

# Public Trust Board

**Thursday 28 July 2016**

**10:00**

**Board Room  
Northampton General Hospital**



## A G E N D A

### PUBLIC TRUST BOARD

**Thursday 28 July 2016**  
**10.00 in the Board Room at Northampton General Hospital**

Time	Agenda Item		Action	Presented by	Enclosure
10:00 INTRODUCTORY ITEMS					
	1.	Introduction and Apologies	Note	Mr P Farenden	Verbal
	2.	Declarations of Interest	Note	Mr P Farenden	Verbal
	3.	Minutes of meeting 26 May 2016	Decision	Mr P Farenden	A.
	4.	Matters Arising and Action Log	Note	Mr P Farenden	B.
	5.	Patient Story	Receive	Executive Director	Verbal
	6.	Chairman’s Report	Receive	Mr P Farenden	Verbal
	7.	Chief Executive’s Report	Receive	Dr S Swart	C.
10:25	CLINICAL QUALITY AND SAFETY				
	8.	Medical Director’s Report	Assurance	Dr M Cusack	D.
	9.	Director of Nursing and Midwifery Report	Assurance	Ms C Fox	E.
	10.	Same Sex Accommodation Board Statement of Compliance	Assurance	Ms C Fox	F.
	11.	24 Hour Survey in A&E – Summary Report	Assurance	Mrs D Needham	G.
	12.	Equality and Diversity Report	Assurance	Mrs J Brennan	H.
11:00	OPERATIONAL ASSURANCE				
	13.	Finance Report	Assurance	Mr S Lazarus	I.
	14.	Workforce Performance Report	Assurance	Mrs J Brennan	J.
11:15	STRATEGY				
	15.	Clinical Collaboration Update	Assurance	Mr C Pallot	K.
11:25	GOVERNANCE				
	16.	Annual Fire Safety Report 2015/16 including the Annual Statement of Fire Safety Compliance	Assurance	Mr C Abolins	L.

Time	Agenda Item		Action	Presented by	Enclosure
11:55	FOR INFORMATION				
	17.	Integrated Performance Report	Assurance	Mrs D Needham	M.
12:05	COMMITTEE REPORTS				
	18.	Highlight Report from Finance Investment and Performance Committee	Assurance	Mr P Zeidler	N.
	19.	Highlight Report from Quality Governance Committee	Assurance	Mrs L Searle	O.
	20.	Highlight Report from Workforce Committee	Assurance	Mr G Kershaw	P.
	21.	Highlight Report from Hospital Management Team	Assurance	Dr S Swart	Q.
12:30	22.	ANY OTHER BUSINESS		Mr P Farenden	Verbal
DATE OF NEXT MEETING					
The next meeting of the Trust Board will be held at 09:30 on Thursday 29 September 2016 in the Board Room at Northampton General Hospital.					
RESOLUTION – CONFIDENTIAL ISSUES:					
The Trust Board is invited to adopt the following:					
“That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest” (Section 1(2) Public Bodies (Admission to Meetings) Act 1960).					



## Minutes of the Public Trust Board

Thursday 26 May 2016 at 09:30 in the Board Room  
at Northampton General Hospital

### Present

Mr P Farenden	Chairman (Chair)
Mr P Zeidler	Non-Executive Director
Dr M Cusack	Medical Director
Ms C Fox	Director of Nursing, Midwifery & Patient Services
Mr G Kershaw	Non-Executive Director
Mrs L Searle	Non-Executive Director
Mr S Lazarus	Director of Finance
Mrs D Needham	Chief Operating Officer and Deputy Chief Executive Officer
Mr D Noble	Non-Executive Director
Dr S Swart	Chief Executive Officer

### In Attendance

Ms K Palmer	Executive Board Secretary
Ms C Thorne	Director of Corporate Development Governance & Assurance
Mr C Pallot	Director of Strategy and Partnerships
Mr C Abolins	Director of Facilities and Capital Development
Mrs S Watts	Head of Communications
Mrs A Chown	Deputy Director of Workforce and Transformation

### Apologies

Ms O Clymer	Non-Executive Director
Mrs J Brennan	Director of Workforce and Transformation

### TB 16/17 001 Introductions and Apologies

Mr P Farenden welcomed those present to the meeting of the Public Trust Board.

Apologies for absence were recorded from Mrs J Brennan and Ms O Clymer.

### TB 16/17 002 Declarations of Interest

No further interests or additions to the Register of Interests were declared.

### TB 16/17 003 Minutes of the meeting 31 March 2016

The minutes of the Trust Board meeting held on 31 March 2016 were presented for approval Ms Thorne noted that in the Chairman's Report it should state the event was an AQUA event and that the whole Trust Board attended instead of only Mr Farenden..

The Board resolved to **APPROVE** the minutes of the 31 March 2016 as a true and accurate record of proceedings subject to one typographical error.

### TB 16/17 004 Matters Arising and Action Log 31 March 2016

The Matters Arising and Action Log from the 31 March 2016 were considered.

Mr Pallot updated the Board on the Clinical Collaboration with Cardiology that was discussed in the minutes of 31 March 2016 Public Trust Board. Mr Pallot advised that the Trust would be moving forward with the heart-failure service and NGH is now looking to appoint to positions within this service.

The Board **NOTED** the Action Log and Matters Arising from the 31 March 2016.

### TB 16/17 005 Patient Story

Mrs Needham presented the Patient Story.

Mrs Needham advised that a 66 year old male fell over whilst at home on Good Friday and called 999 as he had banged his head. The patient was admitted and transferred to Benham ward at 2pm. Mrs Needham stated that the patient was not seen for 9 hours. The patient was seen on the Saturday and the doctor hoped for discharge. Mrs Needham reported that the patient wasn't seen by a doctor on the Sunday and by the Monday the patient requested that the nurse contact the doctor to query whether discharge was possible. It was requested that the patient would need to have an x-ray, ECG and his blood pressure checked. On the Tuesday the patient was advised he could be discharged and was transferred to the discharge suite at 12.30pm. Mrs Needham advised that at 2pm the patient was still in the discharge suite awaiting his medication, at 6pm he was still waiting. The patient was eventually able to collect his prescription at 10.30am on the Wednesday.

Mrs Needham reported that the patient noted that the staff were kind and treated him well. The patient believes the delay in discharge was contributory to the paperwork that needed to be completed.

The Board **NOTED** the Patient Story.

**TB 16/17 006 Chairman's Report**

Mr Farenden presented the Chairman's Report.

Mr Farenden commented on the positive effect that the Non-Executive Directors have by attending the 'Beat the Bug' rounds. Mr Farenden stated that the staff value their attendance and Mr Farenden believes that it makes a difference. Mr Farenden found it interesting to note the changes within the NHS over his 47 years of service. Mr Farenden noted that changes have been seen in technology, science of medicine, patient's expectations and the openness of the health system. Mr Farenden reported that what had not changed was the way staff deal with patients and the commitment and dedication of staff.

The Board **NOTED** the Chairman's Report.

**TB 16/17 007 Chief Executive's Report**

Dr Swart presented the Chief Executive's Report.

Dr Swart advised that pressures in Urgent Care continue with an increase 40% in attendees to A&E in comparison to some days in May 2015. Dr Swart noted that Urgent Care issues are the biggest risk to the Trust and it had been reported that contributory to this are a high number of patients who are unable to make appointments with their GP's.

Dr Swart commented on the key point drawn from the Mrs Needham's patient story of delayed transfer of care and the need to increase bed capacity as a priority for the Trust.

Dr Swart stated that the Trust was one of five hospitals shortlisted for the Hospital Patient Safety Award from CHKS. Dr Swart advised that unfortunately the Trust didn't win the award, but this is the first time the Trust have been in the top five hospitals for the award and reflects the core value of putting patient safety above all else.

Dr Swart reported that the Trust had coped well during the recent Junior Doctors' strike action.

Dr Swart advised that the Trusts Quality Improvement Strategy is now being finalised

and that it will help ensure that everyone who works at the Trust can fulfil the core value of aspiring to excellence.

Dr Swart stated that the QI work is engaging the Trust's trainees and has been well recognised nationally. Dr Swart reported that nurses are soon to become involved in the QI projects.

Dr Swart reported that the Trust is actively involved in the development of the sustainability and transformation plan (STP) for the county. Dr Swart noted that it is becoming increasingly clear that the STP is becoming a national driving force in health care.

Dr Swart advised that the Best Possible Care Awards would be building on last year's success and will be held on 30 September 2016. Dr Swart stated that there would be an additional award category of Clinical Educator of the Year, and the Trust is committed to seeking sponsorship for this event.

The Board **NOTED** the Chief Executive's Report.

#### **TB 16/17 008 Medical Director's Report**

Dr Cusack presented the Medical Director's Report.

Dr Cusack advised that the key challenge to the Trust remains the acute pressures on the urgent care pathways. Dr Cusack noted that the recruitment of appropriate trained nursing and medical staff is a further on-going risk to the Trust. Dr Cusack advised that the recruitment and retention of medical staff was difficult and that it can have an impact of the quality of services provided. Dr Cusack commented that there is a robust plan in place to mitigate these risks.

Dr Cusack drew the Board to page 20 – 21 of the report which details the 3 never events in 2015/16. Dr Cusack advised that the investigation is now complete for the incident in Gynaecology. Dr Cusack reported that the CCG and the patient involved will be sent the report by the end of the week.

Dr Cusack stated that the Trust has been officially issued a Rule 28 and the Trust has 50 days to respond. The Rule 28 is in relation to the transfer of information when a patient was discharged to a care home. Mrs Needham confirmed that learning has been actioned from the handover of information to nursing homes and that this has been feedback to the CCG.

Dr Cusack shared with the Board the positive feedback received from the recent 'Dare to Share' event. Dr Cusack stated that the event provided a sharing and learning forum for members of staff to discuss incidents that they had learnt from in their Directorates. Dr Cusack advised that the next event was to be held in September 2016.

Dr Cusack stated that Capsticks solicitors provided a multidisciplinary educational teaching session at the Trust on issues relating to DNACPR on 6 May 2016 which had a high level of attendance. Dr Cusack reported that further education meetings are planned and that Information regarding the community DNACPR process has been widely shared at educational/academic meetings/through the safety huddles.

Dr Cusack advised that the HSMR for the year to January 2016 (latest Dr Foster data) remains with the 'as expected' range at 98.4.

Dr Cusack shared with the Board that NGH held the countywide mortality meeting on 20 May 2016. Dr Cusack advised that the meeting focused on Sepsis and AKI which incorporated a Grand Round presentation. Dr Cusack commented that the national

picture for Sepsis is not positive however the work the Trust is doing in relation to Sepsis is noteworthy.

Dr Cusack advised that the analysis of 7th Trust wide mortality case note review has been completed. Dr Cusack stated that this review focused on low-risk and post-operative patients. Dr Cusack shared with the Board that the outcome of the review will be presented to the Board in July 16.

**Action: Dr Cusack**

Mr Zeidler expressed his concern that since the last report to the Board there have been 5 new Serious Incidents reported and of the 3 confirmed Never Events in the last 6 months with a 4<sup>th</sup> potential in Gynaecology. Dr Cusack advised that a range of measures had been implanted to gain assurance from the Gynaecology team. Dr Cusack reported that the Theatre Team Group have met and are looking at what could go wrong at each step of a procedure with actions detailed on how to mitigate the error. Mr Zeidler queried whether there was a theme that needed to be investigated? Dr Cusack assured the Board that actions were in place and reflection work was being done in Gynaecology. Mr Zeidler was happy with this assurance from Dr Cusack.

Mr Zeidler queried the open SI of Hyperkalaemia on page 22 of the report which has an incident date of 19 June 2015. Dr Cusack confirmed that has been closed and is in the report in error.

The Board **NOTED** the Medical Director's Report.

**TB 16/17 009 Director of Nursing and Midwifery Care Report**

Ms Fox presented the Director of Nursing and Midwifery Care Report.

Ms Fox advised that in April 2016 NGH achieved 95% harm free care (new harms).

Ms Fox reported that a pressure ulcer run chart had been included within the report to highlight any trends. Ms Fox commented that an improvement is noted with work still to be done. Ms Fox advised that a key theme recognised was moving and handling issues. Ms Fox stated that work is being done system wide to reduce this contributing factor to pressure damage.

Ms Fox advised that there have been 3 cases of C.diff apportioned to the Trust for the month of April 2016. Ms Fox stated that a Root Cause Analysis (RCA) will be undertaken for each case and these will be presented at the next Quality Governance Committee. The report will also contain a retrospective look at the 31 cases of C.diff reported in 2015/16. Ms Fox noted that there have been no recordings for MSRA and MSSA in the month of April 16.

**Action: Ms C Fox**

Ms Fox drew the Board to the graph on page 31 of the report in relation to Catheter Related Urinary Tract Infections (CRUTI). Ms Fox commented that there has been a peak in April 16 and this will be investigated further.

Ms Fox reported that work is underway to reduce the falls rate and improve post fall care. Ms Fox stated that the key issue was to give targeted support training to wards RAG rated red in completion of the falls risk assessment and/or care plan.

Ms Fox advised that the narrative on the Nursing and Midwifery Dashboard has been revised.

Ms Fox stated that Friends & Family Test (FTT) has seen an upturn in patient experience. Ms Fox commented that it is evident from looking at the run chart that

improvements have begun to be made for Inpatient services. Ms Fox reported that there is an upward trajectory in A&E and Ms Fox believes that this is due to the driving of information to the front line team.

Ms Fox advised that PL@N (Practice Learning at Northampton) pilot has commenced on Rowan and Knightley as a new way to support student nurses.

Ms Fox reported that preceptorship and clinical skills programmes continue for the new international nurses with an additional cultural programme following a successful bid to the Local Education Training Board commencing in May 2016.

Ms Fox stated that a further 23 registrants have successfully revalidated for May 2016 with workshops continuing to run on a monthly basis.

Ms Fox advised that work on Dementia continues with the importance of John's Campaign highlighted in the report.

Ms Fox reported that the End of Life team had been strengthened with the recruitment of a new End of Life Care Project Lead. Ms Fox stated that all end of life key performance indicator data, including that related to the Preferred Place of Death CQUIN, will be prepared and submitted using the CQEG template, and will go to CQEG via the Steering Group.

Ms Fox gave the Board an update on the completed service compliance figures for complaints. Ms Fox advised that the figures reported have seen a drop from 83% to 76% in April 16. Ms Fox commented that this drop was due to staffing issues which has now been resolved.

Mr Noble noted that the End of Life Care work was encouraging. Mr Noble queried how it ties in with palliative care. Ms Fox clarified that the work includes all relevant national documentation for the best standards of practice.

Mr Noble shared his concern on the downward trend of compliance figures for complaints. Mr Noble advised that the Board had been assured in previous months that these figures would improve. Dr Swart stated that the issue is the volume of complaints and additional work is being done to address the complaints at an earlier stage.

Ms Searle commented that the Pressure Ulcer run chart is helpful however she fails to understand how the data is benchmarked. Ms Fox confirmed that absolute and cumulative numbers will be included in future run charts to ensure improvements in the trends are more visually noticeable.

Mr Zeidler queried whether 11 Safeguarding referrals against the Trust were normal? Ms Fox advised that level of normal referrals can be dependent on the size of the organisation and confirmed that 11 was not above average for the Trust. Ms Fox stated that she was comfortable that all safeguarding incidents are assessed and discussed appropriately.

Mr Abolins gave a further update on the moving and handling issue with regards to pressure ulcers. Mr Abolins advised that the Health and Safety Committee were aware of this and will be advising colleagues on the most appropriate way to address this concern.

Mr Zeidler was shocked to be made aware of revalidation issues within nursing. Mr Zeidler queried whether this could increase the risk of losing nursing staff. Ms Fox confirmed that it could.

The Board **NOTED** the Director of Nursing and Midwifery Care Report.

**TB 16/17 010 Midwifery Learning Disability Group Presentation**

Ms Fox introduced the Midwifery Learning Disability Group Presentation.

Ms Fox advised that the 'Chit Chat' programme had been developed after there had been a number of complaints from new mothers with learning disabilities who felt they needed extra support. Ms Fox made the Board aware that members of the public with Learning Disabilities find it a struggle to access acute services and with a national focus on maternity services, a service that would link the two has been developed by the Trust.

Ms Fox stated that the presentation will be submitted to the National Nursing Times Awards, be included in the HSJ and will also be submitted to the Kate Grange Care and Compassion Awards.

Mr Farenden noted that he found the presentation uplifting.

The Board **NOTED** the Finance Report Midwifery Learning Disability Group Presentation.

**TB 16/17 011 Approval of Quality Account**

Dr Cusack presented the Quality Account.

Dr Cusack made reference to the recent updated Draft Quality Account that was distributed to the Board members post circulation of the Public Board papers.

Dr Cusack advised that figures noted for the Trusts performance activity up to 31 March 2016 with a comparison to the previous year's activity was updated to reflect the correct information. Dr Cusack reported that the quarter 4 'Sign Up To Safety' data was now included with the report.

Dr Cusack advised that the response from Northamptonshire County Council was recorded in the report.

Dr Cusack requested that the Board carefully read Section 4 of the report and pass any additional information for this section to him.

Dr Cusack stated that the Communications team will work on the final format of the Quality Account.

Ms Searle queried whether the Board will need to sign of the Quality Account pending final changes as required. It was confirmed that this is the correct process to follow. Ms Searle reminded Dr Cusack to send comments received from partners to the Non-Executive Directors.

The Board **APPROVED** the Quality Account pending final changes as required.

**TB 16/17 012 Finance Report**

Mr Lazarus presented the Finance Report.

Mr Lazarus advised that the financial position of the Trust for the period ended 30th April (Month 1 is a deficit of £2.2m, £0.3m adverse to plan. Mr Lazarus did not express concern as whilst month 1 results are not always a good barometer, it is clear that pay costs have increased over and above budgeted levels which may give rise to a concerning trend if repeated in May 16.

Mr Lazarus reported that factors that may have contributed to increased pay costs

are the change to weekly payroll, Easter enhancements and medical agency costs. Mr Lazarus reported that there is a difference of average pay of 5.8% from March to April in WTE costs. Mr Lazarus commented that this could be linked to national insurance increase and the 1% pay award, however further analysis is required and Mr Lazarus will present this information to the Finance Investment and Performance Committee. Mrs Needham acknowledged that the loss of income in relation to pay could have been more if not for the 2 day Junior Doctor's industrial strike.

**Action: Mr Lazarus**

Mr Lazarus advised that the CCG are now paying the Trust its monthly income at the start of the month.

The Board **NOTED** the Finance Report.

#### **TB 16/17 013 Workforce Performance Report**

Mrs Chown presented the Workforce Performance Report.

Mrs Chown advised that the substantive Workforce Capacity increased by 8.81% FTE in April 2016. Mrs Chown stated that the percentage is lower due to the increase in the FTE following the introduction of posts through the business cases that have been approved but have yet been recruited to.

Mrs Chown reported that there has been a downward trend in annual Trust staff turnover.

Mrs Chown noted that the staff sickness absence had increased by 0.14% but it must be noted that a total of 7 Directorates were below the Trust target rate.

Mrs Chown stated that the current rate of Appraisals recorded for April 16 is 82.71% which is a further improvement.

Mrs Chown commented that Role Specific Essential Training compliance decreased in April to 73.70% which was mainly due to Blood Training competence requirements being changed this month so the pool of staff requiring the training had increased.

Mrs Chown advised that Mandatory Training compliance in April 16 had exceeded the Trust target and increased from 84.5% to 85.13%.

Ms Fox made the Board aware of the joint Nursing/HR presentation that will be brought to Julys Workforce Committee to highlight what has been done in nurse recruitment and retention.

Mr Zeidler queried the establishment gap on page 144 of the report as it appears that Allied Health Professionals have a significant shortfall. Mrs Chown advised this would be investigate and brought back to the next Board meeting.

**Action: Mrs Chown**

The Board **NOTED** the Workforce Performance Report.

#### **TB 16/17 014 Sustainability and Transformation Plan Update**

Mr Pallot presented Sustainability and Transformation Plan Update.

Mr Pallot advised that the report largely replicates the most recent update provided to the Sustainable Transformation Plan (STP) Board and is provided to ensure consistency of message across all organisations. Mr Pallot stated that additions in this version include the overall governance framework for delivery of the STP and additional detail on the acute transformation element.



Mr Pallot drew the Board to page 155 of the report which details the Governance Structure.

Mr Pallot reported that the Mckinsey work was coming to an end and they have provided the Trust with information packs on the 10 agreed specialities.

Mr Farenden queried whether the success of collaboration with KGH regarding the Acute Services work dependant on the MCP. Mr Pallot confirmed that it would.

Dr Swart commented that the population of Northamptonshire and the needs of the county need to be addressed. Dr Swart stated that the programmes of work that are most likely to made a difference need to be identified within the STP.

Mr Zeidler queried the completion dates on page 158 and the progress on these. Mr Pallot advised that workshops have taken place with the CCG, GP Federations/NHFT and Mckinsey.

The Board **NOTED** the Sustainability and Transformation Plan Update.

**TB 16/17 015      Approval of Annual Report and Annual Accounts 2015/16**

Mr Lazarus presented the Annual Report and Annual Accounts 2015/16 for approval.

Mr Lazarus advised the Annual Report and Annual Accounts 2015/16 had been to Audit Committee along with the 3 additional amendments. Mr Lazarus advised that the additional changes were the inclusion of an updated salary and pension table and additional information of gender distribution of senior managers and medical staff. Mr Lazarus commented that the Trust does not hold a Remuneration Policy and the Annual Report would include the duties of the Remuneration & Appointments Committee as set out in the Terms of Reference. Mr Lazarus noted that the membership of the Remuneration & Appointments Committee is predominantly Non-Executive Directors and that this would be included with the report.

Mr Lazarus advised that the Audit Committee had recommended approval of the Annual Report and Annual Accounts.

Dr Cusack stated that on page 229 it incorrectly notes that he is Hon Treasurer of the NHS Retirement Fellowship.

Mr Lazarus distributed the letter of representation which is required for audit purposes. Mr Lazarus confirmed that the only significant change is last paragraph on page 7 in which the statement notes that the Board has considered the valuation of its land and buildings. Mr Lazarus advised the Audit Committee recommends approval of the letter.

The Board **APPROVED** the Annual Report and Annual Accounts 2015/16 pending amendments discussed and **APPROVED** the letter of representation.

**TB 16/17 016      Corporate Governance Report**

Ms Thorne presented the Corporate Governance Report

Ms Thorne highlighted to the Board that on page 289 of the Board Pack which notes that between January and April 201 there were 17 Declarations of Hospitality received. Ms Thorne advised that she will be linking in with the Counter Fraud Officer who works with the Trust to raise awareness of Standard Business of Conduct Policy. Ms Thorne reported that declarations are reducing and Ms Thorne believes that this could be due to lack of understanding with staff.



Ms Thorne stated that the Audit Committee had approved the Corporate Governance Manual pending amendments.

Mrs Thorne advised that the Corporate Governance Manual will act as a handbook which all senior staff will need to sign to say they have read and understood the manual.

The Board **NOTED** the Corporate Governance Report.

**TB 16/17 017 Approval of Risk Management Strategy**

Ms Thorne presented the Risk Management Strategy for approval.

Ms Thorne advised that the Risk Management Strategy had been discussed in detail at April's Board of Directors and approval was recommended to the Board .

The Board **APPROVED** the Risk Management Strategy.

**TB 16/17 018 Integrated Performance Report**

Mrs Needham presented the Integrated Performance Report.

Mrs Needham advised of the Integrated Performance Report now includes the indicators which are amber and red rated with an accompanying exception report. Mrs Needham informed the Board that all areas had been covered in detail at the recent May Finance Investment and Performance Committee, Quality Governance Committee and Workforce Committee meetings.

Mrs Needham stated that there had been an increase in non-elective activity and A&E attendees during May 16.

Mrs Needham reported that herself and Mr Pallot had met with Social Care, Private Providers and investigated internal resource methods that could reduce the length of stay and support the gap in capacity over Winter.

Mrs Needham advised that Winter Workshop is planned which will identify learning from Winter 2015/16 and outline what can be done moving forward into Winter 2016/17.

Mr Noble commented that the inclusion of run charts within the exception reports was a big improvement. Mr Noble requested that Mrs Needham looks at the definition of the improving trend indicator.

**Action: Mrs Needham**

The Board **NOTED** the Report from the Integrated Performance Report.

**TB 16/17 019 Highlight Report from Finance Investment and Performance Committee**

Mr Zeidler presented the Report from the Finance Investment and Performance Committee.

The Board were provided a verbal update on activities undertaken during the month of April and what had been discussed at the Finance Investment and Performance Committee meeting held on 18 May 2016. The report covered any issues of significance, interest and associated actions that were required and had been agreed to be taken forward by the Committee.

Mr Zeidler advised that the importance of the Changing Care programme was discussed in detail. Mr Zeidler commented that a great deal of work had been done in internal CIPs and Mr Zeidler had requested that external collaborative work also to

be explored.

Mr Zeidler reported that there had been a 5.8% increase in pay and advised the Board that Mr Lazarus would be investigating this with an update provided in June's Finance Investment and Performance Committee.

Mr Zeidler stated that an increase in DTOC had been highlighted as a concern as well as the delay of the 60 bedded ward.

The Board **NOTED** the Highlight Report from the Finance Investment and Performance Committee.

**TB 16/17 020 Highlight Report from Quality Governance Committee**

Ms Searle presented the Report from the Quality Governance Committee.

The Board were provided an update on activities undertaken during the month of April and what had been discussed at the QGC meeting held on 20 May 2016. The report covered any issues of significance, interest and associated actions that were required and had been agreed to be taken forward by the Committee.

Ms Searle advised that the Quality Improvement Scorecard had been distributed at the Committee meeting. The Committee agreed that the new format was more helpful and requested for benchmarking data to be included on all the charts within the scorecard going forward. Mr Searle stated that an investigation was to be had on the spike on the Cardiac Arrest graph.

Ms Searle reported that the Committee enjoyed a presentation on Rapid Tranquilisation from 3 Junior Doctors.

Ms Searle stated that the Committee lacked assurance in C-Section compliance. The Committee requested when analysis from the September 16 audit was available it was to be brought back to the Quality Governance Committee for further assurance.

The Board **NOTED** the Highlight Report from Quality Governance Committee.

**TB 16/17 021 Highlight Report from Workforce Committee**

Mr Kershaw presented the report from the Workforce Committee.

The Board were provided an update on activities undertaken during the month of April and what had been discussed at the Workforce meeting held on 18 May 2016. The report covered any issues of significance, interest and associated actions that were required and had been agreed to be taken forward by the Committee.

Mr Kershaw advised that the Committee had received a detailed review on nursing staff recruitment and retention. Mr Kershaw reported that a further detailed review was to be brought back to the Committee on how to address the issue further.

Mr Kershaw noted that there had been an increase in nurse fill rates.

Mr Kershaw stated that Dr Jeffrey gave the Committee a verbal update on the triple red flag in Oncology. Mr Kershaw advised that a further written report will be presented in June's Workforce Committee.

Mr Kershaw shared with the Board the positive news of the increase in mandatory training compliance.

The Board **NOTED** the Highlight Report from Workforce Committee

**TB 16/17 022 Highlight Report from Audit Committee**

Mr Zeidler presented the report from the Audit Committee.

The Board were provided an update on activities undertaken during the month of April and what had been discussed at the Audit meeting held on 25 May 2016. The report covered any issues of significance, interest and associated actions that were required and had been agreed to be taken forward by the Committee.

Mr Zeidler advised the following:

- Internal Audit Annual Report – received reasonable assurance
- Internal Audit Report – received reasonable assurance
- Accounts 2015/16 – qualified opinion advised of no concerns. A letter will be sent to the Secretary of State to advise of the Trusts failure to not break even over a 3 year period.
- External Audit – Salary overpayments have increased and are an area of concern.
- Going Concern – The Audit Committee were advised that the Trust will not receive a letter next year and discussions were had on what the risks this poses the Trust.

The Board **NOTED** the Highlight Report from Audit Committee.

**TB 16/17 023 Highlight Report from Hospital Management Team**

Dr Swart presented the report from the Hospital Management Team (HMT).

Dr Swart reported that the meeting on 03 May 2016 was a HMT Workshop and included the wider management team; Divisional Managers, Directorate Managers, Matrons and Clinical Directors.

Dr Swart advised that 7 day working was discussed at HMT. Dr Swart stated that the Trust had received a letter from NHSI highlighting the 10 Standards which the Trust should aim to achieve. Dr Swart commented that Dr Cusack and Dr Bissett were taking the lead on this important issue. Dr Cusack and Dr Bissett would be noting the implications had on recruiting additional staff, the access to services and ensuring the right facilities would be available at the weekend.

Mr Noble queried on how well defined the Standards were in Trust. Dr Swart advised Mr Noble the 10 Standards would be shared at a future Board meeting to gain further understanding on how and if the Standards could be achieved by the Trust.

The Board **NOTED** the Highlight Report from Hospital Management Team

**TB 16/17 024 Any Other Business**

There were no items of any other business.

**Date of next meeting: Thursday 28 July 2016 at 09:30 in the Board Room at Northampton General Hospital.**

Mr P Farenden called the meeting to a close at 11:15



Public Trust Board Action Log							Last update	06/07/2016
Ref	Date of meeting	Minute Number	Paper	Action Required	Responsible	Due date	Status	Updates
<b>Actions - Slippage</b>								
NONE								
<b>Actions - Current meeting</b>								
53	May-16	TB 16/17 008	Medical Directors Report	7th Trust wide mortality case note to be presented at July Board	Dr Cusack	Jul-16	On agenda	Presented in <b>July Public Trust Board</b> Medical Directors Report
<b>Actions - Future meetings</b>								



<b>Report To</b>	<b>Public Trust Board</b>
<b>Date of Meeting</b>	<b>28 July 2016</b>

<b>Title of the Report</b>	<b>Chief Executive's Report</b>
<b>Agenda item</b>	<b>7</b>
<b>Presenter of the Report</b>	Dr Sonia Swart, Chief Executive
<b>Author(s) of Report</b>	Sally-Anne Watts, Head of Communications and Dr Sonia Swart
<b>Purpose</b>	For information and assurance
<b>Executive summary</b> The report highlights key business and service issues for Northampton General Hospital NHS Trust in recent weeks.	
<b>Related strategic aim and corporate objective</b>	N/A
<b>Risk and assurance</b>	N/A
<b>Related Board Assurance Framework entries</b>	N/A
<b>Equality Impact Assessment</b>	Is there potential for, or evidence that, the proposed decision/ policy will not promote equality of opportunity for all or promote good relations between different groups? (N)  Is there potential for or evidence that the proposed decision/policy will affect different population groups differently (including possibly discriminating against certain groups)?(N)
<b>Legal implications / regulatory requirements</b>	None
<b>Actions required by the Trust Board</b>  The Trust Board is asked to note the contents of the report	

**Public Trust Board  
28 July 2016**

**Chief Executive's Report**

**1. Patient Safety and Quality Improvement**

There has been considerable national focus on the treatment of sepsis. At NGH we are building on the initial sepsis improvement work which formed the focus of the 2011 Aspiring to Excellence course for our undergraduate medical students. We have sustained our efforts to ensure we treat sepsis in a more timely and efficient way, continually building on a number of improvements over the years with good results in terms of patient outcomes.

Recently over 60 staff, including many consultants, attended a session on surviving sepsis given by Ron Daniels, the NHS Institute Safer Care Faculty Chair and the chief executive and co-founder of The UK Sepsis Trust charity. Dr Jono Hardwick facilitated the session as our sepsis lead, with input from Dr Minassian. The message that we are an organisation focused on continual improvement was loud and clear, and something to be proud of.

NGH has been asked on behalf of the East Midlands Academic Health Science Network Patient Safety Collaborative (PSC) to develop and lead a system-wide improvement plan to reduce avoidable harm. This development has been received positively by neighboring organisations and is fully supported by the CCG. I will update the board as this work progresses, but in essence the proposal is to utilise NGH's Sign up for Safety improvement plan as a system-wide standard and report progress via quality improvement metrics following the model that is currently in place at NGH.

There is an increase in focus in the UK and internationally on approaches to improve safety generally and this has led to greater recognition of the importance of the culture of an organisation. During June 2016, working in collaboration with the PSC, NGH joined eight acute trusts in the East Midlands and began a four year safety culture improvement programme for the workforce in emergency departments and maternity units. The programme is being supported internally via the quality improvement team and responses are analysed externally by Pascal Metrics, a US-based company who have delivered a number of similar projects in the NHS. The company will also support the delivery of strategies to improve the culture of patient safety in these services, based on the results of the surveys. Baseline results from initial responses are expected during the latter part of August 2016.

NGH has continued to successfully build on our quality improvement work with the support of the Board and a high degree of multidisciplinary support and commitment which has been unconditionally provided by all our operational teams and services.

Developing our staff and building improvement skills has become increasingly important. The specific focus provided by the IQE and Safety Teams, as well as the Changing Care programme, has provided staff with opportunities to change systems and processes of care. This has fuelled our progress in quality improvement and safety to the extent that there is also now a demand for a progressive curriculum in quality improvement encouraged through the Medical Royal Colleges and others. The view is that this approach will continually build both the capability and leadership necessary in healthcare today.

To support the quality improvement work many of our staff are involved in, we now have an opportunity to deliver a Patient Safety and Quality Improvement accredited course at NGH. The following are currently being considered in collaboration with the University of Northampton with a plan to commence the first programmes in 2017.



- PG Certificate - Patient safety and quality improvement – this will support colleagues who require professional revalidation
- Diploma Patient safety and quality improvement
- MSc Patient safety and quality improvement

The courses provide an inclusive opportunity for all multidisciplinary staff welcoming staff with different levels of experience and academic qualifications and initial expressions of interest have been very positive

The Board will be aware that the QI work with junior doctors and medical students continues to be strengthened and valued by our doctors in training. Building on the previous success at the international conference in Gothenburg earlier this year, our NGH doctors in training project on standardisation of procedure trays was awarded the Innovation Prize at the East Midlands Quality Improvement forum in June. The forum brought together health & social care learners, educators and professionals from across the East Midlands to exhibit a range of quality improvement projects, share best practice and enhance learning. NGH junior doctors were very well represented generally and I am sure the success will lead to further enthusiasm from the NGH Junior Doctor Safety Board for Quality Improvement work at NGH.

These achievements and external recognition that NGH is an organization committed to QI to continually improve patient care, have been a catalyst to initiate preliminary discussions with Health Education England (HEE) for NGH to deliver QI education and training to GP trainees as a 12 month pilot. Now that The Academy of Medical Royal Colleges is advocating a core understanding of Quality Improvement is as important as doctors understanding of anatomy, physiology and biochemistry, there is a huge amount of interest in this area in the context of medical training. In view of the fact that multidisciplinary training is also regarded as of paramount importance, there is no better platform for real workplace based training than an organisation aligning all its efforts around quality improvement. Our developing quality improvement strategy as agreed at the Board session with the Advancing Quality Alliance will signal this organisational alignment as our key priority.

## **2. STP**

The Northamptonshire System Transformation Plan builds on much of the work that has taken place as part of Heathier Together and Heathier Northamptonshire. The plan was submitted on 30<sup>th</sup> June and was discussed at a national challenge meeting with Simon Stevens and other key leaders.

The Northamptonshire plan is regarded as a sensible and pragmatic plan which should result in improvements in quality of care, efficiency and financial sustainability over the next 5 years. The plan makes it clear that the enablers of change will need to receive the highest priority. These include development of the workforce, development of the IT infrastructure, and development of primary and community care and estate issues. If these issues can be appropriately addressed then the vision of ensuring high quality hospital care for those that need it and ensuring much more care can be delivered in the community can be translated into a clear implementation plan.

For NGH and KGH the challenge is to provide services clearly based on the needs of the population in a way that integrates the patient pathways so that care is more patient centred, more efficient and can meet the quality and capacity needs of the future.

Solving the current issues in urgent care remains central to all of the plans. The national team have asked us to refine the plans further over the next 2 months. One of the biggest challenges will be to refine a clear sequenced implementation plan supported by all partners in health and social care at a time when there is very little addition resource and when all our leaders and managers are already fully committed.

The need to close the financial gap predicted for the NHS over the next 5 years is also critically important and we do need to provide a great deal more detail on how this can be done.

The ambition is to ensure that these transformation plans become a part of routine business and it is partly for that reason that the funding coming down from HEE for workforce transformation will be starting with a comprehensive programme of organisation development for all our teams across the system and will include engagement of the workforce and development of the workforce.

### 3. Brexit

In response to the level of concern raised by the recent Referendum I issued a dedicated blog for NGH staff to reinforce our absolute commitment to valuing every member of staff. At the same time I felt it important that we acknowledge that all our overseas staff, whether from the EU or further afield, add so much to team NGH.

Clearly the outcome of the Referendum will have big implications and we will have to wait and see how legislation evolves. One concern is that a lot of attention will be focused on Brexit which might otherwise be spent on solving some of our current problems.

However, this is definitely a time to remember that change is inevitable, that the referendum result will have far reaching implications, but that nothing is likely to change very quickly - and in particular we will continue to need to recruit a workforce from other countries.

For the NHS then and for NGH this should be a time to go back to first principles. For the NHS it is time to remember that we have a cradle to grave service that provides healthcare free at the point of access and is something to be proud of. The NHS has been dependent on a multinational highly skilled workforce for a long time.

In recent times we have been recruiting large numbers of nurses from the EU and further afield and increasingly are reliant on medical staff from other countries. This is so much part of our ethos that we mostly assume that this will continue. We simply do not train enough nurses and doctors to meet the demand on the services we provide.

We need these people and they need us and what we also need to remember is that diversity in the workforce brings great value. We learn more about ourselves and more about others and provide better care if we embrace difference.

For NGH now more than ever before, with the pressures on the service being as they are, it is time once again to remember our overall aim of **Best Possible Care** and the values that underpin this. They are all about keeping our patients safe, learning, improving, aiming for excellence and, most importantly, of us all *respecting and supporting each other*.

The NHS workforce has been under increasing pressure in recent years and there is a clear need to ensure that as we plan for the workforce of the future we increase the training opportunities for the many new roles that will be required as part of the realisation of the 5 year forward view .

Locally the STP is also identifying the need for a different kind of workforce. This will bring a range of opportunity both for existing staff and for the future workforce. There will be new opportunities to bring in the very many young people interested in a career in health and social care and new roles that will broaden access at entry and improve development opportunities for those in post. The Local Workforces Advisory Board for the STP (LWAB) will be considering these issues in some detail.

### 4. Best Possible Care Awards

This year we have received a record number of nominations for our Best Possible Care Awards. The judging panel was faced with some difficult choices and it is important for everyone who was nominated to know that what they do is recognised and celebrated.

The shortlisted nominees (six in each of the ten award categories) are now being contacted and every person or team nominated will receive a personal thank-you and acknowledgement from me and the chairman.

I am looking forward to the award presentations on 30<sup>th</sup> September and encourage as many board members as possible to join us on what, I know, will be an uplifting evening as we celebrate team NGH.

**Dr Sonia Swart**  
**Chief Executive**



<b>Report To</b>	<b>PUBLIC TRUST BOARD</b>
<b>Date of Meeting</b>	<b>28 July 2016</b>

<b>Title of the Report</b>	<b>Medical Director's Report</b>
<b>Agenda item</b>	<b>8</b>
<b>Sponsoring Director</b>	Dr Michael Cusack, Medical Director
<b>Author(s) of Report</b>	Dr Michael Cusack, Medical Director
<b>Purpose</b>	Assurance
<b>Executive summary</b>  <p>Four new Serious Incidents have been reported during the reporting period 1/5/2016 – 30/6/2016 which remain open and under investigation. Where appropriate immediate actions have been agreed at the SI Group to mitigate the risk recurrence. There have been seven Serious Incidents which have been reported since 01/04/2016. Five Serious Incident reports have been submitted to the CCG for closure during the reporting period – one of which relates to a Never Event.</p> <p>Following a review of the incident investigation process at NGH, this has been revised and the title of the meeting has been changed to the Review of Harm Group which better describes its function.</p> <p>Dr Foster data showed overall mortality expressed as the HSMR and SHMI remains within the 'as expected' range. The Trust remains within expected compared to hospital Trusts nationally for the two patient safety indicators related to mortality. There is no evidence of a 'weekend effect' in relation to mortality.</p>	
<b>Related strategic aim and corporate objective</b>	Be a provider of quality care for all our patients
<b>Risk and Assurance</b>	Risks to patient safety if the Trust does not robustly investigate and identify any remedial actions required in the event of a Significant Incident or mortality alert.
<b>Related Board Assurance Framework entries</b>	BAF 1.4, BAF 1.5, BAF 4.1 and BAF 4.2
<b>Equality Impact Assessment</b>	<p>Is there potential for, or evidence that, the proposed decision/policy will not promote equality of opportunity for all or promote good relations between different groups? (Y/N)</p> <p>Is there potential for or evidence that the proposed decision/policy will affect different population groups differently (including possibly</p>

	discriminating against certain groups)?(Y/N)
<b>Legal implications / regulatory requirements</b>	Are there any legal/regulatory implications of the paper
<b>Actions required by the Trust Board</b>  The Board is asked to note the contents of this report, details of clinical risks, mortality and the serious incidents declared and identify areas for which further assurance is sought.	

**Public Trust Board  
28 July 2016**

**Medical Director's Report**

The purpose of this report is to highlight areas of concern in respect to clinical quality and safety at NGH to the Trust Board.

**1. Summary Serious Incident Profile**

Shown in the table below are the numbers of Serious Incidents and Never Events which have been reported on the Strategic Executive Information System (StEIS) by year since 2010:

	10/11	11/12	12/13	13/14	14/15	15/16	16/17
Serious Incidents	27	55	78	115	93	11	6
Never Events	2	2	1	0	1	3	1

In 2015/16 there were three serious incidents which met the criteria for Never Events and have been reported to the Board previously. In 2016/17 there has been a further incident which has been declared as a Never Event following the gathering of further through initial investigation. A summary of this Never Event and the learning identified from the investigation is described here:

STEIS/Datix Ref.	Date Reported on STEIS	STEIS Criteria / SI Brief Detail	Directorate
2016/9477	07 Apr 2016	Retained object during gynaecological procedure	Anaesthetics, Critical Care and Theatres
<b>Learning identified from the investigation:</b> <ul style="list-style-type: none"> <li>Trust wide - All objects intended for removal at the end of surgery must be recorded on the swabs and instruments board and be included in the "count" within the PACKS category</li> <li>To incorporate process for counting, logging and removal of all relevant items within existing Trust policy.</li> <li>To ensure that all areas (including those outside theatres) are compliant with updated policy.</li> <li>To formalise and agree on the specific item to be used in place of the pack/bung and communicate to all Gynaecological surgical teams.</li> </ul>			

One Never Event that was reported in 2015/16 and subsequently been investigated has since been submitted to the CCG for closure and is detailed below:

STEIS/Datix Ref.	Date Reported on STEIS	STEIS Criteria / SI Brief Detail	Directorate
2016/143	04 Jan 2016	Wrong site surgery	Womens'

**Learning identified from the investigation:**

- Review of WHO check process – incorporated in work of the Theatres Review Group
- Consideration of the use of ICE system by surgeons to confirm the procedure to be performed
- Implementation of robust mini-time out where appropriate before major surgical interventions and selection of implants/prostheses.
- Roll out of the updated theatre standards to comply with the National Safety Standards for Invasive Procedures (NatSSIPs)
- The incident and learning to be shared through Governance Groups, 'Dare to Share' learning event

**1.1. New Serious Incidents**

Since the last report to the Board, during the reporting period 1/5/2016 – 30/6/2016 4 new Serious Incidents have been reported.

A Root Cause Analysis (RCA) is being undertaken into each of these incidents. The Trust has a contractual agreement with the CCG to submit all RCA reports to them within a 60 working day timeframe; provide evidence to support the Duty of Candour requirement; and provide evidence to support the completion of RCA action plans via the Serious Incident Assurance Meetings (SIAM).

Within **2016/17**, 7 Serious Incidents have been reported under the following categories:

- Surgical/invasive procedure
- Sub-optimal care
- Delay in treatment/referral to specialist team
- Slips/Trips/Falls
- Complication during surgery

**1.2. Open Serious Incidents**

The serious incidents at 30<sup>th</sup> June 2016 which remain **open** and under investigation are listed below:

STEIS/Datix Ref.	Date Reported on STEIS	STEIS Criteria / SI Brief Detail	Directorate
2016-9316 W-61695	06 Apr 2016	Surgical Complication /Nephrectomy	General & Specialist Surgery
2016/12689 & W-62695	10 May 2016	Ophthalmology - Delay in Appointment	Surgery Division
2016/15015 W-63558	02 Jun 2016	Sub Optimal Care of Deteriorating Patient	Urgent Care
2016/15999 W-56836 & W-58943	13 Jun 2016	2 x falls = # of R + L NOF	General & Specialist Surgery



2016/16728 W-63014	21 Jun 2016	EVAR Stent - complications during procedure	General & Specialist Surgery
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### 1.3. Serious Incidents Submitted for Closure

During the reporting period there were five serious incident reports submitted to Nene and Corby Clinical Commissioning Group (CCG) for closure, one of which relates to a Never Event. The remaining four are listed here:

- **STEIS 2016/3968** Digit amputation – Trauma & Orthopaedics
- **STEIS 2016/4318** Fall resulting in a parenchymal haemorrhage - Medicine
- **STEIS 2016/8058** Deterioration following transfer to another hospital - Medicine
- **STEIS 2016/9931** Medication interaction potentially resulting in hyperkalemia – Medicine

## 2. Review of Harm Group

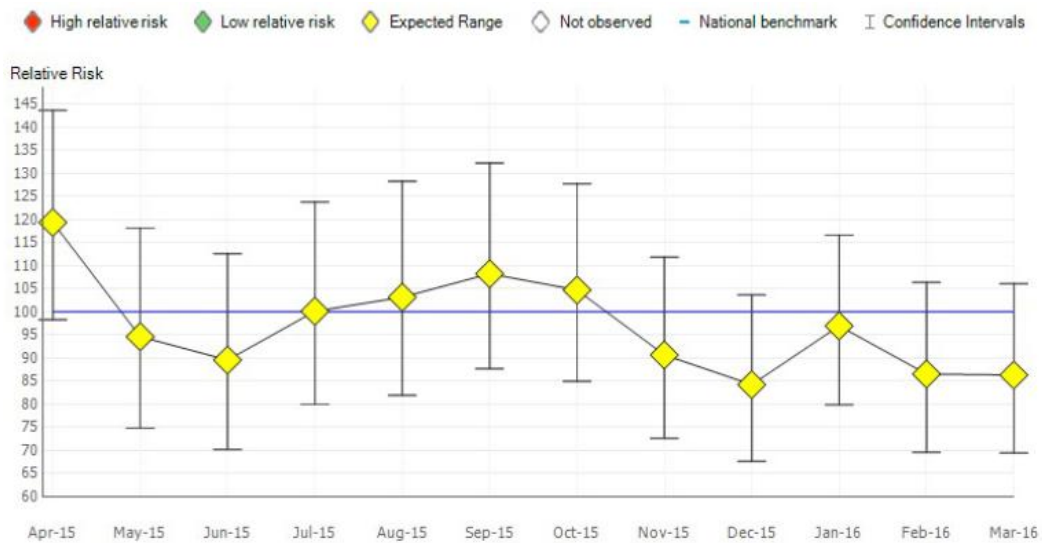
The Incident Investigation process at NGH has been reviewed to ensure that it remains fit for purpose and builds on good practice. This has also ensured that the process aligns with the new Serious Incident Framework (published 2015) and subsequent revision of the process and template issued by the CCGs.

The SI Group commonly reviews incidents where there has been both moderate and severe harm therefore the title of the meeting was potentially misleading. This has as a result been changed to better reflect the group's function – Review of Harm Group. The terms of reference and agenda have also been amended accordingly.

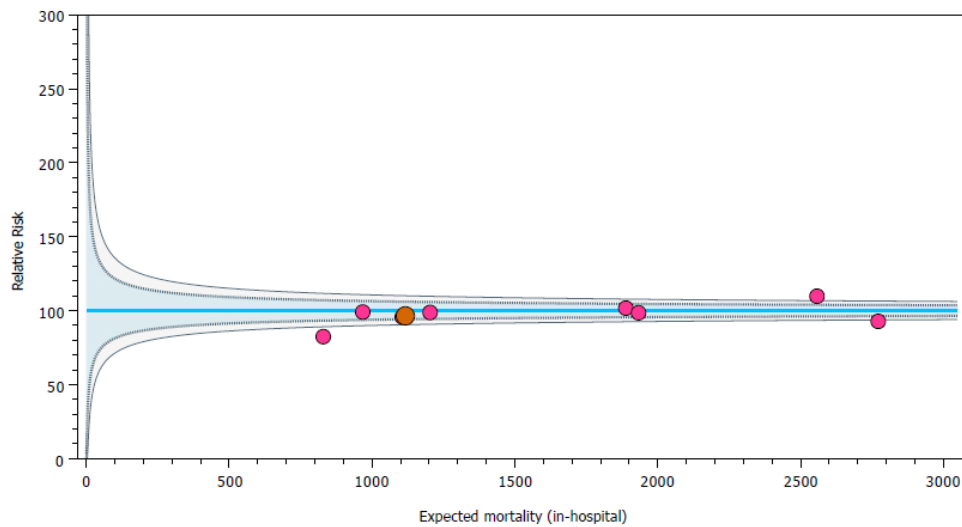
The investigation panels will be drawn from a registered group of staff working to the timescales shown in Appendix 1. Using HealthAssure will facilitate transparent monitoring and allow the generated action plans to be circulated widely supporting organisational learning.

## 3. Mortality Monitoring

The HSMR for the year to March 2016 (latest Dr Foster data) remains with the 'as expected' range at **96.7**. The overall 12 month trend is shown in the graph below:

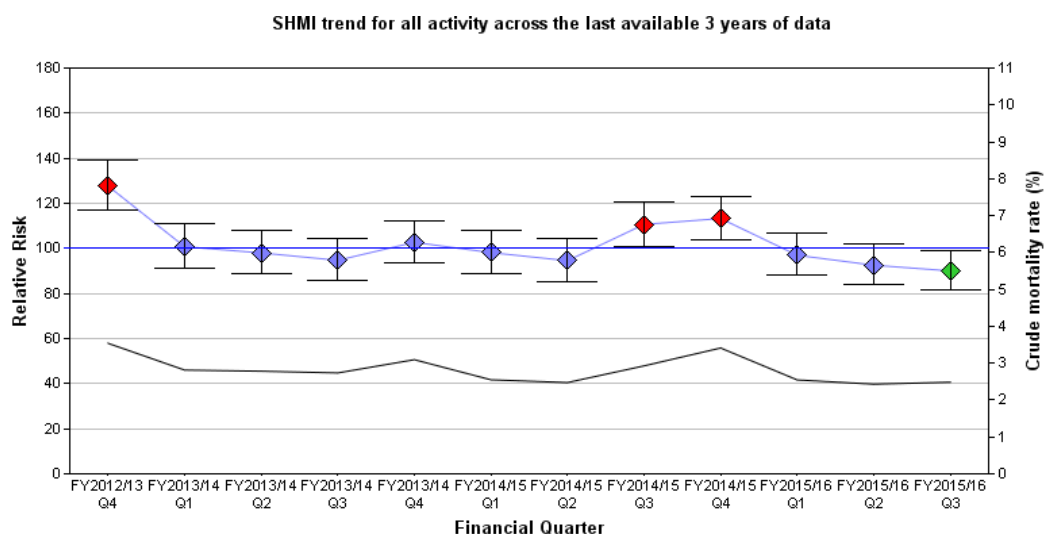


The HSMR for NGH and that of the Trust peer group is shown in the funnel plot below:



The crude (unadjusted) mortality for the HSMR group of diagnoses was 3.26% (peer group mean was 3.64%).

The SHMI for the period January to December 2015 is **98.4** (as expected) and SHMI trend is shown below:



### 3.1. Patient Safety Indicators

The Trust remains within expected compared to hospital Trusts nationally for the two patient safety indicators related to mortality (deaths in low risk diagnosis groups and deaths after surgery):

- Deaths in low risk diagnosis groups RR = **92.3**
- Deaths after surgery RR = **105**

### 3.2. Weekend Effects

For the rolling year ending to January 2016 there was no statistical difference between the standardised mortality rates for weekend [**97.4**] and weekday admissions [**98.2**].

## 4. Next Steps

The Review of Harm Group will meet on a weekly basis as described in the report to expedite the agreement & external notification of Serious Incidents.

Mortality within the Trust is closely monitored and reported through the Quality Governance Committee. The Mortality Surveillance Group model has been adopted in accordance with NHSE recommendations and will provide assurance to Trust Board.

This Board is asked to seek clarification where necessary and assurance regarding the information contained within this report.



<b>Report To</b>	<b>PUBLIC TRUST BOARD</b>
<b>Date of Meeting</b>	<b>28 July 2016</b>

<b>Title of the Report</b>	<b>Nursing &amp; Midwifery Care Report</b>
<b>Agenda item</b>	<b>9</b>
<b>Presenter of Report</b>	Carolyn Fox, Director of Nursing, Midwifery & Patient Services
<b>Author(s) of Report</b>	Fiona Barnes, Deputy Director of Nursing Jason King, Associate Director of Nursing Senior Nursing & Midwifery Team
<b>Purpose</b>	Assurance & Information
<b>Executive summary</b>  <p>This report provides an update and progress on a number of clinical projects and improvement strategies that the Nursing &amp; Midwifery senior team are working on. An abridged version of this report, providing an overview of the key quality standards, will become available on the Trusts website as part of the Monthly Open &amp; Honest Care Report.</p> <p>Key points from this report:</p> <ul style="list-style-type: none"> <li>• Safety Thermometer – The Trust achieved 98.2% harm free care with new harms.</li> <li>• In June the number of reported pressure ulcers was 19. These will be validated in July at the 'share and learn' meeting.</li> <li>• There has been 2 C. Difficile case reported in June 2016, 0 MRSA Bacteraemia, and 1 MSSA bacteraemia.</li> <li>• In June there has been 2 in-patient falls that has caused severe harm and are currently under investigation.</li> <li>• FFT in June 2016– Inpatients 89.8%, OPD 91.2%, Emergency Dept. 85% and Maternity 97.4% 'would' recommend</li> </ul>	
<b>Related strategic aim and corporate objective</b>	Quality & Safety. We will avoid harm, reduce mortality, and improve patient outcomes through a focus on quality outcomes, effectiveness and safety
<b>Risk and assurance</b>	The report aims to provide assurance to the Trust regarding the quality of nursing and midwifery care being delivered

<b>Related Board Assurance Framework entries</b>	BAF 1.3 and 1.5
<b>Equality Analysis</b>	<p>Is there potential for, or evidence that, the proposed decision/document will not promote equality of opportunity for all or promote good relations between different groups? (N)</p> <p>Is there potential, for or evidence that, the proposed decision/document will affect different protected groups/characteristics differently (including possibly discriminating against certain groups/protected characteristics)? (N)</p>
<b>Legal implications / regulatory requirements</b>	Are there any legal/regulatory implications of the paper - NO
<p><b>Actions required by the Board</b></p> <p>The Board is asked to discuss and where appropriate challenge the content of this report and to support the work moving forward.</p> <p>The Board is asked to support the on-going publication of the Open &amp; Honest Care Report on to the Trust's website which will include safety, staffing and improvement data.</p>	

**Public Trust Board**  
**28 July 2016**

**Nursing & Midwifery Care Report**

**1. Introduction**

The Nursing & Midwifery (N&M) Care Report presents highlights from areas, audits and projects during the month of June 2016. Key quality and safety standards will be summarised from this monthly report to share with the public on the NGH website as part of the 'Open & Honest' Care report. This monthly report supports the Trust to become more transparent and consistent in publishing safety, experience and improvement data, with the overall aim of improving care, practice and culture.

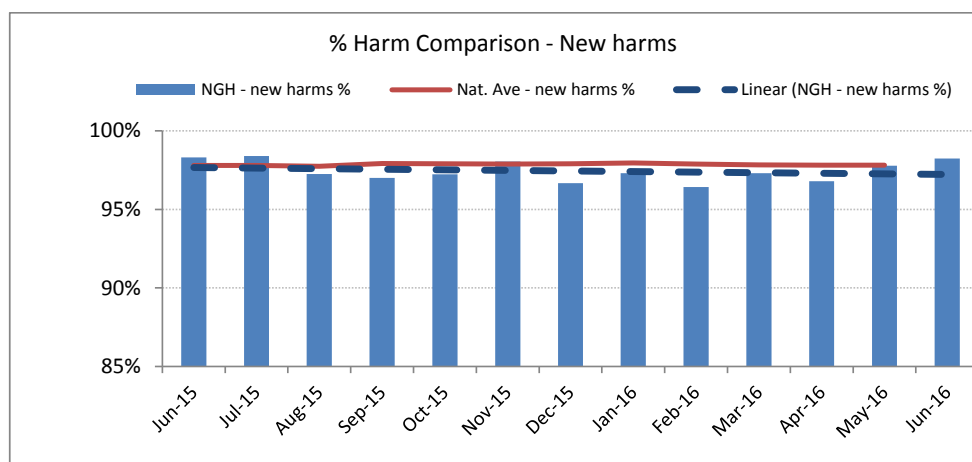
The Nursing and Midwifery Quality Dashboard provides triangulated data utilising quality outcome measures, patient experience and workforce informatics. Please see appendix 3

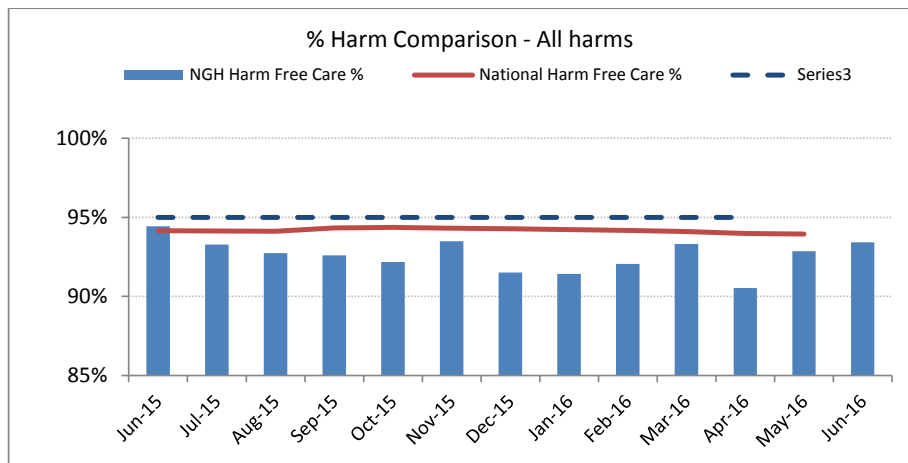
**2. Midwifery Update**  
**Sign Up to Safety**

In March 2016, the maternity services put together a 'Sign up to Safety' improvement plan with the overall aim to reduce the number stillbirths and undiagnosed small-for-gestational age babies by 50% by March 2018. The improvement plan specifically focuses on identifying women who smoke during pregnancy and implementing an innovative midwife led pathway which includes increased antenatal surveillance.

