

# Integrated Performance Report

Kettering General Hospital NHS Foundation Trust  
Northampton General Hospital NHS Trust

Reporting March 2026 performance in May 2026 Board

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# Introduction

- ▶ This month's performance report provides detail of the March 2026 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 Caring and Effective domain executive summary

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

## Good news

## Areas of concern

## Improvement plans in place

### Patient experience

- NGH saw a slight increase in overall FFT satisfaction scores compared to the overall target of 90%. NGH 90.8% compared with 89.9% the previous month. KGH saw a slight decline of 0.3% in March, but remained above target at 93.0%
- Notable increased patient satisfaction performance seen in the following areas:
  - NGH – A&E Department 78.8% compared with 74.4% in Feb. Eye Casualty 88.4% compared with 78.7% in Feb. SDEC 82.3% compared with 81.5% in Feb.
  - KGH – Inpatients slight increase in March with 94.9% compared with 94.6% in Feb.
- Friends and Family Test survey response volumes:
  - KGH 4,957
  - NGH 6,204

- Decrease in KGH ED departments score down from 83.0% down to 77.6%. (target = 80% not achieved). This could be due to winter pressures influencing the score.
- Decrease in NGH Maternity score at 91.8% in March compared with 97.4% in Feb. There was a 0% satisfaction score for the triage area (4 responses). These were all relating to waiting times. Some of the narrative suggested ideas for improvements and this will be passed on to the manager of that area to review.
- Notification received that NGH FFT provider will cease to supply a system as of Aug 2026.

- Divisional FFT performance packs provided to Div leads who then report performance and mitigating actions to the Patient & Carer Experience & Engagement Committee (PCEEC).
- Steps undertaken with UHN Procurement team to go out to tender for a new FFT Survey supplier via the NHS Framework.

### Mortality

- HSMR remains within 'below expected' for KGH.
- SMR remains within 'as expected' for KGH.
- SHMI remains as expected for both NGH and KGH.
- No new mortality alerts

- HSMR and SMR are both 'above expected' ranges for NGH.
- NGH's rise in HSMR and SMR is multifactorial, with the following under review:
  - 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.

- Monitored through monthly UHN Learning from Deaths Group, with upward reporting to Patient Safety Committee. Working alongside Dr Foster representative and Clinical Coding to identify areas of concern amongst data accuracy issues relating to SDEC removal.

# Our Safe domain executive summary

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

## Good news

## Areas of concern

## Improvement plans in place

### Infection prevention control

- 0 MRSA cases this month
- 0 cases of MRSA at KGH for over 12 months
- 14% reduction in cases of CDI at NGH for 2025/26 compared to last year, from 94 to 81 cases.

- Antimicrobial prescribing out of guidelines for 50% of CDI cases this month.
- Insufficient antimicrobial stewardship (AMS) resource to provide regular ward level AMS data to drive improvement work.

- Review of AMS resource in Q1-2 of 2026/27.
- QI project in place IV to Oral switch.
- Task and Finish Group planned to target high antimicrobial consumption at KGH site.

### Incidents

- No Never events reported

Themes of incidences reported as moderate or above include

- Pressure Ulcers
- Medication / prescribing incidences
- Diagnostic delays
- incidences relating to follow up

- All moderate and above harms are reviewed in IRG for validation and commissioning of proportionate response
- 2 x PSII commissioned in March

### Safe care

- Kettering continues to demonstrate a steady downward trend in CHPPD.
- There is no special cause variation across UHN.

- Across UHN, NGH continues to see higher use of ETOC driving actual hours > planned.

- The 2026 biannual establishment review has recommended that NGH mirror KGH workforce planning in relation to ETOC

# Our Responsive domain executive summary

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

## Good news

## Areas of concern

## Improvement plans in place

### Urgent and emergency care

- NGH showing a significant improvement in March for ED 4hrs delivering 75%, a 6.5% improvement from Feb.
- 12hr waits in ED improved across UHN at 9%.

- Stranded and Super stranded NGH position.
- High numbers of non-criteria to reside patients.
- High bed occupancy across UHN.

- UEC GIRFT Further Faster actions being completed.
- A&E 4hr delivery across UHN.

### Elective

- 52 week waits have reduced significantly and, across UHN, we have met the target that less than 1% of the waiting list waits longer than 52 weeks
- The Sprint activity in February and March supported an increase in RTT and patients waiting less than 18 weeks for their first appointment, although this remained behind plan

- Long waiting patients in ENT is a risk to the overall long waits position. The other speciality with a significant number is Dermatology, but their performance is improving, we need to maintain additionality to support this

- Q1 activity levels will be key to deliver against the 2026/27 target and income. Q1 additionality has been agreed in order to support this
- We are exploring a number of mitigations for ENT – increased triage, outsourcing opportunities and additionality
- We are working with the ICB on the Dermatology pathway from primary care

### Cancer

- We saw an improvement across all the cancer metrics at both sites in February, although 62 day remains very challenged
- Breast additionality is starting to improve performance, they have also taken part in an MDT Streamlining programme, which is showing positive impact

- The wait to first appointment for Breast and Skin remains fragile, although showing improvement
- 62 days is seeing the downstream impact of poor FDS in earlier months
- The cancer waiting list size at both Trusts is higher than previously, causing challenges with tracking and demonstrating growing levels of demand

- We are launching a Quality Improvement approach for Skin at NGH and Gynecology at KGH to focus on pathway savings to support 62 days
- EMCA funding is in place for Dermatology pathway changes in primary care in 2026/27

# 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

- Turnover remains within target
- Volunteer hours remain stable at NGH and show long term increase at KGH
- Vacancy rates continue to reduce and are at target at NGH

- Sickness absence remains at/marginally above target
- Time to hire continues to be above target

- Prioritisation of referrals to OH, targeted support for A&C colleagues impacted by change
- TTH process improvements including from approval stage (VCP) through to pre-employments

### Culture and safety

- Womens History Month: two Women's History Month Stands (one at NGH and one at KGH)
- Neurodiversity Celebration Week (16th - 20th March 2026)
- Civility Sessions continued in Maternity
- Mandatory training above target

- Ongoing organisational change and consultation processes creating uncertainty and increased pressure for some staff groups.
- Appraisal at both Trusts
- Employee relations cases remain high in both Trusts, but are reducing at NGH

- NSS results shared in March with a planned improvement week in April to capture colleague feedback for behaviours
- Continued support to delivery of thrive and civility sessions aimed at improving respect and inclusion amongst midwives and maternity colleagues since January 2026
- Appraisal – support for underperforming teams, process improvements
- ER cases – case assessment panel to be introduced

# Our Use of Resources domain executive summary

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

## Good news

## Areas of concern

## Improvement plans in place

### Finance

- Draft annual accounts for 2025/26 (subject to audit) confirm UHN has delivered the forecast outturn position it agreed with NHSE at month 10.
- Capital requirement not to exceed identified funding limits achieved.
- Cashflow risks through Q4 managed successfully following support from NHSE.

- Shortfall in efficiency delivery and loss of Q4 Deficit Support funding in 2025/26
- Underlying deficit results in non compliant financial plan for 2026/27 – 2028/29.

- Delivery partner support, ongoing executive led VCP and other expenditure control processes in place.

### Productivity and efficiency

- Across UHN, £9.0m of efficiencies have been delivered against a plan of £11.1m.
- Full-year delivery of £68.6m against a plan of £85.5m, driven largely by under identification of pay efficiencies. This total delivery is, however, significantly higher than delivery of CIP in previous years.
- Efficiency planning for 26/27 is underway.

- There is risk in the level of development of the remainder of the identified efficiency plan in 26/27.
- 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 transformation programmes in place in line with drivers of the deficit, work underway to understand the degree to which this is cashable.
- 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

				No target
 		<ul style="list-style-type: none"> <li>Friends and Family Test satisfaction score - outpatients - KGH</li> </ul>		
		<ul style="list-style-type: none"> <li>Friends and Family Test satisfaction score - A&amp;E</li> <li>Friends and Family Test satisfaction score – inpatients</li> <li>Friends and Family Test satisfaction score – maternity</li> <li>Complaints response performance - KGH</li> <li>Single sex breaches</li> </ul>	<ul style="list-style-type: none"> <li>Complaints response performance - NGH</li> </ul>	
 				

# Caring

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

Metric	Target	Latest Date	KGH Actual	Variation	Assurance	KGH Average	NGH Actual	Variation	Assurance	NGH Average	Data Quality Indicators
<b>Patient experience</b>											
Friends and Family Test satisfaction score - A&E	80%	Mar 26	77.60%			84.09%	81.80%			78.57%	S T A R
Friends and Family Test satisfaction score - inpatients	95%	Mar 26	94.90%			94.21%	94.40%			95.08%	S T A R
Friends and Family Test satisfaction score - outpatients	95%	Mar 26	96.90%			96.77%	92.80%			93.68%	S T A R
Friends and Family Test satisfaction score - maternity	95%	Mar 26	98.50%			96.35%	91.80%			95.56%	S T A R
Complaints response performance	95%	Mar 26	89%			84.56%	50%			34.10%	S T A R
Single sex breaches	0	Mar 26	3			3.71	12			15.26	S T A R



## Data quality assessment

KGH single sex breaches data only available from November 24.

## SPC indicator key

		Worsening			No change
		Below target			Inconsistent in whether target achieved

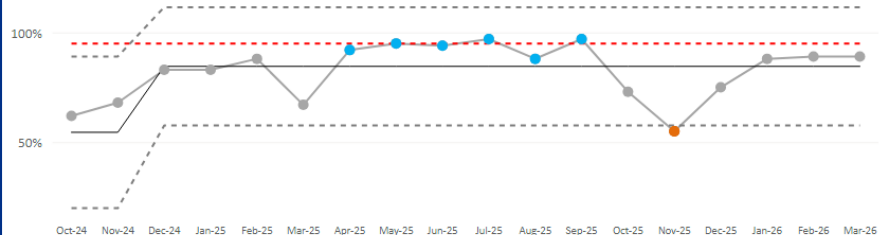
## Data quality indicator key

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.

## Complaints response performance - Kettering



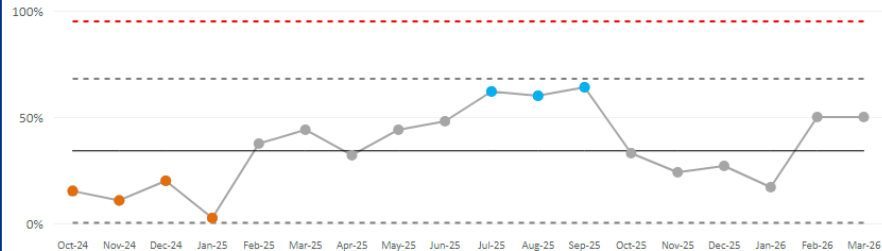
## Understanding the performance

- Improving picture for NGH with 53% (previous Feb 50% and Jan 17%) for getting cases out on time.
- KGH slightly decreased with 73% out on time (60 day target). No cases older than March 2026.

## What are the issues impacting performance?

- Capacity within the team
- Recruitment into vacant mat leave post (interviews scheduled 13/4/26).

## Complaints response performance - Northampton



## What SMART actions are being taken to improve?

- Senior case handler focusing on triage.
- Support in quality checking in place.
- Focus on drafting any cases reaching 120 days.
- Introduced overdue meeting at NGH (where all cases older than 60 days are reviewed).

## Risks

- Unexpected leave
- Not recruiting into Mat Leave post









### Data Quality Indicators

S T A R

Site	Target	Latest Date	Actual	Variation	Assurance	Average
KGH	95%	Mar 26	89%			84.56%
NGH	95%	Mar 26	50%			34.10%

# Our Effective domain metrics

Responsible director(s): Hemant Nemade, Medical Director

				No target
 	<ul style="list-style-type: none"><li>SHMI - KGH</li></ul>			
		<ul style="list-style-type: none"><li>HSMR - KGH</li></ul>		
 	<ul style="list-style-type: none"><li>SHMI – NGH</li><li>SMR - KGH</li></ul>	<ul style="list-style-type: none"><li>HSMR – NGH</li><li>SMR - NGH</li></ul>		

# Effective

Responsible director(s): Hemant Nemade, Medical Director

Metric	Target	Latest Date	KGH Actual	Variation	Assurance	KGH Average	NGH Actual	Variation	Assurance	NGH Average	Data Quality Indicators
<b>Mortality</b>											
SHMI	100	Mar 26	97.57			98.06	103.32			94.96	
HSMR	100	Mar 26	92.20			90.92	114.40			102.62	
SMR	100	Mar 26	96.50			92.26	112.20			99.01	



### Data quality assessment

No data quality issues identified.

### SPC indicator key

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

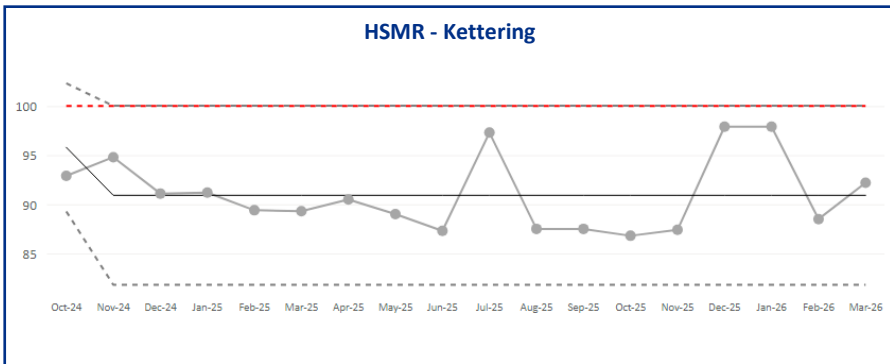
### Data quality indicator key

Sign off & validation	Timely & complete	Audit & Accuracy	Robust systems & data capture

# Hospital Standardised Mortality Ratio (HSMR)

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.

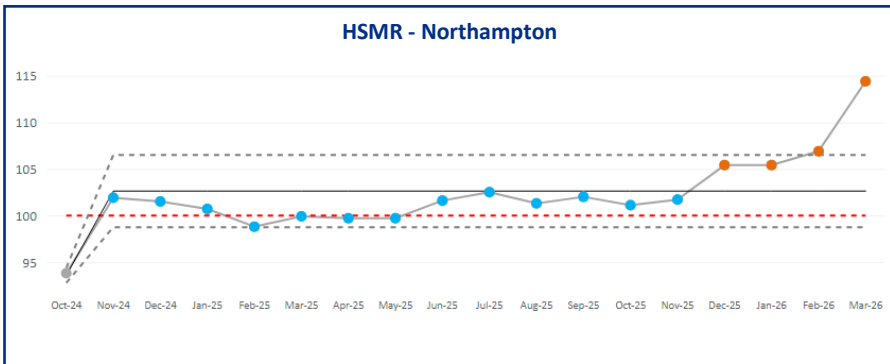
### HSMR - Kettering



### Understanding the performance

- HSMR remains within 'below expected' for KGH.

### HSMR - Northampton



### What SMART actions are being taken to improve?

- Monitored through monthly UHN Learning from Deaths Group, with upward reporting to Patient Safety Committee.
- Working alongside Dr Foster representative and Clinical Coding to identify areas of concern amongst data accuracy issues relating to SDEC removal.

### What are the issues impacting performance?

- HSMR is 'above expected' ranges for NGH.
- NGH's rise in HSMR is multifactorial, with the following under review:
  - 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.

### Risks

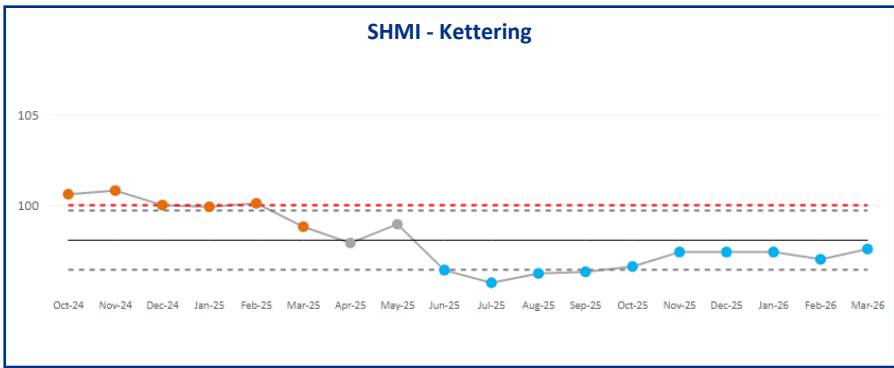
- An increase in HSMR presents a reputational and regulatory risk; however, current analysis indicates that recent HSMR movement is driven primarily by data and methodological factors rather than an increase in observed mortality or evidence of deteriorating care quality. This risk is being actively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

### Data Quality Indicators

Site	Target	Latest Date	Actual	Variation	Assurance	Average
KGH	100	Mar 26	92.20			95.80
NGH	100	Mar 26	114.40			93.57

# 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.

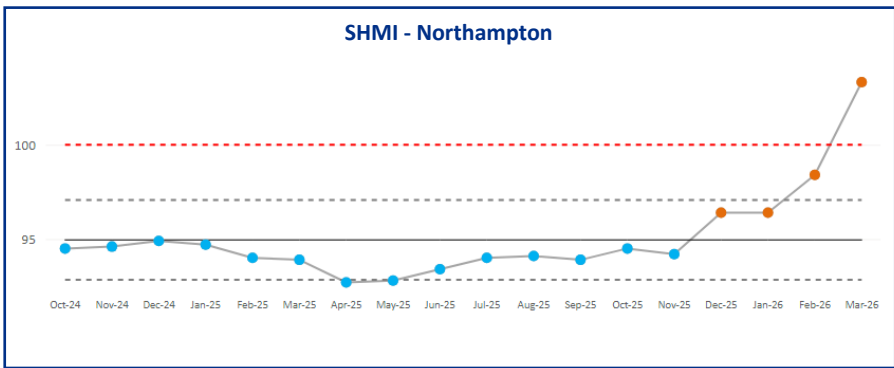


### Understanding the performance

- SHMI remains as expected for both NGH and KGH

### What are the issues impacting performance?

- NGH's rise is multifactorial, with the following under review:
  - 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”.
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### What SMART actions are being taken to improve?

