Our overall performance

Understanding performance against our key delivery metrics

April's performance shows positive trends across key metrics.

Serious harms have decreased across UHN in April, with the lowest harm levels reported in NGH for over 18 months.

Patient satisfaction remains high at 92% in KGH and just below the 90% targets at 89.6% in NGH. A decrease in month has been driven by reduction in satisfaction in KGH inpatients and NGH outpatients.

SHMI remains stable at KGH and in the 'as expected' range. There has been an increase in SHMI in NGH in recent months with the causes being explored, although remains in 'as expected' range.

A&E 4-hour performance is stable at 80% (KGH) and 75% (NGH) following the improvements in March with the sprint, though ambulance handovers declined slightly with high attendances and admissions being seen in the emergency departments.

Cancer treatment within 62 days improved to 69% (KGH) and 67% (NGH) as the recovery plans are implemented. Continued improvement in 52 weeks into April.

Total WTE has decreased in April, with bank spend showing no variation. Agency spend in NGH has increased in month, with some of this attributable to strike action.

Financial performance is on plan for M1, with the deficit in line with expected levels and CIP delivery improved significantly to 104% of target as we enter the new financial year with strong M1 CIP delivery to plan.

METRIC	KGH	NGH	TARGET	STAR
INCIDENTS				
Serious or moderate harms per 1000 bed days	0.32	0.15	—	STR
PATIENT EXPERIENCE				
Friends and Family Test satisfaction score - Trustwide	92.1 %	89.6 %	90 %	STR
MORTALITY				
SHMI	98.7	105.9	100	STR
UEC				
Ambulance handover 45 minute performance	84.11 %	69.32 %	99 %	STR
A&E 4 hour performance	80.02 %	75.1 %	78 %	STR
CANCER				
62-day wait for first treatment	69.3 %	67 %	75 %	STR
ELECTIVE				
52 week waits as a % of the waiting list	0.47 %	1.07 %	1 %	STAR
WORKFORCE FINANCIAL SUSTAINABILITY				
Total WTE (PWR figure)	5,058.85	6,453.63	—	STR
Bank Spend as % of Total Pay	10 %	12.3 %	6.3 %	STR
Agency Spend as % of Total Pay	0.7 %	1.7 %	2 %	STR
FINANCE				
Surplus / deficit	-4,700	-5,848	—	STR
PRODUCTIVITY AND EFFICIENCY				
CIP Delivery	103.7 %	104.2 %	100 %	STR

Caring domain

Responsible director(s): Julie Hogg, Group Chief Nurse

Good news

NGH saw a slight decrease in overall FFT satisfaction scores compared to the overall target of 90% (89.6% compared with 90.8% the previous month). KGH also saw a slight decline in in April but remains above target at 92.1%

Notable increased patient satisfaction performance seen in April in the following areas:

NGH – Springfield 86.3% (76.4% in March).

NGH – Paediatric ED 86.4% (83.4% in March).

KGH – Childrens A&E 88.2% (81.8% in March)

KGH – Overall ED score 80.2% (77.6% in March)

NGH **–** Maternity Services saw an increase in FFT satisfaction performance 97.2% (91.8% in March).

KGH 3,813 Trust-wide responses

NGH 4,588 Trust-wide responses

Areas of concern

Notable decrease in patient satisfaction performance seen in the following ED departments (target = 80%):
NGH - A&E 72.7% (78.8% in March).

NGH - Eye Casualty 83.3% (88.4% in March)

KGH - Medical SDEC 48.0% (55.1% in March)

Notification received that NGH FFT provider will cease to supply a system as of Aug 2026.

Improvement plans in place

Divisional FFT performance packs provided to Div leads who then report performance and mitigating actions to the Patient & Carer Experience & Engagement Committee (PCEEC).

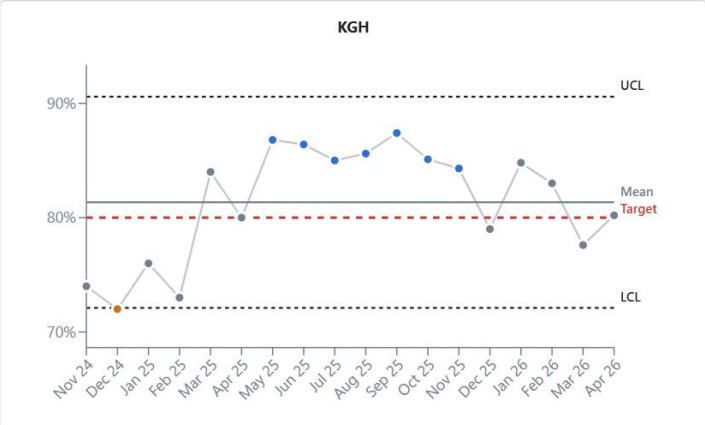
Steps undertaken with UHN Procurement team to go out to tender for a new FFT Survey supplier via the NHS Framework.

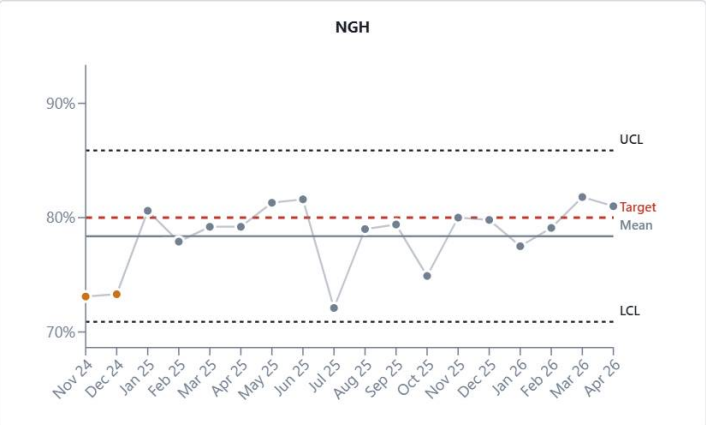
METRIC	KGH	NGH	TARGET	STAR
Friends and Family Test satisfaction score - A&E	80.2 %	81 %	80 %	
Friends and Family Test satisfaction score - inpatients	93.6 %	94.8 %	95 %	
Friends and Family Test satisfaction score - maternity	97.2 %	97.2 %	95 %	
Friends and Family Test satisfaction score - outpatients	97.6 %	92 %	95 %	
Complaints response performance	73 %	36 %	95 %	
Single sex breaches	5	7	0	

	Consistently hit target	Not consistently achieved or failed	Consistently fail target	No target set
Special Cause Improvement				
Common Cause		• Friends and Family Test satisfaction score - A&E - NGH • Friends and Family Test satisfaction score - A&E - KGH • Friends and Family Test satisfaction score - inpatients - NGH • Friends and Family Test satisfaction score - inpatients - KGH • Friends and Family Test satisfaction score - maternity - NGH • Friends and Family Test satisfaction score - maternity - KGH • Friends and Family Test satisfaction score - outpatients - KGH • Complaints response performance - KGH • Single sex breaches - NGH • Single sex breaches - KGH	• Complaints response performance - NGH	
Special Cause Concern			• Friends and Family Test satisfaction score - outpatients - NGH	

Friends and Family Test satisfaction score - A&E

The percentage of patients who report their experience as 'Very good' or 'Good' as a proportion of total responses following experiencing care in our A&E departments.





Understanding the performance

•KGH saw an increase in patient satisfaction up from 77.6% in March to 80.2% in April (target = 80% achieved).

•KGH Children's A&E patient satisfaction was up from 81.8% in March to 88.2% in April.

•NGH A&E patient satisfaction was down from 78.8% in March to 72.7% in April.

What are the issues impacting performance?

•KGH Medical SDEC patient satisfaction was down from 55.7% in March to 48.0% in April affecting the overall ED service performance.

•KGH April performance could have been impacted by low response rates.

•NGH April performance could have been impacted by long waiting times and poor communication.

What SMART actions are being taken to improve?

Divisional FFT performance packs provided to Divisional leads who then report performance and mitigating actions to the Patient & Carer Experience & Engagement Committee (PCEEC).

Risks

•Long waiting times and poor communication.

•Notification received that NGH FFT supplier will cease from Aug 2026.

DATA VALUES

TRUST	VALUE	MEAN	TARGET	SPC
KGH	80.2 %	81.34 %	80 %	
NGH	81 %	78.38 %	80 %	

DATA QUALITY

DIMENSION	DESCRIPTION	STATUS
S	Signed off and validated	Green
T	Timely and complete	Green
A	Audit and accuracy	Not rated
R	Robust systems and data capture	Green

Friends and Family Test satisfaction score - inpatients

The percentage of patients who report their experience as 'Very good' or 'Good' as a proportion of total responses following experiencing care in our inpatient wards.

Understanding the performance

•KGH inpatient satisfaction for April remained similar in scores compared with March but remained under target (target = 95%). KGH 94.6% (previous month 94.6%).

•NGH saw an increase in April 94.7%

(previous month 92.9%).

1480 FFT responses received for KGH . 1332 FFT responses received for NGH

What are the issues impacting performance?

•For wards receiving over 10 responses in the month, there were low KGH Inpatient FFT patient satisfaction reported on:

•KGH – Naseby B ward were down from 95.8% % in March to 85.7% in April.

•KGH – Gynae SDEC were down from 85.2% in March to 82.4% in April.

What SMART actions are being taken to improve?

•Divisional FFT performance packs provided to Div leads who then report performance and mitigating actions to the Patient & Carer Experience & Engagement Committee (PCEEC).

•Monthly performance data by ward provided to senior nursing leads to highlight specific areas for improvement.

Risks

•Notification received that NGH FFT supplier will cease from Aug 2026. Steps undertaken with UHN Procurement team to go out to tender via the NHS Framework.

DATA VALUES

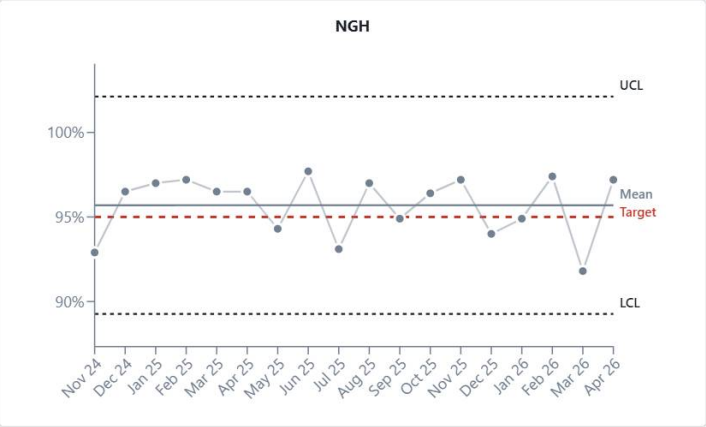
TRUST	VALUE	MEAN	TARGET	SPC
KGH	93.6 %	94.49 %	95 %	
NGH	94.8 %	94.94 %	95 %	

DATA QUALITY

DIMENSION	DESCRIPTION	STATUS
S	Signed off and validated	Green
T	Timely and complete	Green
A	Audit and accuracy	Not rated
R	Robust systems and data capture	Green

Friends and Family Test satisfaction score - maternity

The percentage of patients who report their experience as 'Very good' or 'Good' as a proportion of total responses following experiencing care in our maternity departments.



Understanding the performance

•NGH - Increase in performance with 97.2% achieved in April, compared with 91.8% in March (above target of 95%).

•KGH performance slightly decreased with April scoring 97.2%, compared with 98.5% in March but continuing to remain above the 95% target.

71 FFT responses received for KGH.

216 FFT responses received for NGH.

What are the issues impacting performance?

•KGH - There were considerably low response rates in April (71 responses) compared with March (197 responses).

•The areas that received less responses were: Postnatal Ward (18 responses in April compared with 87 in March and Postnatal Community , 2 responses compared with 41 in March.

What SMART actions are being taken to improve?

•Divisional FFT performance packs provided to Div leads who then report performance and mitigating actions to the Patient & Carer Experience & Engagement Committee (PCEEC).

•Monthly performance data by ward provided to senior nursing leads to highlight specific areas for improvement.

Risks

•Notification received that NGH FFT provider will cease to supply a system as of Aug 2026. Steps undertaken with UHN Procurement team to go out to tender via the NHS Framework.

DATA VALUES

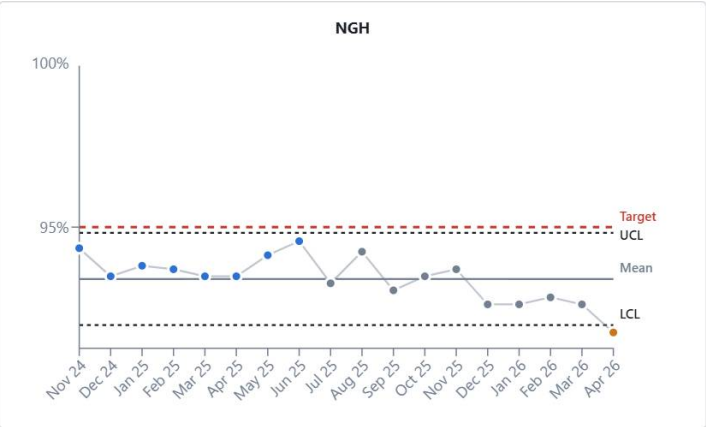
TRUST	VALUE	MEAN	TARGET	SPC
KGH	97.2 %	96.28 %	95 %	
NGH	97.2 %	95.69 %	95 %	

DATA QUALITY

DIMENSION	DESCRIPTION	STATUS
S	Signed off and validated	Green
T	Timely and complete	Green
A	Audit and accuracy	Not rated
R	Robust systems and data capture	Green

Friends and Family Test satisfaction score - outpatients

The percentage of patients who report their experience as 'Very good' or 'Good' as a proportion of total responses following experiencing care in our outpatient departments.



Understanding the performance

•Slight increase in KGH performance from 96.9% in March to 97.6% achieving above the 95% target.

•NGH performance remained similar, with April scoring 92.0%, compared with 92.8% in March and continuing to remain below 95% target.

•1,398 FFT responses received for KGH. 1,595 FFT responses received for NGH.

What are the issues impacting performance?

For wards receiving over 10 responses in the month, NGH received low outpatient % patient satisfaction scores :

•ENT - 87.2% compared with 90.3% in March.

T&O – 90.9% compared with 94.6% in March.

What SMART actions are being taken to improve?

•Divisional FFT performance packs provided to Divisional leads who then report performance and mitigating actions to the Patient & Carer Experience & Engagement Committee (PCEEC).

Risks

•Notification received that NGH FFT provider will cease to supply a system as of Aug 2026. Steps undertaken with UHN Procurement team to go out to tender via the NHS Framework.

DATA VALUES

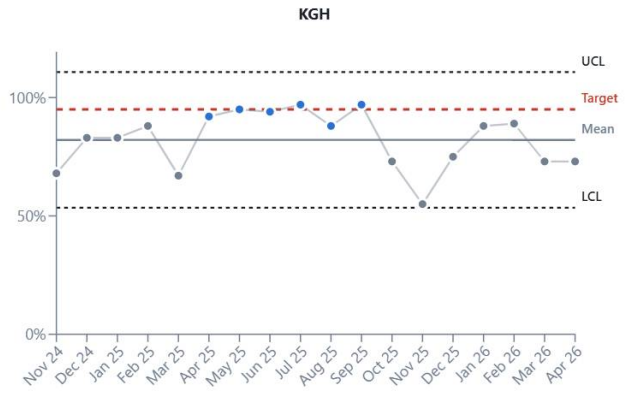
TRUST	VALUE	MEAN	TARGET	SPC
KGH	97.6 %	96.83 %	95 %	
NGH	92 %	93.52 %	95 %	

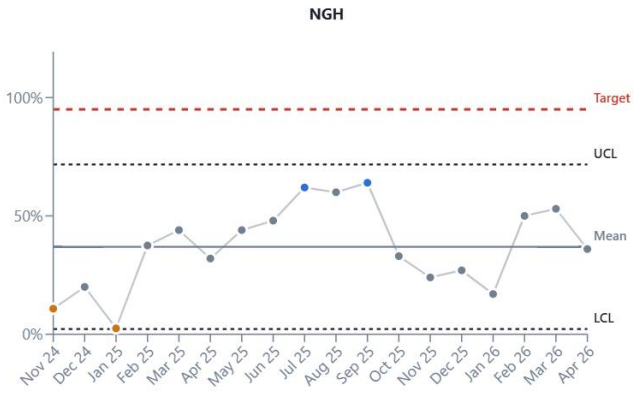
DATA QUALITY

DIMENSION	DESCRIPTION	STATUS
S	Signed off and validated	Green
T	Timely and complete	Green
A	Audit and accuracy	Not rated
R	Robust systems and data capture	Green

Complaints response performance

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





Understanding the performance

Complaints performance is dropping for KGH to 73% we need to ensure divisions send responses on time to the team to draft.

NGH performance has dropped, working hard to implement new datix system, stop 120 day breaches and focus on drafting cases over 60 days. This means those due against 60 day target has fallen.

What are the issues impacting performance?

Implementing new Datix system at NGH

Focusing on overdue cases (over 60 days) rather than those due at 60.

What SMART actions are being taken to improve?

New system now in place

Case handlers triaging cases

Additional bank for admin team

Additional staff member supporting in drafting responses.

Risks

NGH continue to drop with focus on overdue cases (those over 60 days).

DATA VALUES

TRUST	VALUE	MEAN	TARGET	SPC
KGH	73 %	82.11 %	95 %	
NGH	36 %	36.93 %	95 %	

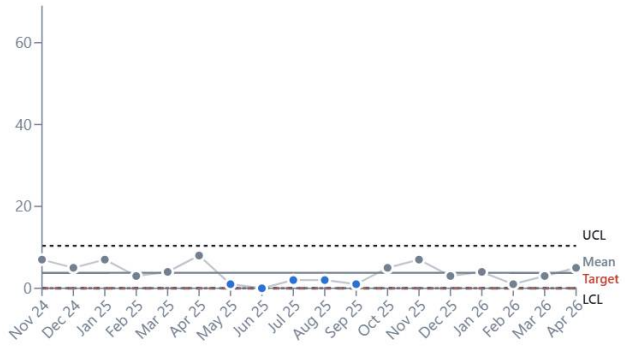
DATA QUALITY

DIMENSION	DESCRIPTION	STATUS
S	Signed off and validated	Green
T	Timely and complete	Green
A	Audit and accuracy	Not rated
R	Robust systems and data capture	Green

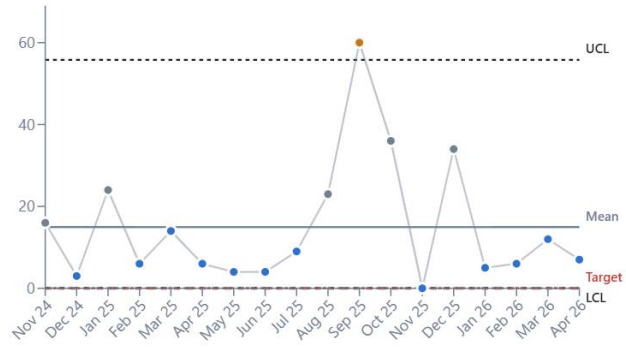
Single sex breaches

The number of occasions where patients have to share sleeping accommodation, toilet or bathroom facilities with members of the opposite sex.

KGH



NGH



Understanding the performance

•There were 7 patients in NGH and 5 patients in KGH who were affected by gender appropriate accommodation breaches.

What are the issues impacting performance?

•KGH Primary Service and the Cardiac centre.

•Specialty review within the Oncology EAB and ongoing pressures in that area

What SMART actions are being taken to improve?