**3. Safety Thermometer**

The graph below shows the percentage of all new harms attributed to the Trust. In June 2016 NGH achieved 98.2% harm free care (new harms). Please see appendix 1 for the definition of safety thermometer.

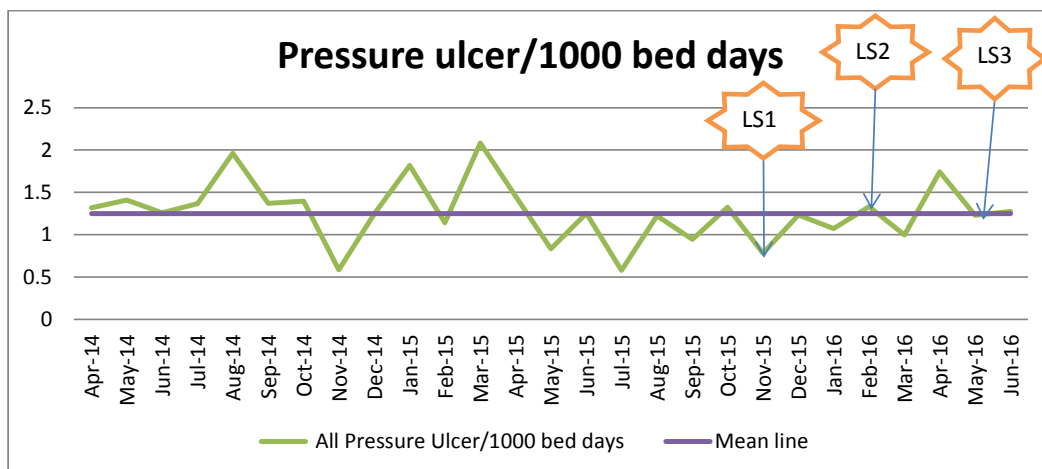




In June 2016 NGH achieved 93.43% of harm free care, with 1.76% of patients on the day recorded in the category of 'new' harm (sustained during whilst they were in our care) which is an improvement from May 2016 which was 2.22%. Broken down into the four categories this equated to: 2 falls with harm, 0 VTE, 1 CRUTI and 18 'new' pressure ulcers.

#### 4. Pressure Ulcer Incidence

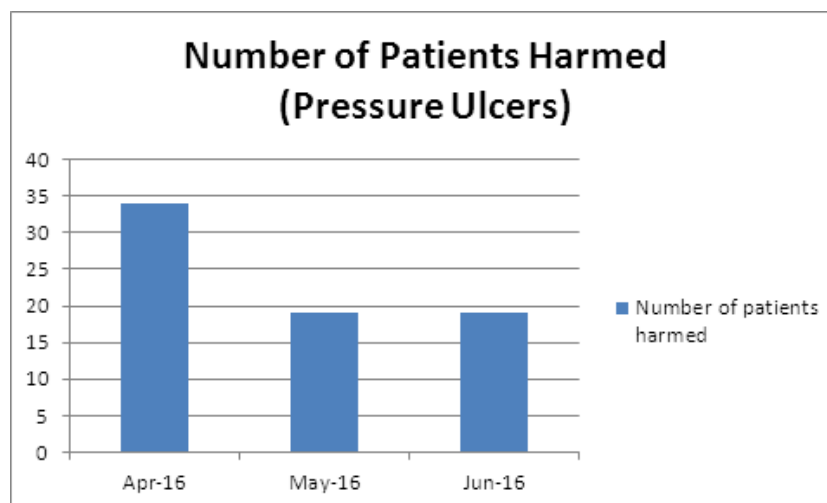
In June 19 patients were harmed whilst in the care of Northampton General Hospital, resulting in 27 pressure ulcers. 7 patients had 2 or more harms.



The Graph above shows the pressure ulcers/1000 bed days in relation to hospital acquired pressure damage. The three points shown above were the pressure ulcer collaboratives which took place; there have been 3 in total.



The table below shows the total number of patients that have been harmed whilst in our care from April 2016-June 2016.



For the period covering April – June 2016 a total of 72 patients were harmed, resulting in 91 pressure ulcers.

The Tissue Viability Lead Nurse met with Director of Nursing, Midwifery & Patient Services, Deputy Director of Nursing and QAI (Quality Assurance and Improvement) Matron to review Data Quality. A number of changes to the process have been identified which include:

1. Weekly Share & Learn meetings, to commence week beginning 8<sup>th</sup> August 2016.
2. Validation of all Hospital Acquired Pressure Ulcers by member of Tissue Viability Team on the ward, which has been commenced.
3. Introduction of new Grade 2 Investigation Tool.
4. To remove the use of terminology around avoidable/unavoidable across Trust, instead identifying 'lapses in care'.
5. Re-examine the use of Safety Boards (not Safety Cross) to record/document "days since last pressure ulcer acquired on ward", rather than days since last avoidable pressure ulcer acquired on ward.

## 5. Infection Prevention and Control NHS Improvement Programme

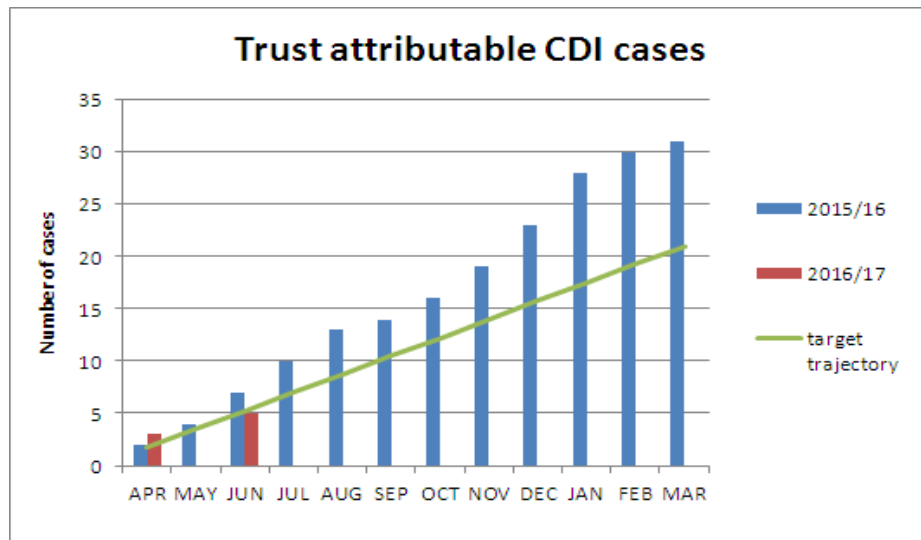
As reported in April's IPT is working with NHS Improvement on an Infection Prevention and Control Improvement Programme. The Trust is working with 22 other Trusts in a 90 day collaborative. The launch provided an opportunity to meet with other organisations to share good practice and work together to raise the profile of infection prevention and to make a measurable and sustainable difference.

IPT continue to work with Collingtree, Willow and Creaton (formerly Allebone) wards continue to ramp up their PDSA (Plan, Do, Study Act) cycles and test of change in readiness for the next collaborative event. Benham Assessment Unit and the Emergency Admission Unit (EAU) have now joined the Infection Prevention collaborative and a test of change is being undertaken with the admission checklist paperwork with these areas. Following July 8<sup>th</sup> July 2016 meeting with NHS improvement the collaborative work will require 'scaling up and spreading' across the Trust.

## Performance Information

### Clostridium difficile Infection

*Clostridium difficile* infection (Trust apportioned)



The graph above shows to date that there have been 5 cases of *Clostridium difficile* infection apportioned to the Trust. 2 patients identified with CDI for June 2016.

The table below demonstrates the Trust apportioned cases to date that are awaiting review.

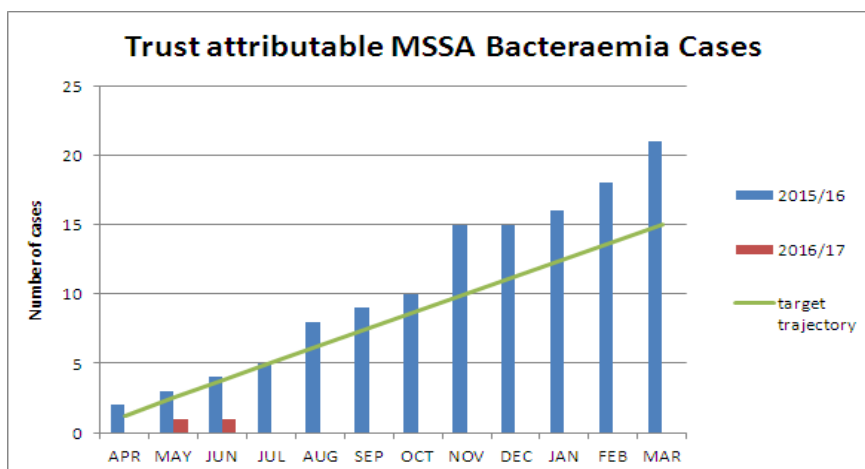
CDI Cases	CDI cases no lapse in care to date	CDI cases lapses in care	CDI cases awaiting review
5	4	0	1

### MRSA Bacteraemia

For June there has been 0 trust attributable MRSA bacteraemia.

## MSSA Bacteraemia

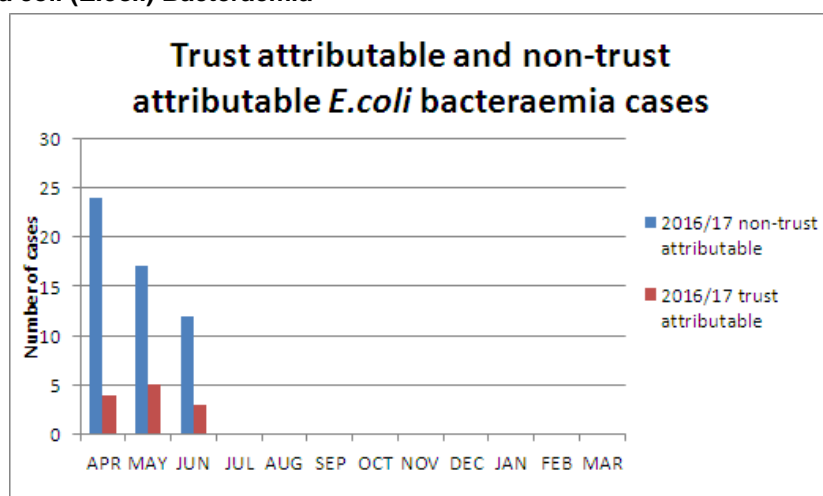
MSSA Bacteraemia (Trust attributable cumulative totals)



There is no national target set for MSSA bacteraemia. The Infection Prevention forward plan has set an ambition of no more than 15 cases for 2016/2017. For June 2016 there was 1 trust attributable case. To date there have been 2 trust attributable cases.

A post infection review is being undertaken for the patient identified in June and the findings will be reported in next month's report following the review.

## Escherichia coli (*E.coli*) Bacteraemia



There is no national target set for *E. coli* bacteraemias. For June there were 3 Trust attributable cases.

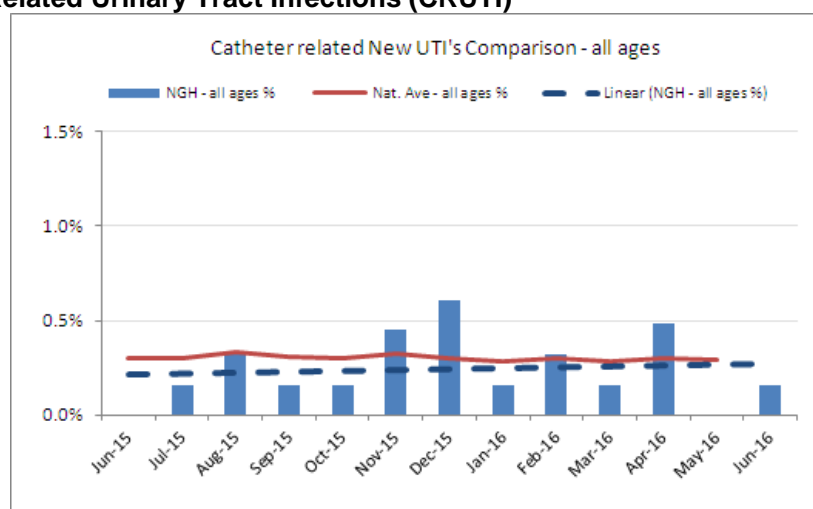
Source of Infection	Number of Cases
Urosepsis	1
Unknown	2

The table above provides the breakdown of source and number of *E.coli* bacteraemia cases for June 2016.

### Outbreak and incidents

No outbreaks of infection were reported in June 2016

### Catheter-Related Urinary Tract Infections (CRUTI)



The graph above shows that for June 2016 there was 1 trusts attributable CRUTI's, this was attributed to Willow ward and a Root Cause Analysis is in progress.

### Beat the Bug Update

The quality visits continue with 14 wards visited in June. Finding of these visits can be seen below:

#### Positive findings:

- Floors are clean, and free from dust and extraneous items
- Waste Bins were free from dust including behind the bin
- All urinary catheters were above the floor but below bladder level
- The bays were free from unpleasant odours
- Isolation precautions are in place e.g. sign on the door

#### Areas for Improvement :

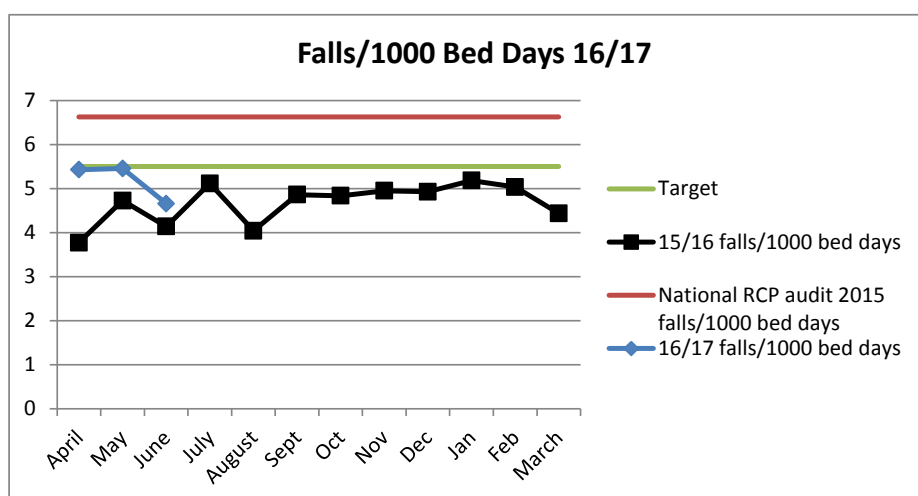
- Blue ANTT trays were not always found to be clean and dry and stored inverted
- Commode cleaning
- Chlorclean tablets require being stored in a locked cupboard
- The TVs, vents, radiators, bedframes, curtain rails, back of lockers, tops of doors including door frames were not all dust free

All of the above findings were fed back to the ward managers verbally and through a written report. All findings are followed up by the Infection Prevention Team on their weekly visits to the ward.

## 6. Falls Prevention

### Falls/1000 bed days

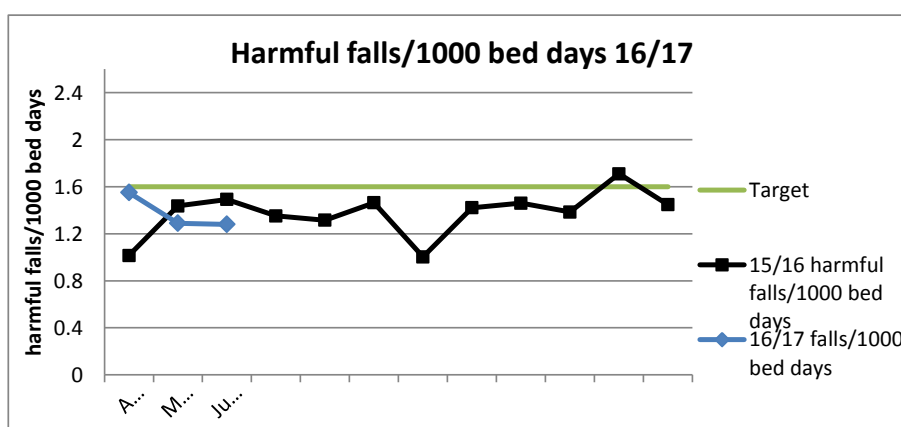
The way in which we calculate our bed days has change from 1<sup>st</sup> April 2016; we are now not including bed days from the Barret. This results in our bed days being lower and therefore may make our falls/1000 bed days appear higher if compared with last year. Therefore as these figures are not comparable with previous years an SPC chart or run chart cannot reliably be generated. Last year's figures are below for information only



The Trust's Falls/1000 bed days is below the national average and the (internally set) target.

#### Maximum of 1.6 harmful falls/1000 bed days (internally set target).

It can be seen from the graph below that the harmful falls/1000 bed days is below the internally set target.



## Falls resulting in moderate, severe or catastrophic harm

### This month (June)

Severity of injury	Number of falls last month
Moderate	1
Severe	2
Death	1

This month we reported 3 in-patient falls that caused at least 'moderate' harm. Some of these falls are still being investigated and the severity of the injury may be reviewed once the investigation is complete. One fall resulted in moderate harm resulted in a fractured dislocated humerus), 2 fractured neck of femurs and 1 patient died on the 6<sup>th</sup> June after they had fallen on the 26<sup>th</sup> May. IAF completed, circulated to SIG.

### **Work underway to reduce the falls rate/improve post fall care:**

- Quality Assurance & Improvement matron has undertaken a 'gap analysis' of the recent Falls NICE guidance, the Trusts current Falls care plan, Bed rail assessment and care plan to objectively consider if further improvements can be made. The outcome will be discussed by the Falls Team, including Dr Shah and Patient Nursing Services.
- Training as part of cluster days, simulation suite sessions (including neurological observation simulation training sessions for Nurses) and junior doctors training continues with positive evaluations
- New simulation suite session piloted in April 2016 was very successful-plan to roll-out
- (0.6 WTE) B7 Deputy Falls Prevention Coordinator commenced work in May
- Lead Falls Prevention Coordinator successfully recruited – due to start in the autumn, date to be confirmed.
- Trial Nursing Falls care plan - feedback received, to be discussed at the Falls Prevention meeting on the 12<sup>th</sup> July 2016.

## **7. Nursing and Midwifery Dashboard**

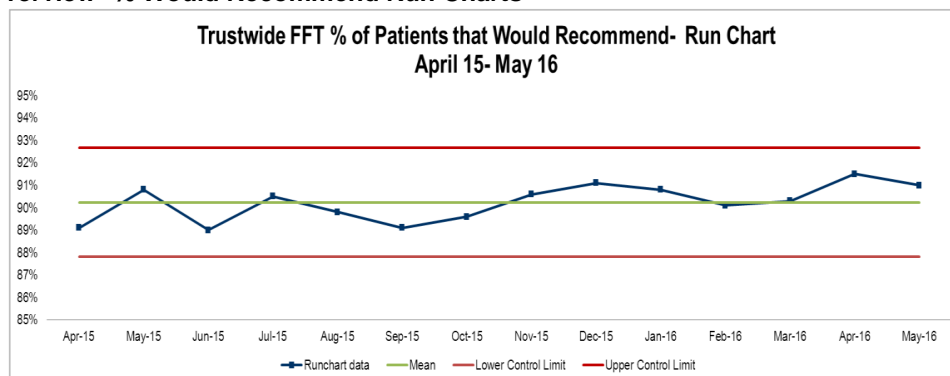
Please see appendix 2 for a definition of the Nursing Midwifery Dashboard and appendix 3 for the Nursing Midwifery dashboard for June 2016.

The Quality Care Indicators (QCI) for June 2016 show the following:

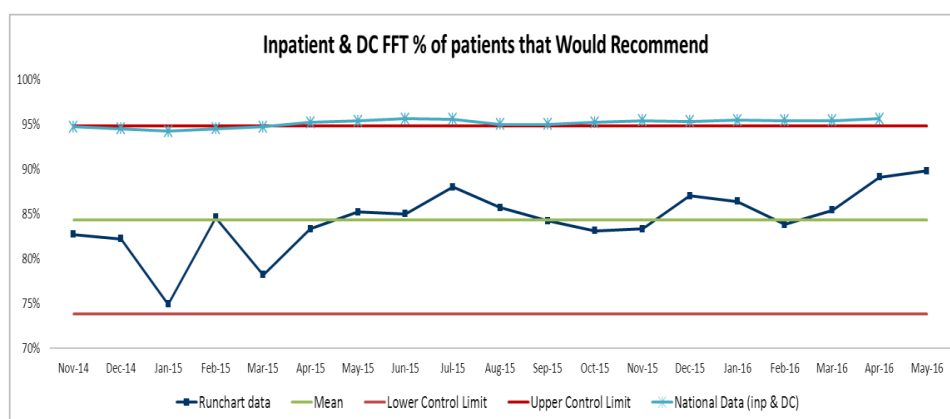
- 'First impressions' section is the area of the month with most of the red and amber ratings. On further examination of this, this was due to the fact that there were a number of wards where it had been suggested that this requires some improvement. After discussion with some of the Matron's this often relates to clutter on ward areas. Work is being undertaken with these specific Wards to reduce clutter and improve initial impressions.
- Compliance with falls assessments and care planning has improved again this month. Ward areas continue to monitor and implement suggestions from the Falls Group.
- The section which covers Patient Safety and Quality is showing a negative response with regards to staff understanding of how to access the Trust transfer defibrillator/monitor for use when transferring acutely ill patients between wards/departments. Work is being undertaken divisionally to improve this.

## 8. Friends & Family Test

### FFT Overview- % Would Recommend Run Charts



- Trust wide results for the amount of patients that would recommend continue to rise with April and May both sitting above the mean line.
- The Trust wide results directly correlate with the improvements seen within Inpatient Wards. Below is the run chart from Nov-14 till May-15



- It is evident from looking at the run chart that improvements have begun to be made for Inpatient services, particularly when comparing Nov-14 through to May-15.

## 9. Collaborative working with NHFT

NGH has undertaken some collaborative working with NHFT, with an aim to provide support to our HCA's working on our ward areas caring for those patients with dementia and challenging behaviour. The training sessions are being supported by Jenny Reece who is Team Lead -Liaison Psychiatry for older people, KGH & NGH Community Psychiatric Nurse for Angela Grace Care Home and another colleague trainer.

There are 4 training dates available to up to 80 staff members, these dates have been filled. These dates provide our staff with an ideal training and development opportunity to those individuals but with a real patient focus. The outcomes of the training will be reported on in a future report

## 10. National Research Project using Patient Experience Data

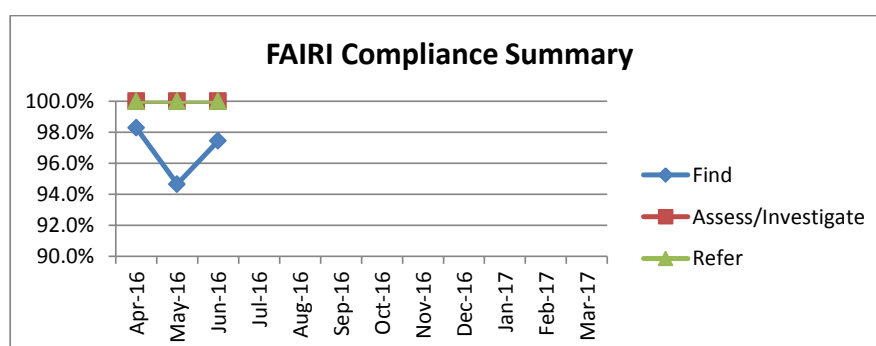
- The Trust has been successfully selected to be one of six organisations to be part of new research into exploring how frontline staff use patient experience data for service improvement.
- University of Oxford and Picker Institute Europe have been awarded research funding by the National Institute for Health Research to investigate how NHS frontline teams use different types of patient experience data for improvement. The project aims to build an understanding of which types of data or quality improvement approaches are more or less likely to be useful with frontline teams in making health care more person-centred. The research will focus specifically on six frontline general medical ward teams, using a formative and exploratory case study approach.
- Creton Ward has been chosen to represent the Trust in this project and a small team, including patient representatives, are going to Oxford in the next week to understand the first stages of the research project.

## 11. Dementia CQUINS

### Discharge Summaries

Q1 Milestone	Status		Projection
The provider must scope, in agreement with the CCG, the methodology for identification of patients in relation to indicator (i) and the planned (elective) episodes of care included in indicator (ii).	i	Proposed methodology for identification of patients with a known existing diagnosis identified	Achieved
	ii	Elective surgery patients were excluded as part of 2015/16 (and preceeding) CQUINS. This exclusion was enforced 'at source' and has been removed from the parameters for the denominator calculation	Achieved

Underpinning the Discharge Summaries CQUIN is the FAIRI, which, as reported previously, although no longer a reportable measure for the CQUIN, is essential for achieving the discharge summary target. Compliance for the year to date is below:

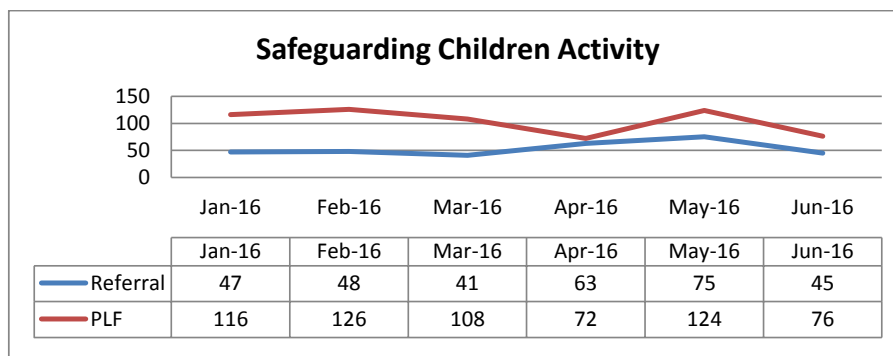


### John's Campaign

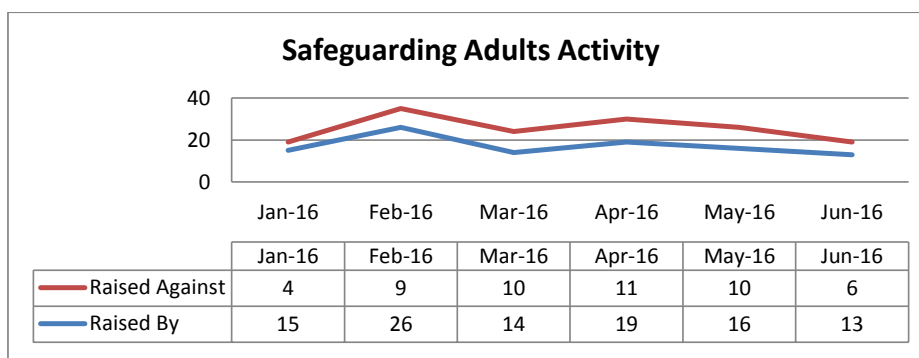
The milestones for achievement of John's Campaign (Carer visiting) are attributed to Q2. Internal timelines have been implemented to ensure achievement and a progress report will be reported to the Patient Experience and Engagement Group in August.



## Safeguarding Referral Activity



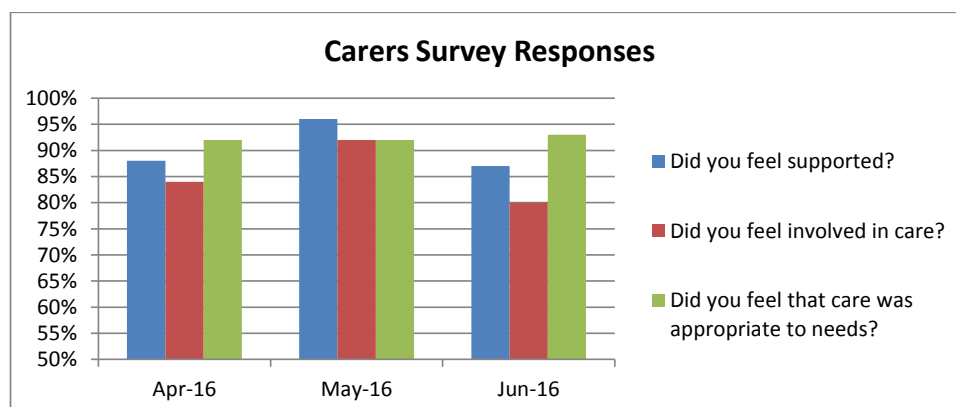
The rate of referrals to MASH for Children in need of Protection is decreasing, in line with Improvement Plan aspirations; the decreasing trend will be monitored to ensure quality of referral remains high and corresponding early help activity (both reported via the Safeguarding Assurance Group) is in place.



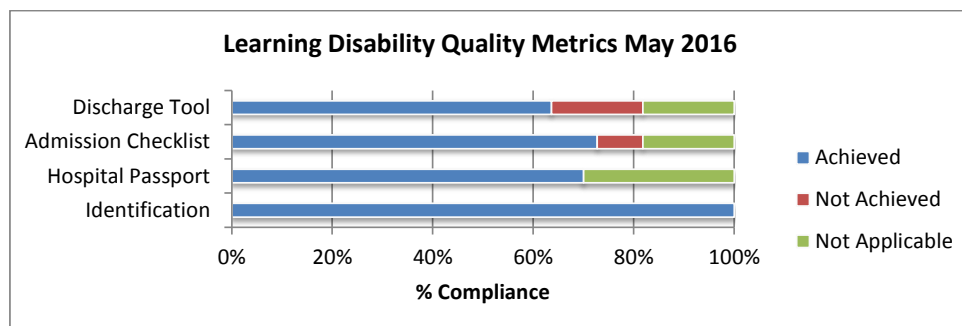
The decreasing trend in referrals against the Trust continues, and this remains an area of considerable focus with increased activity over the summer months to ensure concerns regarding care are addressed at point of origin in order to reduce the necessity for referral.

## Carers Survey

Whilst no longer part of the CQUIN, the Dementia Liaison Service continues to seek the views of carers in order to make continuous improvement to care provided, the key responses for this are shown in the graph below ( $n=25$ ).



## Learning Disability

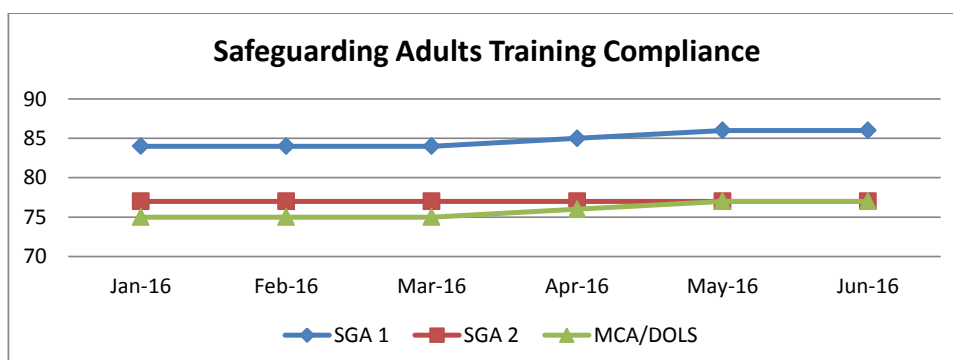
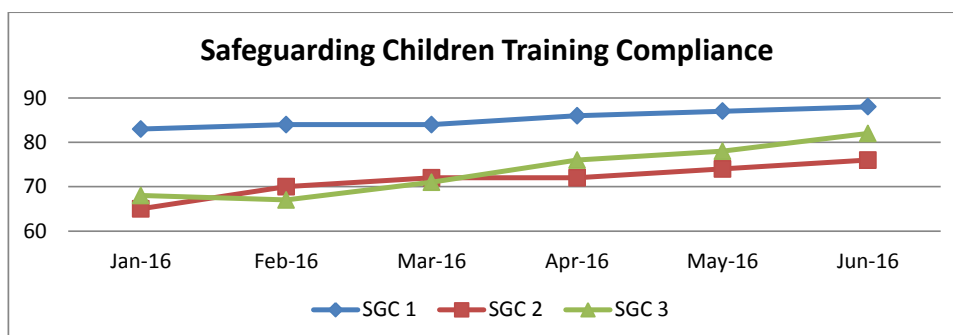


The development of the Learning Disability Service Plan, approved by PEEG in June 2016, will see new metrics and projects during 2016/17. These will be reported through the Learning Disability Steering Group.

The Learning Disability Steering Group will monitor progress against plans to improve compliance with the Quality Schedule targets.

## Education and Training

The following two charts demonstrate the training compliance (Trust position) for Safeguarding Children and Safeguarding Adults respectively:



## **12. The Nutrition and Hydration Steering Group**

In February the Trust set up a Nutrition and Hydration Steering Group. The purpose of the Steering Group is to review, evaluate relevant local and national nutrition and hydration policies, and initiatives, within the Trust. There have been two meetings to date and a highlight report is received by the Clinical Quality & Effectiveness Group on a quarterly basis. The terms of reference have been agreed and the formalisation of an operational sub group, the Nutrition & Catering Group, has also been agreed and ratified.

To date the Steering Group has received a detailed gap analysis undertaken by the QAI matron providing an overview of the progress against a number of national standards, NICE guidance and NHS England's Guidance – Commissioning Excellent Nutrition and Hydration 2015-2018. Due to the extended period of time without a full time Nutritional Clinical Nurse Specialist (CNS) there are a number of gaps relating to policies across the Trust and there are specific actions for adult and children services. An action plan will be developed to address the highlighted gaps which will be lead through the Nutrition & Catering Group. The reduced availability of a Nutritional CNS has been raised as a risk on the Trust Risk register.

The last Steering Group meeting also received an update on the Fluid Balance audits that the QAI matrons have undertaken with improvements noted across the Trust on each audit.

Part of the forward plan for the Steering Group is the development of a Food & Hydration Strategy that is due in draft at the next meeting in August 2016.

## **13. Recommendations**

The Board is asked to note the content of the report, support the mitigating actions required to address the risks presented and continue to provide appropriate challenge and support.

## Appendix 1

### Safety Thermometer Definition

The Department of Health introduced the NHS Safety Thermometer “*Delivering the NHS Safety Thermometer 2012*” the initiative was also initially a CQuIN in 2013/14 to ensure the launch was sustained throughout the nation. The NHS Safety Thermometer is used nationally but is designed to be a local improvement tool for measuring, monitoring, and analysing patient harms and developing systems that then provide 'harm free' care. Developed for the NHS by the NHS as a point of care survey instrument, the NHS Safety Thermometer provides a 'temperature check' on harm that needs to be used alongside Trusts data that is prevalence based and triangulated with outcome measures and resource monitoring. The national aim is to achieve 95% or greater harm free care for all patients, which to date the national average is running at 94.2%.

The NHS Safety Thermometer has been designed to be used by frontline healthcare professionals to measure a 'snapshot' of harm once a month from pressure ulcers, falls with harm, urinary infection in patients with catheters and treatment for VTE. All inpatients (including those patients in theatres at the time but excluding paediatrics) are recorded by the wards and the data inputted onto the reporting system, on average NGH reports on 630+ patients each month. Once the information is validated by the sub-group teams it is uploaded onto the national server to enable a comparator to be produced.

The Safety Thermometer produces point prevalence data on all harms (which includes harms that did not necessarily occur in hospital) and 'new' harms which do occur whilst in hospital – in the case of falls, VTE and CRUTI the classification of 'new' means within the last 72 hours, this is slightly different for pressure damage as 'new' is categorised as development that occurred in our care post 72 hours of admission to hospital and is recorded throughout the patient stay on the Safety Thermometer. Therefore pressure damage is the only category that if the patient remains an in-patient for the next month's data collection it is recorded as 'new' again.

NGH has a rigorous process in place for Safety Thermometer data collection, validation and submission. Four sub-groups for each category exist and are led by the specialists in the area, they monitor their progress against any reduction trajectory and quality schedule target. For pressure damage all harms are recorded on datix throughout the month (not just on this one day) reviews are undertaken to highlight any lapses in care, every area with an incident attends the Share and Learn forums to analyse further the incident and to develop plans for areas of improvement and future prevention.

## Appendix 2

### Nursing and Midwifery Dashboard Description

The Nursing & Midwifery dashboard is made up of a number of metrics that provide the Trust with “at a glance” RAG rated position against key performance indicators including the quality of care, patient experience, workforce resource and outcome measures. The framework for the dashboard was designed in line with the recommendations set out in the ‘High Quality Care Metrics for Nursing’ report 2012 which was commissioned by Jane Cummings via the Kings Fund.

The Quality Care Indicators (QCI) is first section of the dashboard and is made up of several observational and review audits which are asked undertaken each month for in-patient areas. There are two types of indicators those questions designed for the specialist areas and those for the general in-patients. The specialist areas were designed against their specific requirements, quality measures and national recommendations; therefore as every area has different questions they currently have their own individual dashboards.

Within the QCI assessment there are 15 sections reviewing all aspects of patient care, patient experience, the safety culture and leadership on the ward – this is assessed through a number of questions or observations in these 15 sections. In total 147 questions are included within the QCI assessment, for 96 of the questions 5 patients are reviewed, 5 staff is asked and 5 sets of records are reviewed. Within parts of the observational sections these are subjective however are also based on the ‘15 Steps’ principles which reflect how visitors feel and perceive an area from what they see, hear and smell.

The dashboard will assist the N&MPF in the assessment of achievement of the Nursing & Midwifery objectives and standards of care. The dashboard is made up using four of the five domains within the 2015/16 Accountability Framework. The dashboard triangulates the QCI data, Safety Thermometer ‘harm free’ care, pressure ulcer prevalence, falls with harm, infection rates, overdue patient observations (Vitalpac), nursing specific complaints & PALS, FFT results, safe staffing rates and staffing related data. The domains used are:

- Effective
- Safe
- Well led
- Caring

The Matrons undertake the QCI and upload the data by the 3<sup>rd</sup> of each month. The N&M dashboard is populated monthly by the Information Team and will be ready no later than the 10<sup>th</sup> of the month. At the monthly N&MPF the previous month’s dashboard will be presented in full and Red and Amber areas discussed and reviewed by the senior nursing team. Due to the timings of the NMPF meeting the current month’s QCI data will be presented verbally by the Matrons with particular attention to any below standard sections, if this is a continued pattern and what actions are in place to support the ward in improving these areas. The Senior Nursing & Midwifery Team, led by the Director of Nursing, will hold the Matrons to account for performance at this meeting and will request actions if performance is below the expected standard. The Matrons and ward Sister/Charge Nurse will have two months to action improvements and assure N&MPF with regards to the methodology and sustainability of the actions. The Matrons will be responsible for presenting their results at the Directorate Meetings and having 1:1 confirm & challenge with their ward Sisters/Charge Nurse. The Director of Nursing will highlight areas of good practice and any themes or areas of concern via the N&M Care Report.

## Appendix 3

### Nursing and Midwifery Dashboard- June 2016

Jun-2016			Medicine															Surgery								
RAG: RED - <80% AMBER - 80-89% GREEN - 90-94% * QCI Peer Review			Alibone	Becket	Benham	Brampton	Collingtree	Compton	Creaston	Dryden	EAU	Eleanor	Finedon	Knighthley	Holcot	Victoria	Talbot Butler	Rowan	Willow	Head & Neck	Spencer	Abington	Cedar	Althorp	Hawthorn	General Wards
Safe & Effective																										
Falls/Safety Assessment Pressure Prevention Assessment Nutritional Assessment Patient Observation and Escalations Pain Management Nursing & Midwifery Documentation - Quality of Entry Medication Assessment Patient Experience - Protected Mealtimes (PMT) Observations Patient Experience - Care Rounds Observe patient records Patient Experience - Environment Patient Experience - Privacy and Dignity Leadership & Staffing observations EOL SOVA/LD/Cognitive Impairment First Impressions/15 Steps Safety Thermometer – Percentages of Harm Free Care	87 %	90 %	87 %	97 %	97 %	100 %	93 %	93 %	100 %	100 %	93 %	100 %	100 %	83 %	77 %	93 %	87 %	95 %	79 %	100 %	97 %	97 %	87 %	93 %	87 %	88 %
	100 %	100 %	95 %	98 %	95 %	100 %	90 %	95 %	100 %	100 %	100 %	90 %	100 %	85 %	90 %	98 %	93 %	94 %	71 %	100 %	100 %	100 %	100 %	85 %	90 %	90 %
	95 %	98 %	100 %	95 %	94 %	100 %	95 %	100 %	95 %	93 %	98 %	95 %	83 %	88 %	92 %	95 %	100 %	100 %	100 %	88 %	100 %	95 %	95 %	100 %	100 %	92 %
	100 %	100 %	92 %	92 %	100 %	100 %	100 %	100 %	96 %	100 %	96 %	100 %	100 %	100 %	92 %	100 %	100 %	91 %	100 %	100 %	100 %	100 %	96 %	100 %	100 %	93 %
	100 %	92 %	97 %	97 %	100 %	100 %	100 %	100 %	96 %	100 %	96 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	94 %	95 %	100 %	100 %	93 %	100 %	80 %	93 %
	95 %	93 %	92 %	88 %	93 %	93 %	100 %	93 %	92 %	99 %	95 %	93 %	96 %	81 %	97 %	87 %	97 %	100 %	87 %	97 %	100 %	94 %	99 %	96 %	80 %	89 %
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	100 %	100 %	83 %	100 %	83 %	100 %	100 %	100 %	100 %	100 %	83 %	100 %	100 %	100 %	100 %	100 %	100 %	83 %	83 %	100 %	100 %	100 %	100 %	100 %	83 %	91 %
	91 %	83 %	94 %	93 %	89 %	83 %	97 %	81 %	97 %	99 %	99 %	81 %	89 %	95 %	81 %	89 %	95 %	92 %	92 %	89 %	65 %	89 %	97 %	99 %	76 %	86 %
	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	92 %	100 %	92 %	96 %	100 %	100 %	100 %	100 %	100 %	78 %	56 %	78 %	95 %	100 %	100 %	77 %	90 %
	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	96 %	100 %	96 %	95 %	95 %	95 %	97 %	90 %	86 %	66 %	100 %	100 %	100 %	100 %	100 %	93 %	90 %
	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	92 %	95 %
	97 %	100 %	83 %	100 %	89 %	97 %	83 %	83 %	83 %	97 %	83 %	83 %	83 %	89 %	100 %	60 %	94 %	80 %	80 %	77 %	100 %	89 %	84 %	80 %	100 %	91 %
92.86%	81.48%	100.00%	85.71%	90.24%	94.44%	89.29%	96.00%	96.67%	100.00%	100.00%	90.48%	82.76%	94.44%	100.00%	93.10%	89.66%	100.00%	100.00%	100.00%	100.00%	100.00%	89.29%	89.29%	100.00%	80.00%	80.00%
1	0	0	0	1	0	2	0	0	0	0	0	1	2	1	0	4	0	3	0	0	0	0	0	0	0	15
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1	0	0	0	2	0	0	0	0	0	0	0	1	1	1	0	2	0	0	0	0	0	0	0	0	0	8
1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	3	
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	2	
13.2%	8%	8%	13%	8%	10%	3%	6%	10%	8%	6%	6%	6%	13%	8%	4%	9%	6%	6%	6%	14%	5%	4%	10%	7%	8%	
Caring																										
Complaints – Nursing and Midwifery			0	0	0	0	0	1	0	1	0	0	0	0	0	1	0	1	1	0	1	0	0	0	0	6
Number of PALS concerns relating to nursing care on the wards			1	0	3	1	3	0	0	2	1	0	0	0	0	4	0	2	1	0	0	3	2	0	2	27
Friends Family Test % Recommended																										
Well Led																										
Staff Nurse Staffing - Registered Staff (day & night combined)			96%	93%	97%	107%	96%	100%	94%	91%	98%	99%	94%	97%	97%	103%	88%	100%	101%	101%	101%	95%	93%	97%	100%	97%
Staff Nurse Staffing - Support Worker (day & night combined)			130%	109%	177%	145%	131%	165%	117%	103%	165%	119%	144%	112%	134%	165%	108%	107%	130%	109%	120%	123%	91%	114%	127%	127%
Staffing related datix			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0







<b>Report To</b>	<b>PUBLIC TRUST BOARD</b>
<b>Date of Meeting</b>	<b>28 July 2016</b>

<b>Title of the Report</b>	<b>Declaration of Compliance against Mixed Sex Accommodation</b>
<b>Agenda item</b>	<b>10</b>
<b>Presenter of Report</b>	Carolyn Fox, Director of Nursing, Midwifery & Patient Services
<b>Author(s) of Report</b>	Carolyn Fox, Director of Nursing, Midwifery & Patient Services
<b>Purpose</b>	Assurance & Information
<b>Executive summary</b> <ul style="list-style-type: none"> <li>The attached document is the Trust declaration of compliance against the requirements to eliminate mixed sex accommodation for the fiscal year of 2015/16.</li> </ul>	
<b>Related strategic aim and corporate objective</b>	To be able to provide a quality care to all our patients
<b>Risk and assurance</b>	The report aims to provide assurance to the Trust regarding the quality of nursing and midwifery care being delivered
<b>Related Board Assurance Framework entries</b>	BAF 1
<b>Equality Analysis</b>	<p>Is there potential for, or evidence that, the proposed decision/document will not promote equality of opportunity for all or promote good relations between different groups? (N)</p> <p>Is there potential, for or evidence that, the proposed decision/document will affect different protected groups/characteristics differently (including possibly discriminating against certain groups/protected characteristics)? (N)</p>

<b>Legal implications / regulatory requirements</b>	Are there any legal/regulatory implications of the paper - NO
<b>Actions required by the Board</b> For information only.	

## Delivering Same-Sex Accommodation Declaration of compliance – July 2016

**Northampton General Hospital is proud in its achievement of continuing in eliminating mixed sex accommodation.**

### Delivering same sex accommodation

Every patient has the right to receive high quality care that is safe, effective and respects their privacy and dignity. Northampton General Hospital is committed to providing every patient with same sex accommodation, because it helps to safeguard their privacy and dignity when they are often at their most vulnerable.

We are proud to confirm that mixed sex accommodation has been eliminated in our trust. Patients who are admitted will only share their bed area with members of the same sex, and same sex toilets and bathrooms will be close to their bed area.

Within our day case areas separate toilet and changing facilities are in place and same sex lists are in operation where appropriate.

Sharing with members of the opposite sex will only happen by exception based on clinical need for example where patients need specialist equipment or care such as in ITU or CCU or when patients choose to share.

### What does this mean for patients?

Other than in the circumstances set out above, patients admitted to Northampton General Hospital can expect to find the following

#### Same sex-accommodation means:

- Your bed area (bay) within the main ward will only have patients of the same sex as you
- Your **toilet and bathroom** will be just for your gender, and will be close to your bed area

It is possible that there will be both men and women patients on the ward, but they will not share your sleeping area. You may have to cross a ward corridor to reach your bathroom, but you will not have to walk through opposite-sex areas.

You may share some communal space, such as day rooms or dining rooms, and it is very likely that you will see both men and women patients as you move around the hospital (eg on your way to X-ray or the operating theatre).

It is probable that visitors of the opposite gender will come into the room where your bed is, and this may include patients visiting each other.

It is almost certain that both male and female nurses, doctors and other staff will come into your bed area.

If you need additional help to use the toilet or take a bath (eg you need a hoist or special bath) then you may be taken to a “unisex” bathroom used by both men and women, but a member of staff will be with you, and other patients will not be in the bathroom at the same time.

**The NHS will not turn patients away just because a “right-sex” bed is not immediately available**

### **What are our plans for the future?**

In any new developments we will be ensuring facilities are planned to promote same sex accommodation.

Patients and public are involved in any new facilities to ensure they are fit for purpose

We have a Privacy & Dignity Forum which meets quarterly and is attended by Dignity Champions from every ward.

### **How will we measure success?**

We are currently using a variety of patient feedback mechanisms which include patient advice and liaison service (PALS) and the Friends & Family test in all areas, the results of which are fed back to every ward and department to ensure standards are maintained.

All exceptions of same sex accommodation are escalated for approval by a director of the trust; these exceptions are then recorded by directorates and reported to the trust board.

### **What do I do if I think I am in mixed sex accommodation?**

We want to know about your experiences. Please contact the nurse in charge or ward/unit manager in the first instance or contact PALS on 01604 545784 if you have any comments, concerns or compliments.

<b>Report To</b>	<b>PUBLIC TRUST BOARD</b>
<b>Date of Meeting</b>	<b>28 July 2016</b>

<b>Title of the Report</b>	<b>24 Hour Survey in A&amp;E – Summary Report</b>
<b>Agenda item</b>	<b>11</b>
<b>Presenter of Report</b>	Deborah Needham, Chief Operating Officer
<b>Author(s) of Report</b>	Rachel Lovesy, Head of Patient Experience & Engagement
<b>Purpose</b>	To provide the Board with an overview of the results from a survey conducted in A&E.

**Executive summary**

- The hospital opted to conduct a patient survey to gain patients own understanding on their attendance to the department for that day. The survey covered 24 hours from 8am on the 22<sup>nd</sup> of March until 8am on the 23<sup>rd</sup>
- Following data entry into excel an extract for the time period of the survey was taken from the PAS. Patients who had participated in the survey were identified and a clinical opinion was made from the Associate Director of Nursing for Medicine Division, as to whether the patient required emergency treatment, or whether they could have been treated by a GP within a primary care setting.
- From reviewing the results to the survey It is apparent that a large number of patients that attended the A&E department during the 24 hours in which the survey was conducted, had attempted to, or managed to speak to a healthcare professional prior to coming to A&E.
- The comments made by patients throughout the survey indicate some issues with gaining access to the GP Surgery. It is apparent when reviewing patient's responses that a great deal of faith is placed in the hands of the healthcare professionals that patients have contacted, in particular GP's and the 111 service
- Telephone conversations (as opposed to face to face consultations) led to 64% of patients being told to attend A&E when they could have been seen within a primary care setting.

<b>Related strategic aim and corporate objective</b>	Focus on Quality and Safety
<b>Risk and assurance</b>	As discussed in this paper
<b>Related Board Assurance Framework entries</b>	1.2 and 1.5

<b>Equality Analysis</b>	<p>Is there potential for, or evidence that, the proposed decision/document will not promote equality of opportunity for all or promote good relations between different groups? (N)</p> <p>Is there potential, for or evidence that, the proposed decision/document will affect different protected groups/characteristics differently (including possibly discriminating against certain groups/protected characteristics)? (N)</p>
<b>Legal implications / regulatory requirements</b>	No
<p><b>Actions required by the Board</b></p> <p>The Board is asked to:</p> <ul style="list-style-type: none"> <li>• Review and discuss the contents of the paper and support further improvement initiatives as presented.</li> </ul>	

# 24 Hour Survey in A&E

March 22

# 2016

**Author: Rachel Lovesy, Head of Patient  
Experience & Engagement**

In collaboration  
with Healthwatch  
Northamptonshire

# Summary

## Background

Northampton General Hospital (NGH) have witnessed the increase in demand for A&E and statistics produced for the 15/16 annual report show an increase of 6393 patients from 13/14 to 15/16, an average of 17 more patients within the department each day.

It is evident that a better understanding as to why patients are opting to attend A&E is necessary for identifying measures to prevent inappropriate attendances where possible, moving forward.

This project therefore aimed to understand the following;

- Why are patients presenting at A&E?
- Did they contact any other healthcare providers first? If so, who?
- What did the healthcare provider say?
- Were they advised to come to A&E?
- Do they (the patient) believe A&E is the right place for them today?
- Was the patient an appropriate attendance- and if not, where should they have been treated?

## Methodology

The hospital opted to conduct a patient survey to gain patients own understanding on their attendance to the department for that day. The survey covered 24 hours from 8am on the 22<sup>nd</sup> of March until 8am on the 23<sup>rd</sup>. Patients were asked to complete the survey if they were in the waiting room at the main entrance of the department, or within the children's waiting room. One of the key aspects of this project was to identify whether the patient should have been within the department, or whether they could have been treated elsewhere. Following data entry into excel an extract for the time period of the survey was taken from the PAS. Patients who had participated in the survey were identified and a clinical opinion was made from the Associate Director of Nursing for Medicine Division, as to whether the patient required emergency treatment, or whether they could have been treated by a GP within a primary care setting.

## Results

- In total, 144 patients took part in the survey, giving a response rate of 50%.
- Of the 141 patients that answered, 65% (n=92) stated they had spoken to a healthcare professional prior to attending the A&E Department. When asked who they had spoken to, of those that responded (n=87) the majority of patients had spoken to either a GP (n=33) or the 111 out of hours service (n=23). The next most common person that patients stated they had spoken to was the GP Surgery Receptionist (n=10).
- When reviewing the patients that had been in touch either with a GP, the 111 service or the GP Receptionist, 66 patients were advised to attend A&E. When totalled, the majority of patients were advised to come to A&E by their GP or GP reception. Ten Patients in total stated they had spoken to their GP reception before attending A&E.
- Patients were asked whether they themselves believed that A&E was the right place for them at that point. Of those that responded (n=133), 89% felt that they were in the right place, 10% stated they didn't believe so and 1% were unsure.
- The majority (73%) of patients stated their symptoms or illness as a reason for attending, these were themed as 'Require treatment'. Of the remaining 27%, 6% of patients believed A&E was the right place for them because they had been told to attend by a GP. A further 6% said they felt it was the right place for them as they had been unable to get an appointment with their GP.
- It was identified that 52% (n=73) of the patients surveyed were needed to be seen within the A&E department. However, 37% (n=53) could have been seen by a GP. For 11% (15) it wasn't clear.
- Looking at the results for patients stating they had spoken to a GP and been advised to attend A&E, from clinical opinion 64% (n=9) of the issues the patient presented with could have been



treated by a GP. For patients that saw a GP, 35% (N=6) could have been treated within primary care. Patients who spoke to the GP Receptionist who advised that there were no appointments, or for them to come to A&E 46% (5) could have been treated by a GP. The 111 service advised 11 patients to come to present at A&E for issues which could have been managed in primary care facilities.

### Conclusion & Recommendations

From reviewing the results to the survey It is apparent that a large number of patients that attended the A&E department during the 24 hours in which the survey was conducted, had attempted to, or managed to speak to a healthcare professional prior to coming to A&E. Of those that were advised to attend, a concerning amount were identified as potentially being inappropriate attendees to the department, with conditions and concerns which could have been dealt with elsewhere.

The comments made by patients throughout the survey indicate some issues with gaining access to the GP Surgery. It is apparent when reviewing patient's responses that a great deal of faith is placed in the hands of the healthcare professionals that patients have contacted, in particular GP's and the 111 service. Most patients that have attended A&E from the advice given by the healthcare professional, believe they are at the right place and evidently do not question this advice.

Patients talked of their frustration of not being able to access their GP, with 'No choice' stated on a number of occasions as the reason for attending.

Telephone conversations (as opposed to face to face consultations) led to 64% of patients being told to attend A&E when they could have been seen within a primary care setting.

It is evident that there are a number of concerning factors with regards to patients attendance which if improved, could reduce the amount of patients presenting at A&E inappropriately;

- Improved education for patients on when to access emergency services
- Improved access to GP Services within primary care, particularly around face to face appointments as opposed to telephone calls
- Improvement in the use of Pharmacy Services
- Prevention of GP Receptionists advising patients to attend A&E or giving A&E as the alternative when there are no GP appointments available
- Improvement in the accuracy of the advice given by the national 111 service

Ultimately, the biggest and most significant improvements are required within the primary care setting. None of the recommendations made relate to the services provided by the hospital, and instead refer to measures which can be taken within the community to prevent patients from attending A&E inappropriately.



# 24 Hour Survey in A&E

March 22

# 2016

**Author: Rachel Lovesy, Head of Patient  
Experience & Engagement**

In collaboration  
with Healthwatch  
Northamptonshire

# Executive Summary

## Background

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This project therefore aimed to understand the following;

- Why are patients presenting at A&E?
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- What did the healthcare provider say?
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- Do they (the patient) believe A&E is the right place for them today?
- Was the patient an appropriate attendance- and if not, where should they have been treated?

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The hospital opted to conduct a patient survey to gain patients own understanding on their attendance to the department for that day. The survey covered 24 hours from 8am on the 22<sup>nd</sup> of March until 8am on the 23<sup>rd</sup>. Patients were asked to complete the survey if they were in the waiting room at the main entrance of the department, or within the children's waiting room. One of the key aspects of this project was to identify whether the patient should have been within the department, or whether they could have been treated elsewhere. Following data entry into excel an extract for the time period of the survey was taken from the PAS. Patients who had participated in the survey were identified and a clinical opinion was made from the Associate Director of Nursing for Medicine Division, as to whether the patient required emergency treatment, or whether they could have been treated by a GP within a primary care setting.