- Monitored through monthly UHN Learning from Deaths Group, with upward reporting to Patient Safety Committee.
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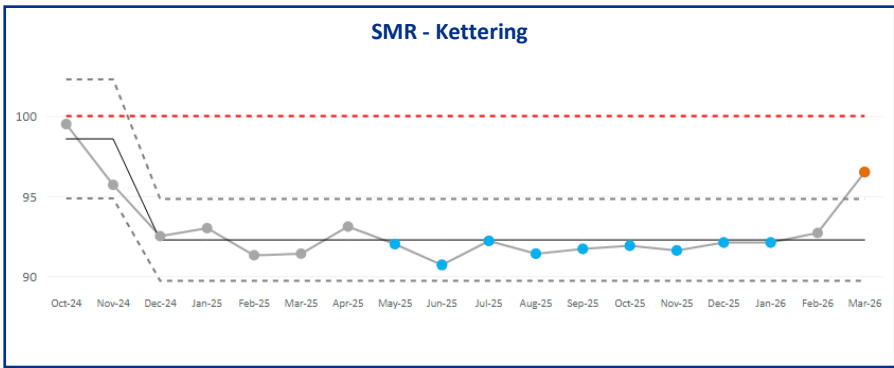
### Risks

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Data Quality Indicators	Site	Target	Latest Date	Actual	Variation	Assurance	Average
S T A R	KGH	100	Mar 26	97.57			98.06
	NGH	100	Mar 26	103.32			94.96

# 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.

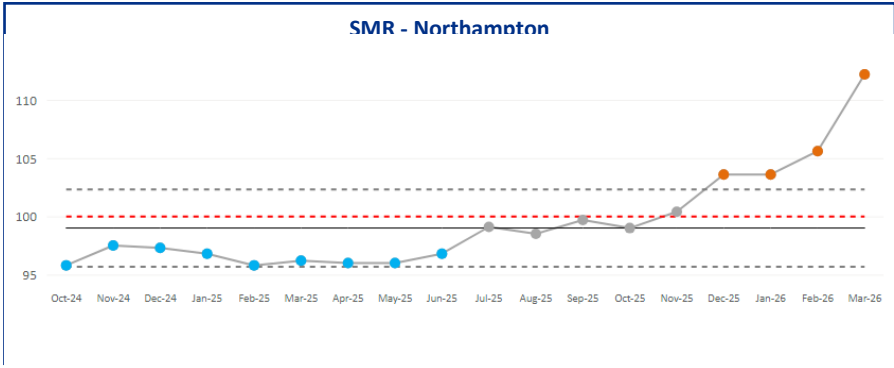


### Understanding the performance

- SMR remains within 'as expected' for KGH.

### What are the issues impacting performance?

- SMR is 'above expected' ranges for NGH.
- NGH's rise in SMR is multifactorial, with the following under review:
  - SDEC removal has impacted the SMR 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”.
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### What SMART actions are being taken to improve?

- Monitored through monthly UHN Learning from Deaths Group, with upward reporting to Patient Safety Committee. Working alongside Dr Foster representative and Clinical Coding to identify areas of concern amongst data accuracy issues relating to SDEC removal.









### Risks

- An increase in SMR presents a reputational and regulatory risk; however, current analysis indicates that recent SMR 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.

Data Quality Indicators	Site	Target	Latest Date	Actual	Variation	Assurance	Average
S T A R	KGH	100	Mar 26	96.50			98.58
	NGH	100	Mar 26	112.20			99.01

# Our Safe domain metrics

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

				No target
 		<ul style="list-style-type: none"> <li>Never Event - KGH</li> <li>MRSA - KGH</li> </ul>	<ul style="list-style-type: none"> <li>Never Event – NGH</li> <li>Care hours per patient day - NGH</li> </ul>	
		<ul style="list-style-type: none"> <li>MRSA – NGH</li> <li>MSSA</li> <li>Care hours per patient day - KGH</li> </ul>		<ul style="list-style-type: none"> <li>Serious or mod harm per 1000 days</li> <li>Cdif per 100,000 days</li> <li>Serious or mod falls per 1000 days</li> <li>Serious or mod pressure ulcers per 1000 days</li> </ul>
 				

# Safe

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

Metric	Target	Latest Date	KGH Actual	Variation	Assurance	KGH Average	NGH Actual	Variation	Assurance	NGH Average	Data Quality Indicators
<b>Incidents</b>											
Serious or moderate harms per 1000 bed days	-	Mar 26	1.01			0.93	1.44			1.12	<span>S</span> <span>T</span> <span>A</span> <span>R</span>
Never event incidence	0	Mar 26	0			0.50	0			0.15	<span>S</span> <span>T</span> <span>A</span> <span>R</span>
<b>Infection Prevention Control</b>											
Number of MRSA Bacteraemia	0	Mar 26	0			0.05	0			0.15	<span>S</span> <span>T</span> <span>A</span> <span>R</span>
C Diff per 100,000 bed days	-	Mar 26	6.31			13.86	38.28			38.37	<span>S</span> <span>T</span> <span>A</span> <span>R</span>
Number of MSSA Bacterium	0	Mar 26	1			0.80	1			1.65	<span>S</span> <span>T</span> <span>A</span> <span>R</span>
<b>Safe care</b>											
Care hours per patient day	9	Mar 26	8.92			9.06	9.30			9.47	<span>S</span> <span>T</span> <span>A</span> <span>R</span>
Serious or moderate harms – falls per 1000 bed days	-	Mar 26	0.06			0.08	0.05			0.09	<span>S</span> <span>T</span> <span>A</span> <span>R</span>
Serious or moderate harms – pressure ulcers per 1000 bed days	-	Mar 26	0.06			0.04	0.14			0.18	<span>S</span> <span>T</span> <span>A</span> <span>R</span>

Data quality assessment  
No data quality issues identified.

SPC indicator key

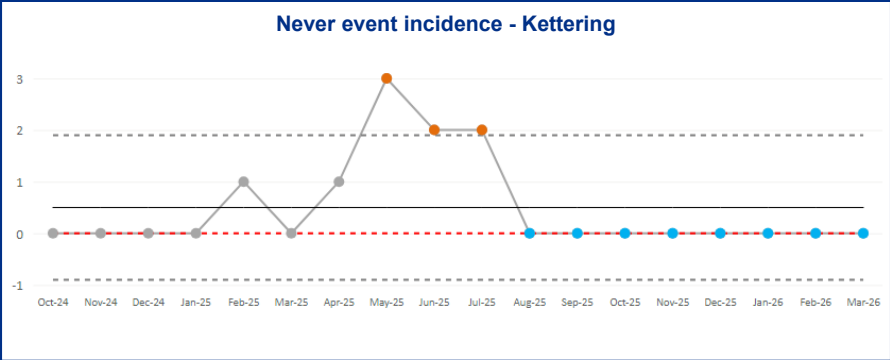
		Worsening				No change
		Below target				Inconsistent in whether target achieved

Data quality indicator key

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

# Never event incidence

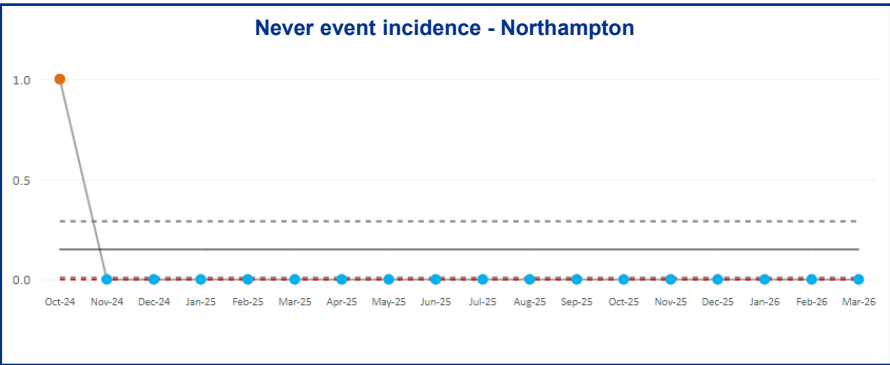
The number of never events.



### Understanding the performance

- There have been no NEVER Events declared for this month

### What are the issues impacting performance?



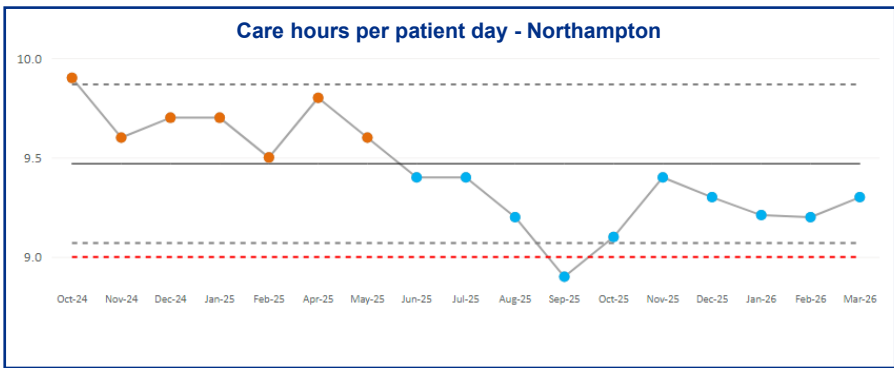
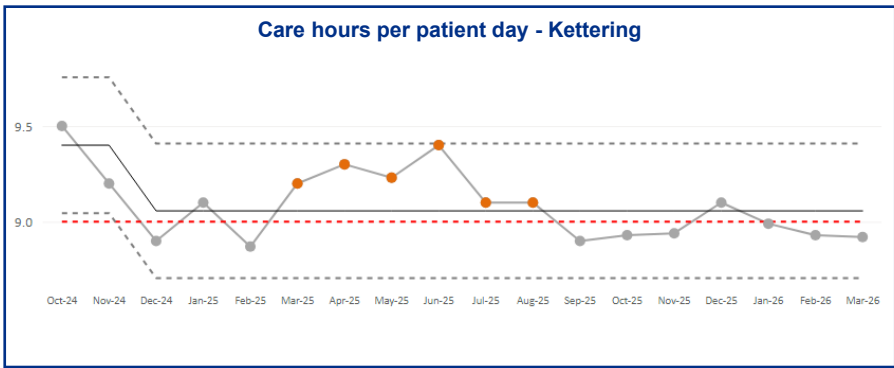
### What SMART actions are being taken to improve?

### Risks

Data Quality Indicators		Site	Target	Latest Date	Actual	Variation	Assurance	Average
S	T	KGH	0	Mar 26	0			0.50
A	R	NGH	0	Mar 26	0			0.15

# Care hours per patient day

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



Data Quality Indicators	Site	Target	Latest Date	Actual	Variation	Assurance	Average
S T A R	KGH	9	Mar 26	8.92			9.40
	NGH	9	Mar 26	9.30			9.47

### Understanding the performance

- Kettering continues to demonstrate a steady downward trend in CHPPD when compared to NGH who remain within expected ranges of variation. There is no significant cause variation across UHN.

### What SMART actions are being taken to improve?

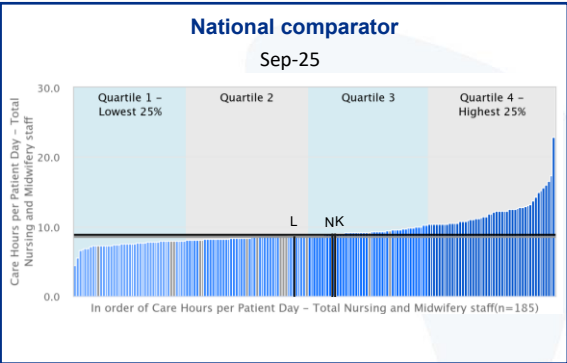
- The 2026 biannual establishment review has recommended that NGH mirror KGH workforce planning in relation to ETOC. Areas that have the ability to absorb the demand within their planned hour template (subject to dynamic risk assessment) are expected to do so.

### What are the issues impacting performance?

- Across UHN, NGH continues to see higher use of ETOC driving actual hours > planned.
- Corridor care and additional staffing demand for this also influence the performance.
- Small ward phenomena









### Risks

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



# Our Responsive domain metrics

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

				No target
 		<ul style="list-style-type: none"> <li>• Time to initial assessment</li> <li>• Patients with reason to reside NGH</li> <li>• 52 week waits - KGH</li> </ul>	<ul style="list-style-type: none"> <li>• A&amp;E 4 hour performance NGH</li> <li>• 12 hour wait NGH</li> <li>• 52 week wait NGH</li> </ul>	
		<ul style="list-style-type: none"> <li>• 12 hour wait – KGH</li> <li>• Cancer Faster Diagnosis</li> <li>• 31 day wait for treatment</li> <li>• 62 day wait for treatment</li> <li>• Theatre utilisation - KGH</li> <li>• Average cases per list - NGH</li> </ul>	<ul style="list-style-type: none"> <li>• A&amp;E 4 hour performance – KGH</li> <li>• Ambulance hand overs – NGH</li> <li>• Bed utilisation</li> <li>• 7 day stay</li> <li>• 21+ day stay</li> <li>• Patient with reason to reside – KGH</li> <li>• % patients seen within 18 weeks KGH</li> <li>• Theatre utilisation - NGH</li> </ul>	<ul style="list-style-type: none"> <li>• Size of RTT</li> </ul>
 		<ul style="list-style-type: none"> <li>• Average cases per list KGH</li> </ul>	<ul style="list-style-type: none"> <li>• Ambulance handovers – KGH</li> <li>• RTT performance</li> <li>• % patients seen within 18 weeks - NGH</li> </ul>	

# Responsive – Urgent and Emergency Care

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

Metric	Target	Latest Date	KGH Actual	Variation	Assurance	KGH Average	NGH Actual	Variation	Assurance	NGH Average	Data Quality Indicators
<b>UEC</b>											
A&E 4 hour performance	78%	Mar 26	80.19%			79.33%	75.01%			66.36%	S T A R
Time to initial assessment	15	Mar 26	12.75			11.26	12.65			18.68	S T A R
Ambulance Handover 45 minute Performance %	99%	Mar 26	92.94%			76.90%	75.87%			68.15%	S T A R
12 hour wait in the department	10%	Mar 26	10.50%			10.93%	12.90%			13.84%	S T A R
Bed Utilisation	92%	Mar 26	97.21%			98.23%	98.99%			99.23%	S T A R
Non-elective LOS (Model Hospital Closed Spells)	9.90	Mar 26	9.26			9.79	10.37			10.32	S T A R
Stranded patients (7+ day length of stay)	42%	Mar 26	50.43%			54.52%	56.44%			57.21%	S T A R
Super-Stranded patients (21+ day length of stay)	12%	Mar 26	18.42%			19.58%	22.58%			23.27%	S T A R
Patients with a reason to reside	80%	Mar 26	60.55%			58.98%	69.26%			73.07%	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. This will be updated in Q4 25/26.

