**Boards in Common Paper G1**

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| **Meeting title:** | Boards of Directors of Kettering General Hospital NHS Foundation Trust (KGH), Northampton General Hospital NHS Trust (NGH) (University Hospitals of Northamptonshire NHS Group - UHN) and the University Hospitals of Leicester NHS Trust (UHL) Meeting together | | | | | |
| **Date of the meeting:** | 11 June 2026 | | | | | |
| **Title:** | 4.1 (Paper G1) UHL's Deliverables for 2025/26 – Q4 2025/26 Performance Summary | | | | | |
| **Report presented by:** | Simon Barton, Deputy Chief Executive | | | | | |
| **Report written by:** | Ashley Epps, Head of Strategy | | | | | |
| **Action – this paper is for:** | Decision/Approval | | Assurance | X | Update | X |
| **Which Group Priorities does this link to** | Transform patient care | X | Strengthen our culture | X | Deliver our financial plan | x |
| **Where this report has been discussed previously** | Trust Leadership Team – 9 June 2026 | | | | | |

| **To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which** |
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| N/A |

| **Impact assessment** |
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| N/A |

## Purpose of the Report

This report summarises year end performance against the Trust's 2025/26 deliverables.

## Recommendation

It is recommended that the UHL Trust Board:

- Notes the year end summary of our performance against the deliverables and approves the approach to development of targets and initiatives in relation to 2026/27 annual priorities

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

**BOARD OF DIRECTORS**
**11 JUNE 2026**

## Background

**2025/26**

In February 2025, following a collaborative process between the University Hospitals of Leicester (UHL) Board, Executive and clinical leadership, the Trust launched its annual priorities and deliverables for 2025/26. Similar priorities and deliverables were adopted across University Hospitals of Northamptonshire (UHN).


In April, through engagement of clinical and operational leads, a series of performance targets were developed to identify what success would look like for each trust in relation to the 10 deliverables. Associated group workstreams were mobilised to achieve these targets and clinical specialties were supported to align their plans.

Appendix A sets out UHL's final quarterly performance update for 2025/26 (Q4 2025/26) in relation to these targets and details the broad range of workstream actions and initiatives underpinning each deliverable - the vast majority of which have now been completed, with significant achievements and improvements in areas such as diagnostic productivity, outpatient did-not-attend rates, referral-to-treatment times, quality (e.g. maternity heatmap score), pay efficiency (reduced agency and bank), digital, research and innovation. Ongoing challenges include cancer capacity/demand pressures, rising adults A&E attendances and substantive workforce expenditure. Further, consistently with the NHS context nationally, there seems to have been a decline in colleague satisfaction as measured via Staff Survey 'People Promise' themes – although UHL continues to score better than comparators.

The table below sets out the overall year end RAG rating of performance against each of the deliverables.

Green – delivered
Amber – not delivered, but improving
Red – not delivered, deteriorating

| 2025/26 Deliverable | Year End Performance Rating / Comments |
|---|---|
| **We will** deliver national access targets in planned care and transform pathways to safely reduce the number of people accessing emergency care in our hospitals | In 2025/26, we have achieved a significant reduction in outpatient did-not-attend rates (surpassing target, at 5.4% < 6% target). There has also been a significant improvement in diagnostic productivity – with a substantial decrease in 13 week+ diagnostic waits (from 2611 in March 2024 to 1019 in April 2026) as well as greatly improved compliance with the 6 week diagnostic waits standard (from 76% in March 2024 – 88% in March 2026). However, we haven't met the target of 0 for 13wk+ waits.<br><br>There has been a significant rise in adults A&E attendances (with 17733 attendances in April 2026 compared to 15609 in March 2024), whereas our target was for 0% growth. Most of this increase is however offset by a reduction in paediatric A&E attendances (5035 in April 2026 compared to 6099 in March 2024). 4hr A&E has improved significantly, but not yet at target (66% in March 2026 < 78% target). Our ambulance performance across the year showed an improvement in number of hours lost to ambulance delays particularly through winter, with an improvement of 26 minutes for average handover time (55.29 in 24/25 compared to 28.55 in 25/26).<br><br>Cancer performance remains challenged, with referrals to urgent suspected cancer pathways up 3.9% compared to last year. In 2025/26, some specialties faced capacity/staffing issues, leading to a deterioration in 28 day FDS. There have however been improvements in 31 day performance (particularly in radiotherapy). |
| **We will** accelerate work to integrate patient care, removing barriers between secondary and community services | We have worked closely with ICB and system partners to clarify and agree the neighbourhood boundaries for LLR. UHL is actively supporting the priorities of the LLR Neighbourhood Programme Board, aligning closely to the work in Northamptonshire, under cluster arrangements. UHL has been integral to work to establish integrated frailty as a priority across the cluster. UHL continues to focus on UEC demand from City neighbourhoods, working closely with ICB and system colleagues to develop a programme to impact low acuity demand at neighbourhood level. Work to identify services suitable for left shift into the community has begun with an early focus on gynaecology and ophthalmology.<br><br>UHL published its third annual prevention report, demonstrating clear evidence of positive impact of preventative services for both patients and the wider healthcare ecosystem. Health inequalities remains central to service improvement and redesign; the HEALTH-E framework was successfully embedded in UHL's quality improvement (QI) methodology, ensuring that all QI projects are prompted to consider and build in a health equity approach to improvement. Ensuring that colleague have access to the right data has also been a priority.<br><br>Our work on primary care and general practice integration has progressed with positive partnership working and transfer of care work with colleagues across the system. We continue to engage well with the LLR LMC and with our GP Executives on our TLT. Despite this we haven't been able to progress the new models of care in our ambition to further models of care with primary care notably that would mitigate demand, particularly for UEC. This programme of work is being reviewed for continued investment in 26/27.<br><br>Preston Lodge, a community bedded facility run by UHL, has opened with Phase One & Two live and 53 beds open. |
| **We will** deliver our workforce plan as a key | We achieved our reforecast financial position, but not the original plan position. The year end position for 2025/26 is a deficit of £46.4m against a plan of £0m. The main drivers are |

