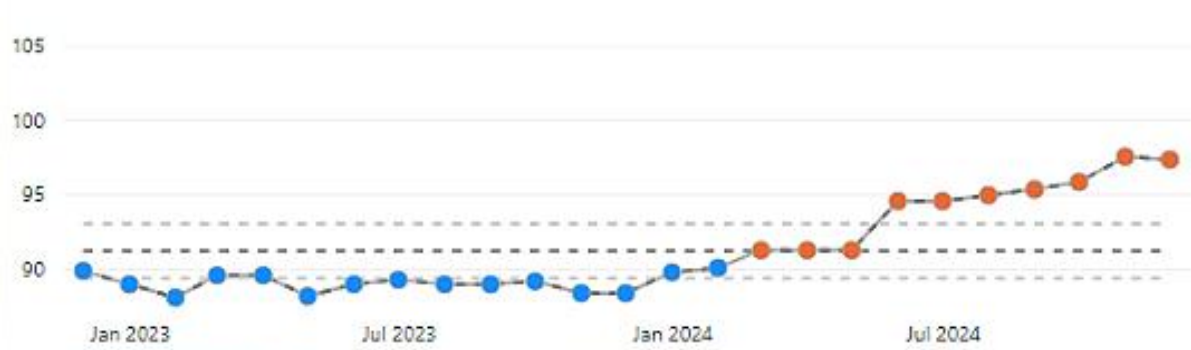
Kettering General Hospital

Standardised Mortality Ratio: Quality



Northampton General Hospital

Standardised Mortality Ratio: Quality



SMR

Committee Name: All

GroupName: Quality

MetricName: SMR

92.50		97.30	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/24	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.	93.4 'below expected' (August 2023 - July) 1 MONTH LAG	Alerts are monitored through monthly UHN Learning from Deaths Group, with overview provided by Dr Foster Representitve.	Overview of Alerts and actions required detailed in publically available monthly / quarterly Mortality Dashboard.	Mortality is monitored closely through the Medical Director's office. Monthly meetings between Mortality, Dr Foster and Clinical Coding continue to be effective and as of September 2023, Learning from Deaths Group is now held monthly with Dr Foster alerts being a standing agenda item.
NGH	01/12/24	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 = 97.3 and continues in the "as expected" range.	Following the switch to the HSMR+ methodology, our SMR has risen, having previously been consistently in the "below expected" range. This is largely due to a falling "expected" rate of deaths. Palliative care has now been excluded from the data, which has negatively impacted upon the trust. Analysis reveals the rise may at least partly reflect our depth of coding capture of frailty and comorbidities.	Rollout of medical assurance module to improve depth of clinical coding comorbidity capture	Staffing gaps in clinical coding team

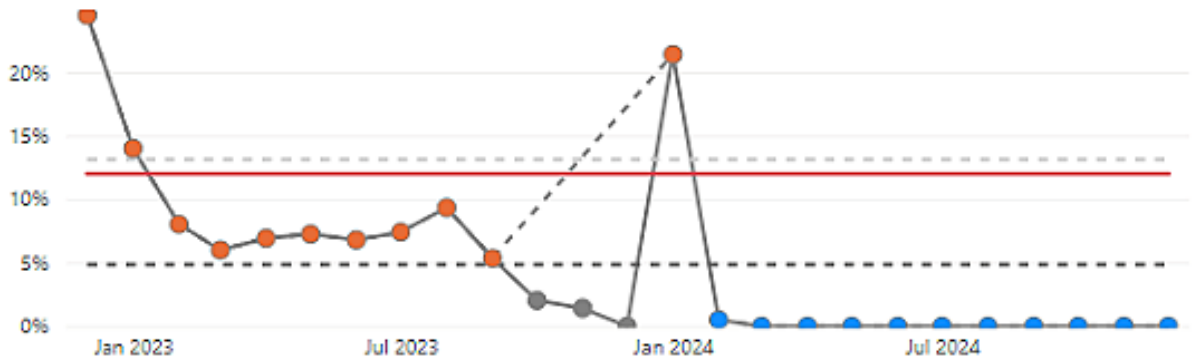
30 day readmissions

Committee Name	GroupName	MetricName	Date
All	Quality	30 day readmissions	01/12/2022 – 01/12/2024

0.00%	12.00%	13.65%	12.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

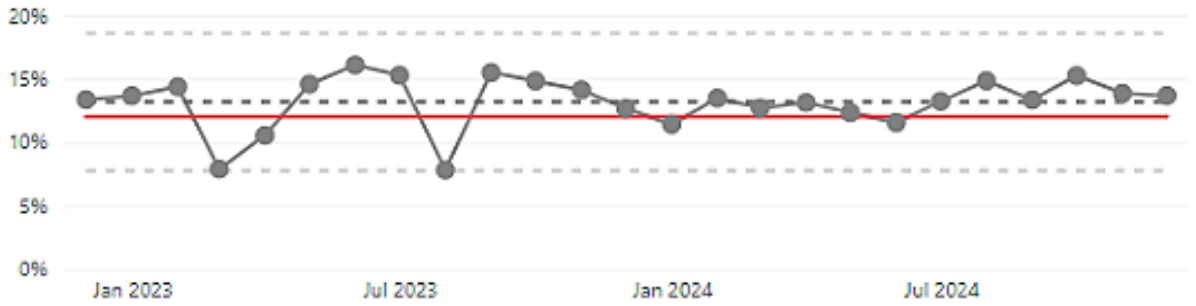
Kettering General Hospital

30 day readmissions: Quality



Northampton General Hospital

30 day readmissions: Quality



Never event incidence

Committee Name: All

GroupName: Quality

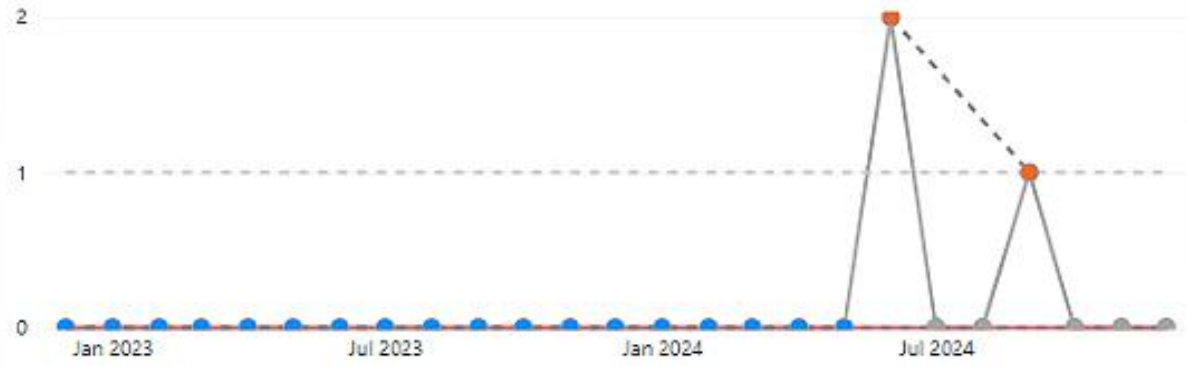
MetricName: Never event incidence

Date: 01/12/2022 – 01/12/2024

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

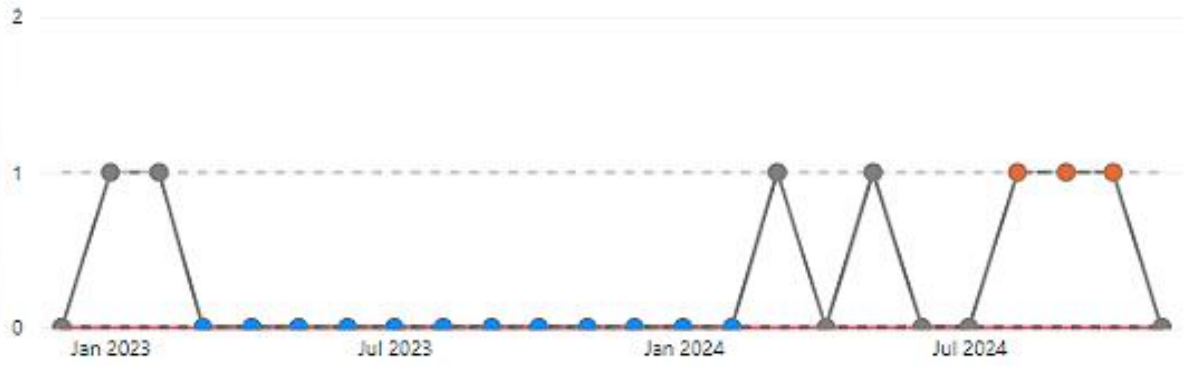
Kettering General Hospital

Never event incidence: Quality



Northampton General Hospital

Never event incidence: Quality



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/24	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 positive assurance with no Never Events reported.	None	None	None

Food wastage

Committee Name: All

GroupName: Quality

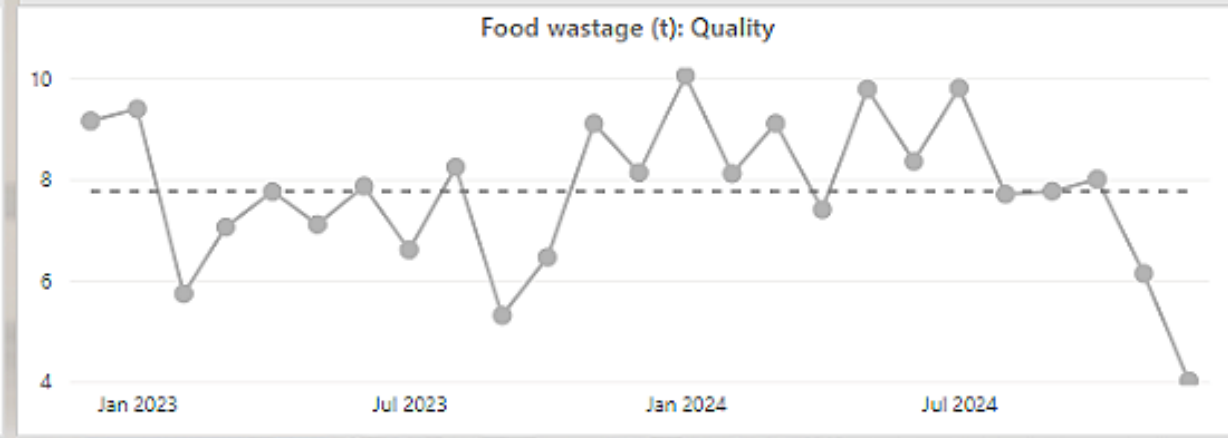
MetricName: Food wastage

Date: 01/12/2022 – 01/12/2024

6.99		4.00	
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	01/12/24	A Group sustainability priority for reduction of the carbon footprint of food waste. Financial savings for Trust.	Food waste went up	being looked into	None at present	looking into why waste went up
NGH	01/12/24	A Group sustainability priority for reduction of the carbon footprint of food waste. Financial savings for Trust.	This data is incomplete due to operational issues this month and as such is lower than reality	This data is incomplete due to operational issues this month and as such is lower than reality Digital meal ordering still has not progressed due to IT department concerns.	Leanpath software is now being used to track in more detail food waste. Opportunities already identified after 1 month on food prep and quantity of waste. Some of which may wash out when digital meal ordering comes in eventually.	Ongoing ward walk arounds, reviewing position and engaging clinical staff staff. Leanpath implementation

HEALTHi
informatics | intelligence | insight | integration | improvement

NHS
University Hospitals of Northamptonshire
NHS Group

Finance and Investment Committee

Dedicated to excellence

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

Finance and Investment Committee

Exec owner: Sarah Stansfield

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

This cover sheet is designed to **highlight to the Committee saliant 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 £31.7m deficit (£13.8m KGH, £17.9m NGH). These variances include ongoing UEC, inflationary and specific service pressures recognised as risks in the plan. They also include the impact of HCA re-banding backpay paid in the month for the period August 2021 to March 2024. 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 £0.5m worse than plan, (KGH £1.4m worse than plan, NGH £0.9m better than plan).
The forecast for the year identifies material risks to the achievement of the breakeven plan. Mitigations have been put in place but overall progress is being impacted by operational cost pressures.

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.

Executive Commentary

KGH | NGH

Committee Name: All

GroupName: All

5	0	70
Exec comments KGH	Exec comments NGH	Total No. of Metrics

Site	MetricName	Value
KGH	Vacancy rate	10.67%
KGH	Unappointed outpatient follow ups	7,752
KGH	Turnover rate	6.38%
KGH	Time to initial assessment	54.31%
KGH	Time to hire	68.10
KGH	Theatre utilisation	80.00%
KGH	Theatre sessions planned	349
KGH	Surplus / Deficit YTD (M)	-3.38
KGH	Super-Stranded patients (21+ day length of stay)	107
KGH	Stranded patients (7+ day length of stay)	319
KGH	SMR	92.50
KGH	Size of RTT waiting list	26,317
KGH	Sickness and absence rate	5.27%
KGH	SHMI	100.00
KGH	Serious or moderate harms – pressure ulcers	0.46
KGH	Serious or moderate harms – falls	0.12
KGH	Serious or moderate harms	29
KGH	Safe Staffing	98.65%
KGH	RTT over 52 week waits	299
KGH	Roster publication performance	41
KGH	Research Participation	0
KGH	QI projects undertaken	5
KGH	Pay YTD (M)	27.18
KGH	Patients with a reason to reside	74.78%

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 £13.79m deficit. Variances include ongoing UEC, unfunded inflation, backdated rebanding payments for Healthcare Assistants and other specific service pressures identified as risks in the compilation of the plan. Industrial action pay costs are largely funded now but efficiency delivery is £1.4m worse than plan at month 9. Recovery actions are being progressed to reduce the deficit as much as is safely possible by year end.
In month position	The in-month position is a £3.4m deficit versus a breakeven plan. Adverse variances include backdated rebanding payments for Healthcare Assistants, ongoing UEC pressures, insufficiently funded inflation and pay award costs and other specific service pressures. ERF performance in the month continues to meet the internal target set at the start of the year. Efficiencies are £0.1m behind plan in the month.
Income	Year to date income is £4.4m better than plan. ERF now broadly matches the internal target, £1.6m relates to additional non recurrent income recognised as efficiencies and £0.9m 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 £7.4m worse than plan. This includes a level of unfunded inflation identified as a risk in the plan and clinical expenses relating to UEC pressures and spent in pursuit of elective recovery partly offset by lower than anticipated utility costs. Non pay related efficiencies are broadly on plan at month 9.
Pay	Year to date pay costs are £11.4m worse than plan including the impact of backdated rebanding payments for Healthcare Assistants paid in December, 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. Pay related efficiencies are £1.8m behind the target to month 9.

Executive Commentary

KGH | NGH

Committee Name: All

GroupName: All

0	5	70
Exec comments KGH	Exec comments NGH	Total No. of Metrics

Site	MetricName	Value
NGH	Vacancy rate	8.23%
NGH	Unappointed outpatient follow ups	9,377
NGH	Turnover rate	5.50%
NGH	Time to initial assessment	41.92%
NGH	Time to hire	78.50
NGH	Theatre utilisation	77.10%
NGH	Theatre sessions planned	695
NGH	Surplus / Deficit YTD (M)	-5.64
NGH	Super-Stranded patients (21+ day length of stay)	124
NGH	Stranded patients (7+ day length of stay)	349
NGH	SMR	97.30
NGH	Size of RTT waiting list	41,192
NGH	Sickness and absence rate	6.00%
NGH	SHMI	94.90
NGH	Serious or moderate harms – pressure ulcers	0.56
NGH	Serious or moderate harms – falls	0.09
NGH	Serious or moderate harms	25
NGH	Safe Staffing	103.00%
NGH	RTT over 52 week waits	869
NGH	Roster publication performance	22
NGH	Research Participation	353
NGH	QI projects undertaken	16
NGH	Pay YTD (M)	33.79

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 £17.9m deficit. Variances include backdated rebanding payments for Healthcare Assistants, ongoing UEC and winter pressures, 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 remains £0.9m better than plan at month 9. Sufficient efficiencies have now been identified to forecast full delivery of the £22.9m annual target but recovery actions are being progressed to reduce the residual deficit as much as is safely possible by year end.
In month position	The in-month position is a £5.6m deficit versus a breakeven plan. Adverse variances include backdated rebanding payments for Healthcare Assistants, ongoing UEC pressures including winter plans, insufficiently funded inflation and pay award costs and other specific service pressures. ERF delivery remains significantly better than plan. Efficiencies are £1.0m worse than plan in the month.
Income	Year to date income is £11.1m better than plan. This includes significant estimated overperformance against the ERF target and a range of other areas including excluded drugs and devices performance which offset related non pay overspends.
Non Pay	Year to date non pay excluding depreciation is £14.5m worse than plan. This includes a level of unfunded inflation identified as a risk in the plan and clinical expenses linked to UEC pressures, 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. Non pay efficiency schemes are £1.5m worse than target to month 9.
Pay	Year to date pay costs are £14.7m worse than plan including the impact of backdated rebanding payments for Healthcare Assistants paid in December, ongoing UEC pressures including winter plans, 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. Pay related efficiencies to month 9 are broadly on plan.

Summary Table

Committee Name: All

Group Name: Sustainability

Metric Name: Multiple selections

Site: All

Variation: All

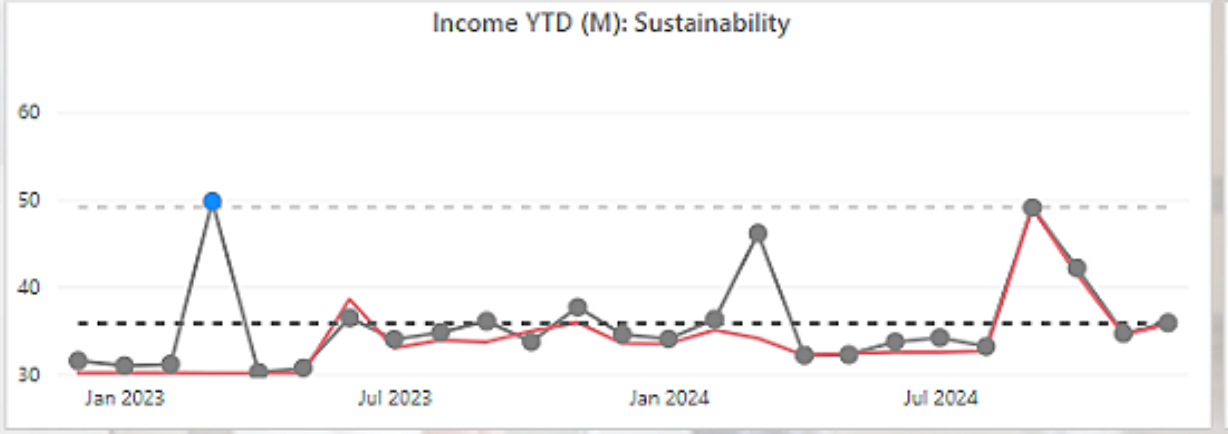
Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance	Assurance
NGH	Sustainability	Income YTD (M)	01/12/24	43.48	43.52	59.24	59.24	59.24			Not Consistently Anticipated to Meet Target
KGH	Sustainability	Income YTD (M)	01/12/24	35.85	35.73	49.14	49.14	49.14			Not Consistently Anticipated to Meet Target
NGH	Sustainability	Pay YTD (M)	01/12/24	33.79	29.91	42.04	42.04	42.04			Not Consistently Anticipated to Meet Target
KGH	Sustainability	Pay YTD (M)	01/12/24	27.18	23.92	34.13	34.13	34.13			Not Consistently Anticipated to Meet Target
KGH	Sustainability	Non Pay YTD (M)	01/12/24	10.54	10.89	12.61	12.61	12.61			Not Consistently Anticipated to Meet Target
NGH	Sustainability	Non Pay YTD (M)	01/12/24	13.93	12.06	15.63	15.63	15.63			Not Consistently Anticipated to Meet Target
NGH	Sustainability	Surplus / Deficit YTD (M)	01/12/24	-5.64	0	6.37	6.37	6.37			Not Consistently Anticipated to Meet Target
KGH	Sustainability	Surplus / Deficit YTD (M)	01/12/24	-3.38	0	7.22	7.22	7.22			Not Consistently Anticipated to Meet Target
NGH	Sustainability	CIP Performance YTD (M)	01/12/24	1.43	2.47	5.28	5.28	5.28			Not Consistently Anticipated to Meet Target
KGH	Sustainability	CIP Performance YTD (M)	01/12/24	1.91	2.05	3.86	3.86	3.86			Not Consistently Anticipated to Meet Target
NGH	Sustainability	Bank and Agency Spend (M)	01/12/24	6.09	3.32	8.11	8.11	8.11			Consistently Anticipated to Meet Target
KGH	Sustainability	Bank and Agency Spend (M)	01/12/24	3.78	2.29	5.13	5.13	5.13			Consistently Anticipated to Meet Target
NGH	Sustainability	Capital Spend (M)	01/12/24	2.64	1.7	6.45	6.45	6.45			Not Consistently Anticipated to Meet Target
KGH	Sustainability	Capital Spend (M)	01/12/24	3.29	5.08	6.36	6.36	6.36			Not Consistently Anticipated to Meet Target

Income YTD (M)

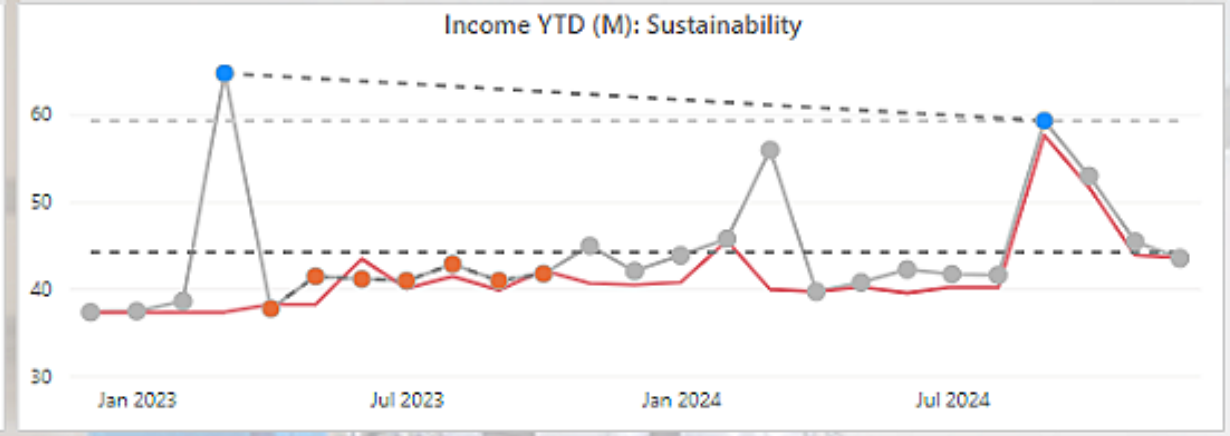
Committee Name	GroupName	MetricName	Date
All	Sustainability	Income YTD (M)	01/12/2022 – 01/12/2024

35.85	35.73	43.48	43.52
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital



Northampton General Hospital



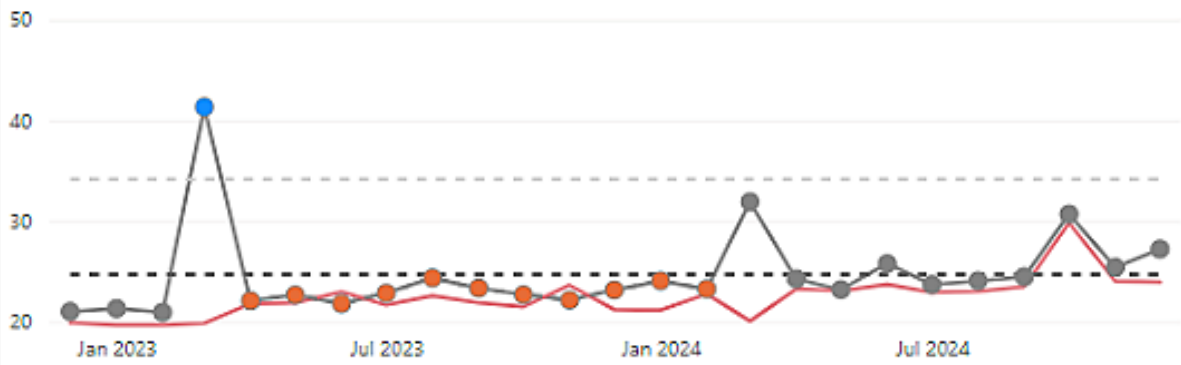
Pay YTD (M)

Committee Name	GroupName	MetricName	Date
All	Sustainability	Pay YTD (M)	01/12/2022 – 01/12/2024

27.18	23.92	33.79	29.91
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

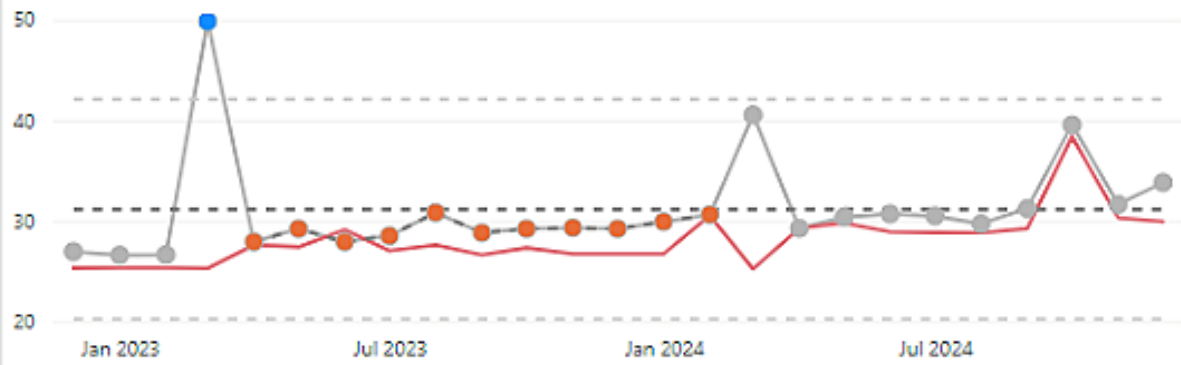
Kettering General Hospital

Pay YTD (M): Sustainability



Northampton General Hospital

Pay YTD (M): Sustainability



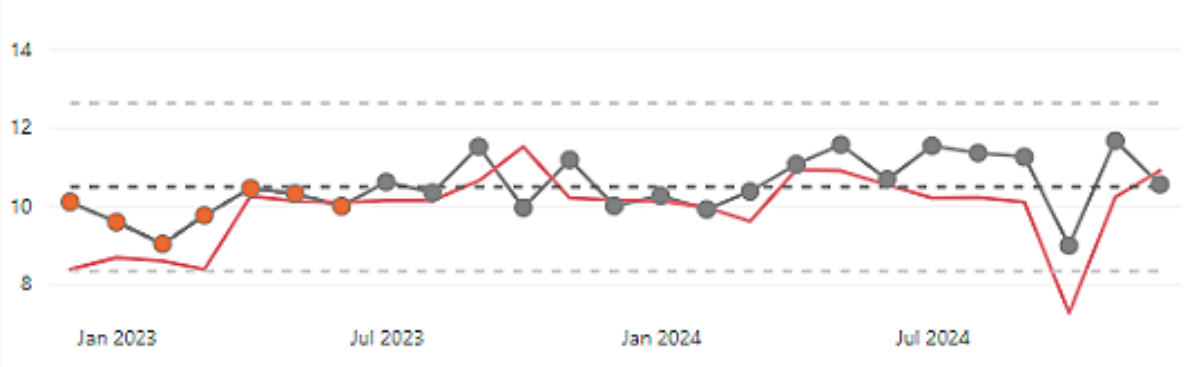
Non Pay YTD (M)

Committee Name	GroupName	MetricName	Date
All	Sustainability	Non Pay YTD (M)	01/12/2022 – 01/12/2024

10.54	10.89	13.93	12.06
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

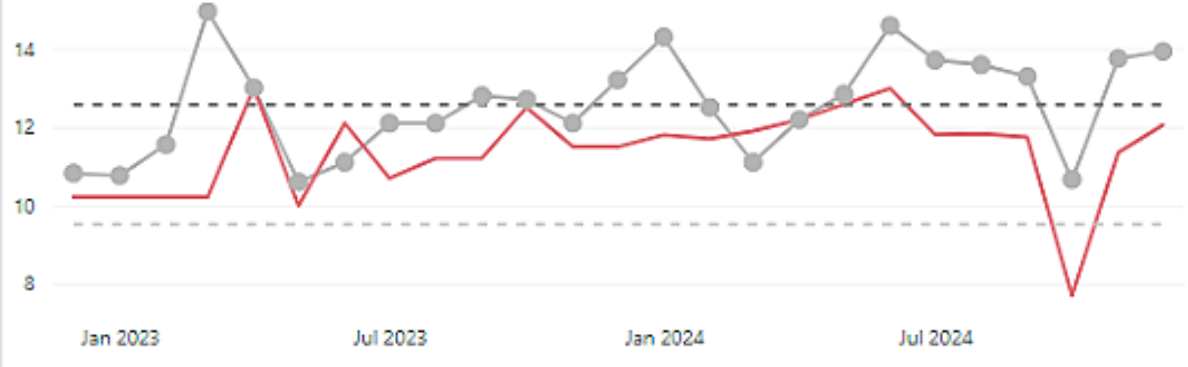
Kettering General Hospital

Non Pay YTD (M): Sustainability



Northampton General Hospital

Non Pay YTD (M): Sustainability



Surplus / Deficit YTD (M)

Committee Name: All

GroupName: Sustainability

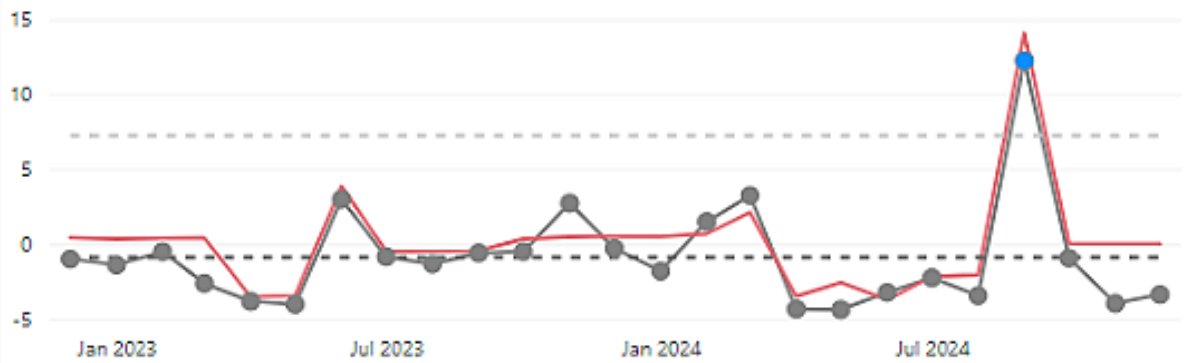
MetricName: Surplus / Deficit YTD (M)

Date: 01/12/2022 – 01/12/2024

-3.38	0	-5.64	0
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

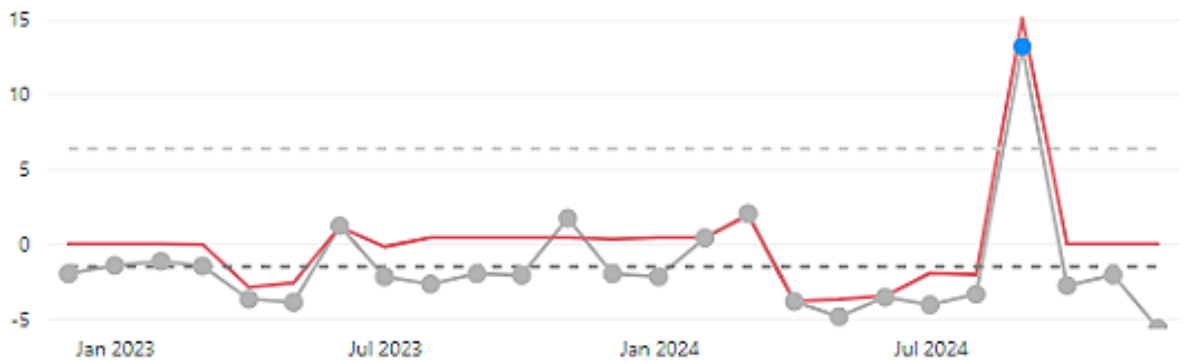
Kettering General Hospital

Surplus / Deficit YTD (M): Sustainability



Northampton General Hospital

Surplus / Deficit YTD (M): Sustainability



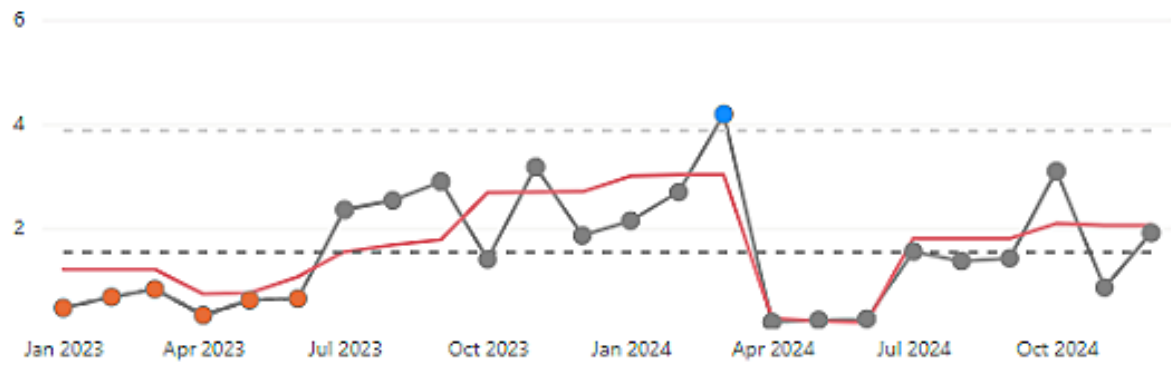
CIP Performance YTD (M)

Committee Name	GroupName	MetricName	Date
All	Sustainability	CIP Performance YTD (M)	01/12/2022 – 01/12/2024

1.91	2.05	1.43	2.47
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

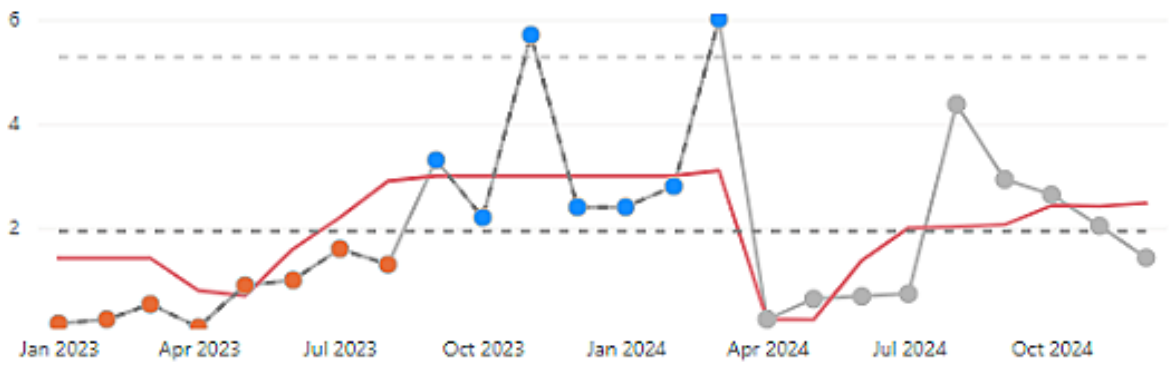
Kettering General Hospital

CIP Performance YTD (M): Sustainability



Northampton General Hospital

CIP Performance YTD (M): Sustainability



Bank and Agency Spend (M)

Committee Name: All

GroupName: Sustainability

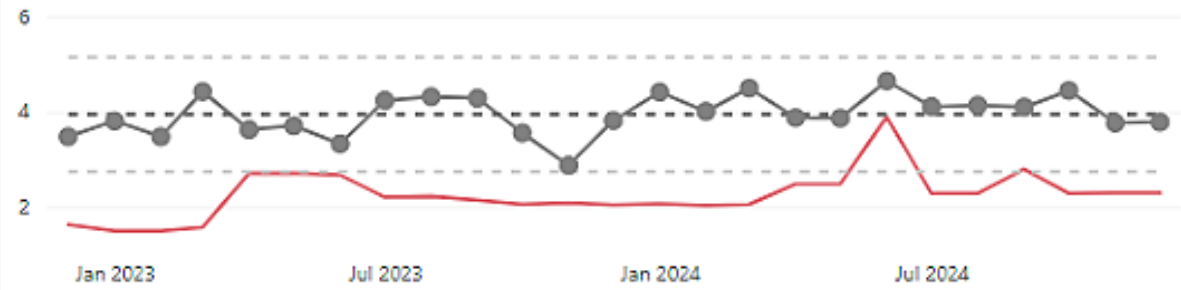
MetricName: Bank and Agency Spend (M)

Date: 01/12/2022 – 01/12/2024

3.78	2.29	6.09	3.32
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

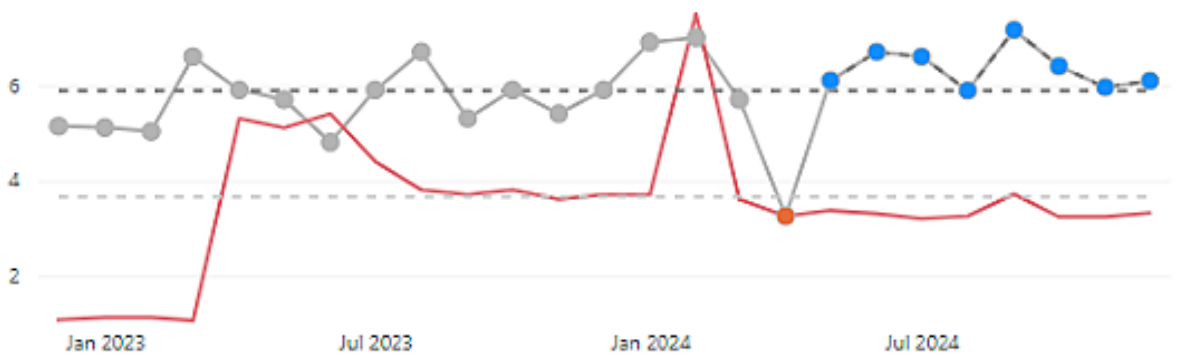
Kettering General Hospital

Bank and Agency Spend (M): Sustainability



Northampton General Hospital

Bank and Agency Spend (M): Sustainability



Capital Spend (M)

Committee Name: All

GroupName: Sustainability

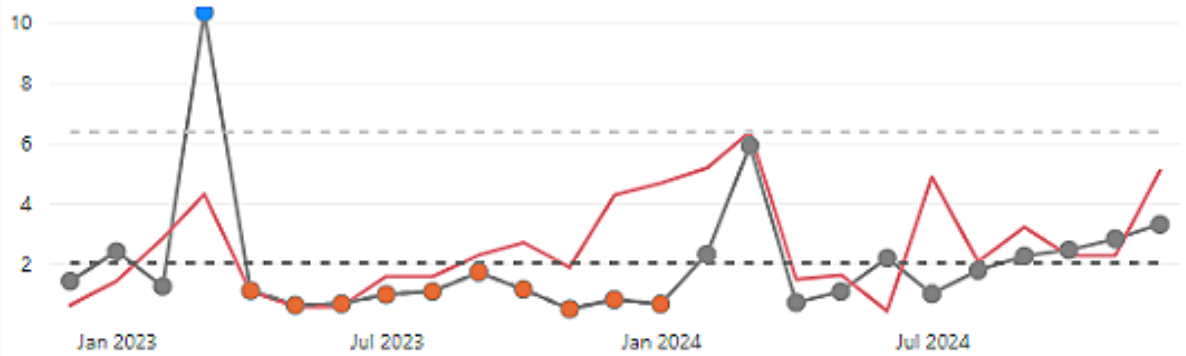
MetricName: Capital Spend (M)

Date: 01/12/2022 – 01/12/2024

3.29	5.08	2.64	1.7
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

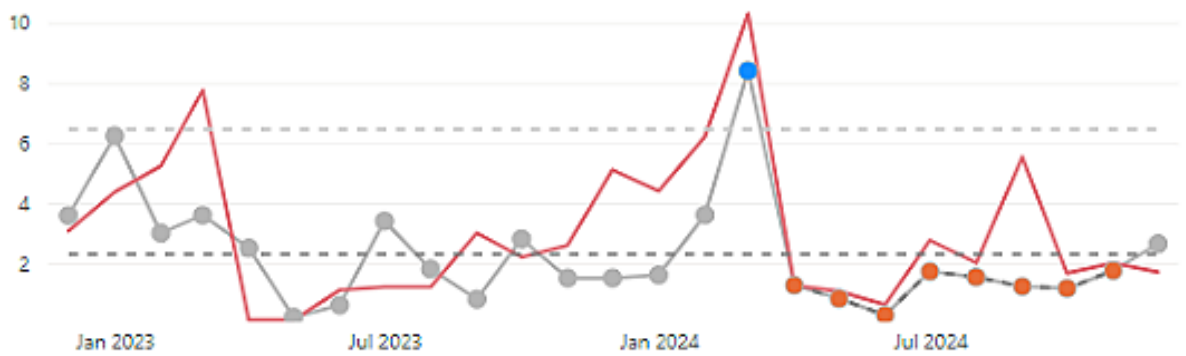
Kettering General Hospital

Capital Spend (M): Sustainability



Northampton General Hospital

Capital Spend: Sustainability



HEALTHi
informatics | intelligence | insight | integration | improvement

NHS
University Hospitals of Northamptonshire
NHS Group

Operational Performance Committee

Dedicated to excellence

Summary Table

Committee Name: All

Group Name: Multiple selections

Metric Name: Multiple selections

Site: All

Variation: All

Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance	Assurance
KGH	Sustainability	Beds available	01/12/24	551		508	522	536			Consistently Anticipated to Meet Target
NGH	Sustainability	Beds available	01/12/24	611		590	608	626			Consistently Anticipated to Meet Target
NGH	Sustainability	A&E activity (& vs plan) 2	01/12/24	15,049	8433	9768	12269	14770			Consistently Anticipated to Meet Target
KGH	Sustainability	Theatre sessions planned	01/12/24	349		116	287	458			Consistently Anticipated to Meet Target
NGH	Sustainability	Theatre sessions planned	01/12/24	695		568	616	663			Consistently Anticipated to Meet Target
NGH	Sustainability	Non-elective activity (& vs plan) 2	01/12/24	4,967	2186	5147	5873	6598			Consistently Anticipated to Meet Target
NGH	Sustainability	Elective inpatient activity (& vs plan) 2	01/12/24	385		269	375	482			Consistently Anticipated to Meet Target
NGH	Sustainability	Elective day-case activity (& vs plan) 2	01/12/24	4,125		3287	4142	4997			Consistently Anticipated to Meet Target
NGH	Sustainability	Outpatients activity (& vs plan) 2	01/12/24	38,696	44447	33571	43693	53815			Not Consistently Anticipated to Meet Target
KGH	Sustainability	A&E activity (& vs plan) 2	01/12/24	10,805		5800	9246	12693			Consistently Anticipated to Meet Target
KGH	Sustainability	Non-elective activity (& vs plan) 2	01/12/24	0		569	1594	2619			Consistently Anticipated to Meet Target
KGH	Sustainability	Elective inpatient activity (& vs plan) 2	01/12/24	0		45	213	381			Consistently Anticipated to Meet Target
KGH	Sustainability	Elective day-case activity (& vs plan) 2	01/12/24	0		729	2465	4201			Consistently Anticipated to Meet Target
KGH	Sustainability	Outpatients activity (& vs plan) 2	01/12/24	0		13699	22272	30844			Consistently Anticipated to Meet Target
NGH	Systems and Partnerships	31-day wait for first treatment	01/11/24	93.20%	96.00%	80.6%	91.28%	101.95%			Not Consistently Anticipated to Meet Target
KGH	Systems and Partnerships	31-day wait for first treatment	01/11/24	92.20%	96.00%	88.83%	94.88%	100.93%			Not Consistently Anticipated to Meet Target
NGH	Systems and Partnerships	62-day wait for first treatment	01/11/24	72.10%	85.00%	47.44%	64.66%	81.88%			Consistently Anticipated to Not Meet Target
KGH	Systems and Partnerships	62-day wait for first treatment	01/11/24	70.00%	85.00%	34.21%	58.65%	83.09%			Consistently Anticipated to Not Meet Target

Summary Table

Committee Name: All

Group Name: Multiple selections

Metric Name: Multiple selections

Site: All

Variation: All

Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance	Assurance
NGH	Systems and Partnerships	Cancer: Faster Diagnostic Standard	01/11/24	87.30%	75.00%	78.9%	84.7%	90.5%			Consistently Anticipated to Meet Target
KGH	Systems and Partnerships	Cancer: Faster Diagnostic Standard	01/11/24	85.10%	75.00%	78.6%	84.37%	90.14%			Consistently Anticipated to Meet Target
KGH	Systems and Partnerships	6-week diagnostic test target performance	01/12/24	83.00%	99.00%	59.86%	69.27%	78.68%			Consistently Anticipated to Not Meet Target
NGH	Systems and Partnerships	6-week diagnostic test target performance	01/12/24	92.60%	99.00%	70.72%	79.09%	87.46%			Consistently Anticipated to Not Meet Target
NGH	Systems and Partnerships	Unappointed outpatient follow ups	01/12/24	9,377	0	4855	5789	6723			Consistently Anticipated to Not Meet Target
KGH	Systems and Partnerships	Unappointed outpatient follow ups	01/12/24	7,752		4200	5723	7245			Consistently Anticipated to Not Meet Target
NGH	Systems and Partnerships	RTT over 52 week waits	01/12/24	869	0	963	1270	1578			Consistently Anticipated to Not Meet Target
KGH	Systems and Partnerships	RTT over 52 week waits	01/12/24	299	0	230	368	507			Consistently Anticipated to Not Meet Target
NGH	Systems and Partnerships	Size of RTT waiting list	01/12/24	41,192	0	38687	40859	43031			Consistently Anticipated to Not Meet Target
KGH	Systems and Partnerships	Size of RTT waiting list	01/12/24	26,317		26353	27934	29515			Consistently Anticipated to Not Meet Target
NGH	Systems and Partnerships	Theatre utilisation	01/12/24	77.10%		74.71%	78.24%	81.78%			Consistently Anticipated to Meet Target
KGH	Systems and Partnerships	Theatre utilisation	01/12/24	80.00%		43.95%	67%	90.05%			Consistently Anticipated to Meet Target
NGH	Systems and Partnerships	Bed utilisation	01/12/24	91.72%		85.53%	89.01%	92.48%			Consistently Anticipated to Meet Target
KGH	Systems and Partnerships	Bed utilisation	01/12/24	97.98%		96.54%	98.16%	99.77%			Consistently Anticipated to Meet Target
KGH	Systems and Partnerships	Stranded patients (7+ day length of stay)	01/12/24	319		255	284	313			Consistently Anticipated to Not Meet Target
NGH	Systems and Partnerships	Stranded patients (7+ day length of stay)	01/12/24	349		326	371	415			Consistently Anticipated to Not Meet Target
NGH	Systems and Partnerships	Super-Stranded patients (21+ day length of stay)	01/12/24	124	0	119	160	200			Consistently Anticipated to Not Meet Target
KGH	Systems and Partnerships	Super-Stranded patients (21+ day length of stay)	01/12/24	107	0	77	98	118			Consistently Anticipated to Not Meet Target

Summary Table

Committee Name: All

Group Name: Multiple selections

Metric Name: Multiple selections

Site: All

Variation: All

Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance	Assurance
NGH	Systems and Partnerships	Patients with a reason to reside	01/12/24	70.69%	95.00%	54.76%	66.85%	78.93%			Consistently Anticipated to Not Meet Target
KGH	Systems and Partnerships	Patients with a reason to reside	01/12/24	74.78%		71.31%	75.3%	79.29%			Consistently Anticipated to Meet Target
KGH	Systems and Partnerships	Ambulance Handover	01/12/24	954		10	281	552			Consistently Anticipated to Meet Target
NGH	Systems and Partnerships	Ambulance Handover	01/12/24	1,077		91	356	621			Consistently Anticipated to Meet Target
NGH	Systems and Partnerships	Time to initial assessment	01/12/24	41.92%		40.18%	46.34%	52.5%			Consistently Anticipated to Meet Target
KGH	Systems and Partnerships	Time to initial assessment	01/12/24	54.31%		50.61%	61.56%	72.5%			Consistently Anticipated to Meet Target
KGH	Systems and Partnerships	Average time in department - Admitted	01/12/24	680		482	598	714			Consistently Anticipated to Meet Target
KGH	Systems and Partnerships	Average time in department - Discharged	01/12/24	246		202	228	254			Consistently Anticipated to Meet Target
KGH	Systems and Partnerships	4hr ED Performance	01/12/24	77.00%		56.67%	63.01%	69.35%			Consistently Anticipated to Meet Target
NGH	Systems and Partnerships	4hr ED Performance	01/12/24	66.79%		61.66%	67.5%	73.34%			Consistently Anticipated to Meet Target
NGH	Systems and Partnerships	Average time in department - Discharged	01/12/24	208		167	204	241			Consistently Anticipated to Meet Target
NGH	Systems and Partnerships	Average time in department - Admitted	01/12/24	970		618	893	1169			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 saliant messages from the IGR metrics** for this month:

1. Ambulance Handovers continue to increase for Dec 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 Dec 24 at KGH. 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:

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

2. 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?

