

Boards in Common paper K2

Meeting title:	Boards of Directors of Kettering General Hospital NHS Foundation Trust (KGH), Northampton General Hospital NHS Trust (NGH) (University Hospitals of Northamptonshire NHS Group – UHN) and the University Hospitals of Leicester NHS Trust (UHL) Meeting together (Public)					
Date of the meeting:	11 June 2026					
Title:	5.4 (Paper K2) UHN Quality Account (report) 2025-26					
Report presented by:	Julie Hogg – Chief Nurse					
Report written by:	Simon Hawes – UHN Head of Clinical Effectiveness and Assurance					
Action – this paper is for:	UHN Decision	X	Assurance		Receive	X
Which Group Priorities does this link to	Transform patient care	X	Strengthen our culture	x	Deliver our financial plan	
Where this report has been discussed previously	UHN Quality and Safety Committee, May 2026					

To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which
UHN11 – Transforming Patient Care

Impact assessment
Legal: The Health Act 2009 requires all NHS providers of healthcare services in England to provide a Quality Account each year.

Purpose of the Report

The University Hospitals of Northamptonshire (UHN) is required to produce an annual Quality Account, which must be submitted to the Secretary of State by 30 June each year. Following the decommissioning of the NHS Choices website, the requirement is now to submit the finalised Quality Account to NHS England, who will publish the document on individual Trust pages on the NHS England website. There is no longer a requirement to obtain external assurance from the Trust's external auditor.

The Quality Account is a standalone statutory document, separate from the Annual Report. It provides a comprehensive overview of the quality of services delivered by the organisation, benchmarked against local and national standards. It is both retrospective and forward-looking: reviewing performance over the preceding year and setting out the Trust's priorities for quality improvement in the year ahead.

This is the second year of a UHN-level Quality Account, reflecting the Group approach to reporting. Where possible, data for Kettering General Hospital (KGH) and Northampton General Hospital (NGH) will be presented together in a consistent format to enable comparison, while recognising any necessary organisational differences.

Appendix 1 contains a draft version of the Quality Account for 2025/26. The Appendix is available in the 'documents' section of the Boards portal, and from the report author or Company Secretary. It should be noted that there are currently gaps in the dataset due to the proximity to the financial year-end, and these will be completed ahead of final submission.

This report outlines the structure and required content of the Quality Account. At this stage, the draft is predominantly text-based and does not yet include visual or design elements, which will be incorporated as the document is finalised.

Recommendation

The Boards are asked to note and **endorse** the draft 2025/26 Quality Account, including its structure and content, and to **approve** delegation of final sign-off authority to the Chief Nurse and Medical Director.

This delegated approach will ensure timely completion and submission of the Quality Account, while maintaining appropriate executive oversight and accountability for the accuracy, completeness and quality of the final document. The Boards will continue to receive assurance that the final version reflects organisational performance, statutory requirements and agreed quality priorities.

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

BOARDS OF DIRECTORS 11 JUNE 2026

Situation

KGH and NGH have a statutory requirement to produce an annual Quality Account reflecting the quality of services we deliver when compared to local and national targets. It also identifies areas for quality improvement in the coming year which should focus on all the domains of quality:

- Patient Safety
- Clinical Effectiveness
- Patient Experience

Quality Accounts are both retrospective and forward looking. They look back on the previous year's information regarding quality of services and a look forward, explaining the Trusts priorities for quality improvement over the coming year.

Background

KGH and NGH have a statutory requirement to produce an annual Quality Account and submit this to the Secretary of State via upload to the NHS Choices website by 30 June. The NHS Choices website has this year been decommissioned and the requirement is therefore to send finalised Quality Accounts to NHS England so they can be uploaded to individual trusts' pages on the NHS England and NHS Improvement website

Prior to this it should be sent for engagement with patients, staff. It must also be submitted for review and comment by local partners/ stakeholders as listed below by 30 April who then have to return their statement within 30 days of receipt.

- NHS Northamptonshire ICB
- Healthwatch Northamptonshire
- West Northamptonshire Council - Health Social Care Overview and Scrutiny Committee

There is no longer a requirement for the Quality Account to obtain external assurance from our external auditor.

Assessment

In preparing Quality Account guidance is given through a number of documents:

- The Quality Accounts toolkit 2010/11 (Toolkit)
- NHS England letters on reporting requirements and updates provided on the NHS website (NHSE)
- Guidance for NHS Trusts on arrangements for external assurance 2014/15 (External)

- Quality Accounts: a guide for Local Involvement Networks (LINKs); Quality Accounts: a guide for Overview and Scrutiny Committees
- Other NHS Trusts Quality Accounts (Others (Stakeholders))
- Health Act 2009, NHS Quality Account Regulations and NHS Quality Account Amendment Regulations (HA Reg)
- Previous NGH Quality Accounts including comments from external stakeholders in previous Quality Accounts (Previous)

The Toolkit sets out the requirements for inclusion within a Quality Accounts and it must cover the following:

Part 1: Statement on Quality from the Chief Executive (or equivalent) of the Organisation (in regulations)

The regulations state:

Part 1, containing a statement summarising the provider's view of the quality of NHS services provided or sub-contracted by the provider during the reporting period

and

The relevant document must include a written statement, at the end of Part 1, signed by the responsible person for the provider that to the best of that person's knowledge the information in the document is accurate.

Part 2: Priorities for Improvement and Statements of Assurance from the Board (in regulations)

The regulations state:

The relevant document must include, in Part 2, a description of the areas for improvement in the quality of NHS services that the provider intends to provide or subcontract for the 12 months following the end of the reporting period.

The description must include:

- at least three priorities for improvement.
- how progress to achieve the priorities identified in paragraph (a) will be monitored and measured by the provider; and
- how progress to achieve the priorities identified in paragraph (a) will be reported by the provider.

Part 2, containing the information relevant to the quality of NHS services provided or sub-contracted by the provider during the reporting period which is prescribed for the purposes of section 8(1) or (3) of the 2009 Act by paragraph (2)

Part 3: Review of Quality Performance

Containing other information relevant to the quality of NHS services provided or sub-contracted by the provider during the reporting period which is included in the document by the provider

An annex from the Stakeholders

The NGH Quality Account does not deviate from the above content structure although extra information is included such as what is a quality account and successes. The table below details the current Quality Account contents/title, the requirement for inclusion and which Toolkit part it relates to.

Introduction			
UHN Part	Title	Requirement	Toolkit Structure Part
1.1.	The University Hospitals of Northamptonshire (UHN) NHS Trust Quality Account	(Toolkit 4.10)	No requirement but informs readers what a Quality Account is and why it has been produced
1.2.	A statement on quality from UHN Chief Executive	HA Reg. 1 & 6 Toolkit 4.6	Completed in draft
1.3.	Statement of Directors' Responsibilities signed by NGH Chief Executive and Chairman	HA Reg. 1 & 6 & NHSE	The wording for this is taken from the Guidance for NHS Trusts on arrangements for external assurance 2014/15 published in January 2015 and will be required to be signed prior to uploading to NHS Choices
1.4	Innovation, Improvements and Awards	N/A	These are included to showcase UHN

Part Two			
Priorities for improvement and statements relating to quality of NHS services provided			
NGH Part	Title	Requirement	Toolkit Structure Part
2.1	Priorities for Improvement	Toolkit Part 2 4.13 to 4.21	It is a requirement to include at least three priorities for improvement in this forward-looking section. This was taken from the 2026 priorities identified between UHL & UHN

2.2	Statements Relating to Quality of NHS Services	Toolkit 4.22 to 4.25	See below
2.2.1.	Review of Services	Toolkit 4.26 & previous	Completed save for one minor addition required
2.2.2.	Participation in Clinical Audits	Toolkit 4.31 to 4.55	Completed
2.2.3.	Participation in Clinical Research	Toolkit 4.57 to 4.63	Completed
2.2.4.	Use of Commissioning for Quality and Innovation (CQUINs) Income	Toolkit 4.64	Completed
2.2.5.	Care Quality Commission (CQC)	Toolkit 4.71 & NHSE	Completed
2.2.6.	Data Security and Protection Toolkit Attainment Levels	Toolkit 4.82	Completed
2.2.7.	Data Quality	Toolkit 4.77	Completed
2.2.8.	NHS Number and General Medical Practice Code Validity	Toolkit 4.78	Completed
2.2.9.	Clinical Coding Error Rate	Toolkit 4.84	Completed
2.2.10.	Learning from Deaths	HA Reg (2017)	Completed
2.2.11.	Duty of Candour	NHSE	Completed
2.2.12.	Management of Complaints	Toolkit 5.17 & Toolkit 5.21	Completed
2.2.13.	Statements of Assurance for Selected Core Indicators	NHSE	The NHS England letter dated 16 February 2012 on Reporting Requirements for 2011/12 and Planned Changes for 2012/13 introduced mandatory reporting against a small core set of quality indicators. These indicators were introduced in 2012/13 and included within legislation and have been developed since. The requirement is set via NHS England. It not only sets out those indicators which must be included but also mandates it should be in table

			format with the score shown for at least the last two reporting periods and they must be compared against national averages and high/low scores. The requirements dictate that for each of the indicators the following statement must be included: • The [name of trust] considers that this data is as described for the following reasons [insert reasons]. • The [name of trust] [intends to take/has taken] the following actions to improve this [percentage/proportion /score/ rate/number], and so the quality of its services, by [insert description of actions]. The data was taken from the NHS Digital website where available. The Quality Account has used the wording above as a guide with the Core Quality Indicators still covering the requirements.
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Part Three			
Review of quality performance			
NGH Part	Title	Requirement	Toolkit Structure Part
3	Review of Quality Performance	Toolkit 4.87 to 4.105 Toolkit 4.13 & HA Reg. 1 & 6 Patient Surveys - Toolkit 5.21	Completed

Appendices			
App 1	Stakeholder statements	Toolkit 4.104 & 8.2 & HA Reg. 5, 8, 9 & 10 & Stakeholders & NHSE	Feedback has been received from Healthwatch Northamptonshire and West Northamptonshire Council Overview and Scrutiny Committee. Feedback is awaited from NHS Northamptonshire ICB
App 2	Abbreviations	Previous	Included to assist readers with abbreviations contained with the report.

Quality Account 2025-26

incorporating Kettering General Hospital NHS Foundation Trust (KGH)
and Northampton General Hospital NHS Trust (NGH)



**Dedicated
to excellence**

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Part 1

Introduction
to University
Hospitals of
Northamptonshire
NHS Group



The University Hospitals of Northamptonshire NHS Group (UHN) Quality Account

Quality Accounts are governed by The Health Act 2009 and by The National Health Service (Quality Accounts) Regulations 2010 – as amended and by requirements as published in NHS England guidance. This Quality Account follows the guidance set out by the Department of Health.

The duty to publish a Quality Account falls on a body or person providing NHS services. Multisite organisations only need to produce one Quality Account covering the quality of healthcare provided across the entire organisation.

To make the Quality Accounts for each Trust more meaningful at a local level, we have combined the Quality Account into one document and included one narrative where possible to represent UHN but where data relates to an individual Trust, this has been highlighted accordingly. Where the Term Quality Account is used it refers to both Quality Reports for Foundation Trusts and Quality Accounts for NHS Trusts (further information can be found in the section titled “Statement of Director’s Responsibilities”)

UHN brings together KGH and NGH which are separate organisations but work collaboratively within the group structure and have some joint services. This collaboration drives greater equality of access to services for people living locally, improved patient care and outcomes for the people of Northamptonshire. The two hospital Trusts remain as separate organisations, and each will continue to provide maternity, children’s and A&E services.

KGH is a not-for-profit, public benefit corporation forming part of the wider NHS and providing health care services. We provide and develop healthcare according to core NHS principles of free care, based on need and not the ability to pay. We are a medium sized acute hospital serving a population of 360,000 in North Northamptonshire (ONS Mid-Year Population Estimates 2021) as well as many in surrounding areas of West Northamptonshire, south Leicestershire, north Bedfordshire and west Cambridgeshire.

The Trust provides general acute, maternity and paediatric services from its main hospital site in Kettering with satellite outpatient facilities in Corby, Irthlingborough and Wellingborough as well as community facilities in Kettering town. Services are funded primarily through contracts with the Northamptonshire Integrated Care Board (ICB), NHS England Specialised Commissioners and other ICBs and Public Health bodies.

NGH provides general acute services for a population of 426,700 in West Northamptonshire (ONS Mid-Year 2021 estimates) and hyper-acute stroke, vascular and renal services to people living throughout the whole of Northamptonshire. The Trust is also an accredited cancer centre and provides cancer services to a wider population of 880,000 who live in Northamptonshire and parts of Buckinghamshire. In addition to the main hospital site, which is located close to Northampton town centre, the Trust also provides outpatient and day surgery services at Danetre Hospital in Daventry.

The principal activity of the Trust is the provision of free healthcare to eligible patients. The hospital provides the full range of outpatients, diagnostics, inpatient and day case elective and emergency care and also a growing range of specialist treatments that distinguishes their services from many district general hospitals. It also provides a very small amount of healthcare to private patients. NGH is constantly seeking to expand the portfolio of hyperacute specialties and to provide services in the most clinically effective way. Examples are developments in both urological cancer surgery and laparoscopic colorectal surgery placing the Trust at the forefront of regional provision for these treatments.

NGH trains a wide range of clinical staff, including doctors, nurses, midwives, allied health professionals therapists, scientists and other professionals. The training and development department offers a wide range of clinical and non-clinical training courses, accessed in a variety of ways through a range of media including e-learning. The Trust has

excellent training facilities which were recently upgraded. Services are delivered from the main acute hospital site in Northampton or by staff in the community.

A Quality Account is published each year with the purpose is to illustrate to our patients, their families and carers, staff, members of local communities and our health and social care partners, the quality of services we provide.

We measure the quality of the services we provide by looking at patient safety, the effectiveness of the care and treatment we provide and, importantly, the feedback we receive from our patients.

Part One

Opens with a statement on quality from our Hospital Chief Executive Officer Mrs Laura Churchward. We also outline some of our key successes from 2025/26.

Part Two

Provides details of several Statements of Assurance regarding specific aspects of service provision in order to meet the requirements of NHS England.

Part Three

Describes how we performed against the quality priorities set for 2025/26, together with performance against key national priorities in line with NHS Improvement Risk Assessment Framework.

The closing section outlines feedback from our key stakeholders and includes a helpful dictionary of abbreviations.

Our Group Priorities

We have agreed five priorities for the Group. Everything we do across both organisations should contribute towards achieving goals within at least one of these priority areas. They represent the long-term objectives of the Group, and each has an ambition and a success measure that we can track. Every year we will analyse our performance as a Group and set annual goals designed to make the biggest impact on each of these areas. Delivering our goals will move us closer towards achieving our overall vision.

- Patient - Excellent patient experience shaped by the patients' voice.
- Quality - Outstanding quality healthcare underpinned by continuous, patient-centred improvement and innovation.
- Systems and Partnerships - Seamless, timely pathways for all people's health needs, working together with our partners.
- Sustainability - A resilient and creative University Hospital Group, embracing every opportunity to improve care.
- People - An inclusive place to work where people are empowered to make a difference.