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| component of financial plan delivery | loss of DSF funding £25.9mA and non-delivery of CIP £19.4mA. Excluding DSF, this position equates to a deficit of £85.3m.<br><br>We have achieved significant reductions in agency spend (from £2.6m in March 2024 to £0.57m in March 2026 – meeting our target of £0.57m). There have also been reductions, although to a lesser extent, in bank spend (from £7.16m in March 2024 to £6.7m in March 2026) however this has not met the target of £5.04m. Additionally, both bank and agency spend have shown a slight increase this quarter.<br><br>Substantive spend has shown an upward trend (from £74.6m in March 2024 to £80.9m in April 2025 and £94.9m in March 2026). The overall WTE workforce in M12 was 18,421 WTE which is 1161 WTEs above plan (a 6.73% variance to plan) largely driven by high bank usage and increase in agency usage above the planned position.<br><br>In terms of non-pay efficiencies, from April 2025 to March 2026 UHL reduced insourcing costs as part of the wider non-pay CIP programme by £4.6m PYE. Whilst below the target of £15m, this nevertheless represents significant efficiencies. |
| **We will** deliver year one of our quality strategy, which includes PSIRF and the perinatal safety programme | There have been ongoing vast improvements in maternity regional heatmap score, with the Group Clinical Strategy Programme shaping plans to enhance service sustainability through the group model. The Perinatal Safety Improvement Plan has continued at pace, achieving a 99% completion rate in terms of the Initial Ockenden Report recommendations and 94% against the Final Report, 98% Empowering Voices, 99% Section 29a Action Plan and 98.5% CQC Must / Should Do Action Plan. Achieved Year 1 Maternity (Perinatal) Incentive Scheme.<br><br>Good progress in embedding PSIRF and driving delivery of local safety priorities with reporting in quarterly report to PSC & QC. Learning response audits being undertaken quarterly to provider assurance/learning for non PSII learning responses, audit registered on AQIP. Feedback mechanism for staff implemented into process for staff involved in PSIIs. Feedback mechanism for patients/families now forms part of PSII process. Positive Progress against PSIRF priorities with rates of PPH >1.5L stabilised and a sustained downward trend. UHL performance is lower than, or within 1.0 per 1,000 births of, national and MBRRACE rates.<br><br>We have surpassed the target for a reduction in hospital acquired pressure ulcers (at 1.28 per 100 bed days < 1.7 target). We have a comprehensive annual infection prevention programme and have generally maintained infection rates below NHSE thresholds throughout 2025/26. However, as of March 2026 two infections were above the NHSE threshold (Klebsielle and MRSA), with E-Coli close to threshold. MRSA & MSSA above threshold (at 1 & 7 infections respectively) – exception reports produced. |
| **We will** increase the number of colleagues taking part in research activities by 10% | We have exceeded the target around paid time for research in consultant/nurse/AHP job plans. On average, the percentage of commercial trials delivered to time and target across the year has met the 40% target (due to R&I Directorate's new intensive 'turbo-charging' programme). |
| **We will** deliver year one of our People Strategy, which includes action to tackle bullying, discrimination, and harassment; aligned to our behaviour's framework | There have been mixed results from the 2025 Staff Survey – whilst still scoring better than many similar trusts, our scores declined across each People Promise theme – reflecting the local and national NHS workforce pressures.<br><br>Over 60% would recommend UHL as a place to work - above comparable trusts, and we perform well on staff engagement and compassionate leadership.<br><br>Since 2023, there has been a slight year-on-year decrease in the percentage of colleagues stating that in the last 12 months they have personally experienced discrimination at work from manager / team leader or other colleagues – from 9.27% in 2023 to 8.6% in 2025 (in line with the average across NHS trusts). However, the percentage who state that they experienced discrimination from patients / members of the public has increased from 8.06% in 2023 to 9.26% in 2025 (again in line with |

