UHL/UHN Boards in Common Paper E1

Meeting	Boards of Directors of Kettering General Hospital NHS Foundation Trust (KGH), Northampton General Hospital NHS Trust (NGH) (University Hospitals of Northamptonshire NHS Group - UHN) and the University Hospitals of Leicester NHS Trust (UHL) Meeting together (Public)
Date	9th April 2026
Title	2.3 (Paper E) UHN Integrated Performance Report
Report presented by:	Laura Churchward, UHN Chief Executive
Report written by:	Julie Hogg, Chief Nurse, UHN/UHL Hemant Nemade, Medical Director, UHN Sarah Noonan, Chief Operating Officer, UHN Paula Kirkpatrick, Chief People Officer, UHN Sarah Stansfield, Chief Finance Officer, UHN Becky Taylor, Director of Continuous Improvement, UHN

Which Group Priorities does this link to?		
☒ Transform Patient Care	☒ Strengthen our Culture	☒ Deliver our financial plan

This paper is for		
☐ Approval	☐ Update	☒ Assurance

Where this report has been discussed previously:

The IPR is produced on a monthly basis and is presented at public Boards on a bi-monthly basis. It was reviewed by the Finance, Investment and Performance Committee at its 31 March 2026 meeting.

To your knowledge, does the report provide assurance or mitigate any significant risks?

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

Impact Assessment

No direct impacts arising from this assurance report.

Report

This paper outlines:

1. The UHN Integrated Performance Report
2. Approach to alignment of the UHL / UHN IPRs
3. UHL / UHN Q3 National Oversight Framework (NOF) ratings

UHN Integrated Performance Report

The Integrated Performance Report (IPR) for the April 2026 Boards is enclosed, which reports on February 2026 performance. Executive Leads will draw the Boards' attention to significant exceptions within the Caring, Safe, Effective, Responsive, Well-Led and Use of Resources domains.

Update to the IPR this month:

- Updated the ambulance handover metric to be the percentage of ambulance handovers that are within 45 minutes, with a target of 99%

Future planned metric additions with target dates:

- Addition of sepsis six bundle compliance metric – March 2026

UHL / UHN IPR alignment approach

As the Boards meet in common across UHL and UHN, an aligned IPR is required to ensure effective Board and committee working.

An approach to aligning the IPRs into a joint IPR is outlined, with Board members to be engaged through April and May on the future metrics, design and intended use in the new Committee and Board structure. The joint UHL / UHN IPR will then be developed to the new design, with an aim to have a joint IPR for the September Boards.

UHL / UHN Q3 25/26 NOF ratings

The National Oversight Framework (NOF) describes a consistent and transparent approach to assessing integrated care boards (ICBs) and NHS trusts and foundation trusts, ensuring public accountability for performance and providing a foundation for how NHS England works with systems and providers to support improvement.

The NHS Oversight Framework sets out how NHS trusts and foundation trusts are automatically allocated to a segment (1 to 4) based on performance, with league tables that allow both the public and NHS leaders to compare how NHS Trusts are performing across England. NHSE will use segmentation and an assessment of capability to determine what level of oversight and support providers require.

In Q3 25/26:

Kettering General Hospital NHS Foundation Trust (KGH) has been placed in **Segment 4 of 4,** ranked at **104** out of **134,** with a score of **2.76.**

Northampton General Hospital NHS Trust (NGH) has been placed in **Segment 4 of 4,** ranked at **126** out of **134,** with a score of **3.01.**

University Hospitals of Leicester NHS Trust (UHL) has been placed in **Segment 4 of 4,** ranked at **99** out of **134,** with a score of **2.71.**

Statistical analysis has been conducted on the data in the league tables. A 95% confidence interval means that if the same population was sampled repeatedly, approximately 95% of the intervals would contain the true population parameter. For KGH, our rank could plausibly range from 59 to 130, for NGH from 89 to 133,

and for UHL from 56 to 128, indicating that even modest improvements could lead to visible movement.

The latest 25/26 National Staff Survey results are not included in the Q3 data update and will be incorporated from Q4 25/26. A refreshed set of metrics for the NOF in 26/27 is under development by the national team.

The attached paper outlines the scores by domain and analysis of the drivers of the movement in ratings across the Group.

The Boards are asked to:

1. Take assurance from the IPR on UHN performance
2. Note and provide feedback on the proposed approach to the UHL / UHN IPR alignment
3. Note the Q3 25/26 NOF ratings for KGH / NGH / UHL

Appendices

Appendix 1: UHN Integrated Performance Report, reporting period February 2026
Appendix 2: UHL / UHN Integrated Performance Report alignment approach
Appendix 3: KGH / NGH / UHN Q3 25/26 NOF ratings

Integrated Performance Report

Kettering General Hospital NHS Foundation Trust
Northampton General Hospital NHS Trust

Reporting Feb 2026 performance in Apr 2026

Contents

Introduction

- This month's performance report provides detail of the February 2025 performance for Kettering General Hospital NHS Foundation Trust (KGH) and Northampton General Hospital NHS Trust (NGH) as reported at the University Hospitals of Northamptonshire (UHN) Board meeting.
- In February 2025 an updated format for the Integrated Performance Report (IPR) was agreed to align performance reporting to the CQC domains. The format that follows in this report now includes a single narrative summary slide for each of the CQC domains, forming an executive summary of good news, areas of concern and improvement plans.
- In line with NHS guidance and best practice, we use statistical process control (SPC) charts to help interpret our performance data. Each domain has a slide outlining the key metrics using the SPC chart icons. More detail on metrics which are shown as 'worsening' or 'failing' are included in the report, providing detailed narrative and corrective improvement actions. A guide to interpreting SPC charts is included at the end of the report.
- Information on delivery of activity compared to plan and financial statements are now included in the IPR.
- The IPR format and metrics are used within UHN to with our clinical and corporate divisions, using our Accountability and Continuous Improvement Framework (ACIF) to hold leaders to account for their performance. Each metric in the IPR is weighted and dependent on performance, a score for each CQC domain is given to divisions based on their performance.
- The Accountability and Continuous Improvement Framework will be reported at divisional level a month in arrears in the Board IPR report from the July 2025 Board meeting.

Our Overall Performance

NHS University Hospitals of Northamptonshire NHS Group

Understanding performance against our key delivery metrics

- Incident reporting remains consistent, collaborative working with divisions to ensure timely review. Clinical care and treatment, failure to follow policy and delay in treatment/diagnosis remain the top themes.
- Patient experience remains high across the Trust, with increases in NGH maternity, emergency departments and outpatients this month.
- Mortality remains within the expected range. A national data quality issue with SDEC is elevating NGH mortality which is being reviewed internally.
- Ambulance handover performance maintained in KGH at around 90%, with a dip in NGH over winter pressures to around 70%.
- 4hr performance at NGH remains adverse to plan, however, has improved in February by 1.5%. KGH performance remains consistent. This is against a backdrop of more ED Type 1 attendances and more non-elective admissions than plan, with admitted flow remaining a challenge resulting in use of temporary escalation spaces to manage flow.
- The 62-day performance remains challenged, particularly in Gynaecology, Head and Neck and Breast. Good engagement in recovery plans for 26/27, additional capacity in Breast for March 2026 and discussions are underway regarding a new model for Dermatology.
- A decreasing waiting list size and improving 52 week position in February. ENT makes up the majority of the 52 week waiting patients. Our position is favourable nationally.
- Our overall workforce numbers have increased, driven by medical and nursing bank to manage winter pressures and in support of the sprints. We have achieved the national bank and agency targets for the year, although bank usage remains high, and there is a gap to the workforce plan for the year.
- The year-to-date I&E position is a £55.0m deficit, £42.2m worse than plan (KGH £17.9m, NGH £24.3m). This largely reflects the efficiency requirement in the last three months. Deficit Support Funding (DSF) for Quarter 4 has been withheld by NHS England. Both Trusts remain on track to deliver the revised year-end forecast position.

	Metric	Target	KGH Actual	KGH Variation	KGH Assurance	NGH Actual	NGH Variation	NGH Assurance
Safe	Serious or moderate harms per 1000 bed days	-	1.88			0.89		
Caring	Friends and Family Test satisfaction score	95%	93.3%			89.9%		
Effective	SHMI	100	97			98.4		
Responsive	Ambulance Handover 45 minute Performance %	99%	89.47%			69.89%		
	A&E 4 hour performance	78%	78.91%			68.48%		
	62-day wait for first treatment	70%	54.50%			57.50%		
	52 week waits as a % of the waiting list	1%	1.02%			1.49%		
Well Led	Total WTE (PWR figure)	KGH: 4,903 NGH: 6,199	5,067			6,497		
	Bank Spend as % of Total Pay	6.30%	9.8%			11.2%		
	Agency Spend as % of Total Pay	2%	1.1%			1.7%		
Use of Resources	Surplus / deficit	KGH: -442 NGH: -392	-4,178			-3,581		
	CIP Delivery	100%	82.3%			78.2%		

Our Caring and Effective domain executive summary

Responsible director(s): Julie Hogg, Group Chief Nurse, and Hemant Nemade, Medical Director

University Hospitals of Northamptonshire NHS Group

	Good news	Areas of concern	Improvement plans in place

Patient experience	• KGH saw a slight decline in overall FFT satisfaction scores compared to the overall target of 90% (KGH 93.3% & NGH 89.9%)
	• Notable increased patient satisfaction performance seen in the following areas:
	  • NGH –Maternity 97.4%, Emergency depts. 79.1% & Outpatients 93.0%
	• Friends and Family Test survey response volumes:
	  • KGH 4,147
	  • NGH 5,766
	• UHN Complaints team now operational with complaints processes undergoing digitisation via DatixWeb
		• Decrease in NGH Inpatient areas score from 94.8% down to 93.6%. Decrease in KGH Emergency Departments satisfaction down from 84.8% in Jan to 83.0% in Feb (target = 80% still achieved). This may be influenced by winter pressures influencing the score.
		• Notification received that NGH FFT provider will cease to supply a system as of Aug 2026.
		• Overdue NGH complaints backlog & labour intensive process of transferring paper system to digital platform
			• Divisional FFT performance packs provided to Div leads who then report performance and mitigating actions to the Patient & Carer Experience & Engagement Committee (PCEEC).
			• Steps underway with UHN Procurement team to go out to tender for a new FFT Survey supplier via the NHS Framework.
			• Comprehensive complaints recovery plan in place targeting overdue complaints responses whilst also preventing 60-day breaches where possible

Mortality	• Both Trusts are within ‘as expected’ banding for SHMI, when compared vs National utilising the NHS England Methodology.	• NGH HSMR and SMR is ‘above expected’. Issues are multi-factorial: • SDEC removal has impacted the HSMR by reducing the denominator of total patients included in the calculation. • Reduction in our coding of complex patients with multiple co-morbidities – this will reduce the calculation for “expected deaths”. • Residual codes affecting the HSMR in April 25 (likely data error) but will continue to affect HSMR until May 2026.	• All metrics and monitored and discussed monthly at UHN Learning from Deaths Group and Quarterly at Patient Safety Committee. • SDEC data quality issues are being reviewed by both the Clinical Governance Department and the wider UHN Learning from Deaths Group (discussed monthly).

Our Safe domain executive summary

Responsible director(s): Julie Hogg, Group Chief Nurse, and Hemant Nemade, Medical Director

NHS University Hospitals of Northamptonshire NHS Group

	Good news	Areas of concern	Improvement plans in place
Infection prevention control	• Reduced number of C.diff cases for third consecutive month	• KGH over C.diff trajectory • Hand sanitiser provider no long in hand hygiene market, plan in place to switch product in April, nil cost pressure	• IPC quality Improvement plan in place and monitored via IPAC
Incidents	• Reduction in the number of PSII's commissioned • No Never Events reported	• Themes this month include • Delayed transfers from ED of LOS>12hrs are in relation to mental health bed availability. • Delays in ICU/ HDU stepdown and bed availability. • Medication incidents have increased this month, with the top themes around prescribing and administration issues. • Clinical care and treatment, failure to follow policy and delay in treatment/diagnosis remain the top themes across divisions	• Sepsis oversite group continues with a shift to improvement
Safe care	• Both trusts demonstrate stable staffing levels, with no special cause variation identified in Care Hours Per Patient Day (CHPPD). • KGH remains within the target range of 8–9, achieving a CHPPD of 8.93, providing assurance of appropriate staffing deployment.	• NGH reports a sustained CHPPD of 9.2, marginally above the target range, reflecting maintained workforce capacity and continued monitoring to ensure staffing levels remain safe, effective and proportionate to patient acuity.	• Roster and reflect meeting remain in place • Temporary staffing reduction plan is ongoing

Our Responsive domain executive summary

Responsible director(s): Sarah Noonan, Chief Operating Officer

NHS University Hospitals of Northamptonshire NHS Group

	Good news	Areas of concern	Improvement plans in place
Urgent and emergency care	• Maintaining time to initial assessment <15mins at both sites ensures safety within the ED despite winter pressures demand. • Ambulance handover performance maintained at KGH. • Both sites delivering to target for February NEL LoS.	• 4hr performance at NGH remains adverse to plan, however, has improved in February by 1.5%. • High bed occupancy alongside high numbers of non-criteria to reside patients.	• 4hr improvement plans – including March sprint at both sites. • GIRFT Further Faster improvement plan.
Elective	• A decreasing waiting list size and improving 52 week position in February • Lots of focus and activity to support the national sprints, to improve performance for year end	• RTT is still significantly behind plan and we are not yet seeing the impact of the additional sprint activity in the data • ENT has a deteriorating RTT and long waits position, which will represent the majority of the 52 week waits at year end	• Recovery plan for ENT is in development • Working with consultant connect on the triage of patients who have not yet been seen, in order to support further reduction in the waiting list size and improvement in RTT
Cancer	• Good Clinical engagement with plans and trajectories for 2026/27 • Improvements in MDT meetings, with no deferrals in Gynaecology since Christmas	• Reduction across all metrics in January, in some areas at a greater level that the normal seasonal impact • 62 day performance remains challenged, with particular concern in Gynaecology, Head and Neck and Breast	• Additional capacity for KGH Breast in place for March, which should significantly improve FDS performance and also 62 day • Work on a new model for Dermatology for 2026/27 underway, with discussions with the ICB and primary care

excellence

Our Well-Led domain executive summary

Responsible director(s): Paula Kirkpatrick, Chief People Officer

	Good news	Areas of concern	Improvement plans in place
Workforce financial sustainability	• Bank and agency national targets met • Vacancy rate showing long term sustained improvement • Volunteers contributed 6,000 hours • Absence at NGH has reduced (KGH data invalid)	• Increase in WTE at KGH (in part attributed to sprint) • Time to hire is above target (target has been tightened to reflect national position). Impacted by recruitment controls in place e.g. VCP	• Focus on governance and control in March 2026 • Review of VCP process, proposals for automation under consideration
Culture and safety	• Civility Saves Lives programme launched with Maternity teams at KGH across 3 in person events, received positive feedback during & after the events with an additional 3 planned for March 2026 • Plans for sharing National Staff Survey (NSS) results in place (embargo lifted 12.3.26) • Armed Forces Network presented to the Board their plans for UHN's Armed Forces Strategy. • Revalidated our Level 3 Disability Confident Status for 3 years from 2026-2029 • As part of celebrating diversity, UHN held informal discussion panels with staff network members; the Race Equality Week discussion was chaired by CPO & LGBT History Month was chaired by COO & Group Director of Transformation & QI. • Group CEO & UHN CPO both supported BINA event with International Nursing, Midwifery & AHP colleagues	• Ongoing organisational change and consultation processes creating uncertainty and increased pressure for some staff groups. • Indicative NSS results show declined results at NGH • Data from Rethinking Racism Training (commenced June 2024) depicts 5% trustwide uptake and a range of 30-60% of managers between bands 8A - VSM who have attended the training	• Joint working between L&D, OD and OHWB to embed a structured consultation support offer, ensuring staff understand available support and can engage early. • NSS results will be shared in March alongside the promotion of improvements made last year alongside the Menti tool to capture colleague feedback live at the event. • To support early action planning ahead of NSS embargo, divisional workshops have been arranged and headline data has been shared to enable early intervention. • Reform of the IRC programme to allow appointing managers to hold assurance responsibility of the panel. • Plans to address Supreme Court ruling on staff facilities has been agreed and progress on delivering a fair and inclusive environment for trans and cis women has started • Delivered 4 thrive sessions aimed at improving respect and inclusion amongst midwives and maternity colleagues since January 2026

Our Use of Resources domain executive summary

Responsible director(s): Sarah Stansfield, Chief Finance Officer

NHS University Hospitals of Northamptonshire NHS Group

	Good news	Areas of concern	Improvement plans in place
Finance	• Cash draw down requests were supported for February and March. • Both Trusts remain on track to deliver the revised year-end forecast position.	• The year-to-date I&E position is a £55.0m deficit, £42.2m worse than plan (KGH £17.9m, NGH £24.3m). This largely reflects the efficiency requirement in the last three months when the net expenditure run-rate has remained materially unchanged, along with operational and inflationary cost pressures experienced over the year. • Deficit Support Funding (DSF) for Quarter 4 has been withheld by NHS England given the Quarter 3 financial performance of both Trusts – this has impacted the Quarter 4 cash position and will also deteriorate the final revenue outturn position.	• The Financial Recovery Team from NHSE continue to work on mitigations for the I&E position with a particular focus on temporary staffing for the remainder of the financial year. • Cash flow mitigations remain in place and will continue.
Productivity and efficiency	• Across UHN, £7.3m of efficiencies have been delivered against a plan of £11.1m. • YTD delivery now stands at £59.6m against a plan of £74.4m, driven largely by under identification of pay efficiencies. • Development of the CIP plans continues to be around 88% of the target in fully developed or plans in progress and is unlikely to change further at M11. • Efficiency planning for 26/27 is underway.	• Of the £75m of schemes with a plan in progress or fully developed, there is risk to delivery in the last month. • There is risk in the level of development of the remainder of the identified efficiency plan, which is now unlikely to be mitigated. • Refreshed national productivity measures compared to last year show a drop in productivity related to a fall in activity, with both Trusts in lower quartile. • A large driver of our productivity is non-elective length of stay, which will be challenging to realise as financial savings.	• Financial recovery team from NHSE are supporting in assuring maintaining delivery through year end and developing plans for 26/27. • Improved co-ordination of workforce activities with a focus on areas of high temporary spend and consistency of controls. • Cross-cutting radiology and pathology transformation plans, IV to oral switch and 25/26 contract review in progress. • Detailed planning now underway to develop schemes for the 26/27 efficiency programme.

Our Caring domain metrics

Responsible director(s): Julie Hogg, Chief Nursing Officer

NHS University Hospitals of Northamptonshire NHS Group

	P	?	F	No target
H / L		• Friends and Family Inpatient (KGH) • Friends and Family Outpatients (KGH)		
		• Friends and Family A&E • Friends and Family Inpatient (NGH) • Friends and Family Outpatients (NGH) • Friends and Family Maternity • Complaint Responses (KGH) • Sex Breaches	• Complaints Responses (NGH)	
H / L				

Caring

Responsible director(s): Julie Hogg, Chief Nursing Officer

NHS University Hospitals of Northamptonshire NHS Group

Metric	Target	Latest Date	KGH Actual	KGH Variation	KGH Assurance	KGH Average	NGH Actual	NGH Variation	NGH Assurance	NGH Average	Data Quality Indicators
Patient experience											
Friends and Family Test satisfaction score - A&E	80%	Feb 26	83%			84.74%	79.10%			78.40%	S T A R
Friends and Family Test satisfaction score - inpatients	95%	Feb 26	94.60%			94.17%	95.10%			95.11%	S T A R
Friends and Family Test satisfaction score - outpatients	95%	Feb 26	97.60%			96.76%	93%			93.73%	S T A R
Friends and Family Test satisfaction score - maternity	95%	Feb 26	98.60%			96.23%	97.40%			95.75%	S T A R
Complaints response performance	95%	Feb 26	89%			84.27%	50%		F	33.26%	S T A R
Single sex breaches	0	Feb 26	1			3.75	6			15.44	S T A R

Dedicated to excellence

Data quality assessment

KGH single sex breaches data only available from November 24.

SPC indicator key

Worsening	Improving	No change
Below target	Above target	Inconsistent in whether target achieved

Data quality indicator key

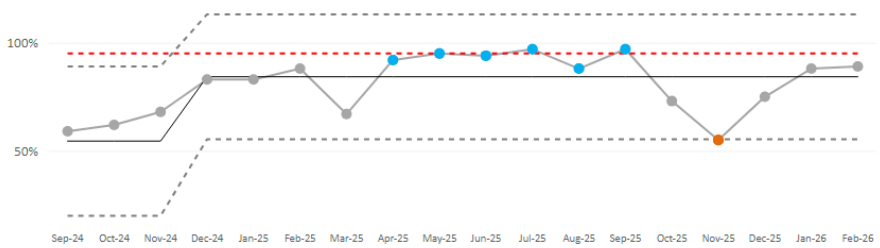
S	T	A	R
Sign off & validation	Timely & complete	Audit & Accuracy	Robust systems & data capture

Complaints response performance

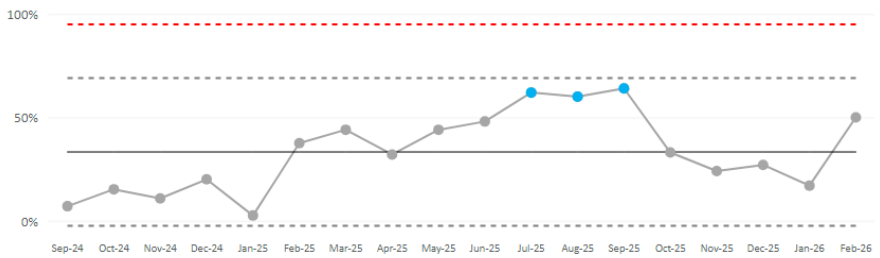
The percentage of complaints responded to within the agreed timescale of 60 days.

NHS University Hospitals of Northamptonshire NHS Group

Complaints response performance - Kettering



Complaints response performance - Northampton



Data Quality Indicators

S T A R

Site	Target	Latest Date	Actual	Variation	Assurance	Average
KGH	95%	Feb 26	89%			84.27%
NGH	95%	Feb 26	50%			33.26%

Understanding the performance

- KGH achieved 89% of cases responded to within 60-days. NGH achieved 50% (up from 17% for Jan).
- 62 cases over 60 days old for NGH (down from 70+ for Jan). 5 overdue for KGH with plans for all in place.

