Northampton General Hospital
NHS Trust

Proud to be a part of

University Hospitals of Northamptonshire
NHS Group

Annual Report and Accounts 2023/24

Dedicated to excellence

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All NHS organisations are required to publish an annual report and financial statements following the end of each financial year. This report provides an overview of the work of Northampton General Hospital NHS Trust between 1 April 2023 and 31 March 2024 (2023-24).

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Section 1: Performance Report

Chair's welcome

Welcome to our annual report for 2023-24. It has been a pleasure to chair the University Hospitals of Northamptonshire Group (UHN) (comprising Northampton General Hospital NHS Trust (NGH) and Kettering General Hospital NHS Foundation Trust - KGH) for the year and you will see in this report how we have made progress in strengthening our collaboration, improving in some key operational areas and are implementing improvements to enhance the experience of both our colleagues and our patients.

I did not think it was possible for my admiration for my colleagues to grow any more but this has been another year in which I have seen teams across our hospitals go above and beyond to deliver the best possible care to the people of Northamptonshire in difficult circumstances. It has been a privilege to be a member of the board for organisations which display our values of courage, accountability, compassion, integrity and respect in everything they do.

In 2024 – 25, we must continue to focus on collaboration and the benefits working together to improve UHN as both a place to work and receive care. This was my last year as Chair as I plan to retire in June 2024 and I would like to thank all of my UHN colleagues for their continued support throughout my tenure. I look forward to watching the organisations go from strength to strength.

John MacDonald

Trusts' Chair (Northampton General Hospital, Kettering General Hospital)

26 June 2024

Chief Executive's Introduction

I was proud to join the University Hospitals of Northamptonshire NHS Group in late October 2023 as Chief Executive and I have been impressed by what I have seen and heard. We face many challenges including providing services post COVID and the impacts of industrial action, growing demand, inflation and low public faith in the NHS, yet there are many reasons to remain optimistic about our future.

We now have an important opportunity to work with partners, including the University Hospitals of Leicester NHS Trust, where I am also CEO, to deliver two priorities:

1) To improve UHN as a place to work
2) To improve UHN as a place to receive care.

These two priorities are intrinsically linked and we know that by maintaining a relentless focus on improving the experience of colleagues, we will improve the experience and outcomes of patients.

Our work in the first of these priorities has been shaped by the feedback received from colleagues as part of the annual NHS Staff Survey and well over half of our workforce told us what UHN is like as a place to work. We have a lot more to do to improve culture, equality and working conditions across UHN. We need to build on the Tackling Racism Strategy, which we launched during Race Equality Week in February 2024.

We have also been encouraged by progress with patient care. In cancer, diagnostics and planned care we have performed comparatively well and we are continuing to reduce the maximum waits for planned care. Next year, continuing to strengthen clinical collaboration is a priority. Our fully integrated Head and Neck Service is a prime example of the benefits of an integrated model across UHN.

I am grateful for the difference made by all colleagues over the last year.

Richard Mitchell

Chief Executive and Accountable Officer

Who we are and what we do

NGH provides general acute services for a population of 426,700 in West Northamptonshire (ONS Mid-Year 2021 estimates) and hyper-acute stroke, vascular and renal services to people living throughout the whole of Northamptonshire. The Trust is also an accredited cancer centre and provides cancer services to a wider population of 880,000 who live in Northamptonshire and parts of Buckinghamshire. In addition to the main hospital site, which is located close to Northampton town centre, the Trust also provides outpatient and day surgery services at Danetre Hospital in Daventry.

The principal activity of the Trust is the provision of free healthcare to eligible patients. The hospital provides the full range of outpatients, diagnostics, inpatient and day case elective and emergency care and also a growing range of specialist treatments that distinguishes their services from many district general hospitals It also provides a very small amount of healthcare to private patients. The Trust is constantly seeking to expand the portfolio of hyper-acute specialties and to provide services in the most clinically effective way. Examples are developments in both urological cancer surgery and laparoscopic colorectal surgery placing the Trust at the forefront of regional provision for these treatments.

The Trust trains a wide range of clinical staff, including doctors, nurses, therapists, scientists and other professionals. The training and development department offers a wide range of clinical and non-clinical training courses, accessed in a variety of ways through a range of media including e-learning. The Trust has excellent training facilities which were recently upgraded. Services are delivered from the main acute hospital site in Northampton or by staff in the community.

Developing a shared vision of the future: the University Hospitals of Northamptonshire Group

In 2021, we formed a hospital group with Kettering General Hospital NHS Foundation Trust (KGH), and appointed a Group Chief Executive of our hospitals. Under the UHN model, both Trusts work collaboratively to improve the quality of the care we provide, enable more equitable access to services across the county, and make better use of our valuable resources.

As part of this work, we adopted (with KGH) a ‘Dedicated to Excellence’ Strategy, developed following extensive public engagement, articulating UHN’s common vision and mission, supported by shared priorities and values.

The Strategy set out:

Our Group vision:

Dedicated to outstanding patient care and staff experience by becoming a university hospital group and a leader in clinical excellence, inclusivity and collaborative healthcare.

Our Group mission:

Provide safe, compassionate and clinically excellent patient care by being an outstanding employer for our people, creating opportunity and supporting innovation, and working in partnership to improve local health and care services.

UHN values:

UHN’s core values directly reflect the most common themes shared by staff, patient representatives and other stakeholders during the engagement programme. The top aspirational values we need to nurture have been woven into the vision and mission statements and will form an important part of our Group organisational development plans.

Compassion

We care about our patients and each other. We consistently show kindness and empathy and take the time to imagine ourselves in other people's shoes.

Integrity

We are consistently open, honest and trustworthy. We can be relied upon, we stand by our values and we always strive to do the right thing.

Respect

We value each other, embrace diversity and make sure everyone feels included. We take the time to listen to, appreciate and understand the thoughts, beliefs and feelings of others.

Courage

We dare to take on difficult challenges and try out new things. We find the strength to speak up when it matters and we see potential failure as an opportunity to learn and improve.

Accountability

We take responsibility for our decisions, our actions and our behaviours. We do what we say we will do, when we say we will do it. We acknowledge our mistakes and we learn from them.

Our Group Priorities

The Trusts agreed five priority areas of focus and improvement in respect of:

- Patient: excellent patient experience shaped by the patient voice;
- Quality: outstanding quality healthcare, underpinned by continuous, patient-centred improvement and innovation;
- Systems and Partnerships: seamless, timely pathways, working together with our partners;
- Sustainability: a resilient and creative University Hospital Group, embracing every opportunity to improve care
- People: an inclusive place to work where people are empowered to make a difference.

Our Clinical Strategy

Our Group Clinical Strategy outlines how the Trusts work together across UHN and local health system to deliver excellent patient care and improve services for its patients.

The strategy sets out how we are building on our existing collaborations to establish clinical centres of excellence in the county, increasing capacity so our patients do not experience cancelled operations and longer waiting times, and becoming a hub for research and innovation. It contains the following core ambitions:

1. Work with our partners to prevent ill-health and reduce hospitalisation, changing the way care is provided along the care pathway
2. Develop centres of excellence in the county, building on our established strengths in each hospital, with cardiology being based in KGH and cancer in Northampton General Hospital, but with consistent access to these services by all patients in the county
3. Protect elective beds to reduce cancelled operations, reduce long waiting times and increase efficiency
4. Build on our University Hospital status, becoming a hub for innovation and research, attracting high calibre talent and growing the number of clinical trials our patients can access.

Enabling Strategies

The Trusts have adopted a number of longer-term strategies to enable the right changes to be made to achieve UHN's ambitions.

- *Digital:* to ensure that the digital approach is applied across all aspects of our Group, so that our patients receive the excellent care they deserve and our staff are supported by tools that meet their needs.

- *People:* to become an inclusive place to work where people are empowered to make a difference.

- *Nursing, Midwifery and Allied Health Professionals (NMAHP):* for KGH and NGH to be career-defining destinations for NMAHP staff where passion, pride and perseverance drive high quality care, excellence in practice and compassionate leadership with patients at the heart of all we do.

- *Academic:* to achieve international recognition as an academic centre that promotes and delivers health service and provision and health outcomes to our patients.

Dedicated to Excellence: Progress during 2023-2024 by the UHN Group

During March and April 2023, Committees of the Boards and the KGH and NGH Boards reviewed progress against the delivery of the strategy and the strategic priorities, and confirmed the five strategic priorities as our current priorities.

The Boards reviewed progress updates on delivery of 2023-24 programmes in December 2023, following consideration by lead committees for each strategic priority, in order to ensure clear executive leadership for the priorities, and that enabling plans were in place to support delivery. This review feeds into our 2024-25 Integrated Business Planning round, undertaken with divisional teams, and supports the creation of a single plan for delivery.

Key areas to highlight of impact and benefits for our patients and colleagues at Kettering and Northampton are set out below (see the performance analysis section below for specific performance information relating to Northampton General Hospital).

Patient:

- During April – Sept 2023-24 NGH averaged **6,100** FFT responses per month which equates to an **11% increase** against the same period last year.
- New community diagnostic centres **sited in locations to support reducing our health inequalities**, and with **strong community engagement events** run jointly with the ICB
- Our updated complaints process in NGH to improve the investigation and quality of the response means that when our patients do make a complaint, they **receive a better quality response** – and we have **received positive feedback from the CQC** on this
- NGH has recruited a Patient and Family Liaison Officer to increase patient and family involvement in patient safety incident investigations and ensure adherence with Duty of Candour requirements.

Quality:

- NGH was the first UK hospital to be re-accredited for **Pathway to Excellence**, which improves care for our patients and the experience of our nursing staff.
- We have now delivered **384 robot surgeries (over 500 by year end)** in NGH as part of the Cancer Centre of Excellence work, providing faster, better quality care and better patient experience by reducing the need to go out of county.
- Over the last 6 months, **mortality indices have continued to improve in both hospitals**, improving safety for our patients.
- We have received **positive feedback from the regional Getting it Right First Time (GIRFT) team** on the development of our GIRFT delivery plan.

People:

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

Systems and Partnerships:

- Over **80%** of our patients receive their **cancer diagnosis within 28 days**
- In NGH, we have **treated 155 more patients for elective care** than we had planned
- Our patients who are waiting for a diagnosis **receive their cancer diagnosis faster than other systems in the region**, and in June 2023 the fastest nationally
- Our virtual ward programme across Northamptonshire is **supporting individuals to be able to manage their condition** at home and contact community hubs directly instead of coming to hospital.
- New **community diagnostic centres have opened** in the county, increasing the number of diagnostic tests we are able to complete for our patients
- In KGH, on average **16% more people are diagnosed within 6 weeks** in December compared to June 2023.

Sustainability

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

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

The Boards of Directors will receive a report setting out achievements against the delivery of 2023-24 objectives at the August 2024 meeting.

Our local health system

The Trusts are key partners in the Northamptonshire Integrated Care Board (ICB), which legally came into being in July 2022 to replace the Northamptonshire Clinical Commissioning Group (CCG) and is the statutory body responsible for local NHS services, functions, performance and budgets. The Trust Chair and Group Chief Executive are Members of the ICB Board. The ICB is responsible for joining up care services to improve patient care in the community within the Integrated Care System (ICS). In bringing together hospitals and family doctors, physical and mental health, the NHS, local councils and community and voluntary services, the ICS allows for greater input from all those involved in delivering services, resulting in better care wrapped around individuals. The ICB ensures that the best possible care is available to people in our communities. It constantly assesses what needs to change to meet the level and complexity of care in the county. The ICB ensures that integrated care improves population health and reduces inequalities between different groups.

For 2023-24, the Trusts contributed to a single Operating Plan for the Northamptonshire Integrated Care Board (ICB), comprising the key elements of activity and performance, workforce, finance and accompanying narrative.

The final submission in May 2023 set out aims for the ICB as a whole to deliver a breakeven financial position and for operational plans to deliver on the following targets:

- Elective recovery; Each Trust set an Elective Recovery target with NHS Northamptonshire ICB to increase activity as a % of 19/20 weighted levels (NGH 108.9%; KGH 104.5%).
- Achievement of cancer standards
- No 65-week waits in the plan from March 2024
- Diagnostic standards and four-hour AandE target met from March 2024, and
- Reductions in KGH and NGH workforces in line with efficiency targets.

Delivery of the plan was dependent upon a number of assumptions and risks, and it did not address wider sustainability and productivity challenges for the acute trusts, particularly underlying financial deficits and the scale and pace for integration and system transformation required to deliver benefits in urgent and emergency care flow.

The materialisation of key risks around continuing industrial action, unfunded inflationary pressures and lack of efficiency delivery meant that the breakeven position could not be delivered such that, in November 2023 and in response to a formal request from NHS England, the ICB submitted a revised plan which provided for a year end deficit of £18.4m for UHN (KGH £2.9m and NGH £15.5m).

The Trusts achieved the revised forecast deficit for the year, which represented a significant achievement in the context of ongoing pressures caused by urgent and emergency care demand, industrial action, inflationary and other service specific pressures.

Please see the Performance Analysis Section below for detailed Trust performance during the year.

Planning for 2024-2025

The Trust submitted the final iteration of the 2024/25 plan for the Integrated Care Board on 2 May 2024. This plan identified a planned deficit for the year of £34.1m. This plan position has been triangulated with

the ICB and other Commissioners and is part of an overall UHN deficit plan of £69m. The Trust plan has been compiled taking account of known and anticipated cost pressures, an allowance for prioritised investments and the assumed delivery of a 5% in year efficiency target. The Trusts continue to work with ICB and NHS England to identify measures to reduce the overall deficit position.

Working together to tackle local health inequalities

Our local population is older than, and growing faster than, the national average so the demand for excellent quality care and support will increase over the coming years. Some of our local populations have significantly poorer health outcomes and life expectancy than the national average, and many of these people do not get the access to the care they need in a timely way.

Where you are born in Northamptonshire also makes a difference to how long you are likely to live. A male in Northamptonshire can expect to live an average of 80 years and a female an average of 83 years. This is in line with the national average; however, males born in the most deprived part of Corby in the north of the county have an average life expectancy of 73 years, compared with males born in the wealthier area of Spratton, who live to an average of 83 years. Similarly, females born in Corby Central live to an average age of 78, while others in Towcester Mill in South Northamptonshire, live to an average age of 87.

Two-week waits for cancer referrals are significantly higher in Northamptonshire than the national average (7.8% compared to 7.1%), 547 of the 1,385 deaths from cardiovascular diseases amongst those aged under 75 years were considered preventable, had effective public health and primary prevention interventions been delivered. North and West Northamptonshire have significantly higher death rates for respiratory disease in residents age under 75 years compared to the England average, 38 per 100,000 in North Northamptonshire compared to 34 per 100,000 for England); 24 of which were considered preventable.

More detailed information on health inequalities in Northamptonshire is available to access online at www.icnorthamptonshire.org.uk/health-inequalities

UHN's Clinical Strategy (see above) sets out what we need to do to tackle these challenges, identifying key areas where our population will require care and treatment over the coming years. We are working within the Integrated Care System to transform how services are delivering through a collaborative for elective care, for which KGH and KGH have been designated as Lead Providers. This collaborative aims to transform services so that patients can access the right clinician in the right place, for example in community integrated diagnostic hubs and transformed outpatient services, supported by an ICS-wide patient waiting list to support equitable access. KGH worked with partners to progress the redesign of **outpatient services** across the county during the year, committing to a co-design approach to enable patients, communities and staff to create a county-wide blueprint for excellent outpatient pathways to reduce backlogs, improve health outcomes, remove unwarranted variation and ensure everyone can access the right care in the right place: co-design workshops are planned to take place between March to June 2024. UHN has also joined the Getting it Right First Time 'Further Faster' accelerator programme, which will enable us to draw directly on national guidance and support for the rapid adoption of best practice locally.

The Trusts participate in the ICS **'Supporting and Recovering Independence'** programme, which expanded its scope during the year to focus on 'Ageing Well' and further improvements and expansion of the virtual ward. KGH also progressed transformation workstreams linked to NHS England's high impact interventions, including work by the frailty team within the Emergency Department to fast-track vulnerable patients to therapy and social care to avoid hospital admission. Our operational teams also worked with North Northampton Council (NNC) to jointly open additional beds at Thackley Green Specialist Care Centre. The additional beds were provided for patients who no longer required acute care but were not quite ready to return home. These initiatives not only improved the timeliness of access and care for most of our most vulnerable patients, but also provided important mitigations which helped us to maintain services during the winter peak period.

We continued made significant progress in **community diagnostic** provision during the year, to increase testing capacity and reducing journeys to our hospitals, which are difficult to access for many people. Following approval by Regional and National panels in February 2023, we selected Corby and King's Heath (Northampton) as preferred sites, based on the following criteria:

- Future proofing (available land for future expansion or new build)
- Accessible by car or public transport within 30 minutes
- Size of population where Index of Multiple Deprivation is within the highest 20%.

We hope to open both centres later in 2024. We were able, however, to open some additional temporary capacity early, enabling KGH and NGH to deliver 76,000 more tests than would have previously been achievable (56,000 at Corby and 20,000 at King's Heath).

A third business case has since been approved for a larger centre, based on a national specification, on a site to be identified based on these criteria.

The Trusts' endorsed the Integrated Care Northamptonshire Strategy in February 2023, setting out 10-year plan four our residents to have the best outcomes at every stage of their lives, and how we will work together with a shared responsibility to deliver these outcomes for our communities, which will improve the health of the population so that our services are reserved for the people most in need of them. The strategy is available to view here: https://www.icnorthamptonshire.org.uk/updates/integrated-care-northamptonshire-launches-10year-strategy-9188/.

Planning for 2024-25

NHS England issued detailed planning guidance in April 2024, requiring local health systems to demonstrate how they are using national funding to target the areas of highest inequality and to publish, by 26 June 2024, joined up action plans to address health inequalities, based the following strategic priorities for health inequalities around inclusive restoration of services following the COVID-19 pandemic, mitigating against digital exclusion, ensuring complete and timely data sets, accelerating preventative programmes to engage those at great risk of poor health outcomes, and strengthen leadership and accountability.

Performance Management Framework

The UHN Integrated Governance Report is submitted to Board Committees and Boards of Directors at each meeting. The Trust uses Statistical Process Control exception reporting, using longitudinal data and statistical theory to inform judgement and provide greater assurance and trend analysis. The Trust uses an aligned suite of key performance metrics to monitor performance in the context of the University Hospitals of Northamptonshire Group, with consolidated reports to the Board of Directors on a bi-monthly basis.

The strategic priorities, as set out at pages 8-9 above, are a key part of our integrated business planning cycle to ensure that we create a single forward focused view of our priorities and goals that can be used to communicate and engage staff about what we are trying to achieve, with clear goals, deliverables and KPIs.

As part of the alignment of risk management arrangements across UHN, links have been strengthened between the UHN Board Assurance Framework (BAF) and key linked Corporate Risks within each Trust. This allows for the alignment and escalation of risks from ward through Directorate and Divisional risk registers up to the corporate risk register with the Assurance and Risk and Audit Committees maintaining governance oversight and a reporting line to the Board.

Links to the Integrated Governance Reports, considered by the Board of Directors during the year, are available on our public website: https://www.northamptongeneral.nhs.uk/About/Our-Trust-Board/Meeting-and-papers/Meeting-papers.aspx.

Trust Performance analysis

1.3.1 Hospital Chief Executive's overview

In a year that we marked the NHS' 75th birthday and its incredible history, at Northampton General Hospital we were focussed on the future – introducing innovations to the way we provide care and improving the experience of our colleagues and patients.

As you will read in this performance analysis, we experienced high demand for our services during 2023-24 and also managed to improve our performance and patient satisfaction across many areas while maintaining some of the shortest waiting times both regionally and nationally.

Our dedicated colleagues have continued to go the extra mile to provide exemplary care for the people of Northamptonshire and there have been a number of highlights throughout the year which you can read below.

The period started with the news that we were the first hospital in the UK to achieve the Pathway to Excellence designation for the second time from the American Nurses Credentialing Center. This accolade underscores our dedication to fostering an environment of delivering safe and exemplary patient care and emphasises our commitment to continued improvement.

This focus on creating a culture of safety and improvement was further strengthened when we adopted the Patient Safety Incident Response Framework (PSIRF) this year. PSIRF helps to ensure we compassionately engage all of those affected by patient safety incidents and have improved oversight and learning from these incidents when they occur.

Throughout 23/24, we continued to see excellent performance against key metrics for patient safety and were encouraged that our Summary Hospital-level Mortality Indicator (SHMI) continues to decline and remains within the 'below expected' range. Performance in this area underscores our unwavering commitment to safeguarding our at-risk patients.

Operationally, we have continued to be one of the best performing hospitals in the country for both diagnostics and waits for cancer diagnosis and treatment. Northampton General Hospital was the top in the country for performance against the 28-day Faster Diagnosis Standard for several months and we were pleased to share learnings with other Trusts both regionally and nationally.

As well as improving the care we provide, we also made progress in improving as a place to work. We are immensely proud to have received an interim Preceptorship Quality Mark from NHS England, underscoring our dedication to nurturing newly registered nurses and nursing associates as they embark on their NHS careers.

We were also delighted to see a number of our staff recognised with national awards this year for the compassionate care they provide and the innovate ways they are helping to make our practices more sustainable and less wasteful.

Looking ahead, we were thrilled to announce NerveCentre as the preferred supplier for our new Electronic Patient Record (EPR) system, and are poised to revolutionise access to patient information, enhance patient care, and streamline operational efficiency by implementing the new system in the next year.

Throughout 2024/25 we will continue to strengthen our collaboration as University Hospitals of Northamptonshire (UHN) and with University Hospitals of Leicester to ensure we improve performance for our patients. This will include strengthening our research and innovation plans, and collaborating across a number of clinical services to bring down average waiting times and offer patients choice.

Finally, I would like to place on record my thanks to all of my colleagues across Northampton General Hospital and UHN who have continued to focus on providing the best possible care for the people of

Northamptonshire in the face of many operational challenges. Please read on to learn more about the progress we have made throughout the year.

Palmer Winstanley

Interim Hospital Chief Executive

NGH Highlights, 2023-24

April 2023

A new way for patient voices to be heard at Northamptonshire's hospitals

A Patient Panel was launched across both Northampton General and KGH to help ensure the patient and carers voice is heard when we develop and deliver patient care. The Patient Experience teams at both hospitals have developed the Panel idea, which will work to improve services across both hospitals, providing a new way for patients, carers, and their families to get involved in the development of services.

June 2023

Awards for outstanding compassionate care

Nurses and a midwife from Northampton General Hospital received awards for the outstanding compassionate and sensitive care they have provided for patients.
They were nominated for their awards by patients as part of an international recognition programme that honours and celebrates exceptional care.

May 2023

Dedicated space for wellbeing

OurSpace, a dedicated hub for staff, volunteers and clinical students, opened at NGH during Mental Health Awareness Week. Partly funded by Northamptonshire Health Charity, OurSpace is a permanent 24/7 area for colleagues to access to relax and recharge. It offers space for quiet reflection, as well as access to health and wellbeing services and support. It opens following a year of planning and dedication from numerous teams within the hospital.

July 2023

NGH Nurses celebrate being first UK hospital to be reaccredited with prestigious international nursing quality standard

Dame Ruth May, Chief Nursing Officer for England, visited Northampton General Hospital to congratulate its nursing teams on achieving a fantastic international quality standard.
The hospital has achieved the American Nurses Credentialing Center's (ANCC) Pathway to Excellence reaccreditation after becoming the first hospital in England to achieve the standard in 2018.

August 2023

Patient care benefits of state-of-the-art surgical robot demonstrated at awareness day

The amazing benefits to patient care of a state-of-the-art surgical robot were showcased at an awareness day at Northampton General Hospital. The £1.7m robot has been used to perform hundreds of potentially life-saving cancer operations and, by using tiny key-hole techniques, helped patients to rapidly get back to normal life.

October 2023

Community midwives get permanent memorial at Northampton Saints

A permanent memorial to the work of the Community Midwifery Team during the pandemic was unveiled at Franklin's Gardens, the home of Northampton Saints Rugby Club. Fifteen community midwives and maternity support workers from Northampton General Hospital were based at the stadium from June 2020 through to March 2021 after GP surgeries stopped hosting clinics because of infection fears.

September 2023

Celebration for armed forces' community

Current and ex-service personnel attended a celebration at Northampton General Hospital. The event showcased the wide variety of support available for the armed forces, including what the hospital itself does itself. It also celebrates the hospital's achievement of a Silver Award from the Government's Defence Employer Recognition Scheme – for the way it supports the armed forces community.

November 2023

NGH nurse wins top national award for campaign to prevent unnecessary waste

A nurse who ran a campaign to cut down on the unnecessary use of Personal Protective Equipment (PPE) at Northampton General Hospital has won a prestigious national award. Holly Slyne, Associate Director of Infection Prevention, was selected from 920 entries as a finalist in the Greener Nursing Practice category of the RCN Nursing Awards 2023.

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December 2023

£360,000 Community Midwifery Hub

Northampton General Hospital opened its fourth Community Maternity Hub creating a network of hubs covering the whole town. The development of maternity hubs signals a new way that parents-to-be are being supported in the community post the COVID-19 pandemic.

Before the pandemic community midwifery appointments were held in GP surgeries – but the risk posted by the disease meant these were suspended and care was delivered from hospitals or in temporary hubs.

February 2024

NGH uses 3D printer to create mask to help treat skin cancers

For the first time, the hospital used a highly specialised 3D printer to create a customised face mask for a patient with a skin cancer on her nose which otherwise would have needed a surgical intervention, and probably plastic surgery.

January 2024

NGH surgeon gets MBE for amazing work in Africa

A surgeon at Northampton General Hospital has received an MBE in the King's New Year's Honours List for his services to health in Northern Ghana, Africa. Robert Hicks, a Consultant Vascular Surgeon at the hospital for the last 23 years, received the honour for leading a multi-disciplinary surgical team and other healthcare workers to support the villages of the Savannah region surrounding Carpenter in Northern Ghana.

March 2024

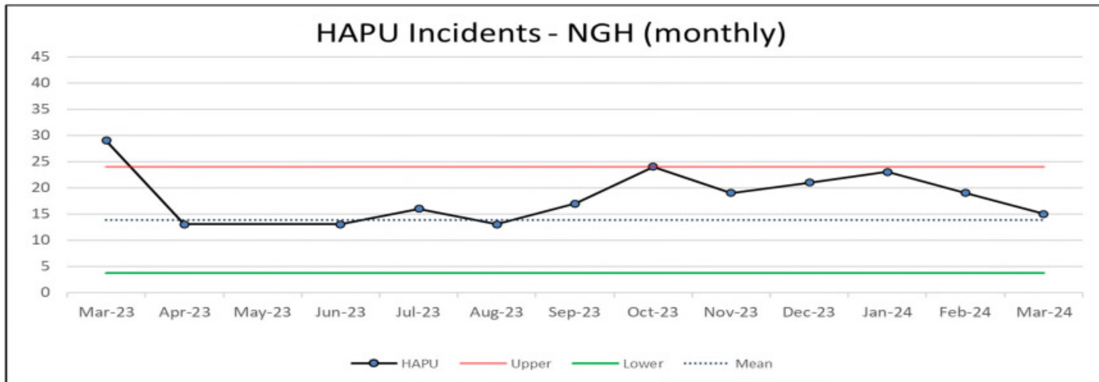
Maternity Bereavement Team win special recognition award

The maternity bereavement team from Northampton General Hospital received a national Special Recognition Award after being nominated by grateful families. Bereavement Midwives, Rachel Surl and Rachael Moss, and Maternity Bereavement Support Worker, Jane Reader, received the award – a joint second place – for the Bereavement Team of the Year Award by the Mariposa Trust. Mariposa Awards Results 2024 | Saying Goodbye

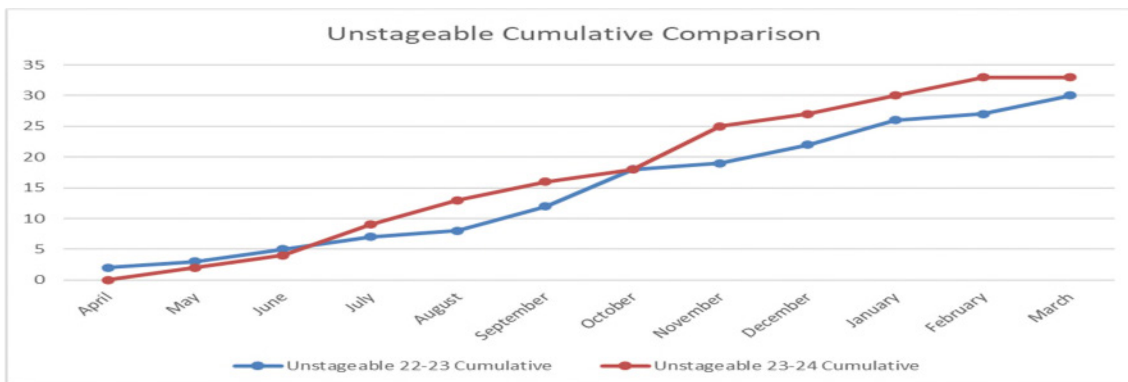
1.3.2 Performance Analysis: Patient and Quality

Hospital Acquired Pressure Ulcers

Over the past year, our dedicated teams have worked tirelessly to uphold our duty of care to patients and reduce the risk of avoidable harm during their episodes of care. This data highlights the significant steps we have made in addressing key areas of concern, with a particular focus on initiatives aimed at reducing harm from pressure ulcers and falls.



The past year has seen reduction in the incidents of Hospital-Acquired Pressure Ulcers (HAPUs) compared to the previous year. However, it is crucial to note a concerning trend: an increase in harm levels sustained by patients, particularly with a rise in unstageable and category 4 HAPUs.



Recognising the importance of addressing this issue comprehensively, a thematic review was completed with the aims to identify recurring themes and extract additional insights to inform our Trust-wide improvement plan.

Quality Improvement Initiatives

Throughout Q4 (January – March 2024), we intensified our efforts to address areas with high incidents or incidents resulting in harm. Bespoke training sessions were conducted in these areas to enhance staff competency and awareness. Moreover, all instances of HAPUs were subject to thorough review through our ‘share and learn’, ensuring that lessons gleaned from each case are disseminated efficiently through huddle sheets.

A significant milestone achieved during this period was the initiation of a trial for Purpose T, a new risk assessment tool designed to enhance our ability to identify and mitigate pressure ulcer risks effectively. This trial, launched at the end of Q4, will be closely monitored and reported on during Q1 of the upcoming year.

Assurance and Audit

To maintain a proactive stance towards quality assurance, assurance data from Q4 was rigorously reviewed. As part of our commitment to continuous improvement, a new audit framework has been drafted and is set to commence in Q1 of the current year. This framework will provide monthly performance feedback to ward areas, enabling timely interventions and adjustments to our strategies as needed.

Staff Training and Development

Recognising the importance of equipping our staff with the necessary skills and knowledge, specialist wound training has been arranged for Q1 of the current year. This training will focus on supporting the utilisation of negative pressure wound therapy, a crucial component of our pressure ulcer prevention and management strategy.

CQUIN 12

Throughout the year 2023-2024, the Trust participated in the Commissioning for Quality and Innovation (CQUIN) initiative, focusing on the Assessment and Management of Pressure Ulcer Risk (CQUIN 12).

Performance Highlights

We are pleased to report that we not only met but consistently exceeded the targets set forth by CQUIN 12 throughout each quarter of the year. Our performance improvement journey is illustrated in Figure 9, showcasing the incremental progress achieved quarter by quarter.

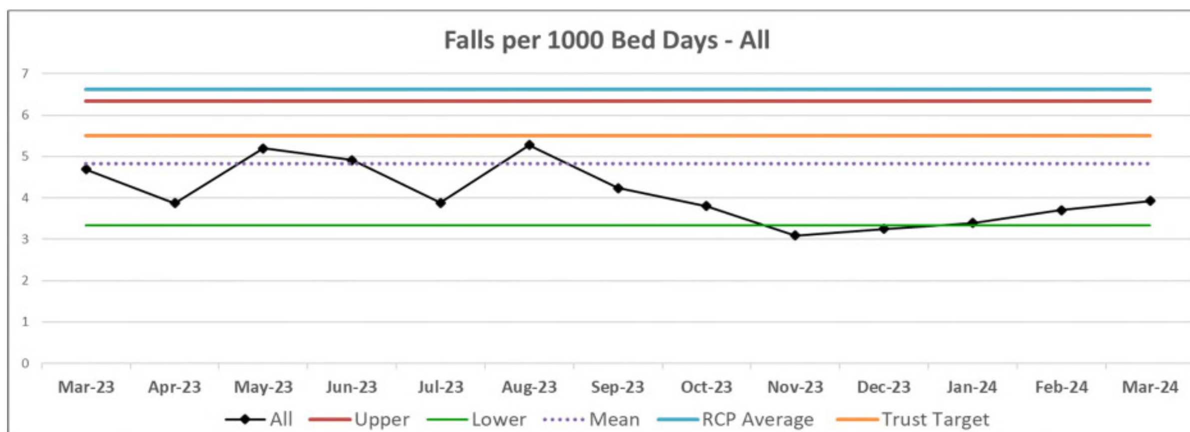
Figure 9: CQUIN 12 results

CQUIN	Title	Target	Q1	Q2	Q3	Q4
12	**CQUIN12: Assessment and documentation of pressure ulcer risk** £	70 – 85%	80%	77%	95%	97%
Further breakdown						
A pressure ulcer risk assessment (within 6hrs) using a validated scale, such as Waterlow, Purpose T, or Braden, that assesses all of: i. Mobility; ii. Skin; iii. Nutritional status; iv. Continence; v. Sensory perception.			89%	83%	95%	98%
Has an individualised care plan[5] which includes all of: I. Risk and skin assessment outcomes; ii. Recommendations about pressure relief at specific at-risk sites; iii. Mobility and need to reposition the patient; iv. Comorbidities; v. Patient preference.			87.5%	90%	97%	99%
Actions to manage the risks identified by the pressure ulcer risk assessment are documented by clinical staff.			97%	93%	99%	100%

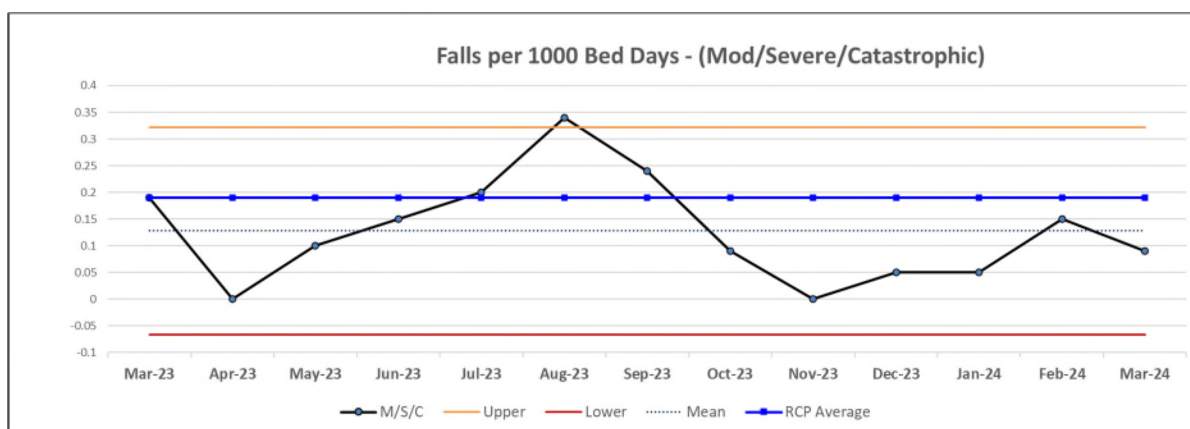
Falls

This data provides a comprehensive overview of performance in preventing inpatient falls during the year. In line with our commitment to patient safety and quality care, this summary encapsulates key metrics, initiatives, and outcomes related to falls prevention efforts within our organization. The data

highlights the notable achievement in achieving a sustained reduction in the number of falls throughout the year.



We also acknowledge with concern that some of our patients continue to experience falls resulting in harm.



Communication regarding harmful falls has been assessed throughout Q4 2023-2024 to ensure initial learning is disseminated within 24 hours.

In response to harmful inpatient falls in 2023-24, SWARMs were conducted. SWARMs concentrate on identifying contributory factors to the inpatient fall, determining if any other areas are susceptible to similar incidents, and linking findings to improvement plans.

Infection Prevention and Control Healthcare Associated Clostridioides difficile Infection (CDI)

The NHS England standard contract for CDI sets a ceiling of 50 cases, encompassing both Hospital Onset Healthcare Associated Infection (HOHA) and Community Onset Healthcare Associated Infection (COHA). Regrettably, we concluded the year with 94 cases, exceeding the trajectory defined by the NHSE.

Contributing Factors

Several factors have contributed to the elevated incidence of CDI:

1. **National Trends:** Nationally, there has been an approximate 25% increase in CDI cases, prompting investigation by the national NHSE team into influencing factors.
2. **Antibiotic Usage:** Over 50% of CDI cases at developed following the use of antibiotics that were deemed inappropriate and fell outside Trust guidelines. Inappropriate antibiotic usage remains a significant driver of CDI transmission within NGH.

3. *Regional Comparison*

While we have breached the NHSE contract ceiling for CDI, it is important to note that regionally, seven of the eight acute Trusts in the East Midlands are also over trajectory for CDI. This regional trend underscores the complexity of CDI transmission and the need for collaborative efforts to address it effectively.

Actions to Address Healthcare Associated CDI

Overview

The Trust's Infection Prevention and Control (IPC) Team has implemented a series of targeted actions and initiatives aimed at reducing CDI transmission and improving patient safety.