•Patients were nursed in mixed gender accommodation for specialty review within oncology as the safe appropriate place

•Patients moved to gender appropriate accommodation when beds available on the oncology ward

•When possible, move the single sex breach patients the minute they become stable from CCU

Risks

•All patients received explanation and apology and datix completed

DATA VALUES

TRUST	VALUE	MEAN	TARGET	SPC
KGH	5	3.78	0	
NGH	7	14.94	0	

DATA QUALITY

DIMENSION	DESCRIPTION	STATUS
S	Signed off and validated	Green
T	Timely and complete	Green
A	Audit and accuracy	Not rated
R	Robust systems and data capture	Green

Not signed off yet

Effective domain

Responsible director(s): Hemant Nemade, Medical Director

Good news

HSMR remains 'below expected' for KGH.

SMR remains within 'as expected' for KGH.

SHMI remains 'as expected' for both NGH and KGH.

Areas of concern

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.

Improvement plans in place

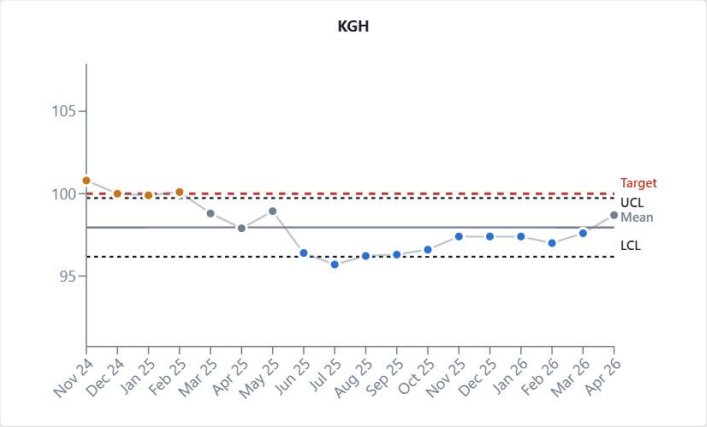
Monitored through monthly UHN Learning from Deaths Group, with upward reporting to Patient Safety Committee. Working alongside Dr Foster representative and Clinical Coding to identify areas of concern amongst data accuracy issues relating to SDEC removal.

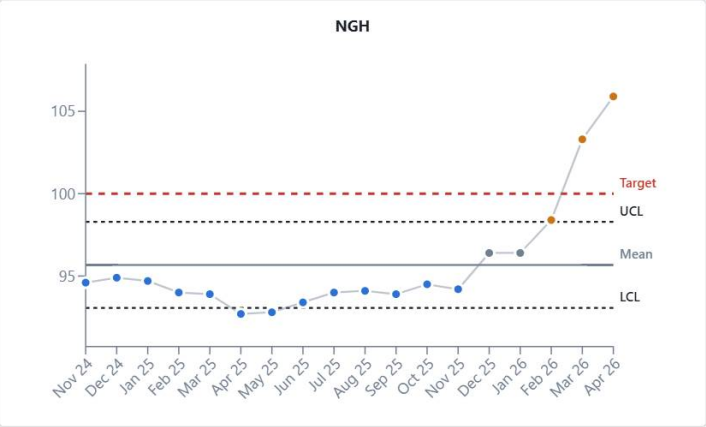
METRIC	KGH	NGH	TARGET	STAR
SHMI	98.7	105.9	100	
HSMR	93.5	113.1	100	
SMR	96.9	111.8	100	

	Consistently hit target	Not consistently achieved or failed	Consistently fail target	No target set
Special Cause Improvement				
Common Cause	• SHMI - KGH • HSMR - KGH			
Special Cause Concern	• SHMI - NGH • SMR - KGH	• HSMR - NGH • SMR - NGH		

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

Despite SPC chart showing an increase above the target of '100' for NGH, Dr Foster methodology provide national bandings when comparing Trusts Nationally - Both KGH and NGH SHMI remain within 'as expected' banding.

What are the issues impacting performance?

NGH's rise in SHMI 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.

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 SHMI presents a reputational and regulatory risk; however, current analysis indicates that recent SHMI 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 VALUES

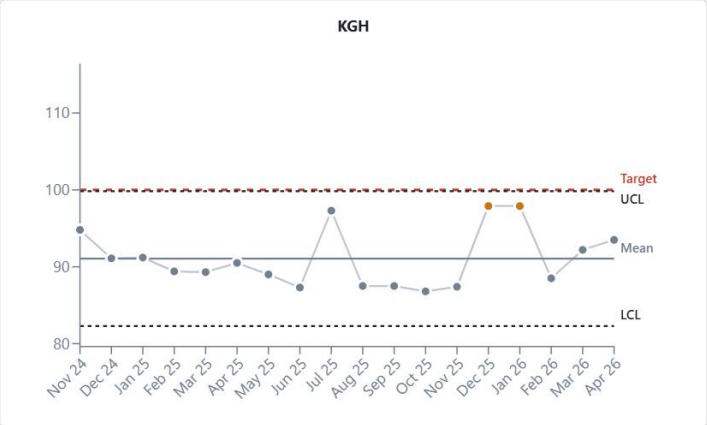
TRUST	VALUE	MEAN	TARGET	SPC
KGH	98.7	97.95	100	
NGH	105.9	95.67	100	

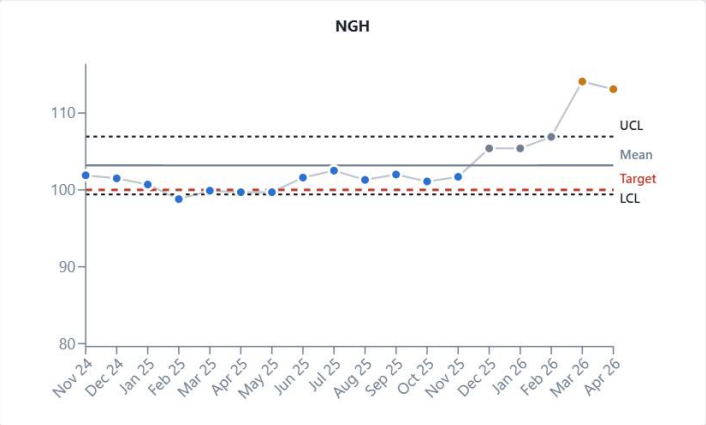
DATA QUALITY

DIMENSION	DESCRIPTION	STATUS
S	Signed off and validated	Green
T	Timely and complete	Green
A	Audit and accuracy	Not rated
R	Robust systems and data capture	Green

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.





Understanding the performance

HSMR remains within 'below expected' for KGH and 'above expected' for NGH.

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.

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 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 VALUES

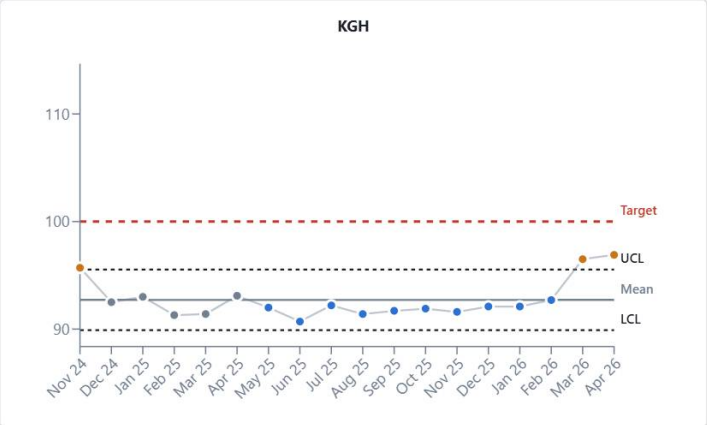
TRUST	VALUE	MEAN	TARGET	SPC
KGH	93.5	91.06	100	
NGH	113.1	103.18	100	

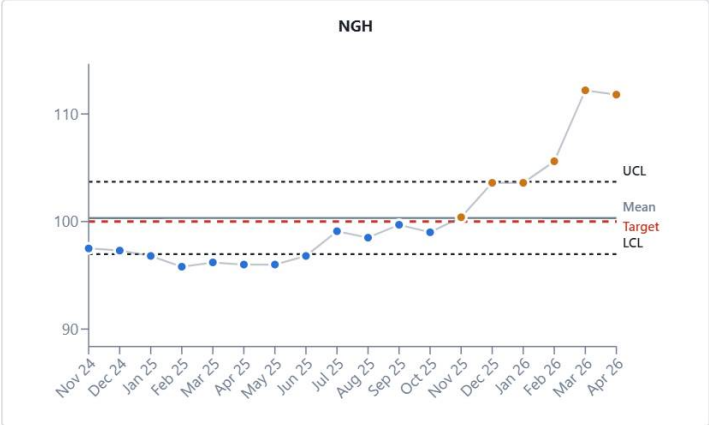
DATA QUALITY

DIMENSION	DESCRIPTION	STATUS
S	Signed off and validated	Green
T	Timely and complete	Green
A	Audit and accuracy	Not rated
R	Robust systems and data capture	Green

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

HSMR remains within 'as expected' for KGH and 'above expected' for NGH.

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

What SMART actions are being taken to improve?

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 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 VALUES

TRUST	VALUE	MEAN	TARGET	SPC
KGH	96.9	92.71	100	
NGH	111.8	100.33	100	

DATA QUALITY

DIMENSION	DESCRIPTION	STATUS
S	Signed off and validated	Green
T	Timely and complete	Green
A	Audit and accuracy	Not rated
R	Robust systems and data capture	Green

Not signed off yet

Safe domain

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

Good news

KGH have had 0 MRSA cases for over 12 months which is very positive.

No Never Events reported

Areas of concern

4 Patient Safety Incident Investigations were commissioned in April

- Urology outcomes
- Child death
- Death after discharge
- Delay in sending GP communication.

Improvement plans in place

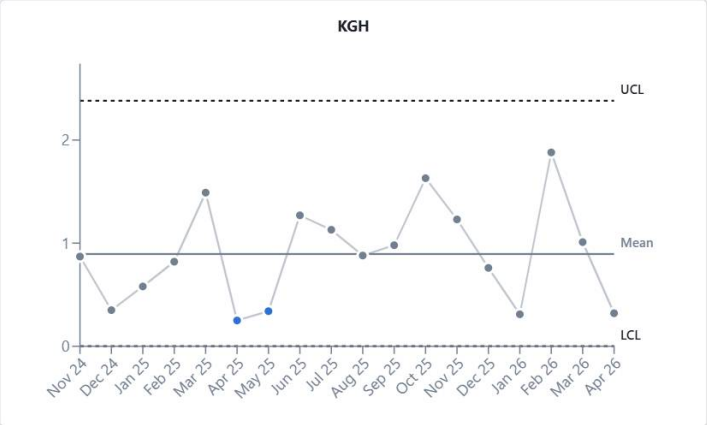
IPC Quality Improvement Plan in place with actions to protect patients from MRSA and MSSA bloodstream infections is being delivered by the IPC Team and monitored by IPAC quarterly.

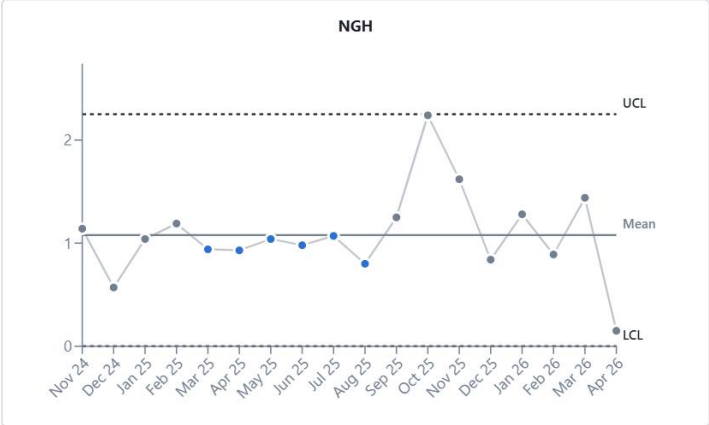
METRIC	KGH	NGH	TARGET	STAR
INCIDENTS				
Serious or moderate harms per 1000 bed days	0.32	0.15	—	
Never event incidence	0	0	0	
INFECTION PREVENTION CONTROL				
Number of MRSA Bacteraemia	0	0	0	
C Diff per 100,000 bed days	32.5	29.68	—	
Number of MSSA Bacterium	3	2	0	
SAFE CARE				
Care hours per patient day	9.1 hours	9.3 hours	9 hours	
Serious or moderate harms - falls per 1000 bed days	0.06	0	—	
Serious or moderate harms - pressure ulcers per 1000 bed days	0.06	0.25	—	

	Consistently hit target	Not consistently achieved or failed	Consistently fail target	No target set
Special Cause Improvement		• Never event incidence - KGH • Number of MRSA Bacteraemia - KGH		
Common Cause	• Never event incidence - NGH	• Number of MRSA Bacteraemia - NGH • Number of MSSA Bacterium - NGH • Number of MSSA Bacterium - KGH • Care hours per patient day - NGH • Care hours per patient day - KGH		• Serious or moderate harms per 1000 bed days - KGH • Serious or moderate harms per 1000 bed days - NGH • C Diff per 100,000 bed days - NGH • C Diff per 100,000 bed days - KGH • Serious or moderate harms - falls per 1000 bed days - KGH • Serious or moderate harms - falls per 1000 bed days - NGH • Serious or moderate harms - pressure ulcers per 1000 bed days - NGH • Serious or moderate harms - pressure ulcers per 1000 bed days - KGH
Special Cause Concern				

Serious or moderate harms per 1000 bed days

The number of serious or moderate harms patients have experienced per 1,000 bed-days.





Understanding the performance

177 incidences were reported as moderate or above harm.

101 incidences have been downgraded through the IRG process.

11 cases validated as being moderate or above harm.

Themes for validated harm

- Pressure ulcers
- 1x Fall with harm

What are the issues impacting performance?

All incidences reported with a harm level of moderate and above are validated through the IRG framework therefore the numbers reported will change as incidences are reviewed and confirmed.

All incidences are reviewed against the LFPSE harm level guidance.

What SMART actions are being taken to improve?

4 Patient Safety Incident Investigations were commissioned in April

- Urology outcomes
- Child death
- Death after discharge
- Delay in sending GP communication.

Risks

65 incidences are yet to go through the IRG process

DATA VALUES

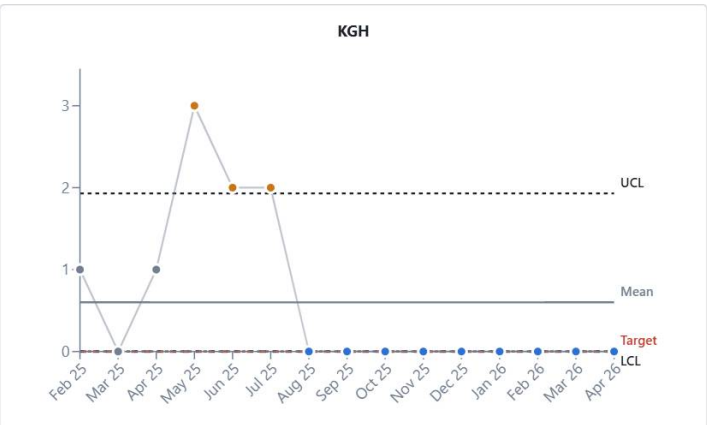
TRUST	VALUE	MEAN	TARGET	SPC
KGH	0.32	0.89	—	
NGH	0.15	1.08	—	

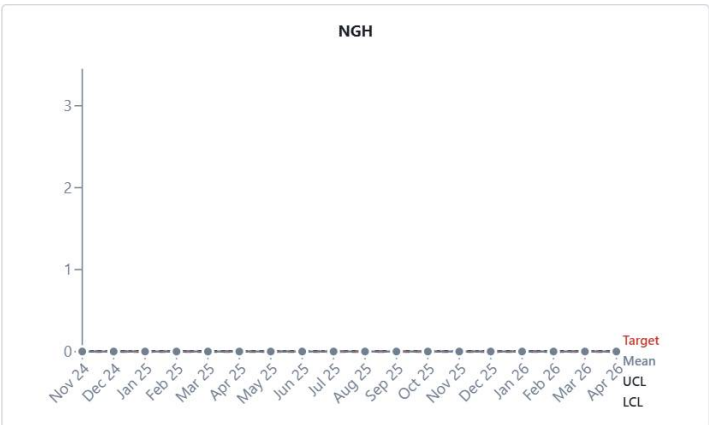
DATA QUALITY

DIMENSION	DESCRIPTION	STATUS
S	Signed off and validated	Green
T	Timely and complete	Green
A	Audit and accuracy	Not rated
R	Robust systems and data capture	Green

Never event incidence

The number of never events.





Understanding the performance

A Never Event is a serious patient safety incident that is considered wholly preventable, as national guidance and safety recommendations exist that provide strong systemic barriers which should have been implemented by all healthcare providers. These events represent significant failures in safety systems and processes, and their occurrence indicates a breakdown in established safeguards

What are the issues impacting performance?

There have been no Never Events declared in April

What SMART actions are being taken to improve?

No content yet

Risks

No content yet

DATA VALUES

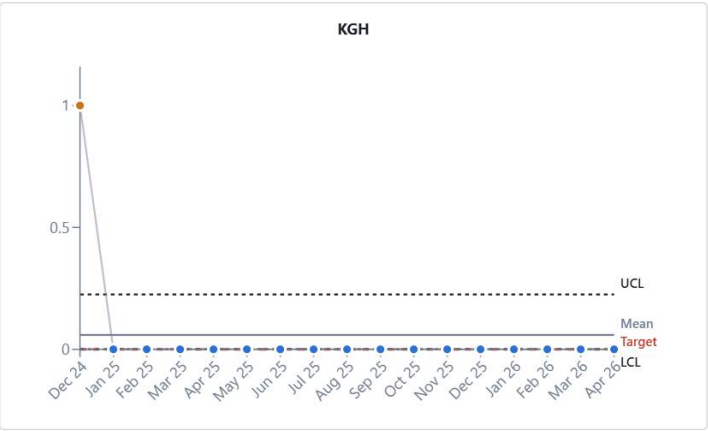
TRUST	VALUE	MEAN	TARGET	SPC
KGH	0	0.6	0	
NGH	0	0	0	

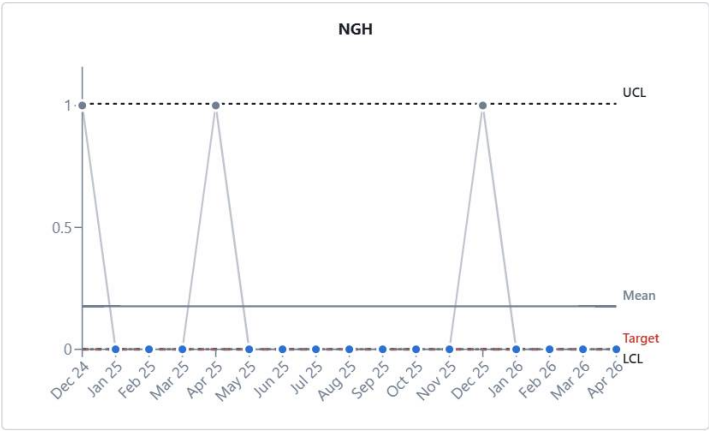
DATA QUALITY

DIMENSION	DESCRIPTION	STATUS
S	Signed off and validated	Green
T	Timely and complete	Green
A	Audit and accuracy	Not rated
R	Robust systems and data capture	Green

Number of MRSA Bacteraemia

The number of methicillin-resistance staphylococcus aureus infections.





Understanding the performance

0 patients developed a MRSA bloodstream infection this month. KGH have had 0 MRSA cases for over 12 months which is very positive.

What are the issues impacting performance?

None

What SMART actions are being taken to improve?

Continue to implement the UHN MRSA & MSSA Policy and monitor via IPAC.

Risks

None identified at this time.

