

Boards in Common Paper D1

Meeting title:	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 of the meeting:	8 May 2026					
Title:	3.3 (Paper D1) Integrated Performance Reports					
Report presented by:	Richard Mitchell, Group Chief Executive					
Report written by:	Julie Hogg, Chief Nursing Officer UHL / UHN Gang Xu, Medical Director UHL Hemant Nemade, Medical Director UHN Helen Hendley, Chief Operating Officer UHL Sarah Noonan, Chief Operating Officer UHN Clare Teeney, Chief People Officer UHL Paula Kirkpatrick, Chief People Officer UHN Lee Bond, Chief Finance Officer UHL Sarah Stansfield, Chief Finance Officer UHN Becky Taylor, Director of Continuous Improvement UHN Sarah Taylor, Deputy COO Emergency Care Kully Kaur, Assistant Director of BI and Information					
Action – this paper is for:	Decision/Approval	X (UHN)	Assurance (Group)	X	Update	
Which Group Priorities does this link to	Transform patient care	X	Strengthen our culture	X	Deliver our financial plan	X
Where this report has been discussed previously	Committees of the Boards, April 2026					
To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which						
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.						

Purpose of the Report: The Integrated Performance Reports (IPR) for UHN and UHL provide an overview of KGH, NGH (both in the UHN report) and UHL’s performance.

Recommendations

The Boards are asked to:

1. **Indicate assurance** from the IPR on UHL and UHN performance, and
2. **Note** progress towards the development of a joint IPR for September Boards

The UHN Boards are asked to **approve** the cash draw-down requests for both NGH and KGH for June. KGH at £5.399m and NGH at £3.5m which reflects the lack of deficit support funding (DSF) given the non-compliant financial plan.

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST AND UNIVERSITY HOSPITALS OF NORTHAMPTONSHIRE GROUP

BOARDS OF DIRECTORS 8 MAY 2026 INTEGRATED PERFORMANCE REPORTS

The Integrated Performance Reports (IPR) for the May 2026 Boards are enclosed, which report on March 2026 performance. Executive Leads will draw the Board's attention to significant exceptions within the Caring, Safe, Effective, Responsive, Well-Led and Use of Resources domains.

A combined summary of key points from both IPRs is included below.

Caring

✓ Good News	⚠ Areas of concern	→ Improvement Plans
<ul style="list-style-type: none"> UHN: FFT satisfaction above 90% target at both Trusts - KGH 93.0%, NGH 90.8%; notable improvements in NGH A&E (78.8%), Eye Casualty (88.4%) and KGH inpatients (94.9%). UHL: Overall quality position continues to improve; complaints response timeliness improving with clearer executive oversight. UHN: Improving picture for complaints in NGH, although this still remains low performance overall at 50%. 	<ul style="list-style-type: none"> UHN: FFT provider for NGH ceasing supply as of August 2026, creating operational risk for patient experience monitoring. NGH: Maternity FFT score declined to 91.8% (from 97.4%); low satisfaction in triage area linked to waiting time concerns. 	<ul style="list-style-type: none"> UHN: Procurement underway for new FFT supplier via NHS Framework. UHN: Maternity triage feedback shared with local manager; civility sessions continued in maternity; focus on improving waiting time experience.

Safe

✓ Good News	⚠ Areas of concern	→ Improvement Plans
<ul style="list-style-type: none"> • UHN: Zero MRSA cases in March; KGH has had 0 MRSA cases for over 12 months. • UHN & UHL: No Never Events declared at either KGH, NGH or UHL in March. • UHN: 14% reduction in CDI cases at NGH in 2025/26 versus prior year • UHN: Care Hours Per Patient Day (CHPPD) in KGH showing steady downward trend, demonstrating improved workforce efficiency. • UHL: Hospital-acquired pressure ulcer performance has improved, reflecting sustained prevention focus and improved documentation. 	<ul style="list-style-type: none"> • UHL: C Diff and MRSA rates above target and above national average. • UHN: NGH continues to see higher CHPPD driven by ETOC usage, with actual hours exceeding planned and corridor care adding further staffing demand. • UHN: Antimicrobial prescribing out of guidelines for 50% of C Diff cases; insufficient AMS resource to provide ward-level data to drive improvement. 	<ul style="list-style-type: none"> • UHL: C Diff thematic review completed with MRSA review underway; PSIRF reviews complete for all cases; CMG reduction plans in place. • UHN: AMS resource review planned for Q1-Q2 2026/27; IV to oral switch QI project in place; Task and Finish Group targeting high antimicrobial consumption at KGH. • UHN: 2026 biannual establishment review recommends NGH mirror KGH workforce planning for ETOC; dynamic risk assessment guidance issued.