Issues with iBox data provision during Oct 24 and Feb 25 mean the NGH metric for Patients with a reason to reside are inaccurate for those months. A review is ongoing for KGH to ensure all future reported values match the agreed definition which 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

Sign off & validation	Timely & complete	Audit & Accuracy	Robust systems & data capture

# Responsive – Cancer and Elective

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

Metric	Target	Latest Date	KGH Actual	Variation	Assurance	KGH Average	NGH Actual	Variation	Assurance	NGH Average	Data Quality Indicators
<b>Cancer</b>											
Cancer Faster Diagnostic Standard	80%	Feb 26	69%			69.70%	73.40%			74.20%	
31-day wait for first treatment	96%	Feb 26	93.50%			93.44%	93%			92.58%	
62-day wait for first treatment	70%	Feb 26	62.50%			69.04%	58.20%			65.44%	
<b>Elective</b>											
RTT performance	70%	Mar 26	63.58%			64.11%	59.93%			61.87%	
Size of RTT waiting list	-	Mar 26	25,511			26085.24	41,130			42373.18	
52 week waits as a % of the waiting list	1%	Mar 26	0.40%			1%	1.29%			1.70%	
Percentage of patients waiting no longer than 18 weeks for a first appointment	72%	Mar 26	67.98%			67.27%	59.31%			63.96%	

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			No change
		Below target			Inconsistent in whether target achieved

Data quality indicator key

Sign off & validation	Timely & complete	Audit & Accuracy	Robust systems & data capture

# Responsive – Productivity

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

Metric	Target	Latest Date	KGH Actual	Variation	Assurance	KGH Average	NGH Actual	Variation	Assurance	NGH Average	Data Quality Indicators
<b>Productivity</b>											
Theatre utilisation	85%	Mar 26	82.83%			82.25%	80.11%			78.49%	
Average cases per list	2.50	Mar 26	2.39			2.35	2.32			2.25	
Outpatient appointments per consultant FTE	116	Mar 26	162			141.09	140			140.90	

**Data quality assessment**

Potential discrepancies between Model Hospital definition and our internal theatre utilisation monitoring being reviewed to identify if there is a data quality issue to resolve.

**SPC indicator key**

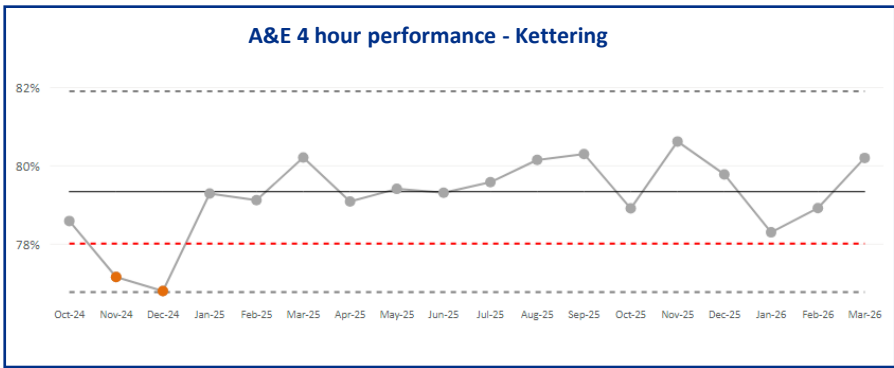
	Worsening		Improving		No change
	Below target		Above target		Inconsistent in whether target achieved

**Data quality indicator key**

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.

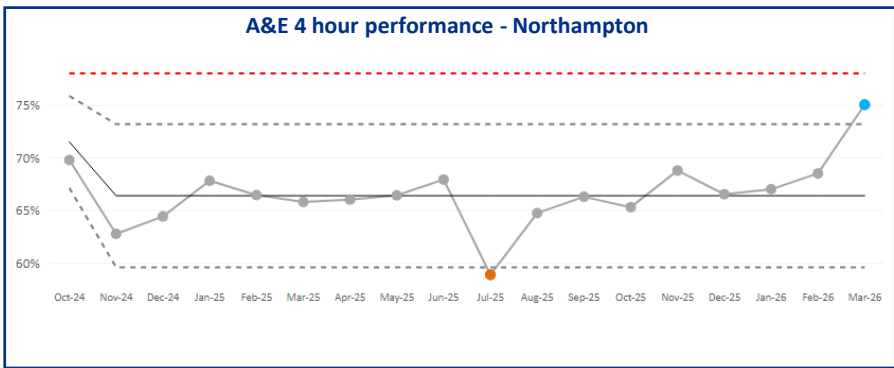


### Understanding the performance

- Overall 4hr performance includes Type 1, Type 2 (NGH) and Type 3 (both).
- KGH remains >78% target at 80% in Mar an improvement of 1%.
- NGH showing a significant improvement in March delivering 75%, a 6.5% improvement from Feb.

### What are the issues impacting performance?

- Admitted flow.
- Increase in ED attendances.

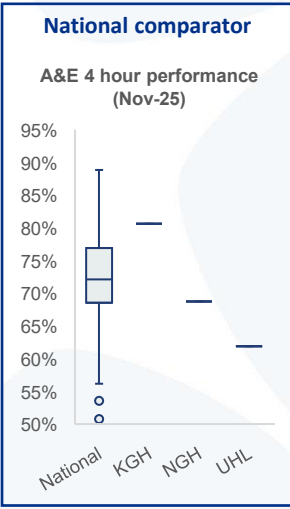


### What SMART actions are being taken to improve?

- 4hr sprint for March improved 4hr performance with senior clinical decision maker first point of contact (NGH), improved patient pathway from PED to PAU (both sites) and overnight UTC cover(NGH).
- Improvements embedded and continuing into April

### Risks

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

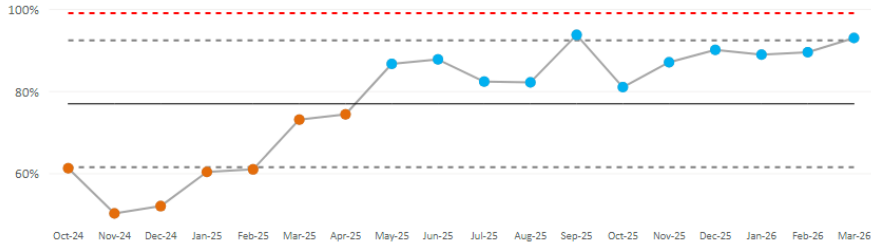


Data Quality Indicators		Site	Target	Latest Date	Actual	Variation	Assurance	Average
S	T	KGH	78%	Mar 26	80.19%	?	?	79.33%
A	R	NGH	78%	Mar 26	75.01%	?	?	71.48%

# 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.

Percentage of ambulance handovers within 45 minutes - Kettering



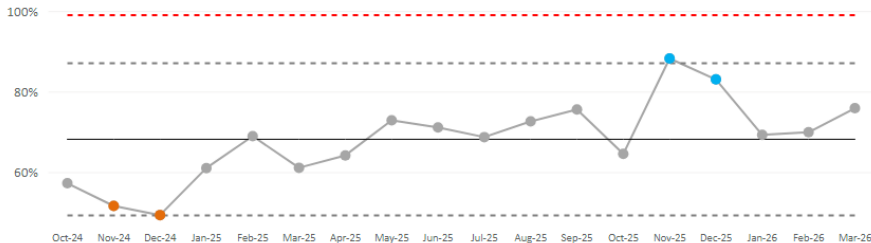
## Understanding the performance

- Continued focus on improving ambulance handover times.
- KGH performance has further improved delivering 93% in March.
- NGH performance has been more challenging into Q4, March showing 76% <45mins

## What are the issues impacting performance?

- Admitted patient flow through ED.
- High numbers of non-criteria to reside.
- Increase in conveyances across Northants, March 6.4% variance to plan.

Percentage of ambulance handovers within 45 minutes - Northampton



## What SMART actions are being taken to improve?

- Ensuring NyeBevan LoS is delivered in line with an AMU / Medical Short Stay ward.
- Boardround improvements.
- Maximising use of SDEC.
- Planned frailty front door service at NGH from May.

## Risks

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

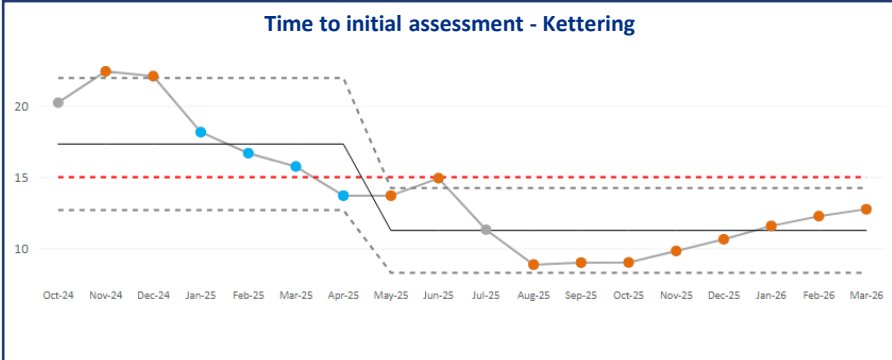
### Data Quality Indicators



Site	Target	Latest Date	Actual	Variation	Assurance	Average
KGH	99%	Mar 26	92.94%			76.90%
NGH	99%	Mar 26	75.87%			68.15%

# Time to initial assessment

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

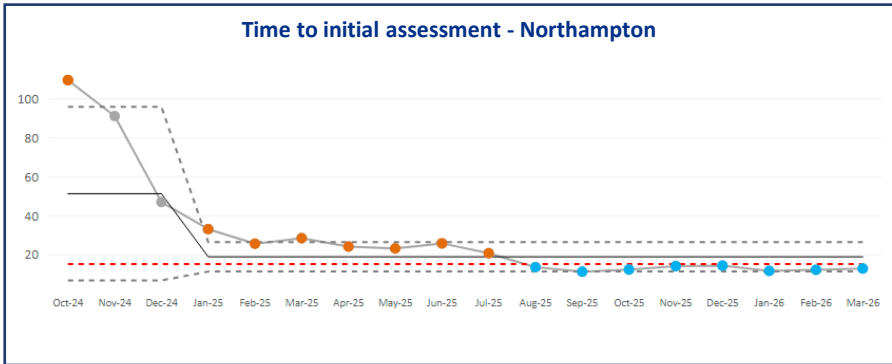


### Understanding the performance

- Both departments delivering <15mins average time to initial assessment.

### 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

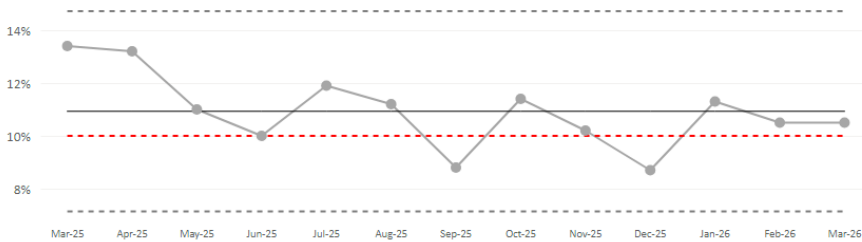
Delays to assessment increases risk within the ED waiting room for undifferentiated patients. Risk mitigation of regular staffing reviews via staffing cell with staff re-deployed from other areas to support safe ED staffing.

Data Quality Indicators		Site	Target	Latest Date	Actual	Variation	Assurance	Average
S	T	KGH	15	Mar 26	12.75			17.32
A	R	NGH	15	Mar 26	12.65			51.06

# 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.

### 12 hour waits in A&E - Kettering



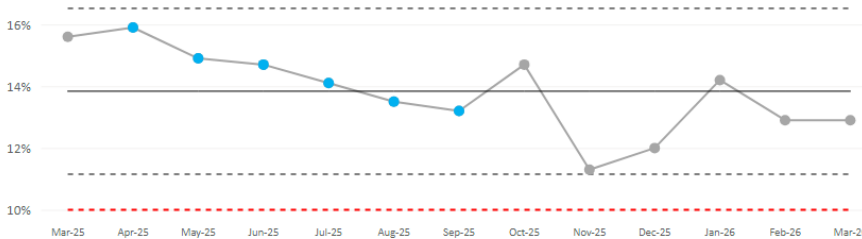
### Understanding the performance

- YTD has seen improvement at both sites for 12hr waits in ED.
- KGH at 9% in March improving from Feb of 1.5%.
- NGH has seen a 3.5% improvement in March to 9.4%.

### What are the issues impacting performance?

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

### 12 hour waits in A&E - Northampton



### 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 for May.
- Work on Internal Professional Standards to improve admitted patient flow.

### Risks

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

### Data Quality Indicators

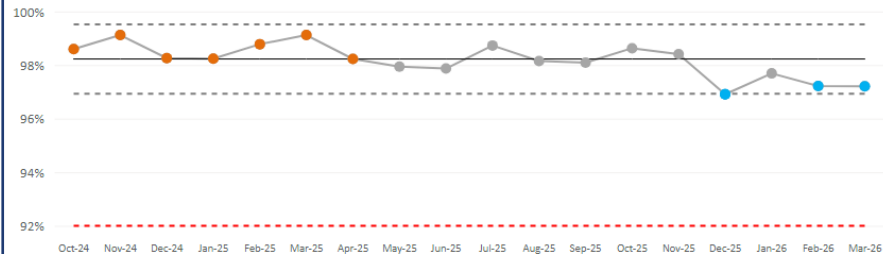


Site	Target	Latest Date	Actual	Variation	Assurance	Average
KGH	10%	Mar 26	10.50%			10.93%
NGH	10%	Mar 26	12.90%			13.84%

# Bed utilisation

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

### Bed utilisation - Kettering



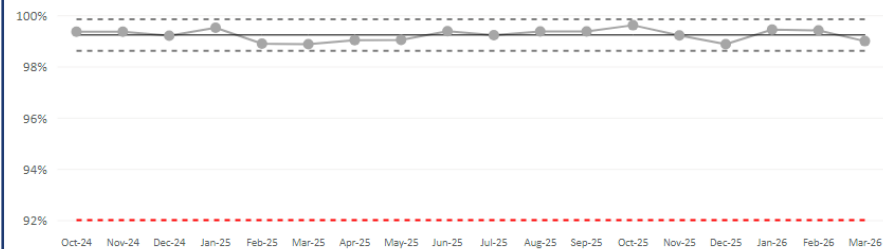
### Understanding the performance

- 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.

### Bed utilisation - Northampton



### What SMART actions are being taken to improve?

- Reduction in LoS plans across UHN 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.

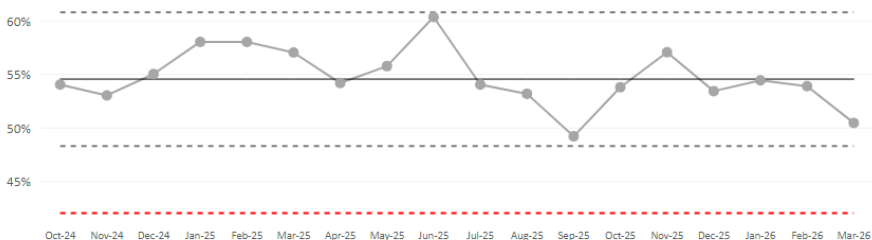
### Data Quality Indicators

Site	Target	Latest Date	Actual	Variation	Assurance	Average
KGH	92%	Mar 26	97.21%			98.23%
NGH	92%	Mar 26	98.99%			99.23%

# 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.

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



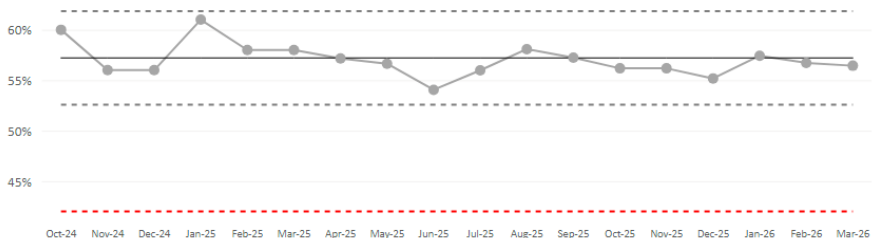
## Understanding the performance

- Reduction in stranded position into March for KGH. Similar position at NGH.

## What are the issues impacting performance?

- Increase in patient acuity, complexity and demand during winter period.

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



## 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.

### Data Quality Indicators

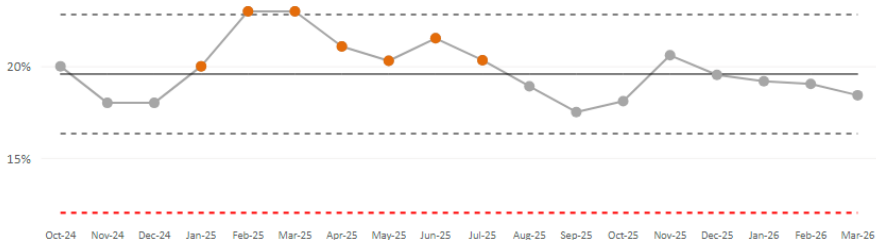
S T A R

Site	Target	Latest Date	Actual	Variation	Assurance	Average
KGH	42%	Mar 26	50.43%			54.52%
NGH	42%	Mar 26	56.44%			57.21%

# 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.

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



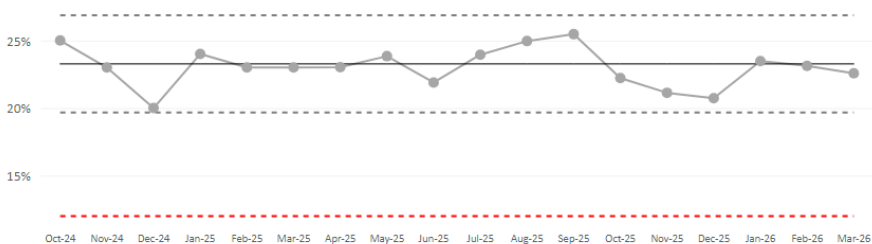
## Understanding the performance

- 21 day position at KGH continuing to improve over last 5 months, increase at NGH remaining high at 23%.