## Results

- In total, 144 patients took part in the survey, giving a response rate of 50%.
- Of the 141 patients that answered, 65% (n=92) stated they had spoken to a healthcare professional prior to attending the A&E Department. When asked who they had spoken to, of those that responded (n=87) the majority of patients had spoken to either a GP (n=33) or the 111 out of hours service (n=23). The next most common person that patients stated they had spoken to was the GP Surgery Receptionist (n=10).
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- Patients were asked whether they themselves believed that A&E was the right place for them at that point. Of those that responded (n=133), 89% felt that they were in the right place, 10% stated they didn't believe so and 1% were unsure.
- The majority (73%) of patients stated their symptoms or illness as a reason for attending, these were themed as 'Require treatment'. Of the remaining 27%, 6% of patients believed A&E was the right place for them because they had been told to attend by a GP. A further 6% said they felt it was the right place for them as they had been unable to get an appointment with their GP.
- It was identified that 52% (n=73) of the patients surveyed were needed to be seen within the A&E department. However, 37% (n= 53) could have been seen by a GP. For 11% (15) it wasn't clear.

- looking at the results for patients stating they had spoken to a GP and been advised to attend A&E, from clinical opinion 64% (n=9) of the issues the patient presented with could have been treated by a GP. For patients that saw a GP, 35% (N=6) could have been treated within primary care. Patients who spoke to the GP Receptionist who advised that there were no appointments, or for them to come to A&E 46% (5) could have been treated by a GP. The 111 service advised 11 patients to come to present at A&E for issues which could have been managed in primary care facilities.

### Conclusion & Recommendations

From reviewing the results to the survey It is apparent that a large number of patients that attended the A&E department during the 24 hours in which the survey was conducted, had attempted to, or managed to speak to a healthcare professional prior to coming to A&E. Of those that were advised to attend, a concerning amount were identified as potentially being inappropriate attendees to the department, with conditions and concerns which could have been dealt with elsewhere.

The comments made by patients throughout the survey indicate some issues with gaining access to the GP Surgery. It is apparent when reviewing patient's responses that a great deal of faith is placed in the hands of the healthcare professionals that patients have contacted, in particular GP's and the 111 service. Most patients that have attended A&E from the advice given by the healthcare professional, believe they are at the right place and evidently do not question this advice.

Patients talked of their frustration of not being able to access their GP, with 'No choice' stated on a number of occasions as the reason for attending.

Telephone conversations (as opposed to face to face consultations) led to 64% of patients being told to attend A&E when they could have been seen within a primary care setting.

It is evident that there are a number of concerning factors with regards to patients attendance which if improved, could reduce the amount of patients presenting at A&E inappropriately;

- Improved education for patients on when to access emergency services
- Improved access to GP Services within primary care, particularly around face to face appointments as opposed to telephone calls
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Ultimately, the biggest and most significant improvements are required within the primary care setting. None of the recommendations made relate to the services provided by the hospital, and instead refer to measures which can be taken within the community to prevent patients from attending A&E inappropriately.

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## 1. Background

Emergency departments throughout the UK are seeing unprecedented levels of attendees and demands on their services, with many failing to reach national waiting time targets and declaring internal incidents due to the continued pressure for beds. Most recent data published by NHS England for February 2016 showed a national increase in attendance of 13.1% when compared to February 2015. Within the same month 87.8% of patients were seen within 4 hours in all A&E departments, the lowest performance since monthly data became available in August 2010. This is below the 95% standard and lower than 92% for the same month last year.

Northampton General Hospital (NGH) have witnessed the increase in demand for A&E and statistics produced for the 15/16 annual report show an increase of 6393 patients from 13/14 to 15/16, an average of 17 more patients within the department each day.

Activity Comparison	2013-14	2014-15	2015-16
<b>Patients seen in A&amp;E</b>	107,786	109,305	114,179

It is evident that a better understanding as to why patients are opting to attend A&E is necessary for identifying measures to prevent inappropriate attendances where possible, moving forward.

This project therefore aimed to understand the following;

- Why are patients presenting at A&E?
- Did they contact any other healthcare providers first? If so, who?
- What did the healthcare provider say?
- Were they advised to come to A&E?
- Do they (the patient) believe A&E is the right place for them today?
- Was the patient an appropriate attendance- and if not, where should they have been treated?

The results from this project will be used to identify gaps within primary care services which are leading to an increase in attendance at A&E. Results will be presented to Nene Clinical Commissioning Group (CCG)

## 2. Methodology

The hospital opted to conduct a patient survey to gain patients own understanding on their attendance to the department for that day. The survey covered 24 hours from 8am on the 22<sup>nd</sup> of March until 8am on the 23<sup>rd</sup>.

In order to maintain impartiality and ensure patients felt able to speak honestly, Healthwatch Northamptonshire were asked to conduct the survey on behalf of the hospital. In total, 8 volunteers (all DBS cleared and trained to conduct surveys) and 5 staff from Healthwatch carried out the survey.

### *2.1 Sampling Method*

Patients were asked to complete the survey if they were in the waiting room at the main entrance of the department, or within the children's waiting room. Patients that came in by ambulance and were taken into treatment were not included. It was considered that by the nature of the topic of the project, if they required urgent treatment; they were likely to be in the right place.

### *2.2 Survey Design*

The survey was designed to be completed either by the patient on their own, or by the volunteers in structured interview style. The survey contained questions on demographics (age, gender, GP Surgery), and both closed and open ended questions based around the journey which had brought the patient to A&E that day. In addition to this, a question was included at the end to ask patients if there was anything further that they would like to add. This was identified as being important to give patients an open platform, as opposed to the structured approach to the rest of the survey.

One of the key aspects of this project was to identify whether the patient should have been within the department, or whether they could have been treated elsewhere. Therefore patients were asked to provide their full name, with an explanation from the volunteers that if they provided their name, their records would be reviewed to identify further information about their visit to the department that day. They were also informed that their response would be anonymised following the extract from the Patient Administration System (PAS) being taken and for the rest of the analysis process. It was considered that this may be a block for some patients who would not be comfortable with giving their name, however only 3 patients surveyed throughout the day opted not to.

Following data entry into excel an extract for the time period of the survey was taken from the PAS. Patients who had participated in the survey were identified and a clinical opinion was made from the Associate Director of Nursing for Medicine Division, as to whether the patient required emergency treatment, or whether they could have been treated by a GP within a primary care setting. If it was unclear whether the patient should have been within the department, this was stated as 'unclear' within the analysis.

### *2.3 Analysis*

Due to the survey containing both closed and open ended questions, both quantitative and qualitative analysis methods were used.



Closed questions were pivoted into tables within excel. To best show results, these tables were used to create bar graphs and pie charts.

Open ended questions which contained more narrative detail were analysed using thematic analysis, the method for identifying themes was;

- Thorough read through of the comments
- Highlighting of key words based around the same subject
- Identification of 'code' words based on commonly occurring subjects
- Theming of the data based on the code words identified

This was found to be particularly useful when identifying the reasons why patients had attended A&E, what the healthcare professional had said to them previously, and why they believed that A&E was the right place for them that day.

An extract from the data entry spreadsheet provides an insight into this process and how conclusions were drawn, the green columns are the verbatim closed and open answers to the questions asked- the purple column are the themes identified;

Q6 Do you believe A&E is the right place for you today?	Q6a Why do you believe A&E is the right place?	Why do you believe A&E is the right place for you?
Yes	Wrist hurting a lot	Require treatment
Yes	Lady who looks after me thought I should come	Advice from other
Yes	Advice of 111	Advice from 111
Yes	Probably needs an X-ray	Require treatment
Yes	Best advice/help	Provide help/advice
Yes	No doctors open plus pharmacist pills don't work, doctor would have sent me here anyway	Unable to get GP Appointment
Yes	No doctor's appointments	Unable to get GP Appointment

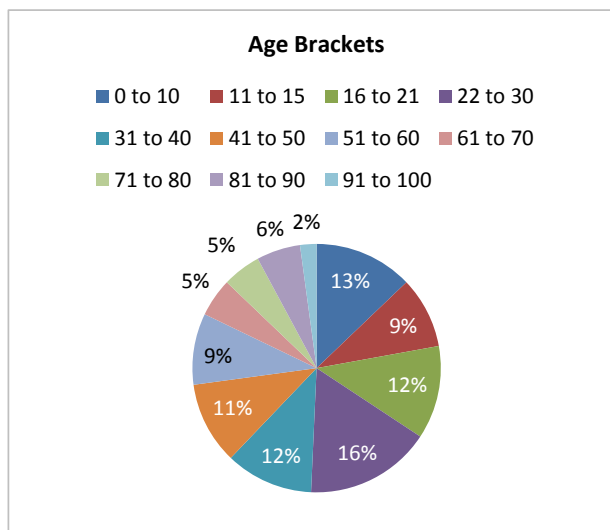
Where possible, links between responses were identified. For example, where patients identified that they had been recommended to attend A&E by their GP, this was reviewed alongside whether they were an appropriate attendance or not. Similarly, where the patient was identified as having been better suited to being treated in primary care, their GP was identified.

### 3. Results

#### 3.1 Demographics

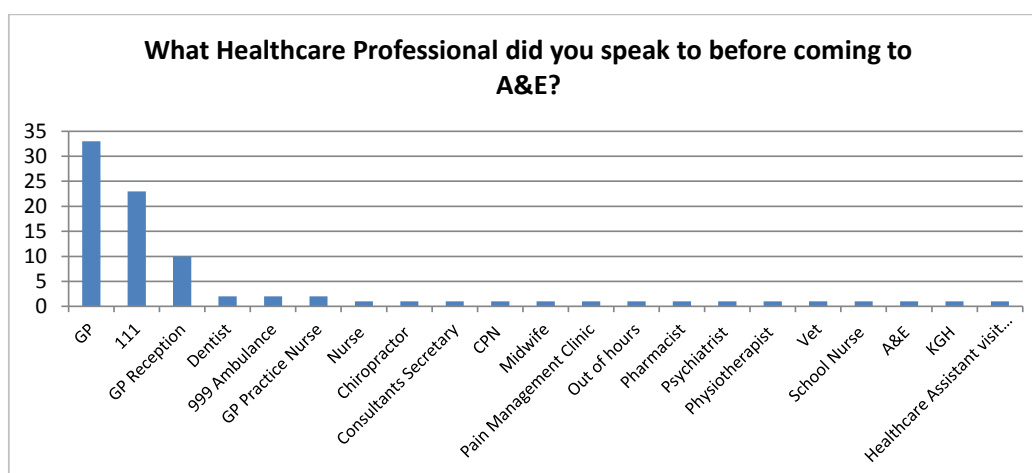
The survey was carried out across a 24 hour period, from 8am on the 22<sup>nd</sup> of March until 8am the following day. Within the 24 hours, 300 patients were seen within the department. Of those, 40% were seen 'Out of Hours' (defined for the purpose of this study as the hours between 5pm and 8am).

In total, 144 patients took part in the survey, giving a response rate of 50%. When looking at the gender split, 51% of the respondents were male, giving an even response from both genders. The most responses were received from patients aged 22-30 (16%) and 0-10 (13%).

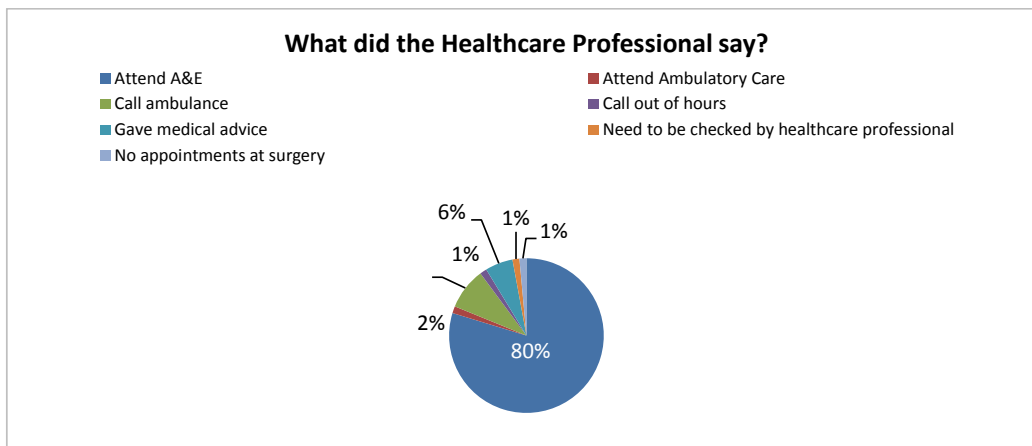


#### 3.2 Patient Results

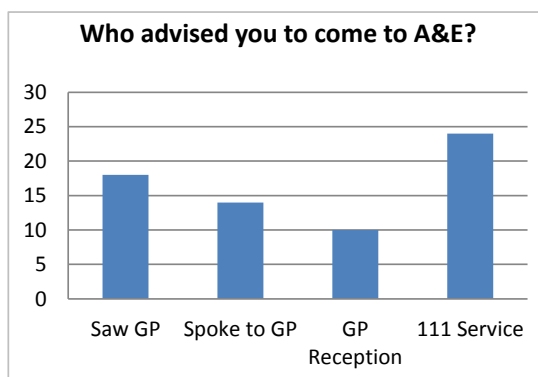
Of the 141 patients that answered, 65% (n=92) stated they had spoken to a healthcare professional prior to attending the A&E Department. When asked who they had spoken to, of those that responded (n=87) the majority of patients had spoken to either a GP (n=33) or the 111 out of hours service (n=23). The next most common person that patients stated they had spoken to was the GP Surgery Receptionist (n=10).



Patients were asked what the Healthcare Professional had said when they had spoken to them. All of the free text comments were reviewed and themed according to the common words mentioned. Of the 69 patients that responded to this question, 80% stated they had been advised to attend A&E and 9% had been advised to call an ambulance.



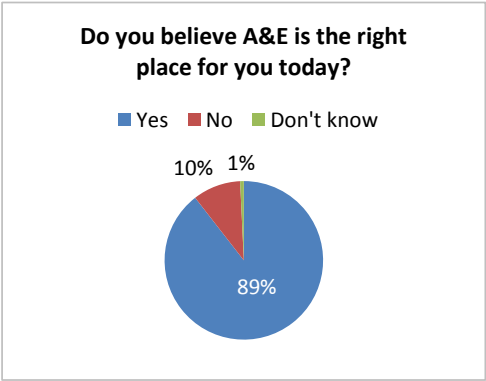
It was identified that through the dataset, there were patients that had spoken to a GP over the telephone and patients that had physically seen a GP at the surgery. It was acknowledged that this is an important distinction and for the purpose of the rest of the analysis these were considered separately.



When reviewing the patients that had been in touch either with a GP, the 111 service or the GP Receptionist, 66 patients were advised to attend A&E. When totalled, the majority of patients were advised to come to A&E by their GP or GP reception. Ten Patients in total stated they had spoken to their GP reception before attending A&E.

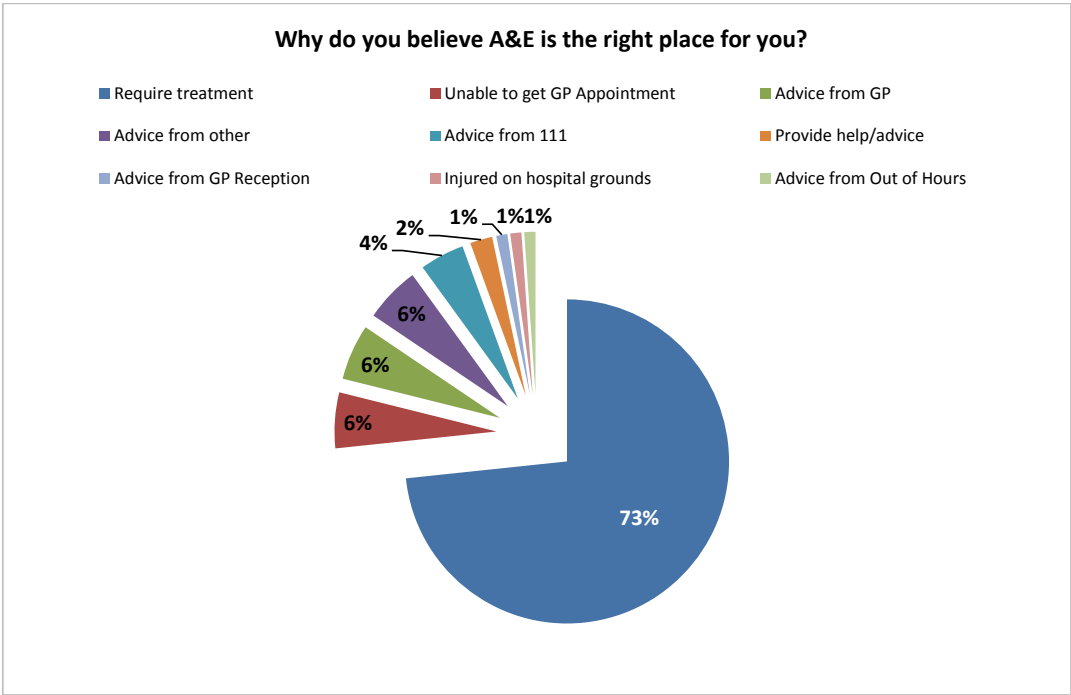
Spoke to Reception and told to come to A&E	Total
Abbey Medical Centre	1
Danes Camp Surgery	1
Danetre Medical Practice	1
Delapre Medical Centre	1
Denton Village Surgery	1
Lings brook Practice	1
Mounts Medical Centre	1
Queensview medical centre	1
St Lukes Primary care centre	1
Towcester Medical Centre	1
<b>Grand Total</b>	<b>10</b>

Patients were asked whether they themselves believed that A&E was the right place for them at that point. Of those that responded (n=133), 89% felt that they were in the right place, 10% stated they didn't believe so and 1% were unsure.



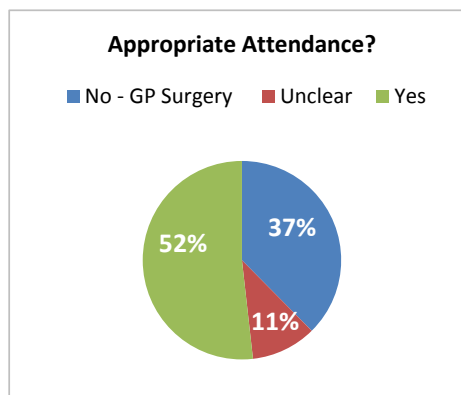
Patients that stated they did believe it was the right place for them were asked why, their responses were themed. The majority (73%) of patients stated their symptoms or illness as a reason for attending, these were themed as 'Require treatment'. Of the remaining 27%, 6% of patients believed A&E was the right place for them because they had been told to attend by a GP. A further 6% said they felt it was the right place for them as they had been unable to get an appointment with their GP.

The 10% of patients that stated they didn't believe A&E was the right place for them, the majority of them believed they should have been seen by a GP, but were unable to get an appointment.

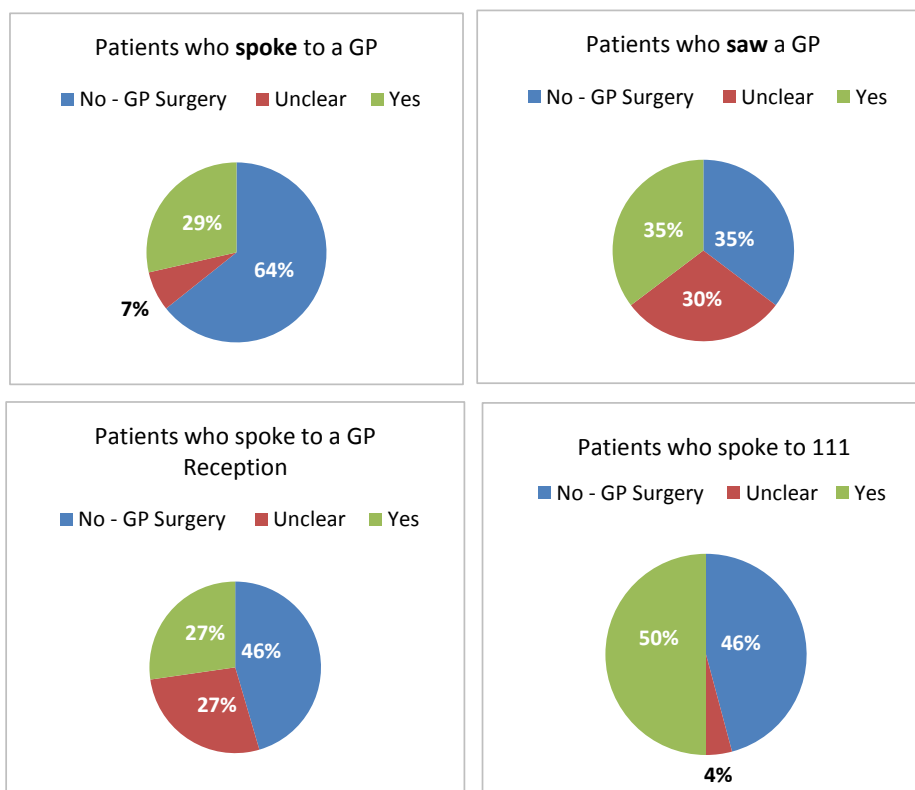


### 3.3 Clinical Opinion

Further to the feedback gained from patients, a clinical opinion was made for each patient as to whether they should have been within the department, or whether they could have received treatment from another source. It was identified that 52% (n=73) of the patients surveyed were needed to be seen within the A&E department. However, 37% (n= 53) could have been seen by a GP. For 11% (15) it wasn't clear.



It is important within these results to identify whether the patients that had previously stated that they had been advised to attend A&E by a healthcare professional, were in the right place. From looking at the results for patients stating they had spoken to a GP and been advised to attend A&E, from clinical opinion 64% (n=9) of the issues the patient presented with could have been treated by a GP. For patients that saw a GP, 35% (N=6) could have been treated within primary care. Patients who spoke to the GP Receptionist who advised that there were no appointments, or for them to come to A&E 46% (5) could have been treated by a GP. The 111 service advised 11 patients to come to present at A&E for issues which could have been managed in primary care facilities.



In total, 17 patients that were advised to attend A&E by their GP Surgery also stated which GP Surgery they belonged too. When looking at the results, 2 surgeries referred 2 patients within the 24 hours to A&E when they could have been seen within the surgery, Abbey Medical Centre and Beech Avenue.

Surgery	Total advised to attend A&E
Abbey House Surgery	1
Abbey Medical Centre	2
Abington Park Surgery	1
Beech Avenue	2
Brooke Health Centre	1
Bugbrooke Medical Practice	1
Greens Norton Medical Practice	1
Greenview Practice	1
Leicester Terrace	1
Lings brook Practice	1
Maple Access Partnership	1
Moulton Surgery	1
St Lukes Primary care centre	1
Towcester Medical Centre	1
Woodview Medical Centre	1
<b>Grand Total</b>	<b>17</b>

Looking further at the data for these surgeries it is evident that 3 of the patients were told to come to A&E by their GP, and 1 patient was told to come to A&E because there were no appointments at the surgery.

GP Practice	Q1 Why did you choose to come to A&E today?	Why did you chose to come to A&E today?	Q2 Did you speak to any other healthcare providers before coming to A&E?	Q2a Who?	Q4 What did the healthcare prof say?	What did the healthcare professional say?
Abbey Medical Centre	GP told me to come down concerned about medication levels	Advised by GP	Yes	GP	Told to come straight down to AE	Attend A&E
Abbey Medical Centre	High temperature sore throat	Concerned about health	Yes	GP Reception	No appointments	No appointments at surgery
Beech Avenue	GP said	Advised by GP	Yes	GP	Come to AE	Attend A&E
Beech Avenue	Phoned GP this am neck/head sore. Thought they would come out- told to go straight to A&E	Advised by GP	Yes	GP	Go to A&E	Attend A&E

## 4. Discussion

Emergency Departments throughout the UK have seen unprecedented increases on the demand for their services. This survey was conducted in order to gain a better understanding of why patients are attending A&E at Northampton General Hospital and to best understand what can potentially be done to prevent patients from attending inappropriately. In total, 144 patients completed the survey between 8 am on the 22<sup>nd</sup> of March and 8am on the 23<sup>rd</sup>. Three hundred patients attended A&E that day (excluding Eye casualty) giving the survey a 50% response rate.

This report will now focus on answering the key questions detailed within the Background section.

### Are patients contacting other 'healthcare professionals' before attending?

It is evident that the majority of patients surveyed had made an attempt to contact a healthcare professional before attending A&E (65%). Most patients had spoken to either their GP (38%) or to the 111 service (26%) in order to get advice. It became apparent during analysis that there were two different groups of patients who had made contact with their GP- those that had **spoken** to a GP on the telephone and those that had **seen** their GP in person. It was considered that this was an important distinction for this project and to understanding patients prior contact with a healthcare professional.

It was also interesting to see that the third most common person patients stated they had spoken too before attending A&E was their GP Receptionist. Ten patients in total when asked if they had spoken to a 'Healthcare professional', said they had spoken to the GP receptionist.

### What did the 'healthcare professional' say?

Patients were asked what the healthcare professional had said when they spoke to them (please note, GP Receptionists have been included as a 'healthcare professional'). Of the 69 patients that responded, 80% stated that they had been advised to attend A&E and a further 9% stated that an ambulance had been called for them.

*'Receptionists at GP surgery said go to walk-in'*

*'Told to go to AE within 4 hours'*

Only 6% of patients stated that the healthcare professional they had seen/spoken to had given them treatment advice.

A number of patients were evidently confused about advice that had been given to them and had therefore opted to attend A&E;

*'GP Advised patient to ring 111. Paramedics surprised GP advised to call 111, should have been dealt with by GP'*

*'Think 111 said go to A&E'*

### **Why are patients attending A&E and do they feel it is the right place for them?**

Patients were asked for the reason that they had opted to attend A&E. From reviewing the free text comments it was found that most patients attended for treatment, indicating that they felt A&E was the right place for them to get the treatment they needed (it will be discussed later in the report whether this was in fact the case).

There were however comments from patients that had evidently opted to attend A&E because they were unable to get a GP appointment or access to a GP with seven patients in total found to have attended A&E that day because of a lack of a suitable alternative.

*'Couldn't get a GP Appointment so had no choice but to come to A&E'*

*'Receptionist told patient to come to AE'*

A number of patients (n=14) stated the main reason they attended A&E was simply because they had been told to by either their GP, GP Receptionist or the 111 service.

When asked whether they felt that A&E was the right place for them that day, 89% of patients believed it was. When asked why, the majority (73%) of patients again stated reasons relating to requiring treatment;

*'Need an X-ray'*

*'Extremely concerned about swelling in leg'*

However, a number of patients stated that they believed A&E was the right place for them that day because their GP or 111 service had told them to come;

*'111 said not to wait until the morning.'*

*'Drs advice'*

From reading the comments, it is evident that being referred to the department by a healthcare professional validated the patients opinion that it was the right place for them and that they should therefore be there.



Five patients stated the reason they felt A&E was the right place for them was because they couldn't get a GP appointment, either because their lists were full, or because of the time of day when their problem had occurred. The patients believed that this was a viable and valid reason for attending the A&E department.

Far fewer patients (n=13, 10%) believed A&E was **not** the right place, most of which felt that their particular issue could have been dealt with by a GP. Interestingly, 10 of the 13 patients that did not believe A&E was the right route had spoken to either their GP, GP Receptionist or 111 prior to attending. Five of those that had spoken to either the receptionist, or in one case the GP, had either been **told** to attend A&E because there were no appointments- or had **opted** to attend because they were unable to get an appointment. These patients expressed frustration at not being able to get an appointment, or feeling like they were not in the right place;

*'Feels that blood result can be communicated via GP Practice'*

*'No really, can't get any appointments with GP- they could have sorted the medication issue'*

*'Not really by GP told patient to go to AE'*

### **Was A&E the right place?**

Understanding whether A&E was the right place for the patient was critical to this project. It was important to understand patients motivations and intentions for attending and whether they were being advised to attend the department correctly.

Of those patients whose details could be accessed through the Patient Administration System (PAS), it was found that 52% (n=73) of patients did need to be seen within the department; however 37% could have been seen within a primary care setting.

When reviewing the patients stated reasons for attending against whether they were an appropriate attendance, for patients that stated they attended because they were concerned about their health, 82% were identified as being an appropriate attendance for A&E. For patients that stated their reason for attending as being because of an injury, 75% were an appropriate attendance.

Of concern, are the patients that stated that they had been advised to attend A&E after speaking to a GP. It was found that 64% (9) of these patients would have been better suited to being treated within primary care. For patients that had seen a GP, 33% (6) were identified as being inappropriate attendances within A&E (for 28%, n=5, it was unclear). For those patients that had spoken to the 111 service and been advised to attend A&E, 46% (n=11) were found to be inappropriate, with patients presenting with issues which could have been managed elsewhere.

The contrast between patients that stated their reason as attending being due to an accident or health concern and the patient stating they attended because they were told to is interesting. When asked whether they believed A&E was the right place for them, patients again stated that they believed it

was the right place, because they had been told to attend. This is an interesting dynamic, and indicates the importance of accurate advice and guidance from within the primary care setting. Only a few patients stated that they didn't feel that A&E was the right place for them following conversations with their GP or receptionist, however the main reason for this was because they could not get an appointment at the surgery- as opposed to the fact they had been asked to attend because they needed emergency care.

In total, 17 patients surveyed had been referred to A&E by a GP surgery, two surgeries had potentially inappropriately referred 2 of their patients to attend the department within the 24 hour period, these were Abbey Medical Centre and Beech Avenue Surgery. When reviewing these 4 patients, 3 had been told to go to A&E by the GP and 1 had spoken to the GP reception and advised that there were no appointments for that day.

## **5. Conclusion & Recommendations**

From reviewing the results to the survey It is apparent that a large number of patients that attended the A&E department during the 24 hours in which the survey was conducted, had attempted to, or managed to speak to a healthcare professional prior to coming to A&E. The majority (69%) of patients that gave the need for treatment as their primary reason for attending were found to be in the right place, as opposed to those that stated they had been sent or advised to attend the department by either 111, their GP or the GP Receptionist. Of those that were advised to attend, a concerning amount were identified as potentially being inappropriate attendees to the department, with conditions and concerns which could have been dealt with elsewhere.

The comments made by patients throughout the survey indicate some issues with gaining access to the GP Surgery. It is evident that GP Receptionists hold some power in this situation, acting as gatekeepers to accessing a healthcare professional, with 10 patients in total attending the A&E department that day due to speaking to the receptionist. If this was the same every week day, this could equate to a potential extra 2607 patients a year. When you also consider this alongside the fact that 46% of these patients were found to have been at A&E inappropriately and a further 27% were unclear, this is concerning.

It is apparent when reviewing patient's responses that a great deal of faith is placed in the hands of the healthcare professionals that patients have contacted, in particular GP's and the 111 service. Most patients that have attended A&E from the advice given by the healthcare professional, believe they are at the right place and evidently do not question this advice.

Although a great deal of patients that gave their reason of attending A&E as 'for treatment', there are still a number of patients that are not choosing wisely when considering where to seek help. Patients talked of their frustration of not being able to access their GP, with '*No choice*' stated on a number of occasions as the reason for attending.

What is not clear through this survey, is whether the patients that are being advised to attend A&E by their GP when their condition could have been treated in the surgery, are being advised this to ease the pressures within the GP Surgery. Telephone conversations (as opposed to face to face consultations) led to 64% of patients being told to attend A&E when they could have been seen within a primary care setting. It would be difficult to determine the motivations behind this without conducting a further project.

It is evident that there are a number of concerning factors with regards to patients attendance which if improved, could reduce the amount of patients presenting at A&E inappropriately;

- Improved education for patients on when to access emergency services
- Improved access to GP Services within primary care, particularly around face to face appointments as opposed to telephone calls
- Improvement in the use of Pharmacy Services
- Prevention of GP Receptionists advising patients to attend A&E or giving A&E as the alternative when there are no GP appointments available
- Improvement in the accuracy of the advice given by the national 111 service

Ultimately, the biggest and most significant improvements are required within the primary care setting. None of the recommendations made relate to the services provided by the hospital, and instead refer to measures which can be taken within the community to prevent patients from attending A&E inappropriately.

## 6. Acknowledgements

Northampton General Hospital would like to sincerely thank Healthwatch Northamptonshire for their input into the project and for undertaking the survey across the 24 hour period. Their contribution has been invaluable.

**Author: Rachel Lovesy, Head of Patient Experience & Engagement**



<b>Report To</b>	<b>PUBLIC TRUST BOARD</b>
<b>Date of Meeting</b>	<b>28 July 2016</b>

<b>Title of the Report</b>	<b>Equality and Diversity</b>
<b>Agenda item</b>	<b>12</b>
<b>Presenter of Report</b>	Janine Brennan, Director of Workforce & Transformation
<b>Author(s) of Report</b>	Andrea Chown, Deputy Director of Human Resources
<b>Purpose</b>	Assurance that the equality agenda including the public sector duty in accordance with the Equality Act 2010 is being implemented for staff across the Trust

#### **Executive summary**

The Public Sector Equality Duty requires the Trust to have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations between different people when carrying out its activities. To ensure transparency, and to assist in the performance of this duty, the Equality Act 2010 (Specific Duties) Regulations 2011 require the Trust to publish information to demonstrate compliance with the Public Sector Equality Duty.

#### **The Equality and Human Rights Workforce Annual Report 2015/2016**

The Equality and Human Rights Workforce Annual Report for 2015/2016 aims to demonstrate this compliance and provide assurance that the Trust is meeting its duty by reviewing the progress Northampton General Hospital has made to promote equality and celebrate diversity in the year 2015 to 2016. This report is provided for information and the Trust Board is asked to note the contents.

#### **The Equality and Human Rights Workforce Monitoring Report 2015/2016**

The Equality and Human Rights Workforce Monitoring Report for 2015/2016 aims to demonstrate this compliance and provide assurance that the Trust is meeting its legal duty to monitor our workforce by the protected characteristics. This report is provided for information and the Trust Board is asked to note the contents.

#### **Equality Objectives July 2016**

The Trust Board is asked to approve the refreshed Equality Objectives Four Year Plan 2016 – 2020, for the workforce, which incorporates the Trust's actions in relation to WRES (Workforce Race Equality Standard).

As part of the EDS2 (Equality Delivery System 2) the Trust is required to have equality objectives linked to a four year plan. The current set of objectives end in 2016 and have therefore been reviewed and refreshed. In addition the Trust is also required to develop an action plan in relation to the findings from the WRES gap analysis exercise and these actions have been built into the Equality Objectives Four Year Plan as EDS2 and WRES are closely linked to one another.

<b>Related strategic aim and corporate objective</b>	Enable excellence through our people.
<b>Risk and assurance</b>	The Trusts equality agenda for staff is being monitored through the equality and diversity group with progress reports on the Four Year Action Plan and the WRES.
<b>Related Board Assurance Framework entries</b>	BAF 4.3
<b>Equality Analysis</b>	<p>Is there potential for, or evidence that, the proposed decision/document will not promote equality of opportunity for all or promote good relations between different groups? <b>No</b></p> <p>Is there potential, for or evidence that, the proposed decision/document will affect different protected groups/characteristics differently (including possibly discriminating against certain groups/protected characteristics)? <b>No</b></p>
<b>Legal implications / regulatory requirements</b>	NHS Constitution Public Sector Equality Duty Equality Act 2010 Equality Delivery System 2 (EDS2) Workforce Race Equality Standard (WRES)

#### **Actions required by the Trust Board**

The Board is asked to:

- Note the contents of the Equality and Human Rights Workforce Annual Report 2015/2016 and the Equality and Human Rights Workforce Monitoring Report 2015/2016
- Approve the Equality Objectives Four Year Plan 2016 – 2020



# Equality and Human Rights

**Workforce Annual Report**  
**April 2015 to April 2016**

Providing  
the **Best**  
**Possible**  
Care

Enclosure H





# Equality and Human Rights

## Workforce Annual Report

### April 2015 to April 2016



# Our Vision and Values

*Our vision is:* To provide the best possible care for our patients

*Our Values are:*

- We put patient safety above all else
- We aspire to excellence
- We reflect, we learn, we improve
- We respect & support each other



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## Executive Summary

The Equality and Human Rights Annual Report for 2015/2016 reviews the work Northampton General Hospital has made to promote equality and celebrate diversity within its workforce during April 2015 to March 2016.

During the period that this report covers we continued to focus on the recruitment of nurses including many from overseas. In addition we have worked hard to recruit and engage apprentices in a variety of different roles across the organisation and this work was recognised by South Leicestershire College who presented us with an Employer of the Year Award for our support of apprentices in February. We continued to demonstrate our commitment to equality in recruitment through the Two Ticks Scheme and our commitment to staff through our Staff Engagement Strategy.

During 2015/2016 we made progress against our objectives and action plan that is required in accordance with the NHS Equality Delivery System (EDS2) and also produced our first baseline data report for the Workforce Race Equality Standard that was introduced in the NHS in late 2014.

The 2015 National Staff Survey results showed improvements in the elements of the survey that relate to equality and diversity, however we are mindful that we need to continue to work hard to ensure further improvements are made.

Underpinning all of this work is our Equality and Human Rights Strategy and our Equality Analysis processes.



A handwritten signature in black ink, appearing to read 'Sonia Swart'.

Dr Sonia Swart  
*Chief Executive*



A handwritten signature in black ink, appearing to read 'P. Farenden'.

Paul Farenden  
*Chairman*

# Introduction

Northampton General Hospital believes that Equality and Diversity (E&D) is central to what we do. Equality is about creating a fairer society where everyone has the opportunity to fulfill their potential.

The Trust aims to deliver high quality support to staff that is accessible, responsive and appropriate to meet the diverse needs of the different groups and individual members of staff we employ.

To achieve this aim, we want to ensure that employees are not subject to any form of discrimination or unlawful treatment. Everyone can expect to be treated with equal respect and dignity regardless of their background or circumstances.

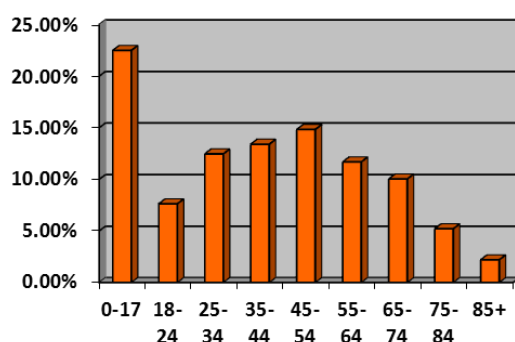
It is important to us that we do not discriminate unlawfully in the way we recruit, train and support our workforce. The Trust does not tolerate any forms of unlawful or unfair discrimination. In addition it recognises that all people have rights and entitlements by law.



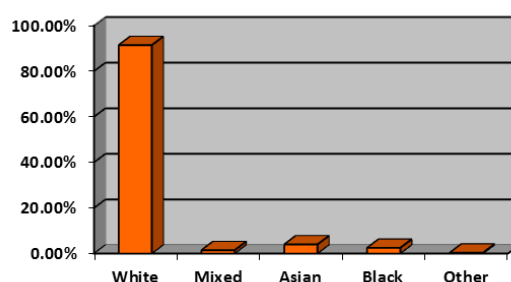
# Our Population

We provide general acute services for a population of 380,000 and hyper-acute stroke, vascular and renal services to 692,000 people living throughout the whole of Northamptonshire. The Trust is also an accredited cancer centre, providing services to a wider population of 880,000 who live in Northamptonshire and parts of Buckinghamshire. For one highly specialist urological treatment we serve an even wider catchment.

Our principal activity is the provision of free healthcare to eligible patients. We provide a full range of outpatients, diagnostics, inpatient and day case elective and emergency care and also a growing range of specialist treatments that distinguishes our services from many district general hospitals.



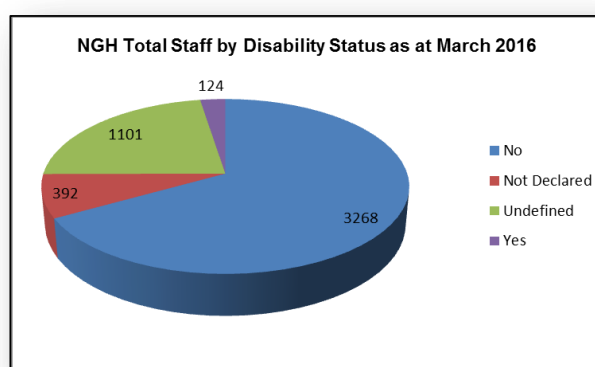
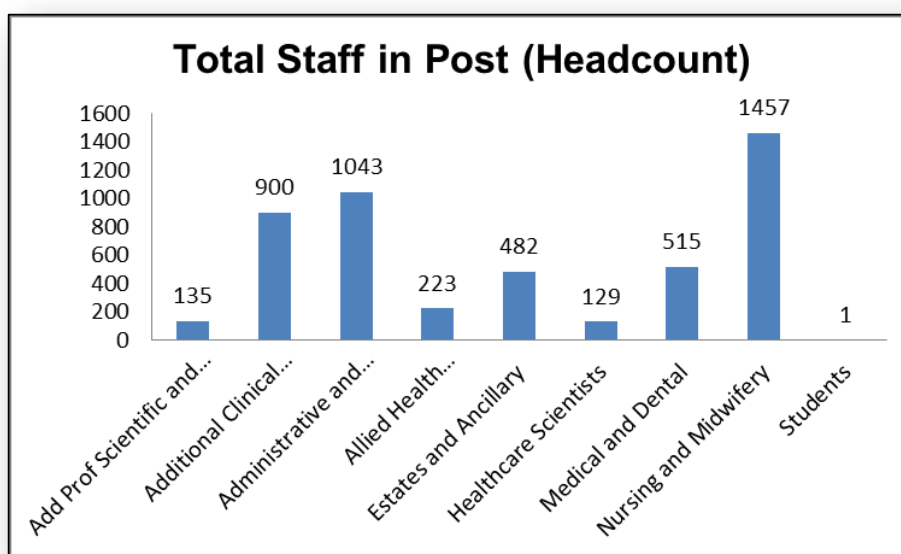
Local Population by age



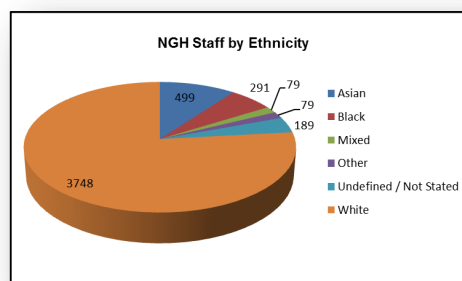
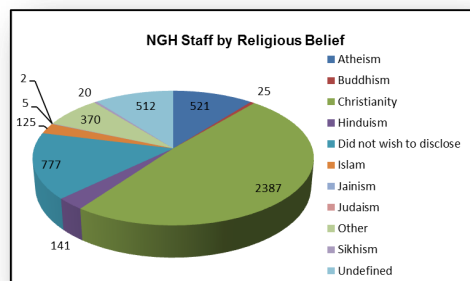
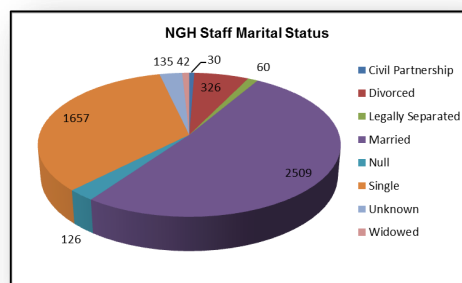
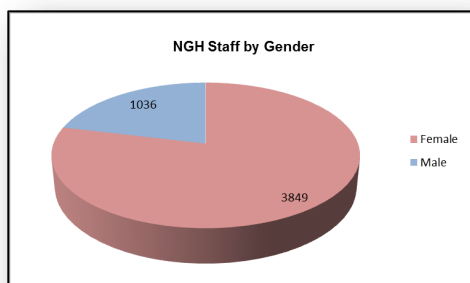
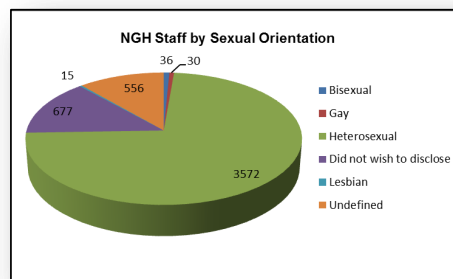
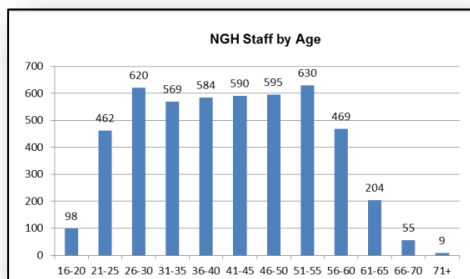
Local Population by ethnicity

# Our People

The Trust employs 4250.94 whole time equivalent (wte) members of staff, a headcount of 4885 people, (as at 31 March 2016).







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# Our People

## interesting articles

### NHS Equality, Diversity and Human Rights Week 11-15 May 2015

#### Linking Our Thinking

The fourth NHS Equality, Diversity and Human Rights Week, organised by NHS Employers, was held from 11-15 May 2015 and shone a light on the ongoing work across the NHS to ensure that it continues to meet the diverse needs of its local populations and is a place where staff from all backgrounds will want to work.

The theme was about 'Linking Our Thinking' and focused on how diversity of thought can contribute to address and solve problems for all under-represented and disadvantaged groups and individuals within the workplace.



We asked our staff to take the opportunity during the Equality, Diversity and Human Rights Week ask themselves the following question "What do I do to contribute to promoting equality and diversity here at NGH?"

Staff could also get involved with Equality, Diversity and Human Rights Week by joining the conversation on twitter and Facebook.

## Support for Staff becoming a Parent

During 2015/2016 the Trust continued to provide support for staff becoming a parent to ensure that they are aware of their rights and entitlements. In addition to the Trust's Maternity, Paternity, Adoption and Shared Parental Leave Procedure we have a dedicated member of staff who can provide support and advice to individuals who are applying for these types of leave.

A regular schedule of workshops are run for staff who are pregnant to provide additional support and information. For other parenting leave such as adoption or shared parental leave individuals are seen on a one to one basis.

During the 12 month period that this report covers:

- 158 members of staff commenced maternity leave
- 37 members of staff took paternity leave
- 1 member of staff commenced adoption leave

The Trust also organised sessions for managers in March 2016 to ensure that they were fully up-to-date with the rules, regulations and entitlements so that they too could better support their staff in relation to parenting leave. Thirty managers attended the sessions and it is hoped that more will be run during 2016.



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## Equality Analysis

The Trust continues to undertake Equality Analyses to ensure that its services, plans, policies and procedures, continue to meet our public sector duties and give 'due regard' to ensure that everyone who works at the Trust or uses its services are treated fairly, equally and free from discrimination.

During the period April 2015 – March 2016 162 Equality Analyses were completed.



## Workforce Race Equality Standard (WRES)

In 2014 NHS England took the decision to introduce a National Workforce Race Equality Standard. This decision was made following numerous reports that evidenced systematic discrimination against Black and Minority Ethnic (BME) staff in the NHS.

The evidence from the reports highlighted that people from a BME background are less likely to be appointed once shortlisted, less likely to be selected for training and development programmes, more likely to experience harassment, bullying and abuse and more likely to be disciplined and dismissed. The Standard is made up of 9 indicators and these will highlight any differences between the experience and treatment of White staff and BME staff in the NHS with a view of encouraging and enabling NHS organisations to reduce the differences.

In line with the guidance issued by NHS England the Trust produced baseline data for each of the 9 indicators in April 2015 and these were published on the internet. The Trust will be repeating the exercise in April 2016 and comparing these results to those of 2015 to establish if there have been improvements in the experiences or the treatment of White staff and BME staff, if there are any areas for concern and, if any are found, to look at the steps the Trust can take to make improvements.



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## Staff Survey 2015 Equality & Diversity Results

The 2015 annual National NHS Staff Survey took place during September to November 2015. A total of 4676 surveys were sent directly to all staff and 1442 members of staff returned the survey.

Of the 32 key findings this year there has been improvement in 9, no deteriorations, 13 have stayed the same and 10 could not be compared. This is again an overall improvement and continues our positive trend of improvement over the last 3 years.

The demographics of the staff that responded when compared to the Trust profile were broadly similar with the exception of disabled staff where 15% of the respondents were disabled compared to the 3% of the Trusts workforce.

Within the Staff Survey there are two specific key findings that relate to equality and diversity.

The first key finding is in relation to the percentage of staff experiencing discrimination at work in the last 12 months and in this area the Trust has significantly improved since the 2014 survey results and is above average when compared to acute Trusts.

There has been a slight improvement in relation to the second key finding which relates to the percentage of staff who believe that the organisation provides equal opportunities for career progression and/or promotion. The Trust is also below average when compared to other acute Trusts

We recognise that overall the survey shows improvement however it highlights some areas of concern and the Trust continues to work to improve the results, through the work of its Organisational Development Team and the Improving Quality and Efficiency Team to bring about a fundamental shift in culture, where everyone is focused on quality, continuous improvement and meaningful staff engagement to sustainably improve staff satisfaction at work.

## Equality & Human Rights Strategy 2013 -2016

The Trust's Equality and Human Rights Strategy details how the Trust will eliminate discrimination, advance equality and foster good relations between people who share certain characteristics and those who do not: age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; and sexual orientation. It builds on the work already done and progress made on equality, diversity and human rights over the years and sets out our co-ordinated and integrated approach. The Trust Board receives regular feedback on the implementation and promotion of this Strategy and we evaluate progress to ensure we are striving towards what we set out to achieve. We will also be reviewing the strategy in 2016 to ensure that it remains current and complies with the Equality Act 2010.

Underpinning the strategy are a number of Trust policies and procedures that support the day to day work of the Trust and some of these have specific connections to the Equality Act of 2010, namely:

- Bullying, Harassment & Victimisation
- Employment of People with a Disability
- Flexible Working
- Management of Sickness Absence
- Maternity, Adoption, Paternity and Shared Parental Leave
- Recruitment, Selection & Retention.

In addition all our Human Resources procedural documents advise that our policies and procedures will be applied fairly and consistently to all employees regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation, whether working full or part-time or whether employed under a permanent, temporary or fixed-term contract.

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## Equality & Diversity Group - Staff

The Trust has an Equality and Diversity Staff Group (EDS) that meets on a quarterly basis. The purpose of the group is to champion and steer the work of Northampton General Hospital (NGH) so that the Trust is in full and positive compliance of equality and human rights legislation, regulations and codes of practice including NHS and Department of Health standards.

The aim is twofold. To lead, advise and inform on all aspects of policy making, and employment including various engagements related to equality and inclusion legislation and policy direction.

In addition the group also leads and monitors progress on the development of the action plan that is required in accordance with the NHS Equality Delivery System (EDS2). As part of this action plan there are two objectives that relate to our workforce:

1. A representative and supported workforce –

We will aim to improve our staff satisfaction rates as reported in the annual staff survey and the staff family and friends test. In response to the question regarding whether staff would recommend the Trust as place to work.

2. Inclusive leadership -

To develop improved leadership and management capability.

The Trust is pleased to advise that all actions linked to these objectives have either been completed or are in progress.



## Recruitment

During the past year the Trust has recruited many staff through various different recruitment methods and events. In particular the Trust has worked hard to increase its number of nurses and this has included recruiting from overseas. During the period that this reports covers we recruited 246 nurses and 103 of these were recruited from counties such as Romania, Holland, Spain and India.

All our new employees over the past 12 months, regardless of their role, come from differing backgrounds, beliefs and life experiences that contribute to the richness and diversity of the Trust's workforce.

The Trust has also recently reviewed and updated its recruitment training for managers and this now includes specific guidance and best practice on how the Equality Act 2010 and the Trust values apply in relation to the recruitment practices of the Trust. This training is currently being rolled out across the organisation.



## Corporate Global Challenge

During the year Trust staff took part in the Global Corporate Challenge (GCC), which is a 100-day virtual tour around the globe whereby employees around the world compete in teams and record their daily activity as the GCC takes them on a journey that will increase their physical activity levels and improve their diet and the quality of their sleep.

This challenge was a resounding success with large number of staff of all ages, backgrounds and roles forming teams from wards and departments from across the whole organisation taking part. It is hoped that the beyond the 100 days, the challenge has provided a platform to ensure that learning and positive habit formation continues throughout the year for all the staff that participated.



## Employer of the Year Award for Learning & Development

In February 2016 the Trust was presented with an Employer of the Year award for its support of apprentices. South Leicestershire College presented the award to Becky Sansom, Learning and Development Manager, who has personally driven the NGH apprenticeship programme. The award recognised the continual support given to our apprentices throughout their programme of learning and, where possible, their progression into substantive contracted posts within the organisation. It is a three-way partnership that culminates in

the learner gaining valid and valuable real work experience and ensures that they have the work and life skills needed to move into employment. The Trust works closely with the college to strive for excellence and opportunities for the young people in our community and was very proud to receive an award to recognise this.



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## Mind the Gap – Exploring the Needs of Early Career Nurses and Midwives

A report produced in 2015 from Health Education England and Birmingham and Solihull Local Education and Training Council explored staff retention among newly qualified health professionals. The report was part of the 'Every Student Counts' project, which was initiated in response to concerns from employers about the recruitment and retention of nurses and midwives, and in particular concerns over a high turnover rate for band 5 nurses.

Using views and information collected through a variety of methods the conclusions drawn related to generational differences evident amongst healthcare professionals, and suggested employers needed to accommodate generational needs in order to ensure that newly qualified staff of all ages were supported and retained. The report stated:

*“...there are generational concepts that require consideration if we are to appropriately support individuals as they begin their professional careers. For the first time in history four different generations will be working together in the same employment environment... Understanding different motivational needs across these generations offers employers and education providers a real opportunity to better align support to meet individual needs and to improve recruitment and retention.”*

Whilst the report emphasised that broad descriptions can lead to stereotyping and therefore the categories below should be considered a general guide to understanding only, four generational profiles are applied in the analysis of staff behaviours and characteristics:

Generational Profile	Date of Birth Range	Brief Descriptor
Baby Boomer	1946 - 1964	"I am a post war child"
Generation X	1965 - 1979	"I am a latch-key kid"
Generation Y	1980 - 1994	"I am a millennial"
Generation Z	1995 – 2010 (just entering higher education)	Generation Z

The report also highlighted some general expectations of early career nurses and midwives, and gave recommendations that employers 'live their values', facilitate work-life balance for staff and offer clear pathways for career development.

The during 2015/2016 the Trust has been sharing this report and its recommendations with its managers, to raise their awareness of generational needs so they can better support newly qualified staff, of all ages, when they join the Trust.

## State of the Art Gym Opens at Cripps Recreation Centre

Following extensive improvement works, Northampton Leisure Trust (NLT) is pleased to announce that the new Trilogy gym at Cripps Recreation Centre is now open. The state of the art facility features a calming and stretching studio, functional training studio as well as a strength, conditioning and free weights area.

NLT took over the management of Cripps Recreation Centre located within the grounds of Northampton General Hospital on 6 May. It now operates Cripps alongside its four other leisure facilities across Northampton under the Trilogy brand.

Ian Redfern, Managing Director, Northampton Leisure Trust comments “Inspiring Active Lifestyles is what we do. Our partnership with Northampton General Hospital at the Cripps Recreation Centre enables us to expand our offering to customers. Cripps now features state of the art equipment and a comprehensive studio/indoor cycling programme, making it an extremely motivating place to exercise. The facility also enables us to deliver our Junior Active membership package with swimming lessons and holiday activities already on offer.”

Charles Abolins, NGH Director of Facilities and Capital Development, said: “We recognise our responsibility to encourage and promote the health and wellbeing agenda not just in the context of our patients – and indeed helping to prevent people becoming patients in the first place - but also as one of Northampton’s largest employers.

“We are delighted the future of Cripps has been secured through our partnership with NLT ensuring our employees have access to great facilities and services.”



## Learning and Development

During 2015/16 the learning and development department offered Excel Training to all staff. Funding was obtained after it became apparent that staff had this skill gap. Staff completed a skills analysis which enabled them to be put onto the right level of course. In total 39 staff were trained.

In 2016 NGH were nominated and won the Employer of the Year Award for its support of Apprentices. Apprenticeships that were offered this year included; Business Admin, Customer Service, Electrical Engineering, Mechanical Engineering, Catering and Apprentices in Healthcare. Alongside recruiting Apprentices, staff already employed were able to complete apprentice frameworks which included Business Admin, Customer Service and Healthcare.

The Trust began its Francis Crick programme which is a management development programme commencing with the top 50 managers and then offering it to the next level of manager. Working alongside this, a Vocationally Recognised Qualification (VRQ) in Team Leading became available and so the Trust piloted this 12 week programme with 10 staff aspiring to be team leaders. All of them achieved this qualification which included: communication skills, motivation, development. The success of this pilot means that further courses will be offered to all staff.

All mandatory training subjects now have a workbook and assessment for staff to access instead of attending face to face sessions or e-learning. This method of training is designed to ensure that staff have maintained the level of knowledge and understanding needed for their job. This has mean that staff have not had to leave their workplace for an hour of training, but can complete the assessment from 10 mins. The workbooks in some subjects have been amended to help some staff understand the relevance of the subject. This means that we now have 3 methods of delivery for all mandatory training subjects; face to face (RoK), e-learning and workbook/assessment. By ensuring that we are covering all learning styles we are ensuring that the learning becomes embedded in staffs everyday practice.







# Northampton General Hospital

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- Follow us on twitter @nghnhstrust



**Northampton General Hospital**  
**Equality and Human Rights**  
**Workforce**  
**Monitoring Report**  
**2015/2016**

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## EXECUTIVE SUMMARY

The Equality and Human Rights Workforce Monitoring Report for 2015/2016 provides analysis of the data that the Trust holds in relation to its workforce.

Northampton General Hospital (NGH) has a legal duty to promote equality of opportunity, foster good relations and eliminate harassment and unlawful discrimination. As part of our legal duty we must prepare and publish equality information annually comprising of an equality profile of our staff to determine if there are any issues.

Our legal duty to monitor our workforce is addressed in this document. The report provides information for some of the protected characteristics in the following areas:

- Trust's Workforce Profile
- Human Resources (HR) Recruitment Activity
- HR Caseload Activity
- Learning and Development Activity

## INTRODUCTION

Northampton General Hospital believes that Equality and Diversity (E&D) is central to what we do. Equality is about creating a fairer society where everyone has the opportunity to fulfill their potential.

