Boards in Common paper E

Meeting	University Hospital of Leicester and University Hospitals of Northamptonshire NHS Group (Kettering General Hospital and Northampton General Hospital) Public Boards of Directors
Date	11th June 2026
Agenda item	3.3 Paper E Integrated Performance Report
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Link to Group Priorities (select all that apply):		
☒ Transform Patient Care	☒ Strengthen our Culture	☒ Deliver our financial plan

This paper is for		
☒ Approval	☒ Note	☒ Assurance

To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which	Previous consideration
The appendices provide key controls and assurances to inform the effective management of strategic risks, set out in the Group Board Assurance Framework.	Finance, Investment and Performance Committee, 26 May 2026 Quality and Safety Committee, 27 May 2026

Impact Assessment

No direct financial, legal or equality implications arising from this assurance report

Executive Summary

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

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

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

Caring

✓ Good News	⚠ Areas of concern	➜ Improvement Plans
• UHN: Patient experience remains broadly positive overall, with KGH trust-wide FFT at 92.1% and NGH at 89.6%, and both sites reporting very strong maternity FFT performance of 97.2%, above the 95% target. • UHL: Complaints timeliness had improved through strengthened oversight. • UHL: Patient experience has remained resilient in a difficult operating environment.	• UHN: FFT provider for NGH ceasing supply as of August 2026, creating operational risk for patient experience monitoring. • UHN: There are notable pockets of deterioration in patient experience, including NGH A&E FFT falling to 72.7%, KGH Medical SDEC falling to 48.0%, and NGH outpatient FFT remaining below target at 92.0%. • UHN & UHL: Complaints response times remain materially below standard across both organisations: KGH responded to 73% of complaints within timeframe and NGH 36%, while UHL's complaints response performance also remains below its 90% target despite recent improvement.	• UHN: Procurement underway for new FFT supplier via NHS Framework. • UHN is using divisional FFT performance packs, with escalation through the Patient & Carer Experience & Engagement Committee, to target areas of weaker experience performance. • UHL: Strengthened management oversight of complaint handling and response processes, with this already contributing to improved timeliness in-month.

Effective

✓ Good News	⚠ Areas of concern	➜ Improvement Plans
• UHN & UHL: HSMR remains 'below expected' at KGH and SHMI 'as expected' across all three Trusts, demonstrating strong clinical effectiveness relative to national benchmarks.	• NGH: HSMR and SMR 'above expected' - multifactorial, including SDEC removal, reduced coding of complex patients, and residual April 2025 data error expected to persist until May 2026.	• NGH: Monthly Learning from Deaths Group monitoring; working alongside Dr Foster and Clinical Coding to address accuracy issues; triangulation with SHMI and PSIRF ensures no excess mortality risk.

Safe

✓ Good News	⚠ Areas of concern	➜ Improvement Plans
• UHN: Serious harms reduced in April, with the lowest harm levels at NGH for over 18 months, and falls with serious or moderate harm remaining low across both sites. • UHN: No Never Events declared at KGH or NGH. • UHN: Zero MRSA bacteraemia in April, and KGH has had no MRSA cases for over 12 months. • UHL: Quality and Safety indicators were broadly stable overall, despite sustained operational pressure.	• UHL: Three Never Events in April, all subject to full review. • NGH: Increase in pressure ulcer harms. • UHN: Infection prevention concerns, with 5 C. diff cases at KGH and 6 at NGH, and the report noting that some post-infection reviews identified preventable factors linked to antibiotic prescribing. • UHN & UHL: MSSA bloodstream infections remain a concern across both organisations: 3 cases at KGH and 2 at NGH were reported in UHN, while UHL reported 7 MSSA cases in the month.	• UHL: Managing safety incidents through PSIRF governance, with patient engagement in investigations, themed review of similar incidents, and action through established infection prevention and patient safety governance groups. • UHN: Safe-care actions underway including post-infection reviews, targeted refresher training, cannula care audits, rollout of non-ported cannulas, and an AMR working group focused on blood culture stewardship and antibiotic use.

Use of Resources

✓ Good News	⚠ Areas of concern	➜ Improvement Plans
• UHN: Month 1 financial position in line with plan, and efficiency delivery exceeded plan, with £3.2m delivered against a £3.0m target across the group. • UHL: £3.9m Month 1 deficit, which was £0.8m adverse to plan, but excluding industrial action costs the Trust would have been £0.8m better than plan. • UHN & UHL: Several UHN 2025/26 schemes will have a beneficial full-year effect into 2026/27, and UHL reports some positive productivity markers including strong outpatient clinic utilisation and improved cancellation grip.	• UHL: The cash position is showing deterioration, with its month-end cash position at £20.8m, a reduction of £13.8m from March, and continues to face pressure from operational disruption, workforce costs and productivity gaps. • UHN: Cash flow and liquidity is a primary concern. Both KGH and NGH cash balances are below plan, and the group's non-compliant 2026/27 plan means Deficit Support Funding is not available, with reliance instead on dividend-bearing PDC support. Pressure on supplier payment runs, risk to Better Payment Code compliance, and the risk that NHSE may continue to approve only part of requested borrowing support. • UHN & UHL: ongoing delivery risk in the remaining efficiency programme and in productivity levers such as theatres, diagnostics, outpatient DNA and temporary staffing controls.	• UHN: A short- to medium-term cashflow recovery plan has been put in place, supported by NHSE financial recovery input and tighter management of expenditure and cash requests. • UHN & UHL: Procurement for a joint delivery partner for 26/27 concluded with support due to start in June. • UHN & UHL: UHN Month 1 capital overspend is timing-related rather than a risk to the full programme, while UHL is managing phasing risks in its capital plan, particularly around CDC expansion funding.