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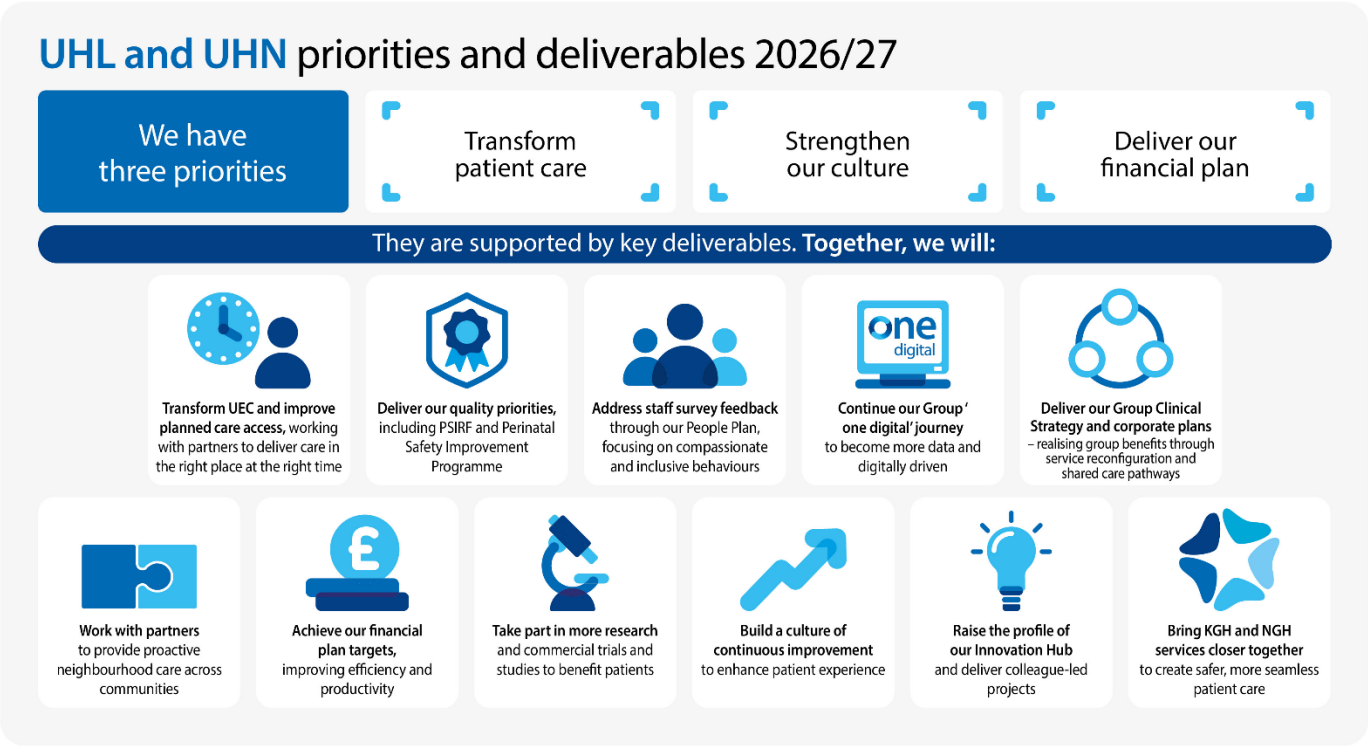
| | average across NHS trusts). In 2026–27 we will focus on EDI, inclusion and belonging in teams, and improving teamworking. |
| **We will** deliver major digital change, including PAS, BadgerNet in maternity services, and automation of workforce systems | There has been major digital transformation this year through the Nervecentre PAS, Badgernet and the Frailty and Medical Nervecentre SDECs. We are on track to achieve 80% reduction in paper generated at point of care via Nervecentre Inpatient Optimisation. UHL is a pioneer for using FDP as a data platform and is acting as a reference site for other Trusts nationally and NHS England for them to apply our approaches and learnings. |
| **We will** develop our Group model with UHN, improving productivity and creating joint plans for clinical and corporate services | Group Clinical Strategy (2025-35) Implementation Programme is progressing, with a focus on reviewing the configuration of services in its pillars to ensure they best meet the needs of local communities and remain safe and sustainable.<br><br>Key achievements through the 'safe and sustainable services' workstream include the development of enhanced Group collaboration arrangements through agreement of new target operating models (TOMS) across key specialties such as Plastic Surgery, Haematology, Spinal Surgery and Nuclear Medicine. Further, senior clinicians across the Group are working in close collaboration to form improvement plans across key areas including maternity, neonatal and children and young people services as well as cancer services.<br><br>A plan has been developed for closer working in some corporate services and this will be progressed in 26/27. |
| **We will** work with partners to establish a Healthcare Innovation Hub for LLR | The Health Innovation Hub's website and innovation triage system are now live. The Hub is currently supporting 14 active innovations, with two projects in the final stages of securing funding and progressing towards implementation, while also supporting the scaling of one innovation from UHL into UHN. The Hub is developing a strategic proposal to the Randal Foundation to secure investment for the Health Innovation Hub, with an initial meeting planned for Q2.<br><br>In its first 5 months, the Health Innovation Hub secured £78,765 and submitted applications for a further £349,000 in external funding. We have focused on establishing a strong financial foundation, with a clear trajectory to grow income to a minimum of £150,000 by the end of the calendar year, representing an approximate 3:1 ROI in Year 1 for the Health Innovation Hub. |
| **We will** roll out our new approach to continuous improvement, providing teams with the tools to improve care, experience, and productivity | Based on our latest self-assessment group sessions with delegates, we are seeing level 2 'developing' as the highest response category at 43.94%. Actions underway include QI Capability training, leadership training, re-development of appraisal process, roll-out of 5S & process huddleboards. The LEAF programme continues to progress. 69 out of 100 adult wards have received QI training, with 22 having completed their first coached improvement project. 4 Wards have now achieved "Good" LEAF accreditation which covers all LEAF metrics including QI improvement capability. QI team have progressed several digital transformation projects. QI training within the Trust overall continues to progress, with the 231st delegate successfully completing their coached QI project and passing evaluation. 749 delegates have now completed training (although this includes attendees before completing a QI course became mandatory and also any leavers). |

**2026/27**

In April 2026, the Group launched a new set of annual priorities and deliverables for 2026/27. These have been shaped through collaboration across Group executive leaders, supported by corporate strategy teams.