The Trust aims to deliver high quality services that are accessible, responsive and appropriate to meet the diverse needs of the different groups and individuals we serve and the staff we employ.

To achieve this aim, we want to ensure that service users and employees are not subject to any form of discrimination or unequal treatment. Everyone can expect to be treated with equal respect and dignity regardless of their background or circumstances.

It is important to us that we eliminate discrimination in the way we provide our services and the way we recruit, train and support our workforce. The Trust does not tolerate any forms of unlawful or unfair discrimination. In addition it recognises that all people have rights and entitlements.

## OUR POPULATION

Northamptonshire has an estimated population of 725,000 people in mid-2016 (ONS population projections, published 29 May 2014). More than 30% of the population are in the least deprived quintile, and around 12% are in the most deprived quintile. While the population of Northamptonshire is expected to rise by around 5% to approximately 749,000 by 2020, the increase in working age population is estimated at only 2%, whereas the total population aged 65 and over is projected to rise by 17% in this period. The 70-74 age group will rise by 40% (the post-war baby boomer generation), and the number aged 90 and over is expected to rise by 30%.

The latest Health Profile for Northamptonshire (Public Health England, 2 June 2015) describes 32 indicators, most of which are related to health and lifestyle.

Northamptonshire is significantly worse than the England average for the following:

- Smoking status at time of delivery
- Excess weight in adults
- Hospital stays for self-harm
- Life expectancy at birth (female)
- Under 75 mortality rate: Cancer

## Northamptonshire Population (2011 Census)

Ethnic Group	Religion	Marital Status	Age Group	Gender
White 91.48%	Christian 59.9%	Single 29.2%	0-17 22.5%	Male 49.3%
Mixed 1.51%	Buddhist 0.3%	Married 41.4%	18-24 7.8%	Female 50.7%
Asian 4.04%	Hindu 1.2%	Civil Partnership 0.2%	25-34 12.6%	
Black 2.53%	Jewish 0.1%	Separated 5.3%	35-44 13.5%	
Other 0.43%	Muslim 1.7%	Divorced 14.3%	45-54 14.8%	
	Sikh 0.4%	Widowed 9.6%	55-64 11.7%	
	Other 0.4%		65-74 9.8%	
	No religion 29.2%		75-84 5.2%	
	Not stated 6.7%		85+ 2.2%	

## EQUALITY ANALYSIS

Identifying and responding to the effect of the activities of the Trust on the different protected groups of staff remains of fundamental importance in the context of giving due regard in line with our Public Sector Equality Duties.

Equality Analysis remains a key component in delivering a quality services and support to staff which meets the needs of all and ensures that employees are not excluded. The Trust continues to utilise its systems for Equality Analysis on policies, procedures, services, plans and programmes of change to assess whether they have the potential to affect staff differently. The Trust recognises this process identifies and addresses real or potential inequalities resulting from policy, practice or service development.

Where it is identified that a particular group or section of staff will be, or could be disadvantaged the Equality Analysis processes ensures that the Trust is able to:

Remove or minimise disadvantage experienced by staff connected to 'protected characteristics'

Take steps to meet the needs of staff who share a protected characteristic where these are different from staff who do not share it

Encourage staff who share a protected characteristic to participate in public life or any other activity where participation is disproportionately low.

During the period April 2015 – March 2016 the Trust completed 162 Equality Analyses.

## WORKFORCE PROFILE – APRIL 2015 to MARCH 2016

The following analysis contains quantitative information from the Electronic Staff Record (ESR) for the year ending 31 March 2016 relating to:

- Staff in Post by pay band/grade
- Sickness episodes by pay band/grade
- Leavers by pay band/grade

Information relating to Recruitment & Promotion, and Disciplinary & Grievance Procedures is provided separately within the monitoring report.

Where possible the information has been analysed against the following protected characteristics:

- Age
- Disability
- Gender
- Ethnicity
- Religious Belief
- Sexual Orientation
- Marital Status

It is important to know and understand the demographic profile of our workforce, and to be able to compare this profile with that of the local population which we serve.

### Workforce Profile by Pay Band / Grade

It is obviously important that the data we hold for employees relating to Protected Characteristics is as complete as possible in order to draw meaningful conclusions from any analysis.

In some areas the level of completeness of data is very high; just over 96% of employees have their ethnic origin recorded, and a slightly smaller percentage (94.7%) have a record for marital status. Gender and age are recorded for all employees. Disability information has always been poorly recorded; just over 22.5% have no record relating to disability status, although this is an improvement on the reported figure in 2015 of 27%. Sexual Orientation and Religious Belief were not collected until relatively recently, and as a consequence employees who have been with the trust for many years will often have nothing recorded against these criteria. This results in just under 11.4% of employees for whom the trust has no record of Sexual Orientation, and just under 10.5% with no record of Religious Belief. Over time the levels of employees with no record in these areas should reduce and these figures are down from just over 13% and 12% respectively in 2015.

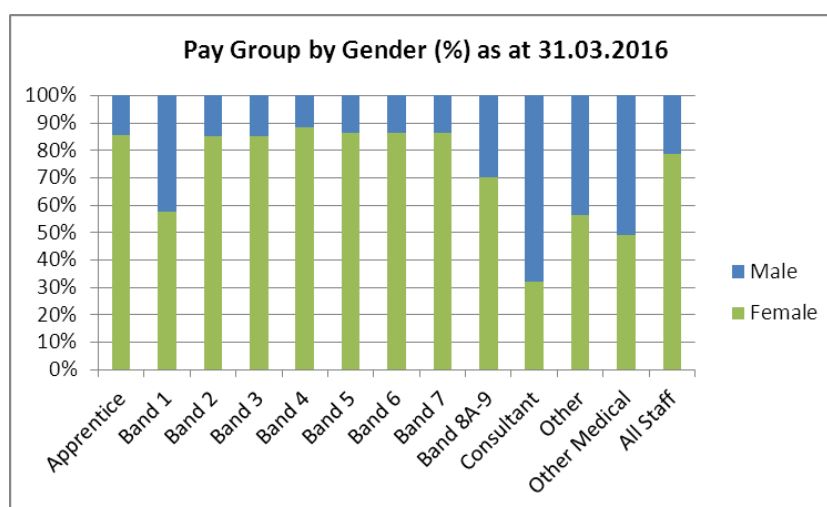
Appendix 1 provides the data tables for detailed information regarding the workforce profile by protected characteristics.

Protected Group	Analysis
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<b>Age</b>	<p>When compared to the Northamptonshire population, the percentage of staff in the 16-20 and over 60 age groups is significantly lower. However, this would be expected given the numbers of people in the wider population still in education in the first group, and the number having taken retirement in the second.</p> <p>If only those people in the 20-60 age groups of the Northamptonshire population and NGH workforce are considered, then the trust is fairly representative of the local population in most age groups. However, the local population has 19.7% of the working age group in the 55 – 64 range, whereas at NGH this falls to 13.8% which may relate to the lower pension age of 60 for many current and former NHS employees.</p>
<b>Disability</b>	<p>Only 2.54% of the NGH workforce has disclosed a disability. According to PANSI (Projecting Adult Needs &amp; Service Information) the projection of Northamptonshire population aged between 18 and 64 likely to have either a moderate or serious disability is 7.9 and 2.4% respectively. However just under 27% of the workforce do not have a disability status recorded; if this data was complete the rate would probably increase but still be well below the local population estimated rate. The physical nature of most work in the healthcare sector could help to explain the low representation of disabled people in the NGH workforce.</p>
<b>Gender</b>	<p>The NHS workforce is predominantly female, and at NGH the percentage is 78.8%. The staff groups with the highest percentage of female employees are the registered nursing &amp; midwifery (92.5%), admin &amp; clerical (82.6%), and clinical support staff (88%) groups. However the percentage of male employees is higher than the total for all staff, in the Agenda for Change band 8a – 9 group, at 29.8%. Within the medical &amp; dental staff group 58% are male, and 68% of consultants are male. The percentage of male consultants has fallen since 2014, when the figure was 70%.</p>
<b>Ethnicity</b>	<p>According to the 2011 Census, the Northamptonshire population was 91.5% white, 8.5% Black &amp; Minority Ethnic (BME), whereas the trust employees (as at 31 March 2016) were 76.8% white (of which 69.8% were British or Irish), 19.4% BME. The overall percentage of BME employees is boosted by the high representation of this group (49.1%) in the Medical &amp; Dental staff group.</p> <p>If Medical &amp; Dental staff were removed from the analysis, then the BME percentage in the remaining staff groups falls to 15.9%, but this nonetheless remains a significantly higher ratio than in the local population. Although only 7.6% of staff in Agenda for Change bands 8a – 9 are in the BME group, 19.4% of bands 5 – 7 are BME, higher than the average BME representation across all pay bands in the trust.</p>
<b>Religion</b>	<p>The 2011 Census data indicated that 59.9% of the population of Northamptonshire were Christian, 1.7% Muslim, and 1.2% Hindu.</p>

	Employee data showed 48.9% Christian, rising to 51.4% if Medical & Dental staff were excluded. The percentage of the local population professing no religion was 29.2%; 10.2% of employee records had no religion defined, and a further 15.8% did not wish to state their religion or belief, while 11% professed to be Atheist. In total, 14.1% of employees are from a minority faith community.
<b>Sexual Orientation</b>	Sexual Orientation information is not collected as part of the National Census so a comparison cannot be made between trust employees and the Northamptonshire population. However, 73.1% of employees are recorded as heterosexual. 13.9% did not wish to state their sexual orientation, and a further 11.4% had no data recorded. Bisexual, Gay or Lesbian employees made up 1.64% of the total.
<b>Marital Status</b>	Of the total number of employees, 51.4% were married compared with 41.4% of the local population; 33.9% of employees were single, 6.7% divorced, 0.6% in a civil partnership, 1.2% separated, and 0.9% widowed. The comparable figures in the local population were 29.2% single, 14.3% divorced, 0.2% civil partnership, 5.3% separated, and 9.6% widowed. The much higher percentage of widowed people in the population reflects the number in older age-groups no longer part of the working or economically active population.



## Sickness Absence Analysis (number of episodes)

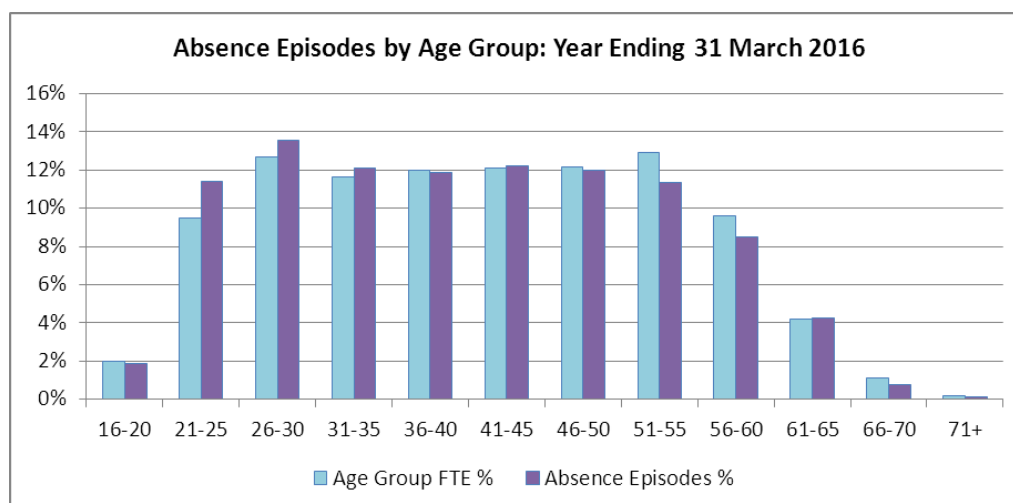
The number of separate episodes of sickness for the year ending 31 March 2016 was 7,923. Appendix 1 provides the data tables for detailed analysis of the information.

Employees' pay band or grade appears to have a relatively significant influence on the number of sickness episodes compared to other Equality & Diversity factors. Band 2 employees comprise 20% of the workforce, and are the second biggest staff group, but they were responsible for the single highest percentage of the sickness, equating to

27.01% of all episodes. The biggest staff group in pay band terms is Band 5, with just under 21% of the workforce, and they accounted for the second highest percentage of sickness episodes, at 25.89%. Staff in bands 7 and 8a-9 account for 8.5% and 3.5% of the workforce but only 6.5% and 2.3% of the sickness episodes.

Protected Group	Analysis
<b>Age</b>	The percentage of the total number of sickness episodes relating to each age group equates relatively to the proportionate size of each age group in terms of staff in post, indicating a fairly even spread of sickness across all age groups. However, all the age groups from 16-20 to 31-35 had a higher proportion of the sickness than would be indicated by their proportion of the workforce, while those groups from 46-50 to 71+ all had a lower proportion of the sickness episodes. The second biggest age group numerically, 26-30 (12.69% of the workforce) had the highest group percentage of the total number of sickness episodes at 13.56%.
<b>Disability</b>	Employees who declare a disability comprise 2.54% of the workforce, although this figure would probably increase if the status of the 22.5% where no record is held was known. However, those employees who do declare a disability accounted for 4.1% of the sickness episodes. It is perhaps to be expected that this would be the case.
<b>Gender</b>	Whilst 78.8% of employees are female, they accounted for 84.8% of the sickness episodes, indicating that gender does have an influence on the likelihood of sickness absence.
<b>Ethnicity</b>	In terms of ethnic groups as a percentage of the total number of employees, the percentage of sickness episodes in each group shows some variation. Asian staff comprise 10.2% of the number of employees but account for only 7.9% of sickness episodes. White employees comprise 76.8% of the workforce and account for 79.6% of sickness episodes.
<b>Religion</b>	Religious belief does not seem to play a significant part in an employee's likelihood of having episodes of sickness absence. The spread of sickness episodes across religious belief groupings is fairly consistent with the ratio of employees in each group, for example 49.6% of sickness episodes are within the Christianity group, which accounts for 48.9% of the workforce. However Islam is stated as the religion for 2.6% of the workforce but accounts for only 1.5% of sickness episodes, and similarly Hinduism applies to 2.9% of the workforce and only 1.4% of sickness episodes.
<b>Sexual Orientation</b>	As with religious belief, the percentage of staff within each category of sexual orientation as compared with the percentage of the total sickness episodes recorded does not show a significant variation, although those with no sexual orientation recorded or those not wishing to state their sexual orientation amount to 25.2% of the workforce and have 23.1% of sickness attributed to them. This

	represents a relatively large percentage of the workforce in total and may make meaningful analysis less likely. Nonetheless, 74.5% of sickness episodes occur in the heterosexual group, which in turn makes up 73.1% of the workforce. The Gay, Lesbian & Bisexual groups total 1.6% of the workforce and account for 2.4% of the sickness episodes.
<b>Marital Status</b>	There is some variation across the marital status groups between the percentage of employees in each one and the percentage of sickness episodes in each one. For example, married or civil partnership employees are slightly less likely to have sickness, with 52.% of the workforce being in these groups but only taking 48% of the sickness episodes. By contrast divorced or legally separated employees make up 7.9% of the workforce and accounted for 9.5% of sickness episodes. Single employees are 33.9% of the workforce and they accumulated 37.8% of sickness episodes.



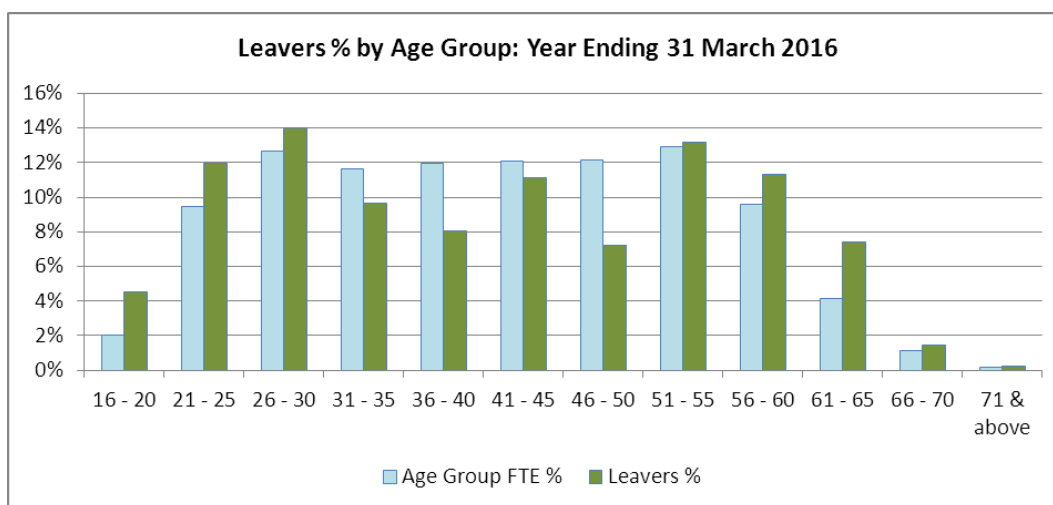
## Leaving Employment

In total, 486 employees with permanent contracts left the trust in the year ending 31 March 2016. The biggest pay band groups numerically had contrasting leaver records. Band 2 employees form 21.5% of the permanent workforce but 20.2% of leavers were from this group; band 5 employees (22% of the permanent workforce) made up 27.4% of leavers. Band 5 registered nurses were 17.3% of the workforce but 21.4% of leavers.

Protected Group	Analysis
<b>Age</b>	A higher proportion of employees in the age groups from 16 to 25 left in the year than would be indicated by comparison with the percentage of the workforce that they represent. Almost 16.5% of leavers came from this age group, which represents only 11.5% of the workforce in post. However this is an improvement from the

	<p>previous year when they formed 19.5% of leavers and 11.4% of the workforce.</p> <p>By contrast, the staff groups aged between 26 and 55 make up 73.5% of the workforce, but only 63.2% of the leavers. People in these groups seem to become a stable part of the workforce, compared to those younger and probably earlier in their careers who are more inclined to change their employer.</p> <p>Employees aged over 55 made up 20.4% of the leavers but 15.1% of the workforce, basically in line with what might be expected given the numbers who would be retiring from this range.</p>
<b>Disability</b>	<p>Although the number of leavers in the group declaring a disability was small, they represented 3.1% of leavers, slightly higher than their representation rate among all employees, which was 2.54%. Employees positively declaring no disability (66.9% of the workforce) made up 65% of leavers, again in line with what might be expected.</p>
<b>Gender</b>	<p>Whilst 78.8% of the workforce is female, they made up 80.7% of the leavers. The male workforce (21.2%) provided 19.3% of leavers, so was slightly under-represented.</p>
<b>Ethnicity</b>	<p>White employees made up only 76.5% of leavers, compared to 79.1% of the permanent workforce, so this group is under-represented. Black employees are 6.1% of the workforce but 7.4% of leavers, so this group is slightly over-represented. Asian employees (10.2% of all employees, but 8.4% when employees on fixed term contracts are excluded as they do not form part of the leaver statistics) were only 6.79% of leavers, so therefore appear to be less likely to leave the trust.</p>
<b>Religion</b>	<p>Around 46.9% of leavers were recorded as Christian, a slightly lower rate than the overall rate in the workforce, which varies between 48.9% and 50.3% depending on whether employees on fixed term contracts are excluded. Among the minority religions, the percentage of leavers is slightly higher than might be expected when compared to the ratio of permanent trust employees in each religious group.</p>
<b>Sexual Orientation</b>	<p>A reasonably comparable percentage of Heterosexual permanent employees were leavers (71%) compared with the permanent workforce (72.3%). Those people not wishing to state their sexual orientation made up 18.3% of leavers compared with only 13.9% of the workforce. Gay, Lesbian or Bisexual employees are 1.6% of the workforce and 1.6% of the leavers.</p>
<b>Marital Status</b>	<p>Married employees were less likely to leave than their proportion of the workforce would suggest; 48% of leavers were married or in</p>

	<p>a civil partnership, compared to 52% in the workforce or 52.8% when those on fixed term contracts are excluded (as they are not included in the leaver figures). Similarly, divorced and separated employees made up 7.9% of the workforce (8.36% excluding fixed term contracts) and 6.8% of leavers.</p> <p>Single employees by contrast comprise around 33% of the workforce (using both measures above) but 36.8% of leavers. This is likely to be linked to the age range of single employees, as they tend to fall into the younger age groups and are probably more likely to change employment before settling into a longer term career choice.</p>
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## RECRUITMENT ACTIVITY – APRIL 2015 TO MARCH 2016

This section of the report is based on the recruitment activity information collected by the HR Service Centre between April 2015 and March 2016 and in relation to the protected characteristics of:

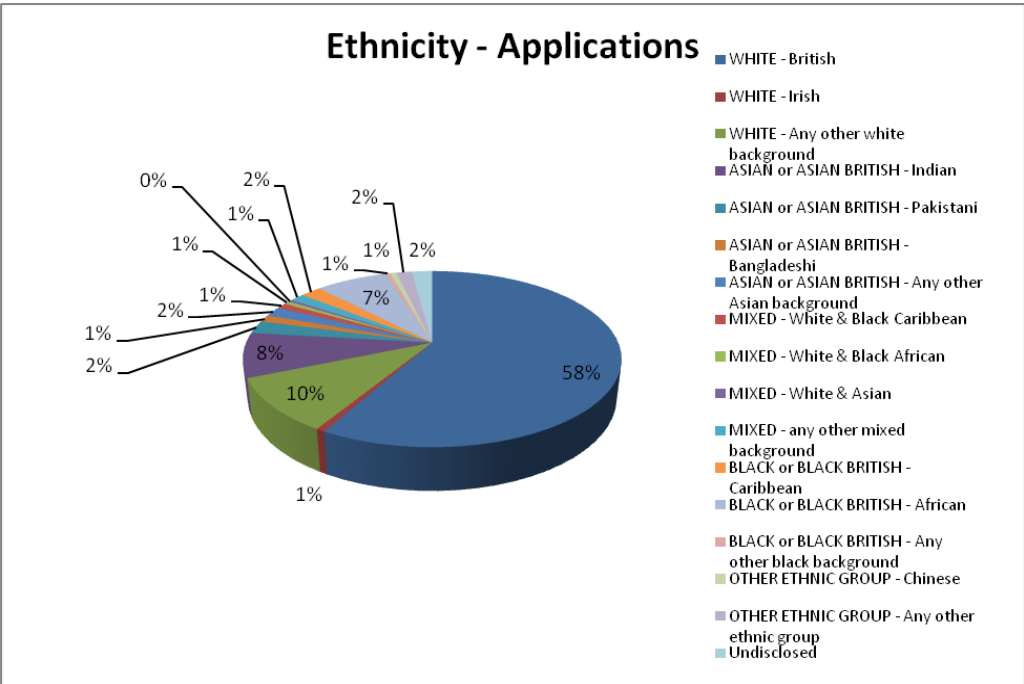
- The number of applicants
- Those shortlisted
- Staff appointed.

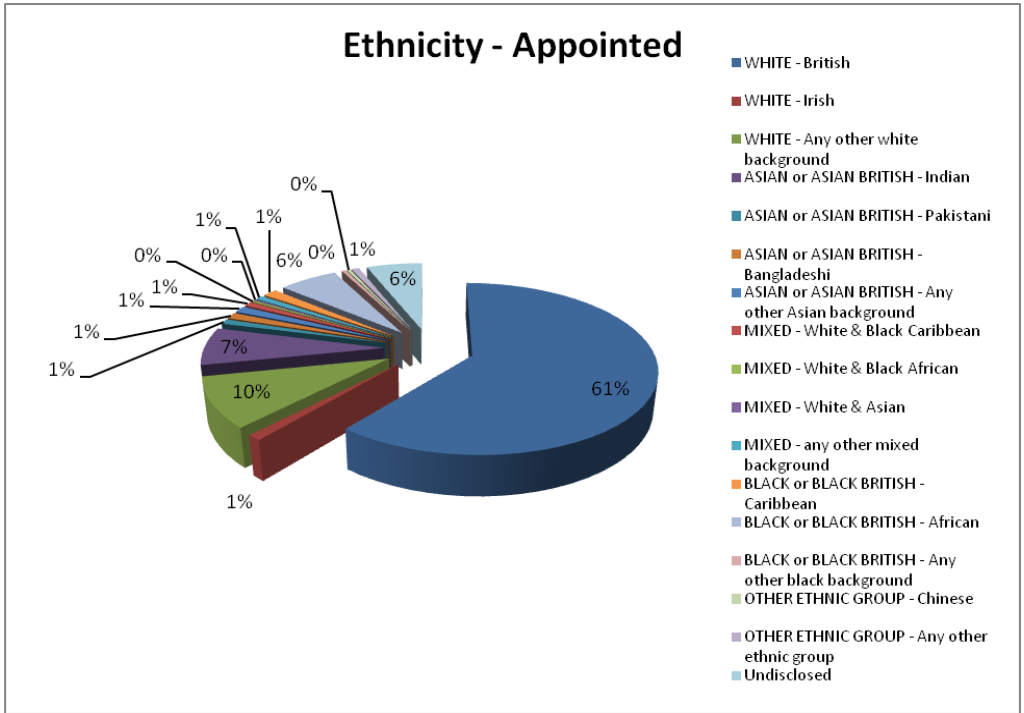
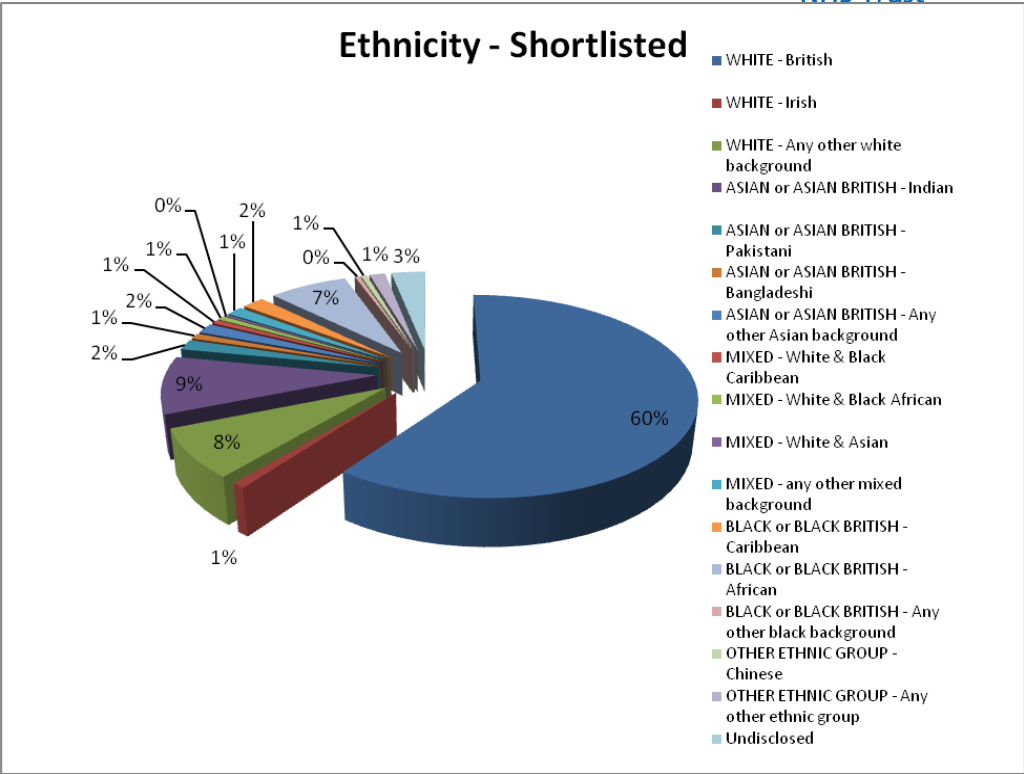
Equality and Diversity is addressed throughout the recruitment process, from advertisement of the job, to the appointment of the successful candidate, such as following the Trusts advertisement process, targeting a wide range of audiences.

Managers receive anonymous applications to ensure the selection process is equal and fair. Candidates shortlisted for interviews are based on their education, qualifications, experience and their personal specification.

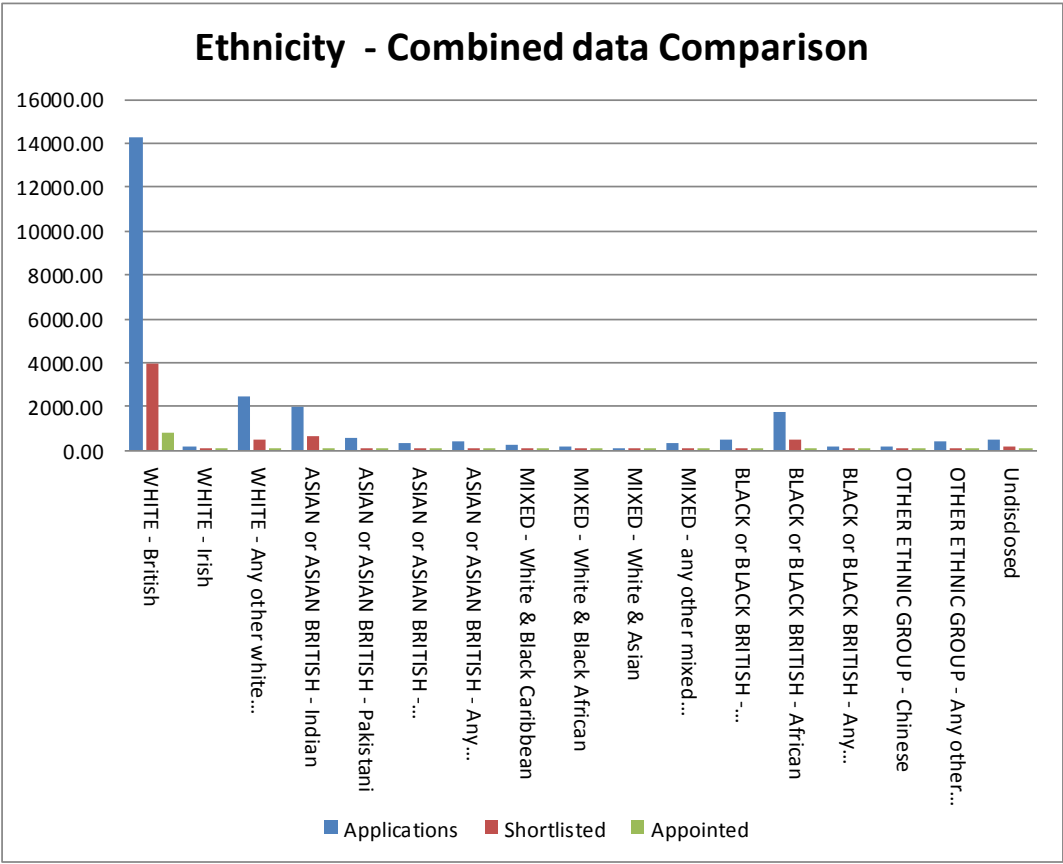
During the period that the report covers the Trust received 24,575 applications for vacancies, 6,565 people were shortlisted for interview and 1,334 people were appointed. This is an increase from the previous year whereby 22,867 were received, 5,784 people were shortlisted and 1,048 people were appointed.

## Recruitment - Ethnicity









Category	Description	Applications	% Application	Shortlisted	% Shortlisted	Appointed	% Appointed
Ethnic Origins	WHITE - British	14269.00	58.06	3944.00	60.08	814.00	61.02
	WHITE - Irish	159.00	0.65	57.00	0.87	15.00	1.12
	WHITE - Any other white background	2442.00	9.94	517.00	7.88	128.00	9.60
	ASIAN or ASIAN BRITISH - Indian	2014.00	8.20	609.00	9.28	97.00	7.27
	ASIAN or ASIAN BRITISH - Pakistani	583.00	2.37	112.00	1.71	13.00	0.97
	ASIAN or ASIAN BRITISH - Bangladeshi	324.00	1.32	59.00	0.90	16.00	1.20
	ASIAN or ASIAN BRITISH - Any other Asian background	434.00	1.77	106.00	1.61	17.00	1.27
	MIXED - White & Black Caribbean	255.00	1.04	44.00	0.67	12.00	0.90
	MIXED - White & Black African	140.00	0.57	44.00	0.67	4.00	0.30
	MIXED - White & Asian	101.00	0.41	17.00	0.26	3.00	0.22
	MIXED - any other mixed background	354.00	1.44	97.00	1.48	11.00	0.82
	BLACK or BLACK BRITISH - Caribbean	525.00	2.14	133.00	2.03	20.00	1.50
	BLACK or BLACK BRITISH - African	1781.00	7.25	466.00	7.10	83.00	6.22
	BLACK or BLACK BRITISH - Any other black background	136.00	0.55	28.00	0.43	6.00	0.45
	OTHER ETHNIC GROUP - Chinese	152.00	0.62	37.00	0.56	5.00	0.37
	OTHER ETHNIC GROUP - Any other ethnic group	391.00	1.59	93.00	1.42	11.00	0.82
	Undisclosed	515.00	2.10	202.00	3.08	79.00	5.92
Total		24575.00	100.00	6565.00	100.00	1334.00	100.00

The charts above show the number of applications that have been received, shortlisted and appointed between April 2015 and March 2016 by ethnicity.

The charts demonstrate that White – British has the highest amount of applications with 14,269 which equates to 58.06% of all applications. 3,944 were shortlisted and 814 of them were appointed to a position at the Trust.

WHITE - Any other white background has the second highest amount of applications made with 2,442 which resulted in 517 candidates being shortlisted of which 128 were successful in gaining a position with the hospital.

ASIAN or ASIAN BRITISH - Indian has the third highest amount of applications with 2,014 of which 609 were shortlisted and 97 were successful in gaining employment.

The White – British categories continue to shortlist and appoint the highest number of applicants with 60.08% being shortlisted and 61.02% being appointed but this has had a slight decrease in comparison with 2014/2015 as in 2014/2015 62.1% White – British were shortlisted and 69.72% were appointed.

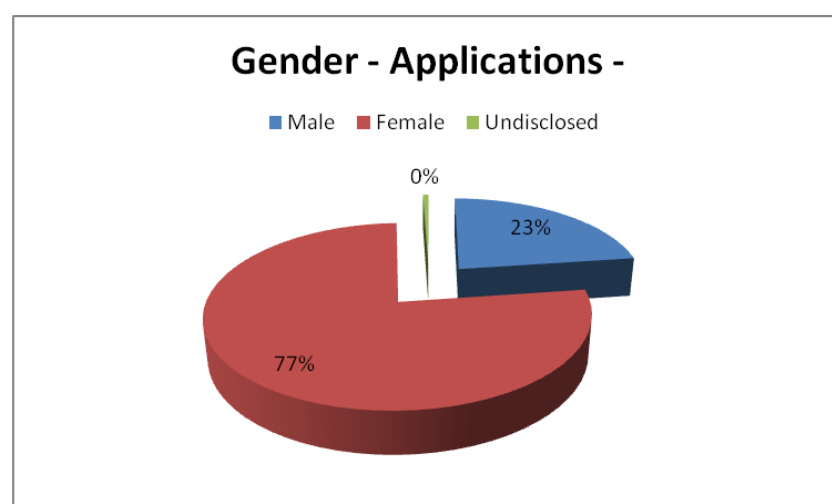
There has been a 2% increase of applications received from WHITE – any other background candidates compared to 2014/2015 and a slight increase in ASIAN OR ASIAN BRITISH - INDIA. This can be attributed to the specific recruitment drives targeting European and Indian nurses.

Slight increases have also been noted in the ASIAN OR ASIAN BRITISH - Bangladeshi, MIXED - White & Black Caribbean appointments.

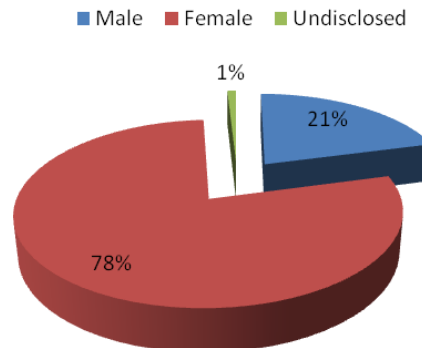
There has been a significant increase in the Undisclosed category of 4.42%.

There has been a slight decrease in percentage for some of the Asian and Mixed categories appointed in comparison to 2014/2015.

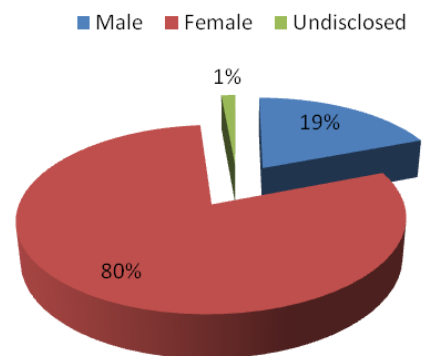
## Recruitment - Gender



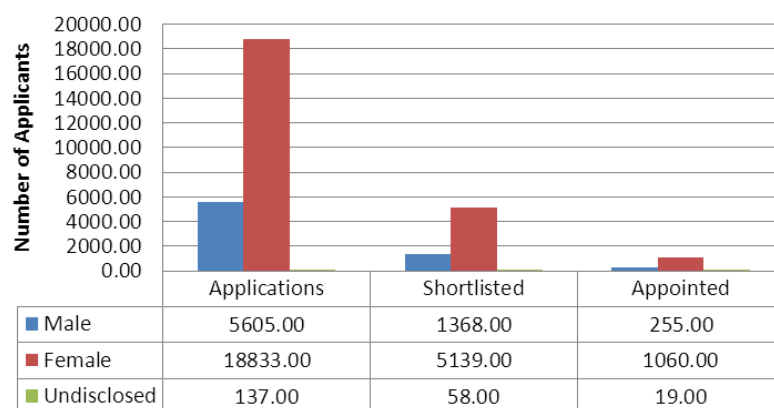
### Gender - Shortlisted -



### Gender - Appointed -



### Gender - Combined Data Comparison



Category	Description	Applications	% Application	Shortlisted	% Shortlisted	Appointed	% Appointed
Gender	Male	5605.00	22.81	1368.00	20.84	255.00	19.12
	Female	18833.00	76.63	5139.00	78.28	1060.00	79.46
	Undisclosed	137.00	0.56	58.00	0.88	19.00	1.42
Total		24575.00	100.0	6565.00	100.00	1334.00	100.00

The charts above show the number of applications that have been received, shortlisted and appointed between April 2015 and March 2016 by gender.

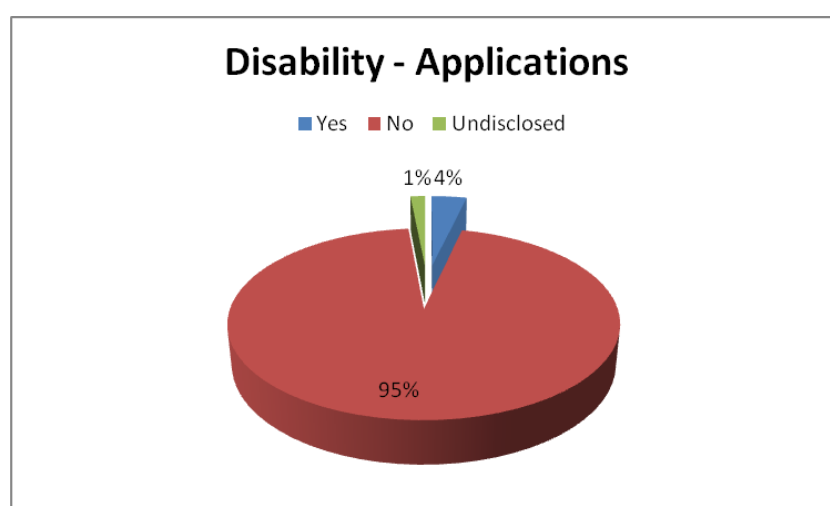
There is a significant correlation between the gender demographic of the Trust and the recruitment to posts by gender. The Trust in line with previous year's data appointed a slightly lower proportion of females with 76.63% applying for positions, 78.28% being shortlisted and 79.46% being appointed, which is 2.14% lower than the previous year.

The Trust has appointed 0.9% more of males than in 2014/2015, however there were fewer applications received (22.81%) when compared to 23.3% the previous year. Of those who applied, 20.84% were shortlisted and 19.12% were appointed. This could be attributed to the number of male nurses appointed through international recruitment campaigns during 2015/2016.

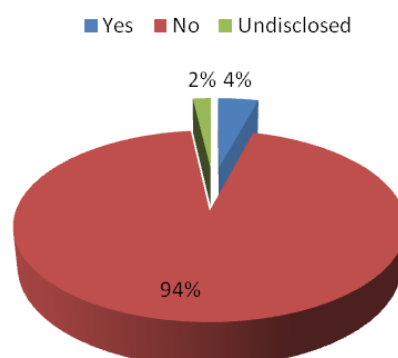
The undisclosed category for gender applications has remained the same. Applications are anonymous so that hiring managers are unable to identify the protected characteristics of individuals as both the application and shortlisting stages. This provides reassurance that this significant difference is not discriminatory at any stage.

The high number of female gender applications may be the outcome of the nursing recruitment activity nationally and internationally. All data indicators show that this particular staff group attracts a high proportion of female gender.

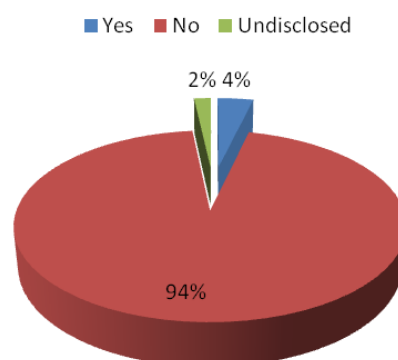
### **Recruitment – Disability**



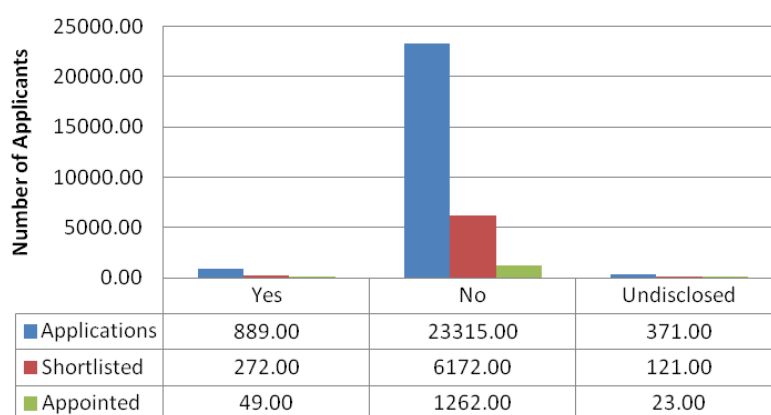
### Disability - Shortlisted



### Disability - Appointed



### Disability - Combined Data Comparison



Category	Description	Applications	% Application	Shortlisted	% Shortlisted	Appointed	% Appointed
Disability	Yes	889.00	3.62	272.00	4.14	49.00	3.67
	No	23315.00	94.87	6172.00	94.01	1262.00	94.60
	Undisclosed	371.00	1.51	121.00	1.84	23.00	1.72
Total		24575.00	100.00	6565.00	100.00	1334.00	100.00

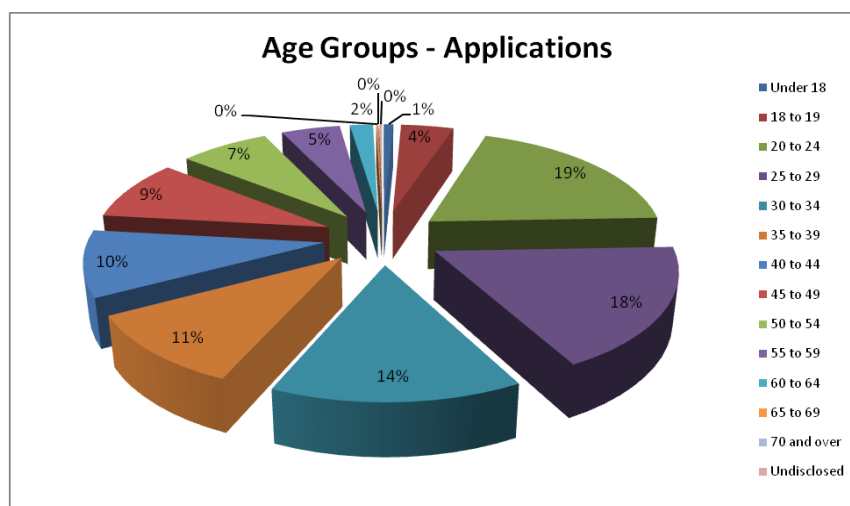
The charts above show the number of applications that have been received, shortlisted and appointed between April 2015 and March 2016 by disability.

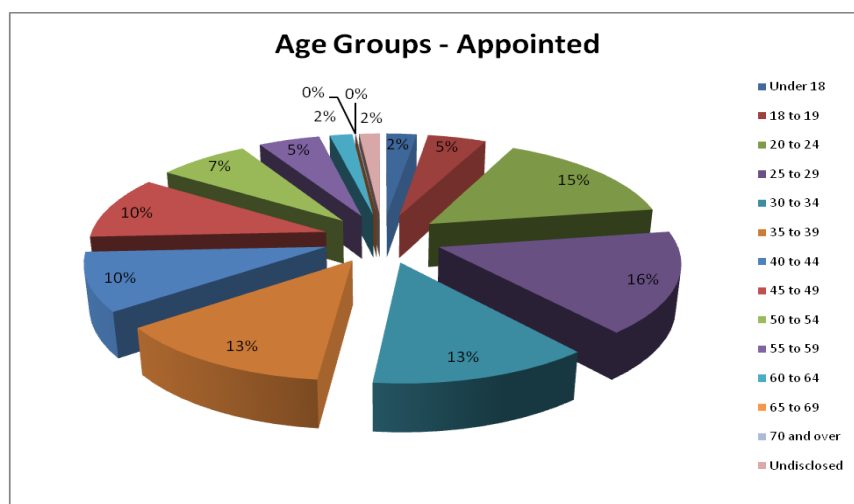
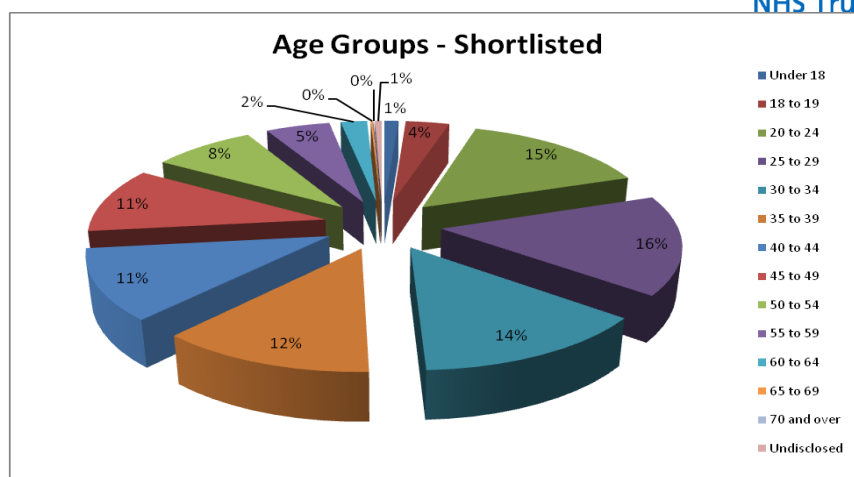
Northampton General Hospital is committed to supporting people with disabilities. The Trust has retained the “Two Ticks” symbol which provides recognition by Jobcentre Plus that employers have made certain commitments regarding employment, retention, training, support and carer development of disabled people.

The Trust believes that its continued commitment encourages disabled people to apply for the jobs within the hospital and this is evidenced in the tables above which demonstrate the Trust's Guaranteed Interview Scheme is being applied as 3.62% of disabled people applied for a position at the Trust and of those 4.14% were shortlisted and 3.67% were appointed.

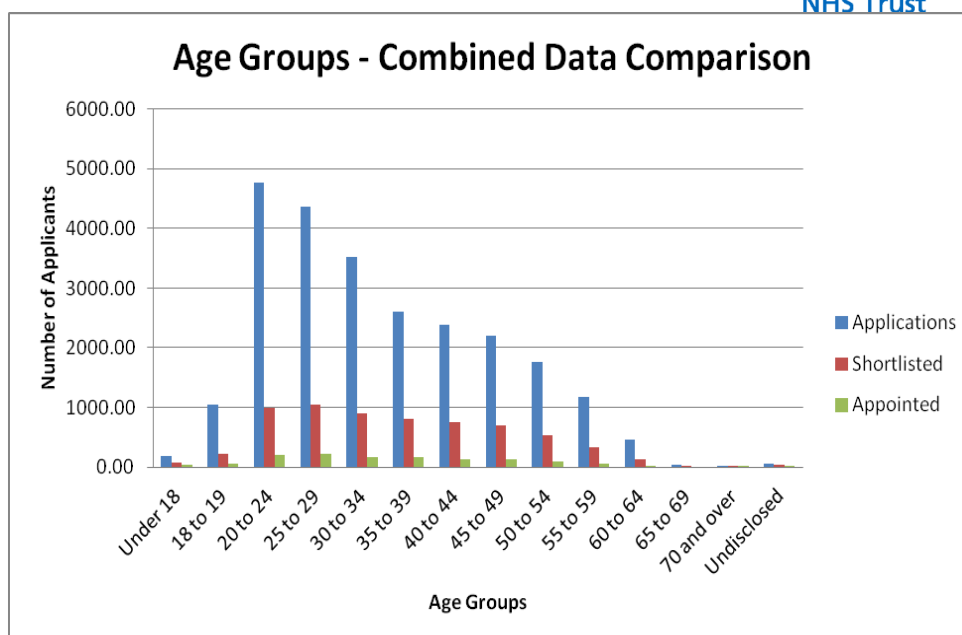
There has been a 1.37% increase in the number of disabled people appointed to the Trust and the likely reason for this is due to the revised Appointing Officer Training that has been delivered to staff which includes greater emphasis on equality and diversity within the recruitment setting.

## Recruitment – Age









Category	Description	Applications	% Application	Shortlisted	% Shortlisted	Appointed	% Appointed
Age Band	Under 18	187.00	0.76	74.00	1.13	32.00	2.40
	18 to 19	1045.00	4.25	230.00	3.50	62.00	4.65
	20 to 24	4766.00	19.39	985.00	15.00	206.00	15.44
	25 to 29	4371.00	17.79	1046.00	15.93	219.00	16.42
	30 to 34	3524.00	14.34	907.00	13.82	171.00	12.82
	35 to 39	2603.00	10.59	814.00	12.40	174.00	13.04
	40 to 44	2382.00	9.69	745.00	11.35	126.00	9.45
	45 to 49	2197.00	8.94	695.00	10.59	136.00	10.19
	50 to 54	1770.00	7.20	541.00	8.24	96.00	7.20
	55 to 59	1167.00	4.75	338.00	5.15	65.00	4.87
	60 to 64	458.00	1.86	139.00	2.12	24.00	1.80
	65 to 69	39.00	0.16	11.00	0.17	0.00	0.00
	70 and over	7.00	0.03	4.00	0.06	1.00	0.07
	Undisclosed	59.00	0.24	36.00	0.55	22.00	1.65
Total		24575.00	100.00	6565.00	100.00	1334.00	100.00

The charts above show the number of applications that have been received, shortlisted and appointed between April 2015 and March 2016 by age.

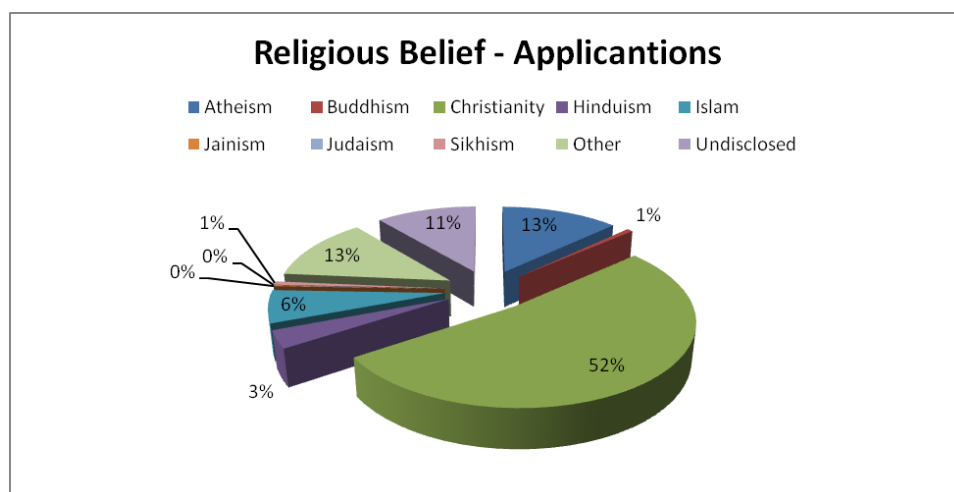
In 2014/2015 the highest number of applications were received from the 20 to 24 age group with 4,766 applications (19.39%) out of these 15% were shortlisted and 15.44% were appointed.

The second highest number of applicants came from the age group of 25 to 29 year olds with 4,371 applications (17.79). 15.93% were shortlisted and 16.42% were appointed.

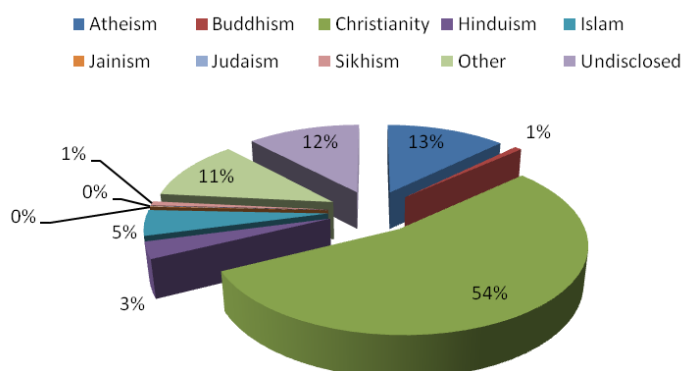
There has been an increase in the percentage appointed in the 45-49 age group of 1.39%. The age groups for under 18's and 18 to 19 have also increased and this is due to the Trust's ongoing work with apprentices. In addition appointees who have not disclosed their age has increased by 1.45% to 1.65% in total.

There was a slight decrease in the 20-24 and 25-29 age groups in 2014/2015. Recruitment had been targeted at student nurses and existing non-registered staff to undertake nurse training which would result in the higher age groups being appointed.

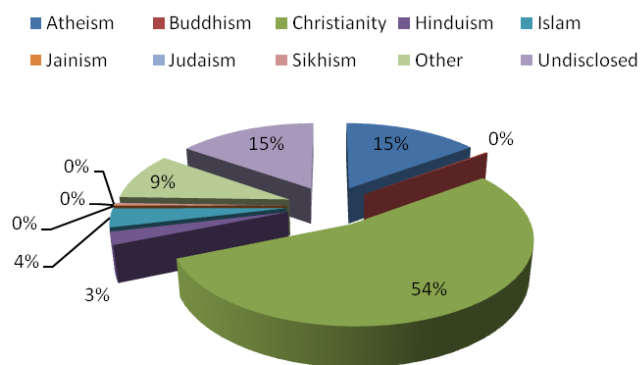
## Recruitment – Religious Belief



### Religious Belief - Shortlisted



### Religious Belief - Appointed



Category	Description	Applications	% Application	Shortlisted	% Shortlisted	Appointed	% Appointed
Religion	Atheism	3187	12.97	829	12.63	198.00	14.84
	Buddhism	166	0.68	51	0.78	3.00	0.22
	Christianity	12819	52.16	3567	54.33	717.00	53.75
	Hinduism	842	3.43	205	3.12	33.00	2.47
	Islam	1559	6.34	315	4.80	49.00	3.67
	Jainism	21	0.09	6	0.09	2.00	0.15
	Judaism	18	0.07	5	0.08	0.00	0.00
	Sikhism	169	0.69	52	0.79	5.00	0.37
	Other	3072	12.50	750	11.42	124.00	9.30
	Undisclosed	2722	11.08	785	11.96	203.00	15.22
Total		24575	100.00	6565	100.00	1334.00	100.00

The charts above show the number of applications that have been received, shortlisted and appointed between April 2015 and March 2016 by religious belief.

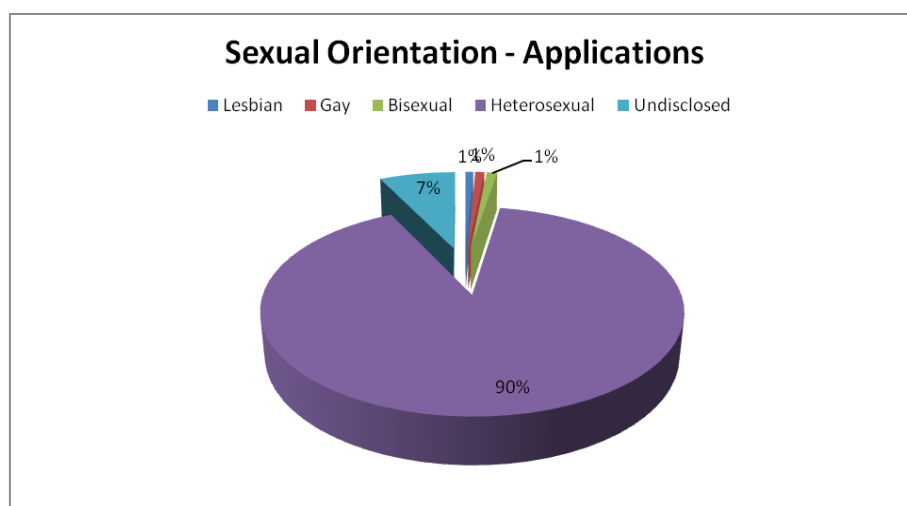
Christianity had the most number of applicants with 12,819 (52.16%), 3,567 of which were shortlisted (54.33%) and 717 were appointed (53.75%). This showed there has been a decreased in the number of Christians appointed when compared to 2014/2015.

Atheism had the second highest amount of applications with 3,187 (12.97) and 829 (12.63%) were shortlisted. 198 (14.84%) were appointed. In comparison to 2014/2015, the number of staff appointed in the Atheism category has decreased.