SWARMs and After Actions Review Meetings

SWARMs and after actions review meetings are conducted as required for each Hospital Onset Healthcare Associated Infection (HOHA) and Community Onset Healthcare Associated Infection (COHA) CDI case, utilising the Patient Safety Incident Reporting Framework (PSIRF). These meetings serve to identify contributory factors, assess the effectiveness of current practices, and inform targeted interventions to prevent future occurrences.

Faecal Microbiota Transplant Pathway

The IPC Team is in the process of scoping out a Faecal Microbiota Transplant (FMT) pathway, which will require collaboration and support from Gastroenterology colleagues. FMT has shown promise as a treatment option for recurrent CDI cases and represents an innovative approach to managing CDI within our organisation.

Antibiotic Stewardship

Regular Antibiotic Stewardship rounds are ongoing, with data and learning being fed back via directorate governance meetings. This initiative aims to optimise antibiotic use, reduce inappropriate prescribing, and minimize the risk of CDI transmission associated with antibiotic exposure.

Environmental Cleaning and Isolation Measures

A deep clean plan took place in April 2024, and UV isolation cleaning has been strengthened following CDI patient discharges. Additionally, consultants have been invited to monthly Micro multi-disciplinary team meetings to review data and learning from CDI cases, raising awareness of antimicrobial stewardship further. Furthermore, the team is piloting mattress change or UV clean as standard after a patient with C.diff on key medical wards.

Be PPE Free Campaign and Isolation Capacity

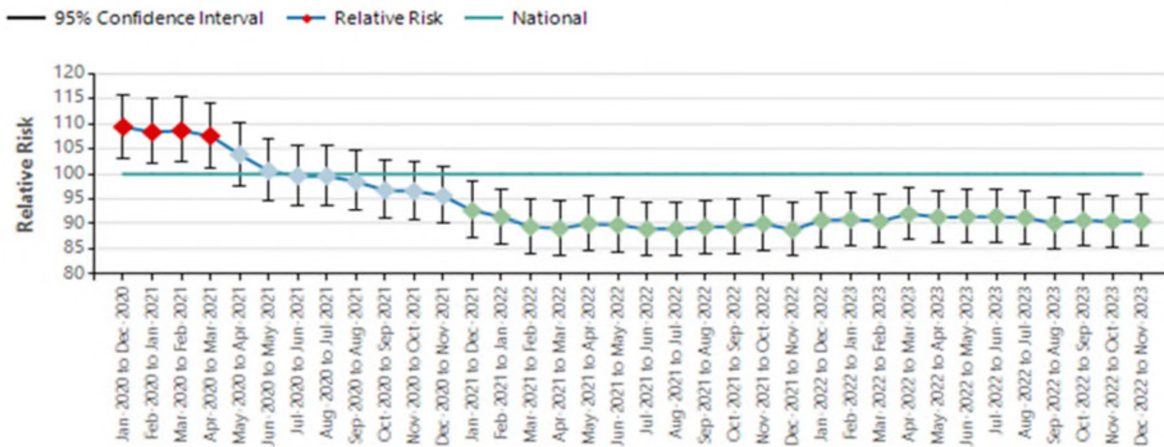
In April 2024, the IPC Team is delivering key messaging on Personal Protective Equipment (PPE) via the Be PPE Free campaign annual focus. Awareness and accessibility of available side rooms in the Trust are being raised through communication with Matrons and Site Teams, ensuring efficient utilisation of isolation capacity, particularly during weekends.

Mortality

This year we have continued our strong mortality performance, as measured by our standard hospital mortality indicators, HSMR and SHMI. Our score lies consistently in the “below expected” range. The graph below shows our performance with the Hospital Standardised Mortality Ratio (HSMR), which has decreased over a 3 year period from a peak of 110 (above expected) to a consistent low of 86 – 90 (“below expected”), with a score of 100 being the national average.

There has also been a substantial improvement in the Summary Hospital Mortality Indicator (SHMI) at the Trust over the past 3 years. Our SHMI has reduced from 102 (“as expected”) to lie consistently within

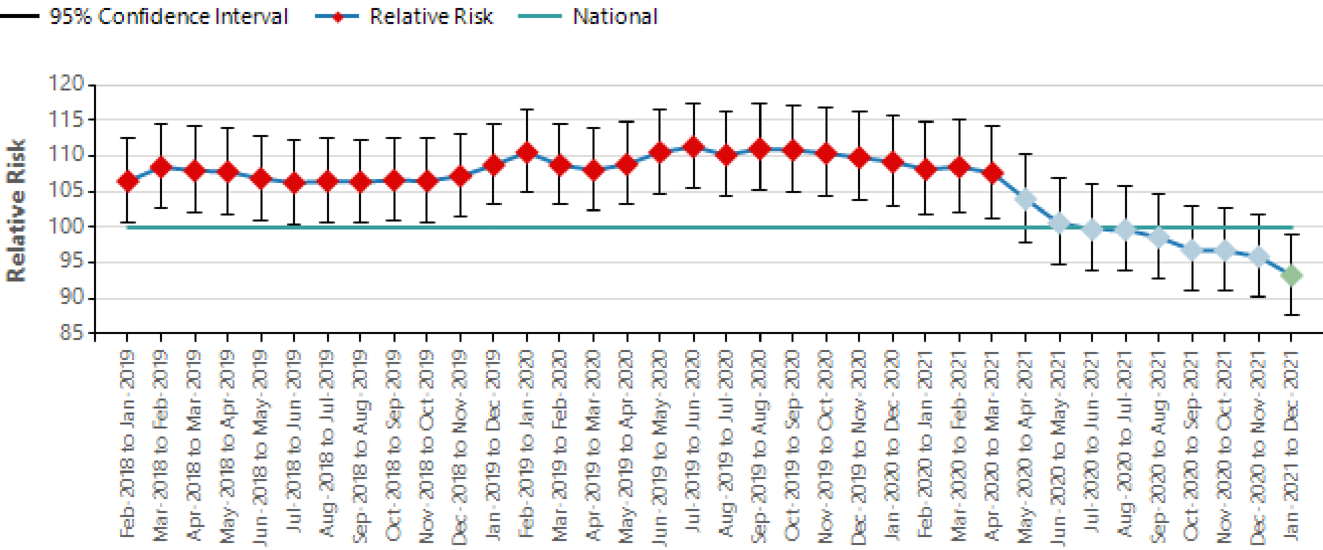
the 85 – 90 range, with a score of 100 again being the national average. Our crude mortality rate also lies consistently below the national average.



The Deputy Medical Director and Mortality Governance lead were invited to present to a national mortality forum in March 2024, as an example of clinical excellence to showcase our mortality improvements and highlight the areas that have led to such sustained improvements. While we believe the root cause is multifactorial, key focus areas such as the deteriorating patient workstream, the "working diagnosis / board round" project, improved senior level out of hours cover and improved infection prevention and control have been shown to be major contributors to improved patient outcomes.

The deteriorating patient task list performance continues to positively support early recognition and review of deteriorating patients. This is now an embedded process and continues to contribute to the improvement in mortality metrics. Sepsis and Acute Kidney Injury (AKI) team are supporting improvements in these areas of care. We continue to demonstrate a reduction in unexpected admissions to Critical Care form the base wards and preventable cardiac arrests across the Trust. We believe that this improvement work is contributing to a higher quality of care and a reduction in mortality.

Ongoing mortality reviews and a pro-active learning from deaths / medical examiners group continue to



Patient Experience and Engagement

Supporting patients and families

Patient Experience and Engagement activities and feedback mechanisms have continued to expand during 2023-24 with an increased appetite for ensuring the experience of patients and carers is captured and used to inform service improvement.

Hearing the voice of our patients

We offer patients and carers the opportunity to feedback and to let us know whether they feel we are listening, which is a key component in identifying whether patients are receiving a positive experience of care and, where they are not, identifying what improvements need to take place. We provide ways for patients and carers to be able to share their experiences with us including involvement and engagement within the decision making within the Trust. These are summarised in the following section.

Patient Feedback

The Friends and Family Test (FFT): This is a national standard survey asking patients whether they were satisfied with the care received, with a follow up question seeking reasons for the score given. The survey also asks questions relating to protected equality characteristics to ensure everyone is treated in the way they want to be treated. The question can be asked throughout any point in the patient's journey and is provided in many different formats within the Trust including, SMS text message, Automated calls, QR codes within posters and mini-postcards, postcards, and online surveys.

During 2023-24, the Patient Experience and Engagement team received and analysed **74,299** FFT responses across services provided to patients. The average monthly % satisfaction score across the Trust for the year was **89.8%** which was an overall **increase of 1.6%** against the performance in 2022-23.

As can be seen in the table below, every service saw an increase in their average FFT % patient satisfaction experience during the period. In addition, the number of FFT responses has increased in the majority of services.

% Patient Satisfaction via the FFT Survey	2022/23	2022/23 No. of Responses	2023/24	2023/24 No. of Responses	% increase / decrease
Inpatient Wards	91.8%	8138	92.5%	8718	0.7%
Day Case Units	95.3%	10564	96.3%	10144	1.0%
Maternity Services	91.0%	1205	95.7%	2787	4.7%
Emergency Departments	75.5%	19242	78.4%	20265	2.9%
Outpatient Departments	92.8%	29690	93.7%	32385	0.9%
Trust wide	88.2%	68839	89.8%	74299	1.6%

CQC/NHS England National Surveys: The CQC mandate a series of national surveys each year. All of the published CQC surveys are shared both internally and externally. They are also presented at the Patient Carer Experience and Engagement Group (PCEEG) meetings.

During 2023-24, CQC national survey results were published for the most recent surveys:

- The **Urgent Care Survey** of patients attending Emergency Departments in September 2022.
- The **Inpatient Survey** for patients discharged in November 2022.
- The **Cancer Patient Experience Survey** for all adult (aged 16 and over) NHS patients, with a confirmed primary diagnosis of cancer, discharged from an NHS Trust after an inpatient episode or day case attendance for cancer related treatment in the months of April, May and June 2022.

- The **Maternity Survey** for patients aged over 16 or over at the time of delivery and had a live birth at an NHS Trust between 1 February and 28 February 2023. This report was presented at the April 2024 PCEEG meeting.

Inpatient Journey Survey (IPJ): In addition to the nationally mandated inpatient survey, the Trust also commissions its own Inpatient Journey Survey using questions from the national inpatient survey. The IPJ is sent out to 500 patients each month who have been treated as inpatients. The results are collated monthly Trust wide and quarterly at ward level.

Local Surveys: Local surveys are created through the Envoy system which is the same system used to collate the FFT. The online system allows us to create multiple surveys which can be shared via weblink and QR code. Initially, three surveys were set up to be sent out via text message alongside the FFT, covering Discharge (Inpatients), the Emergency Department experience and Outpatient experience. Since then, the local surveys have grown quickly, with new services participating each week.

Patient Stories: Patient stories are used to share patient's journeys within learning environments. We used the feedback in medical and nurse education in videos from patients living with conditions such as early onset dementia journey and autistic people. The Board of Directors also receives patient and staff stories at its bi-monthly public meetings.

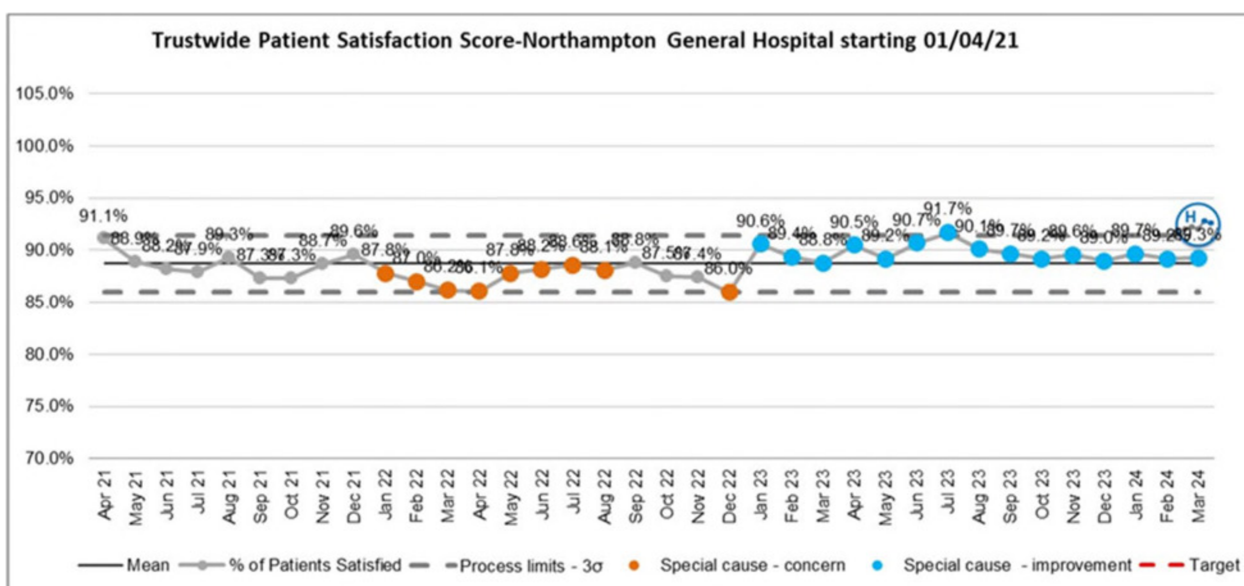
Social Media and Online Reviews: Patients often look for ways to share feedback and an important communication channel is online. All feedback is reviewed and responded to.

Supporting patients to give feedback

Friends and Family Test Performance: There is no overarching Trust wide target as the FFT targets are separate for each service:

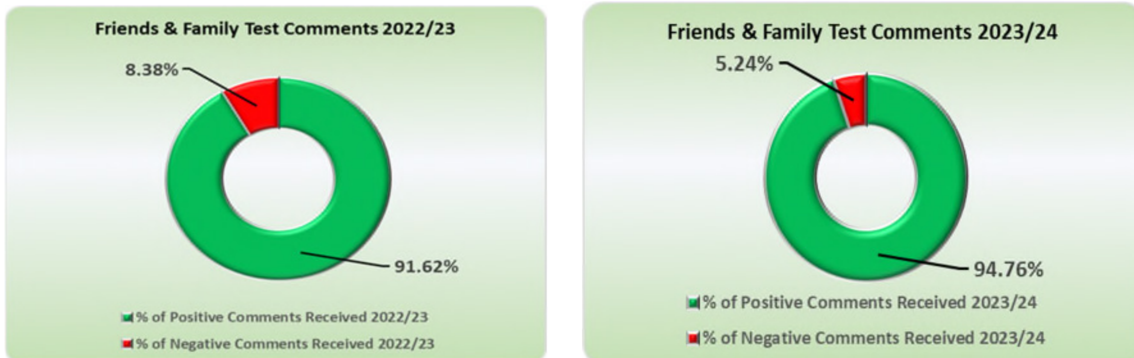
- Inpatient wards – 89.5%
- Day case units – 98.0%
- Emergency Departments – 88.0%
- Outpatients – 94.0%

Satisfaction scores have remained between 86.0% - 91.7%. From April 2021, satisfaction scores average 88.7%. There is a run of 15 data points from January 2023 to date representing special cause improving variation which is a positive result for the Trust.

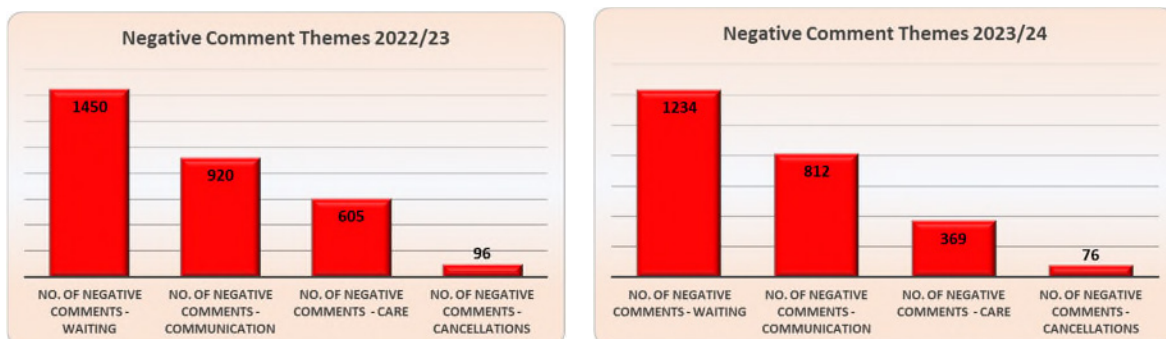


Friends and Family Test Narrative: In addition to satisfaction scores, patients and carers are asked for comments about their experiences and care received. These comments are analysed to enable us to record the celebrate the positive feedback and theme negative narrative to enable a more focussed view of aspects to improve.

During 2023-24, the Patient Experience Team collected 42,493 comments (2022-23 = 38,946) from the Friends and Family Test responses which is an increase of 9.1% from the previous year. This was broken down into 40,265 positive and 2,228 negative comments. Below is the split of positive and negative comments for 2022-23 and 2023-24 for comparison showing the increase in positive comments received across the Trust.



For all of the 2,228 negative comments received, these were themed in order to inform areas of the most common reasons for the negative patient feedback. The 2022-23 and 2023-24 yearly comparison and breakdown of the top 4 negative feedback themes is as follows:



Patient Engagement - Listening Events

The Patient Experience and Engagement Team held the following events during 2023-24

- Review of Oncology Services – April 2023
- Macmillan Cancer support services – May 2023
- Cancer Health and Wellbeing Event – June 2023
- Dementia Patient and Carer Listening Event - June 2023
- 2 x Group Collaborative Patient Listening Events for Cardiology Services
- 2 x Group Collaborative Patient Listening Events for Head and Neck Services
- Emergency Department Listening Event - September 2023
- Creation of the Dementia Focus Group – January 2024
- Autism Study Day – March 2024

Outputs from the listening events helped with the creation of action plans and strategy development for the areas involved. Positive feedback was received from the participants for holding the fora, enabling the patients and carers the opportunity to have their experiences heard personally in the knowledge that NGH genuinely appreciated their contributions.

There has been extensive progress following the Dementia listening events held in 2023, which entailed sharing a 'We heard' report back to the participants to ensure that the voices of the patients and carers were captured accurately. This has then led to the creation of the co-productive Dementia Focus Group consisting of representation from carers and patients with lived experience, the Dementia Lead Nurse, the Hospital Manager for Northamptonshire Carers and the Head of Patient Experience and Engagement.

Group Patient Experience and Engagement across UHN

Since the UHN Group model was launched, patient and carer engagement activities have increased significantly, with the aim of patients being involved in many different aspects of the hospitals and the redesigning of services. The Patient Experience Team participated in the following collaborative projects during 2023-24.

- The 5-year Group Cancer Strategy
- Group Collaborative Patient Listening Events for Cardiology Services
- Group Collaborative Patient Listening Events for Head and Neck Services
- The countywide, multi-organisation Engagement Toolkit
- The UHN Collaborative Eye-Care Strategy

Staff Training

The Patient Experience and Engagement team have held **22 staff training sessions** to **399 staff and University members** during 2023-24 to raise the awareness of the importance of good patient experience. The sessions are tailored to the specific staff group and adapted as new themes occur during the year.

Patient Training Experience Training Sessions	No. of Attendees
Student Nurse Induction Training	212
Preceptorship session	95
Evidence Based Practice Session	37
Shared Decision-Making Council	36
Junior Doctors Training	15
UoN MSc For Quality Improvement & Patient Safety	4
Grand Total	**399**

As well as raising awareness of good patient and carer experience, this also promotes the support that the Patient Experience and Engagement team can provide to help with identifying issues, making improvements, shared learning and celebrating successes.

Healthwatch Visits to Northampton General Hospital

There were three Healthwatch Visits to Northampton General Hospital during the year. These visits help us to appreciate the perspective of a patient and / or carer when using our services. Through this collaboration with Healthwatch, the Trust recognises their recommendations which are used to enhance our services further.

The three visits consisted of:

- The Healthwatch **Maternity Visit** – May 2023
- Young Healthwatch visit to **Children's services** – November 2023
- Healthwatch visit to **Ophthalmology services** – February 2024

NHS England Visit to Childrens' Services

Kate Pye, Deputy Director for Childrens and Young People's Nursing for NHS England visited NGH on 22nd November 2023 to provide a national update, speak with patients and parents about their experience and most importantly a tour the children's and neonatal wards (Paddington, Disney and Gosset) and the Play Activity Centre. Kate was keen to look at how we support the whole family, the availability of play activity specialists whilst in hospital and the provision of food for parents following the national initial to improve children's inpatient services following 'Sophies Legacy'.

Kate Pye was very complimentary of our Children's wards and the Play Activity Centre and stated: *"It was a great visit and I really enjoyed spending time with the whole senior team who were all so welcoming. The positive feel of the unit as we went round was clear. There was real happiness in the staff, busy, but lots of smiles and all were happy to talk to me.*

"There was a feeling of really positive teamwork and lots of the staff with the children, mothers and their families and the celebration of a little neonate coming out of an incubator into a cot for the first time was an example of how committed and caring the staff were to make this a special event for the mother."

Patient Stories

The Patient Experience and Engagement team are regularly asked for patient stories to be shared and discussed at various meetings and committee, used for training sessions or to celebrate things such as the Daisy Awards. The team now work closely with the Trust's Digital Communications Office to produce these video stories which during 2023-24 the following stories / videos were used:

- Aimee's Story: An example of a negative experience for autistic people

- Kirstie's Story: An example of a positive experience for autistic people
- Pete's Story: A negative example of a patient with Early Onset Dementia
- Howard's Story: A negative example of the lack of pain relief support following inpatient discharge.
- Gerald's Story: A patient who nominated nursing staff from Willow ward for a Daisy Award
- Nigel's Story: A positive story capturing the success of the Stop Smoking team for a patient.

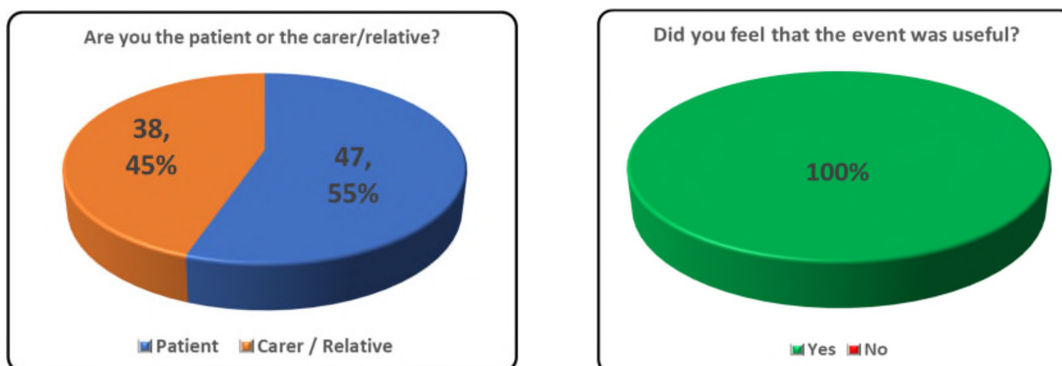
Macmillan and Oncology ExTRa Events

As part of a collaboration between Macmillan, Oncology services and the Patient Experience and Engagement Lead, November 2023 saw the start of twice monthly evening patient and carer events for patients who are between the diagnosis and treatment stages of their cancer pathways.

Named as ExTRa events, the aim is to hold face-to-face evening events to explain about cancer services. This includes aspects such as the Holistic Needs Assessments, taking people on a tour of departments such as the Chemotherapy Suite and Radiotherapy suite, provide information to support patients and families such as the Macmillan information facilities. The events also provide the opportunity to answer general questions such as car parking and the role of the Macmillan nurse etc.

UHN held eight evening ExTRa events from November 2023 to March 2024 which have also been supported by representation from Northamptonshire Carers and the Citizen's Advice Bureau. Both organisations gave very well received advice on how they can provide support to patients and families.

Feedback was captured from 85 attendees across the events with the following assessment and comments received:



A Selection of the Testimonials - ***Did you find the event useful and why***?

- *Took some of the fear out of coming in for treatment by letting us see the department for ourselves.*

- *Informative to hear about the various levels of support available. Seeing the chemotherapy suite / radiotherapy area has helped to decrease my anxiety about starting treatment.*

- *It's good to speak to those that know how treatment happens and where it takes place and all the support that is available.*

- *A great idea for patient and relative/carer, took a lot of the mystery away and reassurance of help and support from all agencies. Thank you.*

- *Very welcoming and useful. I'm very glad I attended.*

- *I had no idea of the facilities available, or what to expect at the first appointment -* ***I do now!***

Moving forward

The activities of the Patient Experience and Engagement team have expanded significantly during 2023-24 due to the increased appetite for ensuring the experience of patients and carers is captured and used to inform service improvement. Further patient and carer listening events are already planned for April, May and June 2024 some of which involve Northampton General Hospital and others working in collaboration with KGH and the Northampton branch of the National Association for the Blind.

Complaints

Compliments, Comments, Complaints, Concerns (4C's) and suggestions from the patient, service user, or their representative are encouraged and welcomed. All feedback is welcomed as it is used to improve our services. In the first instance members of the public are encouraged to share their views and experiences, positive or negative by speaking with a member of staff. Whilst most problems can be dealt with at this stage, in some cases those using our services may feel more comfortable speaking with someone not directly involved in their care.

The Patient Advice and Liaison Service (PALS) is a free, confidential and independent service located within the main hospital building within two designated locations. The patient, service user or their representative can contact our PALS team by post, email, telephone or in person. PALS aim to resolve issues informally on behalf of members of the public which can be particularly helpful if the issue is urgent and action is required immediately, such a problem with the treatment or care a patient is receiving. PALS are also able to provide guidance on how to make a complaint and to signpost individuals to other services.

The Complaints Team work very closely with PALS and will ensure that where possible local resolution is considered / attempted before a complaint is raised. The Trust works in accordance with the 'Local Authority Social Services and National Health Service Complaints (England) Regulations 2009' and the NHS Standards published by the Parliamentary and Health Service Ombudsman.

Overall responsibility and accountability for the management of complaints lies with the 'Responsible Person'. At NGH this is the Chief Nurse. The 2009 regulations allow us to delegate the relevant functions of the Responsible Person and Complaints Manager to our staff where appropriate. We do this to ensure we can provide an efficient and responsive service. We have processes in place to make sure that the responsible person and relevant senior managers regularly review insight from the complaints we receive, along with other forms of feedback on our care and service.

We ensure that Complaints and PALS teams know and comply with all relevant legislation, make information available in a *format that people understand, make sure everyone knows when a complaint is a serious incident, legal issue or safeguarding and what action must be taken. All team members are strongly committed to duty of candour and there is a culture of being open and honest should something go wrong and that we listen and learn from complaints to improve services.

*We consider all accessibility and reasonable adjustment requirements of people who wish to make a complaint or raise a PALS concern in an alternative way. We will record any reasonable adjustments we make.

The Trust received a total of 533 written complaints that were investigated through the NHS Complaints Procedure from 1 April 2023 to 31 March 2024, which compares with 492 complaints received for the same period during the previous financial year.

Total no of complaints for the year **2023-24**	**533**
(Versus 2022-23)	(492)
Percentage change from 2022-23 to 2023-24	+8%
Total no of complaints that required a renegotiated timescale, agreed by the complainant	**318**
Average response rate including agreed extension of time	**89%**
Average response rate excluding agreed extension of time	**53%**
Total no of complaints that exceeded the renegotiated timescale	**66**
Complaints that were still open at the time that the information was prepared (5*th* April 2024)	**143**
Total patient contacts/episodes*	**1,467,870**
(Versus 2022-23)	(758,473)
Percentage of complaints versus number of patient contacts/episodes	**0.04%**
(Versus 2022-23)	0.06%

**Please note that additional categories are included this year*

Performance Analysis: Operations

The previous year focused on restoration and recovery, with the removal of any patients waiting more than 104 weeks and 78 weeks by the end of March 2024. Despite challenging circumstances and continued emergency and operational pressures, wait times for our patients at NGH remain strong compared to peers in the Midlands Region with a 26% reduction in patients waiting over 65 weeks.

NGH continued to provide Mutual Aid to hospitals outside the county, and successfully provided Robotic surgery to patients from Birmingham, Worcester, Wolverhampton and Nottingham.

Winter, and Industrial Action caused challenges across the health and social care economy again this year. Subsequent cancellations and prioritisation of the highest risk patients, including cancer patients, resulted in more patients waiting over 52 weeks; however elective surgery was not cancelled due to winter pressures and activity continued throughout the winter period.

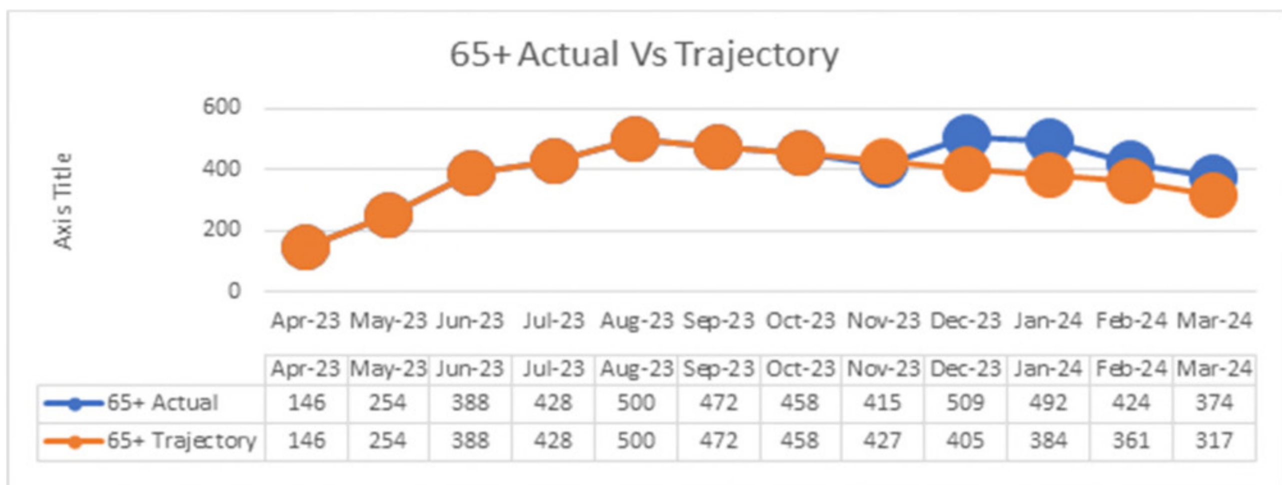
The Trust has seen an increase in the number of patients waiting over 52 weeks for treatment due to theatre staffing issues and cancellations, urgent and emergency care pressures and Increased demand in theatre and urgent cases and is reflective of an increased referral rate and demand and reduced clearance with Ear-Nose-Throat (ENT), Trauma and Orthopaedics and Gynaecology being the most challenged specialties. The national ask for the coming year and the focus for NGH will be the removal of all 65 week waiting patients by the end of September 2024

At year end (31 March 2024) the Trust has maintained a comparatively good performance within the region continuing to maintain one of the lowest backlogs and successfully treating almost all patients who had waited over 78 weeks for treatment by year end.

The Trust now aims to continue focus on recovery and clear the backlog with a trajectory in place to treat all remaining patients waiting over 65 weeks.

The Trust retained its position of having one of the lowest backlogs of patients awaiting treatment in the region:

Region (9 April 2023)	104+	78w+	65ww+	>14ww (65w Cohort (March 2024)	52w+	Cancer 62d
MIDLANDS ALL ICS/ICB	7	299	6,953	178,392	53,640	2,909
HIGHEST ICS/ICB	3	87	1,294	33,449	8,767	348
NORTHAMPTONSHIRE ICB	0	20	391	7,195	2,067	209
LOWEST ICS/ICB	0	1	277	7,195	2,067	197



Urgent Care

There was a steady increase in attendances through the year, during which COVID-19 cases required the retention of pathway changes and isolation rules within the Emergency Department (ED), and the situation exacerbated by increased ‘flu and respiratory cases.

Improvements to internal processes and collaborative working within the local health system contributed to the length of stay for patients awaiting community and social care, reducing by 12 days, comprising two days from internal processes and ensuring our patients were declared medically fit earlier in pathways, and 10 days from the system working. This was achieved through the early agreement of comprehensive packages to support pathways at the start of the year.

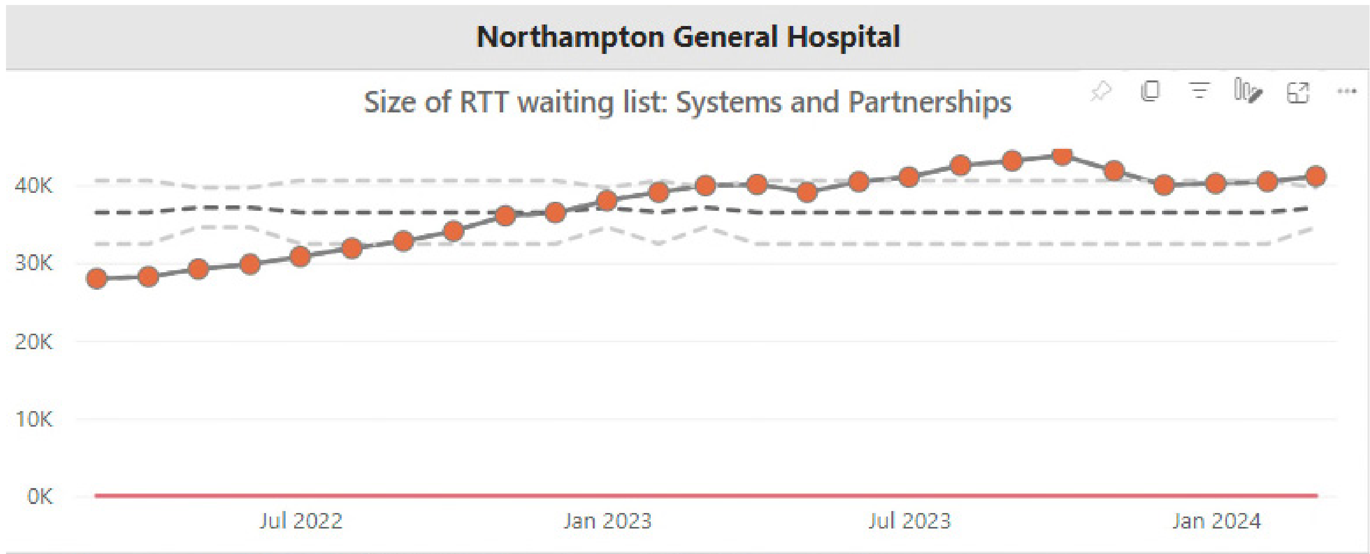
Additionally, the internal flow programme of activity supported the length of stay for those patients discharged home by focusing on:

- IV Antibiotics in the community
- Board rounds supporting next steps and escalating issues from doctors
- New dashboard reports, created to support visibility
- Frailty Same Day Emergency Care (SDEC) moving to extended days and
- Seven days per week working, alongside medical SDEC opening to midnight to support the ED

The winter period nevertheless saw extraordinarily high attendances in December, causing significant delays and the use of our elective capacity for the first time this calendar year (the Elective Orthopaedic Unit was used for 4 weeks this year, compared to over 10 weeks the year before).

The Trust has invested in patient safety throughout this period, including the daily deployment of medical consultants in ED to enable earlier patient assessment.

Overall PTL (Waiting List) size although increased from the start of the year before stabilising and reducing from 43,000 to 41,106 since January 2024 through continued intensive focus from central validation team. Continued application of Access Policies and Guidance has been useful for managing patient pathways. Clearance has been impacted by factors including annual leave, sickness and cancelled elective activity due to shortage/lack of availability of anaesthetic cover for theatre lists.



Validation has remained above 90% with 92% of patients being validated over 12 weeks and the Trust placed 7th regionally for validation performance. The Trust has also seen deployment of a new digital tool which has made the process much easier and efficient for the team; this will be rolled out across specialties to support waiting list management. The Trust also undertook a patient engagement exercise in December to support the validation confirming patient choice around wanting/still requiring their assessments and procedures. The patient portal is also being rolled out in April/May which will further support patient engagement and accessibility.

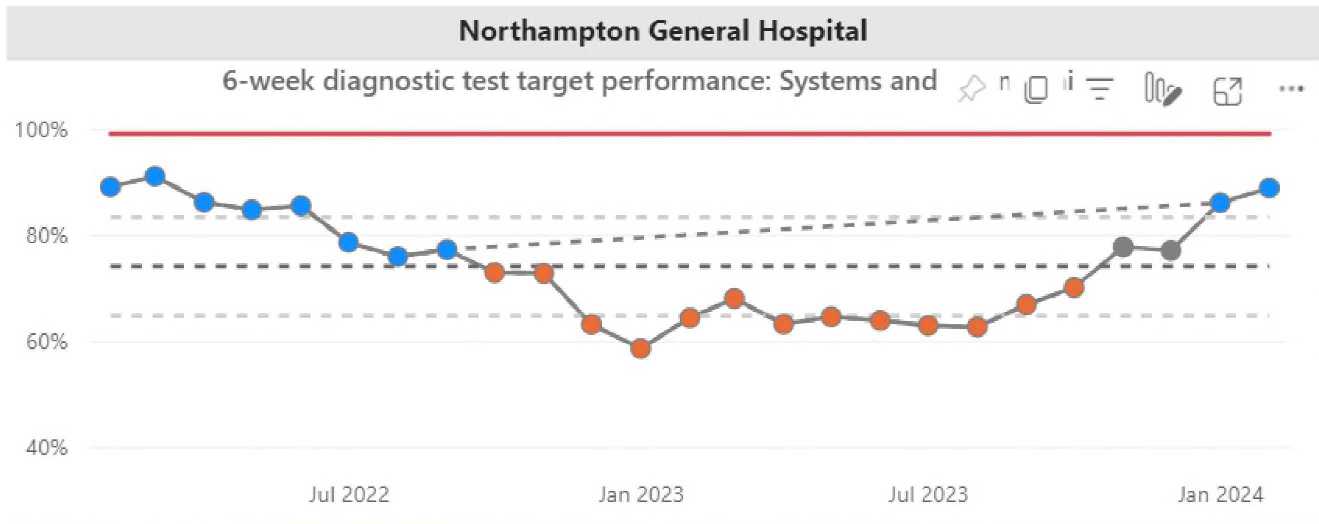
6-week diagnostic target

Diagnostic performance has seen a significant improvement compared to 2022-23, reaching 88% in February 2024. Improved performance means our patients can receive earlier diagnosis and subsequent.