The deliverables for 2026/27 aim to build upon our progress in 2025/26 and focus on delivery of key national ambitions reflected in the 10 Year Plan for Health, such as the development of neighbourhood care models and enhancing NHS efficiency and productivity. Central to these priorities is realising the benefits of our Group model by reconfiguring services and establishing joint care pathways.




From June 2026, Group corporate strategy teams will engage clinical and operational leads to shape the underlying targets and workstream actions associated with each deliverable. Thereafter, Trust Leadership Team / Integrated Leadership Team, Joint Executive Team, Trust Finance Committees and Board in Common will receive quarterly highlight reports outlining delivery progress and performance impact. The next quarterly report, due in September 2026, will set out overall Group progress in relation to the 2026/27 deliverables.

**Supporting Documentation**

- Appendix A: Q4 2025/26 Deliverables Oversight Pack

NHS
University Hospitals of Leicester
NHS Trust

# 2025/26 Deliverables Oversight Pack

Quarter 4 2025/26

# Performance Headlines

- Overall upward trend in adults ED attendances, but this is largely offset by reduced paediatric attendances
- 4hr A&E has improved significantly, although not yet reaching target (66% as of March 2026 < 78% target)
- Significant reduction in outpatient DNAs (surpassing target)
- Significant decrease in 13wk+ diagnostic waits, and greatly improved 6wk compliance (almost reaching target)
- RTT performance has fluctuated this year in the main due to implementation of the Nervecentre PAS. This has predominantly been in terms of the impact of staff training, DQ and productivity. In line with NHSE request, pathways 'awaiting e-triage' were excluded from the reported RTT position until February 2026. This led to improvement in reported RTT performance, as most of these pathways are under 18 weeks. March 2026 RTT performance was 59.1% - above forecast of 58%, April 2026 performance was 58% - above plan, with more improvement anticipated
- Continued significant improvements in maternity regional heatmap score, with GCS work to enhance service sustainability through group model
- Referrals to urgent suspected cancer pathways up 3.9% compared to last year. In 2025/26, some specialties faced capacity/staffing issues, leading to deterioration in 28 day FDS. Patients treated on a 62 day pathway increased by 3.1% this year and there have been improvements in 31 day performance (with significant improvements in radiotherapy), however 62 day remains challenged and variability remains in 31 day
- Significant reductions this year in agency spend (met target) and bank reduced but not yet at target. Both however showing slight upward trend as of March 2026. Substantive spend has however shown an overall upward trend, although the number of substantive FTEs has reduced slightly from 17623 in April 2025 to 17345 by April 2026
- HAPU rate target surpassed. As of March 2026, two infections above NHSE threshold (Klebsielle and MRSA), with E-Coli close to threshold. In April, MRSA & MSSA above threshold (1 & 7 infections respectively) – exception reports produced
- Met target on paid time for research in consultant/nurse/AHP job plans. On average, the percentage of commercial trials delivered to time and target across the year has met the 40% target (due to R&I Directorate's new intensive 'turbo-charging' programme)
- Mixed results from 2025 Staff Survey – whilst still scoring better than many similar trusts, our scores declined across each People Promise theme, reflecting national workforce pressures. However, over 60% would recommend UHL as a place to work - above comparable trusts

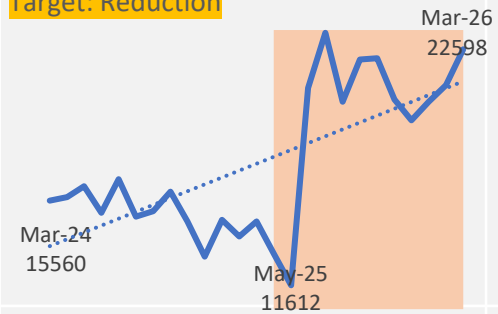
# Annual Deliverable Metrics

UHL, measures of performance, 2025/26

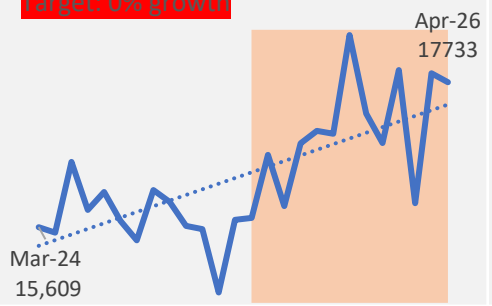
Trendline ..... Launch of Annual Deliverables

| Deliverable (s) | Targets & Performance | Comments |
|---|---|---|
| **We will** deliver national access targets in planned care and transform pathways to safely reduce the number of people accessing emergency care in our hospitals<br><br>**We will** accelerate work to integrate patient care, removing barriers between secondary and community services | | • Incease in GP referrals is due to move from HISS to NerveCentre as all referrals now recorded from receipt<br>• Overall upward trend in adults ED attendances, mostly offset by reduced paediatric attendances<br>• 4hr A&E has improved significantly, but not quite reaching target<br>• Significant reduction in outpatient DNAs (surpassed target)<br>• Significant decrease in 13wk+ diagnostic waits, and greatly improved 6wk compliance<br>• RTT has fluctuated this year due to PAS changes (see slide 2). March 2026 RTT was 59.1% - above forecast |

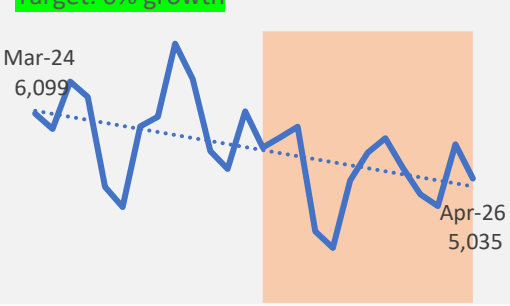
**Referrals from primary care to UHL**
Target: Reduction