## What are the issues impacting performance?

- P2/3 supported discharge waits across UHN.
- Complexity of patients.
- Housing delays.

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



## 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.

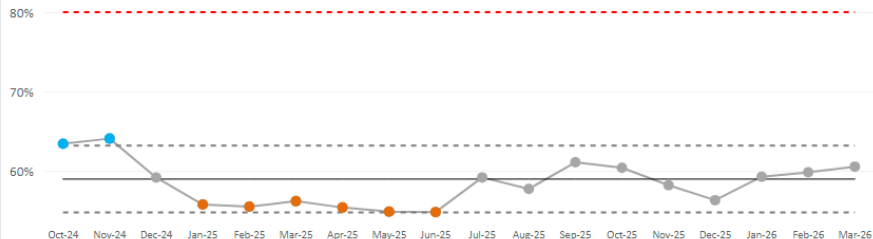
### Data Quality Indicators

Site	Target	Latest Date	Actual	Variation	Assurance	Average
KGH	12%	Mar 26	18.42%			19.58%
NGH	12%	Mar 26	22.58%			23.27%

# 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.

## Patients with a reason to reside - Kettering



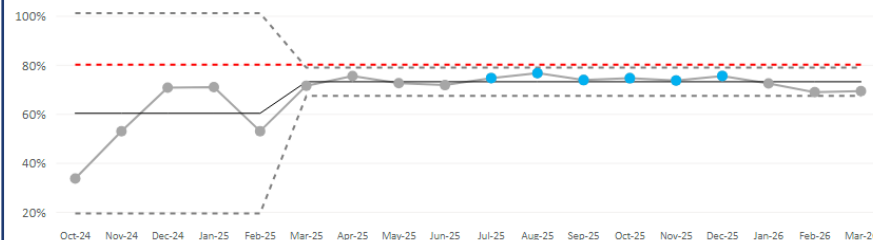
## Understanding the performance

- 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 / house clean / equipment.

## Patients with a reason to reside - Northampton



## What SMART actions are being taken to improve?

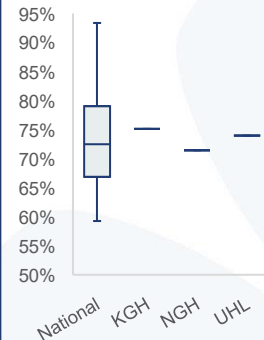
- Twice weekly escalation group for supported discharge with system partners.
- Trusted assessor started at NGH.
- Working with local authorities for housing pathway.
- Integrated discharge hub planning.

## Risks

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

## National comparator

Patients meeting the criteria to reside (Sep-25)



## Data Quality Indicators

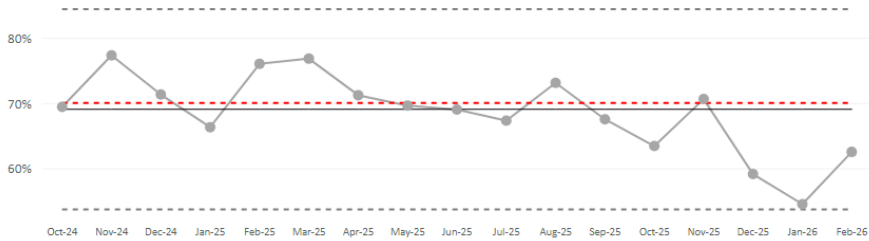
Site	Target	Latest Date	Actual	Variation	Assurance	Average
KGH	80%	Mar 26	60.55%			58.98%
NGH	80%	Mar 26	69.26%			73.07%



# 62-day wait to start treatment from referral

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

## 62-day wait for cancer treatment - Kettering



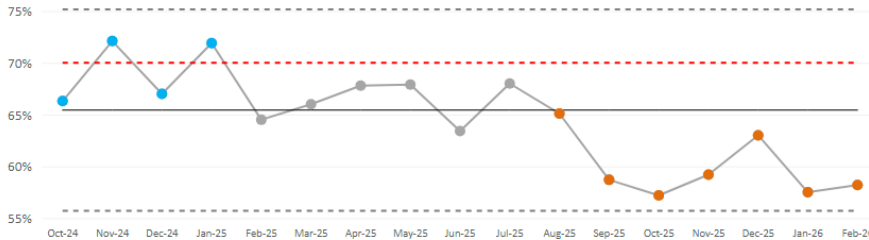
## Understanding the performance

- Neither Trust met the standard.
- KGH improved by 8% from January, when we typically see patient deferral of treatment due to Christmas, achieving 62.5%.
- NGH delivered 58.2%, marginal improvement of 0.7% compared to January.
- We are in Tier 1 for 62 day performance

## What are the issues impacting performance?

- KGH performance was driven by the impact of Breast capacity challenges. Patient choice and fitness, histology reporting and complex pathways have also contributed.
- Despite treating 16.5% less patients at NGH in February, performance remained static. Skin saw a further decline in performance, due to waits for first OPA and capacity in maxfax and plastics

## 62-day wait for cancer treatment - Northampton



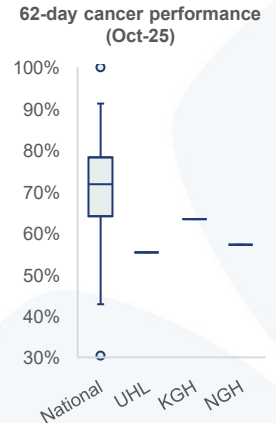
## What SMART actions are being taken to improve?

- Weekly reports supplied to all tumour site teams showing patients who have breached or at risk to enable restorative action, capacity reliant.
- Existing robust governance in place by Cancer Services Team with full oversight of PTL
- Working to introduce a QI approach for 62 days in two tumour sites

## Risks

- Further downstream capacity constraints in Skin and Breast
- Workforce challenges within Skin

## National comparator



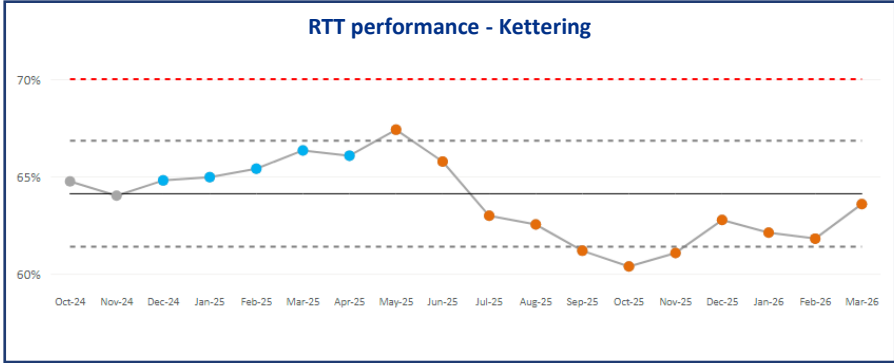
## Data Quality Indicators

S T A R

Site	Target	Latest Date	Actual	Variation	Assurance	Average
KGH	70%	Feb 26	62.50%			69.04%
NGH	70%	Feb 26	58.20%			65.44%

# Referral to Treatment performance

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

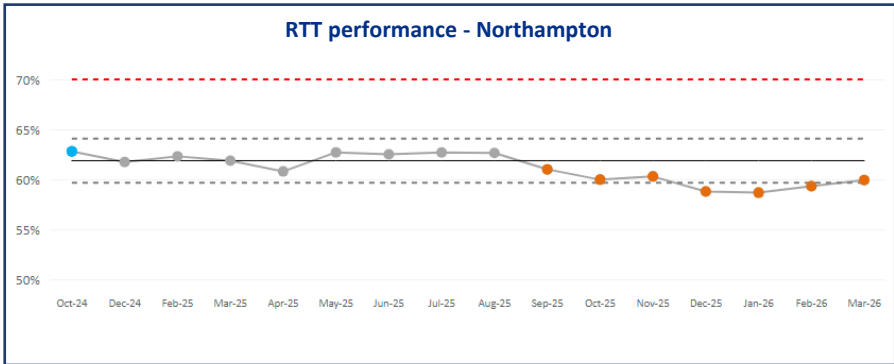


### Understanding the performance

- We saw an improvement in performance across both sites in March, which was supported by the Sprints
- Further validation is taking place for the Monthly RTT position (which is published nationally), we expect this to show a year end position of 61% for NGH and 64.5% for KGH.

### What are the issues impacting performance?

- The sprint has supported the improvement in performance in March, with funding for additional activity in February and March
- Overall across the year, gap to plan has been driven by the removal of premium activity

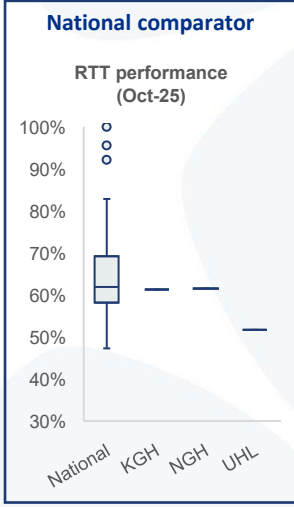


### What SMART actions are being taken to improve?

- Specialty level plans for performance improvement, driven by productivity and additionality have been drawn up and Q1 actions have been agreed

### Risks

- Level of demand increase



### Data Quality Indicators

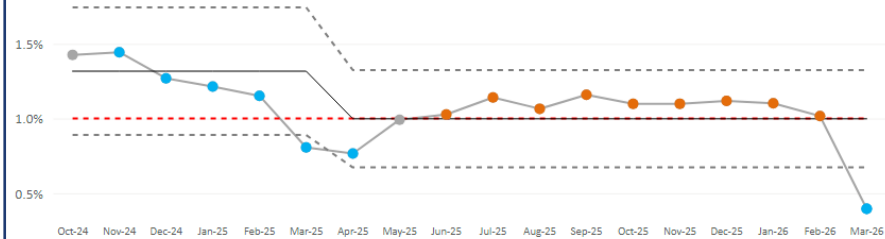
Site	Target	Latest Date	Actual	Variation	Assurance	Average
KGH	70%	Mar 26	63.58%			64.11%
NGH	70%	Mar 26	59.93%			61.87%



# 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

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



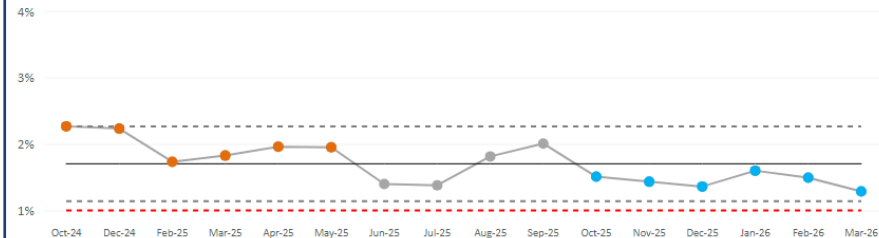
### Understanding the performance

- Across UHN we met the target of less than 1% of the waiting list waiting more than 52 weeks
- There was a significant reduction in March at KGH due to the 52 week sprint
- The majority of the 52 week waits in NGH are in ENT

### What are the issues impacting performance?

- Capacity in the ENT service

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



### What SMART actions are being taken to improve?

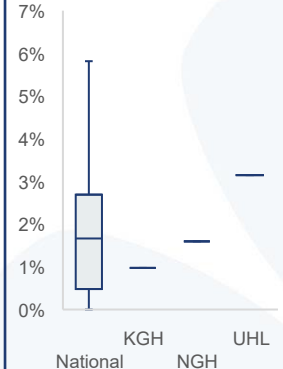
- Exploring outsourcing for ENT, although there is a limited Independent Sector market for ENT services
- 52 week trajectories agreed at a speciality level and monitored through patient access

### Risks

- Ozone support for Dermatology has come to an end, having made a significant reduction in the 52 week waits, plans are being progressed with the ICB but timescales need to be confirmed

### National comparator

52 week as % of waiting list (Oct-25)



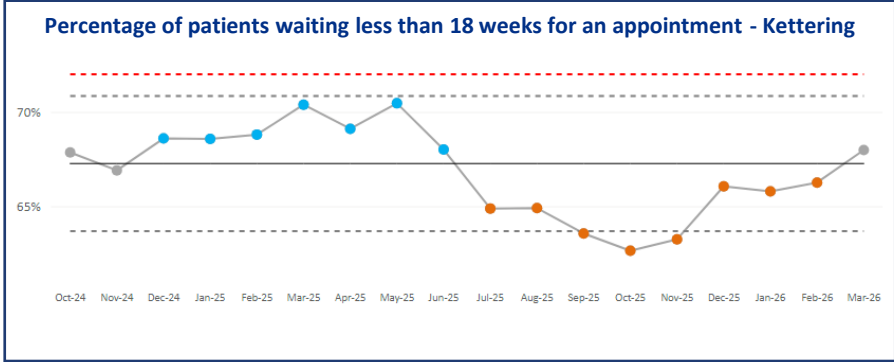
### Data Quality Indicators



Site	Target	Latest Date	Actual	Variation	Assurance	Average
KGH	1%	Mar 26	0.40%			1.32%
NGH	1%	Mar 26	1.29%			1.70%

# 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

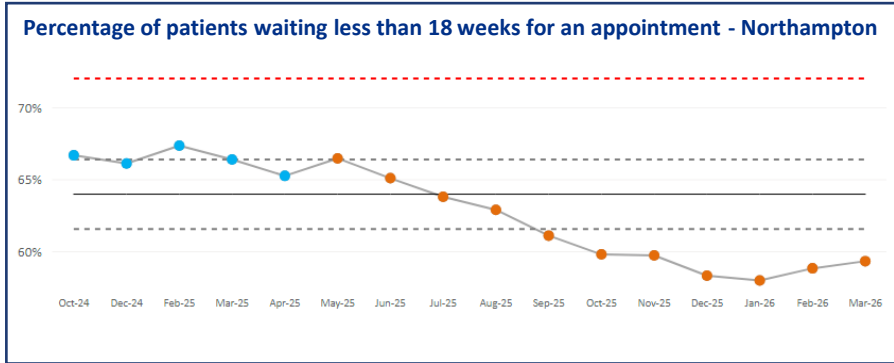


### Understanding the performance

- There has been an improvement in this metric in February and March, driven by the additional first appointments delivered through the sprints

### What are the issues impacting performance?

- The sprint has supported the improvement in performance in March, with funding for additional activity in February and March
- Overall across the year, gap to plan has been driven by the removal of premium activity



### What SMART actions are being taken to improve?

- Specialty level plans for performance improvement, driven by productivity and additionality have been drawn up and Q1 actions have been agreed

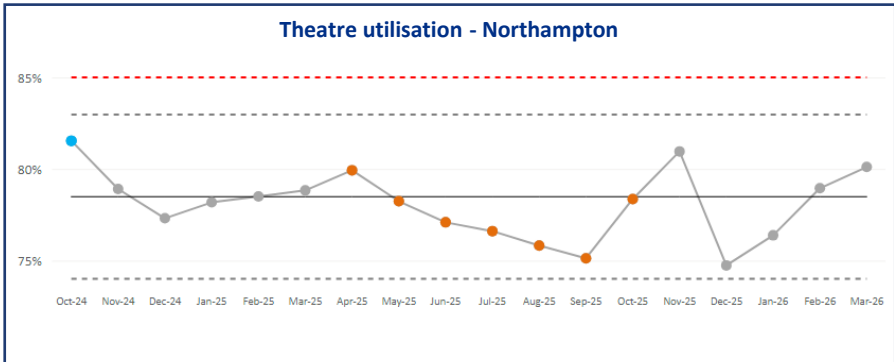
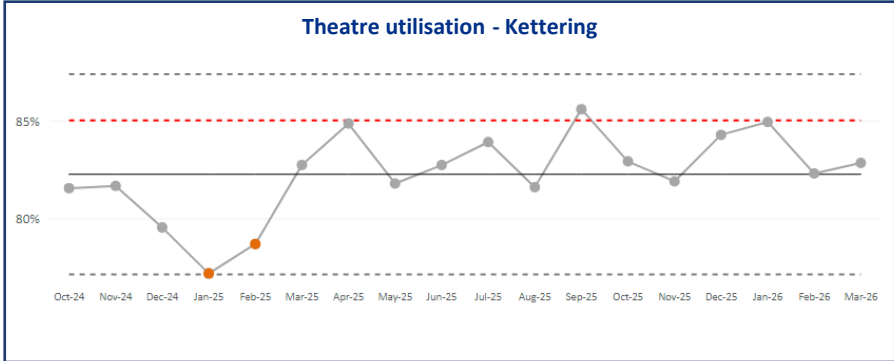
### Risks

- Split of activity between first and follow up activity
- Clinical buy-in to a reduction in follow ups

Data Quality Indicators		Site	Target	Latest Date	Actual	Variation	Assurance	Average
S	T	KGH	72%	Mar 26	67.98%			67.27%
A	R	NGH	72%	Mar 26	59.31%			63.96%

# Theatre utilisation

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



Data Quality Indicators		Site	Target	Latest Date	Actual	Variation	Assurance	Average
S	T	KGH	85%	Mar 26	82.83%			82.25%
A	R	NGH	85%	Mar 26	80.11%			78.49%

### Understanding the performance

- Both Trusts have seen an improvement in Theatre utilisation in month, but there remains a gap to the GIRFT standard of 85%

### What are the issues impacting performance?

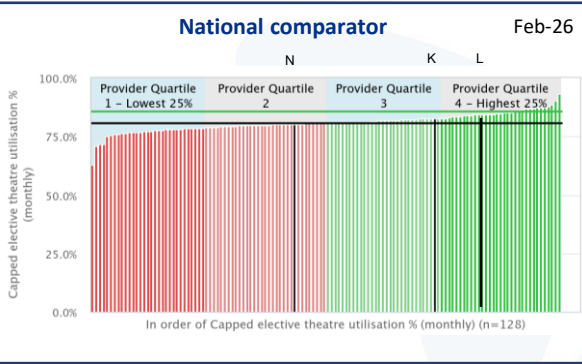
- Cancellations rates
- Workforce challenges

### What SMART actions are being taken to improve?

- Lookback data meetings are in place reviewing all OTDC, changes to first patient, Utilisation, late starts and early finishes.
- Combining our 2 separate data platforms into 1 system to allow users to access the two sites individually.