What are the issues impacting performance?

- Capacity in team to draft cases, seeking additional resource to fill vacancies on a temporary basis.
- Maternity leave post not covered at present, post is currently being shortlisted and planning to interviews.

What SMART actions are being taken to improve?

- No cases to breach 120-day deadline. 17 due in March- chasers sent to division.
- Migrate NGH paper cases onto Datix Web system so on same system as KGH. Plan to be completed end of March 2026.
- April 2026- introduce overdue meeting (can only be achieved once on electronic Datix web system).
- April 2026- introduce weekly divisional meetings re cases with divisional leads.

Risks

- Currently advertising Maternity leave post, if not filled will impact ability to draft responses and triage new cases. Risk of more cases going above 60 / 120 day deadlines.

Our Effective domain metrics

Responsible director(s): Hemant Nemade, Medical Director

NHS University Hospitals of Northamptonshire NHS Group

	P	?	F	No target
H / L	• SHMI (KGH)			
	• HSMR (KGH) • SMR (KGH)			
H / L	• SHMI (NGH)	• HSMR (NGH) • SMR (NGH)		

Effective

Responsible director(s): Hemant Nemade, Medical Director

Metric	Target	Latest Date	KGH Actual	KGH Variation	KGH Assurance	KGH Average	NGH Actual	NGH Variation	NGH Assurance	NGH Average	Data Quality Indicators
Mortality											
SHMI	100	Feb 26	97	L	P	98.09	98.40	H	P	94.52	S T A R
HSMR	100	Feb 26	88.50		P	90.84	106.90	H	?	101.88	S T A R
SMR	100	Feb 26	92.70		P	91.98	105.60	H	?	98.31	S T A R

Dedicated to excellence

Data quality assessment

No data quality issues identified.

SPC indicator key

L H Worsening	H L Improving	No change
F Below target	P Above target	? Inconsistent in whether target achieved

Data quality indicator key

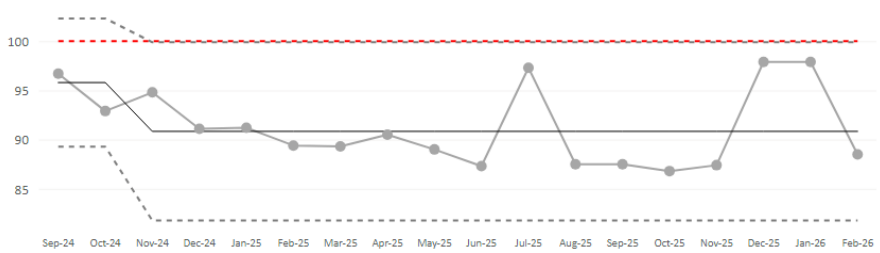
S	T	A	R
Sign off & validation	Timely & complete	Audit & Accuracy	Robust systems & data capture

Hospital Standardised Mortality Ratio (HSMR)

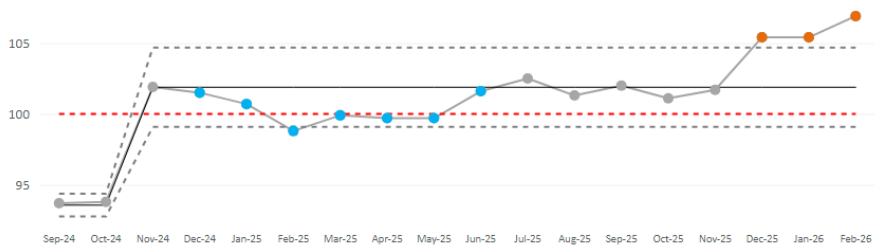
University Hospitals of Northamptonshire NHS Group

The overall rate of deaths within the NHS trust each hospital belongs to. Rates are given as better, worse, or as expected compared to the national average, which is represented as 100 on the scale.

HSMR - Kettering



HSMR - Northampton



Data Quality Indicators

S T A R

Site	Target	Latest Date	Actual	Variation	Assurance	Average
KGH	100	Feb 26	88.50			95.80
NGH	100	Feb 26	106.90			93.57

Understanding the performance

- **Kettering General Hospital** – HSMR is currently within 'below expected' bandings when compared nationally utilising the Dr Foster methodology.
- **Northampton General Hospital** – HSMR is currently '– HSMR is currently within 'above expected' bandings when compared nationally utilising the Dr Foster methodology.

What are the issues impacting performance?

- SDEC removal has impacted the HSMR by reducing the denominator of total patients included in the calculation.
- Reduction in our coding of complex patients with multiple co-morbidities – this will reduce the calculation for "expected deaths".
- Residual codes affecting the HSMR in April 25 (likely data error) but will continue to affect HSMR until May 2026.

What SMART actions are being taken to improve?

- All metrics and monitored and discussed monthly at UHN Learning from Deaths Group and Quarterly at Patient Safety Committee.
- 'Impacting performance' includes currently areas of focus, both from Clinical Governance and the wider UHN Learning from Deaths Group (discussed monthly).

Risks

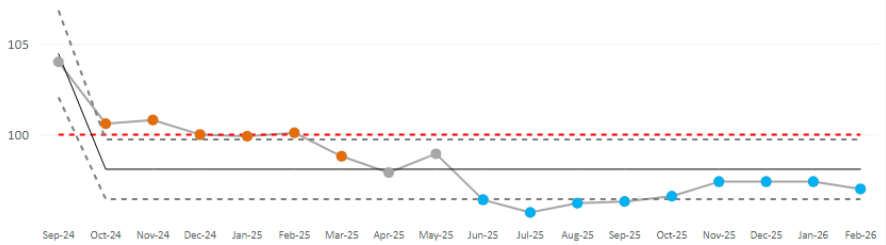
- An increase in HSMR presents a reputational and regulatory risk; however, current analysis indicates that recent HSMR movement is driven primarily by data and methodological factors rather than an increase in observed mortality or evidence of deteriorating care quality. This risk is being actively mitigated through triangulation with SHMI, Learning from Deaths, PSIRF, and coding assurance processes, with no current evidence of excess mortality requiring escalation.

Summary Hospital-Level Mortality Indicator (SHMI)

The ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures based on demographics.

University Hospitals of Northamptonshire NHS Group

SHMI - Kettering



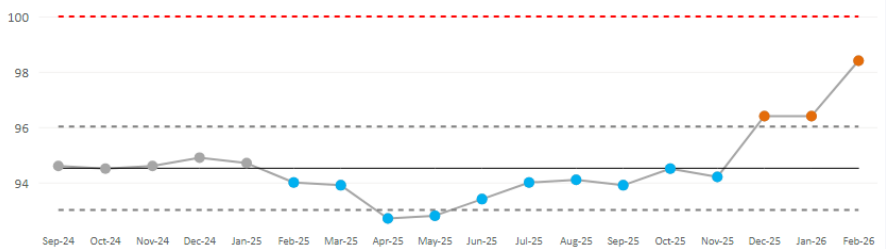
Understanding the performance

- Both Trusts are within 'as expected' banding for SHMI, when compared vs National utilising the NHS England Methodology.

What are the issues impacting performance?

- No issues – both Trusts are within 'as expected; range.

SHMI - Northampton



What SMART actions are being taken to improve?

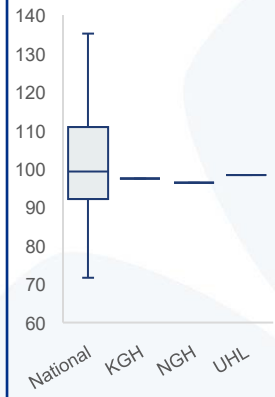
- N/A

Risks

- N/A

National comparator

SHMI (Aug-24 - Jul-25)



Data Quality Indicators

S T A R

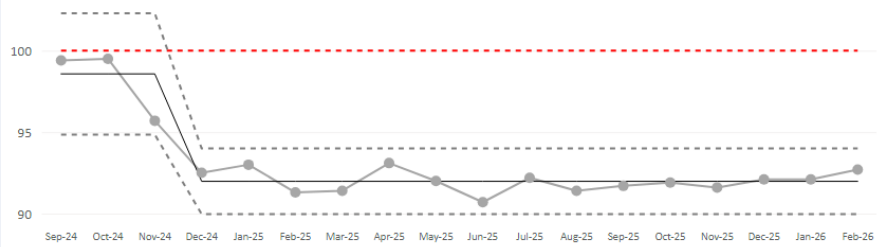
Site	Target	Latest Date	Actual	Variation	Assurance	Average
KGH	100	Feb 26	97			98.09
NGH	100	Feb 26	98.40			94.52

Standardised Mortality Ratio (SMR)

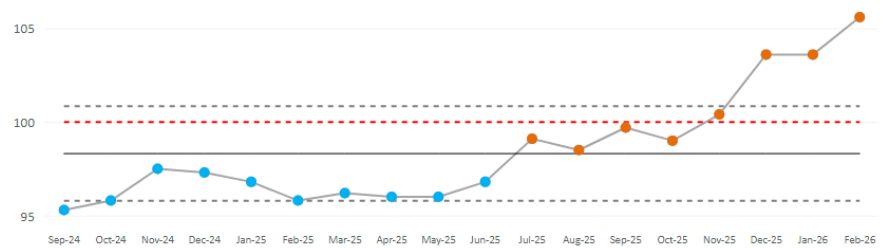
The overall rate of deaths within the population. Rates are given as better, worse, or as expected compared to the national average, which is represented as 100 on the scale.

University Hospitals of Northamptonshire NHS Group

SMR - Kettering



SMR - Northampton



Data Quality Indicators

S T A R

Site	Target	Latest Date	Actual	Variation	Assurance	Average
KGH	100	Feb 26	92.70			98.58
NGH	100	Feb 26	105.60			98.31

Understanding the performance

- **Kettering General Hospital** – HSMR is currently within 'below expected' bandings when compared nationally utilising the Dr Foster methodology.
- **Northampton General Hospital** – HSMR is currently '– HSMR is currently within 'above expected' bandings when compared nationally utilising the Dr Foster methodology.

What are the issues impacting performance?

- SDEC removal has impacted the HSMR by reducing the denominator of total patients included in the calculation.
- Reduction in our coding of complex patients with multiple co-morbidities – this will reduce the calculation for "expected deaths".
- Residual codes affecting the HSMR in April 25 (likely data error) but will continue to affect HSMR until May 2026.

What SMART actions are being taken to improve?

- All metrics and monitored and discussed monthly at UHN Learning from Deaths Group and Quarterly at Patient Safety Committee.
- Impacting performances includes currently areas of focus, both from Clinical Governance and the wider UHN Learning from Deaths Group (discussed monthly).

Risks

- An increase in HSMR presents a reputational and regulatory risk; however, current analysis indicates that recent HSMR movement is driven primarily by data and methodological factors rather than an increase in observed mortality or evidence of deteriorating care quality. This risk is being actively mitigated through triangulation with SHMI, Learning from Deaths, PSIRF, and coding assurance processes, with no current evidence of excess mortality requiring escalation.

Our Safe domain metrics

Responsible director(s): Julie Hogg, Group Chief Nurse, and Hemant Nemade, Medical Director

NHS University Hospitals of Northamptonshire NHS Group

	P	?	F	No target
H / L		• Never events (KGH) • MRSA (KGH)	• Never events (NGH) • Care hours (NGH)	
		• MRSA (NGH) • MSSA • Care hours (KGH)		• Serious harms per 1000 bed days • C Diff • Serious harm falls per 1000 days (NGH) • Serious harm pressure ulcers per 1000 days
H / L				• Serious harm falls per 1000 days (KGH)

Safe

University Hospitals of Northamptonshire NHS Group

Responsible director(s): Julie Hogg, Group Chief Nurse, and Hemant Nemade, Medical Director

Metric	Target	Latest Date	KGH Actual	KGH Variation	KGH Assurance	KGH Average	NGH Actual	NGH Variation	NGH Assurance	NGH Average	Data Quality Indicators
Incidents											
Serious or moderate harms per 1000 bed days	-	Feb 26	1.88			0.93	0.89			1.10	S T A R
Never event incidence	0	Feb 26	0			0.53	0			0.17	S T A R
Infection Prevention Control											
Number of MRSA Bacteraemia	0	Feb 26	0			0.05	0			0.16	S T A R
C Diff per 100,000 bed days	-	Feb 26	13.96			14.28	21.02			38.38	S T A R
Number of MSSA Bacterium	0	Feb 26	1			0.84	0			1.63	S T A R
Safe care											
Care hours per patient day	9	Feb 26	8.93			9.07	9.20			9.48	S T A R
Serious or moderate harms – falls per 1000 bed days	-	Feb 26	0.28			0.08	0			0.09	S T A R
Serious or moderate harms – pressure ulcers per 1000 bed days	-	Feb 26	0			0.04	0.26			0.18	S T A R

Data quality assessment

No data quality issues identified.

SPC indicator key

Worsening	Improving	No change
Below target	Above target	Inconsistent in whether target achieved

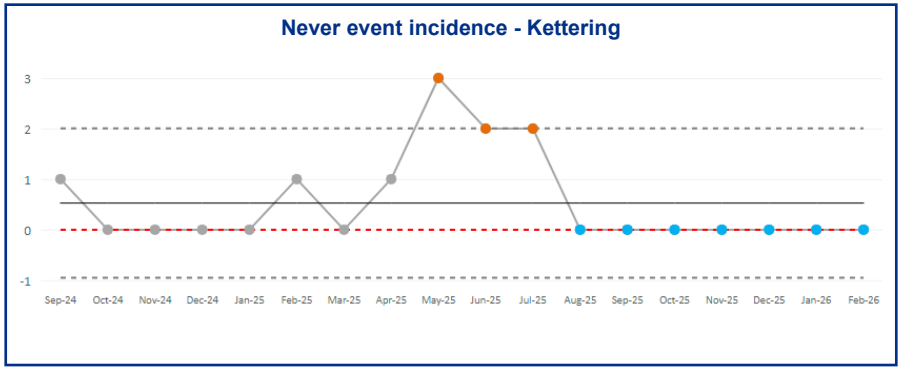
Data quality indicator key

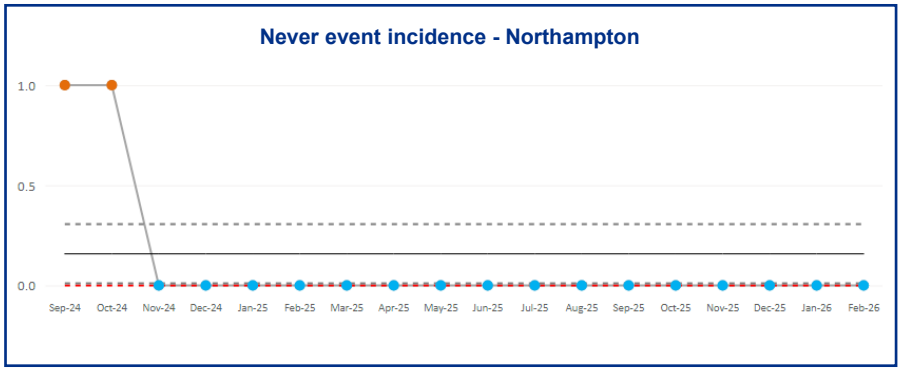
S	T	A	R
Sign off & validation	Timely & complete	Audit & Accuracy	Robust systems & data capture

Never event incidence

The number of never events.

University Hospitals of Northamptonshire NHS Group





Understanding the performance

- There have been no NEVER Events declared for this month

What are the issues impacting performance?

What SMART actions are being taken to improve?

Risks

Data Quality Indicators

S T A R

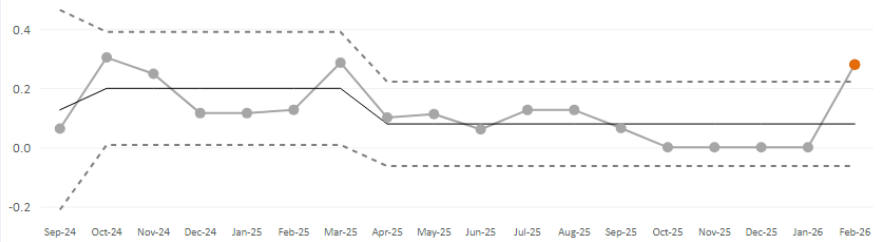
Site	Target	Latest Date	Actual	Variation	Assurance	Average
KGH	0	Feb 26	0			0.53
NGH	0	Feb 26	0			0.16

Serious or moderate harms - falls

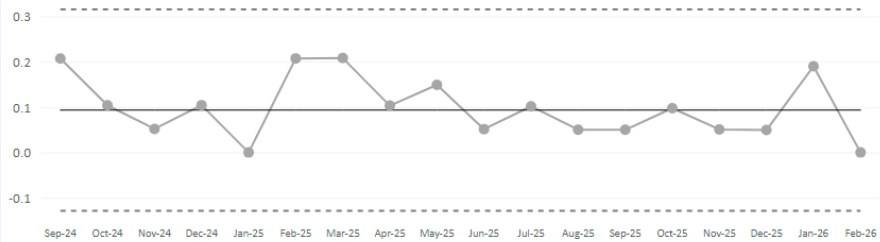
The number of falls resulting in serious or moderate harms per 1,000 bed-days.

University Hospitals of Northamptonshire NHS Group

Serious or moderate harms from falls per 1,000 bed days - Kettering



Serious or moderate harms from falls per 1,000 bed days - Northampton



Data Quality Indicators

S T A R

Site	Target	Latest Date	Actual	Variation	Assurance	Average
KGH	-	Feb 26	0.28			0.20
NGH	-	Feb 26	0			0.09

Understanding the performance

- There were 2 moderate harm, 1 severe harm and 1 fatal harm (not as a result of a patient safety incident) inpatient falls at KGH.
- 2 patient sustained hip fractures, 1 patient sustained a fractured pubic rami and 1 patient sustained a fractured wrist.

What are the issues impacting performance?

- Escalation of patient behaviour.
- Following the post falls protocol.

What SMART actions are being taken to improve?

- Local training sessions
- Leaning from incidents information shared.
- Collaborative work to align UHN processes.

Risks

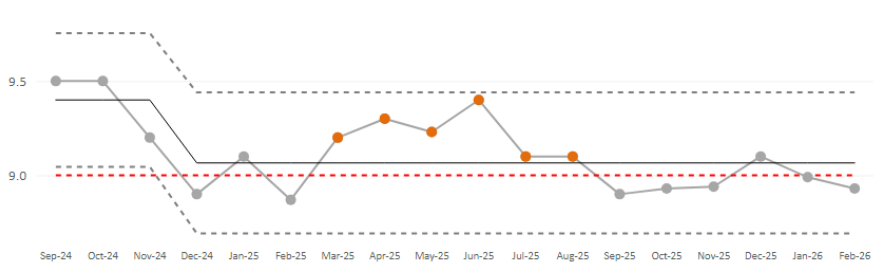
- All risks associated with inpatient falls are monitored through the risk register.

Care hours per patient day

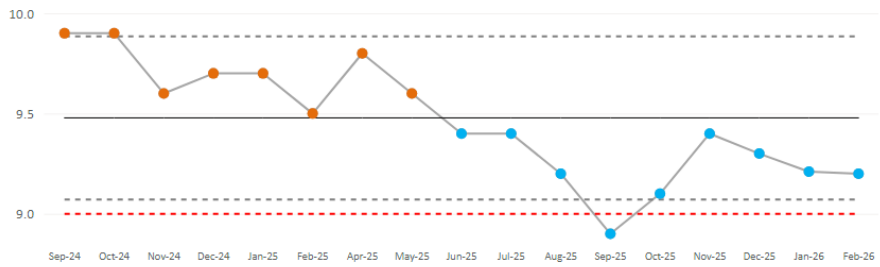
The number of hours of registered and unregistered nursing staff on the wards per patient on the wards.

University Hospitals of Northamptonshire NHS Group

Care hours per patient day - Kettering



Care hours per patient day - Northampton



Data Quality Indicators

S T A R

Site	Target	Latest Date	Actual	Variation	Assurance	Average
KGH	9	Feb 26	8.93			9.40
NGH	9	Feb 26	9.20			9.48

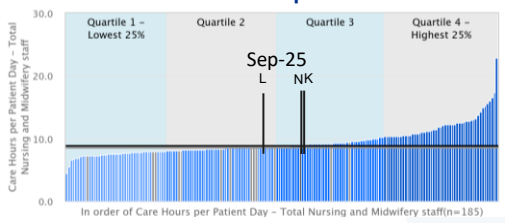
Understanding the performance

- Both Kettering and Northampton demonstrate no special cause variation in the number of care hours per patient day (CHPPD).
- KGH falls within the target range of 8-9 achieving a CHPPD of 8.93. NGH sits just above with a sustained CHPPD of 9.2.

What SMART actions are being taken to improve?

- Temporary staffing usage – grip and control remains in place.
- ETOC demand to be received as part of Biannual Establishment Review (31 March 2026). This will highlight areas which can support ETOC demand within template.
- Monitor and support units to align to required staffing template.
- Breakdown of CHPPD by speciality within safe staffing report to identify areas of focus, where a raised CHPPD may otherwise be masked.

National comparator



What are the issues impacting performance?

- Staffing exceeding demand template results in an increased CHPPD, in addition small ward phenomena has a negative impact on CHPPD and there are several areas across the group which fall into this remit.