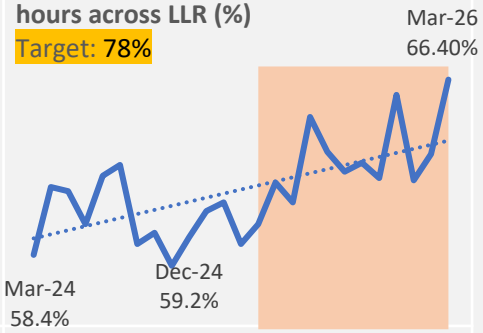

**Type 1 ED Attendances (adults)**
Target: 0% growth



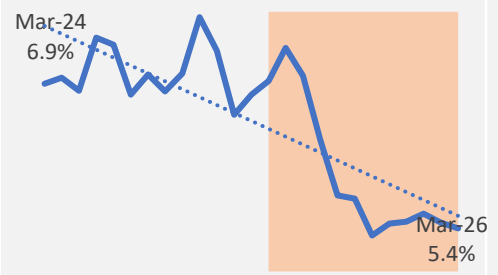

**Type 1 ED Attendances (paeds)**
Target: 0% growth



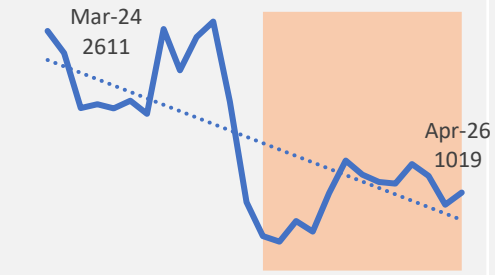

**Patients seen in A&E within 4 hours across LLR (%)**
Target: 78%



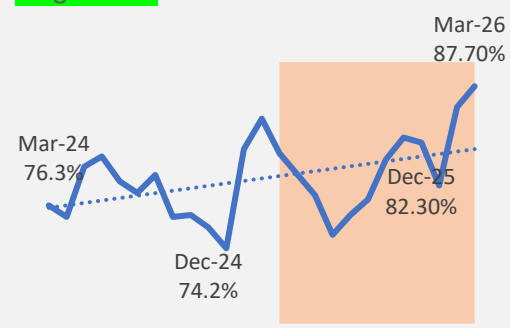

**Outpatient DNA (%)**
Target: 6% or below



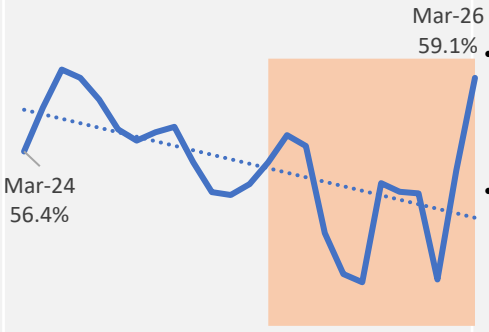

**Over 13-week waits for diagnostics**
Target: 0



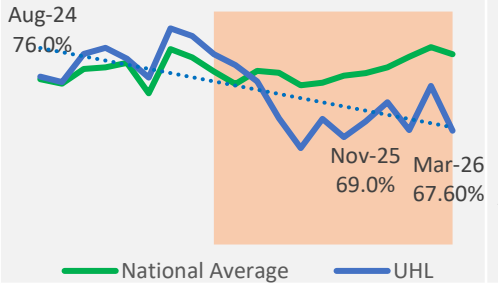

**Compliance on 6-week diagnostic test waits (%)**
Target: 95%



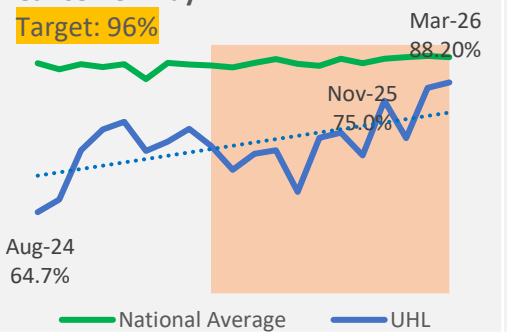

**RTT within 18 weeks (%)**
Target: 60.2%



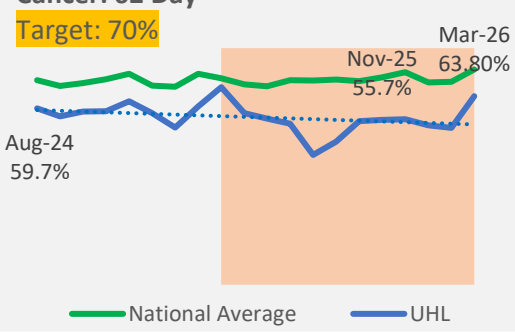

**Cancer: 28 Day FDS**
Target: 77%




**Cancer: 31 Day**
Target: 96%




**Cancer: 62 Day**
Target: 70%




Referrals to Urgent Suspected Cancer up 3.9% compared to last year.

In 2025/26, some specialties faced reduction in capacity due to staffing levels. As a result, proportion of patients diagnosed within 28 days of referral fell from average 80% in Q4 last year to 67.6% in March 26.

Percentage of patients treated on a 62 day pathway increased by 3.1% this year, with fewer patients waiting beyond 62-days than at year start. Despite progress, need to do better - 62-day remains under pressure.