DATA VALUES

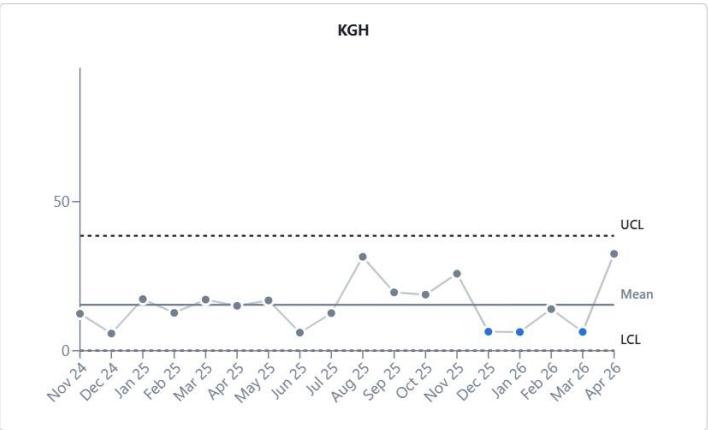
TRUST	VALUE	MEAN	TARGET	SPC
KGH	0	0.06	0	
NGH	0	0.18	0	

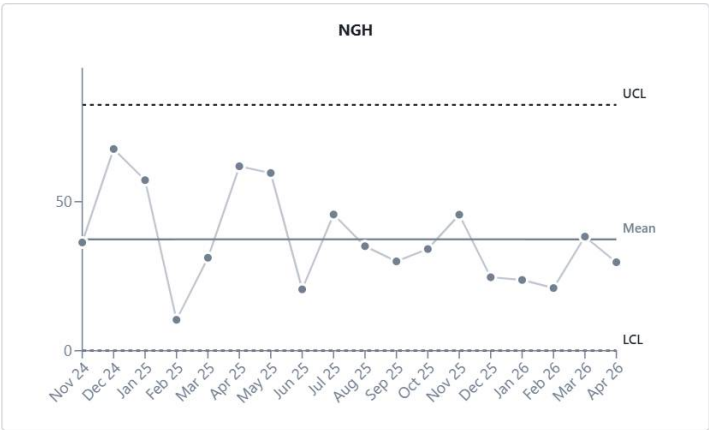
DATA QUALITY

DIMENSION	DESCRIPTION	STATUS
S	Signed off and validated	Green
T	Timely and complete	Green
A	Audit and accuracy	Not rated
R	Robust systems and data capture	Green

C Diff per 100,000 bed days

The number of Clostridioides difficile infections per 100,000 bed-days.





Understanding the performance

- 5 cases at KGH and 6 at NGH.
- Within normal variation on both sites.

What are the issues impacting performance?

- Post infection reviews completed for each case, 3 are still under review, to date 3 were deemed preventable with learning centred around inappropriate antibiotic prescribing.

What SMART actions are being taken to improve?

AMR working group to improve blood culture diagnostic stewardship and prescribing the right antibiotic when indicated scheduled to commence 4 June. IV to oral switch quality improvement project continues at KGH. UHL/UHN antimicrobial landscape review underway.

Risks

The risk of patients receiving the incorrect antibiotics increases the risk of C.diff infection.

DATA VALUES

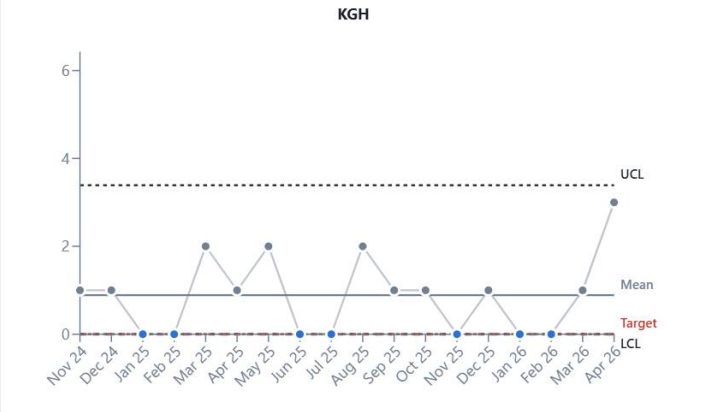
TRUST	VALUE	MEAN	TARGET	SPC
KGH	32.5	15.39	—	
NGH	29.68	37.37	—	

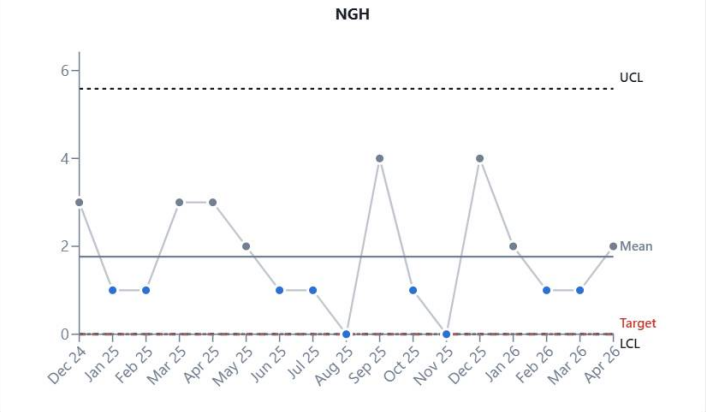
DATA QUALITY

DIMENSION	DESCRIPTION	STATUS
S	Signed off and validated	Green
T	Timely and complete	Green
A	Audit and accuracy	Not rated
R	Robust systems and data capture	Green

Number of MSSA Bacterium

The number of methicillin-susceptible staphylococcus aureus infections.





Understanding the performance

3 patients developed MSSA BSI at KGH and 2 at NGH. All were unpreventable aside from 1 KGH case in Medicine, the source of infection was a cannula site. Targeted refresher training undertaken in May and a non-ported cannula product evaluation was successful on 4 Medicine wards.

What are the issues impacting performance?

Gaps in documentation of cannula checks noted from the post infection review actioned through targeted training.

What SMART actions are being taken to improve?

IPC Team to audit Cannula Care in May.

IPC Team to roll out non-ported cannulas across wider Medicine Division in May.

IPC Team to continue to implement the UHN MRSA & MSSA Policy and monitor via IPAC.

Risks

None identified at this time.

DATA VALUES

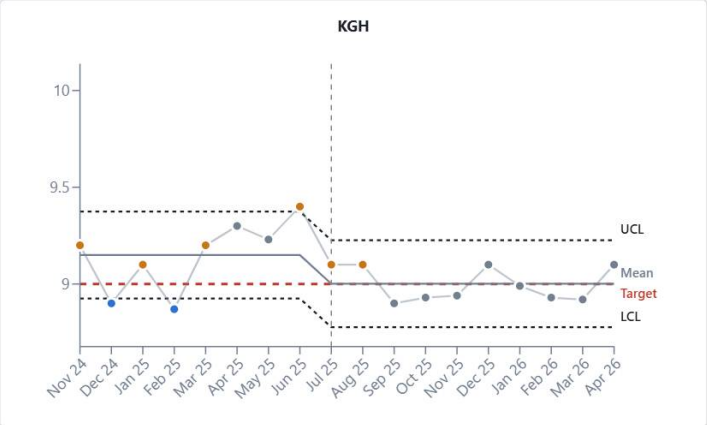
TRUST	VALUE	MEAN	TARGET	SPC
KGH	3	0.89	0	
NGH	2	1.76	0	

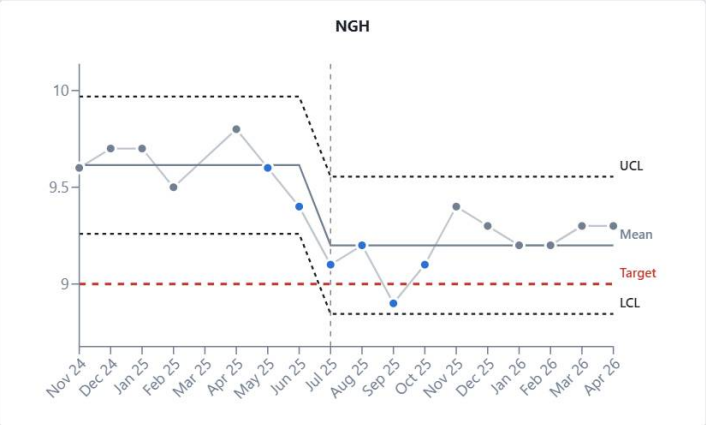
DATA QUALITY

DIMENSION	DESCRIPTION	STATUS
S	Signed off and validated	Green
T	Timely and complete	Green
A	Audit and accuracy	Not rated
R	Robust systems and data capture	Green

Care hours per patient day

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





Understanding the performance

KGH have maintained a consistent month CHPPD within marginal variance to target.

NGH have reduced the CHPPD significantly over the last 12 months and though remains above target the trajectory shows stable data which is reflective of more accurate use and application of tools such as safecare, rostering metrics and SNCT

What are the issues impacting performance?

Various wards moves across KGH have impacted CHPPD this month, whilst the data set remains stable at NGH the positive impacts from the recent establishment reviews will be seen throughout the coming months

Corridor care has continued through April and impacts this data

What SMART actions are being taken to improve?

UHN have completed the Biannual establishment review in Q1, the review recommends that NGH mirror KGH workforce planning in relation to ETOC. Areas with capacity to absorb ETOC demand within planned hours template (subject to dynamic risk assessment) are expected to do so. Data from the forthcoming 2nd cycle starting in June and 3rd in October will provide clear measurable data sets to ensure both compliance and effectiveness.

Continued support for training, embedding understanding and application of tools to support effective safe staffing will continue monthly

Risks

- Increase risks to patients with a higher unregistered workforce ratio providing care, which following the annual and now biannual review will address key areas of concern
- Financial risk associated with uncontrolled workforce planning and effective rostering practices

DATA VALUES

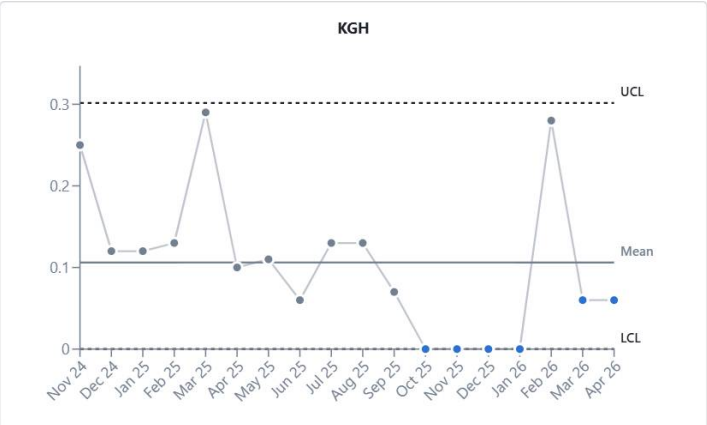
TRUST	VALUE	MEAN	TARGET	SPC
KGH	9.1 hours	9 hours	9 hours	
NGH	9.3 hours	9.2 hours	9 hours	

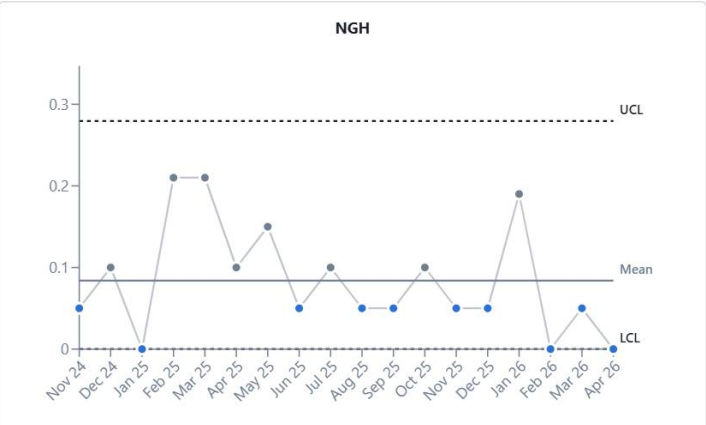
DATA QUALITY

DIMENSION	DESCRIPTION	STATUS
S	Signed off and validated	Green
T	Timely and complete	Green
A	Audit and accuracy	Not rated
R	Robust systems and data capture	Green

Serious or moderate harms - falls per 1000 bed days

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





Understanding the performance

•Falls with harm remain low and within normal variation on both sites.

What are the issues impacting performance?

•Performance is stable or improving so no significant issues

What SMART actions are being taken to improve?

•On-going improvement work focused on tagging ward bays and post fall management

Risks

•Increased activity and acuity of patients

DATA VALUES

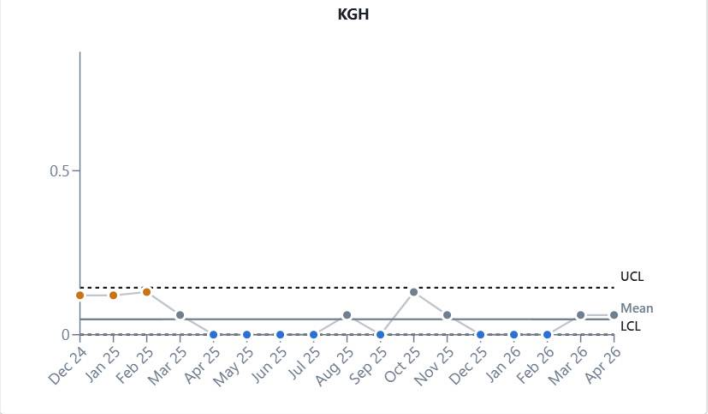
TRUST	VALUE	MEAN	TARGET	SPC
KGH	0.06	0.11	—	
NGH	0	0.08	—	

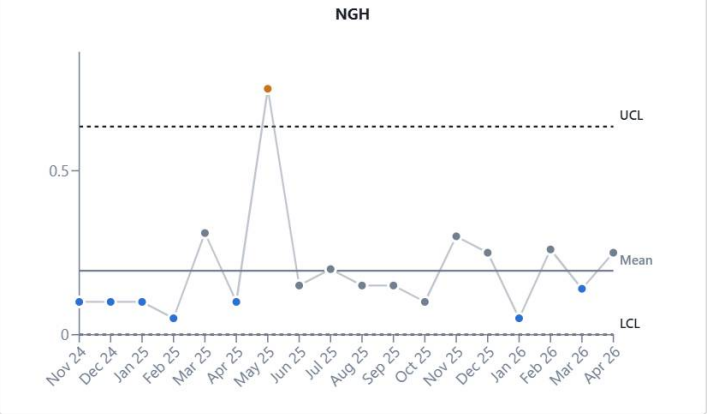
DATA QUALITY

DIMENSION	DESCRIPTION	STATUS
S	Signed off and validated	Green
T	Timely and complete	Green
A	Audit and accuracy	Not rated
R	Robust systems and data capture	Green

Serious or moderate harms - pressure ulcers per 1000 bed days

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





Understanding the performance

•Numbers of harmful pressure ulcers are very low at KGH and whilst higher at NGH remain within normal variation

What are the issues impacting performance?

•Both hospitals are seeing increased numbers of frail patients with complex co-morbidities which impacts on skin integrity

What SMART actions are being taken to improve?

•Trials of pressure relieving devices

Risks

•Continues increase in frail patients with multiple and complex co-morbidities

DATA VALUES

TRUST	VALUE	MEAN	TARGET	SPC
KGH	0.06	0.05	—	
NGH	0.25	0.19	—	

DATA QUALITY

DIMENSION	DESCRIPTION	STATUS
S	Signed off and validated	Green
T	Timely and complete	Green
A	Audit and accuracy	Not rated
R	Robust systems and data capture	Green

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Not signed off yet
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Responsive domain

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

Good news

NGH showing a significant improvement in March for ED 4hrs has been sustained into April delivering 75%, a 6.5% improvement from February.

We are ahead of plan for waiting list size and 52 week waits for April.

We saw improvement in both 31 and 62 day cancer performance this month, although 62 day remains behind target.

Areas of concern

Increase in length of stay (UHN), alongside stranded (UHN) and super stranded (NGH) decline in performance during April.

Growth in ED attendances across UHN alongside growth in conveyances.

Decline seen on ambulance handover performance in April.

High bed occupancy and high number of non-criteria to reside impacting flow.

ENT continues to be challenged for RTT and Cancer (Head and Neck) and Breast first appointment waiting times at NGH.

Improvement plans in place

UEC GIRFT Further Faster actions being completed.

A&E 4hr delivery across UHN.

MDO led LoS improvement group launching in May.

Diagnostic recovery trajectories in place, additionality has commenced for a number of modalities in May.

ENT GIRFT visit planned for the 27 May, to support with improvement ideas and benchmarking.

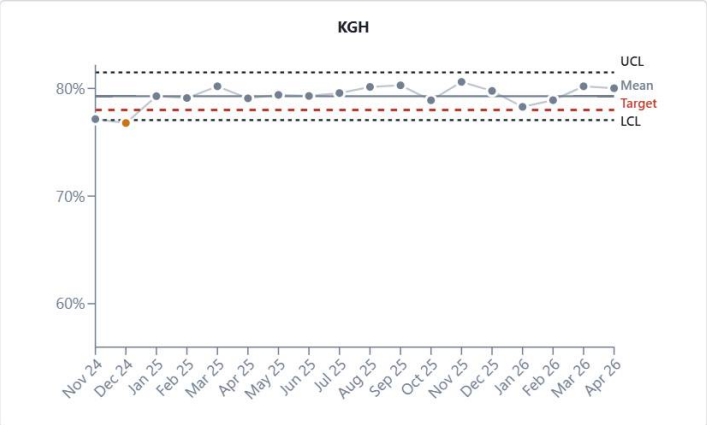
Breast additionality in place and MDT streamlining programme has been completed for Breast at KGH.

METRIC	KGH	NGH	TARGET	STAR
UEC				
A&E 4 hour performance	80.02 %	75.1 %	78 %	STR
Ambulance handover 45 minute performance	84.11 %	69.32 %	99 %	STR
Time to initial assessment	12.01	10.04	15	STR
Non-elective length of stay	9 days	11 days	—	STR
Bed utilisation	97.58 %	99.21 %	92 %	STR
Stranded patients (7+ day length of stay)	52.65 %	58.43 %	42 %	STR
Super-Stranded patients (21+ day length of stay)	18.15 %	23.78 %	12 %	STR
Patients with a reason to reside	57.54 %	69.82 %	80 %	STR
CANCER				
Cancer Faster Diagnostic Standard	74 %	67 %	80 %	STR
31-day wait for first treatment	95 %	95 %	96 %	STR
62-day wait for first treatment	69.3 %	67 %	75 %	STR
ELECTIVE				
RTT performance	62.46 %	59.18 %	70 %	STR
Size of RTT waiting list	26,381	41,377	—	STR
52 week waits as a % of the waiting list	0.47 %	1.07 %	1 %	STAR
Percentage of patients waiting no longer than 18 weeks for a first appointment	66.11 %	58.62 %	72 %	STR
PRODUCTIVITY				
Theatre utilisation	80.71 %	80.37 %	85 %	STR
Average cases per list	2.25 cases	2.42 cases	2.5 cases	STR

	Consistently hit target	Not consistently achieved or failed	Consistently fail target	No target set
Special Cause Improvement		• Time to initial assessment - NGH • Time to initial assessment - KGH • 52 week waits as a % of the waiting list - KGH	• A&E 4 hour performance - NGH • Super-Stranded patients (21+ day length of stay) - KGH • Cancer Faster Diagnostic Standard - KGH • 52 week waits as a % of the waiting list - NGH	
Common Cause		• A&E 4 hour performance - KGH • Ambulance handover 45 minute performance - KGH • Patients with a reason to reside - NGH • 31-day wait for first treatment - NGH • 31-day wait for first treatment - KGH • 62-day wait for first treatment - KGH • Theatre utilisation - KGH • Average cases per list - NGH • Average cases per list - KGH	• Ambulance handover 45 minute performance - NGH • Bed utilisation - KGH • Bed utilisation - NGH • Stranded patients (7+ day length of stay) - NGH • Stranded patients (7+ day length of stay) - KGH • Super-Stranded patients (21+ day length of stay) - NGH • Patients with a reason to reside - KGH • Cancer Faster Diagnostic Standard - NGH • 62-day wait for first treatment - NGH • RTT performance - NGH • RTT performance - KGH • Percentage of patients waiting no longer than 18 weeks for a first appointment - KGH • Theatre utilisation - NGH	• Non-elective length of stay - NGH • Non-elective length of stay - KGH • Size of RTT waiting list - KGH • Size of RTT waiting list - NGH
Special Cause Concern			• Percentage of patients waiting no longer than 18 weeks for a first appointment - NGH	

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 at 80% in April, sustaining performance.