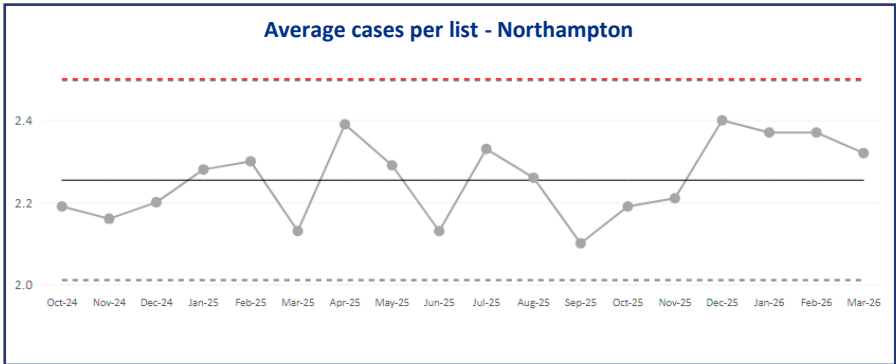
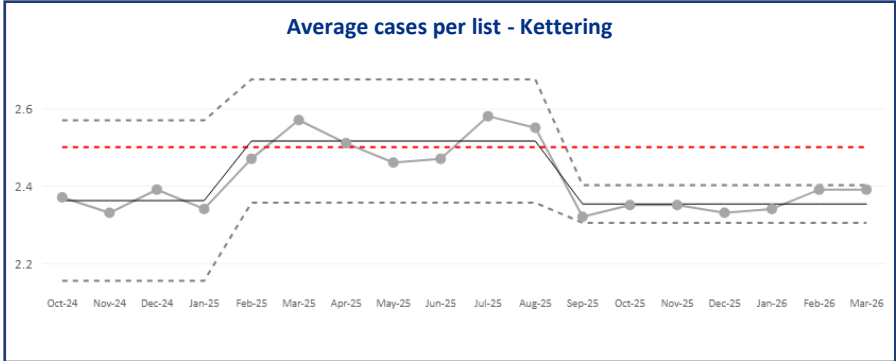
### Risks

- Pre op limitations at NGH
- Before the day cancellations at NGH are high.
- KGH 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.



### Data Quality Indicators



Site	Target	Latest Date	Actual	Variation	Assurance	Average
KGH	2.50	Mar 26	2.39			2.52
NGH	2.50	Mar 26	2.32			2.25

### Understanding the performance

- Across the year KGH has met the target average case per list, with a small gap for NGH
- Performance is impacted by Theatre Utilisation

### What SMART actions are being taken to improve?

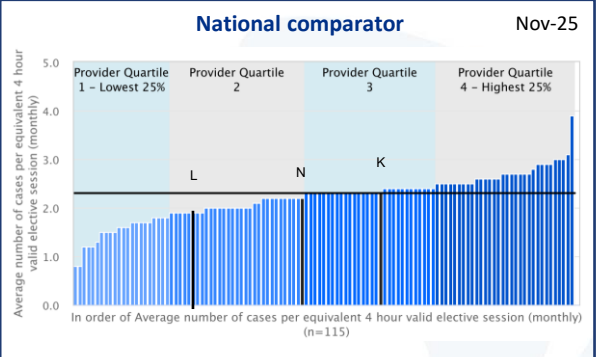
- KGH and NGH case mix is being reviewed during the scheduling process.
- Scheduling at NGH is reviewed by the adjusted and we are working with FDP for improved accuracy

### What are the issues impacting performance?

- Cancellations rates
- Workforce challenges

### Risks

- The waiting list for some specialities is low at KGH and therefore we can struggle to completely fill lists based on case mix available.
- KGH Robot has impacted on build up of non robotic cases and we are seeing more demand for backfill to support the management of this.



# 24/25 and 25/26 Activity and 25/26 Plan

25/26 M8 Plan	25/26 M8 Actual	% of planned activity
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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)	37,941	39,502	104%
	First outpatient appointments (consultant-led)	11,025	11,437	104%
	Follow up outpatient appointments (consultant-led)	19,956	21,398	107%
	Outpatient procedures (consultant-led)	6,960	6,667	96%

Outpatients	Total outpatient appointments (incl. non-consultant-led)	59,023	48,896	83%
	First outpatient appointments (consultant-led)	16,042	12,178	76%
	Follow up outpatient appointments (consultant-led)	32,134	27,797	87%
	Outpatient procedures (consultant-led)	10,847	8,921	82%

Outpatients	Total outpatient appointments (incl. non-consultant-led)	96,964	88,398	91%
	First outpatient appointments (consultant-led)	27,067	23,615	87%
	Follow up outpatient appointments (consultant-led)	52,090	49,195	94%
	Outpatient procedures (consultant-led)	17,807	15,588	88%

Elective	Elective overnight spells	281	332	118%
	Day case spells	3,268	3,695	113%

Elective	Elective overnight spells	399	467	117%
	Day case spells	4,550	4,249	93%

Elective	Elective overnight spells	680	799	118%
	Day case spells	7,818	7,944	102%

UEC	Type 1 A&E attendances	10,886	10,776	99%
	Zero-day non-elective spells	562	1,267	225%
	Overnight non-elective spells	2,056	1,800	88%

UEC	Type 1 A&E attendances	10,241	9,006	88%
	Zero-day non-elective spells	1,011	763	75%
	Overnight non-elective spells	2,035	2,414	119%

UEC	Type 1 A&E attendances	21,127	19,782	94%
	Zero-day non-elective spells	1,573	2,030	129%
	Overnight non-elective spells	4,091	4,214	103%

### 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

				No target
 			<ul style="list-style-type: none"> <li>Vacancy rate - NGH</li> </ul>	<ul style="list-style-type: none"> <li>Number of volunteering hours - KGH</li> </ul>
	<ul style="list-style-type: none"> <li>Turnover rate – KGH</li> <li>Mandatory training - NGH</li> </ul>	<ul style="list-style-type: none"> <li>Sickness and absence rate</li> <li>Time to Hire</li> </ul>	<ul style="list-style-type: none"> <li>Appraisal completion rates - NGH</li> <li>Vacancy rate - KGH</li> </ul>	<ul style="list-style-type: none"> <li>Number of volunteer hours - NGH</li> </ul>
 	<ul style="list-style-type: none"> <li>Turnover rate – NGH</li> <li>Mandatory training - KGH</li> </ul>	<ul style="list-style-type: none"> <li>Appraisal rate - KGH</li> </ul>	<ul style="list-style-type: none"> <li>Employee formal cases</li> </ul>	

# Well-Led

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

Metric	Target	Latest Date	KGH Actual	Variation	Assurance	KGH Average	NGH Actual	Variation	Assurance	NGH Average	Data Quality Indicators
<b>Culture and safety</b>											
Turnover rate	6.50%	Mar 26	6%			6.08%	5.80%			5.79%	
Appraisal completion rates	85%	Mar 26	84.30%			84.87%	80.20%			80.74%	
Mandatory training compliance	85%	Mar 26	89.50%			89.79%	89.40%			89.44%	
Sickness and absence rate	5%	Mar 26	5.20%			4.58%	4.90%			4.92%	
Number of volunteering hours	-	Mar 26	3,425			2921.22	3,810			3753.35	
Vacancy rate	8%	Mar 26	9.10%			9.74%	9.40%			9.49%	



Data quality assessment  
No data quality issues identified.

SPC indicator key		
		Worsening
		Below target
		No change
		Inconsistent in whether target achieved

Data quality indicator key			
Sign off & validation	Timely & complete	Audit & Accuracy	Robust systems & data capture

# Well-Led

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

Metric	Target	Latest Date	KGH Actual	Variation	Assurance	KGH Average	NGH Actual	Variation	Assurance	NGH Average	Data Quality Indicators
<b>Workforce financial sustainability</b>											
Time to hire (days)	65	Mar 26	83.30			69.47	76.40			83.31	
Employee relations formal cases	-	Mar 26	30			16.68	31			27.45	
Total WTE (PWR figure)	KGH: 4,903 NGH: 6,199	Mar 26	5125.67			5039.25	6574.08			6500.71	
Bank Spend as % of Total Pay	6.30%	Mar 26	10.20%			9.87%	13.20%			11.51%	
Agency Spend as % of Total Pay	2%	Mar 26	1%			1.07%	0.70%			2.24%	



### Data quality assessment

No data quality issues identified.

### SPC indicator key

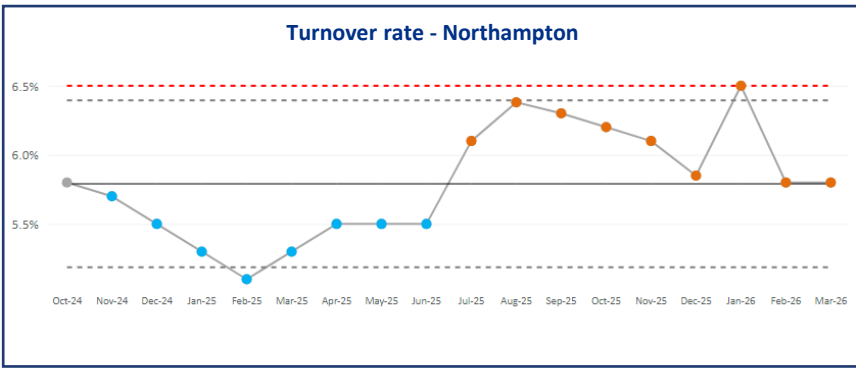
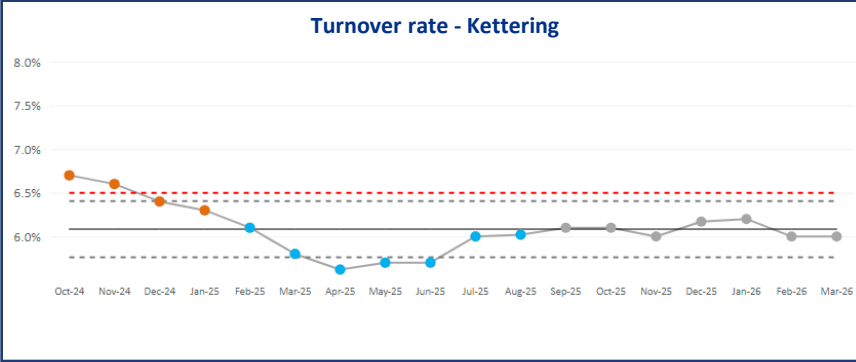
		Worsening			Improving		No change
		Below target			Above target		Inconsistent in whether target achieved

### Data quality indicator key

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.



**Data Quality Indicators**

S T A R

Site	Target	Latest Date	Actual	Variation	Assurance	Average
KGH	6.50%	Mar 26	6%			6.08%
NGH	6.50%	Mar 26	5.80%			5.79%

Metric	Target	Latest Month	Measure	
			KGH	NGH
Additional clinical services	6.5%	Mar-26	5.25%	5.10%
Allied health professionals	6.5%	Mar-26	9.86%	4.09%
Healthcare scientists	6.5%	Mar-26	3.59%	7.36%
Administrative and clerical	6.5%	Mar-26	8.64%	9.80%
Nursing and midwifery registered	6.5%	Mar-26	3.86%	3.30%
Medical and dental	6.5%	Mar-26	3.95%	4.40%
Additional professional, scientific and technical	6.5%	Mar-26	8.31%	8.21%
Estates and ancillary	6.5%	Mar-26	9.28%	8.70%

### 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%

### 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 are the issues impacting performance?

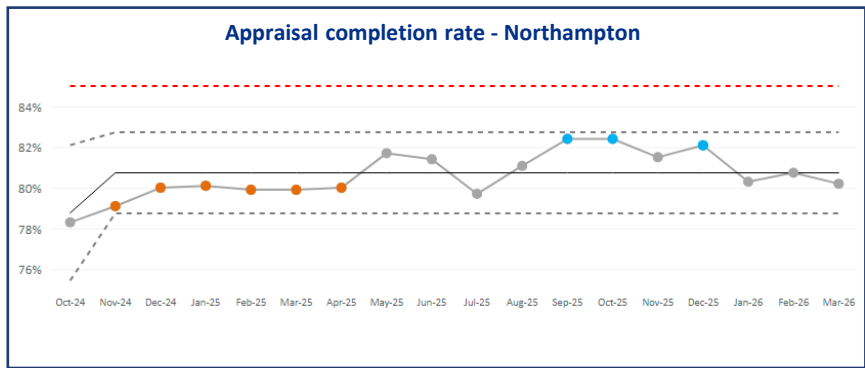
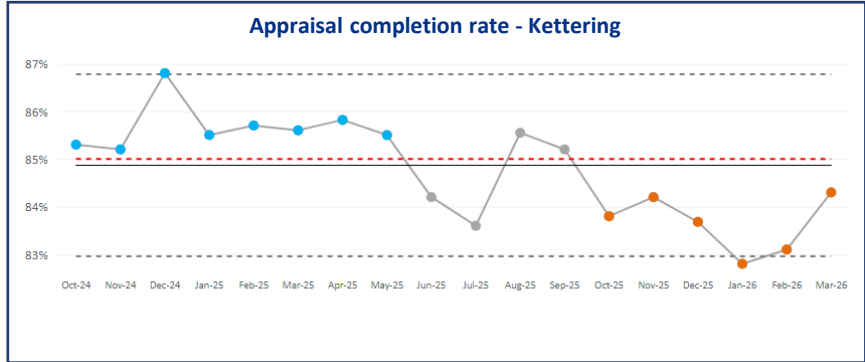
- Workflow disruptions may lead to reduced operational efficiency
- Training new hires takes time, resulting in lower short-term productivity
- Loss of experienced staff can create knowledge gaps and negatively affect organisational culture

### 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

# Appraisal completion rate

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



Data Quality Indicators		Site	Target	Latest Date	Actual	Variation	Assurance	Average
S	T	KGH	85%	Mar 26	84.30%			84.87%
A	R	NGH	85%	Mar 26	80.20%			80.74%

Metric	Target	Latest Month	Measure	
			KGH	NGH
Additional clinical services	85%	Mar-26	88.41%	85.15%
Allied health professionals	85%	Mar-26	83.98%	85.31%
Healthcare scientists	85%	Mar-26	81.94%	80.14%
Administrative and clerical	85%	Mar-26	79.49%	76.47%
Nursing and midwifery registered	85%	Mar-26	85.89%	81.74%
Medical and dental	85%	Mar-26	86.49%	
Additional professional, scientific and technical	85%	Mar-26	79.08%	82.47%
Estates and ancillary	85%	Mar-26	84.15%	68.68%

### Understanding the performance

- Rates of appraisal have improved at KGH and maintained at NGH in this reporting period but both remain under benchmark

### What are the issues impacting performance?

- The current period is influenced by operational pressures
- Change of manager and movement in role impacts appraisal timing, often right for colleague but not for compliance reporting

### 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?

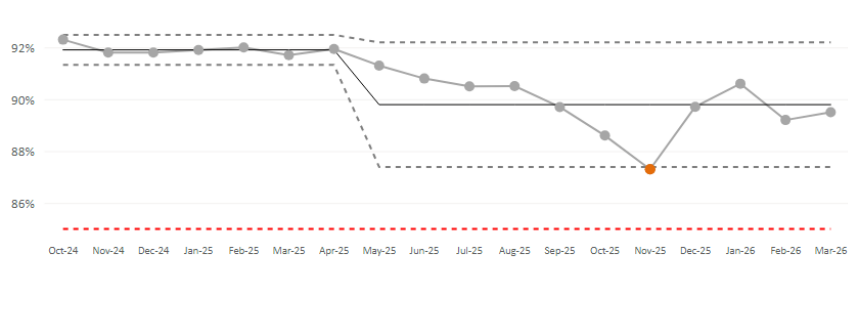
SMART– Target underperforming teams for focused support both via divisional challenge, local manager and colleague notifications

- Accept colleague notification of completion
- Appraisal pack released to colleagues that are out of date / due in the coming 3 months.
- Review with UHL for a more unified approach

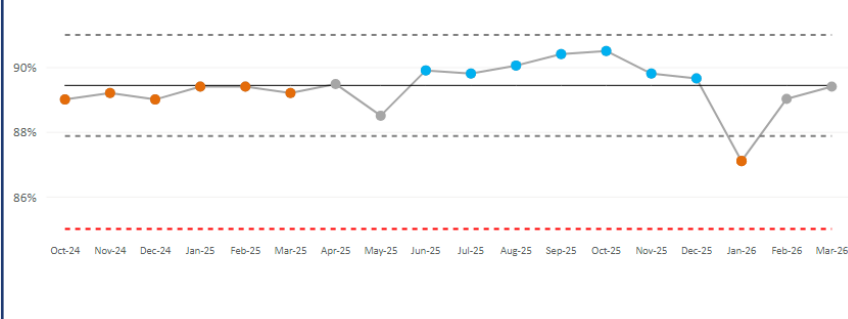
# Mandatory training compliance

The percentage of colleagues who are up-to-date with their required mandatory training.