3. 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.

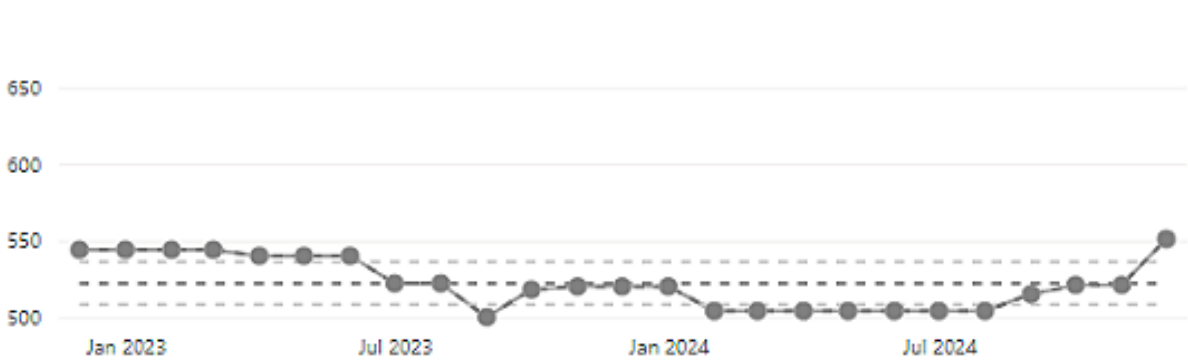
Beds available

Committee Name	GroupName	MetricName	Date
All	Sustainability	Beds available	01/12/2022 – 01/12/2024

551		611	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

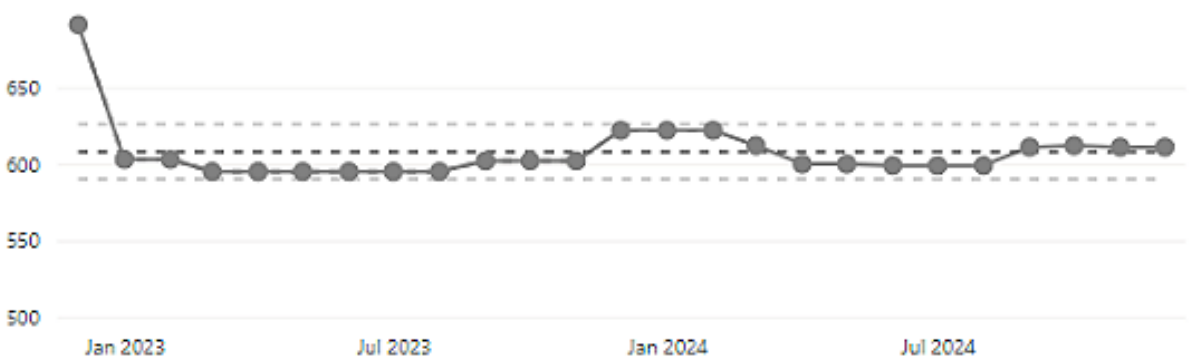
Kettering General Hospital

Beds available: Sustainability



Northampton General Hospital

Beds available: Sustainability



Theatre sessions planned

Committee Name: All

GroupName: Sustainability

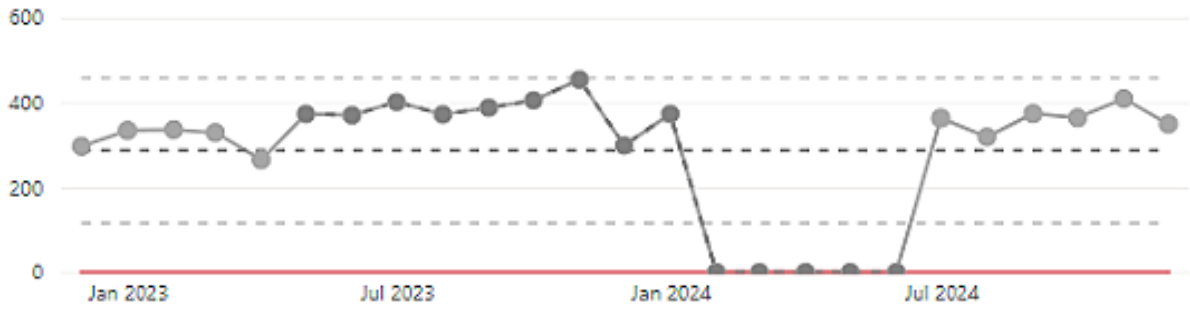
MetricName: Theatre sessions planned

Date: 01/12/2022 – 01/12/2024

349		695	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

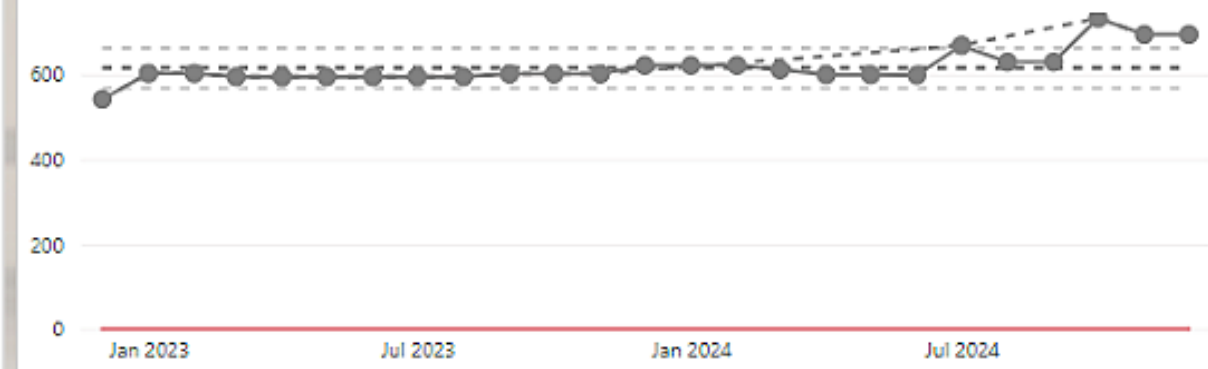
Kettering General Hospital

Theatre sessions planned: Sustainability



Northampton General Hospital

Theatre sessions planned: Sustainability



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/24	To monitor number of elective theatre sessions	The chart tells us the number of theatre sessions used during December was 349.	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 December, as did Bank Holidays.	Backfill of theatre sessions is encouraged from specialties	Weekly Theatre Planning meeting used to ensure sessions are backfilled wherever possible
NGH	01/12/24	To monitor number of elective theatre sessions	695 sessions planned for this month	Lack of Anaesthetists resulting in many cancellations of planned lists.	Ongoing substantive and locum recruitment. KGH and MK anaethetists 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

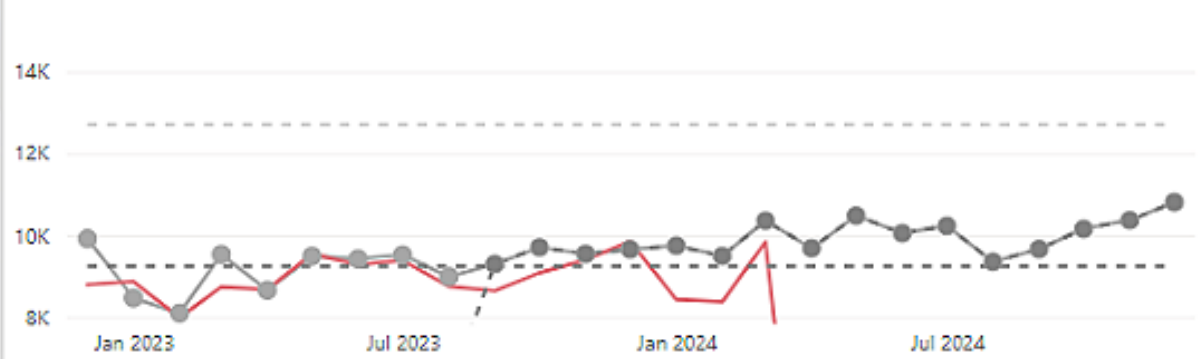
A&E activity (& vs plan) 2

Committee Name	GroupName	MetricName	Date
All	Sustainability	A&E activity (& vs plan) 2	01/12/2022 – 01/12/2024

10,805		15,049	8433
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

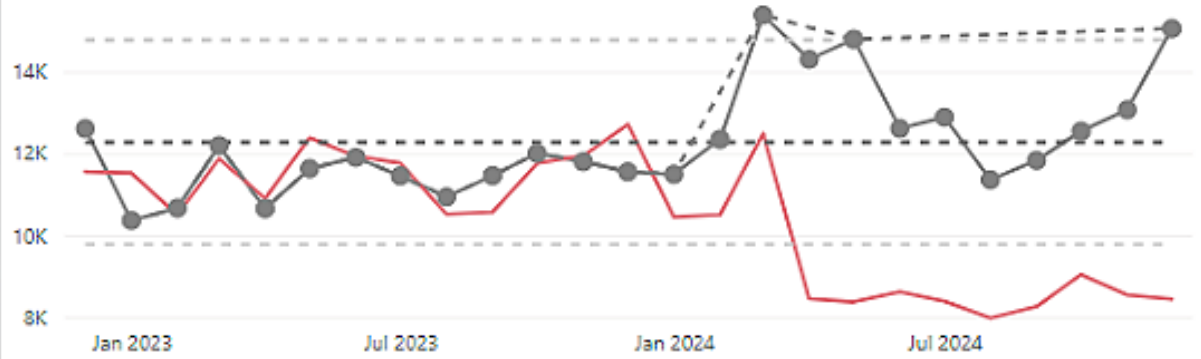
Kettering General Hospital

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

10,805		15,049	8433
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/24	A&E attendances	Attendances in December 2024 are 9% higher than in December 2023; the increase continues to be across our unheralded cohort.??? Children's attendances for December 2024 = 22% higher than in December 2023.? Total attendances for 2024 (whole year) were 8.9% higher than in 2023	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.? Increasing number of paediatric attendances? 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	Extension of medical SDEC operational hours from 16th December 2024 until 01:00 weekdays, and 00:00 weekends. Evaluation of data has shown an increase in patients streamed from ED by 28% from the previous month. [15% overall activity increase].? Exploring options to operationalise Frailty SDEC within its own estate footprint.? 1st meeting held on 13/1/25 for an ICB led workstream to review primary care attendances and evaluate data, with a view to instigate system led improvement actions? Ongoing collaborative meetings with EMAS and CUCC colleagues to discuss appropriateness of conveyances and/or alternative streaming options such as direct referral to SDEC.Extension of medical SDEC operational hours from 16th December 2024 until 01:00 weekdays, and 00:00 weekends. Evaluation of data has shown an increase in patients streamed from ED by 28% from the previous month. [15% overall activity increase].? Exploring options to operationalise Frailty SDEC within its own estate footprint.? 1st meeting held on 13/1/25 for an ICB led workstream to review primary care attendances and evaluate data, with a view to instigate system led improvement actions? Ongoing collaborative meetings with EMAS and CUCC colleagues to discuss appropriateness of conveyances and/or alternative streaming options such as direct referral to SDEC.	Implementation of the Trustwide. escalation protocol Move of patients against confirmed and predicted discharges from base wards to support capacity pressures in ED.Implementation of the Trustwide. escalation protocol Move of patients against confirmed and predicted discharges from base wards to support capacity pressures in ED.

A&E activity (& vs plan) 2

Committee Name: All

GroupName: Sustainability

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

Date: 12/1/2022 – 12/1/2024

10,805		15,049	8433
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
NGH	01/12/24	A&E attendances	We had a slight decrease in attendance of 179 compared to November	Still seeing a large number of patients spending more than 24hours in ED, due to poor flow	Continue to extend opening hours of UTC to 04:00. Piloted extending SDEC opening hours for a week for 24hours (saw minimal patient increase), however extending it to 02:00 saw more patients being able to be treated (this is staff dependant). Piloted direct EMAS to SDEC - saw on average an increase of approximate 3 per day	Opened the EMAS POD (ambulance assessment) which is a trollied space for 4 patients allowing crews to be released back into the community

Non-elective activity (& vs plan) 2

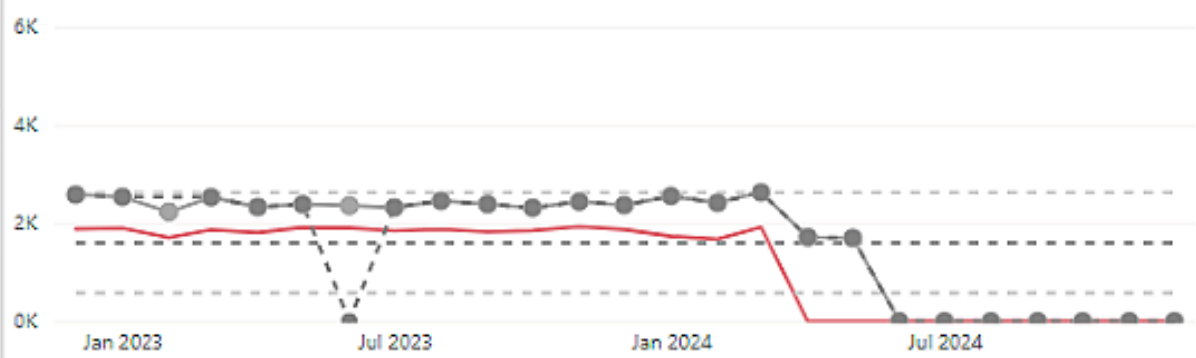
University Hospitals of Northamptonshire NHS

Committee Name	GroupName	MetricName	Date
All	Sustainability	Non-elective activity (& vs plan) 2	01/12/2022 – 01/12/2024

0		4,967	2186
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

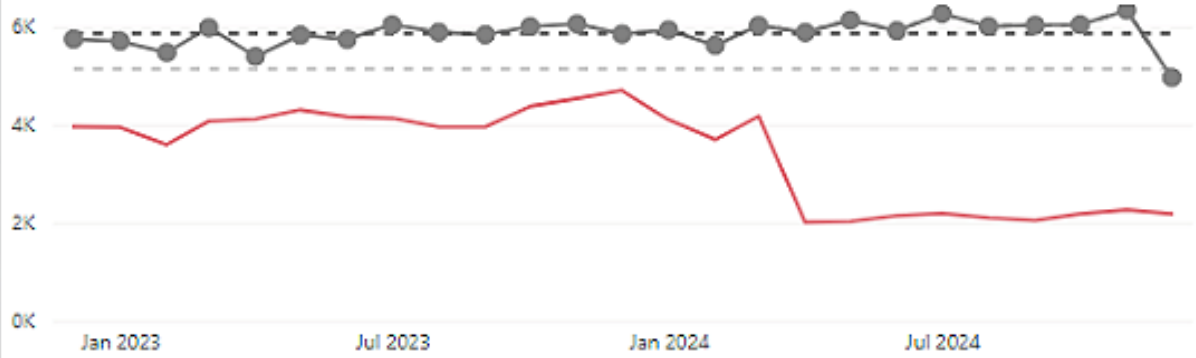
Kettering General Hospital

Non-elective activity (actual vs plan): Sustainability



Northampton General Hospital

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



Elective inpatient activity (& vs plan) 2

Committee Name: All

GroupName: Sustainability

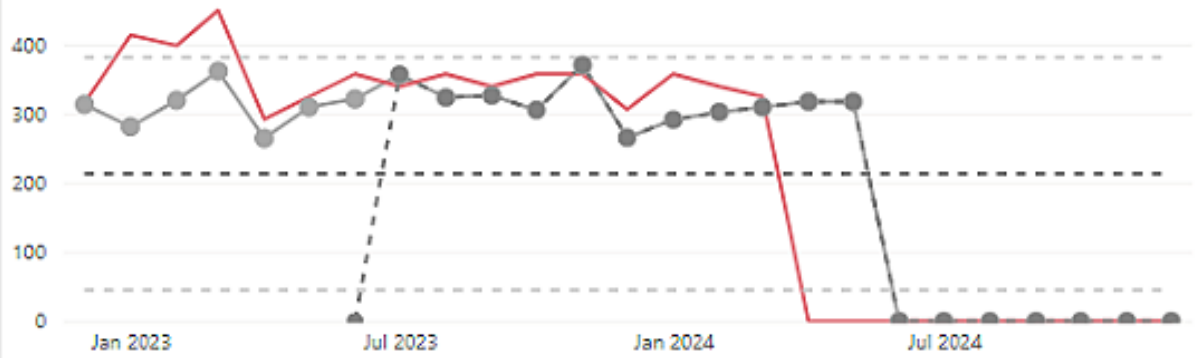
MetricName: Elective inpatient activity (& vs plan) 2

Date: 01/12/2022 – 01/12/2024

0		385	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

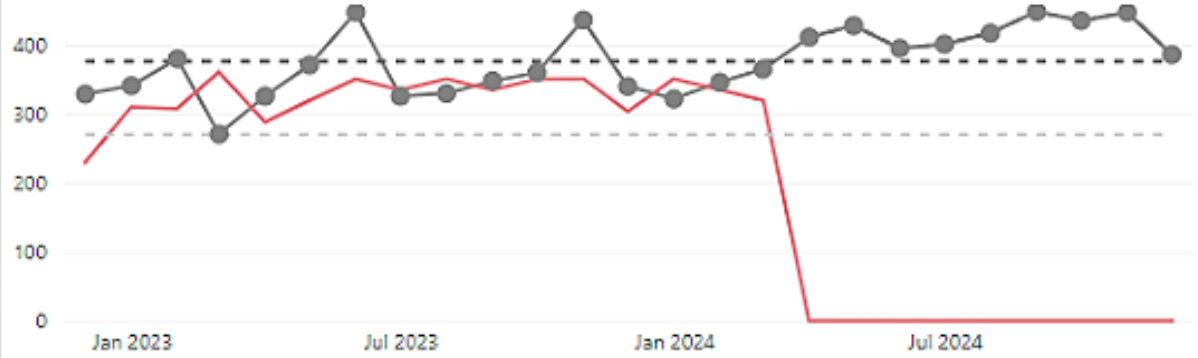
Kettering General Hospital

Elective inpatient activity (actual vs plan): Sustainability



Northampton General Hospital

Elective inpatient activity (& vs plan) 2: Sustainability



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
NGH	01/12/24	Elective inpatient activity actuals v plan	Data shows that we delivered as expected a decrease in Elective Inpatient activity in December (385 vs 446 previous month) This was expected with the Christmas break with Staff taking time away but also patients declining to come in over the festive period	Activity remains strong and ahead of mean with absolute focus on clearing 65+ week waiters. However New Year pressures on Urgent care are expected and increases in Flu/RSV and Covid are beign seen	Cancer and long waiter lists priortised with transfer of actvity to KGH/Woodlands / Three Shires Hosp. While this activity is recorded for the system it does not appear on NGH activity 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 taking place with Spire Leicester and Three Shires Hospitals

Elective day-case activity (& vs plan) 2

Committee Name: All

GroupName: Sustainability

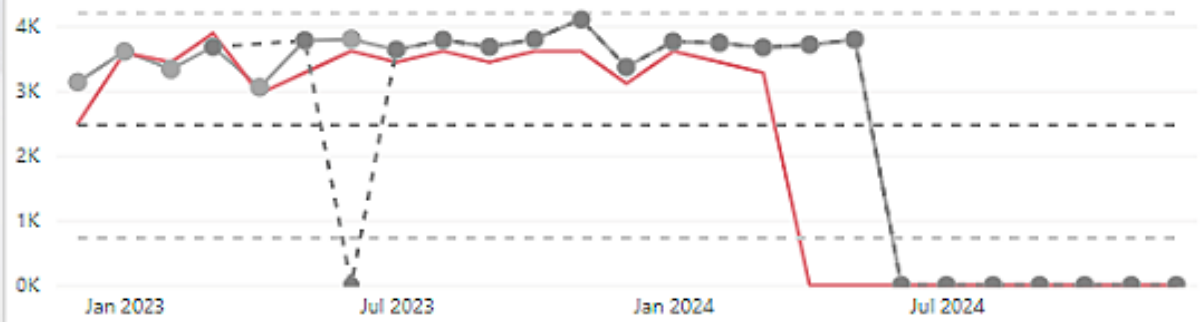
MetricName: Elective day-case activity (& vs plan) 2

Date: 01/12/2022 – 01/12/2024

0		4,125	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

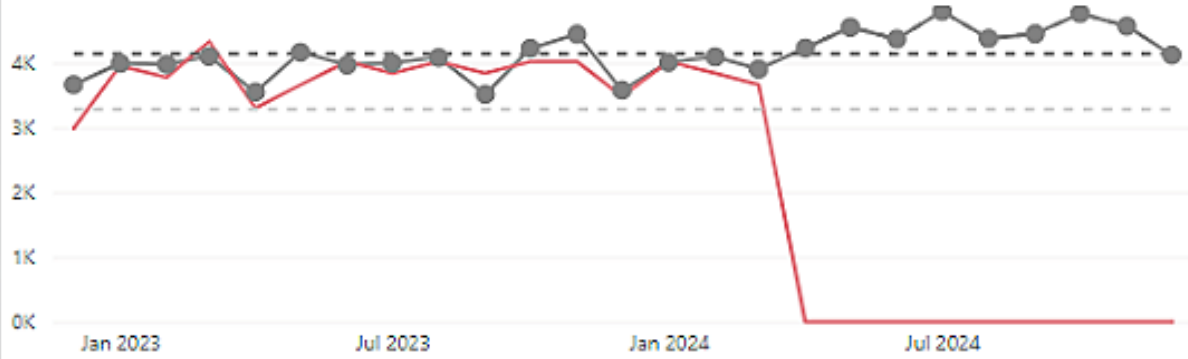
Kettering General Hospital

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



Northampton General Hospital

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



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
NGH	01/12/24	Elective day case activity actuals v plan	Data shows that we had a decreased Elective Day Case activity in December (4,125 vs 4,571) This was expected with the Christmas break with staff taking time away but also patients declining to come in over the festive period	Activity remains strong and ahead of mean with absolute focus on clearing 65+ week waiters	Cancer and long waiter lists priortised with transfer of actvity to KGH/Woodlands. While this activity is recorded for the system it does not appear on NGH activity 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 taking place with Spire Leicester and Three Shires Hospitals

Outpatients activity (& vs plan) 2

Committee Name: All

GroupName: Sustainability

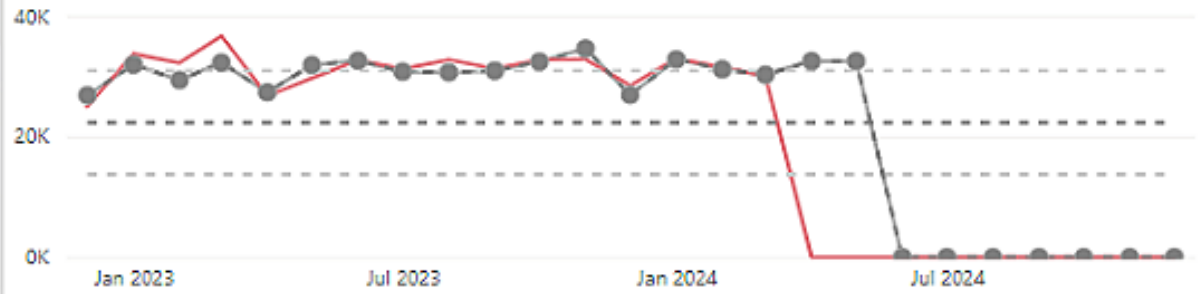
MetricName: Outpatients activity (& vs plan) 2

Date: 01/12/2022 – 01/12/2024

0		38,696	44447
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

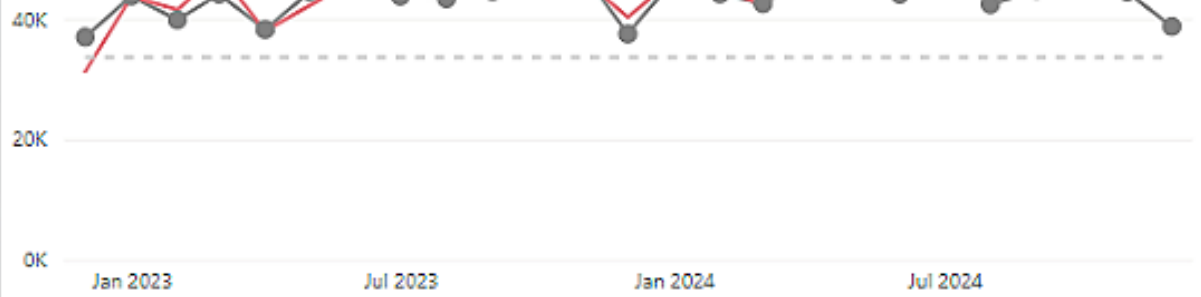
Kettering General Hospital

Outpatients activity (actual vs plan): Sustainability



Northampton General Hospital

Outpatients activity (& vs plan) 2: Sustainability



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
NGH	01/12/24	This is the total number of outpatient appointments in the month (face to face and virtual, new and follow up)	Data shows that we had a decreased OPD activity in December (38,696 vs 44,379) This was expected with the Christmas break with staff taking time away but also patients declining to come in over the festive period	Activity is below target plan which was 51,465 but ahead of the mean at 43,999	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

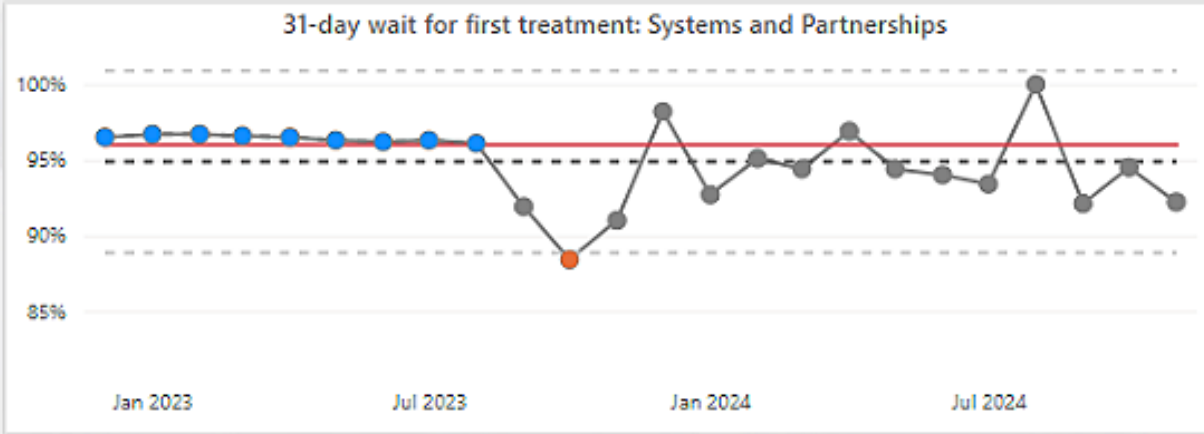
31-day wait for first treatment

University Hospitals of Northamptonshire NHS

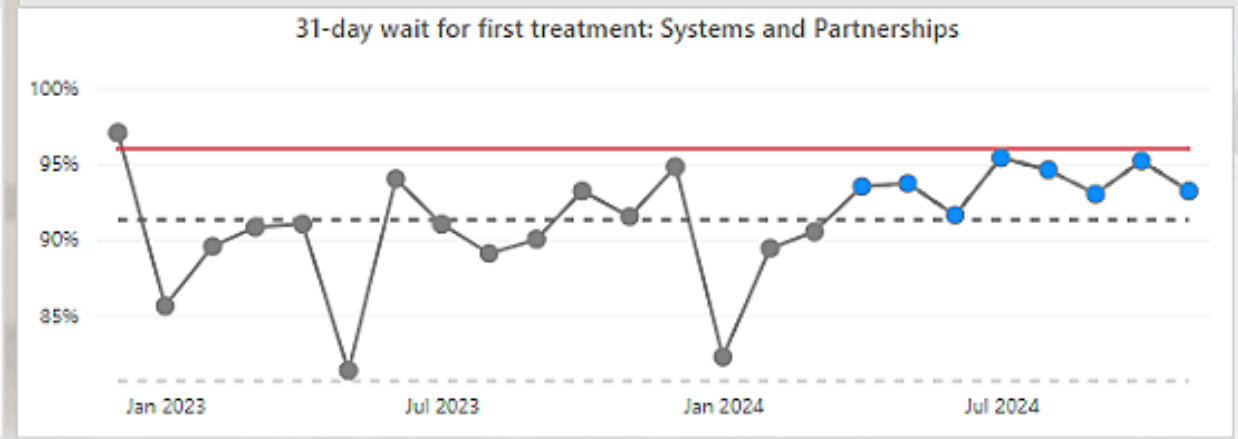
Committee Name	GroupName	MetricName	Date
All	Systems and Partnerships	31-day wait for first treatment	01/11/2022 – 01/11/2024

92.20%	96.00%	93.20%	96.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital



Northampton General Hospital



31-day wait for first treatment

Committee Name: All

GroupName: Systems and Partnerships

MetricName: 31-day wait for first treatment

92.20%	96.00%	93.20%	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	01/11/24	% of patients whose treatment is initiated within 31 days of the decision to treat	The Trust recorded 89.5% against the standard of 96%	The trust achieved 89.5% against the standard, treating 171 patients and recording 18 breaches, predominantly in Skin (who cited the workforce challenges resulting in insufficient minor operation capacity) as the cause.	Paper to be submitted to Trust to explore all options to recruit to posts differently (Dermatology). The team are considering utilizing the vacant consultant WTE and changing it into Junior doctor and clinical nurse specialist roles. Action re implementation of teledermatology; Currently awaiting response from ICS to reconvene meeting between NGH / KGH and ICS key stake holders. Meeting arranged. Clear communication with Waiting lists - attendance at PTL meetings, access to somerset and PTL Continue to report performance at Patient Access Board Awaiting commencement of recruited Breast surgeon (December)	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 attendace at the twice weekly PTLs to expedite patient bookings. Locum commenced in post in Dermatology - x1 WTE shared between two consultants
NGH	01/11/24	% of patients whose treatment is initiated within 31 days of the decision to treat	The Trust did not meet the 96% standard achieving 93.2% in November.	471 treatments were delivered of which 32 breached. 5 breached due to extra planning or capacity in oncology, 1 was due to patient fitness and 26 were due to surgical capacity. Access to surgery within 31 days remains the Trusts biggest challenge.	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: All

GroupName: Systems and Partnerships

MetricName: 62-day wait for first treatment

Date: 01/11/2022 – 01/11/2024

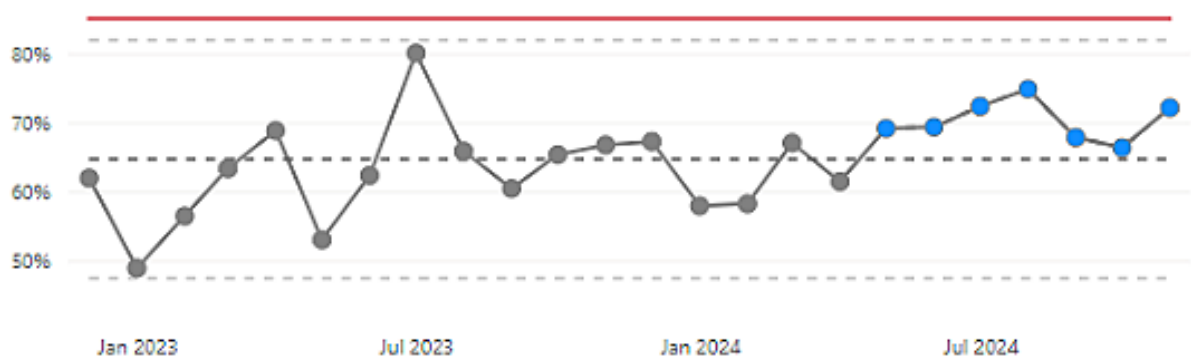
70.00%	85.00%	72.10%	85.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital

62-day wait for first treatment: Systems and Partnerships

Northampton General Hospital

62-day wait for first treatment: Systems and Partnerships



62-day wait for first treatment

Committee Name	GroupName	MetricName
All	Systems and Partnerships	62-day wait for first treatment

70.00%	85.00%	72.10%	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	01/11/24	% 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 November was recorded at 77.9%.	The Trust achieved a performance of 77.9% against the standard of 85%, this was an improvement in performance of 9% from October. The Trust experienced an increased number of breaches in breast services which has continued since the previous month and was attributed to the departure of two surgeons and a reduced workforce in breast radiology. The Trust is still progressing as planned against its predicted trajectory. Weekly monitoring and reporting of the PTL shows the number of patients passed breach date continues to reduce. During this period, 138 treatments were recorded, with 30.5 breaches. Common themes (largely unchanged) contributing to these breaches include: Complex pathways Delays to results OPA resulting in lack of time to treat surgically (Breast) Patient choice during the diagnostic phase Patient fitness during diagnostics unable to transfer to tertiary centres in time due to patient choice and fitness A potential emerging capacity issue in view of Chris Hoy and prostate cancer media interest	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 continues. New proposal being reviewed by the pathology team, which means may not have to tender for service expected Q2 2025. X1.0 WTE histopathologist post advertised 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 now due to go live December, once Gastrograffin back in circulation WLIs to commence where capacity is required Awaiting commencement of recruited Breast surgeon	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 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.

62-day wait for first treatment

Committee Name: All

GroupName: Systems and Partnerships

MetricName: 62-day wait for first treatment

70.00%	85.00%	72.10%	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
						MLA recruited to assist with digital scanning of slides to assist the implementation of digital pathology. Monitor referral numbers for prostate ensuring sufficient MRI and LATP capacity (led by service)
NGH	01/11/24	% of patients whose treatment in initiated within 63 days of urgent referral	The Trust exceeded the interim 70% standard expected by NHSE, reaching 72.1% in November.	172 treatments were delivered in November, 48 of these breached. Patient choice and fitness to proceed attributed to breaches this month, alongside long standing challenges across pathways. Despite this the Trust managed to exceed the 70% standard.	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

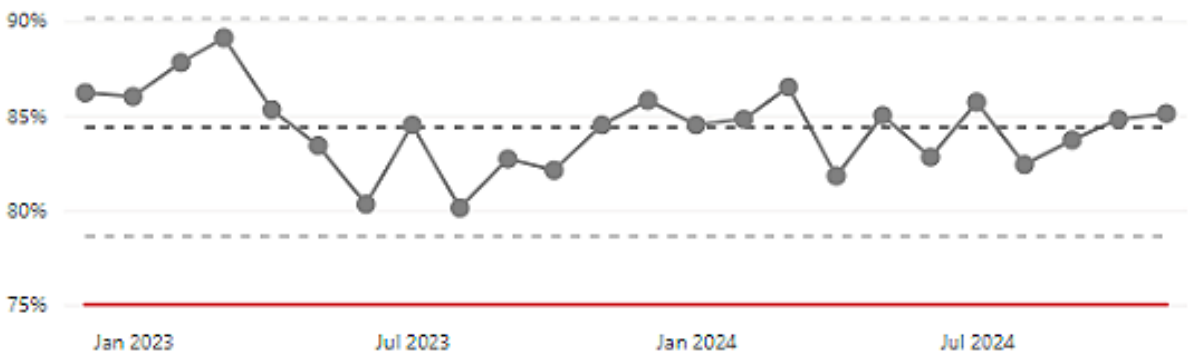
MetricName: Cancer: Faster Diagnostic Standard

Date: 01/11/2022 – 01/11/2024

85.10%	75.00%	87.30%	75.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

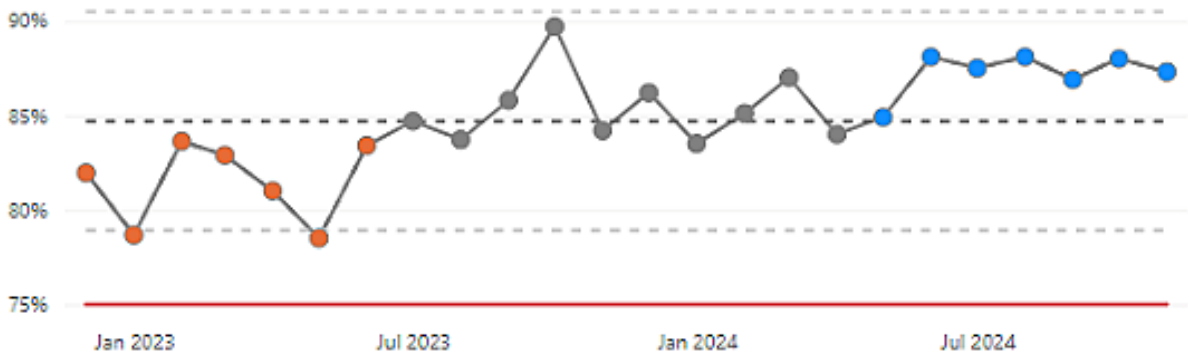
Kettering General Hospital

Cancer: Faster Diagnostic Standard: Systems and Partnerships



Northampton General Hospital

Cancer: Faster Diagnostic Standard: Systems and Partnerships



Cancer: Faster Diagnostic Standard

Committee Name: All

GroupName: Systems and Partnerships

MetricName: Cancer: Faster Diagnostic Standard

85.10%	75.00%	87.30%	75.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/11/24	% of patients diagnosed in less than 28 days	The Trust achieved the faster diagnosis standard for the month of November at 84.8%	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	01/11/24	% of patients diagnosed in less than 28 days	The Trust exceeded the standard reaching 87.3% in November.	None, standard exceeded	Focus remains on improving times to diagnosing cancer as opposed to ruling it out, an national challenge, standard continues to be exceeded	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

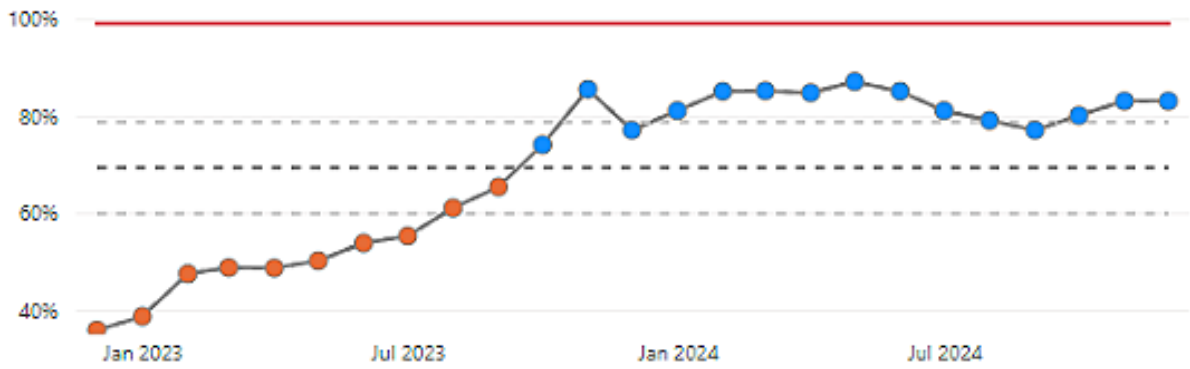
MetricName: 6-week diagnostic test target performance

Date: 01/12/2022 – 01/12/2024

83.00%	99.00%	92.60%	99.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

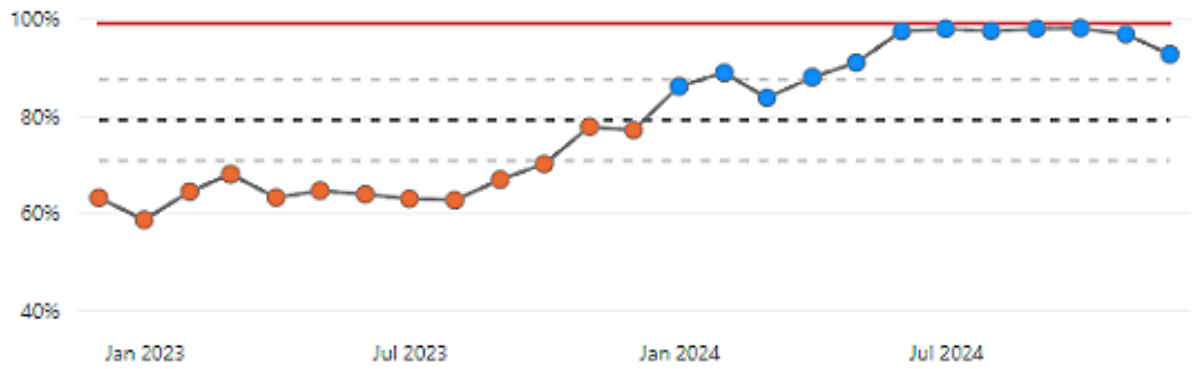
Kettering General Hospital

6-week diagnostic test target performance: Systems and Partnerships



Northampton General Hospital

6-week diagnostic test target performance: Systems and Partnerships



6-week diagnostic test target performance

Committee Name: All

GroupName: Systems and Partnerships

MetricName: 6-week diagnostic test target performance

83.00%	99.00%	92.60%	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	01/12/24	% of patients not seen within six weeks	Performance has remained stable between the last two months at 83%	Slip in performance seen in Neurophysiology due to challenges with workforce. Appointments to vacancies have been made and start dates to be negotiated. Maternity Leave is soon to be completed for the chief technician which will support capacity for testing. MRI and CT have seen declines in performance due to equipment failures and workforce sickness over Christmas and New Year. Additional clinics are being set up in January to support in the recovery of the waiting list.	Slip in performance seen in Neurophysiology due to challenges with workforce. Appointments to vacancies have been made and start dates to be negotiated. Maternity Leave is soon to be completed for the chief technician which will support capacity for testing. MRI and CT have seen declines in performance due to equipment failures and workforce sickness over Christmas and New Year. Additional clinics are being set up in January to support in the recovery of the waiting list.	Continued PTL meetings and application of Access Policies
NGH	01/12/24	% of patients not seen within six weeks	Performance has deteriorated from 97% to 93%	Deterioration in performance has been seen for NGH within radiology modalities particularly MRI due to significantly increased inpatient demand (an 85% increase) resulting in DM01 outpatient activity to be cancelled. SBAR has been produced with options to increase capacity to support the recent surge in demand and clear the backlog under review for decision. Challenges remain within Cardiology specifically in relation to DSE's due to workforce constraints and cessation of additionality. Review is being undertaken with options to resume additionality and collaboration cross site hoped to support with activity and performance.	SBAR has been produced with options to increase capacity to support the recent surge in demand and clear the backlog under review for decision. Re. Cardiology Review is being undertaken with options to resume additionality and collaboration cross site hoped to support with activity and performance.	Continued PTL meetings and application of Access Policies

Unappointed outpatient follow ups

Committee Name: All

GroupName: Systems and Partnerships

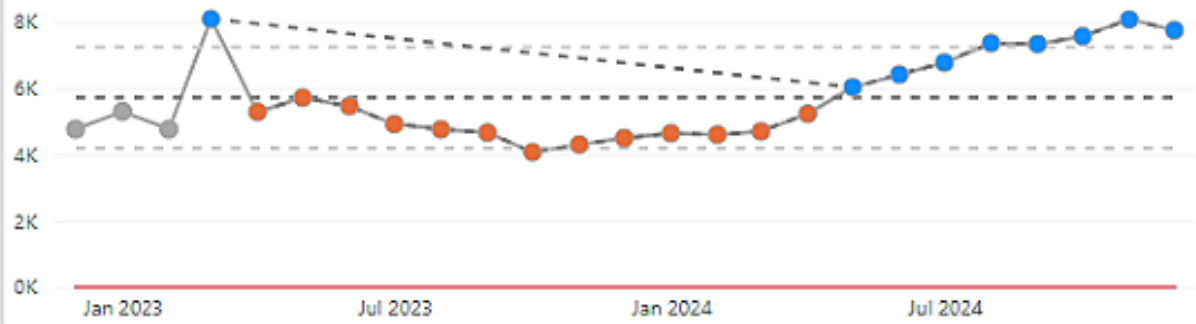
MetricName: Unappointed outpatient follow ups