Statement on Quality

Welcome to the Quality Account for University Hospitals of Northamptonshire (UHN) for 2025/26.

This Quality Account brings together Kettering General Hospital NHS Foundation Trust (KGH) and Northampton General Hospital NHS Trust (NGH); two separate organisations which together form University Hospitals of Northamptonshire. It provides an overview of how we measure, assure and improve the quality of care we provide and how we are performing against our quality priorities.

Across UHN, our 11,000 colleagues serve a population of over 900,000 people. We operate two hospital sites and deliver services within the community, providing urgent and emergency care, planned surgery, specialist cancer services, maternity and neonatal care, diagnostics, research and education. Over the past year, this has included more than 140,000 operations, 226,000 Emergency Department attendances and over 8,000 births.

We measure quality through a range of indicators, including patient safety, the effectiveness of care and treatment, and the experience and feedback of our patients. This report aims to present our performance in a balanced, accessible and transparent way, recognising progress made over the past year and being open about where future improvement is needed.

The year covered by this Quality Account has again been characterised by sustained pressure across the NHS. Demand for care continues to rise, workforce and capacity constraints persist, and our financial challenges remain significant. Against this challenging backdrop, the progress described in this report reflects the professionalism, resilience and commitment of colleagues across UHN, who continue to focus on delivering safe, high-quality care for our patients.

One of our key priorities this year has been improving access to care and patient flow across the system. This much of this complex work happens behind the scenes, it has a direct impact on patient experience and staff wellbeing. At KGH, targeted improvements in urgent and emergency care have delivered a 47-minute reduction in average ambulance handover times compared with last year, supporting safer care and easing pressure on Emergency Department teams.

Our regulators continue to play an important role in helping us understand where we are performing well and where we must continue to improve. Over the past year, Care Quality Commission (CQC) inspections and reviews have confirmed a number of areas of strength across UHN, including high-quality critical care, compassionate and well-led maternity and neonatal services, strong multidisciplinary working and a positive learning culture.

At the same time, CQC feedback has highlighted areas where further improvement is required, highlighting urgent and emergency care, aspects of maternity at KGH, and in fully embedding governance, data assurance and Freedom to Speak Up arrangements across a changing organisation. Where concerns have been identified, we have responded with clear action plans, strengthened oversight and defined executive accountability. This Quality Account reflects our commitment to being open about these challenges, learning from them, and delivering measurable improvements in safety, experience and outcomes for patients.

A defining feature of the past year has been the continued strengthening of our Group model and our partnership with University Hospitals of Leicester (UHL). Together, across Northamptonshire, Leicestershire and Rutland, we serve 1.8 million people through five hospital sites. By working collaboratively, we are able to share clinical expertise,

strengthen resilience in fragile services and accelerate improvement across areas such as workforce, service design, research and digital development.

Over the past year we have also continued to deliver our digital and transformation programmes. This includes phase one of the introduction of Electronic Patient Records (EPR) at NGH, with phase two planned for 2026/27; the implementation of new digital maternity systems; and early work to explore the use of artificial intelligence to support clinical teams. UHN is also playing a leading role nationally through the Federated Data Platform programme, being one of the first organisations to deploy core products across a Group and helping to shape future developments.

Looking back, we have much to be proud of. In December, the 2025 UHN Excellence Awards provided an opportunity to recognise the outstanding contributions of our colleagues and volunteers, recognising the compassion, accountability, respect, integrity and courage that underpin everything we do. More than 450 nominations were received, sharing powerful stories of exceptional care, innovation and teamwork. As Chief Executive, I am immensely proud to work alongside colleagues who consistently go above and beyond for patients and one another.

In October 2025, following many years of campaigning, we were proud to open a new Maggie's Centre in the grounds of NGH. The Centre provides a calm, welcoming space where anyone affected by cancer can drop in for practical, emotional and social support. It represents an important enhancement to cancer care across Northamptonshire and reflects our commitment to compassion as well as clinical excellence.

Alongside clinical and workforce improvements, we have continued to invest in our estate, infrastructure and sustainability, and to strengthen partnership working across the wider health and care system.

Developments such as the Corby Community Diagnostic Centre, which opened in June 2025, are already improving access to diagnostics closer to home. Operating seven days a week, the centre delivers more than 93,000 diagnostic tests each year and is already helping people receive faster diagnosis while easing pressure on our acute hospital sites.

We continue to invest in the environments that enable safe dignified and modern care. Work is underway at NGH to build a new Emergency Department public entrance and Urgent Treatment Centre. This £15.75 million development, due to open later this year, will provide a modern, central hub for patients requiring urgent and life-saving care.

At KGH, work is continuing on our new Energy Centre, a vital development to replace ageing electrical infrastructure and provide modern, resilient power and pumping systems. When completed in autumn 2027, the Energy Centre will significantly improve electricity capacity and ensure reliable power, heating and hot water for patients, visitors and staff.

In Kettering we have also begun enabling works for a two-storey extension to the maternity unit, addressing the impact of RAAC concrete in the existing building. Designed to support around 3,000 families each year, the new facility will include a 32-bed maternity ward, a new Local Neonatal Unit and a Bereavement Suite. The Bereavement Suite has been designed in collaboration with our bereaved parents' group and the Twinkling Stars Appeal, with support from Northamptonshire Health Charity.

Looking ahead, KGH's inclusion in the national New Hospital Programme presents an opportunity to shape a future hospital built around modern models of care and changing patient needs. Current investment is laying the groundwork for this longer-term ambition.

Sustainability has remained a key priority throughout our improvement works. We have delivered major carbon reduction projects, improved waste management and continued to invest in energy-saving technologies. For the 11th consecutive year, UHN has maintained Investors in the Environment Green accreditation, and in December 2025 our work at NGH was recognised with the Sustainability Influencer of the Year award.

We are grateful for the continued support of the Northamptonshire Health Charity, whose generosity enhances care for patients and supports our staff across UHN. During the financial year, the charity awarded £770,968 in grants, enabling a wide range of projects that have improved patient environments, strengthened care pathways and equipment provision, and invested in staff wellbeing and development.

This funding supported:

- **Enhancing care environments (£86,071):** including the NGH oncology café, a paediatric sensory room at KGH, and refurbishment of maternity garden spaces.
- **Improving patient pathways and access to equipment (£582,751):** including the Midlands' first NHS Focal Therapy Service for prostate cancer and new syringe drivers to support palliative care.
- **Supporting staff wellbeing and development (£102,145):** including staff room improvements, wellbeing support during Christmas and Ramadan, medical textbooks and elements of the UHN Excellence Awards

As I reflect on the past year, I want to thank our colleagues and partners across Northamptonshire. Their dedication, collaboration and compassion remain central to everything we have achieved. Together, we are making steady progress towards a more resilient, efficient and sustainable healthcare system.

I hope this Quality Account provides a clear picture of how quality and patient safety underpin all that we do at UHN and that you find it informative. To the best of our knowledge, we confirm that the information provided is accurate at the time of publication. Over the coming year, our focus will remain firmly on providing safe, high-quality care, at the right time and in the right place, for those who need our services.

Laura Churchward

Chief Executive

University Hospitals of Northamptonshire

Statement of Directors' Responsibilities

The Directors are required under the Health Act 2009 to prepare a Quality Account for each financial year.

NHS Improvement has issued guidance to NHS foundation trusts boards (such as KGH) on the form and content of annual quality reports (which incorporate the legal requirements) and on the arrangements that NHS foundation trusts boards should put in place to support the data quality for the preparation of the quality report.

For NHS Trusts such as NGH the Department of Health has issued guidance on the form and content of annual Quality Accounts (in line with requirements set out in Quality Accounts legislation).

In preparing the Quality Account, directors have taken steps to assure and satisfy themselves that:

For KGH:

- the content of the quality report meets the requirements set out in the NHS foundation trust annual reporting manual 2018/19 and supporting guidance Detailed requirements for quality reports 2018/19.

For KGH and NGH

- the content of the quality report is not inconsistent with internal and external sources of information including:
 - board minutes and papers for the period April 2025 to March 2026
 - papers relating to quality reported to the board over the period April 2025 to March 2026
 - feedback from governors dated 6 May 2026
 - feedback from commissioners dated
 - feedback from local Healthwatch organisations dated 22 May 2026
 - feedback from overview and scrutiny committee dated
 - the latest national patient survey
 - the latest national staff survey
 - the latest CQC inspection report
- The Quality Account presents a balanced picture of the trust's performance over the reporting period.
- The performance information reported in the Quality Account is reliable and accurate.
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm they are working effectively in practice.
- The data underpinning the measure of performance reported in the Quality Account are robust and reliable, conform to specified data quality standards and prescribed definitions, and are subject to appropriate scrutiny and review.
- The Quality Account has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the quality accounts regulations) as well as the standards to support data for the preparation of the quality account and the Department of Health guidance.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

By order of the board

Laura Churchward
UHN Chief Executive

Andrew Moore
UHN Chair

UHN launch new Focal Therapy Service for prostate cancer

The University Hospitals of Northamptonshire is setting up the first NHS Focal Therapy Service for the Midlands and will start by delivering a pioneering new soundwave treatment for prostate cancer. The service - formally launched at Northampton General Hospital (NGH) on April 25 – follows a fundraising campaign launched last July which has resulted in significant private donations to the Northamptonshire Health Charity (NHC). This has enabled the purchase of a High-Intensity Focused Ultrasound (HIFU) machine and other focal therapy equipment for the hospital.



The University Hospitals of Northamptonshire - the organisation which runs both NGH and Kettering General Hospital and which works in partnership with the University Hospitals of Leicester – aims to become a regional centre for Focal Therapy which treats prostate cancers without surgery and its potential side effects.

Great work of Northants midwives spotlighted at major conference

The University Hospitals of Northamptonshire (UHN) event was attended by NHS England's Chief Midwifery Officer, Kate Brintworth, and Professor Donald Peebles, National Clinical Director for Obstetrics who shared a keynote at the event, and witnessed the achievements of midwifery teams from Kettering and Northampton General Hospitals over the last year.

Key work highlighted at the conference included successes within the teams, showcasing of possible career pathways within midwifery, work that is in progress UHN maternity services, sharing of current national research that UHN is participating in, and updates on service improvements including those supporting staff wellbeing. In addition, the event recognised the achievements of local midwives who have been voted for by their colleagues and patients including Midwife of the Year and My Midwife of the Year.



Competition winning nurse shows the benefits of cutting caffeine to improve patient wellbeing

A month-long trial at Northampton General Hospital, which involved switching patients and staff to decaffeinated tea and coffee, has shown promising results for elderly patients. Led by Infection Prevention and Control Nurse Jasmine Lowdon, the trial revealed significant findings including elderly patients experiencing better sleep and reduced incontinence. Jasmine explained, "The trial involved switching patient tea trolleys from caffeinated to decaffeinated coffee and tea. Caffeine is a stimulant that increases urinary frequency, particularly affecting the elderly, as it takes 30% longer to clear from their liver and is linked to falls. The results were staggering. I hoped for a 15% improvement in incontinence, but we achieved three to four times that. Falls dropped by 57%, and patients' sleep dramatically improved. The more we



researched, the more we found that switching to decaf significantly improved patient outcomes.”

As a result of Jasmine’s trial, it’s predicted that the switch to decaffeinated drinks could save the hospital 24,909 kilograms of carbon dioxide which would be the CO2 equivalent to fuel emissions from driving 73,393 miles.

The trial was entered into the hospital’s Green Team competition, which is held annually at NGH in partnership with the Centre for Sustainable Healthcare. The competition gives staff at NGH the opportunity to research ideas with tailored expert support, to provide more sustainable healthcare, and improve outcomes for patients.

Head of Sustainability at NGH, Clare Topping explained why this competition is so important: “The Green Team Awards are the thing I’m most proud of introducing. It gives everybody a chance to make a change in their own area, everything that we’ve done over the past three years as showcased today is better for patients as well as saving money and reducing environmental impact. It allows people to make a change. We’ve gone on to do so many things afterwards and it’s such a great way of engaging teams.”

Jasmine added, “This competition is a fantastic opportunity to think outside the box. Every day, we deal with problems, but we need to start preventing them from happening in the first place. This competition allows us to make real patient efficiency savings, help the environment, and improve patient safety.”

KGH and NGH win gold standard for volunteering

The Volunteers Service at the University Hospitals of Northamptonshire (UHN) has been awarded a prestigious ‘Investing in Volunteers’ accreditation.

It means the service at both Northampton General Hospital and Kettering General Hospital meets the UK’s gold standard in volunteer management. It means the service at both Northampton General Hospital and Kettering General Hospital meets the UK’s gold standard in volunteer management.

The two hospitals have a total of 580 volunteers working for them in a wide variety of roles including welcoming visitors, taking medications to wards from pharmacy, taking patients with mobility difficulties to appointments using an electric buggy transportation service.



The accreditation means UHN support its volunteers on a daily basis with a dedicated team and offers regular training, ongoing new opportunities, and social activities.

KGH and NGH have both achieved a national award for the way they support the armed forces’ community

Kettering and Northampton General Hospitals have both achieved a national recognition award for the way they support service and ex-service personnel.

The two hospitals – which together form the University Hospitals of Northamptonshire – have both achieved the Gold Award from the Government’s 2025 Ministry of [Defence Employer Recognition Scheme](#)

The Gold Award reflects the outstanding efforts the organisation has made at both Kettering and Northampton general hospitals to support veterans, reservists, military spouses or civil partners of current service personnel and Cadet Force Adult Volunteers (CFAV’s)



- **Actively employ members of the Armed Forces community by** offering a guaranteed interview to those that demonstrate that they meet the essential criteria for the role. UHN employs many veterans across all departments including Matrons, Nurses, Data Security, Pharmacy, Porters, Radiotherapy and Fire Advisors.
- **Support reservists & veterans.** We provide exceptional support to our employees who serve as reservists and CFAV’s, ensuring they can balance their civilian and military responsibilities effectively. For instance, we provide additional paid leave for their annual forces training exercises. Our annual leave policy allows us to consider the period of employment in HM Armed Forces and count this towards their aggregated service when judged to be relevant to the NHS.
- **Armed Forces Champions.** UHN has a growing number of trained champions, who advocate within their teams of our responsibilities towards the Armed Forces Covenant and as many are veterans, they will willingly visit our patients with an armed forces connection in the hospitals.
- **Actively support the armed forces community.** We run two successful Armed Forces’ breakfasts and continue to demonstrate and grow our support of Cadets in our community by holding or attending work experience events. We also ensure that all our policies are scrutinised with consideration of our responsibilities under the Armed Forces Covenant and share good practice in various community groups.

The University Hospitals of Northamptonshire’s Chief People Officer and Executive Sponsor of the UHN Armed Forces Network, Paula Kirkpatrick, said: “We are thrilled and proud to that both NGH and KGH have simultaneously achieved the Gold Award.

“This a prestigious recognition of our commitment and unwavering support to our armed forces personnel, their families and veterans.