Radiotherapy 31 day performance improved by 27.7% to 86.6%, drug treatment delivery remained above 96%. Access to surgical treatment improve 6.1% compared to March last year, but monthly performance remains variable and work to improve this will be a priority into 2026/27.

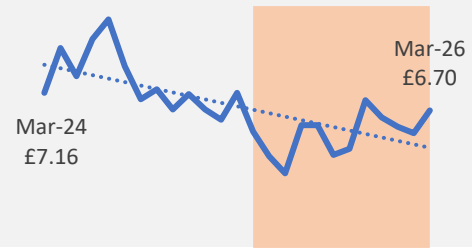
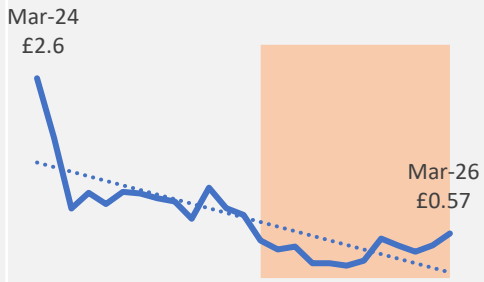
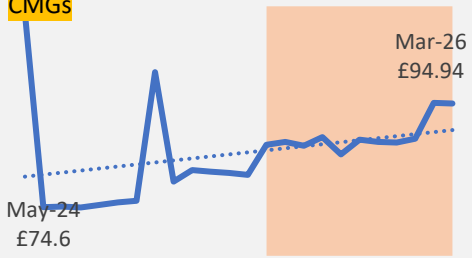
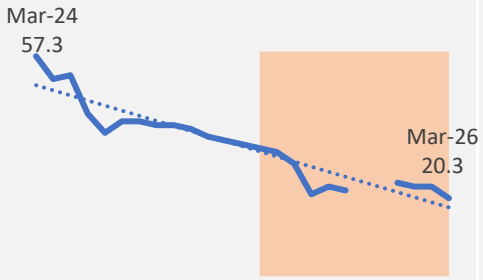
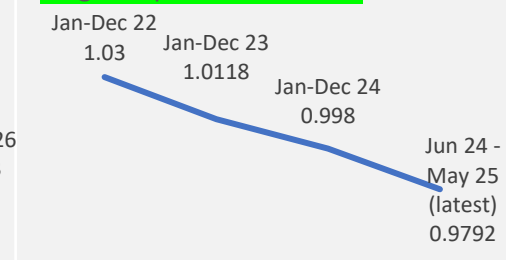
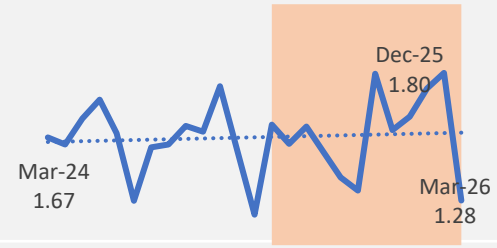
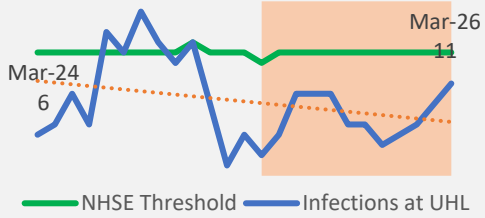
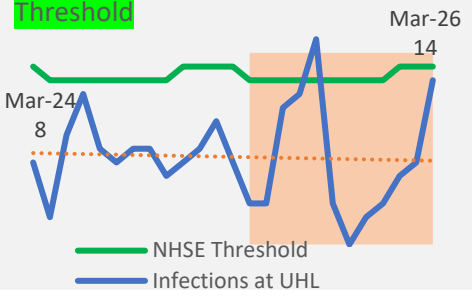
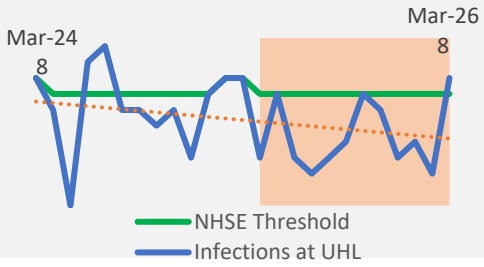
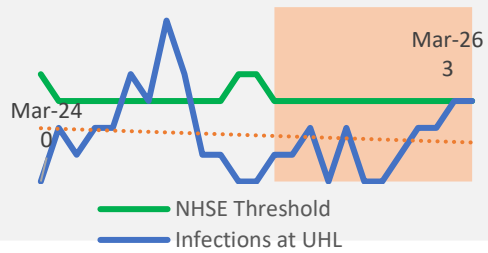
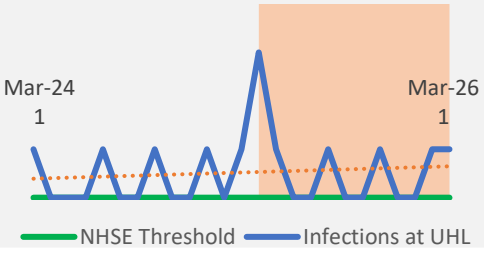
University Hospitals of Leicester NHS Trust