Islam has increased by 1.07% in the number of appointed candidates compared to 2014/2015. There has also been a slight increase Hinduism, Jainism and other category for appointed candidates.

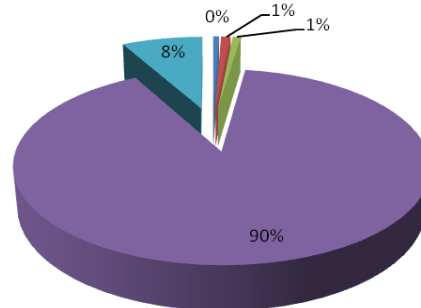
However, there has been a significant increase of 4.12% in the number of appointed candidates who did not disclose their religious belief.

## Recruitment – Sexual Orientation



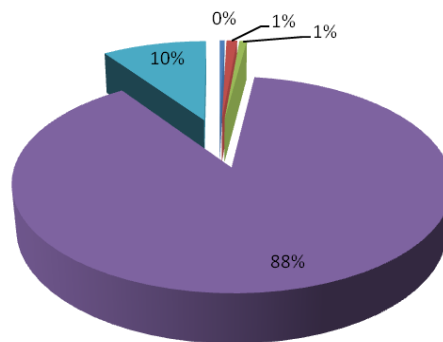
### Sexual Orientation - Shortlisted

■ Lesbian ■ Gay ■ Bisexual ■ Heterosexual ■ Undisclosed

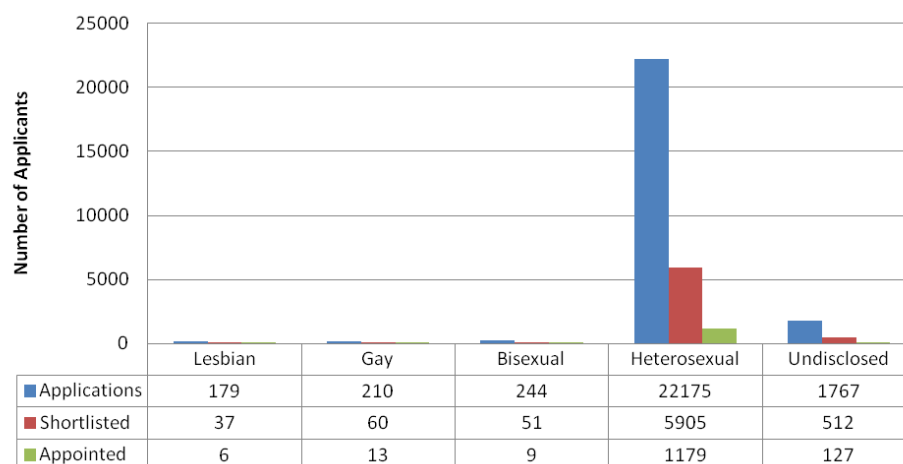


### Sexual Orientation - Appointed

■ Lesbian ■ Gay ■ Bisexual ■ Heterosexual ■ Undisclosed



### Sexual Orientation - Combined Data Comparison



Category	Description	Applications	% Application	Shortlisted	% Shortlisted	Appointed	% Appointed
Sexual Orientation	Lesbian	179	0.73	37	0.56	6	0.45
	Gay	210	0.85	60	0.91	13	0.97
	Bisexual	244	0.99	51	0.78	9	0.67
	Heterosexual	22175	90.23	5905	89.95	1179	88.38
	Undisclosed	1767	7.19	512	7.80	127	9.52
Total		24575	100.0	6565	100.00	1334	100.00

The charts above show the number of applications that have been received, shortlisted and appointed between April 2015 and March 2016 by sexual orientation.

The highest number of individuals applying for posts at Northampton General Hospital and being appointed still remains within the heterosexual group, with 89.95% being shortlisted and 88.38% being appointed, which is a decrease from the previous year.

The undisclosed category being used has increased for 2014/2015 significantly by 4.22%. The reasons for this are unknown.

There has been a minor decrease in the Lesbian, Gay and Bisexual Categories for staff that have been appointed.

## HUMAN RESOURCES (HR) CASELOAD ACTIVITY – APRIL 2015 TO MARCH 2016

### Background

This section of the report provides the equal opportunities breakdown for the formal Human Resources (HR) caseload activity across the Trust between the period of April 2015 and March 2016 for both open and closed formal cases.

The HR activity has been broken down into the following categories:

- Harassment and Bullying
- Grievances
- Conduct – Disciplinary
- Performance Management

In the year ending March 2016 there were 99 formal cases; 10 Harassment and Bullying cases, 10 Grievances, 73 Disciplinary cases and 6 Performance cases recorded on the HR database.

## Harassment and Bullying Cases

Age Group	No.	Comment
16 - 20		There appears to be a trend towards the 51-55 age group for harassment and bullying complaints. However, this is also the age group with the highest proportion of staff in the Trust (12.90%)
21 - 25	1	
26 - 30		
31 - 35	1	
36 - 40	1	
41 - 45	1	
46 - 50	2	
51 - 55	4	
56 - 60		
61 - 65		
66 - 70		

Disability	No.	Comment
Yes	1	The numbers do not suggest any trend towards disabled or non-disabled members of staff.
No	8	
Not Declared	1	
Undefined		

Gender	No.	Comment
Female	6	Given the small number of cases, this split appears high for men against the 78.79% female and 21.21% male split in the trust as a whole. Further analysis may be required.
Male	4	

Ethnicity	No.	Comment
White	9	Given the small number of cases, this split appears slightly higher than expected for those with a White ethnicity based on the 75% White and 25% BME split across the Trust.
BME	1	

Marital Status	No.	Comment
Civil Partnership		There have been no allegations of marital status being a factor within the small number of cases reported.
Divorced		
Legally separated		
Married	5	
Single	5	
Unknown		
Widowed		

Sexual Orientation	No.	Comment
Bisexual		It appears that sexual orientation was not a factor in any harassment or bullying cases.
Gay	1	
Heterosexual	4	
Does not wish to disclose	1	
Lesbian		
Undefined	4	

Religion	No.	Comment
Atheism	1	The split of religious beliefs is not sufficiently disclosed to allow any meaningful analysis
Buddhism		
Christianity	1	
Hinduism		
Does not wish to disclose	1	
Other	1	
Undefined	6	

#### Grievance Cases

Age Group	No.	Comment
16 - 20	1	There does not appear to be a trend in relation to age group.
21 - 25		
26 - 30	1	
31 - 35	1	
36 - 40	1	
41 - 45		
46 - 50	2	
51 - 55	2	
56 - 60	2	
61 - 65		
66 - 70		

Disability	No.	Comment
Yes		Disability did not factor in any grievance cases recorded.
No	5	
Not Declared		
Undefined	5	

Gender	No.	Comment
Female	8	Given the small number of cases, this split is reasonably representative of the 78.79% female and 21.21% male split in the Trust as a whole.
Male	2	



Ethnicity	No.	Comment
White	9	Given the small number of cases, this split appears slightly higher than expected for those with a White ethnicity based on the 75% White and 25% BME split across the Trust.
BME	1	

Marital Status	No.	Comment
Civil Partnership		Just over half of NGH employees are married, which is reflected in the marital status of those employees involved in a grievance procedure in the year ending 31 March 2016.
Divorced	1	
Legally separated		
Married	5	
Single	4	
Unknown		
Widowed		

Sexual Orientation	No.	Comment
Bisexual		The split of sexual orientation is not sufficiently disclosed to allow any meaningful analysis.
Gay		
Heterosexual	5	
Does not wish to disclose		
Lesbian		
Undefined	5	

Religion	No.	Comment
Atheism		The split of religious beliefs is not sufficiently disclosed to allow any meaningful analysis.
Buddhism		
Christianity	4	
Hinduism		
Does not wish to disclose	6	
Other		
Undefined		

## Disciplinary Cases

Age Group	No.	Comment
16 – 20	6	The spread of disciplinary cases is high between the ages of 41 and 50, however is representative of the age ratio of staff across the Trust.
21 – 25	4	
26 – 30	10	
31 – 35	5	
36 – 40	9	
41 – 45	12	
46 – 50	13	
51 – 55	7	
56 – 60	5	
61 – 65	2	
66 – 70	0	

Disability	No.	Comment
Yes	12	12 of the disciplinary cases recorded involve employees with a declared disability which is significantly higher than expected, when compared with the Trusts profile on disability at 2.54%. As part of the disciplinary process it is extremely rare that an individual's disability is apparent or known.
No	43	
Not Declared	4	
Undefined	14	

Gender	No.	Comment
Female	36	The gender split of disciplinary cases is not representative of the split in the organisation as a whole.
Male	37	

Ethnicity	No.	Comment
White	59	The ethnicity split of disciplinary cases does not represent the split in the organisation as a whole, of 75% White and 25% BME.
BME	11	
Not stated	3	

Marital Status	No.	Comment
Civil Partnership	1	The split of cases is higher than expected for singles based on the workforce profile for the Trust of 34% single.
Divorced	4	
Legally separated		
Married	23	
Single	41	
Unknown	4	
Widowed		

Sexual Orientation	No.	Comment
Bisexual	1	The split of cases is indicative of the sexual orientation of NGH employees.
Gay	1	
Heterosexual	39	
Does not wish to disclose	6	
Lesbian		
Undefined	26	

Religion	No.	Comment
Atheism	6	The split of religious beliefs is not sufficiently disclosed to allow any meaningful analysis
Buddhism		
Christianity	22	
Hinduism		
Islam	1	
Does not wish to disclose	9	
Other	3	
Undefined	32	

#### Performance Management Cases

Age Group	No.	Comment
16 – 20		The low numbers is not sufficient to allow any meaningful analysis.
21 – 25		
26 - 30	1	
31 - 35		
41 - 45	1	
46 - 50		
51 - 55	4	
56 - 60		
61 – 65		
66 - 70		

Disability	No.	Comment
Yes	1	The low numbers is not sufficient to allow any meaningful analysis.
No	4	
Not Declared		
Undefined	1	

Gender	No.	Comment
Female	5	Given the small number of cases, this split is reasonable.
Male	1	

Ethnicity	No.	Comment
White	6	Given the small number of cases, this split is reasonably representative.
BME		

Marital Status	No.	Comment
Civil Partnership		There have been no concerns raised regarding marital status being a factor within the small number of cases.
Divorced		
Legally separated	1	
Married	2	
Single	2	
Unknown	1	
Widowed		

Sexual Orientation	No.	Comment
Bisexual		It appears that sexual orientation was not a factor in any performance cases.
Gay		
Heterosexual	3	
Does not wish to disclose		
Lesbian		
Undefined	3	

Religion	No.	Comment
Atheism		It appears that religious belief was not a factor in any performance cases.
Buddhism		
Christianity	1	
Hinduism		
Does not wish to disclose	1	
Other	1	
Undefined	3	

## LEARNING AND DEVELOPMENT – APRIL 2015 TO MARCH 2016

### Background

The Trust uses the Oracle Learning Management System (OLM) to record training information. This is a centralised system and the focus since its implementation in 2009. It has been used to record Mandatory Training and Role Specific Essential Training attendance which is then collated and reported from the Electronic Staff Record (ESR) system.

The Trust also provides and maintains records on clinical training such as Cannulation, Glucometer, Catheterisation and Drug Calculation which are included in this section of the report. We have continued to offer courses on Interview skills, Assertiveness, Communication skills, Appraisal Training for Managers, Appraisal Training for Staff and this year ran a pilot VRQ Team Leading course. This proved successful, so is now available for all staff who are aspiring to become team leaders.

Our training is split between Mandatory Training and Role Specific Essential Training (RSET). Mandatory means all staff need to attend, whilst RSET has been set against roles. It is a continuous piece of work to ensure that RSET training is accurately set against each role, so that when changes are made to the design of the course, or when regulations are updated those who need to attend the courses is reviewed. This ensures that staff do not attend courses that are not relevant to them.

To ensure that all staff achieve the required outcomes of the training, sessions have been adapted to help staff within different roles understand what it means to them.

The Trust Induction is now offered twice a month which has meant that the groups are now smaller. This has meant that instead of lecture style training, it is more interactive with group work, quizzes and case studies. This meets the different learning styles across our staff groups and has helped to embed learning.

The Trust has continued to recruit International nurses, which has led to bespoke preceptorship programmes and clinical skills being run. The Trust provides the IELTS (International English Language Testing System) Level 7 and 'Speak Up' courses when required.

Throughout the year, work has continued on producing workbooks and e-learning. We now have e-learning and workbook/Assessments for all mandatory training subjects, plus face to face sessions.

Demand continues to be high for RoK and this with e-learning training seems to be the preferred option of training than attending a traditional classroom lecture. Staff are encouraged to access on-going development across all levels; this includes Apprenticeship Frameworks, NVQ's & Foundation Degrees. Registered staff are also able to access modules at Degree & Masters level via the Learning Beyond Registration contract held with Health Education East Midlands and 12 Higher Education Providers across the region.

In November NGH won 'Employer of the Year' for our support of Apprentices. We continue to employ Apprentices across Directorates and roles, with 24 apprentices commencing their apprenticeship during 2015 and 2016 and 11 apprentices have been offered full time employment by the Trust on completing their apprenticeship during 2015 and 2016. This year we ran a pilot for 7 Clinical Apprentices, which resulted in another group of clinical apprentices who commenced in February 2016.

The table below shows the analysis of the Trustwide workforce using the Trust headcount by protected characteristics and the number of training courses attended. We currently collect data on 6 of the 9 protected characteristics, those not included are; Gender Reassignment, Marriage and Civil Partnership and Pregnancy and Maternity. It is important to note that the reports used for the analysis include the Trust's bank staff.

Training – Trust Headcount of 5,982	
Protected Group	Analysis
Sexual Orientation	<p>The number of 'not stated' has decreased from last year, but the number of staff who do not wish to disclose their sexual orientation has increased. There has however been an increase in the number of staff disclosing that they are Gay and Heterosexual compared to last year</p> <p>The report shows that all categories of sexual orientation are attending training and this correlates with the numbers of staff in post.</p>
Religious Belief	<p>The highest proportion of training was completed by the Christian religious group which correlates with the workforce profile. There has been an increase in the number of staff who did not wish to disclose their religion/belief and in the Atheism group, but there has been a decrease in the number of staff not stating their religion/belief.</p> <p>The training in these other categories is being completed proportionately.</p>
Age Band	<p>Training is offered to all age groups. There has been an increase in the number of staff within all groups apart from 16-20 and 21-25. However, the biggest variance is within the age range 21-25 where more staff have attended training and the greater variance of non-attendance is within the 61-65 groups which may be attributable to this age group working more part-time and evenings or weekends.</p>
Gender	<p>There are more females attending training than males which correlate to the workforce profile. However, the report also identified that less males are completing training by proportion.</p>

Disability	<p>The number of 'not stated' has decreased from last year and the report shows an increase on the number of staff disclosing a disability.</p> <p>Training is accessible to disabled staff with all training rooms providing good access. There is an increase in the opportunity to access training by e-learning and workbooks so staff can complete their training at their usual workplace.</p>
Ethnic Origin	<p>The report details that training is provided to all staff and the Trust headcount and numbers of training courses attended by all staff reflects the Trust's ethnic population. For example the highest number of staff in the Trust is of white ethnicity with the second group being Asian and the third category from Black / Black British, which was the same last year.</p> <p>The highest variance in attendance is within the 'Not Stated' and then 'White – Any other White Background' group. Whilst the greatest variance in non-attendance is in the 'White – British' group.</p> <p>There has been an increase in the number of staff who had 'not stated' and there has been an increase in 'Undefined'.</p>

The variance indicates whether the protected characteristics are accessing the training by proportion of headcount.

Sexual Orientation	Trust Headcount	Trust Headcount %	Trained Headcount	Trained Headcount %	Variance
Bisexual	46	0.74%	473	1.03%	0.29%
Gay	37	0.60%	288	0.63%	0.03%
Heterosexual	4409	70.63%	33694	73.48%	2.85%
I do not wish to disclose my sexual orientation	966	15.48%	7275	15.86%	0.38%
Lesbian	19	0.30%	109	0.24%	-0.06%
Not Stated	765	12.25%	4017	8.76%	-3.49%
<b>Total:</b>	<b>6242</b>		<b>45856</b>		

# Northampton General Hospital

NHS Trust

Age Band	Trust Headcount	Trust Headcount %	Trained Headcount	Trained Headcount %	Variance
16-20	183	2.93%	1563	3.41%	0.48%
21-25	676	10.83%	6051	13.20%	2.37%
26-30	851	13.63%	6837	14.91%	1.28%
31-35	736	11.79%	5488	11.97%	0.18%
36-40	724	11.60%	5617	12.25%	0.65%
41-45	708	11.34%	5350	11.67%	0.33%
46-50	699	11.20%	5050	11.01%	-0.19%
51-55	713	11.42%	4699	10.25%	-1.17%
56-60	527	8.44%	3339	7.28%	-1.16%
61-65	272	4.36%	1420	3.01%	-1.35%
66-70	116	1.86%	397	0.87%	-0.99%
71 +	37	0.59%	45	0.10%	-0.49%
<b>Total:</b>	<b>6242</b>		<b>45856</b>		

Religious Belief	Trust Headcount	Trust Headcount %	Trained Headcount	Trained Headcount %	Variance
Atheism	670	10.73%	5067	11.05%	0.32%
Buddhism	32	0.51%	230	0.50%	-0.01%
Christianity	2919	46.77%	22395	48.84%	2.07%
Hinduism	182	2.91%	1486	3.24%	0.33%
I do not wish to disclose my religion/belief	1095	17.54%	8268	18.03%	0.49%
Islam	152	2.44%	1297	2.83%	0.39%
Jainism	6	0.10%	31	0.07%	-0.03%
Judaism	6	0.10%	30	0.07%	-0.03%
Other	436	6.98%	3220	7.02%	0.04%
Sikhism	25	0.40%	148	0.32%	-0.08%
Not Stated	719	11.52%	3684	8.03%	-3.49%
<b>Total:</b>	<b>6242</b>		<b>45856</b>		

Gender	Trust Headcount	Trust Headcount %	Trained Headcount	Trained Headcount %	Variance
Female	4788	76.71%	37225	81.18%	4.47%
Male	1454	23.29%	8631	18.82%	-4.47%
<b>Total:</b>	<b>6242</b>		<b>45856</b>		

Disability	Trust Headcount	Trust Headcount %	Trained Headcount	Trained Headcount %	Variance
No	3975	63.68%	32041	69.87%	6.19%
Not Stated	2111	33.82%	12734	27.77%	-6.05%
Yes	156	2.50%	1081	2.36%	-0.14%
<b>Total:</b>	<b>6242</b>		<b>45856</b>		



# Northampton General Hospital



NHS Trust

Ethnic Origin	Trust Headcount	Trust Headcount %	Trained Headcount	Trained Headcount %	Variance
A White - British	4174	66.87%	28606	62.38%	-4.49%
B White - Irish	65	1.04%	496	1.08%	0.04%
C White - Any other White background	338	5.41%	3307	7.21%	1.80%
C3 White Unspecified	1	0.02%	14	0.03%	0.01%
CA White English	5	0.09%	44	0.10%	0.01%
CC White Welsh	1	0.02%	4	0.01%	-0.01%
CFWhite Greek	3	0.05%	34	0.07%	0.02%
CH White Turkish	1	0.02%	0	0.00%	-0.02%
CK White Italian	9	0.14%	70	0.15%	0.01%
CN White Gypsy/Romany	9	0.14%	142	0.31%	0.17%
CP White Polish	9	0.14%	75	0.16%	0.02%
CS White Albanian	1	0.02%	0	0.00%	-0.02%
CX White Mixed	2	0.03%	11	0.02%	-0.01%
CY White Other European	42	0.67%	322	0.70%	0.03%
D Mixed - White & Black Caribbean	33	0.53%	272	0.59%	0.06%
E Mixed - White & Black African	14	0.22%	103	0.22%	0.00%
F Mixed - White & Asian	21	0.34%	145	0.32%	-0.02%
G Mixed - Any other mixed background	33	0.53%	248	0.54%	0.01%
GA Mixed - Black & Asian	1	0.02%	0	0.00%	-0.02%
GC Mixed - Black & White	1	0.02%	3	0.01%	-0.01%
GD Mixed - Chinese & White	1	0.02%	0	0.00%	-0.02%
GE Mixed - Asian & Chinese	1	0.02%	6	0.01%	-0.01%
GF Mixed - Other/Unspecified	1	0.02%	9	0.02%	0.00%
H Asian or Asian British - Indian	454	7.27%	3724	8.12%	0.85%
J Asian or Asian British - Pakistani	54	0.87%	467	1.02%	0.15%
K Asian or Asian British - Bangladeshi	28	0.45%	255	0.56%	0.11%
L Asian or Asian British - Any other Asian background	83	1.33%	752	1.63%	0.30%
LA Asian Mixed	1	0.02%	19	0.04%	0.02%
LE Asian Sri Lankan	9	0.14%	18	0.04%	-0.10%
LF Asian Tamil	1	0.02%	15	0.03%	0.01%
LH Asian British	3	0.05%	32	0.07%	0.02%
LK Asian Unspecified	6	0.10%	55	0.12%	0.02%
M Black or Black British - Caribbean	68	1.09%	413	0.90%	-0.19%
N Black or Black British - African	286	4.58%	2388	5.21%	0.63%
P Black or Black British - Any other Black background	25	0.40%	157	0.34%	-0.06%
PC Black Nigerian	3	0.05%	6	0.01%	-0.04%
PD Black British	7	0.11%	36	0.08%	-0.03%
PE Black Unspecified	1	0.02%	1	0.01%	-0.01%
R Chinese	24	0.38%	209	0.46%	0.08%
S Any Other Ethnic Group	50	0.80%	337	0.73%	-0.07%
SC Filipino	9	0.14%	101	0.22%	0.08%
SD Malaysian	1	0.02%	0	0.00%	-0.02%
SE Other Specified	8	0.13%	21	0.05%	-0.08%
Undefined	76	1.22%	54	0.12%	-1.10%
Z Not Stated	279	4.47%	2885	6.29%	1.82%
<b>Total:</b>	<b>6242</b>		<b>45856</b>		

Enclosure H

## **Equality & Diversity Training**

Our commitment to ensuring all our staff have appropriate equality and diversity training is borne out in the results of the Staff Survey. We made good progress over the last period, with an increase in our percentage of people saying the organisation acts fairly with regard to the career progression/ promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age, rising to 84%. Equality and diversity training remains mandatory for all staff and is included on the Trust Induction.

All staff have to update their refresh their Equality and Diversity Training every 3 years. To ensure staff are able to access this subject, we have various delivery styles; E-learning, RoK sessions and Workbook/Assessment. In addition, all new staff are trained in Equality and Human Rights as part of their Trust Induction.

All staff attending the Equality & Human Rights training are given an awareness of the nine protected characteristics under the Equalities Act 2010 and the adverse impact on clinical care if they are not respected.

## **Conclusion**

With an increase in attendance of training for 2015/16, we can conclude that access to training and learning and development for all staff has improved. To this end, provision has been developed to offer flexible approaches to learning that remove barriers to access for groups with protected characteristics. With the option of all mandatory training subjects can be completed through workbook/assessment sheets and e-learning, this has meant that training can be accessed outside of normal working hours.

Work has continued in certain areas to look at the way the training is delivered and the depth of knowledge required, this has led to some courses being adapted for those areas e.g. Domestic Services.

We are aware that training and information accessed through attending sessions does not meet all of the different languages and culture requirements. Therefore we have worked with the relevant departments in making training easier to understand. Learning and Development continues to communicate to staff the Trust Mandatory Training Policy. This policy ensures that all staff are aware of the mandatory and role specific training they are required to undertake and for the Trust to be compliant against its' regulatory requirements.

A prospectus is also made available to all staff detailing the clinical training that is available.

## Appendix 1

### Equality and Diversity Workforce Data – 1st April 2015 – 31st March 2016

#### Staff in Post by Age and Pay Group

Age Group/ Pay Group	Apprentice	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8A-9	Consultant	Other Medical	Total
16-20	14	45	31	7		1						98
21-25	4	32	135	43	33	151	34	1			29	462
26-30	2	37	121	35	45	152	93	32	2		1	620
31-35	1	23	103	40	32	135	92	51	17	5		569
36-40		23	87	39	48	140	88	59	18	30		584
41-45		25	101	42	38	138	88	63	29	46	4	590
46-50		39	107	62	44	91	83	59	36	54	8	595
51-55		49	119	58	63	104	74	74	39	36	5	630
56-60		43	105	48	46	61	47	50	27	34	1	469
61-65		24	53	28	24	31	14	18	3	5	3	204
66-70		9	15	5	5	6	2	5		6	1	55
71+		4		1	1	1		1				9
Total	21	353	977	408	379	1011	615	413	171	216	23	4885

#### Staff in Post by Disability and Pay Group

Disabled / Pay Group	Apprentice	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8A-9	Consultant	Other Medical	Total
No	19	213	732	270	238	658	409	247	115	110	9	3268
Not Declared		36	33	28	35	129	28	23	9	33	9	392
Undefined		92	185	100	96	195	158	137	45	71	5	1101
Yes	2	12	27	10	10	29	20	6	2	2	4	124
Total	21	353	977	408	379	1011	615	413	171	216	23	4885

#### Staff in Post by Sexual Orientation and Pay Group

Sexual Orientation / Pay Group	Apprentice	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8A-9	Consultant	Other Medical	Total
Bisexual		3	8	1	1	17	4				1	35
Gay		3	6	3		6	4		2	1		30
Heterosexual	20	221	798	303	271	700	484	279	128	115	13	3572
I do not wish to disclose my sexual orientation	1	67	82	60	66	186	54	53	19	41	9	677
Lesbian		2	2	1		5	3	1	1			15
Undefined		57	81	40	41	97	66	80	21	59	1	556
Total	21	353	977	408	379	1011	615	413	171	216	23	4885

**Staff in Post by Gender and Pay Group**

Gender / Pay Group	Apprentice	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8A-9	Consultant	Other	Other Medical	Total
Female	18	204	832	348	335	875	531	357	120	69	13	147	3849
Male	3	149	145	60	44	136	84	56	51	147	10	151	1036
<b>Total</b>	<b>21</b>	<b>353</b>	<b>977</b>	<b>408</b>	<b>379</b>	<b>1011</b>	<b>615</b>	<b>413</b>	<b>171</b>	<b>216</b>	<b>23</b>	<b>298</b>	<b>4885</b>

**Staff in Post by Religious Belief and Pay Group**

Religious Belief / Pay Group	Apprentice	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8A-9	Consultant	Other	Other Medical	Total
Atheism		7	36	119	39	45	88	39	17	10	2	31	521
Buddhism		1	5	1	3	1	5	1	1	1	2	4	25
Christianity		6	154	526	218	173	534	314	205	105	53	89	2387
Hinduism		1	1	17	6	1	10	7	10	3	30	55	141
I do not wish to disclose my religion/belief		1	73	118	62	86	185	86	51	19	46	10	777
Islam		1	3	10	6	7	23	5	1	1	13	55	125
Jainism							1	1	1	1	1	1	5
Judaism							1						2
Other		4	28	108	37	27	73	52	29	5	3	4	370
Sikhism				2	1		4	4			3		20
Undefined			52	76	36	39	87	62	72	19	55	1	512
<b>Total</b>	<b>21</b>	<b>353</b>	<b>977</b>	<b>408</b>	<b>379</b>	<b>1011</b>	<b>615</b>	<b>413</b>	<b>171</b>	<b>216</b>	<b>23</b>	<b>298</b>	<b>4885</b>

**Staff in Post by Marital Status and Pay Group**

Marital Status / Pay Group	Apprentice	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8A-9	Consultant	Other	Other Medical	Total
Civil Partnership		2	9	1	1	6	6	4	1				30
Divorced		20	62	44	41	52	40	45	10	6	3	3	326
Legally Separated		1	7	18	5	3	8	4	3	2		1	60
Married		2	125	463	201	183	495	332	270	120	165	16	2509
NULL		6	14	8	12	54	6	7	1	3	1	14	126
Single		18	170	380	140	127	375	208	71	30	16	2	1657
Unknown			16	14	6	9	13	9	6	23	1	22	135
Widowed		7	17	3	3	5	2	3			1		42
<b>Total</b>	<b>21</b>	<b>353</b>	<b>977</b>	<b>408</b>	<b>379</b>	<b>1011</b>	<b>615</b>	<b>413</b>	<b>171</b>	<b>216</b>	<b>23</b>	<b>298</b>	<b>4885</b>

**Staff in Post by Ethnic Origin and Pay Group**

Ethnic Origin / Pay Group	Apprentice	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8A-9	Consultant	Other	Other Medical	Total
A White - British	20	222	732	318	316	548	496	348	148	105	19	77	3349
B White - Irish		7	10	2	2	12	7	4	4	2		3	53
C White - Any other White background		49	58	25	6	70	15	10	4	12	1	29	279
C3 White Unspecified						1							1
CA White English		2				2				1			5
CC White Welsh				1									1
CF White Greek			2										2
CK White Italian			1	2		1	2		1			1	8
CN White Gypsy/Romany				4	1	4							9
CP White Polish		1	4	1		1	1						8
CS White Albanian					1								1
CX White Mixed			1										1
CY White Other European		2	1	2		16	3			3		5	32
D Mixed - White & Black Caribbean			6	4	1	5	5					1	22
E Mixed - White & Black African		2	1			2				1		3	9
F Mixed - White & Asian		2	2	1	1	1	3			3		3	16
G Mixed - Any other mixed background		1	9	3	2	4		3		1		5	28
GC Mixed - Black & White				1									1
GE Mixed - Asian & Chinese						1							1
H Asian or Asian British - Indian		12	53	11	14	104	21	15	6	54		65	355
J Asian or Asian British - Pakistani			1	1	3	4	2			5		26	42
K Asian or Asian British - Bangladeshi	1	1	1	3		7	1	2		1		4	21
L Asian or Asian British - Any other Asian background		4	18	2	1	14	5	2	2	8		13	69
LA Asian Mixed												1	1
LE Asian Sri Lankan												3	3
LF Asian Tamil												1	1
LH Asian British			2									1	3
LK Asian Unspecified		1										4	5
M Black or Black British - Caribbean		5	13	3	4	15	3	5	2	1		1	52
N Black or Black British - African		17	33	9	6	96	30	9	1	3		16	220
P Black or Black British - Any other Black background		1	5	2	2	3	1						14
PC Black Nigerian						1							1
PD Black British		1		1		1	1						4
R Chinese		1		1		3	1	3	1	4		7	21
S Any Other Ethnic Group		1	6	4	1	12	2	3	1	4		11	45
SC Filipino					4	5							9
SE Other Specified			1							1		2	4
Undefined						1				1		2	4
Z Not Stated		21	17	7	14	77	16	9	1	6	3	14	185
<b>Total</b>	<b>21</b>	<b>353</b>	<b>977</b>	<b>408</b>	<b>379</b>	<b>1011</b>	<b>615</b>	<b>413</b>	<b>171</b>	<b>216</b>	<b>23</b>	<b>298</b>	<b>4885</b>

### Sickness Absence Episodes

#### Sickness Episodes by Age and Pay Group

Age Group / Pay Group	Apprentice	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8A-9	Consultant	Other	Other Medical	Total
16-20	11	82	40	16		0							149
21-25	0	57	379	79	59	260	51	0				18	903
26-30	0	39	318	66	75	318	161	41	0		0	56	1074
31-35	0	50	209	99	53	291	137	68	23	1		27	958
36-40		23	187	85	84	294	158	84	18	2		7	942
41-45		30	220	57	50	290	173	90	35	15	0	6	966
46-50		46	252	97	62	229	135	73	48	4	0	4	950
51-55		80	216	86	104	183	98	89	39	6	0	0	901
56-60		60	198	87	71	126	66	47	16	3	0	0	674
61-65		40	96	69	32	52	29	16	0	2	0	0	336
66-70		7	25	6	8	7	1	5		0	0	0	59
71+		5		2	3	1		0				0	11
Total	11	519	2140	749	601	2051	1009	513	179	33	0	118	7923

#### Sickness Episodes by Disability and Pay Group

Disabled / Pay Group	Apprentice	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8A-9	Consultant	Other	Other Medical	Total
No	11	327	1543	473	382	1300	638	293	114	12	0	106	5199
Not Declared		50	62	57	33	219	44	28	14	10	0	11	528
Undefined		117	450	188	167	434	276	182	47	11	0	0	1872
Yes	0	25	85	31	19	98	51	10	4	0		1	324
Total	11	519	2140	749	601	2051	1009	513	179	33	0	118	7923

#### Sickness Episodes by Sexual Orientation and Pay Group

Sexual Orientation / Pay Group	Apprentice	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8A-9	Consultant	Other	Other Medical	Total
Bisexual		5	17	1	5	40	8					0	76
Gay		5	5	4		19	12			3	6	1	55
Heterosexual	11	355	1727	586	429	1412	792	348	126	13	0	103	5902
I do not wish to disclose my sexual orientation	0	65	153	90	92	350	96	63	24	9	0	14	956
Lesbian		10	14	0		23	6	2		3			58
Undefined		79	224	68	75	207	95	100	23	5	0	0	876
Total	11	519	2140	749	601	2051	1009	513	179	33	0	118	7923

**Sickness Episodes by Gender and Pay Group**

Gender / Pay Group	Apprentice	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8A-9	Consultant	Other	Other Medical	Total
Female	11	331	1800	669	519	1835	863	461	142	14	0	72	6717
Male	0	188	340	80	82	216	146	52	37	19	0	46	1206
<b>Total</b>	<b>11</b>	<b>519</b>	<b>2140</b>	<b>749</b>	<b>601</b>	<b>2051</b>	<b>1009</b>	<b>513</b>	<b>179</b>	<b>33</b>	<b>0</b>	<b>118</b>	<b>7923</b>

**Sickness Episodes by Religious Belief and Pay Group**

Religious Belief / Pay Group	Apprentice	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8A-9	Consultant	Other	Other Medical	Total
Atheism	0	63	295	59	82	175	165	56	17	1	0	10	923
Buddhism	0	13	1	4	1	14	2	0	0	1	1	0	36
Christianity	3	224	1062	396	260	1045	494	274	115	13	0	39	3925
Hinduism	0	1	28	4	0	23	11	11	6	2	0	26	112
I do not wish to disclose my religion/belief	0	92	242	111	117	363	160	48	17	9	0	11	1170
Islam	0	7	15	10	7	42	1	7	0	0	0	31	120
Jainism						0	0	1	0	0	0	0	1
Judaism						1						1	2
Other	8	43	279	104	59	193	91	23	1	0	0	0	801
Sikhism		4	6	1		9		4		1		0	25
Undefined		72	212	60	75	186	85	89	23	6	0	0	808
<b>Total</b>	<b>11</b>	<b>519</b>	<b>2140</b>	<b>749</b>	<b>601</b>	<b>2051</b>	<b>1009</b>	<b>513</b>	<b>179</b>	<b>33</b>	<b>0</b>	<b>118</b>	<b>7923</b>

**Sickness Episodes by Marital Status and Pay Group**

Marital Status / Pay Group	Apprentice	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8A-9	Consultant	Other	Other Medical	Total
Civil Partnership	3	20	0	0	0	14	10	7	0				54
Divorced	44	123	87	67	105	88	77	24	3	0	0	0	618
Legally Separated	0	13	35	9	5	32	21	12	5	0	0	0	132
Married	0	144	959	352	309	997	512	308	109	14	0	46	3750
NULL	9	44	6	10	92	10	9	1	3	0	0	4	188
Single	11	284	926	283	199	771	335	90	35	5	0	59	2998
Unknown	11	18	5	7	33	29	8	5	8	0	0	9	133
Widowed	11	15	7	4	7	4	2			0	0	0	50
<b>Total</b>	<b>11</b>	<b>519</b>	<b>2140</b>	<b>749</b>	<b>601</b>	<b>2051</b>	<b>1009</b>	<b>513</b>	<b>179</b>	<b>33</b>	<b>0</b>	<b>118</b>	<b>7923</b>

**Sickness Episodes by Ethnic Origin and Pay Group**

Ethnic Origin / Pay Group	Apprentice	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8A-9	Consultant	Other	Other Medical	Total
A White - British	11	348	1644	601	521	1168	820	427	163	21	0	22	5746
B White - Irish		10	20	6	0	21	10	5	2	0		2	76
C White - Any other White background		70	104	51	7	107	24	23	7	0	0	8	401
C3 White Unspecified						2							2
CA White English		1				1				0			2
CC White Welsh				1									1
CF White Greek			5										5
CK White Italian			3	0		0	2		1			1	7
CN White Gypsy/Romany				0	0	8							8
CP White Polish		5	3	2		5	1						16
CS White Albanian					0								0
CX White Mixed			6										6
CY White Other European		1	2	0		23	6			1		3	36
D Mixed - White & Black Caribbean			8	8	4	17	14					1	52
E Mixed - White & Black African		1	0			1				0		1	3
F Mixed - White & Asian		0	0	1	0	2	1			0		1	5
G Mixed - Any other mixed background		4	17	11	3	9		1		0		4	49
GC Mixed - Black & White				1									1
GE Mixed - Asian & Chinese						2							2
H Asian or Asian British - Indian		15	115	9	3	211	40	25	6	4		33	461
J Asian or Asian British - Pakistani			4	2	6	6	1			0		20	39
K Asian or Asian British - Bangladeshi	0	3	0	2		8	1	3		0		1	18
L Asian or Asian British - Any other Asian background		2	44	6	0	34	7	0	0	2		6	101
LA Asian Mixed												1	1
LE Asian Sri Lankan												0	0
LF Asian Tamil												0	0
LH Asian British			6									1	7
LK Asian Unspecified		1										0	1
M Black or Black British - Caribbean		11	14	0	10	28	5	2	0	1		0	71
N Black or Black British - African		15	74	15	12	209	46	8	0	0		7	386
P Black or Black British - Any other Black background		2	16	3	0	8	1						30
PC Black Nigerian						4							4
PD Black British		0		2		3	3						8
R Chinese		2		0		0	3	1	0	3		1	10
S Any Other Ethnic Group		0	15	10	2	27	2	0	0	0		2	58
SC Filipino					2	12							14
SE Other Specified			2							0		0	2
Undefined						0				0		1	1
Z Not Stated		28	38	18	31	135	22	18	0	1	0	2	293
<b>Total</b>	<b>11</b>	<b>519</b>	<b>2140</b>	<b>749</b>	<b>601</b>	<b>2051</b>	<b>1009</b>	<b>513</b>	<b>179</b>	<b>33</b>	<b>0</b>	<b>118</b>	<b>7923</b>



Leaving Employment

Leavers by Age Band and Pay Group

Age Band / Pay Group	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8A-9	Consultant	Other	Other Medical	Total
16 - 20	10	11	1									22
21 - 25	8	15	6	3	21	5						58
26 - 30	6	12	1	8	31	7	3					68
31 - 35	1	9	8	1	13	10	4				1	47
36 - 40	2	3	2	3	16	8	1	3	1			39
41 - 45	5	10	4	1	17	5	6	3	3			54
46 - 50	4	7	4	3	7	2	2	4		1		35
51 - 55	1	11	1	7	10	11	14	8	1			64
56 - 60	2	9	2	3	13	5	12	4	5			55
61 - 65	3	8	4	5	5	5	2	1	1	1		36
66 - 70	1	3	1			1			1			7
71 & above							1					1
<b>Total</b>	<b>43</b>	<b>98</b>	<b>34</b>	<b>34</b>	<b>133</b>	<b>59</b>	<b>45</b>	<b>23</b>	<b>12</b>	<b>2</b>	<b>3</b>	<b>486</b>

Leavers by Disability and Pay Group

Disability / Pay Group	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8A-9	Consultant	Other	Other Medical	Total
No	33	78	26	23	69	35	26	14	9	1		316
Not Declared	1	6	3	5	36	4	3	2				60
Undefined	8	11	5	5	23	18	15	6	3			95
Yes	1	3		1	5	2	1	1		1		15
<b>Total</b>	<b>43</b>	<b>98</b>	<b>34</b>	<b>34</b>	<b>133</b>	<b>59</b>	<b>45</b>	<b>23</b>	<b>12</b>	<b>2</b>	<b>3</b>	<b>486</b>

Leavers by Sexual Orientation and Pay Group

Sexual Orientation / Pay Group	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8A-9	Consultant	Other	Other Medical	Total
Bisexual												2
Gay	2	2										5
Heterosexual	34	80	27	25	77	46	31	15		1	2	345
I do not wish to disclose my sexual orientation	5	10	4	8	40	6	7	5		3	1	89
Lesbian		1										1
Undefined	2	5	3	1	14	6	7	3			1	44
<b>Total</b>	<b>43</b>	<b>98</b>	<b>34</b>	<b>34</b>	<b>133</b>	<b>59</b>	<b>45</b>	<b>23</b>	<b>12</b>	<b>2</b>	<b>3</b>	<b>486</b>

**Leavers by Gender and Pay Group**

Gender / Pay Group	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8A-9	Consultant	Other	Other Medical	Total
Female	23	79	29	32	116	49	34	20	7	1		392
Male	20	19	5	2	17	10	11	3	5	1		94
<b>Total</b>	<b>43</b>	<b>98</b>	<b>34</b>	<b>34</b>	<b>133</b>	<b>59</b>	<b>45</b>	<b>23</b>	<b>12</b>	<b>2</b>	<b>3</b>	<b>486</b>

**Leavers by Religious Belief and Pay Group**

Religious Belief / Pay Group	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8A-9	Consultant	Other	Other Medical	Total
Atheism	6	20	5	5	3	6	2	2				49
Buddhism	1				1					1		3
Christianity	22	43	14	16	59	33	24	10	5	1		228
Hinduism	1	1	1	2	4	2						11
I do not wish to disclose my religion/belief	7	13	7	9	44	7	6	6	3	1		103
Islam	1	3	1		5	3		1				15
Judaism					1							1
Other	2	14	2	2	6	1	4	1				32
Sikhism			1									1
Undefined	3	5	3	2	12	5	7	3	2			43
<b>Total</b>	<b>43</b>	<b>98</b>	<b>34</b>	<b>34</b>	<b>133</b>	<b>59</b>	<b>45</b>	<b>23</b>	<b>12</b>	<b>2</b>	<b>3</b>	<b>486</b>

**Leavers by Marital Status and Pay Group**

Marital Status / Pay Group	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8A-9	Consultant	Other	Other Medical	Total
Civil Partnerships	1	2			2		1					6
Divorced	1	7	5	3	4	1	4	2	1			28
Legally Separated	1		1	1	2							5
Married	14	40	13	17	47	34	32	18	8	2	2	227
Single	25	41	13	10	60	22	5	1	2			179
Unknown		1			1	1	2	1	1		1	8
Widowed		3				1	1	1				6
(blank)	1	4	2	3	17							27
<b>Total</b>	<b>43</b>	<b>98</b>	<b>34</b>	<b>34</b>	<b>133</b>	<b>59</b>	<b>45</b>	<b>23</b>	<b>12</b>	<b>2</b>	<b>3</b>	<b>486</b>

Leavers by Ethnic Origin and Pay Group

Ethnic Origin / Pay Group	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8A-9	Consultant	Other	Other Medical	Total
A White - British	34	79	26	30	57	43	36	20	7	2	2	336
B White - Irish					5	1	1		1			8
C White - Any other White background	1	2	1		12	3						19
CA White English			1									1
CN White Gypsy/Romany			1		1							2
CQ White ex-USSR	1											1
CY White Other European					4			1				5
DMixed - White & Black Caribbean		3			1							4
GMixed - Any other mixed background				1			2					3
H Asian or Asian British - Indian	3	4	2		4	5	3		1			22
J Asian or Asian British - Pakistani		1			1	1		1				4
K Asian or Asian British - Bangladeshi		1	1									2
L Asian or Asian British - Any other Asian background		1			1	1	1					4
LE Asian Sri Lankan									1			1
M Black or Black British - Caribbean			1		6		1					8
N Black or Black British - African	3	5	1		16	1						26
P Black or Black British - Any other Black background				1								1
PA Black Somali					1							1
R Chinese							1					1
S Any Other Ethnic Group	1					1		1			1	4
SE Other Specified									1			1
Z Not Stated		2		2	24	3			1			32
Total	43	98	34	34	133	59	45	23	12	2	3	486



## Equality & Diversity Staff Group Equality Objectives Four Year Plan 2016 – 2020 DRAFT

Equality Delivery System Goal	Narrative: The NHS is asked to.....	Objective	Lead	Key Actions	Detailed Actions / Progress Report	Timescales	Completed/ Ongoing
1. <b>Representative and supported workforce</b>	The NHS should increase the diversity and quality of the working lives of the paid and unpaid workforce supporting all staff to better respond to patients' and communities' needs.	We will improve our staff satisfaction rates as reported in the annual staff survey. We will make year on year improvements on our staff survey results, aiming to achieve top 20% of acute Trusts for staff engagement. We will improve the experiences and treatment between White staff and BME staff at the Trust by progressing WRES and monitoring outcomes.	Assistant Director of Organisational Development	Continue to implement the staff engagement strategy centered on the Trust's vision and values and the desired behaviors and performance of staff.	Organisational Development Team to continue to leading on staff engagement, culture, communication and behaviours.	Ongoing	
			HR Business Partners	To become health promoting trust that makes an active contribution to promoting and improving the wider health and wellbeing of our staff.	Implement the health and wellbeing strategy with the aim of improving the health of employees and to help to reduce inequalities.	Ongoing	
			Deputy Director of HR	On completion of the annual Workforce Race Equality Standard (WRES) baseline data exercise carry out a gap analysis against the previous year's data and take appropriate action in relation to the indicators that relate to the workforce and continue to monitor these.	Carry out an audit on the recruitment and shortlisting processes to previous senior posts to identify what actions are required.	June 2016	Ongoing
					Continue the recruitment training for managers which includes a session on equality awareness.	Ongoing	
					Align the staff survey and patient experience results through the Organisational Development department and based on any findings implement any required actions.	Ongoing	
					Programmed series of materials planned to help staff and colleagues recognise, address and report potential harassment and bullying.	Ongoing	

				Monitor and report on non-mandatory and CPD training by ethnicity.	Ongoing	
				Carry out a gap analysis of Trust equality and diversity activity against NHS Employers Equality & Diversity in Practice Top Ten Tips.	Commenced June 2016	Ongoing
		Assistant Director of Organisational Development	On receipt of the annual Staff Survey results carry out gap analysis and take appropriate action in relation to the key findings that relate to the workforce.	Analyse the full report provided by the Department of Health along with the survey administrators own electronic reporting toolkit to identify areas of concern and improvements.	Annually each February / March	

Equality Delivery System Goal	Narrative: The NHS is asked to.....	Objective	Lead	Key Actions	Detailed Actions / Progress Report	Timescales	Completed/ Ongoing
2. Inclusive leadership	NHS organisations should ensure that equality is everyone's business and everyone is expected to take an active part, supported by the work of specialist equality leaders and champions.	We will improve our leadership and management capability.	Assistant Director of Organisational Development	Continue to implement the Trust values.	Organisational Development Team to continue to work across the Trust providing Rainbow Risk and other associated tools and embedding the Trust's values.	Ongoing	
			Deputy Director of HR	Empower each Division to set and be accountable for their own equality and diversity objectives through the clinically led structure with divisional links to the Equality and Diversity Staff Group.	Each Division to be provided with Equality and Diversity data for their areas and with the support of their HR Business Partner analyse the data to identify if there are any areas for improvement/objectives that can be set. Each Division to also have a nominated lead to represent them at the Trust's Equality and Diversity Staff Group.	Commences September 2016	
			Assistant Director of Organisational Development	Continue the leadership and management development programme including behaviours for the Trust.	The Leadership development programme (Francis Crick programme) to be delivered to the senior leaders in the new structure. The first co-hort of 50 to complete their programme in 2016/2017 and the second co-hort to commence in 2016/2017.  4 levels of Leadership Development programmes in progress. The Francis Crick programme, New Consultant Development and Band 6 & 7 Development. The Trust is looking to create a new programme for Team Leaders during 2016/17.	2016/2017	Ongoing
			Deputy Director of HR	On completion of the annual Workforce Race Equality Standard (WRES) baseline data exercise carry out a gap analysis against the previous year's data and take appropriate action in relation to the indicators that relate to leadership and continue to monitor these.	Actively encourage candidates to apply for senior management roles from BME backgrounds.	Ongoing	
					Roll out of further equality training for managers.	Ongoing	

			Assistant Director of Organisational Development	On receipt of the annual Staff Survey results carry out gap analysis and take appropriate action in relation to the indicators that relate to leadership.	Analyse the full report provided by the Department of Health along with the survey administrators own electronic reporting toolkit to identify areas of concern and improvements.	Annually each February / March	
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<b>Report To</b>	<b>PUBLIC TRUST BOARD</b>
<b>Date of Meeting</b>	<b>28 July 2016</b>

<b>Title of the Report</b>	<b>Financial Position - June (Q1) FY16-17</b>
<b>Agenda item</b>	<b>13</b>
<b>Presenter of Report</b>	Simon Lazarus, DoF
<b>Author(s) of Report</b>	Andrew Foster, Deputy DoF
<b>Purpose</b>	To report the financial position for the period ended June 2016/17.
<b>Executive summary</b>  <p>This report sets out the financial position of the Trust for the period ended 30th June (Q1). The overall I&amp;E position is a deficit of £3.003m, £0.043m favourable to the year to date plan.</p> <ul style="list-style-type: none"> <li>• This position is measured against the revised I&amp;E control total agreed with NHSI for FY16-17 and includes STF funding of £2.4m at Q1 within the position.</li> <li>• Delivery of the revised control achieved at Q1 but subject to a limited range of non-recurrent measures to offset increasing expenditure run rate.</li> <li>• Pay expenditure gives cause for concern at Q1 and is £2.496m (5%) adverse to plan for the year to date driven by high costs of agency medical staff and agency HCAs.</li> <li>• Income position continues to include provision for MRET and readmissions) penalties but excludes access fines as a condition of meeting the Q1 revised control total.</li> <li>• Host CCG raising significant contractual data challenges in Q1. Significant shortfall in CQUIN income expected (notably for antimicrobial resistance).</li> <li>• Agency expenditure is currently exceeding the authorised cap by £0.95m driven by a spike in Medical staffing costs in June.</li> <li>• Reduced CRL reflecting slippage in 60 Bedded Ward facility and further reduction to EFL reflecting revised loan profile pending receipt of £9.7m of STF funding noted above.</li> </ul>	
<b>Related strategic aim and corporate objective</b>	Financial Sustainability
<b>Risk and assurance</b>	The recurrent deficit and I&E plan position for FY16-17 signal another challenging financial year ahead and the requirement to develop a medium term financial strategy to deliver financial

	balance in the medium term.
<b>Related Board Assurance Framework entries</b>	BAF 3.1 (Sustainability); 5.1 (Financial Control); 5.2 (CIP delivery); 5.3 (Capital Programme).
<b>Equality Impact Assessment</b>	N/A
<b>Legal implications / regulatory requirements</b>	NHS Statutory Financial Duties
<p><b>Actions required by the Trust Board</b></p> <p>The Board is asked to:</p> <p>The Board is asked to note the financial position for the period ended June 2016/17 and to consider the actions required to ensure that the financial position can remain within planned levels at quarter 2 and beyond.</p>	

# Financial Position

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**Month 3 (June) Q1  
FY 2016/17**

Report to:  
Trust Board  
July 2016

# 1. Overview

RAG	This Month Jun 16	This Month May 16	Change
<b>Statutory Financial Duties</b>			
3 year Cumulative I&E Breakeven duty (€000's)	(32,497)	(33,419)	923
Achieving EFL (€000's)	23,700	44,971	21,271
Capital Cost Absorption Duty (%)	3.5%	3.5%	0
Achieving the Capital Resource Limit (€000's)	18,784	27,834	(9,050)
Financial Sustainability Risk Rating	2.0	2.0	0.0
<b>I&amp;E Position</b>			
Actual in Month Position (€000's)	923	(1,731)	2,654
Forecast in Month Position (€000's)	591	(1,683)	2,274
Actual Year to Date Position (€000's)	(3,003)	(3,926)	923
Forecast Year to Date Position (€000's)	(3,003)	(3,926)	923
Forecast End of Year I&E Position (€000's)	(15,129)	(27,400)	12,271
EBITDA %	0.6%	-3.6%	4.2%
<b>Income</b>			
MRET Penalty - Gross (€000's)	(1,156)	(740)	(416)
Readmissions Penalty - Gross (€000's)	(851)	(575)	(277)
Contract Fines & Data Challenges (€000's)	(37)	(184)	147
Elective variance to plan (€000's)	(93)	(141)	48
Daycase variance to plan (€000's)	(10)	(96)	86
Non-Elective variance to plan (€000's)	1,292	616	676
Outpatients variance to plan (€000's)	598	291	307
<b>Operating Costs</b>			
Pay Expenditure (€000's)	17,087	16,374	(713)
Agency Staff Costs (€000's)	1,568	1,265	(303)
Agency Staff Cap (€000's)	1,087	1,087	0
Non-Pay - Clinical (€000's)	4,674	4,791	117
Non-Pay - Other (€000's)	2,757	2,596	(161)
<b>Cost Improvement Schemes</b>			
Year to Date Actual (€000's)	2,646	1,625	1,021
Year to Date Plan (€000's)	2,433	1,596	837
Forecast Delivery (€000's)	10,012	9,847	165
Annual CIP Target (€'000s)	12,900	12,900	0
<b>Capital</b>			
Year to date expenditure (€'000s)	1,307	830	
% of annual plan Committed	34%	23%	12%
Annual Capital Expenditure Plan (€000's)	18,784	27,834	(9,050)
<b>Cash</b>			
In month movement (€000's)	1,430	(35)	1,465
In Year movement (€000's)	1,796	366	1,430
New PDC / Temporary borrowing (€000's)	5,712	3,592	2,120
Debtors Balance > 90 days (€000's)	828	392	(436)
Creditors % > 90 days	0%	0%	0%
Cumulative BPPC - by volume (%)	98.7%	98.6%	0.1%

## Key issues for this report

This report sets out the financial position of the Trust for the period ended 30<sup>th</sup> June (Q1). The overall I&E position is a deficit of £3.003m, £0.043m favourable to the year to date plan. This position is measured against the revised I&E control total agreed with NHSI for FY16-17 and includes STF funding of £2.4m at Q1.

### Key points:

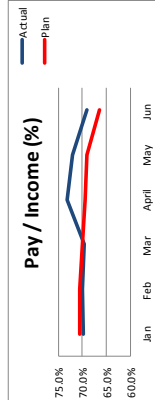
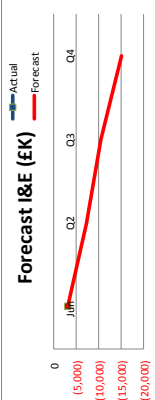
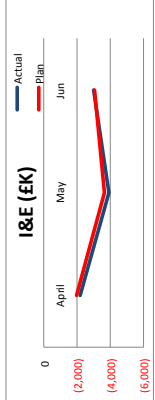
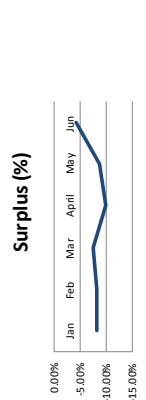
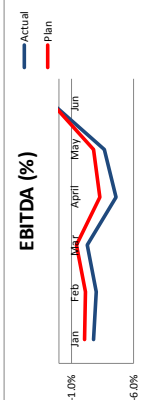
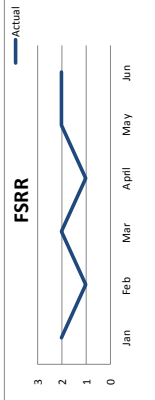
- Delivery of the revised control achieved at Q1 but subject to a limited range of non-recurrent measures to offset increasing expenditure run rate.
- Trust has agreed to deliver an improved I&E control total of £15.129m in return for access to £9.7m of Sustainability and Transformation Funding (STF). The key adjustments to the original plan agreed by the Board are set out below.

Original Plan submission	£000's
60 Bedded Ward Reserve (Q4)	1,474
Remove provision for fines	1,000
Reduce Interest payable on IRWCFSF	97
Add STF funding	9,700
<b>Revised I&amp;E Control Total</b>	<b>-15,129</b>

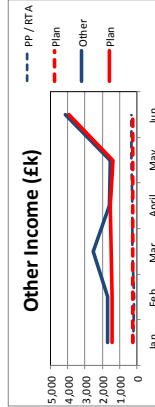
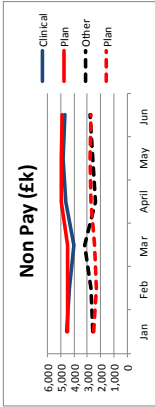
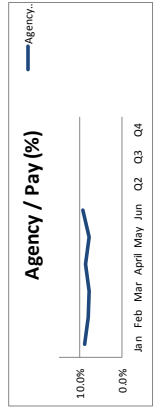
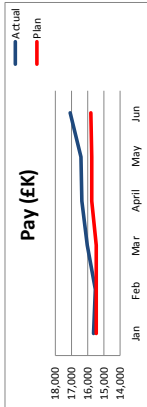
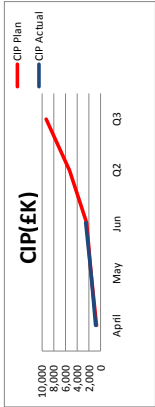
- Pay expenditure gives cause for concern at Q1 and is £2.496m (5%) adverse to plan for the year to date driven by high costs of agency medical staff and agency HCAs.
- Income position continues to include provision for MRET and readmissions) penalties but excludes access fines as a condition of meeting the Q1 revised control total.
- Sustainability & Transformation funding (STF) of £2.425m has been accrued at Q1 on the basis that the Trust has met the conditions of delivering the financial position within plan and agreeing to revised performance trajectories.
- Host CCG raising significant contractual data challenges in Q1. Significant shortfall in CQUIN income expected (notably for antimicrobial resistance).
- Agency expenditure is currently exceeding the authorised cap by £0.95m driven by a spike in Medical staffing costs in June.
- Reduced CRL reflecting slippage in 60 Bedded Ward facility and further reduction to EFL reflecting revised loan profile pending receipt of £9.7m of STF funding noted above.