“By promoting a military-friendly environment, we have shown our utmost respect and gratitude to the brave men and women who have served and continue to serve our nation and their families.

Corby Community Diagnostic Centre officially opened by Health Minister

Corby’s new £11.7m Community Diagnostic Centre (CDC) has been officially opened by Minister of State for Health (secondary care) Karin Smyth MP.

The Minister visited the new Willowbrook Road centre today (Monday, September 15) and, after meeting staff and patients, cut a ribbon to mark its official opening.

Work started on the Corby CDC site in June 2024 and was completed in June this year with its first patients arriving on June 18.



Over a year the Corby CDC is set to deliver more than 93,000 patient tests to include:

- 7,700 MRI (magnetic resonance imaging) scans which use powerful magnets and radio waves to create detailed images of the inside of the body used to diagnose or monitor a wide range of conditions and injuries

- 11,000 CT (computed tomography) scans which uses X-rays and a computer to create detailed cross-sectional images of the inside of the body to help diagnose and monitor health conditions, including strokes, cancers, broken bones, digestive and kidney problems.
- 13,300 Ultrasound Scans – These use high-frequency sound waves to create images of the inside of the body used to diagnose a variety of conditions
- 4,500 Echocardiography tests – tests that use ultrasound waves to investigate the action of the heart.



It will also deliver a variety of other respiratory, heart and blood tests including a dementia pathway designed to speed up diagnosis and awareness for patients with suspected dementia using MRI or CT diagnostic tests. The dementia pathway involves working with Northamptonshire Black Communities Together to promote dementia awareness and improve engagement with memory assessment services.

Corby CDC is open seven days a week from 8am-8pm and people will be referred to it for tests by their hospital consultants.

UHN pioneers live-streamed robotic cancer operations as part of advanced medical education

The University Hospitals of Northamptonshire (UHN) has undertaken two live-streamed robotic colorectal cancer operations to support the education of surgeons.

The live-streamed operations formed part of a two-day robotic surgical symposium where consultants, colorectal surgeons, and senior doctors from Northamptonshire, the rest of the UK, and Portugal, met and took part in a range of events, lectures, discussions, and presentations.

UHN which runs both Kettering and Northampton general hospitals, arranged the event as a way of teaching its own medical teams complex robotic surgery procedures while also enabling surgeons from other areas to learn state-of-the-art surgical procedures.

We win two national awards for cardiac MRI service

The cardiac MRI team at Kettering General Hospital have won two national awards for the way they work together to provide good patient care.

They have won the Society of Radiographers' Midlands Radiology Team of the Year 2025 and the Patient's Choice Award for Exceptional Care 2025.

The national Radiography Awards celebrate the stand-out individuals and teams from across the UK who have made a positive difference to patient care, service delivery, or those who have excelled academically.

The team submitted evidence for the awards including:

- The development of a successful in-house Cardiac MRI (CMR) service at KGH (previously outsourced) which supports cardiac MRI referrals from both the Kettering and Northampton sites, with over 4,000 scans performed to date.



- Pioneering safe and effective MRI scanning of patients with pacemakers, a cohort previously referred to tertiary centres. This has enabled nearly 1,000 pacemaker MRI scans reducing patient waits and travel times
- Substantially reducing waits for both inpatient and outpatient referrals through the close collaboration of a multidisciplinary team of cardiac MRI radiographers, cardiologists, cardiac physiology staff, and administrative support
- Implementing robust protocols that fully comply with national safety standards and which consistently demonstrate clinical excellence, adaptability, and dedication, particularly when managing complex cases with precision and empathy.
- Enhancing staff morale by enabling the acquisition of specialist skills within the imaging and cardiology teams and an ongoing commitment to continuous training, professional development, and innovation, to ensure the sustainability and quality of the service.

National digital leaders visit University Hospitals of Northamptonshire to see changes in action

The University Hospitals of Northamptonshire (UHN) has showcased its front-line digitalisation initiatives to national NHS leaders and demonstrated how they benefit patients and staff.

UHN which runs both Kettering and Northampton general hospitals, welcomed visits from three leaders who are tasked with helping digitalise NHS organisations across the country to make them safer and more effective.

The leaders were NHS England's National Deputy Chief Nursing Information Officer, Simon Noel, Regional Chief Nursing Information Officer, Deanne Driscoll, and National Chief Midwifery Information Officer, Jules Gudgeon.

They toured adult inpatient wards, maternity services, and the emergency department at Northampton General Hospital to see how it was implementing its Electronic Patient Record for all patients and BadgerNet system for maternity patients.

BadgerNet is secure electronic patient record for maternity patients which can be accessed via an online app, and which helps parents-to-be to stay informed and involved throughout their maternity journey. It was introduced at KGH in September 2025 and at NGH November 2025.

It enables:

- 24/7 access to pregnancy records via smartphone, tablet, or PC
- Real-time updates from the care team
- The ability to log key pregnancy events and preferences
- Access to personalised care plans and trusted maternity information
- A secure, centralised record that reduces duplication and paperwork

The Electronic Patient Record was introduced at Northampton General Hospital in June 2025. It is a major investment in modern, safer, and more efficient care and the system. The system being used was developed by Nervecentre and it brings together all of a patient's medical information into one secure, digital platform. It means clinicians have vast amounts of information about individual patient's care records at their fingertips – reducing duplicated efforts and improving safety – and this information will be available via hand-held devices like iPhone and iPads.



NGH's neonatal ward awarded Bliss Baby Charter Gold Accreditation

Northampton General Hospital Gosset Ward has been awarded the prestigious Bliss Baby Charter Gold Accreditation, recognising its commitment to providing outstanding family centred care for premature and sick babies.

The gold accreditation for the neonatal unit confirms that families benefit from high standards of care.

This includes 24/7 open visiting for parents and siblings, a dedicated outdoor space for families, strong links with local charities, and excellent disability support.

Thanks to funding from Northamptonshire Health Charity, nearby accommodation is also available for parents, helping reduce stress and support bonding during a difficult time.

The Bliss Baby Charter was developed by the national premature baby charity, Bliss, to help hospitals caring for premature and sick babies assess the care they provide and identify areas for improvement.

Bethany Kerr, whose baby was born at just 27 weeks, praised the support she received on Gosset Ward when she and her baby attended the award presentation event:

She said: “The nurses were all lovely, it felt like a home away from home. My mum was my dedicated person and she could come and hold my baby in the evenings, which made the whole experience so much nicer. We had a really good experience, and as you can see, she still loves all the nurses.”

NGH’s Neonatal Governance Lead, Nicole Malazzab, said: “Each neonatal journey is unique, and we’re there every step of the way.

“Hearing so many positive reflections from families during the accreditation process was incredibly rewarding.

“It affirmed the importance of what we do and motivates us to keep improving.”

- The achievement follows a comprehensive effort led by Nicole and Matron for Child Health, Michelle Hardwick, supported by a team of dedicated nurses, consultants, and ward staff. The assessment highlighted several strengths, including:
- Passionate and knowledgeable staff
- Parent-led care and strong relationships between staff and families
- 24/7 sibling visiting access
- Welcoming outdoor family space
- Excellent disability awareness and support
- Strong partnerships with local charities and a dedicated unit volunteer
- A responsive homecare team
- Consistently positive family feedback



Harriet Leyland, care co-ordinator, from East Midlands neonatal operational delivery network explained the value of the Gold award:

She said: “I’m really proud of NGH, it means the families here are getting exactly what they need as part of their journey.

“It’s not just about providing the right medical care for the families, we’re also looking at them as a whole family unit holistically and making sure that we’re meeting their needs, they’re getting their sleep they’re getting fed, we’re supporting them financially and psychologically and all those other things as well.

“Going forwards, to maintain the gold award, the hospital will continue to do the work of supporting the families to this level. It’s a great achievement.”

Our staff deliver vital life support training to primary schools

The tragic death of a schoolteacher from a cardiac arrest has inspired hospital nurses to offer basic life support training for primary schools for free.

The volunteer initiative – thought to be the first of its kind in the country – involves hospital staff teaching primary school teachers basic life support, CPR, and the use of defibrillators along with training in anaphylaxis and choking.

Kettering General Hospital’s Pleural Nurse Specialist Samantha Rawson was shocked when her lifelong friend, and a mother-of-three, died of a cardiac arrest in 2024.

She wanted to do something meaningful in memory of her friend, whose family have asked for her not to be named, and with the help of KGH Quality Excellence Lead Nurse Tanya Birke she has set up an initiative to do that.

It involves 29 volunteers – drawn from staff at Kettering and Northampton general hospitals – who have now started to go to primary schools and deliver basic life support training to teachers in their spare time.

Samantha said: “In November 2024 I lost my lifelong friend to a unexpected cardiac arrest. We grew up together, just six months apart, and went to the same secondary school.

“She was joyful, kind, and selfless — someone who lit up every room. She was a devoted mum, a loving wife, and a passionate primary school teacher.

“In the months that followed, I wanted to turn grief into something positive. My friend meant so much to me that I wanted to create a legacy in her memory.

“Because she was a primary school teacher, I felt it was only right to focus on something that supported teachers like her. And because I am an Advanced Clinical Practitioner in pleural, I knew I could use my medical background to make a real difference.

“After she suffered a cardiac arrest, shaping the project around these areas felt especially meaningful and that’s how this project began: to provide Basic Life Support (BLS) training to primary school teachers across Northamptonshire.

“I partnered with my colleague Tanya Birke, whose expertise in resuscitation has been vital, and together, we contacted local schools and our colleagues at KGH and NGH and the response was overwhelming “We now have 29 committed trainers, each pledging three years to support schools across the county, and have delivered our first two training sessions to some more than 80 teachers and teaching assistants.”

Tanya said: “**We want** to empower school staff with the knowledge, skills, and confidence to respond effectively in a medical emergency.

“By offering hands-on training with clear guidance the programme ensures that school staff feel prepared and reassured when faced with emergency situations.

“Through this initiative, we aim to strengthen emergency preparedness across primary schools in Northamptonshire and improve outcomes for children, staff, and the wider community.”



Part 2

Priorities for
improvement and
statements relating
to quality of
NHS services
provided



UHN Priorities and Deliverables for 2026/27

We have
three priorities

Transform
patient care

Strengthen
our culture

Deliver our
financial plan

They are supported by 10 key deliverables. Together, we will:



Transform UEC and improve planned care access, working with partners to deliver care in the right place at the right time.



Deliver our quality priorities, including PSIRF and Perinatal Safety Improvement Programme



Address staff survey feedback through our People Plan, focussing on compassionate and inclusive behaviours.



Continue our Group 'One Digital' journey to become more data and digitally driven.



Deliver our Group Clinical Strategy and corporate plans - realising group working benefits through service reconfiguration and shared care pathways.



Work with partners to provide proactive neighbourhood care across communities.



Achieve our financial plan targets, improving efficiency and productivity.



Take part in more research and commercial trials and studies to benefit patients.



Bring KGH and NGH services closer together to create safer, more seamless patient care.



Build a culture of continuous improvement to enhance the patient experience.

Our priorities and deliverables across UHN for 2026-2027

1. Transform UEC and improve planned care access, working with partners to deliver care in the right place at the right time.
2. Deliver our quality priorities, including PSIRF and Perinatal Safety Improvement Programme
3. Address staff survey feedback through our People Plan, focusing on compassionate and inclusive behaviours.
4. Continue our Group 'One Digital' journey to become more data and digitally driven.
5. Deliver our Group Clinical Strategy and corporate plans - realising group working benefits through service reconfiguration and shared care pathways.
6. Work with partners to provide proactive neighbourhood care across communities.
7. Achieve our financial plan targets, improving efficiency and productivity.
8. Take part in more research and commercial trials and studies to benefit patients.
9. Bring KGH and NGH services closer together to create safer, more seamless patient care.
10. Build a culture of continuous improvement to enhance the patient experience.

Statements Relating to Quality of NHS Services Provided

Review of Services

In 2025/26 our usual contracting processes have been in place for both Trusts. The lead Commissioner remained as NHS Northamptonshire Integrated Care Board (ICB). Northamptonshire ICB are the statutory body responsible for local NHS services, functions, performance and budgets and is made up of local NHS trusts, primary care providers, and local authorities. They also commission services from the Trust on behalf of NHS Cambridgeshire & Peterborough ICB, NHS Leicester, Leicestershire and Rutland ICB, Bedfordshire Luton and Milton

Keynes Integrated Care board (BLMK ICB). This arrangement constitutes a range of acute hospital services including elective, non-elective, day case and outpatients.

In addition, the Trusts are also commissioned by NHS England for Prescribed Specialised Services such as the provision of a special baby care unit, specialised cardiac interventions, neonatal intensive care, the provision of a highly specialist urological surgery services, specialist cancer services and other specialised services. Additionally, this contract includes some Secondary Care Dental Services (please note Secondary Care Dental Services are contracted by

NHS England but have been delegated to ICBs for payment purposes) and screening services commissioned on behalf of Public Health England (now UK Health Security Agency) such as Bowel and Breast Screening.

The Trusts also provide a variety of services to other NHS organisations, public sector organisations and private sector companies. The Trust has reviewed all the data available to them on the quality of care in these relevant health services. For KGH, the total income generated by the relevant health services represents 94.7% and for NGH, represents 93% of the total income generated from the provision of relevant health services by the Trust for 2025/26.

	KGH	NGH
Sub-Contracted Services – The Trust as Provider	Key KGH contracts were held with: - Northamptonshire Healthcare NHS Foundation Trust - One Medicare LLP - Ramsay Health Care UK - University Hospitals Leicester NHS Trust - University of Northampton The services provided includes medical staffing and support services, such as diagnostics (Pathology and Radiology) or accommodation.	Key NGH contracts were held with: - St Andrews Healthcare - Ramsey Health Care UK - Oxford Radcliffe University Hospitals - Northamptonshire Healthcare NHS Foundation Trust - Three Shires Hospital The services provided includes medical staffing and support services, such as Diagnostics (Pathology and Radiology) or accommodation.