MRI improved to 98% and remains stable, CT at 96% ultrasound has also seen improvement to 80%, Echoe's have improved from 35% to 88% with TOE's (Trans Oesophageal Echocardiograms) and DSE (Dobutamine Stress Echocardiograms) constrained due to sickness and workforce issues. A locum is now in place to mitigate these backlogs.

Ultrasound (U/S) and Audiology remain constrained, with mitigations for Audiology in place including agency support and additional weekend lists – there is a 6-week trajectory to clear the backlog. Additional lists for ultrasound are in place at the weekend and Medicare utilised for additional capacity.

Last year thousands of local people who need diagnostic tests like MRI, CT, and ultrasound scans, benefitted from two new Community Diagnostic Centres (CDCs) in the county. One for the Kings Heath Practice at the North Oval in Northampton and the other at the Willowbrook Health Centre site in Corby which will further enhance performance. Going forward, the Trust continues to increase performance and ambition to deliver the 95% target for year end March 2025.



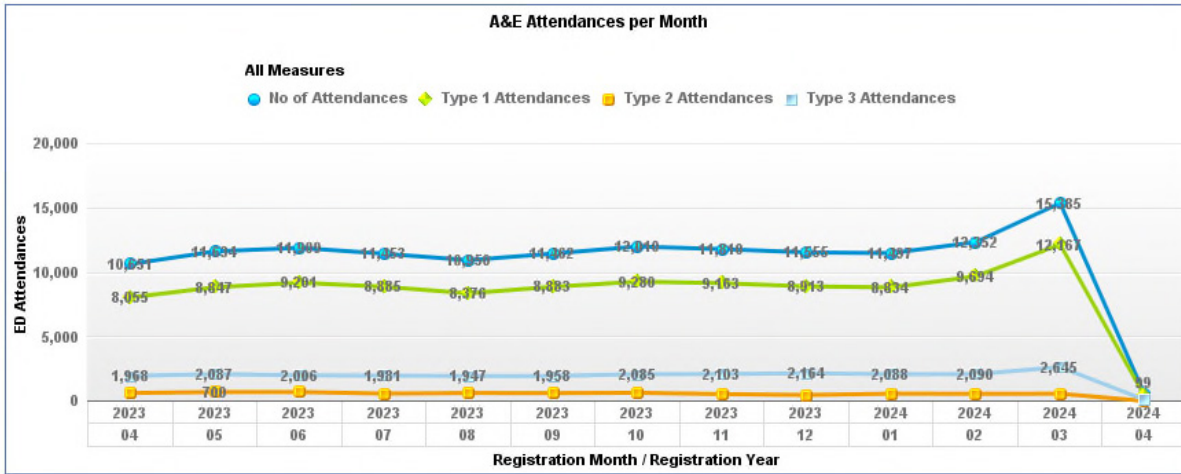
Regional Diagnostic Recovery Position

NGH's performance compared well compared to regional peers, achieving the average of 67% and reducing the number of patients waiting 13 weeks to 1,196 at year end. The new year has seen a further significant reduction with accelerated Community Diagnostic Centre (CDC) capacity.

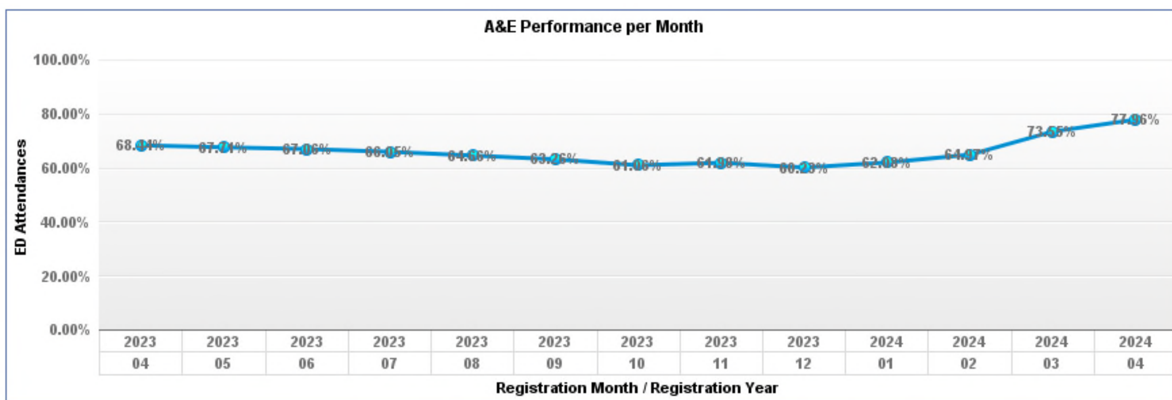
Urgent Care

Acute medicine short stay wards (Nye Bevan) initiated early board rounds to facilitate early discharges to aid with flow. An acute medicine virtual ward was set up (February 2024) to encourage early discharge with continued care – in the first month the ward triaged a total of 48 patients, of whom 43 were discharged.

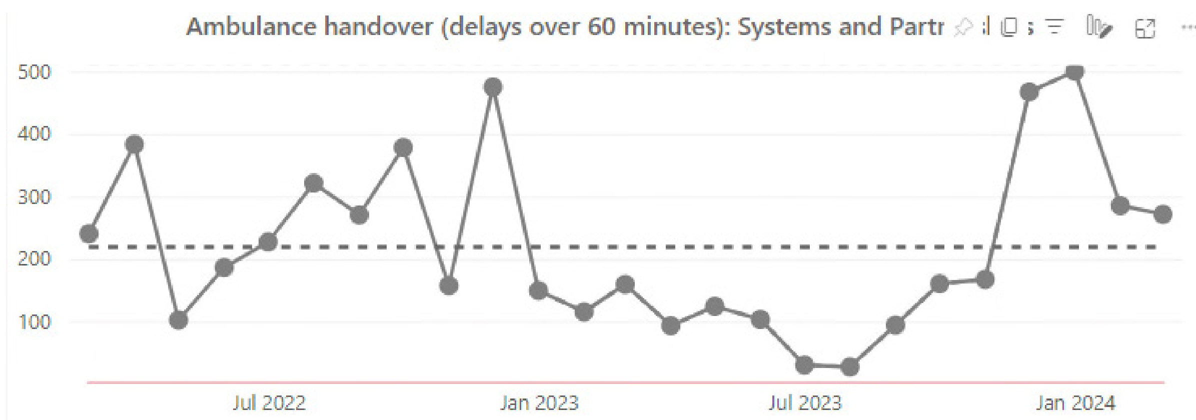
There was a steady increase in AandE attendances from 10,651 in April 2023 to 15,385 in March 2024. Performance against the 4-hour standard averaged at 64.5% (April 2023 – December 2023) and at year-end improved to 69.64%. This is attributable to extending the hours of Urgent Treatment Centre (UTC) opening from 00:00 to 04:00, and having additional senior decision makers at streaming stage. This has clearly made an impact on the wait to be seen for the day team. Our performance for patients not requiring admission has improved from 78.45% (April 2023) to 84.16% (April 2024). Performance for patients requiring admission reduced from 25.05% in April 2023 to 20.83% in April 2024. The notable increase in attendances in March 2024 follows the decision to extend the UTC opening hours and reflects a new method of screening whereby all patients are initially screened before being redirected (if appropriate) to other pathways such as Same Day Emergency Care; previously those referred to other pathways were excluded from the figures.



Note: April 2024 figures are not for the full month – they reflect the date on which the report was produced.



Ambulance attendances have been similar to the previous year, with a rise in the number waiting over the winter period linked in the main to the need to maintain infection control processes for patients presenting with Respiratory infections such as COVID, Flu and RSV. Difficulties with offloads due to capacity constrains in the emergency department (ED) contributed to patients staying longer in ED waiting for patient flow 'downstream' and out of the hospital. The Trust is on trajectory to reach 80% for the 4-hour Performance standard by March 2025, dependent on having the additional resource mentioned above. We continue to work to work closely with the East Midlands Ambulance Service to ensure that patients are seen and cared for whilst waiting to enter the department.



Cancer waiting times standard

Cancer treatment remained a priority during 2023-24 ensuring the best possible outcome and experience for our patients.

The Cancer Strategy Group and Northamptonshire Cancer Board has continued to meet throughout the year, overseeing performance, strategic goals and county-wide improvements for cancer treatment.

The Cancer Waiting Times Standards underwent significant change in October 2023, with the removal of the 2-week wait standard and the merging of the 31 and 62 day standards, the 28-day faster diagnosis standard continued to be embedded with an overall reduction from 10 standards to three.

NGH remained well placed compared with other regional and national providers.

NGH's cancer services delivered a 9% increase in 2-week wait referrals with target from the previous year, while the Trust also supported with robotic mutual aid to Trusts in the West Midlands with extensive long waits for radical prostatectomies, supporting University Hospitals Leicester with head and neck cancer services.

During quarter 1 and 2, before the changes to the standards were introduced, NGH achieved the following performance, showing an improvement against all the key standards from quarter 1 to 2.

For the two quarters combined, NGH was placed 2nd in the region for 2 week waits, 1st for the 28 day Faster Diagnosis Standard, 4th for the 31 day standard and 3rd for the 62 day standard..

STANDARD	Q1	Q2
2WW 93%	84.6%	87.0%
28 DAY FASTER DIAGNOSIS 75%	81.6%	84.7%
31 DAYS 96%	87.5%	90.0%
62 DAYS 85% ALTHOUGH NATIONAL TARGET TO ACHIEVE 70% BY MARCH 2024	58.5%	61.7%

31 and 62 day standards were merged from quarter 3 (October-December 2023), to include all first and subsequent treatments. NGH continued to see an improved position for quarter 3 against all 3 standards and was placed 1st for the 28 Day Faster Diagnosis Standard, 1st for the 31 Day Standard and 2nd for the 62 Day Standard.

STANDARD	Q3
28 DAY FASTER DIAGNOSIS 75%	86.7%
31 DAYS 96%	93.1%
62 DAYS 85% ALTHOUGH NATIONAL TARGET TO ACHIEVE 70% BY MARCH 2024	66.4%

Performance from January 2024 is shown below (note: data from March 2024 remains unvalidated)

STANDARD	Jan-24	Feb-24	Mar 24
28 DAY FASTER DIAGNOSIS 75%	83.5%	85.1%	87%
31 DAYS 96%	82.2%	89.4%	93.5%
62 DAYS 85% ALTHOUGH NATIONAL TARGET TO ACHIEVE 70% BY MARCH 2024	57.9%	58.2%	61.4%

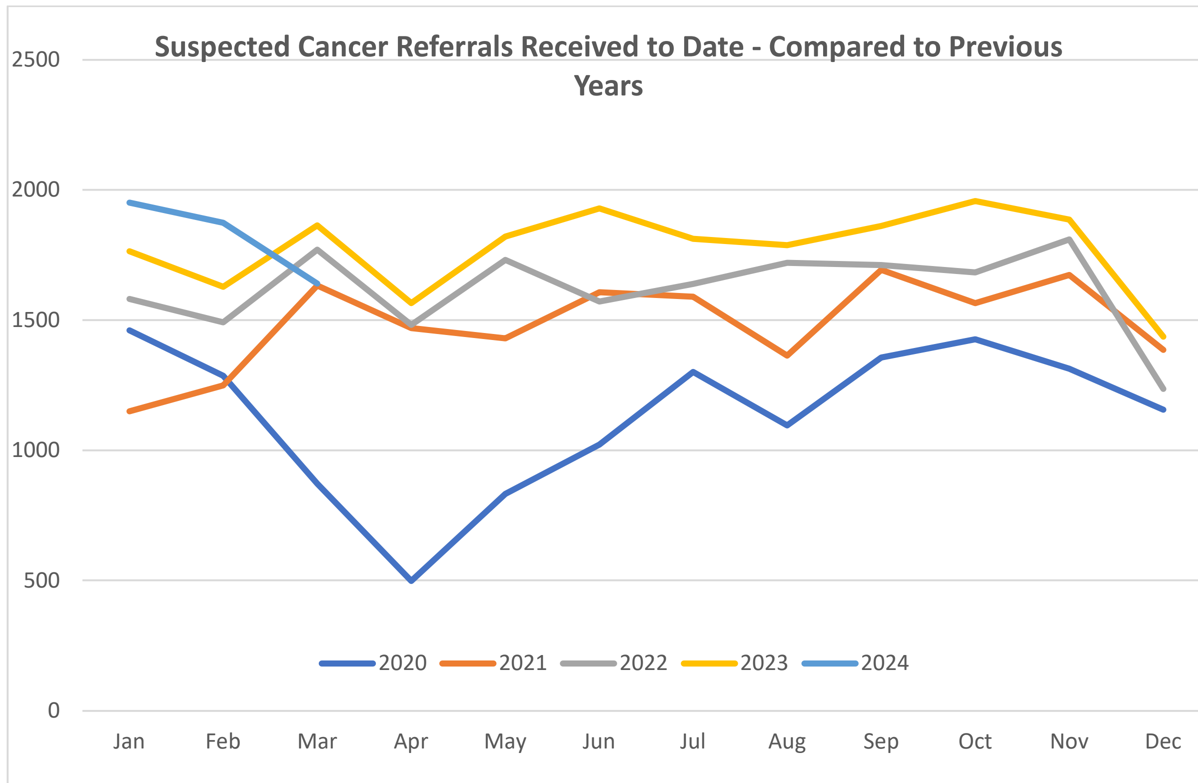
We have continued to prioritise reducing those patients waiting beyond 62 days on a pathway as it is recognised that, until these are reduced, the recovery of the 62-day standard is unachievable. Nationally

this was recognised with Trusts being set a 70% target to achieve against the 62 day standard by March 2024, which is normally set at 85%.

Performance for 2023-24 by standard

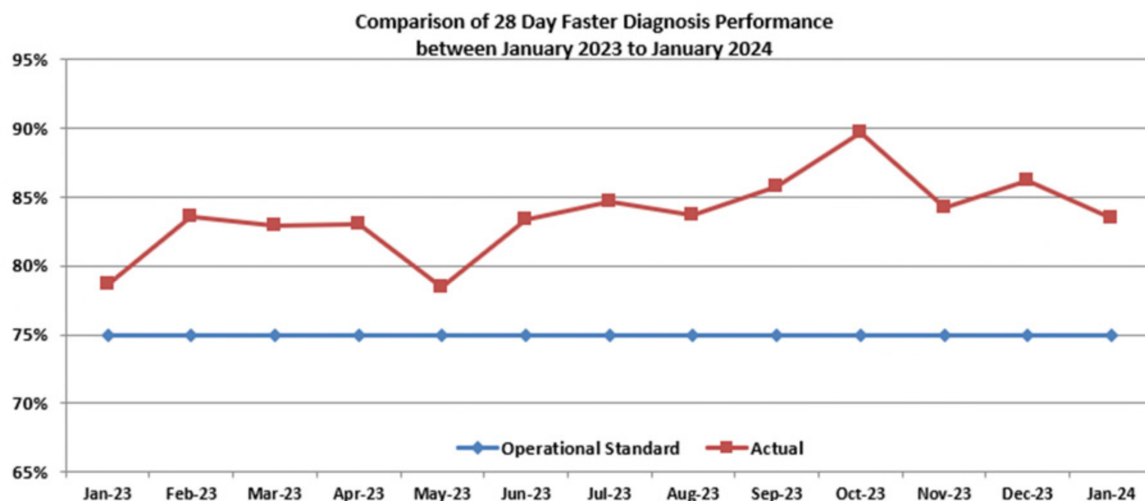
Receipt of 2-week wait referrals

During 2023-24, the Trust received 21,731 two-week wait referrals, representing a 9% increase compared to 2022-23. Whilst the 2-week wait standard was removed from October 2023, the Trust continues to monitor first seen appointments against a target of 7 days. 42.7% of patients were seen in 7 days, helping the Trust to maintain the 28 Day Faster Diagnosis Standard.



28 Day Faster Diagnosis Standard

During 2023-24, NGH continued to surpass the 28-day faster diagnosis standard, illustrated below for January 2023-January 2024 as the latest validated data:



The Trust was part of the systemwide expansion of Faecal Immunochemical Tests (FIT) for the Lower gastrointestinal pathway in July 2023. The introduction of FIT has reduced the need for unnecessary tests and investigations for patients who do not have “red flag” symptoms suggesting a cancer diagnosis. The reduction in referrals has increased capacity for the team to achieve timely diagnosis of patients with cancer, the team have therefore achieved and sustained the 28 day Faster Diagnosis Standard for the very first time this year.

Our clinical teams continue to be invited to present at regional and national events showcasing pathway redesign and the impact this can have on timely diagnosis of patients.

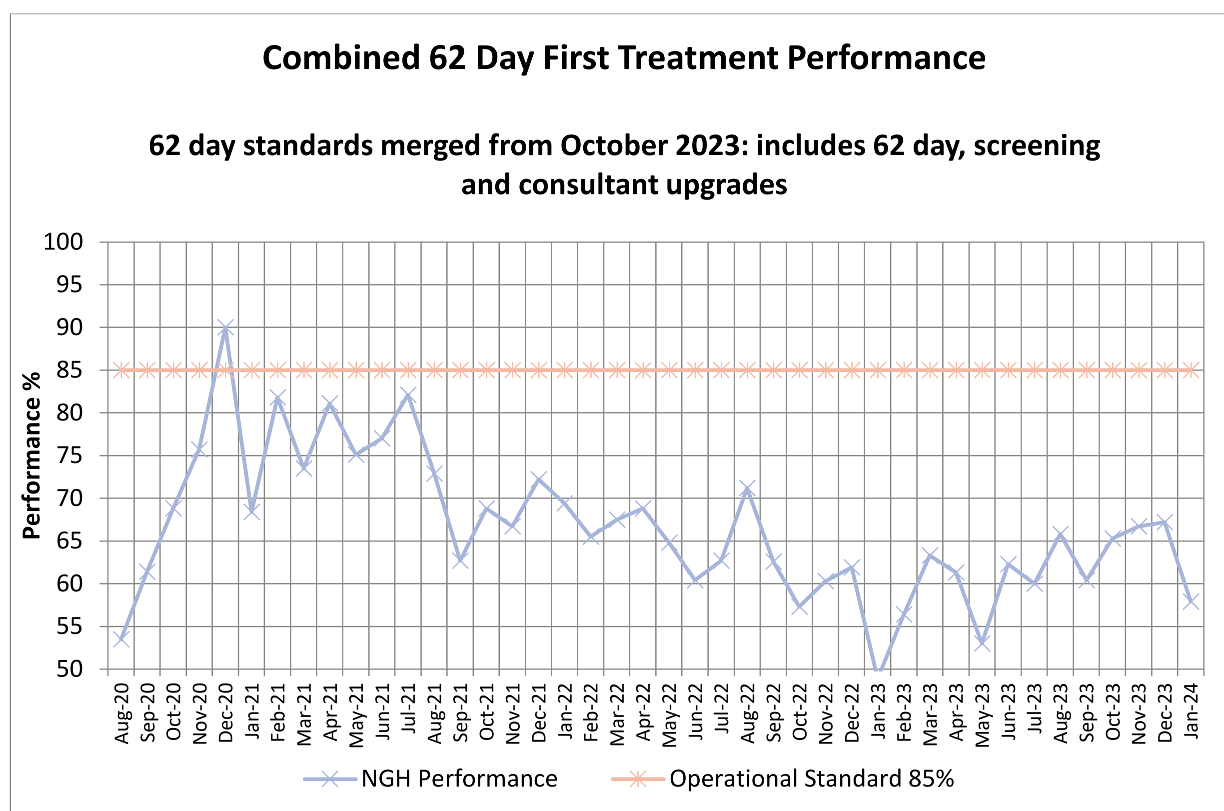
Northamptonshire continues to be the best performing system in the East and West Midlands for this standard.

62 Day First Treatment

It continues to be recognised nationally that meeting the 62-day standard is a challenge. Trusts were tasked with achieving 70% against the 85% standard by March 2024.

This target has also been reset for the 2024/25 year as Trusts were not able to achieve this.

NGH has however, seen pockets of improvement in performance across quarters 1 to 3 against this standard. Quarter 4 is showing a downturn in performance, this is historically always the case and combined with industrial action at the start of the year and a continued rise in referrals overall is proving challenging.



62-day performance against the revised 70% standard is shown below with a steady increase across all quarters:

- Quarter 1- 61.2% Fourth in the East Midlands region
- Quarter 2- 65.7% Third in the East Midlands region
- Quarter 3- 66.4% Second in the East Midlands region
- Quarter 4 –Unvalidated

Reducing patients on their pathways beyond 62 days (Legacy Patients)

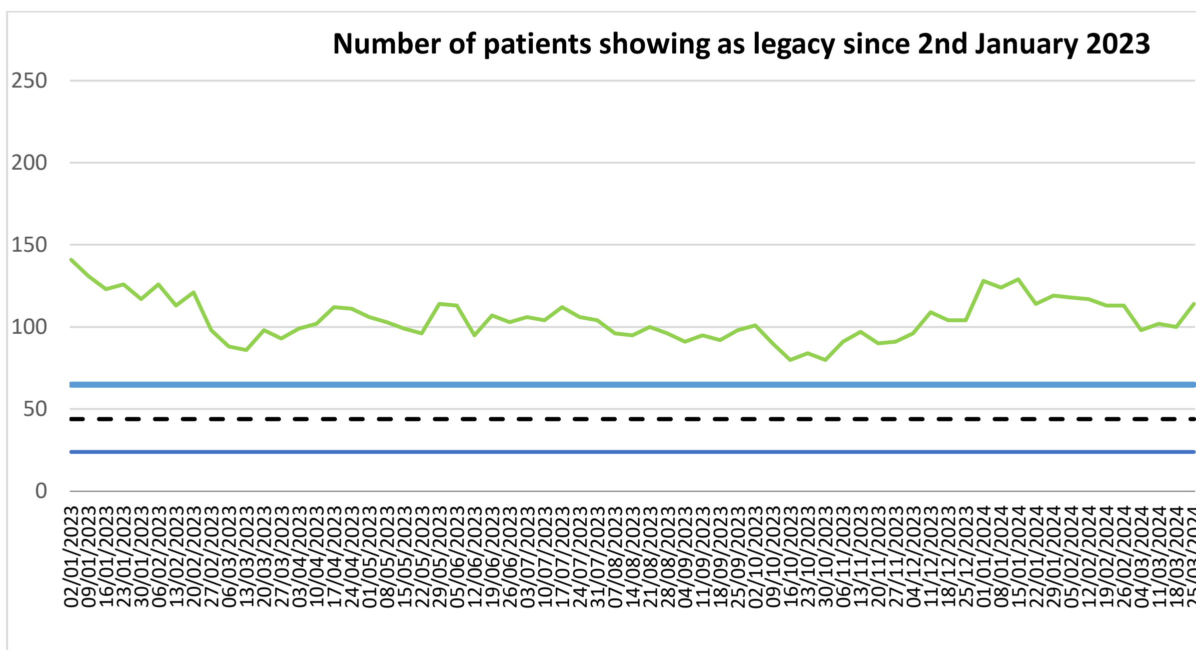
NGH continues to be committed to reducing patients waiting on their pathway beyond 62 days. This was a national priority during 23/24 and it is recognised that, without significant reductions in patients waiting, recovery of the 62 day standard is unachievable.

During 23/24 there were peaks and troughs in performance around reducing our longest waiters, the highest being 129 in January 2024 and the lowest 80 in October as illustrated below; these figures remained below the peak of 141 seen in January 2023.

Offering mutual aid and robotic surgery for patients from KGH who would have been treated at UHL also added to our legacy position overall this year.

Significant industrial action in 2023-24, workforce challenges, late tertiary referrals and a rise in referrals has all added to the challenges in improving our cancer position.

As of the beginning of March 2024, NGH patients waiting beyond 62 days represented 7.8% of the overall waiting list, compared to 7.1% in March 2023.



Workforce Key Metrics (see also the analysis of UHN People Plan Delivery, Staff Survey results and Equality and Diversity analysis, set out in the Staffing Report below)

Note: The metrics referred to below are aggregated as they show the high level performance of the Trust. There may, therefore, be higher or lower levels of performance at local level which will be monitored and acted upon accordingly.

Vacancy

Vacancy rates have been reducing over the year with focused activity to recruit internationally educated nurses and local Health Care Assistants (HCA) as well as ongoing recruitment in all professional groups. We recruited 103 nurses including 60 from our internationally educated nurse recruitment and pastoral care programme, reducing our ward nursing vacancies. The overall Trust vacancy position for nurses was 8.01% at year end. A particular focus on recruiting new HCAs into the Trust has been undertaken including the use of an apprentice pathway resulting in the recruitment of a total of 207 new HCAs. The development of Nurse Associate and Nursing and Midwifery Career Pathways has also been undertaken to attract new candidates and facilitate progression into these hard to recruit professionally registered roles. International recruitment of medical staff has been successful this year and contributed to reducing the medical staff vacancies to 5.89% at 31 March 2024.

Work is underway to streamline and improved the candidate experience to facilitate the smooth and timely onboarding of candidates to the Trust.

The overall vacancy rate for the Trust at 31 March 2024 was 9.49% against a target of 8%.

Turnover

Turnover has been reducing month on month and is consistently below 8.5%. We are focused on retaining our highly valued and skilled workforce and have a range of policies, processes and initiatives aimed at improving colleagues' experiences. These include a focus on individual and team health and wellbeing, supporting colleagues' career development and ensuring a compassionate and inclusive workplace where everyone has a voice.

The Trust piloted self-rostering in three areas. Self-rostering enables colleagues to request shift patterns that provide improved work-life balance. The manager still needs to approve the requests, but results from the pilot showed the manager spending less time creating rosters and feedback from colleagues has been positive.

The pilot has now been extended to cover all wards and will be rolled out over the next few months.

The Turnover Rate at 31 March 2024 was 7.09%.

Sickness absence

Sickness absence has been generally stable throughout the year, between 5 and 6%. The impact of a combination of Health and Wellbeing and Organisational Development interventions to manage and prevent sickness absence is having positive impacts on reducing absence rates and embedding a supportive culture. Absence targets were revised to 5% across the UHN Group in 2023 and the rate at 31 March 2024 was 6.67%. Attendance at work has been impacted by absence due to COVID/Flu infection, gastro-illness and anxiety and depression. The Trust has put in place significant mitigations to support colleagues to remain well and at work. These include delivering central and ward-based vaccine clinics, providing enhanced Health and Wellbeing Services including a Staff Psychology Service and a single point of access multidisciplinary team of support e.g. talking therapists, Trauma Risk Management (TRiM) Practitioners and a rapid access management referral system with Occupational Health to support workplace adaptations and manager support.

Training, consultation and support for business partners and managers to address workplace issues impacting on sickness has been provided through Health and Wellbeing Conversations training and regular collaborative sickness absence case reviews. Health and Wellbeing guidance, service signposting and training has also been delivered at inductions and leadership training to assist managers with the communication tools for a supportive dialogue with their team/s and ensure they have the knowledge and capability to support colleagues with physical and psychological health needs to prevent sickness absence. A systemic and preventative approach to sickness management, co-ordinated through the Health and Wellbeing Service, includes wider support for colleagues experiencing financial difficulties, menopause and long-term condition management, recognising that colleagues' personal lives impact on their workplace wellbeing and function.

Appraisal

Appraisal has continued to be a focus to ensure colleagues are offered opportunities for valuable conversations with their managers, linked to objectives and development. Capacity, release and processes continue to impact on data collection and compliance rates have remained consistent across 2023, reporting 79.08% against a target of 85% as of 31 March 2024. We continue to develop appraisers in their conversation skills and are piloting new documentation which also supports wellbeing and a career conversation, whilst a digital solution is explored for longer-term implementation. As we start 2024/25 this will continue to be an area of development ensuring it meets the needs of the workforce and is aligned to our Excellence values.

	2020/21	2021/22	2022-23
Energy (gas, electricity and renewables)	10,972 (10,389 excluding grid electricity offset with a REGO)	10,992 (10,406 excluding grid electricity from renewable sources)	11,045 (9,830 excluding grid electricity from renewable sources)
Anaesthetic gases including Entonox	1,330	1,539	1,521
‘Fluorinated gases	232	131	330
Business mileage	147	186	211
Water	58	66	67
Waste	29	39	39
Metered Dose Inhalers	72 (13.6 kg per inhaler)	67 (8.27kg per inhaler)	*Not available*
TOTAL tCO_{2e}	**12,840**	**13,020**	**13,213**

Utility costs are shown below. Utility costs have shown a marked increase due to the rising cost of energy across the UK.

	2020/21	2021/22	2022-23
Consumption Data			
Gas kWh	56,298825	56,550,091	53,407,600
**Electricity kWh	16,097,978	16,603,105	17,676,059
Biomass	2,409,394	2,932,205	4,158,866
Water m^3	137,930	156,935	160,137
Business Travel miles	533,787	692,304	786,611
Renewable Electricity Generated Solar PV	0	0	28,264
Financial Data £			
Gas	1,252,413	1,300,780	2,338,641
Electricity	436,061	537,580	1,331,605
*Biomass	176,301	176,300	198,514
Water	342,673	379,610	383,331
Business Mileage	212,749	296,993	345,004
*Renewable Heat Incentive	(114,000)	(98,773)	(112,888)

*Figures are approximate pending validation from Ofgem and our Energy Performance Certificate (EPC) supplier

** includes electricity generated from the Combined Heat and Power (CHP) plant and imported from the grid

Public Sector Decarbonisation Scheme

NGH has been awarded a government grant of £20.6million to start the process of decarbonising the hospital estate. This is a two-year project, to be completed in March 2024, which will see the replacement of the steam distribution system with low temperature hot water, the addition of a heat pump, solar panels, LED lights and more efficient motors, as well as upgrades to the building management control systems. This work has also enabled the upgrade of old, inefficient catering equipment used for patient meals. The scheme will take us approximately 30% of the way to the 2040 target of net zero, saving an estimated 3,400 tonnes

Waste	39	39	39
Metered Dose Inhalers	67 (8.27kg per inhaler)		
TOTAL tCO_{2e}	**13,020 (Excluding inhalers)**	**13,213 Excluding inhalers**	**13,254 Excluding inhalers**

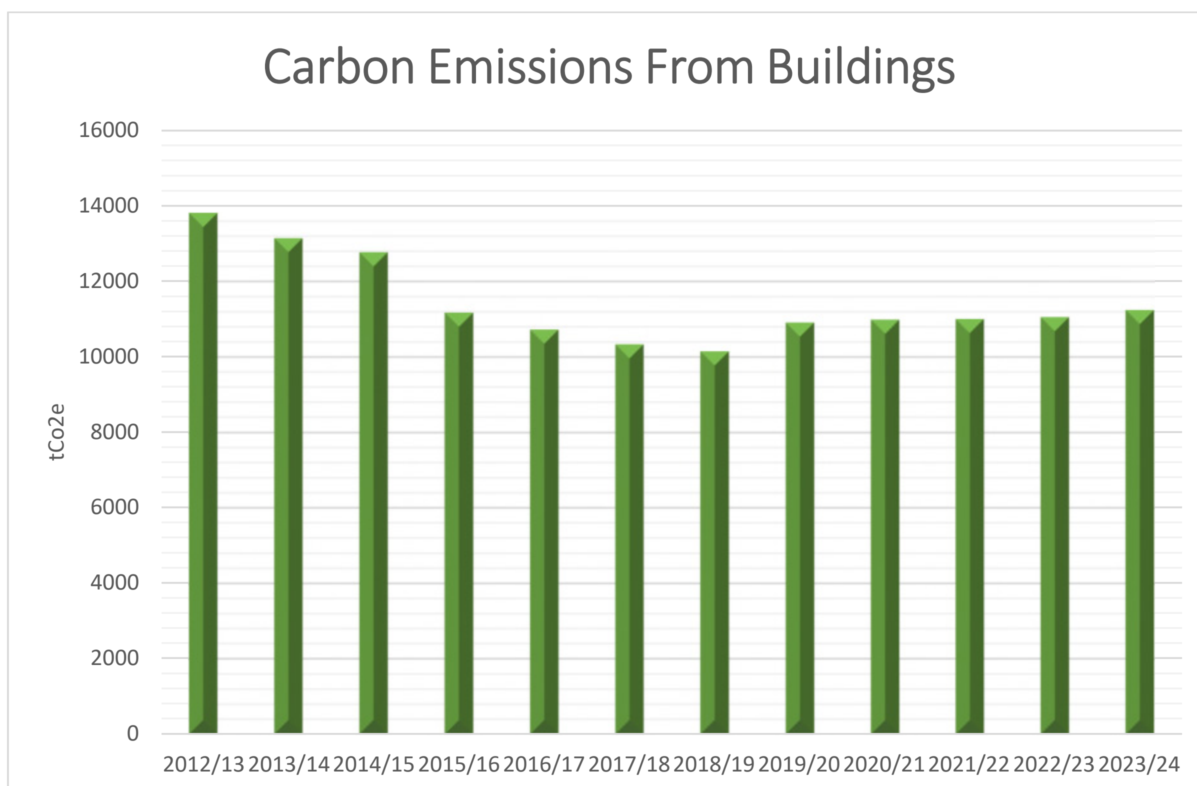
All calculations, including waste, use DEFRA emissions factors published July 2023 ghg-conversion-factors-2023-condensed-set-update.xlsx (live.com)

We are currently unable to obtain a report of the number of inhalers as issued by pharmacy and used overall.

We have commissioned a calculation, based on expenditure, of our scope 3 emissions, excluding medicines to be completed in the first quarter of 2024/25.

Public Sector Decarbonisation Scheme (PSDS)

The Trust has delivered, in partnership with Vital Energi, year 2 of the government funded PSDS scheme. Final commissioning will take place in the summer of 2024 and will be completed by September 2024. This will remove steam from most of the site, replacing these with low temperature hot water. One of the 50-year-old steam boilers has been replaced by an air source heat pump, with a more efficient gas boiler providing back up. The Combined Heat and Power (CHP) unit and biomass boiler will remain as the leading heat sources. 500kWp of solar power has been installed on rooftops and will begin generating on site renewable energy in the summer months. The expected carbon savings are in the region of 3,000 tonnes, or 30% of current carbon emissions from buildings which will put us back in-line with our reduction plan.



A high-level carbon management plan has been written which outlines the steps necessary to reach the NHS Targets for net zero using various scenarios of electric heating combined with renewable technologies. This is being used as a basis to create a more detailed heat decarbonisation plan which will be undertaken in the next 12 months. The plan indicates the level of investment needed to decarbonise the site.

Utility information for the last three years is shown below. Gas consumption has increased due to the parallel running of the old and new heating systems at the end of the financial year, whilst electricity costs have increased due to the unavailability of the CHP to generate electricity on site for the first two months of the year.

	2021/22	2022-23	2023-24
Consumption Data			
Gas kWh	56,550,091	53,407,600	55,147,673
**Electricity kWh	16,603,105	17,676,059	18,074,211
Biomass kWh	2,932,205	4,158,866	4,780,740
Business Travel miles	692,304	786,611	904,680
Renewable Electricity Generated Solar PV kWh	0	28,264	49,008
Electricity consumption per patient contact	25.13	25.03	24.22
Water m^3	156,935	160,137	202,506
Water consumption per patient contact	0.24	0.23	0.27
Financial Data £			
Gas	1,300,780	2,338,641	2,413,556
Electricity	537,580	1,331,605	1,577,715
*Biomass	176,300	198,514	171,453
Water	379,610	383,331	452,021
Business Mileage	296,993	345,004	377,630
*Renewable Heat Incentive	(98,773)	(112,888)	(165,137)

*Figures are approximate pending validation from Ofgem and EPC supplier

** includes electricity generated from the CHP and imported from the grid

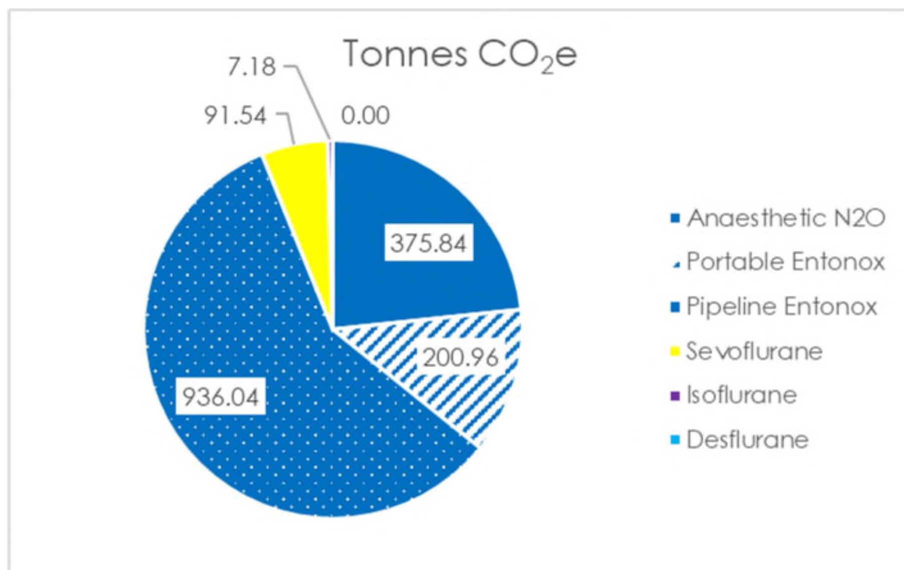
Business mileage figures do not include public transport or flights as this is not currently available.