Date: 01/12/2022 – 01/12/2024

7,752		9,377	0
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

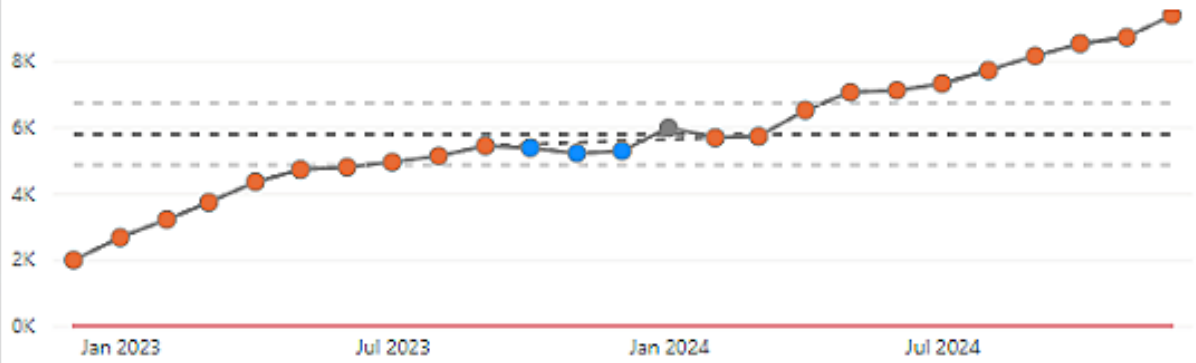
Kettering General Hospital

Unappointed outpatient follow ups: Systems and Partnerships



Northampton General Hospital

Unappointed outpatient follow ups: Systems and Partnerships



Unappointed outpatient follow ups

Committee Name: All

GroupName: Systems and Partnerships

MetricName: Unappointed outpatient follow ups

Date: 12/1/2022 – 12/1/2024

7,752		9,377	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	01/12/24	Count of patients who do not have a booked appointment and are past their due date	Patients waiting 6 months or more past their review with no appointments booked has seen a decline from 8075 to 7752.	Workforce capacity to admin validate the pathways for accuracy Clinical capacity to book appointments to be seen Digital limitations to allow patients in this cohort to be seen by all and flagged when next steps are ready, needed or lapsed	Support being requested for cross divisional support of admin validation Further developments of FDP to support with management of patient lists	Support being requested for cross divisional support of admin validation Further developments of FDP to support with management of patient lists
NGH	01/12/24	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 remained stable at circa 9,000	Capacity to validate the pathways for accuracy Clinical capacity to book appointments to be seen	- 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

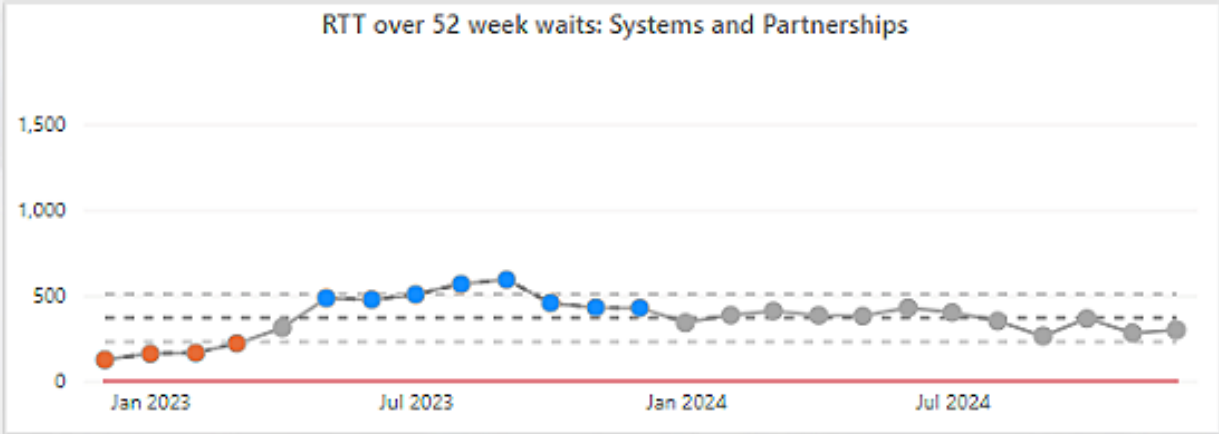
GroupName: Systems and Partnerships

MetricName: RTT over 52 week waits

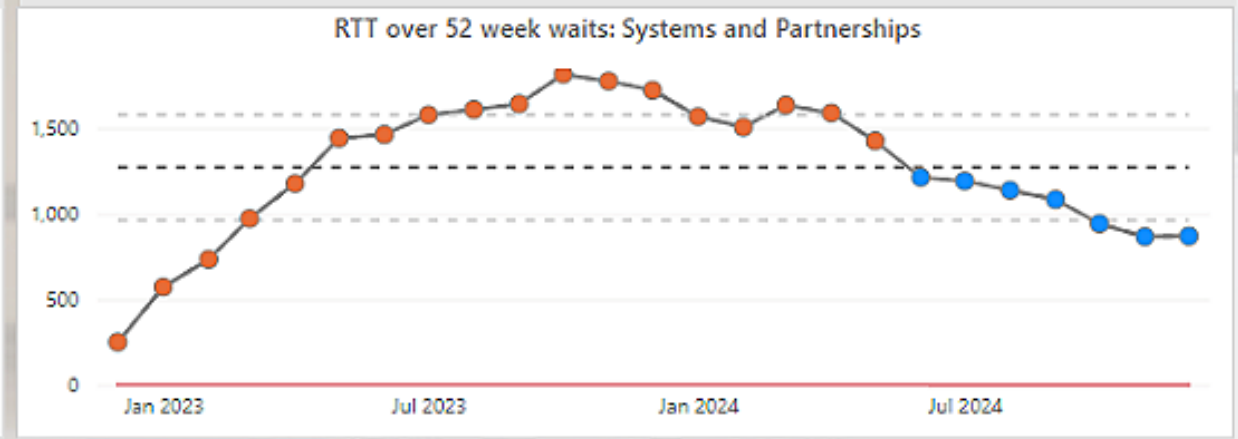
Date: 01/12/2022 – 01/12/2024

299	0	869	0
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital



Northampton General Hospital



RTT over 52 week waits

Committee Name: All

GroupName: Systems and Partnerships

MetricName: RTT over 52 week waits

299	0	869	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	01/12/24	No. of patients waiting greater than 52 weeks from referral to treatment (RTT)	Unvalidated position shows an increased from 281 to 299	Continued transfer of patients between trusts to mitigate the system position Head and Neck capacity challenges Medicine Resp and Neuro capacity	Patients will continue to be transferred between trusts to support the system position. Additional workforce and clinics approved to support the clearance of Ortho and Oral patients waiting to be seen Resp have approval for continued WLIs which will support in the throughput of patients.	Continued PTL Meetings System PTL meetings (NGH and KGH) Validation Accuracy >95% Validation >12w needs to improve to 90% currently at 73%
NGH	01/12/24	No. of patients waiting greater than 52 weeks from referral to treatment (RTT)	The 52 week cohort continues to reduce at pace with a position of 3,367 at NGH, reduced from 4,810 last month, whilst the actual position has held at ~867 despite the challenged specialties. NGH continues to reduce the 65+ at pace evidenced by the churn and reduction in both actuals and cohorts, with 80% reduction in cohort by month end on average. The NGH end of December position was made up by T&O (19), Gen Surgery (9), ENT (1). 17 of these were capacity, 7 Complex and 6 Choice (local).	There remains a risk in maintaining and further reducing the number of 65wws across the rest of the financial year within challenged specialties T&O and General Surgery for 65+ Clearance has been impacted by Anaesthetic workforce constraints resulting in cancellations, and both General Surgery and T&O capacity constraints. We are increasingly managing the long waits risk across UHN, with increasing IPTs from NGH to KGH in T&O and General Surgery to support these specialties. Whilst the stretch ambition is route to 0 for 52+, a trajectory of 1,305 was submitted for March 2025 for NGH, given the level of clock starts vs stops and lack of additionality to support increased capacity. We are currently on track to deliver that trajectory.	New joint NGH/KGH meetings are in place to mitigate 65+ position. The Independent Sector (Woodlands and Blakelands) has supported with patients that will breach 65+ for T&O, Surgery and ENT. In addition Leicester Spires and Three Shires are also being utilised for mutual aid.	- 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. -Weekend clinics and Theatre lists within surgical division, WLI's T&O being explored -IPTs from NGH to KGH in T&O and General Surgery to support these specialties.

Size of RTT waiting list

Committee Name: All

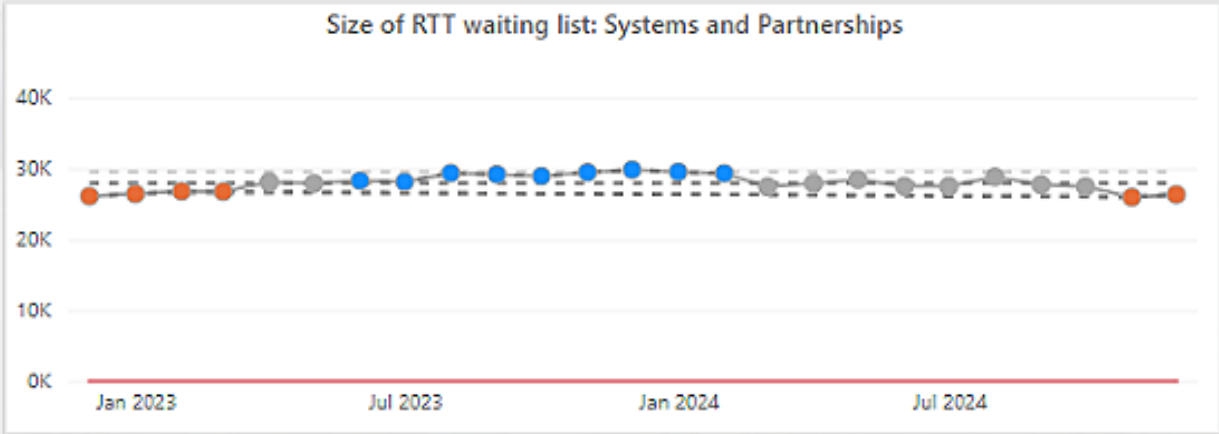
GroupName: Systems and Partnerships

MetricName: Size of RTT waiting list

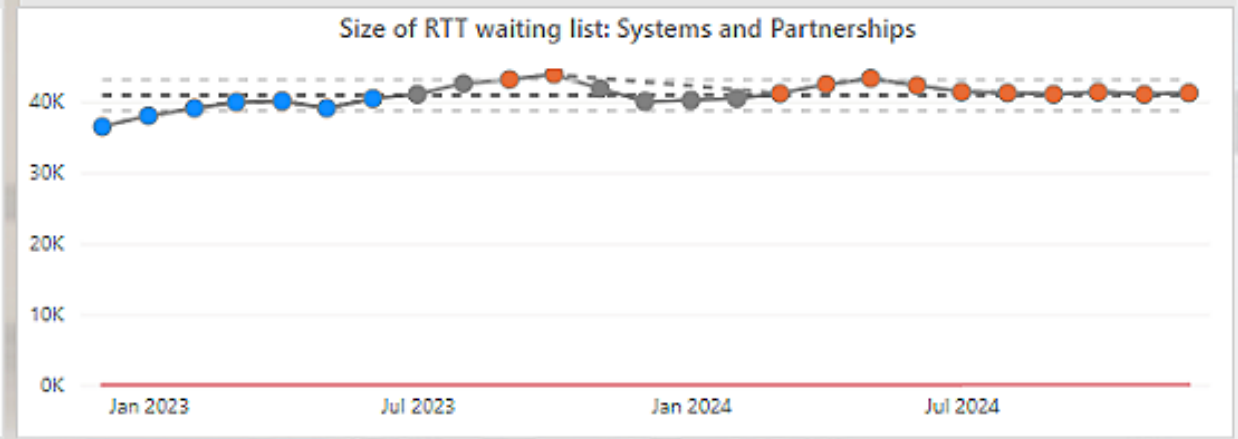
Date: 01/12/2022 – 01/12/2024

26,317		41,192	0
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital



Northampton General Hospital



Size of RTT waiting list

Committee Name: All

GroupName: Systems and Partnerships

MetricName: Size of RTT waiting list

26,317		41,192	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	01/12/24	Count of patients actively waiting against the 18 week RTT target	Unvalidated position shows an increase from 25,388 to 26,317	Continued delays to first OPA for head and neck specialties Long waits to first opa in Derm, Nephro and Resp	Continued work with GIRFT for improved processes from referral stages Continued engagement with clinicians on the application of the Access Policy for disengaged patients Continued escalation and accountability through access boards	Validation FDP
NGH	01/12/24	Count of patients actively waiting against the 18 week RTT target	Unvalidated position shows an increase to 41,196 from 40,975 (below plan of 41,626)	Continued long waits to first OPA in challenged specialties; T&O, General Surgery, Cardiology Sickness within validation team	Across UHN support by the Transformation team with OPD transformation and the national 'Further Faster' initiative has a firm focus on missed appointments and each specialty is focussed on key actions to reduce these lost appointments At NGH the FDP RTT validation tool is in use by the central validation team and has supported intensive and targeted validation efforts. This has been trialled with T&O at PTL meetings and will continue to be used for that specialty with Cardiology being onboarded next	Weekly PTL meetings ensures pathways are monitored, managed, and escalated. FDP is also being used in PTL meetings to support with validation efforts.

Theatre utilisation

Committee Name: All

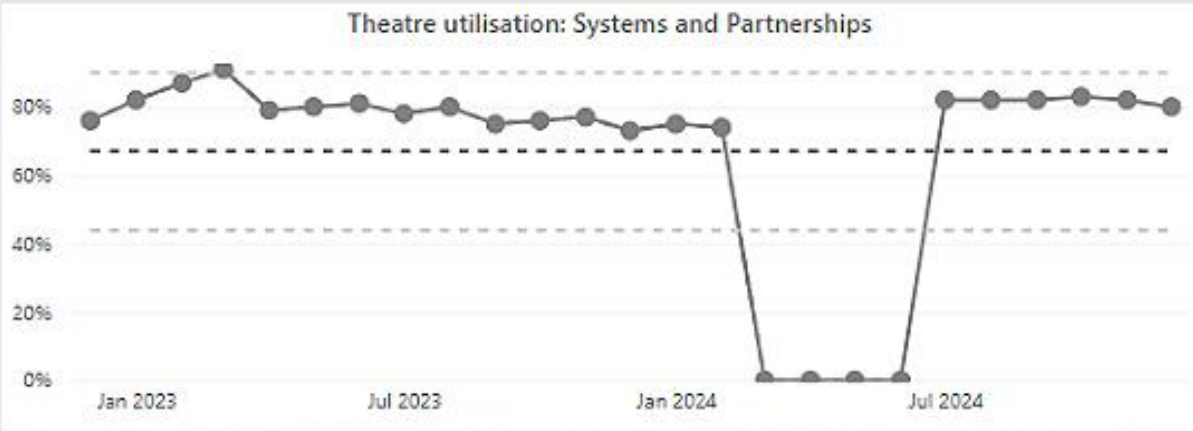
GroupName: Systems and Partnerships

MetricName: Theatre utilisation

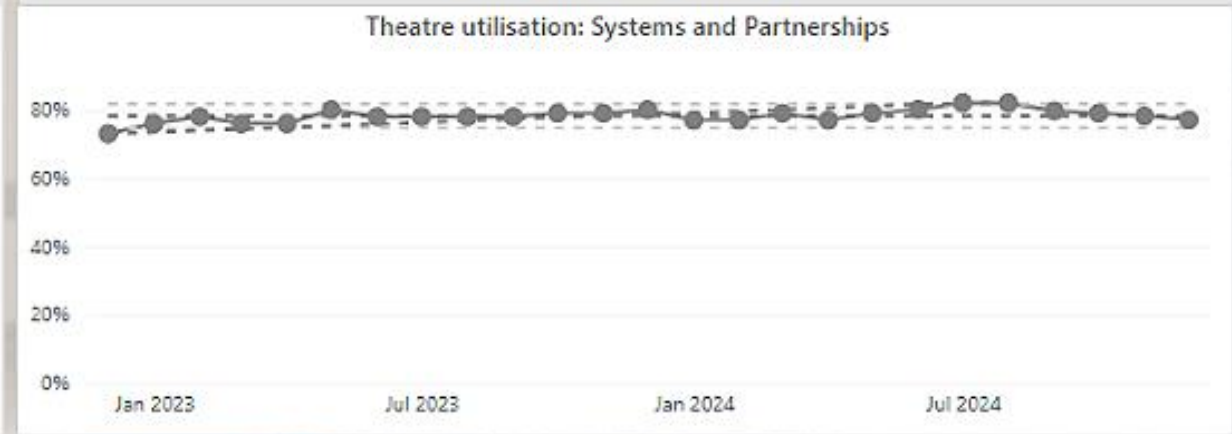
Date: 01/12/2022 – 01/12/2024

80.00%		77.10%	
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	01/12/24	Theatre utilisation % against 85% national target	The chart tells us that theatre utilisation was at 80% in December.	Theatre utilisation is affected by high inter-case downtime and an increase in on 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	01/12/24	Theatre utilisation % against 85% national target	Theatre Utilisation - Touch time = 78.2%	Sustainment of utilisation. Nexus is not pulling surgeon timings into Palantir. 5% of lists not correctly recorded correctly so effecting overall utilisation.	6-4-2 weekly meeting Planning meetings with Consultants	Newton investigating surgeons timings. Awaiting Nexus upgrade. Training booking staff to ensure correct codes are used to ensure all operations are included in utililisation outcomes.

Bed utilisation

Committee Name: All

GroupName: Systems and Partnerships

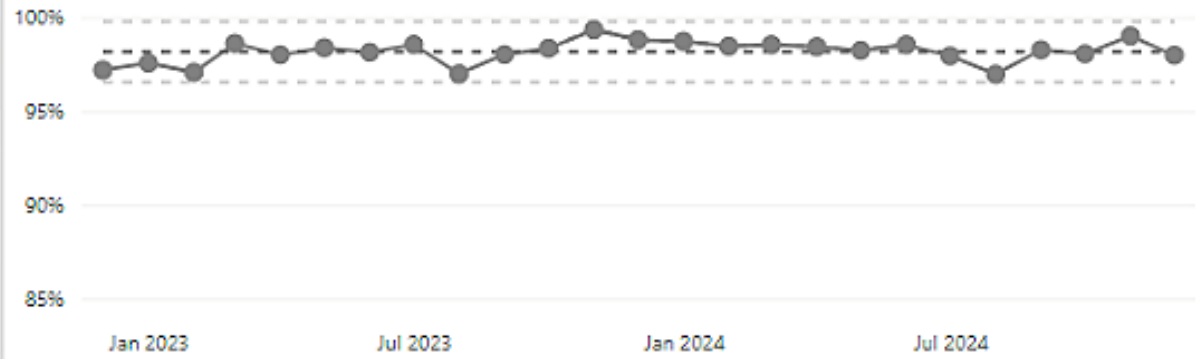
MetricName: Bed utilisation

Date: 01/12/2022 – 01/12/2024

97.98%		91.72%	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

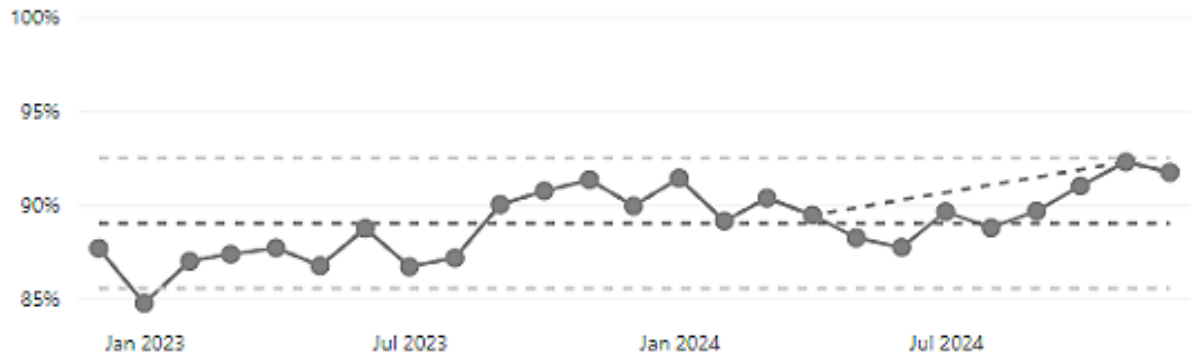
Kettering General Hospital

Bed utilisation: Systems and Partnerships



Northampton General Hospital

Bed utilisation: Systems and Partnerships



Stranded patients (7+ day length of stay)

Committee Name: All

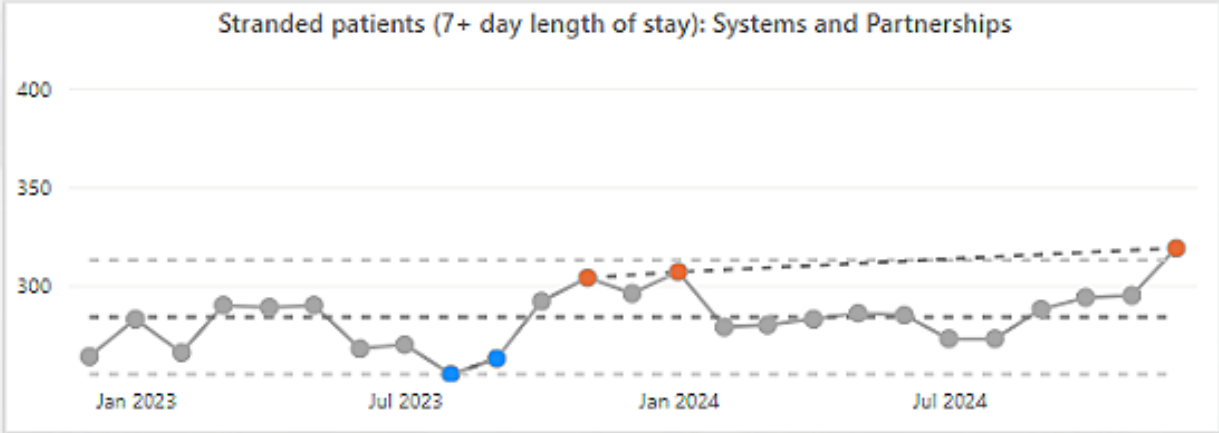
GroupName: Systems and Partnerships

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

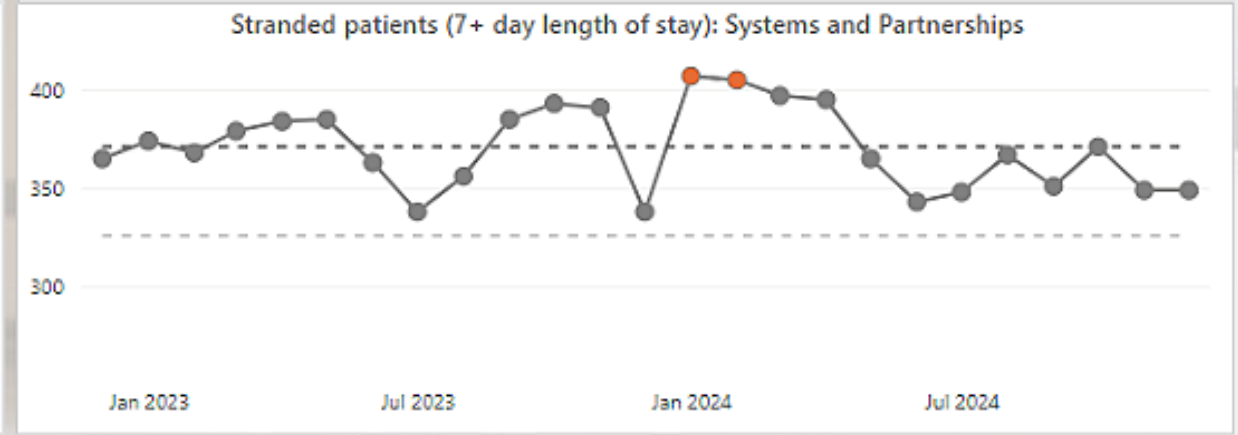
Date: 01/12/2022 – 01/12/2024

319		349	
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
NGH	01/12/24	Number of patients with a LoS > 7 days	Stranded numbers continue to decline	Delays in making plans for patients	TBC meeting continues on a monday to ensure each patient is progressing,issues escalated, delys in TOCs beng submitted. Plan for Patient flow coordinators to support wards with completeing TOC'S-trial for a week.	Liaise with Spinneyfields to ensure all capacity maximised. Daily meeting to discuss issues and who will be transferred.

Super-Stranded patients (21+ day length of sta

Committee Name: All

GroupName: Systems and Partnerships

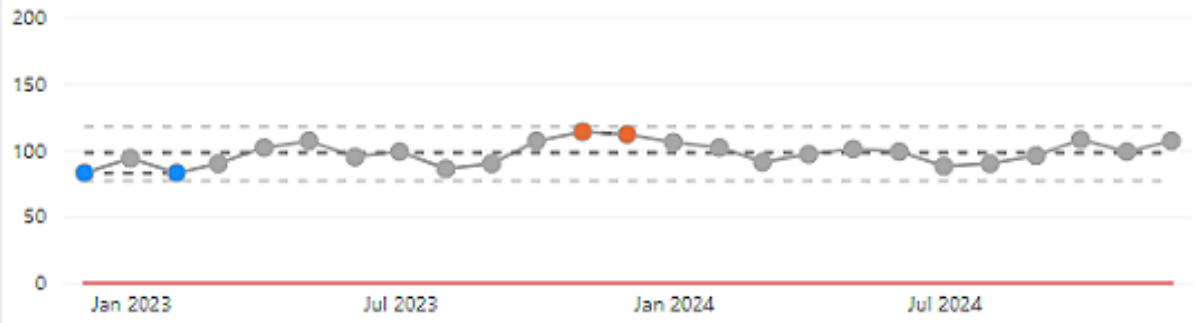
MetricName: Super-Stranded patients (21+ day length ...

Date: 01/12/2022 – 01/12/2024

107	0	124	0
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

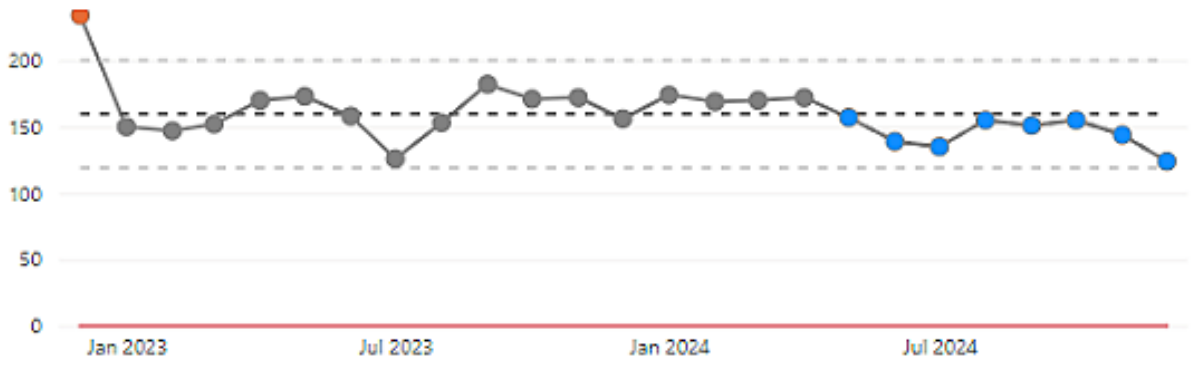
Kettering General Hospital

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



Northampton General Hospital

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



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
NGH	01/12/24	Number of patients with a LOS> 21 days	Superstranded numbers contiue to decline	Exit plans for complex cases continueto be difficult.	System wide meetings continue.Daily meetings with Spinneyfields to discuss capacity and the acceptance of patients. Interview with successful candidate for a housing outreach worker post to support the team with housing and homeless issues.	Mini MADES continued throughout Decemeber and prior to Christmas break, MADE Event with all external partners arranged for the 19th and 20th December. Discharge workstream started, change in who can complete a TOC- BAND 4 Therapy support can if countersigned by qualified member of staff.

Patients with a reason to reside

Committee Name: All

GroupName: Systems and Partnerships

MetricName: Patients with a reason to reside

Date: 01/12/2022 – 01/12/2024

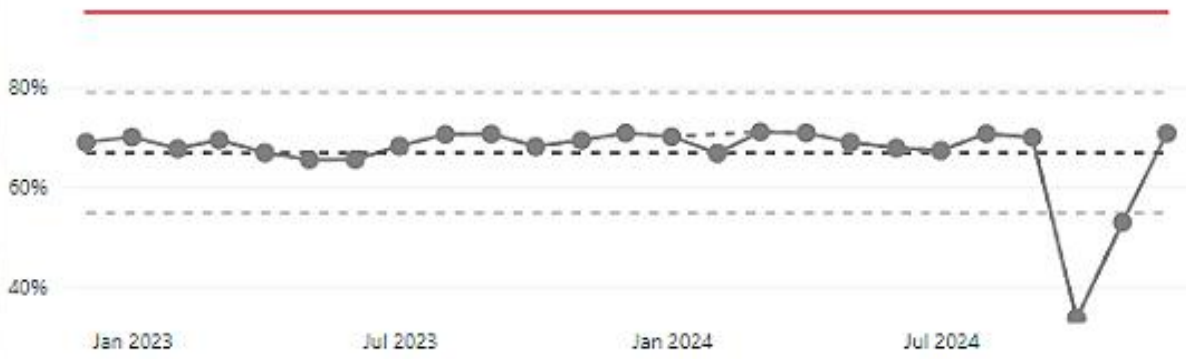
74.78%		70.69%	95.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital

Patients with a reason to reside: Systems and Partnerships

Northampton General Hospital

Patients with a reason to reside: Systems and Partnerships



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations

Ambulance Handover

Committee Name: All

GroupName: Systems and Partnerships

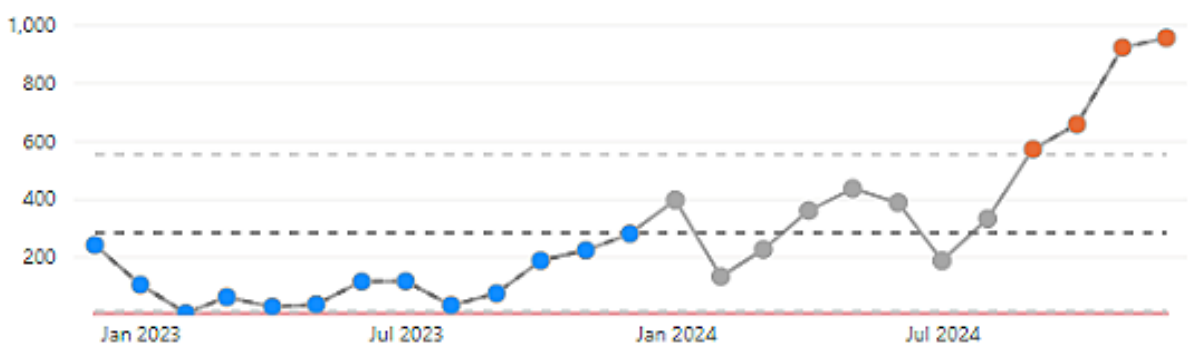
MetricName: Ambulance Handover

Date: 01/12/2022 – 01/12/2024

954		1,077	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

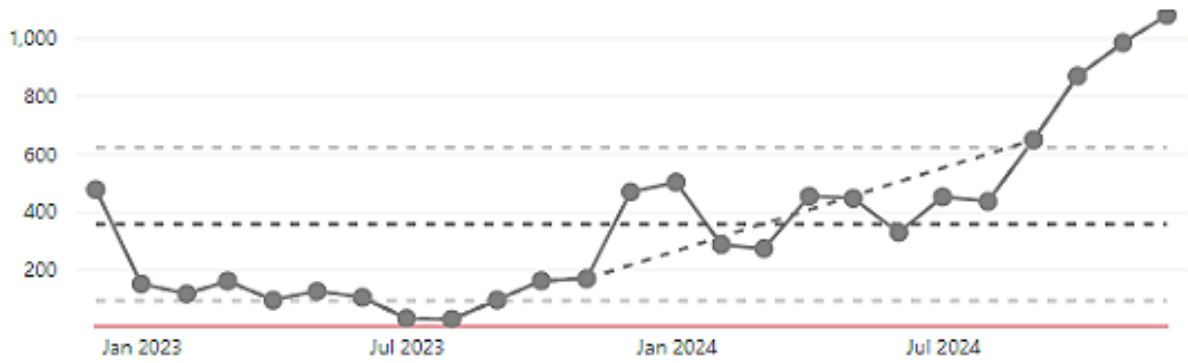
Kettering General Hospital

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



Northampton General Hospital

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



Ambulance Handover

Committee Name: All

GroupName: Systems and Partnerships

MetricName: Ambulance Handover

954		1,077	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/24	EMAS ambulance handovers > 60 minutes	The organisation has seen a significant increase in the number of black breaches during December. 37.1% of handovers >60 mins. The number of breaches in Dec 24 is more than 3.5 times higher than in December 2023 where we had 10.8% handovers >60 mins. 653 were internally validated.	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;	Operationalisation of 'queuing out' in the corridor; patients identified via boarding risk assessment tool. Queuing out SOP developed and pending final approval. This includes pre-actions to be completed and the assessment of the Trust response to support ED. 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	01/12/24	EMAS ambulance handovers > 60 minutes	We saw an increase of 98 ambulance attendances from November of which 20% were over 30min (lower than November) and 33% were over 60min which is also lower than November	Poor flow through backend wards, high acuity of patients	We opened a corridor outside resus for reverse boarding. We also opened an ambulance assessment POD	The EMAS POD is staffed with an external company. 3 Patients are able to be cared for in this POD allowing 3 crews to be released back into the community

Time to initial assessment

Committee Name: All

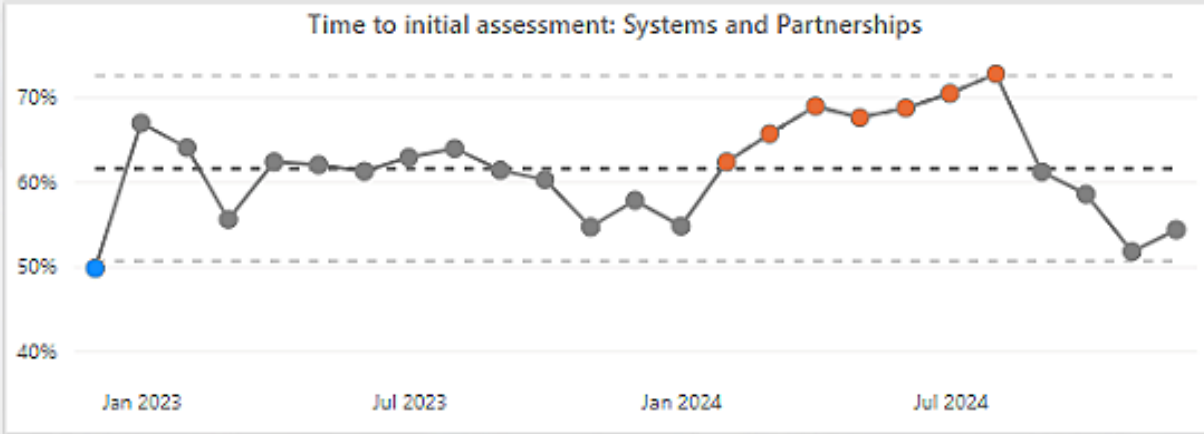
GroupName: Systems and Partnerships

MetricName: Time to initial assessment

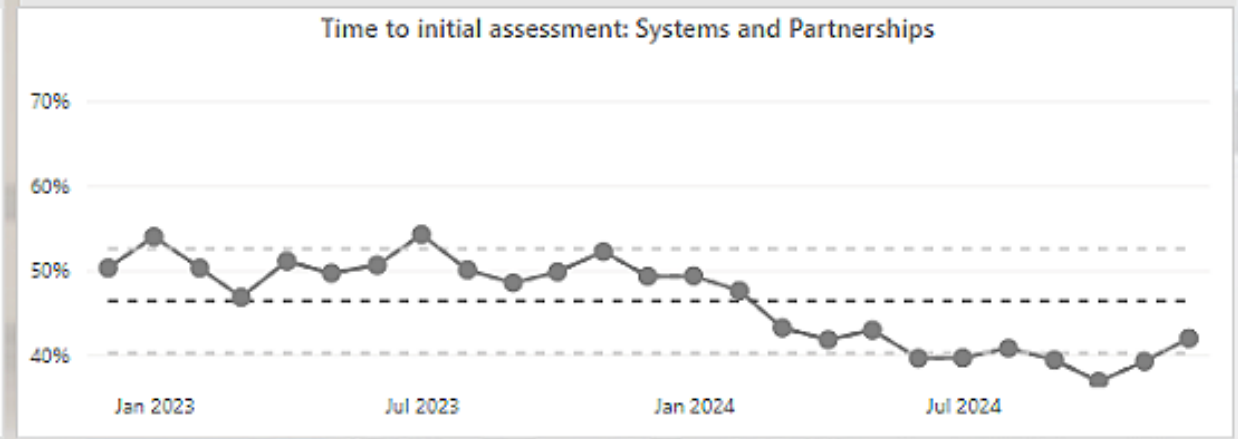
Date: 01/12/2022 – 01/12/2024

54.31%		41.92%	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital



Northampton General Hospital



Time to initial assessment

Committee Name: All

GroupName: Systems and Partnerships

MetricName: Time to initial assessment

54.31%		41.92%	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/24	The percentage of patients who had an initial assessment within 15 minutes arriving at the department.	Performance against TTIA has significant reduced since September. Q3 average performance = 54.17%, Q2 average performance = 68.08% 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	01/12/24	The percentage of patients who had an initial assessment within 15 minutes arriving at the department.	A continued trend in increase of 2.71% (41.92%)	The increase in footfal in a small space.	Extending of the HUB (plans have been approved and looking for works to start February/March)	Continue to send additional staff to area's when overcrowding is an issue

Average time in department - Admitted

Committee Name: All

GroupName: Systems and Partnerships

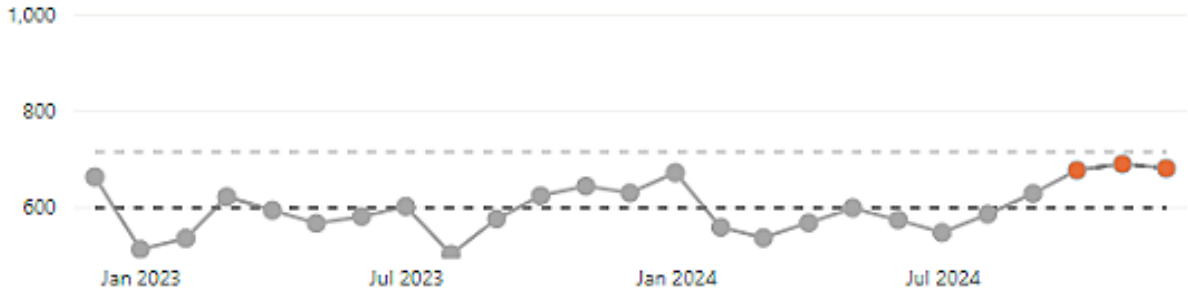
MetricName: Average time in department - Admitted

Date: 01/12/2022 – 01/12/2024

680		970	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

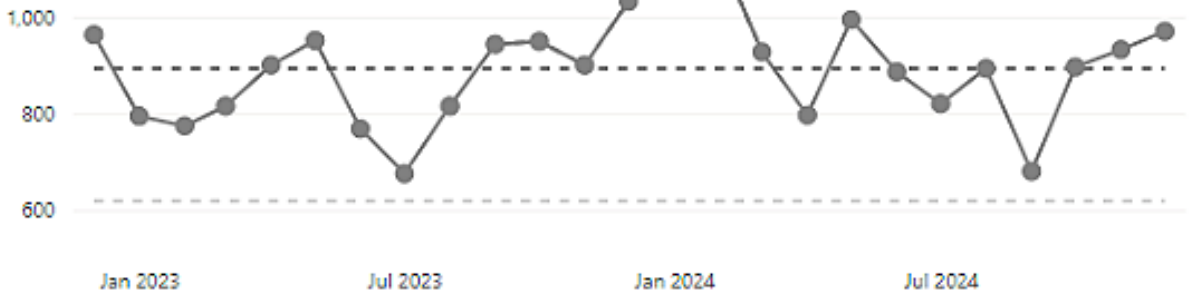
Kettering General Hospital

Average time in department - Admitted: Systems and Partnerships



Northampton General Hospital

Average time in department - Admitted: Systems and Partnerships



Average time in department - Admitted

Committee Name: All

GroupName: Systems and Partnerships

MetricName: Average time in department - Admitted

680		970	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/24	Average time in department for those patients who are admitted to the hospital	The data shows us that the average time in the department for admitted patients in December has slightly reduced from the previous month. The data tells us that the average, the wait time to admission is 11 hours	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.?	Ward reconfiguration completed that will result in an additional 16 medical beds. This involves the move of 2 x medical and 2 x T&O inpatient areas. GO live 15/1/25. Exploring options to operationalise Frailty SDEC within its own estate. Continue with direct admission into acute medical wards for patients with EDD >48hours Continue with MSDEC in reach to ED in the morning Gynae SDEC remains open 24/7	Use of escalation areas and outlying capacity Rapid transfer protocol
NGH	01/12/24	Average time in department for those patients who are admitted to the hospital	A further increase of 38min from last month. total time in department for admitted pateint = 970min	Due to increase in attendances, the acuity of patients and poor backend flow mean patients are waiting in ED longer for a bed. Running out of physical beds for patients and even trolleys	Ensure patient care and safety is paramount daily. Continue to extend opening hours of UTC till 02:00. Extending of SDEC opening hours from 00:00 to 02:00	Safer staffing levels are paramount. Ensure transfer team for when beds are allocated and made ready in bulk (more than 5 at a time). Use of corporate staffing who kindly come to the department to help move patients quickly to wards

Average time in department - Discharged

Committee Name: All

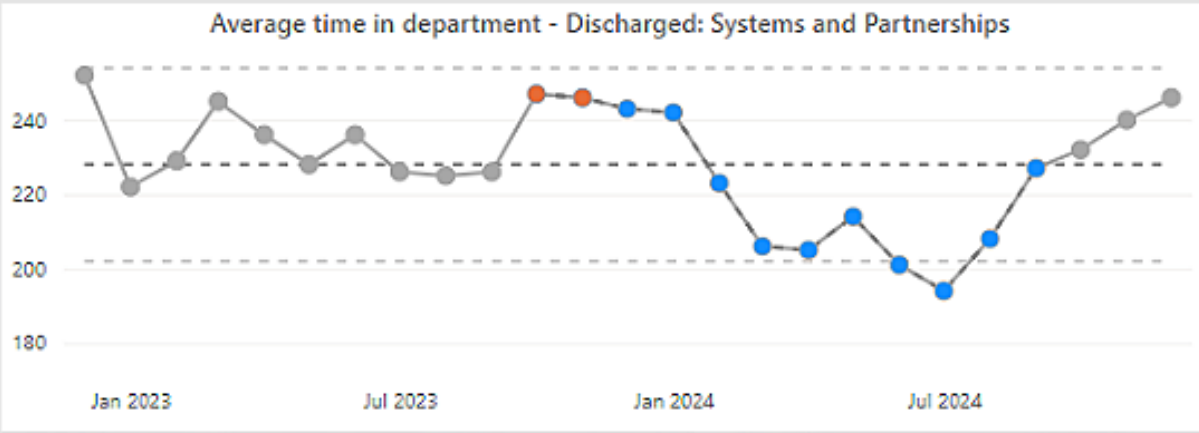
GroupName: Systems and Partnerships

MetricName: Average time in department - Discharged

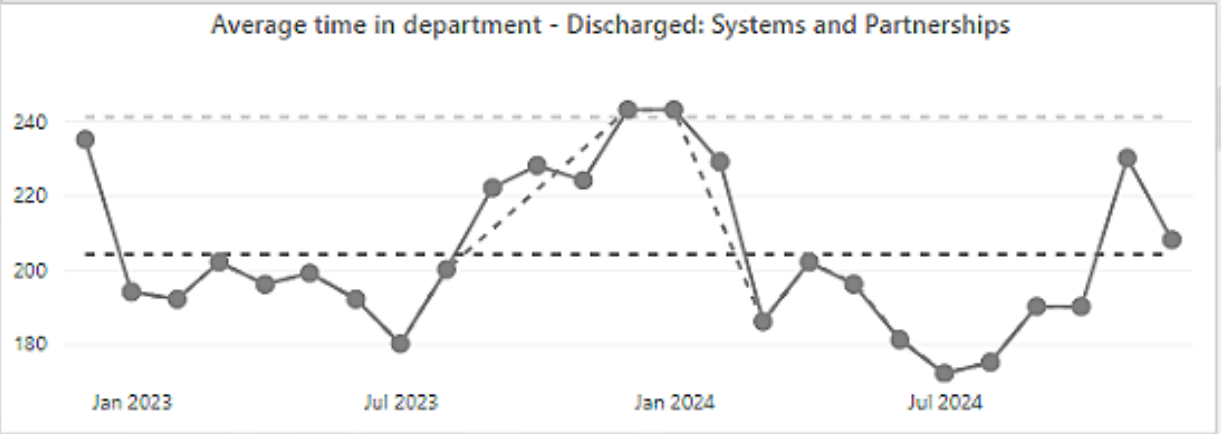
Date: 01/12/2022 – 01/12/2024

246		208	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital



Northampton General Hospital



Average time in department - Discharged

Committee Name: All

GroupName: Systems and Partnerships

MetricName: Average time in department - Discharged

246		208	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/24	Average time in department for those patients who are not admitted to the hospital	The data shows an average time to discharge for non-admitted patients – this time exceeds the target of 240 mins for all patients. This is first time in 2024 we have exceeded the target time for this cohort and is a direct result of increased capacity pressures.	Recognised limitations with regards to existing streaming and re-direction pathways available from ED. Staffing resource impacting ability to open EDU. 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.	Extended operational hours for Medical SDEC introduced on 16/12/24 to support winter pressures. EDU remains operational, with a drop in the average daily attendances = 9 p/day during December. Impacted by staffing resource redirected to support corridor nursing for our patients identified for queuing out. Ongoing engagement with EMAS/CUCC at monthly collaborative meetings Reinforce internal standards around timely coding and discharge MIAMI operational policy reviewed and approved, to include expanding the criteria for admission	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	01/12/24	Average time in department for those patients who are not admitted to the hospital	An increase of 40min from last month. Time = 230min	Continue to see delays with patient transport. The Boots prescriptions continue to be problematic	Getting private crews to transport patients home. Ensuring that FP10's are written up in good time	Patients may wait in COA for transport if the discharge lounge is full

4hr ED Performance

Committee Name: All

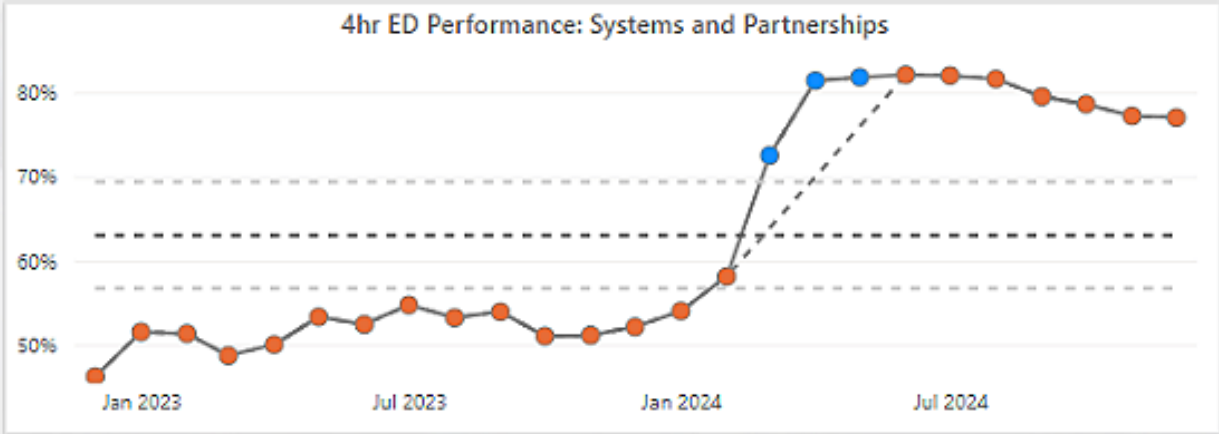
GroupName: Systems and Partnerships

MetricName: 4hr ED Performance

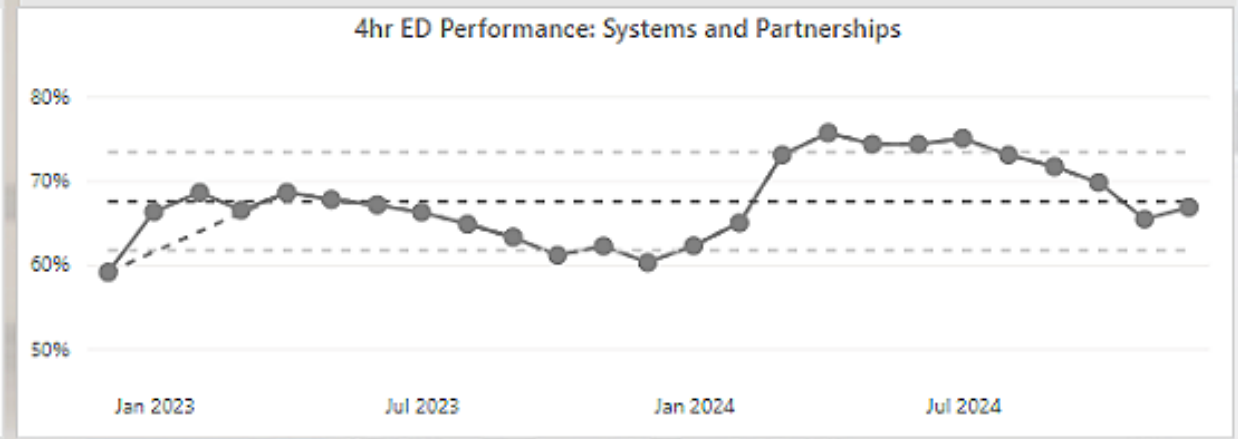
Date: 01/12/2022 – 01/12/2024

77.00%		66.79%	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital



Northampton General Hospital



4hr ED Performance

Committee Name: All

GroupName: Systems and Partnerships

MetricName: 4hr ED Performance

77.00%		66.79%	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/24	% of emergency patients seen, treated if necessary, and either discharged or admitted, within four hours of arrival in ED	The data tells us that there is no significant change in performance from the previous month. Overall performance = 77%. (KGH + CUCC from 25/3/24)? - KGH = 59.8%, Non-admitted = 68.6%.	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	EDU operational hours remains 13:00 – 01:00; with average daily admissions = 9 – performance impacted by staffing pressures and the requirement to open the corridor to support offloads. Extension of medical SDEC operational hours from 16th December 2024 until 01:00 weekdays, and 00:00 weekends. Exploring options to operationalise Frailty SDEC within its own estate footprint. 1st meeting held on 13/1/25 for an ICB led workstream to review primary care attendances and evaluate data, with a view to instigate system led improvement actions	Implement rapid flow protocol Appropriate use of operational escalation protocol
NGH	01/12/24	% of emergency patients seen, treated if necessary, and either discharged or admitted, within four hours of arrival in ED	A marginal increase in performance for December of (1.4%) total performance of 66.79%	Flow out of ED continues to be problematic with beds becoming available much later in the day. Seeing an increase in staff sickness with flu/colds and covid	Patient safety and patient care continue to be paramount to all. Anticipating sickness is problematic but rota co-ordinators ensuring that long term sickness remains covered	Nye Bevan continue to board, with other wards now boarding as well. Reverse boarding in the resus corridor

People Committee

Summary Table

Committee Name: All

Group Name: People

Metric Name: All

Site: All

Variation: All

Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance	Assurance
KGH	People	Mandatory training compliance	01/12/24	91.84%	85.00%	90.74%	91.9%	93.06%			Consistently Anticipated to Meet Target
NGH	People	Mandatory training compliance	01/12/24	88.98%	85.00%	64.14%	84.66%	105.19%			Not Consistently Anticipated to Meet Target
KGH	People	Appraisal completion rates	01/12/24	86.77%	85.00%	81.76%	84.57%	87.38%			Not Consistently Anticipated to Meet Target
NGH	People	Appraisal completion rates	01/12/24	79.97%	85.00%	75.6%	77.85%	80.11%			Consistently Anticipated to Not Meet Target
KGH	People	Sickness and absence rate	01/12/24	5.27%	5.00%	4.26%	4.97%	5.69%			Not Consistently Anticipated to Meet Target
NGH	People	Sickness and absence rate	01/12/24	6.00%	5.00%	4.2%	5.36%	6.51%			Not Consistently Anticipated to Meet Target
NGH	People	Vacancy rate	01/12/24	8.23%	8.00%	9.24%	10.87%	12.5%			Consistently Anticipated to Not Meet Target
KGH	People	Vacancy rate	01/12/24	10.67%	8.00%	10.53%	12.31%	14.08%			Consistently Anticipated to Not Meet Target
NGH	People	Turnover rate	01/12/24	5.50%	6.50%	6.44%	6.93%	7.41%			Not Consistently Anticipated to Meet Target
KGH	People	Turnover rate	01/12/24	6.38%	6.50%	7.65%	8.04%	8.43%			Consistently Anticipated to Not Meet Target
NGH	People	Formal procedures	01/12/24	19		8	17	26			Consistently Anticipated to Meet Target
KGH	People	Formal procedures	01/12/24	9		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	01/12/24	41	42	38	43	48			Not Consistently Anticipated to Meet Target
KGH	People	Time to hire	01/12/24	68.10	70	78.23	78.23	78.23			Not Consistently Anticipated to Meet Target
NGH	People	Time to hire	01/12/24	78.50	70	106.69	106.69	106.69			Not Consistently Anticipated to Meet Target
NGH	People	Number of volunteering hours	01/12/24	3,901		2631	3399	4167			Consistently Anticipated to Meet Target
KGH	People	Number of volunteering hours	01/12/24	2,212		1557	2202	2846			Consistently Anticipated to Meet Target

Summary Table

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

Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance	Assurance
KGH	People	Safe Staffing	01/12/24	98.65%		93.28%	97.8%	102.31%			Consistently Anticipated to Meet Target
NGH	People	Safe Staffing	01/12/24	103.00%		98.7%	103.31%	107.92%			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 saliant messages from the IGR metrics** for this month:

1. Sickness and Absence Rate has increased for Dec 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 decreased for Dec 24. Commentary has indicated a focus in retention of existing volunteers.