Sub-contracted Services – Provided to the Trust During 2025/26, the Trust subcontracted services to organisations for relevant health services.	Key KGH contracts include: • Healthcare at Home Ltd • Northamptonshire Healthcare NHS Foundation Trust • University Hospitals Leicester NHS Trust • Addenbrookes Hospital • Nottingham University Hospital NHS Trust • British Red Cross These sub-contracted services include: • Consultant Medical staffing in various specialties • Therapy services (including paediatric Physiotherapy and Occupational Therapy, Speech & Language Therapy, Dietetics, and Podiatry) • Specialist Nursing (including, but not limited to adult and paediatric diabetes nursing, Practice Development and multiple sclerosis nursing) • Clinical Psychology support for Oncology • Special Needs Dentistry • Insourced clinical support within surgical specialities • Immunology Consultant Support • Hospital discharge support We also retain a range of agreements with voluntary sector providers for services such as Hospital Education and 4X4 vehicle support for use during emergencies.	Key NGH contracts include: • Northamptonshire NHS Foundation Trust • Northern Lincolnshire & Goole NHS Foundation Trust (Path Links) • University Hospitals of Leicester (UHL) • Backlogs Ltd • Blatchford Group • Boots UK Ltd • several General Practices (GPs) Examples of sub-contracted services include: • Consultant Medical staffing in various specialties • Therapy services (including paediatric Physiotherapy and Occupational Therapy, Speech & Language Therapy, Dietetics, and Podiatry) • Histopathology • Community Dermatology Clinics at GP surgeries • Special Needs Dentistry • Immunology testing We also have a range of agreements with voluntary sector providers for services such as hospital education and discharge support.
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	In addition, the Trust accessed services specifically aimed at supporting the timely access to diagnostics with Ramsay Health Care UK Operations Limited procured via the national Independent Sector Framework arrangements.	
Contracted Support Services	KGH commissions 4Ways Healthcare Limited for the provision of Radiology Reporting services and Alliance Limited with respect to mobile Magnetic Resonance Imaging (MRI) and Computerised Tomography (CT) services. We also have a contract with Stor-a-file Limited for the provision of offsite medical records storage and retrieval. We have an agreement with System C Healthcare for medical record scanning and many electronic patients record systems. The Trust also has a number of contracts with Medicines Homecare providers which has included: • Healthcare At Home • Lloyds Pharmacy Clinical Homecare • Pharmaxo • Healthnet Alcura • Polarspeed • Healthnet Homecare	NGH commissions Medica Reporting LTD for the provision of Radiology Reporting services. The Trust also continues to hold a few contracts with Medicines Homecare providers which has included: • Healthcare At Home • Bionical Solutions Limited • Lloyds Pharmacy Clinical Homecare • Pharmaxo

Contract and performance management frameworks exist for the main contracts held by the Trust and through these commissioner and provider responsibilities are clearly stated and monitored.

The Trust holds regular contract meetings with sub-contractors to monitor performance against the contract. However, concerns relating to the quality of subcontractors can also be raised at any point in the year and a formal contract meeting will take place to discuss anything raised and address these concerns.

The Trust also reserves the right to make unannounced visits to relevant sub-contracted services to check the quality of their service provision.

Participation in National Clinical Audits

During 2025/26, 60 national clinical audits and four national confidential enquiries covered relevant health services that University Hospitals of Northamptonshire NHS Group provides across Kettering General Hospital and Northampton General Hospital.

The National Clinical Audits and National Confidential Enquiries that University Hospitals of Northamptonshire participated in, and for which data collection was completed during 2025/26. Along with this are the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry for those audits with closed data collection deadlines.

Eligible National Clinical Audits	KGH Participated	KGH Percentage of cases submitted	NGH Participated	NGH Percentage of cases submitted
National Confidential Enquiry into Patient Outcome and Death (NCEPOD)				
Acute Illness in people with a Learning Disability	✓	75%	✓	
Stabilisation of the critically ill child	✓	1	✓	1
Pleural procedures	✓	1	✓	1
Rib fractures	✓	1	✓	1
BAUS Data & Audit Programme				
BAUS Penile Fracture Audit	✗	2		2
BAUS I-DUNC (Impact of Diagnostic Ureterscopy on Radical Nephroureterectomy and Compliance with Standard of Care Practices)	✓	1	✓	1
Environmental Lessons Learned and Applied to the bladder cancer care pathway audit (ELLA)	✗	2	✗	2
Emergency Medicine QIPs				
Adolescent Mental Health	✓	1	✓	1
Care of Older People	✓	1	✓	1
Time Critical Medications	✗	8	✓	1
Falls and Fragility Fracture Audit Programme (FFFAP)				
National Audit of Inpatient Falls (NAIF)	✓	100%	✓	1
National Hip Fracture Database (NHFD)	✓	1	✓	1
National Adult Diabetes Audit (NDA)				
National Diabetes Core	✗	5	✓	1
National Diabetes Footcare Audit (NDFA)	✓	1	✓	1
National Diabetes Inpatient Safety Audit (NDISA)	✗	2	✓	1

National Pregnancy in Diabetes Audit (NPID)	✓	1	✓	1
Transition (Adolescents and Young Adults) and Young Type 2 Audit	✓	1	✓	1
Gestational Diabetes Audit	✓	6	✓	6
National Cancer Audit Collaborating Centre (NATCAN)				
National Audit of Metastatic Breast Cancer (NAoMe)	✓	4	✓	4
National Audit of Primary Breast Cancer (NAoPri)	✓	4	✓	4
National Bowel Cancer Audit (NBOCA)	✓	4	✓	4
National Kidney Cancer Audit (NKCA)	✓	4	✓	4
National Lung Cancer Audit (NLCA)	✓	4	✓	4
National Non-Hodgkin Lymphoma Audit (NNHLA)	✓	4	✓	4
National Oesophago-Gastric Cancer Audit (NOGCA)	✓	4	✓	4
National Ovarian Cancer Audit (NOCA)	✓	4	✓	4
National Pancreatic Cancer Audit (NPaCA)	✓	4	✓	4
National Prostate Cancer Audit (NPCA)	✓	4	✓	4
National Cardiac Arrest Audit (NCAA)	✓	4	✓	4
National Cardiac Audit Programme (NCAP)				
National Heart Failure Audit (NHFA)	✓	1	✓	1
National Audit of Cardiac Rhythm Management (CRM)	✓	1	✓	1
Myocardial Ischaemia National Audit Project (MINAP)	✓	1	✓	1
National Audit of Percutaneous Coronary Intervention (NAPCI)	✓	1	✓	1
National Comparative Audit of Blood Transfusion				
National Comparative Audit of NICE Quality Standard QS138	✓	1	✓	1
National Comparative Audit of Bedside Transfusion Practice	✓	1	✓	1
National Emergency Laparotomy Audit (NELA)				
NELA	✓	1	✓	1
No Lap NELA	✗	2	✗	2
National Ophthalmology Database (NOD)				
Age-related Macular Degeneration Audit	✓	1	✓	1
Cataract Audit	✓	1	✓	1
National Respiratory Audit Programme (NRAP)				
COPD Secondary Care	✓	1	✓	1
Pulmonary Rehabilitation	✓	1	✓	1
Adult Asthma Secondary Care	✓	1	✓	1
Children and Young People's Asthma Secondary Care	✓	1	✓	1
Other Audits				

Case Mix Programme (CMP)	x	2		
Epilepsy12: National Clinical Audit of Seizures and Epilepsies for Children and Young People	✓	1	✓	1
Learning from lives and deaths – People with a learning disability and autistic people (LeDeR)	✓	1	✓	1
Maternal, Newborn and Infant Clinical Outcome Review Programme	✓	1	✓	1
National Audit of Care at the End of Life (NACEL)	✓	1	✓	1
National Child Mortality Database (NCMD)	x	3	x	3
National Early Inflammatory Arthritis Audit (NEIAA)	✓	1	✓	1
National Joint Registry	✓	1	✓	1
National Major Trauma Registry	✓	1	✓	1
National Maternity and Perinatal Audit (NMPA)	✓	1	✓	1
National Neonatal Audit Programme (NNAP)	✓	1	✓	1
National Paediatric Diabetes Audit (NPDA)	✓	1	✓	1
National Perinatal Mortality Review Tool	✓	1	✓	1
National Vascular Registry	N/A	-	✓	1
Sentinel Stroke National Audit Programme (SSNAP)	N/A	-	✓	1
Serious Hazards of Transfusion (SHOT): UK National Haemovigilance Scheme	✓	1	✓	1
Society for Acute Medicine Benchmarking Audit (SAMBA)	x	2	✓	1
UK Cystic Fibrosis Registry	✓	7	✓	1
UK Renal Registry Chronic Kidney Disease Audit	✓	1	✓	1
UK Renal Registry National Acute Kidney Injury Audit	✓	1	✓	1

1 – Data collection ongoing

2 – Resource not available to complete data collection

3 - No system currently in place however under development

4 - Data collection on going pulled directly from NCRAS.

5 - Do not have sufficient IT software to participate.

6 - Pulled directly National Diabetes in Pregnancy Audit.

7 - Submitted by Tertiary Units.

8 – Unable to identify patients

During 2025/26, the publication of 45 national audit reports were published, 38 of these were relevant to the Group. University Hospitals of Northamptonshire NHS Group are currently reviewing all relevant reports and formulating action plans for which the trust intends to take in response to these publications to improve the quality of healthcare provided. Examples action plans which have been developed for implementation.

Audit	Key Actions /Recommendations
National Audit of Inpatient Falls	Northampton General Hospital 1. To review falls bundle to see if Neuro exam and Osteoporosis to be added 2. Education to medical staffing

	3. Work to be done with Pharmacy to smooth the process following the implementation of EPR 4. Campaign to be launched and work on how to evidence the work undertaken Kettering General Hospital 1. Patients will be identified through incident reporting methods as we are unable to identify patients using health intelligence reporting 2. Ensure huddles and debriefs are undertaken following a patient fall and the post fall documentation records are updated accordingly 3. Work with the Dementia and Delirium lead nurse to explores ways in which delirium screening can be improved using 4AT 4. Increase the completion of vision assessment for those admitted with risk of fall Explore inclusion of vision assessment to the falls risk assessment documentation 5. Increase uptake of lying and standing BP Observations 6. Introduction of neurological observations to be added to eVitals. Training to be cascaded prior to go live in April 7. Re-establish the PIF meetings to increase with the implementation of improvement work
MBRRACE-UK Perinatal: Twin Pregnancies (2021)	Northampton General Hospital 1. On risk register – lack of Specialist Midwife and Specialist Dietitian 2. Quality impact analysis undertaken to start the process of recruitment into Specialist Midwife role
MBRRACE-UK Maternal: 2023 annual report	Northampton General Hospital 1. Implementation of national MEWS throughout the hospital 2. Update Asthma pathway/guidance for pregnant women with moderate/severe Asthma 3. QI project to offer long-acting reversible contraception to women before discharge from the service postnatally
MBRRACE-UK Maternal: 2024 annual report	Northampton General Hospital 1. New guideline for management of pregnant women with complex social factors 2. Inclusion of management of maternal collapse in relation to volume replacement to be included in the Trust Resuscitation guideline
MBRRACE-UK PMRT: 2025 report	Northampton General Hospital 1. Review of the layout and formatting of discharge letters on BadgerNet in line with recommendations (for all, and also specifically for those with hypertensive disorders) 2. Review the possibility of implementing pre-pregnancy counselling in relation to women who have had pre-eclampsia or hypertension with early birth in a previous pregnancy 3. Conduct an audit on management of women with Cardiac conditions in pregnancy 4. Update guidelines on management of women with Cardiac conditions in pregnancy in line with recommendations and audit findings 5. New guideline for management of pregnant women with complex social factors in development, which will include domestic abuse 6. Safeguarding to review training package on domestic abuse 7. Update mental health in pregnancy guideline in line with recommendations 8. Consult with the ICB regarding liaison between GP's and maternity services in relation to past psychiatric history
National Vascular Registry 2025	Northampton General Hospital 1. Auditing our urgent vascular clinic pathway to review time need to the procedure 2. Discussing hybrid theatres to accommodate more revascularization procedures 3. Currently working with the cardiology department to prevent delays on ECHOs for planned aneurysmal repair patient 4. Formal meeting with the anaesthetist to discuss aortic aneurysm pathway 5. Weekly ward round with DM foot team at our secondary care 6. Complex DM foot MDT meetings have been set up across vascular, ortho and endocrinologist 7. Guideline and pathway are available and currently under review as part of the Vascular service policy

SSNAP	Northampton General Hospital 1. Audit to be conducted to identify delays for time to scan 2. Implement new process to inform CT of patient arrival so scan kept empty 3. Review validity of data collection of stroke skilled clinician timing review 4. Increase number of ring-fenced beds to three 5. Do not leave probable strokes on outlier wards waiting until MR, patients to admitted to Benham ward directly 6. Develop pathway to deliver thrombolysis in CT 7. Train all new staff in Stroke Pathway 8. Develop a short user-friendly guide to Thrombolysis and MT 9. Increase delivery of Group therapy sessions 10. Therapy daily planner with nursing staff 11. Encourage all of team (nurses and doctors) to become more involved in talking to patients about their progress and plans and document in EPR 12. Visit other stroke teams for further ideas. ISDN East Midlands Meeting in November to share good practice across East Midlands 13. Formalise vision screening pathway using validated tool (VISA)
National Hip Fracture Database 2024 data	Northampton General Hospital 1. Create ring-fenced trauma orthopaedic beds 2. Protect hip fracture patients from being admitted to outlier wards 3. Improve real-time recording of "arrival → orthopaedic ward" time 4. Recognise hip fracture as a protected frailty pathway comparable to stroke 5. Stabilise cover and implement a weekend mobilisation audit 6. Establish a permanent FLS and standardise the follow-up pathway Kettering General Hospital 1. Recent ward moves have resulted in a change in base ward for T&O patients. Audit to be undertaken to review prompt admission specialist ward to ensure more appropriate admission ward 2. Audit to be developed to find out reasons for delays to surgery and ensure patients are getting mobilised appropriately 3. QI project being started to look at improving bone medication and will include 120 day follow up as the project develops. Will utilise the Post-Op app for follow up
Paediatric Asthma Secondary Care - 2023/24 data	Kettering General Hospital 1. KGH now has a dedicated lead for NRAP clinical leadership and audit support 2. KGH is working on a business case for an asthma nurse, tier 3 asthma training takes place for junior doctors and consultants
Breathing Well respiratory audit report (NRAP)	Kettering General Hospital 1. KGH have a tobacco treatment service where all patients who documented to be smokers are offered treatment and referral, and this is across all patients 2. At KGH all the patients have a self-management plan that is delivered, throughout the patients discharge bundle. This is documented through the NRAP National audit 3. At KGH the pulmonary rehabilitation team see patients within 30 days of their referral 4. A showcase was submitted by the KGH PR team to go to the National body who look after the audit due to their huge improvements 5. CYP case ascertainment to be improved with sustainable measures New Asthma audit lead now in post and will routinely look to enrol junior doctors during each new rotation 6. Explore avenues to ensure parents and/or carers of CYP with Asthma are offered evidence-based treatment and referral for tobacco dependency
UHN - National Audit of Care at the End of Life (NACEL) 2024	University Hospitals of Northamptonshire 1. Reintroduction of role specific mandatory training and education for generalist health care professionals