## 2. KPI Trend Analysis

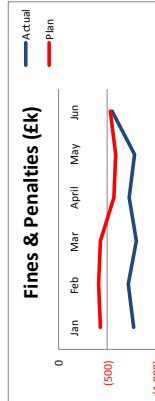
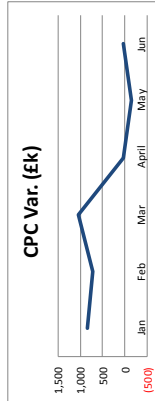
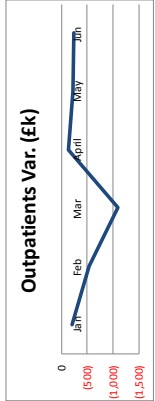
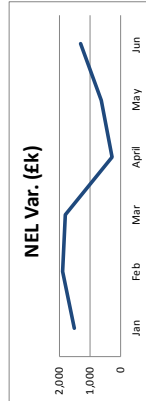
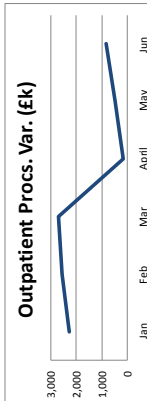
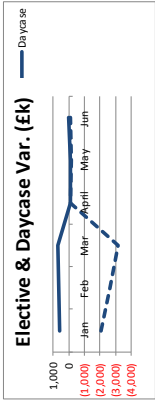
### 1. Key Metrics



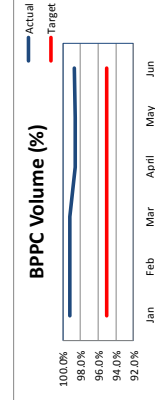
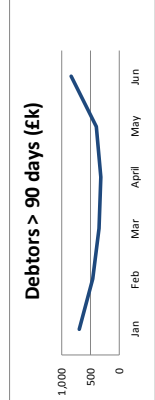
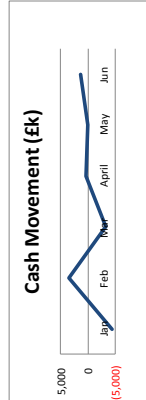
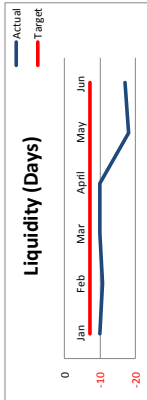
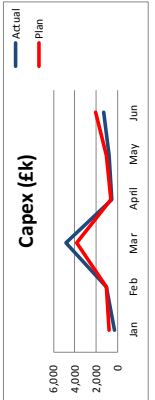
### 2. I&E Performance



### 3. SLA Income



### 4. Working Capital



## 3.0 Income and Expenditure Position

I&E Summary	Actual FY15-16	Annual Plan	YTD plan	YTD Actual	Variance to Plan	Jun 16	May 16
	£000's	£000's	£000's	£000's	£000's	£000's	£000's
SLA Clinical Income	246,152	256,200	63,692	63,955	263	22,152	21,309
Other Clinical Income	2,444	2,686	667	869	202	287	315
Other Income	20,872	27,572	6,840	7,276	435	4,170	1,522
Total Income	269,468	286,458	71,199	72,099	900	26,609	23,147
Pay Costs	(187,327)	(190,224)	(47,328)	(49,824)	(2,496)	(17,087)	(16,374)
Non-Pay Costs	(88,196)	(92,579)	(23,004)	(21,827)	1,177	(7,431)	(7,386)
CIPs		(0)	0	0	0	0	0
Reserves/ Non-Rec		(3,647)	(410)	0	410	0	0
Total Costs	(275,523)	(286,450)	(70,742)	(71,651)	(909)	(24,518)	(23,760)
EBITDA	(6,055)	9	457	448	(9)	2,090	(614)
Depreciation	(9,941)	(10,365)	(2,591)	(2,541)	50	(864)	(814)
Amortisation	(9)	(9)	(2)	(2)	0	(1)	(1)
Impairments	3,315	1,590	529	(2,070)	(2,599)	0	(2,070)
Net Interest	(355)	(1,239)	(142)	(116)	26	(42)	(38)
Dividend	(4,041)	(3,501)	(875)	(846)	29	(263)	(292)
Surplus / (Deficit)	(17,086)	(13,515)	(2,624)	(5,127)	(2,503)	922	(3,828)
NHS Breakeven duty adjs:							
Donated Assets	250	(24)	107	54	(53)	1	27
NCA Impairments	(3,315)	(1,590)	(529)	2,070	2,599	0	2,070
I&E Position (breakeven duty)	(20,151)	(15,129)	(3,046)	(3,003)	43	923	(1,731)

### I&E Performance

- Financial performance for the period ended June (Q1) 2016/17 is a normalised deficit of £3.003m, £43k fav. to the planned deficit of £3.046m.
- SLA income from Commissioners is £0.3m fav. to plan and now excludes provision for access fines in accordance with the conditions of the STF regime and standard contract.
- Other income above includes accrual for £2.425m of STF funding. (Q1 value of £9.7m).
- Pay expenditure £2.496m (5.3%) adverse to plan driven by high costs of agency medical staff and agency nurses and HCAs.
- Non-Pay costs £1.18m favourable to plan but run rate predicted to increase during the financial year (notably due to costs of PAS implementation, international nurse recruitment and building maintenance costs).
- Interest cost likely to increase as additional capital and revenue support loans are drawn down during the financial year.
- £2m impairment of non-current assets due to 5% reduction in notified building indices.

### Key Issues

#### SLA Income

- Underling position is £0.6m fav. to plan offset by requirement to make provision for potential fines and penalties of £2.044m for the YTD.
- Elective Inpatient income £0.09m (2%) (£0.14m adv.) adverse to plan.
- Daycase income £0.01m (0%) (£0.1m adv.) adverse to plan for the year to date.
- NEL income £1.46m (9%) fav. to plan for period to date giving rise to increased MRET penalty exposure.
- Reported income includes assessment of delivery of 83% of CQUIN targets but assumes no delivery of the Antimicrobial CQUIN which is deemed to be unachievable as currently defined by NHSE.

#### Other Income

- Private Patient income £200k (£165k fav.) favourable to plan.
- RTA income £3k (£28k adv.) fav. to plan.
- Income / Other Generation £435k (£179k fav.) favourable to plan.

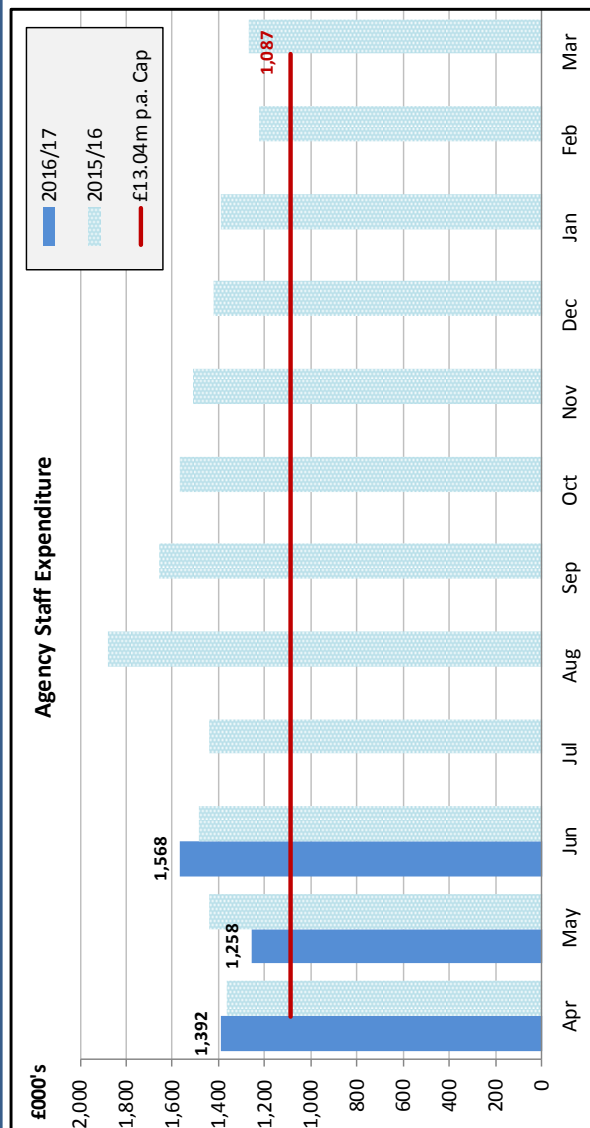
#### Pay

- Total agency staffing costs £1.568m or 9.27% of the total pay bill for June. NHSI agency cap for FY16/17 is £13.04m or c.6.6% of planned pay expenditure.
- Medical staffing £0.65m (4.8%) adverse to plan.
- Nursing pay expenditure £0.87m adv. (4.8%) (£392k adv.) to plan overall.

#### Non-Pay

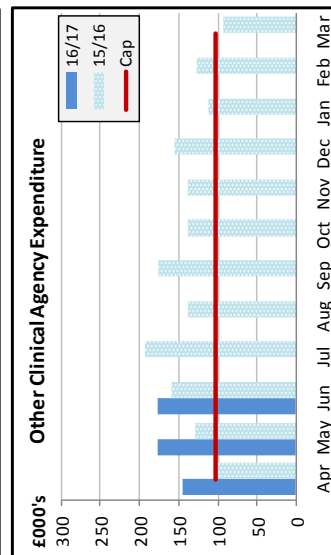
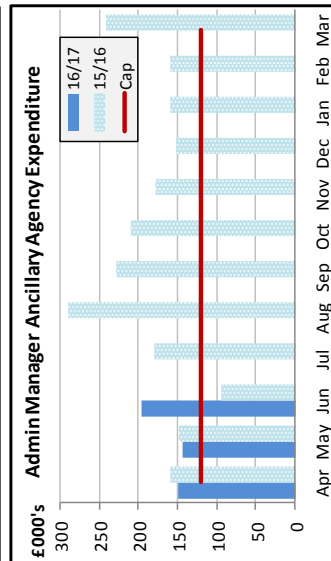
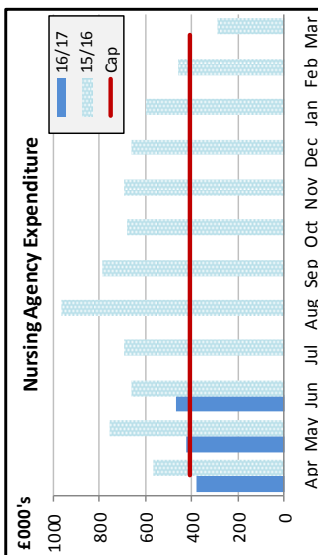
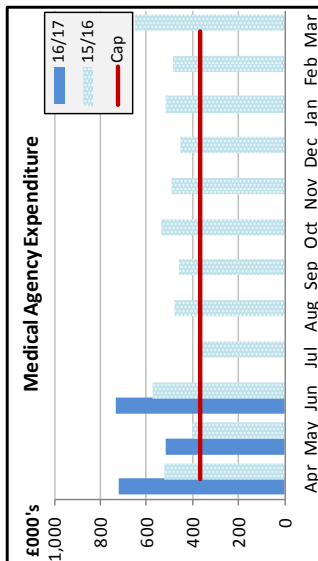
- Drugs £341k fav. to plan.
- Staff advertising £140k fav. to plan.
- Prosthesis £91k fav. to plan.
- Building and engineering £231k fav. to plan.
- Energy costs £89k fav. to plan.
- Computer maintenance / software £387k fav. to plan.
- Travel and benefits £84k fav. to plan.

## 3.1 Agency Staff Expenditure



### Key Issues

- The Trust total expenditure for agency staff in 2015/16 was £17.6m.
- NHS Improvement issued a expenditure limit of £11.8m for the new financial year 2016/17. On appeal, this has been revised to £13.04m.
- £13.04m is equivalent to a 26% reduction year-on-year across all staff groups.
- Applying this annual limit equally across the year gives a £1.1m per month cap to keep within.
- At the end of June the Trust is £959k behind this cap.
- The staff groups presenting the greatest challenge so far are Medical Staff and some of the other Clinical Staff disciplines.
- Agency Medical Staff expenditure is currently 31% (£469k) higher than at this point last year (notably in Urgent Care).
- The run rate for other Clinical Staff agency expenditure is running higher than last year. Key increases seen in Clinical Support Services, particularly Pharmacy and Imaging, but also Theatre practitioner expenditure in the Surgical Division.
- Nursing agency has continued the progress seen in the last quarter of 2015/16, but is starting show signs of peaking as we enter the holiday season and higher amounts of annual leave are traditionally taken.
- Expenditure for Administration, Managers and Ancillary agency staff is £130k over the cap at Q1. Site Management and Estates Maintenance utilising high levels of agency staff in quarter 1.



## 4.0 SLA Income by Point of Delivery

Point of Delivery	Plan	Actual	Variance	Plan	Actual	Variance
A&E	29,890	29,016	(874)	3,484	3,374	(109)
Block / CPC	683,342	712,353	29,011	14,004	14,036	31
CQUIN	-	-	-	1,122	928	(194)
Day Cases	8,210	9,540	1,330	5,928	5,918	(10)
Elective	1,461	1,457	(4)	4,084	3,990	(93)
Elective XBDs	533	408	(125)	125	96	(29)
Excluded Devices	412	464	52	441	408	(33)
Excluded Medicines	-	102	102	5,414	5,177	(237)
Non-Elective	10,653	11,852	1,200	16,940	18,399	1,458
Non-Elective XBDs	9,091	8,326	(765)	1,982	1,816	(166)
Outpatient First	14,526	15,505	979	2,403	2,605	202
Outpatient Follow Up	50,754	45,856	(4,898)	4,766	4,325	(441)
Outpt Procedures	34,320	39,790	5,470	4,580	5,416	836
Regular Attenders	470	428	(42)	170	153	(16)
Other Central SLA Income	-	-	-	30	(644)	(674)
CLPs	-	-	-	400	-	(400)
Reserves / Contingency	-	-	-	(500)	-	(500)
<b>Total SLA Income (before fines and penalties)</b>				<b>65,372</b>	<b>65,999</b>	<b>626</b>

Fines & Penalties	Plan	Actual	Variance
Contract Penalties	2WW	-	(2)
Contract Penalties	31 Day	-	(5)
Contract Penalties	62 Day	-	-
Contract Penalties	A&E	-	-
Contract Penalties	Cancelled Operations	-	(31)
Contract Penalties	CDIFF	-	-
Contract Penalties	MRSA	-	-
Contract Penalties	RTT - Incomplete	-	-
Contract Penalties	MRET	(1,013)	(143)
Readmissions	Readmissions	(667)	(184)
<b>Sub-Total Fines &amp; Penalties</b>		<b>(1,680)</b>	<b>(364)</b>
<b>Grand Total SLA Income</b>		<b>63,692</b>	<b>263</b>

### Key issues

**Summary**  
£0.3m favourable to plan

Underlying total SLA Income is £0.6m favourable to plan mainly driven by increased non-elective activity and a small improvement in elective performance. Provision for MRET and Readmissions penalties of £2m has been provided for in the Q1 position.

**CQUIN**  
£194k adverse to plan

Assumed 82.7% achievement across all schemes in Month 3 pending validation of Q1 delivery.

**Day Case and Elective Inpatients**  
£132k adverse to plan

Day cases have met the financial plan but are above plan in activity due to chemotherapy activity included in day cases. Elective inpatients are below plan (1%) generating an under performance. Elective position is offset by the provision for RTT / Elective inpatient pressures, which may escalate later in the year.

**Non elective**  
£1,292k favourable to plan

Non elective activity is 1.1% above plan driven by A&E (Emergency Observation Area), Paediatrics, and General, Geriatric and Stroke medicine. There is a corresponding increase in MRET and Readmissions penalties.

**Outpatients**  
£1,551k ahead of plan

The net position on outpatients is an over performance driven by Paediatrics, Ophthalmology and Urology. This position is offset by a coding and counting provision where the income cannot be recognised until April 2017 (Ophthalmology) under current contractual rules.

**Fines & Penalties**  
£364k adverse to plan

A&E and other operational standard penalties have been removed following successful delivery of the Q1 STF conditions. The host CCG continue to raise significant data and coding challenges giving rise to increased risk of contractual income being withheld during the remainder of the financial year.



4.1 SLA Income by Commissioner

Commissioner	Annual Plan £000's	YTD Plan £000's	Actual £000's	Variance £000's
Nene CCG	202,873	50,561	50,741	180
Corby CCG	2,702	659	635	(23)
Bedfordshire CCG	673	168	146	(22)
East Leicestershire & Rutland CCG	626	153	182	28
Leicester City CCG	43	13	14	1
West Leicestershire CCG	91	17	12	(5)
Milton Keynes CCG	2,609	652	754	101
SCG	30,762	7,704	8,353	649
SCG - NCA (inc. Hep C)	1,134	283	217	(65)
Herts & South Midlands LAT	7,552	1,897	1,883	(14)
Cancer Drug Fund	3,131	523	341	(182)
NCA	3,624	624	632	7
Contingency & Provisions	(100)	536	44	(492)
CIPs	2,481	400	-	(400)
Elective RTT Reserve	(2,000)	(500)	-	500
<b>Total SLA Income</b>	<b>256,200</b>	<b>63,692</b>	<b>63,955</b>	<b>263</b>
Memorandum:				
<b>STF Funding</b>	<b>9,700</b>	<b>2,425</b>	<b>2,425</b>	<b>-</b>

Key issues

<b>Nene Contract</b> £180k over performance	Non-elective activity has soared. Contractual Penalties, Readmissions and MRET fines are above planned levels by £517k mitigating the contractual over-performance.  CQUIN, critical care, elective and day case income continue behind plan.
<b>Corby CCG</b> £1k favourable to plan	Non-elective income behind plan due to a lower than anticipated case mix in Clinical Oncology, General Surgery and Vascular Surgery, offset by over performance on excess bed days.
<b>Specialised Commissioner</b> £91k favourable to plan	Over-performance for Radiotherapy of 23% where the plan was reduced to take into account changes in NICE guidelines in terms of the number of fractions required. However, the impact of this is not yet seen. Excluded medicines are also over performing as expected due to the pass through arrangements for HEP C medicines.

## 5. Statement of Financial Position

	Balance at 31-Mar-16 £000	Current Month Opening Balance £000	Current Month Closing Balance £000	Current Month Movement £000	Forecast end of year Closing Balance £000	Forecast end of year Movement £000
<b>NON CURRENT ASSETS</b>						
OPENING NET BOOK VALUE	160,399	160,399	160,399		160,399	
IN YEAR REVALUATIONS		(6,640)	(6,640)		7,932	7,932
IN YEAR MOVEMENTS		1,708	1,708	500	19,805	19,805
LESS DEPRECIATION		(1,679)	(2,544)	(865)	(10,365)	(10,365)
<b>NET BOOK VALUE</b>	<b>160,399</b>	<b>153,288</b>	<b>152,923</b>	<b>(365)</b>	<b>177,771</b>	<b>17,372</b>
<b>CURRENT ASSETS</b>						
INVENTORIES	5,744	6,075	6,388	313	5,494	(250)
RECEIVABLES	9,742	9,903	11,052	1,149	10,016	274
NHS RECEIVABLES	1,250	970	1,127	157	1,300	50
OTHER TRADE RECEIVABLES	(205)	(205)	(205)		(200)	5
RECEIVABLES IMPAIRMENTS PROVISION	21					(21)
CAPITAL RECEIVABLES	118	389	498	109	118	
NON NHS OTHER RECEIVABLES	2,582	2,567	2,639	72	2,657	75
COMPENSATION RECEIVABLES (RTA)	546	489	488	(1)	475	(71)
SALARY OVERPAYMENTS	468	423	354	(69)	500	32
SALARY SACRIFICE SCHEMES	525	846	518	(328)	575	50
OTHER RECEIVABLES	(629)	(629)	(629)		(579)	50
IRRECOVERABLE PROVISION	1,923	2,611	3,050	439	2,173	250
PREPAYMENTS	16,341	17,364	18,892	1,528	17,035	694
<b>SUB TOTAL</b>	<b>375</b>	<b>1,968</b>	<b>3,398</b>	<b>1,430</b>	<b>1,500</b>	<b>(375)</b>
NON CURRENT ASSETS FOR SALE						(102)
<b>CASH</b>	<b>24,062</b>	<b>25,407</b>	<b>28,678</b>	<b>3,271</b>	<b>24,029</b>	<b>(33)</b>
<b>CURRENT ASSETS</b>						
<b>CURRENT LIABILITIES</b>						
NHS PAYABLES	978	1,692	1,900	208	1,478	500
TRADE PAYABLES REVENUE	2,390	2,701	1,957	(744)	5,074	2,684
TRADE PAYABLES FIXED ASSETS	5,192	3,655	3,603	(52)	2,500	(2,692)
TAX AND NI OWED	3,552	3,968	4,021	53	3,802	250
NHS PENSIONS AGENCY	2,347	2,383	2,367	(16)	2,497	150
OTHER PAYABLES	823	514	497	(17)	1,223	400
FINANCE LEASE PAYABLE under 1 year	121	121	121		124	3
SHORT TERM LOANS - DH (CAPITAL)	628	628	628		1,700	1,072
SHORT TERM LOANS - DH (REVENUE)	155	3,592	5,712	2,120	82	(73)
ACCUALS	7,191	8,201	8,795	594	7,941	750
RECEIPTS IN ADVANCE	1,775	1,838	1,526	(312)	1,975	200
PDC DIVIDEND DUE	99	762	1,072	310		(99)
STAFF BENEFITS ACCRUAL	710	767	767		750	40
PROVISIONS	2,802	2,669	2,519	(150)	2,503	(299)
<b>CURRENT LIABILITIES</b>	<b>28,763</b>	<b>33,635</b>	<b>35,629</b>	<b>1,994</b>	<b>31,649</b>	<b>2,886</b>
<b>NET CURRENT ASSETS / (LIABILITIES)</b>	<b>(4,701)</b>	<b>(8,228)</b>	<b>(6,951)</b>	<b>1,277</b>	<b>(7,620)</b>	<b>(2,919)</b>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>	<b>155,698</b>	<b>145,060</b>	<b>145,972</b>	<b>912</b>	<b>170,151</b>	<b>14,453</b>
<b>NON CURRENT LIABILITIES</b>						
FINANCE LEASE PAYABLE over 1 year	1,245	1,226	1,216	(10)	2,039	794
LOANS over 1 year DH (CAPITAL)	7,186	7,186	7,186		13,738	6,552
LOANS over 1 year DH (REVENUE)	18,851	18,851	18,851		33,980	15,129
LOANS over 1 year NON DH	166	166	166		84	(82)
PROVISIONS over 1 year	979	979	979		226	(753)
<b>NON CURRENT LIABILITIES</b>	<b>28,427</b>	<b>28,408</b>	<b>28,398</b>	<b>(10)</b>	<b>50,067</b>	<b>21,640</b>
<b>TOTAL ASSETS EMPLOYED</b>	<b>127,271</b>	<b>116,652</b>	<b>117,574</b>	<b>922</b>	<b>120,084</b>	<b>(7,187)</b>
<b>FINANCED BY</b>						
PDC CAPITAL	119,258	119,258	119,258		119,258	
PDC TEMPORARY BORROWING	41,435	36,860	36,860		49,377	7,942
REVALUATION RESERVE	(33,422)	(33,422)	(33,422)		(33,422)	
I & E ACCOUNT BALANCE	(6,044)	(6,044)	(6,044)		(15,129)	(15,129)
I & E CURRENT YEAR	127,271	116,652	117,574	922	120,084	(7,187)
<b>FINANCING TOTAL</b>						

### Key Movements

#### Non Current Assets

- Depreciation movement of £0.8m offset by capital expenditure additions of £0.5m.

#### Current assets

- Increase in Inventories of £0.3m.
- Increase in NHS receivables of £1.1m (driven by STF funding).
- Increase in Other Trade Receivables of £0.2m.
- Increase in Non NHS Other Receivables £0.1m.
- Increase in Compensation Recovery receivables of £0.1m.
- Reduction in other receivables £0.3m.
- Increase in prepayments of £0.4m.
- Increase of cash of £1.4m.

#### Current Liabilities

- Increase in NHS payables of £0.2m.
- Decrease in Trade Creditors of £0.7m.
- Decrease in Trade Payables Fixed Assets £0.1m.
- Increase in Tax and NI Owed of £0.1m.
- Increase in Short Term Revenue Loan of £2.1m.
- Increase in accruals of £0.6m.
- Decrease In receipts in advance of £0.3m.
- Increase in PDC Dividends due of £0.3m.
- Decrease in provisions of £0.15m.

#### Non Current Liabilities

- Negligible movement in non current liabilities.

#### Financing

- Reduced deficit in month of £0.9m .

## 6. Capital Expenditure

Capital Scheme	Plan 2016/17 £000's	M3 Plan £000's	M3 Spend £000's	Under (-) / Over £000's	Plan Achieved %	Actual Committed £000's	Plan Achieved %	Funding Resources	£000's
Replacement Imaging Equipment (Approved)	1,122	0	5	5	0%	6	1%	Internally Generated Depreciation	10,315
Replacement Imaging Equipment (Approved)	4,396	231	229	-2	5%	2,424	55%	Finance Lease - 60 Bedded Ward	1,000
Additional Imaging Equipment (Approved)	2,200	0	0	0	0%	513	23%	Capital Loans - Imaging Equipment (Approved)	1,122
Replacement NPfIT Systems	2,236	952	129	-822	6%	156	7%	Capital Loans - Replacement Imaging Equipment	4,396
Stock / Inventory System (Approved)	582	16	16	0	3%	0	0%	Capital Loans - Additional Imaging Equipment	2,200
A&E / Orthopaedics	500	150	146	-4	29%	609	122%	Capital Loans - Stock / Inventory System	600
Contingency	-295	0	0	0	0%	0	0%	Capital Loan - Repayment	-694
Medical Equipment Sub Committee	938	42	42	0	4%	51	5%	Other Loans - Repayment	-155
Estates Sub Committee	3,319	480	550	70	17%	1,756	53%	<b>Total - Available CRL Resource</b>	<b>18,784</b>
IT Sub Committee	3,101	564	566	2	18%	1,169	38%	<b>Uncommitted Plan</b>	<b>0</b>
60 Bedded Ward	1,000	0	0	0	0%	0	0%		
Other	510	0	0	0	0%	128	25%		
<b>Total - Capital Plan</b>	<b>19,609</b>	<b>2,434</b>	<b>1,682</b>	<b>-752</b>	<b>9%</b>	<b>6,813</b>	<b>35%</b>		
Less Charitable Fund Donations	-450	0	0	0	0%	0	0%		
Less NBV of Disposals	-375	-375	-375	0	100%	-375	100%		
<b>Total - CRL</b>	<b>18,784</b>	<b>2,059</b>	<b>1,307</b>	<b>-752</b>	<b>7%</b>	<b>6,438</b>	<b>34%</b>		

### Key Issues

- The second linear accelerator has now been delivered and is operational.
- The third linear accelerator is due to be delivered in August and planned to be operational in November.
- As a result of the reduced level of capital loans availability nationally and funding the PAS business case internally the Trust is now planning to lease £1m of medical equipment replacements annually within the MESC plan from 2016/17.
- The A&E scheme is planned for completion of the fit stop area in August.
- The initial full year depreciation forecast is currently £10,315k (M2 £10,315k)
- The plan for the 60 bedded Ward facility has been reduced to £1m representing the pre-lease costs likely to be incurred by the preferred bidder. The main costs of the scheme are expected to slip into 2017/18.
- The sale of the Harborough Lodge property was completed in April 16.
- A plan has been agreed with Radiology to replace CT and MRI scanners, three x-ray rooms and undertake installation of additional CT scanner in an existing room and a MRI scanner in a new build. Further work is ongoing to determine timescales and expected completion dates to inform the draw down of the agreed capital loan funding.
- The Inventory Management Project team have undertaken site visits and hope to chose a preferred supplier by the end of August.

## 7. Receivables, Payables and BPPC Compliance

### Receivables and Payables

- SLA commissioner monthly invoices paid on time (with the exception of West Leicester & Leicester City CCGs where credit notes for underperformance on these accounts relating to 15/16 activity have resulted in a credit balance for the YTD).
- Continued focus on reducing age profile of non current debt.
- Non-NHS over 90 day debt includes Overseas visitor accounts of £187k of which £60k are paying in instalments and a high proportion of the balance passed to debt collection agency to recover. Of the remainder, Private Patients (£27k), BMI Three Shires (£191k), Boots (£29k) and Alliance (£39k) account for the majority of the balance.
- NHS over 90 day debt predominantly relates to NCA's £208k (£127k), Public Health England £6k (£7k), Property Services £79k and Nene CCG £33k (£28k).
- All of registered creditors are current (due within 30 days).

Narrative	Total at June £000's	0 to 30 Days £000's	31 to 60 Days £000's	61 to 90 Days £000's	Over 90 Days £000's
Receivables Non NHS	1,127	384	201	57	486
Receivables NHS	9,616	8,087	689	498	342
<b>Total Receivables</b>	<b>10,743</b>	<b>8,471</b>	<b>890</b>	<b>554</b>	<b>828</b>
Payables Non NHS	(5,560)	(5,560)			
Payables NHS	(1,900)	(1,900)			
<b>Total Payables</b>	<b>(7,461)</b>	<b>(7,461)</b>			

Narrative	Total at May £000's	0 to 30 Days £000's	31 to 60 Days £000's	61 to 90 Days £000's	Over 90 Days £000's
Receivables Non NHS	970	348	103	295	224
Receivables NHS	8,334	5,508	2,258	400	168
<b>Total Receivables</b>	<b>9,304</b>	<b>5,856</b>	<b>2,361</b>	<b>695</b>	<b>392</b>
Payables Non NHS	(6,357)	(6,293)		(64)	
Payables NHS	(1,693)	(1,693)			
<b>Total Payables</b>	<b>(8,050)</b>	<b>(7,986)</b>		<b>(64)</b>	

### Better Payment Practice Code

- The BPPC performance has been achieved for all targets in June and for cumulative position for year to date. £55k (102 invoices) were paid late including agency £18k (37 invoices), Estates £24k (19 invoices) and Pharmacy £2k (2 invoices).

Narrative	April 2016/17	May 2016/17	June 2016/17	Cumulative 2016/17
<b>NHS Creditors</b>				
No. of Bills Paid Within Target	170	150	196	516
No. of Bills Paid Within Period	179	151	197	527
<b>Percentage Paid Within Target</b>	<b>94.97%</b>	<b>99.34%</b>	<b>99.49%</b>	<b>97.91%</b>
Value of Bills Paid Within Target (£000's)	1,405	2,065	1,761	5,231
Value of Bills Paid Within Period (£000's)	1,451	2,063	1,762	5,276
<b>Percentage Paid Within Target</b>	<b>96.79%</b>	<b>100.06%</b>	<b>99.98%</b>	<b>99.13%</b>
<b>Non NHS Creditors</b>				
No. of Bills Paid Within Target	6,235	7,879	8,782	22,896
No. of Bills Paid Within Period	6,318	7,984	8,883	23,185
<b>Percentage Paid Within Target</b>	<b>98.69%</b>	<b>98.68%</b>	<b>98.86%</b>	<b>98.75%</b>
Value of Bills Paid Within Target (£000's)	8,167	7,990	9,350	25,507
Value of Bills Paid Within Period (£000's)	8,211	8,202	9,405	25,818
<b>Percentage Paid Within Target</b>	<b>99.47%</b>	<b>97.41%</b>	<b>99.42%</b>	<b>98.80%</b>
<b>Total</b>				
No. of Bills Paid Within Target	6,405	8,029	8,978	23,412
No. of Bills Paid Within Period	6,497	8,135	9,080	23,712
<b>Percentage Paid Within Target</b>	<b>98.58%</b>	<b>98.70%</b>	<b>98.88%</b>	<b>98.73%</b>
Value of Bills Paid Within Target (£000's)	9,571	10,055	11,112	30,737
Value of Bills Paid Within Period (£000's)	9,662	10,266	11,167	31,094
<b>Percentage Paid Within Target</b>	<b>99.07%</b>	<b>97.94%</b>	<b>99.51%</b>	<b>98.85%</b>

## 8. Cashflow

MONTHLY CASHFLOW	Annual £000s	ACTUAL			FORECAST												
		APR £000s	MAY £000s	JUN £000s	JUL £000s	AUG £000s	SEP £000s	OCT £000s	NOV £000s	DEC £000s	JAN £000s	FEB £000s	MAR £000s				
RECEIPTS																	
SLA Base Payments	246,983	19,343	21,547	20,808	20,520	20,592	20,592	20,622	20,592	20,592	20,592	20,592	20,592	20,592	20,592	20,592	20,592
STF Funding	9,700							4,850							2,425		2,425
SLA Performance/ Other CCG Investment																	
Health Education Payments	9,833	798	785	858	821	821	821	821	821	821	821	821	821	821	821	821	821
Other NHS Income	15,861	1,419	652	2,850	1,242	2,195	1,072	1,072	1,072	1,072	1,072	1,072	1,072	1,072	1,072	1,072	1,072
PP / Other (Specific > £250k)	1,702	473		764	465												
PP / Other	12,849	1,046	691	711	800	1,200	1,200	1,200	1,200	1,200	1,200	1,200	1,200	1,200	1,200	1,200	1,200
Salix Capital Loan																	
PDC - Capital	8,318						2,615	1,034	1,005								3,274
Capital Loan	15,129																15,129
Revenue Support Loan	0	2,038	1,554	2,120	1,724	-1,496	1,259	510	964	1,867	743	2,188	-13,469				
Revolving Working Capital Facility - deficit funding						4,042	808	808	808	808	808	808	808	808	808	808	808
STF funding	9,700																
Interest Receivable	39	3	4	5	3	3	3	3	3	3	3	3	3	3	3	3	3
Sale of Assets	585																
TOTAL RECEIPTS	330,699	25,706	25,232	28,117	25,575	27,357	28,370	30,920	26,465	26,363	28,054	26,684	31,855				
PAYMENTS																	
Salaries and wages	183,143	15,154	15,035	15,518	15,386	15,200	15,350	15,200	15,200	15,350	15,200	15,200	15,350	15,200	15,200	15,200	15,350
Trade Creditors	93,223	6,686	7,882	8,802	9,140	8,639	6,729	4,127	7,681	8,023	6,864	9,177	9,472	9,177	9,177	9,472	9,472
NHS Creditors	19,647	1,565	2,063	1,762	1,822	1,822	1,322	1,822	1,822	1,822	1,822	1,822	1,000	1,822	1,000	1,000	1,000
Capital Expenditure	19,980	1,864	300	620	1,090	1,542	2,675	4,909	1,762	1,168	1,743	1,118	1,189	1,118	1,118	1,189	1,189
PDC Dividend	3,445						1,753									1,692	1,692
Repayment of RWC Facility - STF funding	9,700					154	475	4,850			2,425		2,425		2,425		2,425
Repayment of Loans (Principal & Interest)																	
Repayment of Salix loan	156	12					66	12					66		189	661	66
TOTAL PAYMENTS	330,772	25,280	25,281	26,702	27,438	27,357	28,370	30,920	26,465	26,363	28,054	26,684	31,855				
Actual month balance	-73	425	-49	1,415	-1,864	0	0	0	0	0	0	0	0	0	0	0	0
Cash in transit & Cash in hand adjustment	-29	-24	14	15	-34												
Balance brought forward	1,602	1,602	2,003	1,968	3,398	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500
Balance carried forward	1,500	2,003	1,968	3,398	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500

### Key Issues

- The Trust has drawn down a further £2.1m of Temporary Borrowing (3.5% Interim Revolving Working Capital Support Facility) in June.
- Nene CCG monthly SLA payments continue to be paid on the 1<sup>st</sup> working day of the month.
- Creditor payments continue to be made as required during the month.
- Adjustment invoices issued in June for Commissioner contracts have been paid .
- Over-performance invoices relating to 2015/16 issued to Nene CCG & Central Midlands Region are now anticipated to be paid in July & August.
- The May VAT return was submitted at the end of May with cash being received early in June.
- Further Temporary Borrowing (IRWCSF) of £1.7m has been approved for drawn down in July by DH.
- The NHSI Capital & Cash Team have issued revised Loan Facility guidance to incorporate the impact of the STF Funding. The Trust is able to drawdown against the agreed IRWCSF up to the value of the YTD cumulative deficit (per the June revised plan submission). This includes the cumulative value of the STF funding until such time as payment of the STF is received from the Trust's main Commissioner. The format of cashflow has been updated to reflect this.

## 9. Risks to the Financial Position

Risk	Financial Drivers	Estimated Value FY16-17 £k	Mitigations	Impact on plan £k
<b>Revenue Risks</b>				
NHSI - Improved Control Total	NHSI has requested the Trust delivers an improved control total of £15.1m deficit (compared to the original planned £27.4m deficit).	2,600	Suspension of access fines. Reduction of to planned level of revenue reserves. Delivery of revised control total gives access to £9.7m of sustainability funding (avoids interest bearing loans).	Currently £0.04m fav. to revised plan.
Conditions to STF funding	The Trust is required to deliver both financial and performance trajectories to access the £9.7m STF funding. (Conditions assessed on a forecast basis). Weighting 70% Financial:30% Performance.	9,700	Routine forecasting and controls to be put in place to measure delivery against revised financial and performance trajectories.	£6.8m Financial £2.9m Performance
Non-elective Demand	Requirement to source additional contractual beds / open additional bed capacity on site due to high levels of urgent care demand and DTOCs. Limited additional capacity available in LHE.	1,200	£0.7m included in plan for additional contractual beds. Contract signed with AGE for additional 12 beds wef 1/7. Business case prepared for additional 26 beds likely to be in excess of available internal funding.	500
Cancellation of Elective activity	RTT pressures leading to lost elective income and requirement to outsource to Private sector. Income loss averaging £0.5m per month in Q4 FY15-16.	6,000	£3m included in plan to cover costs of outsourcing primarily for T&O, Ophthalmology and Endoscopy.	Up to further £3m based on Q4 run rate
New CQUINS	New national CQUINS may not be deliverable giving rise to loss of income. <b>100% CQUIN</b> delivery assumed in plan.	780	Impact assessment ongoing. Local variations submitted to NHSE referred. Antimicrobial resistance CQUIN cannot be achieved (value £350k).	780
Contractual Fines & Penalties	The Trust incurred fines (£1m) plus MRET (£3.8m) and Readmissions (£2.8m) penalties in FY15-16. Indications are that a similar level of penalties could be incurred in FY16-17.	7,600	The Trust has signed a contract in place with NENE CCG for FY16-17 which includes clauses for Fines and Penalties to be reinvested by the CCG through the agreement of Service Development Improvement Plans (SDIP). £1m provision in income plan for fines and penalties should be lifted under STF double jeopardy rule.	Dependent on SDIP process
Junior doctors new contract	Cost of new compliant rotas, pay protection, e-rostering and appointment of Guardian.	600 to 1,000	£600k pay reserve in plan but subject to ongoing national negotiations, review of new rotas and pay protection. Introduction of new contract will be staggered over 2 years.	Unknown but likely to be minimal in 16-17 due to phased implementation.
Vacancy Control	FY16-17 Plan includes requirement for Divisions to manage a (Trust wide) £2m vacancy factor based on known vacancies in March 16.	2,000	Level of current substantive vacancies sufficient to meet vacancy factor but temporary staff costs pushing pay bill significantly over budget in Q1.	-
Pay Expenditure	Trust has incurred a £2.5m overspend in the first quarter of the financial year and is currently exceeding the revised Agency Cap target. Indications that August rotation will see additional shortfall in Junior Doctors rotas. Trust is identified as an outlier in terms of increased Pay expenditure by NHSI.	10,000	CIP workstream focused on reducing Medical Staff Agency usage and costs. Specific action being taken by Dons to reduce use of HCA Agency. Non-Pay underspends offsetting impact in M1 and M2. Plans to address Anaesthetic trainee shortfalls post August being developed.	5,000
CIP delivery	Delivery of CIP target will be challenging in year. £4.3m of CIPs rated as high risk. Latest risk adjusted position gives rise to £2.9m shortfall to plan.	2,888	Ongoing identification of new schemes and mitigating actions. Introduction of strict expenditure controls and delay planned developments.	2,888
Potential for abortive Fees (60 Bedded Case)	Trust has appointed Procure 21 partner to progress plans for new 60 bedded facility ahead of NHSI approval. The supplier will incur planning and feasibility costs which will need to be financed by the Trust if the FBC is not approved by NHSI.	1,000	Instruction issued to Procure 21 partner to limit fees to £150k pre FBC approval.	150
<b>Non-Revenue Risks</b>				
Capital Resources	Capital resources constrained due to reduced levels of depreciation and national loan restrictions.	2,000	Capital plan reduced and provision for up to £1m of operating leases in I&E plan. Option to finance 60 bedded ward facility included in plan as finance lease.	60 beds subject to FBC approval and CRL cover
Cashflow	Revised deficit of £24.8m requires direct cash support. NHSI likely to impose strict limitations to accessing RWCSF currently (April 16) approved at £18.9m.	5,900	Management of creditors. Improving I&E position ahead of plan. Delay capital expenditure. Advance payment of CCG mandate each month agreed with NENE CCG. DH will consider up to 40 day IRWCSF (in 10 day increments). Receipt of £9.7m STF funding (subject to conditions).	Provision for interest payments included in plan.



## 10. Conclusions and Recommendations

### Conclusion:

- The Trust has managed to deliver the revised financial control total target at Q1 and thereby qualified for the first quarter's STF funding worth £2.425m. (At Q1 conditions relating to performance trajectories only required the Trust to agree trajectories with NHSI which has also been achieved).
- A number of non-recurrent measures were applied to the underlying Q1 position to ensure delivery of this important target. Adjustments at Q1 included a review of aged Agency staff and non-pay accruals £160k, accrual for approved non-recurrent VAT claims £83k, release of CCG SLA provisions £150k and release of deferred income £100k. The application of these measures whilst low risk give rise to a reduced level of flexibility in managing financial pressures likely to be experienced later in the financial year.
- Pay expenditure has increased significantly in June and is now £2.5m adverse to plan primarily due to high agency costs of Medical and HCA staff. This overspend is partly offset by a non-pay underspend which is not predicted to be sustained giving rise to concern entering Q2.
- Current agency costs are significantly in excess of the required Agency cap trajectory of £1,087k per month with a notable increase in the cost of Medical Agency staff. This position is reached before the main holiday period and the Junior doctors rotation in August.
- CIP delivery is recorded as exceeding plan again in M3 although the position to date continues to be reliant on a significant element of non-recurrent delivery and with forward risk in terms of schemes yet to be delivered.
- The suspension of significant elements of access fines and penalties has helped deliver an improved financial position and the overall position for SLA income is marginally favourable to plan when considering the latest estimates for MRET, Readmissions penalties and the risk of delivering all CQUIN schemes.
- The Trust is currently managing cashflow with cooperation from NENE CCG and by accessing the DH approved IRWCSE.

### Recommendations & actions

- Consideration of the risks and mitigations to achieving the revised control total requested by NHSI and the actions required to manage these need to be formally reviewed and an action plan agreed by the Board to curtail and manage Pay expenditure being the current priority.
- Additional controls to be put in place to manage and reduce agency medical and HCA agency costs with immediate effect. Devolved targets based on the Agency cap to be issued to all Divisions and Corporate teams.
- Formal forecast exercise to be undertaken in August to assess the impact of the current run rate on the revised plan and to include known changes (e.g. private sector Bed expansion plans).
- Several Divisions are in breach of the financial performance targets and as such require formal escalation in accordance with the agreed performance management framework.





<b>Report To</b>	<b>Public Trust Board</b>
<b>Date of Meeting</b>	<b>28 July 2016</b>

<b>Title of the Report</b>	<b>Workforce Performance Report</b>
<b>Agenda item</b>	<b>14</b>
<b>Presenter of Report</b>	Janine Brennan, Director of Workforce & Transformation
<b>Author(s) of Report</b>	Adam Cragg, Head of Resourcing & Employment Services Sam Wright, Workforce Systems Manager
<b>Purpose</b>	This report provides an overview of key workforce issues
<b>Executive summary</b> <ul style="list-style-type: none"> <li>The key performance indicators show an increase in contracted workforce employed by the Trust, and an increase in sickness absence from May 2016.</li> <li>Increase in compliance rate for Mandatory Training, Role Specific Essential Training and Appraisals.</li> </ul>	
<b>Related strategic aim and corporate objective</b>	Enable excellence through our people
<b>Risk and assurance</b>	Workforce risks are identified and placed on the Risk register as appropriate.
<b>Related Board Assurance Framework entries</b>	BAF – 4.1, 4.2 and 4.3
<b>Equality Analysis</b>	<p>Is there potential for, or evidence that, the proposed decision/document will not promote equality of opportunity for all or promote good relations between different groups? (Y/N) No</p> <p>Is there potential, for or evidence that, the proposed decision/document will affect different protected groups/characteristics differently (including possibly discriminating</p>

	against certain groups/protected characteristics)? (Y/N) No
<b>Legal implications / regulatory requirements</b>	No
<b>Actions required by the Board</b>  The Board is asked to Note the report.	

## Trust Board

Thursday 28 July 2016

### Workforce Performance Report

#### 1. Introduction

This report identifies the key themes emerging from June 2016 performance and identifies trends against Trust targets. It also sets out current key workforce updates.

#### 2. Workforce Report

##### 2.1 Capacity

Substantive Workforce Capacity increased slightly by 1.23 FTE in June 2016 to 4280.72 FTE. The Trust's substantive workforce is at 90.16% of the Budgeted Workforce Establishment of 4747.72 FTE.

Annual Trust turnover decreased by a further 0.17 to 9.97% in June which is above the Trust target of 8%. Turnover within Nursing & Midwifery decreased by 0.12% to 9.80%; the Nursing & Midwifery figures are inclusive of all nursing and midwifery staff employed in various roles across the Trust. Turnover also decreased in Additional Professional Scientific & Technical, Admin & Clerical, Allied Health Professionals and Healthcare Scientists. Additional Clinical Services, Estates and Ancillary and Medical & dental turnover increased.

Medical Division: turnover decreased by just 0.09% to 10.51%

Surgical Division: turnover decreased by 0.43% to 8.19%

Women, Children & Oncology Division: turnover increased by 0.46% to 10.44%

Clinical Support Services Division: turnover decreased by 0.59% to 8.51%

Support Services: turnover decreased by 0.34% to 12.37%

The vacancy rates for both Additional Clinical Services and Healthcare Scientists staff groups increased in June. All other staff groups had a decrease in vacancy rates with the biggest decrease coming in the Estates & Ancillary staff group which fell from 20.29% to 18.58%. The Registered Nursing & Midwifery vacancy rate decreased slightly from 11.43% to 11.24%.

In month sickness absence increased by 0.30% to 4.26% which is above the Trust target of 3.8%. Only the W&C Division was below the trust target. In total 7 directorate level organisations were below the trust target rate.

## **2.2 Capability**

### **Appraisals, Mandatory Training and Role Specific Essential Training**

The current rate of Appraisals recorded for June 2016 is 83.57%; this is an increase of 0.56 from last month's figure of 83.01%.

Mandatory Training compliance increased further in June from 85.91% to 86.25% which maintains the position above the Trust target of 85%.

Role Specific Essential Training compliance increased in June to 76.14% from last month's figure of 75.18%.

The target compliance rates for Appraisals, Mandatory, and Role Specific Training have all been set at 85%, which should have been achieved by March 2015; this was not done but work continues to achieve this level of compliance.

### **Policies**

During June 2016, minor amendments and additions were made to the following Trust Policies:

- Maternity, Adoption, Paternity & Shared Parental Leave Procedure
- Special Leave Policy
- Flexible Working Policy
- Internal Secondment Policy

### **Assessment of Risk**

Managing workforce risk is a key part of the Trust's governance arrangements.

### **Recommendations/Resolutions Required**

The Board is asked to note the report.

### **Next Steps**

Key workforce performance indicators are subject to regular monitoring and appropriate action is taken as required.

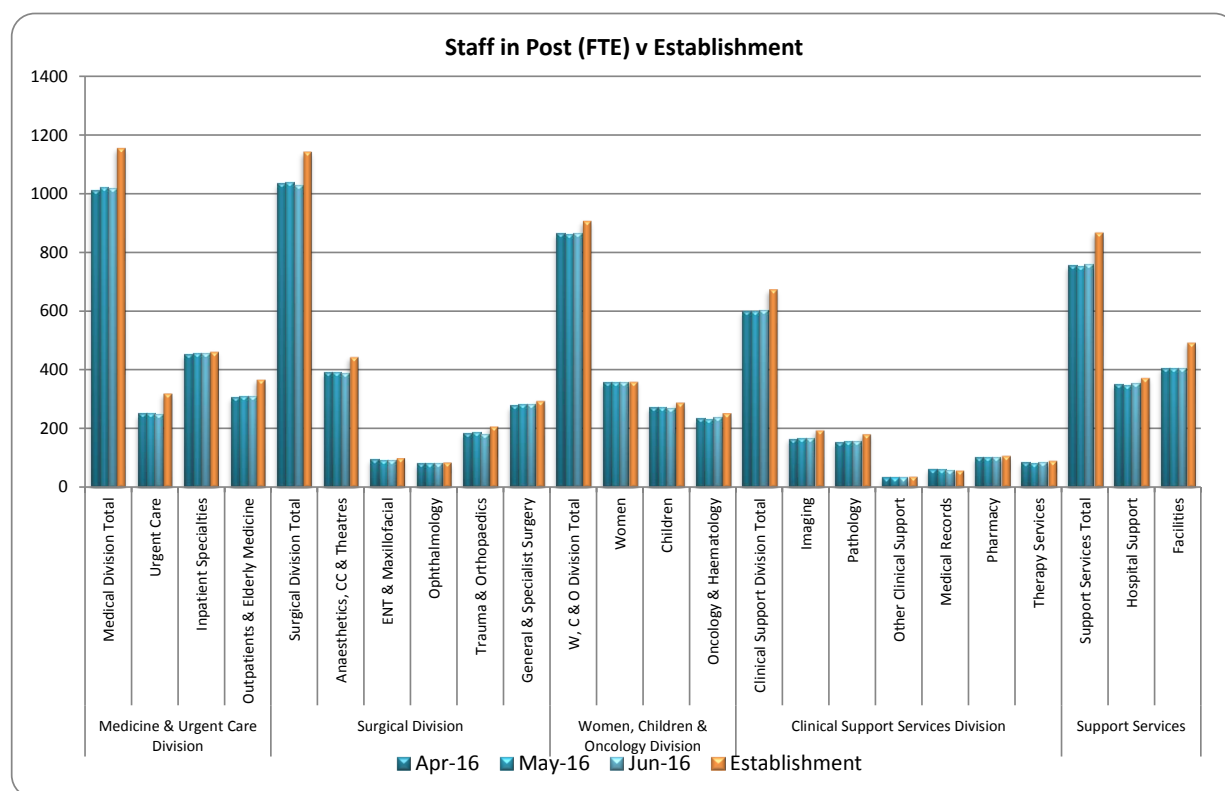
# Trust Board: Capacity and Capability Report - June 2016

CAPACITY
Staff in Post

Establishment RAG Rates:	< 88%	88-93%	> 93%
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Enclosure J

Staff in Post (FTE)		Apr-16		May-16		Jun-16	Establishment	
Medicine & Urgent Care Division	Medical Division Total	1011.88	↑	1022.88	↓	1019.07	1154.81	88.25%
	Urgent Care	250.81	↑	252.64	↓	249.56	320.67	77.82%
	Inpatient Specialties	452.84	↑	457.86	↓	456.66	463.19	98.59%
	Outpatients & Elderly Medicine	307.23	↑	311.88	↓	311.85	367.95	84.75%
Surgical Division	Surgical Division Total	1037.82	↑	1038.82	↓	1031.27	1142.21	90.29%
	Anaesthetics, CC & Theatres	391.83	↓	391.03	↓	390.28	444.61	87.78%
	ENT & Maxillofacial	94.72	↓	93.24	↓	91.25	101.28	90.10%
	Ophthalmology	83.17	↓	81.17	↑	82.45	85.78	96.12%
	Trauma & Orthopaedics	185.35	↑	186.32	↓	180.43	209.01	86.33%
	General & Specialist Surgery	277.95	↑	282.27	↓	282.05	295.73	95.37%
Women, Children & Oncology Division	W, C & O Division Total	866.35	↓	863.34	↑	866.64	907.76	95.47%
	Women	357.52	↓	357.03	↑	357.92	361.03	99.14%
	Children	273.04	↓	271.89	↓	270.89	289.97	93.42%
	Oncology & Haematology	233.93	↓	232.57	↑	236.97	253.91	93.33%
Clinical Support Services Division	Clinical Support Division Total	599.36	↑	600.95	↑	604.03	674.82	89.51%
	Imaging	165.18	↑	167.67	↑	167.75	195.77	85.69%
	Pathology	153.25	↑	156.25	↑	156.25	182.64	85.55%
	Other Clinical Support	33.05		33.20	↑	33.20	37.93	87.53%
	Medical Records	61.84	↓	60.37	↓	59.37	58.33	101.78%
	Pharmacy	101.40	↑	101.73	↑	102.73	108.81	94.41%
	Therapy Services	84.65	↓	81.73	↑	84.73	91.34	92.76%
Support Services	Support Services Total	755.39	↓	753.50	↑	759.72	868.12	87.51%
	Hospital Support	350.14	↓	348.99	↑	353.94	374.41	94.53%
	Facilities	405.26	↓	404.51	↑	405.78	493.71	82.19%
Trust Total		4270.80	↑	4279.49	↑	4280.72	4747.72	90.16%



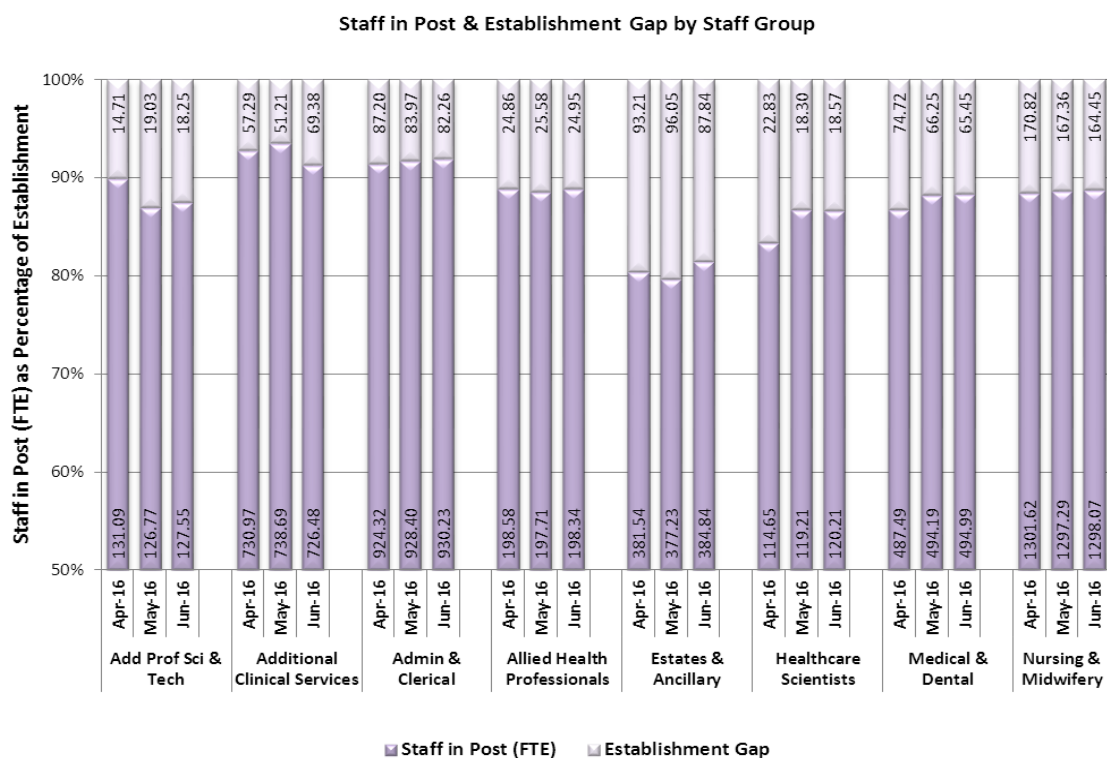
## Trust Board: Capacity and Capability Report - June 2016

CAPACITY
Staff Group (FTE v Est)

Vacancy RAG Rates:	> 12%	7 - 12%	< 7%
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Staff Group Vacancy Rate (Contracted FTE v Establishment)

Staff Group	Apr-16	May-16	Jun-16
Add Prof Sci & Tech	10.09%	13.05%	12.51%
Additional Clinical Services	7.27%	6.48%	8.72%
Admin & Clerical	8.62%	8.29%	8.12%
Allied Health Professionals	11.13%	11.46%	11.17%
Estates & Ancillary	19.63%	20.29%	18.58%
Healthcare Scientists	16.61%	13.31%	13.38%
Medical & Dental	13.29%	11.82%	11.68%
Nursing & Midwifery	11.60%	11.43%	11.24%



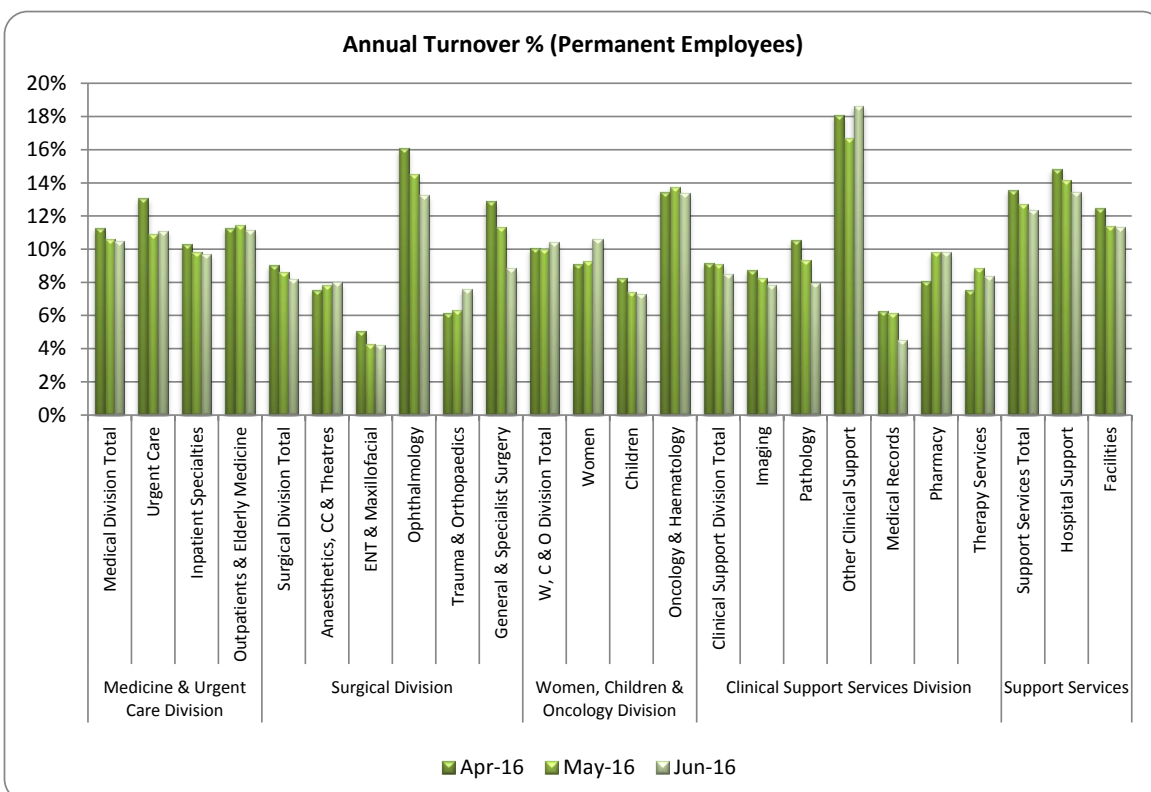
## Trust Board: Capacity and Capability Report - June 2016

CAPACITY
Annual Turnover

Figures refer to the year ending in the month stated

Turnover RAG Rates:		
> 10%	8 - 10%	< 8%

Annual Turnover (Permanent Staff)		Apr-16		May-16		Jun-16
Medicine & Urgent Care Division	Medical Division Total	11.26%	↘	10.60%	↘	10.51%
	Urgent Care	13.06%	↘	10.93%	↗	11.09%
	Inpatient Specialties	10.27%	↘	9.79%	↘	9.71%
	Outpatients & Elderly Medicine	11.30%	↗	11.46%	↘	11.16%
Surgical Division	Surgical Division Total	9.06%	↘	8.62%	↘	8.19%
	Anaesthetics, CC & Theatres	7.54%	↗	7.82%	↗	8.01%
	ENT & Maxillofacial	5.08%	↘	4.24%	↘	4.22%
	Ophthalmology	16.07%	↘	14.53%	↘	13.25%
	Trauma & Orthopaedics	6.16%	↗	6.33%	↗	7.57%
	General & Specialist Surgery	12.87%	↘	11.34%	↘	8.88%
Women, Children & Oncology Division	W, C & O Division Total	10.08%	↘	9.98%	↗	10.44%
	Women	9.07%	↗	9.28%	↗	10.61%
	Children	8.24%	↘	7.42%	↘	7.30%
	Oncology & Haematology	13.47%	↗	13.72%	↘	13.38%
Clinical Support Services Division	Clinical Support Division Total	9.18%	↘	9.10%	↘	8.51%
	Imaging	8.72%	↘	8.25%	↘	7.82%
	Pathology	10.52%	↘	9.30%	↘	7.93%
	Other Clinical Support	18.07%		16.68%	↗	18.64%
	Medical Records	6.23%	↘	6.12%	↘	4.51%
	Pharmacy	8.05%	↗	9.79%	↗	9.84%
	Therapy Services	7.55%	↗	8.86%	↘	8.35%
Support Services	Support Services Total	13.56%	↘	12.71%	↘	12.37%
	Hospital Support	14.82%	↘	14.18%	↘	13.47%
	Facilities	12.46%	↘	11.39%	↘	11.34%
Trust Total		10.58%	↘	10.14%	↘	9.97%



## Trust Board: Capacity and Capability Report - June 2016

### CAPACITY Turnover by Staff Group

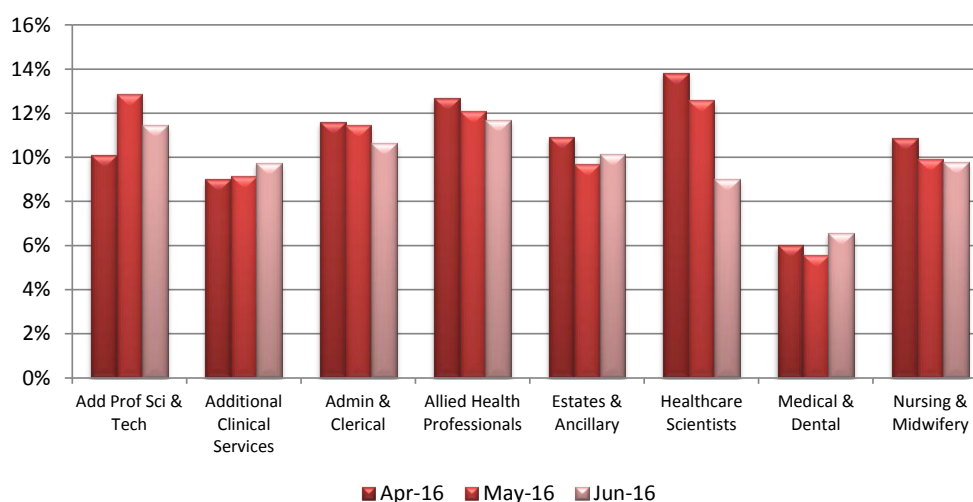
Turnover RAG Rates:		
> 10%	8 - 10%	< 8%

#### Annual Turnover Rate for Permanent Staff

Figures refer to the year ending in the month stated

Staff Group	Apr-16		May-16		Jun-16
Add Prof Sci & Tech	10.10%	↗	12.86%	↘	11.47%
Additional Clinical Services	8.99%	↗	9.13%	↗	9.73%
Admin & Clerical	11.58%	↘	11.45%	↘	10.63%
Allied Health Professionals	12.66%	↘	12.09%	↘	11.67%
Estates & Ancillary	10.93%	↘	9.70%	↗	10.13%
Healthcare Scientists	13.82%	↘	12.59%	↘	9.03%
Medical & Dental	6.02%	↘	5.57%	↗	6.55%
Nursing & Midwifery	10.87%	↘	9.92%	↘	9.80%

Annual Turnover % (Permanent Staff) by Staff Group



**Capacity:** Substantive Workforce Capacity increased slightly by 1.23 FTE in June 2016 to 4280.72 FTE. The Trust's substantive workforce is at 90.16% of the Budgeted Workforce Establishment of 4747.72 FTE.