Risks

- Increases risks to patients with higher unregistered workforce ratios providing care
- Supervisory burden to the ward leader, nurse in charge and registrants
- Financial risks associated with uncontrolled workforce planning

Our Responsive domain metrics

Responsible director(s): Sarah Noonan, Chief Operating Officer

NHS University Hospitals of Northamptonshire NHS Group

	P	?	F	No target
H / L		• Time to assessment (NGH)	• Bed utilisation (KGH)	
	• Ambulance Handover (KGH) • Decision to Admit (KGH)	• A&E 4 hour • Ambulance Handover (NGH) • Cancer Faster Diagnosis (NGH) • 31 day to first appointment • 62 day to first appointment • 52 week as % of waiting list (KGH) • Theatre utilisation (KGH) • OP as a % of consultant FTE	• Bed utilisation (NGH) • Stranded patients 7+ days • Stranded patients 21+ days • Reason to reside • 52 week as % of waiting list (NGH) • Theatre utilisation (NGH) • Average cases on a list (KGH)	
H / L	• Time to assessment (KGH) • Decision to admit (NGH)	• Cancer Faster Diagnosis (KGH)	• RTT	• Size of RTT

Responsive – Urgent and Emergency Care

Responsible director(s): Sarah Noonan, Chief Operating Officer

NHS University Hospitals of Northamptonshire NHS Group

Metric	Target	Latest Date	KGH Actual	KGH Variation	KGH Assurance	KGH Average	NGH Actual	NGH Variation	NGH Assurance	NGH Average	Data Quality Indicators
UEC											
A&E 4 hour performance	78%	Feb 26	78.91%			79.28%	68.48%			65.82%	S T A R
Time to initial assessment	15	Feb 26	12.26			11.11	11.98			19.11	S T A R
Ambulance Handover 45 minute Performance %	99%	Feb 26	89.47%			76.06%	69.89%			67.74%	S T A R
12 hour wait in the department	10%	Feb 26	10.50%			10.97%	12.90%			13.92%	S T A R
Bed Utilisation	92%	Feb 26	97.22%			98.28%	99.41%			99.24%	S T A R
Non-elective LOS (Model Hospital Closed Spells)	9.90	Feb 26	9.23			9.81	9.84			10.32	S T A R
Stranded patients (7+ day length of stay)	42%	Feb 26	53.86%			54.74%	56.72%			57.25%	S T A R
Super-Stranded patients (21+ day length of stay)	12%	Feb 26	19.04%			19.64%	23.13%			23.31%	S T A R
Patients with a reason to reside	80%	Feb 26	59.84%			58.90%	68.80%			73.38%	S T A R

Data quality assessment

Ambulance handover currently is only 11 months of data. More historic data was intended to be for May 25 IPR, given the data is now at 12 months and the available data is a longer timeframe, this work will not be completed.

12 hour wait in the department is not calculated internally, this measure is currently from the national performance dashboard and only available for 25/26. An error with the national dashboard means this metric is not available this month. This will be updated in Q4 25/26.

A review is ongoing for KGH to ensure all future reported values match the agreed definition as the denominator currently includes non G&A beds.

Note on targets

Many metrics in the Responsive domain have an improvement trajectory through the year. The target listed for each metric represents the target at March 2026.

SPC indicator key

Worsening	Improving	No change
Below target	Above target	Inconsistent in whether target achieved

Data quality indicator key

S	T	A	R
Sign off & validation	Timely & complete	Audit & Accuracy	Robust systems & data capture

Responsive – Cancer and Elective

Responsible director(s): Sarah Noonan, Chief Operating Officer

NHS University Hospitals of Northamptonshire NHS Group

Metric	Target	Latest Date	KGH Actual	Variation	Assurance	KGH Average	NGH Actual	Variation	Assurance	NGH Average	Data Quality Indicators
Cancer											
Cancer Faster Diagnostic Standard	80%	Jan 26	48.90%			69.78%	64.70%			74.29%	S T A R
31-day wait for first treatment	96%	Jan 26	86.50%			93.43%	89.60%			92.55%	S T A R
62-day wait for first treatment	70%	Jan 26	54.50%			69.38%	57.50%			65.82%	S T A R
Elective											
RTT performance	70%	Feb 26	61.80%			64.14%	59.31%			61.96%	S T A R
Size of RTT waiting list	-	Feb 26	25,274			26121.13	42,959			42432.38	S T A R
52 week waits as a % of the waiting list	1%	Feb 26	1.02%			1.05%	1.49%			1.73%	S T A R
Percentage of patients waiting no longer than 18 weeks for a first appointment	72%	Feb 26	66.26%			67.23%	58.81%			64.19%	S T A R

Note on targets

Many metrics in the Responsive domain have an improvement trajectory through the year. The target listed for each metric represents the target at March 2026.

Data quality assessment

No data quality issues identified.

SPC indicator key

Worsening	Improving	No change
Below target	Above target	Inconsistent in whether target achieved

Data quality indicator key

S	T	A	R
Sign off & validation	Timely & complete	Audit & Accuracy	Robust systems & data capture

Responsive – Productivity

Responsible director(s): Sarah Noonan, Chief Operating Officer

NHS University Hospitals of Northamptonshire NHS Group

Metric	Target	Latest Date	KGH Actual	Variation	Assurance	KGH Average	NGH Actual	Variation	Assurance	NGH Average	Data Quality Indicators
Productivity											
Outpatient appointments per consultant FTE	116	Feb 26	140			139	127			140.95	S T A R
Average cases per list	2.50	Feb 26	2.39			2.35	2.37			2.25	S T A R
Theatre utilisation	85%	Feb 26	82.29%			82.22%	78.95%			78.40%	S T A R

Data quality assessment

None identified

SPC indicator key

Worsening	Improving	No change
Below target	Above target	Inconsistent in whether target achieved

Data quality indicator key

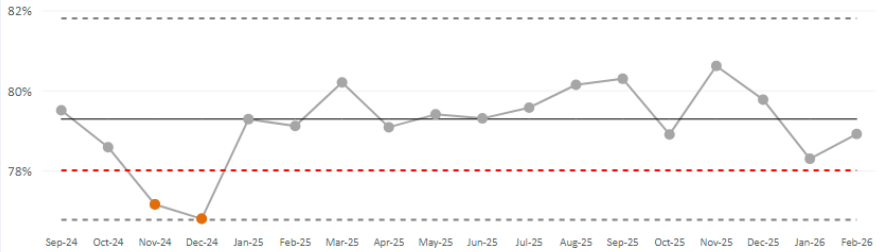
S	T	A	R
Sign off & validation	Timely & complete	Audit & Accuracy	Robust systems & data capture

A&E 4-hour performance

The percentage of patients who attend our Accident & Emergency departments who leave the department either by being discharged, transferred or admitted within 4 hours of their arrival.

University Hospitals of Northamptonshire NHS Group

A&E 4 hour performance - Kettering



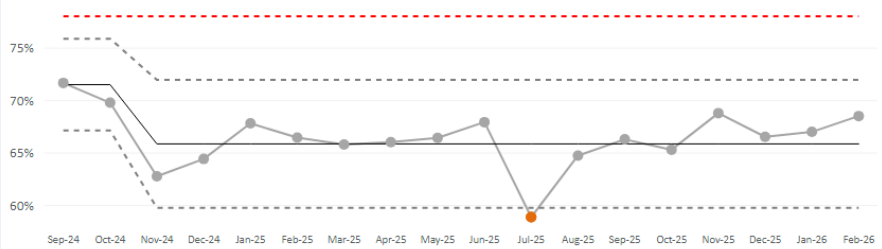
Understanding the performance

- Overall 4hr performance includes Type 1, Type 2 (NGH) and Type 3 (both).
- KGH remains >78% target at 79% in Feb.
- NGH showing a 1.5% improvement in Feb at 68.5% compared to Jan position.

What are the issues impacting performance?

- Admitted flow.
- Increase in ED attendances.
- Increase in acuity of patients presenting during winter period.

A&E 4 hour performance - Northampton



What SMART actions are being taken to improve?

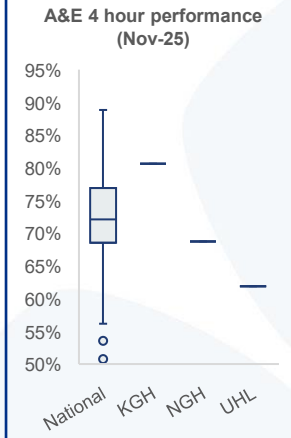
4hr sprint for March planned with Consultant at front door (NGH), improved patient pathway from PED to PAU (both sites) and overnight UTC cover(NGH).
Lead nurse in ED for discharge at NGH from March planned.

Focus on non-admitted performance.

Risks

- Overcrowding risk in the ED.
- Poor patient experience.

National comparator



Data Quality Indicators

S T A R

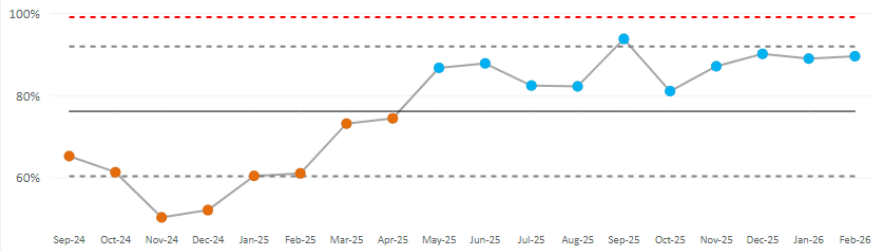
Site	Target	Latest Date	Actual	Variation	Assurance	Average
KGH	78%	Feb 26	78.91%			79.28%
NGH	78%	Feb 26	68.48%			71.48%

Percentage of ambulance handovers within 45 minutes

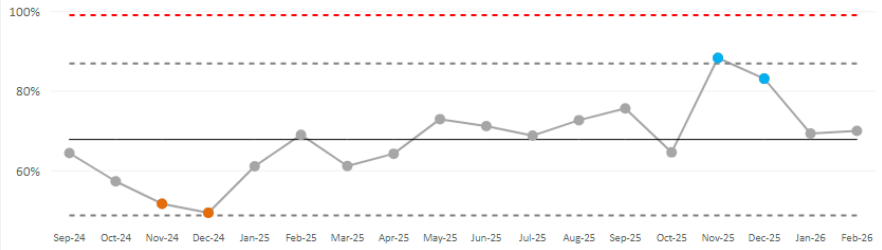
The percentage of ambulance handovers where the time between when an ambulance arrives at our Emergency Department, to when the handover from ambulance staff to our clinicians, is within 45 minutes.

University Hospitals of Northamptonshire NHS Group

Percentage of ambulance handovers within 45 minutes - Kettering



Percentage of ambulance handovers within 45 minutes - Northampton



Data Quality Indicators

S T A R

Site	Target	Latest Date	Actual	Variation	Assurance	Average
KGH	99%	Feb 26	89.47%			76.06%
NGH	99%	Feb 26	69.89%			67.74%

Understanding the performance

- Continued focus on improving ambulance handover times.
- KGH performance has been maintained into Q4 at 90% in <45mins.
- NGH performance has been more challenged into Q4 at 70% in <45mins.

What are the issues impacting performance?

- Admitted patient flow through ED.
- Numbers of patients requiring support discharge waiting.
- Increase in conveyances across Northants, February 5.3% variance to plan.

What SMART actions are being taken to improve?

Ensuring NyeBevan LoS is delivered in line with an AMU / Medical Short Stay ward.

Use of SIREN for pre arrival information to plan capacity and safe handover.

Maximising use of SDEC.

Release to respond protocol.

Risks

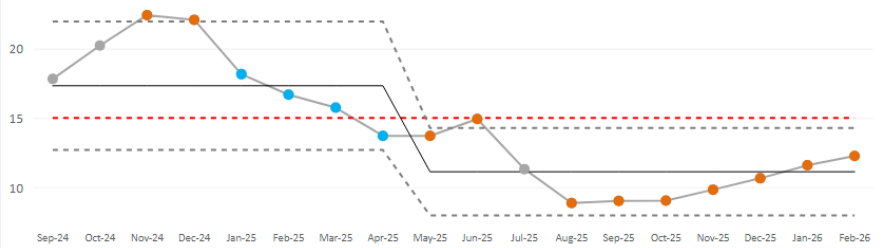
- Ambulance handover delays can contribute to C2 community response delays.
- Poor patient experience.

Time to initial assessment

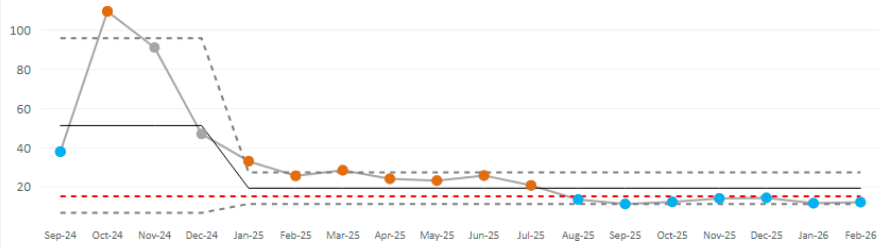
The average time in minutes from the arrival of a patient in our Emergency Department to their initial assessment.

University Hospitals of Northamptonshire NHS Group

Time to initial assessment - Kettering



Time to initial assessment - Northampton



Data Quality Indicators

S T A R

Site	Target	Latest Date	Actual	Variation	Assurance	Average
KGH	15	Feb 26	12.26			17.32
NGH	15	Feb 26	11.98			51.06

Understanding the performance

- Both departments delivering <15mins average time to initial assessment.
- Slight increase over the last 3 months at KGH. Performance maintained at NGH.

What are the issues impacting performance?

- TTIA can be impacted due to surge in attendances during peak times.

What SMART actions are being taken to improve?

- Introduction of the new acuity model at NGH has seen significant improvement in initial assessment times.
- Regular safety huddles at both sites with ED NIC/EPIC and clinical site manager.

Risks

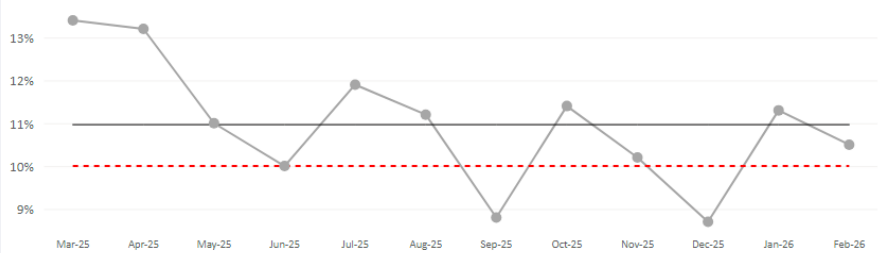
- Delays to assessment increases risk within the ED waiting room for undifferentiated patients.
- Risk mitigation of regular staffing reviews via staffing cell with staff re-deployed from other areas to support safe ED staffing.

12 hour wait in the A&E department

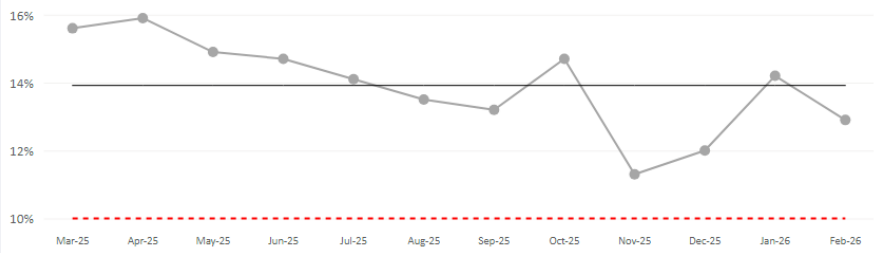
The percentage of patients who have waited more than 12 hours in our Emergency Departments before being admitted or discharged.

University Hospitals of Northamptonshire NHS Group

12 hour waits in A&E - Kettering



12 hour waits in A&E - Northampton



Data Quality Indicators

S T A R

Site	Target	Latest Date	Actual	Variation	Assurance	Average
KGH	10%	Feb 26	10.50%			10.97%
NGH	10%	Feb 26	12.90%			13.92%

Understanding the performance

- YTD has seen improvement at both sites for 12hr waits in ED.
- KGH 1% decrease in Feb-26.
- NGH 1% decrease in Feb-26.

What are the issues impacting performance?

- High numbers of non-criteria to reside will impact on bed occupancy and admitted patient flow.

What SMART actions are being taken to improve?

- GIRFT Further faster actions associated with reduction in LOS.
- AAU Model at NGH to improve admitted flow through ED with plans for frailty assessment area in progress.
- Work on Internal Professional Standards to improve admitted patient flow.

Risks

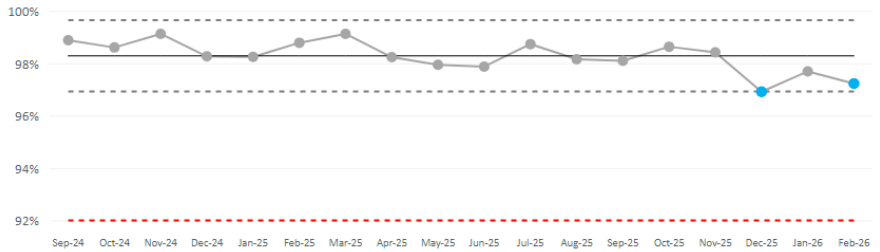
- Impact on bed occupancy, use of corridor care and overcrowding in ED.

Bed utilisation

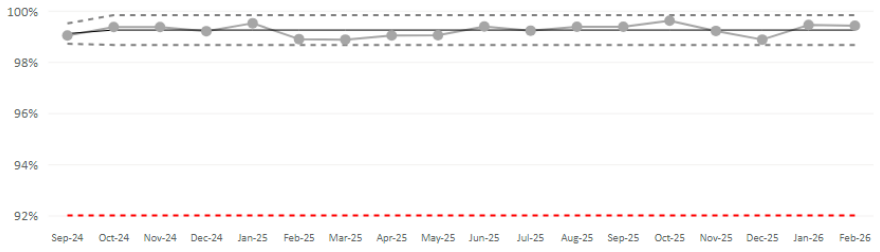
The average percentage of our available general acute beds which are occupied by patients at midnight each day.

University Hospitals of Northamptonshire NHS Group

Bed utilisation - Kettering



Bed utilisation - Northampton



Data Quality Indicators

S T A R

Site	Target	Latest Date	Actual	Variation	Assurance	Average
KGH	92%	Feb 26	97.22%			98.28%
NGH	92%	Feb 26	99.41%			99.24%

Understanding the performance

High bed occupancy impacts patient flow and admitted pathway delays in the ED.

Both sites continue to see high bed occupancy. KGH position has improved into Q4 at 97%. NGH remains challenged at >99%

What are the issues impacting performance?

- Supported discharge pathway delays
- Stranded and super stranded position.

What SMART actions are being taken to improve?

- Reduction in LoS plans across UHN and system winter support actions to reduce bed occupancy and improve flow.
- Continued use of release 2 respond to support capacity and risk across the organisation.
- Maximise use of SDECs as admission avoidance.

Risks

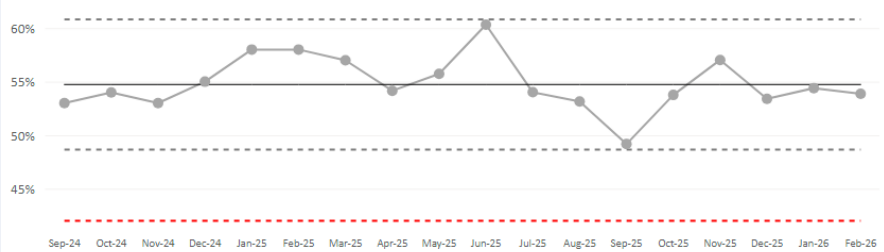
- Poor patient experience due to ED delays.
- Impact on 12hr/24hr performance.
- ED overcrowding.
- Ambulance handover delays.

Patients with length of stay greater than 7 days

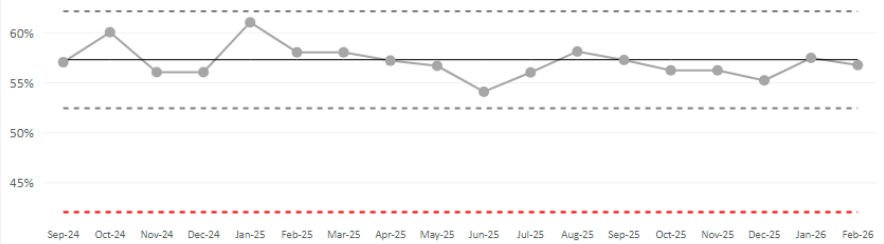
The percentage of general acute hospital beds occupied by patients who have been in hospital for more than 7 days.

NHS University Hospitals of Northamptonshire NHS Group

Percentage of patients with a length of stay more than 7 days - Kettering



Percentage of patients with a length of stay more than 7 days - Northampton



Data Quality Indicators

S T A R

Site	Target	Latest Date	Actual	Variation	Assurance	Average
KGH	42%	Feb 26	53.86%			54.74%
NGH	42%	Feb 26	56.72%			57.25%

Understanding the performance

- Slight reduction in stranded position into February compared to January.

What are the issues impacting performance?

- Increase in patient acuity and demand during winter period.

What SMART actions are being taken to improve?

- Boardrounds and focus on SHOP model.
- Internal and external escalation delays to discharge.
- Maximising use of discharge lounge.
- Maximising use of SDEC.
- P1 working group to reduce NEL LOS.

Risks

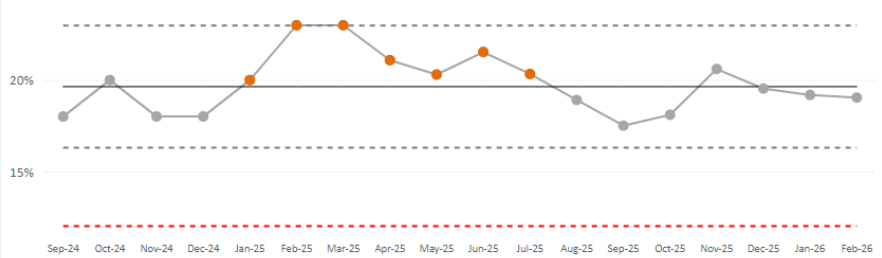
- Delay to discharge impacting admitted flow through ED.
- All community beds are full.

Patients with length of stay greater than 21 days

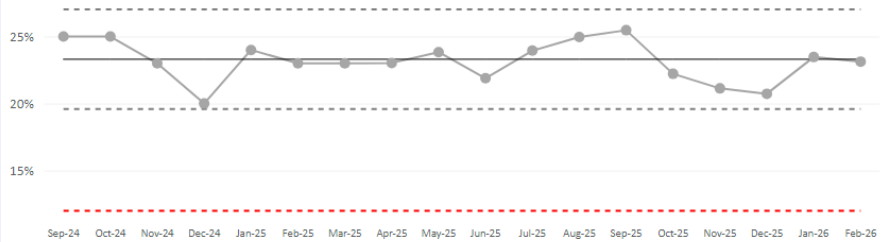
The percentage of general acute hospital beds occupied by patients who have been in hospital for more than 21 days.

University Hospitals of Northamptonshire NHS Group

Percentage of patients with a length of stay more than 21 days - Kettering



Percentage of patients with a length of stay more than 21 days - Northampton



Data Quality Indicators

S T A R

Site	Target	Latest Date	Actual	Variation	Assurance	Average
KGH	12%	Feb 26	19.04%			19.64%
NGH	12%	Feb 26	23.13%			23.31%

Understanding the performance

- KGH 21 day position is reducing over the last 3 months.
- NGH 21 day position remains high in February at 23% with no change from January.

What are the issues impacting performance?