Part of the increase in electricity consumption is because of the increase in the area and activity of the site. Since 2020 the area occupied by the buildings has increased by 4.6%. There has also been a corresponding increase in patient activity with, for example a 7% increase in patient contacts from 2021/22 to 2022-23 and a further 6% increase in the last financial year.

Anaesthetic Gases

The Trust removed desflurane one year ahead of NHS targets. The use of nitrous oxide by anaesthetists is also under review and has shown a decrease compared to previous – non-COVID years (12% reduction). It is expected that this will be reduced further in the coming year when manifold supplied nitrous is removed from use.

There is an increase shown in the Entonox used in maternity; half of the increase is due to a change in the manifold which necessitated a change in cylinder size and the return of part or unused cylinders.



	2018/19	2019/20	2020/2021	2021/22	2022-23	2023-24
Isoflurane	16	16	9	15	12	7
Sevoflurane	67	58	31	55	57	92
Desflurane	695	366	58	4	19	0
Total Volatiles	**778**	**440**	**98**	**74**	**88**	**99**
Anaesthetic N_2O	507	503	293	491	430	376
Portable Cylinders N_2O	410	316	264	230	176	201
Maternity Entonox	826	704	675	743	827	936
TOTAL CO2e (Tonnes)	**2521**	**1963**	**1330**	**1539**	**1521**	**1612**

Water

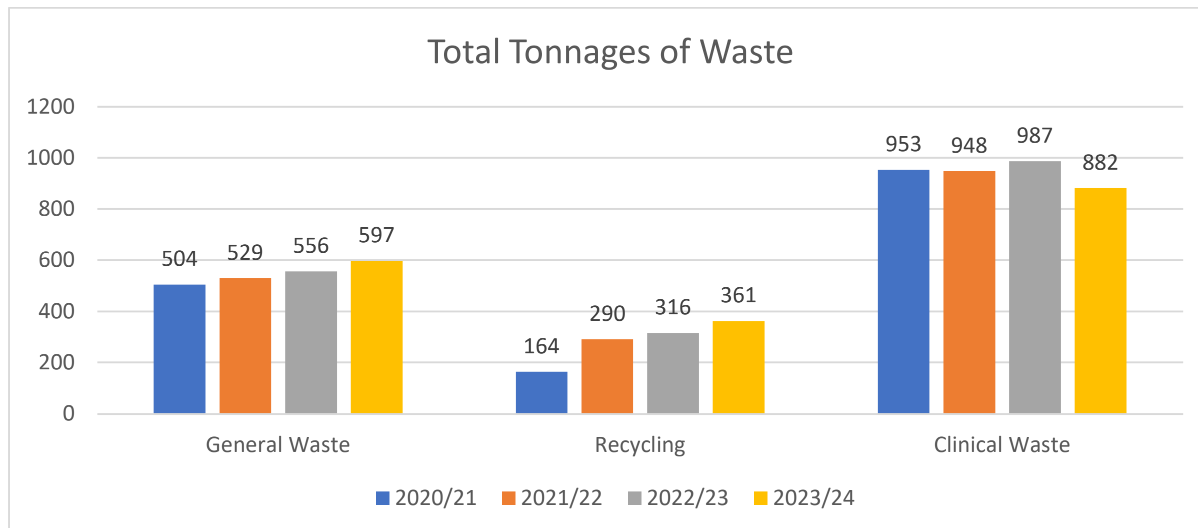
Water use has increased, this is due in part to a leak that has not yet been found as shown in the increase in water consumption per patient contact. A comprehensive water map of the site has been completed with Anglian Water which has given a granular breakdown of the amount of water used in different processes on site. This map found that over 50% of water use is from toilets, taps and showers. A trial installation of a more efficient toilet that uses very little water is underway and, if successful will be repeated in all of the high use public toilet areas.

Waste

NGH led the tendering exercise for both clinical and domestic waste contracts on behalf of the local consortium across NGH / KGH and NHFT. These were awarded and successfully implemented in Autumn 2023. The Trust is making progress towards the 2026 clinical waste segregation targets (60% of clinical waste to be sent through the offensive waste stream) with 45% of waste now sent out as offensive waste compared with 40% at the end of last year.

20:20:60 ratio	2020 - 2021	2021 - 2022	2022 - 2023	2023 – 2024	Target
Offensive waste	30	42	40	45	60
Alternative treatment	61	47	46	41	20
High temperature incineration	9	11	14	14	20

The overall levels of waste have remained approximately static since the previous year, however, the amount sent to clinical waste has reduced, which is responsible for an increase in general waste tonnages. The amount of waste recycled has also increased by 45 tonnes compared to the previous year and is now 38% of non-clinical waste. This has been due to a regime of auditing areas and targeting those that can move their waste to a more appropriate waste stream.



The Trust is working to remove items put up onto the Facebook page and direct them onto the Warpit reuse platform to promote reuse to the Trust and the wider area. A new supplier has been found that reupholsters clinical furniture to a better than new standard, reducing spend and waste being sent to landfill or incineration.

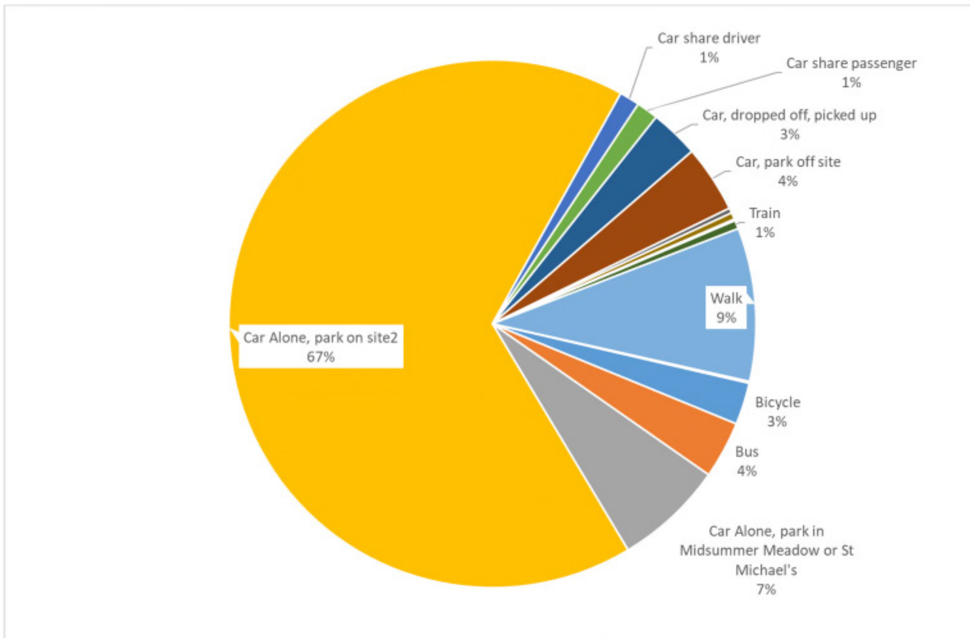
In 2023-24 £7,610 worth of items were rehomed through Warpit and £18,848 through direct advertising and discussion through internal communications. There have also been donations of items to charities supporting overseas hospitals in Ukraine.

Travel and Transport

The Travel Plan is due for review. This will be completed within the coming year, once the Automatic Number Plate Recognition (ANPR) cameras, barriers and Vehicle Information Systems have been installed across the site for both staff and visitors. The addition of ANPR is line with best practice and will result in visitors being charged only for their time on site. It will also allow the addition of Vehicle Information Systems to enable visitors to know where there is available parking and therefore reduce idling and site pollution.

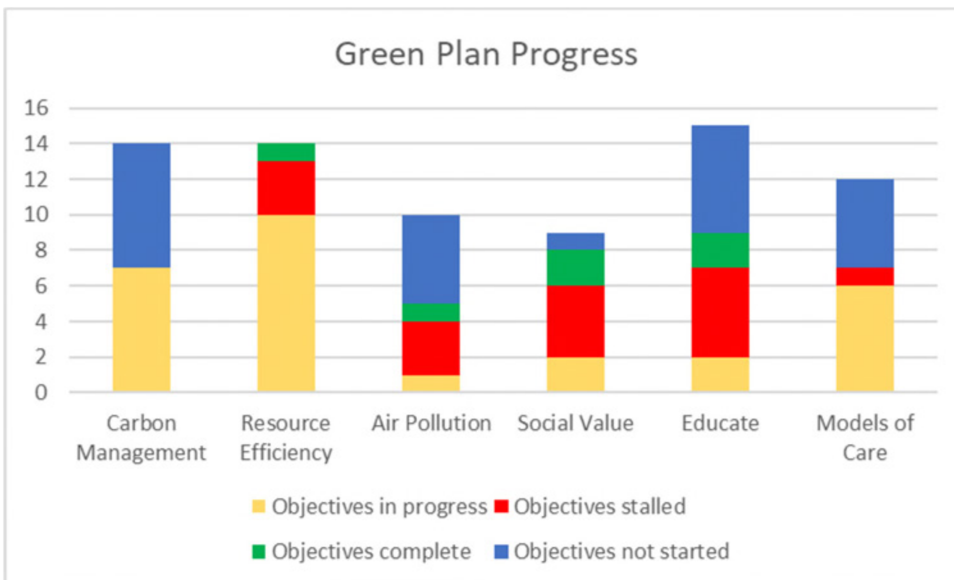
As part of a wider traffic flow and survey, the Trust has been gathering data from cameras placed on site to measure the number of vehicles coming to the site every half hour and where these vehicles park. This was used in a number of focus groups to gather staff opinions on options to improve parking and traffic flows across the site as part of People and Transport Group co-chaired by Estates and Facilities and Human Resources

The Trust conducted an annual travel survey in September to determine staff means of commuting and attitudes towards lower carbon travel. The Travel Survey was also used to review the current travel priorities of our staff. The average distance travelled each way is 11.5 miles. The results from the 970 responses relating to mode of travel are shown below. This is an increase of 17.5% on the previous year. There has been an increase in the number of people driving alone from 56.5% to 67% with the majority of the shift coming from a reduction in car sharing and walking.



Green Plan and Group Targets / Integrated Care System (ICS) targets

The Trust's Green Plan forms the basis of the sustainability activities and covers six key themes below. A number of the projects are ongoing and are expected to be completed in the final year of the plan.



Actions completed from the Green Plan in 2023-24

- New anaesthetic machines purchased to allow the use of bottled nitrous oxide to reduce leaks from the nitrous manifolds;
- Green Team competition completed – six teams competed;
- Investors in the Environment Green Accreditation maintained;
- Low water use toilet trial installed;
- Paper cups sourced to replace plastic cups;
- Social Value incorporated into tenders in line with Government requirements;
- Sustainability has been included in all job descriptions;
- Innovative solutions being trialled to reduce single use items in theatres;

- The first stage of supplying information to new parents about more sustainable options has been created.

Small Business Research Initiative (SBRI) Funding

NGH are the NHS partner to an NHS first that has received SBRI net zero funding to investigate the potential use of UV decontamination combined with hypochlorous acid to increase the options for reusable items.

Green Team Competition

Six clinical teams competed in the Green Team competition, run in association with the Centre for Sustainable Healthcare. Projects were completed by Hand Therapy, Radiotherapy, Endoscopy, the Ophthalmology Surgery team, Pharmacy and the Falls, Infection Prevention and Tissue Viability Multidisciplinary team. Projected annual savings from the projects, completed over a ten week period, are in the region of £250,000 and 40 tonnes of CO_2e. A follow up event will occur in September to measure the final savings and to spread best practice.

Our People

Teaching sessions have been carried out with FY1 and FY2 doctors joining the Trust. In addition, a teaching and workshop session was carried out with third year medical students at Leicester Medical School.

The NGH Associate Director of Infection Prevention and Control, Dr Holly Slyne, was awarded Royal College of Nursing Green Nurse of the year for her sustainability work. She was also instrumental in setting up an IPC Sustainability Conference and her work from the last Green Team competition has been used across the Midlands and Wales.

Leeanne Hardy, the ward sister of the NGH Critical Care Unit was accepted onto a Florence Nightingale Fellowship for Sustainability.

Three members of the Pharmacy team have recently completed the NHS Leadership for Sustainable Healthcare Course: Rachel Westwood, Gill Williams and Janeme Lam.

Governance and Compliance with legislation and NHS Targets

The climate related activities of NGH NHS Trust are reported annually in this report, and reviewed on an annual basis by the Finance and Investment Committee. In addition, they are audited each year by Investors in the Environment, and NGH NHS Trust were awarded their Green Accreditation again during this financial year. The progress on the Green Plan and carbon targets is reported quarterly to the NGH multidisciplinary Sustainable Development Committee, as well as to the UHN Group Sustainability Meetings and the ICS Sustainability Meetings; also on a quarterly basis.

Consumption and cost of utilities are put into the NHS Estates Returns Information Collection (ERIC) returns on an annual basis. The Premises Assurance Model is also populated to show Trust position on aspects of sustainability. All progress is also reported to members of staff through a monthly newsletter sent to department heads and included in the Trust bulletins.

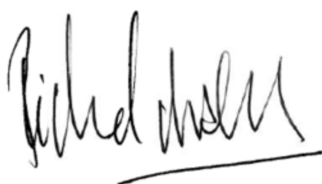
The relevant targets and measures are reported elsewhere in this Sustainability Section of the NGH report. Rather than report on Scope 1 and 2 emissions only, the Trust is reporting annual movement on the elements of the NHS Carbon Footprint included in the Net Zero Target of 2040. In 2024 a measure of Scope 3 emissions from procurement will be calculated and used to target high areas.

During the financial year training in the new HTM 07-01 Safe Disposal of Healthcare Waste standard was carried out by Dr Anne Woolridge. The trust has had an external pre-acceptance audit carried out for its clinical waste segregation. The results from this are reported to the Trust’s Waste Group chaired by the Deputy Chief Nurse, and the Facilities Governance Group.

The change in waste legislation relating to Persistent Organic Pollutants has been incorporated into Trust activities.

To date the Board has not considered climate related risks in any strategic or local decision making processes. However, work is underway to ensure sustainability as a broader theme is included in business planning templates. The risks to the trust from changes in weather patterns expected through climate change are outlined in the Trust’s Adaptation Policy which was updated and approved in April 2024. Further work relating to adaptation will be undertaken over the next twelve months utilising the NHS Flood Risk toolkit, as well as the Sustainability West Midlands NHS Adaptation planning tool. Sustainability is also included the UHN Group objectives which are reported each month to Board committees.

In 2023-24 the Sustainability Team expanded, with a role of Energy Manager created to give more support to reducing carbon emissions, particularly from buildings and to meet NHS contract obligations. A new post of Waste and Sustainability Co-ordinator has also been created to reduce waste, increase reuse and support teams in their sustainability projects.



Richard Mitchell

Chief Executive and Accountable Officer

26 June 2024

Section 2: Accountability Report

Corporate Governance Report

(prepared in accordance with guidance issued by NHS England and Improvement in compliance with sections 3.58-3.60 of the Group Accounting Manual 2023-24 .)

Chief Executive and Accountable Officer's governance statement

1. Scope of responsibility

1.1 As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Trust Accountable Officer Memorandum.

2. The purpose of the system of internal control

2.1 The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The Head of Internal Audit's draft opinion in respect of the 2023-24 period is set out at paragraph 11.5 below, providing 'Reasonable' assurance.

2.2 The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Northampton General Hospital NHS Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control is in place and has been maintained in Northampton General Hospital NHS Trust for the year ended 31 March 2024 and up to the date of approval of the annual report and accounts.

2.3 Capacity to handle risk

Governance arrangements for risk management are as follows:

- **Group risk management:** The Trust and KGH are working together as part of the University Hospitals of Northamptonshire (UHN) Group to strengthen acute care service provision across Northamptonshire, under the leadership of a jointly appointed Chair and Chief Executive and Accountable/Accounting Officer for both Trusts.

  Collaborative working across both organisations enables us to prioritise acute pathway transformation and quality improvement. Working in a group maintains the statutory duties and responsibilities of two separate Boards of Directors.

  As part of the collaboration planning work, and to facilitate the seamless implementation of Group Priorities following previous approval by Boards, both Trusts established Finance and Performance, Quality, Digital, Strategic Development, Elective Care (Lead Provider) Collaborative and People Committees in Common; the Boards agreed changes to Board Committees at their meeting together on 9 April 2024. Committee in Common meetings are a recognised governance approach that enables collaboration between organisations to take decisions together on projects that cross boundaries without compromising the integrity of their own statutory requirements. These committees are responsible for

reviewing and monitoring any strategic risks to both organisations; UHN has adopted a shared Group Board Assurance Framework but the Trusts retain separate Corporate Risk Registers.

- **The Chief Executive**: takes Board-level responsibility for governance, including risk management, and has overall responsibility for maintaining an effective risk management system and for meeting all statutory requirements. Executive directors and clinical directors have delegated responsibility for governance and risk management arrangements within their areas of control.

- **Board of Directors:** The Board of Directors and Chief Executive ensure that the risk management arrangements are implemented, monitored and reviewed, and meet all legal and regulatory requirements. The Board receives reports from its Committees on the Trust's risk control measures.

- **Audit Committee:** The Audit committee has overall responsibility for independently monitoring, reviewing and reporting to the Board on all aspects of governance, risk management and internal control. It is supported in this role by all Board Committees.

- **Finance and Performance Committee:** The Committee oversees an aligned and integrated approach across UHN, so as to ensure consistency in operational and financial management, including the efficient use of resources through optimal allocation of capital and resources. The Committee was abolished by the Boards in April 2024 following a governance review, and its duties reallocated between Finance and Investment and Operational Performance Committees

- **Clinical Quality, Safety and Performance Committee:** This Committee assures the Boards, patients, visitors and staff of the UHN Group that services at Kettering and Northampton General Hospitals are safe and that they conform to, and surpass, the required quality and safety standards required within a culture of learning and continuous improvement.

- **People Committee:** The Committee oversees an aligned and integrated approach to ensure 10,000 colleagues across NGH and KGH are engaged and supported through the successful delivery of the UHN People Plan.

- **Digital Hospital Committee:** The Digital Hospital Committee oversees strategic aspects of the NGH and KGH Group's digital, technology and information agenda. This Committee was abolished in April 2024 following a governance review.

- **Strategic Development Committee:** This Committee oversees the modernisation of the Trusts' estates to ensure that they are a key enabler to deliver clinical service ambitions. This Committee was abolished in April 2024 following a governance review.

- **Transformation Committee:** The Committee oversees the delivery and review of the aims of UHN and steers the delivery of the transformation required to deliver Group Model ambitions as expressed within the Dedicated to Excellence Strategy, aligned to Integrated Care System (ICS) transformation. This Committee was abolished in April 2024 following a governance review.

- **Elective Care (Lead Provider) Collaborative Committee:** The Committee was established to oversee the development and implementation of Lead Provider Collaborative arrangements for elective care. This Committee was abolished in April 2024 following a governance review.

- **Assurance, Compliance and Risk Group (ARC):** The ARC Group is chaired by the Deputy Director of Governance providing executive oversight of risk management issues. UHN is responsible for ensuring the development and implementation of effective systems and processes for risk management at each level of the Trust.

- The Trust has a Governance team with a focus on integrated risk management. The team supports the process of identification, assessment, analysis and management of risks and incidents at every level of the organisation and aggregation of results at a corporate level.

- In each of the Trust's Divisions the Divisional Director has lead responsibility for governance and risk issues and is responsible for coordinating risk management processes, including management of the Divisional risk register supported by the Divisional manager. The Divisional management groups have responsibility for monitoring, managing and where necessary escalating risks on their risk registers and significant risks are reviewed at monthly performance review meeting.

- **Data Security and Protection Group**: The purpose of UHN is to set a clear direction of travel in respect of Data and Information Governance and to provide the Trust Board with the assurance that effective governance for data quality and protection is in place. UHN is attended by key stakeholders across the Trust which includes clinical and operational leaders

  The Trust's Senior Information Risk Owner (SIRO) is the Director of Corporate and Legal Affairs and is responsible for taking ownership of information risk and advising the Chief Executive accordingly. The SIRO works closely with the Medical Director as Caldicott Guardian (the senior person responsible for protecting the confidentiality of people's health and care information and making sure it is used properly) and the Head of Data Security and Protection.

- Risk management training is delivered to staff in accordance with the Trust's risk management training needs analysis. This begins at corporate induction which all staff are required to attend.

3. The risk and control framework

3.1 The Trust has adopted an integrated framework for risk management supported by policies and procedures. This provides a comprehensive framework for the management of principal risks and is mapped to the Trust's strategic objectives. These are in turn mapped to the risk register to assess the potential risks that threaten the achievement of the Trust's objectives, the existing control measures, and assurances in place.

3.2 During 2022-23, the Trust agreed a single integrated BAF report with KGH, which overcomes duplication and confusion from similar risks describing the same issues across UHN and provides clearer alignment with Group objectives and delivery strategies. Each Trust retains a Corporate Risk Register which will inform the UHN BAF and provide oversight of key cross-cutting risks at an organisational level.

3.3 The Trust has also adopted a Group Risk Management Strategy and Policy with KGH. The strategy sets out the Trusts' commitment to continuously improving risk management and patient safety within the organisation through annual targets for improvements, against which progress will be assessed by the Assurance with Risk Group. The UHN strategy was reviewed and updated to comply with legal and statutory requirements, assist in compliance with national standards, promote proactive risk management and improve the safety and quality of patient care.

3.4 The policy seeks to:

- Ensure that UHN meets its statutory requirements to ensure compliance with the relevant legislation such as Health and Safety at Work etc. Act (1974) and the Regulatory Reform (Fire Safety) Order 2005
- Provide a consistent and integrated approach to the management of risk that reflects the UHN Risk Management Strategy
- Achieve improved recognition and prediction of risk and minimisation of adverse outcomes
- Encourage safe working practices and deliver a safe environment for patients, staff, contractors, volunteers, and visitors
- Ensure integration of risk management into business planning, objective setting and performance management
- Support an environment of continuous improvement through the risk management processes and framework, improving quality and safety of care delivery and working practices, and
- Embed the UHN risk appetite in decision making.

3.5 There is an established governance framework for risk management which includes high level committees, the Board of Directors, Board Committees and the Assurance, Risk and Compliance Group (ARC) (a sub-group of the Clinical Quality, Safety and Performance Committee) to divisional governance committees and department level risk groups.

3.6 The ARC Group continues 'deep dive' reviews into the Divisional Risk Registers in year to provide support and guidance with regard to content and identify best practice to improve clarity of the risk register content. Feedback is also provided to UHN from Internal Audit Reviews and standard templates for reports are provided.

3.7 The risk management system is continually reviewed to ensure that robust systems are in place at all levels within the Trust. The risk register is an integral part of the system. Amendments to the risk register are generated and actioned at directorate, division, and corporate level.

3.8 Communication and consultation is undertaken with internal and external stakeholders when appropriate. The Trust has continued to develop communication channels with its partners, and within the Trust. Regular reports are prepared for directorates and divisions on the incidents reported, both clinical and non-clinical, with escalation channels to the Board of Directors and its Committees when required.

3.9 There is an established Internal Audit programme approved by the Audit Committee. The Audit Committee receives reports which provide assurance of the Trust's key internal control objectives. The Internal Auditor presents an Internal Audit Annual Report and Head of Internal Audit Opinion to those charged with governance and the Audit Committee on the overall level of assurance for the system of internal control. Internal Audit recommendations are tracked in a system to record action taken and completed.

3.10 The Trust has an established Anti-Crime (Counter Fraud) Service provided by a Local Anti-Crime Specialist. In addition to investigation work, this postholder carries out an agreed amount of proactive work. They regularly attend the Audit Committee, providing reports on any proactive or reactive work undertaken. They also provide feedback to the Freedom to Speak Up Guardian in regard to any referrals made from that route.

3.11 The Trust's External Auditors conduct an Annual review of the Trust's control environment and present an Annual Report to those charged with governance in the form of an External Audit Opinion, comprising financial and Value for Money elements.

3.12 The Trust has a range of approaches in place to ensure that short, medium, and long-term workforce strategies and staffing systems are in place which assures the Board that staffing processes are safe, sustainable and effective.

3.13 The People Committee regularly receives assurance reports in respect to safer staffing to ensure adherence to National Quality Board requirements. This assurance includes the provision of monthly and six-monthly Safe Staffing Review of Inpatient Staffing Levels. Assurance against the requirements of the NHS England 'Developing Workforce Safeguards' guidance is reported and monitored through the People Committee.

3.14 The Trust uses a range of workforce-planning methods:

- Professional judgement method – multi- disciplinary teams (MDTs) of lead clinicians and managers consider workforce requirements. Using their professional judgement, MDTs will review the current performance standards, financial performance, patient feedback and commissioning intentions and consider the benefits/risks of alternative skill–mixes as part of this approach
- Workload quality method – the Trust uses evidence-based tools to calculate staffing levels based on a variety of inputs, including the Safer Nursing Care tool, Birth Rate plus for maternity services, and in addition the Trust uses the Allocate Acuity data, to ensure that the nursing establishment supports the staffing level and skill mix for each ward
- Triangulation of the above with quality, patient feedback, workforce, and workflow metrics is undertaken through the work of the Board committees
- Benchmarking internally and externally (where information is available and applicable)

3.16 The workforce planning approach detailed above informs the outputs of the annual business planning cycle. Divisions establish their future workforce requirements modelled against planned activity, service developments and financial planning.

3.17 Clinical teams have access to key performance data. Data sources for dashboard indicators include, amongst other information sources: staff HR metrics (e.g., staffing levels, sickness levels and bank staff usage), patient feedback, numbers of complaints, audit outcomes and numbers of incidents reported.

3.18 The Trust's Board and its committees receive triangulated data in a number of key documents including the corporate dashboard, Group Board Assurance Framework and as part of Patient Safety, Safer Staffing, Workforce and Financial reports. The Trust uses the information in a number of ways, including to:

- assure the Board that the systems and processes are working to identify risk or good practice/outcomes
- challenge the data and request further information
- identify internally driven, focused pieces of quality work
- formulate ideas for change or for new ways of working
- review assurances available within the Corporate Risk Register and Board Assurance Framework
- identify new quality indicators aligned to transformational programmes
- promote quality across the organization, using key messages and focused themes

3.19 The People Committee has delegated responsibility for ensuring that any workforce/staffing changes are undertaken with the associated findings reviewed and discussed. The NHS England Developing Workforce Standards offer a framework for this to be undertaken.

3.20 The Trust was rated "Requires Improvement" by the Care Quality Commission (CQC) in 2019 and remains fully compliant with the registration requirements of the CQC and of the NHS provider licence (2023). The Trust put in place an Improvement Plan in response to the findings which was monitored via the Quality Governance Committee and Trust Board. The plan was last subject to an Internal Audit review, for which the Trust received a 'Reasonable Assurance' opinion, in April 2020. The Action plan was completed and closed in October 2020. With KGH, the Trust undertook an externally-facilitated self-assessment exercise against the CQC Well-Led domain in early 2023, which included an assessment of Trust-level assurance within the context of the group model. This complemented an independent external review of the group Model, with a number of common themes/areas for attention emerging from

the two pieces to inform next steps during 2023-24, received by the Board of Directors at its April 2023 meeting:

- Communication and Engagement
- Governance, Roles and Accountabilities
- Corporate Strategy and Integration Plans
- Clinical Collaboration
- Culture

3.21 The Trust has published on its website an up-to-date register of interests, including gifts and hospitality. The Employee Self-Service (ESR) system is used to ensure that senior decision-making staff (defined at the Trust as Consultants and staff on Agenda for Change Band 8D and above or equivalent) submit annual declarations of interests, as required by the Managing Conflicts of Interest in the NHS guidance.

3.22 As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

3.23 Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

3.24 The Trust has undertaken risk assessments included in its Adaptation Policy and has a sustainable development management plan in place which is currently being reviewed to take account of UK Climate Projections 2018 (UKCP18) and the Carbon Net Zero by 2040 NHS commitments. The trust has undertaken risk assessments on the effects of climate change and severe weather and has developed a Green Plan following the guidance of the Greener NHS programme. The Trust complies with its obligations under the Climate Change Act and Adaptation Reporting guidelines through its annual report – see the Sustainability Report above for more details.

3.25 **Condition 7 (Continuity of Services) Availability of Resources - Declaration**

After making enquiries the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the Required Resources available to it after taking account in particular (but without limitation) any distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate; however, they would like to draw attention to the following factors which may cast doubt on the ability of the Licensee to provide Commissioner Requested Services (CRS).

Rationale: The Board and its committees including the Audit Committee having reviewed the financial statements are satisfied that the Trust has the required resources, taking all factors into account; however, CRS remains the default position for all services, and the Trust continues to rely on cash support due to its deficit position.

4. Risk assessment

4.1 The Trust has adopted an approach to risk management with the structures and processes in place to successfully deliver the risk management objectives. Leadership arrangements are defined within the Trust and are supported by job descriptions, objectives, and annual appraisals.

4.2 Leadership has been further embedded at Divisional and Directorate level, where managers have responsibility for risk identification, assessment, and analysis. All staff are required to complete mandatory and role specific update training. All new members of staff are required to attend induction which covers key elements of risk management including Freedom to Speak up.

4.3 The Trust policy on the development of policies ensures that all Trust policies must be equality impact assessed before seeking approval.

4.4 The UHN Board Assurance Framework (BAF) identifies and mitigates risks to UHN objectives as articulated within the UHN Dedicated to Excellence Strategy and its enabling strategies. It identifies the principal risks to the achievement of those objectives, the key controls in place to manage those risks and the sources of assurance about the effectiveness of those controls.

4.5 The UHN BAF details any gaps in control and assurance in relation to the risks, including strategic objectives related to service delivery, workforce, finance, service transformation, and infrastructure and information systems, together with actions to address them. The actions include identifying additional resources, putting in place new systems, processes, operating procedures and monitoring arrangements, strengthening project and programme management, and effective working with partners.

4.6 The BAF is updated by the Executive Director leads with a full review at the end of each quarter which is then presented to the relevant Board Committee to review their assigned risks and a full Board review quarterly. It is also crossed referenced to risks on the Corporate Risk Register.

At 31 March 2024, the BAF contained the following risks:

- Challenges in our ability to attract, recruit, develop and retain colleagues means we are unable to deploy the right people to the right role at the right time resulting in potential detriment to patient care (Likelihood 4, Consequence 4, total score: 16)
- Failure to deliver the UHN Clinical Strategy and clinical collaboration may result in some areas of clinical and financial unsustainability ((Likelihood 5, Consequence 4, total score: 20)
- Failure to deliver UHN Nursing, Midwifery and Allied Health Processionals Strategy may result in inequity of clinical voice, failure to become a truly clinically-led organisation and centre of excellence for patient care (Likelihood 3, Consequence 4, total score: 12)
- Failure of the Integrated Care Board (ICB) to deliver transformed care will result in an impact on the quality of service provided across UHN (Likelihood 4, Consequence 4, total score: 16)
- Risk of failing estate buildings and infrastructure due to age and suitability and, failure to deliver Group strategic estates plans, may prevent delivery of key Group strategies, e.g. Clinical Strategy (Likelihood 4, Consequence 3, total score: 12)
- Failure to deliver the long-term Group Academic Strategy may result in University Hospitals Northamptonshire's (UHN) ability to attract high calibre staff and research and education ambitions. Recognition of impact on financial income to UHN (Likelihood 3, Consequence 4, total score: 12)
- Failure to deliver the UHN Digital Strategy may result in our staff and patients not having the tools or information they need to deliver, and receive safe, high quality patient care (Likelihood 4, Consequence 4, total score: 16)
- Failure to deliver a Group Medium Term Financial Plan results in an inability to deliver Trust, Group and system objectives (Likelihood 5, Consequence 4, total score: 20).

4.7 Each risk and its actions are owned by an Executive Director and they are held to account for progress at respective Board Committees and the Board.

4.8 The Trust received a 'Reasonable Assurance' opinion from internal audit on the Board Assurance Framework and Risk Management in March 2023, with the final report issued in June 2023.

4.9 An Annual Governance Statement is in place (this report) and the Trust is compliant with the risk management and assurance framework requirements that support the statement pursuant to the most up to date guidance.

4.10 The Board is satisfied that plans in place are sufficient to ensure ongoing compliance with all existing targets as set out in the NHS Oversight framework; and a commitment to comply with all known targets going forward. The Trust's position at 31 March 2024 was in segment 3: 'Mandated support needs identified in Quality of care. Targeted support needs identified in Finance and use of resources and Operational performance.' Current segmentation information for NHS trusts and foundation trusts is published on the NHS Improvement website: https://www.england.nhs.uk/publication/nhs-system-oversight-framework-segmentation/. The Trust is currently subject to Enforcement Undertakings from NHS England in relation to its financial position; these were agreed by the Board in October 2023. The Audit Committee considered a report at its March 2024 meeting, which provided oversight and assurance in respect of the Trust's response to the Undertakings, aligned to common issues also flagged in the External Auditor's report and referred to in the Annual Governance Statement at paragraph 8.2 below.

4.11 The Board ensures that the Trust will always operate effectively. This includes maintaining its register of interests, ensuring that there are no material conflicts of interest in the Board of Directors; and that all Board positions are filled, or plans are in place to fill any vacancies.

4.12 The Board is satisfied that all executive and Non-Executive directors have the appropriate qualifications, experience and skills to discharge their functions effectively, including setting strategy, monitoring and managing performance and risks, and ensuring management capacity and capability. All Board members complete a "Fit and Proper persons" declaration, and the Board confirmed compliance with the Fit and Proper regulations at its June 2024 meeting.

5. Review of economy, efficiency, and effectiveness of the use of resources

5.1 The Trust has a number of processes in place to ensure that resources are used economically, efficiently and effectively. The Trust has an established process in place for budget setting, monitoring and reporting.

5.2 Internal Audit's review of the Trust's key financial systems during the year focussed on salary overpayments, giving rise to a finding of 'Limited' Assurance. The Chief People Officer attended the April 2024 Audit Committee to provide assurances that the findings and recommendations of the report would be acted upon to ensure better compliance with internal processes going forward.

5.3 The Trust will be carrying out more work on its transformation plans to drive efficiencies and delivery of excellent patient care, with particular focus on Elective recovery, Outpatient transformation and benefits from working with System partners as part of the Integrated Care Board (ICB). Also, further to the ongoing collaboration work with KGH, the Trust is continuing to actively work to improve both the quality and financial viability of acute services, by realising benefits of scale and reduced duplication.

6. Information governance and data security and protection

6.1 The Trust utilises an online tool that enables organisations to measure their performance against data security and information governance requirements which reflect legal rules and Department of Health and Social Care policy, this is called the Data Security and Protection (DSP) Toolkit.

6.2 All organisations that have access to NHS patient information must provide assurances that they are practicing good information governance and use the DSP Toolkit to evidence this by the publication of annual assessments.

6.3The toolkit enables The Trust to measure their compliance against the law and central guidance and to see whether information is handled correctly and protected from unauthorised access, loss, damage and destruction.

6.4 Where partial or non-compliance is revealed, organisations must take appropriate measures, (e.g. assign responsibility, put in place policies, procedures, processes and guidance for staff), with the aim of making cultural changes and raising information governance standards through year-on-year improvements.

6.5 By assessing itself against the standard and implementing actions to address shortcomings identified using the toolkit, organisations will be able to reduce the risk of a data breach.

6.6 DSP Standards for health and care sets out the National Data Guardian's (NDG) data security standards. Providing evidence and judging whether the Trust meets the assertions, will demonstrate that the Trust is meeting the NDG standards. The NDG data security standards are:

1. Personal Confidential Data
2. Staff Responsibilities
3. Training
4. Managing Data Access
5. Process Reviews
6. Responding to Incidents
7. Continuity Planning
8. Unsupported Systems
9. IT Protection
10. Accountable Suppliers

6.7 In the current version of the toolkit, there are 34 areas of focus, called 'Assertions', falling into the 10 National Data Guardian Standards. Within each assertion there are items which require evidence and an indication of completion. 108 of the evidence items are mandatory and must be evidenced in order to meet the standard.

6.8 The toolkit can be updated throughout the year, but a baseline and final submission must be made within the year. In 2024, the baseline submission was due on the 29th February and the final submission is due on the 30th June.

6.9 The Data Security and Protection Team work closely with the Digital Team, to ensure a firm focus of Data Security and Protection and Cyber Security at the Trust. The majority of assertions relate to cyber security and the DSP Team works closely with the Cyber Team to ensure all the assertions are met.

6.10 Progress is monitored on an ongoing basis and reported to the Data Security and Protection Group. Whilst several areas are showing as non-compliant, plans are in place, to ensure all will be achieved again before the submission date on 26 June 2024.

6.11 The Trust's auditors (TIAA) must complete the Trusts DSP Toolkit Audit which is in line with the standard audit criteria for specific assertions. The DSP Team has engaged fully with the auditors and received a standards fully met outcome at the last audit. The Trust is confident that it will again complete the DSP Toolkit with all standards met in 2024.

6.12 The Trust reported five Information Governance serious incidents to the Information Commissioner's Office in 2023 (there was 1 reported in 2022) all of which have been investigated fully at the Trust with relevant actions identified and implemented (or planned to be implemented) as appropriate in line with Trust Policy and communications with the ICO.

6.13 We continue to develop tools to ensure compliance with GDPR, the Data Protection Act and the Freedom of Information Act and have now procured the use of a Policy Management System which can enforce policies and training to relevant staff. We have also recently published a refreshed Privacy Notice which provides detailed information about how the Trust handles personal data. Furthermore, The Trust is using robust tools to ensure compliance with Data Sharing and Data Protection Impact

Assessments which ensure the Trust operates in a clear and transparent manner, with Data Protection by Design and Default at the forefront.