### Mandatory training compliance - Kettering



### Mandatory training compliance - Northampton



Data Quality Indicators	Site	Target	Latest Date	Actual	Variation	Assurance	Average
S T A R	KGH	85%	Mar 26	89.50%			91.90%
	NGH	85%	Mar 26	89.40%			89.44%

Metric	Target	Latest Month	Measure	Measure
			KGH	NGH
Additional clinical services	85%	Mar-26	89.17%	93.82%
Allied health professionals	85%	Mar-26	88.29%	92.64%
Healthcare scientists	85%	Mar-26	91.84%	89.49%
Administrative and clerical	85%	Mar-26	90.72%	88.21%
Nursing and midwifery registered	85%	Mar-26	90.73%	93.44%
Medical and dental	85%	Mar-26	82.37%	76.27%
Additional professional, scientific and technical	85%	Mar-26	91.45%	88.10%
Estates and ancillary	85%	Mar-26	93.09%	86.37%

### Understanding the performance

- Compliance remains challenging but have maintained at similar levels this period.

### What are the issues impacting performance?

- Ongoing challenges cited as organisational pressures impacting on time for staff to complete.

### Risks

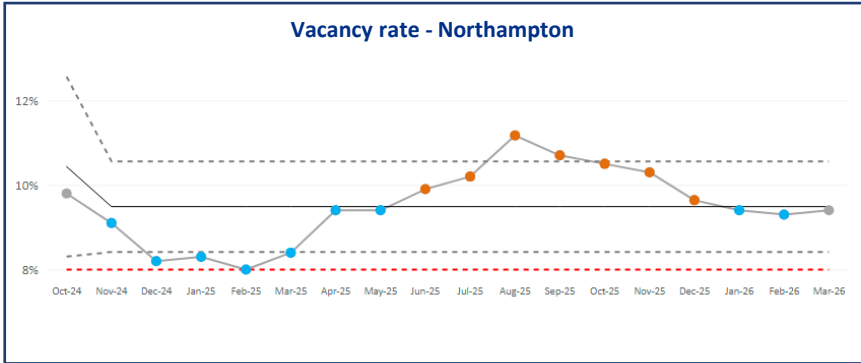
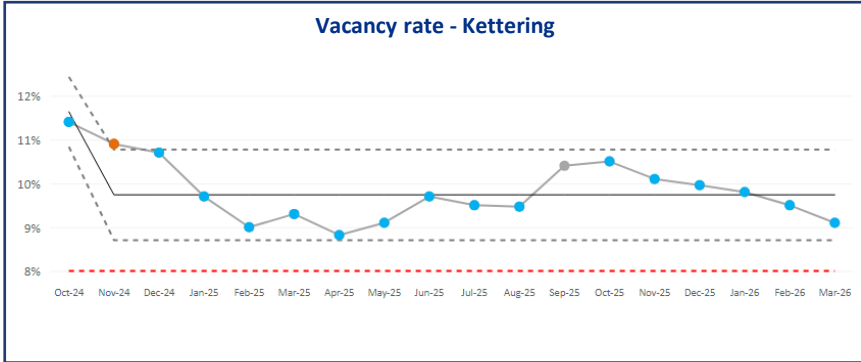
- Statutory and mandatory training is critical to managing clinical and operational risk, ensuring compliance with regulatory standards and maintaining staff and patient safety

### What SMART actions are being taken to improve?

- The new mandatory training guide has been shared across UHN
- Focus on key competencies and staff groups with the lowest compliance
- Included within the divisional data interrogation.

# Vacancy rate

The percentage of established posts which are currently vacant.



#### Data Quality Indicators

S T A R

Site	Target	Latest Date	Actual	Variation	Assurance	Average
KGH	8%	Mar 26	9.10%			9.74%
NGH	8%	Mar 26	9.40%			9.49%

Metric	Target	Latest Month	Measure	
			KGH	NGH
Additional clinical services	8%	Mar-26	9.46%	9.33%
Allied health professionals	8%	Mar-26	8.81%	5.66%
Healthcare scientists	8%	Mar-26	8.37%	4.04%
Administrative and clerical	8%	Mar-26	14.10%	12.65%
Nursing and midwifery registered	8%	Mar-26	6.26%	7.60%
Medical and dental	8%	Mar-26	3.14%	7.53%
Additional professional, scientific and technical	8%	Mar-26	11.75%	14.64%
Estates and ancillary	8%	Mar-26	16.52%	14.27%

#### Understanding the performance

#### What are the issues impacting performance?

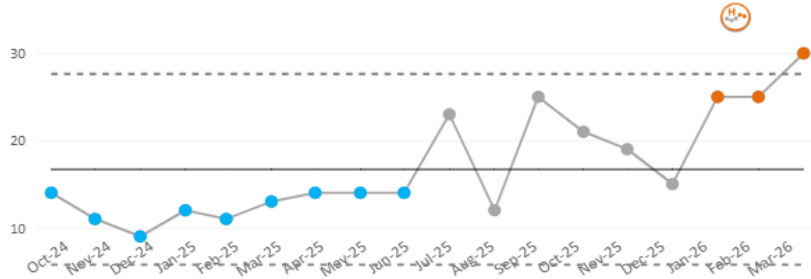
#### Risks

#### What SMART actions are being taken to improve?

# Employee relations cases

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

Employee relations cases - Kettering

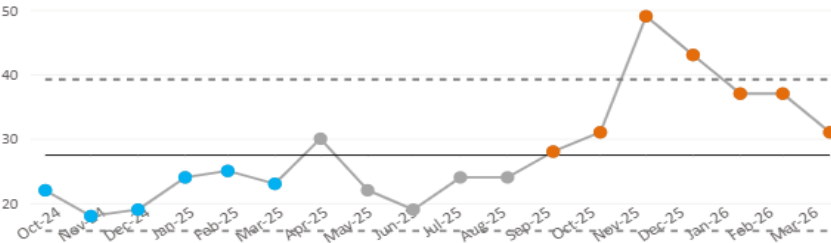


## Understanding the performance

- 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?

- 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.
- Resource review to support organisational change.

## 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.

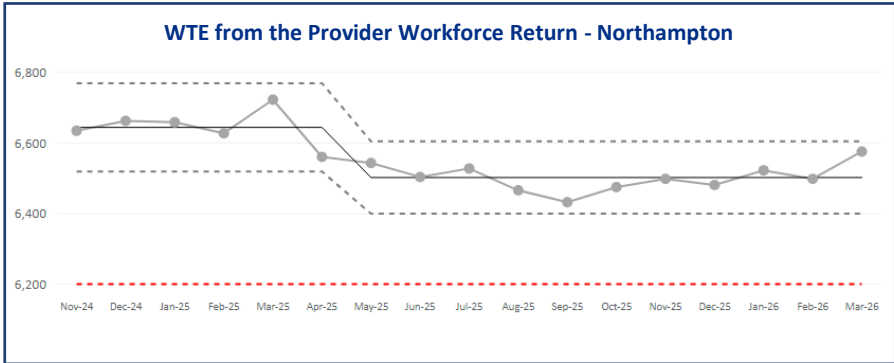
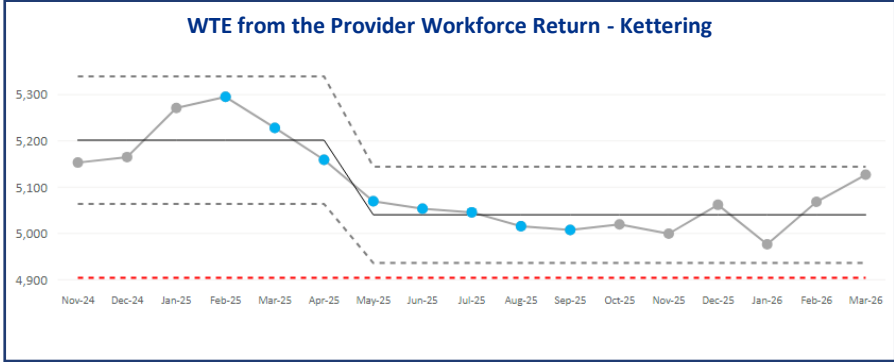
### Data Quality Indicators



Site	Target	Latest Date	Actual	Variation	Assurance	Average
KGH	-	Mar 26	30			16.68
NGH	-	Mar 26	31			27.45

# Whole-time equivalent workforce

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



Metric	Latest Month	KGH				NGH			
		Mar-25	Feb-26	Mar-26	Mar-26 Plan	Mar-25	Feb-26	Mar-26	Mar-26 Plan
Total WTE	Mar-26	5,228	5,056	5,125	4,726	6,807	6,497	6,574	6,199
Substantive WTE	Mar-26	4,662	4,593	4,599	4,443	5,928	5,834	5,832	5,784
Bank WTE	Mar-26	486	446	512	213	761	615	694	377
Agency WTE	Mar-26	80	18	15	71	118	48	48	38

**Understanding the performance**

**What are the issues impacting performance?**

**Risks**

**What SMART actions are being taken to improve?**

Data Quality Indicators	Site	Target	Latest Date	Actual	Variation	Assurance	Average
S T A R	KGH	4903	Mar 26	5125.67			5200.50
	NGH	6199	Mar 26	6574.08			6642.63

# Detailed workforce numbers

Mar-25	Feb-26	Mar-26	Change in month	Mar-25	Feb-26	Mar-26	Change in month	Mar-25	Feb-26	Mar-26	Change in month
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## King's College London

	Mar-25	Feb-26	Mar-26	Change in month
<b>Total</b>	<b>5,330</b>	<b>5,056</b>	<b>5,126</b>	<b>70</b>
Substantive	4,752	4,593	4,599	6
Bank	497	446	512	66
Agency	81	18	15	-3

## Northampton General Hospital

	Mar-25	Feb-26	Mar-26	Change in month
<b>Total</b>	<b>6,808</b>	<b>6,497</b>	<b>6,574</b>	<b>77</b>
Substantive	5,928	5,834	5,832	-2
Bank	761	615	694	79
Agency	118	48	48	0

## University Hospitals of Northamptonshire Group

	Mar-25	Feb-26	Mar-26	Change in month
<b>Total</b>	<b>12,138</b>	<b>11,553</b>	<b>11,700</b>	<b>147</b>
Substantive	10,680	10,427	10,431	4
Bank	1,258	1,061	1,206	145
Agency	199	66	63	-3

Substantive	Registered Nursing and Midwifery	1,551	1,525	1,528	3
	Scientific, Therapeutic and Technical	383	381	379	-2
	Support to Clinical Staff	968	907	921	14
	Infrastructure support	1,244	1,175	1,181	6
	Medical and Dental	601	599	584	-15

Substantive	Registered Nursing and Midwifery	1,828	1,791	1,795	4
	Scientific, Therapeutic and Technical	567	588	589	1
	Support to Clinical Staff	1,279	1,227	1,234	7
	Infrastructure support	1,449	1,383	1,363	-20
	Medical and Dental	800	841	848	7

Substantive	Registered Nursing and Midwifery	3,379	3,316	3,323	7
	Scientific, Therapeutic and Technical	950	969	969	0
	Support to Clinical Staff	2,247	2,134	2,156	22
	Infrastructure support	2,693	2,558	2,544	-14
	Medical and Dental	1,401	1,440	1,431	-9

Bank	Registered Nursing and Midwifery	183	162	196	34
	Scientific, Therapeutic and Technical	20	30	33	3
	Support to Clinical Staff	148	135	154	19
	Infrastructure support	74	70	79	9
	Medical and Dental	72	49	49	0

Bank	Registered Nursing and Midwifery	260	208	230	22
	Scientific, Therapeutic and Technical	16	17	24	7
	Support to Clinical Staff	257	205	230	25
	Infrastructure support	142	110	126	16
	Medical and Dental	86	75	83	8

Bank	Registered Nursing and Midwifery	443	370	427	57
	Scientific, Therapeutic and Technical	36	47	57	10
	Support to Clinical Staff	405	340	384	44
	Infrastructure support	216	180	205	25
	Medical and Dental	158	124	133	9

Agency	Registered Nursing and Midwifery	46	4	5	1
	Scientific, Therapeutic and Technical	14	5	3	-2
	Support to Clinical Staff	1	1	1	0
	Infrastructure support	1	0	0	0
	Medical and Dental	20	9	6	-3

Agency	Registered Nursing and Midwifery	53	25	27	2
	Scientific, Therapeutic and Technical	27	7	4	-3
	Support to Clinical Staff	0	0	0	0
	Infrastructure support	0	0	0	0
	Medical and Dental	38	16	17	1

Agency	Registered Nursing and Midwifery	99	29	32	3
	Scientific, Therapeutic and Technical	41	12	7	-5
	Support to Clinical Staff	1	1	1	0
	Infrastructure support	1	0	0	0
	Medical and Dental	58	25	23	-2

## Understanding the position

### What are the issues impacting the position?

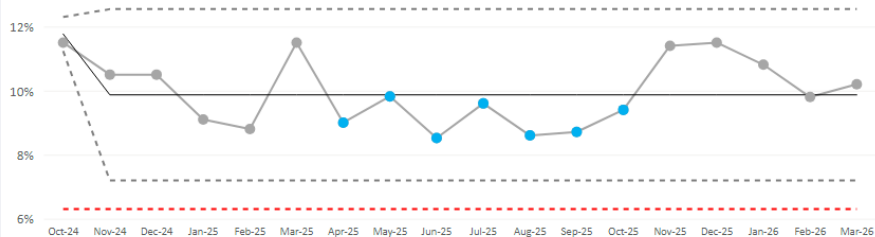
### What SMART actions are being taken to improve?