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

1. Cautionary note around aggregated data has been added to the introductory page to the wider IGR pack following feedback regarding mandatory training.
2. WRES and WDES data is picked up in wider People reporting
3. 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.

Mandatory training compliance

Committee Name: All

GroupName: People

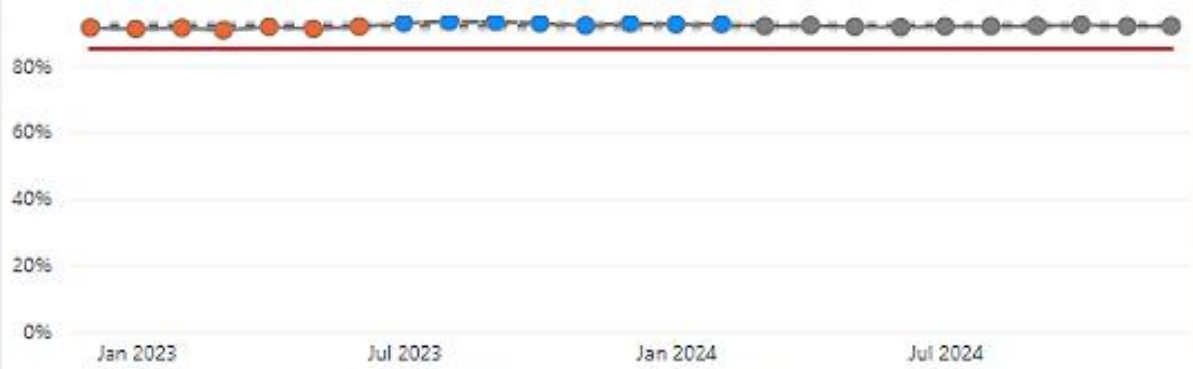
MetricName: Mandatory training compliance

Date: 01/12/2022 – 01/12/2024

91.84%	85.00%	88.98%	85.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital

Mandatory training compliance: People



Northampton General Hospital

Mandatory training compliance: People

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
NGH	01/12/24	% of staff compliant with their mandatory training	% of staff compliant with their mandatory training profile.	All competencies have reached the 85% RAG. No one area, competence or staff group identified as key issue	On going chase, reminder and ensign the flexible offer for staff to achieve	General hospital acuity

Appraisal completion rates

Committee Name: All

GroupName: People

MetricName: Appraisal completion rates

Date: 01/12/2022 – 01/12/2024

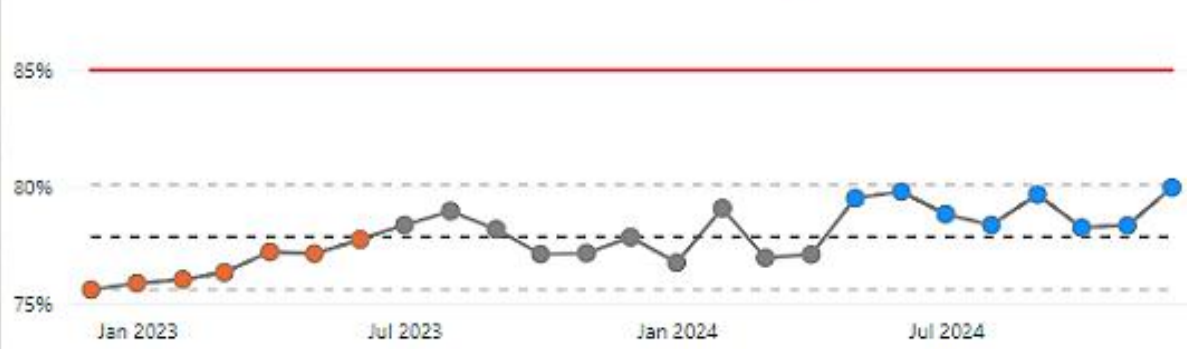
86.77%	85.00%	79.97%	85.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital

Appraisal completion rates: People

Northampton General Hospital

Appraisal completion rates: People



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/24	% of staff having completed their appraisal	The percentage of staff having completed an appraisal conversation in the past 12 months	December is a short month and deep dive chasing took place with reminders to all staff non compliant and their managers . Core services and digital division remain the lowest compliance.	review of the recording processes for appraisal. ongoing appraiser training. manager focus in the core and digital areas.	The December festivities and organisational pressure reduces opportunity at this time.
NGH	01/12/24	% of staff having completed their appraisal	% of staff that have had an appraisal linked to the anniversary of their employment	Integration of data has indicated a process challenge, which is being reviewed to consider if there is an alternative way of recording that would reflect more accurately live data and recording of conversation	Review of process and triangulation of data. Review and chase of individuals and managers	Acuity and rearrangement of activity for managers to meet the escalation instructions

Sickness and absence rate

Committee Name: All

GroupName: People

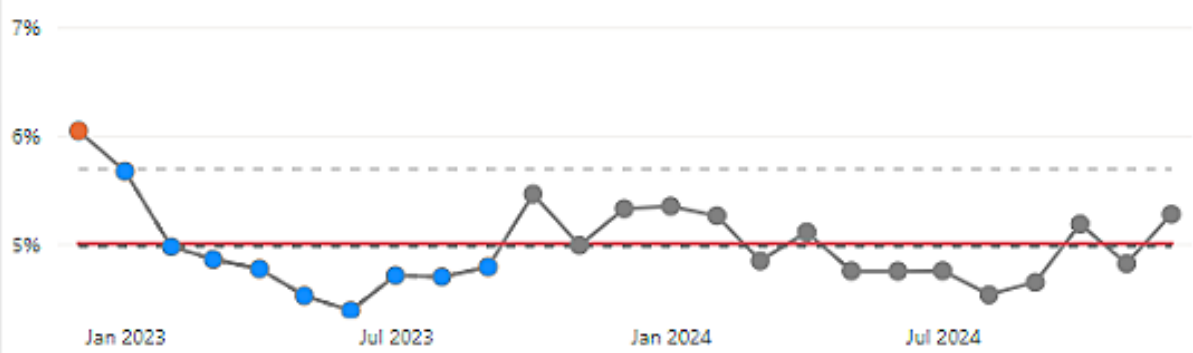
MetricName: Sickness and absence rate

Date: 01/12/2022 – 01/12/2024

5.27%	5.00%	6.00%	5.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

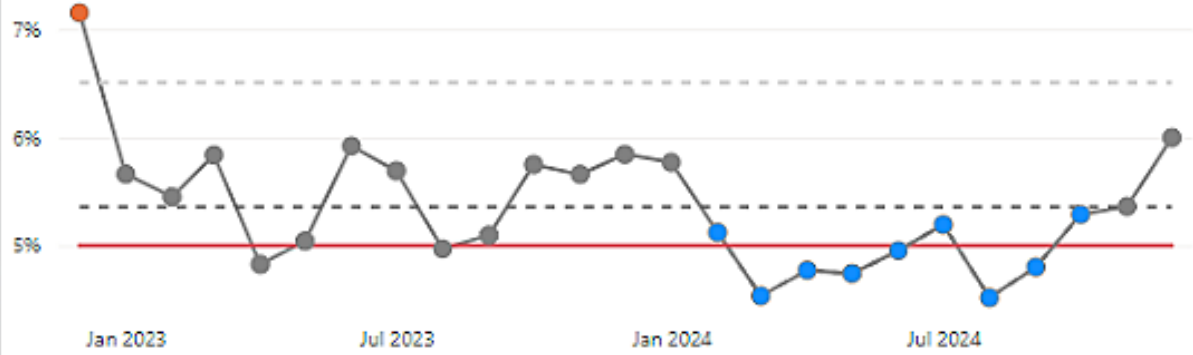
Kettering General Hospital

Sickness and absence rate: People



Northampton General Hospital

Sickness and absence rate: People



Sickness and absence rate

Committee Name: All

GroupName: People

MetricName: Sickness and absence rate

5.27%	5.00%	6.00%	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	01/12/24	% of Staff absent	Above target: Currently is 5.2%, 0.2% above the adjusted target of 5%. Results are within the statistical boundary. Mean absence has increased 0.38% from previous month at 4.82%.	* Short term absence is just above target @ 2.57% in prevalence order relate to Cough/Cold/ COVID-Flu, Gastroenteritis and MSK. Core services, Estates and Facilities and Surgery all have above target short term sickness – no change in 3 months. * Long term absence (over 28 days): 5/8 divisions had greater than 2.5% long term sickness. Average = 2.7%. All Divisions are now under 5% long term sickness. Oversight: • UHN Divisional consultation impacting on mental health referrals and workplace stress levels • Winter pressures/ operational demand high but medicine division absence below target • Winter viruses impacting on high levels of cold/flu/virus absence. • Approx. 30% uptake of winter vaccine programme by staff and Flu vaccine this year did not "capture" circulating viruses. • Sickness levels however are within usual winter trends and not exacerbated substantially but vaccine factors.	• 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 a Living Well with Pain group managed by staff psychology 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. * Providing H&WB clinical support for the UHN Divisional consultation programme - extra 1:1, group support resource allocated. • 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.	* Reviewing the function and effectiveness of the internal model of winter vaccine programme and the value of utilising a more flexible and accessible external model of delivery. ILT decision to adopt an external model of flu vaccine provision for 2025 - to improve accessibility and engagement. * 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. Went 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

Sickness and absence rate

Committee Name: All

GroupName: People

MetricName: Sickness and absence rate

5.27%	5.00%	6.00%	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
					• 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 for preventative absence management through the H&WB staff support 2024-2025 survey and developing an absence strategy that evaluates wider system, process and resourcing benefits.	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. * 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. * Commencing all staff workplace stress management and mental health support online programme from October 2024. Designed to mitigate impact of workplace challenges and engaging workforce in proactive management of their mental health and its impact at work.

Sickness and absence rate

Committee Name: All

GroupName: People

MetricName: Sickness and absence rate

5.27%	5.00%	6.00%	5.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

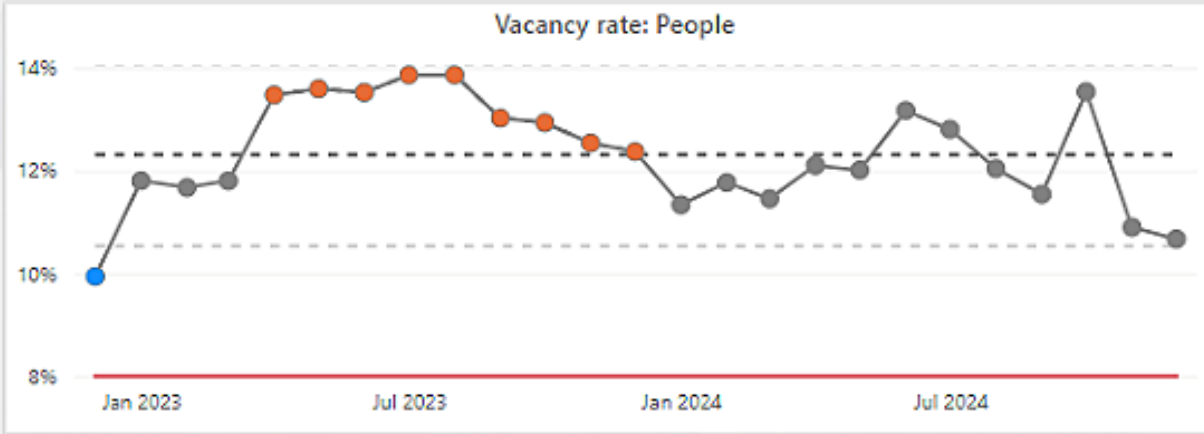
Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
NGH	01/12/24	% of Staff absent	Above Target: Current value = 6%, which is 1% above the adjusted target of 5%. Results are within the statistical boundary. Mean absence has increased 0.64% from previous month at 5.36%.	* Short term absence is above target @ 3.35% in prevalence order relate to Cough/Cold/ COVID-Flu, Gastroenteritis and anxiety/ depression/stress. Medicine Division and Clinical support services have the highest short-term absence. All Divisions except Women's, children's and Oncology had higher than average short term sickness absence. * Long term absence (over 28 days): 2/5 divisions had greater than 2.5% long term sickness with support services having the greatest absence @ 3.7%. Oversight: • UHN Divisional consultation impacting on mental health referrals and workplace stress levels • Winter pressures/ operational demand high. Medicine Division has a high short term absence above 4%. • Winter viruses impacting on high levels of cold/flu/virus absence and under 30% uptake of winter vaccine programme by staff.	* Winter vaccine programme is nearly complete with clear evidence of low uptake and interest from staff, with additional clinics and communications not impacting on staff uptake. * H&WB Services are providing integrated support into the UHN Divisional consultation programme with the OD team and offering additional 1:1 and group consultation sessions to staff in scope. * 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 A Living Well with Pain Group delivered by the staff Psychological wellbeing service. * 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.	* Reviewing the function and effectiveness of the internal model of winter vaccine programme and the value of utilising a more flexible and accessible external model of delivery. The ILT approved in December 2024 a change of flu vaccine delivery model to an external model to enhance staff engagement and increase access to venue and timing of vaccine local to staff for 2025. * 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. * Commenced UHN workplace stress management support programme "Looking After You at Work" 8 week course from October 2024. Designed and led by Staff Psychology Service at NGH to mitigate impact of workplace challenges and engaging workforce in proactive management of their mental health and its impact at work.

Vacancy rate

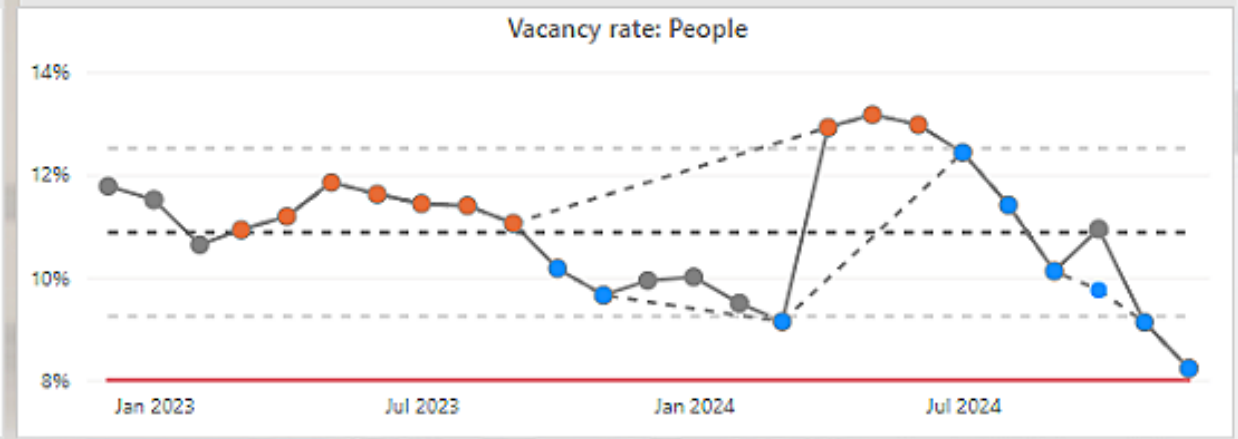
Committee Name	GroupName	MetricName	Date
All	People	Vacancy rate	01/12/2022 – 01/12/2024

10.67%	8.00%	8.23%	8.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital



Northampton General Hospital



Vacancy rate

Committee Name: All

GroupName: People

MetricName: Vacancy rate

10.67%	8.00%	8.23%	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	01/12/24	% 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.	Following workshop which was held 27/11 a UHN single recruitment process has been drawn up following the brainstorming exercise alongside the automation project lead. Working group to agree roll out plan 08/01 and begin implementing core process steps. Some elements will be dependent on Structure changes of the deputies & teams underneath them?. Final Visio version created and reviewed by working group.? In order to stream line and to drive efficiency within the recruitment team, a working group have developed a workbook of all in scope / out of scope tasks which fall within the Recruitment teams. Next steps to review and create traffic light system and present to senior leads to decide future of these tasks. ?Task completion pushed to January due to the Christmas period.? Positive work with Theatres at NGH where we are trialling new ways of recruitment to support filling vacancies including a recruitment day in January and Group Pharmacy where we are working on a webinar and open evening in January. ?An optimal Gold Standard UHN OH process has been mapped and was completed on 28/11 and a ?gap analysis session was undertaken 27/12. Once approved this will be shared with the RPA team to explore automation potential ?	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

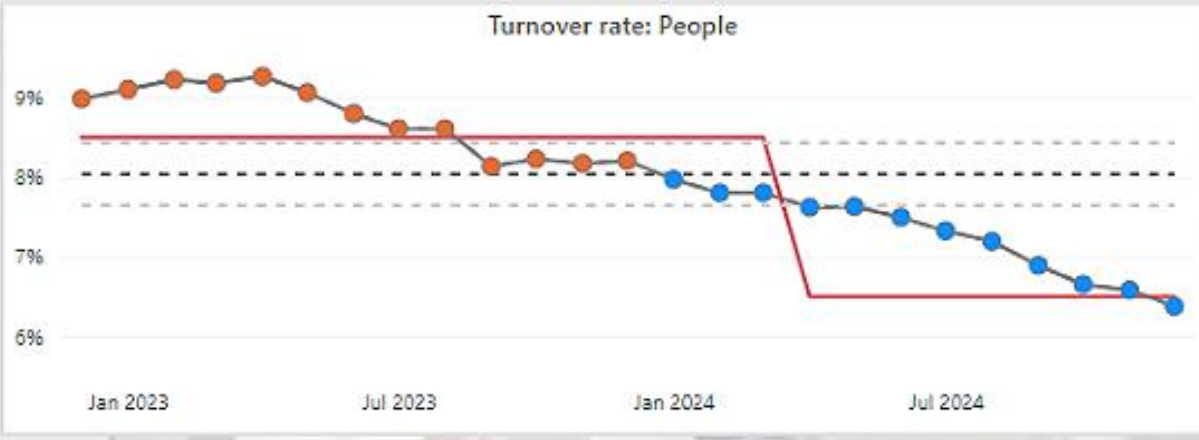
GroupName: People

MetricName: Turnover rate

Date: 01/12/2022 – 01/12/2024

6.38%	6.50%	5.50%	6.50%
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
NGH	01/12/24	% of staff leaving the organisation over a 12 month rolling period	Number of leavers as a proportion of total headcount.	Issues relate to the risk of those nearing retirement age wishing to retire. Issues also relate to ensuring greater flexibility for working patterns and ensuring staff engagement.	From December 2024 this metric will be owned by People & Culture, an immediate action is in place to properly scope this metric and determine the best way to identify and engage hot spot areas that relates to turnover data, HWB, HRBP cases. A more detailed update will be shared in quarter one 2025.	Range of Health & Well-being initiatives in place. Career development and pathway opportunities continue to be used and developed and promotion of agile/flexible working and retire and return options to retain workforce.

Roster publication performance

Committee Name: All

GroupName: People

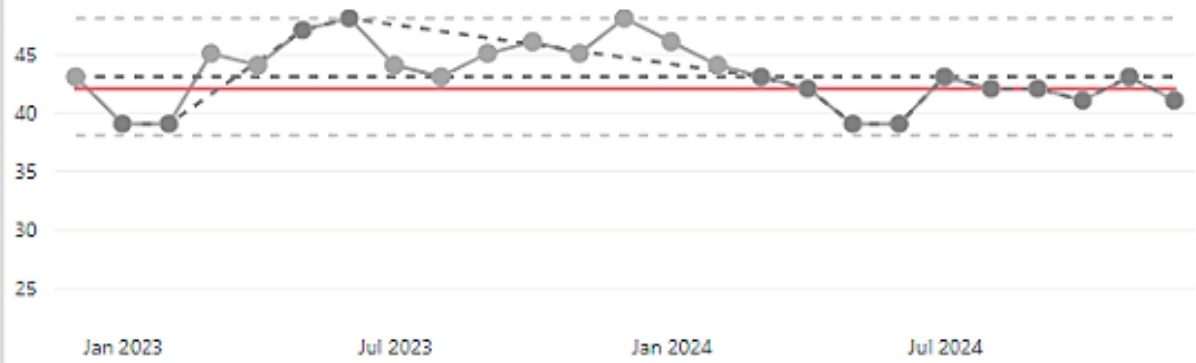
MetricName: Roster publication performance

Date: 01/12/2022 – 01/12/2024

41	42	22	42
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

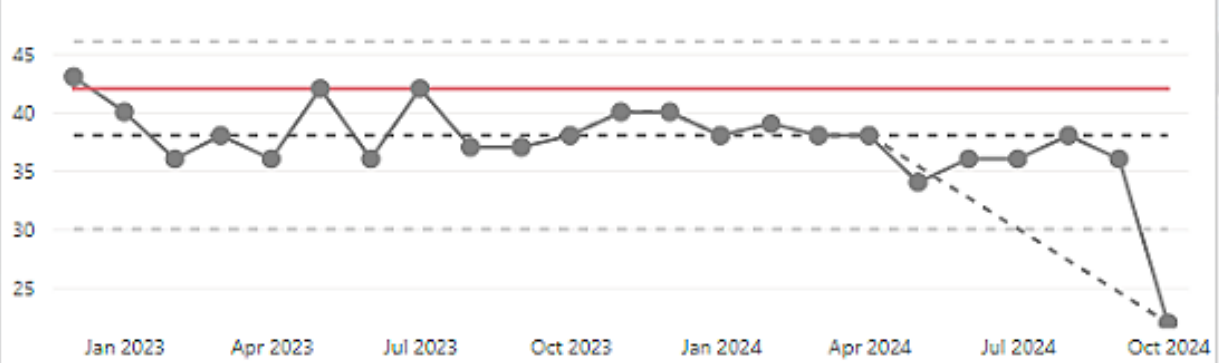
Kettering General Hospital

Roster publication performance: People



Northampton General Hospital

Roster publication performance: People



Formal procedures

Committee Name: All

GroupName: People

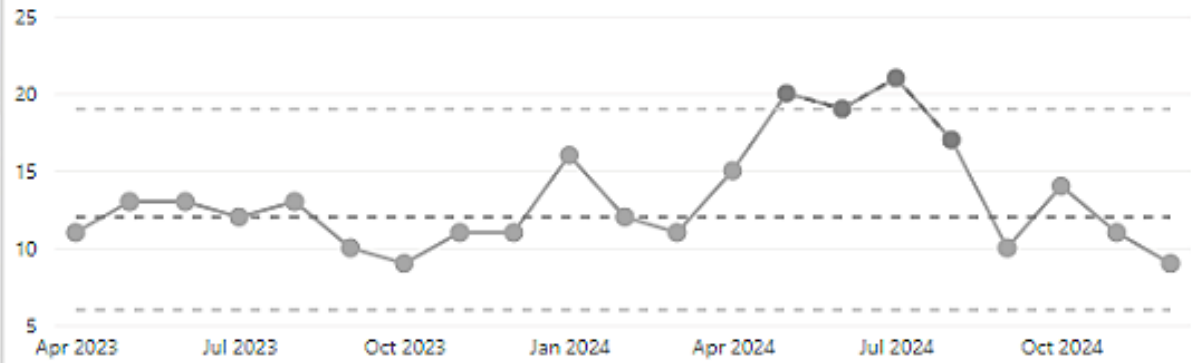
MetricName: Formal procedures

Date: 01/12/2022 – 01/12/2024

9		19	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

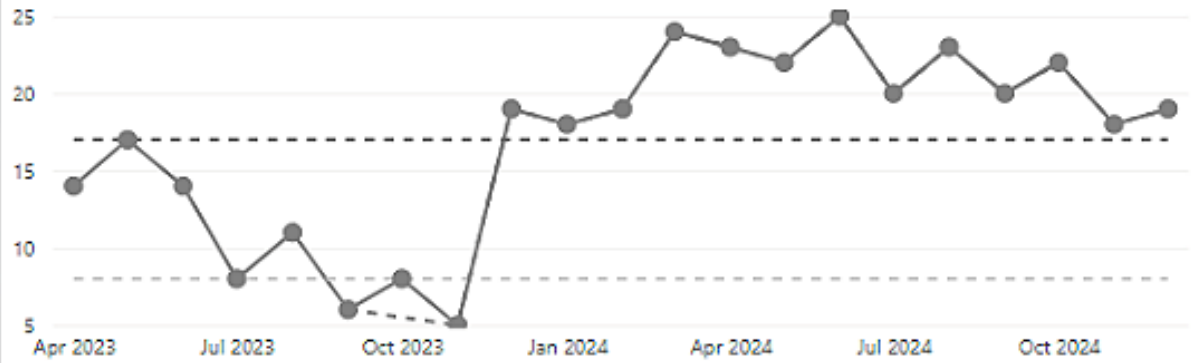
Kettering General Hospital

Formal procedures: People



Northampton General Hospital

Formal procedures: People



Formal procedures

Committee Name: All

GroupName: People

MetricName: Formal procedures

9		19	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/24	Number of formal complaints – active and open	We still continue to operate against a low number of formal cases for both disciplinary and grievance and have seen a further slight reduction in December.	There are still delays in process, in particular a delay in a suspension due to awaiting information back from the Police.	We continue where possible to try and resolve issues at an informal level working closely with our staffside colleagues.	Where there are delays in process we will look to escalate and communicate issues through the assigned case manager. We also engage with our colleagues in Wellbeing to offer help and support to those going through a formal process.
NGH	01/12/24	Number of formal complaints – active and open	There are currently 10 formal Disciplinary Cases and 9 formal grievances, with 5 active suspensions. Seeing a slight increase for December, themes coming through showing poor behaviour	Availability of staff in a timely manner to be able to attend formal meetings continues to be an issue. This is partly due to staff shortages/pressures in Staffside and also management availability, due to annual leave. Additionally a number of current cases are complex involving multiple witnesses which elongates the process.	Issues with delays are escalated through the case manager to take action as appropriate to facilitate resolution of cases, as well as working with partnership colleagues to come to resolution	We also work proactively with staffside around their availability in order to schedule meetings when all can attend, and also to encourage resolution at an informal level.

Time to hire

Committee Name: All

GroupName: People

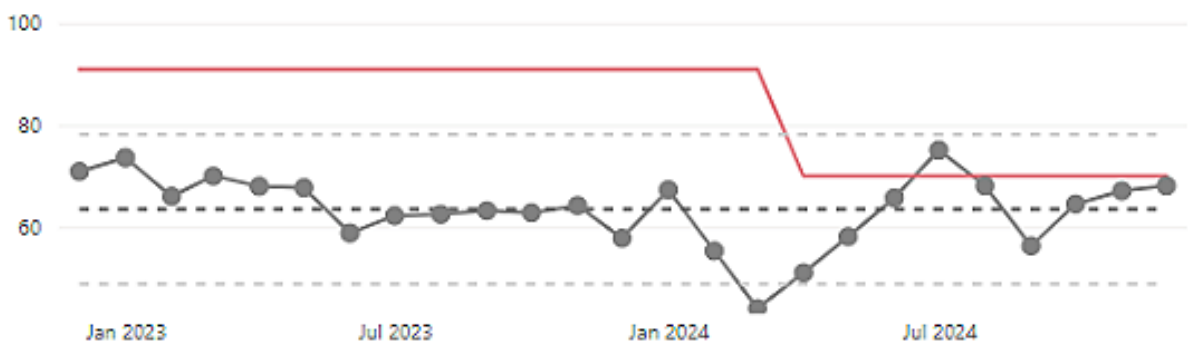
MetricName: Time to hire

Date: 01/12/2022 – 01/12/2024

68.10	70	78.50	70
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

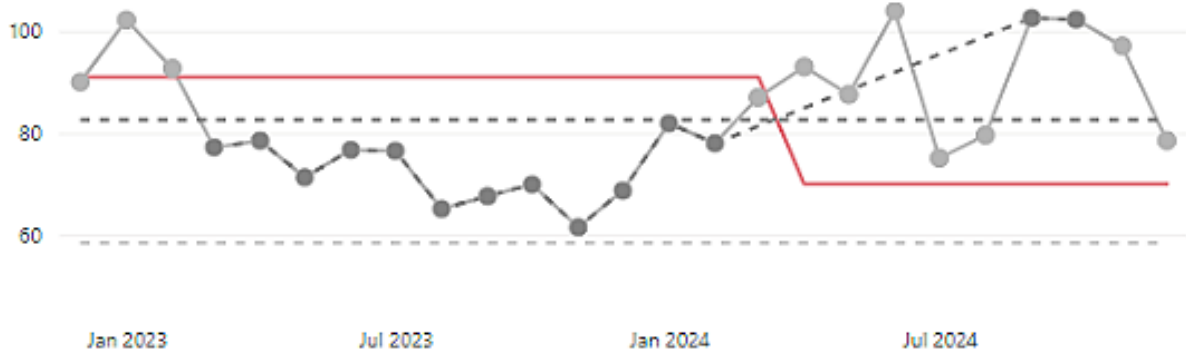
Kettering General Hospital

Time to hire: People



Northampton General Hospital

Time to hire: People



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
NGH	01/12/24	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.	Please see vacancy commentary	Please see vacancy commentary

Number of volunteering hours

Committee Name: All

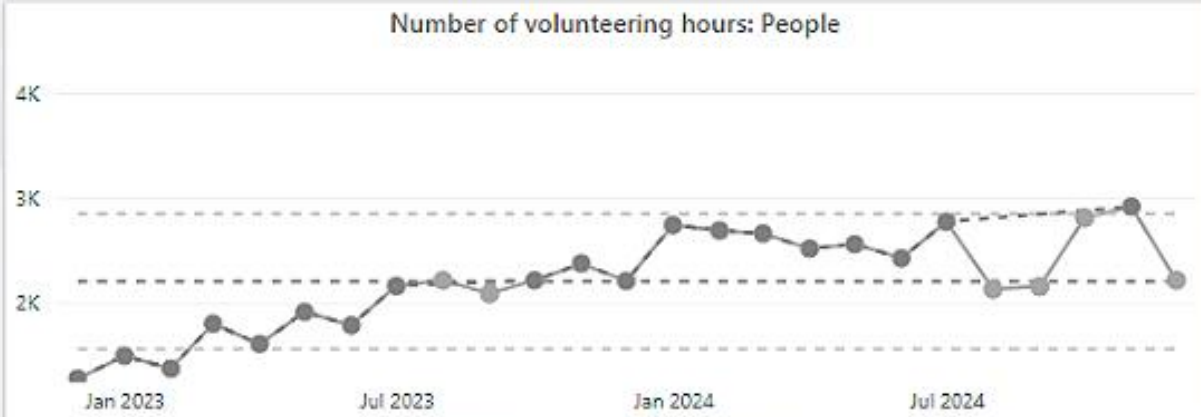
GroupName: People

MetricName: Number of volunteering hours

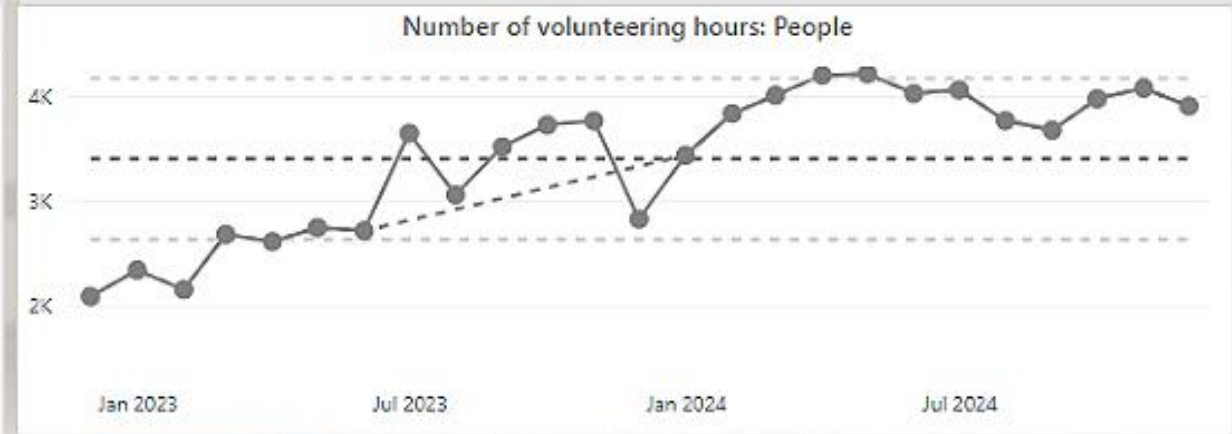
Date: 01/12/2022 – 01/12/2024

2,212		3,901	
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	01/12/24	Number of volunteering hours	2212	No issues.	Our numbers are steadily raising again due to volunteers back from holiday. Also our complaince using Better Impact increases monthly. This is due to ensuring at interview stage we stress the importance of using the system to captuare the hours to allow us to measure the impact on the our patients and staff and strive to bring in more ways to support	
NGH	01/12/24	Number of volunteering hours	3901	No issues.	Continuation on focusing on retention and targetted recruitment	Although the number of hours has slightly decreased (due to holidays) there is a 37% increase YOY

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	Friday 7 February 2025
Agenda item	6

Title	Perinatal Quality Surveillance Scorecards (November 2024 Data)
Presenters	Julie Hogg, UHN Chief Nurse
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 UHN Perinatal Assurance Committee (PAC) on Thursday 16 January 2025 (November data discussed). The Boards of Directors are asked to **receive and note** the update from UHN PAC and associated actions relating to the external visits, and to indicate assurance that: 1. The identification investigation and learning from all maternity patient safety incidents is being managed effectively, and 2. Maternity services are achieving good compliance against the national maternity key safety indicators	Quality and Safety Committee Perinatal Assurance Committee Obs & Gynae Governance Meetings

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:** Student midwives qualifying in Q4, (2024/25), having difficulty achieving the 40 births required to register as midwives with the NMC. Work in progress with the University of Northampton and the midwifery team to support an improved position
- **Successes:** Real Birth Company antenatal education offer launched, providing antenatal education for pregnant people from the point they book with the service. Cohort of midwifery staff received enhanced training in antenatal education to support with face-to-face antenatal education classes
- **Moderate and above Incidents:** At NGH, there were six moderate or above incidents declared in November 2024. 2 incidents have been downgraded following agreement at MIRF and IRG. 2 incidents are awaiting downgrade agreement from IRG. 1 incident has been reviewed and remains categorised as fatal and another incident has been referred to MNSI and is waiting their triage outcome
- **Staffing position for Maternity Services:** Midwifery staffing met acuity for intrapartum care 81% of the time in November. NGH midwifery vacancy position 24.42 whole-time equivalent (WTE) (12.8%) Obstetric Consultant staffing position improved with 1 WTE vacancy still to be recruited into. There was 97% compliance with consultant led ward rounds and 98% compliance with Obstetric Consultant attendance to labour ward when indicated, in line with RCOG guidance. 100% of women received one to one care in labour in November
- **Red Flags.** There were 112 red flags in November. 78% of these related to delayed or cancelled time critical activity, relating to delays in the induction of labour pathways
- **Governance Compliance including Maternity Dashboard Exceptions and Learnings from Serious Incidents:** One completed Maternity and Neonatal Serious Incident (MNSI) report has been received in November and the action plan has been finalised and agreed by Local Maternity and Neonatal System (LMNS) peers. They were no new claim received in November, no closed claims. There were two complaints and one PALs concern received
- **Friends and Family Test (FFT):** Overall Maternity Satisfaction Score for November is 92.9%
- **Training Compliance**: NGH training compliance for multi-professional training (MIS safety 8) has been achieved for all professional groups.
- **Saving Babies Lives Care Bundle:** Following the recent ICB quality review, NGH now fully compliant with three out of the six elements, with overall compliance for the bundle at 91% with all elements meeting CNST compliance
- **Maternity Incentive Scheme (MIS), CNST Year 6:** Safety Actions 1 and 7 continue to be a risk to the compliance with MIS year 6. Compliance for safety action 7 achieved through submission of escalation letter to the ICB on the provision of MNVP services in Northamptonshire.

- **Neonatal:** Antenatal steroids 0% compliance - one eligible mother who did not have a complete course. SROM 1hr before delivery and was not possible to give course

KGH Perinatal Surveillance Dashboard is attached as Appendix 2

- **Item(s) for Escalation:** CQC action plan in progress with a risk identified in relation to meeting the requirement around Triage services due to workforce to support the pathway. Business cases in progress to request additional midwifery and obstetric staff to support the pathway. Mitigations in place to provide Triage in the service, but not aligned with the BSOTs standard.
- **Success**: There is an improved midwifery vacancy position, including pipeline, with 2 vacant positions remaining which are out to advert, and interviews planned. Likely all midwifery vacancies will be recruited to by the end of January 2025. There has been positive staff feedback around leadership and improved staffing position which has reflected in our turnover rate
- **Moderate and above Incidents:** There were 5 moderate incidents and 2 MNSI referrals made in November. Of the MNSI referrals, both were in relation to babies born in poor condition and sent for cooling. A theme relating to Cardiotocography interpretation was identified for both cases. Actions in progress in relation to this. 3 of the 5 moderate incidents were reviewed at IRG (the other two were noted and referred to MNSI). Of the 3 moderate incidents 1 remained as moderate harm (Perinatal Mortality Review Tool graded C) and 2 were downgraded
- **Staffing position for Maternity Services:** Midwifery staffing met acuity for intrapartum care 74% in November. KGH midwifery vacancy position 15.51 WTE (9.9%). 13 WTE Consultants currently in position (11 covering O&G) and 1 WTE vacancies within the recruitment process – due to start February 2025. There was 100% compliance with consultant led ward rounds and 100% compliance with Obstetric Consultant attendance to labour ward when indicated, in line with Royal College (RCOG) guidance. 100% of women received one to one care in labour in November
- **Red Flags:** There were 158 Red Flags reported in November which is an increase on previous month. 132 of the red flags were attributed to Delayed ARMS (RF1), 18 were delay in admission for induction and beginning of process, these were associated with the challenges around existing estate. The remaining red flags were attributed to the delivery suite coordinator losing supernumerary status. None of those occasions involved providing 1:1 care
- **Governance Compliance including Maternity Dashboard Exceptions and Learnings from Serious Incidents:** No Patient Safety Incident Investigation (PSII) cases were declared in November and the two cases referred to MNSI were accepted. There were two formal complaints, and five Patient Advice and Liaison Service (PALs) concerns received and lack of communication remains a common theme. The maternity team are progressing improvement work to support thematic issues raised by service users. There were no new claims opened or closed in November
- **FFT:** FFT footfall figures remain below trust target and further work required with the teams to improve number of responses received. Patient Experience Midwife supporting with new initiative to support teams to improve response rates
- **Training Compliance:** Clinical Negligence Scheme for Trusts (CNST) training compliance is at risk for achieving for year 6. Medical training remained below the required 90% compliance. Plans in place to increase number of training days in 2025
- **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 94%
- **Maternity Incentive Scheme (MIS), CNST Year 6:** KGH will be declaring compliance with six maternity safety actions and will declare partial compliance with four Safety Actions (SA3, SA4, SA7 and SA8)
- **Neonatal Nursing Staffing – Opel Status:** Most shifts throughout November were staffed with the correct nursing skill mix for the acuity and capacity of babies on the unit at the time.

However, there has been an increase in staff sickness over the winter months and our mitigation has been the non-clinical senior nursing team supporting where needed

Recommendation:
For the Boards to 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 - Nov Data) Appendix 2: UHN Perinatal Surveillance Dashboard (KGH – Nov 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.