- P2/3 supported discharge waits across UHN.
- As of week 48 (end of February) 2026 position of 185 patients waiting supported discharge against 75 across UHN.

What SMART actions are being taken to improve?

Twice weekly escalation group for patients who do not have a supported discharge plan.

Working with partners to reduce P2 delays to discharge – particularly for DTA beds.

Patient flow coordinators to work across all pathways to reduce transfer of care request delays.

Risks

Bed occupancy remains high impacting patient flow.

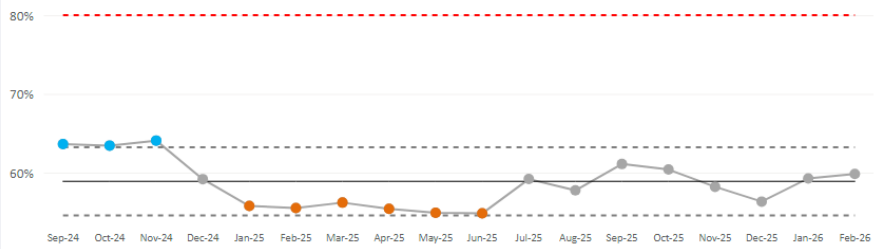
Ongoing use of corridor care risk across ED and inpatient ward areas.

Patients with a reason to reside

The percentage of patients in a hospital bed who do meet the national reason to reside criteria, meaning they have a medical reason to be residing in a hospital bed.

NHS University Hospitals of Northamptonshire NHS Group

Patients with a reason to reside - Kettering



Understanding the performance

No significant change in criteria to reside position.

KGH data is artificially low as the denominator includes non-G&A beds.

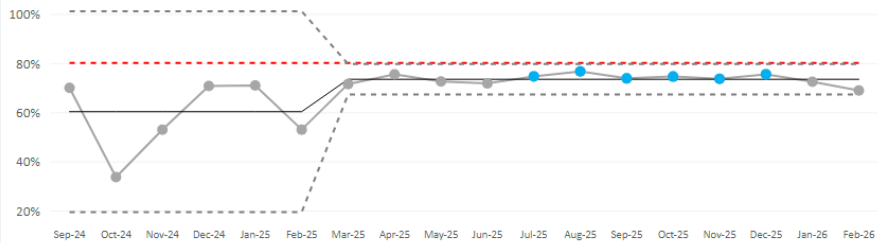
What are the issues impacting performance?

Number of patients waiting supported discharge.

Housing / waiting for equipment.

Inpatients awaiting a mental health community bed.

Patients with a reason to reside - Northampton



What SMART actions are being taken to improve?

Twice weekly escalation group for supported discharge with system partners.

Trusted assessor started at NGH.

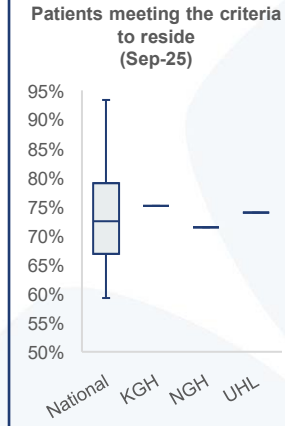
Working with local authorities for housing pathway.

Integrated discharge hub planning.

Risks

- Impact on bed occupancy, use of corridor care and 12hr performance in the ED.

National comparator



Data Quality Indicators

S T A R

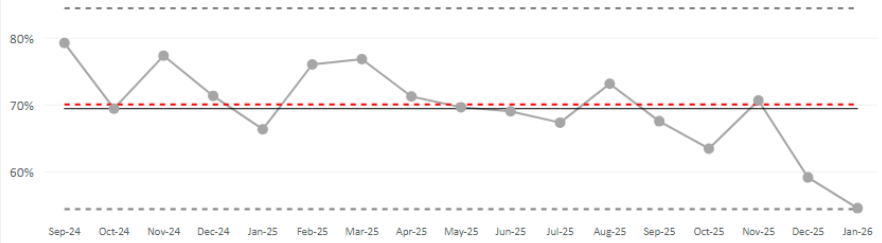
Site	Target	Latest Date	Actual	Variation	Assurance	Average
KGH	80%	Feb 26	59.84%			58.90%
NGH	80%	Feb 26	68.80%			73.38%

62-day wait to start treatment from referral

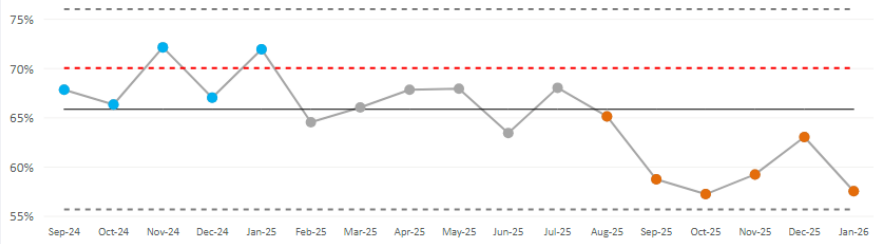
The percentage of cancer patients who start treatment within 62 days of an urgent referral.

University Hospitals of Northamptonshire NHS Group

62-day wait for cancer treatment - Kettering



62-day wait for cancer treatment - Northampton



Data Quality Indicators

S T A R

Site	Target	Latest Date	Actual	Variation	Assurance	Average
KGH	70%	Jan 26	54.50%			69.38%
NGH	70%	Jan 26	57.50%			65.82%

Understanding the performance

- For 62 days, the decline in performance mirrors a similar reduction from December as in the previous year.
- Neither Trust met the standard, recording a further reduction in performance from the previous month

What are the issues impacting performance?

- Breast continues to impact performance, with the main delays being at the start of the pathway.
- Limited robotic capacity has also contributed to pressures within Colorectal and Urology.
- A high number of long waiters were treated, which has helped reduce the backlog but has had an overall impact on performance

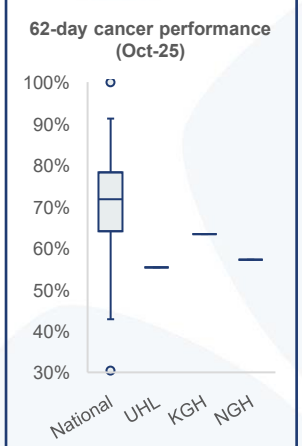
What SMART actions are being taken to improve?

- Trajectories and recovery plans submitted by all specialities
- Meetings with clinical team, GM, Dep COO and Cancer lead taking place to discuss cancer plans
- Weekly PTL and operational meetings continue to take place to provide oversight of performance.

Risks

- Workforce changes in Skin
- Wait times for first OPA and poor performance in diagnosing cancers by day 28, have a consequential impact on the delivery of 62 days

National comparator

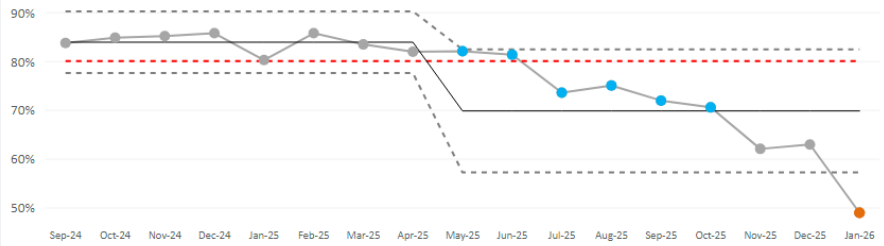


Cancer Faster Diagnosis Standard

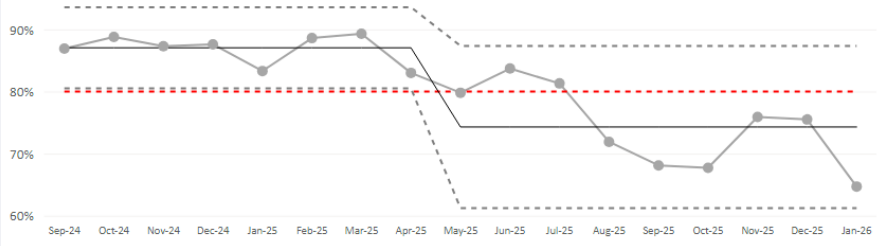
The number of patients who are referred urgently for suspected cancer and receive a diagnosis or have cancer ruled out within 28 days.

University Hospitals of Northamptonshire NHS Group

Cancer Faster Diagnosis Standard - Kettering



Cancer Faster Diagnosis Standard - Northampton



Data Quality Indicators

S T A R

Site	Target	Latest Date	Actual	Variation	Assurance	Average
KGH	80%	Jan 26	48.90%			83.86%
NGH	80%	Jan 26	64.70%			87.04%

Understanding the performance

- Both Trusts saw a steeper decline in performance than the previous January, likely due to the lack of resilience in pathways currently
- Neither trust met the standard

What are the issues impacting performance?

- Skin and Breast backlogs continued to affect ability to achieve the standard
- Breast booking at day 32 for first OPA and head and neck booking at day 29

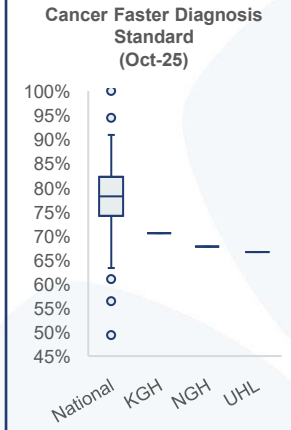
What SMART actions are being taken to improve?

- Super clinics commenced in January to see and treat skin patients
- YMS (insourcing) to commence in Breast in March 2026

Risks

- Recovery of Breast capacity and delivery of sustainable capacity
- Seasonal resilience to changes in referral rates

National comparator

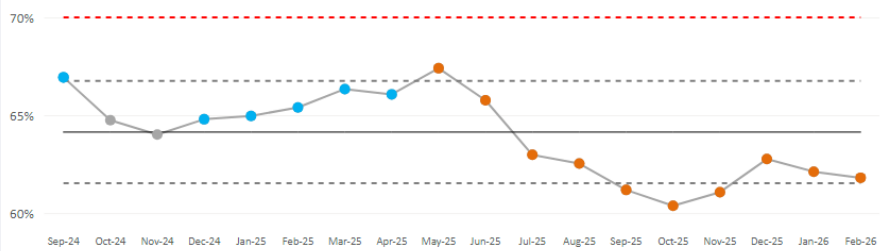


Referral to Treatment performance

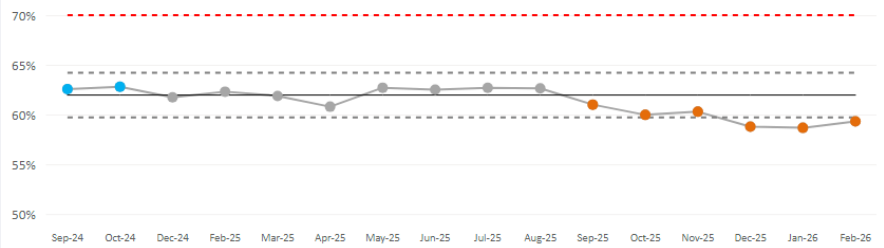
The percentage of patients who are referred for elective (non-urgent) treatment who receive their first treatment within 18 weeks.

NHS University Hospitals of Northamptonshire NHS Group

RTT performance - Kettering



RTT performance - Northampton



Data Quality Indicators

S T A R

Site	Target	Latest Date	Actual	Variation	Assurance	Average
KGH	70%	Feb 26	61.80%			64.14%
NGH	70%	Feb 26	59.31%			61.96%

Understanding the performance

- We continue to be behind plan for RTT delivery
- There has been a first only sprint running across February, where we would expect approximately 20% of first appointments to result in a clock stop and improve performance - despite this we saw a decline at KGH
- At a UHN level, performance improved from 59.95% to 60.23% from January to February

What are the issues impacting performance?

- Reduction in activity across the year to support the financial position
- IPTs from NGH to KGH to support the treatment of patients impacts KGH RTT position

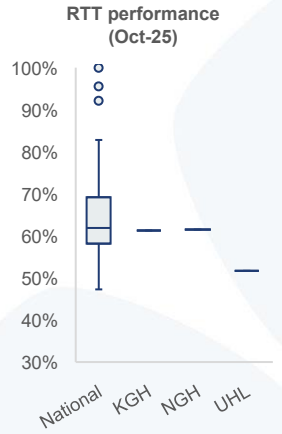
What SMART actions are being taken to improve?

- Use of external Triage companies to support challenged specialties
- Additional outpatient first appointments
- Validation

Risks

- Administrative capacity to book and outcome

National comparator

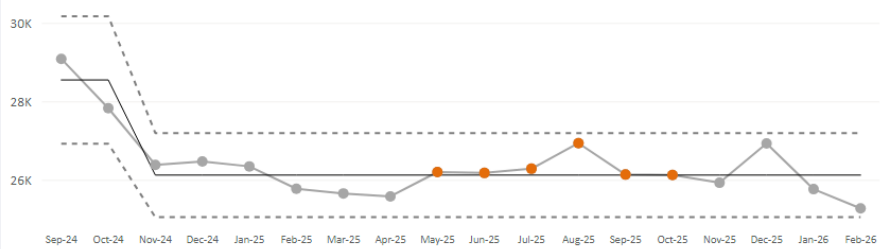


Size of RTT waiting list

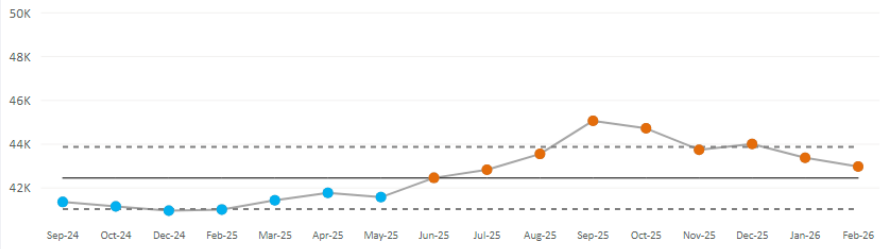
The number of patients waiting for planned, non-urgent care on our waiting list.

University Hospitals of Northamptonshire NHS Group

Size of RTT waiting list - Kettering



Size of RTT waiting list - Northampton



Data Quality Indicators

S T A R

Site	Target	Latest Date	Actual	Variation	Assurance	Average
KGH	-	Feb 26	25,274			28545.40
NGH	-	Feb 26	42,959			42432.38

Understanding the performance

- Really positive reduction in the waiting list size since Christmas across both sites

What are the issues impacting performance?

What SMART actions are being taken to improve?

- Focused validation across both sites
- Dermatology outsourcing has helped with reducing the waiting list size and additional triage is taking place in ENT and Gastroenterology

Risks

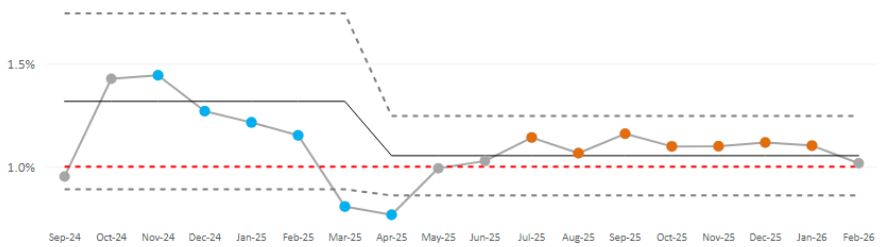
- We plan to move the ASIs onto the KGH waiting list in April, to support a move to booking only 6 weeks ahead, in preparation for automated booking. This will temporarily increase the size of the waiting list.

52 week waits as a percentage of the waiting list

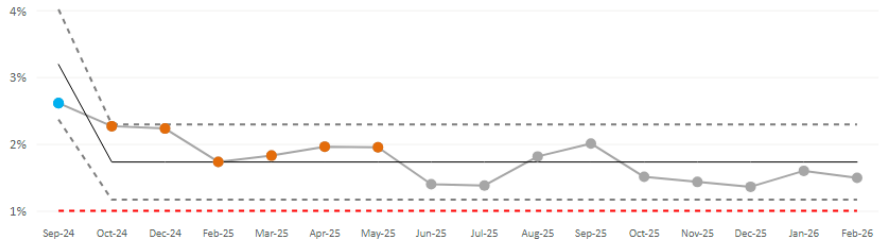
The percentage of patients who have been waiting on our planned care waiting list for 52 weeks or more

University Hospitals of Northamptonshire NHS Group

52 week waits as a percentage of the waiting list - Kettering



52 week waits as a percentage of the waiting list - Northampton



Data Quality Indicators

S T A R

Site	Target	Latest Date	Actual	Variation	Assurance	Average
KGH	1%	Feb 26	1.02%			1.32%
NGH	1%	Feb 26	1.49%			3.19%

Understanding the performance

- An improvement in the performance in February, following the sprint action being taken across both Trusts
- We expect to deliver the national target of less than 1% of the waiting list waiting 52 weeks or more, the improvement in February is positive given the waiting list size has also reduced

What are the issues impacting performance?

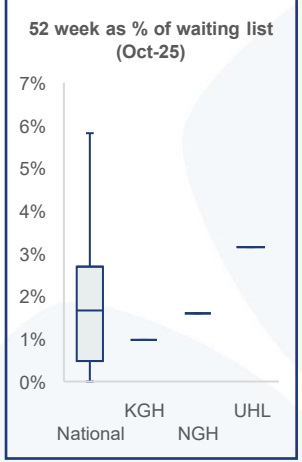
- ENT has a high number of 52 week breaches at NGH which is increasing month on month, we are working with the clinical team on a recovery plan
- Oral Surgery, T&O and Dermatology have the next highest numbers across UHN, although all are below 100

What SMART actions are being taken to improve?

- Focused additionality through the 52 week sprint in key specialties
- Additional validation of the long waits cohort

Risks

National comparator

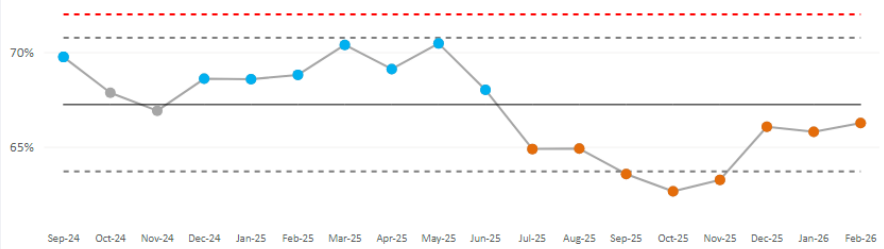


Wait for first appointment less than 18 weeks

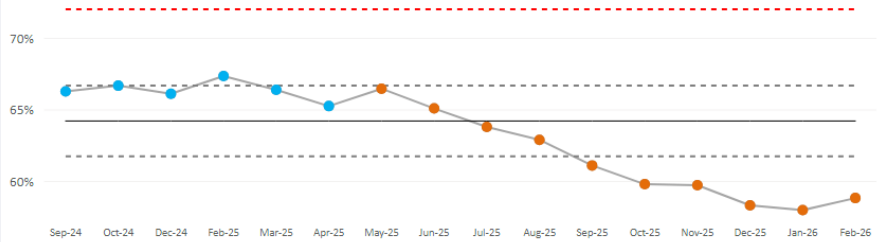
The percentage of patients who have their first appointment within 18 weeks of referral of all the planned care referrals we receive

University Hospitals of Northamptonshire NHS Group

Percentage of patients waiting less than 18 weeks for an appointment - Kettering



Percentage of patients waiting less than 18 weeks for an appointment - Northampton



Data Quality Indicators

S T A R

Site	Target	Latest Date	Actual	Variation	Assurance	Average
KGH	72%	Feb 26	66.26%			67.23%
NGH	72%	Feb 26	58.81%			64.19%

Understanding the performance

- Significant improvement at KGH since Christmas
- NGH has started to alter the deteriorating trend

What are the issues impacting performance?

- Capacity for first appointments
- Balance between urgent and routine referrals, especially in high volume cancer specialties

What SMART actions are being taken to improve?

- Focus on clinic template standardisation and improving the first to follow up ratio
- First only sprint clinics

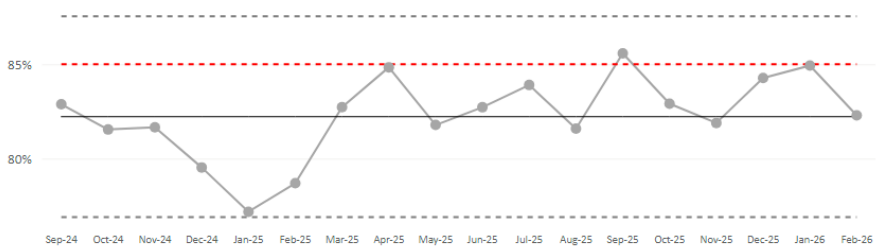
Risks

Theatre utilisation

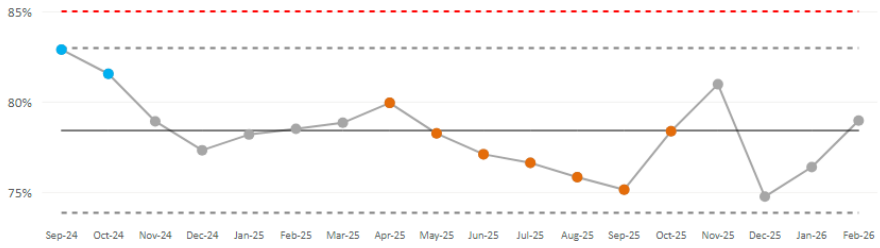
The percentage of the available time in our elective theatre sessions which is spent operating on patients.

University Hospitals of Northamptonshire NHS Group

Theatre utilisation - Kettering



Theatre utilisation - Northampton



Data Quality Indicators

S T A R

Site	Target	Latest Date	Actual	Variation	Assurance	Average
KGH	85%	Feb 26	82.29%			82.22%
NGH	85%	Feb 26	78.95%			78.40%

Understanding the performance

- An improving picture at NGH, to bring it up to the utilisation delivered at KGH

What are the issues impacting performance?

- NGH not having a centralised booking team and lack of pre-op + digital system means we are seeing a high cancellation rate

What SMART actions are being taken to improve?

- Work is underway to improve the data visibility via FDP
- Lookback data meetings are in place reviewing all OTDC, changes to first patient, Utilisation, late starts and early finishes.