# Annual Deliverable Metrics

UHL, measures of performance, 2025/26

Trendline

Launch of Annual Deliverables

| Deliverable | Targets & Performance | Comments |
|---|---|---|
| **We will** deliver our workforce plan as a key component of financial plan delivery | **Bank spend (£m)**<br>Target: £5.04m<br>  <br>**Agency spend (£m)**<br>Target: £0.56m<br>  <br>**Substantive spend (£m)**<br>Target: 10% reduction in corporate, ~2% reduction across CMGs<br>  <br>**WLI/Insourcing and Productivity**<br>Target: Deliver circa £15m CIP by reducing WLI / Insourcing to 0 (excluding exceptions) and activity compensated through a 5% productivity uplift<br><br>Latest update: From April 25 to March 26 UHL reduced insourcing costs as part of the wider non-pay CIP programme by £4.6m PYE. | • Significant reductions in agency spend (met target) and bank (but not yet at target). Both however showing slight upward trend as of March 2026.<br>• Substantive spend has shown upward trend although substantive FTEs has reduced |
| **We will** deliver year one of our quality strategy, which includes PSIRF and the perinatal safety programme | **Maternity heatmap score**<br>Target: Low score / CQC Good<br>  <br>**SHMI Score**<br>Target: Equal to or below 1<br>  <br>**Rate of hospital acquired pressure ulcers (per 1,000 OBDs)**<br>Target: 1.7<br>  <br>**Number of CDIFF Infections**<br>Target: Below NHSE Threshold<br>  <br>**Number of E-Coli Infections**<br>Target: Below NHSE Threshold<br>  <br>**Number of Klebsiella Infections**<br>Target: Below NHSE Threshold<br>  <br>**Number of Pseudomonas Infections**<br>Target: Below NHSE Threshold<br>  <br>**Number of MRSA Infections**<br>Target: Below NHSE Threshold<br>  | • Vast improvements in maternity heatmap<br>• HAPU Priority 1 patients seen in triage time is consistently 92-93%. Rate per 1,000 bed days calculated slightly differently due to PAS implementation but surpassed target<br>• Comprehensive annual infection prevention programme. As of March two infections above NHSE threshold (Klebsielle and MRSA), with E-Coli close to threshold. In April 2026, MRSA & MSSA were above threshold (at 1 & 7 infections respectively) – exception reports produced |

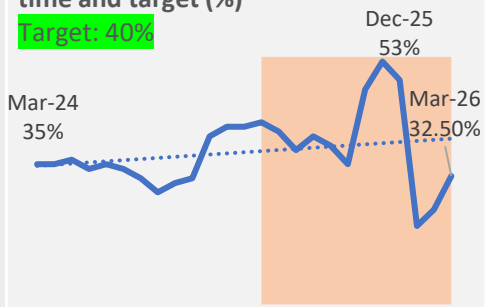
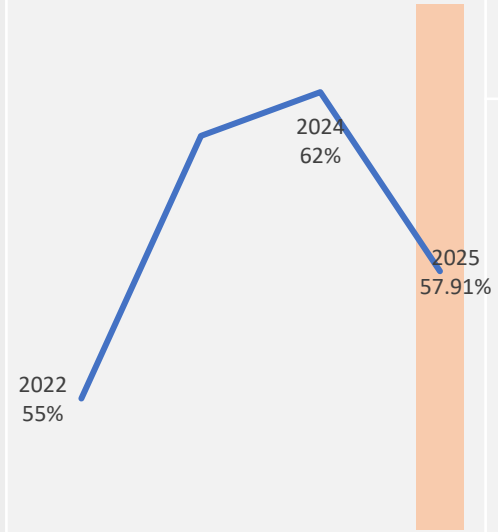
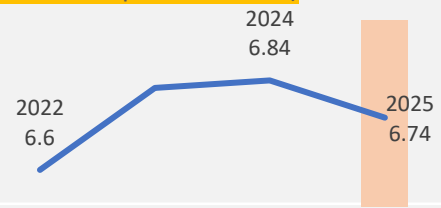
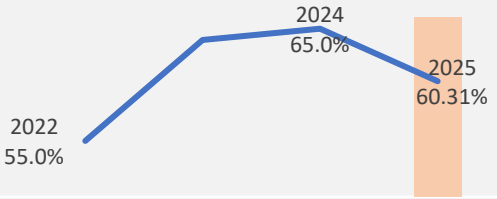
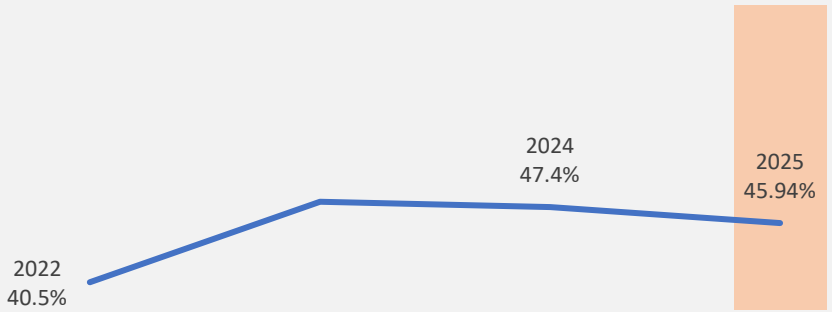
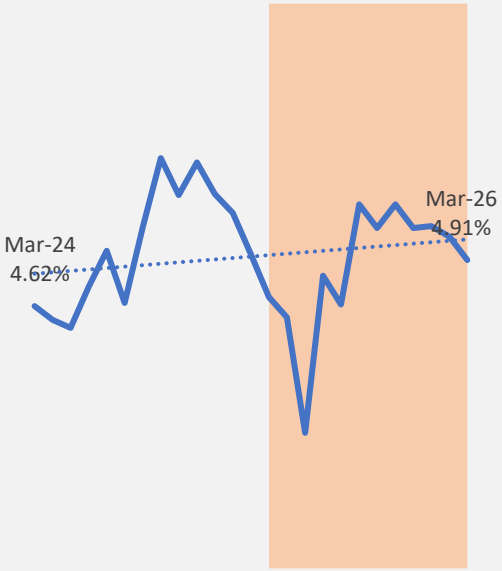
University Hospitals of Leicester NHS Trust