NGH improvement in March has been sustained into April at 75%.

What are the issues impacting performance?

Admitted flow

Increase in ED attendances adverse to plan 9.6% for NGH (Type 1) and 6% KGH (Type 1).

What SMART actions are being taken to improve?

4hr improvement plans with work relating to senior clinical decision maker as first point of contract, paediatric pathways to PAU.

UTC opening on schedule for late August opening.

Risks

Overcrowding risk in the ED(s).

Poor patient experience.

DATA VALUES

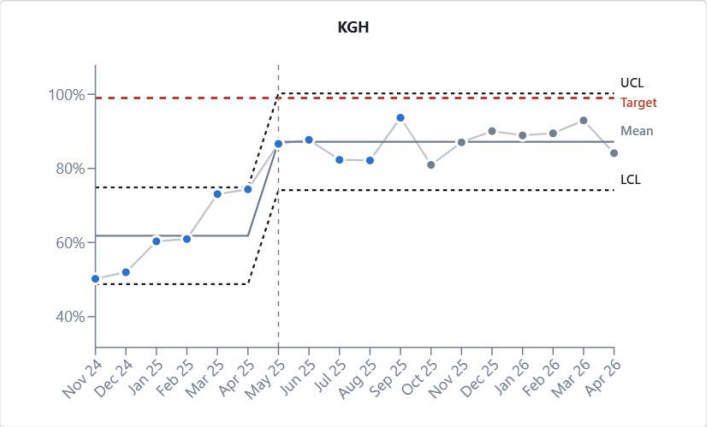
TRUST	VALUE	MEAN	TARGET	SPC
KGH	80.02 %	79.28 %	78 %	
NGH	75.1 %	66.85 %	78 %	

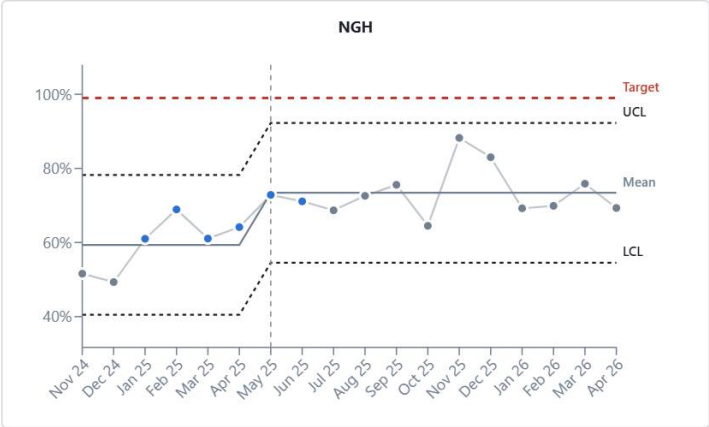
DATA QUALITY

DIMENSION	DESCRIPTION	STATUS
S	Signed off and validated	Green
T	Timely and complete	Green
A	Audit and accuracy	Not rated
R	Robust systems and data capture	Green

Ambulance handover 45 minute performance

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. t





Understanding the performance

Continued focus on improving ambulance handover times.

KGH performance has declined by 9% in April delivering 84% of handovers in <45mins.

NGH performance has declined by 7% in April delivering 69% of handovers in <45mins.

What are the issues impacting performance?

Admitted patient flow through ED.

Increase in numbers of non-criteria to reside.

Increase in ED attendances and conveyances across Northants. Conveyances in April 3% adverse to plan at KGH and 5.5% at NGH.

What SMART actions are being taken to improve?

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

Boardround length of stay improvement planning.

Maximising use of SDECs.

Planned frailty front door service at NGH from 1st June.

Test for change in GIM/Acute Medical take from 1st June.

Continued review of R2R procedures.

Risks

Ambulance handover delays can contribute to C2 community response delays.

Poor patient experience.

DATA VALUES

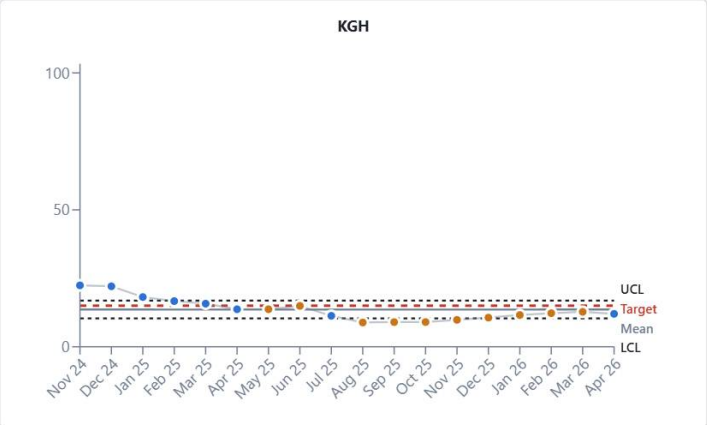
TRUST	VALUE	MEAN	TARGET	SPC
KGH	84.11 %	87.16 %	99 %	
NGH	69.32 %	73.41 %	99 %	

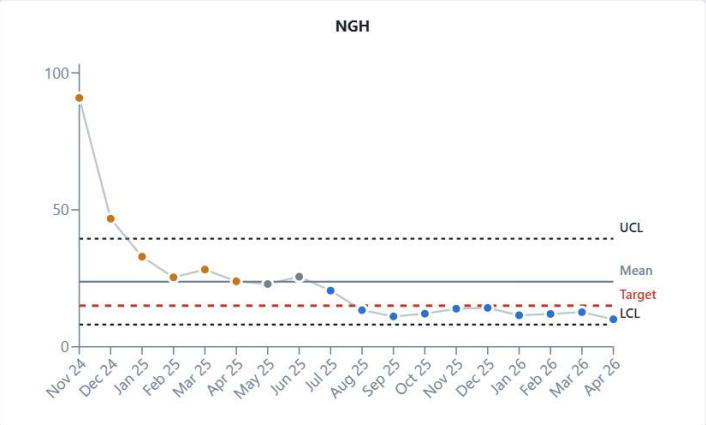
DATA QUALITY

DIMENSION	DESCRIPTION	STATUS
S	Signed off and validated	Green
T	Timely and complete	Green
A	Audit and accuracy	Not rated
R	Robust systems and data capture	Green

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 VALUES

TRUST	VALUE	MEAN	TARGET	SPC
KGH	12.01	13.59	15	
NGH	10.04	23.77	15	

DATA QUALITY

DIMENSION	DESCRIPTION	STATUS
S	Signed off and validated	Green
T	Timely and complete	Green
A	Audit and accuracy	Not rated
R	Robust systems and data capture	Green

Non-elective length of stay

The average length of stay for patients who have been admitted as a non-elective or emergency stay for patients, not including patients who stayed for less than 24 hours.

Understanding the performance

Slight increase in LoS at KGH during April of 0.1 days compared to March.

Increase in LoS at NGH during April of 0.2 days compared to March.

What are the issues impacting performance?

Higher numbers of non-criteria to reside and supported pathway delays in April.

What SMART actions are being taken to improve?

GIRFT Further Faster Actions across UHN.

LoS workshop to focus work on boadrounds - teams to adopt SHOP approach, all resident doctors to access NC during boardrounds and internal referrals to be responded to same day.

Integrated discharge hub planning.

Risks

Admitted patient flow through ED.

Ambulance handover delays.

Patient experience.

DATA VALUES

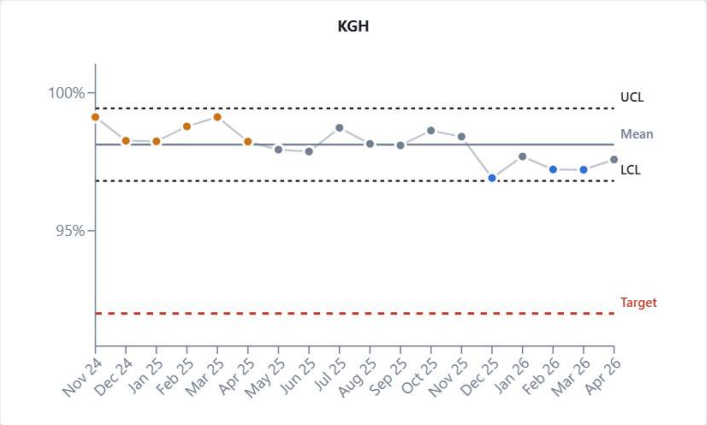
TRUST	VALUE	MEAN	TARGET	SPC
KGH	9 days	10 days	—	
NGH	11 days	11 days	—	

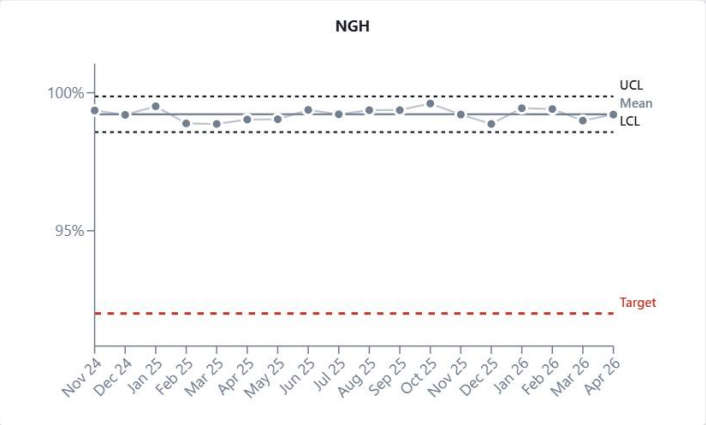
DATA QUALITY

DIMENSION	DESCRIPTION	STATUS
S	Signed off and validated	Green
T	Timely and complete	Green
A	Audit and accuracy	Not rated
R	Robust systems and data capture	Green

Bed utilisation

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





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 at 98% in April. NGH continues at >99%.

What are the issues impacting performance?

Supported discharge pathway delays.

Stranded and super stranded position.

What SMART actions are being taken to improve?

Reduction in LoS plans across UHN 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.

System planning around supported discharge turnaround times.

Go live of Optica from 1st June.

Risks

Poor patient experience due to ED delays.

Impact on 12hr/24hr performance.

ED overcrowding.

Ambulance handover delays.

Reliance on corridor care to maintain flow.

DATA VALUES

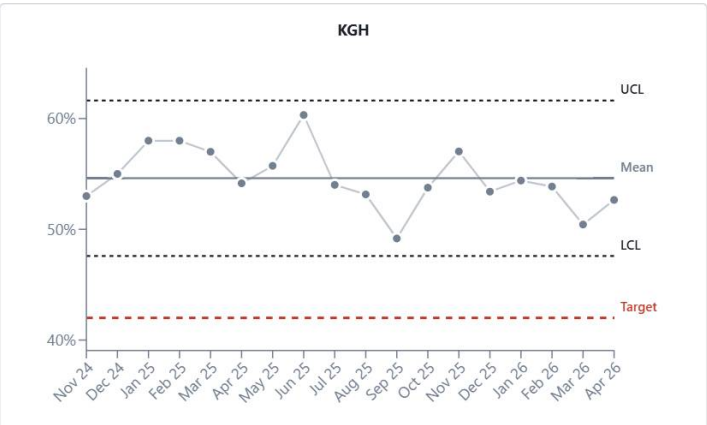
TRUST	VALUE	MEAN	TARGET	SPC
KGH	97.58 %	98.12 %	92 %	
NGH	99.21 %	99.22 %	92 %	

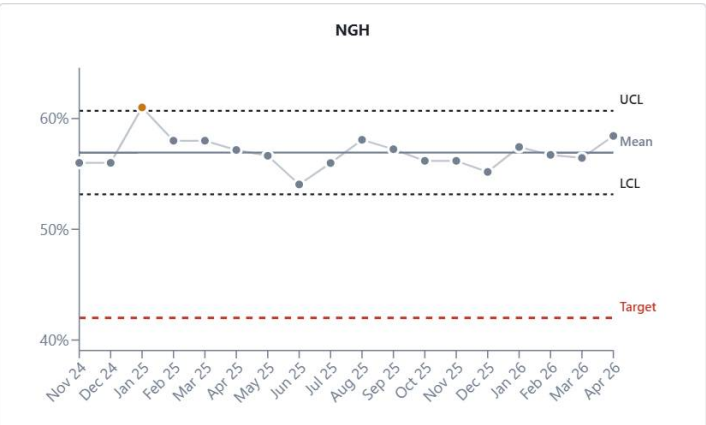
DATA QUALITY

DIMENSION	DESCRIPTION	STATUS
S	Signed off and validated	Green
T	Timely and complete	Green
A	Audit and accuracy	Not rated
R	Robust systems and data capture	Green

Stranded patients (7+ day length of stay)

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





Understanding the performance

7day performance has declined at both sites by 2% compared to March.

What are the issues impacting performance?

Increase in patient acuity, complexity and demand during April.

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 VALUES

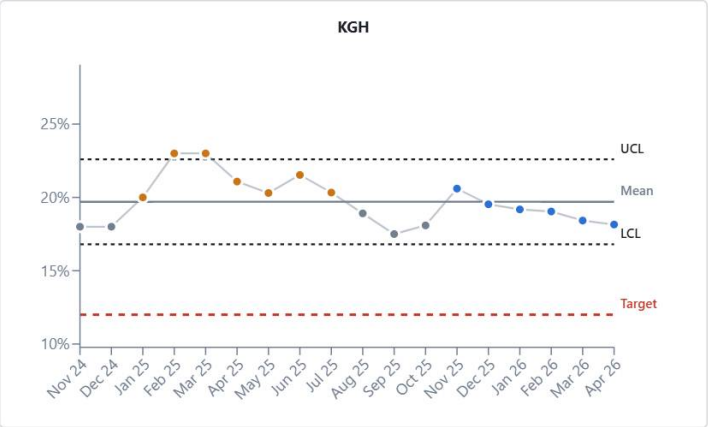
TRUST	VALUE	MEAN	TARGET	SPC
KGH	52.65 %	54.61 %	42 %	
NGH	58.43 %	56.93 %	42 %	

DATA QUALITY

DIMENSION	DESCRIPTION	STATUS
S	Signed off and validated	Green
T	Timely and complete	Green
A	Audit and accuracy	Not rated
R	Robust systems and data capture	Green

Super-Stranded patients (21+ day length of stay)

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



Understanding the performance

21 day position at KGH has continued to improve at KGH.

Position at NGH has continued to decline with 24% of G&A beds occupied by patients >21 days.

What are the issues impacting performance?

P2/3 supported discharge waits across UHN.

Complexity of patients.

Housing delays.

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 and P3 delays to discharge – particularly for DTA beds.

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

Top 20 MOFD and Top 20 MFFD meetings reinstated from May.

Risks

Bed occupancy remains high impacting patient flow.

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

DATA VALUES

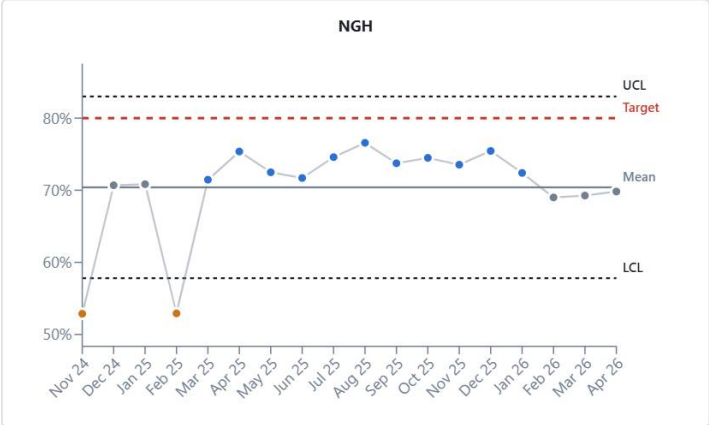
TRUST	VALUE	MEAN	TARGET	SPC
KGH	18.15 %	19.7 %	12 %	
NGH	23.78 %	22.89 %	12 %	

DATA QUALITY

DIMENSION	DESCRIPTION	STATUS
S	Signed off and validated	Green
T	Timely and complete	Green
A	Audit and accuracy	Not rated
R	Robust systems and data capture	Green

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.



Understanding the performance

More patients at KGH during April not meeting criteria to reside. (KGH data is artificially low as the denominator includes non-G&A beds.)

NGH no significant change since Feb with just 69% of patients in a hospital bed having a medical reason to reside.

What are the issues impacting performance?

Number of patients waiting supported discharge.

Housing / house clean / awaiting equipment.

Complex patients who require mental health team support or a community bed.

What SMART actions are being taken to improve?

Twice weekly escalation group for supported discharge with system partners.

Trusted assessor at NGH.

Working with local authorities for housing pathway.

Integrated discharge hub planning.

Supported discharge turnaround times being agreed with system partners.

Risks

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

DATA VALUES

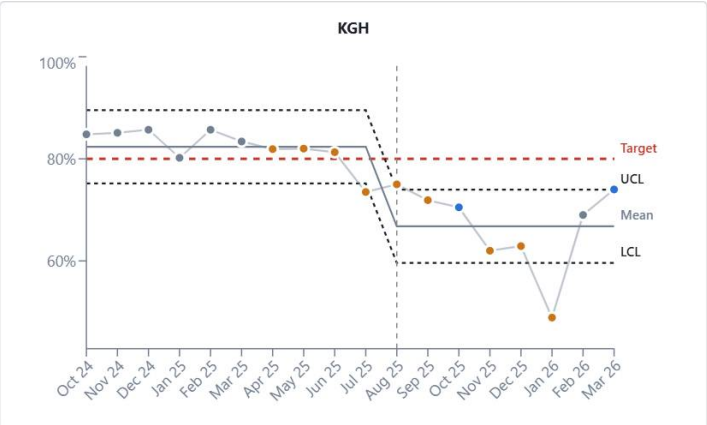
TRUST	VALUE	MEAN	TARGET	SPC
KGH	57.54 %	58.12 %	80 %	
NGH	69.82 %	70.4 %	80 %	

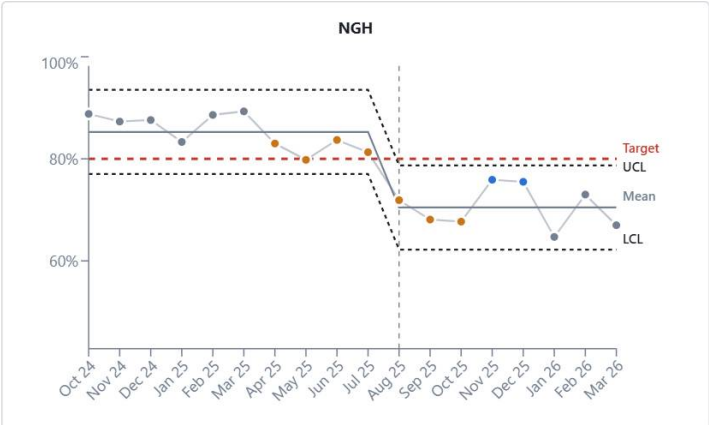
DATA QUALITY

DIMENSION	DESCRIPTION	STATUS
S	Signed off and validated	Red
T	Timely and complete	Green
A	Audit and accuracy	Not rated
R	Robust systems and data capture	Amber

Cancer Faster Diagnostic Standard

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





Understanding the performance

KGH performance improved by 5%, delivering performance of 74%. NGH performance declined by 6.6% from February.