National comparator

Nov-25

Risks

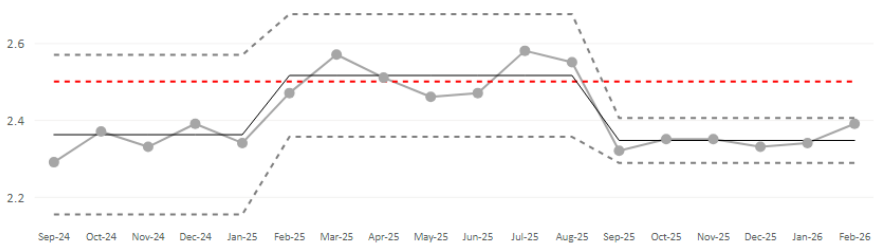
- High incoming trauma affecting elective sessions

Average cases per list

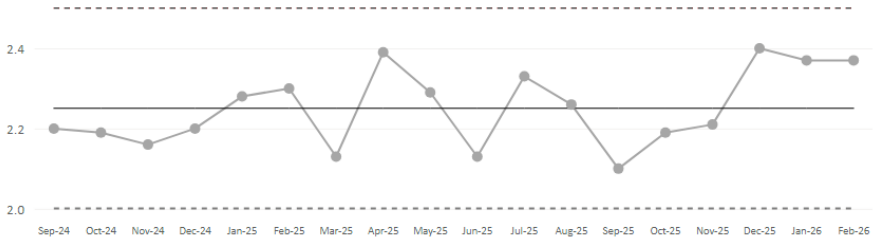
The average number of cases per operating theatre list, normalised to a 4-hour operating list.

University Hospitals of Northamptonshire NHS Group

Average cases per list - Kettering



Average cases per list - Northampton



Data Quality Indicators

S T A R

Site	Target	Latest Date	Actual	Variation	Assurance	Average
KGH	2.50	Feb 26	2.39			2.52
NGH	2.50	Feb 26	2.37			2.25

Understanding the performance

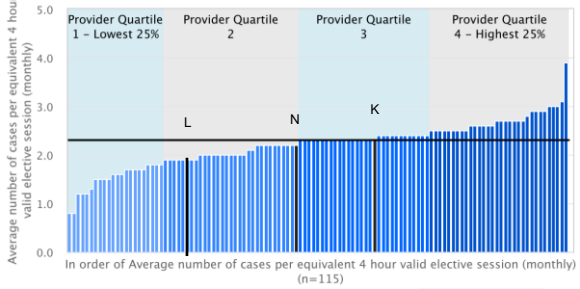
- Both trusts delivering very similar cases per list in February
- Historical benchmark is good and should be improved with the most recent data

What SMART actions are being taken to improve?

- KGH and NGH case mix is being reviewed during the scheduling process.
- Scheduling at NGH is reviewed by the adjusted and we are working with FDP for improved accuracy

National comparator

Nov-25



What are the issues impacting performance?

- The move of the surgical robot from NGH to KGH will have impacted on the delivery at each site
- The WL for some specialities is low and therefore we can struggle to completely fill lists based on case mix available.

Risks

- Related the Theatre utilisation – minimising cancellations and late starts

25/26 Activity and 25/26 Plan

		25/26 M8 Plan	25/26 M8 Actual	% of planned activity	25/26 M8 Plan	25/26 M8 Actual	% of planned activity	25/26 M8 Plan	25/26 M8 Actual	% of planned activity
		Kettering General Hospital			Northampton General Hospital			University Hospitals of Northamptonshire Group		
Outpatients	Total outpatient appointments (incl. non-consultant-led)	39,840	40,530	102%	53,505	49,363	92%	93,345	89,893	96%
	First outpatient appointments (consultant-led)	11,580	11,652	101%	14,608	11,556	79%	26,188	23,208	89%
	Follow up outpatient appointments (consultant-led)	20,950	22,136	106%	29,058	29,107	100%	50,008	51,243	102%
	Outpatient procedures (consultant-led)	7,310	6,742	92%	9,839	8,700	88%	17,149	15,442	90%
Elective	Elective overnight spells	295	309	105%	362	425	117%	657	734	112%
	Day case spells	3,485	3,883	111%	4,133	4,197	102%	7,618	8,080	106%
UEC	Type 1 A&E attendances	10,022	9,923	99%	10,388	11,183	108%	20,410	21,106	103%
	Zero-day non-elective spells	547	1,434	262%	872	609	70%	1,419	2,043	144%
	Overnight non-elective spells	1,855	1,746	94%	1,835	2,343	128%	3,690	4,089	111%

Understanding the position	What are the issues impacting the position?	What SMART actions are being taken to improve?	Risks

Our Well-Led domain metrics

Responsible director(s): Paula Kirkpatrick, Chief People Officer

NHS University Hospitals of Northamptonshire NHS Group

	P	?	F	No target
H / L		• Time to hire (Both)		
	• Turnover • Mandatory training (KGH) • Agency spend as a % of pay	• Sickness Absence (KGH)	• Appraisal (NGH) • Vacancy (Both) • Total WTE • Bank spend as a % of pay	• Number of volunteering hours
H / L	• Mandatory training (NGH)	• Appraisal (KGH) • Sickness Absence (NGH)		

Well-Led

Responsible director(s): Paula Kirkpatrick, Chief People Officer

NHS University Hospitals of Northamptonshire NHS Group

Metric	Target	Latest Date	KGH Actual	KGH Variation	KGH Assurance	KGH Average	NGH Actual	NGH Variation	NGH Assurance	NGH Average	Data Quality Indicators
Culture and safety											
Turnover rate	6.50%	Feb 26	6%		P	6.09%	5.80%	H	P	5.79%	S T A R
Appraisal completion rates	85%	Feb 26	83.10%	L	?	84.90%	75.20%	L	F	80.42%	S T A R
Mandatory training compliance	85%	Feb 26	89.20%		P	89.82%	82.30%	L	P	89.08%	S T A R
Sickness and absence rate	5%	Feb 26	3.80%		?	4.53%	5.30%		?	4.92%	S T A R
Number of volunteering hours	-	Feb 26	3,141			2891.59	3,626			3750.37	S T A R
Vacancy rate	8%	Feb 26	9.50%		F	9.78%	9.30%	L	F	9.49%	S T A R
Productivity											
Nursing Roster approved 42 days or over	95%	Feb 26	34.44%			44.13%	35.83%			62.90%	S T A R

Dedicated to excellence

Data quality assessment

No data quality issues identified.

SPC indicator key

L H Worsening	H L Improving	No change
F Below target	P Above target	? Inconsistent in whether target achieved

Data quality indicator key

S	T	A	R
Sign off & validation	Timely & complete	Audit & Accuracy	Robust systems & data capture

Well-Led

Responsible director(s): Paula Kirkpatrick, Chief People Officer

NHS University Hospitals of Northamptonshire NHS Group

Metric	Target	Latest Date	KGH Actual	KGH Variation	KGH Assurance	KGH Average	NGH Actual	NGH Variation	NGH Assurance	NGH Average	Data Quality Indicators
Workforce financial sustainability											
Time to hire (days)	65	Feb 26	73.80			68.74	74.80			83.67	S T A R
Employee relations formal cases	-	Feb 26	25			15.94	37			27.26	S T A R
Total WTE (PWR figure)	6199	Feb 26	5067.12			5030.61	6496.99			6493.37	S T A R
Bank Spend as % of Total Pay	6.30%	Feb 26	9.80%			9.85%	11.20%			11.40%	S T A R
Agency Spend as % of Total Pay	2%	Feb 26	1.10%			1.07%	1.70%			2.41%	S T A R

Dedicated to excellence

Data quality assessment

No data quality issues identified.

SPC indicator key

Worsening	Improving	No change
Below target	Above target	Inconsistent in whether target achieved

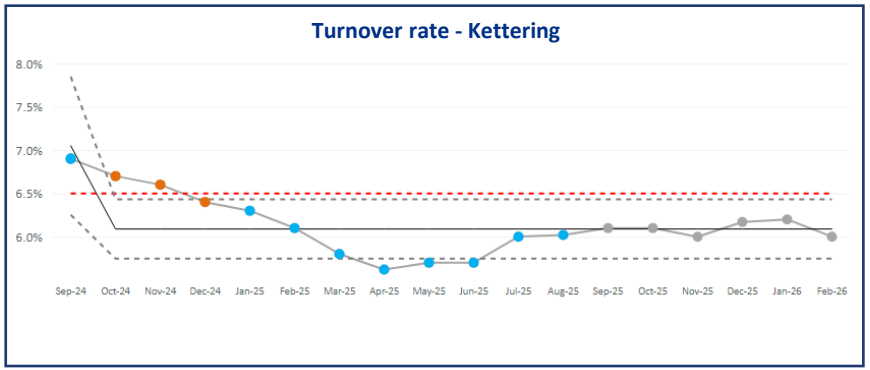
Data quality indicator key

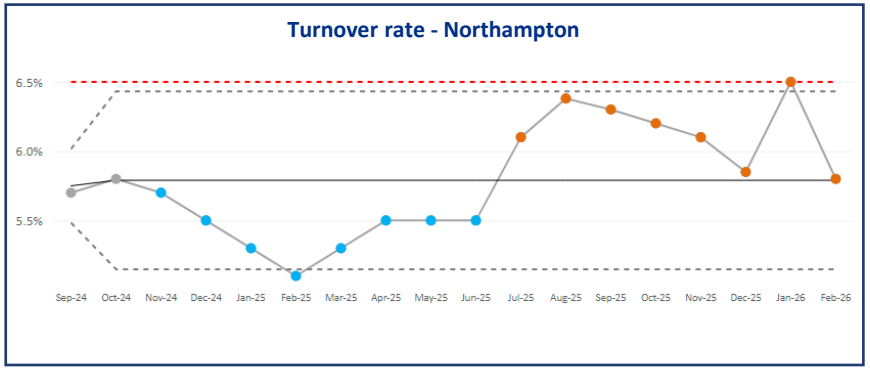
S	T	A	R
Sign off & validation	Timely & complete	Audit & Accuracy	Robust systems & data capture

Turnover rate

The percentage of colleagues who have left their position over the previous 12 months.

University Hospitals of Northamptonshire NHS Group





Metric	Target	Latest Month	Measure KGH	Measure NGH
Additional clinical services	6.5%	Feb-26	5.42%	5.19%
Allied health professionals	6.5%	Feb-26	8.78%	3.62%
Healthcare scientists	6.5%	Feb-26	3.64%	7.42%
Administrative and clerical	6.5%	Feb-26	8.68%	9.72%
Nursing and midwifery registered	6.5%	Feb-26	3.93%	3.39%
Medical and dental	6.5%	Feb-26	3.81%	4.57%
Additional professional, scientific and technical	6.5%	Feb-26	7.48%	9.66%
Estates and ancillary	6.5%	Feb-26	10.31%	8.72%

Understanding the performance

- Turnover has decreased at KGH and reduced at NGH. Actual turnover rates at NGH 5.80% & KGH 6% against a target of 6.50%

What are the issues impacting performance?

- Workflow disruptions may lead to reduced operational efficiency
- Training new hires takes time, resulting in lower short-term productivity
- Loss of experienced staff can create knowledge gaps and negatively affect organisational culture

Risks

- Erosion of organisational knowledge and expertise
- Decline in overall productivity and operational efficiency
- Potential rise in recruitment and onboarding costs due to increased turnover

What SMART actions are being taken to improve?

- Continue to support priority areas and advance initiatives aligned with organisational development objectives
- Evaluate OD interventions and activities in departments experiencing higher turnover to identify improvement opportunities

Data Quality Indicators

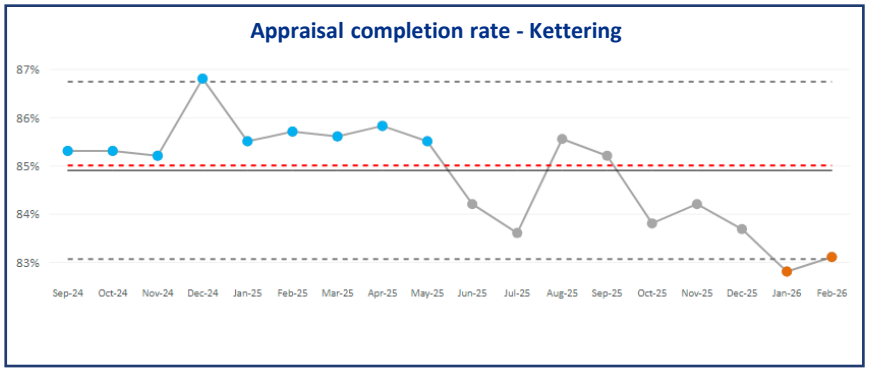
S T A R

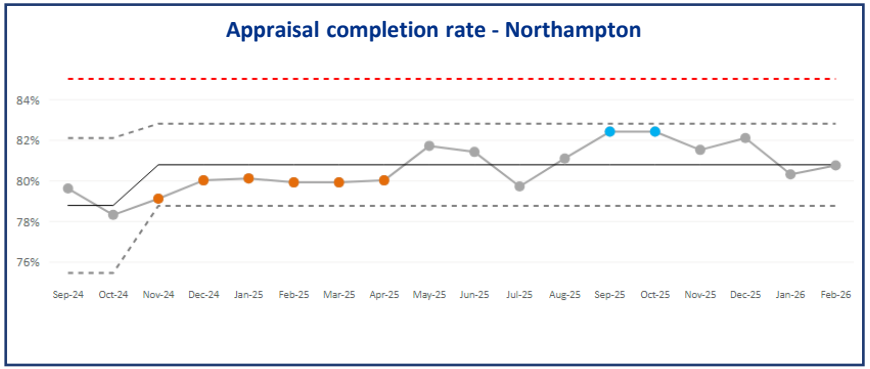
Site	Target	Latest Date	Actual	Variation	Assurance	Average
KGH	6.50%	Feb 26	6%			7.05%
NGH	6.50%	Feb 26	5.80%			5.79%

Appraisal completion rate

The percentage of colleagues who have had an appraisal in the last 12 months.

University Hospitals of Northamptonshire NHS Group





Metric	Target	Latest Month	Measure	Measure
			KGH	NGH
Additional clinical services	85%	Feb-26	86.47%	86.07%
Allied health professionals	85%	Feb-26	83.87%	84.71%
Healthcare scientists	85%	Feb-26	76.39%	79.14%
Administrative and clerical	85%	Feb-26	80.66%	76.00%
Nursing and midwifery registered	85%	Feb-26	82.69%	83.79%
Medical and dental	85%	Feb-26	83.64%	
Additional professional, scientific and technical	85%	Feb-26	74.15%	79.87%
Estates and ancillary	85%	Feb-26	87.82%	67.35%

Understanding the performance

- Rates of appraisal have marginally improved in this reporting period but remain under benchmark

What are the issues impacting performance?

- In a deep dive analysis, a change of manager and change of role are cited as the main cause of appraisal delay.
- NGH cite that as colleagues they were not aware of appraisal due. It has been identified that the icon has been removed from the ESR colleague home page

Risks

- Low appraisal rates can affect staff engagement, development and compliance with regulatory standards, potentially impacting overall care quality and staff morale

What SMART actions are being taken to improve?

SMART– Target underperforming teams for focused support both via divisional challenge, local manager and colleague notifications

- Accept colleague notification of completion
- Return icon to NGH ESR
- Launch appraisal pack sending to colleagues that are due

Data Quality Indicators

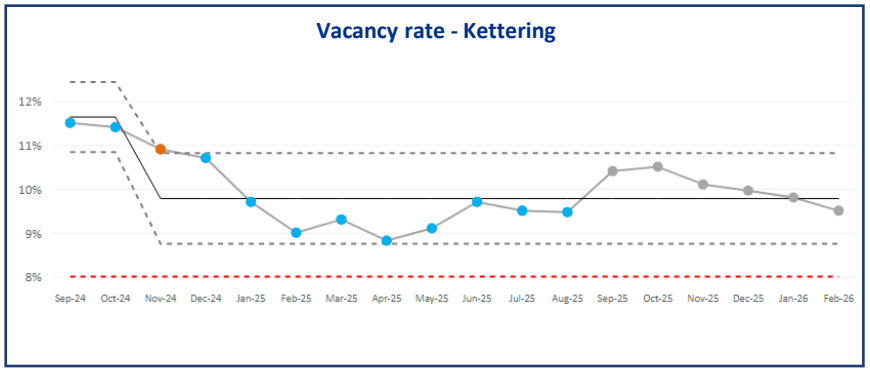
S T A R

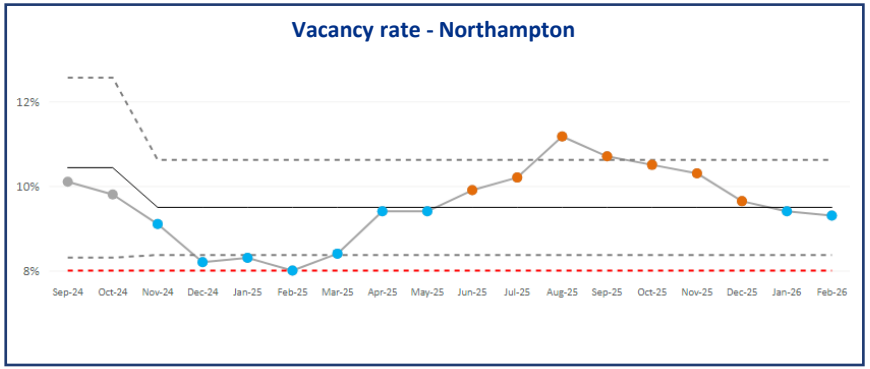
Site	Target	Latest Date	Actual	Variation	Assurance	Average
KGH	85%	Feb 26	83.10%			84.90%
NGH	85%	Feb 26	80.74%			80.77%

Vacancy rate

The percentage of established posts which are currently vacant.

University Hospitals of Northamptonshire NHS Group





Metric	Target	Latest Month	Measure KGH	Measure NGH
Additional clinical services	8%	Feb-26	10.90%	9.72%
Allied health professionals	8%	Feb-26	7.45%	7.17%
Healthcare scientists	8%	Feb-26	9.68%	4.67%
Administrative and clerical	8%	Feb-26	14.14%	11.78%
Nursing and midwifery registered	8%	Feb-26	6.21%	7.79%
Medical and dental	8%	Feb-26	3.57%	7.26%
Additional professional, scientific and technical	8%	Feb-26	11.87%	13.86%
Estates and ancillary	8%	Feb-26	17.87%	13.38%

Understanding the performance

- Vacancy is showing long term improvement

What are the issues impacting performance?

- Key challenges include Group enhanced workforce controls and reduction of workforce

Risks

A reduction of skilled employees can create knowledge gaps, impact productivity and may increase turnover/sickness
Increased use of temporary staffing and enhanced workforce controls creating bottlenecks

What SMART actions are being taken to improve?

Identification of high vacancy areas and hard to recruit to roles to develop resourcing initiatives to support divisional operational delivery and reduction in temporary staffing
Further workforce support sessions taking place with budget holders to identify recruitment opportunities and identify vacancies no longer required and can be removed from establishment

Data Quality Indicators

S T A R

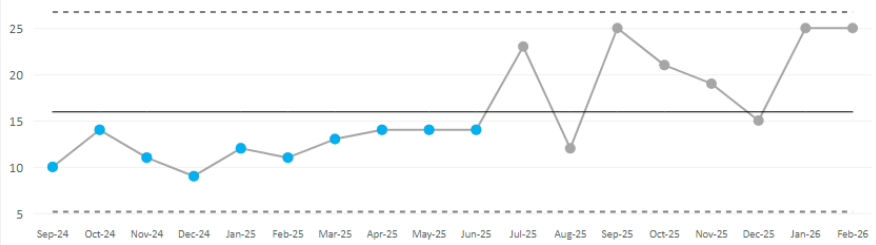
Site	Target	Latest Date	Actual	Variation	Assurance	Average
KGH	8%	Feb 26	9.50%			9.78%
NGH	8%	Feb 26	9.30%			9.49%

Employee relations cases

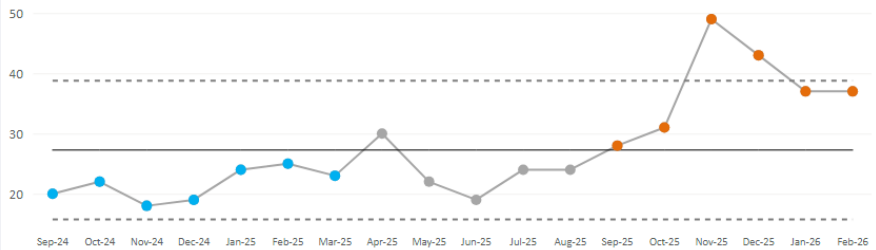
The number of formal cases and grievances raised in the organisation.

University Hospitals of Northamptonshire NHS Group

Employee relations cases - Kettering



Employee relations cases - Northampton



Data Quality Indicators

S T A R

Site	Target	Latest Date	Actual	Variation	Assurance	Average
KGH	-	Feb 26	25			15.94
NGH	-	Feb 26	37			27.26

Understanding the performance

- Employee relations formal cases have seen a further slight increase in February.
- The case volume remains high with significant new cases each month.

What are the issues impacting performance?

- Absence and vacancy within key roles in the team.
- Significant change programmes and focus on workforce CIP requires time and resource from the same team delivering employee relations case support.

What SMART actions are being taken to improve?

- Case assessment panel to consider actions at fact finding to be implemented in Q1.
- Ongoing review and consistent approach to implementing metrics is underway to focus on timely completion of cases.

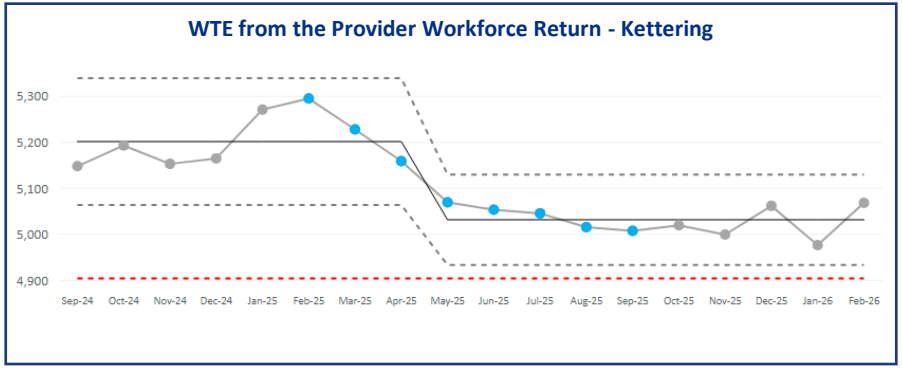
Risks

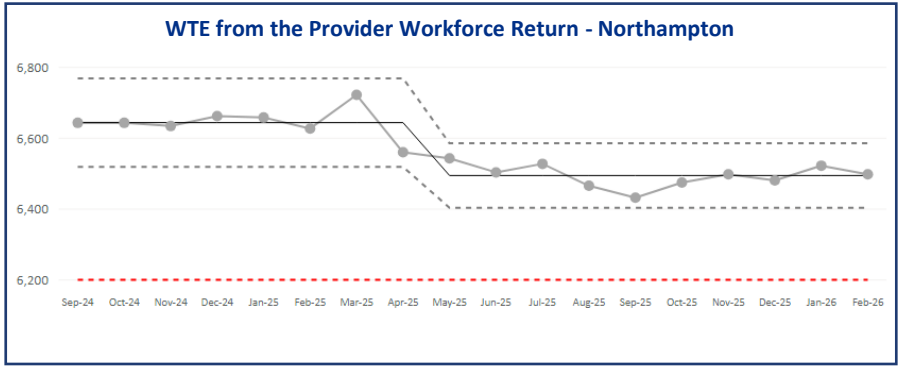
- Sustained levels of high formal employee relations cases remains a pressure for the people team and for investigating officers to identify time to support processes.