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
NGH • Scanning capacity at NGH remains a concern, with reliance on agency sonographers to maintain safe delivery of care and compliance with Saving Babies Lives Care Bundle. Outcome of the business case proposal awaited **KGH** • CQC action plan delays in implementation of the Triage pathways due to additional medical and midwifery staffing required to support implementation of BSOTs (Birmingham Symptom Specific Obstetric Triage System). Business case in progress. Current mitigation is a symptom-based rag rating assessment of patients managed through the Fetal Health Unit and Delivery Suite. • Scanning pathways and resilience in the scanning service provision at KGH. Currently challenges with meeting the demand of scans for women with high-risk pregnancies that require serial scans, due to one Obstetric consultant supporting pathway, with additional support from fetal medicine team from UHL (Leicester) and one advanced midwife sonographer who is also the Pre-term birth Lead midwife.	**NGH** • External review of ultrasound scanning pathways across UHN planned. Terms of Reference shared with Team in UCLH. Awaiting confirmation of next steps. scanning pathways by UHL underway which will inform next steps • Acorn Leadership Development commissioned to support with bespoke development training for the UHN Band 7 Midwifery Labour Ward Co-ordinators across NGH & KGH to help deliver the Band 7 Safe Learning Charter (SLEC) and Labour Ward Co-Ordinator (LWC) Framework Implementation Fund Development Programme. This is being externally funded by the Integrated Care Board/LMNS
Positive assurance to Provide	Decisions Made
Improved midwifery workforce position **NGH** • Workforce for Midwifery is maintaining a continuous month on month improvement with a current vacancy of vacancy of 17.38 WTE (once the registered general nurse in the workforce have been counted into staff in post). Anticipated that once all the expected staff have joined the service, the vacancy will reduce to 3.54 WTE **KGH** • KGH recruited into the last 2wte midwifery vacancies that were in the service in January. A business case in progress to request 9.53WTE midwives in response to the 2024 Birthrate Report recommendations.	**CNST MIS Year 6 Update** **NGH** • NGH on track to declare compliance with nine maternity safety actions. Safety Action 1 is at risk of non-compliance due to the missed PMRT review. Robust process now in place to prevent recurrence. Awaiting external validation of this actions taken by NHS Resolution and MBRACCE. Action Plan and discretionary funding will be requested from NHSR to support with achieving compliance with Safety Action 1. **KGH** • On track to declare compliance with six out of ten MIS. KGH have declared patrial compliance with safety action 3, 4, 7 and 8. Discretionary funding will be requested to support with achievement of ten safety actions in MIS year 7.

UNIVERSITY OF LEICESTER
Associate Teaching Hospital

Inspected and rated
Requires Improvement
Care Quality Commission

KGH Perinatal Quality Surveillance Model—November 2024

NHS
Kettering General Hospital
NHS Foundation Trust

MBRRACE-UK
Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK

Maternity CQC rating (Last Inspected Feb 2019 & Oct 2023 Safe and well-led only)	Safe	Effective	Caring	Responsive	Well-led	Overall

Maternity Perinatal Mortality Data

Perinatal Mortality Data											
		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	Breakdown of perinatal losses			
									Late Fetal Loss >22/40	Stillbirths	NND born and died at KGH	NND (born KGH, transferred and died at other Trust)
Q4 2024	DECEMBER		1	1	1	1 (external)	1/100%	0	1	0	0	1
	NOVEMBER	3										
	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, 3rd degree tear, followed by massive obstetric haemorrhage (MOH) 1300ml and manual removal of placenta (MROP).	discussed again at the Maternity Round Table Therefore downgraded
Grade C from PMRT process	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 future PMRT grade C to go through IRG as process followed locally
Baby sent out for cooling. MRI HIE 1	Baby born in poor condition and required resus and admission to LNU with poor cord gases	MNSI continue with investigation as Maternity have care issues around the intrapartum . Noted at IRG
Unexpected admission to LNU following resus	Trial in theatre, poor cord gases	Reviewed and actions completed. Patient Safety asked to Downgrade incident. Will be noted at IRG for downgrade.
Fractured ankle	Fractured ankle as inpatient	After Action review declared. UHN patient safety team present. Incident to remain at Moderate Harm.
Baby sent out for cooling	Instrumental birth. Baby born in poor condition with poor cord gases and admission to LNU	Discussed at round table. Referred to MNSI
MOH 5 Litres and admission to ITU.	Undiagnosed placenta accreta. Peri-arrest, admitted to LNU	

Q2 July - September 24		
Type of Incident	Description of incident	Incident grading/ Decision
Transfer of Patient	Baby transferred to PN Ward with a unrecordable Temperature	Patient Safety/Governance informed Maternity incident does not need to be presented. Actions: Action Plan to complete learning for Maternity. Action plan attached to Datix
Readmission with Raised Bilirubin.	Routine Postnatal Visit on Day 2. TCB taken but not plotted. Missed opportunity to transfer baby in for review.	Incident present at SIRG. Incident downgraded to Near Miss. Actions: Action Plan to complete learning for Maternity. Action Plan attached to Datix
Unexpected complication following delivery	Following emergency section patient experienced visual impairment. Stroke diagnosed—transferred to NGH	Incident discussed at Maternity round table. Downgraded to no harm. Reviewed by NGH stroke team.
Extreme Pre-Term Delivery outside a NICU	24+2 weeks. Ex Uteuro transfer.	Decision made at SIRG for thematic review to be undertaken by Patient Safety Team of all Pre-Term deliveries below 32 weeks. Incident downgraded
Cord cut too short on Preterm Neonate	34weeks +1 day, delivered following a precipitate labour, Cord clamped with spencer wells forceps, baby transferred to Neonatal unit at 19.44hrs - identified blood in baby's nappy and short lacerated cord ,	Discussed at the Maternity Round Table. Incident downgraded to Low Harm. Learning shared with staff
Never Event (FSE Lead)	24 Day postnatal. FSE found in vagina.	Presented at SIRG and declared a PSII.
Maternal Death	Compassionate Induction at 17 weeks. Maternal Death 13 days Postnatally. Post Mortem PE.	Presented at SIRG. Referred To MNSI. Reported as a PSII

Summary

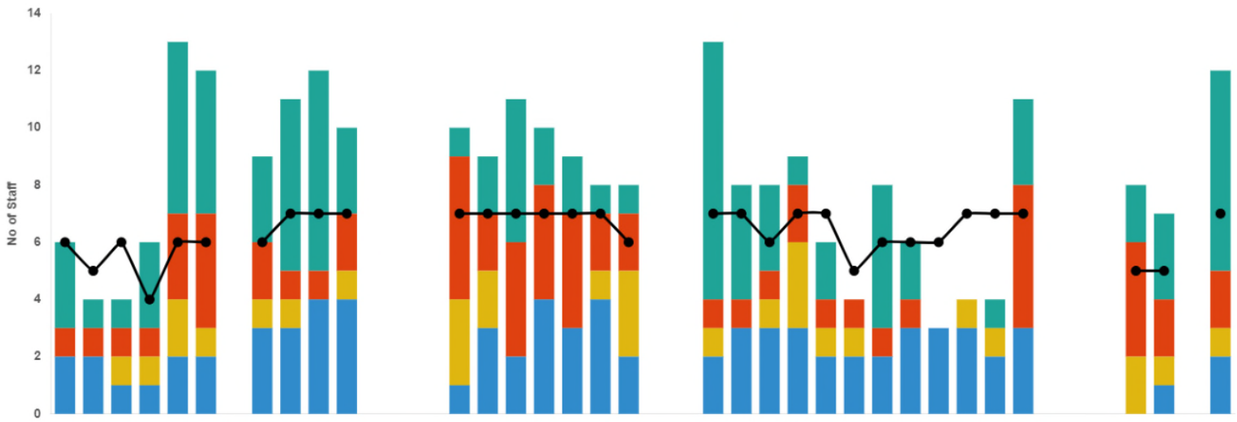
There were 5 moderate incidents declared in November. Three babies born in poor condition, two linked to CTG interpretation. One incident has had a AAR and actions generated. One incident was downgraded following review at maternity round table due to incorrect grading of tear. The other incident was reviewed at IRG and remains as a moderate.

No PSII cases were declared in November and 2 cases referred to MNSI. The maternal death recorded in October was not accepted by MNSI due to circumstances around death.

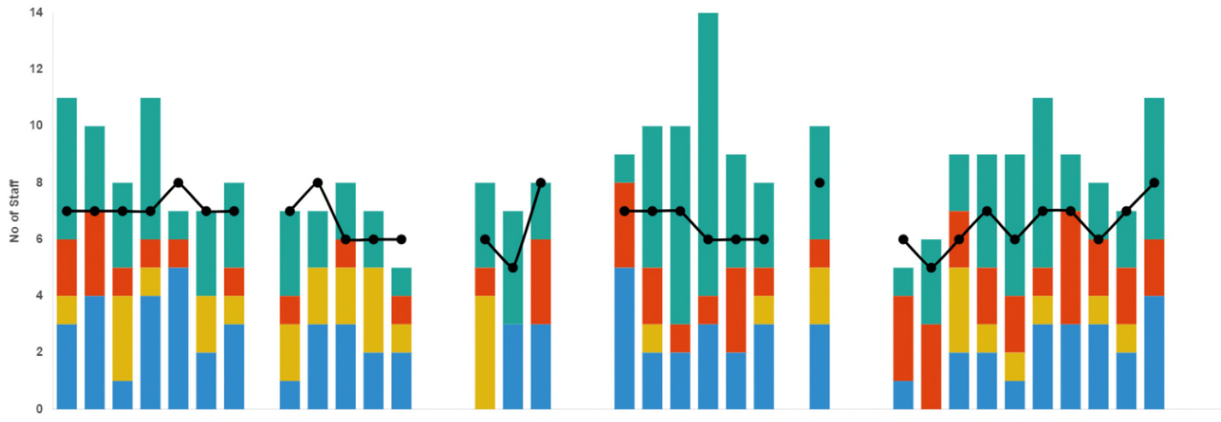
birthrateplus® | Safe Staffing for Maternity Services

Compliance 01/11/2024 to 30/11/2024	74.44%

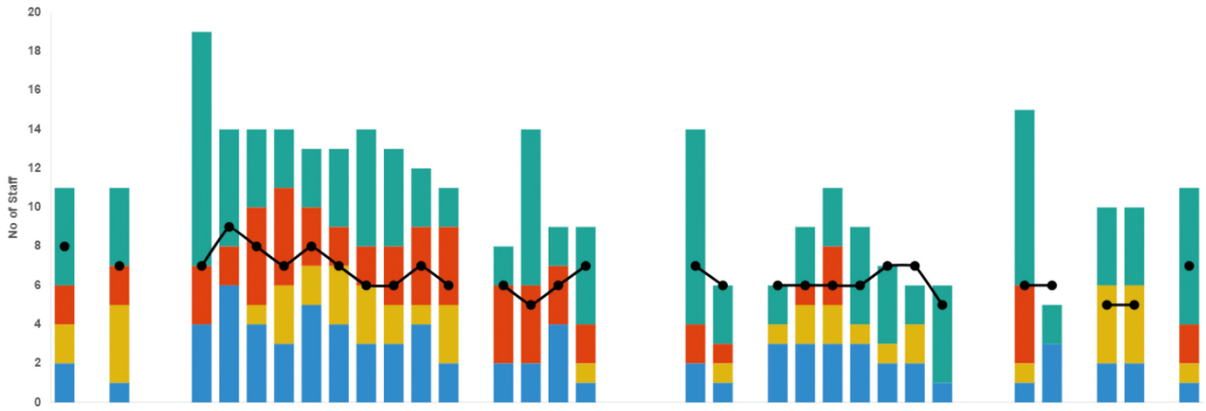
Total Care Hours and Staffing
01/11/2024 to 07/11/2024



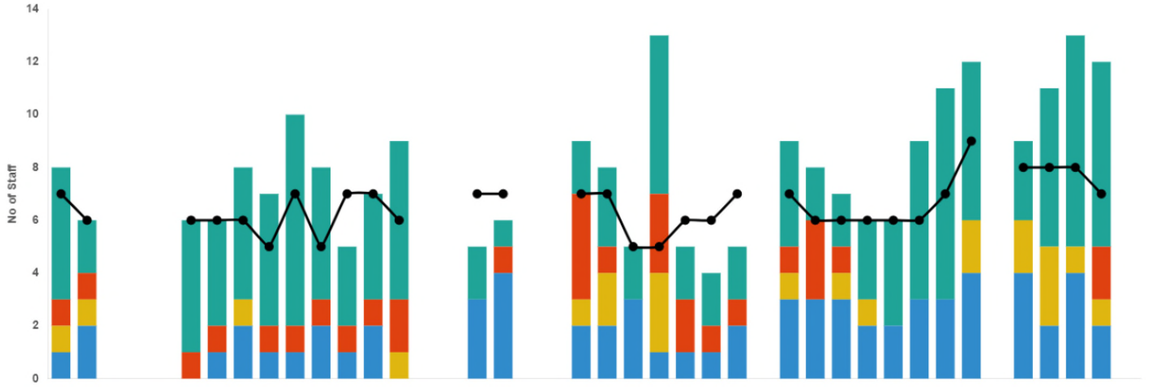
Total Care Hours and Staffing
08/11/2024 to 14/11/2024



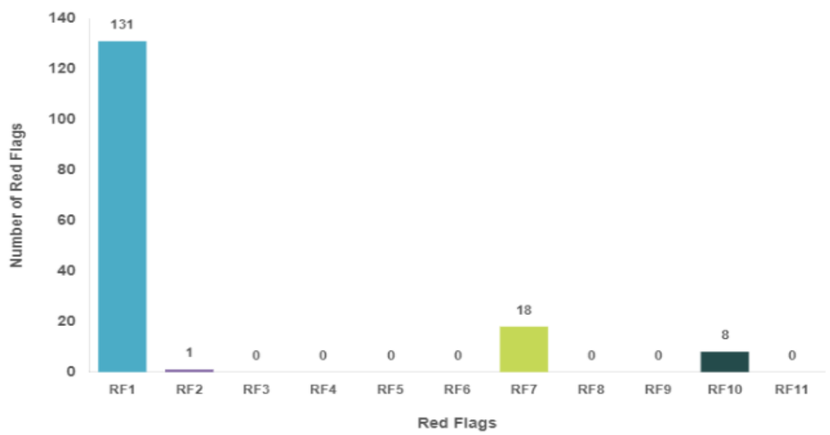
Total Care Hours and Staffing
15/11/2024 to 21/11/2024



Total Care Hours and Staffing
22/11/2024 to 28/11/2024



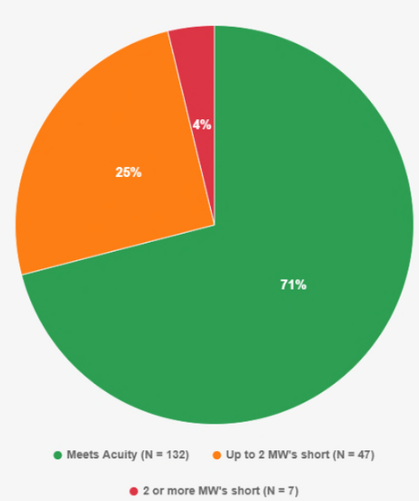
Number of Red Flags
01/11/2024 to 30/11/2024



Red flags

- Delayed or cancelled time critical activity
- Missed or delayed care (for example, delay of 60 minutes or more in washing and suturing)
- Missed medication during an admission to hospital or midwifery-led unit (for example, diabetes medication)
- Delay in providing pain relief
- Delay between presentation and triage >30 minutes
- Full clinical examination not carried out when presenting in labour
- Delay between admission for induction and beginning of process
- Delayed recognition of and action on abnormal vital signs (for example, sepsis or urine output)
- Any occasion when 1 midwife is not able to provide continuous one-to-one care and support to a woman during established labour
- Coordinator unable to maintain supernumerary status - NOT providing 1:1 care
- Coordinator unable to maintain supernumerary status - providing 1:1 care

Acuity Summary
01/11/2024 to 30/11/2024



Acuity

- Midwives
- Cat I - V, A2
- PN
- PD1, PD2, R
- A1, X, IOL

Red Flag Exceptions

November 2024

There were 158 Red Flags reported in October which is a increase on the previous month, (October 93). 131 Delayed ARMS (RF1) increased from 86 In September. There were 18 delays in admission to IOL process (RF7) . There were 8 RF reported for Delivery Suite Coordinator not being supernumerary, however no RF for DSC providing 1:1 care. A detailed review of all red flags within MIS reporting period is being undertaken.

Maternity Red Flags—LW

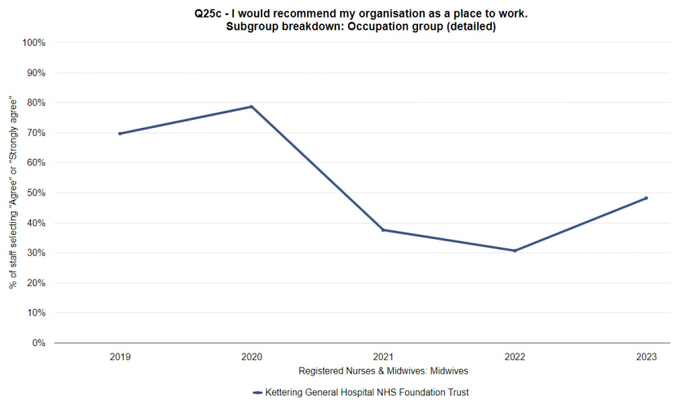
August - 84
September - 144
October - 93
November –158

Total Q2 24/25 = 335

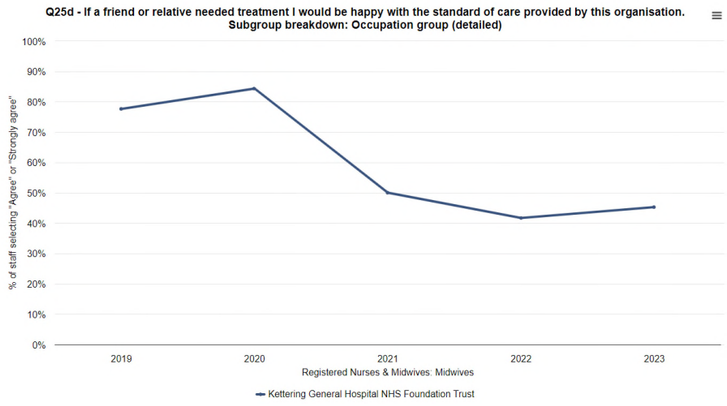
Total Q1 24/25 = 268

Red Flag Event	No.	Mitigation
Delayed or cancelled critical activity	131	• Relates to delays with transfers to Labour Ward to continue the process of induction of labour awaiting ARM • Escalation process in place via Midwifery Manager on call in relation to delays in labour pathway • Work across UHN commencing to improve IOL pathways
Delay in care	1	• Narrative on app—suggests ARM
Delay between admission for induction and beginning of process . Induction of labour delayed starting by 2 hours	18	• Impacted by Ward moves, triage women on labour ward and longer recovery of LSCS resulting in capacity challenges with-in the existing estate.
DSC being supernumerary	8	• All not providing 1:1 care—overseeing of clinical care for short periods of time

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%

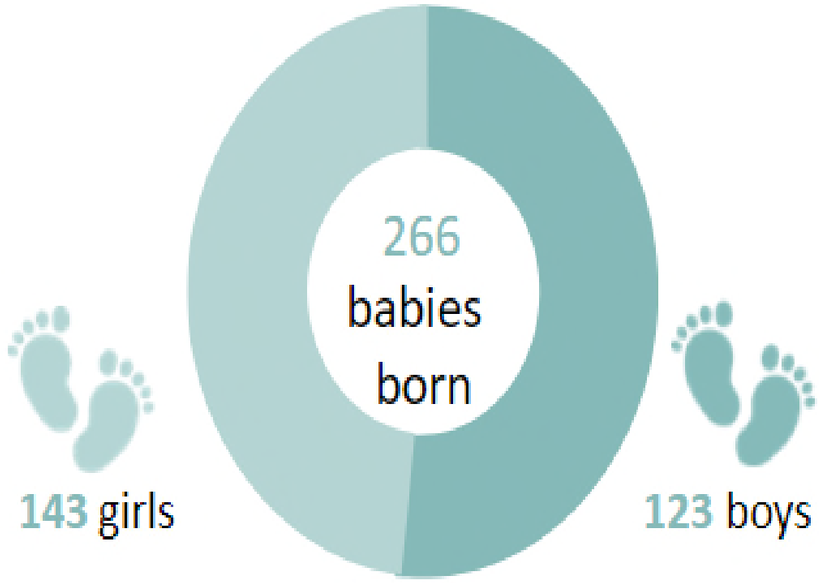


2019	2020	2021	2022	2023
77.63%	84.34%	50.00%	41.67%	45.28%

Dedicated to excellence

November 2024
KGH Maternity Statistics

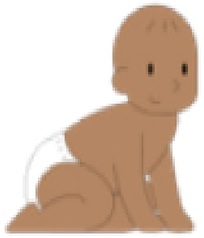
NHS
University Hospitals of Northamptonshire
NHS Group



143 girls

123 boys

52.6%
Vaginal births
16.4% - Assisted
83.6% - Unassisted

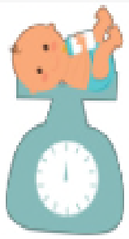


140 Vaginal births

47.4%
Caesarean section births
42.8% - Elective
57.2% - Emergency

2 Sets of twins

23 Instrumental births



Our heaviest baby weighed in at 4.7 Kg (10lb 5oz)

We had 0 babies born sleeping

6 Water births

73.1%
Breastfeeding
initiation rate

5 Home Births

14 Babies delivered on our busiest day

14 Preterm babies

Maternity Services

Service User Feedback

Comments received in November

FFT Feedback

There has been a reduction in feedback collection for past 2 months, although November collection improvement compared to October. FFT cards ordered to give to staff and Comms to encourage collection.

Themes from FFT

1. Communication .
2. Parking.
3. Not feeling listened to.
4. Partner unable to stay/too many visitors for too long.
5. Only 1 toilet on Willow Ward.
6. Infant feeding, breast pump size does not fit all.
7. Lovely kind and compassionate staff.

Action

1. Reminder sent via Hot Topics.
2. Parking posters to be refreshed and displayed.
3. LTM Campaign relaunch New Year.
4. Patients charter to be revisited in new year. Service user views to be collected.
5. Short term estates issues.
6. Email sent from Infant feeding lead to all staff to remind of importance of using correct sized breast pumping equipment.

Family & Friends Test (FFT) Oct Nov		444 446	214 279	48 55			
FFT's Collected October November	12 5	35 55	2 8	4 9	52 38	0 6	11 0
Percentage of footfall – trust target 20% Unable to calculate as footfalls unavailable		7.8% 12%	1% 2.8%	8.3% 16%			
Maternity Friends Ward	FHU	STM	Labour Ward	Willow	Comm Kettering	Comm - Wborough	Comm - Corby

PALS Complaints

	SEPTEMBER 2024	OCTOBER 2024	NOVEMBER 2024
Number	6	2	5
Themes	Lack of follow up Communication	X2 Notes requests	Postnatal Follow up Poor Birth/Care experience IOL journey Communication Medical counselling

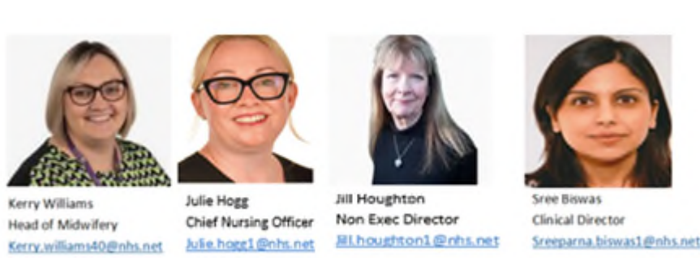
Complaints

	SEPTEMBER 2024	OCTOBER 2024	NOVEMBER 2024
Number	1	1	2
Themes	Poor communication	Poor Birth/Care experience	Cancellation of procedure Poor care/communication (complaint withdrawn in Dec)

CNST Claims Scorecard

	SEPTEMBER 2024	OCTOBER 2024	NOVEMBER 2024
New	1 - claim received , did not refer to Obstetric clinic or prescribe aspirin that may have contributed to early onset preeclampsia and Intrauterine death	0	0
Closed	0	1	0

October Safety Champion Walkabout Feedback

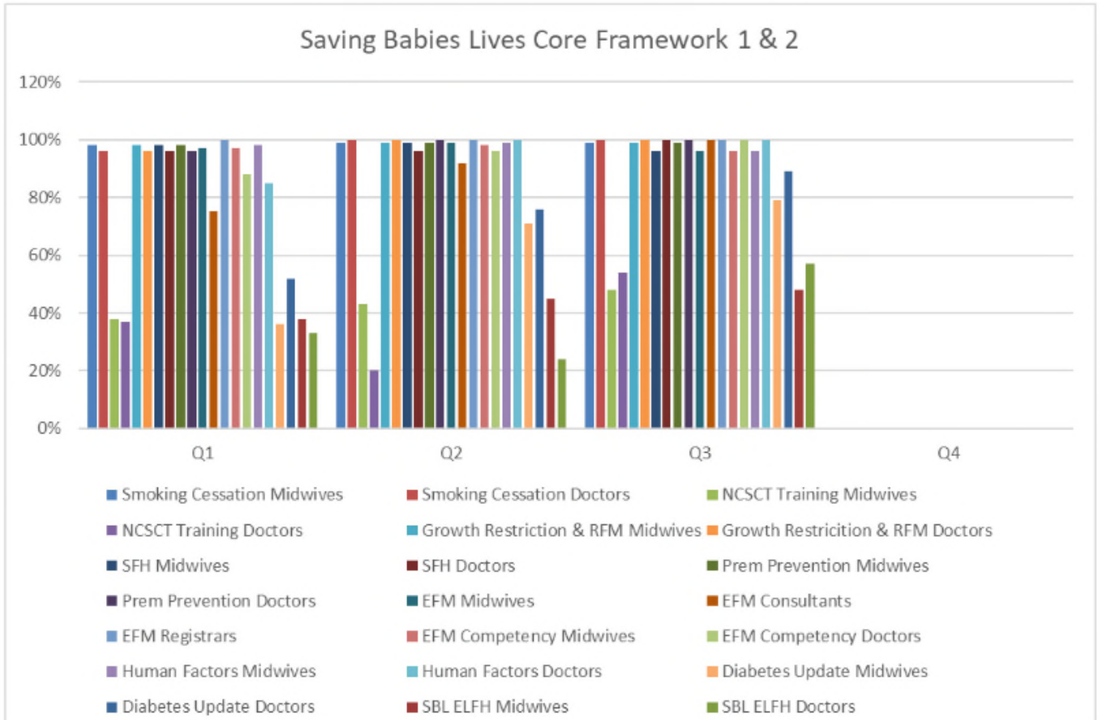


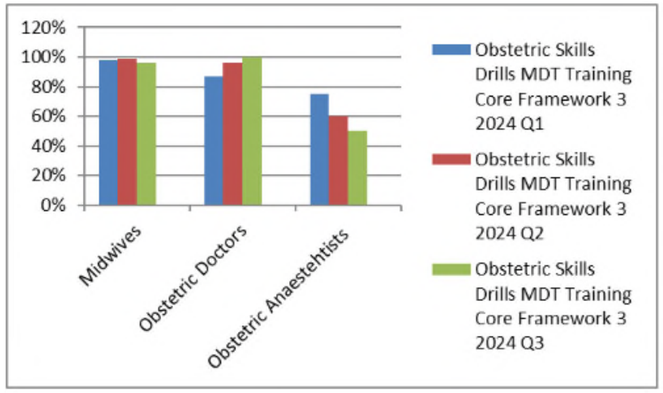
Date of Walkaround : 28th November 2024 **SC Name:** Jill Houghton

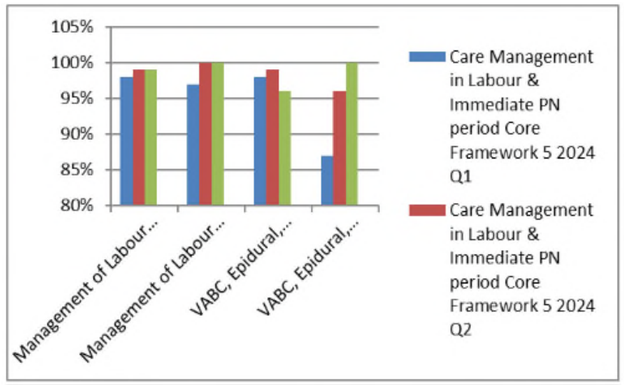
Location: KGH Maternity Rockingham Wing **No. of Staff** : Midwives, MSWs, medics

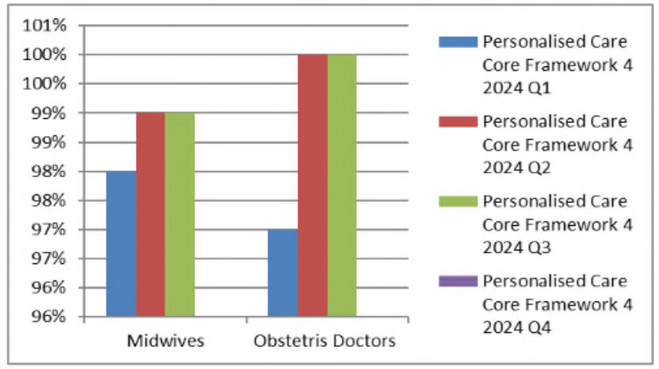
Staff Feedback	Plan
Student midwives concerned over no. of births	Additional support sought from CPF on labour ward
Staff unnerved around working closer with NGH	Positive examples given of shared learning, updates on staff forum and during walk arounds
Staff concern around birth outside of guidance and lack of consultant midwife at KGH	Birth outside of guidance currently supported by lead PMA and community matron. Plan to review available consultant midwife resource support across UHN.
Operational and estate issues with RAAC moves. Staffing challenges raised	Rockingham updates on monthly staff forum with sharing of recruitment update. Increase walkarounds and safety champi-

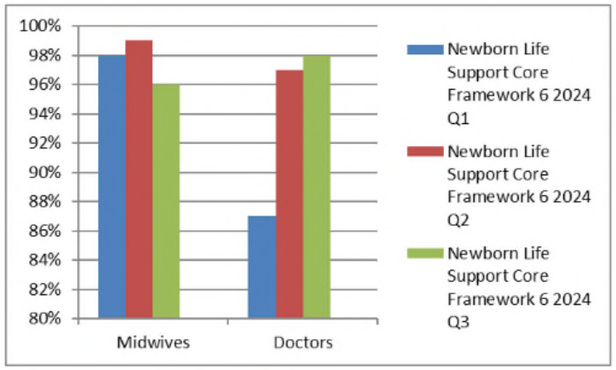
Maternity Specific Training - November 2024

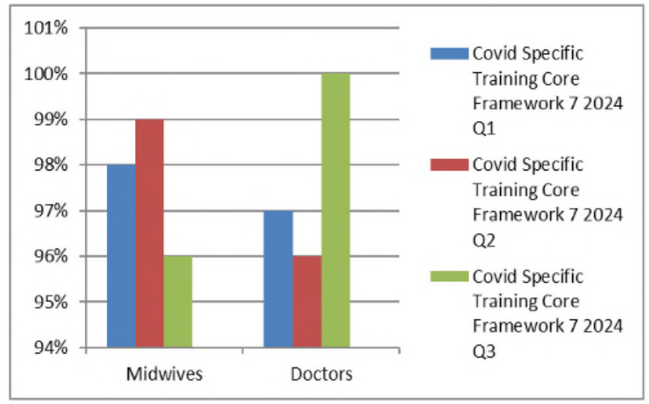


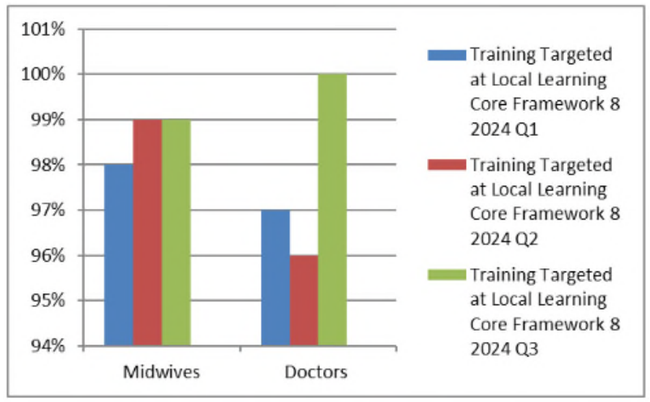












October 2024 —Criteria Framework 1 & 2

Smoking Cessation

Midwives **98%**

Obstetric Doctors **100%**

SFH, RFM, Growth Restriction & Prem Prevention

Midwives **98%**

Obstetric Doctors **100%**

IA, AN EFM & Intrapartum EFM with surveillance

Midwives **99%**

Doctors **100%**

CTG Competency Assessment (Test)

Midwives **99%**

Doctors **100%**

Human Factors Training

Midwives **99%**

Doctors **100%**

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:

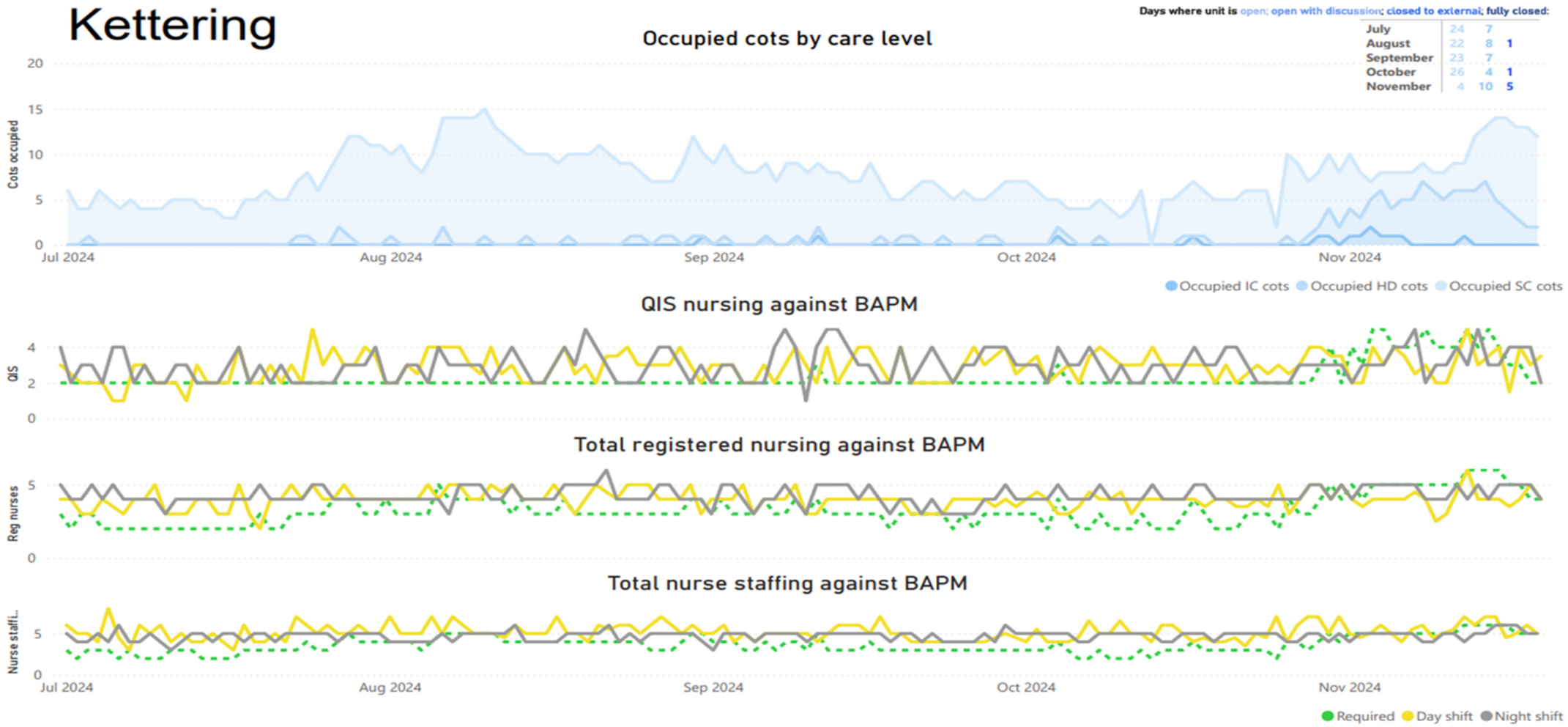
- Postpartum Haemorrhage
- Antepartum Haemorrhage
- Impacted Fetal Head
- Pre Eclampsia
- Uterine Rupture
- Maternal Collapse & Resuscitation
- Vaginal Breech
- Shoulder Dystocia
- Cord Prolapse
- HDU & MEOWS charts
- Structured Review Proformas
- Escalation & Thresholds
- Timing of Birth
- Immediate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

SAFEGUARDING TRAINING

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

CNST year 6 training compliance for safety action 8—non compliant

Network data: OPEL activity & staffing KGH



Areas of Good Practice include:

- Magnesium sulphate 100%.
- Delayed cord clamping compliance 100%.
- Temperature on admission compliance 100%
- Parental consultation 100%.
- Timely ROP screening compliance 100%.
- IV antibiotics 100%

Areas Requiring Improvement:

- **Antenatal steroids** 0% (national target 40%). 1 mother had 1 dose of steroids and then went on to deliver and 1 mother had the full course but delivered after 7 days (require 2 doses within 7 days of delivery).
- **Breastmilk within 24 hours of birth** 0% - 2 babies (no colostrum available).

BFI lead training all staff the importance early use of EBM and the use of EBM for mouthcare.

Maternity Dashboard Key Indicators

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

Continuity of carer 24/25 progress	May	June	July	August	September	October	November
% of women booked on CoC pathway	15.3%	15.8%	18.2%	14.6%	14%	14%	12.3%
%of women delivered on a CoC pathway (including LSCS team)	18.75%	14.57%	14.91%	16.27%	18.53%	12.30%	12.12%
% of BAME women on a CoC pathway	73%	64%	77%	71.9%	77.6%	65.57%	64.3%

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

Supernumerary status of DSC - 24/25	May	June	July	August	September	October	November
No of occasions DSC was NOT supernumerary	4	3	5	0	5	1	8

Consultant obstetric Cover on Delivery Suite

							2024/25												
AREA	INDICATOR	MEASURE/ COMMENT	DATA SOURCE	INDICATOR SOURCE	GREEN	RED	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.

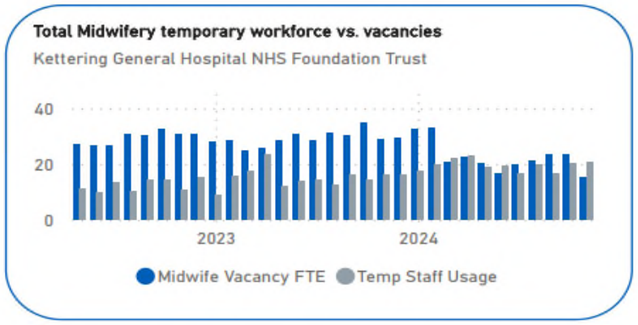
GMC indicator above demonstrates a continued improvement by the service for clinical supervision of speciality trainees out of hours (please note there was no survey in 2020). These are the most recent results, with the GMC 2023 KGH has been recognised as one of the best pre-forming O&G GMC results in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

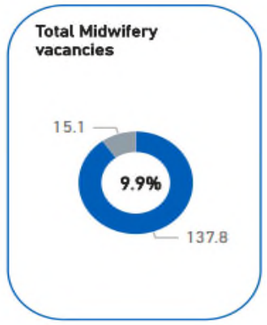
Workforce Data

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	137.8	18.6	11.9%
Midwives in maternity services (Maternity tab)	152.9	137.8	15.1	9.9%
	BR+ demand	Establishment gap	Vacancy gap	
Midwifery demand (BR+vs.funded establishment)	150.6	2.3	-12.7	

Remaining 1.23WTE Midwives vacancy out to advert—BR+ recommends uplift of 9.53WTE





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

Workforce

Improved vacancy position in month (5.5%) compared to October. Turnover linked to bank midwives only not substantive staff

Incidents

There were 5 moderate incidents declared in November. No PSII cases were declared in November and 2 cases referred to MNSI. The maternal death recorded in October was not accepted by MNSI due to circum-stances around death.

Homebirth – awaiting data

Escalation to community – Awaiting data

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

NGH Perinatal Quality Surveillance Model—November 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	9	2	2	2	1	1	3	0	1	1	0
	Dec-24											

Review of all Maternity Moderate & Above Incidents

Q3 24/25 November		
Incident type	**Description**	**Outcome / Learning**
IUD	IUD at 28+3	No omissions in care identified that could have contributed to this outcome. To remain as fatal, not a patient safety event. PMRT review.
Perineal Trauma	Incorrectly sutured	No lack of care identified. MDT agreed that the level of harm can be downgraded to no harm. Managed appropriately and appropriate follow ups made. Good care given to patient. Awaiting downgrade agreement from IRG
Term baby admitted for cooling	Term baby admitted to Gossett, required transfer out and actively cooling required	MNSI referral completed—awaiting triage outcome
MOH/Bowel Injury	MOH and bowel injury	MDT agreed request downgrade to low harm in view of appropriate management identified.
Placenta	PV bleed. Anomaly USS documented as "placenta anterior, not low lying" treated as suspected abruption and taken for emergency caesarean section. At section, low lying anterior placenta identified	Decision made for delivery was appropriate given the information available. USS reviewed by superintendent. No care omissions identified. MDT agreed no harm caused. IRG agreed downgrade
Readmission	Day 30 wound infection post CS	No omissions in care identified. Agreed downgrade to low harm which was also agreed by IRG

Level of Investigation				
Level of investigation	**Obstetric Datix (Moderate & Above)**	**Internal Local Level Investigation**	**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	9	0	0	2 (1 awaiting triage of case)

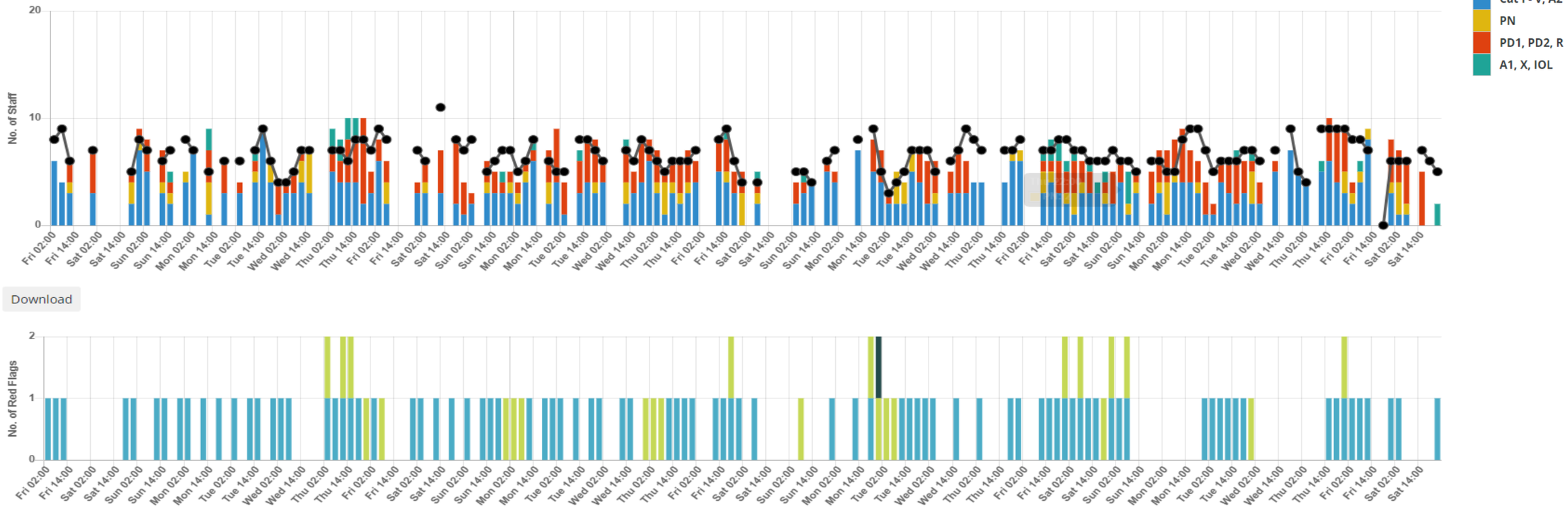
Summary

There were 6 moderate incidents reported in November. 2 incidents have been downgraded following agreement at MIRF and IRG. 2 incidents are awaiting downgrade agreement from IRG. 1 incident has been reviewed and remains categorised as fatal and another incident has been referred to MNSI and is waiting their triage outcome.

No Patient Safety Incident Investigations (PSII) declared in November.

1 completed MNSI report has been received in November and the action plan has been finalised by LMNS peer review, regular meetings with the action leads are being held.

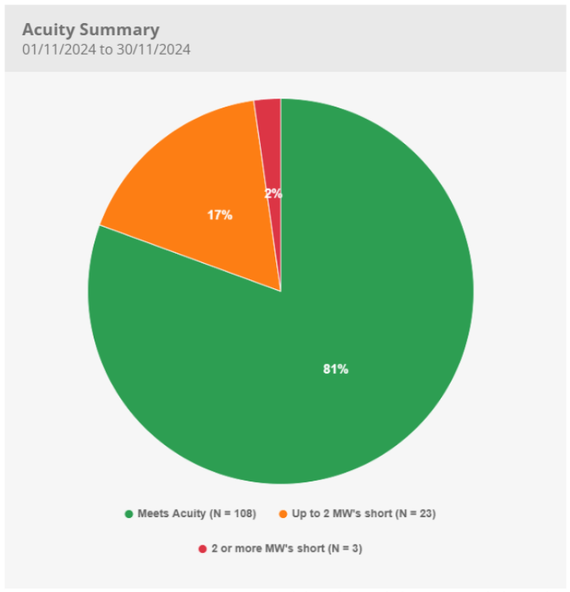
Staffing v Workload with Red Flag Events From 01/11/2024 to 30/11/2024



Download

Red Flags

Compliance 01/11/2024 to 30/11/2024	74.44%



*The % is rounded to nearest whole number

Red Flag Exceptions

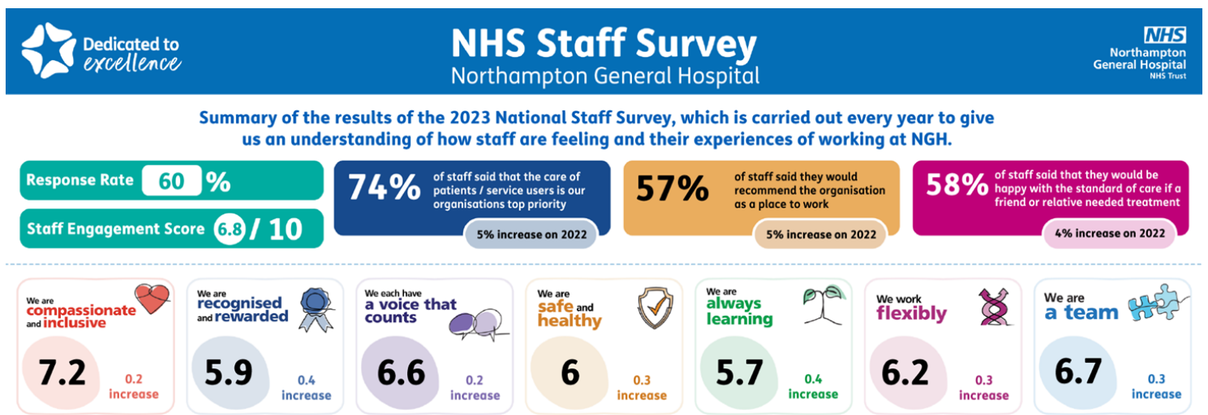
November 2024

There were a total of **112** red flags reported in November following a decision to align with KGH in the manner that the red flags are entered (1 red flag is entered for an unlimited number of delays). The highest recording red flag was Delayed or cancelled time critical activity which accounted for **78%** of the total red flags. The 2nd highest recording red flag was Delay between admission for Induction and beginning of process that accounts for **21%** of the total.