What are the issues impacting performance?

Breast had the biggest impact for both sites. At NGH, Breast declined from 47.8% in February to 27.1% in March. At KGH Breast improved from 24.9% in February to 60.6% in March.

Head and Neck at 52.1% is also affecting overall performance at NGH.

What SMART actions are being taken to improve?

Breast: the directly bookable service turned back on at KGH. Rollout of Mastalgia pathway at NGH being planned to support reduction in breast USC referrals. Additional activity is taking place on both sites to continue to recover the position.

Skin: KGH super clinics continue and NGH Sunday one-stop is planned for May.

Risks

Breast capacity

Head and Neck team very challenged

Workforce changes in Skin potentially affecting capacity

DATA VALUES

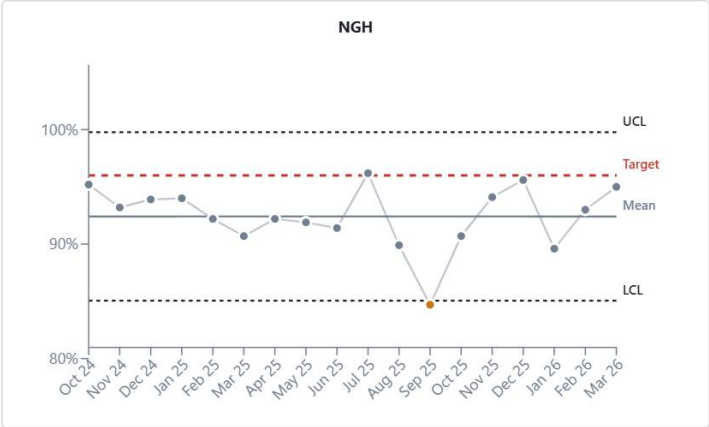
TRUST	VALUE	MEAN	TARGET	SPC
KGH	74 %	66.78 %	80 %	
NGH	67 %	70.48 %	80 %	

DATA QUALITY

DIMENSION	DESCRIPTION	STATUS
S	Signed off and validated	Green
T	Timely and complete	Green
A	Audit and accuracy	Not rated
R	Robust systems and data capture	Green

31-day wait for first treatment

The percentage of cancer patients who start treatment within 31 days of a decision to treat.



Understanding the performance

Both sites saw a ~2% improvement from February, delivering close to target.

What are the issues impacting performance?

NGH-Gynaecology the most challenged at 86.2% with 3 of the 4 breaches due to surgical capacity

KGH- Breaches largely attributed to Breast and Skin (surgical capacity) and patient fitness

What SMART actions are being taken to improve?

Clear escalation of all 31 day breaches to all tumour sites

Extra capacity to mitigate breaches.

Risks

Workforce gaps in key tumour sites

DATA VALUES

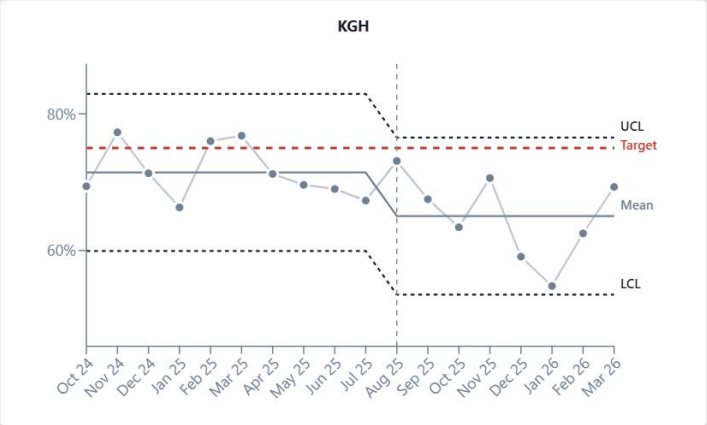
TRUST	VALUE	MEAN	TARGET	SPC
KGH	95 %	93.32 %	96 %	
NGH	95 %	92.42 %	96 %	

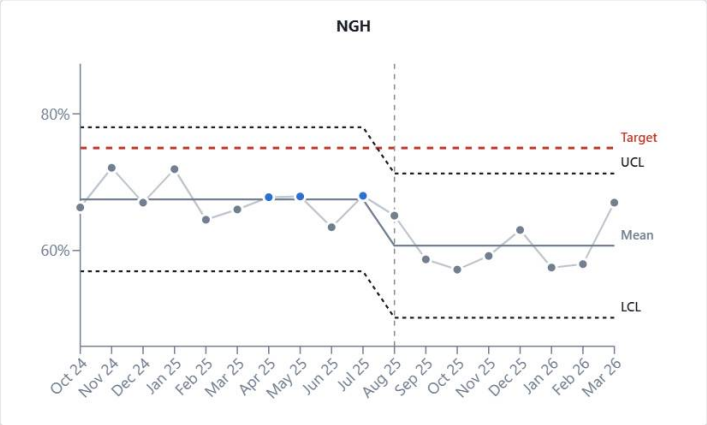
DATA QUALITY

DIMENSION	DESCRIPTION	STATUS
S	Signed off and validated	Green
T	Timely and complete	Green
A	Audit and accuracy	Not rated
R	Robust systems and data capture	Green

62-day wait for first treatment

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





Understanding the performance

Both sites performance improved in march, 8.5% at NGH and 5% at KGH.

However, delivery of the target has been challenged across the year

What are the issues impacting performance?

Downstream effects of previous capacity constraints in Breast continue to affect performance.

Patients in overall backlog continue to rise crucial to delivery of 62 days is a consistent reduction in these.

Skin at NGH seeing the biggest improvement from 40.8% in February to 89.7% in March

What SMART actions are being taken to improve?

All Tumour sites have produced recovery plans and trajectories, these will be monitored through the Patient Access Group from this month.

All patients at risk of breach are being escalated to the service.

MDT Streamlining programmes for Breast and Head and Neck. QI approach planned for Skin and Gynaecology.

Risks

Workforce gaps

Waits for first appointment in Breast

DATA VALUES

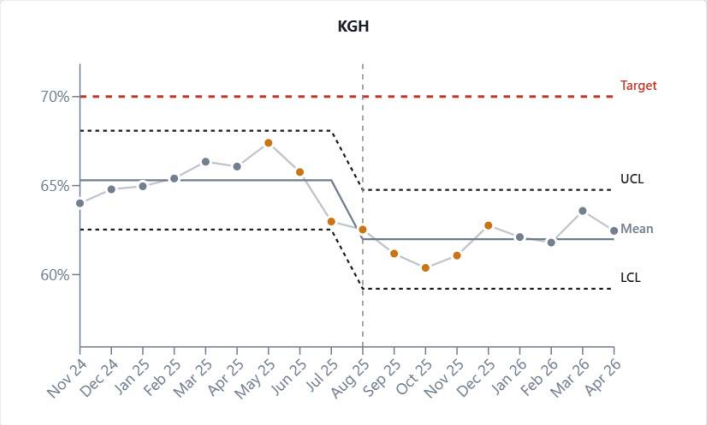
TRUST	VALUE	MEAN	TARGET	SPC
KGH	69.3 %	65.04 %	75 %	
NGH	67 %	60.71 %	75 %	

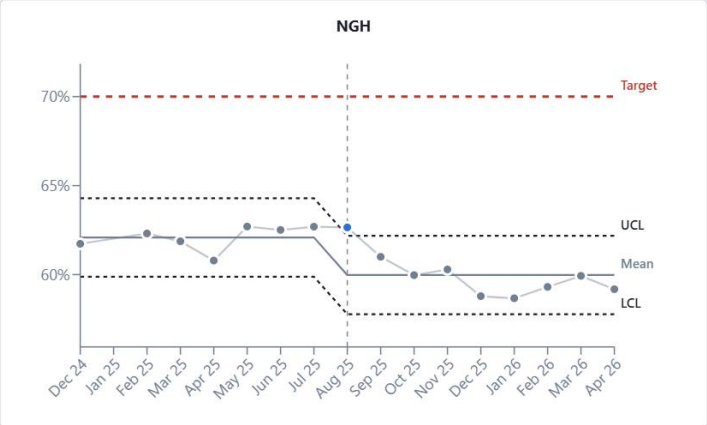
DATA QUALITY

DIMENSION	DESCRIPTION	STATUS
S	Signed off and validated	Green
T	Timely and complete	Green
A	Audit and accuracy	Not rated
R	Robust systems and data capture	Green

RTT performance

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





Understanding the performance

The month end validated position submitted to NHSE was 64% for KGH and 60% for NGH. At a UHN level this was 0.1% behind plan for April.

What are the issues impacting performance?

There was limited additionality in April, as plans were developed and started to be put in place.

What SMART actions are being taken to improve?

Divisions have submitted Q1 plans for additionality and productivity to drive a performance improvement. Q1 plans include premium spend whilst more substantive solutions are put in place.

Risks

Clinical appetite for additional WLIs

DATA VALUES

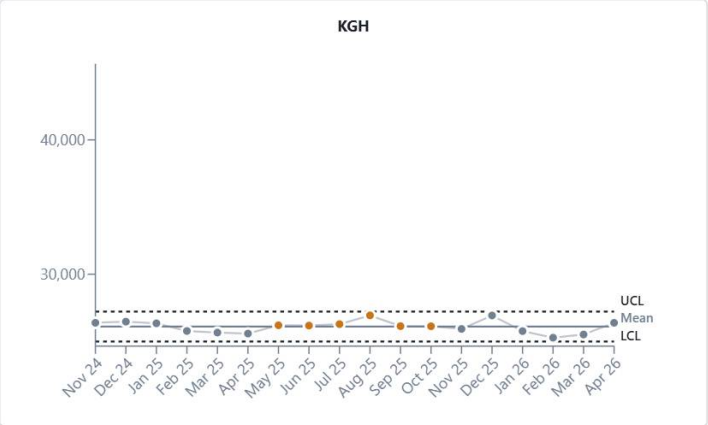
TRUST	VALUE	MEAN	TARGET	SPC
KGH	62.46 %	61.99 %	70 %	
NGH	59.18 %	59.98 %	70 %	

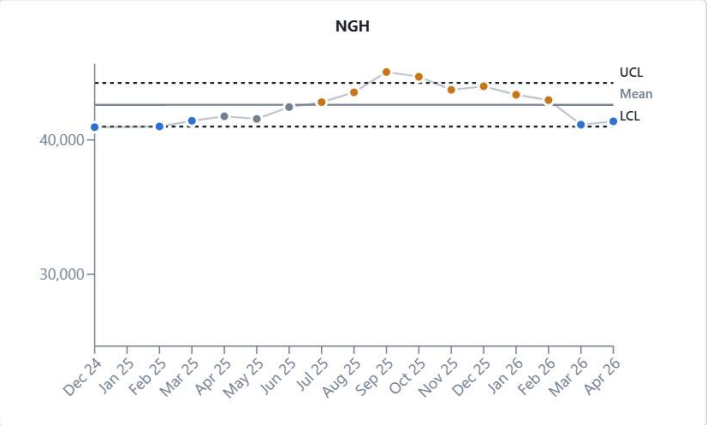
DATA QUALITY

DIMENSION	DESCRIPTION	STATUS
S	Signed off and validated	Green
T	Timely and complete	Green
A	Audit and accuracy	Not rated
R	Robust systems and data capture	Green

Size of RTT waiting list

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





Understanding the performance

At a UHN level, we are ~550 below plan for April.

What are the issues impacting performance?

During April, KGH lifted ~1,000 ASIs from eRS onto the waiting list to increase visibility of these patients and in preparation for changes to the booking approach. This has driven the increase in the KGH waiting list size.

Although NGH increased slightly this month, it is ahead of plan for waiting list size.

What SMART actions are being taken to improve?

Work is underway to move to one FDP platform to support validation at both Trusts.

Q1 plans for additionality have been agreed.

The ten specialties to go first to move to a single point of access and increased triage have been agreed, to be in place for October.

Risks

EPR transition - we profiled in a 5% waiting list increase at NGH for go-live month.

DATA VALUES

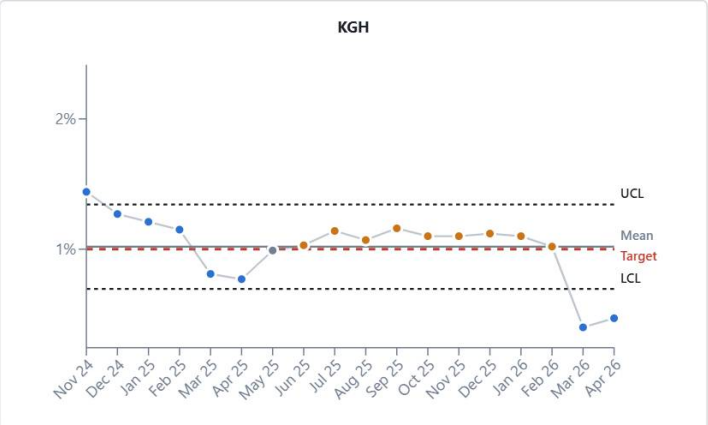
TRUST	VALUE	MEAN	TARGET	SPC
KGH	26,381	26,101.67	—	
NGH	41,377	42,607.88	—	

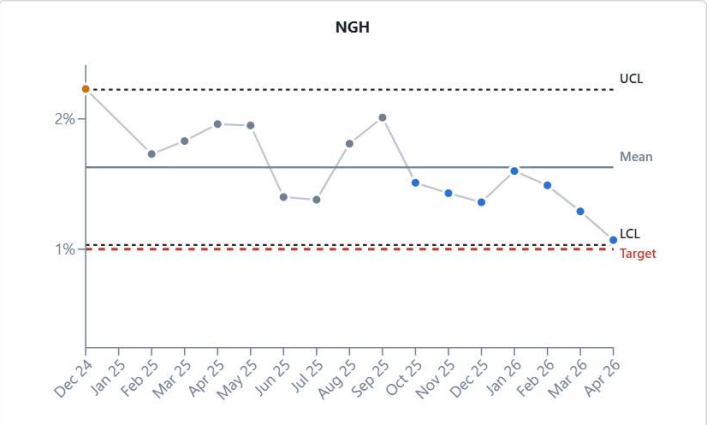
DATA QUALITY

DIMENSION	DESCRIPTION	STATUS
S	Signed off and validated	Green
T	Timely and complete	Green
A	Audit and accuracy	Not rated
R	Robust systems and data capture	Green

52 week waits as a % of the waiting list

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





Understanding the performance

KGH is well below the 1% target and NGH is now very close to target too. At a UHN level, 52 week waits are 0.8% of our waiting list.

What are the issues impacting performance?

ENT continues to be challenged for long waits

We are mitigating the risk in T&O across both siters, with some IPTs to KGH

What SMART actions are being taken to improve?

Every specialty has an agreed 52 week trajectory in place, which is monitored through the Patient Access Group

Risks

ENT capacity

Dermatology capacity

DATA VALUES

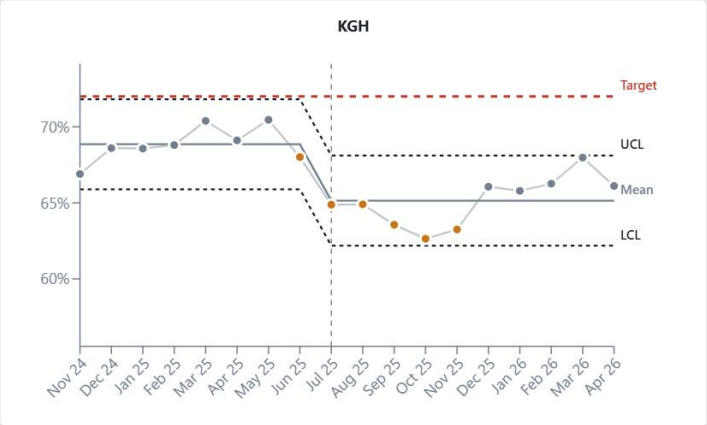
TRUST	VALUE	MEAN	TARGET	SPC
KGH	0.47 %	1.02 %	1 %	
NGH	1.07 %	1.63 %	1 %	

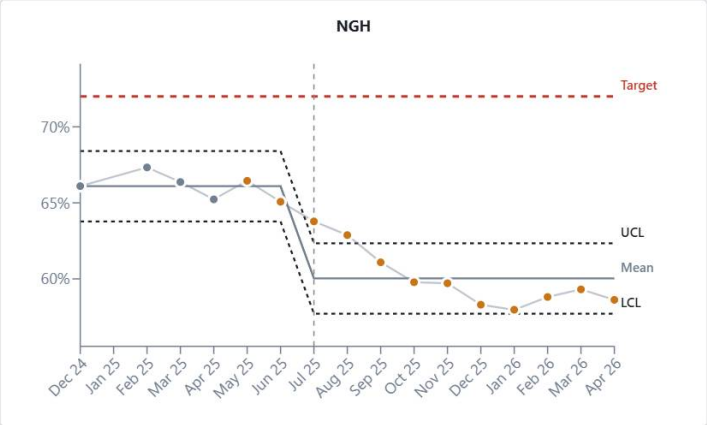
DATA QUALITY

DIMENSION	DESCRIPTION	STATUS
S	Signed off and validated	Green
T	Timely and complete	Green
A	Audit and accuracy	Green
R	Robust systems and data capture	Green

Percentage of patients waiting no longer than 18 weeks for a first appointment

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

Performance tends to track ~2% higher than RTT performance

What are the issues impacting performance?

We saw a drop with the Q4 sprint finishing and activity returning to normal levels

What SMART actions are being taken to improve?

New 'Patient not Present' tariff presents an opportunity to review results and discharge to support a reduction in follow ups, we will look at opportunity areas to implement this

Risks

First appointment capacity

DATA VALUES

TRUST	VALUE	MEAN	TARGET	SPC
KGH	66.11 %	65.14 %	72 %	
NGH	58.62 %	60.02 %	72 %	

DATA QUALITY

DIMENSION	DESCRIPTION	STATUS
S	Signed off and validated	Green
T	Timely and complete	Green
A	Audit and accuracy	Not rated
R	Robust systems and data capture	Green

Theatre utilisation

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

Understanding the performance

The GIRFT target is 85%, both Trusts were at 80% this month

What are the issues impacting performance?

Late cancellations

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

Late cancellations

Increase in Trauma

DATA VALUES

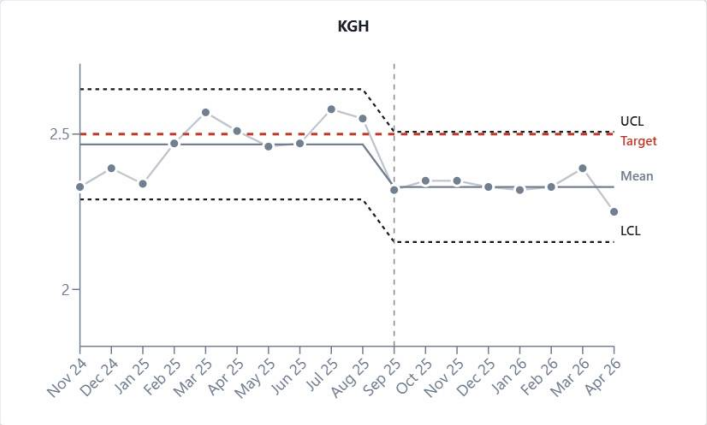
TRUST	VALUE	MEAN	TARGET	SPC
KGH	80.71 %	82.22 %	85 %	
NGH	80.37 %	78.02 %	85 %	

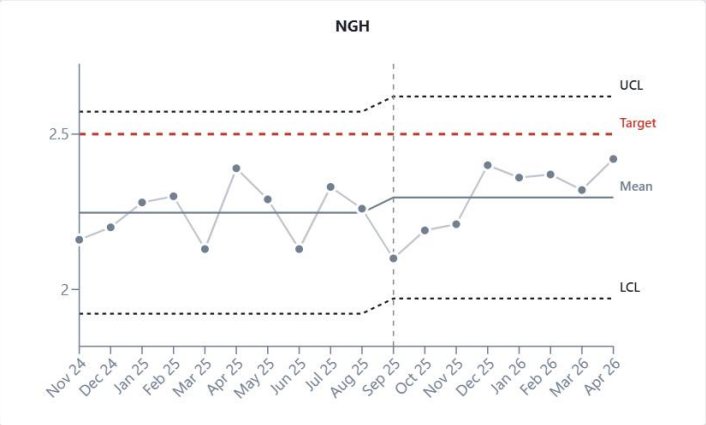
DATA QUALITY

DIMENSION	DESCRIPTION	STATUS
S	Signed off and validated	Green
T	Timely and complete	Green
A	Audit and accuracy	Not rated
R	Robust systems and data capture	Green

Average cases per list

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





Understanding the performance

We have seen a decrease in Kettering this month, although within the statistical range.