Effective

✓ Good News	⚠ Areas of concern	→ Improvement Plans
<ul style="list-style-type: none"> • UHN & UHL: HSMR remains 'below expected' at KGH and SHMI 'as expected' across all three Trusts, demonstrating strong clinical effectiveness relative to national benchmarks. 	<ul style="list-style-type: none"> • NGH: HSMR and SMR 'above expected' - multifactorial, including SDEC removal, reduced coding of complex patients, and residual April 2025 data error expected to persist until May 2026. 	<ul style="list-style-type: none"> • NGH: Monthly Learning from Deaths Group monitoring; working alongside Dr Foster and Clinical Coding to address accuracy issues; triangulation with SHMI and PSIRF ensures no excess mortality risk.

Responsive

✓ Good News	⚠ Areas of concern	→ Improvement Plans
<ul style="list-style-type: none"> • UHN: NGH 4-hour A&E performance improved 6.5% to 75% in March following sprint; KGH sustained above 80%; both Trusts achieved <15-min average time to initial assessment. • UHL: 4-hour performance achieved March trajectory of 66.42%, meeting the >4% sprint improvement target; 12-hour performance at 7.28% against trajectory of 8.80%. • UHL: Ambulance handover significantly improved - average time 24 minutes, a 26-minute improvement year-on-year; zero extended delays (>8 hrs) on ambulances in March 	<ul style="list-style-type: none"> • UHN & UHL: Bed occupancy critically high (NGH >99%, KGH 97%), UHL long-stay patients at 18.3% of G&A occupancy; high non-criteria-to-reside volumes. 	<ul style="list-style-type: none"> • UHL: Weekly escalation meetings with Adult Social Care to address long-stay patients; discharge improvement programme underway; increased use of virtual wards and criteria-led discharge. • UHN: GIRFT Further Faster actions in progress for UEC; frailty front door service planned NGH from May; AAU model at NGH to improve admitted flow; twice-weekly supported discharge escalation group.
<ul style="list-style-type: none"> • UHN: 52-week waits achieved the <1% target across UHN; significant reduction at KGH through 52-week sprint; cancer metrics improved across all standards in March. • UHN: Breast additionality starting to improve performance; MDT streamlining programme showing positive impact; 31-day cancer performance improving with radiotherapy investment. • UHL: Theatre utilisation at 81.4% overall, rated Green Quartile 3 nationally. • UHL: 31-day cancer position is improving with significant improvements seen following investment into radiotherapy. Drug performance is above the national standard. 	<ul style="list-style-type: none"> • UHL: RTT performance at approximately 58%, with ~115,000 on waiting list; 52-week waits c.2,500 patients (2.17% of list), significantly above the <1% plan; 65-week waits at 49 patients. • UHN & UHL: 62-day cancer performance significantly challenged - UHL 53.0% (target 70%), KGH 62.5%, NGH 58.2% (target 70%); both in Tier 1 for 62-day performance nationally. • UHL: Diagnostic 6-week wait at 12.3% (target 5%) at UHL; endoscopy, sleep, audiology and echocardiography the main 	<ul style="list-style-type: none"> • UHN: Q1 additionality agreed to support RTT and income delivery for 2026/27; specialty-level improvement plans in place; ENT outsourcing being explored; Dermatology working with ICB on primary care pathway. • UHL: Super clinics in orthopaedics and general surgery; additional paediatric and adult maxfac clinics; IS (independent sector) for orthopaedics; focused validation programme ongoing. • UHN: QI approach for 62-day cancer launched for Skin (NGH), Gynaecology (KGH), and Breast MDT streamlining; ENT triage pilot (risk stratification, ICB-approved) planned June 2026. • UHL: Weekly performance meetings from 22 April to drive on-the-day cancellation reduction; EMPCC Super Week planned May; LRI late starts

		monitoring strengthened; Nervecentre/Accurx reminder integration progressing.
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Well-Led