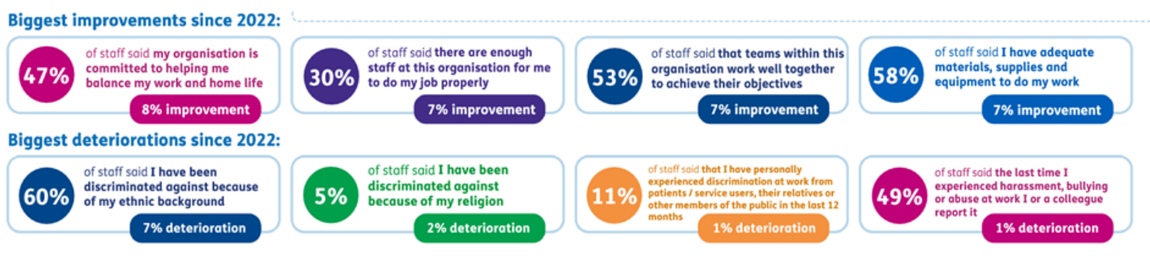
Due to the ward reporting tool being unavailable. Red flags are shown for labour ward only.

Maternity Red Flags—LW
September—91
October—111
November—112

Red Flag Event	No.	Mitigation
Delayed or cancelled critical activity	87	• 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	24	• Capacity and staffing impact on timely commencing IOL • Outpatient induction of labour commenced January 2024 and Cooks Balloon use commenced March 2024
Coordinator unable to maintain supernumerary status—providing 1:1 care in labour	1	• Appropriate escalation implemented



- SCORE Survey completed October 2023—results received and Triumvirate worked with KornFerry and disseminated to staff. Action Plan updated
- NHS 2023 Staff Survey completed—summary below.
- Staff Survey QR Code—monthly feedback captured and disseminated to staff



Dedicated to excellence

November 2024 Maternity Statistics

NHS
University Hospitals of Northamptonshire
NHS Group

322 babies born

164 girls

158 boys

175 Vaginal births

31 Instrumental births

23 Laboured in water

8 Birth centre births

10 Home birth births

1 Sets of twins

Our heaviest baby weighed in at 6.6kg (14lb 5oz)

16 Babies born on our busiest day

We remember precious babies and their heart broken parents

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

54.5%
Vaginal births
(**44.9**% unassisted, **9.7**% assisted)

45.5%
Caesarean section births
(**17.1**% elective, **28.3**% emergency)

24.0% Had an Induction of Labour

81.9%
Breastfeeding initiation rate

Maternity Services

Northampton General Hospital

Service User Feedback

Friends & Family Themes

- **Maternity Observation ward/IOL**
  - Poor communication
  - Lack of compassion/listening
- **Birth**
  - Not felt listened to
  - lack of support
- **Robert Watson**
  - Not felt listened to
  - No meal or incorrect meal
  - Long delay with discharge
- **Antenatal Community**
  - No appointment available for 38-week check

Friends & Family Comments

"Our Midwife and her student were both so friendly, confident and professional in the roles they played working so well as a team. Everything they did felt so calm and natural. We couldn't have been happier with having them both and the hospital is very lucky to have them both"

"Nothing you could of done better, excellent service, very clean, midwifes were lovely"

"All of the staff were friendly. My midwife helped me to have my dream birth. The birth centre is such a lovely place and helped us all to relax and have the best experience possible. After our son was born we were allowed to soak up the first few hours with him (he's our first child) without feeling rushed. I honestly cannot put into words how thankful we are, we will forever remember how perfect our time at NGH was"

"Midwives, student midwives, doctors, ward coordinators, and everyone involved in my care and the birth of my son were professional, caring, helpful, and kind"

"Special thanks to all the staff members whom cared compassionately during my birth. They were very supportive and ensured I was well looked after, many thanks"

FFT numbers collected this month:

Antenatal Community—288	**(92.4% Satisfaction Score)**
Birth—321	**(87.9% Satisfaction Score)**
Postnatal Ward—281	**(95.6% Satisfaction Score)**
Postnatal Community—225	**(100% Satisfaction Score)**

Overall satisfaction—92.9%

Board Level Maternity & Neonatal Safety Champions

Julie Hogg
UHN Chief Nurse

Jill Houghton
Non-Executive Director

Maternity & Neonatal Safety Champions

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			
	SEPTEMBER 2024	**OCTOBER 2024**	**NOVEMBER 2024**
Number	2	2	1
Themes	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)	Patient requires maternity notes to help with GP referral for sterilisation procedure

Complaints			
	SEPTEMBER 2024	**OCTOBER 2024**	**NOVEMBER 2024**
Number	3	2	2
Themes	Poor communication Left waiting on Labour Ward phone for 30 minutes Poor sensitivity	Incorrect medication given Issues with examination given by Midwife	Reported appalling service & experience Not being heard, when in what is perceived as early labour. Lack of empathy Patient left feeling traumatised following birth in 2023

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

NED Safety Champion Walkaround

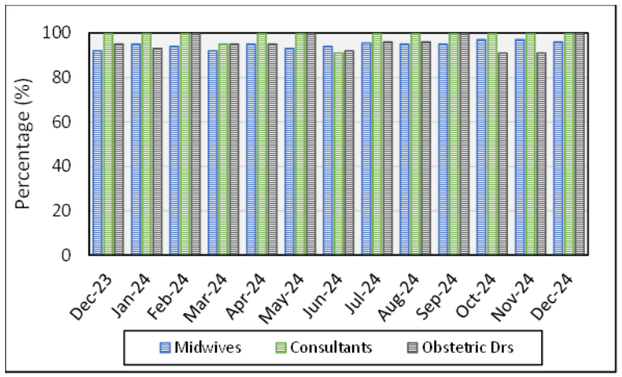
Date: October 2024 **SC Name: Jill Houghton**

Location: NGH **No. of Staff:**

Staff Feedback	Plan
Labour Ward, Balmoral, Robert Watson, TC and MOW: Consistent message that staffing was very stretched because of half term and lack of bank availability. Many specialist midwives were also on leave so back up was not available. No one waiting for inductions would be moved on today because of staffing - although it was felt generally induction flow was improving with increased staffing levels	Workforce Matron working with Teams to ensure consistent allocation of staff especially during time of high requested staff time off. Further alignment required across the service with allocated AL for specialists midwives. Vacancy rate improving with new midwives expected to join the service between October and January 2024. Four internationally educated midwives currently going through the OSCE process, and will be joining the workforce over the next three months.
3 students who were all enjoying their placements but not all would stay here post registration as they were likely to go home	Workforce Matron meeting with all students to support feedback. Increasing number of UON students staying in the service. All Derby students anticipated to stay in the service on completion.
One member of staff was the only one who had her role in her area so she felt she couldn't complete the staff survey because she could be identified. She had feedback for us - the midwife in charge was going to look at this with her	Work has continued to support staff to complete staff survey, including giving assurance about the anonymity of the survey.
Staff on Balmoral were very happy this area was being so well utilised	This is good to hear, as workforce plans were reviewed and rearranged to support increased access to Balmoral
Staff on Gosset said it was a wonderful place to work everyone working well together. Disney were embarrassed about not filling in many staff surveys Matron and the Charge Nurse was going to support filling in the surveys this afternoon	Work has continued to support staff to complete staff survey, including giving assurance about the anonymity of the survey.

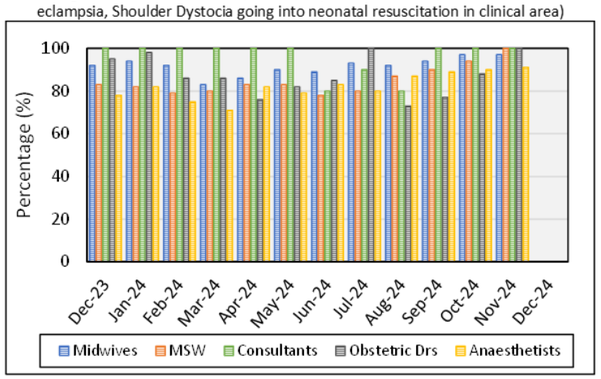
Maternity Specific Training - November 2024

MODULE 2: FETAL MONITORING AND SURVEILLANCE



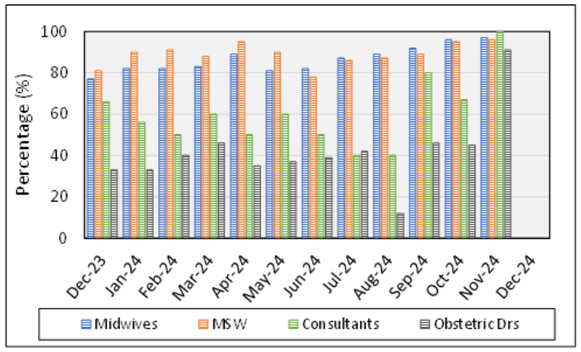
MODULE 3: MATERNITY EMERGENCIES AND MULTIPROFESSIONAL TRAINING

(Human Factors, Epidural management and care after GA, ATAIN, Impacted fetal head, DKA Scenarios: Maternal collapse, PPH, Pre-eclampsia, Shoulder Dystocia going into neonatal resuscitation in clinical area)



MODULE 4: EQUALITY, EQUITY AND PERSONALISED CARE

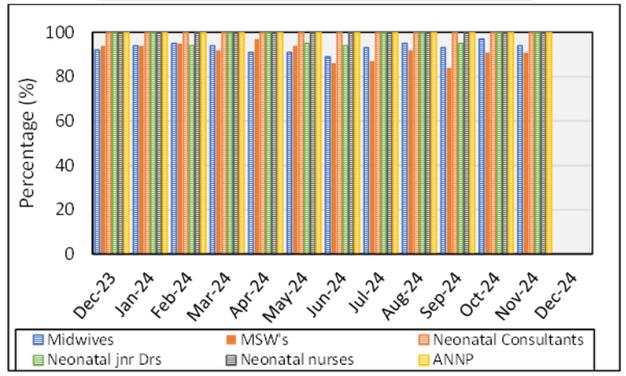
(Personalised Care Planning, Maternal Mental Health, Ongoing AN/IP Risk Assessment, Trauma Informed Care, Recognition of the deterioration of black/brown babies (plus Safeguarding or AN screening update)



MODULE 5: CARE DURING LABOUR AND IMMEDIATE POSTNATAL PERIOD

(Epidural management and care after GA)

MODULE 6: NEONATAL BASIC LIFE SUPPORT



Actions taken:

- In addition to the Maternity Training Week, additional PROMPTS were planned to capture out of date staff—these were held on 3 & 7 October 2024
- 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.

SAFEGUARDING TRAINING

Safeguarding Adults Level 3 – 93.58%
Safeguarding Children's Level 3 – 85%

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

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

Maternity Dashboard Key Indicators

2024	Goal	Sept	Oct	Nov
Midwife to birth ratio	01:27	01:28	01:24	01:23
BBA	0	2	3	1
MNSI Declared	0	0	1	0
PSII Declared	0	0	0	0
Patient Safety Event Declared	0	0	0	0
Number of overdue management actions	0	7	4	3
Term admissions	≤3%	5.0%	6.0%	6.2%
3rd/4th Degree tears	≤3.4%	2.0%	1.9%	0.6%
Babies transferred for cooling	0	0	1	1
ENS Babies	0	0	1	1
ITU/HDU Admissions	0	1	2	0
Term neonatal deaths (non-abnormalities)		0	0	0
Maternal Death	0	0	0	0
Total stillbirths	0	1	1	1
Term stillbirths	0	1	1	0
Pre-term stillbirths 24-36+6	0	0	0	1
FFT satisfaction score: Antenatal Community	≥96%	93.9%	99.2%	92.4%
FFT satisfaction score: Maternity - Birth	≥96.6%	88.9%	97.0%	87.9%
FFT satisfaction score: Postnatal ward	≥93.7%	96.8%	97.4%	95.6%
FFT satisfaction score: Postnatal Community	≥97.5%	100%	100.%	100%
CO levels documented at booking	≥90%	92.3%	97.0%	97.6%
Safeguarding children level 3 training	≥85%	85.3%	86.05%	84.0%
PROMPT training compliance - all staff. (Excluding sickness and mat leave)	≥90%	91%	95%	98%

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

Continuity of Carer—No CoC team at present and 1 team focussing on BAME woman for Antenatal & Postnatal Care

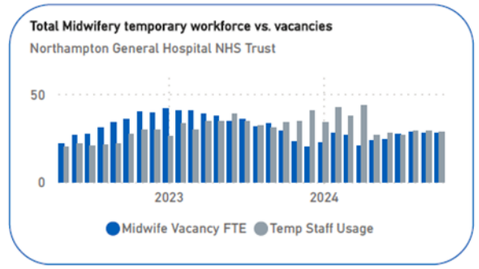
Dashboard Exceptions	Comments
BBA	Ambulance crew attended SVD at patients home. Placenta and membranes delivered at home.
Term Admissions	**Total Number: 20 Avoidable Admissions: 0 Details of Avoidable Admissions: N/A** Common indication for admission was hypoglycaemia. Practise issues related to clinical 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	Baby admitted to Gosset for cooling and mechanical ventilation. Transferred baby to Level 3 unit. Incident discussed at MIRF and MNSI referral completed, discussion will be held at IRG and currently awaiting triage process from MNSI to confirm if they will be investigating.
ENS Babies	Same Baby as noted above
Total Stillbirths/Pre-Term Stillbirth	UD. Reviewed at MIRF, no omissions in care identified that contributed to this outcome. Incident to remain as Fatal, not a patient safety event and will be discussed through PMRT review process.
FFT Satisfaction Scores	In November there were a total of three 'poor' and five 'very poor' scorings (4.9% dissatisfaction rate), with five 'neither good nor poor' ratings. Unfortunately, five of these scores failed to provide any narrative regarding their experience.

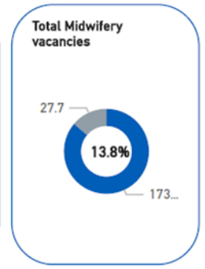
Workforce Data

Maternity Workforce Programme - Midwifery workforce

Midwifery headline figures	Establishment	Midwives SIP	Midwife Vacancy FTE	Vacancy rate
Registered Midwives in trust (WTE/KPI tab)	201.1	173.5	27.7	13.8%
Midwives in maternity services (Maternity tab)	201.1	173.5	27.7	13.8%

Midwifery demand (BR+vs.funded establishment)	BR+ demand	Establishment gap	Vacancy gap
	197.4	3.7	-24.0





One-to-One Care in Labour	Apr 2024	May 2024	June 2024	July 2024	Aug 2024	Sept 2024	Oct 2024	Nov 2024
% of women receiving 1:1 care in labour	100%	100%	100%	97.3%	99.5%	99.2%	100%	100%

Supernumerary Status of LW Co-ordinator	Apr 2024	May 2024	June 2024	July 2024	Aug 2024	Sept 2024	Oct 2024	Nov 2024
No. of occasions LWC was NOT supernumerary	0	1	0	1	0	0	0	2

Saving Babies Lives—Compliance

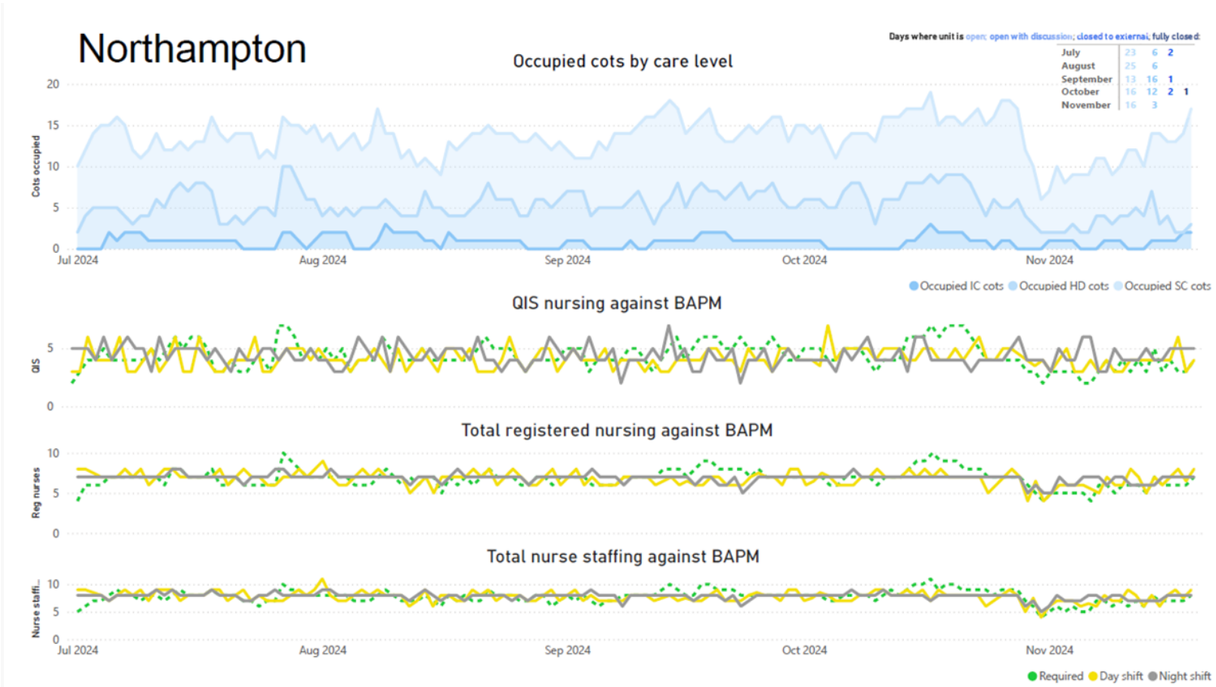
Intervention Elements	Description	Element Progress Status (Self assessment)	% of Interventions Fully Implemented (Self assessment)	Element Progress Status (LMNS Validated)	% of Interventions Fully Implemented (LMNS Validated)	NHS Resolution Maternity Incentive Scheme
Element 1	Smoking in pregnancy	Partially implemented	70%	Partially implemented	70%	CNST Met
Element 2	Fetal growth restriction	Partially implemented	90%	Partially implemented	90%	CNST Met
Element 3	Reduced fetal movements	Fully implemented	100%	Fully implemented	100%	CNST Met
Element 4	Fetal monitoring in labour	Partially implemented	80%	Partially implemented	80%	CNST Met
Element 5	Preterm birth	Fully implemented	100%	Fully implemented	100%	CNST Met
Element 6	Diabetes	Fully implemented	100%	Fully implemented	100%	CNST Met
All Elements	TOTAL	Partially implemented	91%	Partially implemented	91%	CNST Met

Neonatal Exceptions—October 2024 Data

Nursing Staffing

Opel Status: Most shifts throughout October were staffed with the correct nursing skill mix. For safe acuity and capacity of babies on the unit specialist nurses were used if needed.

The unit was fully closed once due to capacity, 2 ITU, 7 HDU and 9 special care. 18 total but over on ITU/ HDU cots. A datix was completed and policy for closure followed.



SPC Exceptions

Antenatal steroids: 0% compliance - 1 eligible mother who did not have a complete course. SROM 1hr before delivery and was not possible to give course.

Areas of Good Practice:

Magnesium sulphate – no eligible mothers.
Intrapartum antibiotic – 40% compliance 5 eligible mothers and 1 with missing data
Delayed cord clamping – 100% compliance. 1 eligible baby received DCC.
Temperature on admission – 100% compliance with 1 eligible baby.
Breastmilk within 24 hours of birth – 0% compliance, there was 1 eligible baby and mothers' milk was given at 24hrs and 41mins, therefore missing the within 24hrs by 41mins.
Non – invasive respiratory support – no eligible babies.
Parental consultation – 96.8% compliance, 31/32 seen within 24hrs of admission and the missing one was seen before admission.
Parental inclusion on ward rounds – 52.6% compliance, remains above Network average. Parental presence is promoted, poster with times of ward round by entrance and added to front of babies notes folders. Medical team can update and plan care with parents at any time outside ward round
Timely ROP screening – 100% compliance

• MatNeo BadgerNet data meeting continues monthly to look over the data, ensure added correctly and any missing data is rectified. This continues to work well with the team.

CNST Compliance

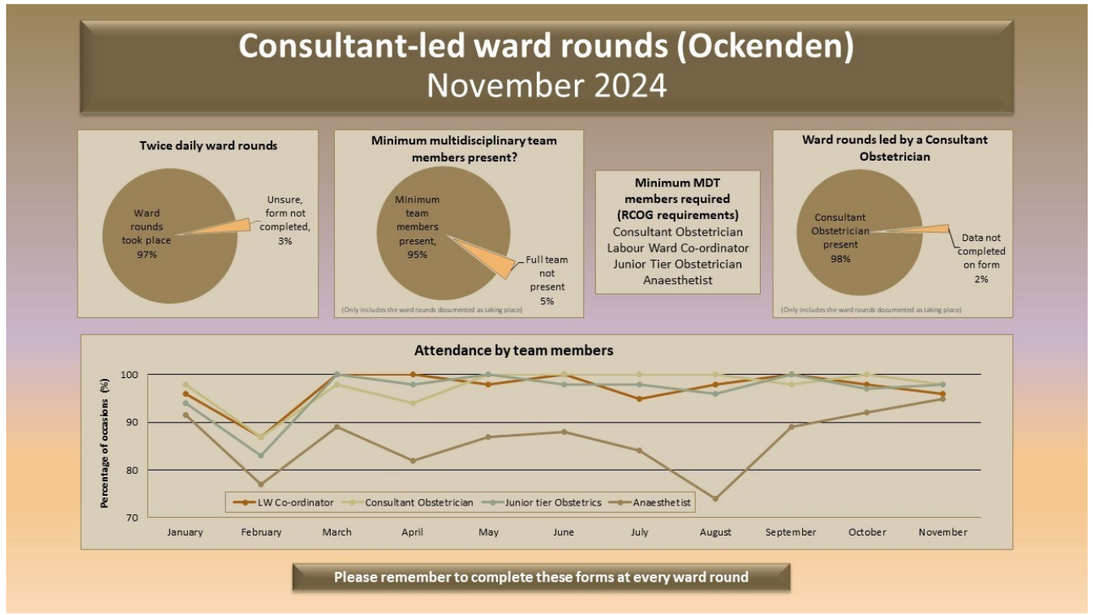
Overview of progress on safety action requirements

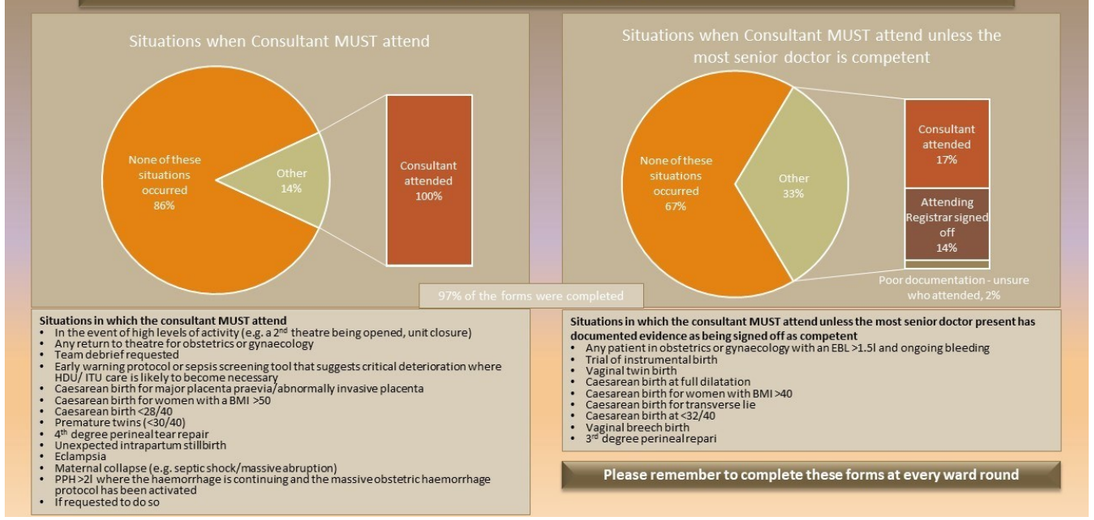
Safety Action Requirements:

Safety Action	Red	Amber	Green	Blue	Total Requirements
1	1	0	0	5	6
2	0	0	0	2	2
3	0	2	0	2	4
4	0	7	6	7	20
5	0	0	0	6	6
6	0	0	0	6	6
7	0	5	2	0	7
8	0	0	0	17	17
9	0	4	4	1	9
10	0	6	1	1	8
Total	1	24	13	47	85

Key:

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





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	7 February 2025
Agenda item	6.1

Title	Clinical Negligence Scheme (CNST) Maternity Incentive Scheme (MIS) Year 6 Evidence Review: Report of the Perinatal Assurance Committee (PAC)
Presenters	Julie Hogg, Chief Nurse
Authors	Julie Hogg, Chief Nurse Ilene Machiva, Director of Midwifery

This paper is for			
☐ Approval	☐ Discussion	X 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				
X Patient	**X Quality**	**X 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
The purpose of this paper is to provide a summary to the Boards of Directors on the key discussions at the UHN Perinatal Assurance Committee (PAC) which met on: Monday 2 December 2024 and Thursday 16 January 2025. The January 2025 PAC meeting focused on Clinical Negligence Scheme (CNST) Maternity Incentive Scheme (MIS) Year 6 Evidence Review.

Executive Summary

UHN PAC members were presented with several papers as part of ensuring robust perinatal surveillance, highlighting areas of progress and risks to delivery of the key national and regional drivers for change and improvement.

The Boards are asked to note that UHN must submit NHSR MIS year 6, declaration by 3 March 2025 at 12 noon and be assured of the actions being taken to address the noted risks to delivery – see items 6.2-6.3 below.

UHN PAC received progress reports on the implementation of the actions in relation to perinatal assurance which included UHN's response to:

NHS Resolution (NHSR) Maternity Incentive Scheme (MIS) Year 6	**Northampton General Hospital (NGH)** are on track to declare achievement of **nine out of the ten** safety actions, with a potential to get the tenth safety action approved following external validation by NHS Resolution (NHSR) and MBRRACE (Mothers and Babies: Reducing Risk through Audit and Confidential Enquiries). NGH has declared partial compliance with Safety Action (SA)1 which will require external validation in view of the one Perinatal Mortality Review Tool (PMRT) case that missed reporting timelines in the 2024 MIS reporting period • **Safety Action 1:** Are you using the National Perinatal Mortality Review to review and report perinatal deaths to the required standard? **Kettering General Hospital (KGH)** are on track to declare achievement of **six out of the ten** safety action. KGH will declare partial compliance for the following safety actions: • **Safety Action 3:** Can you demonstrate that you have transitional care services in place to minimise separation of mothers and their babies? • **Safety Action 4:** Can you demonstrate an effective system of clinical workforce planning to the required standard? • **Safety Action 7:** Listen to women, parents and families using maternity and neonatal services and coproduce services with users • **Safety Action 8:** Can you evidence the following 3 elements of local training plans and 'in-house', one day multi professional training? On reviewing the evidence to support compliance, it was recognised that further action is required around the evidencing in Board minutes of the UHN Trust Board oversight for maternity matters that are discussed in Committees of the Board. An exception report will be presented to the February 2025 UHN Board of Directors (item 6.2) to meet this requirement for the affected safety actions. Evidence of matters being discussed in Committees of the Board is available in minutes of the committees of the board.
Implementation of the Saving Babies Lives Care Bundle v3	Following the recent Integrated Care Board (ICB) quality review, NGH now fully compliant with three out of the six elements, with overall compliance for the bundle at 91% with all elements meeting CNST compliance. KGH fully compliant in Elements 2, 3, 4 and 6 and partially compliant in the 2 other elements. Overall compliance 94%. The ICB is supportive of both NGH and KGH declaring compliance with MIS safety action 6.
UHN PSII Report 2024/25 Q3	**NGH** There were two Patient Safety Incidents (PSI's) that required additional review declared in Quarter 3 2024/25. One incident related to an unplanned homebirth, with the baby being born before arrival into hospital, and the second case related to management of an abnormal CTG in labour. There was one MNSI investigation closed in Quarter 3 2024/25

	KGH There were no Patient Safety Incidents (PSI'S) declared in Quarter 3 (2024-2025). 4 MNSI referrals were submitted in Quarter 3 (2024-2025). 2 were accepted and 2 were rejected. The two cases that were accepted had issues identified in relation to the management of CTGs in labour. Actions in progress to address identified learning across the teams.
Perinatal Surveillance	A review of the October and November Perinatal Surveillance Scorecards in addition to the review and discussion of learning from patient safety events, (LFPSE) across UHN. UHN response to Propess National Safety Alert – both services have benchmarked current practises against the recommendations and guidelines are being updated to support practise in line with the recommendations of the safety alert. Badgernet 'go live' date for KGH was confirmed as 8 July 2025. Awaiting System C to confirm the NGH launch date.

Recommendation

Trust Board of Directors are asked to **receive** and **note** the update from PAC including:

NHS Resolution Maternity Incentive Scheme (MIS) – See Separate Board Papers

Boards of Directors are to **note** that PAC continue to have delegated responsibilities to monitor and have oversight of evidence and progress of UHNs response to the NHS Resolution Maternity Incentive Scheme (MIS).

Boards of Directors are asked to **note** that whilst the Trusts do not currently meet the relevant BAPM workforce standards, an action plan approved by the Perinatal Assurance Committee on 16 January 2025 is in place, which sets out a trajectory for achieving this. MIS requires UHN to have an 'action plan with progress against any previously developed action plans. These plans should be shared with the LMNS and Neonatal Operational Delivery Network (ODN)', which has been done.

The Boards of Directors are asked to **note** that there are action plans relating to safety actions that will be shared to support UHN maternity services declaring compliance with NHSR requirements. These have already been discussed and approved at the PAC and UHN QSC. These safety actions relate to:

- **Safety Action 4** – action plans for neonatal medical and nursing workforce: as both neonatal services are not fully BAPM compliant for elements of their workforce and are working through action plans to achieve this.

Board of Directors will subsequently be asked to **receive the MIS year 6 Exception Report (item 6.2) and MIS Year 6 Declarations Summary (item 6.3)** which provide confirmation of PAC's review of Year 6 MIS evidence and seek authorisation for the CEO to make the final declaration alongside the ICB ahead of submission.

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.

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
MIS Year 6 Compliance: Safety actions that do not have required evidence to declare compliance with MIS year 6. **KGH:** will be declaring compliance with six out of ten of the MIS year 6 safety actions. **Safety Action 3: Transitional Care Pathways** • 3.1 & 3.2 KGH Transitional care services currently do not have a lead nurse, nor up to date action plan to support declaring compliance. • 3.3 QI project was not registered with the Trust QI Team within six months of MIS year six. This was due to multiple factors, despite the team making attempts to register the project. **Safety Action 4: Workforce Planning** • 4.7-4.11 Evidence of consultant attendance in line with RCOG consultant attendance. **Safety Action 7: Engaging with service users** • 7.5-7.7 KGH CQC survey action plan is in place, but was not co-produced with service users **Safety Action 8: Training** • 8.6 90% standard in multi-professional training for Obstetric trainee doctors and resident doctors not achieved within the reporting period. • 8.10 & 8.11 standard in multi-professional training for obstetric anaesthetic doctors and rotational anaesthetic staff not achieved. • 8.19 Maternity support workers 90% standard for multi-professional training not achieved. **NGH:** will be declaring compliance with nine out of ten of the MIS 6 safety actions. **Safety Action 1: Use of PMRT Tool to review perinatal deaths** • 1.3 One PMRT case had the review commenced 24hrs after the recommended standard set by MBRRACE. NGH will declare non-compliance with SA1 and await external validation by NHSR and MBRRACE. Action plan to be submitted with Board declaration from.	**Internal Audit review of CNST compliance:** Trust Audit committee commissioned an external auditor to review UHN Maternity services compliance with the CNST MIS year 6 compliance. There was an in-depth audit of: • **Safety Action 5:** demonstrating an effective system of midwifery workforce planning to the required standard. • **Safety Action 7:** listening to perinatal services, service users. • **Safety Action 8:** Training The auditor also supported with a review of the wider MIS year 6 evidence that the services have in place. He will be sharing a report of his findings with the Trust Audit Committee. **Whitetree Perinatal Improvement Programme:** procurement in progress using MIS year 5 rebate funds for the services of Whitetree. Whitetree will support initially at KGH and then across UHN with: • MIS evidence - supporting with assurance around year 6 evidence and starting the work to prepare for year 7. • CQC actions - support with an agile framework, workstreams and demonstrations of evidence to provide assurance.

UHN: can declare compliance with the safety actions noted below, following presentation and discussion of the associated action plans at Trust Board. This is planned for Trust Board meeting on 7 February 2025. The Appendices are attached to the UHN MIS Year 6 CNST – Exceptions Report.

MIS Year 6 Compliance: Safety actions that UHN can declare compliance with following sign off of action plans by Trust Board

Safety Action 4:

- 4.12 **UHN** Anaesthetic workforce previously considered at PAC on 16 January 2025. Further explanation was requested in relation to the enclosed rota to evidence compliance. Rotas for both services with explanation now enclosed.
- 4.13 **NGH** does not meet the BAPM standard for neonatal medical workforce, for Tier 2 (resident doctor) compliance. Action plan attached explaining current mitigations and plans to recruit into posts.
- KGH does not meet BAPM compliance for the consultant workforce. Recruitment in progress. Action plan in place.
- 4.18 **NGH** does not meet BAPM compliance for qualified in speciality (QIS) nurses. An additional 1 WTE increase in funded establishment required. The additional WTE is being considered as part of the current ongoing workforce review. Action plan in appendix.

  It is important to note the QIS percentage should be considered in conjunction with the WTE registered nurses in post, the WTE QIS nurses in post and the WTE vacancies. Training in progress at NGH to increase the numbers of QIS nurses working in neonatal services.

Safety Action 5:

- **5.3 KGH** Birthrate Plus® recommendation for KGH (2024) is 166.53 WTE (Band 3-8 staff). KGH current funded establishment is 9.53 WTE below BR Plus recommendations.

Safety Action 9.7: A summary paper will be shared at Trust Board on the 7 February 2025, demonstrating that, both maternity services had monthly Perinatal Safety Champion Meetings, which moved to joint meetings in August 2024, and progressed to bi-monthly meetings with the introduction of the UHN Perinatal Assurance Committee.

Positive Assurance to Provide	Decisions Made
UHN Safety & Patient Safety Incidents (PSI) 2024/25 Q3 Report (separate paper submitted to Private Board) **NGH** • There were two Patient Safety Incidents (PSI's) that required additional review declared in Quarter 3 2024/25 • There was one MNSI investigation closed in Quarter 3 2024/25 **KGH** • There were no Patient Safety Incidents (PSI'S) declared in Quarter 3 (2024-2025) • 4 MNSI referrals were submitted in Quarter 3 (2024-2025). 2 were accepted and 2 were rejected For members of the UHN Quality & Safety Committee to receive this report as assurance that the management of patient safety incidents investigations and learning from all maternity patient safety incidents investigations (PSIIs) is being managed effectively, in line with Ockenden Essential Safety Action 1 requirements.	• In-depth review of MIS year 6 evidence with current position as noted in the paper. • Midwifery workforce paper to be incorporated into the NMAHP monthly staffing paper and reported to UHN Trust Board. • Focus of clarity in minuting items from maternity services to support with evidence for future MIS submissions, in relation to the requirement for Board reporting.

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	7 February 2025
Agenda item	6.2

Title	NHS Resolution Clinical Negligence Scheme (CNST) Maternity Incentive Scheme (MIS) Year 6 – UHN Exceptions Report
Presenter	Julie Hogg, Chief Nurse
Author	Ilene Machiva, Director of Midwifery

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

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

Reason for Consideration	**Previous consideration**
To provide additional evidence, oversight and assurance to enable compliance with Board Reporting requirements for NHS Resolution Clinical Negligence Scheme (CNST) Maternity Incentive Scheme (MIS) Year 6.	NGH Maternity & Neonatal Safety Champions UHN Perinatal Safety Champions UHN Perinatal Assurance Committee UHN Quality & Safety Committee UHN People Committee

Executive Summary
UHN is a member of the Clinical Negligence Scheme for Trusts Maternity Incentive Scheme (CNST MIS), which is administered by NHS Resolution and is now in its sixth year, which commenced in March 2024 with a reporting period of April to November 2024 inclusive. The aim of MIS is to support safer maternity and perinatal care by driving compliance with ten Safety Actions (which each comprise numerous standards) which support the national maternity ambition to reduce the number of stillbirths, neonatal and maternal deaths, and brain injuries from the 2010 rate by 50% before the end of 2025. On reviewing the evidence to support compliance, it was recognised that further action is required around the evidencing in minutes of the Boards' oversight for maternity matters that are discussed in Committees. This exception report meets this requirement for the affected safety actions. Evidence of matters being discussed in Committees of the Board is available in minutes of the committees of the board as appendices to this paper and in the Board portal. The Boards of Directors are asked to note and indicate assurance in respect of the additional evidence made available and that there are action plans in place relating to safety actions to support UHN maternity services declaring compliance with NHSR requirements. **UHN EXCEPTIONS** **Safety Action 4** – Action plans for neonatal medical and nursing workforce **Safety Action 5** – Midwifery Workforce Paper Boards' oversight **Safety Action 9** – Evidence in Board minutes of the Board Safety Champions Meeting with Perinatal Safety Champions
Appendices (available in 'documents' section of Board portal)
Appendix 1: UHN Overarching Summary of CNST Compliance Appendix 2: Safety Action 4: UHN Anaesthetic Workforce Additional Evidence Appendix 3: Safety Action 4: UHN Neonatal Workforce Action Plans Appendix 4: Safety Action 5: KGH Birthrate Plus Action Plan Appendix 5: Safety Action 5: Group Upward Reporting to UHN Boards Appendix 6: UHN Safety & Patient Safety Incident (PSI) Q3 Report
Risk and Assurance
The Trusts will not recover contributions to the maternity incentive scheme
Financial Impact
The Trusts will not recover contributions to the maternity incentive scheme. Financial Impact

Paper

BACKGROUND

UHN is a member of the Clinical Negligence Scheme for Trusts Maternity Incentive Scheme (CNST MIS), which is administered by NHS Resolution and is now in its sixth year, which commenced in March 2024 with a reporting period of April to November 2024 inclusive.

The aim of MIS is to support safer maternity and perinatal care by driving compliance with ten Safety Actions (which each comprise numerous standards) which support the national maternity ambition to reduce the number of stillbirths, neonatal and maternal deaths, and brain injuries from the 2010 rate by 50% before the end of 2025.

On reviewing the evidence to support compliance, it was recognised that further action is required around the evidencing in Board minutes of the UHN Boards' oversight for maternity matters that are discussed in Committees This exception report seeks to meet this requirement for the affected safety actions. Evidence of matters being discussed in Committees is available in minutes, which are available in the documents section of Board portal.

The Boards of Directors is asked to note that there are action plans relating to safety actions that will be shared to support UHN maternity services declaring compliance with NHSR requirements.

UHN EXCEPTIONS

Safety Action 4 – Action plans for neonatal medical and nursing workforce: As both neonatal services are not fully BAPM compliant for elements of their workforce and are working through action plans to achieve this.

Safety Action 5 – Midwifery Workforce Paper Boards' oversight: The paper was reported to the UHN People Committee, with reference to the midwifery workforce paper in the Group upward reports to the UHN Boards' meeting in June 2024 (Substantial Assurance given in upward report) and in December 2024 (Reasonable Assurance given in upward report). There is a requirement for this to be noted in the Boards' minutes.

Safety Action 5 - KGH Birthrate Plus Position: Following receipt of the report from the 2024 birthrate plus review. KGH requires a further 9.53 WTE midwives to meet the new BR plus recommendation for the midwifery workforce Business case submitted as part of planning.

Safety Action 9 – Evidence in Boards' minutes of the Board Safety Champions Meeting with Perinatal Safety Champions: Both maternity services had monthly Perinatal Safety Champion Meetings, which moved to joint meetings in August 2024, and progressed to bi-monthly meetings with the introduction of the UHN Perinatal Assurance Committee. There are Terms of reference, minutes of meetings and ongoing action log that evidence that Board level Safety Champions meet regularly with Perinatal Safety Champions. Minutes are available in the Board portal. It's important to note that all maternity escalation that come to committees of the board and the UHN Boards will have been discussed at the Perinatal safety Champion meetings.

Recommendation

The Boards of Directors are asked to note and indicate assurance in respect of the additional evidence made available and that there are action plans in place relating to safety actions to support UHN maternity services declaring compliance with NHSR requirements.

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	Friday 7 February 2025
Agenda item	6.3

Title	NHS Resolution Clinical Negligence Scheme (CNST) Maternity Incentive Scheme (MIS) Year 6 – UHN Declaration Summary
Presenters	Julie Hogg, UHN Chief Nurse
Author	Ilene Machiva, UHN Director of Midwifery

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

Reason for Consideration	**Previous consideration**
This report provides assurance that UHN has achieved compliance with CNST MIS Year 6, which will lead to safer and higher-quality care. Compliance also reduces the risk of the Trusts not being able to receive the MIS rebate.	UHN Perinatal Assurance Committee **UHN Quality & Safety Committee** – The Committee indicated assurance that UHN maternity services have demonstrated substantial progress towards achieving compliance with MIS Year 6 and that actions are being implemented to address and achieve compliance in areas where this has not yet been met.

Executive Summary

UHN is a member of the Clinical Negligence Scheme for Trusts Maternity Incentive Scheme (CNST MIS), which is administered by NHS Resolution and is now in its sixth year, which commenced in March 2024 with a reporting period of April to November 2024 inclusive.

The aim of MIS is to support safer maternity and perinatal care by driving compliance with ten Safety Actions (which each comprise numerous standards) which support the national maternity ambition to reduce the number of stillbirths, neonatal and maternal deaths, and brain injuries from the 2010 rate by 50% before the end of 2025.

This cover paper addresses the UHN MIS Year 6 submissions. The Boards are asked to note that KGH and NGH will be making separate admissions for MIS Year 6. The paper introduces the following appendices and makes the following recommendations:

1. **MIS Year 6 Final Submission Evidence Summary**
   1.1. Board of Directors are requested to **receive** this paper, which summarises the evidence that has been reviewed and signed-off by the Perinatal Assurance Committee throughout the MIS Year 6 reporting period (Apr – Nov 2024)

2. **MIS Year 6 Audit Tool**
   2.1. Boards are asked to note and take assurance from this summary, which shows evidence saved

3. **SA3 UHN CNST Safety Actions Declaration Form**
   3.1. Boards are requested to **authorise** the Group CEO to sign the declaration form which states compliance with 6 Safety Actions at KGH and 9 Safety Actions at NGH and the associated standards and consent for this to be submitted to NHS Resolution by email in accordance with the MIS guidance.

Appendices (available in the documents section of the Board portal)

Ref	Title	Purpose
1a	KGH MIS Year 6 Final Submission Evidence Summary	Update
1b	KGH MIS Year 6 Audit Tools	Assurance
1c	KGH CNST Safety Actions Declaration Form	Approval
2a	NGH MIS Year 6 Final Submission Evidence Summary	Update
2b	NGH MIS Year 6 Audit Tools	Assurance
2c	NGH CNST Safety Actions Declaration Form	Approval

Risk and assurance

The Trust will not recover its contribution to the maternity incentive scheme

Financial Impact

The Trust will not recover its contribution to the maternity incentive scheme

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	7th February 2025
Agenda item	7
Title	UHN Freedom to Speak Up (FTSU) Report: 2024-25 (Quarters 2-3)
Presenters	Susan Clennett, FTSU Guardian Jane Sanjeevi, FTSU Guardian / Luke Sullivan, FTSU Guardian
Authors	As above

This paper is for			
Approval	X 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	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 discuss themes and required actions to further improve the Boards' involvement in FTSU to continuously develop a positive culture across UHN. To be assured on the work of the FTSU Guardians to support staff to speak up and enable organisational improvements.	The report was considered by the People committee in January 2025

Executive Summary

Q2 and Q3 2024/25 report including 23/24 annual comparisons with NGO annual report.

The report highlights:

- Learning and actions taken to support staff;
- Concerns reported at KGH have remained fairly consistent across Q1-Q3 of 24/25 with NGH seeing a dip in Q2 and a rise to 45 concerns in quarter 3.
- A rise in concerns seen during Q3 is in keeping with national figures reported by the National Guardian's Office (NGO) and often attributed to efforts around FTSU month which improve visibility of the service.
- Nursing staff continue to be the prominent staff group speaking up, mirrored in the NGO report;
- Feedback to the Guardians continues to be positive.

The Q2/3 report was considered at the 30 January People Committee. The Committee discussed the importance of promoting and improving the speaking-up culture as a component of UHN's overall cultural improvement work programme, and endorsed inclusion of National Guardian Office 'Listen-up' training module within the organisational response to the 2024 staff-survey. FTSU Guardians and the Organisational Development team will work together to develop a programme of promotion, support and development linked to the staff survey and the divisional restructure programme. The Boards are requested to receive and discuss the report and to indicate assurance regarding the work of the FTSU Guardians to support staff to speak up and enable organisational improvements.
Appendices
FTSU report: Q2 and Q3 2024-25
Risk and assurance
As detailed in the 2023 Staff Survey, staff report a lack of confidence that speaking up will result in improvements/changes. More work is required to promote the benefits of speaking up and sharing learning. Work is underway to design UHN policy and strategy to outline our approach to speaking up.
Financial Impact
None
Legal implications/regulatory requirements
A positive speaking up culture is part of CQC Well Led requirements.
Equality Impact Assessment
The report draws attention to specific issues raised regarding race, nationality and ethnicity, and actions to mitigate and resolve these concerns.