	- Review use of AMBER (NGH) and agree a common tool across UHN to acknowledge those patients sick enough to die during admission and support medical colleagues to recognise timely recognition of the dying phase - Review use of the Supportive & Palliative Care Indicators Tool, SPICT, (KGH) and agree a common tool across UHN to acknowledge those patients sick enough to die during admission and support medical colleagues to recognise timely recognition of the dying phase - Use Grand round as an opportunity to share practice from EoL Trust wide M&M's - Increase Palliative Medicine PA's at KGH, NGH have already appointed a 2nd Consultant from January 2025 - Consider AHP and Pharmacy leads for palliative and EoL
National Neonatal Audit Programme (NNAP)	Kettering General Hospital - Additional refresher training sessions for Periprem will cover the following topics: FiCare, handling and positioning of preterm babies over 26 weeks, developmental care, Baby-Friendly Initiative (BFI) training and updates, as well as SIMS training - Medical team to complete online training during induction period - Datix report to be reported, if baby has not got a completed PP from maternity - SPC charts reviewed - For doctors to document Infant feeding on the ward round QI project lead (Golden drop) - A4 Questionnaire Proforma to be completed and placed in baby's folder - Training and education of medical staff to use LISA prior to considering ventilation - Parental consultation - Monitor and sustain progress against this compliance - Parental inclusion on ward round: For hybrid ward rounds to be easy to conduct with using iPad for virtual participation. Awaiting access from IT for the iPads to be used for virtual calls on the neonatal unit - Timely ROP screening - Awaiting policy from NGH for OPTOS (Nurse lead ROP screening) - Term admission to the neonatal unit: To continue discussing Term babies at monthly ATAIN meetings - Term admission to neonatal unit: Quarterly reports to be produced and shared with the MDT, any learning identified circulated to the team

The reports of 334 local clinical audits were registered across both Kettering and Northampton sites throughout. 117 of these were fully completed with actions/improvements embedded across the Trust. Examples of actions University Hospitals of Northamptonshire NHS Group intends to take the following actions to improve the quality of healthcare:

Audit	Key Actions (closed)
Analysis of Colonic and Extra-Colonic Findings in CT Colonography	- Ensure documentation pertaining to bowel preparation, IV contrast use, and structured CRADS/E-RADS reporting exists - Consider the use of CTC in patients' potential extra-colonic pathology - Implement a structured reporting checklist to ensure technical and diagnostic elements are addressed
Are we recording a Basic Periodontal Examination (BPE) for Orthodontic New Patients?	- BPE to be recorded for all new patients - Coding chart in each orthodontic surgery for clinician to refer to - Each unit to discuss locally how to add BPE charting to their current new patient assessment proformas - WHO BPE Probe in each examination kit - Education for nursing staff (this is imperative)
Assessment of cervical spine injuries in the stable adult patient as per the NICE guidelines in the Emergency department	- Improve Documentation: Implement structured forms or templates to capture all CCR criteria - Training: Provide education to A&E clinicians on applying the CCR correctly and completely

	3. Promote Guidelines: Make CCR readily available (e.g. laminated copies, embedded in proformas)
GIRFT: Tonsillectomy Day case Audit	1. Standard post op tonsillectomy instructions including SOP pain management leaflet for all tonsillectomies to be available in recovery and post op wards 2. Tonsillectomies should as much as possible be AM list or first on PM list 3. Parent/ patient education preoperatively during ward rounds can reduce readmission rates due to pain 4. 3rd cycle audit compliance of the above in 6 months
Performance Indicators in MIAMI (Minor Injuries and Minor Illness)	1. Improve coordination with inpatient teams to avoid breaches 2. Maintain paediatric streams as they have no effect on MIAMI performance if support is provided 3. Share performance data to foster transparency and improvement 4. Appropriate staffing is crucial to maintain the standards set
Assessing Compliance with Pre-Start Chest X-Ray (CXR) Screening in Patients Initiated on Methotrexate	1. Maintain current practice with aim to reach 100% compliance 2. Review the single non-compliant case to identify contributing factors (e.g. documentation gaps, urgent clinical need, or system oversight) 3. Reinforce awareness among prescribers regarding the mandatory requirement for CXR prior to methotrexate initiation. 4. Continue monitoring CXR turnaround times with a view to improve overall reporting times
Acute Kidney Injury Care Audit in Nye Bevan	1. Increase visibility of the AKI care bundle by allocating a clearly identified space for it on every ward 2. Posters outlining the step-by-step AKI management pathway will be displayed across clinical areas to support consistent practice 3. Regular email reminders to staff highlighting the key components of the care bundle 4. Strengthen awareness, accessibility, and adherence to evidence-based AKI care 5. A dedicated teaching session delivered to staff covering AKI recognition, the full AKI Care Bundle, and KDIGO guidelines 6. During the audit period, Nerve Centre was introduced, and an online AKI bundle was established to support timely identification and standardised management of AKI. To further improve staff awareness and compliance, targeted education needs to be delivered, focusing on: • AKI recognition and escalation • Use of Nerve Centre for AKI alerts • Completion of the online AKI bundle
Audit of surgical management of Glue ear / OME in under 12's	1. Hearing test assessment results are currently only recording the score range and not the Pure Tone Average, which is a NICE guidance recommendation, clinicians need to record the average and not just the range in the documentation 2. OME cases should be recommended for surgery only if PTA in the better-hearing ear is 30dB and above 3. Adjuvant adenoidectomy to be discussed and documented for all OME cases listed for grommet insertion except cases with palatal abnormality and the reason should be documented 4. Review appointments/hearing assessment for post-grommet insertion patients at 6 weeks. The current review period for the Trust is 12 weeks and there are no plans to alter this as this has always been the local policy
Aviation (fitness to fly) advice for patients' post-acute coronary syndrome	1. Poster on fitness to fly guidelines is created and showcase during the audit presentation 2. Inform doctors to write the information on the discharge letter, regular provide aviation advice and write the advice on patient notes 3. Doctors will be informed during weekly Cardiology teaching when the audit is presented

	4. Discharge letters for all patients post-ACS will have a section to add aviation advice 5. Inform discharge admin to include fitness to fly advice on all discharge letter - this will be cross-checked by doctors authorising the discharge letters 6. Display the posters in CCU doctors', registrars' offices, and cardiac centre
Evaluating First Seizure Pathway: Are we compliant with NICE guidelines?	1. Create a detailed protocol with clear timelines for referrals 2. Assign roles and responsibilities to clinicians, administrative staff, and radiology teams 3. Disseminate the protocol during team meetings and via internal communication channels 4. Set up reminders or alerts for outstanding referrals 6. Organize educational sessions to review NICE guidelines for first-seizure management 7. Provide regular updates during clinical governance or departmental meetings 8. Monitor compliance with NICE guidelines and share feedback with clinicians
Switching to Guideline-Based Laxatives and Improving Postnatal Care	1. Improve prescribing of Laxido as the first-line laxative post-caesarean section. Present findings of the audit at the Obstetric M&M meeting 2. Add prescribing sentences for Laxido & remove the Lactulose ones from Nerve Centre on the Anaesthetics Obstetric bundle 3. Hold brief teaching sessions during departmental meetings to reinforce evidence-based practices and change prescribing habits
Term Breech Presentation and External Cephalic Version Re-Audit	1. ECV should be offered to all women with breech presentation, and its counselling advice should be given and documented clearly, likewise clear documentation of its contra-indication also if not offered 2. If a woman declines ECV, - it needs to be documented along with her concerns and should be seen by consultant who perform ECV for further counselling and explanation 3. In case if ECV fails, possible causes identified should be documented clearly 4. If patient underwent LSCS for a failed ECV, to mention if any specific reasons/anomalies identified
Assessment of PAU time compliance according to proposed standards	1. To increase awareness of the standards through departmental presentations (multiprofessional) 2. To allocate more senior medical decision-makers during peak hours (evening/twilight hours): Clinical Director to develop a rota for consultants to cover PAU 9am-5pm for. In process of increasing Consultant numbers to include provision for evening/twilight senior cover via Business cases 3. For dedicated PAU admin staff: Ensure Business case for dedicated PAU admin support to include appropriate working times 4. To re-audit following recommendations and action plans
Head CT - Lens exclusion	1. To focus on improving Radiographer awareness with regular Teaching sessions 2. Adding Poster in the CT rooms to remind the radiographer to exclude the lens from the CT head scans 3. We have added the lens exclusion in the checklist for CT radiographers

Participation in Clinical Research

KGH

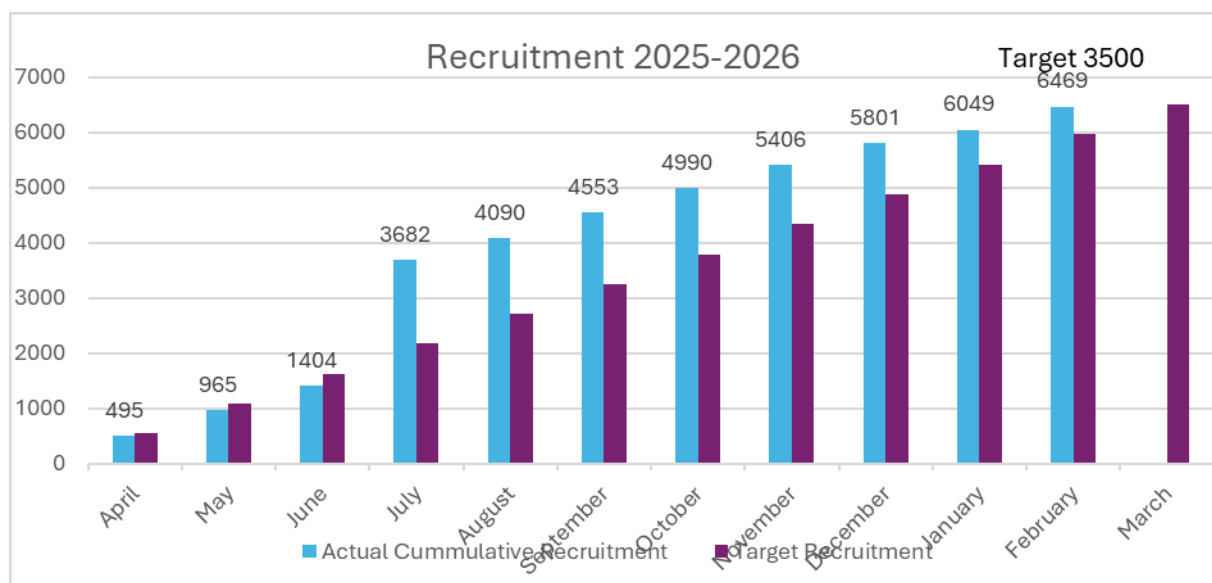
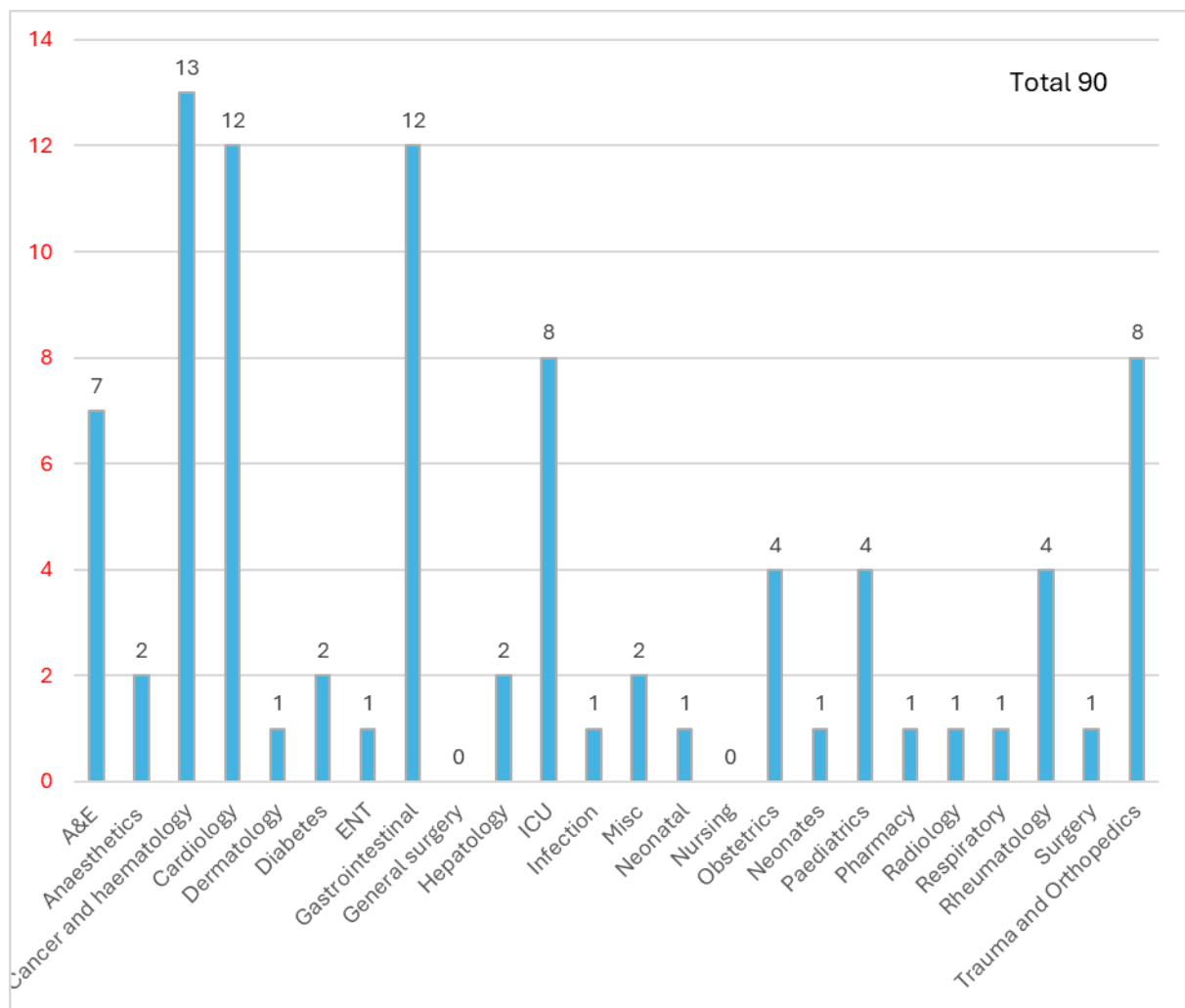
Year 25/26 has been a fruitful year with a total of 90 studies opened and a total of 6469 participants who were enrolled onto clinical trials. An increased engagement with the UHL research team has enhanced our productivity and we have engaged with the CRDC team.

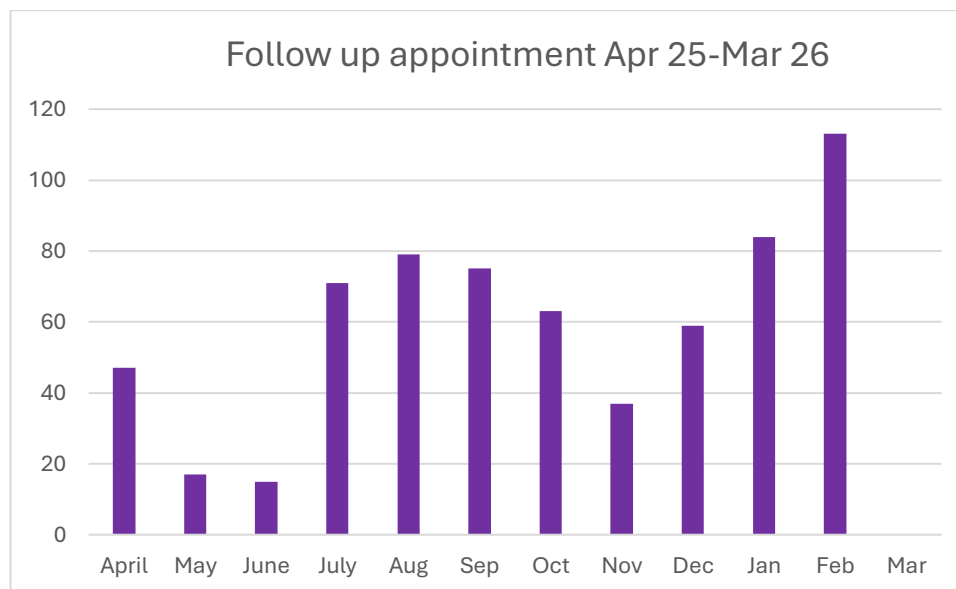
The Commercial Research Delivery Centre (CRDC) programme is a major national initiative established by the National Institute for Health and Care Research (NIHR) to accelerate the set-up, delivery and performance of commercial clinical trials across the NHS. Launched in April 2025, the programme comprises 21 CRDCs across the UK, with a specific remit to enhance the UK's attractiveness as a global destination for life-sciences research. CRDCs are designed to increase capacity and capability for commercial research delivery, improve study set-up times, and extend access to clinical trials beyond large teaching hospitals into district general hospitals and community settings.