Responsive

✓ Good News	⚠ Areas of concern	➜ Improvement Plans
• UHN: Sustained the improvement in emergency care seen in March, with 4-hour performance at 80.0% in KGH and 75.1% in NGH, and both EDs maintaining time to initial assessment below 15 minutes. • UHL: Achieved its 12-hour total time in department trajectory, with performance at 8.60% against a target of less than 10%.	• UHN & UHL: The overarching responsive risk remains flow, with both UHN & UHL reporting worsening UEC pressure, high bed utilisation (97.58% KGH; 99.21% NGH, 91.5% UHL), high stranded and super-stranded patient levels, and more patients not meeting criteria to reside. • UHN & UHL: Ambulance handover performance deteriorated in April at UHN, falling to 84.11% at KGH and 69.32% at NGH, and UHL also reported flow challenges related to over-plan attendances and emergency admissions.	• UHL: Weekly escalation meetings with Adult Social Care to address long-stay patients; discharge improvement programme underway; increased use of virtual wards and criteria-led discharge. • UHN: Broad urgent care recovery programme, including UEC GIRFT Further Faster actions, a medical director-led LoS improvement group, a planned frailty front door at NGH, and continued work on discharge and reason-to-reside processes.
• UHN: Ahead of plan in April for overall waiting list size and is performing relatively strongly on 52-week waits, with KGH at 0.47% and NGH at 1.07% of the waiting list. • UHL & UHN: Cancer performance improved across both organisations: UHN reported 62-day performance improving to 69.3% at KGH and 67.0% at NGH, while UHL reported	• UHN & UHL: Elective performance remains below target across all organisations: UHN RTT performance remains below 70% at both sites, while UHL continues to face pressure from 65-week waits, 52-week waits, overall waiting list growth, and theatre and outpatient constraints. • UHN & UHL: Cancer standards remain fragile: UHN identifies continuing pressure in Breast and ENT/Head & Neck, while UHL reports ongoing	• UHN: elective recovery actions in place including Q1 additionality plans, specialty trajectories for long waiters, and work to move to one FDP platform and a single point of access with increased triage in priority specialties. • UHL: Extra elective capacity, superclinics, independent sector support, outpatient transformation, automated calling and booking solutions, and theatre productivity work.

improvements in 31-day and 62-day cancer standards compared with the prior month.	underperformance in FDS, 31-day, and 62-day pathways driven by capacity constraints and workforce gaps across key tumour sites.	• UHL & UHN: targeted cancer recovery, including tumour-site recovery plans, MDT streamlining, additional breast capacity, diagnostic turnaround improvement, and stronger escalation of patients at risk of breach.

Well-Led

✓ Good News	⚠ Areas of concern	➜ Improvement Plans
• UHN: Positive progress in organisational development, including culture improvement planning, leadership development activity, and continued OD support across services. • UHN: Core workforce indicators are positive in several areas: turnover is below target at both KGH and NGH, sickness absence has improved and is below target, and agency spend is below target at both UHN sites. • UHL: Reduction in turnover to 7.5%, a reduction in sickness absence, and agency usage is controlled, approved and time-limited. • UHL: Staff survey 'We are safe and healthy' People Promise score remains 0.16 above	• UHN: Workforce pressure remains significant: vacancy rates remain above target at 8.93% in KGH and 11.28% in NGH, as well as a need for greater confidence in the delivery of workforce-related CIP plans. • UHL: Appraisal compliance remains below target at 83.6%, mandatory training has slipped to 93%, and 28 agency workers remain above price cap in specialist medical and AHP roles. • UHN: Notable rise in formal employee relations cases, with 35 open cases at both KGH and NGH and 21 new formal cases opened in April, creating organisational risk and case-management burden.	• UHN: Weekly workforce CIP meetings in place, alongside a focus on sharing good practice, strengthening workforce controls and aligning people plans with wider transformation activity. • UHL: Refreshing the appraisal process, developing a more meaningful conversation-based approach aligned to MALD, and implementing system/process changes intended to improve reporting and compliance. • UHN: Actions to improve case handling and culture, including recruitment of a Head of ER, introduction of a case triage panel, and continued emphasis on behaviours,

comparators; bank spend at 6.72% below the 8% national KPI cap.		engagement and leadership visibility. • UHL: Progressing agency reduction, workforce wellbeing and attendance actions through working groups, recruitment milestones, and specialty-level review mechanisms..

UHL / UHN IPR alignment approach update

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

The UHN IPR has been produced via FDP this month, in support of the roadmap to a joint IPR. A review of metrics and targets has been completed to identify opportunities to align. A recommendation of metrics and targets from the Executive team will be completed for June Committee meetings.

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

The Boards are asked to:

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

Appendices

Appendix 1 / Paper E1: UHL Integrated Performance Report, reporting period April 2026
Appendix 2 / Paper E2: UHN Integrated Performance Report, reporting period April 2026
Appendix 3 / Paper E2: UHN Integrated Performance Report Financial Tables, reporting period April 2026