University Hospitals of Northamptonshire

Freedom to Speak Up Report: Q2 and Q3 2024/25

Including 23/24 Annual Comparisons with NGO Annual Report

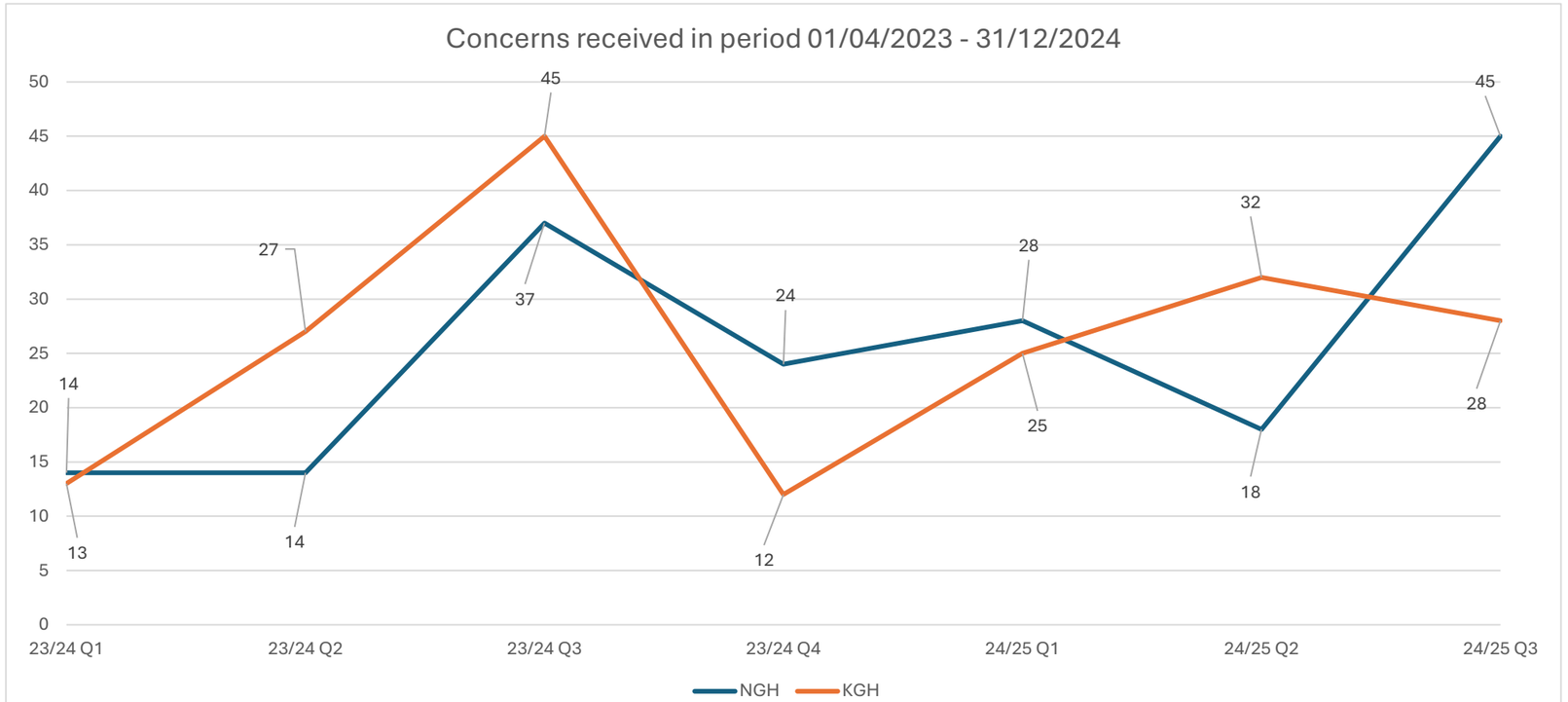
Authors: Susan Clennett - FTSU Guardian, KGH

Jane Sanjeevi - FTSU Guardian, NGH

Luke Sullivan - FTSU Guardian, NGH

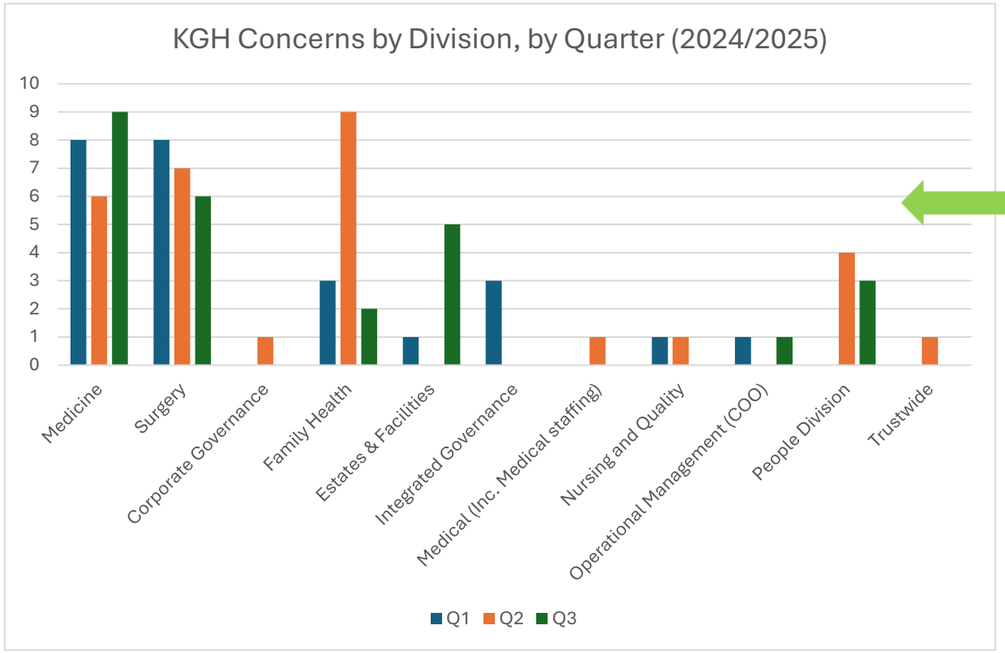
Contents

Freedom to Speak Up Overview



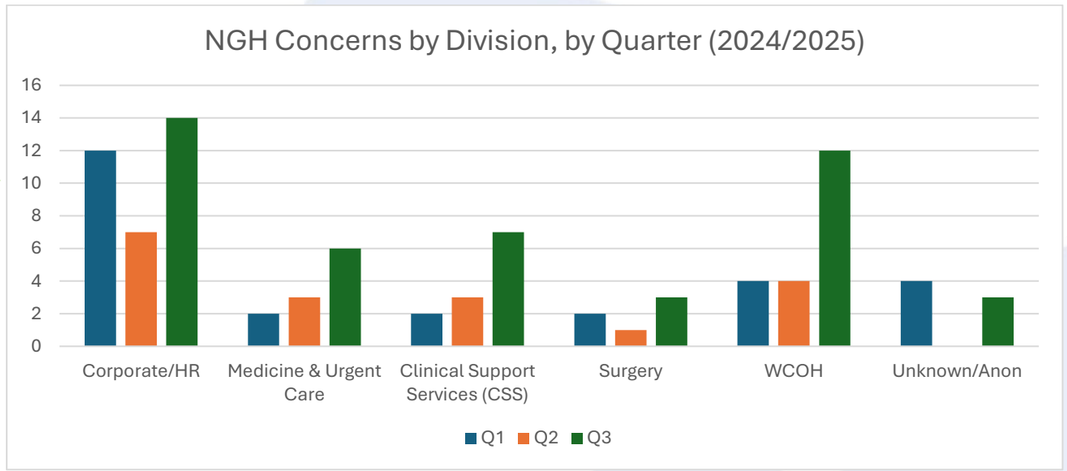
- Concerns reported at KGH have remained fairly consistent across Q1-Q3 of 24/25 with NGH seeing a dip in Q2 and a rise to 45 concerns in quarter 3.
- A rise in concerns seen during Q3 is in keeping with national figures reported by the NGO and often attributed to efforts around FTSU month which improve visibility of the service.
- Sharp increase in Q3 23/24 at KGH attributed to a group or nursing from one ward speaking up.

Concerns by Division Q2 & Q3

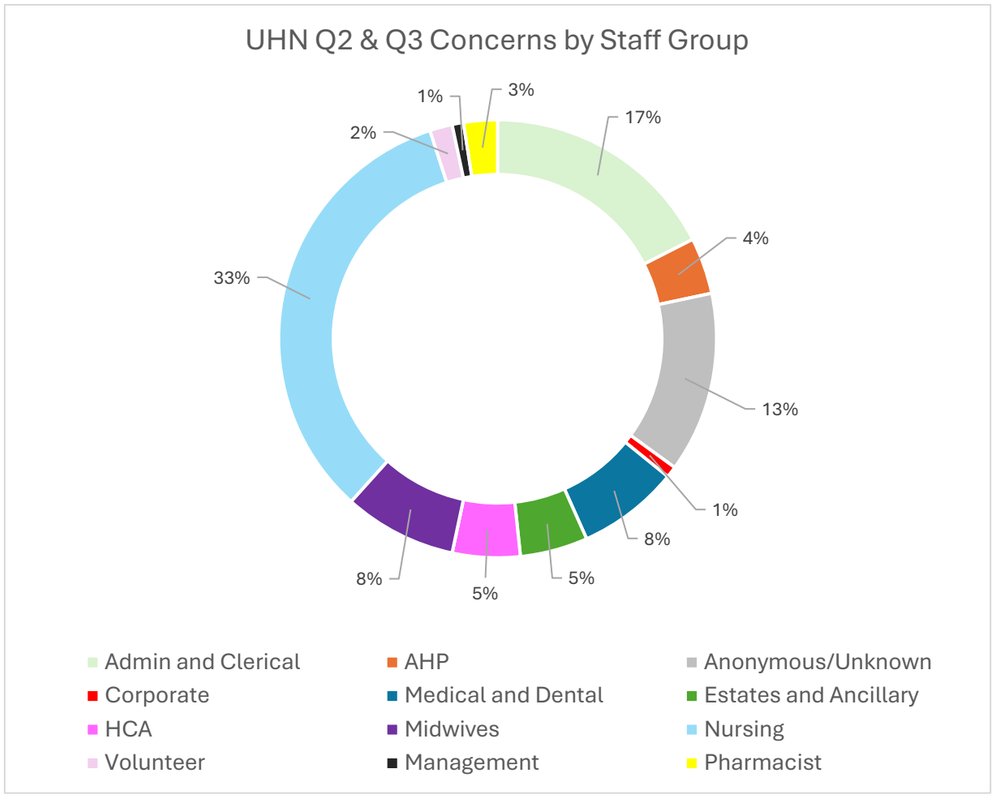


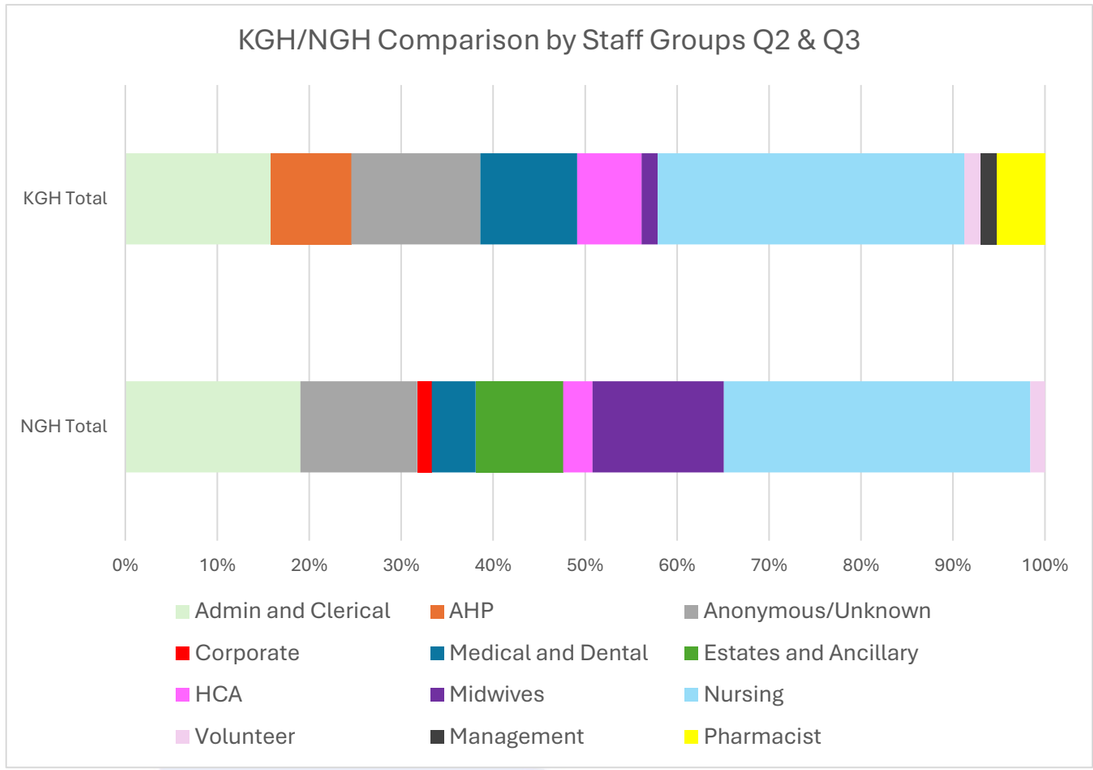
- Concerns reported by division are planned for alignment when the divisional structure is finalised across UHN. Concerns by division refers to which division the concern was raised about, rather than the division it came from (not always necessarily the same).
- Medicine and Surgery consistently highly represented in concerns raised across all three quarters in KGH.
- Increase in concerns relating to family health reported in Q2 as compared to Q1/Q3.

- Corporate and HR continue to see large numbers of concerns; across all three quarters there have been a number of concerns attributed to corporate nursing, with a rise in quarter 3 due to increasing numbers of estates concerns.
- Similarly an increase in concerns relating to collaboration across UHN are routinely reported under corporate.
- Increase in reporting across clinical divisions in quarter 3 with an increase in midwifery concerns.



Concerns by Professional Group Q2 & Q3

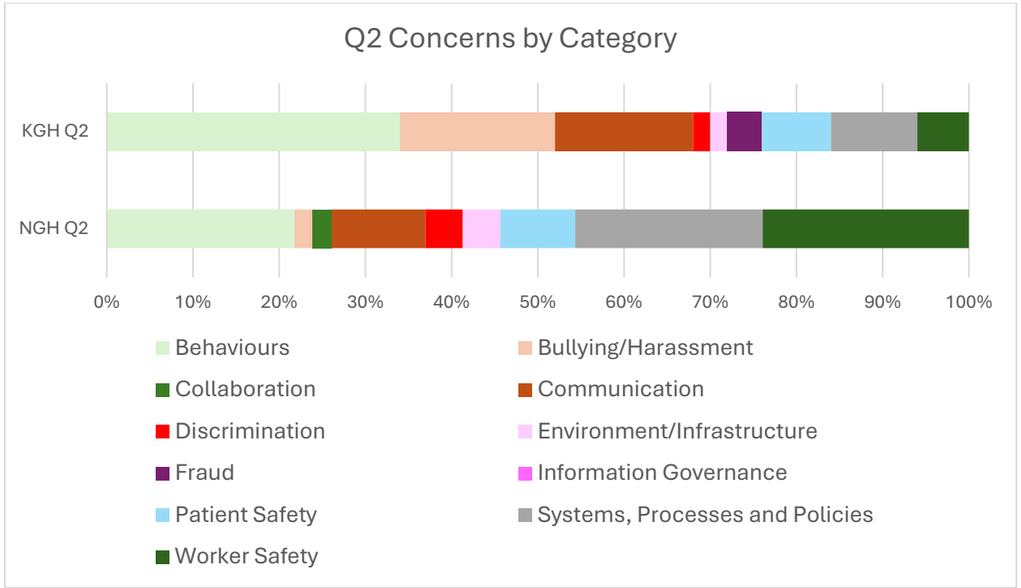


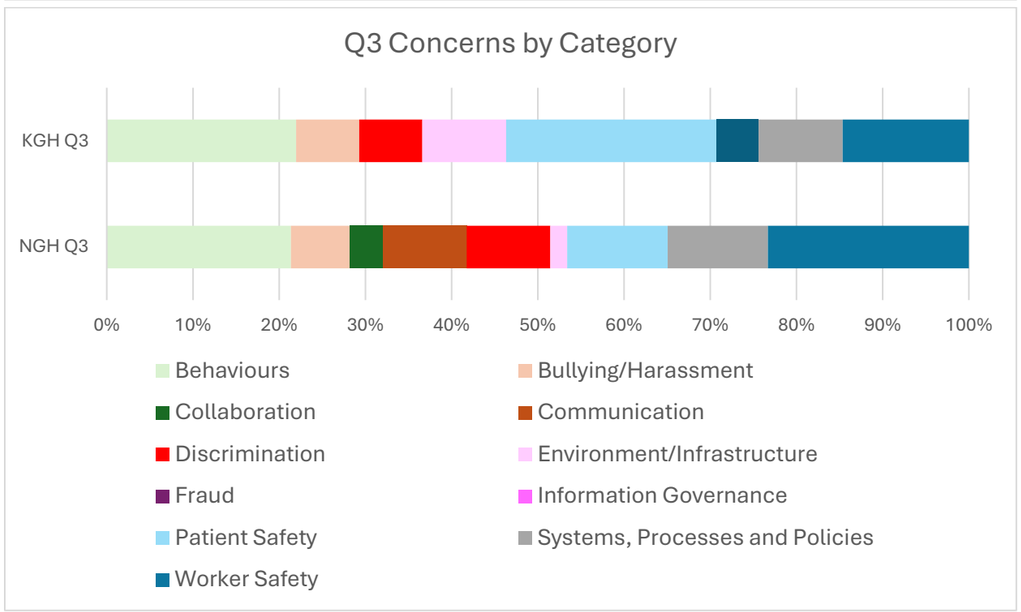


- Q2 and Q3 sees nursing raising the largest proportion of concerns across both KGH and NGH, with admin and clerical close behind. This is in keeping with NGO statistics indicating that registered nurses and midwives raised 28.3% of concerns in 23/24 followed by admin/clerical at 21.3%. however it is noted nursing concerns are trending slightly higher at UHN than national average.
- Increase in midwifery concerns raised in Q3 include a general theme brought around patient safety by multiple staff from one team at NGH.
- Estates concerns have increased at NGH into quarter 3; though no specific theme, as all concerns have been individual from a range of areas including catering and domestics.
- Concerns raised by medical and dental professionals continue to be reported at a greater rate in KGH, whereas NGH receives few.
- Anonymous concerns account for 18% across UHN in quarter 3 (25% for KGH, 13% for NGH), higher than the NGO national average of 9.5% (However, numbers were less at 6% for Q2)

Concerns by Category Q2 & Q3

Internal themes represented by rate of occurrence in total concerns, per quarter





Concerns by NGO Theming, per quarter

2024/2025	KGH Q1	NGH Q1	KGH Q2	NGH Q2	KGH Q3	NGH Q3
Behaviours	13	12	17	10	9	22
Bullying/Harassment	1	2	9	1	3	7
Patient Safety	7	7	4	4	10	12
Worker Safety	1	11	3	11	6	24
Detriment	0	1	0	1	0	1

- Larger proportion of concerns relate to worker safety/wellbeing at NGH reflected in both internal categories and NGO themes. Worker safety issues tend to relate more to psychological wellbeing.
- Higher % of cases relate to patient safety across Q3 at KGH, with a small rise in collaboration and communication reported at NGH (most of these were received anonymously).
- Categories are now aligned across UHN.
- Cases with an element of discrimination have increased across both sites with an increase to 10 instances for NGH in Q3 and a 3 at KGH.
- Behaviours continues to be a main theme within concerns raised including behaviours exhibited from leaders and managers in their handling of staff.

National Guardians Office Data Annual Comparison with UHN

Highlights from NGO report 2023/2024 on national data compared to UHN 2024/2025 to date

One in every three cases raised (32.3%) involved an **element of worker safety or wellbeing.**

KGH: 11.8%↓ **NGH: 46.2%↑**

Two in every five cases (38.5%) involved an element of **innapropriate behaviours and attitudes**.

KGH: 45.9%↑ **NGH: 48.4%↑**

19.8% of cases reported included an **element of bullying or harassment.**

KGH: 15.3%↓ **NGH: 11%↓**

18.7% of cases raised included an element of **patient safety/quality**

KGH: 24.7%↑ **NGH: 25.3%↑**

Detriment for speaking up was indicated in 4% of cases

KGH: 0%↓ **NGH: 3%↓**

Q2 & Q3 Themes and Trends

- Incivility within the workplace from colleagues and managers is a recurring theme across 2024/2025. Those relating to managers/supervisors often include elements of micromanaging.
- Continue to hear informally around anxieties of organisational change, though these are often reflective of what is shared openly at forums.
- Concerns around parking availability and processes continue to be raised intermittently.
- Use of staff's own language during shift times making staff feel excluded in that environment. (There is now a toolkit produced by EDI addressing best practice for use of own languages)
- Concerns raised following rethinking racism sessions highlight behaviours and attitudes of staff on wards towards Muslim staff. This is reflected in themes raised at October weekend drop-in sessions, where it was raised Muslim colleagues do not have adequate support or understanding during fasting and in offering prayers, with Islamophobic comments made by team members.

KGH Specific

- Staff are approaching the Guardian opposed to managers for two main reasons (1) that they have attempted to speak with managers and feel dismissed around their concerns and (2) the perception that their managers will not listen and act. For latter reasons, the Guardian has supported staff to speak with their managers and reach resolution;
- Staff within Pharmacy reported a number of concerns indicating that communication and confidence in some managers needed improved;
- Within Midwifery concerns were in relation to visibility of managers on a particular ward and also around record keeping standards in relation to information governance;
- The Guardian has experienced some reluctance to accept concerns or defensiveness from managers when staff speak up, making improvement in our speaking up culture more difficult as staff speak of their experiences to peers;

- Where senior managers within a Division have failed to act on concerns, the impact on a group of staff was greater than necessary.

NGH Specific

- Throughout 2024/2025 we continue to hear concerns anonymously and otherwise around nursing (both clinical settings/wards, and corporate nursing). These include issues with behaviours/attitudes, opportunities available for staff, flexibility (indicating a disadvantage especially for global majority staff, where some staff feel there is a discriminatory element in a lack of understanding of their specific needs), and a lack of opportunity for nurses to attend listening events and network meetings. These will be compiled into a short thematic review and discussed with the senior team for actions.
- Delays in responses from senior staff to issues raised by individuals has caused some mistrust that the organisation has bought into the ideals of FTSU.
- Lack of communication from organisational leads across the trust on what is being done to address poor staff survey results; where work or action plans are developed this isn't filtered down.
- Increase in concerns heard from midwifery into Q3, including concerns relating to staffing levels, quality of patient care and availability of study leave and learning opportunities for staff.
- Use of the anonymous reporting tool has increased into Q3; this presents some challenges in offering feedback to staff but has allowed an alternate secure route where they feel safe to speak up.
- Global Majority Colleagues not supported in their areas of work in administrative and clerical roles – These are new colleagues to the NHS and include internationally trained staff.

Developments

Collaboration Q2/Q3

- During Q2/Q3, FTSU Guardians continued collaborative working in producing unified and combined reports to the CEO and exec lead for FTSU which is reflected in this report and that reported to board in Oct 2024. Categories for FTSU reporting were combined and agreed across both trusts for easier comparisons.
- Concerted efforts were initiated to complete a joint self-reflection tool, with an action plan created to address the gaps identified. This includes the need for mandatory training for FTSU, ring-fenced time and additional support for Guardians to be involved in pro-active work; the need for a UHN strategy, and triangulation of themes with key stakeholders including HR, Workforce, EDI, Staffside etc.
- Alignment of FTSU Documentation for a group approach underway including policy, strategy, managers handbook and comms plan. First draft of group strategy expected by the end of January.
- Dedication to improved consistency of frequency of board reporting and plans for improved reporting into governance structures.
- Development beginning on a creation of a robust escalation framework for FTSU to assist both guardians and inform staff how their case will be handled.
- Engagement with NHFT Guardian to reach out to community midwife teams and joint appearance at conference events with a FTSU stall.

Engagements Q2/Q3

- **As part of FTSU month,** Guardians held out of hours drop-in events, focussed group discussions, participation in Black history Month fireside Chat, wear green Wednesdays and updated in organisational forums, as well as drop ins at smaller team meetings and PNA sessions to share about FTSU. Reshma's story on speaking up was shared across the group in a video.

- Lead exec for speaking up and CEO recorded messages valuing speaking up, which was shared across the group.
- Continued participation in listening events locally and regionally to support and listen to staff views during and after the civil unrest and riots.
- Continued engagement in group meetings where possible including patient safety, neonatal safety champions, sexual safety steering groups, staff survey working groups, and meetings with key stakeholders and people partner services to share information and intelligence.
- Positive speak up experiences and outcomes shared where consented, though this is not often and a challenge to get people confident to share their story.
- Self reflection tool presented at People Committee and first joint UHN report made to the board. A proposal made for training to be mandatory with the three levels aligned to relevant roles.
- Continued participation in FTSU regional guardian networks as well as participation in the FTSU regional guardian network event.

Learning actions from Speaking Up

NGH Q2/Q3

- Recruitment Process raised as needing to be more open, fair and inclusive ensuring IRC are recruited only through EDI route as well as ensuring staff are receiving meaningful feedback. This has led to review of Job Descriptions and streamlining IRC appointment for recruitment.
- Concerns raised that managers lack compassion and empathy when dealing with staff concerns. Guardians have supported individuals to raise these concerns with more senior managers enabling leaders to be reflective of their actions. More focussed work is required to ensure managers complete listen up, follow up training for cultural competency.
- Flexible working – need for managers to understand changes in policy for flexible working and leaders to role model and promote this where possible.
- Bullying, harassment and inappropriate behaviours in the workplace continue to be a recurring theme indicative of the need for civility training for all staff and participation in programmes such as Rethinking Racism. Microaggressions continue as a theme with more concerns relating to discrimination into Q3. Collaborative efforts from EDI and OD to improve awareness identified.
- Discrepancies in professional development opportunities for international colleagues. Targeted support for internationally educated staff to raise concerns and promote speaking up.
- Concerns around management of Datixes has led to an internal review to ensure effective management of processes.
- Lack of support from managers to enable staff to engage in listening events and EDI events and networks identifying a need for flexible planning of events and flexibility where possible from management teams.
- Divisional restructuring listening events perceived to be scripted and unproductive; Guardians to engage with People partnering team and Culture team to discuss how engagements can be designed to address this.
- Communications developed reminding staff of their responsibilities regarding scrubs and adherence to uniform policy; this will go out across UHN newsletters as it is relevant for both NGH and KGH.

Learning actions from Speaking Up

KGH Q2/Q3

- Reflections on behaviours and standards of communication (generally managers but not exclusively)
- Additional training to manager regarding communication in the workplace (in addition to behaviour awareness)
- Rotation of chair in team meeting to enhance development across team of managers
- Interventions and actions to improve record keeping standards
- Agreement on non-uniform policy in Pharmacy
- Monitoring of out of hours medical cover within urgent care for clerking purposes
- Roles and responsibilities across a team clarified /ongoing support from the Organisational Development Team
- Reflection on compassionate content required in written communication in relation to end probationary period
- Appropriate processes to be followed on internal recruitment and use of Trac to ensure equality of opportunities
- Various mediation sessions organised via HR team
- Guidance and support provided on accessing bank shifts and appropriate pay rates (medical staff)
- Unwillingness and lack of co-operation of manager around request for banding review resolved
- Recognition that within Maternity, visibility of matron and ward manager more challenging due to lack of office space on Fotheringhay Ward – improved communication with staff around this
- Delayed HR process concluded and member of staff engaged with via FTSUG
- Support of preceptorship midwife provided to support reflection and improvements in record keeping
- Manager support to junior member of staff to encourage discussions with colleague to improve communication
- Member of staff supported on access to car parking appeals process
- Member of staff supported during temporary physical condition re accessible parking on site
- Group of senior nursing staff supported by the Interim Director of Nursing and Senior HR Manager around an investigation process that failed to listen to all staff experiences/views.
- Complex HR processes involving multiple staff identified the need for ongoing and regular communication to the team involved.

Freedom to Speak Up – Feedback

I wanted to take a moment to express my sincere thanks for all of your help in resolving the issues and supporting me as I transitioned into the XX role. Your dedication and assistance in sorting everything out have made a huge difference and I'm truly grateful for your efforts.

'Speaking up has greatly helped in my situation because it has created understanding the situation, encouraged honest communication, and resulted in significant action. This empowerment has resulted in improvements and brought attention to how crucial it is to voice gives to advance toward a solution.

Without the FTSU team, I couldn't be certain that I could solve that issue'

"I have faith in being listened to"

'Thank you so much for all the support you have given us and I am eternally grateful to you for escalating our issues.'

"Concerns were taken seriously and handled sensitively"

"Concern escalated by guardians but delays in response required further escalation"

'You don't even know how many lives you have touched, a huge burden has been lifted off my shoulders after just reading your email.

I truly am indebted to you. You are the voice behind mute people like me'

KEY: **KGH**
NGH

'Thank you for your support!'

"FTSU Guardian was kind and helpful maintaining excellent comms throughout and teams around were very supportive through an emotional time"

'Initially, I felt I was listened to by management and felt good about speaking up but as time elapsed I did not have any support for my mental well being. It would have been nice if I would have been signposted to someone I could talk to about how vulnerable I was and how stressful it was to be in the same place as the perpetrator.

Later , I was happy that some change was brought about due to my speaking up although not the result I had in mind. But, at least it was something positive'.

"I feel like I was listened too and also checked I'm OK and being treated fairly after speaking up"

"Appreciate initial issues escalated and being investigated, but would have expected to see some change by now"

'I want to express my gratitude for everything you've done for me'

'Thank you so much for your help with this, I am happy to have reached a conclusion with it all and have it over with now. Your input helped so much, thank you again'

FTSU Guardian showed an incredible understanding and empathy offering various solutions to my problem, making me feel fully supported. I highly recommend this service to everyone!

"Feeling listened to and valued. I would use the service again"

'Thank you FTSUG , it was cathartic to have met and talked to you'

'I really do want to thank you for your support you have been a shining light in amongst this…'

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	7 February 2025
Agenda item	8

Title	Emergency Preparedness, Response and Resilience (EPRR) Annual Report and Core Standards Self-Assessment Report
Presenter	Sarah Noonan – Chief Operating Officer (COO)
Author	Andrea Contini – Head of Resilience and Business Continuity

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
It is a requirement of the EPRR standards that the Boards should be fully briefed and aware about the annual Core Standards, the work that has been done and the plans moving forward	Operational Performance Committee, 23 January 2025

Executive Summary

This paper describes the last year of Local Health Resilience Partnership (LHRP) activity and NGH and KGH EPRR Core Standards results.

Both Trusts were deemed non-compliant to the EPRR Core Standards. To achieve overall partial compliance 77% of standards need to be fully compliant, substantial compliance is at 95%, and fully compliant 100%.

There are a total of 62 standards applicable to each Trust, results are as follow:
KGH: 16 were assessed fully compliant (26%), 46 partially compliant (74%) and zero non-compliant (0%).
NGH: 23 were assessed fully compliant (37%), 39 partially compliant (63%) and zero non-compliant (0%).
Although the overall compliance has increased, this is not sufficient for the Trusts to be deemed partially compliant.
Work is underway to merge both Trusts' EPRR Policies and Procedures, different ways of working and future work plans. This will be linked to the Group's working activity plans.

While the results from the core standard review were disappointing but expected, reconfiguration of the EPRR structure and function across UHN was already underway. With the workplan currently under development it is the expectation that UHN will progress its compliance with the core standards to achieve partial compliance over the coming year.

The **Operational Performance Committee** received this report at its meeting on 23 January 2025. The Committee received and endorsed the EPRR Annual Report and Core Standards Self-Assessment for onward submission to Boards of Directors noting that both trusts' overall self-assessments were non-compliant with the standards. The Committee was assured at the structural and cultural improvement plans specified in the report. The Committee requested clarification of compliance scores within the security category – these have been added at page 10 of this report (below).

The **Boards** are requested to receive and note the results of this year EPRR Core Standards and the main priorities and objectives for the Team, and to **further note** that UHN EPRR and Business Continuity Policies will be presented to a future meeting for ratification.

Appendices

Appendix 1 EPRR assurance 2023-24: Northamptonshire LHRP summary (available in the documents section of the Board portal only)

Risk and assurance

The outputs from the annual report and compliance exercises have identified further work to ensure that EPRR risks are adequately identified, articulated, owned and updated within corporate, service and departmental risk registers, with the support and oversight of the EPRR central team.

Financial Impact

N/A

Legal implications/regulatory requirements

The Trusts are classed as Category 1 responders under the Civil Contingencies Act 2004 and have six main duties to carry out including risk assessment, planning

for emergencies, sharing information with partners agencies and warn and inform the population.
Equality Impact Assessment
Equality impact review available upon request to the Chief Operating Officer.

Paper

Contents

1. Introduction

This paper provides a report on the Trusts emergency preparedness to meet the requirements of the Civil Contingencies Act (2004) and the NHS England Emergency Preparedness, Resilience and Response Framework 2022.

Each Trust has a suite of plans in place to deal with Major Incidents and Business Continuity issues. These conform with the Civil Contingencies Act (2004) and current NHS-wide guidance. All plans have been developed in consultation with internal and external stakeholders to ensure cohesion with other related plans.

The paper reports on the training and exercising programme, EPRR annual assurance and details the developments of the emergency planning arrangements and plans. The report gives a summary of instances in which each Trust had to respond to extraordinary circumstances.

It is recognised that, although a number of key work streams have been put on hold due to the past COVID-19 response, work still needs to be done to fully recover activities. The aim of the EPRR work programme for the next 3 years is to return to a level of activities equivalent to prior to the pandemic in 2020.

Staffing challenges across the EPRR landscape and the difficulty in recruiting permanent qualified EPRR staff have continued to challenge progress. A high number of responses to incidents have also contributed to delays in delivery of main documentation. The Teams are undergoing a reshaping of the Emergency Planning Team with clear plans and timelines for a joint Group Working and joint annual work plan.

The whole time equivalents (WTE) for the Emergency Planning Teams is as follow: 1x WTE B8B (planned to start in February 2025), 1x WTE B8A, 1x WTE B5, 1x WTE B4.

2. Training and exercises undertaken

A key part of any preparedness arrangements is to ensure that staff are appropriately trained to implement the required response. The Head of Resilience and Business Continuity facilitates the delivery of major incident training to staff, in addition to on-call training and specific sessions as required, and has included:

- Emergency Department staff have continued to deliver quarterly training days which focus on major incidents and Chemical, Biological, Radiological and Nuclear (CBRN) response, including erection of the new CBRN decontamination tent and donning the Powered Respiratory Protection suits as reinstated last year. This year the East Midlands Ambulance Service (EMAS) has developed an updated set of training materials and 7 members of staff across the Group will attend the train-the-trainer session in Mansfield between January and February 2025.

- Loggist training ensures that the Group has sufficiently trained members of staff who can act as loggists during an incident. In addition, sessions have been developed to provide qualified loggists with refresher training in decision logging prior to assisting in the Incident Coordination Centre. This training is planned to restart in Q1 this year due to absence of the trainer due to a secondment. Alternatives to this are also under review. As part of the training, loggists are encouraged to attend some senior meetings in order to practice the logging of key decisions.
- Introduction to the on-call role training delivered during Hospital Management Tam on 29/11/2023 with 14 members of the Executive on-call rota trained over a total of 18 (77%).
- General training for on-call staff with live demonstration of useful tools delivered on 01/09/2023 with 14 (77%) attendees during this session.
- NHS England Regional Team has offered the Principles of Health Command training for Strategic and Tactical on-call staff. To date, the Trust has seen 18 members of staff attending this training over a total of 23 on-call staff (78%). The remaining staff are having issues in booking the training due to lack of spaces available. We are collaboratively working with NHSE to identify an alternative solution.

It should be noted that a number of training events planned at KGH have been cancelled and postponed due to delays in recruiting a full time EPRR Manager. These events will be rescheduled once the post is filled.

As required by the EPRR Core Standards, all corporate-level training and exercising is based on and referenced to the National Occupational Standards for Civil Contingencies.

The following exercises have taken place over the past 12 months:

- Ex. Calamitas 08/03/2024, a mass casualty tabletop exercise organised by the ICB with focus on freeing up 20% of capacity in the first 12 hr of the response to an incident.
- Ex. Silverstone 07/06/2024, a multi-agency tabletop exercise organised by the County Council.
- Cyber Security Exercise 24/10/2024, a multi-agency tabletop exercise organised by NHSE and the ICB and based on real cyber security threats.

Staff who have attended table-top exercises have found them to be enjoyable and informative with lots of new useful information discussed.

It should be noted that a number of exercising and testing events have been cancelled due to the various industrial actions and internal pressures. The Trust events will be rescheduled in 2025/26.

3. List of Business Continuity, Critical Incidents and Major Incidents experienced

Incidents reported to the ICB (period 01 September 2023 – 30 August 2024):

Organisation	Incident type (e.g. critical, major, business continuity)	Date(s) of incident (day month year)
Kettering General Hospital NHS Foundation Trust	Business Continuity/Critical Incident – UEC Pressures	08 November 2023
System Wide	N/A – Response to Northamptonshire Flooding	02 January 2024
Northamptonshire Integrated Care Board / System Wide	Critical Incident - High levels of pressure within both acutes, ambulance handover delays, low Cat2 performance	25 January 2024
Kettering General Hospital NHS Foundation Trust	Business Continuity - Vitals Upgrade, planned routine works failed to complete by timescales.	05 March 2024
Kettering General Hospital NHS Foundation Trust	Critical Incident - Business Continuity/Critical Incident - Full capacity/Jnr Doctors impacting discharge profile/timeliness	02 April 2024
Kettering General Hospital NHS Foundation Trust	Business Continuity - Chemical spill due to split hose	08 April 2024
Northampton General Hospital NHS Trust	Business Continuity - ED Decontamination Room currently out of use due to patient climbing 10 June 2024 through roof space	10 June 2024
Northamptonshire Integrated Care Board / System Wide	Business Continuity – Multiple IT System Impact from Crowd Strike Associated outage	19 July 2024
Northampton General Hospital NHS Trust	Business Continuity - Fire Hydrant Circuit Leakage	30 July 2024
System Wide	N/A – Civil Unrest	06 August 2024

4. Lessons identified and learning undertaken from incidents and exercises

(a) Junior Doctors and Consultants industrial actions (Dec 2023 – Jan 2024) lessons identified:

1 Review of processes for reducing discrepancies in recording cancellations / rescheduled activity
2 Review of processes for reducing misalignment in recording staff that participated to IA activities.
3 Investigate if Electronic Discharge Notifications (EDNs) can be transcribed early on to allow doctors to review them at the time of discharge.
4 Identify with the Integrated Care Board (ICB) what support can be provided both at the front door for admission avoidance (GPs and / or ICT) and at the back door through flexing community beds admission criteria, boarding beds, spot purchase, etc.
5 Universal adoption of Debrief Pack needed to demonstrate continual learning.

(b) KGH Pathology Lab chemical spill 08-09/04/2024

Split pipe and consequent formalin spillage in the pathology laboratory.

1. No back up monitor to measure contaminant level.
2. Cascade for wider alerting appeared to not work.
3. Local training to reflect site capability.
4. Declaration of incident, SBAR (situation – background – assessment – recommendation), coordination of external support (fire service, clean up).
5. Standing arrangement for specialist cleaning relevant to risk needed.

NGH fire specialist is currently developing a pilot in which a new emergency response team will be deployed for incidents like this other than the usual response to fire alarms. This is supported by a spillage SOP that will be tested and evaluated. If results are positive, these arrangements can be extended to KGH too.

(c) Digital outage associated with Cloud Strike update 19/07/2024

Many electronic systems had malfunctioned after an international software update failed (Cloud Strike software).

Lessons identified:

1. Working as 2 separate sites didn't help.
2. The incident affected third parties and the Trusts only indirectly
3. Trusts to review procurement contract and their SLAs, in particular around Business Continuity (BC) arrangements.

(d) National civil unrest 06/08/2024

Some unofficial organisations have organised protests and counter protests after the Southport incident in which rumours spread via internet have erroneously labelled the perpetrator linked to illegal immigration status.

Both Trusts have responded in a unitary way supporting staff that were living in areas affected by protests. UHN is the only NHS organisation in the country that continues to hold talks about issues experienced by staff part of self-heard or minority communities.

5. 2024 Organisational assurance summary

NHS England requires providers of NHS funded care to offer assurance surrounding their EPRR readiness through the annual National EPRR Core Standards process.

The annual assurance process for 2024 (August submission) was led by the ICB with assessment by the systems EPRR function. To ensure regional and nationwide cohesion, transparency and consistency, assessment identical to ICB requirements was completed by NHS England Midlands EPRR Team.

A deep dive was also undertaken in relation to current cyber security arrangements. Specific results from this highlighted the need to broaden and include different cyber security scenarios and enhance planning.

Both Trusts were deemed non-compliant to the EPRR Core Standards. In order to achieve overall partial compliance 77% of standards need to be fully compliant, substantial compliance is at 95%, and fully compliant 100%.

On a total of 62 standards applicable to each Trust, results are as follow:

KGH: 16 were assessed fully compliant (26%), 46 partially compliant (74%) and zero non-compliant (0%).

NGH: 23 were assessed fully compliant (37%), 39 partially compliant (63%) and zero non-compliant (0%).

Although the overall compliance has increased, this is not sufficient for the Trusts to be deemed partially compliant.

Many factors contributed to this year result, including a much more stringent compliance assessment by the ICB and the NHS England Regional Team that resemble full compliance to a formal international standard level such as, for example, the ISO 22301 “Business continuity management systems — Requirements”.

Interim work carried out at KGH and no admin support at NGH slowed down the recovery process and actions implementation.

Details of KGH submission:

Core Standards	Total standards applicable	Fully compliant	Partially compliant	Non compliant
Governance	6	3	3	0
Duty to risk assess	2	2	0	0
Duty to maintain plans	11	2	9	0

Command and control	2	0	2	0
Training and exercising	4	0	4	0
Response	7	3	4	0
Warning and informing	4	0	4	0
Cooperation	4	2	2	0
Business Continuity	10	4	6	0
Hazmat/CBRN	12	0	12	0
CBRN Support to acute Trusts	0	0	0	0
Total	62	16	46	0

Deep Dive	Total standards applicable	Fully compliant	Partially compliant	Non compliant
Cyber Security	11	1	10	0
Total	11	1	10	0

Details of NGH submission:

Core Standards	Total standards applicable	Fully compliant	Partially compliant	Non compliant
Governance	6	4	2	0
Duty to risk assess	2	2	0	0
Duty to maintain plans	11	4	7	0
Command and control	2	1	1	0
Training and exercising	4	0	4	0
Response	7	2	5	0
Warning and informing	4	0	4	0
Cooperation	4	3	1	0
Business Continuity	10	5	5	0
Hazmat/CBRN	12	2	10	0
CBRN Support to acute Trusts	0	0	0	0
Total	62	23	39	0

Deep Dive	Total standards applicable	Fully compliant	Partially compliant	Non compliant
Cyber Security	11	1	10	0
Total	11	1	10	0

Organisation	2022/2023	2023/2024	Predicted 2024/2025
Kettering General Hospital NHS Foundation Trust	Non-Compliant ■	Non-Compliant ■	Partially Compliant ■

Northampton General Hospital NHS Trust	Non-Compliant ■	Non-Compliant ■	Partially Compliant ■

6. Current Compliance Levels and Future Steps

The table below outlines key compliance indicators, their current status, and the planned activities to address any gaps for the period 2025/26. The indicators include group working as it is currently implemented across the two Trusts.

Planned activities to enhance compliance include implementing corrective actions for non-compliance issues, addressing recommendations identified through the confirm and challenge process, and launching a comprehensive training program to ensure 100% completion.

Indicator	Current Status	Planned
Strengthen the collaboration between KGH and NGH to align the Emergency Planning Team objectives	EPRR Manager (KGH) and Head of Resilience and Business Continuity (NGH) working across both sites at least twice a week to enhance visibility	Shared folders and team Work Plan in development.
Shared policies and plans to unify the response, although site individualities are recognised and best practices embraced	Both Trusts have they own policies and plans. First single annual report under the UHN brand.	Unification of Policies and Plans under the UHN Group umbrella. Delivery of UHN EPRR and Business Continuity Policy and UHN Major Incident Plan and Business Continuity Plan by March 2024
Management of the UHN Emergency Planning Committee (EPC)	No EPRR Group (KGH) or Resilience Planning Group (NGH) have met recently. Single Teams space for the Committee to share documents, reports, meetings papers, etc. now in place. Meetings calendar shared for next 12 months	First EPC meeting on Thursday 16 January 2025
Common on-call training and documentation to align response processes	KGH and NGH weekend plan is shared as a single document. Daily planning meeting for the on-call staff to attend	Fully align the weekend plan under a single UHN template document. Draft ready to be shared for feedback

Duty to risk assess	Each site has got a different COO's risk register with different risks	Shared understanding and management of risks across the Group
Training and exercising	Although the Trusts are attending exercises, there is a need to streamline training and strengthen exercises	Training and exercise in common, with a clear review of lessons identified and sharing of best practice
Warning and informing	The Group Media response plan was delayed. It is now with the Comms Team to address the last comments	The plan is planned to go through the governance process.
Business continuity	Staffing challenges and a high number of responses have reduced the time available for the team to follow up BC leads activity	Business Continuity Policy and plan templates to be rolled out across the group in conjunction with training
Chemical biological radiological nuclear (CBRN) and hazardous material (HAZMAT)	Each site is currently partially compliant due to lack of governance for equipment, processes, documentation and documentation recording regular testing and exercising	Streamline processes across both sites via the use of common documentation, forms and processes

Appendix 1 EPRR assurance 2023-24: Northamptonshire LHRP summary

Enclosed separately and available in documents library of Board portal only

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	7th February 2025
Agenda item	9

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

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

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

Reason for consideration	Previous consideration
To provide assurance of relationship between the Group Board Assurance Framework (BAF) and the Corporate significant risks at both Kettering General and Northampton General Hospitals. To provide a summary of the planned changes to the UHN Risk Management Strategy.	Board Committees, January 2025

Report

This report provides oversight of the Group Board Assurance Framework at 25th January 2025, the relationship between the strategic risks on the Group BAF and the significant risks contained on the Corporate Risk Registers at both Kettering General (KGH) and Northampton General Hospitals (NGH) that potentially impact on the BAFs strategic risks.

Each assigned BAF monitoring committee received the Group BAF in January 2025 alongside the associated significant corporate risks from each hospital.

Following Executive reviews, the following changes have been made in Quarter 3:

- UHN01 – Extension to further planned actions on L1 due to national date change and extension to further planned action date on L3 as original not achievable. Completion of further planned actions on L1 and L6. No change to risk score.
- UHN02 – No changes were made.
- UHN03 – Risk score increased to 16. Control gaps identified at L1 and L4. Further planned actions identified at L2.
- UHN04 – Further control gaps added to L2
- UHN05 - No changes were made.
- UHN06 – No changes were made.
- UHN07 – Residual risk score reduced to High (8). Change of due date on further planned actions on L3 and L7 as originals not achievable. Further planned actions achieved L1 and L4.
- UHN08 – Additional control gaps added and existing ones removed and new further planned actions added at L1. Further planned actions updated at L2, L3 and L4.

Appendix A details the group BAF and Appendix B details the alignment of significant corporate risks at both KGH and NGH @ 24th January 2025.

In line with good governance, deep dives of each BAF risk are scheduled with the relevant committees throughout 2025.

Looking forward to 2025/26 the Risk Management Strategy is currently undergoing review and consultation, with a number of broad and targeted strategic aims for development, including:

- Deeper risk management integration across UHN – supporting the new divisional structures and migrating from NGH and KGH Corporate Risk Registers (CRR) to a unified UHN CRR
- Progressing a single digital solution for risk management and developing our training and support offer
- Leveraging our Quality Improvement (QI) capabilities to improve our control environment and deploy best practice in assurance (measurement for improvement) alongside ensuring consistency in our approach to action planning
- Developing the Risk Management Committee, Audit Committees' and Boards' roles through
    - Alignment and triangulation between UHN and Integrated Care System strategic risks through our reporting framework
    - Triangulation of internal audit reporting with BAF and CRR
    - Annual Deep-Dive of BAF risks and active monitoring of risk appetite with reporting through Audit Committees to Boards on risk appetite breaches and dynamic review of risk appetite

Appendices

Appendix A – UHN Group BAF @ 24/01/2025
Appendix B – Alignment of significant corporate risks at both KGH and NGH @ 18/11/2024

Risk and assurance

As set out in the report.