What are the issues impacting performance?

The change was driven by General Surgery and Breast, as a result of the robotic lists in General Surgery and the complexity of cases in Breast, the Theatre Utilisation for those services remained good.

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.
- GIRFT benchmarking data on case per list and day case rates is utilised to identify opportunities

Risks

Case mix

DATA VALUES

TRUST	VALUE	MEAN	TARGET	SPC
KGH	2.25 cases	2.33 cases	2.5 cases	
NGH	2.42 cases	2.3 cases	2.5 cases	

DATA QUALITY

DIMENSION	DESCRIPTION	STATUS
S	Signed off and validated	Green
T	Timely and complete	Green
A	Audit and accuracy	Not rated
R	Robust systems and data capture	Green

Signed off by **Sarah Noonan** on 20 May 2026, 16:15

Well Led domain

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

Good news

- **Strengthening our culture improvement plans -** Significant organisational focus on planning and delivery across both sites with focus on engagement, inclusion and targeted interventions
- **Programme and leadership development activity** : Development of Civility Programme and 'New Manager, New Team' session
- **Sustained OD delivery across services** : Ongoing coaching, mediation, and team development across multiple clinical areas
- Agency is under plan in M1
- Improvement in sickness absence

Areas of concern

- **Timeliness of key deliverables (EDS Domain 1)** : Continued delays and inability to secure engagement from service leads impacting reporting timelines.
- Need to identify and deliver CIP workforce plans to give confidence of full year delivery of 7% CIP
- Increase in employee relations cases

Improvement plans in place

- **Emerging pressure in Maternity culture and operations** : Ongoing interventions (rota review, leadership "time out", relational issues) indicate systemic cultural and operational strain, requiring continued oversight.
- Weekly workforce CIP meetings with divisions to ensure momentum maintained and good practice is shared
- Recruitment of Head of ER to support timely resolution and focus on ER cases.
- Focus on behaviours and leadership visibility to ensure clarity of expected standards

METRIC	KGH	NGH	TARGET	STAR
CULTURE AND SAFETY				
Turnover rate	5.91 %	5.89 %	6.5 %	
Appraisal completion rates	84.9 %	78.12 %	85 %	
Mandatory training compliance	91.82 %	89.42 %	85 %	
Sickness and absence rate	4.89 %	4.87 %	5 %	
Number of volunteering hours	2,915 hours	3,766 hours	—	
WORKFORCE FINANCIAL SUSTAINABILITY				
Vacancy rate	8.93 %	11.28 %	8 %	
Employee relations formal cases	35	35	—	
Total WTE (PWR figure)	5,058.85	6,453.63	—	
Bank Spend as % of Total Pay	10 %	12.3 %	6.3 %	
Agency Spend as % of Total Pay	0.7 %	1.7 %	2 %	

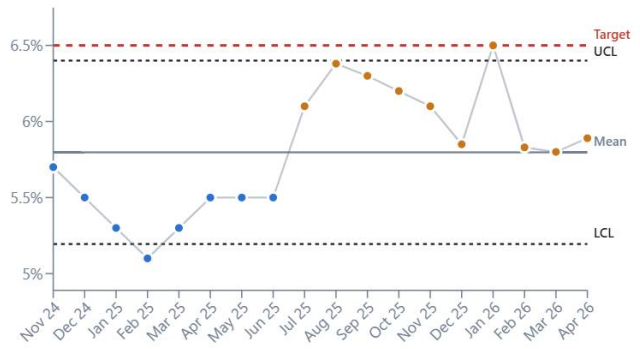
	Consistently hit target	Not consistently achieved or failed	Consistently fail target	No target set
Special Cause Improvement		• Agency Spend as % of Total Pay - KGH • Agency Spend as % of Total Pay - NGH		
Common Cause	• Turnover rate - KGH • Mandatory training compliance - KGH • Mandatory training compliance - NGH	• Appraisal completion rates - KGH • Sickness and absence rate - NGH • Sickness and absence rate - KGH	• Vacancy rate - KGH • Bank Spend as % of Total Pay - NGH • Bank Spend as % of Total Pay - KGH	• Number of volunteering hours - NGH • Number of volunteering hours - KGH • Employee relations formal cases - NGH • Total WTE (PWR figure) - NGH • Total WTE (PWR figure) - KGH
Special Cause Concern	• Turnover rate - NGH	• Vacancy rate - NGH	• Appraisal completion rates - NGH	• Employee relations formal cases - KGH

Turnover rate

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

KGH

NGH



Understanding the performance

Turnover is better than target at both Trusts

What are the issues impacting performance?

No content yet

What SMART actions are being taken to improve?

No content yet

Risks

No content yet

DATA VALUES

TRUST	VALUE	MEAN	TARGET	SPC
KGH	5.91 %	6.04 %	6.5 %	
NGH	5.89 %	5.8 %	6.5 %	

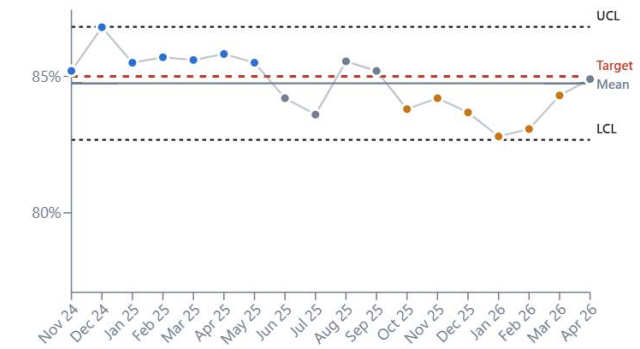
DATA QUALITY

DIMENSION	DESCRIPTION	STATUS
S	Signed off and validated	Green
T	Timely and complete	Green
A	Audit and accuracy	Not rated
R	Robust systems and data capture	Green

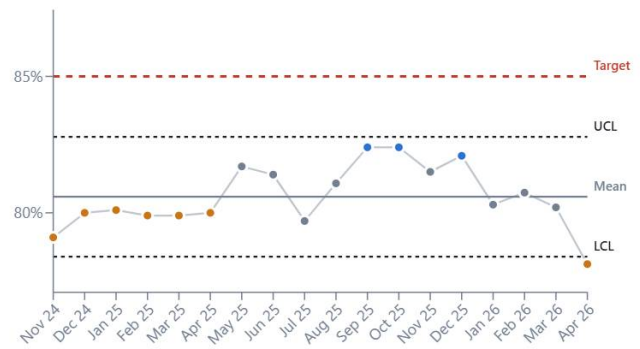
Appraisal completion rates

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

KGH



NGH



Understanding the performance

There has been a sustained improvement at KGH , but a significant decline at NGH with all divisions aside cancer performing

What are the issues impacting performance?

All areas and staff groups are performing poorly with admin and clerical and estates staff at NGH performing least well

What SMART actions are being taken to improve?

there has been a change in the notification process implemented to support managers.

Colleague compliance chase with supported tools attached

Divisional deep dives in place for manager ownership

Risks

there is a risk that staff performance, development needs, and wellbeing concerns are not identified or addressed, which may impact service quality and organisational effectiveness.

DATA VALUES

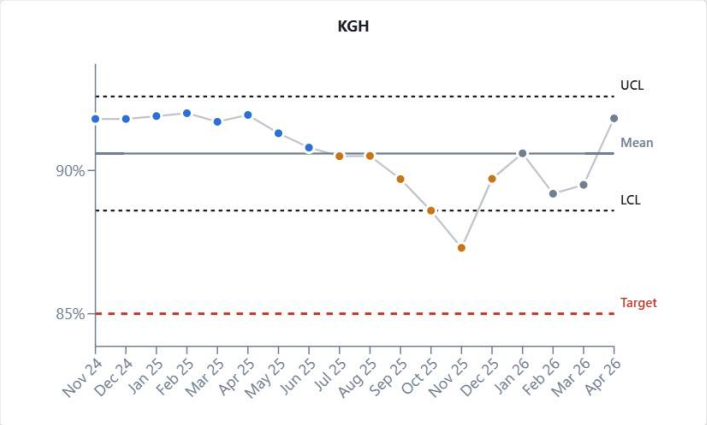
TRUST	VALUE	MEAN	TARGET	SPC
KGH	84.9 %	84.75 %	85 %	
NGH	78.12 %	80.59 %	85 %	

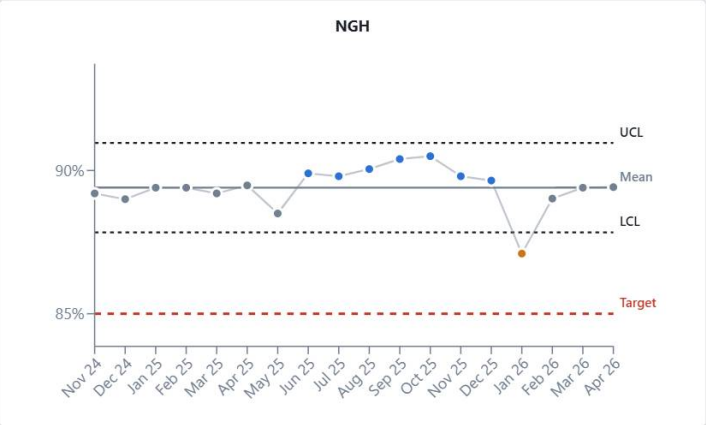
DATA QUALITY

DIMENSION	DESCRIPTION	STATUS
S	Signed off and validated	Green
T	Timely and complete	Green
A	Audit and accuracy	Not rated
R	Robust systems and data capture	Green

Mandatory training compliance

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





Understanding the performance

No content yet

What are the issues impacting performance?

No content yet

What SMART actions are being taken to improve?

No content yet

Risks

No content yet

DATA VALUES

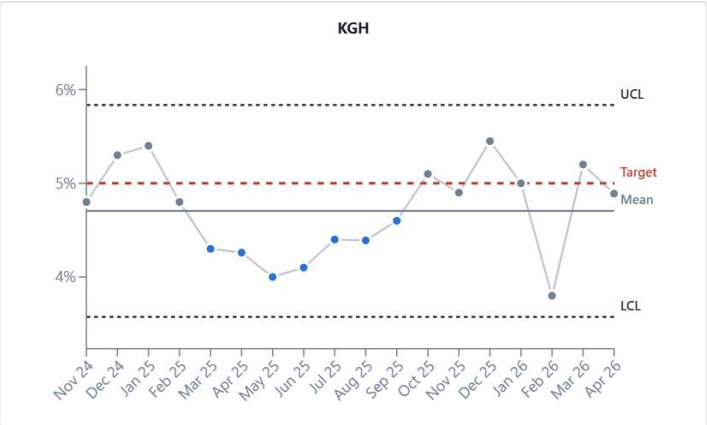
TRUST	VALUE	MEAN	TARGET	SPC
KGH	91.82 %	90.59 %	85 %	
NGH	89.42 %	89.4 %	85 %	

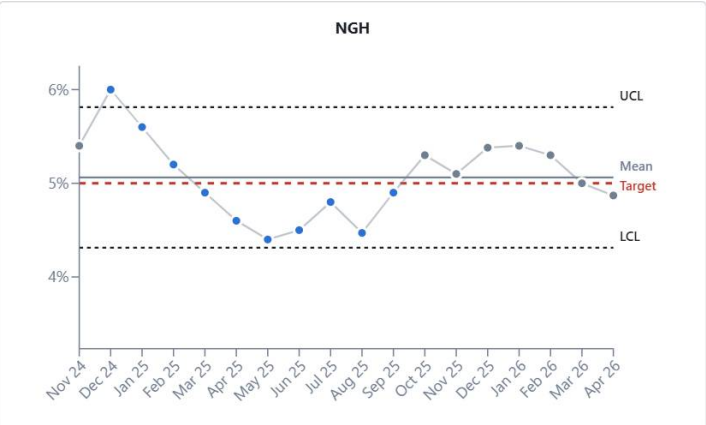
DATA QUALITY

DIMENSION	DESCRIPTION	STATUS
S	Signed off and validated	Green
T	Timely and complete	Green
A	Audit and accuracy	Not rated
R	Robust systems and data capture	Green

Sickness and absence rate

The percentage of total colleague working time lost to sickness or absence.





Understanding the performance

Absence has improved at both Trusts and is below target

What are the issues impacting performance?

The majority of absence is due to long term sickness

The top reasons for sickness are coughs and colds, stress/anxiety, gastro and MSK

What SMART actions are being taken to improve?

Targeted action plan to improve attendance including supportive measures and appropriate management intervention

Risks

Clinical capacity due to absences

Increase in temporary staffing due to the need to cover absence

DATA VALUES

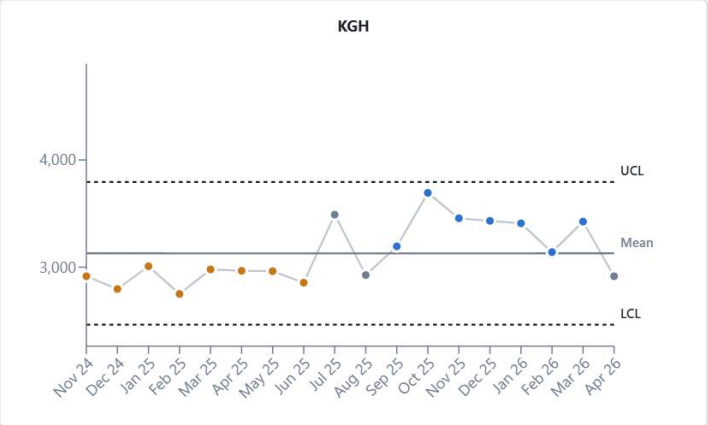
TRUST	VALUE	MEAN	TARGET	SPC
KGH	4.89 %	4.71 %	5 %	
NGH	4.87 %	5.06 %	5 %	

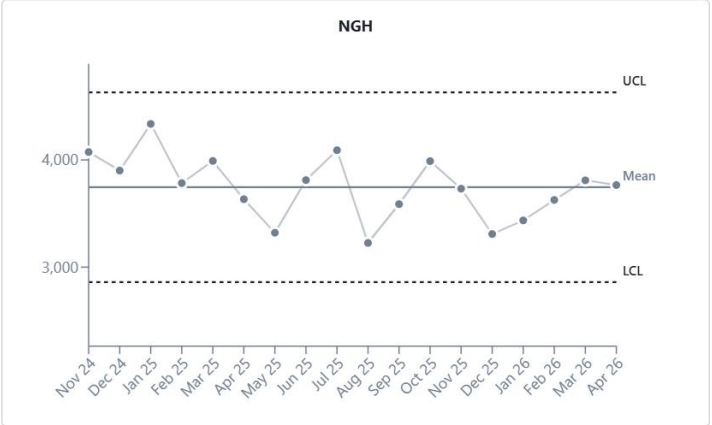
DATA QUALITY

DIMENSION	DESCRIPTION	STATUS
S	Signed off and validated	Green
T	Timely and complete	Green
A	Audit and accuracy	Not rated
R	Robust systems and data capture	Green

Number of volunteering hours

The number of hours volunteered in the organisation.





Understanding the performance

Volunteer hours in April decreased by 7% compared to March.

What are the issues impacting performance?

- A number of students have taken time off prior to their exams which has significantly impacted the hours in April particularly in KGH
- There has been limited recruitment at KGH which has affected the hours as there were only 13 new starters in the last quarter compared to 46 in the previous quarter

What SMART actions are being taken to improve?

- Retention: Continued focus on 121 checks on volunteers
- We are recruiting volunteers across both sites in May
- Working with Comms to promote a recruitment campaign in May externally

Risks

- A number of students will be on reduced hours or be taking time off for their exams which will impact the operational support in the Trust
- Volunteer Services capacity due to vacancies

DATA VALUES

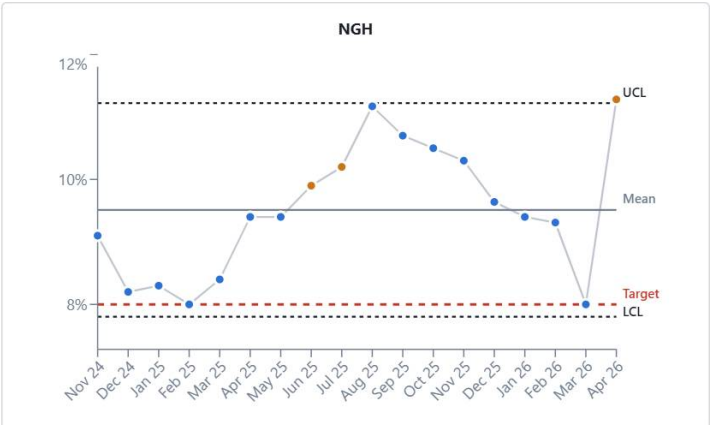
TRUST	VALUE	MEAN	TARGET	SPC
KGH	2,915 hours	3,128.39 hours	—	
NGH	3,766 hours	3,745.94 hours	—	

DATA QUALITY

DIMENSION	DESCRIPTION	STATUS
S	Signed off and validated	Green
T	Timely and complete	Green
A	Audit and accuracy	Not rated
R	Robust systems and data capture	Green

Vacancy rate

The percentage of established posts which are currently vacant.



Understanding the performance

No content yet

What are the issues impacting performance?

No content yet

What SMART actions are being taken to improve?

No content yet

Risks

No content yet

DATA VALUES

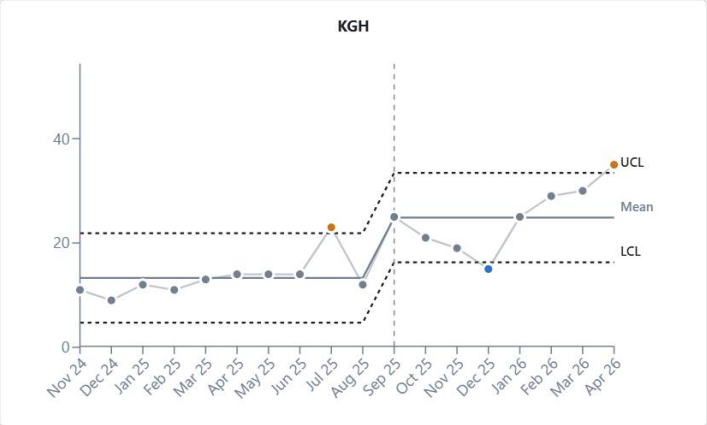
TRUST	VALUE	MEAN	TARGET	SPC
KGH	8.93 %	9.67 %	8 %	
NGH	11.28 %	9.51 %	8 %	

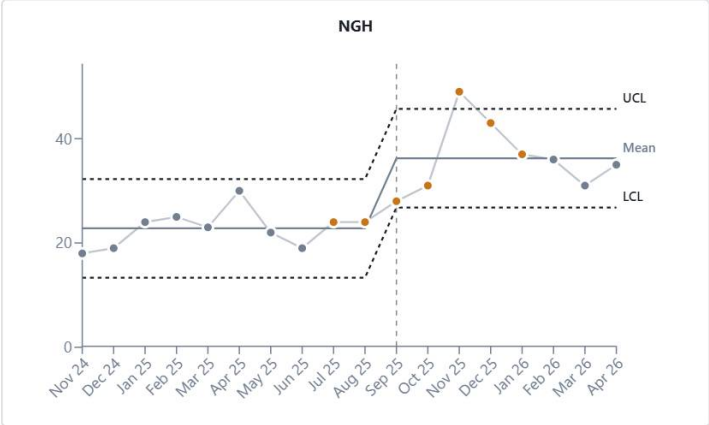
DATA QUALITY

DIMENSION	DESCRIPTION	STATUS
S	Signed off and validated	Green
T	Timely and complete	Green
A	Audit and accuracy	Not rated
R	Robust systems and data capture	Green

Employee relations formal cases

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





Understanding the performance

There has been a further increase in formal ER cases in April. This is a significant increase for KGH cases.