6.14 The Data Security and Protection Group meets monthly to ensure the Trust has adequate controls in place with reports presented by Clinical Coding, Health Intelligence, Data Quality, Cyber Security and Data Security and Protection which are scrutinised regularly.

6.15 The Trust is proud to commit to high expectations for Data Security and Protection and has made excellent progress for a clear culture change towards Data Protection using education and reporting to promote best practice.

7. Going Concern

7.1 The Audit Committee, at its meeting in March 2024, confirmed its agreement with the positive going concern assessment supporting the conclusion that the Trust is a going concern, and formally approved Going Concern status for the completion of the accounts.

8. External Auditor's Report 2022-23

8.1 The Auditor's Annual Report for the year ended 21 March 2023 identified a significant weakness in the area of financial sustainability, giving rise to a key recommendation which the Trust has been working to implement during 2023-24. The audit committee considers that this issue constitutes a significant internal control issue. The summary finding was as follows:

'In April 2022, the Trust submitted plans to NHS England for a £16.6m deficit. This was subsequently amended to a £1.9mm deficit following discussions with NHSE; however, the Trust did not have sufficiently developed efficiency plans in place to support that change, and was also aware that some of the key national planning assumptions were proving to be unrealistic and subsequently amended the forecast, in agreement with NHSE to recognise this. The Trust needs to continue to develop its efficiency plans to ensure that it will deliver its 2023-24 financial budget. The lack of a Medium Term Financial Plan means that the Trust is not able to plan in the medium term and, consequently, that efficiencies required to balance the budget each year are not sufficiently developed. The Trust needs to continue to develop its efficiency plans to ensure that it will deliver its 2023-24 financial budget.'

8.2 The Audit Committee, at its meeting on 26 March 2024, noted progress, indicating its assurance in respect of the Trust's progress and steps taken, and planned, to deal with the significant control issue identified:

Key recommendations	Status 26/3/2024	Timescale for completion
1. Agree credible annual budgets 2. Develop a Medium Term Financial Plan 3. Ensure savings schemes and efficiencies are fully worked up and realistic **4.** Revisit financial plan for 23/24 and consider whether it is deliverable	1. Financial Forecast reset approved by Board on 20/11/23 2. Financial Recovery Plan development reported to Oct '23 and Jan '24 FPC 3. Efficiency plans expected to	1. Credible annual budgets 30/04/2024 aligned to 2024-25 planning timetable 2. Submitted Autumn 2023; no feedback received. Financial recovery plan in development to include updated medium term plan, summer 2024 3. Complete 31 March 2024 4. To be delivered by 31 March 2025

	be fully met for 23/24 through reset actions as reported to FPC. 4. 2024/25 Efficiency plans in progress and to seek to encompass system wide schemes	

9. Review of effectiveness

9.1 As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the information provided in this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the board, the audit committee, group clinical quality, safety and performance committee, and a plan to address weaknesses and ensure continuous improvement of the system is in place.

9.2 All relevant Board Committee Terms of Reference have been updated, with revised Terms of Reference being agreed by the Board of Directors at its April 2024 meeting.

10. Board Reporting

10.1 The Board meets bi-monthly throughout the year in private and also in public, and holds joint development sessions with KGH in the intervening months. The Boards of NGH and KGH met in public from December 2023. A performance report is received each month with performance overviews provided by the director responsible for performance in each area and risks reviewed. The Board receives updates from a chair of each Board committee following individual committee meetings highlighting the key points discussed and any issues which require escalation.

11. Board effectiveness

11.1 The Board has processes in place to review the effectiveness with which it operates annually and received the results of its annual self-evaluation in October 2023. The Board approved changes to the governance operating model at its April 2024 meeting, following consultation with Committees.

11.2 The Board has been assured that there are robust mechanisms to ensure that the evidence to support compliance is in place and available and is routinely monitored and reported upon within the Trusts governance and performance framework. The process that has been applied to maintain the effectiveness of a system of internal control follows.

11.3 The Trust's Audit Committee approved an Internal Audit programme and received all Internal Audit Reports. The committee has reviewed the establishment and maintenance of an effective system

of integrated governance, risk management and internal control across the organisation's activities both clinical and non- clinical that supported the achievement of the organisation's objectives.

11.4 The Trust's Clinical Quality and Effectiveness Group oversees the Trust's participation in local and national clinical audit and national confidential enquiries, and reports to the UHN Clinical Quality, Safety and Performance Committee. Divisions receive an update report from the Clinical Audit and Effectiveness Department as part of the governance structure. This update gives highlights by exception of audit progression, findings and actions. This enables the Divisional and directorate management team oversight and ownership of their element of the Trust audit programme.

11.5 The Trust's Internal Auditor's conclusion for the year specified:

'TIAA is satisfied that, for the areas reviewed during the year, the Trust has reasonable and effective risk management, control and governance processes in place. This opinion is based solely on the matters that came to the attention of TIAA during the course of the internal audit reviews carried out during the year and is not an opinion on all elements of the risk management, control and governance processes or the ongoing financial viability or your ability to meet financial obligations which must be obtained by the Trust from its various sources of assurance.'

11.6 Internal audit carried out 14 reviews during the year, which were designed to ascertain the extent to which the internal controls in the systems were adequate to ensure that activities and procedures were operating to achieve the Trust's objectives. These included a number of joint internal audits with KGH. One review gave rise to a finding of 'Substantial' assurance, seven reviews gave rise to findings of 'reasonable' assurance and four of 'Limited' Assurance (there was a further advisory review for which no assurance level was provided)..

11.7 The Local Counter Fraud Specialist (LCFS) has supported the Trust to ensure that investigations are carried out promptly and efficiently. In addition, the LCFS has continued to carry out proactive work at the Trust in order to prevent, detect and deter fraud and bribery within the NHS and to also raise awareness of the role of the counter fraud specialist within the Trust and the NHS as a whole. This proactive work has helped to establish an effective anti-fraud culture and zero tolerance approach within the Trust that is fully supported by the Board.

11.8 The Audit Committee received a report to its April 2024 meeting setting out the results of the annual self-assessment against the national Counter Fraud Function Standard Return. The 2023-24 assessment indicated full compliance against 11 components and partial compliance against two: fraud, bribery and corruption risk assessment, and anti-bribery and corruption training. The report identified work in progress to achieve full compliance in these areas.

11.9 The Trust places patient safety at the heart of what we do, we constantly strive to learn from incidents to deliver Best Possible Care. Incidents are discussed at a number of forums, including the Incident Review Group, Clinical Quality and Effectiveness Group and the UHN Clinical Quality, Safety and Performance Committee.

11.10 Each patient safety incident graded as moderate or serious harm is reviewed in the trust's Incident Review Group (IRG). This multi-disciplinary group, chaired by the Medical Director or his representative, provides challenge in a psychologically safe environment to ensure all patient safety incidents are investigated appropriately and proportionately. Other incidents of clinical concern (including some complaints, claims or inquests) are also discussed at this meeting. The group reports into the Clinical Quality and Effectiveness Group.

11.11 In 2023-24 the trust recorded 14,366 incidences affecting patients. Of these 84 were identified as meeting the threshold for declaration of a serious incident. This is broadly in line with the previous 2 years. Incidences that have met the threshold for declaration of a Serious Incident have undergone further investigation using Root Cause Analysis (RCA) methodology, seeking to

determine the Root Cause of any preventable harm and identify and implement lessons to improve the safety of care.

11.12 In February 2024, the trust transitioned to using the Patient Safety Incident Response Framework (PSIRF) methodology with the Serious Incident Framework (SIF) ceasing as per national guidance. PSIRF is a new approach to developing and maintaining effective systems and processes for responding to patient safety incidences for the purpose of learning to improve safety.

11.13 The Patient Safety Incident Response Plan (PSIRP) has been drafted and accepted by the Clinical Quality and Effectiveness Group (CQEG) in November 2023 with further amendments in February 2024. The PSIRP sets out how NGH will respond to patient safety incidents reported by staff and patients, their families, and carers as part of work to continually improve the quality and safety of the care we provide. The plan is not rigid and will be subject to ongoing review. The aim and objective of the PSIRP describes the four strategic aims of the Patient Safety Incident Response Framework:

- Improve the safety of the care we provide to our patients.
- Improve the experience for patients, their families and carers wherever a patient safety incident or the need for a PSII is identified.
- Improve the use of valuable healthcare resources.
- Improve the working environment for staff in relation to their experiences of patient safety incidents and investigations.

11.1 The Patient Safety team has undertaken an extensive review of the datasets available and are in the process of developing the Trust Safety Strategy in conjunction with teams from across the organisation. Actions are developed based on the investigation findings with an emphasis on identifying system and contributary factors to mitigate the recurrence of incidences and changes put in place to reduce the likelihood of re-occurrence. Improvements will be monitored through the Patient Safety Group (PSG) and upwards through Clinical Quality and Effectiveness Group and the Clinical Quality Safety and Performance Committee in Common (CQSPCiC)

12. Code of Governance for NHS Provider Trusts

12.1 Northampton General Hospital NHS Trust has applied the principles of the Code of Governance for NHS Provider Trusts on a comply or explain basis. The Code, which came into effect in April 2023, applying to NHS Trusts for the first time, is based on the principles of the UK Corporate Governance Code, and is available to view here: https://www.england.nhs.uk/publication/code-of-governance-for-nhs-provider-trusts/.

Provisions requiring supporting explanations	***Code of Governance*** **Reference**	**Disclosure**
The board of directors should assess the basis on which the trust ensures its effectiveness, efficiency and economy, as well as the quality of its healthcare delivery over the long term, and contribution to the objectives of the **ICP and ICB, and place-based partnerships**. The board of directors should ensure the trust actively addresses opportunities to work with other providers to tackle shared challenges through entering into partnership arrangements such as **provider collaboratives**. The trust should describe in its annual report how opportunities and risks to future **sustainability** have been considered and addressed, and how its governance is contributing to the delivery of its strategy.	A.2.1	As set out in Performance Report and Accountability Report
The board of directors should assess and monitor **culture**. Where it is not satisfied that policy, practices or behaviour throughout the business are aligned with the trust's vision, values and strategy, it should seek assurance that management has taken corrective action. The annual report should explain the board's activities and any action taken, and the trust's approach to investing in, rewarding and promoting the wellbeing of its workforce.	A.2.3	As set out in Performance Report, Staffing Report and Accountability Report
The board of directors should describe in the annual report how the interests of **stakeholders**, including system and place-based partners, have been considered in their discussions and decision-making, and set out the key partnerships for collaboration with other providers into which the trust has entered. The board of directors should keep engagement mechanisms under review so that they remain effective. The board should set out how the organisation's governance processes oversee its collaboration with other organisations and any associated risk management arrangements.	A.2.8	As set out in Performance Report and Accountability Report
Board: independence of non-executive directors	B 2.6	As set out in Accountability Report
The annual report should give the number of times the board and its committees met, and individual director attendance.	B2.13	As set out in Accountability Report
If an external consultancy is engaged, it should be identified in the annual report alongside a statement about any other connection it has with the trust or individual directors.	C 2.5	As set out Accountability Report
The board of directors should include in the annual report a description of each director's skills, expertise and experience.	C 4.2	As set out in Accountability Report

All trusts are strongly encouraged to carry out externally facilitated developmental reviews of their leadership and governance using the Well-led framework every three to five years, according to their circumstances. The external reviewer should be identified in the annual report and a statement made about any connection it has with the trust or individual directors.	C 4.7	Undertaken during 2022-23 and referenced in Accountability Report
Work of the nomination committee (Remuneration and Appointments Committee)	C 4.13	As set out in Accountability Report
Audit Committee / control environment	D 2.4	As set out in Accountability Report
Directors: annual report	D 2.6	As set out in Performance Report and Accountability Report
Risk assessment	D 2.7	As set out in Performance Report and Accountability Report
Monitoring of risk management and internal control systems	D 2.8	As set out in Performance Report and Accountability Report
Going Concern	D 2.9	As set out in Accountability Report
Where a trust releases an executive director, eg to serve as a non-executive director elsewhere, the remuneration disclosures in the annual report should include a statement as to whether or not the director will retain such earnings.	E 2.3	Not applicable
'Comply or explain' requirements where the Trust has departed from the code, explaining the reasons for the departure and how the alternative arrangements continue to reflect the principles of the code.		
The board of directors should report on its approach to **clinical governance** and its plan for the improvement of clinical quality in the context of guidance set out by the Department of Health and Social Care (DHSC), NHS England and the Care Quality Commission (CQC). The board should record where in the structure of the organisation clinical governance matters are considered.	A 2.6	Duties in this regard are shared between the Clinical Quality Safety and Performance and Audit Committees.
Both the appointment and removal of the company secretary should be a matter for the whole board.	B 2.15	Trust Board Secretary appointed by the Director of Corporate and Legal Affairs and Trust Chair on the Board's behalf. Postholder is subject to standard contractual obligations with regard to performance in the role.
Legislation requires an NHS trust to have a policy on its purchase of non-audit services from its external auditor. An NHS foundation trust's audit committee should develop and implement a policy on the engagement of the external auditor to supply non-audit services. The council of governors is responsible for appointing external governors.	D 2.5	Disclosed within Annual Accounts. Trust does not have a separate policy.

13. Conclusion

13.1 I am pleased to report that, based on the opinion of Internal Audit and the evidence presented within this report; that Northampton General Hospital NHS Trust has a reasonable and effective

system of internal control that supports the achievement of its policies, aims and objectives with no significant internal control issues identified.

13.2 Appropriate arrangements are in place for discharge of the Trust's statutory functions. These ensure that any potential issues are highlighted to the Board and that the Trust is legally compliant with its statutory responsibilities.

Richard Mitchell

Chief Executive and Accountable Officer - 26 June 2024

Report from the Chief Finance Officer

The Trust's financial position, in line with the NHS England Oversight Framework, showed an adjusted performance deficit of £(15.539)m in line with the reset financial forecast approved by the Board in November 2023, taking account of the unplanned financial pressures caused by industrial action, inflation above planned levels and supporting challenging operational performance.

Included within the financial performance was local and national financial support added to our contract with commissioners of £(18.4)m and in year cash support of £17.3m. Our operating expenses in delivering services to patients and the population of Northamptonshire incur costs of £1.4m every day, and we have seen substantive staff numbers grow by 4% to 5,834 during the year.

Capital investment to improve and replace our property, plant, equipment and digital assets was £28.5m, with £13.8m funding through donations primarily linked to the Public Sector Decarbonisation Scheme supporting our plan to reduce our carbon footprint. Investment was made on safety and infrastructure works across the site in accordance with estates plans, replacement of anaesthetic machines, new monitoring equipment in the Emergency Department and scopes and other medical equipment. We continue to support our digital plans to improve infrastructure and equipment for staff alongside the security features.

Forward look

Each NHS trust must ensure that its revenue is not less than sufficient, taking one financial year with another, to meet outgoings properly chargeable to revenue account.

This duty is known as the 'break even duty'. The phrase 'taking one financial year with another' has been interpreted by the Department of Health and Social Care and HM Treasury as meaning that the duty is met if income equals or exceeds expenditure over a three-year rolling period, or exceptionally a five-year rolling period with the agreement of NHS Improvement.

Northampton General Hospital NHS Trust reported in-year deficits of £0.217 million in 2021-22, £15.425 million in 2022-23 and £15.803 million in 2023-24, resulting in a cumulative breakeven rolling assessment of £128.823 million at 31 March 2024, with deficits first occurring in 2014-15.

As a result of the financial position NHS England Enforcement undertakings are in place and any failure to comply with the undertakings may result in NHS England taking further regulatory action. This could include giving formal directions to the trust under section 27B of the National Health Service Act 2006. The Trust has set a deficit budget for the year ended 31 March 2025 of £(25.8)m and as the new Chief Finance Officer I will work with my colleagues, through the Board and working with partners to manage our public money more effectively and in the best interests of patients and our staff.

Charitable funds

We are supported by the Northamptonshire Health Charity. Its primary purpose is to support our work by providing grant funding, making use of the many generous donations and legacies they receive from the general public and from fund raising activities.

To ensure local governance of funds, our senior nurses and managers are heavily involved as fund advisors, actively recommending the specific projects where funds should be spent.

During the financial year the charity paid £0.488m as grants, of specific note:

- Capital investment in parents accommodation £0.126m, various equipment in cancer services £0.128m and OurSpace trust wide £0.055m.
- Contribution to expenditure for furniture and fittings £0.044m, staff training and conferences £0.039m and equipment.

Richard Wheeler

Chief Finance Officer

26 June 2024

Statement of Chief Executive's responsibilities as the accountable officer of the Trust

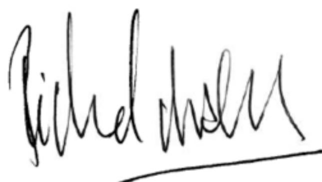
The Chief Executive of NHS England has designated that the Chief Executive should be the Accountable Officer of the Trust.

The relevant responsibilities of Accountable Officers are set out in the NHS Trust Accountable Offi Memorandum. These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and a in the implementation of corporate governance;
- value for money is achieved from the resources available to the Trust;
- the expenditure and income of the Trust has been applied to the purposes intended by Parlia and conform to the authorities which govern them;
- effective and sound financial management systems are in place and
- annual statutory accounts are prepared in a format directed by the Secretary of State to give true and fair view of the state of affairs as at the end of the financial year and the income anc expenditure, other items of comprehensive income and cash flows for the year

As far as I am aware, there is no relevant audit information of which the Trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.



Richard Mitchell

Chief Executive and Accountable Officer

26 June 2024

Statement of Directors' responsibilities in respect of the accounts

The directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of HM Treasury, directs that these accounts give a true and fair view of the state of affairs of the Trust and of the income and expenditure, other items of comprehensive income and cash flows for the year. In preparing those accounts, the directors are required to:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury;
- make judgements and estimates which are reasonable and prudent;
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.
- Prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the Trust and to enable them to ensure that the accounts comply with requirements outlined in the above-mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

Each director: knows of no information which would be relevant to the auditors for the purposes of their audit report, and of which the auditors are not aware, and; has taken "all the steps that he or she ought to have taken" to make himself/herself aware of any such information and to establish that the auditors are aware of it.

The directors confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS Trust's performance, business model and strategy

By order of the Board

Richard Mitchell	Richard Wheeler
Chief Executive and Accountable Officer	Chief Finance Officer
26 June 2024	26 June 2024

Remuneration and Staff Reports

Remuneration report

A remuneration and appointments committee meets regularly and is comprised of non-executive directors. The duties of the remuneration and appointments committee are set out in its terms of reference.

The primary role of the remuneration and appointments committee is to establish a formal process for developing policy on executive remuneration and to oversee the appointment process for executive directors.

The remuneration and appointments committee determines the remuneration and terms of service for the chief executive and executive directors, acting in accordance with the scheme of delegation and reservation of powers to the Board and approve any non-contractual benefits in relation to the termination of employment for executive directors.

The remuneration and appointments committee oversees the process for the appointment of new executive members to the Trust board of directors, ensuring that there is a formal, lawful procedure in place.

The committee will also ensure that systems and processes are in place for the development of the Board members where appropriate.

Pay multiples – has been subject to audit

Pay ratio information

Reporting bodies are required to disclose the relationship between the total remuneration of the highest-paid director in their organisation against the 25th percentile, median and 75th percentile of total remuneration of the organisation's workforce. Total remuneration of the employee at the 25th percentile, median and 75th percentile is further broken down to disclose the salary component.

The banded remuneration of the highest paid director in Northampton General Hospital NHS Trust in the financial year 2023-24 was £220 – 225k (2022-23, £200 – 205k). The relationship to the remuneration of the organisation's workforce is disclosed in the below table. For clarity, a ratio of 8.78 means that the director receives 8.78 times the relevant salary/remuneration of employees.

2023-24	25th percentile	Median	75th percentile
Total remuneration (£)	25,331	35,395	50,762
Pay ratio information	8.78	6.29	4.38
2022-23			
Total remuneration (£)	23,228	31,864	45,819
Pay ratio information	8.72	6.36	4.42

2023-24	25th percentile	Median	75th percentile
Salary component of total remuneration (£)	22,816	30,639	43,742
Pay ratio information	9.75	7.26	5.09
2022-23			
Salary component of total remuneration (£)	23,089	31,114	42,750
Pay ratio information	8.76	6.51	4.74

Changes in ratio between current and prior years result from the changes to the highest paid director's salary and other remuneration, when remuneration is annualised. Ratios would have reduced if the highest paid director's salary had remained the same, reflecting the increase in remuneration of the workforce following pay awards.

All ratios also reflect the increase in both the total remuneration, and the salary component of total remuneration paid to the organisation's workforce.

The Trust believes the median pay ratio for the relevant financial year is consistent with the pay, reward and progression policies for the entity's employees taken as a whole.

Percentage change in remuneration of highest paid director

The percentage change from the previous financial year in respect of the highest paid director was 10% (increase) (2022-23, 18% (reduction)). The increase reflects a percentage uplift and additional clinical duties undertaken in 2023-24 over and above management duties.

Calculation is based on the mid-point of the band of the highest paid director's salary.

The average percentage change from the previous financial year in respect of employees of the entity, taken as a whole, was 8% (increase) (2022-23, 8% (increase)).
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Calculation is based on the total for all employees on an annualised basis, excluding the highest paid director, divided by the FTE number of employees (also excluding the highest paid director).

In 2023-24, 38 (2022-23, 12) employees received remuneration in excess of the highest-paid director.

The range of staff remuneration in 2023-24 was from £6 to £343,475 per annum. In 2022-23 this was £12 to £273,333.

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

Explanation of changes (not subject to audit)

Nursing, midwifery and health visiting staff represent the largest increase in total average staff numbers. The majority of staff on Agenda for Change terms and conditions received an average pay increase in year of 5%, resulting in a minimum increase of £1,065 pro-rata'd. The lowest paid staff received an increase of 10.4%. The majority of medical staff received a 6% pay increase, with additional increases for specific groups. These pay awards were both as a result of the Pay Review Bodies' recommendations.

Remuneration 2023-24

Name and Title	2023-24					
	Salary (bands of £5,000) £000	Expense payments (taxable) to nearest £100* £	Performance Pay and Bonuses (bands of £5,000) £000	Long term Performance Pay and Bonuses (bands of £5,000) £000	All Pension-related Benefits (bands of £2,500) £000	Total - Salary & Benefits (bands of £5,000) £000
John MacDonald - Chair (from 1st July 2023)	20 -25					20 - 25
Rachel Parker - Interim Chair (1st April - 30th June 2023) and Non-Executive Director (from 1st July 2023)	30 - 35					30 - 35
Richard Mitchell - Chief Executive Officer (from 30th October 2023)	25 - 30				0	25 - 30
Heidi Smoult - Interim Chief Executive Officer (1st April - 30th October 2023) and Hospital Chief Executive Officer (from 1st November 2023)	180 - 185				15 - 17.5	195 - 200
Palmer Winstanley - Interim Hospital Chief Executive Officer (from 27th November 2023) and Chief Operating Officer/Deputy Hospital Chief Executive Officer	150 - 155				32.5 - 35	185 - 190
Sarah Noonan - Interim Chief Operating Officer (from 8th January 2024)	30 - 35				27.5 - 30	55 - 60
Hemant Nemade - Medical Director	220 - 225				125 - 127.5	345 - 350
Nerea Odongo - Chief Nurse (from 3rd April 2023)	120 - 125				150 - 152.5	270 - 275
Debra Shanahan - Director of Nursing, Midwifery and Patient Services (to 2nd April 2023)	0 - 5				0	0 - 5
Richard Wheeler - Chief Finance Officer (from 19th September 2023)	45 - 50				30 - 32.5	75 - 80
Jon Evans - Chief Finance Officer (to 16th July 2023)	25 - 30				0	25 - 30
Helen Ellis - Interim Chief Finance Officer (27th July – 31st August 2023)	5 - 10				25 - 27.5	30 - 35
Natasha Chare - Chief Digital Information Officer	70 - 75				17.5 - 20	90 - 95
Stuart Finn - Director of Estates and Facilities/Interim Director of Operational Estates	65 - 70				0	65 - 70
Rebecca Taylor - Director of Transformation and Quality Improvement	60 - 65				15 - 17.5	80 - 85
Polly Grimmett - Director of Strategy	60 - 65				0	60 - 65
Karen Spellman - Director of Integration and Partnerships (to 7th May 2023)	10 - 15				0	10 - 15
Richard Apps - Director of Corporate and Legal Affairs	60 - 65				0	60 - 65
Paula Kirkpatrick - Chief People Officer	70 - 75				17.5 - 20	90 - 95
Suzie O'Neill - Director of Communications and Engagement	35 - 40				15 – 17.5	50 - 55
Sam Holden- Interim Director of Communications and Engagement (from 2nd October 2023)	25 - 30				7.5 - 10	35 - 40
Jill Houghton - Non-Executive Director	10 - 15					10 - 15
Caroline Stevens - Non-Executive Director (from 1st January 2024)	0 - 5					0 - 5
Denise Kirkham - Non-Executive Director	10 - 15					10 - 15
Elena Lokteva - Non-Executive Director	10 - 15					10 - 15
Ghulam (Andre) Ng - Associate Non-Executive Director	10 - 15					10 - 15
Christopher Welsh - Non-Executive Director (from 8th December 2023)	0 - 5					0 - 5
Anette Whitehouse - Associate Non-Executive Director (to 31st January 2024)	10 - 15					10 - 15

Salary Notes 2023-24

John MacDonald, Richard Mitchell, Sarah Noonan, Nerea Odongo, Richard Wheeler, Helen Ellis, Suzie O'Neill, Sam Holden, Caroline Stevens and Christopher Welsh were appointed to the Board in 2023-24. There is therefore no salary information for 2022-23.

Richard Wheeler, Jon Evans, Helen Ellis, Natasha Chare, Rebecca Taylor, Richards Apps, Paula Kirkpatrick, Suzie O'Neill, Sam Holden and Christopher Welsh are/were employed by Kettering General Hospital NHS Foundation Trust. Richard Wheeler was employed by Northamptonshire Healthcare NHS Foundation Trust (NHFT) until 18th March 2024 when his secondment ended and he took up the position on a permanent basis.
Suzie O'Neill's management role in the year covered the period from 1 April to 31 July 2023
John MacDonald and Richard Mitchell are employed by University Hospitals of Leicester NHS Trust
Helen Ellis was considered to be covering the senior manager CFO role in the period from 17 July to 27 July in her Deputy CFO capacity.
Sarah Noonan is employed by East Suffolk and North Essex NHS Foundation Trust

UHL has recharged 25% of total salaries for the respective months for the appointments of Chair (JM- total salary £90 - 95k), and Chief Executive Officer (RM - total salary £115 - 120k)

KGH has recharged 50% of total salaries for the respective months for the appointments of Chief Finance Officer (RW total salary £90 -95k, JE - total salary £50 -55k, HE - total salary £10 - 15k), Chief Digital Information Officer (NC - total salary £145 - 150k), Director of Transformation and Quality Improvement (RT - total salary £125 - 130k), Director of Strategy (PG £125 - 130k), Director of Governance (RA - total salary £125 - 130k), Chief People Officer (PK - total salary £145 - 150k), Director of Communications and Engagement (SO - total salary £75 - 80k, SH - total salary £55 - 60k) and Non-Executive Director (CW - total salary £5 - 10k)

NHFT has recharged 100% of the total salary of the Chief Finance Officer to KGH for the secondment period (19th Sept 2023 - 18th March 2024)

East Suffolk and North Essex NHS Foundation Trust has recharged 100% of the total salary of the Interim Chief Operating Officer for the secondment period beginning 8th January 2024.

50% of the salary for Director of Estates and Facilities/Interim Director of Operational Estates has been recharged to KGH (SF total salary £130 - 135k). Salary includes pay arrears relating to 2022-23 (£0-5k)

50% of the salary for Jill Houghton, Non-Executive Director, since dual appointment on 15th Dec 2023 has been recharged to KGH (JH total salary £15 -20k)

Medical Director's salary above includes clinical work (£5 - 10k) and Clinical Excellence Award (£5 -10k)

Debra Shanahan - Director of Nursing, Midwifery and Patient Services salary includes pay arrears relating to 2022-23 (£0 - 5k)

Notes – all pension-related benefits

All pension related benefits represent the annual increase in total pension benefits entitlement. This represents the values payable at the beginning and end of the financial year, adjusted for inflation, irrespective of whether or not the position was held for full or part year and length of NHS service. Where this value is negative a nil balance is shown.

All pension-related benefits include the cash value of payments (whether in cash or otherwise) in lieu of retirement benefits, and all benefits in year from participating in pension schemes. These are the aggregate input amounts, calculated using the method set out in section 229 of the Finance Act 2004.
The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less, the contributions made by the individual. The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights.

This value does not represent an amount that will be received by the individual. It is a calculation that is intended to convey to the reader of the accounts an estimation of the benefit that being a member of the pension scheme could provide.
The pension benefit table provides further information on the pension benefits accruing to the individual.

Factors determining the variation in the values recorded between individuals include but is not limited to:
A change in role with a resulting change in pay and impact on pension benefits
A change in the pension scheme itself
Changes in the contribution rates
Changes in the wider remuneration package of an individual

Remuneration 2022-23

Name and Title	2022-23					
	Salary (bands of £5,000) £000	Expense payments (taxable) to nearest £100* £	Performance Pay and Bonuses (bands of £5,000) £000	Long term Performance Pay and Bonuses (bands of £5,000) £000	All Pension-related Benefits (bands of £2,500) £000	Total - Salary & Benefits (bands of £5,000) £000
Alan Burns - Chair	35 - 40					35 - 40
Simon Weldon - Group Chief Executive	145 - 150				25 - 27.5	170 - 175
Debbie Needham - Group Chief Executive (16th January - 31st March 2023)	15 - 20				20 - 22.5	35 - 40
Heidi Smoult - Hospital Chief Executive Officer	165 - 170				67.5 - 70	235 - 240
Palmer Winstanley - Chief Operating Officer	130 - 135				30 -32.5	160 - 165
Matthew Metcalfe - Medical Director (1st April 2022 - 31st May 2022)	40 - 45				55 -57.5	95 - 100
Hemant Nemade - Medical Director (from 1st June 2022)	165 - 170				30 -32.5	200 - 205
Debra Shanahan - Director of Nursing, Midwifery and Patient Services	115 - 120				460 - 462.5	575 - 580
Jon Evans - Group Chief Finance Officer	80 - 85				30 - 32.5	115 - 120
Andy Callow - Group Chief Digital Information Officer (1st April 22 - 26 September 2022) and Group Chief Executive (27th September 2022 - 13th Jan 2023)	60 - 65				35 - 37.5	95 - 100
Natasha Chare - Group Chief Digital Information Officer (from 1st February 2023)	10 - 15				10 - 12.5	20 - 25
Dan Howard - Group Chief Digital Information Officer (27th September 2022 - 31st January 2023)	20 - 25				12.5 - 15	30 - 35
Stuart Finn - Group Director of Estates and Facilities	60 - 65				15 - 17.5	75 - 80
Karen Spellman - Director of Strategy and Partnerships/Group Director of Integration and Partnerships	105 -110				22.5 - 25	130 - 135
Richard Apps - Group Director of Governance	60 - 65				22.5 - 25	85 - 90
Mark Smith - Chief People Officer (to 31 July 2022)	25 - 30					25 - 30
Paula Kirkpatrick - Group Chief People Officer (from 31st July 2022)	45 - 50				15 - 17.5	60 - 65
Rebecca Taylor - Group Director of Transformation and Quality Improvement	60 - 65				12.5 -15	75 - 80
Jill Houghton - Non-Executive Director	10 - 15					10 - 15
David Moore - Non-Executive Director (to 30th November 2022)	10 - 15					10 - 15
Rachel Parker - Non-Executive Director	15 - 20					15 - 20
Denise Kirkham - Non-Executive Director	10 - 15					10 - 15
Elena Lokteva - Non-Executive Director	10 - 15					10 - 15
Ghulam Ng - Non-Executive Director	10 - 15					10 - 15
Anette Whitehouse - Non-Executive Director (from 3rd January 2023)	0 - 5					0 - 5

Salary Notes 2022-23

1. Debbie Needham, Hemant Nemade, Natasha Chare, Dan Howard, Paula Kirkpatrick and Anette Whitehouse were appointed to the Board in 2022-23. There is therefore no salary information for 2021-22.
2. Simon Weldon, Debbie Needham, Jon Evans, Andy Callow, Natasha Chare, Richards Apps, Mark Smith, Paula Kirkpatrick and Rebecca Taylor were/are employed by KGH.
3. KGH has recharged 50% of total salaries for the respective months for the 'Group' appointments of Chief Executive (SW - total salary £290 - 295k, including £65 - 70k pay on lieu of notice and annual leave)(DN - total salary £35 - 40k), Chief Finance Officer (JE - total salary £165 - 170k), Chief Digital Information Officer /Group CEO (AC -total salary £120 - 125k), Chief Digital Information Officer (NC- total salary £20 -25k), Director of Governance (RA - total salary £125 - 130k, including £0-5k 21-22 pay arrears), Chief People Officer (MS - total salary £55 - 60k, PK - total salary £90 - 95k) and Director of Transformation and Quality Improvement (RT - total salary £120 - 125k).
4. 50% of the salary for Stuart Finn has been recharged to KGH (total salary £120 -125k). 50% of the salary for Dan Howard has been recharged to KGH (total salary £40 - 45k)
5. Hemant Nemade's salary includes clinical work (£30 - £35k) and £0-£5k clinical excellence award
6. Paula Kirkpatrick held the position of Interim Group Chief People Officer from 31 July 2022 and Group Chief People Officer from 1 September 2022.

Pension benefit report – has been subject to audit

Name and Title	Real increase in pension at Pension Age (bands of £2,500)	Real increase in pension lump sum at Pension Age (bands of £2,500)	Total accrued pension at Pension Age at 31 March 2024 (bands of £5,000)	Lump sum at Pension Age related to accrued pension at 31 March 2024 (bands of £5,000)	Cash Equivalent Transfer Value at 1 April 2023	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2024	Employer's contribution to stakeholder pension
	£000	£000	£000	£000	£000	£000	£000	£000
Richard Mitchell - Chief Executive Officer (from 30th October 2023)	0	2.5 - 5	10 - 15	35 - 40	183	21	259	N/A
Heidi Smoult - Interim Chief Executive Officer (1st April - 30th October 2023) and Hospital Chief Executive Officer (from 1st November 2023)	0	40 - 42.5	35 - 40	95 - 100	513	204	791	N/A
Palmer Winstanley - Interim Hospital Chief Executive Officer (from 27th November 2023) and Chief Operating Officer/Deputy Hospital Chief Executive Officer	2.5 - 5	0	20 - 25	0	156	59	248	N/A
Sarah Noonan - Interim Chief Operating Officer (from 8th January 2024)	0 - 2.5	5 - 7.5	30 - 35	80 - 85	375	37	591	N/A
Hemant Nemade - Medical Director	7.5 - 10	0	30 - 35	0	219	129	400	N/A
Nerea Odongo - Chief Nurse (from 3rd April 2023)	7.5 -10	0	25 - 30	0	243	103	387	N/A
Debra Shanahan - Director of Nursing, Midwifery and Patient Services (to 2nd April 2023)	0	0	55 - 60	160 - 165	1,333	0	17	N/A
Richard Wheeler - Chief Finance Officer (from 19th September 2023)	0 - 2.5	12.5 - 15	30 - 35	80 - 85	526	79	740	N/A
Jon Evans - Chief Finance Officer (to 16th July 2023)	0	5 - 7.5	20 - 25	50 - 55	273	23	389	N/A
Helen Ellis - Interim Chief Finance Officer (27th July – 31st August 2023)	0 - 2.5	0 - 2.5	15 - 20	45 - 50	296	5	384	N/A
Natasha Chare - Chief Digital Information Officer	0 - 2.5	0	0 - 5	0	22	13	47	N/A
Stuart Finn - Director of Estates and Facilities/Interim Director of Operational Estates	10 - 15	15 - 17.5	10 - 15	30 - 35	217	57	304	N/A
Rebecca Taylor - Director of Transformation and Quality Improvement	0 - 2.5	0	0 - 5	0	15	10	35	N/A
Polly Grimmett - Director of Strategy	0	12.5 - 15	15 - 20	40 - 45	245	48	326	N/A
Karen Spellman - Director of Integration and Partnerships (to 7th May 2023)	0	0 - 2.5	35 - 40	100 - 105	746	5	891	N/A
Richard Apps - Director of Governance	0	12.5 - 15	15 - 20	35 - 40	216	67	313	N/A
Paula Kirkpatrick - Chief People Officer	0 - 2.5	0	5 - 10	0	53	20	88	N/A
Suzie O'Neill - Director of Communications and Engagement	0 – 2.5	0	0 - 5	0	23	8	39	N/A
Sam Holden- Interim Director of Communications and Engagement (from 2nd October 2023)	0 - 2.5	0	0 - 5	0	43	0	55	N/A

Pension benefit notes 2023-24

As Non-Executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive members.

In 2023-24 Jon Evans, Helen Ellis, Natasha Chare, Rebecca Taylor, Polly Grimmett, Richards Apps, Paula Kirkpatrick, Suzie O'Neill and Sam Holden were fully remunerated by Kettering General Hospital Foundation Trust (KGH) as their primary employer.

Richard Wheeler was fully remunerated by Northamptonshire Healthcare Foundation Trust as his primary employee for 6 months prior to transferring to KGH. During this 6 month period 100% of costs were recharged to KGH.