✓ Good News	⚠ Areas of concern	→ Improvement Plans
<ul style="list-style-type: none"> UHN: Turnover within target at both Trusts - NGH 5.80%, KGH 6.0% against a 6.50% target; vacancy rates reducing and at target at NGH; volunteer hours stable/increasing. UHN: Mandatory training compliance above 85% target at both Trusts across most staff groups; Women's History Month and Neurodiversity Celebration Week events held in March. UHL: Sickness absence reducing - 0.19% reduction in February; unknown absence reasons reduced from 10.06% (M8 2024/25) to 1.97% (M11 2025/26), demonstrating improved HR data quality. UHL: Staff survey 'We are safe and healthy' People Promise score remains 0.16 above comparators; bank spend at 6.72% below the 8% national KPI cap. 	<ul style="list-style-type: none"> UHL: Sickness absence at 4.9% (target 3%); highest CMGs E&F 6.28%, W&C 5.58%, ITAPS 4.90%; appraisal compliance at 83.1% (target 95%). UHN: Employee relations cases remain high at both Trusts despite slight reduction at NGH; significant change programmes and workforce CIP creating additional pressure. UHL: HCA vacancy rate at 8.4% against 5% target; non-clinical agency use and above-price-cap agency workers (24 staff, mainly medical and specialist AHPs) remain concerns. UHN: Bank spend above target at both Trusts - KGH 10.2%, NGH 13.2% of total pay; administrative & clerical vacancies high at KGH (14.1%) and NGH (12.65%). UHL & UHN: Ongoing organisational change creating uncertainty and increased pressure for some staff groups. 	<ul style="list-style-type: none"> UHL & UHN: UHL working group established to shift from sickness to prevention aligned to NHS 10-Year Plan; Nursing and Midwifery staff group working group reviewing sickness absence. UHN: Case assessment panel being introduced for ER cases; resource review to support organisational change; prioritised OH referrals for A&C colleagues impacted by change. UHL: Appraisal automation system implementation planned May 2026 Trust-wide; Managers Self-Serve rollout underway; CMG/Directorate leadership focus on quality appraisal discussions. UHN: Recruitment plans to back-fill long-term temporary workers; medical establishment review in progress; bank rate grip and control measures being reviewed. UHL: Band 3 HCA recruitment - 70-80 colleagues appointed following March interviews.

Use of Resources

✓ Good News	⚠ Areas of concern	→ Improvement Plans
<ul style="list-style-type: none"> UHN: Draft annual accounts 2025/26 (subject to audit) confirm achievement of forecast outturn agreed with NHSE at Month 10; capital requirement within identified funding limits. UHL: Capital expenditure committed £92.7m at Month 12 with only £0.5m underspend against revised CDEL target; cash position £34.7m at year end. UHN & UHL: Agency spend at 0.58% of paybill, well below the 3.20% NHS KPI; all nursing roles compliant with general nursing agency price cap. Agency spend reduced UHN: Cashflow risks through Q4 managed successfully following NHSE support. 	<ul style="list-style-type: none"> UHL: YTD deficit of £46.4m (subject to audit) against a plan of £0m; main drivers are loss of DSF funding £25.9m adverse and non-delivery of CIP £19.4m adverse; excluding DSF equates to deficit of £85.3m. UHN: Full-year efficiency delivery £68.6m against plan of £85.5m, despite significantly higher delivery than previous years - shortfall driven largely by under-identification of pay efficiencies; underlying deficit results in non-compliant financial plan for 2026/27–2028/29. 	<ul style="list-style-type: none"> UHL: CIP non-delivery recovery plans in place per CMG; focus on medical workforce vacancies and industrial action cost reduction; pathology, pharmacy and imaging CSI income recovery. UHN: Detailed scheme planning underway for 2026/27 efficiency programme; cross-cutting transformation programmes in place aligned to key deficit drivers UHN & UHL: Improved coordination of workforce activities focusing on areas of high temporary spend; medical establishment reviews underway; bank rate reduction programme in UHL UHL: Capital programme flexibly managed, with £2.1m of bring-forward schemes approved; scheme slippage of £4.1m mitigated without impact on 2026/27 capital plans.

UHL / UHN IPR alignment approach update

As the Boards meet in common across UHL and UHN, an aligned IPR is required to ensure effective Board and committee working. The Group will use the Federated Data Platform (FDP) to support this alignment.

The FDP will be used from May to produce the UHN IPR, in support of the roadmap to a joint IPR. A review of metrics and targets has been completed to identify opportunities to align. A recommendation of metrics and targets from the Executive team will be completed for June Boards.

Once metrics are agreed, development of the shared IPR and production process will then be commenced, with an aim to have a joint IPR for the October Boards.