There were 21 new formal cases opened in April 2026. This is a 100% increase compared to each month of the previous 6 months.

What are the issues impacting performance?

The volume and complexity of cases creates a challenge in swiftly dealing with cases.

There is an organisational burden to identify investigators for cases.

What SMART actions are being taken to improve?

Focused review open cases and working to close cases over recent months.

Corporate responsibilities in place for people partnering colleagues to provide clarity and expert input of particular topics and workstreams.

Case triage panel will be implemented in Q2 to assist with a review of each fact finding case, to focus on the lowest level case to bring about the improvement.

Risks

There is also a rise in Employment Tribunals in month. This creates an organisational risk and requires supporting cases through to the tribunal which is taking between 2 and 3 years.

DATA VALUES

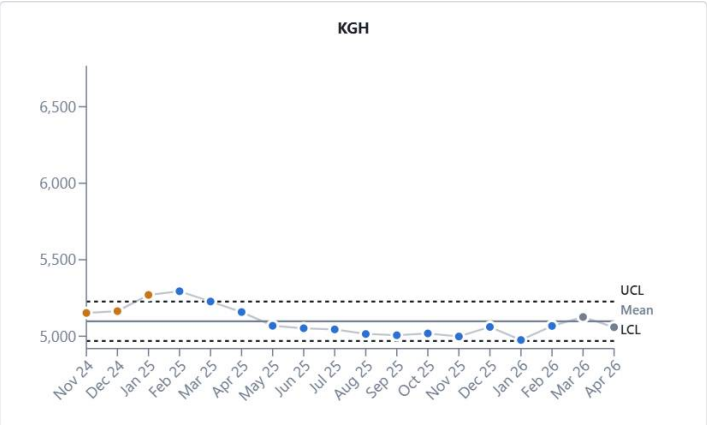
TRUST	VALUE	MEAN	TARGET	SPC
KGH	35	24.88	—	
NGH	35	36.25	—	

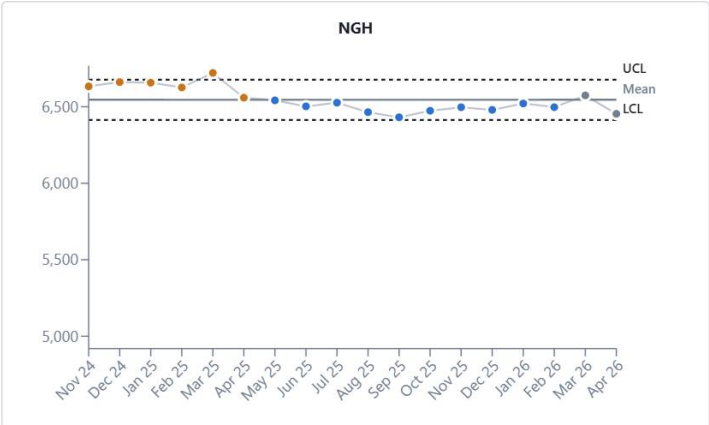
DATA QUALITY

DIMENSION	DESCRIPTION	STATUS
S	Signed off and validated	Green
T	Timely and complete	Green
A	Audit and accuracy	Not rated
R	Robust systems and data capture	Green

Total WTE (PWR figure)

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





Understanding the performance

Total WTE reduced in both Trusts in April

What are the issues impacting performance?

Use of bank hours continues to be the main risk in our total WTE number

What SMART actions are being taken to improve?

Programmes of work including Divisional CIP plans; central medical and people cross cutting improvement plans; transformation programmes including UEC, planned care and service alignment/Group Clinical Strategy programmes and automation.

Risks

Delivery partner resource

Capacity and timelines for change

Data quality

DATA VALUES

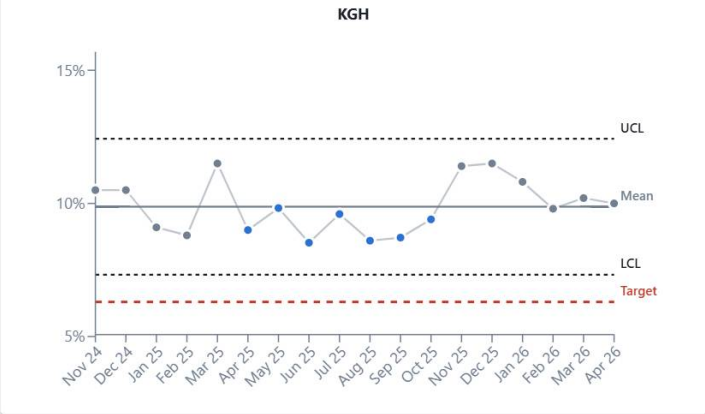
TRUST	VALUE	MEAN	TARGET	SPC
KGH	5,058.85	5,097.53	—	
NGH	6,453.63	6,545.47	—	

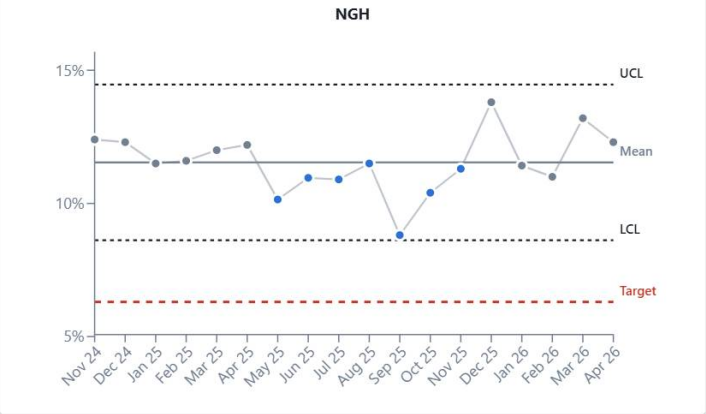
DATA QUALITY

DIMENSION	DESCRIPTION	STATUS
S	Signed off and validated	Green
T	Timely and complete	Green
A	Audit and accuracy	Not rated
R	Robust systems and data capture	Green

Bank Spend as % of Total Pay

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





Understanding the performance

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

What are the issues impacting performance?

- Increasing demand for UEC services
- Vacancy rates

What SMART actions are being taken to improve?

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

Risks

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

DATA VALUES

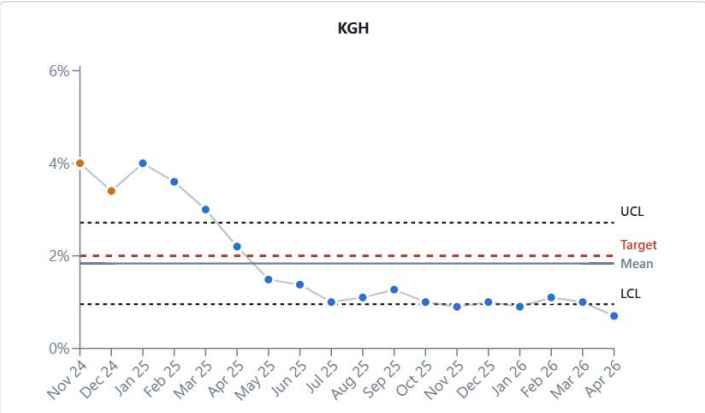
TRUST	VALUE	MEAN	TARGET	SPC
KGH	10 %	9.88 %	6.3 %	
NGH	12.3 %	11.54 %	6.3 %	

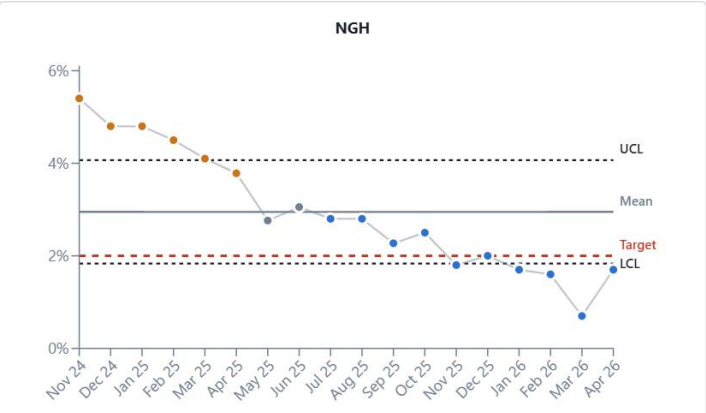
DATA QUALITY

DIMENSION	DESCRIPTION	STATUS
S	Signed off and validated	Green
T	Timely and complete	Green
A	Audit and accuracy	Not rated
R	Robust systems and data capture	Green

Agency Spend as % of Total Pay

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





Understanding the performance

- Agency usage slightly decreased month-on-month at KGH and increased at NGH.

What are the issues impacting performance?

- Hard to fill medical roles
- Nursing vacancy
- Sickness and annual leave

What SMART actions are being taken to improve?

- Recruitment plans
- Grip and control actions

Risks

- We are unable to recruit to shortage occupations

DATA VALUES

TRUST	VALUE	MEAN	TARGET	SPC
KGH	0.7 %	1.84 %	2 %	
NGH	1.7 %	2.95 %	2 %	

DATA QUALITY

DIMENSION	DESCRIPTION	STATUS
S	Signed off and validated	Green
T	Timely and complete	Green
A	Audit and accuracy	Not rated
R	Robust systems and data capture	Green

Signed off by **Rebecca Taylor** on 20 May 2026, 18:33

Use of Resources domain

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

Good news

UHN financial performance has delivered to plan at Month 1.

UHN efficiency delivery on plan at month 1.

•Across UHN, £3.2m of efficiencies have been delivered against a plan of £3.0m.

•Efficiency planning for 26/27 is underway to both mitigate risks in existing plans, and fill the gap.

Areas of concern

Cash flow pressures

Finalisation of sufficient efficiency schemes to deliver full in year programme.

There is risk in the level of development of the remainder of the identified efficiency plan in 26/27.

Improvement plans in place

Short to medium term cashflow recovery plan being implemented.

Work ongoing with delivery partner to assure existing efficiency schemes and progress further opportunities.

Financial recovery team from NHSE are supporting in 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.

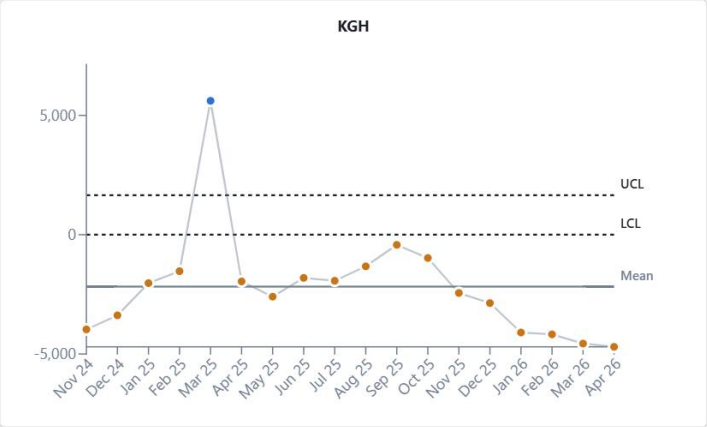
Delivery partner procurement underway to provide support in 26/27.

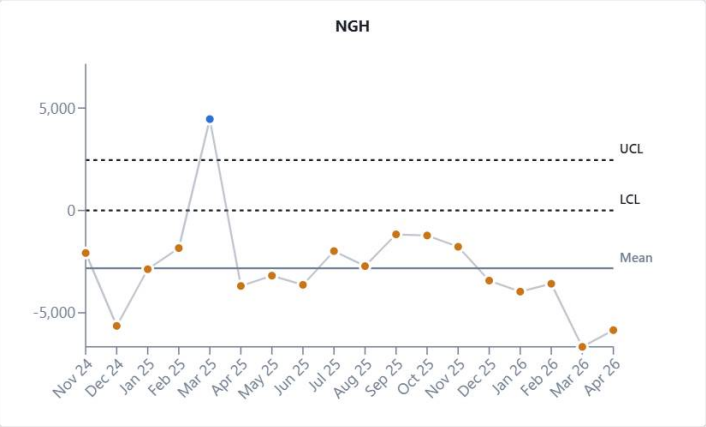
METRIC	KGH	NGH	TARGET	STAR
FINANCE				
Surplus / deficit	-4,700	-5,848	—	
Cash	1,483	1,843	—	
PRODUCTIVITY AND EFFICIENCY				
CIP Delivery	103.7 %	104.2 %	100 %	

	Consistently hit target	Not consistently achieved or failed	Consistently fail target	No target set
Special Cause Improvement				
Common Cause				• Cash - KGH • Cash - NGH
Special Cause Concern		• CIP Delivery - NGH • CIP Delivery - KGH		• Surplus / deficit - KGH • Surplus / deficit - NGH

Surplus / deficit

Monthly financial position – total income vs total expenditure.





Understanding the performance

UHN has delivered a deficit in line with plan for Month 1.

What are the issues impacting performance?

£1.0m of costs due to industrial action have been offset by a small amount of efficiency over delivery, income slightly above plan and a range of non pay underspends.

What SMART actions are being taken to improve?

Work is ongoing to ensure schemes are in place to deliver full year efficiency target.

Risks

Further industrial action, pay awards and other inflationary pressures may exceed available funding, operational pressures and ability to identify remaining efficiency requirement.

DATA VALUES

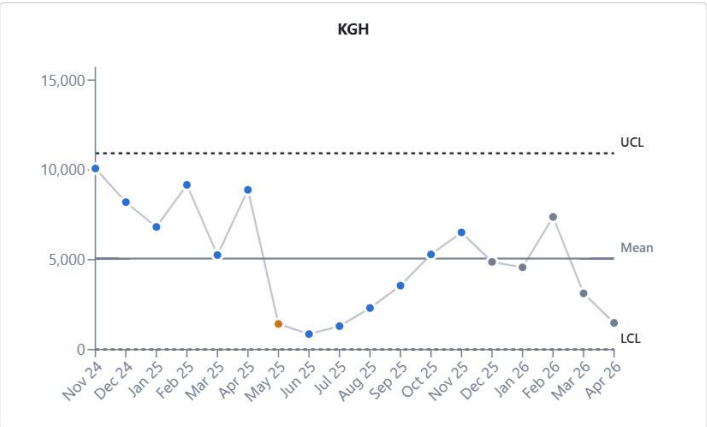
TRUST	VALUE	MEAN	TARGET	SPC
KGH	-4,700	-2,176.83	—	
NGH	-5,848	-2,824.33	—	

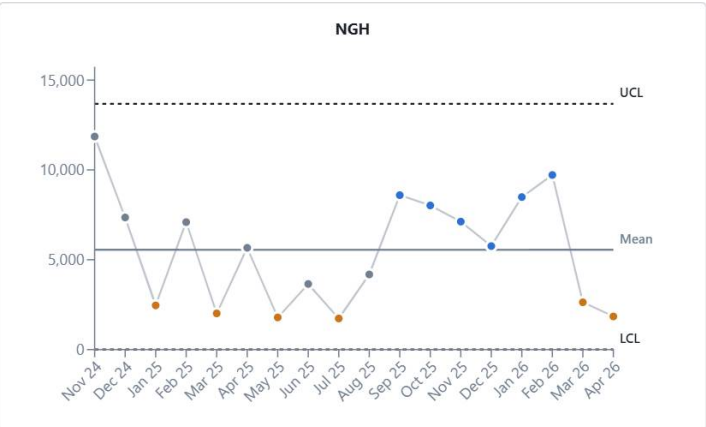
DATA QUALITY

DIMENSION	DESCRIPTION	STATUS
S	Signed off and validated	Green
T	Timely and complete	Green
A	Audit and accuracy	Not rated
R	Robust systems and data capture	Green

Cash

Cash balance





Understanding the performance

Both Trusts cash balances are below plan at Month 1.

What are the issues impacting performance?

The 26/27 planned deficit exceeds the NHSE target and is therefore deemed non compliant. It is therefore the case that no deficit support funding will be provided and instead, monthly requests must be submitted to access dividend bearing PDC support.

What SMART actions are being taken to improve?

Short term recovery action plan being introduced but medium to long term solution can only come from materially reducing monthly expenditure run rate through efficiency savings.

Risks

NHSE have only partially approved May's borrowing request and may continue to provide less than is needed to cover deficit run rate and pay creditors from 2025/26. This may lead to delays in supplier payments which are being carefully managed.

DATA VALUES

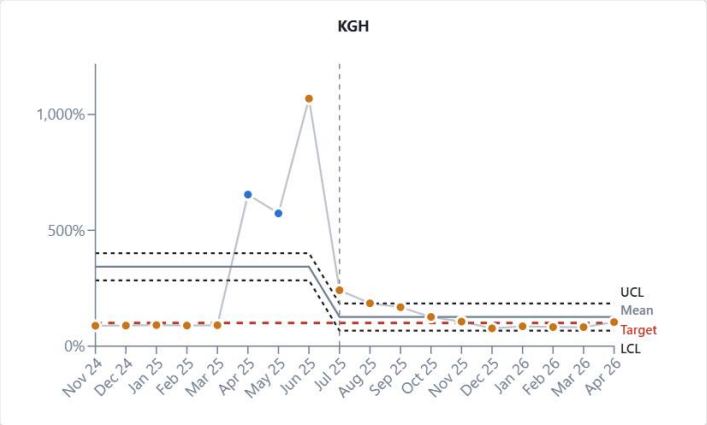
TRUST	VALUE	MEAN	TARGET	SPC
KGH	1,483	5,064.06	—	
NGH	1,843	5,553.44	—	

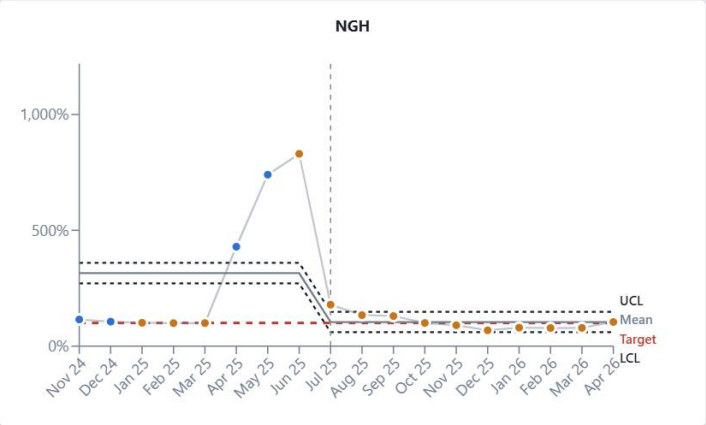
DATA QUALITY

DIMENSION	DESCRIPTION	STATUS
S	Signed off and validated	Green
T	Timely and complete	Green
A	Audit and accuracy	Not rated
R	Robust systems and data capture	Green

CIP Delivery

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





Understanding the performance

- £3.2m of efficiencies have been delivered across UHN for the year (£1.4m KGH, £1.7m NGH), against a Month 1 plan of £3.0m .
- A number of the 2025/26 schemes will have a beneficial full year effect into 2026/27.