Northampton General Hospital reimbursed KGH 50% of costs for the period that a group role was held and as such NGH shows only 50% of pay and pension details for the relevant period with KGH disclosing the remaining 50%.

Richard Mitchell was fully remunerated by University Hospitals of Leicester NHS Trust (UHL) as his primary employer. Northampton General Hospital reimbursed UHL for 25% of his costs for the period that he held a group role and as such NGH shows only 25% of pay and pension details for the relevant period with KGH disclosing 25% and UHL the remaining 50%.

Stuart Finn was fully remuneration by NGH as his primary employer. 50% of his costs for the full year have been recharged to KGH and as such NGH only show 50% of pay and pension details. Stuart Finn, whilst in a Group Director role, is not considered to be a KGH Board Member.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's (or other allowable beneficiary's) pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated in accordance with SI 2008 No.1050 Occupational Pension Schemes (Transfer Values) Regulations 2008.

Real Increase in CETV - This reflects the increase in CETV effectively funded by the employer. It does not include the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period.
The benefits and related CETVs in the above table do not allow for a potential future adjustment arising from the McCloud judgement.

The Public Service Pension Scheme Remedy – (McCloud)
On 1 April 2015, the government made changes to public service pension schemes which treated members differently based on their age. The public service pensions remedy puts this right and removes the age discrimination for the remedy period, between 1 April 2015 and 31 March 2022. Part 1 of the remedy closed the 1995/2008 Scheme on 31 March 2022, with active members becoming members of the 2015 Scheme on 1 April 2022. For Part 2 of the remedy, eligible members had their membership during the remedy period in the 2015 Scheme moved back into the 1995/2008 Scheme on 1 October 2023. This is called 'rollback'.
For those members affected by the Public Service Pensions Remedy, their membership between 1 April 2015 and 31 March 2022 was moved back into the 1995/2008 Scheme on 1 October 2023. Negative values are not disclosed in this table but are substituted for a zero. We have confirmation that Heidi Smoult, Nerea Odongo, Debra Shanahan, Stuart Finn, Helen Ellis, Richard Apps, Polly Grimmett had membership rolled back as a result of the McLoud judgement. Information is not available for Senior Managers recharged by other Trusts or those which have left the Trust during 2023/24.

Members of the NHS Pension scheme are entitled to claim payment of their benefits early from any age on or after their minimum pension age up to their normal pension age (this differs dependant on scheme). When taking actuarially reduced early retirement, pension is reduced to allow for the fact that it is being paid earlier than expected.

The inflation applied to the accrued pension, lump sum (if applicable) and CETV is the percentage (if any) by which the Consumer Prices Index (CPI) for the September before the start of the tax year is higher than it was for the previous September.

The Consumer Prices Index up to September 2022 was 10.1%. Therefore for pensions and CETV calculation purposes CPI is 10.1%.

HM Treasury published updated guidance on the basis for setting the discount rates for calculating cash equivalent transfer values (CETV) payable by public service pension schemes on 27 April 2023. This guidance on discount rates for calculating unfunded public service pension contribution rates has been used in the calculation of 2023- 24 CETV figures.
No lump sum is shown for senior managers who only have membership in the 2015 Scheme or 2008 Section (unless they chose to move their 1995 Section benefits to the 2008 Section under the Choice exercise).
No CETV is shown for pensioners or senior managers over NPA. Age 60 in the 1995 Section, age 65 in the 2008 Section or SPA or age 65, whichever is the later, in the 2015 scheme.

Richard Mitchell, Chief Executive and Accountable Officer
26 June 2024

Richard Wheeler, Chief Finance Officer
26 June 2024

Off Payroll Report

Table 1: Off-Payroll Engagements longer than 6 months

For all off-payroll engagements as of 31 March 2024, for more than £245 per day* and that last longer than six months:

Narrative	Number
Number of existing engagements as of 31 March 2024	0
Of which, the number that have existed:	
for less than one year at the time of reporting	
for between 1 and 2 years at the time of reporting	
for between 2 and 3 years at the time of reporting	
for between 3 and 4 years at the time of reporting	
for 4 or more years at the time of reporting	

*The £245 threshold is set to approximate the minimum point of the pay scale for a Senior Civil Servant.

Table 2: Off-payroll workers engaged at any point during the financial year

For all off-payroll engagements between 1 April 2023 and 31 March 2024, for more than £245* per day:

Narrative	Number
Number of temporary off-payroll workers engaged between 1 April 2021 and 31 March 2022	0
Of which, the number	
not subject to off-payroll legislation**	0
subject to off-payroll legislation and determined as in-scope of IR35**	0
subject to off-payroll legislation and determined as out of scope of IR35**	0
Number of engagements reassessed for compliance or assurance purposes during the year	0
Of which : number of engagements that saw a change to IR35 status following review	0

*The £245 threshold is set to approximate the minimum point of the pay scale for a Senior Civil Servant.

**A worker that provides their services through their own limited company or another type of intermediary to the client will be subject to off-payroll legislation and the Department must undertake an assessment to determine whether that worker is in-scope of Intermediaries legislation (IR35) or out-of-scope for tax purposes

Table 3: Off-Payroll board membership / senior official engagements

For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2022 and 31 March 2023:

Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial year	**0**

Total number of individuals on payroll and off-payroll that have been deemed “board members, and/or senior officers with significant financial responsibility” during the financial year. This figure must include both on payroll and off-payroll engagements	**28**

STAFF REPORT

Our Board of Directors

Northampton General Hospital NHS Trust is governed by a Board of Directors. The Board is made up of Executive Directors, appointed to specific roles within the organisation, and Non-Executive Directors, who bring a range of external expertise with them.

CHAIR AND NON-EXECUTIVE DIRECTORS (at 31 March 2024)

John MacDonald, Chair (Voting)

John joined UHN on 1st July 2023 as Chair, alongside this role he retained his role as Chair of University Hospitals of Leicestershire, a role he has held since April 2021.

John has been a Chair in various NHS and Foundation Trust organisations for a number of years bringing a wealth of experience. This includes the role of Chair in an ICB setting, where John has linked with system partners to address challenges. John has worked more closely with our system partners, to bring us together to create a better service for the patients of Northamptonshire.

Prior to joining the NHS, John worked overseas in Africa and the Indian sub-continent as an agricultural and rural development economist on projects for the British Government, the World Bank and the International Fund for Agricultural Development.

John has announced his retirement and will be leaving his positions on 26 June 2024.

Rachel Parker (second term, expires 31 December 2025) (Voting)

Rachel Parker was appointed as a non-executive director in January 2020 and, during 2023-24, was the Trust’s Vice-Chair and Senior Independent Director. She has several years' board level experience of managing operations and improving performance through a combination of leadership and strategic planning.

Rachel co-chaired the Finance and Performance and Group Transformation Committees with KGH. Following Alan Burns’s retirement, Rachel fulfilled the role of Interim Trust Chair from between April-June 2023.

Jill Houghton (third term, expires 30 April 2026) (Voting)

Jill has been a non-executive director NGH since May 2018 with her term of office renewed in April 2024. Jill was also appointed to the KGH Board in December 2023 as part of work to further collaboration between the hospitals. She is a registered nurse and has worked as a midwife and health visitor. Jill has had experience in all sectors of healthcare, clinically and

managerially within primary and secondary care. Jill has served several boards as a Director of Nursing/Chief Nurse over a period of 12 years. As an NGH board member, she is the Maternity and Neonatal non-executive board champion and has also been the lead for safeguarding and complaints. Jill was previously Chief Nurse for Cambridgeshire and Peterborough CCG and has been a Maternity Clinical Lead within the national Maternal and Neonatal Health Safety Collaborative.

Jill is a member of the Clinical Quality Safety and Performance, Remuneration and Appointments, Group Digital and Transformation, Strategic Development and Audit Committees. She is also NGH's appointed Trustee on the Northamptonshire Healthcare Charitable Fund.

Denise Kirkham (second term, expires 12 September 2026) (Voting)

Denise joined the NGH Board in February 2020. As an Executive Resourcing and Organisational Development professional, Denise is highly experienced at working with Boards and Executive teams in an advisory and developmental capacity. Qualified to Level A and B in Occupational Testing, Myers Briggs and ILM 7 Executive coaching studies, Denise has held posts at Director level across sectors. Throughout her consultancy career, Denise has led and delivered on executive and non-executive recruitment, major culture change projects, organisational structure reviews and executive coaching. Through her earlier career in the private sector, Denise developed strong business development and commercial skills, and a clear understanding of customer focus.

Denise co-chairs the People Committee, convenes the Remuneration and Appointments Committees and is a member of the Finance and Performance Committee.

Elena Lokteva (second term, expires 31 December 2026) (Voting)

Elena's executive career was in the private equity industry. Focusing on investments in complex, turnaround situations she managed international teams handling acquisitions and exits across Europe and the Middle East and led restructuring of businesses in Eastern Europe and Scandinavia.

Elena has more than twenty years of board level experience in executive, and non-executive capacities. Her current non-executive portfolio also includes North Middlesex University Hospital NHS Trust and Essex Partnership University NHS Foundation Trust. Elena is a qualified accountant and a Fellow at the Chartered Institute of Management Accountants. Elena chairs the Trust's Audit Committee and is a member of the UHN People, Group Digital Hospital and Group Elective Collaborative (Lead Provider) Committees.

Professor G. Andre Ng (Associate, Non-Voting) (second term, expires 31 August 2024)

André was appointed as an Associate Non-Executive Director in December 2021. He is a consultant cardiologist and electrophysiologist based at Leicester with specialist interest in heart rhythm management. He is a clinical academic and is currently Head of Department of Cardiovascular Sciences at the University of Leicester, with research interests in sudden cardiac death and atrial fibrillation. He became President of the British Cardiovascular Society in 2024, is Deputy Chair of the East Midlands Cardiac Network and clinical pathway lead for heart rhythm. Andre co-chaired the UHN Clinical Quality, Safety and Performance Committee. Andre is the lead NED for Doctors' Disciplinary matters.

Caroline Stevens (first term, expires 6 February 2027) (Voting)

Caroline Stevens started her career as a community pharmacist in Leicestershire and Northamptonshire, moving into hospital pharmacy management. She later became an operating theatre manager and hospital Managing Director.

In 2009 she moved in the charity sector as a senior director at The British Lung Foundation, then Chief Executive at a children's disability charity. Since 2019 she has been the Chief Executive at The National Autistic Society, a UK wide charity supporting autistic people and their families.

Caroline lives in Northamptonshire. She is a mother of three adult sons, including Jack who is autistic, has severe learning disabilities, and has complex support needs requiring full support 24 hours per day. The experience of being a carer and securing appropriate health and care services for her disabled son has shaped many aspects of her life and career. This makes her determined to strive for safe, high quality health services that are accessible to all. Caroline was appointed to the Board of Directors in February 2024 and will be a member of the Remuneration and Appointments and Audit Committees during 2024-25. She was appointed as the Trust's Senior Independent Director in June 2024.

Professor Christopher Welsh (first team, expires 7 December 2026) (Voting)

Chris joined NGH on 8th December 2023 as a Non-Executive Director (NED). He has been a NED at KGH, the Trust's partner in the UHN Group, since 2017.

Chris has held a number of senior and board posts in the NHS, including vascular surgeon and then Medical Director of Sheffield Teaching Hospitals NHS Foundation Trust. He is the Chair of the Yorkshire and the Humber Clinical Senate which provides impartial and independent advice to healthcare organisations. His key interests include patient safety, the quality of services and clinical collaboration and education.

Chris co-chairs the Clinical Quality and Safety Committee.

EXECUTIVE DIRECTORS (at 31 March 2024)

Richard Mitchell, Chief Executive (Voting)

Richard joined as joint Chief Executive of University Hospitals of Northamptonshire (UHN) and University Hospitals of Leicester NHS Trust (UHL) in October 2023.

He has been Chief Executive of UHL since 2021 and recently worked with the boards of both KGH and NGH as the Senior Responsible Officer for Collaboration.

He is the also the Chair of the East Midlands Cancer Alliance and Midlands Regional Talent and Leadership Board. Richard is proud to work in his local hospitals and he and his family live in South Leicestershire.

Heidi Smoult, Hospital Chief Executive (Voting)

Heidi joined the Trust as Hospital Chief Executive in August 2021. Prior to this, Heidi was at the Care Quality Commission (CQC) where she held the role of Deputy Chief Inspector for seven years. Heidi began her career as a Midwife and has worked in a number of operational roles in NHS Trusts, before leading work at a regional and national level in the CQC.

Heidi fulfilled the role of Interim Chief Executive between April-October 2023, following the departure of Simon Weldon.

Natasha Chare, Group Chief Digital Information Officer (Non-Voting)

Natasha brings with her a strong track record of leading engaged teams to deliver strategic change for the benefit of patients and staff.

Natasha's focus is to ensure our digital team responds to the needs of our organisation knowing that digital is a key enabler in supporting our colleagues to have the tools and information they need to do their job most effectively. Natasha's emphasis is on digital working with wider teams to bring about digital progress across our hospital including supporting clinicians to have access to full, accurate and timely patient information and giving patients the ability to increasingly be in control of their care.

Natasha's background is in change management and transformation –before joining the digital team in 2020, Natasha was in Kettering's transformation team. Prior to this Natasha was a management consultant working alongside public sector teams to improve operational practices and processes including as digital lead. Natasha has also worked in numerous continuous improvement and commercial roles in the logistics sector. More recently, Natasha has received a post graduate diploma in Digital Health Leadership.

Paula Kirkpatrick, Chief People Officer (Non-Voting)

Paula joined KGH in 2019 after a career in HR spanning both public and private sectors, latterly including 15 years in policing where she was half of a job share partnership working in a number of senior roles. Whilst working for Cambridgeshire Constabulary Paula was part of the HR leadership team that developed a collaborated HR service across Bedfordshire, Cambridgeshire and Hertfordshire police forces. Initially joining KGH as Deputy Director HR and OD in September 2019, Paula was appointed as Deputy Director HR and OD in June 2020 and Acting Chief People Officer in July 2022.

Paula's areas of interest include health and wellbeing and equality, diversity and inclusion. She believes leadership is about supporting teams and individuals to be the best they can be: by ensuring people are healthy and well in the broadest sense; are able to be themselves in the workplace, bringing all their skills and expertise to their role; and are supported and developed to reach their potential.

Paula was appointed as Group Chief People Officer in September 2022.

Becky Taylor, Director of Transformation and Continuous Improvement (Non-Voting)

Becky joined Kettering and Northampton Hospitals in October 2021, and has responsibility for leading the Transformation and Quality Improvement agenda across University Hospitals of Northamptonshire. This includes being the executive lead for large-scale transformation programmes across KGH and NGH, supporting and enabling a culture of quality improvement, and the monitoring and tracking of programmes and projects. Becky spent much of her career in management consultancy supporting different acute providers, community providers, local authorities and NHS national bodies to develop strategies and transform services. She is a Health Foundation Q Community Fellow and is passionate about supporting staff to make things work better for both our patients and our staff.

Stuart Finn, Director of Estates and Facilities (Non-Voting)

Stuart's career began in electrical engineering. He has worked in both technical and senior management roles in several industries including airports, automotive manufacturing, semi-conductor manufacturing and facilities management. He joined the Trust in December 2006 and prior to his current role he was the Head of Estates and Deputy Director of Facilities. Stuart has responsibility for both hard and soft services facilities management as well as our Clinical Engineering and sterile services departments.

Sam Holden, Interim Director of Communications and Engagement (Non-Voting)

Sam joined the hospital in October 2023 and has responsibility for corporate communications and engagement. He began his career as a journalist for international news agency Thomson Reuters before joining the NHS, where he has worked across several communications roles at mental health, community and acute trusts. He was the Assistant Director of Communications and Engagement at Milton Keynes University Hospital, leading the organisation's communications response throughout the pandemic. Most recently, Sam was an Associate Director for communications and public affairs consultancy Lexington where he led a number of accounts for both national and international clients from the life sciences, MedTech and public sectors.

Hemant Nemade, Medical Director (Voting)

Hemant joined NGH in 2017 as a Consultant Urologist. Since then, he has worked in a number of roles from Regional Director for the Royal College of Surgeons to the Trust Clinical Director for Cancer Performance. Following his appointment as Deputy Medical Director in 2020, Hemant has supported the organisation with some key initiatives from Governance to starting robotic assisted surgical services in Northamptonshire. He was appointed as Medical Director in July 2022.

Sarah Noonan, Interim Chief Operating Officer (Non-Voting)

Sarah joined NGH on an interim basis in January 2024 to provide cover for Palmer Winstanley during his period acting up into the Hospital Chief Executive role. Sarah's substantive role is of Director of Operations and East Suffolk and North East Essex NHS Foundation Trust.

Nerea Odongo, Chief Nurse (Voting)

Nerea joined Northampton General Hospital Director of Nursing, Midwifery and AHPs in April 2023. Nerea previously worked as Director of Nursing for Family and Integrated Support Services at Northwest Anglia NHS Foundation Trust. She has also worked in various acute NHS trusts over the past 20 years and has experience working in several leadership roles, within a variety of different specialties.

Richard Wheeler, Chief Finance Officer (Voting)

Richard joined UHN from Northamptonshire Healthcare NHS Foundation Trust (NHFT) where he was the Executive Director of Finance since 2016. As a Chartered Accountant, Richard has many years of NHS experience in a range of sectors including Strategic Health Authority, Oxford University Hospitals and East Midlands Ambulance Service. Richard holds a Maths degree and in 2012, was awarded Healthcare Finance Managers Association, Deputy Finance Director of the Year.

Palmer Winstanley, Chief Operating Officer (Non-Voting), Deputy Chief Executive and (from November 2023), Interim Hospital Chief Executive (Voting)

In February 2022 Palmer was appointed as Chief Operating Officer for Northampton General Hospital. Prior to this, he was the Site Executive Director of Operations at Kings College Hospital. He is passionate about empowering our leaders and enabling clinically led change for the benefit of patients across Northamptonshire. Palmer was initially an Army Officer in the Infantry for just over nine years serving around the world on operational deployments in Kosovo and Afghanistan. His roles included commanding troops on the front line, Intelligence work, communications, strategic NATO work and training recruits. Since leaving, he joined the NHS and worked in Norfolk, Hertfordshire and London working across all areas of Acute Hospitals before joining us in Northampton.

Palmer acted up into the Hospital Chief Executive role from November 2023 to provide cover for Heidi Smoult.

Attendance at Board and Board Committee Meetings, 2023-2024

Name	Title	Boards of Directors (8)	Audit (5)	CQSP* (12)	DHC/GTC* (8)	FPC* (11)	People (9)	SDC* (5)	RandA* (14)
John MacDonald	Interim Chair (from July 2023)	6/6	-	-	-	-	-	-	11/11
Richard Mitchell	Group Chief Executive Officer (from October 2023)	4/4	-	-	-	-	-	-	7/7
Richard Apps	Director of Integrated Governance	6	5	10	6	8	9	2	12
Jon Evans	Chief Finance Officer (to June 2023)	2 / 2	2/2	-	-	3/3	-	-	-
Helen Ellis	Interim Chief Finance Officer (July – August 2023)	0 / 1	1/1	-	-	2/2	-	-	-
Richard Wheeler	Chief Finance Officer (from September 2023)	5 / 5	2/2	-	-	6/6	-	-	-
Natasha Chare	Chief Digital Information Officer	7	-	-	8	-	-	-	-
Hemant Nemade	Medical Director	7	-	9	5	-	1	-	-
Heidi Smoult	Hospital Chief Executive (Interim Group Chief Executive from March - October 2023)	3	1/1	3	2	1	5	-	-
Palmer Winstanley	Chief Operating Officer (April – October 2023) and Interim Hospital Chief Executive (October 2023 – March 2024)	6	-	9	7	10	4	-	-
Sarah Noonan	Interim Chief Operating Officer (from January 2024)	2/2	-	3/4	-	3/3	0/3	-	-
Nerea Odongo	Chief Nurse	7	-	6	5	-	3	-	-
Stuart Finn	Interim Director of Operational Estates	7	-	-	-	7	-	2	-
Paula Kirkpatrick	Chief People Officer	8	-	-	5/5	-	8	-	14
Becky Taylor	Director of Transformation and Quality Improvement	8	-	12	5/5	6	-	-	-
Suzie O'Neill	Director of Communications and Engagement (to July 2023)	1 / 3	-	-	1	-	¾	1	-
Sam Holden	Director of Communications and Engagement (from October 2023)	5 / 5	-	-	3/5	-	1/1	-	-
Jill Houghton	Non-Executive Director	8	2	12	5/5	-	-	5	13
Denise Kirkham	Non-Executive Director	5	1/1	-	-	10	8	-	8
Elena Lokteva	Non-Executive Director	7	5	-	2/4	-	9	-	12
Andre Ng	Associate Non-Executive Director	4	-	9	4/5	-	-	-	9

Name	Title	Boards of Directors (8)	Audit (5)	CQSP* (12)	DHC/GTC* (8)	FPC* (11)	People (9)	SDC* (5)	RandA* (14)
Rachel Parker	Non-Executive Director (Interim Chair, April to June 2023)	8	2/2	-	-	10	-	-	14
Caroline Stevens	Non-Executive Director (from January 2024)	2/2	-	-	-	-	-	-	2/2
Chris Welsh	Non-Executive Director	3/3	-	3/3	1/1	-	-	3/3	2/2
Anette Whitehouse	Associate Non-Executive Director (to January 2024)	0/6	-	-	-	-	-	-	0/12

***Key:**

CQSP – Clinical Quality, Safety and Performance

DHC – Digital Hospital

GTC – Group Transformation

FPC – Finance and Performance

RandA – Remuneration and Appointments

Note: Elective Care (Lead Provider) Collaborative Committee did not meet during the year.

Staff costs and numbers - has been subject to audit

	Permanent	Other	2023/24 Total	2022-23 Total
	£000	£000	£000	£000
Salaries and wages	264,532	1,968	**266,500**	252,208
Social security costs	30,360	0	**30,360**	27,299
Apprenticeship levy	1,389	0	**1,389**	1,260
Employer's contributions to NHS pension scheme	38,347	0	**38,347**	36,377
Pension cost - other	82	0	**82**	93
Other post employment benefits	0	0	**0**	0
Other employment benefits	0	0	**0**	0
Termination benefits	175	0	**175**	0
Temporary staff	0	26,063	**26,063**	27,751
Total gross staff costs	**334,885**	**28,031**	**362,916**	**344,988**
Recoveries in respect of seconded staff	0	0	**0**	0
Total staff costs	**334,885**	**28,031**	**362,916**	**344,988**
Of which				
Costs capitalised as part of assets	343	1,124	**1,467**	752

Average number of employees (WTE basis)

	Permanent	Other	2023/24 Total	2022-23 Total
	Number	Number	Number	Number
Medical and dental	699	173	**872**	814
Ambulance staff	0	0	**0**	0
Administration and estates	1,091	125	**1,216**	1,257
Healthcare assistants and other support staff	1,116	323	**1,439**	1,830
Nursing, midwifery and health visiting staff	1,534	274	**1,808**	1,337
Nursing, midwifery and health visiting learners	0	0	**0**	0
Scientific, therapeutic and technical staff	636	20	**656**	629
Healthcare science staff	153	0	**153**	150
Social care staff	0	0	**0**	0
Other	0	0	**0**	0
Total average numbers	**5,229**	**915**	**6,144**	**6,017**
Of which:				
Number of employees (WTE) engaged on capital projects	5	10	**15**	17

Exit packages - has been subject to audit

Reporting of compensation schemes - exit packages 2023-24 (2022-23)

	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
	Number	Number	Number
Exit package cost band (including any special payment element)			
<£10,000	0	0	**0**
£10,000 - £25,000	1 (0)	0	**1 (0)**
£25,001 - 50,000	0	0 (1)	**0 (1)**
£50,001 - £100,000	0 (1)	0	**0 (1)**
£100,001 - £150,000	0	0	**0**
£150,001 - £200,000	1 (0)	0	**1 (0)**
>£200,000	0	0	**0**
Total number of exit packages by type	**2 (1)**	**0 (1)**	**2 (2)**
Total cost (£)	175,000 (68,000)	0 (28,000)	**175,000 (96,000)**

Exit packages: other (non-compulsory) departure payments

	2023-24		2022-23	
	Payments agreed		Payments agreed	
	Number	£000	Number	£000
Voluntary redundancies including early retirement contractual costs	0	0	0	0
Mutually agreed resignations (MARS) contractual costs	0	0	0	0
Early retirements in the efficiency of the service contractual costs	0	0	0	0
Contractual payments in lieu of notice	0	0	1	28
Exit payments following Employment Tribunals or court orders	0	0	0	0
Non-contractual payments requiring HMT approval	0	0	0	0
Total	**0**	**0**	**1**	**28**
Of which:				
Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months' of their annual salary	0	0	0	0

Staff sickness absence

Sickness absence data is available on the NHS Digital website using this link:
https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates
The Performance Analysis section above provides further commentary regarding the Trust's sickness absence levels during 2023-24.

Average FTE for 2023	Adjusted FTE days lost to Cabinet Office Definitions	Average sick days per FTE
5,277	63,092	12

Early retirements due to ill health

	2023-24	2023-24	2022-23	2022-23
	£000s	Number	£000s	Number
No of early retirements on the grounds of ill-health	21	1	45	2

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Our Trade Union activity

Information regarding Facilities Time can be found on the Trust's website here: https://www.northamptongeneral.nhs.uk/About/Policies-Reports-and-strategies/Annual-Reports/Annual-Reports.aspx.

Staff Survey Results

Staff engagement is well recognised as being vital to delivering high quality, compassionate care. The Trust seeks feedback from colleagues through a variety of mechanisms, including the weekly 'Connect, Explore and Improve' forum with Senior Leaders and several Staff Inclusion networks and Shared Decision-Making Councils to listen and lead actions based on staff feedback. The NHS National staff survey is a key piece of intelligence which ran at NGH from 2 October to 24 November 2023 with 3,508 colleagues taking part representing 60% of NGH workforce. This compares with the national median average of 45% and marks a significant increase from 2022 where 48% of colleagues completed the survey.

2023, 2022 and 2021 scores for each indicator together with that of the survey benchmarking group (Acute/Acute and Community Trusts) are presented below.

Indicator	**2023**		**2022**		**2021**	
People Promise Element	**Trust Score**	**Benchmark Score**	**Trust Score**	**Benchmark Score**	**Trust Score**	**Benchmark Score**
We are compassionate and inclusive	7.2	7.2	6.9	7.2	6.9	7.2
We are rewarded and recognised	5.9	5.9	5.5	5.7	5.6	5.8
We each have a voice that counts	6.7	6.7	6.4	6.6	6.5	6.7
We are safe and healthy	6.0*	6.0*	5.7	5.9	5.7	5.9

We are always learning	5.7	5.6	5.3	5.4	5.3	5.2
We work flexibly	6.2	6.2	5.8	6.0	5.8	5.9
We are a team	6.7	6.7	6.4	6.6	6.3	6.6
Staff Engagement	6.8	6.9	6.6	6.8	6.7	6.8
Morale	5.9	5.9	5.5	5.7	5.6	5.7

* Please note that the Survey Coordination Centre are unable to report on 'We are Safe and Healthy'. This relates to an issue with the quality of the data that was identified close to the publication date. This is currently being investigated by the Survey Coordination Centre and NHS England in line with our commitment to ensuring that the results from the survey are of the highest quality.

The Trust has seen an increase in all People Promise elements and themes, with increases of between +0.2 and +0.4. Staff engagement is the only theme scoring below the average, by -0.1. We are always learning is above the average by +0.1 with all other areas at the same as the average.

The results for the survey have been analysed and shared across the organisation with visual results at Trust and Divisional level being made available to teams. The People Team are working with teams to identify local priorities and action plans moving forward. Full survey results are available here: Local results for every organisation | NHS Staff Survey (nhsstaffsurveys.com) National results across the NHS in England | NHS Staff Survey (nhsstaffsurveys.com).

Continuing from previous years, the main four themes remain:

- Team working
- Respect
- Leadership and management, and
- Reward and recognition.

There has also been a fifth theme added in 2023 in regards to career development.

Corporate priorities and action plans are being developed to focus on the above themes, with work linking into our recent appointment as a People Promise exemplar programme which brings dedicated capacity and resource to the ongoing work on improving staff experience and retention.

Equality, Diversity and Inclusion (EDI)

We were honoured to win the Gold ENEI (Employers Network for Equality and Inclusion) Award for 2023. This was testament to the significant focus our EDI team and Staff Networks placed on building a truly equitable organisation for our staff and patients.

The Northamptonshire ICS EDI Programme led by Tracey Robson, NGH Director of People and our International Shared Decision-Making Council were shortlisted for the Regional NHS England Midlands Inclusivity and Diversity Award Scheme (MIDAS), whilst Alistair Weston, EDI Engagement Officer won the Unsung Hero Award for Trans Maternity Care, which highlighted our commitment to our LGBTQ+ staff and patients.

Our focus on EDI will continue and we are committed to providing the EDI team and Staff Networks the necessary support to continue the invaluable work they do to build a truly great place to work and receive care.

During 2023-24, we continued to work to and review our progress against our Equality, Diversity and Inclusion Strategy 2021-2024. We have met each of our statutory reporting duties and an annual Equality report will be produced and published on our website in line with the Public Sector Equality Duties (PSED).

The key areas of work and actions are linked to and driven by:

- Equality, Diversity and Inclusion Workforce Steering Group
- Inclusion Networks
- Workforce Race Equality Standard (WRES)
- Workforce Disability Standard (WDES)
- Gender Pay Gap Reporting
- National Staff Survey results
- Freedom to Speak Up
- Promotion of equality, diversity and inclusion to increase awareness and cultural competence across all staff groups

Some of our key achievements and activities included:

- Continued support of our Staff Networks:
    - REACH (Race, Equality and Cultural Heritage) Network
    - DAWN (Disability and Wellbeing Network)
    - Pride (LGBTQ+) Network
- Continued with the rollout of trained 'Inclusive Recruitment Champions' on all interview panels at Band 7 and above
- Supporting two staff to be part of the national 'Developing Aspirant Leaders' programme
- Collaborated with system partners for a celebration event for our REACH and Overseas staff in September 2023 as part of South Asian Heritage Month and Black History Month
- Reviewed and updated our Equality Impact Assessment processes, to ensure our policies and processes give due regard to reduce health inequalities amongst our local population
- Graded as 'Excelling' for Chaplaincy Services for our Equality Delivery Service (EDS) by our peers and local community
- Published our co-produced Anti-Racist Statement

Workforce Race Equality Standard (WRES)

Each year we submit Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) data to NHS England and create an action plan to address any disparities reported.

WRES reports data across nine metrics and has been part of the NHS Standard Contract since 2015. Four of the metrics focus on workforce data, four on NHS National Staff Survey results and one metric focuses on BAME representation of the Board in comparison to the overall workforce.

You can read a detailed account of our WRES data and actions to improve performance here:

https://www.northamptongeneral.nhs.uk/About/Equality-and-diversity-information/Downloads/Workforce-Race-Equality-Standard-WRES/NGH-WRES-Infographic-May-2023-FINAL.docx

Workforce Disability Equality Standard (WDES)

The Trust has satisfied the NHS England requirement to publish Workforce Disability Equality Standard (WDES) on an annual basis. There are 10 metrics comparing the experiences of disabled colleagues at NGH to the experiences of those who are not disabled.

WDES has been part of the NHS Standard Contract since 2019. Three of the metrics focus on representation across pay bands, recruitment and the application of the process for unsatisfactory work performance, six on NHS National Staff Survey results and one metric focuses on disabled representation of the Board in comparison to the overall workforce.

You can read a detailed account of our WDES data and actions to improve performance here:

https://www.northamptongeneral.nhs.uk/About/Equality-and-diversity-information/Downloads/Workforce-Disability-Equality-Standard/NGH-WDES-Infographic-May-23.docx

Gender Pay Gap Reporting

Our Gender pay gap report is available on the Government website at: Gender pay gap for Northampton General Hospital Nhs Trust - GOV.UK - GOV.UK (gender-pay-gap.service.gov.uk)

Gender Distribution of Staff

	Agenda for Change Bands 1-7		Agenda for Change Bands 8a – 9		Other Medical and Dental		Consultants		Very Senior Managers		Total
Male	913	15%	74	1%	256	4%	166	3%	5	0.01%	1414 (23%)
Female	4170	67%	230	4%	229	4%	109	2%	6	0.09%	4744 (77%)
Total	5083	82%	304	%%	485	8%	275	4%	11	1%	6158 (100%)

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Modern slavery statement

This statement is made in pursuant to section 54 of the Modern Slavery Act 2015 and sets out the steps that Northampton General Hospital NHS Trust has taken and continues to take to ensure that modern slavery or human trafficking is not taking place within our business or supply chain.

Northampton General Hospital NHS Trust provides general acute services for a population of 380,000 and hyper-acute stroke, vascular and renal services to people living throughout whole of Northamptonshire, a population of 692,000.

The organisation is also an accredited cancer centre and provides cancer services to a wider population of 880,000 who live in Northamptonshire and parts of Buckinghamshire.

The principal activity of the organisation is the provision of free healthcare to eligible patients.

Northampton General Hospital NHS Trust's position on modern slavery is to:

- Comply with legislation and regulatory requirements
- Make suppliers and service providers aware that we promote the requirements of the legislation
- Develop an awareness of human trafficking and modern slavery within our workforce
- Consider human trafficking and modern slavery issues when making procurement decisions in accordance with the Trust's Policies on Modern Slavery

The Trust fully supports the Government's objectives to eradicate modern slavery and human trafficking and recognises the significant role the NHS has to play in both combatting it and supporting victims.

We are committed to ensuring that there is no modern slavery or human trafficking in any part of our business and in so far as is possible, to requiring our supplies hold a corresponding ethos.

To identify and mitigate the risks of modern slavery and human trafficking in our own business, Northampton General Hospital has established robust recruitment procedures, details of which are found in its Recruitment, Selection and Retention Policy.

The policy supports compliance with national NHS Employment Checks and CQC standards. In addition all other external agencies providing staff have been approved through Government Procurement Suppliers (GPS). Modern slavery is incorporated within Northampton General's Safeguarding Children and Safeguarding Adults policies. In addition, modern slavery is reference within the Safeguarding Children and Adult

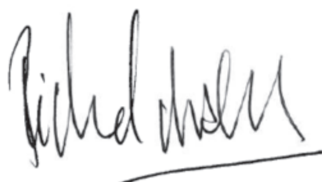
mandatory training from levels 1 -3, which applies to all staff employed by Northampton General Hospital as per the Safeguarding Training Strategy.

Staff must:

- Confirm their identities as new employees and their right to work in the United Kingdom
- Undertake safeguarding training appropriate to their roles and responsibilities to identify those who are victims of modern slavery and human trafficking
- Raise any concerns about working or clinical practice
- Work with the Procurement Department when looking to work with new suppliers so appropriate checks relating to modern slavery can be undertaken.

Working with Suppliers

The Trust's Procurement Department will ensure its supplier base and associated supply chain, which provides goods and / or services to Northampton General Hospital have taken the necessary steps to ensure modern slavery is not taking place. The Procurement Department have committed to ensuring that this is monitored and reviewed with its supplier base via the Trust's 3 Year Procurement Strategy. The Trust follows good practice, ensuring all reasonable steps are taken to prevent slavery and human trafficking and will continue to support the requirements of the Modern Slavery Act 2015 and any future legislation.



Richard Mitchell
Chief Executive and Accountable Officer – 26 June 2024

Section 3: Financial Statements

Independent auditors report and Certificate

Annual accounts

Independent auditor's report to the directors of Northampton General Hospital NHS Trust

Report on the audit of the financial statements

Opinion on financial statements

We have audited the financial statements of Northampton General Hospital NHS Trust (the 'Trust') for the year ended 31 March 2024, which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Equity, the Statement of Cash Flows and notes to the accounts, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards in conformity with the requirements of the Accounts Directions issued under Schedule 15 of the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2023-24.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2024 and of its expenditure and income for the year then ended; and
- have been properly prepared in accordance with international accounting standards as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2023-24; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law, as required by the Code of Audit Practice (2020) ("the Code of Audit Practice") approved by the Comptroller and Auditor General. Our responsibilities under those standards are further described in the 'Auditor's responsibilities for the audit of the financial statements' section of our report. We are independent of the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

We are responsible for concluding on the appropriateness of the directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Trust's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify the auditor's opinion. Our conclusions are based on the audit evidence obtained up to the date of our report. However, future events or conditions may cause the Trust to cease to continue as a going concern.

In our evaluation of the directors' conclusions, and in accordance with the expectation set out within the Department of Health and Social Care Group Accounting Manual 2023-234 that the Trust's financial statements shall be prepared on a going concern basis, we considered the inherent risks associated with the continuation of services provided by the Trust. In doing so we had regard to the guidance provided in Practice Note 10 Audit of financial statements and regularity of public sector bodies in the United Kingdom (Revised 2022) on the application of ISA (UK) 570 Going Concern to public sector entities. We assessed the reasonableness of the basis of preparation used by the Trust and the Trust's disclosures over the going concern period.

In auditing the financial statements, we have concluded that the directors' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Trust's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the directors with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The directors are responsible for the other information contained within the annual report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements, or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Other information we are required to report on by exception under the Code of Audit Practice

Under the Code of Audit Practice published by the National Audit Office in April 2020 on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Governance Statement does not comply with the requirements of the Department of Health and Social Care Group Accounting Manual 2023-24 or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in this regard.

Opinion on other matters required by the Code of Audit Practice

In our opinion:

- the parts of the Remuneration and Staff Report to be audited have been properly prepared in accordance with the requirements of the Department of Health and Social Care Group Accounting Manual 2023-24; and
- based on the work undertaken in the course of the audit of the financial statements, the other information published together with the financial statements in the annual report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

Under the Code of Audit Practice, we are required to report to you if:

- we issue a report in the public interest under Section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit; or
- we refer a matter to the Secretary of State under Section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; or
- we make a written recommendation to the Trust under Section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit.