The University Hospitals of Leicester NHS Trust (UHL) was selected as one of the original CRDC hosts and leads the NIHR Leicestershire and Northamptonshire CRDC, operating through a formally recognised hub-and-spoke model. Under this model, CRDC-badged studies may be delivered not only at the host trust but also across designated partner organisations ("spoke sites"), enabling decentralised, cross-site delivery and broader population reach. Kettering General Hospital (KGH) is explicitly identified as a CRDC partner organisation within this delivery network and is recognised as a valid site for the conduct of CRDC-supported commercial trials

Since the launch of the CRDC programme, KGH has been working closely and proactively with the CRDC team to strengthen collaborative working arrangements and increase alignment with CRDC processes. As part of this approach, commercial studies entering the CRDC portfolio are routinely assessed for KGH feasibility, with formal decisions on inclusion or exclusion made at the feasibility assessment or Expression of Interest (EOI) stage. Expressions of Interest regularly reference KGH as a potential delivery site, and CRDC guidance and documentation explicitly supports delivery through partner organisations where appropriate clinical capacity and infrastructure exist

While KGH is not currently delivering live CRDC-badged studies, it remains a recognised and eligible CRDC partner site, fully able to open and deliver CRDC trials once agreed through the CRDC governance and feasibility processes. The absence of live CRDC delivery at KGH therefore reflects operational and sequencing factors, rather than eligibility limitations or lack of strategic alignment.



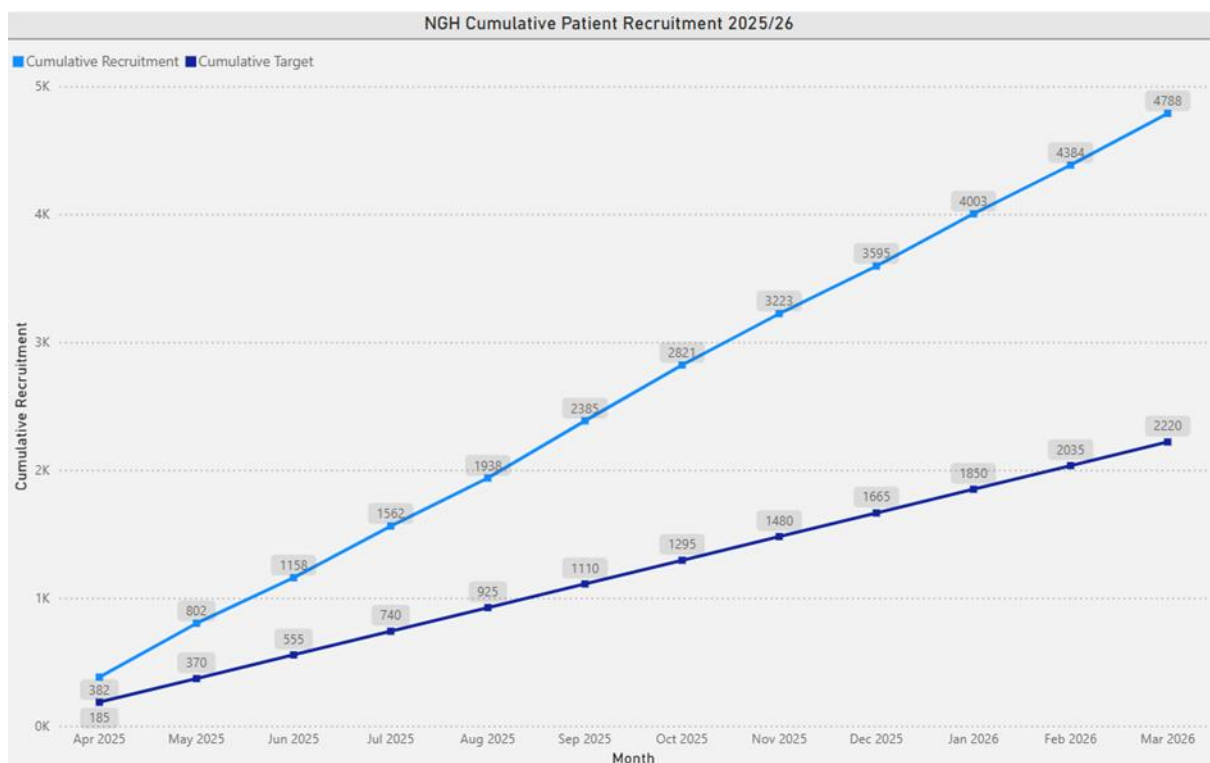
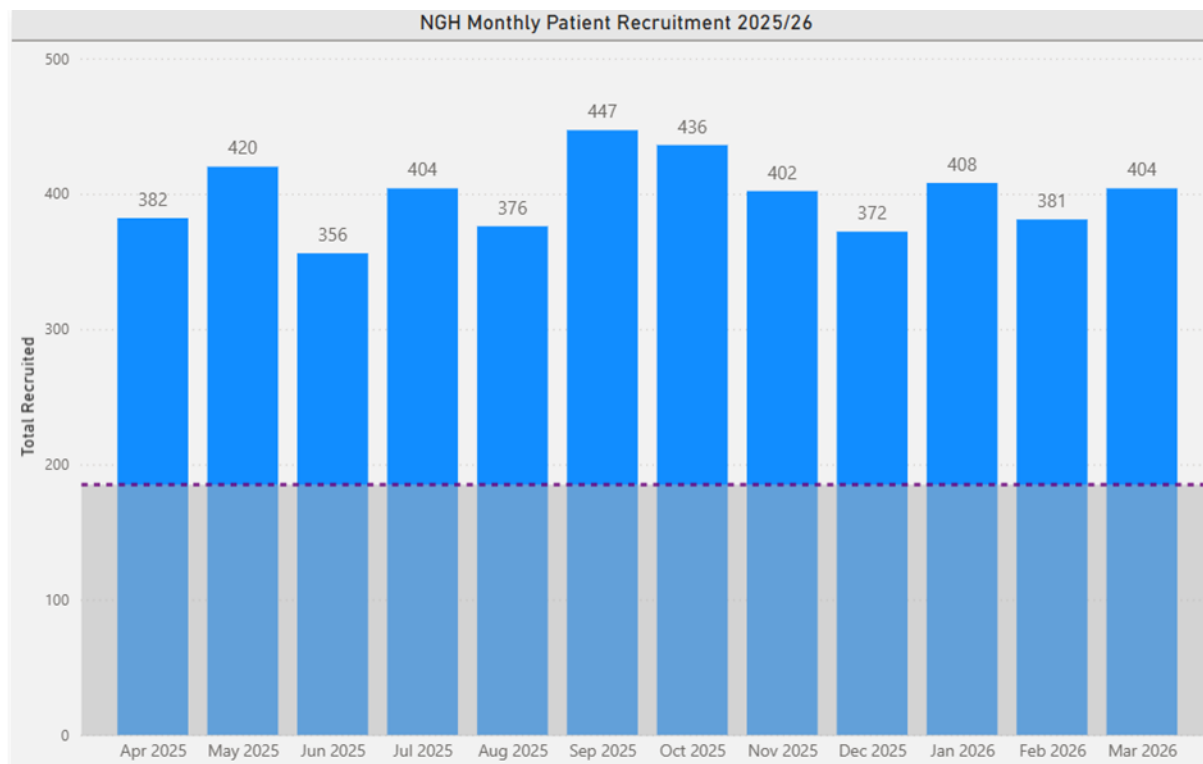


We are actively asking for patients' feedback and below is a representation of some of the feedback from the Pres survey which is facilitated by the NIHR

What was positive about your research experience	
14 Jan 2026	Kept fully informed and not intrusive.
22 Dec 2025	Friendly staff who explained clearly, asked if I had any other questions
20 Dec 2025	The approach and knowledge that it helps others
18 Dec 2025	Knowing that the outcomes will support understanding of bowel cancer
18 Dec 2025	Really nice staff to deal with , very efficient and thorough and really care . Glad I can help
18 Dec 2025	What I was takiing part in was clearly explained to me in person and in documentation. Who wouldn't want to take part inresearch that could benefit us all
18 Dec 2025	Treated nicely and with no issues
17 Dec 2025	The way the staff explained the procedure relaxed me and made me feel very comfortable throughout the whole experience.
1 - 22 / 22 < >	

NGH

At NGH, there has been a significant increase in research participation – 4,789 participants were recruited in 2025/26. A substantial amount of work has been undertaken to improve the processes for Expressions of Interest, Feasibility and Study Set-up. We have also completed a significant amount of work to increase research awareness. The result has been a steady pipeline of studies and continued successes in recruitment. A joint leadership team has been appointed including a UHL/UHN Director of R&I and UHN Director and Deputy Director of R&I. We have plans to increase our portfolio of commercial trials in partnership with the Leicestershire and Northamptonshire Commercial Research Delivery Centre (CRDC). As a spoke of the CRDC, we hope our collaboration will increase opportunities for patients to participate in commercial research and bring income to the Trust which can be invested in further research for the benefit of our patients.



Commissioning for Quality and Innovation (CQUIN) Income

The CQUIN framework supports improvements in the quality of services and the creation of new, improved patterns of care. The mandatory CQUIN scheme is currently paused.

Care Quality Commission (CQC)

KGH and NGH are required to register with the CQC under the Health and Social Care Act 2008.

● KGH CQC

KGH Maternity Services – inspection

An inspection of KGH maternity services was undertaken in September 2025 with PIR submissions to support. A S29A warning notice was issued by CQC, however after quality assurance checks by the CQC no formal report was issued and a further inspection will be undertaken.

Kettering General Hospital NHS Foundation Trust

Kettering General Hospital

**Overall
rating**

Inadequate

**Requires
improvement**

Good

Outstanding

Are services

Safe?

**Requires
improvement**

Effective?

**Requires
improvement**

Caring?

Good

Responsive?

**Requires
improvement**

Well-led?

**Requires
improvement**

The Care Quality Commission is the independent regulator of health and social care in England. You can read our inspection report at <https://www.cqc.org.uk/location/RNQ51>

We would like to hear about your experience of the care you have received, whether good or bad. Call us on 03000 61 61 61, e-mail enquiries@cqc.org.uk, or go to www.cqc.org.uk/share-your-experience-finder

Find out what we have changed since we received this rating from CQC:

Kettering General Hospital NHS Foundation Trust

Kettering General Hospital

**Overall
rating**

Inadequate

**Requires
improvement**

Good

Outstanding

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
Services for children & young people	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
Critical care	Good	Good	Good	Good	Good	Good
Diagnostic imaging	Good	Not rated	Good	Good	Good	Good
End of life care	Good	Requires Improvement	Good	Good	Good	Good
Maternity	Requires Improvement	Good	Good	Good	Requires Improvement	Requires Improvement
Outpatients	Good	Not rated	Good	Good	Good	Good
Surgery	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
Urgent and emergency services	Inadequate	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement

● NGH CQC

NGH Core Services - Urgent and Emergency Care and Medical Services inspection

NGH Medicine and Urgent Care were inspected in February 2025. The initial PIR request required 126 pieces of evidence to support the inspection process and provide assurance for those areas the CQC had wanted to understand.

A section 29A Warning Notice was issued by CQC which focused on patient safety in ED, patient flow, and privacy/dignity. NGH responded to this with a 100-point action plan and supplied on-going evidence for actions taken. A full report on this inspection has been released and actions considered for those areas the CQC deem as must and should do recommendations.

NGH Medical Service – tabletop review

A desk-based Local Assessment Process (LAP) review of Medical Care at NGH in October 2025, following the Section 29A Warning Notice issued in March 2025. The Trust submitted comprehensive evidence demonstrating that all required actions had been completed.

The LAP report confirmed that NGH had met the requirements of the Warning Notice, with significant improvements across patient flow, discharge processes, medicines optimisation, multidisciplinary working, digital infrastructure and governance oversight.

NGH Well Led inspection

A Well-Led assessment took place between 16 and 18 September with initial feedback praising engagement, inclusion networks, international nurse support, and the Fundamentals of Nursing programme – while highlighting the need to further embed governance post-change, strengthen Freedom to Speak Up (FTSU) confidence, improve data reliability, and evidence delivery against financial plans. The assessors also flagged Regulation 19 (Fit and Proper Persons Requirement) evidence gaps at the time of the review (now partly assured with DBS references provided) and invited the Trust to share any further evidence to close residual gaps.

Factual accuracy on the draft report was submitted to the CQC in March 2026 with additional documentation support the comments made by UHN.

NGH Core Services – Critical Care inspection

The CQC inspected critical care and the assessment reviewed the safe and well led domains only and rated them as good. Initial feedback from the inspection in August 2025 was very positive, with discrete sustainability and staffing risks identified. A draft formal report was submitted to UHN with factual accuracy returned to the CQC. A final report has been received:

- In the safe domain the CQC advised critical care had a good learning culture and people and patients could raise concerns. Managers investigated incidents thoroughly. Patients were protected and kept safe. Staff understood and managed risks. The facilities and equipment met the needs of patients, were clean and well-maintained and any risks mitigated. There were enough staff with the right skills, qualifications and experience. Managers made sure staff received training and regular appraisals to maintain high-quality care. Staff managed medicines well.
- For well led critical care leaders and staff had a shared vision and culture based on listening, learning and trust. Critical care local leaders were visible, knowledgeable and supportive, helping staff develop in their roles. There was a culture of continuous improvement with staff given time and resources to try new ideas.

Staff felt supported to give feedback and were treated equally, free from bullying or harassment. Staff understood their roles and responsibilities.

NGH Maternity Services inspection

The CQC undertook an inspection of NGH Maternity services in June 2025 which received positive informal feedback on culture and care; operational risks (equipment, clutter, triage, storage/security) were addressed promptly with evidence submitted.