Whole-time equivalent workforce

The number of whole-time equivalent positions the Trust has contracted for.

University Hospitals of Northamptonshire NHS Group





Metric	Latest Month	KGH				NGH			
		Feb-25	Jan-26	Feb-26	Feb-26 Plan	Feb-25	Jan-26	Feb-26	Feb-26 Plan
Total WTE	**Feb-26**	**5,293**	**4,975**	**5,056**	**4,804**	**6,626**	**6,521**	**6,497**	**6,251**
Substantive WTE	Feb-26	4,676	4,582	4,593	4,469	5,868	5,834	5834	5,797
Bank WTE	Feb-26	525	377	446	262	641	632	615	407
Agency WTE	Feb-26	92	17	18	73	117	55	48	47

Understanding the performance

- Substantive, bank and agency increased at KGH in month
- Substantive remained unchanged, whilst bank and agency reduced at NGH

What are the issues impacting performance?

- Vacancy cover
- WLI impact on bank use (sprint KGH)
- Controls and governance

Risks

- ☐ Temporary staffing dependence:
- ☐ Winter/service pressure: .
- ☐ Sickness absence
- ☐ Q4 Sprint

What SMART actions are being taken to improve?

- The FIP team continue to support Divisions with a range of workforce efficiency scheme
- Implementation of the Allocate medical to enhance medical workforce utilisation at KGH
- UHN Collaborative Medical Bank is in the process of being rolled out
- VCP terms of reference have been updated
- Medical workforce meetings to ensure grip and control on medical rostering efficiency, and bank and agency controls.

Data Quality Indicators

S T A R

Site	Target	Latest Date	Actual	Variation	Assurance	Average
KGH	4903	Feb 26	5067.12			5200.50
NGH	6199	Feb 26	6496.99			6642.63

Detailed workforce numbers

		Kettering General Hospital				Northampton General Hospital				University Hospitals of Northamptonshire Group			
		Feb-25	Jan-26	Feb-26	Change in month	Feb-25	Jan-26	Feb-26	Change in month	Feb-25	Jan-26	Feb-26	Change in month
Total		**5,293**	**4,975**	**5056**	**81**	**6,626**	**6,521**	**6,497**	**-24**		**11,497**	**11,553**	**56**
Substantive		4,676	4,582	4593	11	5,868	5,834	5834	0		10,416	10,427	11
Bank		525	377	446	69	641	632	615	-17		1,009	1,061	52
Agency		92	17	18	1	117	55	48	-7		72	66	-6
Substantive	Registered Nursing and Midwifery	1,463	1,523	1525	2	1,751	1,786	1791	5		3,309	3,316	7
	Scientific, Therapeutic and Technical	380	382	381	-1	568	587	588	1		969	969	0
	Support to Clinical Staff	971	903	907	4	1,291	1,234	1227	-7		2,136	2,134	-2
	Infrastructure support	1,256	1,170	1175	5	1,464	1,379	1383	4		2,549	2,558	9
	Medical and Dental	602	598	599	-1	790	845	841	-4		1,444	1,440	-4
Bank	Registered Nursing and Midwifery	194	136	162	26	210	217	208	-9		353	370	17
	Scientific, Therapeutic and Technical	21	21	30	9	12	20	17	-3		41	47	6
	Support to Clinical Staff	168	116	135	19	221	200	205	5		316	340	24
	Infrastructure support	74	45	70	25	132	116	110	-6		161	180	19
	Medical and Dental	69	57	49	-8	66	81	75	-6		138	124	-14
Agency	Registered Nursing and Midwifery	58	2	4	2	52	29	25	-4		31	29	-2
	Scientific, Therapeutic and Technical	11	5	5	0	20	6	7	1		11	12	1
	Support to Clinical Staff	0	1	1	0	0	1	0	-1		2	1	-1
	Infrastructure support	1	0	0	0	0	0	0	0		0	0	0
	Medical and Dental	22	8	9	1	40	19	16	-3		28	25	-3

Understanding the position

- At M11 substantive 77 WTE above plan (KGH 40 WTE, NGH 77 WTE)
- Bank 297 WTE above plan (200 WTE at NGH). YTD Bank plan 16 WTE below plan.
- Agency 27 WTE below plan (778 WTE below plan YTD at M11).

What are the issues impacting the position?

- NGH continues to deteriorate against plan and is the primary source of the group variance.
- KGH Bank WTE usage increased 70 WTE in M11.
- KGH increases in Nursing and Infrastructure bank drove the variance in M11.

What SMART actions are being taken to improve?

- On slide 66

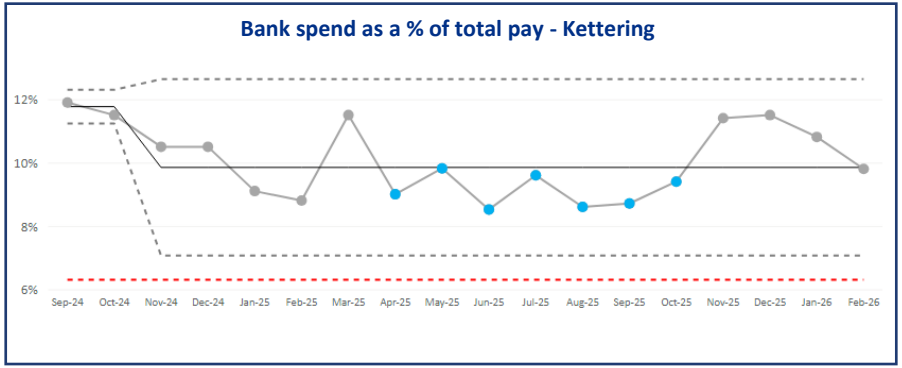
Risks

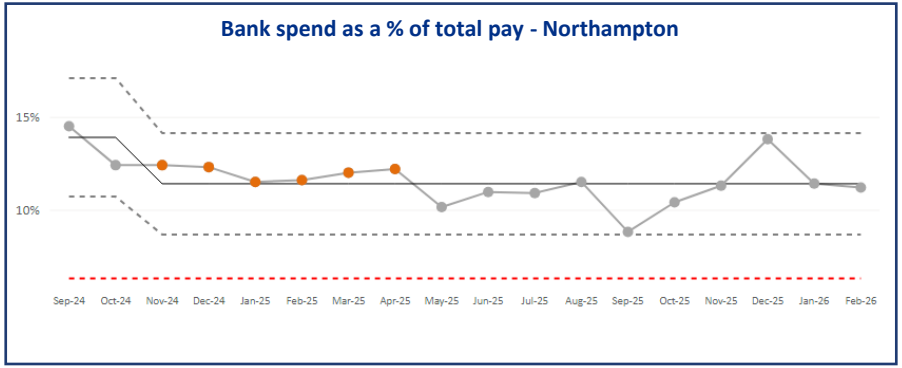
- Temporary Staffing dependence
- Winter/Service Pressure
- Sickness Absence
- UHN need to reduce 400 WTE across substantive, bank and agency in M12 to meet 781 WTE target reduction

Bank spend as a percentage of total pay

The amount of money spent on bank workers as a proportion of total spend on pay.

University Hospitals of Northamptonshire NHS Group





Metric	Var	KGH	Var	NGH
Overall		**9.8%**		**11.2%**
Registered nursing, midwifery and health visiting		5.0%		5.4%
Healthcare scientists and scientific, therapeutic and technical		0.2%		0.2%
Support to clinical		0.9%		0.6%
Medical and dental		3.4%		4.2%
Non-Clinical		0.4%		0.7%

Understanding the performance

- Bank spend is above target in both Trusts
- Bank spend slightly decreased from last month at NGH & KGH

What are the issues impacting performance?

- Reduction in agency use is driving increase in bank
- Increasing demand for UEC services
- Vacancy rates

Risks

- Failure to recruit to vacancies
- Winter demand escalates
- Further strike action

What SMART actions are being taken to improve?

- Recruitment plans behind long term temp workers
- Medical establishment review
- Review of grip and control measures

Data Quality Indicators

S T A R

Site	Target	Latest Date	Actual	Variation	Assurance	Average
KGH	6.30%	Feb 26	9.80%			9.85%
NGH	6.30%	Feb 26	11.20%			13.90%

Our Use of Resources domain metrics

Responsible director(s): Sarah Stansfield, Chief Finance Officer

	P	?	F	No target
H L				
		• Cash • Surplus/Deficit		
H L		• Acute implied productivity compared to last year • CIP delivery		

Use of Resources

Responsible director(s): Sarah Stansfield, Chief Finance Officer

Metric	Target	Latest Date	KGH Actual	KGH Variation	KGH Assurance	KGH Average	NGH Actual	NGH Variation	NGH Assurance	NGH Average	Data Quality Indicators
Finance											
Surplus / deficit	KGH: -422 NGH: -392	Feb 26	-4,178			-1163.11	-3,581			-1648.84	S T A R
Cash	6050	Feb 26	7,383			5587	9,717			5943.53	S T A R
Productivity and efficiency											
Acute Implied Productivity compared to last year	2%	Nov 25	0.60%			1.41%	-3.40%			2%	S T A R
CIP Delivery	100%	Feb 26	82.30%			214.70%	78.17%			197.24%	S T A R

Data quality assessment

Acute implied productivity is produced by the national team and taken from Model Hospital, which is several months out of date.

SPC indicator key

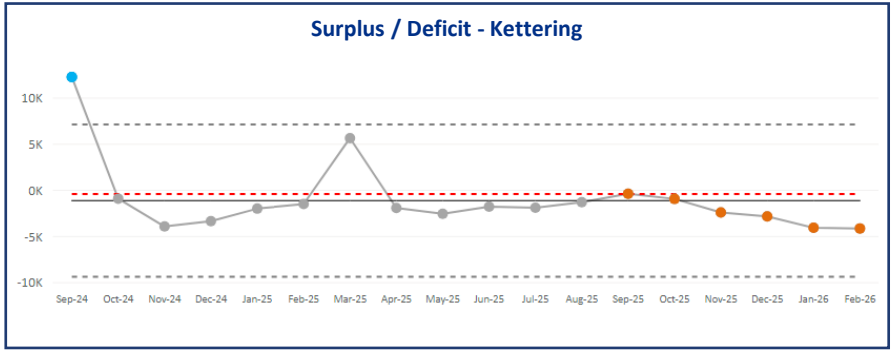
Worsening	Improving	No change
Below target	Above target	Inconsistent in whether target achieved

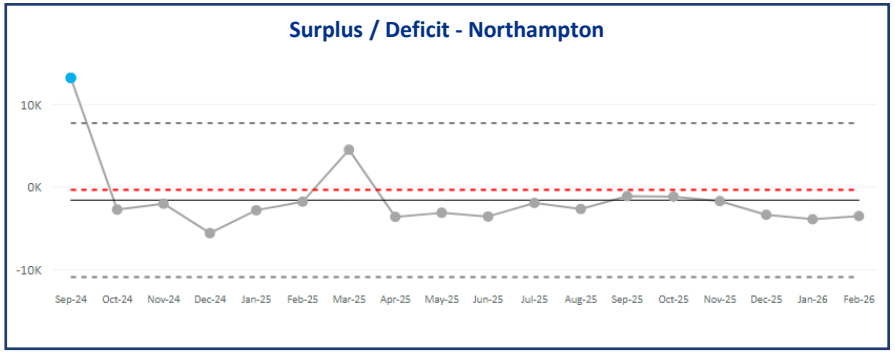
Data quality indicator key

S	T	A	R
Sign off & validation	Timely & complete	Audit & Accuracy	Robust systems & data capture

Surplus / deficit

Monthly financial position – total income vs total expenditure.





Data Quality Indicators

S T A R

Site	Target	Latest Date	Actual	Variation	Assurance	Average
KGH	-442	Feb 26	-4,178			-1163.11
NGH	-392	Feb 26	-3,581			-1648.84

Understanding the performance

- The deficit for KGH in January was £4.2m
- The deficit for NGH in January was £3.6m

What are the issues impacting performance?

- The increase in CIP phased into the plan from M7 onwards is now the main driver of the over-spends in both pay and non-pay.
- Cost pressures include temporary staffing costs in hard to recruit areas, the prolonged failure of the NGH combined heat and power plant and operational pressures across both Trusts.

What SMART actions are being taken to improve?

- The Financial Recovery Team are supporting the assurance of efficiency delivery and the identification of further schemes to de-risk the outturn position.
- Grip and control measures are being extended to widen the scope of discretionary spend control whilst maintaining vacancy control panel and other Executive led control processes

Risks

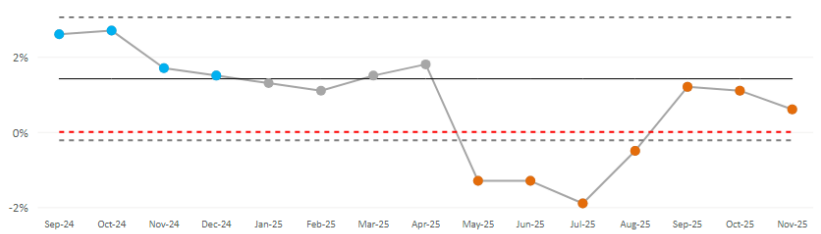
- There are insufficient mitigations identified to deliver the remaining financial gap and to offset other operational pressures.

Acute implied productivity compared to last year

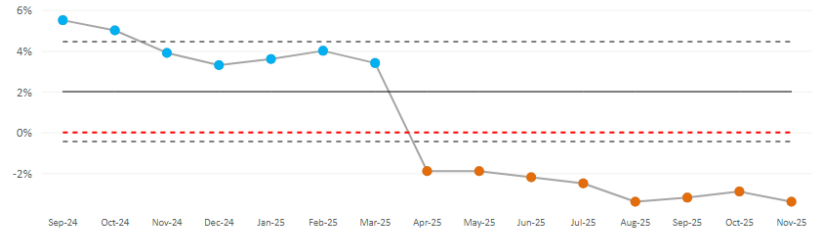
University Hospitals of Northamptonshire NHS Group

Implied productivity of the organisation, using the NHS England data which calculates change in productivity year-to-date since last year as a function of growth in costs compared to growth in activity.

Acute implied productivity - Kettering



Acute implied productivity - Northampton



Understanding the performance

- Compared to last year, both NGH has seen reduced productivity by 3.4% in November, whilst in KGH an improvement during Q2 in KGH means productivity is better by 0.6%, falling from a peak of 1.2%.

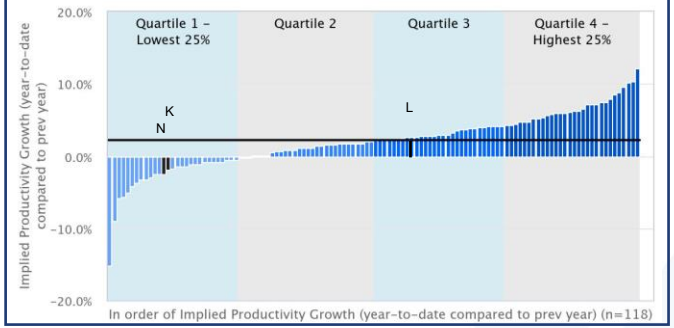
What are the issues impacting performance?

- KGH is seeing a 2.6% reduction in cost compared to last year, whilst NGH is seeing 1.5% reduction in cost. KGH is in the best quartile for cost growth, with NGH in a median position.
- Activity in both organisations is down year-on-year, by 4.8% in NGH and 2.1% in KGH, which is the lowest quartile nationally, and driving the position.

What SMART actions are being taken to improve?

- A proxy divisional productivity measure will be added to Accountability Meetings from April.
- Productivity packs received from NHSE as part of planning have been translated to specialty-level.
- Focus on productivity within clinical settings, particularly clinic templates, length of stay and NGH theatres.
- Corporate consolidation and clinical administration being accelerated with the use of AI and automation.

National comparison



Risks

- Cost controls impacting on activity delivery, without requisite productivity improvements to mitigate activity lost from premium capacity.
- Data availability within the Trusts to understand and improve.

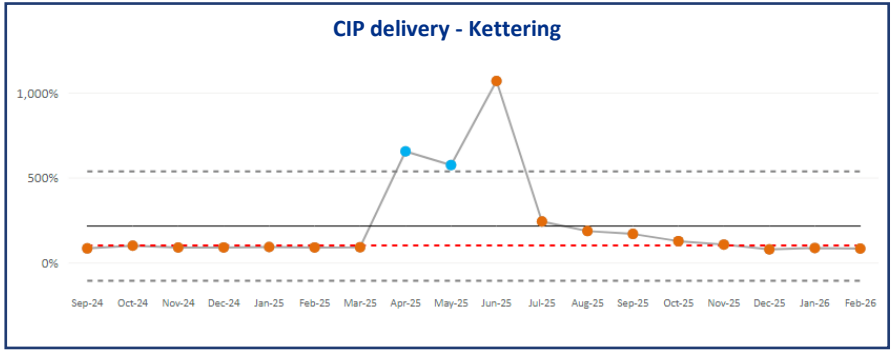
Data Quality Indicators

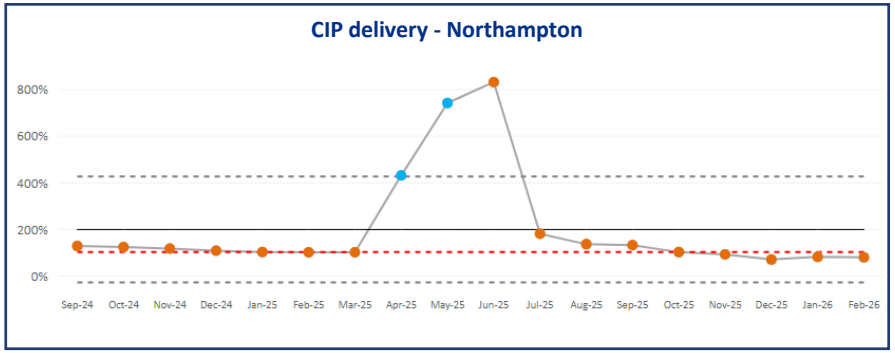
S T A R

Site	Target	Latest Date	Actual	Variation	Assurance	Average
KGH	0%	Nov 25	0.60%			1.41%
NGH	0%	Nov 25	-3.40%			2%

Cost improvement plan delivery

The percentage of our planned cost improvement plan that has been delivered in-month.





Understanding the performance

- £52.2m of efficiencies have been delivered across UHN YTD at M10 (£27.4m NGH, £24.9m KGH), against a YTD plan of £63.4m.
- 47% of the M10 delivery is recurrent, which is a small increase from 46% last month.

What are the issues impacting performance?

- The efficiency plan was phased to deliver 1.3% of required savings in quarter 1, 21% in Q2, and 38.8% in Q3 and Q4.
- Under-delivery in month 11 is largely driven by material step up in in-month target and ability to identify sufficient savings.

What SMART actions are being taken to improve?

- FIP team assuring delivery of identified value through year-end, unlikely to substantially change the efficiency run-rate for M12.
- Divisional and Corporate meetings focused on identifying savings plans for 26/27 and de-risking plans.
- As part of budget planning, working to ensure as many savings are taken recurrently as possible.

Risks

- Rising efficiency targets make savings increasingly hard to deliver.
- The full scope of the efficiency programme has not been identified yet for next year, work is underway to fully develop the programme.
- Efficiency plans face development gaps and delivery risks, even where fully scoped.

Data Quality Indicators

S T A R

Site	Target	Latest Date	Actual	Variation	Assurance	Average
KGH	100%	Feb 26	82.30%			214.70%
NGH	100%	Feb 26	78.17%			197.24%

% of delivery that is recurrent

Site	Target	Latest Date	Actual	Variation	Assurance	Average
KGH	100%	Feb 26	49%			42.66%
NGH	100%	Feb 26	51%			33.76%

Summary Balance Sheet - KGH

University Hospitals of Northamptonshire NHS Group

TRUST SUMMARY BALANCE SHEET MONTH 11 2025/26						
	Balance at 31-Mar-25 £000	Current Month Opening Balance £000	Current Month Closing Balance £000	Current Month Movement (in month) £000	Forecast end of year Closing Balance £000	Forecast end of year Movement £000
NON CURRENT ASSETS						
OPENING NET BOOK VALUE	203,103	203,103	203,103	0	155,606	(47,497)
IN YEAR REVALUATIONS	0	0	0	0	(385)	(385)
IN YEAR MOVEMENTS	0	26,167	31,781	5,614	19,346	19,346
LESS DEPRECIATION	0	(13,149)	(14,546)	(1,397)	(9,408)	(9,408)
NET BOOK VALUE	203,103	216,121	220,338	4,217	165,159	(37,944)
NON CURRENT RECEIVABLES	1,238	883	883	0	900	(338)
CURRENT ASSETS	0					
INVENTORIES	6,795	7,084	7,103	19	5,100	(1,695)
TRADE & OTHER RECEIVABLES	12,681	15,629	13,145	(2,484)	5,000	(7,681)
CASH	5,261	4,577	7,384	2,807	30,217	24,956
TOTAL CURRENT ASSETS	24,737	27,290	27,632	342	40,317	15,580
CURRENT LIABILITIES	0					
TRADE & OTHER PAYABLES	31,224	42,105	42,776	671	37,080	5,856
LEASE PAYABLE under 1 year	1,468	1,573	1,573	0	195	(1,273)
DHSC LOANS	760	0	0	0	1,556	796
PROVISIONS under 1 year	1,935	894	921	27	500	(1,435)
TOTAL CURRENT LIABILITIES	35,387	44,572	45,270	698	39,331	3,944
NET CURRENT ASSETS / (LIABILITIES)	(10,650)	(17,282)	(17,638)	(356)	986	11,636
TOTAL ASSETS LESS CURRENT LIABILITIES	193,691	199,722	203,583	3,861	167,045	(26,646)
NON CURRENT LIABILITIES	0					
LEASE PAYABLE over 1 year	4,739	5,997	6,029	32	0	(4,739)
LOANS over 1 year	0	0	0	0	3,720	3,720
PROVISIONS over 1 year	560	544	544	0	528	(32)
NON CURRENT LIABILITIES	5,299	6,541	6,573	32	4,248	(1,051)
TOTAL ASSETS EMPLOYED	188,392	193,181	197,010	3,829	162,797	(25,595)
FINANCED BY	0					
PDC CAPITAL	312,800	337,442	345,551	8,109	252,344	(60,456)
REVALUATION RESERVE	41,267	41,274	41,274	0	37,486	(3,781)
I & E ACCOUNT	(165,675)	(185,535)	(189,815)	(4,280)	(127,033)	38,642
FINANCING TOTAL	188,392	193,181	197,010	3,829	162,797	(25,595)

Non-Current Assets

- Capital expenditure in the month was £5,614k.
- Depreciation and in year movements include the impact of right of use assets.