**Staff Turnover:** Annual Trust turnover decreased by a further 0.17 to 9.97% in June which is above the Trust target of 8%. Turnover within Nursing & Midwifery decreased by 0.12% to 9.80%; the Nursing & Midwifery figures are inclusive of all nursing and midwifery staff employed in various roles across the Trust. Turnover also decreased in Additional Professional Scientific & Technical, Admin & Clerical, Allied Health Professionals and Healthcare Scientists. Additional Clinical Services, Estates and Ancillary and Medical & dental turnover increased.

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**Staff Vacancies:** The vacancy rates for both Additional Clinical Services and Healthcare Scientists staff group increased in June. All other staff groups had a decrease in vacancy rates with the biggest decrease coming in the Estates & Ancillary staff group which fell from 20.29% to 18.58%. The Registered Nursing & Midwifery vacancy rate decreased slightly from 11.43% to 11.24%.

**Sickness Absence:** In month sickness absence increased by 0.30% to 4.26% which is above the Trust target of 3.8%. Only the W&C Division was below the trust target. In total 7 directorate level organisations were below the trust target rate.

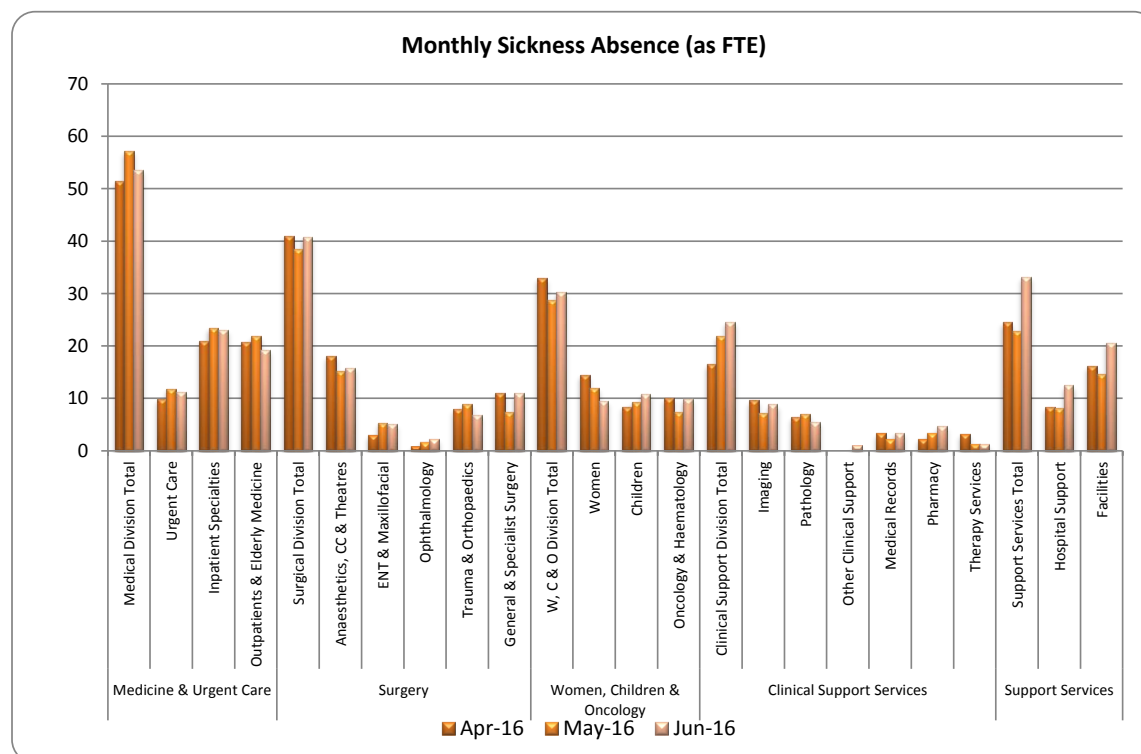


# Trust Board: Capacity and Capability Report - June 2016

CAPACITY
In-Month Sickness

Sickness % RAG Rates:		
> 4.2%	3.8-4.2%	< 3.8%

Monthly Sickness (as FTE)		Apr-16	May-16	Jun-16	Jun-16	Short Term	Long Term
Medicine & Urgent Care	Medical Division Total	51.40	57.18	53.60	5.26%	2.90%	2.35%
	Urgent Care	9.81	11.75	11.26	4.51%	2.19%	2.32%
	Inpatient Specialties	20.88	23.49	23.11	5.06%	3.36%	1.70%
	Outpatients & Elderly Medicine	20.77	21.93	19.24	6.17%	2.83%	3.35%
Surgery	Surgical Division Total	40.99	38.54	40.84	3.96%	1.99%	1.97%
	Anaesthetics, CC & Theatres	18.02	15.25	15.77	4.04%	2.19%	1.85%
	ENT & Maxillofacial	2.98	5.35	5.09	5.58%	2.69%	2.89%
	Ophthalmology	0.88	1.69	2.26	2.74%	1.35%	1.40%
	Trauma & Orthopaedics	8.01	8.85	6.86	3.80%	1.35%	2.45%
	General & Specialist Surgery	11.06	7.37	10.89	3.86%	2.14%	1.72%
Women, Children & Oncology	W, C & O Division Total	32.92	28.75	30.25	3.49%	2.10%	1.39%
	Women	14.44	12.03	9.56	2.67%	2.28%	0.39%
	Children	8.44	9.27	10.78	3.98%	1.96%	2.02%
	Oncology & Haematology	10.04	7.44	9.91	4.18%	2.01%	2.18%
Clinical Support Services	Clinical Support Division Total	16.54	21.93	24.52	4.06%	1.92%	2.14%
	Imaging	9.56	7.23	8.82	5.26%	2.47%	2.79%
	Pathology	6.41	7.05	5.42	3.47%	1.61%	1.86%
	Other Clinical Support	0.00	0.00	1.00	3.01%	0.00%	3.01%
	Medical Records	3.30	2.24	3.40	5.73%	2.71%	3.02%
	Pharmacy	2.25	3.34	4.65	4.53%	2.58%	1.95%
	Therapy Services	3.18	1.32	1.22	1.44%	0.80%	0.64%
Support Services	Support Services Total	24.55	22.91	33.12	4.36%	2.85%	1.51%
	Hospital Support	8.33	8.20	12.42	3.51%	1.91%	1.61%
	Facilities	16.21	14.68	20.65	5.09%	3.67%	1.42%
Trust Total	As FTE	175.53	169.47	182.36			
	As percentage	4.11%	3.96%		4.26%	2.37%	1.89%



# Trust Board: Capacity and Capability Report - June 2016

CAPABILITY
Training & Appraisal Rates

Training & Appraisal RAG Rates:		
< 80%	80 - 84.9%	> 85%

Mandatory Training Compliance Rate	Directorate	Apr-16		May-16		Jun-16
Medicine & Urgent Care Division	Medical Division Total	81.30%	↑	82.35%	↓	82.04%
	Urgent Care	82.52%	↑	83.87%	↓	83.81%
	Inpatient Specialties	78.55%	↑	79.78%	↓	78.75%
	Outpatients & Elderly Medicine	84.27%	↑	84.82%	↑	85.28%
Surgical Division	Surgical Division Total	85.78%	↑	86.23%	↑	86.93%
	Anaesthetics, CC & Theatres	85.59%	↓	85.34%	↓	85.33%
	ENT & Maxillofacial	79.00%	↑	81.28%	↑	84.80%
	Ophthalmology	90.59%	↑	92.59%	↓	91.09%
	Trauma & Orthopaedics	85.02%	↑	86.69%	↓	86.63%
	General & Specialist Surgery	87.23%	↓	86.88%	↑	88.79%
Women, Children & Oncology Division	W, C & O Division Total	86.11%	↑	87.49%	↑	87.74%
	Women	84.49%	↑	85.90%	↓	85.41%
	Children	88.92%	↑	89.74%	↑	90.44%
	Oncology & Haematology	84.57%	↑	87.25%	↑	88.18%
Clinical Support Services Division	Clinical Support Division Total	88.91%	↑	89.78%	↓	89.34%
	Imaging	89.13%	↓	88.83%	↓	88.17%
	Pathology	84.12%	↑	86.38%	↑	87.27%
	Other Clinical Support	92.06%	↑	92.06%	↓	88.36%
	Medical Records	89.47%	↓	82.84%	↑	92.59%
	Pharmacy	94.11%	↓	93.10%	↑	93.35%
	Therapy Services	88.77%	↑	90.32%	↓	88.31%
Support Services	Support Services Total	85.04%	↑	85.23%	↑	86.57%
	Hospital Support	83.68%	↑	84.29%	↑	85.89%
	Facilities	86.07%	↓	85.95%	↑	87.10%
Trust Total		85.13%	↑	85.91%	↑	86.25%

## Trust Board: Capacity and Capability Report - June 2016

CAPABILITY
Training & Appraisal Rates

Training & Appraisal RAG Rates:		
< 80%	80 - 84.9%	> 85%

Role Specific Training Compliance Rate	Directorate	Apr-16		May-16		Jun-16
Medicine & Urgent Care Division	Medical Division Total	70.42%	↑	72.31%	↑	73.27%
	Urgent Care	73.38%	↑	75.99%	↑	77.16%
	Inpatient Specialties	66.18%	↑	67.83%	↑	68.71%
	Outpatients & Elderly Medicine	73.70%	↑	75.32%	↑	76.22%
Surgical Division	Surgical Division Total	71.80%	↑	73.64%	↑	75.40%
	Anaesthetics, CC & Theatres	73.82%	↑	74.62%	↓	74.36%
	ENT & Maxillofacial	61.50%	↑	65.06%	↑	66.40%
	Ophthalmology	69.28%	↑	70.92%	↑	76.95%
	Trauma & Orthopaedics	71.55%	↑	77.52%	↑	79.51%
	General & Specialist Surgery	72.51%	↓	72.39%	↑	76.16%
Women, Children & Oncology Division	W, C & O Division Total	76.83%	↑	78.00%	↑	78.69%
	Women	73.26%	↑	73.59%	↓	73.58%
	Children	81.87%	↑	84.39%	↑	85.61%
	Oncology & Haematology	77.83%	↑	79.31%	↑	80.97%
Clinical Support Services Division	Clinical Support Division Total	84.60%	↓	84.34%	↓	83.54%
	Imaging	82.74%	↓	81.20%	↑	81.31%
	Pathology	77.89%	↓	77.41%	↑	77.88%
	Other Clinical Support	79.27%	↑	83.57%	↓	81.43%
	Medical Records	92.21%	↑	93.42%	↓	93.33%
	Pharmacy	89.83%	↓	87.54%	↑	87.71%
	Therapy Services	87.93%	↑	89.08%	↓	86.45%
Support Services	Support Services Total	69.40%	↑	69.86%	↑	70.49%
	Hospital Support	69.09%	↑	69.99%	↑	70.67%
	Facilities	69.82%	↓	69.72%	↑	70.27%
Trust Total		73.70%	↑	75.18%	↑	76.14%

### Capability

#### Appraisals

The current rate of Appraisals recorded for June 2016 is 83.57%; this is an increase of 0.56 from last months figure of 83.01%.

#### Mandatory Training and Role Specific Essential Training

Mandatory Training compliance increased further in June from 85.91% to 86.25% which maintains the position above the Trust target of 85%.

Role Specific Essential Training compliance increased in June to 76.14% from last months figure of 75.18%.

The target compliance rates for Appraisals, Mandatory, and Role Specific Training have all been set at 85%, which should have been achieved by March 2015; this was not done but work continues to achieve this level of compliance.

# Trust Board: Capacity and Capability Report - June 2016

CAPABILITY
Training & Appraisal Rates

Training & Appraisal RAG Rates:		
< 80%	80 - 84.9%	> 85%

Appraisal Compliance Rate	Directorate	Apr-16		May-16		Jun-16
Medicine & Urgent Care Division	Medical Division Total	76.65%	↓	74.36%	↑	76.16%
	Urgent Care	82.87%	↓	80.31%	↓	80.08%
	Inpatient Specialties	71.93%	↓	71.07%	↑	73.23%
	Outpatients & Elderly Medicine	77.92%	↓	73.99%	↑	76.92%
Surgical Division	Surgical Division Total	91.16%	↑	91.23%	↓	90.84%
	Anaesthetics, CC & Theatres	89.89%	↓	89.32%	↑	90.41%
	ENT & Maxillofacial	85.90%	↑	89.61%	↓	89.47%
	Ophthalmology	96.00%	↓	93.15%	↓	89.19%
	Trauma & Orthopaedics	93.22%	↑	93.75%	↓	90.06%
	General & Specialist Surgery	91.92%	↑	92.37%	↑	93.44%
Women, Children & Oncology Division	W, C & O Division Total	84.81%	↑	87.51%	↑	89.28%
	Women	82.59%	↑	85.54%	↑	88.00%
	Children	89.74%	↑	90.07%	↑	91.48%
	Oncology & Haematology	83.19%	↑	88.24%	↑	89.26%
Clinical Support Services Division	Clinical Support Division Total	84.96%	↓	84.29%	↓	82.83%
	Imaging	78.74%	↓	76.88%	↑	78.03%
	Pathology	88.82%	↓	87.20%	↓	85.89%
	Other Clinical Support	82.50%	↑	85.00%	↓	77.50%
	Medical Records	87.01%	↓	85.53%	↑	90.67%
	Pharmacy	93.16%	↓	92.24%	↓	88.03%
	Therapy Services	79.17%	↑	81.72%	↓	76.04%
Support Services	Support Services Total	76.28%	↑	78.04%	↑	78.52%
	Hospital Support	66.05%	↑	68.62%	↓	68.52%
	Facilities	83.93%	↑	85.09%	↑	86.06%
Trust Total		82.71%	↑	83.01%	↑	83.57%

<b>Report To</b>	<b>PUBLIC TRUST BOARD</b>
<b>Date of Meeting</b>	<b>28 July 2016</b>

<b>Title of the Report</b>	<b>Clinical Collaboration Update</b>
<b>Agenda item</b>	<b>15</b>
<b>Presenter of Report</b>	Chris Pallot, Director of Strategy & Partnerships
<b>Author(s) of Report</b>	Chris Pallot, Director of Strategy & Partnerships
<b>Purpose</b>	To provide and update on the clinical collaboration programme with Kettering General Hospital NHS Foundation Trust
<b>Executive summary</b>	
The purpose of this paper is to brief the Board on the current position of the Clinical Collaboration Programme	
<b>Related strategic aim and corporate objective</b>	
<b>Risk and assurance</b>	No
<b>Related Board Assurance Framework entries</b>	2.2
<b>Equality Analysis</b>	Is there potential for, or evidence that, the proposed decision/document will not promote equality of opportunity for all or promote good relations between different groups? (N)  Is there potential, for or evidence that, the proposed decision/document will affect different protected groups/characteristics differently (including possibly discriminating against certain groups/protected characteristics)? (N)
<b>Equality Impact Assessment</b>	Is there potential for, or evidence that, the proposed decision/policy will not promote equality of opportunity for all or promote good relations between different groups? (N)

	Is there potential for or evidence that the proposed decision/policy will affect different population groups differently (including possibly discriminating against certain groups)?(N)
<b>Legal implications / regulatory requirements</b>	Are there any legal/regulatory implications of the paper: Yes – the development of the Federation with KGH
<b>Actions required by the Trust Board</b>  The Board is asked to note the update.	

**Public Trust Board  
28 July 2016**

**Clinical Collaboration with Kettering General Hospital NHS Foundation Trust**

**Progress Update**

**1. Introduction**

This paper provides a summary of progress to date with the delivery of the Clinical Collaboration Programme.

This paper is the same as will be presented to the Clinical Collaboration Board (CSB).

**2. Sustainability and Transformation Plan**

The countywide STP was submitted to NHS England on-time with a confirm and challenge meeting taking place with Simon Stevens and Jim Mackay on Monday 18th July. Formal feedback will follow but the overarching message appears to be the need to rapidly work-up an implementation plan for every aspect of the plan to ensure delivery.

A key consideration for the acute trusts (and indeed all partners) will be the level of resource available to deliver against the plan both in terms of finance and personnel. NGH has outlined the managerial resource that it already has deployed from the Strategy and Partnerships Directorate which is sufficient to support three of the ten specialities under review.

Also to be considered will be whether or not there is resource to support some of the clinical change from a capital perspective. It has been made clear that there is little or no additional finance available in 2016/17 but nevertheless some changes will require support. An example would be the potential to transform pathology that is predicated on procuring identical reporting systems to enable cross-site working and consolidation. Discussions will be ongoing in this regard.

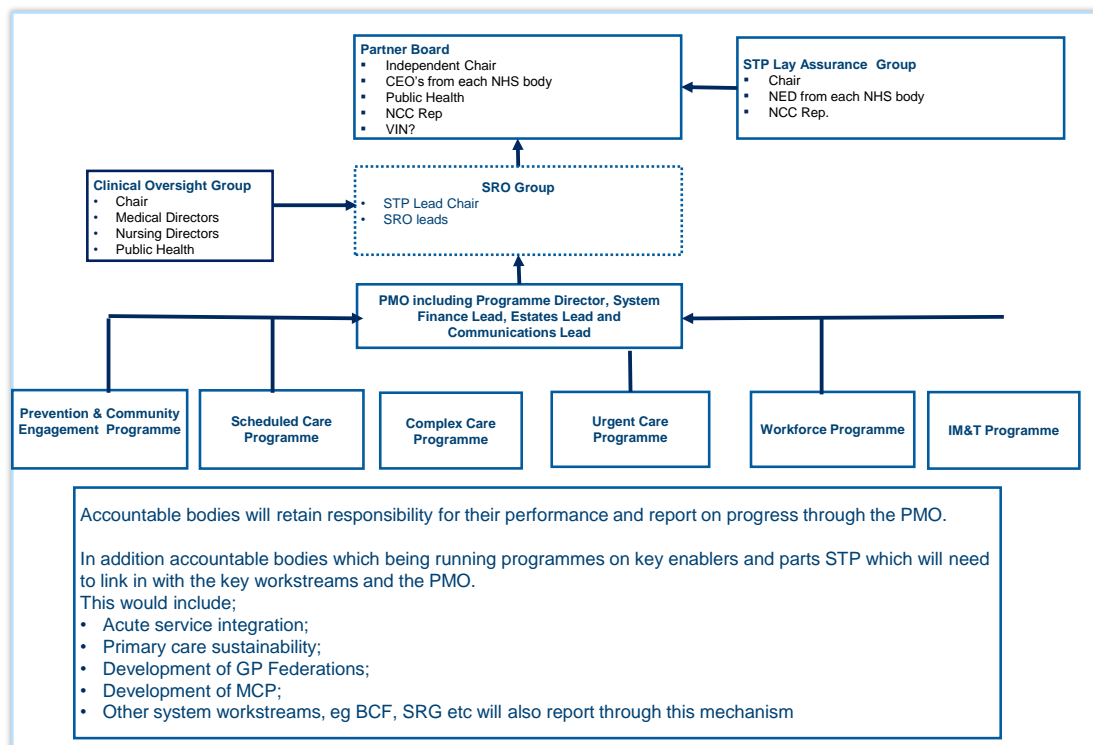
The programme management structure will also need to change with the proposed structure for delivering the STP illustrated below. This will require a programme management approach to system-wide delivery as opposed to focussing on organisational level projects.

This means that the bulk of the current clinical collaboration programme will fall under the scheduled care workstream as this is predominantly addressing elective and diagnostic care.

Also falling under this work-stream will be "integrated outpatients" which is concerned with moving a large proportion of appointments into community setting, supported by GPs, nurses and other healthcare professionals.

This will inevitably mean that the function of the CSB will change. There will still be a requirement for a group that oversees the work with KGH but a system-wide forum will be needed to deliver the overarching programme of work. A CSB will take place on Thursday 21 July (after this paper is submitted) to propose how this develops in-line with the overall programme.

## Proposed Structure for Delivering the STP



### 3. Clinical Collaboration Update

#### 3.1 Summary of Progress

Progress is ongoing with the three key specialties; Dermatology, Rheumatology and Orthopaedics. Other specialties are progressing at a different pace pending additional dedicated project management resource to support these.

The clinical collaboration working groups have included representatives from Northamptonshire Healthcare Foundation Trust (NHFT) and GP providers to ensure pathways are integrated across both acute and community providers.

The McKinsey packs are being reviewed and finalised with each speciality to agree the next steps for development and implementation.

The Clinical Collaboration Operational Delivery group continues to meet monthly and membership has been extended to include representatives from Finance, IT, Communications and Human Resources.

Sub groups have been set up across specialities for IT and the triage referral process to develop common pathways for the referral triage hubs and identify any potential back office collaboration.



### 3.2 Headlines for Rheumatology, Dermatology and Orthopaedic workgroups

#### 3.2.1 Rheumatology

- Clinical workshop including KGH, NGH and NHFT carried out at which each of the 5 consultants led a discussion to confirm each of the clinical pathways across the new service
- Next steps following the workshop confirmed with the teams and an implementation plan finalised. The aim is to start the Northamptonshire Rheumatology triage service from the 3<sup>rd</sup> October 2016
- Business proposal to be reviewed and updated by mid-September 2016 to support 17/18 commissioning plans
- Workforce development; recruitment of 2 Rheumatology consultants confirmed and proceeding with joint job adverts. Next steps to complete workforce modelling for specialist nurses and extended scope practitioners

#### 3.2.2 Dermatology

- Business proposal being progressed and to be finalised to include completed activity, finance and workforce modelling by the end of July 16
- Activity and finance modelling set to test the STP outpatient assumptions for reduced tariffs for GP and nurse led community clinics
- Collaboration meeting confirmed revised model which does not include a central referral triage. Community GP referrals will go directly to the newly established community GP clinics
- Clinical governance programme for developing and supporting GPs being progressed
- Referral and IT pathways being agreed
- Progress being made to standardise current practice and pathways across the two trusts
- Ongoing continued engagement by GPs with a special interest in Dermatology and those providing existing community Dermatology services

#### 3.2.3 Elective Orthopaedics

- Workshop took place with KGH, NGH, NHFT and commissioners. Agreement was reached to update the business proposal by mid-September 2016 to include all community MSK activity
- It was agreed to explore options to develop the existing NHFT MSK hubs into integrated MSK hubs to include elective orthopaedic referrals as well as community physiotherapy MSK referrals
- Pathway groups established to standardise pathways across sub-specialties to incorporate M&M and MDT meetings. These are to be completed by the next workshop to be held at the end of September
- Standardised admin pathways to be agreed and completed by the next workshop at the end of September

#### 4. Risks, Issues and Mitigations

The high level risks and mitigations for each of these three specialities are broadly similar. A detailed risk log is being developed for each specialty. In summary the risks include;

- Risk to implementation due to unavailability of specialist workforce e.g. GPwSI and specialist nurses. Training programmes to be developed as part of the implementation plans

- Risk to delivery due to different contractual mechanism for existing or newly formed community and acute services. Single contracts for the integrated services to be negotiated
- Consistent countywide reporting and appointment management will be mitigated by the MIG in the long term. However there is a risk to implementation dates if an interim solution cannot be identified. IT teams are working with the collaboration projects to agree interim solutions to ensure referral hubs can be established and activity and finance data shared

## **5. Progress against other specialties**

### **5.1 Cardiology**

- County wide meeting between KGH and NGH Cardiology teams set up for the 5<sup>th</sup> August. External facilitator to facilitate the session

### **5.2 Pathology**

- In order to achieve the requirement set out in the NHSI letter dated 28<sup>th</sup> June 2016 for back office and Pathology reconfiguration, a joint meeting has been set up for the 19<sup>th</sup> July between the two Pathology teams. The aim of the session is to agree and develop an implementation plan for an integrated Pathology service across the county

### **5.3 Ophthalmology, Radiology, ENT, Gynae, Urology**

- The clinical teams are currently reviewing the McKinsey packs to agree final assumptions and next steps

## **6. Development of the Federation**

On 6 July 2016 the two Directors of Strategy from KGH and NGH met with our legal advisors to develop the formal arrangements for the federation between the two hospitals.

This legally binding agreement will enable the organisations formalise a structure whereby services that are developed on the single service principle will be managed jointly. It will be underpinned by a single governance and financial framework. The important point is that this agreement is seen as over-arching document that facilitates development of the services within collaboration.

Each service could have a different model, and different partners working to deliver it. The important point being that the agreement is flexible to ensure that as services are redesigned, delivery of the new model is not constrained by ongoing discussions about the relationship between the partners because this is covered in the over-arching Memorandum of Understanding.

## **7. Conclusion**

Some important foundations have been established as part of this programme, which provides both organisations with the opportunity to progress implementation with pace.

Next steps:

- Finalise the resource requirement for the programme to enable the remaining specialties to commence work
- Finalise the Federation document for approval by both Boards
- Review the governance arrangement for the programme taking into account its alignment with the STP.

## **8. Recommendation**

The Board is asked to note this update.



<b>Report To</b>	<b>PUBLIC TRUST BOARD</b>
<b>Date of Meeting</b>	<b>28 July 2016</b>

<b>Title of the Report</b>	<b>Annual Fire Safety Report 2015/16 including the Annual Statement of Fire Safety Compliance</b>
<b>Agenda item</b>	<b>16</b>
<b>Presenter of Report</b>	Charles Abolins, Director of Facilities and Capital Development
<b>Author(s) of Report</b>	Stuart Finn, Head of Estates and Deputy Director of Facilities David Waddoups, Fire Safety Advisor
<b>Purpose</b>	For assurance
<b>Executive summary</b>  The report highlights Fire Safety statistics during the past 12 months and provides assurance regarding progress, investment and measures taken during the year to improve Fire Safety resilience within the Trust	
<b>Related strategic aim and corporate objective</b>	<ul style="list-style-type: none"> <li>To be a provider of quality care for all patients</li> <li>Provide appropriate care for our patients in the most effective way</li> </ul>
<b>Risk and assurance</b>	The report highlights areas of risk and proposes measures to mitigate those risks
<b>Related Board Assurance Framework entries</b>	BAF 5 Failure of the Estate infrastructure
<b>Equality Analysis</b>	Is there potential for, or evidence that, the proposed decision/document will not promote equality of opportunity for all or promote good relations between different groups? No  Is there potential, for or evidence that, the proposed decision/document will affect different protected groups/characteristics differently (including possibly discriminating against certain groups/protected characteristics)? No
<b>Equality Impact Assessment</b>	Is there potential for, or evidence that, the proposed decision/

	<p>policy will not promote equality of opportunity for all or promote good relations between different groups? No</p> <p>Is there potential for or evidence that the proposed decision/policy will affect different population groups differently (including possibly discriminating against certain groups)? No</p>
<b>Legal implications / regulatory requirements</b>	<p>Compliance with the Regulatory Reform (Fire Safety) Order 2005 and compliance with the Department of Health Fire Safety Policy contained within HTM 05-01</p>
<p><b>Actions required by the Trust Board</b></p> <p>The Board is asked to note the actions taken to improve Fire Safety within the Trust during the past 12 months, the Annual Statement of Fire Safety Compliance and to support the ongoing investment and actions to mitigate risks related to Fire Safety on Trust premises.</p>	







**ANNUAL FIRE SAFETY REPORT**

**APRIL 2015 to MARCH 2016**

David A Waddoups  
Fire Safety Adviser  
Northampton General Hospital

## **1.0 Introduction**

This report has been produced to provide the Trust Board with an overview of the current position of fire safety and to provide assurance that the Trust is meeting its statutory responsibilities.

## **2.0 Governance and Assurance**

All fire safety arrangements within the Trust are modelled on the recommendations made by the Department of Health's Firecode fire safety guidance documents. These are referenced and supported within the Trust's Fire Safety Policy.

The Department of Health announced in 2013, that they no longer require an Annual Certificate of Fire Safety Compliance but Trusts should implement a similar local certificate – see appendix 1 for the Trust's local annual certificate of compliance.

To provide assurance to enforcing bodies that the Trust is complying with its statutory obligations and has a plan of action for dealing with gaps in compliance an independent review of fire safety compliance was completed in 2014. The resulting action plan is being monitored through Fire Committee.

Northamptonshire Fire and Rescue Service completed an audit during 2014 which resulted in a letter to the Trust confirming that all previous actions had been addressed and the Trust's fire management arrangements were satisfactory. There have been no further inspections since.

Following a Fire Committee recommendation and discussions with Governance all fire risk assessments were put on Datix by the Fire Safety Adviser. Since this was completed it has become apparent that this was not the correct way forward and they are now to be removed.

Generic site wide fire related risks have been entered separately onto Datix, these include fire resisting doors, fire dampers, emergency lighting, compartmentation and cavity barriers in Oxford construction.

## **3.0 Fire Risk Assessments**

During 2015/16 new fire risk assessments continued to be completed for all areas owned or occupied by the Trust, in addition to reviewing the existing assessments. There are four main areas identified in these risk assessments that impact on the ability of the Trust to provide a safe environment for patients, visitors and staff.

These are; Buildings/structural, Fire alarm, Vertical evacuation and Staff training.

Findings from these assessments have been used to prioritise fire safety works within the rolling annual capital programme. These works, once completed, will reduce or eliminate the risk but ongoing investment is required to maintain risks at an acceptable level which in turn also demonstrates to the enforcing body that the Trust is satisfactorily managing its fire risk.

### **3.1 Buildings/Structural**

Hospitals are designed and constructed to allow patients to remain inside, within fire safety compartments, should a fire occur in another part of the building. This requires them to be constructed using high levels of fire resistance to divide the building into designated compartments.

The Trust occupies many buildings dating from 1793, some of which have been built using construction methods that no longer satisfy current standards, for example the "Oxford Method". The affected buildings using "Oxford" were built in the late 1970s and currently house: Pharmacy, Main Theatres, A&E, Radiology, ITU/HDU, Benham Ward, Eleanor Ward and surrounding corridors, Talbot Butler Ward and Sturtridge Ward. This construction method relied on the fire integrity of a suspended asbestos ceiling to provide fire resistance to the floor above and the steel frame of the building. The void created by the suspended ceiling was not provided with cavity barriers, allowing a very large uncomparted area through which fire, smoke and heat could spread unchecked.

The Trust has carried out remedial work, on a phased basis, by installing cavity barriers in the voids during capital upgrading works. Asbestos ceiling tiles require specialist removal that would require lengthy closure of areas during the work, it is therefore operationally impractical to check the extent to which further fire compartmentation is required however it is considered that the areas still requiring work include: Benham Ward, Eleanor Ward, parts of ITU/HDU, parts of Radiology and part of Main Theatres.

The risk has been mitigated by the installation of an automatic fire suppression system throughout the basement and other high-risk areas such as kitchens, stores and medical records, an automatic fire detection system, staff training, emergency plans and an on-site Fire Response Team.

When the opportunity arises through capital refurbishment or emergency repair works fire safety improvements are always included wherever practicable. Over the past number of years there have been substantial works to upgrade the fire alarm system by the installation of additional automatic fire detection and the upgrade of the systems control panels.

Building works incorporating Fire Safety completed during 2015/16 include:

- Completion of alterations to form new Ambulatory Care Centre, including improved fire barriers, fire alarm and automatic fire detection system, emergency lighting system and extension of the automatic fire suppression system;
- Completion of alterations and extension to form new Clinical Observation Area including new fire barriers, new fire alarm and automatic fire detection system, new emergency lighting system and extension of the automatic fire suppression system;
- Completion of works to Gosset Ward including new fire alarm and automatic fire detection system and new emergency lighting system;
- Completion of alterations to form a new Blood Taking Unit including extension to the existing fire alarm and automatic fire detection system and new emergency lighting system;
- Completion of works to form new Fracture and Orthopaedic clinic including cavity barriers and fire dampers.

Consultation has taken place with architects regarding fire safety recommendations for A and E Fit Stop, the relocation of Orthopaedic Outpatients and third party pharmacy on Hospital Street for 15/16 capital works.

### **3.2 Fire alarm system**

The Trust's fire alarm and automatic fire detection system continues to function correctly and has been extended and improved as building works and alterations take place to ensure that it complies with the relevant British Standards, HTM's and codes of practice.

A verification survey of the systems sounder circuits has been completed which will assist in the 'cause and effect' of detector circuits to be set and refined.

Investment to improve and upgrade the system will need to extend into future years as part of a continued phased improvement and as components become unavailable/ no longer supported. These risks are being monitored and plans are in place to maintain them at an acceptable level which in turn also demonstrates to the enforcing body that the Trust is satisfactorily managing its fire risks.

A series of false alarms in the Cripps PGMC building caused by unknown faults created much disturbance to residential staff. As the fault could not be confirmed a decision was made to initially replace the offending loop and then replace all of the loops in the building. During this upgrade the opportunity will be taken to extend the coverage of automatic fire detection throughout the Cripps building to bring it up to current standards.

### **3.3 Staff Training**

It is a statutory requirement of the Regulatory Reform (Fire Safety) Order and a mandatory requirement of Firecode that all members of staff undertake fire training when they commence work, it is refreshed annually and that they take part in a fire drill. Annual fire training forms part of the Trust's core mandatory training requirements. Where patients are dependent on the staff for their safe evacuation this training is vital.

#### **3.3.1 Training Sessions**

Training is delivered by the Trust Fire Safety Adviser but is organised by the Learning and Development department through Cluster and the Review of Knowledge sessions. In addition, training within a number of departments across the Trust has also been provided by the Trust Fire Safety Adviser as requested by those areas.

E learning through the NHS Core-learning unit is approved as a means of providing fire training without attending a formal session. However it is only appropriate for staff not expected to evacuate patients and only when used every other year between face to face fire training.

A fire safety work book and assessment sheet have recently been introduced for all staff, these are accessed via the Intranet. The completed assessments are sent to the Fire Safety Adviser for marking and staff are expected to achieve 80% in order to pass.

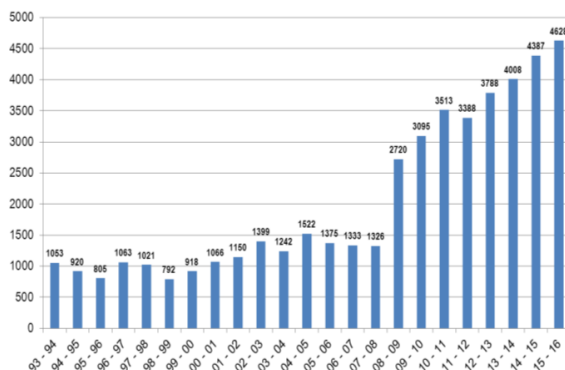
There continues to be sufficient training capacity available to staff to enable the Trust's target to be met.

#### **3.3.2 Attendance**

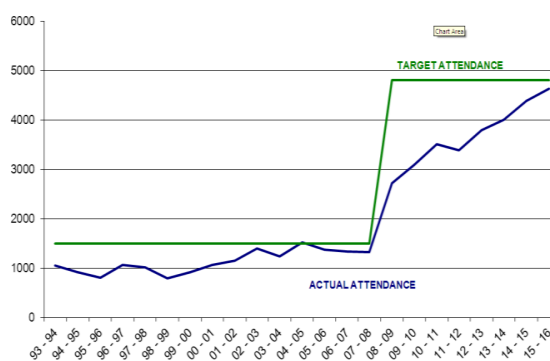
From the records of attendance during 2015/16, 4686 members of staff received training an increase of 299 over the previous year's attendance. This figure is calculated from all Fire training attendees and includes volunteers, Bank staff and students. At the end of April 2016 the Trust fire training figures were 78.3% compliant.

Training at Danetre has been undertaken to ensure that NGH staff working there are up to date with their training.

The Trust Fire Safety Adviser reports attendance compliance to the Trust Fire Committee and 6 monthly reports to the Trusts Health and Safety Committee.



Total staff fire training attendance by year



Actual staff fire training attendance Vs target

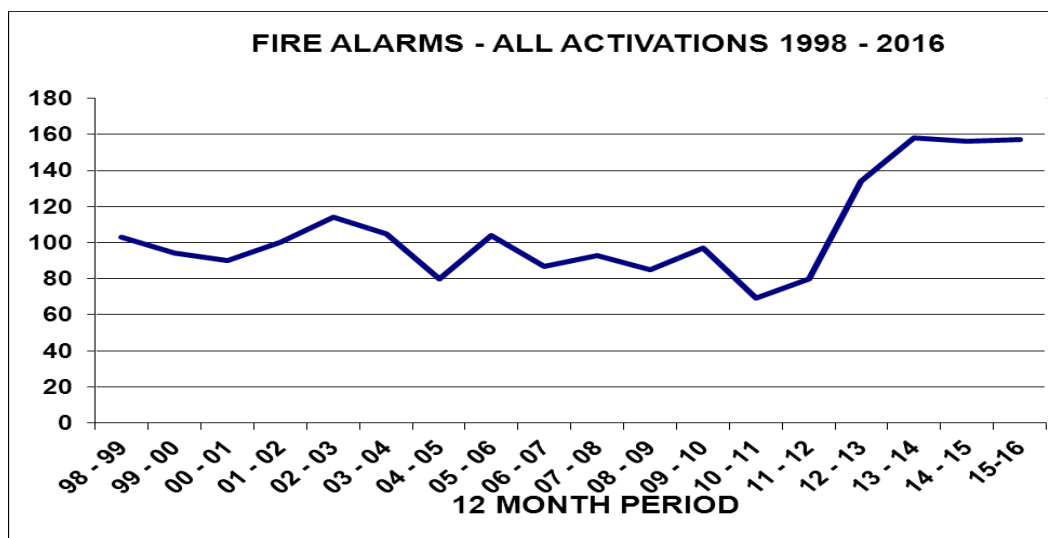
### 3.3.3 Fire drills

Fire drills have continued during 2015/16 with 64 areas completing one. This is being monitored by the Trust Fire Committee and reported through the Trust Health & Safety Committee.

The current methods of conducting drills have been reviewed by the Trust's Fire Manager and Fire Safety Adviser and a training session has been delivered to remind managers of their responsibilities under the Fire policy and make them aware of the support available.

### 4.0 Fire Alarms Activations

There were a total of 157 actuations of the fire alarm during the reporting period, an increase of 1 from the last report.



**Fires**

Six fire incidents occurred on site (5 - 2014/15), 5 resulted in the activation of the fire alarm system which were - 1 occurred in HDU caused by cleaner, 1 occurred in Abington Ward where a patient set fire to bed clothes, 1 occurred in Child Health due to an overheated e-cigarette battery, 1 occurred in Cripps Recreation (Trilogy) and lastly Allebone ward due to an overheated choke in a fluorescent lamp. The fire that did not activate the fire alarm system was a bin fire outside Outpatients caused by discarded smoking materials.

**Good Intentions**

There was a decrease of 60% of this type of call down to 8 from the 20 recorded for 2014/15; good intentions are caused by members of staff operating a call point suspecting a fire after smelling smoke/burning.

**Pre Warnings**

There were 84 pre-warnings (78 for 2014/15) recorded of which 40 (37 – 14/15) were unknown causes, 18 (9 - 14/15) were caused by high temperature, 11 by contractors creating dust, 4 by cooking, 2 by a heater, 2 by steam from a nebuliser and the remainder were water leak, faulty food heater, cleaner dusting head, oil mist, contaminated head, steam leak and lastly toast.

**Detector Actuations**

55 actuations (50 for 2014/15) of detectors can be summarised as follows – 24 faults, 8 contractors causing dust, 7 unknown, 3 contractor testing, 2 contaminated heads, 2 cooking, 2 toast, 2 steam leak and then contractor working without an isolation, faulty food heater, hair straighteners, electric convactor heater and aerosol spray.

**Water Misting System**

The water misting system activated twice during this reporting period, both caused by accidental operation.

**Five Year Overview 2011 to 2016**

Since 2011 the number of activations of the fire alarm has increased from 80 to 158 per annum; this has been caused by increases in pre-warnings (these have risen from 36 to 84) and detector activations (which have risen from 26 to 55).

**Northamptonshire Fire and Rescue Service (FRS) response to emergency calls**

Northamptonshire Fire and Rescue Service have continued with their policy not to mobilise their resources to any Automatic Fire Alarm (AFA) between the hours of 8am-8pm. During this time the Hospital Fire Response Team has investigated the alarm activation and has only escalated to FRS if the activation has been caused by a confirmed fire.

The Trust's operational fire policy, fire procedures and risk assessments already in place are considered substantive and sufficient to ensure that the FRS change in policy has not increased the risk to patients, staff, visitors and premises.

Since 1<sup>st</sup> April 2015 there have been 35 activations of the fire alarm system between 0800h and 2000h which would previously have had an FRS response but which were successfully dealt with by the Trust's Fire Response Team. The FRS did attend on 7

occasions during this time. There were 33 actuations of the fire alarm between 2000 and 0800h resulting in 26 attendances of the FRS.

## **5.0 Conclusion:**

Continued investment in fire safety through the annual capital plan has allowed the Trust to ensure that building/structural fire risks are eliminated or mitigated as much as practicable. Cavity barriers continue to be the biggest concern in the structural fire protection of the Trusts buildings.

The external audit of the Trust's fire safety management for compliance with HTM 05-01 completed in 14/15 and, subsequent action plan, has provided further assurance that the existing systems are sufficient. It highlighted some minor improvements and focused on the need to improve on annual fire drill compliance. Actions to address the recommendations have been made but there has been some slippage on agreed target dates.

The fire alarm and automatic fire detection system is a fully integrated and functioning part of the fire safety measures in the hospital. It has received substantial investment in it to reach the standard it is now however there is still more that needs to be done to ensure that it continues to maintain this high standard. This mainly involves the replacement of no longer supported detector heads.

There has been an increase in alarm activations over the previous 2 years and although the causes have been minor, the responses to these have been timely and effective. Continued analysis of these activations has identified the majority of the increase has been in pre warnings and, within those pre warnings the most common cause has been recorded as 'unknown' i.e. there has been no obvious sign what caused the pre warning when the Fire Response Team has investigated.

The analysis of the pre warning increase can be linked to the age of the detector heads. This has already been factored into the Estates Capital plan and there has been continued investment in the fire system including the installation of additional detectors and replacement of older ones. This investment continues in the Estates 5 year plan.

Training all Trust staff on an annual basis continues to be a challenge but training places are available to enable this to be completed. Attendance figures have continued to improved year on year (at the end of April 2016 the Trust fire training figures were 78.3% compliant) but, further work is still required to attain the Trust's 85% attendance rate.

### ANNUAL STATEMENT of FIRE SAFETY COMPLIANCE

NHS Organisation Code:	NHS Organisation Name: Northampton General Hospital NHS Trust	
I confirm that for the period 1 <sup>st</sup> January 2015 to 31 <sup>st</sup> December 2015, all premises which the Trust owns, occupies or manages, have fire risk assessments that comply with the Regulatory Reform (Fire Safety) Order 2005, and:		
1	There are no significant risks arising from the fire risk assessments.	
OR 2	The Trust has developed a programme of work to eliminate or reduce as low as reasonably practicable the significant fire risks identified by the fire risk assessment.	Yes
OR 3	The organisation has identified significant fire risks, but does NOT have a programme of work to mitigate those significant fire risks.*	
*Where a programme to mitigate significant risks HAS NOT been developed, please insert the date by which such a programme will be available, taking account of the degree of risk. Date:		
4	During the period covered by this statement, has the organisation been subject to any enforcement action by the Fire & Rescue Authority? If Yes outline the details of the enforcement action in Annex A – Part 1.	No
5	Does the organisation have any unresolved enforcement action pre-dating this Statement? If Yes outline the details of unresolved enforcement action in Annex A – Part 2.	No
6	The organisation achieves compliance with the Department of Health Fire Safety Policy, contained within HTM 05-01, by the application of Firecode or some other suitable method.	Yes
7	There is a current fire safety policy in place.	Yes
Fire Safety Manager		Name: Stuart Finn E-mail: stuart.finn@ngh.nhs.uk
Contact details:		Telephone: 01604 - 545903 Mobile:
Chief Executive Name:		Dr. Sonia Swart
Signature of Chief Executive:		
Date:		
Statement to be completed and forwarded to – the chief Executive, Director responsible for fire safety and the Fire Safety Manager.		



<b>Report To</b>	<b>PUBLIC TRUST BOARD</b>
<b>Date of Meeting</b>	<b>28 July 2016</b>

<b>Title of the Report</b>	<b>Operational Performance Report</b>
<b>Agenda item</b>	<b>17</b>
<b>Presenter of Report</b>	Deborah Needham Chief Operating Officer
<b>Author(s) of Report</b>	Lead Directors & Deputies
<b>Purpose</b>	For Information & Assurance
<b>Executive summary</b>  <p>The paper is presented to provide information and assurance to the committee on all national and local performance targets via the integrated scorecard.</p> <p>Each of the indicators which is red rated has an accompanying exception report</p>	
<b>Related strategic aim and corporate objective</b>	Focus on quality & safety
<b>Risk and assurance</b>	Does the content of the report present any risks to the Trust or consequently provide assurances on risks N Risk of not delivering performance standards Associated fines Patient experience Reputation
<b>Related Board Assurance Framework entries</b>	BAF – 1.2, 3.1
<b>Equality Analysis</b>	Is there potential for, or evidence that, the proposed decision/document will not promote equality of opportunity for all or promote good relations between different groups? (N)

	Is there potential, for or evidence that, the proposed decision/document will affect different protected groups/characteristics differently (including possibly discriminating against certain groups/protected characteristics)? (N)
<b>Legal implications / regulatory requirements</b>	Are there any legal/regulatory implications of the paper (N)
<b>Actions required by the Board</b>  The Board is asked to: <ul style="list-style-type: none"> <li>• Note the performance report</li> <li>• Seek areas for clarification</li> <li>• Gain assurance on actions being taken to rectify adverse performance</li> </ul>	

Northampton General Hospital NHS Trust Corporate Scorecard 2016-17

Caring		Indicator	Target	Trend	Apr-16	May-16	Jun-16
C.2	Friends & Family Test % of patients who would recommend: Inpatient/Daycase	Complaints responded to within agreed timescales	=90%	➡	75.6%	67.0%	87.0%
C.3		Friends & Family Test % of patients who would recommend:	95.5% (May 16)	➡	91.5%	91.5%	91.7%
C.4		Friends & Family Test % of patients who would recommend: A&E	85.5% (May 16)	➡	86.7%	85.0%	86.4%
C.13	Friends & Family Test % of patients who would recommend: Antenatal Community	Friends & Family Test % of patients who would recommend:	95.7% (May 16)	➡	100%	100%	97.1%
C.14		Maternity - Antenatal Community	96.7% (May 16)	➡	97.8%	96.9%	98.3%
C.15		Maternity - Birth	93.7% (May 16)	➡	98.1%	98.9%	96.8%
C.16	Friends & Family Test % of patients who would recommend: Postnatal Ward	Friends & Family Test % of patients who would recommend:	97.6% (May 16)	➡	99.1%	94.3%	98.3%
C.6		Maternity - Postnatal Community	92.3% (May 16)	➡	92.1%	91.7%	92.3%
C.7		Friends & Family Test % of patients who would recommend: Outpatients	0	➡	0	0	0
C.8	Mixed Sex Accommodation	Total deaths where a care plan is in place	=50%	➡	54.2%	70.0%	66.7%
C.9		Transfers: Patients moved between 10pm and 7am with a risk assessment completed	=98%	➡	98.3%	70.0%	98.4%

Effective		Indicator	Target	Trend	Apr-16	May-16	Jun-16
E.1	Emergency re-admissions within 30 days (elective)	Emergency re-admissions within 30 days (elective)	None	➡	3.0%	3.5%	3.1%
E.2		Emergency re-admissions within 30 days (non - elective)	None	➡	16.2%	13.9%	14.2%
E.3		Length of stay - All	=4.2	➡	3.6	2.8	2.7
E.6	Maternity: C section Rates - Total	Maternity: C section Rates - Total	<6.2%	➡	28.8% (121)	25.2% (98)	27.0% (106)
E.55		Crude Death Rates		➡	1.5%	1.2%	1.1%
E.11		Mortality: HSMR	Within expected range	➡	101	98	97
E.10	Mortality: SHMI	Mortality: SHMI		➡	102	102	98
E.18		# NoF - Fit patients operated on within 36 hours	=80%	➡	85.7%	84.6%	85.7%
E.19		Stroke patients spending at least 90% of their time on the stroke unit	=80%	➡	75.9%	70.0%	50.0%
E.20	Suspected stroke patients given a CT within 1 hour of arrival	Suspected stroke patients given a CT within 1 hour of arrival	=50%	➡	71.2%	70.0%	60.3%
E.54		% Daycase Rate	=80%	➡	87.2%	87.3%	85.6%

Safe		Indicator	Target	Trend	Apr-16	May-16	Jun-16
S.1	CDiff	CDiff	Ave. 1.75 per mth	➡	3	0	2
S.2		Dementia: Case finding	=90%	➡	98.3%	94.7%	97.4%
S.3		Dementia: Initial diagnostic assessment	=90%	➡	100%	100%	100%
S.36	Falls per 1,000 occupied bed days	Falls per 1,000 occupied bed days	=5.5	➡	4.0	3.9	4.4
S.6		Harm Free Care (Safety Thermometer)	94.16% (June 16)	➡	90.5%	92.9%	93.4%
S.12		MRSA	0	➡	0	0	0
S.13	Never event incidence	Never event incidence	0	➡	0	0	1
S.40		Pressure Ulcers (Hospital Acquired) - Grades 2-4	To be confirmed	➡	39	27	27
S.17		Number of Serious Incidents Requiring Investigation (SIRI) declared during the period	0	➡	2	1	3
S.19	UTI with Catheters (Safety Thermometer-Percentage new)	UTI with Catheters (Safety Thermometer-Percentage new)	0.31% (June)	➡	0.48%	0.0%	0.2%
S.20		VTE Risk Assessment	=95%	➡	95.7%	95.2%	96.1%
S.21		Transfers: Patients transferred out of hours (between 10pm and 7am)	=60	➡	58	83	61

Footnote:

S.6 & S.19 Safety Thermometer Indicators: Targets are now set against the latest national performance. The RAG rating is therefore only applied for the most recently published national performance.

Footnote:

Friends and Family Test: Targets are now set against the latest national performance which is published two months retrospectively. The RAG rating is therefore only applied for the most recently published national performance.