A recent (March 2026) inspection of NGH Maternity services at NGH was undertaken inspection. Initial positive feedback included:

- That holistic care was at the heart of everything done throughout the service.
- Demonstrable care and compassion were clearly evident in all areas visited.
- The excellent Antenatal Screening and Fetal Medicine service.
- The highly compassionate and expert local leadership.
- Excellent Multidisciplinary Team (MDT) working with a positive culture.
- The highly effective Perinatal Mental Health Midwife service.
- All patient feedback was really positive.
- The holistic approach demonstrated by the Transitional Care Unit.
- Highly effective and efficient midwifery handovers.
- Overall, there was effective risk oversight and risk management.
- The newly launched electronic record system was working well.
- The community midwifery plans for countywide cohesion.
- The immediate action taken by the trust in response to a potential risk issue that we raised. (Some fetal blood sample boxes were out of date, but were not in use, so no risk apparent.)

Northampton General Hospital NHS Trust

Northampton General Hospital

Overall
rating

Inadequate

Requires
improvement

Good

Outstanding

Are services

Safe?

Requires
improvement

Effective?

Caring?

Responsive?

Well-led?

Requires
improvement

The Care Quality Commission is the independent regulator of health and social care in England. You can read our inspection report at www.cqc.org.uk/location/RNS01

We would like to hear about your experience of the care you have received, whether good or bad. Call us on 03000 61 61 61, e-mail enquiries@cqc.org.uk, or go to www.cqc.org.uk/givefeedback

Northampton General Hospital NHS Trust

Northampton General Hospital



	Safe	Effective	Caring	Responsive	Well-led	Overall
Critical Care	Good	Good	Good	Good	Good	Good
Medical Care (including older people's care)	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
Urgent and Emergency Services	Inadequate	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement
Services for children and young people	Good	Good	Good	Good	Good	Good
End of Life Care	Good	Requires improvement	Good	Good	Good	Good
Maternity	Requires improvement	Not rated	Not rated	Not rated	Requires improvement	Requires improvement
Outpatients and Diagnostic Imaging	Good	Not rated	Good	Good	Good	Good
Surgery	Good	Good	Good	Good	Good	Good

For more information and to read the reports, visit www.cqc.org.uk/directory/RNS01

Data Security and Protection Toolkit Attainment Levels

UHN uses an online tool to measure its performance against data security and information governance requirements which reflect legal rules and Department of Health and Social Care policy, this is called the Data Security and Protection Toolkit (DSPT). Each Trust must complete the Toolkit independently; however, the majority of Teams are managed as a Group and therefore the evidence is broadly consistent.

All organisations that have access to NHS patient information must provide assurances that they are practicing good information governance and use the DSP Toolkit to evidence this by the publication of annual assessments. In

September 2024, the DSPT changed to adopt the National Cyber Security Centre's Cyber Assessment Framework (CAF) as its basis for cyber security and information governance assurance.

In 2023 the health and care cyber security strategy committed to adopt the CAF as the principal cyber standard in order to:

- Emphasise good decision-making over compliance, with better understanding and ownership of information risks at the local organisation level, where those risks can most effectively be managed.
- Support a culture of evaluation and improvement, as organisations will need to understand the effectiveness of their practices at meeting the desired outcomes – and expend effort on what works, not what ticks a compliance box.
- Create opportunities for better practice, by prompting and enabling organisations to remain current with new security measures to meet new threats and risks.

The DSPT is split into a number of contributing outcomes, each of which are supported by indicators of good practice grouped into levels of achievement – 'Not Achieved,' 'Partially Achieved' or 'Achieved.'

There are 39 contributing outcomes of the CAF with a further eight contributing outcomes in a custom section on 'using and sharing information appropriately', to ensure that data protection, confidentiality, and other information governance disciplines such as clinical coding are covered, totalling 47 outcomes that we must self-assess our level of compliance against using the indicators of good practice as a guide.

The Data Security and Protection Team work closely with the Digital Team, to ensure a firm focus of Data Security and Protection and Cyber Security at the Trust. The Trust's auditors (TIAA) must complete the Trusts DSPT Audit which is in line with the standard audit criteria for nine nationally agreed outcomes plus three additional Trust chosen outcomes. The DSP Team has engaged fully with the auditors and received a 'standards fully met' outcome at the last audit.

For the 2025 DSP Toolkit submission, five objectives were assessed as not meeting the required standard, resulting in an overall status of Standards Not Met at that time. These related to gaps in asset management (A3.a), identity verification, authentication and authorisation (B2.a), identity and access management (B2.d), understanding data (B3.a), and managing records (E4.a). For each of these outcomes, a time-bound and resourced improvement plan was in place and subsequently reviewed and accepted by NHS England and DHSC, enabling the organisation's status to move to Approaching Standards pending full implementation of the agreed actions. The Trust expects that this will be reduced to one outcome (E4a) for the June 2026 submission.

UHN reported five information governance serious incidents to the Information Commissioner's Office (ICO) in 2025 (compared to four in 2024) all of which have been investigated fully with relevant actions identified and implemented (or planned to be implemented) as appropriate in line with Trust Policy and communications with the ICO.

We continue to develop tools to ensure compliance with General Data Protection Regulation (GDPR), the Data Protection Act and the Freedom of Information Act and have now procured the use of a Policy Management System which can enforce policies and training to relevant staff. We have a Privacy Notice which provides detailed information about how the Trust handles personal data. Furthermore, The Trust is using robust tools to ensure compliance with Data Sharing and Data Protection Impact Assessments which ensure it operates in a clear and transparent manner, with Data Protection by Design and Default at the forefront. We are responding to Subject Access Requests in a much improved and timely manner using a digital portal for patients to receive copies of their records, only a few which breach the one calendar month statutory requirement.

The Data Risk and Governance Board and the Data & Analytics Group meet monthly to ensure the Trust has adequate controls in place with reports presented by Clinical Coding, Health Intelligence, Data Quality, Clinical Safety, Cyber

Security and Data Security and Protection which are scrutinised regularly. The Trust is proud to commit to high expectations for Data Security and Protection and has made excellent progress for a clear culture change towards Data Protection using education and reporting to promote best practice.

Data Quality

UHN has a dedicated Data Quality team that supports the Trust in meeting national data standards set by NHS England. The team works to ensure that data is accurate, reliable, and useful for patient care, service delivery, and reporting.

Data quality is assessed across the following areas:

1. **Timeliness** – data is recorded when it is needed.
2. **Consistency** – data is the same across different systems and reports.
3. **Validity** – data is accurate and follows agreed formats and rules.
4. **Clarity** – data items have clear definitions and meaning.
5. **Level of detail** – data is recorded with enough detail to be useful.
6. **Accuracy** – data is precise enough to support decisions.
7. **Relevance** – data is meaningful and supports how services are managed.

The Data Quality Team regularly reviews reports to identify issues and works with services to correct errors, provide guidance, and highlight where further training is needed. Automated alerts are also in place to flag issues early, helping staff correct errors at the point of entry and improving overall data quality.

The team operates under the Group Head of Health Intelligence and ensures compliance with data protection requirements, including General Data Protection Regulation (GDPR).

Key areas of focus include:

- Reviewing national data submissions and identifying errors
- Monitoring maternity data quality
- Tracking performance against the Data Quality Maturity Index (DQMI)
- Running data checks to make sure only valid and complete data is submitted
- Using alerts to highlight and resolve issues quickly
- Working with operational teams to improve how data is recorded

Data Quality Audit and Assurance

The Trust is developing a structured Data Quality Audit Programme to provide clear assurance about the quality of its data. This programme focuses not only on whether data is complete, but also whether it reflects what happened in practice.

The audit programme includes:

- Regular reviews of key reports and data submissions
- Checks to ensure data meets national standards
- Targeted audits in high-risk or high-priority areas
- National returns, ensuring submissions are complete, accurate, and aligned to national standards set by NHS England.
- Validation of key demographic fields (e.g. NHS number, date of birth, postcode) to improve patient identification, reduce duplication, and support safe and effective care.

As the next step, the Trust is strengthening its approach by checking that recorded activity matches the care that was delivered.

This includes:

- Reviewing patient records to confirm that what has been entered into the system is supported by evidence
- Identifying gaps between what was done and what was recorded
- Feeding back findings to teams to improve how care is documented and recorded
-

This approach helps ensure that data is not only technically correct, but also a true reflection of patient care.

Data Quality Kitemark (STAR Framework)

The Trust is continuing to develop a Data Quality Kitemark (STAR framework) as a way to measure and improve data quality over the next year.

The Kitemark will be introduced gradually, starting with baseline assessments before being rolled out more widely.

The aim is to build a culture where staff understand the importance of recording high-quality data at the right time. Good data supports better patient care, safer services, and more informed decision-making.

The Trust's long-term goal is to have a single, reliable source of information that can be used with confidence across all services.

NHS Number of General Medical Practice (GMP) Code Validity

Valid NHS Numbers		Apr-Dec 2025
KGH	Outpatients	99.9%
	Admitted Patient Care	97.6%
	Emergency Department	99.6%
NGH	Outpatients	100.0%
	Admitted Patient Care	99.9%
	Emergency Department	99.2%
Valid GMP		Apr-Dec 2025
KGH	Outpatients	100.0%
	Admitted Patient Care	99.9%
	Emergency Department	100.0%
NGH	Outpatients	100.0%

	Admitted Patient Care	100.0%
	Emergency Department	100.0%

Clinical Coding Error Rate

Neither KGH nor NGH were subject to the Payment by Results clinical coding audit during 2025/26 by the Audit Commission.

Learning From Deaths

KGH			NGH			
During 2025/26 1357 of Kettering General Hospital patients died at KGH. This comprised the following number of deaths which occurred in each quarter of that reporting period: 330 in the first quarter; 315 in the second quarter; 388 in the third quarter; 324 in the fourth quarter.			During 2025/26 1536 total patients died at NGH. This comprised the following number of deaths which occurred in each quarter of that reporting period: 362 in the first quarter; 352 in the second quarter; 430 in the third quarter; 392 in the fourth quarter.			
Period	Inpatient Deaths		ED Deaths		Total	
	KGH	NGH	KGH	NGH	KGH	NGH
Quarter 1 2025/26	293	340	37	24	330	364
Quarter 2 2025/26	276	301	39	51	315	352
Quarter 3 2025/26	345	371	43	59	388	430
Quarter 4 2025/26	285	329	39	63	324	392
Total	1,199	1,341	158	197	1,347	1,538

Case record reviews and investigations

KGH	NGH
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At KGH by 1 May 2025, 1,357 case record reviews and 23 investigations have been carried out in relation to 1,357 of the deaths included in item 27.1. In 23 cases a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was: • 330 in the first quarter • 315 in the second quarter • 388 in the third quarter • 324 in the fourth quarter	At NGH by 17th April 2026, 1,538 case record reviews and 258 investigations have been carried out in relation to 1,538 of the deaths included in item 27.1. In 258 cases a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was: • 364 in the first quarter • 352 in the second quarter • 430 in the third quarter • 392 in the fourth quarter
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The Medical Examiner (ME) services and Mortality review processes across both Kettering General Hospital and Northampton General Hospital provide assurance of patient safety and quality of care. The North Northants (KGH) and West Northants (NGH) ME services are considered independent to the housing Trust and cover both acute and community deaths as of 9 September 2024. The ME service review all deaths, so therefore 100% of deaths receive a case record review at UHN.

At KGH, “investigations” are defined as the total number of completed Structured Judgement Reviews (SJR).

At NGH, “investigations” are defined as the total number of completed Structured Judgement Reviews (SJR) or an equivalent recognised format of mortality case-note review, such as Perinatal Mortality Review Tool (PMRT) investigations, M&M reviews and completed Patient Safety investigations (PSII, AAR or MDT clinical investigations) which bypassed the SJR referral pathway. Cases with identified concerns of significant patient harm are often referred direct into the Patient Safety Incident Review (PSIRF) pathway.

Period	Number of case record reviews		Number of investigations		More likely than not to have been due to problems in the care	
	KGH	NGH	KGH	NGH	KGH	NGH
Quarter 1 2025/26	330	364	8	84	0	0
Quarter 2 2025/26	315	352	5	58	1	0

Quarter 3 2025/26	388	430	17	77	0	0
Quarter 4 2025/26	324	392	0	39	0	0
Total	1,357	1,538	23	258	1	0

At KGH, “deaths more likely than not due to a problem in care” are determined following an independent MDT panel meeting following the Medical Examiner scrutiny and full Structured Judgement Review. The MDT panel discuss the case in depth with experts from the relevant specialties and then score avoidability individually to come to a consensus decision. All avoidable deaths are then shared with the UHN Incident Review Group (IRG) for further discussion / assurance.

At NGH, “deaths more likely than not due to a problem in care” are determined by the number of Patient Safety Incident Investigations (PSII), graded fatal harm, which upon completion have been agreed at UHN Mortality Review Group to have met these criteria. In any given year, NGH usually has between 0 and 4 total deaths more likely than not due to a problem in care.

KGH	NGH
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One representing 0.07% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient. In relation to each quarter, this consisted of: • zero representing 0% for the first quarter • one representing 0.3% for the second quarter • zero representing 0% for the third quarter • zero representing 0% for the fourth quarter These numbers have been estimated using the Medical Examiner, Structured Judgement and independent MDT panel review approach (as detailed above).	Zero deaths, representing 0% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient. In relation to each quarter, this consisted of: • zero representing 0% for the first quarter • zero representing 0% for the second quarter • zero representing 0% for the third quarter • zero representing 0% for the fourth quarter These numbers have been estimated using the Medical Examiner and Structured Judgement Review (SJR) mortality processes, and, when concerns with care are raised, the Patient Safety Incident Response Framework (PSIRF).
KGH	NGH
Zero case record reviews and zero investigations completed after 1 April 2025 which related to deaths which took place before the start of the reporting period. Zero representing 0% of the patient deaths before the reporting period, are judged to be more likely than not to have been due to problems in the care provided to the patient. This number has been estimated using the Medical Examiner, Structured Judgement and independent MDT panel review approach (as detailed above).	Zero case record reviews and 129 investigations completed after 1 May 2025 which related to deaths which took place before the start of the reporting period. Two representing 0.12% of the patient deaths during the previous reporting period (2024-25), are judged to be more likely than not to have been due to problems in the care provided to the patient. This number has been estimated using the Medical Examiner and Structured Judgement Review (SJR) mortality processes, and, when concerns with care are raised, the Patient Safety Incident Response Framework (PSIRF).

UHN Learning From Deaths

There is now an aligned UHN Clinical Governance which includes Mortality within the wider UHN Patient Safety Team. The group are utilising MaMR (a mortality specific module within AMaT) to support alignment of Medical Examiner outcomes, Structured Judgement Reviews, MDT Panel Discussions and Mortality & Morbidity (M&M) meetings. This work is ongoing and progress is monitored monthly through the UHN Learning from Deaths Group.

A new multi-disciplinary meeting to triangulate between Mortality, Legal Services, Patient Safety and Bereavement was established in 2025/26 (Mortality Review Meeting). This occurs weekly to identify cases of escalation to M&M's, SJRs', MDT Panel Discussions, PSII and IRG, where required and is further supporting the embedding of learning from deaths framework across UHN.