We have nothing to report in respect of the above matters except on 10 June 2024 we referred a matter to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014 in relation to the Trust's breach of its breakeven duty and unlawful expenditure for the year ending 31 March 2024.

Responsibilities of directors

As explained more fully in the Statement of directors' responsibilities in respect of the accounts set out on page 66, the directors are responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions and for being satisfied that they give a true and fair view, and for such internal control as the directors determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the directors are responsible for assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements. Irregularities, including fraud, are instances of non-compliance with laws and regulations. The extent to which our procedures are capable of detecting irregularities, including fraud, is detailed below.

- We obtained an understanding of the legal and regulatory frameworks that are applicable to the Trust and determined that the most significant which are directly relevant to specific assertions in the financial statements are those related to the reporting frameworks (international accounting standards and the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2023-24).
- We enquired of management and the Audit Committee, concerning the Trust's policies and procedures relating to:
  - the identification, evaluation and compliance with laws and regulations;
  - the detection and response to the risks of fraud; and
  - the establishment of internal controls to mitigate risks related to fraud or non-compliance with laws and regulations.
- We enquired of management and the Audit Committee, whether they were aware of any instances of non-compliance with laws and regulations or whether they had any knowledge of actual, suspected or alleged fraud.
- We assessed the susceptibility of the Trust's financial statements to material misstatement, including how fraud might occur, evaluating management's incentives and opportunities for manipulation of the financial statements. This included the evaluation of the risk of management override of controls and the presumed risk of fraud in some elements of revenue and expenditure recognition. We determined that the principal risks were in relation to:
  - journal entries that impacted on the financial position
  - manual journals, particularly those around the year end
  - Potential management bias in determining accounting estimates, especially in relation to:
    - the valuation of the Trust's land and buildings
    - completeness of expenditure and payables
- Our audit procedures involved:

- evaluation of the design effectiveness of controls that management has in place to prevent and detect fraud;
- journal entry testing, with a focus on journal entries posted by senior members of the finance team, journal entries with no description, and significant journal entries at the end of the financial year which impacted on the Trust's financial performance;
- challenging assumptions and judgements made by management in its significant accounting estimates in respect of land and building valuations and accruals of income and expenditure at the end of the financial year;
- assessing the extent of compliance with the relevant laws and regulations as part of our procedures on the related financial statement item.

- These audit procedures were designed to provide reasonable assurance that the financial statements were free from fraud or error The risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error and detecting irregularities that result from fraud is inherently more difficult than detecting those that result from error, as fraud may involve collusion, deliberate concealment, forgery or intentional misrepresentations. Also, the further removed non-compliance with laws and regulations is from events and transactions reflected in the financial statements, the less likely we would become aware of it.
- We communicated relevant laws and regulations and potential fraud risks to all engagement team members, including the potential for fraud in revenue and expenditure recognition, and the significant accounting estimates related to revaluation of land and buildings, depreciation and accruals. We remained alert to any indications of non-compliance with laws and regulations, including fraud, throughout the audit.
- Our assessment of the appropriateness of the collective competence and capabilities of the engagement team included consideration of the engagement team's.
  - understanding of, and practical experience with audit engagements of a similar nature and complexity through appropriate training and participation
  - knowledge of the health sector and economy in which the Trust operates
  - understanding of the legal and regulatory requirements specific to the Trust including:
    - the provisions of the applicable legislation
    - NHS England's rules and related guidance
    - the applicable statutory provisions.
- In assessing the potential risks of material misstatement, we obtained an understanding of:
  - the Trust's operations, including the nature of its income and expenditure and its services and of its objectives and strategies to understand the classes of transactions, account balances, expected financial statement disclosures and business risks that may result in risks of material misstatement.
  - the Trust's control environment, including the policies and procedures implemented by the Trust to ensure compliance with the requirements of the financial reporting framework.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Report on other legal and regulatory requirements –the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Matter on which we are required to report by exception – the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report to you if, in our opinion, we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2024.

We have nothing to report in respect of the above matter except on 20 June 2024 we identified a significant weakness in how the Trust plans and manages its resources to ensure it can continue to deliver its services. This was in relation to the Trust lacking a pipeline of robustly planned saving schemes for 2024/25 and future years. We recommended there should be a specific focus on delivering planned productivity improvements and efficiency savings. The Trust's efficiency programme therefore needs to be:

- underpinned by robust planned savings schemes, with a clear pipeline of delivery within recorded timescales.
- multi-year detailed plans for savings schemes that reflects efficiency savings for service redesign and establishment reviews, as a continual project management process, that feeds into the Trust's medium-term financial plan.
- reported with enhanced detail to the Board, given its critical part in meeting the Trust's financial target.

Responsibilities of the Accountable Officer

As explained in the Statement of the chief executive's responsibilities as the accountable officer of the Trust set out on page 65, the Chief Executive, as Accountable Officer, is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

Auditor's responsibilities for the review of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required under Section 21(2A)(c) of the Local Audit and Accountability Act 2014 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in January 2023. This guidance sets out the arrangements that fall within the scope of 'proper arrangements'. When reporting on these arrangements, the Code of Audit Practice requires auditors to structure their commentary on arrangements under three specified reporting criteria:

- Financial sustainability: how the Trust plans and manages its resources to ensure it can continue to deliver its services;
- Governance: how the Trust ensures that it makes informed decisions and properly manages its risks; and
- Improving economy, efficiency and effectiveness: how the Trust uses information about its costs and performance to improve the way it manages and delivers its services.

We have documented our understanding of the arrangements the Trust has in place for each of these three specified reporting criteria, gathering sufficient evidence to support our risk assessment and commentary in our Auditor's Annual Report. In undertaking our work, we have considered whether there is evidence to suggest that there are significant weaknesses in arrangements.

Report on other legal and regulatory requirements – Certificate

We cannot formally conclude the audit and issue an audit certificate for Northampton General Hospital NHS Trust for the year ended 31 March 2024 in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice until we have completed our work on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources.

Use of our report

This report is made solely to the directors of the Trust, as a body, in accordance with Part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state to the Trust's directors those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust's directors as a body, for our audit work, for this report, or for the opinions we have formed.

Helen Lillington

Helen Lillington, Key Audit Partner

for and on behalf of Grant Thornton UK LLP, Local Auditor

Birmingham

18 July 2024

Independent auditor's report to the directors of Northampton General Hospital NHS Trust

In our auditor's report issued on 18 July 2024, we explained that we could not formally conclude the audit and issue an audit certificate for the Trust for the year ended 31 March 2024, in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice, until we had completed our work on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources. We have now completed this work, and the results of our work are set out below.

Opinion on the financial statements

In our auditor's report for the year ended 31 March 2024 issued on 18 July 2024 we reported that, in our opinion the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2024 and of its expenditure and income for the year then ended;
- have been properly prepared in accordance with international accounting standards as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2023-24; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

No matters have come to our attention since 18 July 2024 that would have a material impact on the financial statements on which we gave this opinion.

Report on other legal and regulatory requirements - the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Matter on which we are required to report by exception – the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report to you if, in our opinion, we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2024.

We have nothing to report in respect of the above matter except on 20 June 2024 we identified a significant weakness in how the Trust plans and manages its resources to ensure it can continue to deliver its services. This was in relation to the Trust lacking a pipeline of robustly planned saving schemes for 2024/25 and future years. We recommended there should be a specific focus on delivering planned productivity improvements and efficiency savings. The Trust's efficiency programme therefore needs to be:

- underpinned by robust planned savings schemes, with a clear pipeline of delivery within recorded timescales.
- multi-year detailed plans for savings schemes that reflects efficiency savings for service redesign and establishment reviews, as a continual project management process, that feeds into the Trust's medium-term financial plan.
- reported with enhanced detail to the Board, given its critical part in meeting the Trust's financial target.

Responsibilities of the Accountable Officer

The Chief Executive, as Accountable Officer, is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

Auditor's responsibilities for the review of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required under section 21(2A)(c) of the Local Audit and Accountability Act 2014 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in January 2023. This guidance sets out the arrangements that fall within the scope of 'proper arrangements'. When reporting on these arrangements, the Code of Audit Practice requires auditors to structure their commentary on arrangements under three specified reporting criteria:

- Financial sustainability: how the Trust plans and manages its resources to ensure it can continue to deliver its services;
- Governance: how the Trust ensures that it makes informed decisions and properly manages its risks; and
- Improving economy, efficiency and effectiveness: how the Trust uses information about its costs and performance to improve the way it manages and delivers its services.

We have documented our understanding of the arrangements the Trust has in place for each of these three specified reporting criteria, gathering sufficient evidence to support our risk assessment and commentary in our Auditor's Annual Report. In undertaking our work, we have considered whether there is evidence to suggest that there are significant weaknesses in arrangements.

Report on other legal and regulatory requirements – Audit certificate

We certify that we have completed the audit of Northampton General Hospital NHS Trust for the year ended 31 March 2024 in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

Use of our report

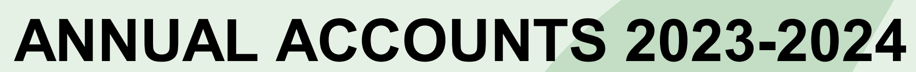
This report is made solely to the directors of the Trust, as a body, in accordance with Part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state to the Trust's directors those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust's directors as a body, for our audit work, for this report, or for the opinions we have formed.

Helen Lillington

Helen Lillington, Key Audit Partner
for and on behalf of Grant Thornton UK LLP, Local Auditor

Birmingham

28 August 2024



ANNUAL ACCOUNTS 2023-2024

Statement of Comprehensive Income

	Note	2023/24 £000	2022/23 £000
Operating income from patient care activities	3	479,575	442,355
Other operating income	4	46,679	47,835
Operating expenses	7, 9	(526,381)	(486,448)
Operating surplus/(deficit) from continuing operations		**(126)**	**3,742**
Finance income	11	1,224	667
Finance expenses	12	(337)	(380)
PDC dividends payable		(6,387)	(5,720)
Net finance costs		**(5,500)**	**(5,433)**
Other gains / (losses)	13	(58)	9
Deficit for the year from continuing operations		**(5,684)**	**(1,682)**
Deficit for the year		**(5,684)**	**(1,682)**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	8	0	(102)
Revaluations	17	2,760	10,080
Total comprehensive income / (expense) for the period		**(2,924)**	**8,296**

Statement of Financial Position

	Note	31 March 2024 £000	31 March 2023 £000
Non-current assets			
Intangible assets	14	9,367	9,364
Property, plant and equipment	15	228,789	211,884
Right of use assets	18	21,902	22,718
Receivables	20	756	922
Total non-current assets		**260,814**	**244,888**
Current assets			
Inventories	19	7,724	6,723
Receivables	20	18,328	32,008
Cash and cash equivalents	22	1,842	1,837
Total current assets		**27,894**	**40,568**
Current liabilities			
Trade and other payables	23	(36,272)	(50,243)
Borrowings	25	(3,056)	(1,706)
Provisions	26	(2,450)	(1,084)
Other liabilities	24	(2,455)	(2,758)
Total current liabilities		**(44,233)**	**(55,791)**
Total assets less current liabilities		**244,475**	**229,665**
Non-current liabilities			
Borrowings	25	(10,374)	(14,198)
Provisions	26	(1,208)	(2,027)
Total non-current liabilities		**(11,582)**	**(16,225)**
Total assets employed		**232,893**	**213,440**
Financed by			
Public dividend capital		295,633	273,256
Revaluation reserve		60,334	57,666
Income and expenditure reserve		(123,074)	(117,482)
Total taxpayers' equity		**232,893**	**213,440**

The notes on pages 105 to 154 form part of these accounts.

Name	Richard Mitchell
Position	Chief Executive and Accountable Officer
Date	26 June 2024

Statement of Changes in Equity for the year ended 31 March 2024

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2023 - brought forward	**273,256**	**57,666**	**(117,482)**	**213,440**
Surplus/(deficit) for the year	0	0	(5,684)	**(5,684)**
Other transfers between reserves	0	(92)	92	**0**
Impairments	0	0	0	**0**
Revaluations	0	2,760	0	**2,760**
Public dividend capital received	22,377	0	0	**22,377**
Taxpayers' and others' equity at 31 March 2024	**295,633**	**60,334**	**(123,074)**	**232,893**

Statement of Changes in Equity for the year ended 31 March 2023

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2022 - brought forward	**268,468**	**47,799**	**(115,911)**	**200,356**
Surplus/(deficit) for the year	0	0	(1,682)	**(1,682)**
Other transfers between reserves	0	(111)	111	**0**
Impairments	0	(102)	0	**(102)**
Revaluations	0	10,080	0	**10,080**
Public dividend capital received	4,788	0	0	**4,788**
Taxpayers' and others' equity at 31 March 2023	**273,256**	**57,666**	**(117,482)**	**213,440**

Information on reserves

Public dividend capital
Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve
Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Income and expenditure reserve
The balance of this reserve is the accumulated surpluses and deficits of the Trust.

Statement of Cash Flows

	Note	2023/24 £000	2022/23 £000
Cash flows from operating activities			
Operating surplus / (deficit)		(126)	3,742
Non-cash income and expense:			
Depreciation and amortisation	7.1	17,425	15,966
Net impairments	8	(915)	(3,356)
Income recognised in respect of capital donations	4	(9,890)	(10,976)
(Increase) / decrease in receivables and other assets		9,736	(8,587)
(Increase) / decrease in inventories		(1,001)	(60)
Increase / (decrease) in payables and other liabilities		(14,808)	18,892
Increase / (decrease) in provisions		527	(1,106)
Other movements in operating cash flows		(7)	(6)
Net cash flows from / (used in) operating activities		**940**	**14,509**
Cash flows from investing activities			
Interest received		1,204	579
Purchase of intangible assets		(3,198)	(2,097)
Purchase of PPE and investment property		(25,340)	(22,062)
Sales of PPE and investment property		27	9
Receipt of cash donations to purchase assets		13,792	5,362
Finance lease receipts (principal and interest)		7	6
Net cash flows from / (used in) investing activities		**(13,508)**	**(18,203)**
Cash flows from financing activities			
Public dividend capital received		22,377	4,788
Movement on other loans		(271)	(261)
Capital element of finance lease rental payments		(3,001)	(2,864)
Other interest		(1)	(1)
Interest paid on finance lease liabilities		(314)	(363)
PDC dividend (paid) / refunded		(6,217)	(5,831)
Net cash flows from / (used in) financing activities		**12,573**	**(4,532)**
Increase / (decrease) in cash and cash equivalents		**5**	**(8,226)**
Cash and cash equivalents at 1 April - brought forward		**1,837**	**10,063**
Cash and cash equivalents at 31 March	22.1	**1,842**	**1,837**

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

The Department of Health and Social Care has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2023/24 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Note 1.2 Going concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

Note 1.3 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Payment terms are standard reflecting cross government principles.

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's NHS income is earned from NHS commissioners under the NHS Payment Scheme (NHSPS) which replaced the National Tariff Payment System on 1 April 2023. The NHSPS sets out rules to establish the amount payable to trusts for NHS-funded secondary healthcare.

Aligned payment and incentive (API) contracts form the main payment mechanism under the NHSPS. In 2023/24 API contract guidance supports the operation of both a fixed and variable element. Fixed elements include Urgent and Emergency Care and a range of other non elective services and overall contract support. Variable elements are primarily focussed on planned care services, where patients are referred into services rather than in response to an emergency issue. . Under the variable element, providers earn income for elective activity (both ordinary and day case), out-patient procedures, out-patient first attendances, diagnostic imaging and nuclear medicine, and chemotherapy delivery activity. The precise definition of these activities is given in the NHSPS.

Providers and Commissioners currently have a level of flexibility to determine whether they will utilise the options to operate some of the variable elements in that manner or opt to include them in the contract as a further fixed or "block" element.

Where the variable processes are used, income is earned at NHSPS prices based on actual activity. The fixed element includes income for all other services covered by the NHSPS assuming an agreed level of activity with 'fixed' in this context meaning not varying based on units of activity. Elements within this are accounted for as variable consideration under IFRS 15 as explained below.

High costs drugs and devices excluded from the calculation of national prices are reimbursed by NHS England based on actual usage or at a fixed baseline in addition to the price of the related service.

In 2023/24 fixed contract elements were set at a level that includes a nationally derived fair share allocation to support the delivery of elective activity targets as part of the Elective Recovery Fund (ERF) process. ERF targets are set for providers and commissioners as a required level of increase over 2019/20 activity levels. Providers and systems are then assessed against these targets and commissioner allocations and payments to providers are increased or decreased in accordance with the resultant performance.

Monthly payments are made to providers equating to 1/12th of the agreed fixed contract elements and baseline variable elements for each contract. These payments are then accompanied by a variable-element to adjust income for actual activity delivered on elective services as described above.

The Trust also receives income from commissioners under Commissioning for Quality Innovation (CQUIN) and Best Practice Tariff (BPT) schemes. Delivery under these schemes is part of how care is provided to patients. As such CQUIN and BPT payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the overall contract with the commissioner and accounted for as variable consideration under IFRS 15. Payment for CQUIN and BPT on non-elective services is included in the fixed element of API contracts .For 23/24 The Commissioner agrees that any CQUIN financial values related to non-performance of the identified CQUINs will not be removed from the contractual baselines of the Trust. BPT earned on elective activity is included in the variable element of API contracts and paid in line with actual activity performed.

Where the relationship with a particular integrated care board is expected to be a low volume of activity (annual value below £0.5m), an annual fixed payment is received by the provider as determined in the NHSPS documentation. Such income is classified as 'other clinical income' in these accounts. During 2023/24 these arrangements were expanded to include historic flows of Secondary Care Dental activity as commissioning responsibility for this activity was devolved from NHS England to ICBs in year.

Elective recovery funding provides additional funding to integrated care boards to fund the commissioning of elective services within their systems. In 2023/24, trusts do not directly earn elective recovery funding, instead earning income for actual activity performed under API contract arrangements as explained above. The level of activity delivered by the trust contributes to system performance and therefore the availability of funding to the trust's commissioners. In 2022/23 elective recovery funding for providers was separately identified within the aligned payment and incentive contracts.

Guidance for 2023/24 gives systems the opportunity to consider re-introducing assessments of accrued income relating to Partially Completed Spells (clinical activity commenced but not completed by the end of the financial year) and to adjust for a Maternity Pathway Prepayment, where a patient is on the maternity pathway but the child(ren) have not been delivered by year end. These approaches to year end assessment of clinical income were paused during the Covid-19 pandemic. Their reintroduction is not mandated for 2023/24 and has not been utilised in any of the Trust's contractual relationships.

NHS injury cost recovery scheme

The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when performance obligations are satisfied. In practical terms this means that treatment has been given, it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

Note 1.4 Other forms of income

Grants and donations

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grants is used to fund capital expenditure, it is credited to the Statement of Comprehensive Income once conditions attached to the grant have been met. Donations are treated in the same way as government grants. The grant received from Salix for the Public Sector Decarbonisation Scheme and grants from Northamptonshire Health Charity are treated in line with this policy.

Apprenticeship service income

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Note 1.5 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

Note 1.6 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

Note 1.7 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

• it is held for use in delivering services or for administrative purposes
• it is probable that future economic benefits will flow to, or service potential be provided to, the trust
• it is expected to be used for more than one financial year
• the cost of the item can be measured reliably
• the item has cost of at least £5,000, or
• collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

Subsequent expenditure
Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided. Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'held for sale' cease to be depreciated upon the reclassification. Assets in the course of construction are not depreciated until the asset is brought into use or reverts to the trust, respectively.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.
Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition

Assets intended for disposal are reclassified as 'held for sale' once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

This includes assets donated to the trust by the Department of Health and Social Care or NHS England as part of the

Useful lives of property, plant and equipment

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	Max life Years
Buildings, excluding dwellings	8	52
Dwellings	32	32
Plant & machinery	5	15
Transport equipment	7	7
Information technology	3	10
Furniture & fittings	5	5

Note 1.8 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised. Expenditure on development is capitalised where it meets the requirements set out in IAS 38.

Software

Software which is integral to the operation of hardware, eg an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, eg application software, is capitalised as an intangible asset.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Intangible assets held for sale are measured at the lower of their carrying amount or fair value less costs to sell.

Amortisation

Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

Useful lives of intangible assets

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	Max life Years
Information technology	1	10
Software licences	1	10

Note 1.9 Inventories

The cost of inventories is measured using the first in, first out (FIFO) method.
Drugs and consumables are valued at current replacement costs; this is considered to be a reasonable approximation to fair value due to the high turnover of stocks. Fuel Oil is valued at the lower of cost and net realisable value, recognising that it has limited commercial value.

The Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

Note 1.10 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

Note 1.11 Financial assets and financial liabilities

Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through leasing arrangements are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets are classified as subsequently measured at amortised cost.

Financial liabilities classified as subsequently measured at amortised cost.

Financial assets and financial liabilities at amortised cost
Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

A full review has been undertaken by invoice type which includes general, private patient, overseas visitors, salary overpayments and NHS organisations. This has been analysed by levels of aged debt to determine a level of anticipated loss in relation to these. The overseas visitors assumes an average recovery level on an overall rate of 12%. This does not include outstanding debt with other NHS organisations.

HM Treasury has ruled that central government bodies may not recognise stage 1 or stage 2 impairments against other government departments, their executive agencies, the Bank of England, Exchequer Funds, and Exchequer Funds' assets where repayment is ensured by primary legislation. The Trust therefore does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies. Additionally, the Department of Health and Social Care provides a guarantee of last resort against the debts of its arm's length bodies and NHS bodies (excluding NHS charities), and the Trust does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies.
CRU (Injury cost recovery) will be provided for at the nationally advised rate in the GAM which is 23.07% for 23/24

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

Derecognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Note 1.12 Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The trust does not apply lease accounting to new contracts for the use of intangible assets.

The Trust determines the term of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise.

The Trust as a lessee

Recognition and initial measurement

At the commencement date of the lease, being when the asset is made available for use, the Trust recognises a right of use asset and a lease liability.

The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 3.51% applied to new leases commencing in 2023 and 4.72% to new leases commencing in 2024.

The Trust does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight-line basis over the lease term. Irrecoverable VAT on lease payments is expensed as it falls due.

Subsequent measurement

The cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

The Trust as a lessor

The Trust assesses each of its leases and classifies them as either a finance lease or an operating lease. Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Where the Trust is an intermediate lessor, classification of the sublease is determined with reference to the right of use asset arising from the headlease.

Finance leases

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Operating leases

Income from operating leases is recognised on a straight-line basis or another systematic basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Initial application of IFRS 16 in 2022/23

IFRS 16 Leases as adapted and interpreted for the public sector by HM Treasury was applied to these financial statements with an initial application date of 1 April 2022. IFRS 16 replaced *IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease* and other interpretations.

The standard was applied using a modified retrospective approach with the cumulative impact recognised in the income and expenditure reserve on 1 April 2022. Upon initial application, the provisions of IFRS 16 were only applied to existing contracts where they were previously deemed to be a lease or contain a lease under IAS 17 and IFRIC 4. Where existing contracts were previously assessed not to be or contain a lease, these assessments were not revisited.

The Trust as lessee

For continuing leases previously classified as operating leases, a lease liability was established on 1 April 2022 equal to the present value of future lease payments discounted at the Trust's incremental borrowing rate of 0.95%. A right of use asset was created equal to the lease liability and adjusted for prepaid and accrued lease payments and deferred lease incentives recognised in the Statement of Financial Position immediately prior to initial application. Hindsight was used in determining the lease term where lease arrangements contained options for extension or earlier termination.

No adjustments were made on initial application in respect of leases with a remaining term of 12 months or less from 1 April 2022 or for leases where the underlying assets had a value below £5,000. No adjustments were made in respect of leases previously classified as finance leases.

The Trust as lessor

Leases of owned assets where the Trust was lessor were unaffected by initial application of IFRS 16.

Note 1.13 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective from 31 March 2024:

		Nominal rate	Prior year rate
Short-term	Up to 5 years	4.26%	3.27%
Medium-term	After 5 years up to 10 years	4.03%	3.20%
Long-term	After 10 years up to 40 years	4.72%	3.51%
Very long-term	Exceeding 40 years	4.40%	3.00%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective from 31 March 2024:

	Inflation rate	Prior year rate
Year 1	3.60%	7.40%
Year 2	1.80%	0.60%
Into perpetuity	2.00%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's post-employment benefits discount rate of 2.45% in real terms (prior year: 1.70%).

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the trust is disclosed at Note 26.2 but is not recognised in the Trust’s accounts.

Non-clinical risk pooling

The trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

Note 1.14 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity’s control) are not recognised as assets, but are disclosed where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

• possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity’s control; or

• present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.15 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined by the Department of Health and Social Care.

This policy is available at https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the “pre-audit” version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.16 Value added tax

Most of the activities of the trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

Note 1.17 Third party assets

Assets belonging to third parties in which the Trust has no beneficial interest (such as money held on behalf of patients) are not recognised in the accounts. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury’s *FReM*.

Note 1.18 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis.

The losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 1.19 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

Note 1.20 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2023/24.

Note 1.21 Critical judgements in applying accounting policies

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

•Accruals, – financial staff, in preparing the accounts, need to exercise their best judgement of local factors to ensure that the most reliable estimation and resultant accruals are included in the accounts. Guidance is considered to provide efficient month and year end closure. Methods include: trend analysis and historic cost analysis considering current year factors; professional judgement based on detailed working papers; information gleaned from the Agreement of Balance exercise between Whole of Government bodies.

•Determining the appropriate asset lives for the Trusts land and buildings following a professional review undertaken by a MRICS qualifies surveyor

•Determining the appropriate method of valuation of the Trusts property assets and when to apply the modern equivalent asset basis

•Determining when to make provisions for probable legal and constructive obligations of uncertain timing or amount as at the reporting date.

Note 1.22 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

•Valuation of Property - Valuers carried out a full inspection of the site in November 2019 to ascertain the quality of the accommodation, its condition and the state of the locality in which it is situated. In accordance with your instructions, we did not carry out a full measured survey of the properties and it is agreed with you that our valuations are based, for the most part, on floor areas provided to us by the Trust.
The purpose of the valuation is to assess the capital value of the Trust's tangible fixed assets (land and buildings) for inclusion within the Trust's financial statements as at 31 March 2024, in accordance with the Department of Health Group Manual for Accounts (GAM) 2023/24, the Government Financial Reporting Manual (FReM) 2023-2024 and International Financial Reporting Standards (IFRS).

•The net book value of the land and buildings of the Trust are all specialised assets valued on a depreciated replacement cost basis. Here the valuer bases their assessment on the cost to the Trust of replacing the service potential of the assets. The uncertainty explained above relates to the estimated cost of replacing the service potential. The BCIS index of 2.9% has been used for the valuation of the £183,967k of buildings. In order for a material misstatement of the accounts to occur (£7.6m), a BCIS cost indices or location factor movement of 4.1% would be required for Northamptonshire

•Provisions, A provision is a liability of uncertain timing or amount. The liability may be a legal obligation or a constructive obligation. A constructive obligation arises from the entity's actions, through which it has indicated to others that it will accept certain responsibilities, and as a result has created an expectation that it will discharge those responsibilities. An entity recognises a provision if it is probable that an outflow of cash or other economic resources will be required to settle the provision. The amount recognised as a provision is the best estimate of the expenditure required to settle the present obligation at the financial reporting date, that is, the amount that an entity would rationally pay to settle the obligation at the end of the financial reporting period or to transfer it to a third party. The estimate is made by the management of the entity.

•Clinical income outturn values – at the time of completing draft accounts in April, the Trust will still be in the process of finalising the clinical coding of March activity. There is therefore a level of estimation required over the final income due in respect of that activity. This may require the use of average pricing for any remaining uncoded activity or use of previous trends. Values derived from these processes will be part of a year end outturn reconciliation with commissioners and may require acceptance of estimated values and a process of finalisation in the following financial year when definitive outcomes are confirmed.

Note 2 Operating Segments

The Trust Board considers all of its operations to be the provision of Healthcare operated as a single segment.

Note 3 Operating income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy 1.3

Note 3.1 Income from patient care activities (by nature)	**2023/24**	**2022/23**
	£000	**£000**
Income from commissioners under API contracts - variable element*	93,815	86,598
Income from commissioners under API contracts - fixed element*	334,393	291,553
High cost drugs income from commissioners	33,628	29,705
Other NHS clinical income	3,810	888
All services		
Private patient income	423	568
Elective recovery fund	0	10,832
National pay award central funding***	211	9,612
Additional pension contribution central funding**	11,630	11,107
Other clinical income	1,665	1,492
Total income from activities	**479,575**	**442,355**

*Aligned payment and incentive contracts are the main form of contracting between NHS providers and their commissioners. More information can be found in the 2023/24 NHS Payment Scheme documentation.

https://www.england.nhs.uk/pay-syst/nhs-payment-scheme/

Income from commissioners under API contracts has previously been reported as a single value. 2022/23 has been restated to provide prior year comparators to the variable and fixed elements.

**The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS providers have continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

***Additional funding was made available by NHS England in 2023/24 and 2022/23 for implementing the backdated element of pay awards where government offers were made at the end of the financial year. 2023/24: In March 2024, the government announced a revised pay offer for consultants, reforming consultant pay scales with an effective date of 1 March 2024. Trade Unions representing consultant doctors accepted the offer in April 2024. 2022/23: In March 2023, the government made a pay offer for staff on agenda for change terms and conditions which was later confirmed in May 2023. The additional pay for 2022/23 was based on individuals in employment at 31 March 2023.

Note 3.2 Income from patient care activities (by source)

	2023/24	**2022/23**
Income from patient care activities received from:	**£000**	**£000**
NHS England	76,310	85,008
Clinical commissioning groups*	0	84,893
Integrated care boards	400,847	269,618
Other NHS providers	329	888
Non-NHS: private patients	423	568
Non-NHS: overseas patients (chargeable to patient)	586	407
Injury cost recovery scheme	1,080	972
Non NHS: other	0	1
Total income from activities	**479,575**	**442,355**
Of which:		
Related to continuing operations	479,575	442,355
Related to discontinued operations	0	0

*Integrated care boards (ICBs) replaced clinical commissioning groups (CCGs) in the NHS in England from 1 July 2022.

Note 3.3 Overseas visitors (relating to patients charged directly by the provider)

	2023/24	2022/23
	£000	£000
Income recognised this year	586	407
Cash payments received in-year	136	104
receivables	249	413
Amounts written off in-year	211	458

Note 4 Other operating income

	2023/24			2022/23		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	235	0	**235**	301	0	**301**
Education and training	15,538	598	**16,136**	14,305	553	**14,858**
Non-patient care services to other bodies	2,003	0	**2,003**	1,564	0	**1,564**
Reimbursement and top up funding	0	0	**0**	599	0	**599**
Income in respect of employee benefits accounted on a gross basis	4,221	0	**4,221**	3,982	0	**3,982**
Receipt of capital grants and donations and peppercorn leases	0	9,890	**9,890**	0	10,976	**10,976**
Charitable and other contributions to expenditure	0	297	**297**	0	1,119	**1,119**
Revenue from finance leases (variable lease receipts)	0	0	**0**	0	0	**0**
Revenue from operating leases	0	175	**175**	0	44	**44**
Other income	13,722	0	**13,722**	14,392	0	**14,392**
Total other operating income	**35,719**	**10,960**	**46,679**	**35,143**	**12,692**	**47,835**
Of which:						
Related to continuing operations			46,679			47,835
Related to discontinued operations			0			0

	2023/24	2022/23
	£000	£000
Other contract income includes :		
Development and project related funding income	7,332	5,070
Non Recurrent System Funding	793	0
Clinical Tests	800	743
Catering	1,150	769
Inter-hospital recharges	417	1,357
Local government funding/recharges	0	1,166
Car Parking Income	982	903
Pharmacy Sales	260	433
Accommodation Charges	279	324
VAT Audit Claim	74	801
Sterile Services Sales	47	39
Non-Contract Income:		
Receipt of capital grants and donations		
Northamptonshire Health Charity	309	229
Salix	9,581	10,747
Charitable and other contributions to expenditure		
Northamptonshire Health Charity	179	264
DHSC for Covid Response - Consumables (PPE)	118	855

Note 5.1 Additional information on contract revenue (IFRS 15) recognised in the period

	2023/24	2022/23
	£000	£000
Revenue recognised in the reporting period that was included in within contract liabilities at the previous period end	1,446	2,536
Revenue recognised from performance obligations satisfied (or partially satisfied) in previous periods	0	0

Note 5.2 Fees and charges

The following disclosure is of income from charges to service users where the full cost of providing that service exceeds £1 million and is presented as the aggregate of such income. The cost associated with the service that generated the income is also disclosed.

	2023/24	2022/23
	£000	£000
Income	2,174	1,722
Full cost	(2,444)	(1,647)
Surplus / (deficit)	**(270)**	**75**

Services include Catering and Car Parking.

Note 6 Operating leases - Northampton General Hospital NHS Trust as lessor

This note discloses income generated in operating lease agreements where Northampton General Hospital NHS Trust is the lessor.
The following operate on the Trust's site under operating leases :
Boots Chemist
Nene Valley Day Nursery (Childbase Partnership Limited)
Compass Contract Services (UK) Ltd - Retail outlets (Costa Coffee, M & S Food, Subway and Stock shop)

Note 6.1 Operating lease income

	2023/24	2022/23
	£000	£000
Lease receipts recognised as income in year:		
Minimum lease receipts	131	19
Variable lease receipts / contingent rents	44	25
Total in-year operating lease income	**175**	**44**

Note 6.2 Future lease receipts

	31 March 2024	31 March 2023
	£000	£000
Future minimum lease receipts due in:		
- not later than one year	72	19
- later than one year and not later than two years	72	0
- later than two years and not later than three years	72	0
- later than three years and not later than four years	72	0
- later than four years and not later than five years	72	0
- later than five years	330	0
Total	**690**	**19**

Note 7.1 Operating expenses

	2023/24	2022/23
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	73	37
Purchase of healthcare from non-NHS and non-DHSC bodies	646	674
Staff and executive directors costs*	361,274	344,236
Remuneration of non-executive directors	131	123
Supplies and services - clinical (excluding drugs costs)	52,561	41,793
Supplies and services - general	5,140	4,288
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	40,204	36,620
Inventories written down	258	79
Establishment	3,983	3,807
Premises	18,572	17,307
Transport (including patient travel)	655	632
Depreciation on property, plant and equipment	15,343	14,286
Amortisation on intangible assets	2,082	1,680
Net impairments	(915)	(3,356)
Movement in credit loss allowance: contract receivables / contract assets	919	582
Change in provisions discount rate(s)	(5)	(24)
Fees payable to the external auditor		
audit services- statutory audit	118	107
additional fee for prior year audit	4	18
Internal audit costs	107	92
Clinical negligence	13,322	11,495
Legal fees	1,327	1,727
Insurance	182	177
Research and development	0	24
Education and training	2,389	2,505
Expenditure on short term leases	125	40
Expenditure on low value leases	41	58
Variable lease payments not included in the liability	0	0
Redundancy	175	0
Car parking & security	418	461
Hospitality	5	3
Losses, ex gratia & special payments	0	0
Other services, eg external payroll	1,823	1,590
Other	5,424	5,387
Total	**526,381**	**486,448**
Of which:		
Related to continuing operations	526,381	486,448
Related to discontinued operations	0	0

Other expenditure includes:	**2023/24**	**2022/23**
	£000	**£000**
Professional Fees & Services including Virtual Ward in the Community	3,587	3,357
Translation Services	415	299
Home Oxygen Service	355	310
Professional Subscriptions	417	414

*Includes £211k Medical Staff pay award (£10,280k Agenda for change pay award in 2022/23). Please see note 3.1 for further details.

Note 7.2 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £1 million (2022/23: £1 million).

Note 8 Impairment of assets

	2023/24	2022/23
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Loss or damage from normal operations	(264)	(198)
Over specification of assets	0	0
Abandonment of assets in course of construction	0	0
Unforeseen obsolescence	0	0
Loss as a result of catastrophe	0	0
Changes in market price	(651)	(3,158)
Other	0	0
Total net impairments charged to operating surplus / deficit	**(915)**	**(3,356)**
Impairments charged to the revaluation reserve	0	102
Total net impairments	**(915)**	**(3,254)**

The Trust has reassessed the impairment value arising from a revised use and go-live date of the Electronic Patient Record System and on that basis made a write back adjustment of £264k, in relation to the original impairment charge of £1,651k in 2020/21.

The annual desktop revaluation exercise was completed by the valuation company, Gerald Eve LLP, as at 31 March 2024. This resulted in an increase in site valuation of £3,411k, split as:

- £2,760k increase to the Revaluation Reserve
- £651k decrease of the Impairment balance

The Land value has fallen again in 2023/24 by £393k, a 5% reduction. This year's valuation continued to see a reduction in land values, albeit a more modest one than seen in 2022/23. As a result the land value at Northampton is £427.5k per acre, rather than the £450k per acre values of the previous year.

There has been an increase in the existing buildings of 2%, primarily driven by increases in building costs. For this year's final update valuation Gerald Eve LLP have indexed the previous adopted costs by the location factor adjusted TPI index. The index rose from 379 to 390 (+2.9%) and the location factors for Northampton stayed flat year to year. Acting in an opposite direction to the minor build cost inflation is the fact that the buildings (and their components) become 1 year older which increases the obsolescence of the buildings'.