Current Assets

- Cash balance increased to £7,384k (+£2,807k), driven by capital receipts.
- £4,000k Q4 support requested in February; no March request due to improved cash position, though cash remains a risk.
- Receivables decreased by £2,484k, mainly from lower prepayments and NHS balances, partly offset by higher non-trade receivables.

Current Liabilities

- Invoices are paid on 30-day terms but are closely monitored to minimise BPPC breaches. Restrictions were put on payments to NHFT, UHL, NHSSC and large Pharma suppliers which has negatively impact BPPC.
- Trade and other payables have increased by £671k in month. This reflects the following key movements: Deferred Income decreased by £2,693k, Trade accruals increased by £1,146k, PDC payable increased by £533k, Other Creditors increased by £445k, Capital Creditors increased by £3,014k

Financing

- YTD PDC Revenue Support - £14,138k, an in-month increase of £4,000k
- YTD PDC Capital Support - £18,613K, an in-month increase of £4,109k
- YTD Income & Expenditure deficit £24,140k, an in-month increase of £4,219k

Summary Balance Sheet - NGH

University Hospitals of Northamptonshire NHS Group

TRUST SUMMARY BALANCE SHEET MONTH 11 2025/26	Balance at 31-Mar-25 £0	Current Month Opening Balance £0	Current Month Closing Balance £0	Current Month Movement £0	Forecast end of year Closing Balance £0	Forecast end of year Movement £0
NON CURRENT ASSETS						
OPENING NET BOOK VALUE	263,061	263,054	263,054	0	263,061	0
IN YEAR REVALUATIONS	0	0	0	0	0	0
IN YEAR MOVEMENTS	0	25,107	28,425	3,318	41,238	41,238
LESS DEPRECIATION	0	(17,049)	(18,751)	(1,702)	(20,473)	(20,473)
NET BOOK VALUE	263,061	271,112	272,728	1,616	283,826	20,765
CURRENT ASSETS						
INVENTORIES	9,137	9,564	9,554	(10)	9,200	63
TRADE & OTHER RECEIVABLES	21,814	19,670	17,175	(2,495)	15,592	(6,222)
CLINICIAN PENSION TAX FUNDING	628	628	628	0	628	0
CASH	2,012	8,488	9,717	1,229	2,873	861
TOTAL CURRENT ASSETS	33,591	38,350	37,074	(1,276)	28,293	(5,298)
CURRENT LIABILITIES						
TRADE & OTHER PAYABLES	41,335	57,529	56,570	(959)	54,795	13,460
FINANCE LEASE PAYABLE under 1 year	1,336	1,269	1,272	3	1,335	(1)
SHORT TERM LOANS	163	102	41	(61)	41	(122)
PROVISIONS under 1 year	3,612	1,169	1,169	0	1,490	(2,122)
TOTAL CURRENT LIABILITIES	46,446	60,069	59,052	(1,017)	57,661	11,215
NET CURRENT ASSETS / (LIABILITIES)	(12,855)	(21,719)	(21,978)	(259)	(29,368)	(16,513)
TOTAL ASSETS LESS CURRENT LIABILITIES	250,206	249,393	250,750	1,357	254,458	4,252
NON CURRENT LIABILITIES						
FINANCE LEASE PAYABLE over 1 year	14,121	11,746	11,753	7	11,699	(2,422)
LOANS over 1 year	59	18	18	0	17	(42)
PROVISIONS over 1 year	768	768	768	0	709	(59)
NON CURRENT LIABILITIES	14,948	12,532	12,539	7	12,425	(2,523)
TOTAL ASSETS EMPLOYED	235,258	236,861	238,211	1,350	242,033	6,775
FINANCED BY						
PDC CAPITAL	322,348	352,183	357,210	5,027	367,796	45,448
REVALUATION RESERVE	60,399	60,399	60,399	0	60,399	0
I & E ACCOUNT	(147,489)	(175,721)	(179,398)	(3,677)	(186,162)	(38,673)
FINANCING TOTAL	235,258	236,861	238,211	1,350	242,033	6,775

Non-Current Assets

- M11 Capital movements of £3,318k, includes PDC funded UTC works of £1,830k and top sliced EPR spend this month totalled £553k.

Current Assets

- Inventories: Net £10k decrease — reductions in Pacing (£99k) and Pathology (£25k) partly offset by increase in Pharmacy (£114k).
- Receivables: £2.5m decrease driven mainly by prepayments (£1.8m, incl. £1.4m CNST), alongside reductions in NHS receivables, VAT, salary sacrifice, and other balances; partly offset by £129k capital recharge.
- Other movements: Salary overpayments reduced £69k (YTD lower than prior year) and cash increased £1.2m due to lower-than-expected creditor payments.

Current Liabilities

- Overall Payables: Net decrease of £959k.
- Increases: Revenue Trade Payables (£1.5m – pharmacy & NHS Supply Chain timing), PDC Dividend (£926k – ahead of March payment), and Receipts in Advance (£340k).
- Decreases: Fixed Asset Payables (£1.7m – major project payments), Accruals (£1.0m – release incl. Nerve Centre, Ascribe, strike costs), NHS Payables (£632k – lower ICB accrual partly offset), and Tax/NI (£405k – payroll timing).

Financing

- PDC Capital - £5,027k in total, comprised of £2,000k System Capital Support PDC, £1,491k for Urgent Treatment Centre, £536k Critical Infrastructure Works and Revenue Deficit support of £1,000k.
- I & E Account - £3,677k - In-month deficit

Cash Flow - KGH

University Hospitals of Northamptonshire NHS Group

MONTHLY CASHFLOW	ANNUAL TOTAL 2025/26 £000s	ACTUAL APR £000s	ACTUAL MAY £000s	ACTUAL JUN £000s	ACTUAL JUL £000s	ACTUAL AUG £000s	ACTUAL SEP £000s	ACTUAL OCT £000s	ACTUAL NOV £000s	ACTUAL DEC £000s	ACTUAL JAN £000s	ACTUAL FEB £000s	FORECAST MAR £000s	FORECAST 27/28 APR £000s	FORECAST 27/28 MAY £000s	FORECAST 27/28 JUN £000s
RECEIPTS																
Clinical Income	415,334	33,988	34,338	34,760	36,659	36,776	35,111	36,137	34,873	34,503	35,037	30,492	32,660	32,602	32,602	32,602
Health Education England	13,455	3,106	0	0	2,911	0	0	5,142	0	0	0	2,296	0	3,144	0	0
VAT	6,357	970	449	988	0	991	402	349	575	619	375	345	293	400	400	400
Other income	11,942	649	1,122	883	1,868	1,905	944	881	570	1,367	454	619	680	603	1,103	953
PDC - Capital	30,571	0	0	1,200	0	1,200	2,069	688	4,707	1,734	2,906	4,109	11,958	0	2,206	2,793
PDC - Revenue	14,138	0	0	0	0	1,100	5,538	0	0	0	3,500	4,000	0	3,949	13,036	8,179
Interest Receivable	1,017	132	99	89	70	78	75	78	93	85	74	70	74	75	75	75
TOTAL RECEIPTS	**492,813**	**38,844**	**36,008**	**37,919**	**41,509**	**42,050**	**44,140**	**43,275**	**40,818**	**38,308**	**42,347**	**41,930**	**45,665**	**40,773**	**49,422**	**45,002**
PAYMENTS																
Salaries and wages (incl agency)	318,335	25,360	26,484	25,903	25,581	27,475	27,813	25,865	25,189	25,937	26,542	26,239	29,945	22,996	26,501	26,501
Trade Creditors	127,796	5,911	14,555	9,309	12,607	10,421	9,419	13,810	8,798	10,141	10,717	10,079	12,028	11,079	14,593	10,846
NHS Resolution	14,180	1,418	1,418	1,418	1,418	1,418	1,418	1,418	1,418	1,418	1,418	0	0	1,517	1,517	1,517
Capital Expenditure	29,058	1,752	1,026	1,897	1,413	1,769	1,581	1,233	3,291	2,495	3,926	2,810	5,864	4,973	6,666	6,253
PDC Dividend	5,765	0	0	0	0	0	2,674	0	0	0	0	0	3,091	0	0	0
Repayment of DHSC loan (incl interest)	770	770	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL PAYMENTS	**495,904**	**35,212**	**43,483**	**38,527**	**41,019**	**41,083**	**42,906**	**42,327**	**38,697**	**39,991**	**42,603**	**39,127**	**50,929**	**40,565**	**49,277**	**45,117**
Actual month balance	-3,092	3,632	-7,475	-608	491	967	1,234	948	2,121	-1,683	-256	2,802	-5,264	208	145	-115
Cash in transit & Cash in hand adjustment	5	0	5	0	-1	41	0	746	-842	44	-47	3	-3	0	0	0
Balance brought forward	5,261	5,261	8,893	1,423	815	1,305	2,313	3,547	5,241	6,520	4,881	4,577	7,383	2,115	2,323	2,468
Balance carried forward	**2,174**	**8,893**	**1,423**	**815**	**1,305**	**2,313**	**3,547**	**5,241**	**6,520**	**4,881**	**4,577**	**7,383**	**2,115**	**2,323**	**2,468**	**2,353**

What are the issues impacting the position?

- Cash position: £7.4m at February, up £2.8m driven by Capital PDC received in-month.
- Management approach: Cash tightly managed with restricted payments; ongoing monitoring and potential extension of supplier terms (to 45 days if needed).
- Q4 funding & flows: £4.0m support received in Feb; none requested for March due to expected Capital PDC. Cashflow also reflects ICB clawback adjustments (£5.7m Feb, £2.9m Mar).
- Other points: Capital PDC/expenditure profiled but subject to review; NHS Resolution payments ended in Jan; Barclays account closed with balance moved to GBS.

Cash Flow - NGH

NHS University Hospitals of Northamptonshire NHS Group

MONTHLY CASHFLOW	ANNUAL TOTAL 2025/26 £000	ACTUAL APR £000	MAY £000	JUN £000	JUL £000	AUG £000	SEP £000	OCT £000	NOV £000	DEC £000	JAN £000	FEB £000	FORECAST MAR £000	FORECAST 26/27 APR £000s	MAY £000s	JUN £000s
RECEIPTS																
SLA Block Payments	508,468	42,012	41,272	41,333	45,570	44,555	42,544	43,725	42,787	42,588	42,851	39,204	40,026	40,815	40,815	40,815
Health Education Payments	18,347	4,143	0	0	4,110	0	0	7,216	0	0	0	2,878	0	4,577	0	0
Other NHS Income	18,713	1,401	2,080	3,846	888	3,270	743	614	389	1,819	1,879	684	1,100	850	850	3,025
VAT Claim	8,740	352	2,138	611	916	849	538	(352)	2,075	0	660	636	317	700	600	600
PP / Other	9,603	749	498	663	1,045	937	679	720	698	800	1,100	914	800	850	850	850
PDC - Capital	26,217	0	0	0	0	1,083	3,156	280	1,180	4,141	3,504	4,027	8,846	0	0	0
PDC - Revenue	19,991	0	0	0	0	1,700	13,291	0	0	0	1,500	1,000	2,500	5,000	6,500	4,500
Interest Receivable	1,125	110	102	93	78	82	82	107	113	97	92	75	95	81	81	81
TOTAL RECEIPTS	**611,204**	**48,767**	**46,091**	**46,546**	**52,607**	**52,475**	**61,033**	**52,309**	**47,242**	**49,444**	**51,587**	**49,419**	**53,684**	**52,873**	**49,696**	**49,871**
PAYMENTS																
Salaries and wages	389,688	30,603	31,887	31,901	31,273	33,860	34,572	32,415	32,268	32,372	33,039	32,958	32,539	32,860	32,904	32,904
Trade Creditors	146,542	8,626	14,047	10,639	16,195	12,434	10,291	13,533	9,719	12,128	11,281	10,540	17,110	8,938	10,500	11,000
NHS Creditors	30,827	2,505	2,500	3,500	2,695	2,360	2,637	3,426	3,200	3,734	2,063	311	1,895	2,964	3,014	3,014
Capital Expenditure	36,328	3,380	1,542	1,513	1,499	1,234	5,984	3,505	2,922	2,511	2,444	4,378	5,416	8,535	3,631	2,194
PDC Dividend	6,782	0	0	0	0	0	3,206	0	0	0	0	0	3,576	0	0	0
Repayment of PDC Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Repayment of Salix loan	163	18	0	3	0	61	0	18	0	3	0	61	0	18	0	3
TOTAL PAYMENTS	**610,330**	**45,132**	**49,977**	**47,555**	**51,663**	**49,949**	**56,691**	**52,897**	**48,109**	**50,748**	**48,828**	**48,247**	**60,536**	**53,315**	**50,049**	**49,115**
Actual month balance	873	3,635	(3,886)	(1,009)	944	2,527	4,342	(587)	(867)	(1,303)	2,759	1,171	(6,852)	(442)	(353)	756
Cash in transit & in hand adjustment	(12)	18	9	8	(1)	(75)	70	16	(35)	(59)	(30)	58	9	0	0	0
Balance brought forward	2,012	2,012	5,665	1,788	787	1,730	4,181	8,594	8,022	7,121	5,759	8,488	9,717	2,873	2,432	2,079
Balance carried forward	**2,873**	**5,665**	**1,788**	**787**	**1,730**	**4,181**	**8,594**	**8,022**	**7,121**	**5,759**	**8,488**	**9,717**	**2,873**	**2,432**	**2,079**	**2,835**

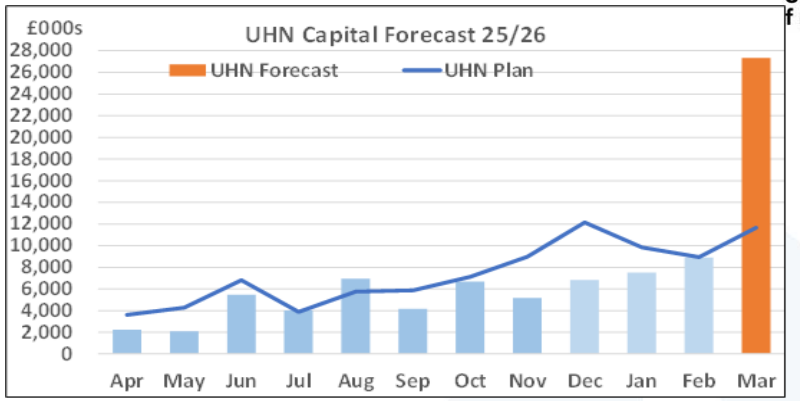
What are the issues impacting the position?

- Cash position: £9.7m at February, £3.3m above forecast driven by lower creditor payments (£1.8m) and higher NHS/other income (£1.9m), partly offset by higher pay (£0.4m).
- Income & funding: Includes ICB clawback (£5.2m) and industrial action funding (£1.0m), NHSE receipts (£2.9m education, £0.7m cost & volume), VAT reclaim (£0.6m), and £4.0m capital PDC received (with further funding secured/adjusted for March/April).
- Expenditure & creditors: Lower-than-expected payments in-month, with a build-up of invoices (£8.2m awaiting processing); payments expected to increase in March alongside year-end activity.
- Outlook: Capital spend and cash outflows expected to rise significantly in March/April as projects complete and payment runs accelerate.

Dedicated to excellence

Capital - UHN

UHN Capital Expenditure	2025/26 Plan			Year to Date		
£000s	Original	Change	Revised	Original Plan	Actual	Variance
BAU - Estates	4,102		4,102	3,310	5,050	1,740
BAU - Medical Equipment	4,000		4,000	3,400	3,010	(390)
BAU - Digital	3,500		3,500	2,900	2,358	(542)
ROU Renewals + Additions	1,094		1,094	0	647	647
Remaining CDC + Slippage	2,556		2,556	2,556	583	(1,973)
Corby CDC ROU Lease	2,500		2,500	2,500	2,500	0
EPR System Implementation	7,600		7,600	6,464	6,376	(88)
Lin Acc Enabling Work + Eqp.	1,380		1,380	1,380	1,207	(173)
Old ITU Refurb to a new Ward	2,600		2,600	2,600	321	(2,279)
UEC Performance Allocation		3,000	3,000			
System Capital	**29,332**	**3,000**	**32,332**	**25,110**	**22,052**	**(3,058)**
Critical Infrastructure Risk Allocation	8,265	1,195	9,460	6,692	4,306	(2,386)
Constitutional Standards UTC	10,750	0	10,750	9,515	9,692	177
Constitutional Standards Surgical Hub	2,000	(2,000)	0	1,750	0	(1,750)
Constitutional Standards CDC	0	1,750	1,750	0	1,750	1,750
Medical Equipment		1,889	1,889			
Digital Diagnostics		243	243			
Cyber Digital		812	812			
Rockingham Extension	11,850	(8,241)	3,609	10,000	2,656	(7,344)
Energy Centre	19,990	(3,186)	16,804	18,080	13,450	(4,630)
NHP Wave 2	900	98	998	825	949	124
NHP Enabling MSCP + Data Centre		1,083	1,083	0	378	378
Maternity Building Rebuild	1,039	(774)	265	928	63	(865)
Solar Partnership Scheme	713		713	470	737	267
MESC - Linear Accelerator	2,616	2,616	5,232	2,616	2,616	(0)
Digital - EPR	1,180		1,180	1,180	1,180	0
Non BAU Capital Expenditure	**59,303**	**(4,515)**	**54,788**	**52,056**	**37,777**	**(14,279)**
Charitable Funds	**300**	**47**	**347**	**100**	**301**	**201**
Total Capital Expenditure	**88,935**	**(1,468)**	**87,467**	**77,266**	**60,130**	**(17,136)**



What are the issues impacting the position?

Month 11 Capital is £17.136m lower than the original plan to date:

The original UHN plan to spend £88.935m in 25/26, required a £77.266m spend by the end of Month 11. The £60.130m spend is £17.1m lower than planned.

UHN is ahead of plan in Estates BAU expenditure, but lagging in the major schemes of Energy Centre, Rockingham Extension and Estates Critical Infrastructure Risk and Old ITU / 33 Bed ward.

Updates to 25/26 Plan:

In the last month UHN has confirmed additional PDC funding for replacement equipment: x-ray, ultrasounds and linear accelerator, totalling c. £4.5m.

The high amount of end of year capital funding being offered, plus the progression of UHN major schemes, combine to a forecast £27m of capital work in March.

Dedicated to excellence

NHS
University Hospitals of Northamptonshire
NHS Group

Interpreting SPC charts and Glossary

Interpreting SPC charts

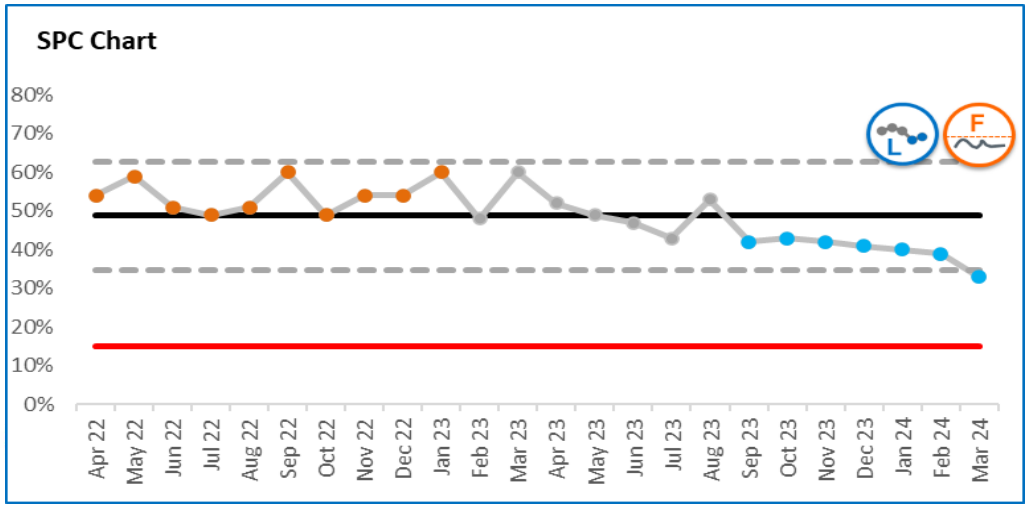
A statistical process control (SPC) chart is a useful tool to help distinguish between signals (which should be reacted to) and noise (which should not as it is occurring randomly).

The following colour convention identifies important patterns evident within the SPC charts in this report.

Orange – there is a concerning pattern of data which needs to be investigated and improvement actions implemented

Blue – there is a pattern of improvement which should be learnt from

Grey – the pattern of variation is to be expected. The key question to be asked is whether the level of variation is acceptable



UPL

Average

LPL

Target

The dotted lines on SPC charts (upper and lower process limits) describe the range of variation that can be expected.

Process limits are very helpful in understanding whether a target or standard (the **red** line) can be achieved always, never (as in this example) or sometimes.

SPC charts therefore describe not only the type of variation in data, but also provide an indication of the likelihood of achieving target.

Summary icons have been developed to provide an at-a-glance view. These are described on the following page.

Interpreting summary icons

These icons provide a summary view of the important messages from SPC charts.