## Risks

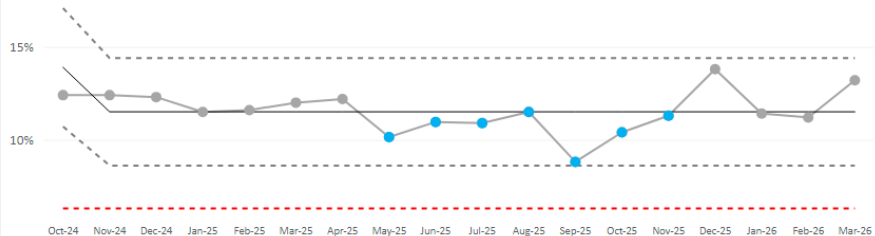
# Bank spend as a percentage of total pay

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

Bank spend as a % of total pay - Kettering



Bank spend as a % of total pay - Northampton



**Data Quality Indicators**



Site	Target	Latest Date	Actual	Variation	Assurance	Average
KGH	6.30%	Mar 26	10.20%			9.87%
NGH	6.30%	Mar 26	13.20%			13.90%

Metric	Var	Measure	Var	Measure
		KGH		NGH
<b>Overall</b>		<b>10.2%</b>		<b>13.2%</b>
Registered nursing, midwifery and health visiting		3.8%		5.6%
Healthcare scientists and scientific, therapeutic and technical		0.2%		0.3%
Support to clinical		0.8%		0.7%
Medical and dental		4.9%		5.9%
Non-Clinical		0.6%		0.8%

**Understanding the performance**

- Bank spend is above target in both Trusts
- Bank spend increased 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

# Our Use of Resources domain metrics

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

				No target
 				
		<ul style="list-style-type: none"> <li>• Surplus / deficit – NGH</li> <li>• Cash</li> </ul>		
 		<ul style="list-style-type: none"> <li>• Surplus / deficit – KGH</li> <li>• Acute implied productivity compared to last year</li> <li>• CIP delivery</li> </ul>	<ul style="list-style-type: none"> <li>• Surplus/Deficit</li> </ul>	

# Use of Resources

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

Metric	Target	Latest Date	KGH Actual	Variation	Assurance	KGH Average	NGH Actual	Variation	Assurance	NGH Average	Data Quality Indicators
<b>Finance</b>											
Surplus / deficit	KGH: -422 NGH: -392	Mar 26	-4,564			-1333.15	-6,662			-1899.50	
Cash	6050	Mar 26	2,631			5439.20	9,717			5943.53	
<b>Productivity and efficiency</b>											
Acute Implied Productivity compared to last year	2%	Nov 25	0.60%			1.41%	-3.40%			2%	
CIP Delivery	100%	Mar 26	82.04%			208.06%	78.75%			191.32%	

## 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

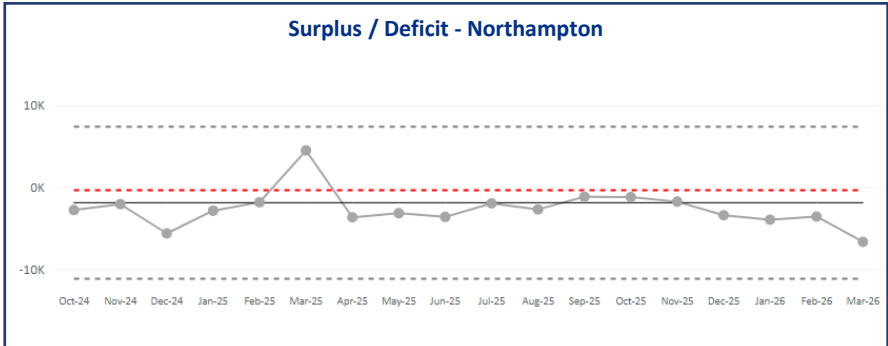
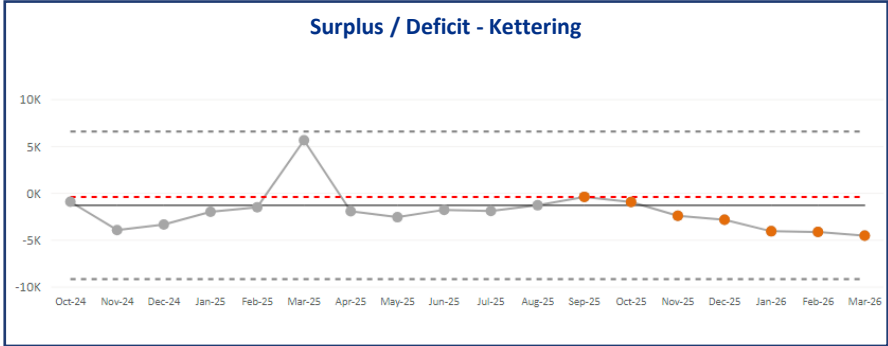
		Worsening			Improving		No change
		Below target			Above target		Inconsistent in whether target achieved

## Data quality indicator key

Sign off & validation	Timely & complete	Audit & Accuracy	Robust systems & data capture

# Surplus / deficit

Monthly financial position – total income vs total expenditure.



**Data Quality Indicators**



Site	Target	Latest Date	Actual	Variation	Assurance	Average
KGH	-442	Mar 26	-4,564			-1333.15
NGH	-392	Mar 26	-6,662			-1899.50

**Understanding the performance**

- The deficit for KGH in March was £4.6m
- The deficit for NGH in January was £6.7m
- For the full year, draft accounts for 2025/26 (subject to audit) confirm achievement of the forecast outturn position agreed with NHSE in month 10.

**What are the issues impacting performance?**

- Under delivery of 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 support 2026/27 delivery.
- 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

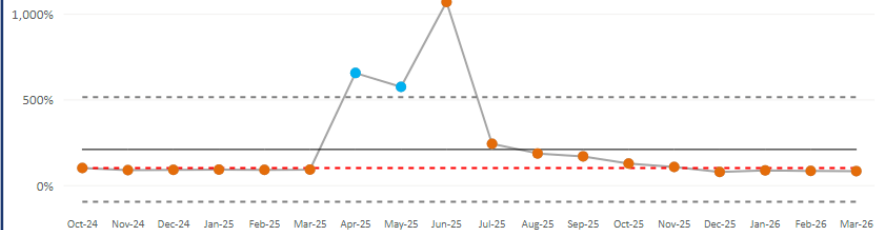
**Risks**

- There are insufficient mitigations identified to deliver the remaining financial gap and to offset other operational pressures in 2025/26.

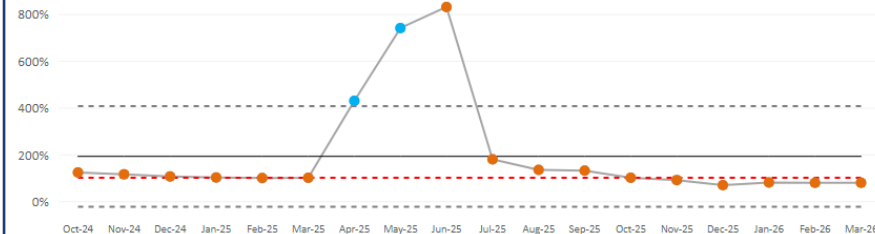
# Cost improvement plan delivery

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

CIP delivery - Kettering



CIP delivery - Northampton



## Understanding the performance

- £68.6m of efficiencies have been delivered across UHN for the year (£32.2m NGH, £36.5m KGH), against a full year plan of £85.5m.
- A number of the 2025/26 schemes will have a beneficial full year effect into 2026/27.

## 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.

## 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 largely driven by material step up in in-month target and ability to identify sufficient savings.

## Risks

- Rising efficiency targets make savings increasingly hard to deliver.
- The full scope of the efficiency programme has not been identified yet for 2026/27, work is underway to fully develop the programme.
- Efficiency plans face development gaps and delivery risks, even where fully scoped.

### Data Quality Indicators



Site	Target	Latest Date	Actual	Variation	Assurance	Average
KGH	100%	Mar 26	82.04%			208.06%
NGH	100%	Mar 26	78.75%			191.32%

### % of delivery that is recurrent

Site	Target	Latest Date	Actual	Variation	Assurance	Average
KGH	100%	Mar 26	48%			42.93%
NGH	100%	Mar 26	51%			34.62%

# Summary Balance Sheet - KGH

TRUST SUMMARY BALANCE SHEET						
MONTH 12 2025/26						
	Balance at 31-Mar-25 £000	Current Month			Forecast end of year	
		Opening Balance £000	Closing Balance £000	Movement (in month) £000	Closing Balance £000	Movement £000
<b>NON CURRENT ASSETS</b>						
OPENING NET BOOK VALUE	203,103	203,103	203,103	0	203,103	0
IN YEAR REVALUATIONS	0	0	620	620	0	0
IN YEAR MOVEMENTS	0	26,167	39,755	13,588	39,755	39,755
LESS DEPRECIATION	0	(13,149)	(13,229)	(80)	(13,229)	(13,229)
<b>NET BOOK VALUE</b>	<b>203,103</b>	<b>216,121</b>	<b>230,249</b>	<b>14,128</b>	<b>230,249</b>	<b>27,146</b>
NON CURRENT RECEIVABLES	1,238	883	1,186	303	1,186	(52)
<b>CURRENT ASSETS</b>						
INVENTORIES	6,795	7,084	7,211	127	7,211	416
TRADE & OTHER RECEIVABLES	12,681	15,629	12,324	(3,305)	12,324	(357)
CASH	5,261	4,577	3,126	(1,451)	3,126	(2,135)
<b>TOTAL CURRENT ASSETS</b>	<b>24,737</b>	<b>27,290</b>	<b>22,661</b>	<b>(4,629)</b>	<b>22,661</b>	<b>(2,076)</b>
<b>CURRENT LIABILITIES</b>						
TRADE & OTHER PAYABLES	31,224	42,105	41,204	(901)	41,204	9,980
LEASE PAYABLE under 1 year	1,468	1,573	1,349	(224)	1,349	(119)
DHSC LOANS	760	0	0	0	0	(760)
PROVISIONS under 1 year	1,935	894	1,296	402	1,296	(639)
<b>TOTAL CURRENT LIABILITIES</b>	<b>35,387</b>	<b>44,572</b>	<b>43,849</b>	<b>(723)</b>	<b>43,849</b>	<b>8,462</b>
<b>NET CURRENT ASSETS / (LIABILITIES)</b>	<b>(10,650)</b>	<b>(17,282)</b>	<b>(21,188)</b>	<b>(3,906)</b>	<b>(21,188)</b>	<b>(10,538)</b>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>	<b>193,691</b>	<b>199,722</b>	<b>210,247</b>	<b>10,525</b>	<b>210,247</b>	<b>16,556</b>
<b>NON CURRENT LIABILITIES</b>						
LEASE PAYABLE over 1 year	4,739	5,997	6,271	274	6,271	1,532
LOANS over 1 year	0	0	0	0	0	0
PROVISIONS over 1 year	560	544	532	(12)	532	(28)
<b>NON CURRENT LIABILITIES</b>	<b>5,299</b>	<b>6,541</b>	<b>6,803</b>	<b>262</b>	<b>6,803</b>	<b>1,504</b>
<b>TOTAL ASSETS EMPLOYED</b>	<b>188,392</b>	<b>193,181</b>	<b>203,444</b>	<b>10,263</b>	<b>203,444</b>	<b>15,052</b>
<b>FINANCED BY</b>						
PDC CAPITAL	312,800	337,442	357,509	20,067	357,509	44,709
REVALUATION RESERVE	41,267	41,274	40,636	(638)	40,636	(631)
I & E ACCOUNT	(165,675)	(185,535)	(194,701)	(9,166)	(194,701)	(29,026)
<b>FINANCING TOTAL</b>	<b>188,392</b>	<b>193,181</b>	<b>203,444</b>	<b>10,263</b>	<b>203,444</b>	<b>15,052</b>

## Non-Current Assets

- Capital expenditure in the month was £13,614k, including £1,730k Energy Centre, £1,249k site wide power supply architecture and £1,043k Rockingham extension expenditure.
- Depreciation and in year movements include the impact of right of use assets.

## Current Assets

- Cash – £3,126k balance, down £1,451k in-month.
- Cash Management – No revenue cash support required due to high capital PDC receipts; some spend remains in creditors for payment in Q1 2026/27.
- Trade & Other Receivables – £3,305k decrease, driven by lower prepayments and receivables, and higher credit loss allowance; includes additional ICB pay award funding.

## Current Liabilities

- BPPC – 30-day terms in place; performance impacted by payment restrictions to NHFT, UHL, NHSSC and large Pharma suppliers.
- Trade & Other Payables – £901k decrease. Driven by lower deferred income (£2,693k, incl. HEE training), partly offset by increases in accruals (£1,146k), other creditors (£445k) and capital creditors (£3,014k).

## Financing

- YTD PDC Revenue Support - £14,138k, no change from February.
- YTD PDC Capital Support - £30,571K, an in-month increase of £11,958k
- YTD Income & Expenditure deficit £29,026k, an in-month increase of £4,886k

# Summary Balance Sheet - NGH

TRUST SUMMARY BALANCE SHEET						
MONTH 12 2025/26						
	Balance at 31-Mar-25 £0	Current Month			Forecast end of year	
		Opening Balance £0	Closing Balance £0	Movement £0	Closing Balance £0	Movement £0
<b>NON CURRENT ASSETS</b>						
OPENING NET BOOK VALUE	263,061	263,054	263,054	0	263,054	(7)
IN YEAR REVALUATIONS	0	0	3,909	3,909	3,909	3,909
IN YEAR MOVEMENTS	0	28,425	41,784	13,359	41,784	41,784
LESS DEPRECIATION	0	(18,751)	(20,415)	(1,664)	(20,415)	(20,415)
NET BOOK VALUE	263,061	272,728	288,332	15,604	288,332	25,271
<b>CURRENT ASSETS</b>						
INVENTORIES	9,137	9,554	9,142	(412)	9,142	5
TRADE & OTHER RECEIVABLES	21,814	17,175	16,243	(932)	16,243	(5,571)
CLINICIAN PENSION TAX FUNDING	628	628	587	(41)	587	(41)
CASH	2,012	9,717	2,631	(7,086)	2,631	619
TOTAL CURRENT ASSETS	33,591	37,074	28,603	(8,471)	28,603	(4,988)
<b>CURRENT LIABILITIES</b>						
TRADE & OTHER PAYABLES	41,335	56,570	53,977	(2,593)	53,977	12,642
FINANCE LEASE PAYABLE under 1 year	1,336	1,272	1,276	4	1,276	(60)
SHORT TERM LOANS	163	41	41	0	41	(122)
PROVISIONS under 1 year	3,612	1,169	2,467	1,298	2,467	(1,145)
TOTAL CURRENT LIABILITIES	46,446	59,052	57,761	(1,291)	57,761	11,315
<b>NET CURRENT ASSETS / (LIABILITIES)</b>	<b>(12,855)</b>	<b>(21,978)</b>	<b>(29,158)</b>	<b>(7,180)</b>	<b>(29,158)</b>	<b>(16,303)</b>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>	<b>250,206</b>	<b>250,750</b>	<b>259,174</b>	<b>8,424</b>	<b>259,174</b>	<b>8,968</b>
<b>NON CURRENT LIABILITIES</b>						
FINANCE LEASE PAYABLE over 1 year	14,121	11,753	11,688	(65)	11,688	(2,453)
LOANS over 1 year	59	18	18	0	18	(41)
PROVISIONS over 1 year	768	768	720	(48)	720	(48)
NON CURRENT LIABILITIES	14,948	12,539	12,406	(133)	12,406	(2,542)
<b>TOTAL ASSETS EMPLOYED</b>	<b>235,258</b>	<b>238,211</b>	<b>246,768</b>	<b>8,557</b>	<b>246,768</b>	<b>11,510</b>
<b>FINANCED BY</b>						
PDC CAPITAL	322,348	357,210	368,556	11,346	368,556	46,208
REVALUATION RESERVE	60,399	60,399	63,989	3,590	63,989	3,590
I & E ACCOUNT	(147,489)	(179,398)	(185,777)	(6,379)	(185,777)	(38,288)
<b>FINANCING TOTAL</b>	<b>235,258</b>	<b>238,211</b>	<b>246,768</b>	<b>8,557</b>	<b>246,768</b>	<b>11,510</b>

## Non-Current Assets

- M12 Capital movements of £13,359k, includes PDC funded schemes - 2nd Linear Accelerator £2,587k, UTC works £2,4385k, Critical Infrastructure estate works £1,610k, Cancer diagnostic £737k, Cyber security spend £353k. Further spend on EPR £1,838k, BAU Med. Equipment £1,283k, BAU Estates works £1,561k

## Current Assets

- Inventories – £412k movement from stock take; decreases in Pacing/Theatres offset by increases in Pharmacy/Pathology and £196k across other areas.
- Trade & Other Receivables – £932k increase, driven by VAT, NHS receivables, PDC dividend and impairment provision, partly offset by lower prepayments, non-NHS receivables, sales ledger and salary overpayments.
- Salary Overpayments – £34k increase; balance £401k. YTD £670k (lower than LY) with fewer cases.
- Cash – £7,086k decrease in line with forecast, mainly due to PDC dividend and high creditor payments

## Current Liabilities

- Trade & Other Payables – £2,831k increase. Driven by fixed asset payables (£6,762k) and rises in trade payables, payroll-related liabilities, and accruals (annual leave/Week 52), partly offset by PDC dividend payment (£3,310k) and reductions in NHS payables, accruals, and receipts in advance.
- Provisions – £1,298k increase, mainly medical pay arrears (£1,167k), with smaller redundancy and legal costs; partly offset by utilisation and reversals

## Financing

- PDC Capital – £11,346k total: £8,846k capital (incl. Linear Accelerator, UTC, Boiler Works, CIR, EMCA, Cyber) and £2,500k revenue deficit support.
- Revaluation Reserve – £3,590k from site-wide valuation.
- I&E Account – £6,453k in-month deficit; retained earnings include £73k historic equipment adjustment.