Responsive		Indicator	Target	Trend	Apr-16	May-16	Jun-16
R.1	A&E: Proportion of patients spending less than 4 hours in A&E	A&E: Proportion of patients spending less than 4 hours in A&E	=95%	➡	88.5%	89.2%	94.6%
R.2		A&E: 4hr STRep reporting	=95%	➡	87.3%	90.0%	94.6%
R.3		A&E: 12 hour trolley waits	0	➡	0	0	0
R.41	Ambulance handovers that waited over 30 mins and less than 60 mins	Ambulance handovers that waited over 30 mins and less than 60 mins	0	➡	570	547	535
R.42		Ambulance handovers that waited over 60 mins	0	➡	221	253	130
R.24		Average Ambulance handover times	15 mins	➡	00:25	00:27	00:22
R.4	Diagnostics: % of patients waiting less than 6 weeks for a diagnostic test	Diagnostics: % of patients waiting less than 6 weeks for a diagnostic test	=99%	➡	99.9%	99.9%	Not Avail
R.6		Cancer: Percentage of 2 week GP referral to 1st outpatient appointment	=93%	➡	96.7%	96.8%	95.3%
R.7		Cancer: Percentage of 2 week GP referral to 1st outpatient- breast symptoms	=93%	➡	98.8%	96.3%	97.0%
R.8	Cancer: Percentage of patients treated within 62 days of referral from screening	Cancer: Percentage of patients treated within 62 days of referral from screening	=90%	➡	93.3%	96.0%	53.3%
R.9		Cancer: Percentage of patients treated within 62 days of referral from hospital specialist	=85%	➡	81.8%	58.3%	100%
R.10		Cancer: Percentage of patients treated within 62 days urgent referral to treatment of all cancers	=85%	➡	70.9%	76.5%	80.1%
R.11	Cancer: Percentage of patients treated within 31 days	Cancer: Percentage of patients treated within 31 days	=96%	➡	93.7%	93.3%	93.4%
R.12		Cancer: Percentage of patients for second or subsequent treatment treated within 31 days - surgery	=94%	➡	88.9%	100%	100%
R.13		Cancer: Percentage of Patients for second or subsequent treatment treated within 31 days - drug	=98%	➡	100%	99%	96.5%
R.14	Cancer: Percentage of Patients for second or subsequent treatment treated within 31 days - radiotherapy	Cancer: Percentage of Patients for second or subsequent treatment treated within 31 days - radiotherapy	=94%	➡	96.2%	94.4%	83.3%
R.15		Operations: Urgent Operations cancelled for a second time	0	➡	0	0	0
R.16		Operations: Number of patients not treated within 28 days of last minute cancellations - non clinical reasons	0	➡	6	4	2
R.19	RTT waiting times incomplete pathways	RTT waiting times incomplete pathways	=92%	➡	94.7%	94.5%	94.5%
R.20		RTT over 52 weeks	0	➡	0	0	0
R.21		Delayed transfer of care	=23	➡	47	62	80

Well Led		Indicator	Target	Trend	Apr-16	May-16	Jun-16
W.1	Friends & Family: % of staff that would recommend the trust as a place of work	Friends & Family: % of staff that would recommend the trust as a place of work	N/A/Apply	➡		65.7%	
W.2		Data quality of Trust returns to HSCC (SUS)	=90%	➡	93.3%	93.3%	93.3%
W.3		Turnover Rate	=8%	➡	10.6%	10.1%	10.20%
W.4	Sickness rate	Sickness rate	=3.8%	➡	4.1%	4.0%	4.2%
W.5		Staff: Trust level vacancy rate - All	=7%	➡	10.0%	9.8%	9.80%
W.5		Staff: Trust level vacancy rate - Medical Staff	=7%		13.3%	11.8%	Not avail
W.5	Staff: Trust level vacancy rate - Registered Nursing Staff	Staff: Trust level vacancy rate - Registered Nursing Staff	=7%		11.6%	11.4%	Not avail
W.5		Staff: Trust level vacancy rate - Other Staff	=7%		10.8%	10.6%	Not avail
W.9		Staff: Temporary costs & overtime as a % of total pay bill	None	➡	14.1%	13.2%	15.30%
W.10	Percentage of staff with annual appraisal	Percentage of staff with annual appraisal	=85%	➡	82.7%	83.0%	83.0%
W.11		Percentage of all trust staff with mandatory training compliance	=85%	➡	85.1%	85.9%	86.3%
W.12		Percentage of all trust staff with role specific training compliance	=85%	➡	73.7%	75.2%	76.4%
W.15	Medical Job Planning		90%		91.0%	To be reported from Sept	

Finance		Indicator	Target	Trend	Apr-16	May-16	Jun-16
F.1	Surplus / Deficit	Surplus / Deficit	0 FAV		(288) Adv	(334) Adv	662 FAV
F.2		Income	0 FAV		(290) Adv	95 FAV	1,094 FAV
F.3		Pay	0 FAV		(629) Adv	(619) Adv	(1,321) Adv
F.4	Non Pay	Non Pay	0 FAV		631 FAV	328 FAV	217 FAV
F.5		Bank & Agency / Pay %	7.5%		9.2%	8.4%	15.3%
F.6		CIP Performance	0 FAV		(544) Adv	(381) Adv	213 FAV
F.7	Waivers	Waivers	0		15	5	3
F.8		Waivers which have breached	0		4	5	0

KEY	
➡	Improving performance over 3 month period (the latest month's performance is higher)
➡	Reducing performance over 3 month period (the latest month's performance is lower)
➡	Stable performance delivery over 3 month period (the latest month's performance is

Footnote:

W.15 Medical Job Planning: Note, in the May 2016 Medical Divisional Performance Meeting it was agreed to change the target from 100% to 90%. This is effective from 2016-17. Compliance monitoring to commence from the Sept 2016 position.



## **Northampton General Hospital NHS Trust**

### **Corporate Scorecard**

#### **Delivering for patients: 2016/17 Accountability Framework for NHS trust boards**

The corporate scorecard provides a holistic and integrated set of metrics closely aligned between NHS Improvement and the CQC oversight measures used for identification and intervention.

The domains identified within are: Caring, Responsiveness, Effective, Well Led, Safe and Finance, many items within each area were provided within the TDA Framework with a further number of in-house metrics identified from our previous quality scorecard which were considered important to continue monitoring.

The arrows within this report are used to identify the changes within the last 3 months reported, with exception reports provided for all measures which are Red, Amber or seen to be deteriorating over this period even if they are scored as green or grey (no target); identify possible issues before they become problems.

Each indicator which is highlighted as red or Amber has an accompanying exception report highlighting the reasons for underperformance, actions to improve performance and trajectory for the remainder of the year.

## Scorecard - Exception Report

Metric underperformed:	Externally mandated or internally set:	Assurance Committee:	Report period:
Complaints responded to within agreed timescales	Externally mandated	Quality Governance Committee	June 2016
Performance and Trajectory:			
<div> <div> Indicator Target Trend </div> <div> Complaints responded to within agreed timescales =&gt;90% </div> <div> <div>Jul</div> <div>Aug</div> <div>Sep</div> <div>Oct</div> <div>Nov</div> <div>Dec</div> <div>Jan</div> <div>Feb</div> <div>Mar</div> <div>Apr</div> <div>May</div> <div>Jun</div> </div> <div> <div>100%</div> <div>80%</div> <div>60%</div> </div> <div> </div> </div>			
Driver for underperformance:		Actions to address the underperformance:	
<ul style="list-style-type: none"> <li>Reporting on April's figures now they have been validated</li> <li>52 new complaints received in April</li> <li>28 cases responded in agreed timescale</li> <li>24 cases had timescale renegotiated</li> <li>10 cases exceeded timescale</li> <li>Late or incomplete responses received from the Divisions + backlog of complaints built up in the Complaints dept.</li> <li>Therefore unable to meet internal and external timescales.</li> </ul>		<ul style="list-style-type: none"> <li>Followed up with senior staff and other key staff identified.</li> <li>Part time temporary complaints officer employed to help with backlog of work as of May 2016 (will now be covering vacant post as member of staff has since left).</li> <li>Service review undertaken (Making Quality Count) to identify areas for improvement (further work being undertake in July).</li> </ul>	
Lead Clinician:	Lead Manager:		Lead Director:
Not Applicable	Lisa Cooper		Carolyn Fox

Metric underperformed:	Externally mandated or internally set:	Assurance Committee:	Report period:
A&E: Proportion of patients spending less than 4 hours in A&E / 4hr SitRep Reporting	Externally mandated	Finance, Performance & Investment committee	June 2016

Performance and Trajectory:																	
Indicator	Target	Trend	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
A&E: Proportion of patients spending less than 4 hours in A&E	=>95%	↑	92.2%	93.6%	95.3%	96.6%	95.4%	90.7%	90.8%	87.3%	91.4%	80.4%	84.0%	81.0%	88.5%	89.2%	94.6%
A&E: 4hr SitRep reporting	=>95%	↑	90.0%	94.1%	95.1%	96.4%	95.8%	91.0%	90.1%	88.1%	90.1%	82.1%	84.5%	80.6%	87.3%	90.0%	94.6%

**Driver for underperformance:**

- June achieved 94.63%: which is above agreed NHSI trajectory
- Reason for underperformance attributed to High DTOCs throughout the month approaching over 10% of bed base
- Variability of flow particularly on Mondays
- Work in progress in fit stop to improve but temporarily will reduce capacity until September when this will make a significant improvement
- Vacancies within medical staffing equating to 20 WTE across all of the grades
- Delays in CT attributed to reduction in efficiency
- No significant reduction in acuity( still well above baseline and in upper quartile)

**Actions to address the underperformance:**

- FIT Stop work commenced – to improve pressures in ED & patient flow
- IC24 contract performance meeting held – RAP action plan currently not agreed by both parties: significant concerns raised by NGH for IC24 to meet contractual requirements
- A&E escalation policy completed awaiting comments.
- In patients productivity is focussing on to improve flow:

The diagram illustrates the APPE Training Framework as a sequence of four steps, each represented by a box with a number and title, connected by arrows pointing from left to right. Step 1 is 'ASSESSMENT and Handover' with a sub-point about ensuring staff are supported. Step 2 is 'PLANNING for emergency' with sub-points about team access and documentation. Step 3 is 'IMPLEMENTATION & EVALUATION of treatment' with sub-points about clear roles and support. Step 4 is 'Wound Discharge' with sub-points about reliable processes and effective staff movement. A large blue arrow at the bottom points from step 1 towards step 4.

	<ul style="list-style-type: none"><li>• Focussed work is taking place regarding flow issues for Monday: weekend discharge has improved,</li><li>• Work with Care home working group to reduce this populations attendance to ED</li></ul>	
Lead Clinician:	Lead Manager:	Lead Director:
Dr Jon Timperley	Sue McLeod	Deborah Needham



## Scorecard - Exception Report

Metric underperformed:	Externally mandated or internally set:	Assurance Committee:	Report period:
Ambulance Handover Times	Externally mandated	Finance, Performance & Investment committee	June 2016
Performance and Trajectory:			
Indicator	Target	Trend	Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun
Ambulance handovers that waited over 30 mins and less than 60 mins	0	↑	316 339 308 362 429 395 466 490 550 587 550 569 570 547 535
Indicator	Target	Trend	Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun
Ambulance handovers that waited over 60 mins	0	↑	67 67 68 37 74 85 136 185 139 268 232 374 221 253 130
Indicator	Target	Trend	Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun
Average Ambulance handover times	15 mins	↑	00:19 00:20 00:20 00:20 00:22 00:22 00:23 00:24 00:24 00:27 00:26 00:31 00:25 00:27 00:22
Driver for underperformance:		Actions to address the underperformance:	
<ul style="list-style-type: none"> <li>A&amp;E fit stop capacity</li> <li>Batching of ambulances</li> <li>Peak patient inflow to A&amp;E</li> <li>More than one entry point through Fit Stop</li> </ul> <b>IT &amp; Handover Screens:</b> <ul style="list-style-type: none"> <li>Ambulances not appearing</li> <li>Crews not completing handover</li> <li>No Delay - Pick option removed</li> <li>No ability for Both NGH/EMAS to sign off for handover</li> </ul>		<ul style="list-style-type: none"> <li>Meeting held with NHSI and EMAS: Joint actions agreed including investigation by EMAS to establish where both organisation can have ability to "click" handover</li> <li>Nurse put in place id ED for 10.00-22.00 shift</li> <li>Hatch built as part of Fit stop build</li> <li>Bank Receptionist requested to take booking form Crew on arrival to a/e</li> <li>New process implemented as of Friday 1<sup>st</sup> July 2016 : improvements noted in July</li> </ul>	
Lead Clinician:	Lead Manager:	Lead Director:	
Dr Jon Timperley	Sue McLeod	Deborah Needham	

## Scorecard - Exception Report

Metric underperformed:	Externally mandated or internally set:	Assurance Committee:	Report period:																																																		
Cancer Access Targets	Externally Mandated	Finance, Investment and Performance Committee	June 2016																																																		
Performance and Trajectory:																																																					
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Driver for underperformance:																			Actions to address the underperformance:																																		
31 days Loss of surgical capacity during March & April led to significant backlog from emergency pressures and Jnr Dr strike action in previous months therefore created a backlog resulting in extended wait times.																			31 days The cancer team are focussing on a PTL list for 31 days so these patients can be highlighted earlier and expedited prior to them breaching.																																		
62 days Loss of surgical capacity during March April led to significant backlog from emergency pressures and Jnr Dr strike action in previous months therefore created a backlog resulting in extended wait times.																			62 days Cancer team have restructured the PTL meeting to have all DMs attend with the Trackers. Somerset will be updated at the PTL meeting. Increased trackers on bank to support with the Tracking and MDTs																																		
Particular pressures in certain specialties:																			Cancer team have restructured the PTL meeting to have all DMs attend with the Trackers. Somerset will be updated at the PTL meeting. Increased trackers on bank to support with the Tracking and MDTs																																		
Urology:																			Urology:																																		
<ul style="list-style-type: none"><li>National 'Blood in Pee' campaign increased 2ww referrals by over 40%.</li><li>Continued option of multiple treatment choices for majority of prostate cancer patient's impacts on pathway timescales as patients require time to understand and decide on preferred treatment option.</li></ul>																			<ul style="list-style-type: none"><li>Continuing with the increased focus of bi-weekly PTL meeting with service. Successful recruitment of admin to support expediting of appointments for cancer patients.</li><li>Reduce 2ww time to less than 10 days, median now 9 days</li></ul>																																		
H&N:																			H&N:																																		

<ul style="list-style-type: none"><li>• Tertiary centre capacity for robotic surgery has delayed a number of patients.</li><li>• H&amp;N:<ul style="list-style-type: none"><li>• Loss of key surgeons due to unforeseen circumstances affected surgical tertiary capacity and referring unit pathways.</li><li>• We are increasing radiotherapy provision as first treatment as it is clinically appropriate with our access to the latest radiotherapy machines. Planning for these patients is highly complex and thus takes time</li></ul></li></ul> <p>Diagnostics:</p> <ul style="list-style-type: none"><li>• MRI (in particular) and CT capacity is under significant pressure, aim is to achieve 7 day to report which we are currently not achieving.</li><li>• EMRAD implementation has increased pressure as reporting efficiencies have significantly reduced due to getting used to new system and the new systems inadequacies</li></ul>	<ul style="list-style-type: none"><li>• Focus on recruiting to a Consultant ENT Surgeon and Trust grade Dr in order to put in place the required capacity to undertake revised agreed pathway. Interviews have now taken place and an offer has been made</li><li>• Weekly tracking meeting with cancer services and admin teams in H&amp;N have improved the expedition of avoidable delays</li></ul> <p>Diagnostics:</p> <ul style="list-style-type: none"><li>• 3<sup>rd</sup> CT Aug</li><li>• 2<sup>nd</sup> MRI Qtr 4 16/17</li><li>• EMRAD – ongoing discussions with supplier (GE Healthcare)</li><li>• Cancer Coordinator role has been put in place to manage the cancer pathway for imaging to 7 days.</li></ul>	
Lead Clinician:	Lead Manager:	Lead Director:
Lead – Mr VonWidekind Chemo lead Dr Muhammad Shams Radiotherapy Lead Dr Anu Gore	Sandra Neale	Deborah Needham

## Scorecard - Exception Report

Metric underperformed:	Externally mandated or internally set:	Assurance Committee:	Report period:
Operations: Number of patients not treated within 28 days of last minute cancellations - non clinical reasons	Externally mandated	Finance, Investment and Performance Committee	June 2016
Performance and Trajectory:			
<div> <div> Indicator Target Trend </div> <div> Operations: Number of patients not treated within 28 days of last minute cancellations - non clinical reasons 0 <span>↑</span> </div> </div> <div> <div> Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun </div> <div> 2 0 1 1 0 1 1 1 1 2 3 11 2 6 4 2 </div> </div> <div> </div>			
Driver for underperformance:		Actions to address the underperformance:	
<ul style="list-style-type: none"> <li><b>ENT:</b> Cancelled on 16/05/16 due to no beds. New TCI given of 08/06/16 but cancelled on day as the patient was incorrectly listed. The patient required a revision FESS to be undertaken by a consultant but this was not documented on the on waiting list card and therefore it was necessary to cancel the patient. The operation was carried out on 29/06/16</li> <li><b>Maxillo-Facial Surgery</b> – Cancelled on 24/05/16 to accommodate more urgent case. Patient rebooked for 05.07.16 which was outside 28-day breach date due to Consultant leave</li> </ul>		<ul style="list-style-type: none"> <li>The inaccurate recording of the procedure has been feed back to the listing surgeon.</li> <li>All patients should be listed with 7 days of the initial cancellation to avoid a 28 day breach.</li> <li>All 28 day breaches who cannot be dated within the 28 days are to be discussed with the Divisional manager and escalated to the COO.</li> </ul>	
Lead Clinician:	Lead Manager:		Lead Director:
Mr Mike Wilkinson	Fay Gordon		Deborah Needham

## Scorecard - Exception Report

Metric underperformed:	Externally mandated or internally set:	Assurance Committee:	Report period:
Delayed Transfers of Care	Externally mandated	Finance, Investment and Performance Committee	June 2016
<div> <div> <div>Delayed transfer of care</div> <div>=&lt;23</div> <div>↓</div> <div> <div>59.75</div> <div>60.2</div> <div>54</div> <div>60.75</div> <div>43</div> <div>46</div> <div>54</div> <div>51.8</div> <div>57.5</div> <div>70</div> <div>80</div> <div>51</div> <div>47</div> <div>62</div> <div>80</div> </div> </div> <div> </div> </div>			
Performance and Trajectory:			
Driver for underperformance:		Actions to address the underperformance:	
<ul style="list-style-type: none"> <li><b>Key issues for discharge :</b></li> <li>Variation in discharge process – lack of empowerment and decision making, handoffs, repeated assessment, process not starting until patient medically fit</li> <li>Reliance on beds; Insufficient capacity within the home support services</li> <li>Lack of home support increases demand on bedded solutions resulting in inappropriate placements and increased LOS</li> </ul>		<ul style="list-style-type: none"> <li>Outflow group (CCG) is leading the programmes of work:</li> <li>Discharge process re-design – stream lined process, early discharge planning, local empowerment and timely transfer of needs based information to the discharge SPA</li> <li>Integrated discharge SPA – multi disciplinary team located together to facilitate and support discharge into home and bed based services, single tracking and reporting, clear escalation.</li> <li>Right Sizing Home Care Support – capacity modelling, reviewing integration options and increasing capacity.</li> </ul>	
Lead Clinician:	Lead Manager:	Lead Director:	
Not Applicable	Dione Rogers	Deborah Needham	

## Scorecard - Exception Report

Metric underperformed:	Externally mandated or internally set:	Assurance Committee:	Report period:
Stroke patients spending at least 90 % of their time on the stroke unit	Externally mandated	Quality Governance Committee.	June 2016
Performance and Trajectory:			
<div> <div> Indicator Target Trend </div> <div> Stroke patients spending at least 90% of their time on the stroke unit =&gt;80% </div> <div> <div> Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun </div> <div> 68.6% 73.7% 48.0% 68.6% 70.8% 63.5% 69.2% 57.1% 81.8% 75.9% 70.0% 50.0% </div> </div> </div> <div> </div>			
Driver for underperformance:		Actions to address the underperformance:	
<ul style="list-style-type: none"> <li>Loss of stroke beds to medical patients on Eleanor-Hyper acute stroke unit.</li> <li>Patients discharged from A&amp;E or Ambulatory care by Stroke Team, counted as not accessing a Stroke bed.</li> <li>Delayed discharges due to assessment and wait for social care.</li> </ul>		<ul style="list-style-type: none"> <li>Operating policy for Eleanor, to include robust bed management plan, currently being agreed with the site team and Deputy COO</li> </ul>	
Lead Clinician:	Lead Manager:		Lead Director:
Dr Mel Blake / Dr Lyndsey Brawn	Sue McLeod		Dr Mike Cusack

## Scorecard - Exception Report

Metric underperformed:	Externally mandated or internally set:	Assurance Committee:	Report period:																														
Clostridium difficile Infection Trust attributable (post 3 days)	Externally Mandated	Quality Governance Committee	June 2016																														
Performance and Trajectory:																																	
<table><tr><th>Indicator</th><th>Target</th><th>Trend</th><th>Jul</th><th>Aug</th><th>Sep</th><th>Oct</th><th>Nov</th><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th></tr><tr><td>c-diff Ave. 1.75 per mth</td><td></td><td>↓</td><td>3</td><td>3</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>2</td><td>1</td><td>3</td><td>0</td><td>2</td></tr></table> <div></div>				Indicator	Target	Trend	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	c-diff Ave. 1.75 per mth		↓	3	3	1	2	3	4	5	2	1	3	0	2
Indicator	Target	Trend	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun																			
c-diff Ave. 1.75 per mth		↓	3	3	1	2	3	4	5	2	1	3	0	2																			
Driver for underperformance:				Actions to address the underperformance:																													
<ul style="list-style-type: none"><li>Patient safety, to protect patients from acquiring a hospital acquired infection.</li><li>Patient number 4 who acquired a C.diff infection was an immunocompromised patient who was a high risk of acquiring an infection.</li><li>Patient number 5 who acquired a C.diff infection was a patients who had been on long term antibiotics in the community.</li></ul>				<ul style="list-style-type: none"><li>The IPT team continue to work with NHS improvement and the Infection Prevention collaborative. The 3 wards which we are working with are Collingtree, Willow and Creaton ward (formerly Allebone ward). In the forthcoming months the work and tests of change which the wards have been working on will be rolled out across the trust.</li></ul>																													
Lead Clinician:				Lead Manager:				Lead Director:																									
Dr Minassian				Wendy Foster				Carolyn Fox																									

## Scorecard - Exception Report

Metric underperformed:	Externally mandated or internally set:	Assurance Committee:	Report period:
Maternity C-Section Rates	Externally mandated	Quality Governance Committee.	June 2016
Performance and Trajectory:			
<div> <div> <div>Indicator</div> <div>Target</div> <div>Trend</div> </div> <div> <div>Maternity: C Section Rates - Total</div> <div>&lt;26.2%</div> <div> </div> </div> </div> <div> <div> <div>Jun</div> <div>Jul</div> <div>Aug</div> <div>Sep</div> <div>Oct</div> <div>Nov</div> <div>Dec</div> <div>Jan</div> <div>Feb</div> <div>Mar</div> <div>Apr</div> <div>May</div> <div>Jun</div> </div> <div> <div>30.00%</div> <div>27.50%</div> <div>27.0%</div> <div>25.2%</div> <div>25.00%</div> <div>22.50%</div> </div> <div> <div>(106)</div> <div>(98)</div> <div>(121)</div> <div>(97)</div> <div>(90)</div> <div>(94)</div> <div>(107)</div> <div>(110)</div> <div>(113)</div> <div>(98)</div> <div>(110)</div> </div> </div>			
Driver for underperformance:		Actions to address the underperformance:	
<ul style="list-style-type: none"> <li>0.9% increase in elective caesarean section rate</li> <li>0.9% increase in emergency caesarean section, however emergency caesarean section rate remains below national figure but impacts on overall caesarean section rate</li> </ul>		<ul style="list-style-type: none"> <li>Discussed monthly at Consultant's meeting and Obstetric Governance meeting</li> <li>Ongoing Emergency Caesarean section reviews</li> <li>Ongoing Elective Caesarean section audits</li> </ul>	
Lead Clinician:	Lead Manager:	Lead Director:	
Mrs Sue Lloyd Mr Owen Cooper	Mr Clemens von Widekind,	Dr Mike Cusack	



## Scorecard - Exception Report

Metric underperformed:	Externally mandated or internally set:	Assurance Committee:	Report period:																														
Staff Turnover Rate	Internally set	Workforce Committee	June 2016																														
Performance and Trajectory:																																	
<table><tr><th>Indicator</th><th>Target</th><th>Trend</th><th>Jul</th><th>Aug</th><th>Sep</th><th>Oct</th><th>Nov</th><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th></tr><tr><td>Turnover Rate</td><td>=&lt;8%</td><td>↑</td><td>11.5%</td><td>11.6%</td><td>11.5%</td><td>11.3%</td><td>11.5%</td><td>11.7%</td><td>11.7%</td><td>11.2%</td><td>10.8%</td><td>10.6%</td><td>10.1%</td><td>10.2%</td></tr></table> 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d	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Turnover Rate	=<8%	↑	11.5%	11.6%	11.5%	11.3%	11.5%	11.7%	11.7%	11.2%	10.8%	10.6%	10.1%	10.2%
Indicator	Target	Trend	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun																			
Turnover Rate	=<8%	↑	11.5%	11.6%	11.5%	11.3%	11.5%	11.7%	11.7%	11.2%	10.8%	10.6%	10.1%	10.2%																			

Metric underperformed:	Externally mandated or internally set:	Assurance Committee:	Report period:
Staff Sickness Rate	Internally set	Workforce Committee	June 2016

Performance and Trajectory:														
Indicator	Target	Trend	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Sickness rate	≤3.8%	↓	4.0%	3.9%	4.0%	4.3%	4.1%	4.1%	4.3%	4.4%	4.0%	4.1%	4.0%	4.2%

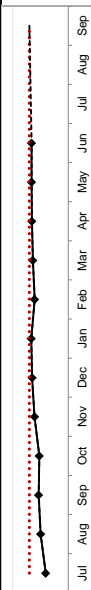
  

Driver for underperformance:		Actions to address the underperformance:	
<ul style="list-style-type: none"> <li>Short term absence – 2.37% and long term absence is 1.89%</li> <li>Short term absence remains the driver in June 2016 although there has been a decrease in the percentage since April 2016 when it was 2.42%</li> <li>he illnesses being reported are self-limiting which are all being managed in line with the Trust's trigger points</li> <li>he staff survey also highlighted that staff put themselves under pressure to attend work</li> </ul>		<ul style="list-style-type: none"> <li>Health and Well Being Strategy is progressing and there is to be a focus on Mental Wellbeing</li> <li>Staff reaching the Trust's staff sickness absence policy triggers are being met with formally</li> <li>Support through referrals to Occupational Health</li> <li>Rigorous management in line with Management of Sickness Absence policy</li> <li>Return to work audits</li> <li>Trust wide Sickness Absence Management training sessions to be delivered by the third quarter</li> <li>A number of short term and long term dismissal meetings for ill health capability are taking place on a regular basis</li> <li>Monthly 1-1 meetings with Managers are taking place to support timely sickness management</li> </ul>	

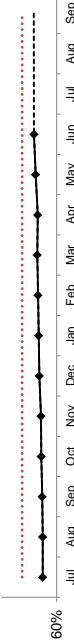
  

Lead Clinician:	Lead Manager:	Lead Director:
Not Applicable	Andrea Chown	Janine Brennan

## Scorecard - Exception Report

Metric underperformed:	Externally mandated or internally set:	Assurance Committee:	Report period:																																					
Staff Annual Appraisal Rate	Internally set	Workforce Committee	June 2016																																					
Performance and Trajectory:																																								
<table><tr><th>Indicator</th><th>Target</th><th>Trend</th><th>Jul</th><th>Aug</th><th>Sep</th><th>Oct</th><th>Nov</th><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th></tr><tr><td>Percentage of staff with annual appraisal</td><td>=&gt;85%</td><td>↑</td><td>70.3%</td><td>74.8%</td><td>76.7%</td><td>76.1%</td><td>80.4%</td><td>82.5%</td><td>83.3%</td><td>80.2%</td><td>81.9%</td><td>82.7%</td><td>83.0%</td><td>83.0%</td></tr></table>	Indicator	Target	Trend	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Percentage of staff with annual appraisal	=>85%	↑	70.3%	74.8%	76.7%	76.1%	80.4%	82.5%	83.3%	80.2%	81.9%	82.7%	83.0%	83.0%										
Indicator	Target	Trend	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun																										
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Driver for underperformance:			Actions to address the underperformance:																																					
<ul style="list-style-type: none"><li>The Trust set a target of 85% compliance for appraisals in line with the CCG's expectation. The CQC requirement was for an improvement, which we have made with compliance ratings increasing from 41% in March 2014 to 83.57%.</li><li>Whilst we have not achieved our target we have undoubtedly improved. There is no national target; the only benchmark data available is that contained within the national staff survey whereby the trust achieved 87% against a national average of 85%.</li></ul>			<ul style="list-style-type: none"><li>Continue to embed appraisal process into all areas, providing 1:1 support through regular monthly meetings with some directorates or as requested.</li><li>All Divisional Directors and Divisional Managers will be reminded to have as one of their objectives that at least 85% of their staff must have an in-date Appraisal.</li></ul>																																					
Lead Clinician:	Lead Manager:										Lead Director:																													
Not Applicable	Adam Cragg										Janine Brennan																													

## Scorecard - Exception Report

Metric underperformed:	Externally mandated or internally set:	Assurance Committee:	Report period:																														
Staff Role Specific Training Rate	Internally set	Workforce Committee	June 2016																														
Performance and Trajectory:																																	
<table><tr><th>Indicator</th><th>Target</th><th>Trend</th><th>Jul</th><th>Aug</th><th>Sep</th><th>Oct</th><th>Nov</th><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th></tr><tr><td>Percentage of all trust staff with role specific training compliance</td><td>=&gt;85%</td><td>↗</td><td>70.1%</td><td>70.1%</td><td>70.5%</td><td>71.2%</td><td>71.3%</td><td>72.5%</td><td>73.0%</td><td>73.4%</td><td>74.0%</td><td>75.7%</td><td>75.2%</td><td>76.4%</td></tr></table>	Indicator	Target	Trend	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Percentage of all trust staff with role specific training compliance	=>85%	↗	70.1%	70.1%	70.5%	71.2%	71.3%	72.5%	73.0%	73.4%	74.0%	75.7%	75.2%	76.4%			
Indicator	Target	Trend	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun																			
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Driver for underperformance:																																	
<ul style="list-style-type: none"><li>Mandatory Training Review in 2013 reduced the number of subjects of which many of those that were originally mandatory are now Role Specific Essential Training.</li><li>The target to be achieved by March 2015 is 85% as per the Quality Schedule set by the CCG; however this is not a national mandate</li></ul>	Actions to address the underperformance:			<ul style="list-style-type: none"><li>Scoping of RSET against job roles and positions has been completed and uploaded into system to ensure accuracy of reporting. There has been additional work on Safeguarding Children Level 2 &amp; 3 which expects an increase in % of compliance.</li><li>Following 1:1 sessions with Ward Managers, the L&amp;D Manager is providing further support through training them in understanding the reports to use them to monitor individual training and forecasting.</li></ul>																													
Lead Clinician:	Lead Manager:		Lead Director:																														
Not Applicable	Adam Cragg		Janine Brennan																														

## Scorecard - Exception Report

Metric underperformed:	Externally mandated or internally set:	Assurance Committee:	Report period:
Staff Vacancy Rate	Internally set	Workforce Committee	June 2016
Performance and Trajectory:			
<div> <div>Indicator</div> <div>Target</div> <div>Trend</div> <div> <div>Staff: Trust level vacancy rate - All</div> <div>≤7%</div> <div>↑</div> </div> <div> <div>Jul</div> <div>Aug</div> <div>Sep</div> <div>Oct</div> <div>Nov</div> <div>Dec</div> <div>Jan</div> <div>Feb</div> <div>Mar</div> <div>Apr</div> <div>May</div> <div>Jun</div> </div> <div> <div>11.0%</div> <div>10.9%</div> <div>10.8%</div> <div>9.7%</div> <div>9.5%</div> <div>9.5%</div> <div>9.2%</div> <div>7.4%</div> <div>7.3%</div> <div>10.0%</div> <div>9.8%</div> <div>9.8%</div> </div> <div>0.2</div> <div>0</div> <div> <div>Jul</div> <div>Aug</div> <div>Sep</div> <div>Oct</div> <div>Nov</div> <div>Dec</div> <div>Jan</div> <div>Feb</div> <div>Mar</div> <div>Apr</div> <div>May</div> <div>Jun</div> <div>Jul</div> <div>Aug</div> <div>Sep</div> </div> </div>			
Driver for underperformance:		Actions to address the underperformance:	
<ul style="list-style-type: none"> <li>There is a national shortage of nursing staff along with a shortage within other professional allied specialities</li> <li>Potential change to the shift system (long days) decreases flexibility and therefore staff choose to join the bank</li> <li>A General Hospital is not as attractive as Teaching Hospitals</li> </ul>		<ul style="list-style-type: none"> <li>Trust Open Days in difficult to recruit areas</li> <li>Forging links with local University to recruit Students</li> <li>Dedicated staff within HR for recruitment and retention</li> <li>More structured approach to Medical Staffing recruitment</li> <li>Recruitment timeline down to 9 weeks</li> <li>Monthly meetings with managers to support clearance processes developing enhanced working relationships</li> <li>Increase usage of apprenticeship schemes</li> <li>Overseas recruitment for nurses continues</li> </ul>	
Lead Clinician:	Lead Manager:	Lead Director:	
Not Applicable	Andrea Chown	Janine Brennan	

## Scorecard - Exception Report

Metric underperformed:	Externally mandated or internally set:	Assurance Committee:	Report period:												
Friends and Family Test % - Inpatient/Daycase and Outpatients	Externally mandated	Quality Governance Committee	May 2016 performance												
Performance and Trajectory:															
Indicator	Target	Trend	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
Friends & Family Test % of patients who would recommend: Inpatient/Daycase	95.5% (May 16)	↑	90.5%	89.2%	89.3%	87.9%	88.4%	90.6%	90.4%	89.4%	89.3%	91.5%	91.7%		
Indicator		Trend	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
Friends & Family Test % of patients who would recommend: A&E	85.5% (May 16)	↑	84.7%	84.3%	83.2%	89.5%	86.8%	86.7%	85.8%	84.0%	84.4%	86.7%	85.0%	86.4%	
Indicator		Trend	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
Friends & Family Test % of patients who would recommend: Maternity-Postnatal Community	97.6% (May 16)	↑	0.0%	0.0%	0.0%	100.0%	98.5%	100.0%	100.0%	97.6%	100.0%	99.1%	94.3%	98.3%	
Indicator		Trend	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
Friends & Family Test % of patients who would recommend: Outpatients	92.3 % (May 16)	↑	91.6%	90.7%	91.4%	89.8%	91.7%	92.0%	91.6%	91.7%	91.4%	92.1%	91.7%	92.3%	
Driver for underperformance:			Actions to address the underperformance:												
<ul style="list-style-type: none"><li>For May all areas underperformed when compared with the national averages. This is to be expected given the predicted timeframe in which the Trust expects to meet the national averages.</li><li>It should be noted that despite levels failing to meet national targets, there is a continued upward trajectory for Inpatients and Outpatients – this continues to rise in June.</li><li>Maternity had a poor month in May, however this appears to have rectified for June.</li></ul>			<ul style="list-style-type: none"><li>Continued improvement plan is running throughout the Trust.</li></ul>												
Lead Clinician:		Lead Manager:		Lead Director:											
N/A		Rachel Lovesy		Carolyn Fox											

## Scorecard - Exception Report

Metric underperformed:	Externally mandated or internally set:	Assurance Committee:	Report period:
Never Event Incidence	Externally mandated	Quality Governance Committee	June 2016
Performance and Trajectory:			
<div> <div> Indicator Target Trend </div> <div> Never event incidence 0 <div> <span>↓</span> </div> </div> <div> Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun </div> <div> 0 0 0 0 0 2 1 0 0 0 0 1 </div> </div> <div> </div>			
Driver for underperformance:		Actions to address the underperformance:	
<ul style="list-style-type: none"> <li>Foreign body (vaginal bung) left in place after a laparoscopic hysterectomy.</li> <li>The patient was discharged home with the bung still in place and it fell out at her home 4 days later.</li> <li>Patient returned to hospital bringing the bung with her; after ensuring that she was well and there were no complications (bleeding or infection) an explanation and apology was given.</li> <li>The patient was reviewed some weeks later in the outpatient clinic by the consultant who had performed the original operation. The patient continued to make an uncomplicated recovery from surgery.</li> </ul>		<ul style="list-style-type: none"> <li>Review the way the vaginal bungs are made in theatre (whether a different design would be safer) and consider as standard operating procedure using a purpose designed vaginal bung (if one can be identified).</li> <li>Review the processes that currently necessitate booking additional emergency cases onto lists that have been finalised to reduce the risk of excess time pressure and confusion regarding list order / progression.</li> <li>Develop a local policy for managing swabs, sharps, instruments and other foreign bodies used during surgery which is fit for purpose across all Trust operating theatres.</li> </ul>	
Lead Clinician:		Lead Director:	
Dr Chris Leng, Dr Mike Wilkinson		Dr Mike Cusack	
Lead Manager:		Lead Director:	
Fay Gordon		Dr Mike Cusack	

## Scorecard - Exception Report

Metric underperformed:	Externally mandated or internally set:	Assurance Committee:	Report period:
Number of Serious Incidents Requiring Investigation (SIRI) declared during the period	Externally mandated	Quality Governance Committee	June 2016
Performance and Trajectory:			
<div> <div> <div>Indicator</div> <div>Number of Serious Incidents Requiring Investigation (SIRI) declared during the period</div> </div> <div> <div>Target</div> <div>0</div> </div> <div> <div>Trend</div> <div>↓</div> </div> <div> <div>Jul</div> <div>1</div> </div> <div> <div>Aug</div> <div>1</div> </div> <div> <div>Sep</div> <div>0</div> </div> <div> <div>Oct</div> <div>3</div> </div> <div> <div>Nov</div> <div>1</div> </div> <div> <div>Dec</div> <div>0</div> </div> <div> <div>Jan</div> <div>0</div> </div> <div> <div>Feb</div> <div>3</div> </div> <div> <div>Mar</div> <div>2</div> </div> <div> <div>Apr</div> <div>2</div> </div> <div> <div>May</div> <div>1</div> </div> <div> <div>Jun</div> <div>3</div> </div> </div> <div> <div>5</div> <div>0</div> </div> <div> <div>Jul</div> <div>Aug</div> <div>Sep</div> <div>Oct</div> <div>Nov</div> <div>Dec</div> <div>Jan</div> <div>Feb</div> <div>Mar</div> <div>Apr</div> <div>May</div> <div>Jun</div> <div>Jul</div> <div>Aug</div> <div>Sep</div> </div>			
Driver for underperformance:		Actions to address the underperformance:	
<ul style="list-style-type: none"> <li><u>Benham</u> - Sub-Optimal Care of Deteriorating Patient 56 year old lady admitted to A&amp;E 20/5/16 at 22:51 with a 3 day history of diarrhoea and vomiting. She became cardiovascularly compromised, anuric and dyspnoeic. Observation monitoring and recording was sporadic with a period of 24 hours where no blood pressure was recorded on vital pack. On some occasions it was recorded as un-recordable. Her NEWS score increased to 6 despite having no blood pressure recording at 11:37 on 23/5/16 and continued to rise throughout the day. 4 saps forms were completed over the period of 22/5/16 10:33 to 23/5/16 19:00 with no real resolution of any of the problems as she continued to deteriorate. The patient was anuric from 11:00 22/5/16 until 20:00 23/5/16. On catheterisation she had 100 ml residual and then continued to be anuric. The patient was given 2802 mls fluid on 22/5/16 and 3422 mls on 23/5/16. The patient was reviewed on the 23/5/16 on the ward round by the consultant and by an SHO at 17:02 and 19:20 by the medical registrar.</li> <li><u>Brampton - 2x Falls</u> Patient had two inpatient falls, details of the falls below: Unwitnessed Fall, Patient was found on the floor head end of the bed by HCA. ? patient fell over the bed rail. Found patient on the</li> </ul>		<ul style="list-style-type: none"> <li><u>Benham</u> SI currently being undertaken by the Trust</li> <li><u>Brampton</u> Internal investigation commenced. Due to concerns raised by governance team. External investigation requested. This has been commenced.</li> <li><u>Main Theatres</u> Actions will be taken once feedback has been received.</li> </ul>	



floor near the bottom of the bed opposite her bed.		
<ul style="list-style-type: none"><li>• <u>Main Theatres - EVAR Stent not Deployed during Surgery</u> This issue has been reported to the MHRA and we await feedback</li></ul>		
Lead Clinician:	Lead Manager:	Lead Director:
Dr Chris Leng, Dr Timperley, Dr Brawn	Fay Gordon (Surgery / Theatres) and Sue McLeod (Medicine)	Dr Mike Cusack



<b>Report To</b>	<b>PUBLIC TRUST BOARD</b>
<b>Date of Meeting</b>	<b>28 July 2016</b>

<b>Title of the Report</b>	<b>Report from the Finance Investment and Performance Committee</b>
<b>Agenda item</b>	<b>18</b>
<b>Presenter of Report</b>	Phil Zeidler, Non-Executive Director and Chair of Finance Investment and Performance Committee
<b>Author(s) of Report</b>	Phil Zeidler, Non-Executive Director and Chair of Finance Investment and Performance Committee
<b>Purpose</b>	For Assurance
<b>Executive summary</b>  This report from the Chair of the Finance Investment and Performance Committee provides an update to the Trust Board on activities undertaken during the month of June.	
<b>Related strategic aim and corporate objective</b>	Strategic Aim 3,4 and 5
<b>Risk and assurance</b>	Risks assessment provided within the report.
<b>Related Board Assurance Framework entries</b>	BAF 1.2, 5.1, 5.2 and 6.3
<b>Equality Analysis</b>	<p>Is there potential for, or evidence that, the proposed decision/document will not promote equality of opportunity for all or promote good relations between different groups? (Y/N)</p> <p>Is there potential, for or evidence that, the proposed decision/document will affect different protected groups/characteristics differently (including possibly discriminating against certain groups/protected characteristics)? (Y/N)</p>
<b>Legal implications / regulatory requirements</b>	Statutory and governance duties

**Actions required by the Trust Board**

The Trust Board is asked to note the report.

## COMMITTEE HIGHLIGHT REPORT

Report to the Trust Board: 28th July 2016

<b>Title</b>	<b>Finance Committee Exception Report</b>
<b>Chair</b>	<b>Phil Zeidler</b>
<b>Author (s)</b>	<b>Phil Zeidler</b>
<b>Purpose</b>	<b>To advise the Board of the work of the Trust Board Sub committees</b>

### Executive Summary

The Committee met on 22<sup>nd</sup> June 2016 to discuss items on its agenda (drawn from its annual work plan, arising issues relevant to its terms of reference or matters delegated by the Trust Board).

#### Key agenda items:

- Changing care@NGH
- Revised Control Total
- Reference Costs Audit
- Agency Cap
- Operation Performance Report
- Business Case Report

**Board Assurance Framework entries**  
(also cross-referenced to CQC standards)

#### Key areas of discussion arising from items appearing on the agenda

- Discussed best ways to deliver value through the findings from the Carter report
- Discussed the revised Control Total proposal from NHSI which if adopted delivers an additional £9.7m funding subject to conditions being met.
- Discussed the Reference costs audit where we were deemed Non Compliant
- Noted an improved A&E performance despite very high admissions. Due t reduced ALoS in part through less acuity and in part through more efficient discharges, notably at weekends
- Cancer targets no a real focus, with much more granular reporting
- Pharmacy weekend cover Business case required more information

#### Any key actions agreed / decisions taken to be notified to the Board

- Audit to instruct internal Audit to look at Reference Costs to get full assurance on the remedial action agreed with PWC
- Paediatric Business case for opening PAU at weekends approved

#### Any issues of risk or gap in control or assurance for escalation to the Board

- 16/17 contract dispute to be raised at Board

#### Legal implications/ regulatory requirements

The above report provides assurance in relation to CQC Regulations and BAF entries as detailed above.

#### Action required by the Board

- A recommendation to the Board that the Board accept the revised Control total of **£24.8m before the £9.7m STF funding or £15.1m after accounting for the £9.7m STF funding** from NHSI subject to various assumptions.

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<b>Report To</b>	<b>PUBLIC TRUST BOARD</b>
<b>Date of Meeting</b>	<b>28 July 2016</b>

<b>Title of the Report</b>	<b>Report from the Quality Governance Committee</b>
<b>Agenda item</b>	<b>19</b>
<b>Presenter of Report</b>	Liz Searle, Non-Executive Director and Chair of Quality Governance Committee
<b>Author(s) of Report</b>	Liz Searle, Non-Executive Director and Chair of Quality Governance Committee
<b>Purpose</b>	For Assurance
<b>Executive summary</b>  This report from the Chair of the Quality Governance Committee (QGC) provides an update to the Trust Board on activities undertaken during the month of June.	
<b>Related strategic aim and corporate objective</b>	Strategic Aim 3,4 and 5
<b>Risk and assurance</b>	Risks assessment provided within the report.
<b>Related Board Assurance Framework entries</b>	BAF 1.1, 1.3, 1.4, 1.6 and 2.1
<b>Equality Analysis</b>	<p>Is there potential for, or evidence that, the proposed decision/document will not promote equality of opportunity for all or promote good relations between different groups? (Y/N)</p> <p>Is there potential, for or evidence that, the proposed decision/document will affect different protected groups/characteristics differently (including possibly discriminating against certain groups/protected characteristics)? (Y/N)</p>
<b>Legal implications / regulatory requirements</b>	Statutory and governance duties

**Actions required by the Trust Board**

The Trust Board is asked to note the report.



## COMMITTEE HIGHLIGHT REPORT

Report to the Trust Board: 28 July 16

<b>Title</b>	<b>Quality Governance Committee Exception Report</b>
<b>Chair</b>	<b>Liz Searle</b>
<b>Author (s)</b>	<b>Liz Searle</b>
<b>Purpose</b>	<b>To advise the Board of the work of the Trust Board Sub committees</b>

### **Executive Summary**

The Committee met on **24 June** to discuss items on its agenda (drawn from its annual work plan, arising issues relevant to its terms of reference or matters delegated by the Trust Board).

#### **Key agenda items:**

- Emergency Calls, Cardiac Arrests and DNACPR
- Accessible Information Standards
- Complaints & PALs Quarterly Report & Annual Report
- Incident Report Q4
- QI Presentation on SI's
- Risk Management Annual Report
- Annual Audit Plan and Report
- Health and Safety Annual Report

**Board Assurance Framework entries**  
(also cross-referenced to CQC standards)

#### **Key areas of discussion arising from items appearing on the agenda**

- Theatre paper deferred till July
- Accessible Information Standards – a lot of work to be done and will be unable to meet the July deadline.
- Annual Audit Report – requested a further update in 3 months
- CQC report to come monthly to QGC for the foreseeable future

#### **Any key actions agreed / decisions taken to be notified to the Board**

- Formal rule 28 issued
- Annual Audit Report – requested a further update in 3 months
- Deep-dive into communication issues
- Concerns raised within the Health and Safety report on the increased physical aggression towards staff

#### **Any issues of risk or gap in control or assurance for escalation to the Board**

- Health and Safety Report – new Health and Safety officer in place and an update on her progress at mitigating the issues noted within the report to be presented in the next quarter.

#### **Legal implications/ regulatory requirements**

The above report provides assurance in relation to CQC Regulations and BAF entries as detailed above.

<b><u>Action required by the Board</u></b>	

<b>Report To</b>	<b>PUBLIC TRUST BOARD</b>
<b>Date of Meeting</b>	<b>28 July 2016</b>

<b>Title of the Report</b>	<b>Report from the Workforce Committee</b>
<b>Agenda item</b>	<b>20</b>
<b>Presenter of Report</b>	Graham Kershaw, Non-Executive Director and Chair of Workforce Committee
<b>Author(s) of Report</b>	Graham Kershaw, Non-Executive Director and Chair of Workforce Committee
<b>Purpose</b>	For Assurance
<b>Executive summary</b>  This report from the Chair of the Workforce Committee provides an update to the Trust Board on activities undertaken during the month of June.	
<b>Related strategic aim and corporate objective</b>	Strategic Aim 3,4 and 5
<b>Risk and assurance</b>	Risks assessment provided within the report.
<b>Related Board Assurance Framework entries</b>	BAF 4.1, 4.2, 4.3
<b>Equality Analysis</b>	<p>Is there potential for, or evidence that, the proposed decision/document will not promote equality of opportunity for all or promote good relations between different groups? (Y/N)</p> <p>Is there potential, for or evidence that, the proposed decision/document will affect different protected groups/characteristics differently (including possibly discriminating against certain groups/protected characteristics)? (Y/N)</p>

<b>Legal implications / regulatory requirements</b>	Statutory and governance duties
<b>Actions required by the Trust Board</b>  The Trust Board is asked to note the report.	

## COMMITTEE HIGHLIGHT REPORT

Report to the Trust Board for July 2016

<b>Title</b>	<b>Workforce Committee Report</b>
<b>Chair</b>	<b>Graham Kershaw</b>
<b>Author (s)</b>	
<b>Purpose</b>	<b>To advise the Board of the work of the Trust Board Sub committees</b>

### Executive Summary

The Committee met on 18/05/2016 to discuss items on its agenda (drawn from its annual work plan, arising issues relevant to its terms of reference or matters delegated by the Trust Board).

#### Key agenda items:

Medical Education Quarterly update  
Nurse recruitment and retention strategies/action plans.  
Workforce performance  
Safe nurse staffing

#### **Board Assurance Framework entries**

*(also cross-referenced to CQC standards)*

### Key areas of discussion arising from items appearing on the agenda.

Recruitment of nurses continues to be challenging, more recruitment activity is now taking place in India The committee were also informed that the nurses accommodation would have broadband shortly as there had been issues with the supplier  
DoN discussed the new Associate Nursing role. Ms. Fox advised that the East Midlands had been requested to pilot the role.

The committee was informed of a move to charge tuition. The committee expressed their strong concerns on the impact this would have on nurse training. Don reported that Northampton University could decide to only have 1 cohort of nurses qualify yearly.

It was

Dr Cusack presented the Medical Revalidation and Appraisal Quarterly Report.

Dr Cusack advised that the report gives a summary of the medical appraisal and revalidation status at Northampton General Hospital NHS Trust for the period January 2016 – March 2016, Q4. A number of questions were asked about the report and for further assurance it was requested that when the external quality assurance report is complete Dr Cusack brought this back to the committee.

The HR team on the various elements of our HR strategy made presentations.

Mr. I Gregory presented the Employee Engagement Strategy and People strategy update.

Mr. Bryden and Ms. Nicholson who gave a presentation Improving Quality and Efficiency which included:

- The role of the IQE team
- The story so far
- The IQE approach
- Current work
- The future and
- Getting it right.

These presentations clearly demonstrated the work done on delivering our cultural change programme and the impact it was having.

<p>Ms. Thorne presented the Freedom to Speak Up – Progress Report.</p> <p>Ms. Thorne advised the Committee that this report would be presented quarterly to the Workforce Committee.</p>	
<p><b><u>Any key actions agreed / decisions taken to be notified to the Board</u></b></p> <p>Mandatory training compliance had remained above the 85% target.</p> <p>Sickness continued to be above the trust target</p>	
<p><b><u>Any issues of risk or gap in control or assurance for escalation to the Board</u></b></p> <p>Non other than referred to above</p>	
<p><b>Legal implications/ regulatory requirements</b></p>	<p>The above report provides assurance in relation to CQC Regulations and BAF entries as detailed above.</p>
<p><b><u>Action required by the Board</u></b></p> <p>Note report</p>	

<b>Report To</b>	<b>PUBLIC TRUST BOARD</b>
<b>Date of Meeting</b>	<b>28 July 2016</b>

<b>Title of the Report</b>	<b>Report from the Hospital Management Team Workshop Meeting held on 5<sup>th</sup> July 2016</b>
<b>Agenda item</b>	<b>21</b>
<b>Presenter of Report</b>	Deborah Needham, Chief Operating Officer/Deputy CEO
<b>Author(s) of Report</b>	Deborah Needham, Chief Operating Officer/Deputy CEO
<b>Purpose</b>	For Information & Assurance
<b>Executive summary</b>  This report provides an update to the Trust Board on activities undertaken at the Hospital Management Team meeting held in July 2016.	
<b>Related strategic aim and corporate objective</b>	Strategic Aims - All
<b>Risk and assurance</b>	Risks assessment provided within the report.
<b>Related Board Assurance Framework entries</b>	BAF 1.2, 1.5, 1.7, 2.1, 4.1, 4.2, 5.1,
<b>Equality Analysis</b>	<p>Is there potential for, or evidence that, the proposed decision/document will not promote equality of opportunity for all or promote good relations between different groups? (N)</p> <p>Is there potential, for or evidence that, the proposed decision/document will affect different protected groups/characteristics differently (including possibly discriminating against certain groups/protected characteristics)? (N)</p>
<b>Legal implications / regulatory requirements</b>	Statutory and governance duties
<b>Actions required by the Trust Board</b>  The Trust Board is asked to note the report.	





## COMMITTEE HIGHLIGHT REPORT

Report to the Trust Board: 28<sup>th</sup> July 2016

<b>Title</b>	<b>HMT Exception Report</b>
<b>Chair</b>	<b>Mrs Deborah Needham</b>
<b>Author (s)</b>	<b>Mrs Deborah Needham</b>
<b>Purpose</b>	<b>To advise the Board of the work of the Trust Board Sub committees</b>

### **Executive Summary**

The Committee (workshop) met on 5<sup>th</sup> July 2016 to discuss items on its agenda (drawn from its annual work plan, arising issues relevant to its terms of reference or matters delegated by the Trust Board).

#### **Key agenda items:**

1. Divisional updates
2. Business cases (Additional beds & Vascular service expansion)
3. Acute Assessment hub – model of care

#### **Board Assurance Framework entries**

1.1, 1.2, 2.2, 3.1, 3.2,

### **Key areas of discussion arising from items appearing on the agenda**

#### **Divisional updates**

Divisions presented their current concerns and actions being taken and any other divisional updates:

##### **Medicine & Urgent care**

- a. Recruitment of medical staff including over recruitment of trust Grade doctors to ensure any gaps are covered.
- b. Ambulance handover improvements over the last 4 weeks.

##### **Surgery**

- a. Internal performance meetings continuing in the division.
- b. Gap in trainee doctors within anaesthetics and the actions which the division are taking to mitigate any risks.

##### **Women's ,Childrens, Oncology, Haematology and Cancer**

- a. No immediate items of concern or update received.

##### **Clinical Support services**

- a. Staff retention.
- b. EMRAD – the effect of deployment and continuing plans to address risks.
- c. MRHA report for pathology and further actions being taken.

#### **Business cases**

Two in year business cases were presented:

1. Due to the gap in bed capacity of up to 130 beds for this year. As part of winter planning a business case was presented to utilise up to 38 beds at a local nursing home, using a new model of care to ensure ongoing rehabilitation for our patients.

<p>2. A further business case was presented to expand the current vascular service for Northamptonshire at NGH to include Milton Keynes vascular service.</p> <p>Both cases were supported by HMT and recommend for approval to the Finance, Performance &amp; Investment committee which is due to meet in July 2016.</p> <p><b>Acute Assessment Hub</b></p> <p>Dr. Timperley (Clinical Director for Urgent Care) gave a comprehensive presentation on how the proposed new assessment hub would function, including timescales, build design, staffing and the medical model for the hub.</p>	
<p><b><u>Any key actions agreed / decisions taken to be notified to the Board</u></b></p>	
<p><b><u>Any issues of risk or gap in control or assurance for escalation to the Board</u></b></p> <p>All areas of risk regarding quality and performance are covered in Trust Board reports and detailed on the risk register</p>	
<p><b>Legal implications/ regulatory requirements</b></p>	<p>The above report provides assurance in relation to CQC Regulations and BAF entries as detailed above.</p>
<p><b><u>Action required by the Board</u></b></p> <p>To note the contents of the report.</p>	

A G E N D A

PUBLIC TRUST BOARD

Thursday 28 July 2016  
10.00 in the Board Room at Northampton General Hospital

Time	Agenda Item	Action	Presented by	Enclosure
10:00 INTRODUCTORY ITEMS				
	1. Introduction and Apologies	Note	Mr P Farenden	Verbal
	2. Declarations of Interest	Note	Mr P Farenden	Verbal
	3. Minutes of meeting 26 May 2016	Decision	Mr P Farenden	A.
	4. Matters Arising and Action Log	Note	Mr P Farenden	B.
	5. Patient Story	Receive	Executive Director	Verbal
	6. Chairman's Report	Receive	Mr P Farenden	Verbal
	7. Chief Executive's Report	Receive	Dr S Swatt	C.
10:25	CLINICAL QUALITY AND SAFETY			
	8. Medical Director's Report	Assurance	Dr M Cusack	D.
	9. Director of Nursing and Midwifery Report	Assurance	Ms C Fox	E.
	10. Same Sex Accommodation Board Statement of Compliance	Assurance	Ms C Fox	F.
	11. 24 Hour Survey in A&E – Summary Report	Assurance	Mrs D Needham	G.
	12. Equality and Diversity Report	Assurance	Mrs J Brennan	H.
11:00	OPERATIONAL ASSURANCE			
	13. Finance Report	Assurance	Mr S Lazarus	I.
	14. Workforce Performance Report	Assurance	Mrs J Brennan	J.
11:15	STRATEGY			
	15. Clinical Collaboration Update	Assurance	Mr C Pallot	K.
11:25	GOVERNANCE			
	16. Annual Fire Safety Report 2015/16 including the Annual Statement of Fire Safety Compliance	Assurance	Mr C Abolins	L.

Time	Agenda Item	Action	Presented by	Enclosure
11:55	FOR INFORMATION			
	17. Integrated Performance Report	Assurance	Mrs D Needham	M.
12:05	COMMITTEE REPORTS			
	18. Highlight Report from Finance Investment and Performance Committee	Assurance	Mr P Zeidler	N.
	19. Highlight Report from Quality Governance Committee	Assurance	Mrs L Searle	O.
	20. Highlight Report from Workforce Committee	Assurance	Mr G Kershaw	P.
	21. Highlight Report from Hospital Management Team	Assurance	Dr S Swart	Q.
12:30	22. ANY OTHER BUSINESS		Mr P Farenden	Verbal
DATE OF NEXT MEETING				
The next meeting of the Trust Board will be held at 09:30 on Thursday 29 September 2016 in the Board Room at Northampton General Hospital.				
<b>RESOLUTION – CONFIDENTIAL ISSUES:</b> The Trust Board is invited to adopt the following: “That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest” (Section 1(2) Public Bodies (Admission to Meetings) Act 1960).				