Financial Impact

Financial risks are detailed within the BAF

Legal implications/regulatory requirements

Duty to identify and manage risks / CQC Well-Led

Equality Impact Assessment

Neutral

Group Board Assurance Framework

24th January 2025

University Hospitals of Northamptonshire NHS Group

Ref	Group Priority	Scrutinising Committee	Risk Title	Initial Risk Level (July 2022)	Current Risk Level (January 2025)	Movement (from Initial)	Residual Risk Level	Risk Appetite	Date Last Reviewed	Summary Updates
UHN01	People	People Committee	Challenges in our ability to attract, recruit, develop and retain colleagues means we are unable to deploy the right people to the right role at the right time resulting in potential detriment to patient care.	**16**	**16**	→	**12**	**Moderate**	December 2024	L1 Extension to further planned action date due to national changes L1 Completion of further planned actions L3 Extension to further planned action due date as original not achievable L6 completion of further planned action
UHN02	Quality	Quality and Safety Committee	Failure to deliver the UHN Clinical Strategy and clinical collaboration may result in some areas of clinical and financial unsustainability	**12**	**16**	↑	**8**	**Low**	November 2024	No update received for Q3
UHN03	Patient	Quality and Safety Committee	Deterioration in patient outcomes and experience as a result unwarranted variation in the provision of patient care	**12**	**16**	↑	**8**	**Low**	December 2024	Current risk score increased (12 to 16) Control gaps identified at L1/ L4 Further planned actions identified at L2
UHN04	Systems and Partnership	Operational Performance Committee	Failure of the Integrated Care Board (ICB) to deliver transformed care will result in an impact on the quality of service provided across the Group	**16**	**16**	→	**12**	**High**	December 2024	L2 Further control gap added.
UHN05	Sustainability	Finance and Investment Committee	Risk of failing estate buildings and infrastructure due to age and suitability and, failure to deliver Group strategic estates plans, may prevent delivery of key Group strategies, e.g. Clinical Strategy	**12**	**12**	→	**6**	**High**	November 2024	No update received for Q3
UHN06	Quality	Quality and Safety Committee	Failure to deliver the long-term Group Academic Strategy may result in University Hospitals Northamptonshire's (UHN) ability to attract high calibre staff and research and education ambitions. Recognition of impact on financial income to the Group	**12**	**12**	→	**4**	**Low**	November 2024	No update received for Q3
UHN07	Quality	Quality and Safety Committee	Failure to deliver the Group Digital Strategy may result in our staff and patients not having the tools or information they need to deliver, and receive safe, high quality patient care.	**16**	**16**	→	**8**	**High**	December 2024	Residual risk score reduced to High (8). Further planned actions achieved L1, L4. Change of due date on further planned action L3 and L7.
UHN08	Sustainability	Finance and Investments Committee	Failure to deliver a Group Medium Term Financial Plan results in an inability to deliver Trust, Group and system objectives.	**16**	**20**	↑	**12**	**High**	December 2024	L1 – Additional control gaps added and existing one removed, updated further planned actions L2 / L3/ L4 Further planned actions updated

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

Date Risk Opened:	April 2021	Date last reviewed	December 2024	Risk Classification:	Operational / Infrastructure	Risk Owner:	Group Chief People Officer	Scrutinising Committee:	People Committee

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

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

	Current Controls	Plan Delivery Assurance/ Group IGRs (Internal / External)	Control Gaps	Assurance Gaps	Further planned actions to mitigate gaps	Action Owner	Due date
1	Culture, Leadership & Inclusion programme.	National Staff Survey staff engagement and morale scores reviewed by People Committee (Internal) Anti- racism plan (Internal) UHN Anti-racism statement (Internal) Board Development session delivered compassionate inclusive leadership with commitment to individual EDI objectives (internal) Numbers completing leadership training & impact assessment reported to People Committee (Internal) National Staff Survey staff engagement and morale scores reported to People Committee (Internal) Appraisal completion rates reported to People Committee (Internal) Freedom to Speak Up staff survey scores	. No advanced leadership programme	Central oversight of actions to improve colleague experience Rethinking Racism education programme not fully embedded across the organisation EDI Strategy not in date Staff survey recommended place to work scores below average	Staff survey outcomes to be shared to all staff Delivery of Rethinking Racism programme and associated toolkits to be embedded across UHN Develop Advanced leadership programme Revise new EDI strategy Delivery of People Promise programme	Culture Lead Inclusion Lead Head of People Development Head of OD and inclusion Culture Lead	31.03.2025 31.03.2025 31.03.2025 31.06.2025 31.03.2025

Current Controls		Plan Delivery Assurance/ Group IGRs (Internal / External)	Control Gaps	Assurance Gaps	Further planned actions to mitigate gaps	Action Owner	Due date
2	Attraction and Resourcing Strategy, including international recruitment and Agency Transformation Programme	KPIs to identify whether risk is being realised: Vacancy rates, Turnover rates, Time to Hire, Agency Spend reported to People Committee (Internal)	Challenges recruiting shortage groups		Targeted improvement programme to address high agency/bank use, growing worked WTE	Head of People Planning/Process	31.03.2025
			Time to Hire - process improvements required supported by automation		Recruitment and onboarding workstream to deliver improvements in TTH, onboarding experience and process efficiency, including automation		31.03.2025
		UHN induction programme					
		Aligned bank rates and enhanced/escalated rates (internal)	ESR functionality constraints and different use on both sites		ESR working group to develop plan for increasing and aligning functionality and self service	Head of People Planning/Process	31.01.2025
		Temporary staffing hub governance processes at NGH (internal)					
		DBS recheck process commenced in NGH (internal)	Aligned approach to DBS recheck funding		Complete DBS harmonisation by introducing Trust pays across UHN	Head of People Planning/Process	31.03.2025
		Recruitment and onboarding transformation workstreams commenced (Internal)					
		Agency spend (WTE, % pay bill above cap and off framework) reported to Finance Committee and People Committee (Internal) and ICB Financial Recovery Board (external)	Stabilisation of current substantive workforce		Workforce plane to stabilise current substantive workforce to reduce agency and bank reliance	Deputy Chief People Officer (Workforce)	31.03.2025
			Single UHN approach to international Doctor recruitment and pastoral programme and consistent on boarding programme for international medical recruits		Develop Group Induction Pack for IMGs and pastoral programme	Head of People Planning/Process	31.03.2025
			Challenge in ability to attract and retain and engage Jnr/middle grade doctors		Develop and implement improving working lives for Jnr Doctors national programme	Head of People Planning/Process	31.03.2025
		National Staff Survey morale score reported to People Committee (Internal)					
		Audit of recruitment processes reported to Audit Committee according to schedule (Internal)					
3	Retention Strategy, including Health and Wellbeing and Recognition	Vacancy & Turnover rates, Absence rates reported to People Committee (Internal)	Restructure, alignment and funding of the UHN staff support offers		Development of Health and Wellbeing Strategy	Head of HWB	31.03.2025
		Exit interview analysis reported to People Committee (Internal)			Delivery of UHN stay conversation tool kit	Head of Planning and Process	31.03.2025
		National Staff Survey engagement and morale scores reported to People Committee (Internal)	.				
		Greater consistency in approach to restorative justice across UHN evidenced in similar case load in both Trusts(internal)					
		Opened Our Space at NGH & Basement Brasserie facility at KGH (internal)					
		Just Culture approach embedded throughout policy harmonisation (Internal)					
			No group Recognition Strategy, recognised from poor staff survey results		Development of UHN Recognition strategy	Director of Comms and Engagement	31.03.2025
			HCA career pathway		Review HCA pathway to provide clear developmental opportunities and improve retention	Director of People with DoN	01.04.2025
4	Learning and Development Strategy	Statutory and mandatory training completion rates (MAST) and Appraisal completion rates reported to People Committee (Internal)	Approval process designed but not embedded		Embed approved new appraisal process and supporting training package	Head of People Development	31.08.2025
			Potential to not meet the target for national changes		National induction and National mandatory training alignment		31.03.2025
		Training audit (internal)					

	Current Controls	Plan Delivery Assurance/ Group IGRs (Internal / External)	Control Gaps	Assurance Gaps	Further planned actions to mitigate gaps	Action Owner	Due date
5	Clinical Strategy including detailed speciality strategies and workforce plans	Oversight of strategy documents to Group Transformation Committee (Internal) Workplan of prioritised alignment of policies (internal)	Prioritised timebound plan to deliver clinical collaboration (including enabling functions) 14 policies remaining to complete over remainder of year. Challenge for capacity with staff side to review and meaningfully consult	Development of People structure to Development of People Services structure to support integrated clinical divisions to be finalised when agreed clinical model developed	Development of updated clinical strategy and associated supporting service strategies Deliver People team structure Completion of workplan of prioritised aligned UHN policies	Board Chief People Officer Head of People Partnering	31.03.2025 31.03.2025 30.09.2025
6	Safe Staffing Strategy	Safe staff metrics including Roster publication performance reported to People Committee (Internal) Compassionate rostering programme (KGH) (Internal) Self-rostering pilot (NGH) (Internal) Agile working Audit (NGH) (Internal) UHN Agile working policy ratified (internal)	Rostering changes not complete	No Nursing and midwifery and AHP workforce plan Validation of SNCT professional judgement and alignment with rosters	Nursing and midwifery and AHP workforce plan to be developed SNCT external roster review and implementation of any rostering changes	CNO CNO	31.12.2025 31.03.2025
7	Volunteering strategy	Number of volunteer hours/month reported to People Committee (Internal) Volunteer to career programme launched January 2024 (Internal) Improved diversity profile of volunteers reported to People Committee (internal)	Gap in a formal pathway from Volunteer to career (V2C) Additional transport options needed for KGH to support patients/carers with mobility needs to move within the building Develop patients on admission role No funding for schools' outreach work		Develop proposals for second phase of Volunteer to Career programme		31.03.2025

Principal Risk No:	**UHN02**	**Risk Title:**	Failure to deliver the UHN Clinical Strategy and clinical collaboration may result in some areas of clinical and financial unsustainability						
		Materialising in any/several of the following circumstances:	Fragmented and inefficient service delivery Service cessation or interruption of service provision for fragile services Sub-optimal outcomes and patient experience Negatively impacting staff retention, recruitment and morale						
Date Risk Opened:	April 2021	**Date last reviewed**	November 2024	**Risk Classification:**	Quality, Operational, Infrastructure, Financial	**Risk Owner:**	Medical Director	**Scrutinising Committee:**	Quality and Safety Committee

Corporate Risk Register Links:			
NGH CRR:	NGH88 - Failure to Meet National Cancer Waiting Times Standards (Current risk score 16) NGH885 - Loss of PIFU data leading to loss of patient care and unquantifiable harm (Current risk score 16) NGH 965 - Equipment failure: Whole Blood Oximeter SpO2: AVOXimeter (Current risk score 15) NGH976 - IVUS Intravascular Ultrasound. Not supported from March 2025. Essential Cath Lab Equipment. (Current risk score 16)	**KGH CRR:**	KCRR065 – Safe delivery of T&O Spinal Surgery (Current Risk score 15)

Initial Risk Score		**Current Risk Score**		**Residual Risk Score**		**Risk Appetite**
12 (High)		20 (Extreme)		8 (High)		Low
Consequence	**Likelihood**	**Consequence**	**Likelihood**	**Consequence**	**Likelihood**	**Group Priority**
4	3	4	5	4	2	Quality

	Current Controls	**Plan Delivery Assurance/ Group IGRs (Internal / External)**	**Control Gaps**	**Assurance Gaps**	**Further planned actions to mitigate gaps**	**Action Owner**	**Due date**
1	The Clinical Strategy oversight through UHN ILT and the Quality and Safety Committee (Axis 1) and the UHN / UHL partnership board (Axis 2)	UHN Board governance updates (Quality, Finance, Transformation) (Internal) ILT updates and assurance (Internal) External reviews (Neonatal) (External) Agreement of 11 workstreams at partnership board April 2024 (Internal)	Resource constraints – clinical and project resource (Industrial action, Financial deficit. Ability to influence systemwide patient pathway changes		Review of enabling clinical capacity to affect change. Progress pathway reviews across system UEC and across Axis 2 (UHN/UHL)	Medical Director, Chief Operating Officer Medical Director, Chief Operating Officer	31.12.2024 31.12.2024
2	Detailed plan for subsequent phase of work that will focus on the integration of specific services – Review of Target Operating Models	Schedule of service strategy developments (Group) (Internal) Oversight monitoring through Asana Project Software (Group) (Internal) Standing clinical collaboration updates to Quality Safety and Performance Committees (Group) (Internal)	Resource Gaps Resource constraints – clinical and project resource		Progress the review of all services against Target Operating Model Review of enabling clinical capacity to affect change	Chief Operating Officer, Medical Director	Commence 30.09.2024

Principal Risk No:	**UHN03**	**Risk Title:**	Deterioration in patient outcomes and experience as a result unwarranted variation in the provision of patient care						
		Materialising in any/several of the following circumstances:	Increase in mortality and morbidity Hospital associated harm Adverse impact on patient, family and carer experience						
Date Risk Opened:	April 2021	**Date last reviewed**	December 2024	**Risk Classification:**	Quality, Operational, Infrastructure, Financial	**Risk Owner:**	Chief Nurse	**Scrutinising Committee:**	Quality and Safety Committee

Corporate Risk Register Links:			
NGH CRR:	NGH42 - Risk that patients in NGH will suffer harm from falling (Current risk score 15) NGH307 - There is a risk of an adverse event as a result of incorrect CTG interpretation (current risk score 15) NGH752 - Not Sharing the Newborn NHS Number at Birth with Social Care	**KGH CRR:**	

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

	Current Controls	**Plan Delivery Assurance/ Group IGRs (Internal / External)**	**Control Gaps**	**Assurance Gaps**	**Further planned actions to mitigate gaps**	**Action Owner**	**Due date**
1	Quality - standardisation	Policies and Guidelines and monitoring of compliance (Internal) Internal audit programme (external) Ward based Assessment & Accreditation (Internal) Self-assessments e.g., national IP BAF (Internal) CQC inspections January 2024 - Maternity Safe rating improved to RI and UEC Well Led improved to good. Both section 29a's lifted (External) Peer reviews and quality assurance visits accreditation programmes in specific services. e.g. CNST, JAG, HTA, HSIB, PLACE (External) Health inequalities report (Internal Assurance) Safeguarding report (Internal) Internal audit review of Safeguarding governance - limited assurance (2023/24) (External) Infection Prevention Control report and BAF (Internal) Internal audit review of IPC BAF - significant assurance 2023/24 (External) Quality and Safety Performance dashboard (Internal) Emergency Preparedness, Resilience and Response (EPRR) annual report (Internal) Internal audit review of CMG risk management and clinical governance - significant assurance (2023/24 and 2024/25) (External) UEC demand and capacity plan (Internal) Check my kit roll out alongside MEG (Internal) HAPU's below national benchmark for 3 months (internal)	Demand outstrips capacity across the UEC pathway; crowding and ambulance handover delays G&A bed deficit is necessitating consistent use of rapid flow and boarding. Neglect rider issued for paediatric death in Nov 22; further cases of concern	Audit of care processes demonstrates poor compliance with some processes. Aligned quality and safety dashboard CQC have rated Emergency department as inadequate for safe at KGH Maternity services at KGH are on the MSSP National and regional concern	Winter plan Paediatric safety summit Development of UHN ward / department assessment & accreditation programme CCQSCiC oversight of CQC improvement and MSSP	Chief Nurse / Medical Director	31.03.2025

2	Quality - Learning & QI	Patient safety incident response plan (internal) Complaints and concerns (internal) Colleague engagement and feedback (internal) CQSCiC oversight of Q&S across the organisation (internal) Participation in national audits (external)	Readiness to implement new national standards PSIRF Concerns about responsiveness and quality of complaints Lack of patient and carer involvement in Shared Decision Making Proactive response to patient experience	Internal audit of PSIRP implementation demonstrated limited assurance at KGH (external) Evidence from paediatric service that learning has not been embedded and sustained	Total quality management review planned – externally led PSIRP for KGH approved by board Integration consultation launched and in progress	Chief Nurse / Medical Director	01.04.2025
3	Quality – training	Statutory and mandatory training programme reported to PCC (Internal) Statutory and mandatory training performance below the expected compliance rate is driven through PRMs (Internal)	The is variation in training between sites for areas such as restrictive practices resulting in variation in outcomes	Some courses are below the expected compliance rate of 90% .	Oversight of compliance with PCC Review of statutory and mandatory programme to ensure this is reflective of best practice	Chief Nurse / Medical Director / CPO	31.03.2025
4	Quality – workforce and culture	Clinical establishments set using evidenced based tool, national guidance and professional judgement (Internal) Oversight of staff survey outcomes and pulse survey (External) Freedom to speak up concerns (internal) Reasonable compliance with National Workforce Safeguards including bi-annual staffing report to Board (Internal)	Workforce plan Agency and temporary staffing use is above plan Concerns about culture in a number of services including paediatrics at KGH, cardiology across UHN, ITU at KGH, ophthalmology at NGH	Vacancy rate in midwifery, children's and healthcare support worker (HCSW) exceed national average (Internal) UHN financial deficit is unsustainable - impact on headcount and unfunded vacancy on clinical establishment (external)	Recruitment, retention & pastoral care plan to be monitored via NMAHP committee. Cultural change work Clinical workforce CIP programme	Chief Nurse / Medical Director	01.04.2025

Principal Risk No:	**UHN04**	**Risk Title:**	Failure of the Integrated Care System (ICS) to deliver transformed care will result in an impact on the quality of service provided across the Group
		Materialising in any/several of the following circumstances:	Risk to delivering locally for our patients the core aims of Integrated Care Systems to; 1. Improve outcomes in population health and healthcare. 2. Tackle inequalities in outcomes, experience and access.3. Enhance productivity and value for money 4. Help the NHS support broader social and economic development.

Date Risk Opened:	April 2021	**Date last reviewed**	December 2024	**Risk Classification:**	Quality, Financial	**Risk Owner:**	Director of Strategy Chief Operating Officer	**Scrutinising Committee:**	Operational Performance Committee

Corporate Risk Register Links:			
NGH CRR:	NGH424 - Risk of reduced patient safety when demand exceeds capacity (Current risk score 20) NGH890 - GPs will no longer provide prescriptions for conditions identified through tests not directly undertaken by the woman's surgery. (Current risk score 16)	**KGH CRR:**	KCRR011 - Continued extreme pressure on capacity and reported incidents of low nursing levels and delayed discharges creates the risk of creates the risk of poor quality of care and patient safety, combined with staff well-being. (current risks core 20)

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

	Current Controls	**Plan Delivery Assurance/ Group IGRs (Internal / External)**	**Control Gaps**	**Assurance Gaps**	**Further planned actions to mitigate gaps**	**Action Owner**	**Due date**
1	The development and delivery of the Northamptonshire Integrated Care System (ICS) to include the Northamptonshire Integrated Care Board and the Northamptonshire Integrated Care Partnership	UHN Chair and GCEO representation at the Integrated Care Partnership and the Integrated Care Board (internal/ external) Integrated Care Partnership 10-year Strategy and Outcomes Framework (external) Alignment of the Health and Wellbeing Boards (North and West) strategies and ICB 5-year plan to the ICP 10-year strategy (external) ICB Strategy and planning group established to deliver the 5 year forward plan as per national guidance (internal / external) Group engagement with NEDS on existing ICB architecture (internal) Governance mapping complete and shared with ILT (internal)	Alignment of ICB plan with the Integrated Care Partnership strategy, Health and Wellbeing Boards strategies, operational planning requirements and UHN Group strategies and planning	Level of focus on system resilience and working as a system to ensure delivery of collaborative working to deliver the strategies and supporting operational plans. Assurance to delivery of system delivery plans	Further strengthening of the System Urgent and Emergency and discharge planning to Be Plans developed- delivery to be led at Place for North and West Mapping of all partnership strategies and plans into a clear framework and resetting of governance workstreams	DTQI DoS	31.12.2024 31.03.2025
2	Implementation of the ICS operating model to deliver good quality care, financial balance and improved outcomes. UHN leadership system, workstreams to develop Collaboratives, Place, Clinical Model, and enablers e.g., Digital, People, Estates, Finance with supporting delivery plans	Collaborative Boards developing prioritised delivery plans ((Internal / External); • MHLDA • Elective Care • CYP Establishment of Place Delivery Boards, Local Area Partnerships to deliver improved outcomes in population health and healthcare (Internal / External) Population Health Board (Internal / External) System Clinical Leads Board (Internal / External) System Quality Board (Internal / External) System Boards for enablers(Internal / External); • Estates • People • Digital Urgent and Emergency Care system Board and Planning (Internal / External)	Connection of decision making across the ICB to include Place and Collaboratives Clear UEC transformation plan with trajectories, KPI's and milestones for delivery. UHN Place based approach and strategies	Assurance to delivery of system delivery plans for collaboratives and Place	Prioritisation of delivery and Out of Hospital, discharge, UEC strategy and Plans (to replace iCAN) priorities across the collaboratives and Place System workshop to be arranged for end October 24 by DTQI to reset all programmes that were in iCAN.	DTQI DTQI	31.03.2025 31.10.2024

Principal Risk No:	**UHN05**	**Risk Title:**		Risk of failing estate buildings and infrastructure due to age and suitability and, failure to deliver Group strategic estates plans, may prevent delivery of key Group strategies, eg Clinical Strategy.					
		Materialising in any/several of the following circumstances:		May result in care delivery from poor clinical environments, cost inefficiencies, health and safety incidents, accidents and statutory non-compliance attributable to some degree to substandard existing estate, and lost opportunities for integrated care delivery at place, resulting in serious safety incidents causing injury or death, fines, prosecution and associated reputational damage.					
Date Risk Opened:	April 2021	**Date last Reviewed**	November 2024	**Risk Classification:**	Quality, Finance Infrastructure	**Risk Owner:**	Director of Strategy Director of Operational Estates	**Scrutinising Committee:**	Finance and Investments Committee

Corporate Risk Register Links:

NGH CRR:	NGH258 - Risk of incorrect disposal of clinical waste at source (Current risk score 15) NGH259 - Risk of exposure to asbestos fibre from lack of management to exposure (Current risk score 15) NGH 262 - Risk of asbestos related diseases from exposure to asbestos fibre (Current risk score 20) NGH 265 - Heating and hot water infrastructure (Current risk score 16) NGH 270 - Risk of failure to meet national standards of cleaning (Current risk score 16) NGH 301 – Risk of failure of gas interlock system (Current risk score 15)	**KGH CRR:**	KCRR015 - No sustainable capacity for urgent care (Current risk score 20) KCRR026 - Risk of loss of power or reduced power to site if the main high voltage incoming switchgear fails (Current risk score 15) KCRR030 - Loss of heating and hot water failures and interruptions to some or all areas of the trust due to age of boiler system (Current risk score 16) KCRR059 - Risk to patient safety and quality of care due to the current layout of LNU as there is a lack of visibility of all babies and the lack of continuous supervision of these babies (Current risk score 16) KCRR036 - Recognition that due to the age of the Trusts estate not all wards or services have suitable environments to be able to provide a high-quality service from. (Current risk score 16) KCRR045 - A significant increase in headcount coupled with reduced useable office accommodation puts at risk operational and clinical efficacy and compliance with workplace occupational health and safety regulations (Current risk score 16) KCRR055 - Recognition that areas of Trust could fall into darkness due to aged lighting that is no longer available (Current risk score 15) KCRR070 - Impact on delivery of services during inspection of RAAC found to be present in Rockingham Wing (Current risk score 15)

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

	Current Controls	Plan Delivery Assurance/ Group IGRs (Internal / External)	Control Gaps	Assurance Gaps	Further planned actions to mitigate gaps	Action Owner	Due date
1	Completed and approved Group Clinical Strategy will define the clinical requirements of both sites for the future.	Clinical service strategy focus and implementation plan (internal) Target Operating Models complete for 30+ clinical services (internal) D&C complete for inpatients and diagnostics (internal)		UHN UHL Clinical Strategy Capacity Long Term plan	Development of UHN UHL Clinical Strategy Development of Capacity Long Term Plan	Director of Strategy	31.03.2025
2	Kettering Hospital now have a full Development Control Plan for the whole site, forming part of the HIP2 and other programmes. Northampton Hospital have a site masterplan. OBC has been submitted NGH Masterplan funding	Kettering HIP2 SOC has been submitted and a Local Development Order has been signed with Kettering Planning Authority (Internal / External) Board oversight of KGH outline business case (internal) Development Control Plan (NGH)		No single Board committee that oversees all estate and strategic estate development.	Developmental Control Plan (NGH)	Director of Strategy	31.03.2025

	Current Controls	Plan Delivery Assurance/ Group IGRs (Internal / External)	Control Gaps	Assurance Gaps	Further planned actions to mitigate gaps	Action Owner	Due date
3	These foundations will come together to start to form the Group Strategic Estates Plan.			The Group requires a joint Strategic Estates Plan that supports delivery of the Group Clinical Strategy	Group Strategic Estates Plan to be commissioned following completion of the Group Clinical Strategy.	Director of Strategy	31.12.2024
4	A System Estates Board is in place across the ICS with all Health and Care partners.			The System Estates Strategy is not strategic and needs further development System wide view of all provider / partner strategic estate need / plans	Outcome of Draft Northamptonshire Infrastructure Strategy that has been completed and submitted Strategy to be refreshed on completion of Estates planning demand and capacity modelling – ICB Director of Strategy and Planning. Undertake an annual review of the strategy in line with our 5 Year plan – ICB, Director of Strategy and Planning System Infrastructure strategy to be completed by ADEPT	ICB Director of Strategy and Planning UHN DoE&F	31.12.2024 01.04.2025 01.08.2025 31.03.2025
5	All key estates infrastructure elements have independent AE (authorising engineers) appointed, annual audits and action plans in place; technical and trust meetings in place.	Monthly estates assurance report for each hospital is presented at the Finance CiC (internal) Technical meetings in place to review progress against audit plans (internal)					
6	Business continuity plans and infrastructure resilience/back up systems are in place	Estates infrastructure is regularly tested (internal) Risk rated capital backlog plans in place (internal) Estates strategies for each site (internal)	Infrastructure is aging and estates capital plans are insufficient to replace all equipment	assurance for Estates infrastructure BCP to be included in estates assurance reporting, with input from EPRR leads	Annual review of Business Continuity Plans	EPRR Leads	31.03.2025
7	Estates backlog capital programme	Trust capital committees (internal) KGH 6 Facet Survey (internal)		NGH 6 Facet survey due for renewal 24/25	Tender for completion of a full site 6 facet survey for NGH	DofE NGH	01.01.2025

Principal Risk No:	**UHN06**	**Risk Title:**	Failure to deliver the long-term Group Academic Strategy may result in inability to attract high calibre staff and deliver on our research and education ambitions.
		Materialising in any/several of the following circumstances:	Sustainability of 5-year project Impact on financial income to the Group Impact on patient outcomes and experience Lack of progress with our academic partnerships and collaborations with local universities, with potential to impact on University status

Date Risk Opened:	April 2021	**Date last Reviewed**	November 2024	**Risk Classification:**	Quality, Finance	**Risk Owner:**	Medical Director Director of Strategy	**Scrutinising Committee:**	Quality and Safety Committee

Corporate Risk Register Links:

NGH CRR:		**KGH CRR**	KCRR017 - Organisational challenge in relation to staffing with the potential to impact negatively on patient experience and outcomes (Current risk score 20)

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

	Current Controls	Plan Delivery Assurance/ Group IGRs (Internal / External)	Control Gaps	Assurance Gaps	Further planned actions to mitigate gaps	Action Owner	Due date
1.	Academic and Research Strategy oversight through UHN ILT and the Quality and Safety Committee (Axis 1) and the UHN / UHL partnership board (Axis 2)	UHN Board governance updates (Quality, Finance, Transformation) (Internal) ILT updates and assurance (Internal) External reviews (Neonatal) (External) Agreement of 11 workstreams at partnership board April 2024 (internal) Appointment of UHN UHL Director of Research (internal) Agreed UHN UHL workstream on growing and developing together our research and trials portfolio (internal)	Resource constraints – clinical and project resource (Industrial action, Financial deficit Ability to influence systemwide recruitment of patients into research.		Review of enabling clinical capacity to affect change. Recruitment of UHNUHL Director of Medical Education Progress standardisation of academic and research governance, operational structures, recruitment key joint posts and expansion of opportunities for cross organisational trials	Medical Director Medical Director Chief Nursing Officer	31.12.2024 31.12.2024 31.12.2024

Principal Risk No:	**UHN07**	**Risk Title:**	Failure to deliver the Group Digital Strategy may result in our staff and patients not having the tools or information they need to deliver, and receive safe, high quality patient care.						
		Materialising in any/several of the following circumstances:	- Patients are not in control of, or kept well informed of, their care so we fall behind standards and expectations of patients - Clinicians do not have the access to full, accurate and timely patient information when they need it, leading to a negative impact on patient care decisions - and therefore outcomes - Staff (clinical and non clinical) do not have the tools, (or the tools are not based on a secure and reliable supporting digital infrastructure), to perform their roles effectively, resulting in poor productivity, poorer outcomes for patients, and a block on their ability to collaborate easily and well, within UHN and also more widely. - Managers and clinicians do not have relevant, accurate, consistent and reliable data readily available in a useful form, to make timely informed decisions, leading to greater operational challenges for UHN, and poorer patient outcomes as result.						
Date Risk Opened:	April 2021 Revised April 2023	**Date last Reviewed**	December 2024	**Risk Classification:**	Quality, infrastructure, finance	**Risk Owner:**	Group Chief Digital Information Officer	**Scrutinising Committee:**	Quality and Safety Committee

Corporate Risk Register Links:

NGH 93 - Clin Apps - No Electronic Prescribing and Medicine Administration System (EPMA) (Current risk score 16) NGH 114 - TECH - threat to our IT systems and / or infrastructure from a cyber or malware attack resulting in a loss of service or data (Current risk score 20) NGH 904 - Failure to Implement NGH EPR due to resourcing (Current risk score 16) NGH 887 - Systems purchased with no Digital or Data Security and Protection checks (Current Score 16) NGH 940 - Current Oracle DWH stops working (Current Score 15)	**KGH CRR:**	KCRR038 - Loss of the current Intranet service and experience a loss of data contained therein. (Current risk score 16) KCRR009 - Threat to IT systems from Cyber security and malware attacks (Current risk score 16) KCRR072 – Destruction of Medical records (Current risk score 15) KCRR074 - Maternity services at risk of failing to meet the national requirements on recording of maternity care (Current Risk Score 15)

Initial Risk Score		**Current Risk Score**		**Residual Risk Score**		**Risk Appetite**
16 (Extreme)		16 (Extreme)		8 (High)		High
Consequence	**Likelihood**	**Consequence**	**Likelihood**	**Consequence**	**Likelihood**	**Group Priority**
4	4	4	4	4	**2**	Sustainability

	Current Controls	**Plan Delivery Assurance/ Group IGRs (Internal / External)**	**Control Gaps**	**Assurance Gaps**	**Further planned actions to mitigate gaps**	**Action Owner**	**Due date**
1	Digital Transformation governance structure to monitor and support project delivery against plan	Digital Transformation governance structure including programme boards (EPR; digital transformation, infrastructure boards; health intelligence transformation; robotic process automation and communication and engagement group) with accompanying reports (internal) UHN Digital Forward View summarising plan and priorities for the year ahead – agreed by ILT (internal) Regular updates to ILT on digital delivery and any UHN decisions needed (e.g. on re-prioritisation of the plan as needs arise) (internal) UHN attendance at ICS digital and data board to help tie UHN and ICS ambitions together and also secure support from wider ICS colleagues where required (Internal) TIAA audit (reasonable assurance report)(Internal) ICS Digital Director involvement and ICS involvement with digital strategy (external) Digital Delivery Group set up as sub-committee of Quality Committee – upward reports sent for assurance (internal) Robotic Process Automation feeds into Digital Delivery Group (internal) UHN Digital attendance at wider governance forums for updates/ sharing of information – e.g. Divisional meetings (internal) Health Intelligence overview reports to Performance Committee (Internal)	ICS Digital Strategy oversight group to link in all CIOs from Northamptonshire (upward group from ICS digital and data board)	Benefits reporting to showcase impact of digital transformation, and ensure lessons learnt (and then communicate this back to our colleagues) Ongoing clarity on digital ambitions and priorities of the ICS, and timescales of key projects they are leading on. Confirmation UHN health intelligence service will be able to meet needs of UHN after the conclusion of the data warehouse/ health intelligence transformation programme Clarity and assurance on digital collaboration agenda with UHL	Ensure UHN digital continues to engage with evolving governance forums to communicate, engage and assure on delivery – these will change over next year in line with wider UHN changes Review governance, opportunities and priorities for UHN/ UHL digital	CDIO UHN / UHL CDIO	31.03.2025 28.02.2025

Current Controls		Plan Delivery Assurance/ Group IGRs (Internal / External)	Control Gaps	Assurance Gaps	Further planned actions to mitigate gaps	Action Owner	Due date
2	Operational governance structure (meetings/committees) to review and oversee the performance of the 'business as usual' parts of the Digital Division's work (e.g. financial control & risk management, and performance of ICT areas such as security, systems performance, upgrades, hardware management, etc))	Digital Operational Meeting oversees with reports feeding in from Data Security and Protection Group, risk, finance as well as oversight of operational KPIs and incident management. Digital Operational Meeting feeds into sub-committee structure through Digital Delivery Group (internal) Regular meetings and joined up strategic discussions with UHL/ICB CISO (External/ Internal) Visibility of ICS wide CISO over plans (internal) Digital and Finance UHN / UHL overview of position and funding Opportunities (Internal / External) Weekly DSLT meetings (Internal) Joined up function with UHN and UHL (Internal) Governance structure agreed at Senior Exec and DSLT level (internal)			Review of financial position, funding opportunities and cyber security posture	CDIO	01.01.2025
3	Prioritisation governance process (including representatives from a diverse range of staff) to oversee digital transformation prioritisation.	Regular updates to ILT on digital delivery and any UHN decisions needed regarding re-prioritisation of the plan as needs arise) (internal) Operation of key forums from Digital which feed into prioritisation process including the Clinical Design Authority (main forum for clinical and operational input into digital transformation agenda) and Technical Design Authority (main forum for checking ideas are technically feasible for consideration) authority groups. (internal / External) Digital Clinical and Operational Design Authority (CODA) with strong clinical leadership (internal)		Require continual review of priorities – will need assurance the dynamism of process will be ongoing. Historic backlog of work remains across digital – although prioritisation exercise encompassed all, given volume the review of relevancy of these requests needs to be conducted and backlog reduced	New Governance Structure to be implemented which part deals with all digital transformations, feeding up into Board and including regular reviews of the digital priorities Review and consolidation required of historic backlog	Head of DT&I Head of DT&I	Commence 01.02.2025 31.03.2025
4	Structured communication and engagement activities with clinical and operational leadership on the digital agenda including:	UHN Digital Communications and Engagement Group with communication and engagement plan (internal) UHN Digital Champion network (internal) UHN Digital academy to oversee digital training and support and digital competency Internal) Digital UHN branding (internal) UHN Digital Communications and Engagement Group feeds into sub-committee structure through Digital Delivery Group (Internal) Regular attendance at patient engagement forums (internal and ICS) (Internal/ External)		Need to include targets or assess how we will measure improvements in staff and patient engagement Greater evidence of user-led design Greater evidence of patient engagement Build on UHN digital branding for UHN digital vision (e.g. e-hospital)	Evidence of service designer within digital driving user-led approach	Head of DT&I	Commence 31.11.2024
5	Plan to have the resource (digital, clinical and operational) required to ensure capability and capacity required to deliver	Restructure of digital teams into UHN team for greater flexibility and wider skill set to draw upon (internal) Reporting through digital programme groups on resource requirements/ engagement (internal)	Vacancy controls and financial constraints resulting in vacancy gaps	Resource dependency to be highlighted as critical factor through programme reporting structure to give assurance necessary capability/ capacity is in place for key priority work, and to understand risks and specific areas of pressure. Unknown future industrial action which may impact ability for digital change to be enacted across UHN	Resource risk to be continued to be monitored through governance structure	CDIO	31.03.2025

Current Controls		Plan Delivery Assurance/ Group IGRs (Internal / External)	Control Gaps	Assurance Gaps	Further planned actions to mitigate gaps	Action Owner	Due date
6	Supplier management process to manage relationships with key digital suppliers and key contracts, to ensure confidence in their ability to deliver and manage any risks.	Contractual meetings between Digital SLT and account managers of suppliers (internal) Reporting through digital programme groups on supplier delivery (internal) Regular Exec meetings with KGH EPR supplier (internal) East Midlands Acute Partners group set up to jointly manage/ mitigate NGH EPR supplier risk– regular attendance by UHN CDIO (External / Internal) EPR governance across UHN reviewed and reinvigorated with steering groups chaired by Medical Director and CDIO (Internal) Attendance at East Midlands Acute Partners EPR group (External) UHL engagement to review supplier commonality and collaborate on engagements (internal)					
7	Strategy/ approach to seek out nationally funded programmes of work (e.g. EPR) to ensure necessary funding to deliver as much of our strategic ambitions as possible, as soon as possible	CDIO / ICB Digital Director/ NHFT CDIO collaboration – regular meetings to determine national funding options (External) CDIO interaction with National CDIO forums and NHS England (External)		Opportunity/ horizon scanning – implementation of Digital Commercial Manager to support this activity	Appointment of Digital Commercial Manager	Head of DT&I	Commence 01.02.2025

Principal Risk No:	**UHN08**	**Risk Title:**	Failure to deliver improvement in underlying revenue finances and develop a path out of financial deficit to breakeven over the medium term:						
		Materialising in any/several of the following circumstances:	The Finance and Investment Committee will advise the Trust Boards on financial performance: - Financial run rate deteriorating - Efficiency delivery not meeting targets - Cost assumptions including inflation materialising at high levels than planned - Industrial actions creating unplanned and unfunded costs - Medium term financial plan development is not underpinned by clinical and operational strategy. - Capacity, consistency and accountability leads to different approaches in each Trust						
Date Risk Opened:	April 2021	**Date last reviewed**	November 2024	**Risk Classification:**	Financial Operational	**Risk Owner:**	Chief Finance Officer	**Scrutinising Committee:**	Finance & Investment Committee
Corporate Risk Register Links:									
NGH CRR:	NGH 35 - Failure in having financial control measures to deliver the 23-24 Financial Plan and return to medium term financial balance (Current risk score 20) NGH 38 - The Trust may not have sufficient capital for Capital requirements or may not be able to maximise its capital spend (Current risk score 15)			**KGH CRR:**	KCRR056 - Failure in having financial control measures to deliver the 22-23 Financial Plan and return to medium term financial balance (Current risk score 20)				

Initial Risk Score		Current Risk Score		Residual Risk Score		Risk Appetite
16 (Extreme)		20 (Extreme)		12 (High)		High
Consequence	**Likelihood**	**Consequence**	**Likelihood**	**Consequence**	**Likelihood**	**Group Priority**
4	4	4	5	3	2	Sustainability

	Current Controls	Plan Delivery Assurance/ Group IGRs (Internal / External)	Control Gaps	Assurance Gaps	Further planned actions to mitigate gaps	Action Owner	Due date
1	Budgets	Documented, understood and signed off budgets by budget managers (internal) Alignment of bottom up evidenced based budgets with top down high level budget (internal) Agreed risk and contingency approach aligned to Board risk appetite (internal)	Budget setting and management processes are not fully aligned across both Trusts Capacity gaps within the function due to sickness and recruitment / retention Triangulation of finance budgets with workforce and activity		Ensure capacity issues addressed as part of team structure review Ensure best practice and consistency is adopted across both teams and all budgets are issued and signed for the 25/26 year	Chief Finance Officer & Senior Finance Team	31.03.2025
2	Affordability / Accountability	Equal focus is given to funding (affordability) of investments as determining the costs (Internal) Defined goals and priorities to support budget setting (internal) Stakeholder involvement in the budget process sharing analysis, risks, and working to understand choices (internal/ External) Financial performance has significant focus and increased profile across UHN (internal)	Culture of investigating funding options and focus on affordability	Business cases focus on benefits and affordability	Ensure all financial controls are operating efficiently and effectively. Evaluate budget setting process to consider achievements and challenges Underlying and improvement review to be completed and report produced	Chief Finance Officer	31.03.2025 31.01.2025 31.01.2025
3	Reporting / Risk Appetite / Planning / Performance Management	Risk appetite / risk and contingency planning (internal) Financial planning for effective public financial management along with budget preparation, performance management and stakeholder reporting (internal) Power BI budget manager reporting (internal) Refreshed Performance assurance process (internal). Methodology and governance in place to support effective use of staffing, reduce variation and deployment. (internal)	Static reporting and access to financial information is lacking.		Further Progression of KPI dashboards – including conduct a full review of KPI's across the organisation, including all contractual and local indicators along with a review of all performance reports across each tier, ensuring appropriate levels of analysis is available to strengthen challenge and decision making. Budget setting - develop and agree an approach to risk and contingency.	Chief Finance Officer	31.03.2025 31.01.2025

4	Culture / Choices / Control	Scenario planning and advanced forecasting provided by Finance's partnership role (internal) Streamlined intergroup transactions and recharges (internal)	Single set of Standing Financial Instructions across UHN (currently in draft and awaiting approval) Capacity in Financial Management teams with a high level of turnover High number of procurement waivers and non-compliance Senior Finance team structure does not promote accountability and ownership across UHN		Exploit the technology, including through automation to eliminate manual tasks within finance Budget management training and support effectiveness to be reviewed Financial Services restructure timeline to be finalised Framework for tough choices to be developed Support identification of organisational choices Reduce use of exceptions in relation to procurement, locally described as maverick and waivers, only use direct awards where appropriate and drive value through documented outcome based specifications. Corporate teams within finance directorate to consider optimised arrangements across UHL /UHN Develop senior finance team capacity and support professional development including One NHS Finance resources	CFO	31.01.2025

Corporate Risks Aligned to BAF risks @ January 2025

BAF Link	Risk ID (BAF/CRR)
UHN001 (Group People Plan)	KCRR017 - Organisational challenge in relation to staffing with the potential to impact negatively on patient experience and outcomes (Current risk score 16)
	NGH46 - Detrimental staff wellbeing and mental health including self-harm and suicide (Current risk score 20) NGH47 - HCSW Retention (Current risk score 16) NGH49 - Staff Morale (Current risk score 16)
UNH002 (Clinical Strategy)	KCRR065 – Safe delivery of T&O Spinal Surgery (Current Risk score 15)
	NGH88 - Failure to Meet National Cancer Waiting Times Standards (Current risk score 16) NGH885 - Loss of PIFU data leading to loss of patient care and unquantifiable harm (Current risk score 16) NGH 965 - Equipment failure: Whole Blood Oximeter SpO2: AVOXimeter (Current risk score 15) NGH976 - IVUS Intravascular Ultrasound. Not supported from March 2025. Essential Cath Lab Equipment. (Current risk score 16)
UHN003 (Group Nursing, Midwifery and Allied health Professionals strategy)	
	NGH42 - Risk that patients in NGH will suffer harm from falling (Current risk score 15) NGH307 - There is a risk of an adverse event as a result of incorrect CTG interpretation (current risk score 15) NGH752 - Not Sharing the Newborn NHS Number at Birth with Social Care
UHN004 (Integrated Care Board)	KCRR011 - Continued extreme pressure on capacity and reported incidents of low nursing levels and delayed discharges creates the risk of creates the risk of poor quality of care and patient safety, combined with staff well-being. (current risks core 20)
	NGH424 - Risk of reduced patient safety when demand exceeds capacity (Current risk score 20) NGH890 - GPs will no longer provide prescriptions for conditions identified through tests not directly undertaken by the woman's surgery. (Current risk score 16)
UHN005 (Group Strategic Estates Programme)	KCRR015 - No sustainable capacity for urgent care (Current risk score 20) KCRR036 - Recognition that due to the age of the Trusts estate not all wards or services have suitable environments to be able to provide a high-quality service from. (Current risk score 16) KCRR059 - Risk to patient safety and quality of care due to the current layout of LNU as there is a lack of visibility of all babies and the lack of continuous supervision of these babies (Current risk score 16) KCRR030 - Loss of heating and hot water failures and interruptions to some or all areas of the trust due to age of boiler system (Current risk score 16) KCRR055 - Recognition that areas of Trust could fall into darkness due to aged lighting that is no longer available (Current risk score 15) KCRR026 - Risk of loss of power or reduced power to site if the main high voltage incoming switchgear fails (Current risk score 15) KCRR070 - Impact on delivery of services during inspection of RAAC found to be present in Rockingham Wing (Current risk score 15) KCRR077 – Significant leaks in roof over Skylark ward resulting in loss of beds (Current risk score 15) KCRR045 - A significant increase in headcount coupled with reduced useable office accommodation puts at risk operational and clinical efficacy and compliance with workplace occupational health and safety regulations (Current risk score 16)
	NGH258 - Risk of incorrect disposal of clinical waste at source (Current risk score 15) NGH259 - Risk of exposure to asbestos fibre from lack of management to exposure (Current risk score 15) NGH 262 - Risk of asbestos related diseases from exposure to asbestos fibre (Current risk score 20) NGH 265 - Heating and hot water infrastructure (Current risk score 16) NGH 270 - Risk of failure to meet national standards of cleaning (Current risk score 16) NGH 301 – Risk of failure of gas interlock system (Current risk score 15)
UHN006 (Group Academic Strategy)	KCRR017 - Organisational challenge in relation to staffing with the potential to impact negatively on patient experience and outcomes (Current risk score 20)
UHN007 (Digital Strategy)	KCRR038 - Loss of the current Intranet service and experience a loss of data contained therein. (Current risk score 16) KCRR009 - Threat to IT systems from Cyber security and malware attacks (Current risk score 16) KCRR074 - Maternity services at risk of failing to meet the national requirements on recording of maternity care (Current Risk Score 15) KCRR072 – Destruction of Medical records (Current risk score 15)
	NGH 93 - Clin Apps - No Electronic Prescribing and Medicine Administration System (EPMA) (Current risk score 16) NGH 114 - TECH - threat to our IT systems and / or infrastructure from a cyber or malware attack resulting in a loss of service or data (Current risk score 20) NGH 904 - Failure to Implement NGH EPR due to resourcing (Current risk score 16) NGH 887 - Systems purchased with no Digital or Data Security and Protection checks (Current Score 16) NGH 940 - Current Oracle DWH stops working (Current Score 15)
UHN008 (Group Medium Term Financial Plan)	KCRR056 - Failure in having financial control measures to deliver the 23-24 Financial Plan and return to medium term financial balance (Current risk score 20)
	NGH 905 - Failure in having financial control measures to deliver the 24-25 Financial Plan and return to medium term financial balance (Current risk score 20) NGH 906 - The Trust may not have sufficient capital for Capital requirements or may not be able to maximise its capital spend (2024/25) (Current risk score 15)