# Annual Deliverable Metrics

UHL, measures of performance, 2025/26

Trendline

Launch of Annual Deliverables

| Deliverable | Targets & Performance | Comments |
|---|---|---|
| **We will** increase the number of colleagues taking part in research activities by 10% | **Commercial trials delivered to time and target (%)**<br>Target: 40%<br>  <br>**Research time in job plans**<br>Target: 0.90% of all consultants, 0.05% nurses and 1.95% AHPs have paid research time in their job plans<br><br>Latest update:<br>Current performance is consultants 2.69%, nurses 0.09%, and AHPs 2.2%. There will also be consultants with research PAs in their job that we don't know about as they are CMG-funded. | • Research time in job plans target surpassed. Won't change again until at least April 2026 when the new PA scheme starts to impact<br>• R&I 'turbo-charging' programme is improving efficiency of research delivery (on avg. above 40%) |
| **We will** deliver year one of our People Strategy, which includes action to tackle bullying, discrimination, and harassment; aligned to our behaviour's framework | **Staff Survey: % agree UHL takes positive action on health and wellbeing**<br>Target: Top 15% of trusts (achieved top 25% in 2024)<br>  <br>**Staff survey: 'we each have a voice that counts' score**<br>Target: Top 20% of trusts (achieved top 25% in 2024)<br>  <br>**Staff survey: % agree would recommend as a place to work**<br>Target: Top 20% of trusts (achieved top 25% in 2024)<br>  <br>**Staff Survey: % agree that the organisation values their work**<br>Target: Top 15% of trusts (achieved top 20% in 2024)<br>  <br>**Staff sickness absence rate (%)**<br>Target: Equal to or below 4.5%<br>  | • Mixed results from 2025 Staff Survey – whilst still scoring better than many similar trusts, our scores declined across each People Promise theme – reflecting the local & national pressures.<br>• Over 60% would recommend UHL as a place to work - above comparable trusts, and we perform well on staff engagement and compassionate leadership<br>• In 2026–27 we will focus on EDI, inclusion and belonging in teams, and improving teamworking |

University Hospitals of Leicester NHS Trust

## Annual Deliverable Metrics

UHL, measures of performance

| | Targets | Update |
|---|---|---|
| **We will** deliver major digital change, including the new PAS, BadgerNet in maternity services, and automation of workforce systems | 80% reduction in paper generated at the point of care via Nervecentre Inpatient Optimisation | Current expectation is 80% reduction by 2027/28 |
| | UHL is one of top 5 NHS Trusts in implementation of the FDP | UHL is a pioneer for using FDP as a data platform and is acting as a reference site for other Trusts nationally and NHS England for them to apply our approaches and learnings. |
| **We will** develop our Group model with UHN, improving productivity and creating joint plans for clinical and corporate services | Collaborative clinical strategy for UHN/UHL completed and approved | Group Clinical Strategy (2025-35) Implementation Programme is progressing at pace, with a focus on reviewing the configuration of major services, such as our cancer, frailty and maternity, neonatal and paediatric services, to ensure they best meet the needs of local communities and remain safe and sustainable.<br><br>Key achievements through 'safe and sustainable services' workstream include the development of enhanced Group collaboration arrangements through agreement of new target operating models (TOMS) across key specialties such as Plastic Surgery, Haematology, Spinal Surgery and Nuclear Medicine. |
| **We will** work with partners to establish a Healthcare Innovation Hub for LLR | Raise £100k Investment fund through commercial and industry partnerships | The Health Innovation Hub's website and innovation triage system are now live. The Hub is currently supporting 14 active innovations, with two projects in the final stages of securing funding and progressing towards implementation, while also supporting the scaling of one innovation from UHL into UHN. The Hub is developing a strategic proposal to the Randal Foundation to secure investment for the Health Innovation Hub, with an initial meeting planned for Q2.<br><br>In its first 5 months , the Health Innovation Hub secured £78,765 and submitted applications for a further £349,000 in external funding. We have focused on establishing a strong financial foundation, with a clear trajectory to grow income to a minimum of £150,000 by the end of the calendar year, representing an approximate 3:1 ROI in Year 1 for the Health Innovation Hub. |
| **We will** roll out our new approach to continuous improvement, providing teams with the tools to improve care, experience, and productivity | Achieve Level 2 on the NHS Impact Continuous Improvement Cultural Maturity Self-Assessment | Based on our latest self-assessment group sessions with delegates, we are now seeing level 2 'developing' as the highest response category at 43.94%. Actions include QI Capability training, leadership training, re-development of appraisal process, roll-out of 5S & process huddleboards. LEAF continues to progress. 69 out of 100 adult wards have received QI training, with 22 having completed their first coached improvement project. 4 Wards have now achieved 'Good' LEAF accreditation. QI training continues to progress, with 231st delegate completing coached QI project and passing evaluation. 749 delegates have now completed training (although this includes attendees before completing a QI course became mandatory and also any leavers). QI team have progressed several digital transformation projects. |