NHS University Hospitals of Northamptonshire NHS Group

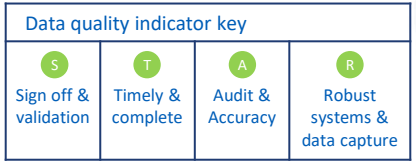
	Variation / performance Icons		
Icon	**Technical description**	**What does this mean?**	**What should we do?**
	Common cause variation, NO SIGNIFICANT CHANGE.	This system or process is **currently not changing significantly**. It shows the level of natural variation you can expect from the process or system itself.	**Consider if the level/range of variation is acceptable**. If the process limits are far apart you may want to change something to reduce the variation in performance.
	Special cause variation of a CONCERNING nature.	**Something's going on!** Something, a one-off or a continued trend or shift of numbers in the wrong direction	**Investigate** to find out what is happening / has happened. Is it a one off event that you can explain? Or do you need to change something?
	Special cause variation of an IMPROVING nature.	**Something good is happening!** Something, a one-off or a continued trend or shift of numbers in the right direction. Well done!	Find out what is happening / has happened. **Celebrate** the improvement or success. Is there **learning** that can be shared to other areas?

	Assurance icons		
Icon	**Technical description**	**What does this mean?**	**What should we do?**
	This process will not consistently HIT OR MISS the target as the target lies between the process limits.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies **within** those limits then we know that the target may or may not be achieved. The closer the target line lies to the mean line the more likely it is that the target will be achieved or missed at random.	Consider whether this is acceptable and if not, you will need to change something in the system or process.
	This process is not capable and will consistently FAIL to meet the target.	If a target lies **outside of those limits in the wrong direction** then you know that the target cannot be achieved.	**You need to change something in the system or process if you want to meet the target.** The natural variation in the data is telling you that you will not meet the target unless something changes.
	This process is capable and will consistently PASS the target if nothing changes.	If a target lies **outside of those limits in the right direction** then you know that the target can consistently be achieved.	**Celebrate the achievement**. Understand whether this is by design (!) and consider whether the target is still appropriate; should be stretched, or whether resource can be directed elsewhere without risking the ongoing achievement of this target.

Interpreting the data quality indicator

The indicator provides an effective visual aid to quickly provide analysis of the collection, review and quality of the data associated with the metric. Each metric is rated against the 3 domains in the table below and displayed alongside the SPC chart as in the below example.

Symbol	Domain	Definition
S	Sign off and Validation	• Has the logic and validity of the data definition been assessed and agreed by people of appropriate and differing expertise? • Has this definition been reviewed regularly to capture any changes e.g. new ways of recording, new national guidance?
T	Timely and Complete	• Is the data available and up to date at the point of reporting? • Are all the required data values captured and available at the point of reporting?
A	Audit and Accuracy	• Is there a process to audit the validity of reported data using business logic rules? • Are accuracy checks built into the reporting process?
R	Robust systems and Data Capture	• Is data collected in a structured format using an appropriate digital system? • Does the data conform to data dictionary standards where relevant?



Glossary

NHS University Hospitals of Northamptonshire

Acronym	Name	Description
A&E	Accident and emergency	A consultant-led 24-hour service with full resuscitation facilities in acute hospitals. Also known as an 'emergency department'.
AMS	Anti-microbial stewardship	Antimicrobial stewardship involves a system-wide approach to promote and monitor the responsible use of antibiotics to prevent the development of antimicrobial resistance.
APC	Admitted patient care	A term for any patient who has been admitted to a hospital; whether that be on an emergency or planned basis.
C. Diff	Clostridium Difficile	A bacterium that can cause diarrheal illness which is a common healthcare-associated infection (HAI).
CDC	Community Diagnostic Centre	Facilities that provide a range of diagnostic tests and scans, including X-rays, CT scans, ultrasounds, and blood tests, in a community setting
CEO	Chief Executive Officer	The Chief Executive Officer who leads the organisation.
CIP	Cost improvement programme	A set of initiatives and schemes implemented to improve efficiency and reduce costs while maintaining or enhancing the quality of patient care through making best use of available resources.
CNO	Chief Nursing Officer	The Chief Nursing Officer is the most senior nursing professional in the Trust.
CNS	Clinical nurse specialist	A highly skilled and specialised nurse with in-depth knowledge in a specific area of nursing practice.
COHA	Community Onset Healthcare Associated	Infections occuring in patients in the community who have been recently discharged from hospital in the community.
COO	Chief Operating Officer	The Chief Operating Officer is responsible for overseeing the day-to-day operations of the hospital.
CQC	Care Quality Commission	The independent regulator of health and adult social care in England, whose role is to ensure the quality and safety of care provided by all NHS hospitals, care homes, and other health and social care services.
CTC	Computed Tomography Colonography	CT scan that uses X-rays and advanced computers to create detailed images of the large bowel, helping to diagnose bowel cancer.
CUCC	Corby Urgent Care Centre	Relating to Corby Urgent Care Centre, which provides urgent care services to patients in Corby.
DAM	Divisional / Directorate Accountability Meeting	Divisional or corporate directorate forum where leadership teams from clinical and corporate areas share their progress against their Integrated Business Plans, and are held to account for performance.
DM01	Diagnostic Waiting Times and Activity Report	A monthly data collection on diagnostics waiting times and activity covering 15 key diagnostic tests.
DNA	Did Not Attend	Refers to a missed appointment where a patient doesn't show up for their scheduled healthcare appointment and doesn't notify the clinic or hospital to cancel it
DSE	Dobutamine Stress Echocardiogram	A heart ultrasound test that uses medication to simulate exercise and assess how the heart responds under stress
E. Coli	Escherichia Coli	A bacterium that is commonly found in the intestines of humans and can cause infection.
ED	Emergency Department	A consultant-led 24-hour service with full resuscitation facilities in acute hospitals. Also known as an 'accident and emergency'.
EDD	Expected Date of Discharge	An estimated date for when a patient is expected to be medically ready to be discharged from acute care
EDU	Emergency Decisions Unit	A ward area within a hospital where patients who require further observation, short-term treatment, or discharge preparation are cared for

Acronym	Name	Description
EMAS	East Midlands Ambulance Service	Relating to East Midlands Ambulance Service NHS Trust, which provides ambulance services across the East Midlands, including in Northamptonshire.
ENT	Ear, Nose and Throat	Ear, nose and throat (ENT) services diagnose, evaluate and manage diseases of the head and neck.
ERF	Elective recovery fund	A fund within the NHS budget designed to incentivise hospitals to achieve higher levels of elective activity.
ESR	Electronic Staff Record	A central, integrated HR and payroll system used by many NHS hospitals
FDP	Federated Data Platform	A software platform that securely connects data, breaks down information silos, and provides insights to assist in decision-making, reduce costs, and improve patient outcomes
FDS	Faster Diagnosis Standard	A standard aimed at ensuring patients who are referred for suspected cancer receive a diagnosis (or are told cancer is ruled out) within 28 days of their urgent referral by a GP
FFT	Friends and Family Test	A feedback tool that asks patients to rate their experience of NHS services.
FU	Follow-Up	A scheduled consultation with a healthcare professional after an initial treatment or diagnosis
GIRFT	Getting It Right First Time	A national NHS England programme designed to improve patient care by reducing unnecessary variations in services across the NHS
GNB	Gram Negative Bacteria	Gram negative bacteria are the most common cause of healthcare-related bacterial infections.
HAPU	Hospital Acquired Pressure Ulcer	A pressure ulcer acquired during a patient's stay in hospital.
HCA	Healthcare Assistant	Essential members of the healthcare team, working alongside nurses and other healthcare professionals to provide patient care.
HCAI	Healthcare-associated infection	These are infections that patients acquire while receiving healthcare services in a hospital or other healthcare setting, that they did not have before they entered the setting.
HOHA	Hospital Onset Healthcare Associated	Infections resulting from healthcare provided to a patient in hospital.
HRBP	Human Resources Business Partner	A human resources professional who acts as a key liaison between the HR department and the division they support
HSMR	Hospital Standardised Mortality Ratio	The Hospital Standardised Mortality Ratio (HSMR) shows the overall rate of deaths within the NHS trust each hospital belongs to.
HWB	Health and Wellbeing	Support for the overall well-being of NHS staff, encompassing physical, mental, and emotional aspects
ICB	Integrated Care Board	A statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in a geographical area, in our case Northamptonshire.
ICE	Integrated Clinical Environment	A digital system that allows clinicians to request tests and view pathology and radiology results.
ICS	Integrated Care System	A partnership of health and care organisations within a geographical area, in our case Northamptonshire, which aim to plan and deliver joined up health and care services.
IG	Information Governance	A framework for handling all information, particularly sensitive patient and employee data, in a secure, confidential, and legal manner.
ILT	Integrated Leadership Team	The executive management committee of the hospital, which has delegated decision-making authority from the Board of Directors and manages the running of the hospitals.

Glossary

NHS
University Hospitals of Northamptonshire
NHS Group

Acronym	Name	Description
IPC	Infection Prevention Control	Infection prevention control is a set of policies and practices put in place to limit the spread of infection within NHS hospitals.
IPOG	Infection Prevention Oversight Group	A group which oversees infection prevention within the Trust.
IPR	Integrated Performance Report	A report on the performance of the hospitals across the different domains that performance is monitored on, as reported to the Board of Directors.
IPS	Internal Professional Standards	A clear, unambiguous description of the values and behaviours expected in an organisation. These might include specific timeframes for responding to patient needs or protocols for managing certain medical conditions
IPT	Inter-Provider Transfer	The movement of a patient between different healthcare providers, such as a referral from one hospital to another
IS	Independent Sector	Independent Sector providers are organizations that are not NHS trusts or NHS foundation trusts, but which provide healthcare services under contract to the NHS
IT	Information Technology	A broad field encompassing the use of technology, including computers, software, and networks. IT is managed by our Digital team in UHN.
IV	Intravenous	The delivery of fluids, medications, and nutrients directly into a patient's bloodstream through a vein
KGH	Kettering General Hospital NHS Foundation Trust	Relating to Kettering General Hospital NHS Foundation Trust
KPI	Key Performance Indicator	Specific, measurable metrics used to assess the effectiveness of NHS programs and services
LATP	Local Anaesthetic Transperineal Biops	A prostate biopsy technique used to diagnose prostate cancer.
LOS	Length of Stay	The duration in days that a patient spends in hospital, from admission to discharge
MDT	Multi-disciplinary team	A group of healthcare professionals with varied expertise come together to review the care plan of one or more patients. The patient may or may not be present.
MH	Mental Health	An individual's emotional, psychological, and social well-being, encompassing how they think, feel, and behave, as well as their ability to cope with life's challenges and form relationships
MIAMI	Minor Injuries and Minor Illness	Services designed to provide a convenient and efficient option for patients needing care for common, less serious conditions
MRI	Magnetic Resonance Imaging	A medical imaging technique that uses strong magnetic fields and radio waves to produce detailed images of the body's internal structures.
MRSA	Methicillin-resistant Staphylococcus aureus	A bacterium that usually lives on the skin, but if it gets inside the body it can cause a serious infection. MRSA is an infection that has become resistant to many of the antibiotics used to treat normal infections.
MSGG	Medicines Safety and Governance Group	A group which oversees the safety and governance of medicines within the Trust.
MSK	Muskuloskeletal	MSK conditions affect the body's movement system, including bones, joints & muscles. They range from minor injuries to long-term conditions like arthritis or back pain.
MSSA	Methicillin-resistant Staphylococcus aureus	A bacterium that usually lives on the skin, but if it gets inside the body it can cause a serious infection. MSSA is an infection that can be treated with antibiotics used to treat normal infections.
NGH	Northampton General Hospital	Relating to Northampton General Hospital NHS Trust
NHFT	Northamptonshire Healthcare Foundation Trust	Relating to Northamptonshire Healthcare NHS Foundation Trust, which provides community and mental health services in Northamptonshire.
NHSE	NHS England	The organisation that leads the health service in England, and is responsible for overseeing the budget, planning and delivery of healthcare services in England and a regulator of NHS Trusts.
OD	Organisational Development	OD enables people to flourish, thrive and have meaning in their work, ultimately improving the quality and safety of patient care.
OPA	Outpatient appointment	A medical appointment at a hospital or clinic where you are seen for diagnosis, treatment, or procedures, but you don't need to stay overnight
PAG	Patient Access Group	A group which oversees waiting lists and patient access within the Trust.
PALS	Patient Advice and Liaison Service	A service that provides confidential help and advice to patients, their families and carers.
PCEEC	Patient and Carer Experience and Engagement Group	A group which oversees and improves the experience of our patients and carers which reports into our Quality and Safety Committee (QSC).
PED	Paediatric Emergency Department	A consultant-led 24-hour service with full resuscitation facilities in acute hospitals that treats children.
PIFU	Patient-Initiated Follow-Up	A system where patients can arrange their own follow-up appointments with their healthcare team when they feel they need them, rather than being scheduled in advance.
PO	Purchase order	A document that authorizes a specific purchase of goods or services from a supplier
POD	Patient Observation and Decision-making	A facility within a hospital that allows for the temporary, safe, and efficient observation and assessment of ambulance patients when the main Emergency Department is busy.
PSIRF	Patient safety incident response framework	A framework that sets out the NHS's approach to responding to patient safety incidents, focusing on learning and improving safety.
PTL	Patient Tracking List	PTLs are used to monitor and manage referrals, and track patients who need to be treated within a specific timeframe
QI	Quality improvement	A systematic approach to continually improve the quality of healthcare services, focusing on patient safety, effectiveness, efficiency, and overall experience
RCA	Root case analysis	A systematic approach to investigating an incident and identifying the underlying causes.
RPA	Robotic Process Automation	Technology that uses software robots (or "bots") to automate repetitive, rule-based tasks, freeing up human staff to focus on more complex and value-added work
RTT	Referral to Treatment	The process where patients are referred by their GP to a consultant-led service for treatment, and the time it takes for them to receive that treatment
SBAR	Situation, Background, Assessment, Recommendation	A structured communication tool used to facilitate clear and concise information transfer between healthcare professionals. It stands for Situation, Background, Assessment, Recommendation.
SDEC	Same day emergency care	SDEC allows specialists, where appropriate, to assess, diagnose and treat patients on the same day of arrival who would otherwise have been admitted to hospital.

Glossary

Acronym	Name	Description
SHMI	Summary Hospital-Level Mortality Index	The SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there.
SMR	Standardised Mortality Ratio	The Standardised Mortality Ratio (SMR) compares the overall rates of mortality of different groups within a specific condition or population.
SOP	Standard Operating Procedure	A detailed, written document that outlines the steps and procedures for performing a specific task or process consistently
TAT	Turnaround Time	The time between an imaging examination and the time a verified report is made available to the clinician
TCI	To Come In	A patient's scheduled admission date for a planned procedure or treatment
TES	Temporary Escalation Space	A temporary escalation spaces (TES), is a term used to describe a location for providing patient care in spaces not designed for that purpose, like corridors or waiting rooms, when appropriate care environments are unavailable
TOC	Transfer of Care	The process of discharging a patient to another healthcare provider and therefore transferring a patient's care from one healthcare setting to another, ensuring a smooth and coordinated handover of information and responsibility
TOE	Transoesophageal Echocardiogram	A procedure performed in hospitals to visualize the heart and aorta
TTIA	Time to Initial Assessment	The time to an initial assessment by a qualified healthcare professional from arrival in an emergency department.
UEC	Urgent and Emergency Care	Services provided for patients with urgent, non-life-threatening conditions, as well as those requiring immediate emergency treatment for life-threatening illnesses or injuries.
UHL	University Hospitals of Leicester	Relating to University Hospitals of Leicester NHS Trust, which operates as a Group with the University Hospitals of Northamptonshire (UHN), and has shared leadership roles, including the Chair, Group CEO, Chief Nurse and Chief Digital and Information Officer.
UHN	University Hospitals of Northamptonshire NHS Group	Relating to University Hospitals of Northamptonshire NHS Group, a collaboration of Kettering General Hospital NHS Foundation Trust (KGH) and Northampton General Hospital NHS Trust (NGH).
UTC	Urgent Treatment Centre	A centre that provides urgent medical help for conditions that are not life-threatening, but are too urgent to wait for a regular GP appointment
WLI	Waiting List Initiative	An additional session designed to address the backlog of patients waiting for treatment in which staff receive additional payments for the extra hours they work.
WNB	Was Not Brought	Refers to a child who did not attend an appointment, often due to the parents or carers failing to bring them
WTE	Whole Time Equivalent	WTE represents the portion of a full-time workweek that a particular employee contributes. For example, someone working half the standard hours would be 0.5 WTE.
YTD	Year-to-date	A term that refers to the cumulative amount of money or activity that has occurred from the beginning of the current financial year, which starts in April.

UHL / UHN IPR alignment approach

- The Integrated Performance Report is one of the key products that will support effective Board working for the UHL / UHN Boards, and a process of alignment and redesign is required to ensure this is effective. As separate statutory organisations, legally the performance of all three organisations needs to be shared with the public.
- We need to consider as part of the alignment approach how we want to utilise the IPR in the new Board and Committee structures.
- Development will take c. 3 months from agreement of design, with an aim to have a joint IPR for the September Boards.

Metric alignment

- Around 65% of the metrics are common across the two IPRs, with a much smaller proportion of aligned targets. Given the differing operational plans, not all the targets will be the same, but we will review if there are opportunities to align.
- The UHN Continuous Improvement team will work with executive pairs during April to review the existing metrics on the two IPRs, the planning guidance and the metrics for the 26/27 National Oversight Framework (NOF) to propose aligned IPR metrics and targets for approval in May ahead of metric build.

Formatting and structure

- The IPR should support the Boards' understanding of performance, its drivers, successes, areas for concern and plans for improvement.
- The current reports have some similarities in features and some divergence. Both Boards report performance in the CQC domains.
- The new structure will need to work at Group level with an appropriate amount of detail for the joint Boards agenda.
- Board members will be engaged in their views about the structure and features of the IPR in April and May to inform the new proposed joint design.

Production

- As the data platform for the Group, the Federated Data Platform (FDP) will be used to create the Group IPR.
- UHN has been working with the national team to develop an IPR product in line with the national Transparency programme.
- As the business intelligence teams are building the data warehouse into FDP, using FDP as the platform will allow a much greater degree of automation in data production and the use of AI to support insights for Board members.

All three Trusts are in segment 4 for the Q3 25/26 NOF ratings

- All three Trusts are now in Segment 4, with the rank for KGH having slipped by 2, NGH by 7 and UHL by 5. For KGH and UHL, this moves them from Segment 3 in Q2 to segment 4 in Q3.
- The three Trusts have deteriorated by 0.11 (KGH), 0.15 (NGH), and 0.13 (UHL) since Q3 in average score. None of the changes are identified as a statistically significant change in the published statistical analysis.
- Above average performance in Effectiveness and experience and People and workforce has been sustained in NGH, as has Patient Safety and high performing People and Workforce in UHL.

Kettering General Hospital

4 - Low performing

Previous quarter's segment: 3

104 out of 134

Previous quarter's rank: 102 out of 134

2.76

Higher by 0.11 from previous quarter

Access to services	3 - Below average
Finance and productivity	4 - Low performing
Effectiveness and experience	3 - Below average
Patient safety	3 - Below average
People and workforce	3 - Below average

Northampton General Hospital

4 - Low performing

Previous quarter's segment: 4

126 out of 134

Previous quarter's rank: 119 out of 134

3.01

Higher by 0.15 from previous quarter

Access to services	4 - Low performing
Finance and productivity	4 - Low performing
Effectiveness and experience	2 - Above average
Patient safety	3 - Below average
People and workforce	2 - Above average

University Hospitals of Leicester

4 - Low performing

Previous quarter's segment: 3

99 out of 134

Previous quarter's rank: 94 out of 134

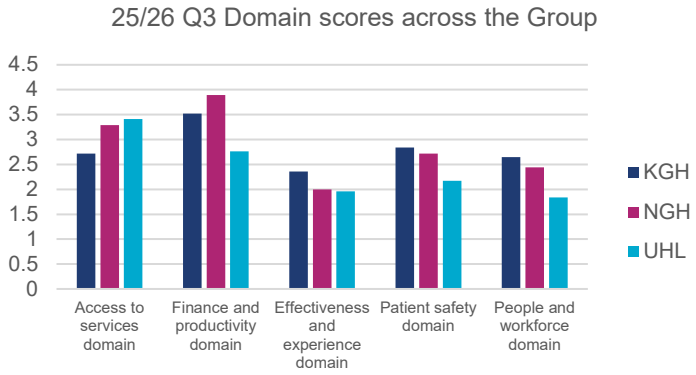
2.71

Higher by 0.13 from previous quarter

Access to services	4 - Low performing
Finance and productivity	3 - Below average
Effectiveness and experience	2 - Above average
Patient safety	2 - Above average
People and workforce	1 - High performing

In Q3, Effectiveness and Experience is a relative strength across the Group, with challenges in Access and Finance

- Across the group, Access to Services and Finance and Productivity are the most challenged domains, and it is these domains that have driven the deterioration from Q2 to Q3.
- Effectiveness and experience is our best performing domain across the Group, which has remained stable throughout the year.
- Improvements have been since in all three Trusts in the People and Workforce domain, with UHL as high performing.
- The deterioration has been driven predominantly by finance, as well as cancer performance (UHN) and UEC performance (UHL).
- UHN has seen improvements in elective performance, and UHL in sickness and Infection Prevention Control.



Top three drivers of deterioration and improvement across the three Trusts

Kettering General Hospital

Metric	Contribution to change from Q2-Q3
Combined finance	52%
Percentage of patients with cancer diagnosed or ruled out within 28 days of an urgent referral	42%
Percentage of patients treated for cancer within 62 days of referral	41%
Percentage of cases where a patient is waiting 18 weeks or less for elective treatment	-17%
Difference between planned and actual 18 week performance	-19%
Implied productivity level	-25%

Northampton General Hospital

Metric	Contribution to change from Q2-Q3
Combined finance	90%
Percentage of patients with cancer diagnosed or ruled out within 28 days of an urgent referral	23%
Percentage of patients treated for cancer within 62 days of referral	18%
Percentage of emergency department attendances leaving department in four hours	-9%
Proportion of C. difficile infections	-15%
Percentage of patients waiting over 52 weeks for elective treatment	-15%

University Hospitals of Leicester

Metric	Contribution to change from Q2-Q3
Percentage of emergency department attendances leaving department in four hours	65%
Combined finance	50%
Implied productivity level	20%
Proportion of E. coli bacteraemia	-5%
Sickness absence rate	-11%
Proportion of C. difficile infections	-23%