What are the issues impacting performance?

- The efficiency plan is phased to deliver 13% of required savings in quarter 1, and 29% in each of Q2, Q3 and Q4.

What SMART actions are being taken to improve?

- Ongoing identification of efficiencies within divisional and corporate teams to meet the required targets.
- Cross-cutting programmes including workforce established and in place across the group.
- Implementation of findings from grip and control review across divisions.

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 VALUES

TRUST	VALUE	MEAN	TARGET	SPC
KGH	103.7 %	125.66 %	100 %	
NGH	104.2 %	104.22 %	100 %	

DATA QUALITY

DIMENSION	DESCRIPTION	STATUS
S	Signed off and validated	Green
T	Timely and complete	Green
A	Audit and accuracy	Not rated
R	Robust systems and data capture	Green

Signed off by **Sarah Stansfield** on 20 May 2026, 13:02

Summary Balance Sheet - KGH

University Hospitals of Northamptonshire NHS Group

TRUST SUMMARY BALANCE SHEET
MONTH 1 2026/27

	Balance at 31-Mar-26	Current Month			Forecast end of year	
		Opening Balance	Closing Balance	Movement (in month)	Closing Balance	Movement
	£000	£000	£000	£000	£000	£000
NON CURRENT ASSETS						
OPENING NET BOOK VALUE	230,763	230,763	230,763	0	230,763	0
IN YEAR REVALUATIONS	0	0	0	0		0
IN YEAR MOVEMENTS	0	0	2,992	2,992	80,985	80,985
LESS DEPRECIATION	0	0	(1,190)	(1,190)	(17,343)	(17,343)
NET BOOK VALUE	230,763	230,763	232,565	1,802	294,405	63,642
NON CURRENT RECEIVABLES	1,180	1,180	935	(245)	956	(224)
CURRENT ASSETS						
INVENTORIES	7,211	7,211	7,006	(205)	7,243	32
TRADE & OTHER RECEIVABLES	12,330	12,330	15,970	3,640	14,870	2,540
CASH	3,126	3,126	1,484	(1,642)	1,707	(1,419)
TOTAL CURRENT ASSETS	22,667	22,667	24,460	1,793	23,820	1,153
CURRENT LIABILITIES						
TRADE & OTHER PAYABLES	41,204	41,204	45,365	4,161	28,714	(12,490)
LEASE PAYABLE under 1 year	1,345	1,345	1,401	56	1,401	56
DHSC LOANS	0	0	0	0	0	0
PROVISIONS under 1 year	1,292	1,292	1,296	4	890	(402)
TOTAL CURRENT LIABILITIES	43,841	43,841	48,062	4,221	31,005	(12,836)
NET CURRENT ASSETS / (LIABILITIES)	(21,174)	(21,174)	(23,602)	(2,428)	(7,185)	13,989
TOTAL ASSETS LESS CURRENT LIABILITIES	210,769	210,769	209,899	(871)	288,176	77,407
NON CURRENT LIABILITIES						
LEASE PAYABLE over 1 year	6,275	6,275	6,126	(149)	6,126	(149)
LOANS over 1 year	0	0	0	0	0	0
PROVISIONS over 1 year	532	532	532	0	532	0
NON CURRENT LIABILITIES	6,807	6,807	6,658	(149)	6,658	(149)
TOTAL ASSETS EMPLOYED	203,962	203,962	203,240	(722)	281,518	77,556
FINANCED BY						
PDC CAPITAL	357,509	357,509	361,458	3,949	457,044	99,535
REVALUATION RESERVE	41,154	41,154	41,200	46	41,200	46
I & E ACCOUNT	(194,701)	(194,701)	(199,418)	(4,717)	(216,726)	(22,025)
FINANCING TOTAL	203,962	203,962	203,240	(722)	281,518	77,556

Non-Current Assets

- Capital expenditure in the month was £3.0m including £2.4m continuing the Energy Centre development.
- Depreciation and in year movements include the impact of right of use assets

Current Assets

- Trade and other receivables have increased in month by £3.6m. This includes additional pay award funding accrued with commissioners.
- Cash flow remains challenged due to withdrawal of Deficit Support Funding (DSF) by NHSE due to non-compliant finance plan for 26/27.
- Replacement PDC funding to cover deficit plan attracts an interest charge and is not being fully supported by NHSE. It is imperative that efficiency delivery increases to reduce net expenditure run rate.

Current Liabilities

- Cash pressures continuing into 26/27 are requiring pro-active management of supplier credit terms and payment runs dependant on available cash.
- Trade and other payables have increased by £4.2m in the month, partly due to staging of supplier payments and partly including deferred income as the Q1 HEE Education contract is paid in April.

Financing

- £3.9m of additional revenue PDC drawn in month to cover in month deficit of £4.7m. Net difference is reflected in the drop in the bank account balance of £1.6m

Summary Balance Sheet - NGH

University Hospitals of Northamptonshire NHS Group

TRUST SUMMARY BALANCE SHEET MONTH1 2026/27	Balance at 31-Mar-26 £000	Current Month Opening Balance £000	Current Month Closing Balance £000	Current Month Movement £000	Forecast end of year Closing Balance £000	Forecast end of year Movement £000
NON CURRENT ASSETS						
OPENING NET BOOK VALUE	288,332	288,332	288,332	0	288,332	0
IN YEAR REVALUATIONS	0	0	0	0	0	0
IN YEAR MOVEMENTS	0	0	1,769	1,769	41,253	41,253
LESS DEPRECIATION	0	0	(1,789)	(1,789)	(21,473)	(21,473)
NET BOOK VALUE	288,332	288,332	288,312	(20)	308,112	19,780
CURRENT ASSETS						
INVENTORIES	9,142	9,142	9,172	30	9,200	58
TRADE & OTHER RECEIVABLES	16,254	16,254	18,759	2,505	15,951	(303)
CLINICIAN PENSION TAX FUNDING	587	587	587	0	628	41
CASH	2,631	2,631	1,843	(788)	2,657	26
TOTAL CURRENT ASSETS	28,614	28,614	30,361	1,747	28,436	(178)
CURRENT LIABILITIES						
TRADE & OTHER PAYABLES	53,987	53,987	56,896	2,909	58,889	4,902
FINANCE LEASE PAYABLE under 1 year	3,027	3,027	3,030	3	1,335	(1,692)
SHORT TERM LOANS	41	41	41	0	18	(23)
PROVISIONS under 1 year	2,467	2,467	2,467	0	995	(1,472)
TOTAL CURRENT LIABILITIES	59,522	59,522	62,434	2,912	61,237	1,715
NET CURRENT ASSETS / (LIABILITIES)	(30,908)	(30,908)	(32,073)	(1,165)	(32,801)	(1,893)
TOTAL ASSETS LESS CURRENT LIABILITIES	257,424	257,424	256,239	(1,185)	275,311	17,887
NON CURRENT LIABILITIES						
FINANCE LEASE PAYABLE over 1 year	9,918	9,918	9,683	(235)	10,399	481
LOANS over 1 year	18	18	0	(18)	0	(18)
PROVISIONS over 1 year	720	720	720	0	709	(11)
NON CURRENT LIABILITIES	10,656	10,656	10,403	(253)	11,108	452
TOTAL ASSETS EMPLOYED	246,768	246,768	245,836	(932)	264,203	17,435
FINANCED BY						
PDC CAPITAL	368,556	368,556	373,556	5,000	444,543	75,987
REVALUATION RESERVE	63,989	63,989	63,989	0	63,989	0
I & E ACCOUNT	(185,777)	(185,777)	(191,709)	(5,932)	(244,329)	(58,552)
FINANCING TOTAL	246,768	246,768	245,836	(932)	264,203	17,435

Non-Current Assets

- Capital expenditure in the month was £1.8m including the continuation of the EPR (£0.7m) and Urgent Treatment Centre (£0.6m) developments underway in 25/26.
- Depreciation and in year movements include the impact of right of use assets

Current Assets

- Trade and other receivables have increased in month by £2.5m. This includes additional pay award funding accrued with commissioners and the March VAT return not being received until May.
- Cash flow remains challenged due to withdrawal of Deficit Support Funding (DSF) by NHSE due to non-compliant finance plan for 26/27.
- Replacement PDC funding to cover deficit plan attracts an interest charge and is not being fully supported by NHSE. It is imperative that efficiency delivery increases to reduce net expenditure run rate.

Current Liabilities

- Cash pressures continuing into 26/27 are requiring pro-active management of supplier credit terms and payment runs dependant on available cash.
- Trade and other payables have increased by £2.9m in the month, partly due to staging of supplier payments and partly including deferred income as the Q1 HEE Education contract is paid in April.

Financing

- £5.0m of additional revenue PDC drawn in month to cover in month deficit of £5.9m. Net difference is reflected in the drop in the bank account balance of £0.8m

Cash Flow - KGH

NHS University Hospitals of Northamptonshire NHS Group

MONTHLY CASHFLOW	ANNUAL TOTAL 2026/27 £000s	ACTUAL APR £000s	MAY £000s	JUN £000s	JUL £000s	AUG £000s	SEP £000s	FORECAST OCT £000s	NOV £000s	DEC £000s	JAN £000s	FEB £000s	MAR £000s
RECEIPTS													
Clinical Income	396,866	35,505	32,119	32,924	32,924	32,924	32,924	32,924	32,924	32,924	32,924	32,924	32,924
Health Education England	13,748	3,512	0	0	3,144	0	0	4,728	0	0	0	2,364	0
VAT	5,276	534	642	500	400	400	400	400	400	400	400	400	400
Other income	12,452	979	583	953	1,713	3,053	953	753	553	1,353	453	453	653
PDC - Capital	40,398	0	3,300	2,396	2,462	2,433	2,899	3,931	3,240	2,879	4,198	5,529	7,131
PDC - Revenue	63,432	3,949	4,000	12,979	5,000	2,679	7,525	2,787	4,838	7,125	5,508	2,796	4,246
Interest Receivable	943	89	84	79	88	78	75	75	75	75	75	75	75
TOTAL RECEIPTS	**533,115**	**44,568**	**40,728**	**49,831**	**45,731**	**41,567**	**44,776**	**45,598**	**42,030**	**44,756**	**43,558**	**44,541**	**45,429**
PAYMENTS													
Salaries and wages (incl agency)	313,976	27,048	26,507	26,921	27,401	25,675	25,660	26,060	25,660	26,060	25,660	25,660	25,663
Trade Creditors	136,384	8,689	7,310	16,072	11,211	10,665	10,680	13,740	11,180	13,680	11,740	10,680	10,737
NHS Resolution	15,336	1,534	1,534	1,534	1,534	1,534	1,534	1,534	1,534	1,534	1,534	0	0
Capital Expenditure	61,449	8,942	4,734	5,327	5,488	3,043	3,509	4,491	3,700	3,389	4,798	6,129	7,899
PDC Dividend	7,392	0	0	0	0	0	3,696	0	0	0	0	0	3,696
TOTAL PAYMENTS	**534,537**	**46,213**	**40,085**	**49,854**	**45,634**	**40,917**	**45,079**	**45,825**	**42,074**	**44,663**	**43,732**	**42,469**	**47,995**
Actual month balance	-1,422	-1,646	643	-22	98	651	-302	-226	-43	94	-173	2,072	-2,566
Cash in transit & Cash in hand adjustment	5	3	0	0	0	0	0	0	0	0	0	0	0
Balance brought forward	3,126	3,126	1,483	2,127	2,104	2,202	2,853	2,550	2,324	2,281	2,374	2,201	4,273
Balance carried forward	**1,709**	**1,483**	**2,127**	**2,104**	**2,202**	**2,853**	**2,550**	**2,324**	**2,281**	**2,374**	**2,201**	**4,273**	**1,707**

What are the issues impacting the position?

- Lack of in–year Deficit Support Funding (DSF) due to non compliant finance plan is resulting in planned deficit needing to be covered by interest bearing PDC support.
- £3.9m PDC drawn in April to support £4.7m deficit.
- Large balance of capital creditors from 25/26 paid in April has meant that despite the receipt of Q1 HEE income of £3.5m, cash balance has reduced by £1.6m in the month.
- Supplier payment runs are being tightly managed to ensure Salary payments are protected but this is meaning that Better Payment code compliance (30 day payment requirement) is dropping and there is a risk to the supply chain if payments cannot be made on a timely basis as well as the risk of late payment interest.
- Requests for PDC support to cover the planned deficit and settle creditor balances from 25/26 are only partially being supported by NHSE. The May request was £10.2m but only £4.0m has been approved so the balance has been added to the June request. Risk remains this will not be approved and more stark supplier payment management will be required.
- It is imperative that efficiency delivery increases to reduce the net expenditure run rate and support medium to long term liquidity.

Cash Flow - NGH

NHS University Hospitals of Northamptonshire NHS Group

MONTHLY CASHFLOW	ANNUAL TOTAL 2026/27 £000	ACTUAL APR £000	MAY £000	JUN £000	JUL £000	AUG £000	SEP £000	Forecast OCT £000	NOV £000	DEC £000	JAN £000	FEB £000	MAR £000
RECEIPTS													
SLA Block Payments	496,223	42,770	40,498	41,198	41,698	41,198	41,435	41,238	41,238	41,238	41,238	41,238	41,238
Health Education Payments	16,763	4,744	0	0	3,721	0	0	5,532	0	0	0	2,766	0
Other NHS Income	16,644	1,716	1,803	2,025	2,800	1,850	1,350	850	850	850	850	850	850
VAT Claim	8,003	317	1,686	600	600	600	600	600	600	600	600	600	600
PP / Other	10,037	687	850	850	850	850	850	850	850	850	850	850	850
PDC - Capital	17,139	0	0	0	0	2,560	1,280	1,280	1,280	1,920	1,920	1,920	4,979
PDC - Revenue	35,000	5,000	5,000	4,000	1,000	1,500	6,500	0	2,000	3,000	4,500	0	2,500
Interest Receivable	976	94	72	81	81	81	81	81	81	81	81	81	81
TOTAL RECEIPTS	**600,784**	**55,328**	**49,908**	**48,754**	**50,750**	**48,639**	**52,096**	**50,431**	**46,899**	**48,539**	**50,039**	**48,305**	**51,098**
PAYMENTS													
Salaries and wages	388,026	33,750	33,208	33,108	32,380	31,843	31,665	32,417	31,967	32,323	31,907	31,729	31,729
Trade Creditors	129,188	11,783	9,500	9,898	11,510	10,752	10,991	10,752	10,752	10,752	10,752	10,769	10,977
NHS Creditors	32,631	4,354	2,531	2,531	3,031	3,031	3,031	3,031	3,031	3,031	3,031	1,000	1,000
Capital Expenditure	42,341	6,226	4,814	3,157	2,841	2,823	2,278	3,066	2,402	2,646	4,372	3,232	4,484
PDC Dividend	8,510	0	0	0	0	0	4,136	0	0	0	0	0	4,374
Repayment of PDC Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0
Repayment of Salix loan	41	18	0	3	0	0	0	17	0	3	0	0	0
TOTAL PAYMENTS	**600,737**	**56,130**	**50,053**	**48,697**	**49,762**	**48,449**	**52,101**	**49,283**	**48,152**	**48,755**	**50,062**	**46,730**	**52,564**
Actual month balance	47	(803)	(144)	56	987	190	(5)	1,148	(1,253)	(216)	(23)	1,575	(1,466)
Cash in transit & in hand adjustment	(20)	15	(35)	0	0	0	0	0	0	0	0	0	0
Balance brought forward	2,631	2,631	1,843	1,664	1,721	2,708	2,898	2,893	4,041	2,788	2,572	2,549	4,124
Balance carried forward	**2,658**	**1,843**	**1,664**	**1,721**	**2,708**	**2,898**	**2,893**	**4,041**	**2,788**	**2,572**	**2,549**	**4,124**	**2,658**

What are the issues impacting the position?

- Lack of in–year Deficit Support Funding (DSF) due to non compliant finance plan is resulting in planned deficit needing to be covered by interest bearing PDC support.
- £5.0m PDC drawn in April to support £5.9m deficit.
- Despite the receipt of Q1 HEE income of £3.5m, cash balance has reduced by £0.8m in the month.
- Supplier payment runs are being tightly managed to ensure Salary payments are protected but this is meaning that Better Payment code compliance (30 day payment requirement) is dropping and there is a risk to the supply chain if payments cannot be made on a timely basis as well as the risk of late payment interest.
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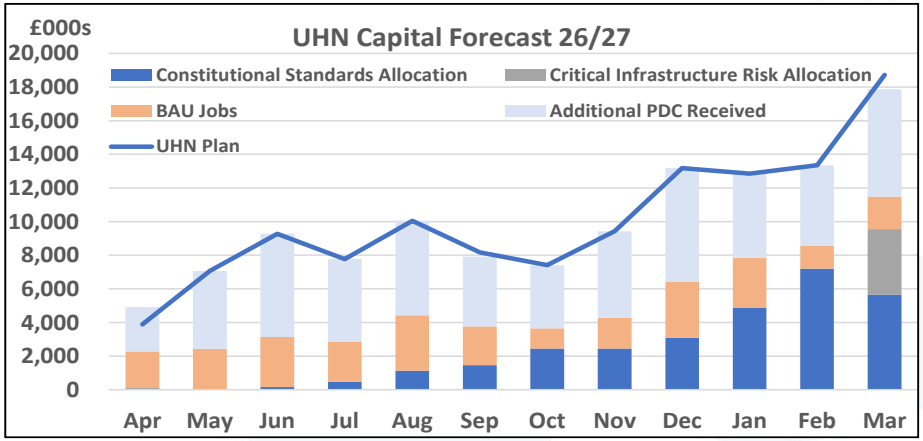
- It is imperative that efficiency delivery increases to reduce the net expenditure run rate and support medium to long term liquidity.

Capital - UHN

UHN Capital Expenditure	YTD M1		
£000s	Revised Plan	Actual	Variance
BAU - Estates	50	449	399
BAU - Medical Equipment	100	93	(7)
BAU - Digital	0	70	70
ROU Renewals + Additions	0	0	0
33 Bed Winter Ward	0	227	227
NGH UTC	997	593	(404)
EPR System Implementation	500	678	178
Lin Acc Enabling Work + Eqp.	0	28	28
Charitable Funds	0	0	0
Disposals	0	0	0
BAU Capital net of Disposals	**1,647**	**2,139**	**492**
Critical Infrastructure Risk Allocation	0	142	142
Const.Stds. Diagnostic Hub 3rd CDC	0	2	2
Const. Stds. UHN Elective Hub	0	0	0
Const. Stds. KGH UTC & UHN Majors ED	0	0	0
Rockingham Extension	40	25	(15)
Energy Centre	2,012	2,428	416
NHP Wave 2	77	91	14
NHP Enabling	0	81	81
MSCP Main Build	0	0	0
MSCP Utilities Diversion	71	0	(71)
Maternity Building Rebuild	43	5	(38)
Non BAU Capital Expenditure	**2,244**	**2,775**	**531**
Total Capital Expenditure	**3,891**	**4,914**	**1,023**



What are the issues impacting the position?

Month 1 - £1.023m overspent

UHN capital plan of £121.2m has been initially phased to anticipate £3.9m expenditure in month 1. Month 1 expenditure of £4.9m includes £2.1m of BAU capital projects, just below the £2.4m / mth average to meet the annual allocation.
Estates projects commencing in 2025/26, have continued into April.

Externally funded projects, totalled £2.8m in April, with the ongoing progress of the Energy Centre being the main contributor. There is a small amount of capitalisation against jobs which have not yet received funding confirmation e.g. CIR allocation. But communication continues to pursue these advised allocations, to convert them into written funding MOUs.

Net overspend at month 1 is effectively timing of the schemes varying from initial projections and is not considered reflective of a risk to the overall programme.