Note 9 Employee benefits

	2023/24 Total £000	2022/23 Total £000
Salaries and wages*	266,500	252,208
Social security costs**	30,360	27,299
Apprenticeship levy	1,389	1,260
Employer's contributions to NHS pensions***	38,347	36,377
Pension cost - other	82	93
Termination benefits	175	0
Temporary staff (including agency)	26,063	27,751
Total gross staff costs	**362,916**	**344,988**
Recoveries in respect of seconded staff	0	0
Total staff costs	**362,916**	**344,988**
Of which		
Costs capitalised as part of assets	1,467	752

* Included in the above is £211k Medical staff pay award (£8,995k 2022/23 Agenda for change pay award). Please see note 3.1 for further details.

** Included in the above is £0k (£1,241k in 2022/23) Agenda for change pay award

*** Included in the above is £11,630k (£11,107k in 2022/23) relating to the recent revaluation of public sector pensions schemes amounting to 6.3% (increase from 14.38% to 20.68%) in the employer contribution rate. In line with DHSC guidance, the Trust contributed 14.38% and the balance of 6.3% was paid on its behalf by DHSC. However the full cost of 20.68% is included on a gross basis in the accounts as entities are required to account for this as notional funding.

Note 9.1 Retirements due to ill-health

During 2023/24 there was 1 early retirement from the trust agreed on the grounds of ill-health (2 in the year ended 31 March 2023). The estimated additional pension liabilities of these ill-health retirements is £21k (£45k in 2022/23).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

Note 10 Pension costs

Past and present employees are covered by the provisions of the NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2024, is based on valuation data as at 31 March 2023, updated to 31 March 2024 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from April 2024. The Department of Health and Social Care has recently laid Scheme Regulations confirming the the employer contribution rate will increase to 23.7% of pensionable pay from 1 April 2024 (previously 20.6%). The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

National Employment Savings Trust (NEST)

The National Employment Savings Trust (NEST) Corporation is the Trustee of the NEST occupational pension scheme. The scheme, which is run on a not-for-profit basis, ensures that all employers have access to suitable, low-charge pension provision. The Trust is required to comply with workplace pension legislation and to auto enrol employees into a pension scheme. Where employees are ineligible to join the NHS Pension Scheme the Trust enrols the employee into NEST. NEST is a defined contribution scheme
As 31 March 2024, 262 employees were enrolled in this scheme, 46% of which paid a monthly contribution.

Note 11 Finance income

Finance income represents interest received on assets and investments in the period.

	2023/24	2022/23
	£000	£000
Interest on bank accounts	1,224	667
Total finance income	**1,224**	**667**

Note 12.1 Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	2023/24	2022/23
	£000	£000
Interest expense:		
Interest on lease obligations	309	363
Interest on late payment of commercial debt	1	1
Total interest expense	**310**	**364**
Unwinding of discount on provisions	20	9
Other finance costs	7	7
Total finance costs	**337**	**380**

Note 12.2 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015

	2023/24	2022/23
	£000	£000
Total liability accruing in year under this legislation as a result of late payments	0	0
Amounts included within interest payable arising from claims made under this legislation	1	1
Compensation paid to cover debt recovery costs under this legislation	0	0

Note 13 Other gains / (losses)

	2023/24	2022/23
	£000	£000
Gains on disposal of assets	13	9
Losses on disposal of assets	(71)	0
Total gains / (losses) on disposal of assets	**(58)**	**9**

Note 14.1 Intangible assets - 2023/24

	Software licences	Internally generated information technology	Intangible assets under construction	Total
	£000	£000	£000	£000
Valuation / gross cost at 1 April 2023 - brought forward	**17,444**	**345**	**2,472**	**20,261**
Additions	784	0	1,301	**2,085**
Reclassifications	18	0	(18)	**0**
Disposals / derecognition	(4,145)	0	0	**(4,145)**
Valuation / gross cost at 31 March 2024	**14,101**	**345**	**3,755**	**18,201**
Amortisation at 1 April 2023 - brought forward	**10,552**	**345**	**0**	**10,897**
Provided during the year	2,082	0	0	**2,082**
Disposals / derecognition	(4,145)	0	0	**(4,145)**
Amortisation at 31 March 2024	**8,489**	**345**	**0**	**8,834**
Net book value at 31 March 2024	**5,612**	**0**	**3,755**	**9,367**
Net book value at 1 April 2023	**6,892**	**0**	**2,472**	**9,364**

Note 14.2 Intangible assets - 2022/23

	Software licences	Internally generated information technology	Intangible assets under construction	Total
	£000	£000	£000	£000
Valuation / gross cost at 1 April 2022	**12,698**	**345**	**3,823**	**16,866**
Additions	1,923	0	1,472	**3,395**
Reclassifications	2,823	0	(2,823)	**0**
Disposals / derecognition	0	0	0	**0**
Valuation / gross cost at 31 March 2023	**17,444**	**345**	**2,472**	**20,261**
Amortisation at 1 April 2022	**8,872**	**345**	**0**	**9,217**
Provided during the year	1,680	0	0	**1,680**
Disposals / derecognition	0	0	0	**0**
Amortisation at 31 March 2023	**10,552**	**345**	**0**	**10,897**
Net book value at 31 March 2023	**6,892**	**0**	**2,472**	**9,364**
Net book value at 1 April 2022	**3,826**	**0**	**3,823**	**7,649**

Note 15.1 Property, plant and equipment - 2023/24

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2023 - brought forward	**7,837**	**164,823**	**362**	**9,795**	**59,658**	**142**	**23,174**	**157**	**265,948**
Additions	0	5,427	0	14,387	5,895	18	1,311	0	**27,038**
Impairments	(393)	(294)	0	0	0	0	0	0	**(687)**
Reversals of impairments	0	1,338	0	0	0	0	264	0	**1,602**
Revaluations	0	(3,501)	(40)	0	0	0	0	0	**(3,541)**
Reclassifications	0	1,083	0	(1,405)	230	0	92	0	**0**
Disposals / derecognition	0	0	0	0	(9,509)	(20)	(7,152)	(120)	**(16,800)**
Valuation/gross cost at 31 March 2024	**7,444**	**168,876**	**322**	**22,777**	**56,274**	**140**	**17,690**	**37**	**273,560**
Accumulated depreciation at 1 April 2023 - brought forward	**0**	**62**	**0**	**0**	**37,888**	**99**	**15,858**	**157**	**54,064**
Provided during the year	0	5,662	40	0	4,790	13	2,681	0	**13,186**
Impairments	0	0	0	0	0	0	0	0	**0**
Reversals of impairments	0	0	0	0	0	0	0	0	**0**
Revaluations	0	(5,724)	(40)	0	0	0	0	0	**(5,764)**
Reclassifications	0	0	0	0	0	0	0	0	**0**
Disposals / derecognition	0	0	0	0	(9,424)	(20)	(7,152)	(120)	**(16,715)**
Accumulated depreciation at 31 March 2024	**0**	**0**	**0**	**0**	**33,254**	**92**	**11,387**	**37**	**44,771**
Net book value at 31 March 2024	**7,444**	**168,876**	**322**	**22,777**	**23,020**	**48**	**6,302**	**0**	**228,789**
Net book value at 1 April 2023	**7,837**	**164,761**	**362**	**9,795**	**21,770**	**43**	**7,316**	**0**	**211,884**

Note 15.2 Property, plant and equipment - 2022/23

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2022	**8,738**	**164,836**	**400**	**80**	**52,947**	**142**	**24,606**	**157**	**251,906**
IFRS 16 implementation - reclassification of existing finance leased assets to right of use assets	0	(13,326)	0	0	0	0	0	0	**(13,326)**
Additions	0	6,077	0	9,715	8,461	0	864	0	**25,117**
Impairments	(901)	(260)	0	0	0	0	0	0	**(1,161)**
Reversals of impairments	0	4,217	0	0	0	0	198	0	**4,415**
Revaluations	0	3,279	(38)	0	0	0	0	0	**3,241**
Reclassifications	0	0	0	0	0	0	0	0	**0**
Disposals / derecognition	0	0	0	0	(1,750)	0	(2,494)	0	**(4,244)**
Valuation/gross cost at 31 March 2023	**7,837**	**164,823**	**362**	**9,795**	**59,658**	**142**	**23,174**	**157**	**265,948**
Accumulated depreciation at 1 April 2022	**0**	**55**	**0**	**0**	**35,550**	**86**	**15,354**	**157**	**51,202**
IFRS 16 implementation - reclassification of existing finance leased assets to right of use assets	0	0	0	0	0	0	0	0	**0**
Provided during the year	0	5,118	38	0	4,088	13	2,998	0	**12,255**
Impairments	0	0	0	0	0	0	0	0	**0**
Reversals of impairments	0	0	0	0	0	0	0	0	**0**
Revaluations	0	(5,111)	(38)	0	0	0	0	0	**(5,149)**
Reclassifications	0	0	0	0	0	0	0	0	**0**
Disposals / derecognition	0	0	0	0	(1,750)	0	(2,494)	0	**(4,244)**
Accumulated depreciation at 31 March 2023	**0**	**62**	**0**	**0**	**37,888**	**99**	**15,858**	**157**	**54,064**
Net book value at 31 March 2023	**7,837**	**164,761**	**362**	**9,795**	**21,770**	**43**	**7,316**	**0**	**211,884**
Net book value at 1 April 2022	**8,738**	**164,781**	**400**	**80**	**17,397**	**56**	**9,252**	**0**	**200,704**

Note 15.3 Property, plant and equipment financing - 31 March 2024

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	7,444	160,682	322	4,772	21,759	40	6,300	0	**201,318**
Owned - donated/granted	0	8,194	0	18,005	1,262	8	3	0	**27,471**
Total net book value at 31 March 2024	**7,444**	**168,876**	**322**	**22,777**	**23,020**	**48**	**6,302**	**0**	**228,789**

Note 15.4 Property, plant and equipment financing - 31 March 2023

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	7,837	156,416	362	1,137	20,544	32	7,304	0	**193,632**
Owned - donated/granted	0	8,345	0	8,658	1,226	11	12	0	**18,252**
Total net book value at 31 March 2023	**7,837**	**164,761**	**362**	**9,795**	**21,770**	**43**	**7,316**	**0**	**211,884**

Note 15.5 Property plant and equipment assets subject to an operating lease (Trust as a lessor) - 31 March 2024

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Subject to an operating lease	0	158	0	0	0	0	0	0	**158**
Not subject to an operating lease	7,444	168,718	322	22,777	23,020	48	6,302	0	**228,631**
Total net book value at 31 March 2024	**7,444**	**168,876**	**322**	**22,777**	**23,020**	**48**	**6,302**	**0**	**228,789**

Note 15.6 Property plant and equipment assets subject to an operating lease (Trust as a lessor) - 31 March 2023

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Subject to an operating lease	0	213	0	0	0	0	0	0	**213**
Not subject to an operating lease	7,837	164,548	362	9,795	21,770	43	7,316	0	**211,671**
Total net book value at 31 March 2023	**7,837**	**164,761**	**362**	**9,795**	**21,770**	**43**	**7,316**	**0**	**211,884**

Note 16.1 Donations of property, plant and equipment

The table below details donations of plant and equipment received during 2023/24 from Northamptonshire Health Charitable Funds.

Description	Department	2023/24
		£000
Equipment		
Holmium Laser	Urology	63
Scalp Coolers x3	Oncology	34
Photo Biomodulation Oral LED Equipment x2	Radiotherapy	31
Buildings		
OurSpace	Trust Wide	55
Parents Accomodation	Child Health	126
Total Donated Assets		**309**

Note 16.2 Granted Assets

Below details the category of asset additions, which are included in Note 15.1 and 15.2 which are funded by the Salix Grant for the Public Sector Decarbonisation Scheme (PSDS).

Description	2023/24	2022/23
	£000	£000
Buildings	0	1,817
Assets Under Construction	9,581	8,654
Plant & Machinery	0	276
Total Granted Assets	**9,581**	**10,747**

Note 17 Revaluations of property, plant and equipment

Valuation company Gerald Eve LLP carried out an updated valuation as at 31st March 2024, to the 5 yearly valuation that they carried out at 31st March 2020. The valuations have been prepared to comply with IFRS, specifically with regard to IAS 16 Property Plant and Equipment, IAS40 Investment Properties.

As per the definitions in the current standard the Trust's property is identified as 'specialised property' and therefore valued on a Depreciated Replacement Cost (DRC) method.

Land values fell to £427.5k per acre, resulting in a decrease in land value of £393k.

Buildings increased by £3,804k , therefore an overall increase in site value of £3,411k.

This has been funded by an increase in the Revaluation Reserve of £2,760k and a decrease in the Impairment balance of £651k

Asset Type	Total Adjustment £000s	Revaluation Adjustment £000s	Impairment Adjustment £000s
Land	(393)	0	(393)
Building	3,804	2,760	1,044
Total Revaluation	**3,411**	**2,760**	**651**
Equipment Historic Cost adjustment	(92)	(92)	0
Digital	264	0	264
Total Adjustment	**3,583**	**2,668**	**915**

There is also a historic cost charge of £92k taken to the Revaluation Reserve for equipment, this is the adjustment made to write down the indexation that has been applied to equipment in previous years. Plus the £264k reassessment made of the Electronic Patient Record System.

The Gross carrying amount of fully depreciated assets still in use for plant and equipment is £20,437k (£32,836k in 2022/23) and for intangible assets it is £5,367k (£8,001k in 2022/23).

Note 18 Leases - Northampton General Hospital NHS Trust as a lessee

This note details information about leases for which the Trust is a lessee.

The Trust leases buildings for the provision of clinical services. The Trust leases property, medical, non-medical equipment and vehicles.

The Trust has applied IFRS 16 to account for lease arrangements from 1 April 2022 without restatement of comparatives. Comparative disclosures in this note are presented on an IAS 17 basis.

Note 18.1 Right of use assets - 2023/24

	Property (land and buildings)	Plant & machinery	Transport equipment	Total	Of which: leased from DHSC group bodies
	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2023 - brought forward	**20,289**	**3,995**	**93**	**24,377**	**1,972**
Additions	504	146	153	**803**	338
Remeasurements of the lease liability	0	0	0	**0**	0
Revaluations	124	0	0	**124**	0
Disposals / derecognition	0	(107)	0	**(107)**	0
Valuation/gross cost at 31 March 2024	**20,917**	**4,034**	**246**	**25,197**	**2,310**
Accumulated depreciation at 1 April 2023 - brought forward	**478**	**1,135**	**46**	**1,659**	**394**
Provided during the year	992	1,094	71	**2,157**	479
Revaluations	(413)	0	0	**(413)**	0
Disposals / derecognition	0	(107)	0	**(107)**	0
Accumulated depreciation at 31 March 2024	**1,057**	**2,122**	**117**	**3,296**	**873**
Net book value at 31 March 2024	**19,860**	**1,912**	**129**	**21,902**	**1,437**
Net book value at 1 April 2023	**19,811**	**2,860**	**47**	**22,718**	**1,578**

Net book value of right of use assets leased from other NHS providers	0
Net book value of right of use assets leased from other DHSC group bodies	1,437

Note 18.2 Right of use assets - 2022/23

	Property (land and buildings)	Plant & machinery	Transport equipment	Total	Of which: leased from DHSC group bodies
	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2022 - brought forward	**0**	**0**	**0**	**0**	**0**
IFRS 16 implementation - reclassification of existing finance leased assets from PPE or intangible assets	13,326	0	0	**13,326**	0
IFRS 16 implementation - adjustments for existing operating leases / subleases	5,518	3,952	93	**9,563**	1,972
Additions	127	43	0	**170**	0
Remeasurements of the lease liability	0	0	0	**0**	0
Revaluations	1,318	0	0	**1,318**	0
Disposals / derecognition	0	0	0	**0**	0
Valuation/gross cost at 31 March 2023	**20,289**	**3,995**	**93**	**24,377**	**1,972**
Accumulated depreciation at 1 April 2022 - brought forward	0	0	0	**0**	0
IFRS 16 implementation - reclassification of existing finance leased assets from PPE or intangible assets	0	0	0	**0**	0
IFRS 16 implementation - adjustments for existing subleases	0	0	0	**0**	0
Provided during the year	850	1,135	46	**2,031**	394
Revaluations	(372)	0	0	**(372)**	0
Disposals / derecognition	0	0	0	**0**	0
Accumulated depreciation at 31 March 2023	**478**	**1,135**	**46**	**1,659**	**394**
Net book value at 31 March 2023	**19,811**	**2,860**	**47**	**22,718**	**1,578**
Net book value of right of use assets leased from other NHS providers					0
Net book value of right of use assets leased from other DHSC group bodies					1,578

Note 18.3 Revaluations of right of use assets

Included within Note 17. Revaluation of PPE is £538k which is relevant to right of use assets.

	2023/24
Right of Use Assets	**£000**
Nye Bevan	358
Car Park	149
South Entrance - Communal Area	31
Total Revaluation	**538**

Note 18.4 Reconciliation of the carrying value of lease liabilities

Lease liabilities are included within borrowings in the statement of financial position. A breakdown of borrowings is disclosed in note 25.1.

	2023/24	2022/23
	£000	£000
Carrying value at 31 March 2023	**15,193**	**8,323**
IFRS 16 implementation - adjustments for existing operating leases	0	9,564
Lease additions	803	170
Lease liability remeasurements	0	0
Interest charge arising in year	309	363
Early terminations	0	0
Lease payments (cash outflows)	(3,315)	(3,227)
Other changes	0	0
Carrying value at 31 March 2024	**12,990**	**15,193**

Lease payments for short term leases, leases of low value underlying assets and variable lease payments not dependent on an index or rate are recognised in operating expenditure.

These payments are disclosed in Note 7.1. Cash outflows in respect of leases recognised on-SoFP are disclosed in the reconciliation above.

Note 18.5 Maturity analysis of future lease payments

	Total	Of which leased from DHSC group bodies:	Total	Of which leased from DHSC group bodies:
	31 March 2024	**31 March 2024**	**31 March 2023**	**31 March 2023**
	£000	**£000**	**£000**	**£000**
Undiscounted future lease payments payable in:				
- not later than one year;	2,909	489	2,809	403
- later than one year and not later than five years;	7,044	978	8,772	1,210
- later than five years.	4,706	0	5,319	0
Total gross future lease payments	**14,659**	**1,467**	**16,900**	**1,613**
Finance charges allocated to future periods	(1,669)	(18)	(1,707)	(28)
Net lease liabilities at 31 March 2024	**12,990**	**1,449**	**15,193**	**1,585**
Of which:				
Leased from other NHS providers		0		0
Leased from other DHSC group bodies		1,449		1,585

Note 19 Inventories

	31 March 2024 £000	31 March 2023 £000
Drugs	2,626	2,275
Consumables*	5,086	4,436
Energy	12	12
Total inventories	**7,724**	**6,723**
of which:		
Held at fair value less costs to sell	0	0

* includes £21k (2022/23: £45k) Department of Health and Social Care centrally procured personal protective equipment

Inventories recognised in expenses for the year were £76,005k (2022/23: £67,548k). Write-down of inventories recognised as expenses for the year were £258k (2022/23: £79k).

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2023/24 the Trust received £118k of items purchased by DHSC (2022/23: £855k).

These inventories were recognised as additions to inventory at deemed cost with the corresponding benefit recognised in income. The utilisation of these items is included in the expenses disclosed above.

Note 20.1 Receivables

	31 March 2024 £000	31 March 2023 £000
Current		
Contract receivables*	13,181	21,861
Capital receivables (Salix Grant Funding)	1,174	5,385
Allowance for impaired contract receivables / assets	(1,686)	(1,335)
Prepayments	4,381	4,528
Interest receivable	108	88
Finance lease receivables	7	9
Operating lease receivables	0	0
VAT receivable	1,140	1,448
Other receivables**	23	24
Total current receivables	**18,328**	**32,008**
Non-current		
Finance lease receivables	151	156
Other receivables**	605	766
Total non-current receivables	**756**	**922**
Of which receivable from NHS and DHSC group bodies:		
Current	6,445	15,488
Non-current	756	922

*Contract receivables includes £211k Medical staff pay award finding (2022/23 £9,612k Agenda for change pay award central funding)

**Other receivables - Clinician pension tax provision reimbursement funding from NHS England

Note 20.2 Allowances for credit losses

	2023/24		2022/23	
	Contract receivables and contract assets	All other receivables	Contract receivables and contract assets	All other receivables
	£000	£000	£000	£000
Allowances as at 1 April - brought forward	**1,335**	**0**	**1,304**	**0**
New allowances arising	919	0	582	0
Utilisation of allowances (write offs)	(568)	0	(551)	0
Allowances as at 31 Mar 2024	**1,686**	**0**	**1,335**	**0**

Note 21 Finance leases (Northampton General Hospital NHS Trust as a lessor)

This note discloses future lease payments receivable from lease arrangements classified as finance leases where the Northampton General Hospital NHS Trust is the lessor.

Northampton General Hospital NHS Trust has a lease arrangement with NHS Property Services for Battle House. Northamptonshire Healthcare NHS Foundation Trust occupies the building.

Note 21.1 Reconciliation of the carrying value of finance lease receivables (net investment in the lease)

	2023/24	2022/23
	£000	£000
Finance lease receivables at 1 April 2023	**165**	**171**
IFRS 16 implementation - adjustments for existing subleases		0
Lease receipts (cash payments received)	(7)	(6)
Finance lease receivables at 31 March 2024	**158**	**165**

Note 21.2 Finance lease receivables maturity analysis

	Total	Of which leased to DHSC group bodies:	Total	Of which leased to DHSC group bodies:
	31 March 2024	31 March 2024	31 March 2023	31 March 2023
	£000	£000	£000	£000
Undiscounted future lease receipts receivable in:				
- not later than one year;	7	7	9	9
- later than one year and not later than two years;	7	7	9	9
- later than two years and not later than three years;	7	7	9	9
- later than three years and not later than four years;	7	7	9	9
- later than four years and not later than five years;	7	7	9	9
- later than five years.	123	123	120	120
Total future finance lease payments to be received	**158**	**158**	**165**	**165**
Estimated value of unguaranteed residual interest	0	0	0	0
Unearned interest income	0	0	0	0
Allowance for uncollectable lease payments	0	0	0	0
Net investment in lease (net lease receivable)	**158**	**158**	**165**	**165**
of which				
Leased to other NHS providers		0		0
Leased to other DHSC group bodies		158		165

Note 22.1 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2023/24	2022/23
	£000	£000
At 1 April 2023	**1,837**	**10,063**
Net change in year	5	(8,226)
At 31 March 2024	**1,842**	**1,837**
Broken down into:		
Cash at commercial banks and in hand	31	13
Cash with the Government Banking Service	1,811	1,824
Total cash and cash equivalents as in SoFP	**1,842**	**1,837**
Total cash and cash equivalents as in SoCF	**1,842**	**1,837**

Note 22.2 Third party assets held by the trust

Northampton General Hospital NHS Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties and in which the trust has no beneficial interest. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	31 March 2024	31 March 2023
	£000	£000
Bank balances	74	0
Total third party assets	**74**	**0**

Note 23.1 Trade and other payables

	31 March 2024	31 March 2023
	£000	£000
Current		
Trade payables	3,904	5,461
Capital payables	7,002	6,638
Accruals*	15,398	27,177
Social security costs	8,082	7,015
PDC dividend payable	215	45
Pension contributions payable	706	3,496
Other payables	965	411
Total current trade and other payables	**36,272**	**50,243**
Non-current		
Trade payables	0	0
Capital payables	0	0
Accruals	0	0
Receipts in advance and payments on account	0	0
Other payables	0	0
Total non-current trade and other payables	**0**	**0**
Of which payables from NHS and DHSC group bodies:		
Current	1,821	2,036
Non-current	0	0

*Accruals includes £211k Medical staff pay award (2022/23 £10,280k Agenda for change pay award)

Note 23.2 Early retirements in NHS payables above

There were no early retirements included in the payables note above (2022/23 - Nil)

Note 24 Other liabilities

	31 March 2024 £000	31 March 2023 £000
Current		
Deferred income: contract liabilities	2,455	2,758
Total other current liabilities	**2,455**	**2,758**
Non-current		
Deferred income: contract liabilities	0	0
Total other non-current liabilities	**0**	**0**

Note 25.1 Borrowings

	31 March 2024 £000	31 March 2023 £000
Current		
Other loans - Salix	217	272
Lease liabilities	2,839	1,434
Total current borrowings	**3,056**	**1,706**
Non-current		
Other loans - Salix	223	439
Lease liabilities	10,151	13,759
Total non-current borrowings	**10,374**	**14,198**

Other Loans - Salix

The Trust has taken advantage of participating in the Energy Efficiency Loan Scheme operated by Salix Finance Ltd.

The Trust has agreed 13 schemes since 2013/14, of which 8 have been fully repaid.

Each of the loans are subject to zero interest and the remaining outstanding loans are repayable over 5 years in equal instalments. Repayment commences 6 months after completion of the scheme.

Note 25.2 Reconciliation of liabilities arising from financing activities

	Other loans	Lease Liabilities	Total
	£000	£000	£000
Carrying value at 1 April 2023	**711**	**15,193**	**15,904**
Cash movements:			
Financing cash flows - payments and receipts of principal	(271)	(3,001)	**(3,272)**
Financing cash flows - payments of interest	0	(314)	**(314)**
Non-cash movements:			
Additions	0	803	**803**
Application of effective interest rate	0	309	**309**
Carrying value at 31 March 2024	**440**	**12,990**	**13,430**

	Other loans	Lease Liabilities	Total
	£000	£000	£000
Carrying value at 1 April 2022	**972**	**8,323**	**9,295**
Cash movements:			
Financing cash flows - payments and receipts of principal	(261)	(2,864)	**(3,125)**
Financing cash flows - payments of interest	0	(363)	**(363)**
Non-cash movements:			
Impact of implementing IFRS 16 on 1 April 2022		9,564	**9,564**
Additions	0	170	**170**
Application of effective interest rate	0	363	**363**
Carrying value at 31 March 2023	**711**	**15,193**	**15,904**

Note 26.1 Provisions for liabilities and charges analysis

	Pensions: injury benefits	Redundancy	Clinicians' Pension Re-imbursement	Other	Total
	£000	£000	£0	£000	£000
At 1 April 2023	**137**	**0**	**790**	**2,184**	**3,111**
Change in the discount rate	(5)	0	(135)	0	**(140)**
Arising during the year	0	160	0	1,555	**1,715**
Utilised during the year	(17)	0	(11)	(70)	**(98)**
Reversed unused	0	0	(57)	(934)	**(991)**
Unwinding of discount	20	0	41	0	**61**
At 31 March 2024	**135**	**160**	**628**	**2,735**	**3,658**
Expected timing of cash flows:					
- not later than one year;	17	160	23	2,250	**2,450**
- later than one year and not later than five years;	68	0	44	485	**597**
- later than five years.	50	0	561	0	**611**
Total	**135**	**160**	**628**	**2,735**	**3,658**

Pensions: injury benefits provisions are based on expected lives and current levels of payment.

Clinician pension tax reimbursement

Clinicians who are members of the NHS Pension Scheme and face an annual allowance tax charge for work undertaken in 2019/20 can elect to have this charge paid by the NHS Pension Scheme. The employing trust will make a contractually binding commitment to pay a corresponding compensated amount on retirement, therefore the provider has a future obligation upon the individual’s retirement.

NHS England have provided Trust's with an updated calculation for provision liabilities arising from the 2019/20 clinicians' pensions compensation scheme based on the latest available information on actual uptake of the scheme. The values are derived from combining information on applications to join the 2019/20 scheme under the policy, together with information in the scheme pays election form where present, and with averages assumed where these forms are absent or clearly an estimate (values less than £100). Future liabilities based on individual member data and scheme rules are then discounted to give totals for each Trust.

This payment will be nationally funded therefore the provision recognised is matched with a receivable from NHS England (Note 20.1).

Other Provisions

Other Provisions relate to employment claims.

Note 26.2 Clinical negligence liabilities

At 31 March 2024, £205,286k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Northampton General Hospital NHS Trust (31 March 2023: £250,767k).

Note 27 Financial Guarantee

During 2021/22 the Trust entered into a Financial Arrangement with Novinti and Compass for the Front Entrance and Retail Development. Under this Arrangement Compass has a 15 Year Lease with Novinti to occupy this Footprint. The Trust has step in rights under this arrangement should Compass default to the value of £283k per annum. This is considered a guarantee which would be accounted for under IFRS9 Financial Instruments. It is Trust Management's Assessment of Risk that the likelihood of this happening in the foreseeable future is minimal therefore the guarantee value disclosed is £nil.

Note 28 Contractual capital commitments

	31 March 2024	31 March 2023
	£000	£000
Property, plant and equipment	3,647	2,090
Intangible assets	1,430	298
Total	**5,077**	**2,388**

Included in the above capital commitments is an order to a building contractor for £2,164k this is for the works associated with the Chest Clinic capital scheme.

Note 29 Financial instruments

Note 29.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the NHS Trust has with Integrated Care Boards and the way those Integracted Care Boards are financed, the NHS Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The NHS Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the NHS Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the board of directors. Trust treasury activity is subject to review by the Trust's internal auditors.

Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Interest rate risk

The Trust borrows from government for capital expenditure, subject to affordability as confirmed by NHS Improvement. The borrowings are for 1 – 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The Trust therefore has low exposure to interest rate fluctuations.

The Trust may also borrow from government for revenue financing subject to approval by NHS England. Interest rates are confirmed by the Department of Health & Social Care (the lender) at the point borrowing is undertaken.

The Trust therefore has low exposure to interest rate fluctuations.

Credit risk

Because the majority of the Trust 's revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2024 are in receivables from customers, as disclosed in the trade and other receivables note.

Liquidity risk

The Trust 's operating costs are incurred under contracts with primary care, Integrated Care Boards, which are financed from resources voted annually by Parliament . The Trust funds its capital expenditure from funds obtained within its prudential borrowing limit. The Trust is not, therefore, exposed to significant liquidity risks.

Note 29.2 Carrying values of financial assets

Carrying values of financial assets as at 31 March 2024	**Held at amortised cost**	**Total book value**
	£000	**£000**
Trade and other receivables excluding non financial assets	12,692	**12,692**
Cash and cash equivalents	1,842	**1,842**
Total at 31 March 2024	**14,534**	**14,534**

Carrying values of financial assets as at 31 March 2023	**Held at amortised cost**	**Total book value**
	£000	**£000**
Trade and other receivables excluding non financial assets	25,935	**25,935**
Cash and cash equivalents	1,837	**1,837**
Total at 31 March 2023	**27,772**	**27,772**

Note 29.3 Carrying values of financial liabilities

Carrying values of financial liabilities as at 31 March 2024	**Held at amortised cost**	**Total book value**
	£000	**£000**
Obligations under leases	12,990	**12,990**
Other borrowings	440	**440**
Trade and other payables excluding non financial liabilities	26,020	**26,020**
Total at 31 March 2024	**39,450**	**39,450**

Carrying values of financial liabilities as at 31 March 2023	**Held at amortised cost**	**Total book value**
	£000	**£000**
Obligations under leases	15,193	**15,193**
Other borrowings	711	**711**
Trade and other payables excluding non financial liabilities	43,183	**43,183**
Total at 31 March 2023	**59,087**	**59,087**

Note 29.4 Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	31 March 2024	31 March 2023
	£000	£000
In one year or less	29,146	46,263
In more than one year but not more than five years	7,267	9,212
In more than five years	4,706	5,319
Total	**41,119**	**60,794**

Note 29.5 Fair values of financial assets and liabilities

The Trust holds no financial instruments at amortised cost.

Note 30 Losses and special payments

	2023/24		2022/23	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses				
Cash losses	2	0	5	4
Bad debts and claims abandoned	123	247	195	485
Total losses	**125**	**247**	**200**	**489**
Special payments				
Ex-gratia payments	42	66	49	528
Total special payments	**42**	**66**	**49**	**528**
Total losses and special payments	**167**	**313**	**249**	**1,017**
Compensation payments received				

Ex-gratia payments in 2022/23 include financial hardship payments made by the Trust to Band 1 -3 substantive staff of £402k. 1,915 employees received a one-off payment of £250 (prorata'd for part-time staff) in November/December 2022. This is counted as a single case in the disclosure.

Note 31 Related parties

During the year none of the Department of Health Ministers, Trust board members or members of the key management staff, or parties related to any of them, has undertaken any material transactions with Northampton General Hospital NHS Trust.

The Department of Health & Social Care is regarded as a related party. During the year Northampton General Hospital NHS Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department.

These entities include :

NHS England Northamptonshire and Bedfordshire, Luton and Milton Keynes Integrated Care Boards, Northamptonshire Healthcare NHS Foundation Trust, Kettering General Hospital Foundation Trust, University Hospitals of Leicester NHS Trust, Oxford University Hospitals Foundation Trust, NHS Resolution and NHS Blood and Transplant.

Group Transactions with Kettering General Hospital Foundation Trust were £2.4m for Total Income and £2.1m for Total Expenditure. Receivables balance £0.6m, Payables balance £ nil. Staff recharges are reported gross.

In addition, the Trust has had a number of material transactions with other government departments and other central and local government bodies. Most of these transactions have been with West Northamptonshire Council (Business Rates and Pathology Services) and HM Revenue & Customs (Employers National Insurance contribution), National Health Service Pension Fund Scheme and NHS Business Services Authority.

The Trust has also received revenue and capital payments from Northamptonshire Health Charity.

Grants which were received from the Charity have been treated in the Trust's Accounts as income and have primarily contributed towards staff and patients welfare. The Charity also funded Building Works & Medical Equipment. Total grant income was £488k, of which £309k related to Capital. Receivables balance £59k.

The Charity owns Springfield House, part of which is being leased to the Trust. The facility is being utilised to provide a GP streaming service. The Trust pays an annual lease charge and also facilities costs. Total expenditure was £57k. Payables balance £5k.

Note 32 Events after the reporting date

There are no material events after the reporting date of 31 March 2024 which effect the financial position.

Note 33 Better Payment Practice code

Non-NHS Payables	2023/24 Number	2023/24 £000	2022/23 Number	2022/23 £000
Total non-NHS trade invoices paid in the year	71,896	194,474	71,724	168,299
Total non-NHS trade invoices paid within target	68,334	180,208	66,773	159,088
Percentage of non-NHS trade invoices paid within target	95.0%	92.7%	93.1%	94.5%
NHS Payables				
Total NHS trade invoices paid in the year	1,486	26,712	1,473	28,791
Total NHS trade invoices paid within target	1,316	25,023	1,405	28,547
Percentage of NHS trade invoices paid within target	88.6%	93.7%	95.4%	99.2%

The Better Payment Practice code requires the NHS body to aim to pay all valid invoices by the due date or within 30 days of receipt of valid invoice, whichever is later.

Note 34 External financing limit

The trust is given an external financing limit against which it is permitted to underspend

	2023/24 £000	2022/23 £000
Cash flow financing	19,100	9,889
Leases taken out in year	0	0
Other capital receipts	0	0
External financing requirement	**19,100**	**9,889**
External financing limit (EFL)	22,490	10,088
Under / (over) spend against EFL	**3,390**	**199**

Note 35 Capital Resource Limit

	2023/24 £000	2022/23 £000
Gross capital expenditure	29,926	28,682
Less: Disposals	(85)	0
Less: Donated and granted capital additions	(9,890)	(10,976)
Plus: Loss on disposal from capital grants in kind and peppercorn lease disposals	0	0
Charge against Capital Resource Limit	**19,951**	**17,706**
Capital Resource Limit	23,046	17,992
Under / (over) spend against CRL	**3,095**	**286**

Note 36 Breakeven duty financial performance

	2023/24 £000
Adjusted financial performance deficit (control total basis)	(15,539)
Remove impairments scoring to Departmental Expenditure Limit	(264)
Breakeven duty financial performance surplus / (deficit)	**(15,803)**

Note 37 Breakeven duty rolling assessment

	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
	£000	£000	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance		2,081	1,109	504	399	197	(16,525)	(20,151)
Breakeven duty cumulative position	2,892	4,973	6,082	6,586	6,985	7,182	(9,343)	(29,494)
Operating income		227,805	236,260	255,481	271,295	276,894	270,358	273,562
Cumulative breakeven position as a percentage of operating income		2.2%	2.6%	2.6%	2.6%	2.6%	(3.5%)	(10.8%)

	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
	£000	£000	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance	(13,847)	(23,339)	(14,432)	(19,055)	2,789	(217)	(15,425)	(15,803)
Breakeven duty cumulative position	(43,341)	(66,680)	(81,112)	(100,167)	(97,378)	(97,595)	(113,020)	(128,823)
Operating income	298,240	304,760	326,571	359,129	430,786	461,833	490,190	526,254
Cumulative breakeven position as a percentage of operating income	(14.5%)	(21.9%)	(24.8%)	(27.9%)	(22.6%)	(21.1%)	(23.1%)	(24.5%)

Note 38 Adjusted Financial Performance

	2023/24	2022/23
	£000	£000
Adjusted financial performance (control total basis):		
Surplus / (deficit) for the period	(5,684)	(1,682)
Remove net impairments not scoring to the Departmental expenditure limit	(651)	(3,158)
Remove I&E impact of capital grants and donations	(9,227)	(10,392)
Remove net impact of inventories received from DHSC group bodies for COVID response	24	5
Adjusted financial performance deficit	**(15,539)**	**(15,227)**

The decrease in impairment of £651k relates to a revaluation exercise applied to the Trust's building as at 31 March 2024 and is excluded from retained deficit and statutory breakeven in accordance with the DHSC Group Accounting Manual (GAM), note 17 refers.

The Capital Grant and Donated asset adjustment of £9,227k (consisting of £541k donated depreciation and £22k Right of use assets - peppercorn leases depreciation, less £309k donated additions and £9,581k cash grants for the purchase of capital assets) is excluded from retained surplus and statutory breakeven duty in accordance with the DHSC Group Accounting Manual.

Northampton General Hospital
NHS Trust

Proud to be a part of

University Hospitals of Northamptonshire
NHS Group

September 2024