# Cash Flow - KGH

MONTHLY CASHFLOW	ANNUAL TOTAL	ACTUAL	ACTUAL	ACTUAL	ACTUAL	ACTUAL	ACTUAL	ACTUAL	ACTUAL	ACTUAL	ACTUAL	ACTUAL	ACTUAL	FORECAST 27/28		
	2025/26	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
<b>RECEIPTS</b>																
Clinical Income	416,384	33,988	34,338	34,760	36,659	36,776	35,111	36,137	34,873	34,503	35,037	30,492	33,710	35,103	34,586	34,294
Health Education England	13,455	3,106	0	0	2,911	0	0	5,142	0	0	0	2,296	0	3,512	0	0
VAT	6,357	970	449	988	0	991	402	349	575	619	375	345	293	500	400	400
Other income	12,407	649	1,122	883	1,868	1,905	944	881	570	1,367	454	619	1,146	850	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	11,236	6,979
Interest Receivable	1,020	132	99	89	70	78	75	78	93	85	74	70	77	89	84	79
<b>TOTAL RECEIPTS</b>	<b>494,332</b>	<b>38,844</b>	<b>36,008</b>	<b>37,919</b>	<b>41,509</b>	<b>42,050</b>	<b>44,140</b>	<b>43,275</b>	<b>40,818</b>	<b>38,308</b>	<b>42,347</b>	<b>41,930</b>	<b>47,183</b>	<b>44,003</b>	<b>49,615</b>	<b>45,498</b>
<b>PAYMENTS</b>																
Salaries and wages (incl agency)	314,645	25,360	26,484	25,903	25,581	27,475	27,813	25,865	25,189	25,937	26,542	26,239	26,256	27,072	26,921	26,921
Trade Creditors	131,080	5,911	14,555	9,309	12,607	10,421	9,419	13,810	8,798	10,141	10,717	10,079	15,312	6,702	14,093	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	1,534	1,534	1,534
Capital Expenditure	29,985	1,752	1,026	1,897	1,413	1,769	1,581	1,233	3,291	2,495	3,926	2,810	6,791	9,399	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
<b>TOTAL PAYMENTS</b>	<b>496,425</b>	<b>35,212</b>	<b>43,483</b>	<b>38,527</b>	<b>41,019</b>	<b>41,083</b>	<b>42,906</b>	<b>42,327</b>	<b>38,697</b>	<b>39,991</b>	<b>42,603</b>	<b>39,127</b>	<b>51,450</b>	<b>44,707</b>	<b>49,214</b>	<b>45,554</b>
Actual month balance	-2,094	3,632	-7,475	-608	491	967	1,234	948	2,121	-1,683	-256	2,802	-4,266	-704	401	-55
Cash in transit & Cash in hand adjustment	5	0	5	0	-1	41	0	746	-842	44	-47	3	10	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	3,126	2,422	2,823
Balance carried forward	3,172	8,893	1,423	815	1,305	2,313	3,547	5,241	6,520	4,881	4,577	7,383	3,126	2,422	2,823	2,768

## What are the issues impacting the position?

- Closing cash balance in March was £3,126k an decrease of £4,257k. This is mainly due to the increased Capital spend in month and payment of other Trade creditors.
- The Trust monitored its cash position throughout the year. The position in March was managed to ensure a low year end balance
- For Q4, support in February was been received (£4,000k). No support in March was requested due to high levels of Capital PDC in March.
- The cashflow reflects the ICB clawback of deficit funding, with adjustments in February (£5,667k) and March (£2,883k)
- This cashflow includes Capital Income (PDC) and Expenditure profiled in month. The profile was based on the March plan but will be reviewed throughout the year.
- The Trust continues to use 30 days payment terms for most suppliers. If required, the Trust will move NHSSC and large Pharma companies to 45 days to manage the cash position.
- The Trust will monitor cash and adjust weekly payment runs accordingly.
- The NHS resolution payments stopped in January as these are paid over 10 months.
- The commercial bank account with Barclays was closed in November, with the balance transferred to the GBS account.

# Cash Flow - NGH

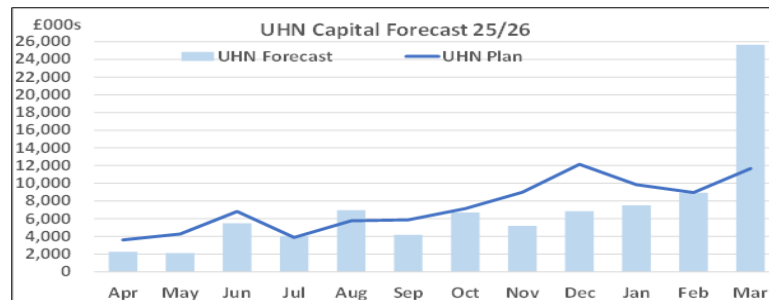
MONTHLY CASHFLOW	ANNUAL TOTAL	ACTUAL												FORECAST 26/27		
	2025/26 £000	APR £000	MAY £000	JUN £000	JUL £000	AUG £000	SEP £000	OCT £000	NOV £000	DEC £000	JAN £000	FEB £000	MAR £000	APR £000s	MAY £000s	JUN £000s
<b>RECEIPTS</b>																
SLA Block Payments	508,420	42,012	41,272	41,333	45,570	44,555	42,544	43,725	42,787	42,588	42,851	39,204	39,979	42,770	41,871	41,371
Health Education Payments	18,347	4,143	0	0	4,110	0	0	7,216	0	0	0	2,878	0	4,744	0	0
Other NHS Income	19,241	1,401	2,080	3,846	888	3,270	743	614	389	1,819	1,879	684	1,628	850	850	3,025
VAT Claim	8,423	352	2,138	611	916	849	538	(352)	2,075	0	660	636	0	1,533	500	600
PP / Other	9,516	749	498	663	1,045	937	679	720	698	800	1,100	914	713	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	5,500	3,500
Interest Receivable	1,125	110	102	93	78	82	82	107	113	97	92	75	95	94	81	81
<b>TOTAL RECEIPTS</b>	<b>611,280</b>	<b>48,767</b>	<b>46,091</b>	<b>46,546</b>	<b>52,607</b>	<b>52,475</b>	<b>61,033</b>	<b>52,309</b>	<b>47,242</b>	<b>49,444</b>	<b>51,587</b>	<b>49,419</b>	<b>53,760</b>	<b>55,840</b>	<b>49,652</b>	<b>49,427</b>
<b>PAYMENTS</b>																
Salaries and wages	389,731	30,603	31,887	31,901	31,273	33,860	34,572	32,415	32,268	32,372	33,039	32,958	32,582	33,628	33,415	33,108
Trade Creditors	146,204	8,626	14,047	10,639	16,195	12,434	10,291	13,533	9,719	12,128	11,281	10,540	16,771	10,866	10,000	9,698
NHS Creditors	30,756	2,505	2,500	3,500	2,695	2,360	2,637	3,426	3,200	3,734	2,063	311	1,824	4,295	2,531	2,531
Capital Expenditure	37,034	3,380	1,542	1,513	1,499	1,234	5,984	3,505	2,922	2,511	2,444	4,378	6,122	6,677	4,814	3,157
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
<b>TOTAL PAYMENTS</b>	<b>610,670</b>	<b>45,132</b>	<b>49,977</b>	<b>47,555</b>	<b>51,663</b>	<b>49,949</b>	<b>56,691</b>	<b>52,897</b>	<b>48,109</b>	<b>50,748</b>	<b>48,828</b>	<b>48,247</b>	<b>60,875</b>	<b>55,484</b>	<b>50,760</b>	<b>48,497</b>
Actual month balance	611	3,635	(3,886)	(1,009)	944	2,527	4,342	(587)	(867)	(1,303)	2,759	1,171	(7,115)	356	(1,107)	930
Cash in transit & in hand adjustment	8	18	9	8	(1)	(75)	70	16	(35)	(59)	(30)	58	29	(20)	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	2,631	2,967	1,859
<b>Balance carried forward</b>	<b>2,631</b>	<b>5,665</b>	<b>1,788</b>	<b>787</b>	<b>1,730</b>	<b>4,181</b>	<b>8,594</b>	<b>8,022</b>	<b>7,121</b>	<b>5,759</b>	<b>8,488</b>	<b>9,717</b>	<b>2,631</b>	<b>2,967</b>	<b>1,859</b>	<b>2,790</b>

## What are the issues impacting the position?

- Closing cash at year end was £2,631k, below the £2,873k target due to a delayed VAT refund (received 1 April, with Feb and Mar claims now reflected in April).
- ICB contract income included a £2,583k deficit support clawback and a £721k depreciation adjustment. Other NHS income was £528k above forecast due to high-value March invoices settled in-month, while other income was slightly below forecast.
- PDC funding included £8,846k capital (Linear Accelerator, UTC, Boiler Works, CIR, EMCA) and £2,500k revenue support for March, with further applications submitted for April (£5,000k) and May (£5,500k).
- Trade creditor payments were £339k below forecast, with improved invoice clearance (90-day+ invoices reduced). Most NHS payments were to UHL, supporting cash management.
- Capital spend increased in March and is expected to remain high in April due to project completions and equipment deliveries. The PDC dividend was based on the Month 9 full-year estimate.

# Capital - UHN

UHN Capital Expenditure	2025/26 Plan			2025/26			
	£000s	Original	Change	Revised	Revised Plan	Actual	Variance
BAU - Estates		4,102	1,833	5,935	5,935	7,716	1,781
BAU - Medical Equipment		4,000	100	4,100	4,100	4,801	701
BAU - Digital		3,500		3,500	3,500	3,838	338
ROU Renewals + Additions		1,094		1,094	1,094	1,339	245
Remaining CDC + Slippage		2,556		2,556	2,556	932	(1,624)
Corby CDC ROU Lease		2,500		2,500	2,500	2,500	0
EPR System Implementation		7,600		7,600	7,600	8,214	614
Lin Acc Enabling Work + Eqp.		1,380		1,380	1,380	1,209	(171)
Old ITU Refurb to a new Ward		2,600	(1,833)	767	767	447	(320)
Critical Infrastructure Risk Allocation			1,585	1,585	1,585	1,602	17
UEC Performance Allocation			3,000	3,000	3,000	1,400	(1,600)
Disposals				0	0	(145)	(145)
<b>BAU Capital net of Disposals</b>	<b>29,332</b>	<b>4,685</b>	<b>34,017</b>	<b>34,017</b>	<b>33,853</b>	<b>(164)</b>	
Critical Infrastructure Risk Allocation		8,265	(390)	7,875	7,875	6,948	(927)
Constitutional Standards UTC		10,750	0	10,750	10,750	10,750	(0)
Constitutional Standards Surgical Hub		2,000	(2,000)	0	0	0	0
Constitutional Standards CDC		0	1,750	1,750	1,750	1,750	(0)
Medical Equipment			1,889	1,889	1,889	1,712	(177)
Digital Diagnostics			243	243	243	189	(54)
Cyber Digital			812	812	812	782	(30)
Rockingham Extension		11,850	(8,241)	3,609	3,609	3,590	(19)
Energy Centre		19,990	(3,186)	16,804	16,804	16,804	(0)
NHP Wave 2		900	98	998	998	998	0
NHP Enabling MSCP + Data Centre			1,083	1,083	1,083	880	(203)
Maternity Building Rebuild		1,039	(774)	265	265	98	(167)
Solar Partnership Scheme		713		713	713	713	(0)
MESC - Linear Accelerator		2,616	2,616	5,232	5,232	5,203	(29)
Digital - EPR		1,180		1,180	1,180	1,180	0
<b>Non BAU Capital Expenditure</b>	<b>59,303</b>	<b>(6,100)</b>	<b>53,203</b>	<b>53,203</b>	<b>51,596</b>	<b>(1,607)</b>	
Charitable Funds		300	(18)	282	282	282	0
<b>Total Capital Expenditure</b>	<b>88,935</b>	<b>(1,433)</b>	<b>87,502</b>	<b>87,502</b>	<b>85,732</b>	<b>(1,770)</b>	



Year to Date Capital Spend	KGH	NGH	UHN
Capital Allocation	14,934	19,209	34,143
PDC Funded	29,202	21,869	51,071
<b>Total CDEL</b>	<b>44,136</b>	<b>41,314</b>	<b>85,450</b>
Grants Donations	47	235	282
<b>Total Capital Expenditure</b>	<b>44,183</b>	<b>41,549</b>	<b>85,732</b>

## What are the issues impacting the position?

### 25-26 Capital spend finished £1.770m lower than the revised capital plan:

The original UHN plan to spend £88.935m was updated via MOU changes and new funding opportunities. The net changes being a £1.433m reduction on the original plan.

### BAU Capital spend £164k lower than allocation:

The total spend on internally funded schemes closed 0.5% under the allocation, enabled by a significant March Energy Centre valuation which pushed this expenditure £0.8m above the £16.8m agreed funding in 25-26.

### Non BAU Capital £1.6m under plan:

These PDC funded schemes were updated in year for known and agreed forecast changes. The remaining underspends accumulated from time slippage in Estates CIR schemes, Maternity rebuild and some genuine underspends when equipment and digital items ultimately sourced.

# Interpreting SPC charts and Glossary

# Interpreting SPC charts

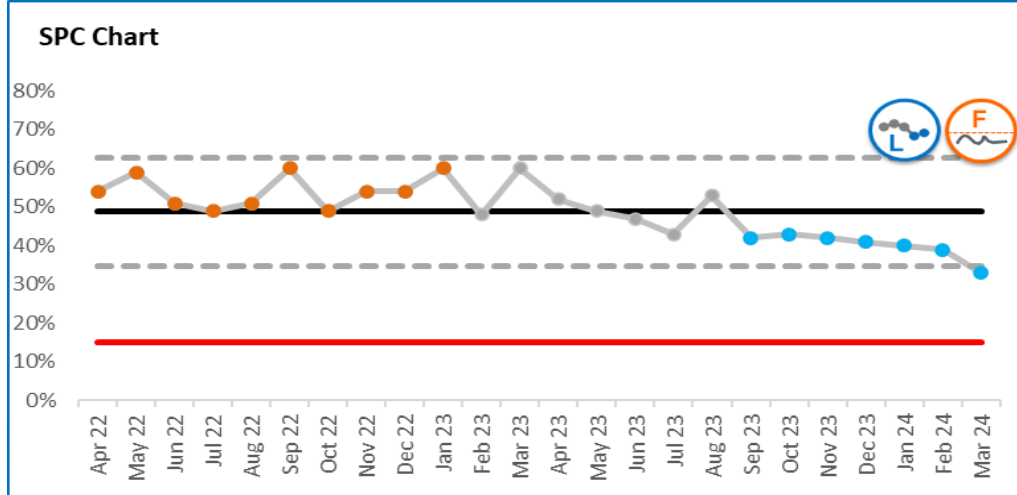
A statistical process control (SPC) chart is a useful tool to help distinguish between signals (which should be reacted to) and noise (which should not as it is occurring randomly).

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



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.

- UPL
- Average
- LPL
- Target

# Interpreting summary icons

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

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 <b>currently not changing significantly</b> . It shows the level of natural variation you can expect from the process or system itself.	<b>Consider if the level/range of variation is acceptable.</b> 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.	<b>Something's going on!</b> Something, a one-off or a continued trend or shift of numbers in the wrong direction	<b>Investigate</b> 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.	<b>Something good is happening!</b> 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. <b>Celebrate</b> the improvement or success. Is there <b>learning</b> 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 <b>within</b> 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 <b>outside of those limits in the wrong direction</b> then you know that the target cannot be achieved.	<b>You need to change something in the system or process if you want to meet the target.</b> 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 <b>outside of those limits in the right direction</b> then you know that the target can consistently be achieved.	<b>Celebrate the achievement.</b> 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	<ul style="list-style-type: none"> <li>Has the logic and validity of the data definition been assessed and agreed by people of appropriate and differing expertise?</li> <li>Has this definition been reviewed regularly to capture any changes e.g. new ways of recording, new national guidance?</li> </ul>
T	Timely and Complete	<ul style="list-style-type: none"> <li>Is the data available and up to date at the point of reporting?</li> <li>Are all the required data values captured and available at the point of reporting?</li> </ul>
A	Audit and Accuracy	<ul style="list-style-type: none"> <li>Is there a process to audit the validity of reported data using business logic rules?</li> <li>Are accuracy checks built into the reporting process?</li> </ul>
R	Robust systems and Data Capture	<ul style="list-style-type: none"> <li>Is data collected in a structured format using an appropriate digital system?</li> <li>Does the data conform to data dictionary standards where relevant?</li> </ul>

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

# Glossary

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 occurring 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

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.

Acronym	Name	Description
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.