Collaborative working

There is regular mortality representation at the following UHN meetings: Mortality Review Meeting (MRM), Deteriorating Patient Operating Group (DPOG), Patient Safety Group (PSG), UHN Learning from Deaths Group (LFDG) and UHN Incident Review Group (IRG). Mortality also forms part of the countywide panel of the LeDeR steering group, chaired by the ICB.

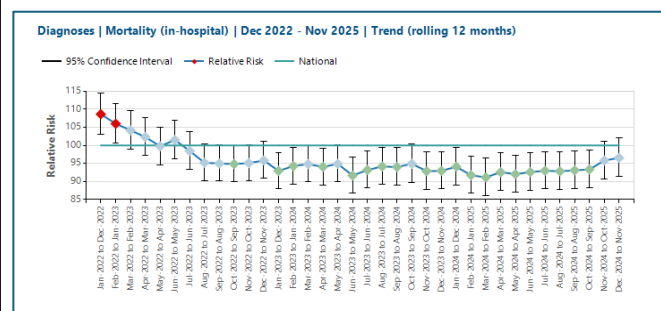
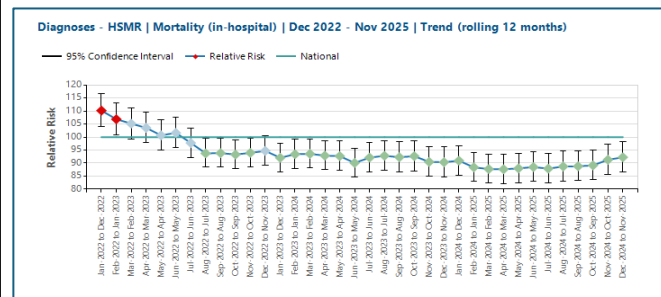
Future Plans

In 2025/26, the team started to support the transition of both the North and West Northants Medical Examiner Offices onto the mortality module (MaMR). This rollout will increase to SJRs, panel discussions and Mortality and Morbidity (M&M) meetings throughout 2026/27 and will allow us to further align our mortality processes, reporting and sharing of learning.

KGH	NGH
Learning from Deaths 1,357 deaths occurred during 2025/26 compared to 1,347 deaths during 2024/25 97% of RIPs throughout 2025/26 had Care graded as 'Excellent' to 'Adequate' 36 SJRs referred for 2025/26 FY 5 cases referred to panel discussion in total, with 4 graded as avoidability score of 6-4	Learning from Deaths The annual thematic review of learning from SJRs for 2024/25 cases was completed in Q2 2025/26 and shared across NGH. This comprised both an overall summary and a detailed divisional sub-analysis. Key Highlights – all NGH cases - Total 332 mortality cases (Investigations, SJRs & M&M reviews) analysed - Total 1,175 learning points, analysed by category & sub-category Thematic learning – summary Excellent & positive learning points – 24% of all M&M feedback

Dr Foster Overview

HSMR, SMR and SHMI figures remain 'below expected' and 'as expected' ranges, with the first significant improvement noted in 2024/25 and has now continued into 2025/26.



Learning Points / Themes

Due to the North Northants Medical Examiner Office moving onto MaMR as of 1st November 2025, learning point and theme categorisation changed as of this point. We therefore have pre and post November-25 data for learning points / themes, with both graphs available below:

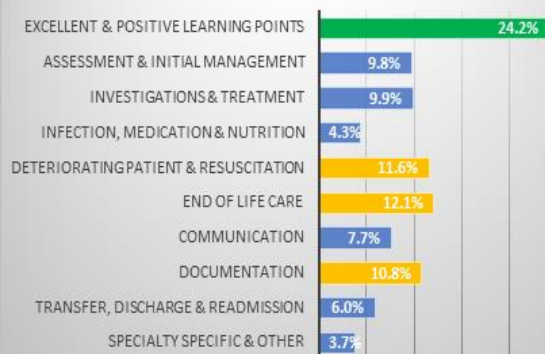
Top overall Improvement Categories (categories with > 10% share of total learning points)

- End of Life Care (12.1%)
- Deteriorating Patient & Resuscitation (11.6%)
- Documentation (10.8%)

Top Improvement Points (occurred in >10% of total cases)

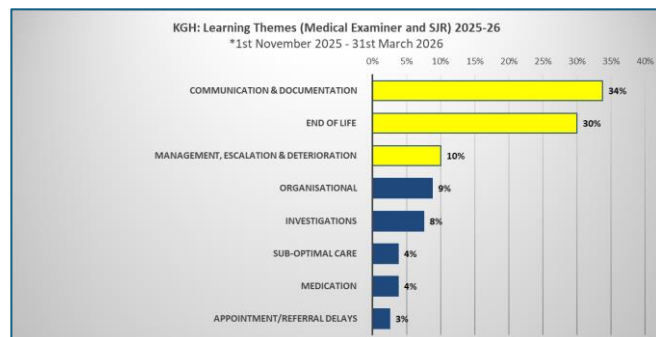
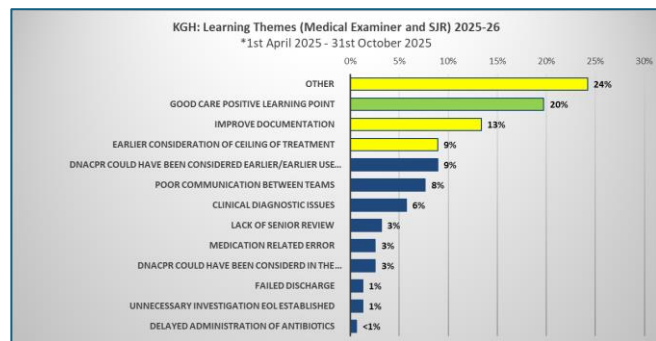
- Delayed recognition of a patient at end of life (12.3%)
- Inadequate completion of admission clerking (10.8%)
- Investigation delay leading to diagnostic delay (9.3%)
- Delay in acting on results or following a guideline or pathway (9.0%)
- Failed discharge and readmission (8.7%)
- Inadequate communication or handover between teams (8.7%)

Thematic Learning from SJR & M&M, 2024-25



Summary of Actions & Impact of Mortality:

Mortality workstreams 2025-26

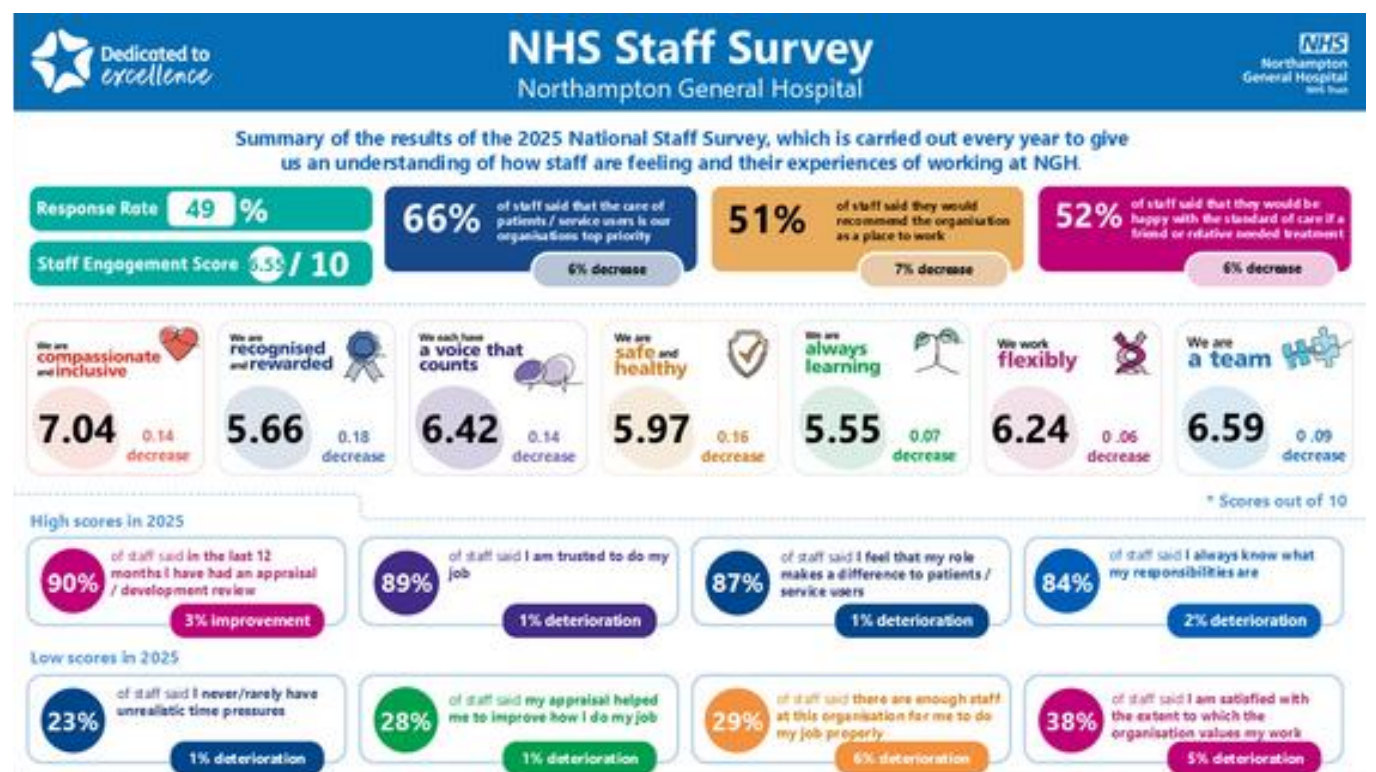


- Underpinning the above themes from 1st November 2025 – 31st March 2026, the highest learning points included: End of Life Care - Hospital (14), Patient Records Documentation (10), Transfer & Discharge (7) and Communication between Clinical Teams (6).
- Divisional learning is included as an Appendix within the monthly and quarterly UHN Mortality Dashboards, identifying learning points by Division.

Area targeted by review	Data source	Work stream/s	Example of actions taken or proposed
Mortality workstream Palliative Care	National Audit of Endof-Life Care (NACEL) NCEPOD End of Life Study	Learning from Deaths Group in conjunction with palliative care team	Presents 2 times a year to Learning from Deaths Group. NACEL 2025 results presented to LFDG in Sep25 & action plan shared.

Staff Survey

The National Staff Survey results for 2025 were published in March 2025 with 5,768 colleagues across UHN taking part. UHN will continue to focus on our values and on developing a compassionate and inclusive culture, to ensure our values are evident in every aspect of life at UHN - from recruitment and training to line management and leadership, to how we speak to one another.



UHN, in response to the survey, will also focus on improving people’s behaviours, increasing psychological and physical safety, supporting staff with their health and wellbeing, and promote a culture of learning and continuous improvement.

Duty of Candour

The Duty of Candour is a legal and ethical obligation for health and social care professionals in the UK to be open, honest, and transparent with service users when things go wrong. It requires notifying patients of incidents causing harm, apologising, providing a true account, and offering support to improve safety and learning.

The Duty of Candour policy has been reviewed and aligned to ensure synergy across University Hospitals of Northamptonshire and ensure staff are aware of the processes and steps to follow in supporting patients, their families and carers following an incident, meeting the requirements for provision of Duty of Candour.

This year we introduced compliance monitoring of Duty of Candour to provide early recognition that harm was caused regardless of fault and being open and transparent at the earliest opportunity.

Management of Complaints

The Trust recognises the effective management of complaints as a key component of its governance and assurance framework, supporting the delivery of safe, high-quality and patient-centred care. Feedback from patients, carers and the public, including complaints, is treated as a critical source of assurance and is systematically used to inform risk identification, service improvement and organisational learning.

A clear and accessible complaints process is in place, supported by established policies and procedures aligned to statutory requirements and national guidance. Complaints are managed through formal investigation by the Complaints Team or through local resolution supported by the Patient Advice and Liaison Service (PALS), ensuring a proportionate, consistent and timely approach.

Robust controls are in place to ensure that all complaints are appropriately recorded, triaged, investigated and responded to within agreed timescales, however, there have been challenges across NGH at times to achieve these. Defined escalation processes support the identification and management of complaints that meet the threshold for serious incidents, safeguarding concerns or potential legal claims. Compliance with these processes is monitored through routine audit and performance reporting.

Clear governance and reporting arrangements provide oversight of complaints management at divisional, executive and Board level. Regular reporting includes analysis of complaint volumes, themes, trends, response timeliness and outcomes, enabling the Board to gain assurance regarding the effectiveness of complaint handling processes and the quality of care provided.

The Trust is committed to embedding the Duty of Candour and promoting a culture of openness, transparency and accountability. Staff are supported through training and guidance to ensure they understand their responsibilities in relation to complaint handling and are empowered to respond effectively and compassionately to concerns raised.

Learning from complaints is systematically captured along with other sources of quality and safety intelligence, including incidents, claims and patient experience data. Action plans arising from complaints are subject to formal monitoring, with progress tracked to completion to ensure that improvements are embedded.

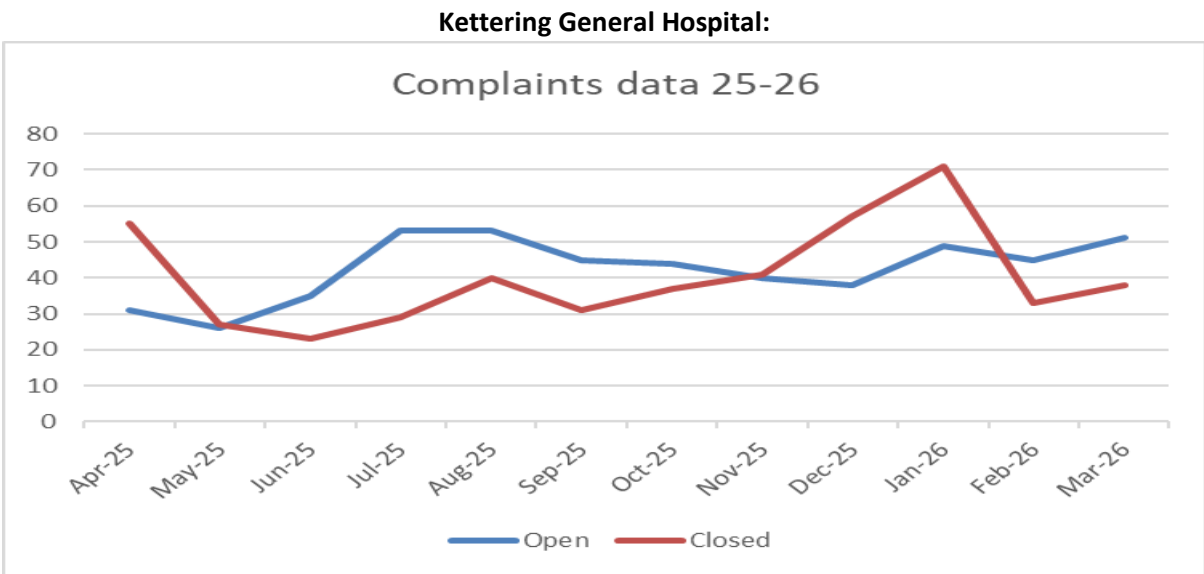
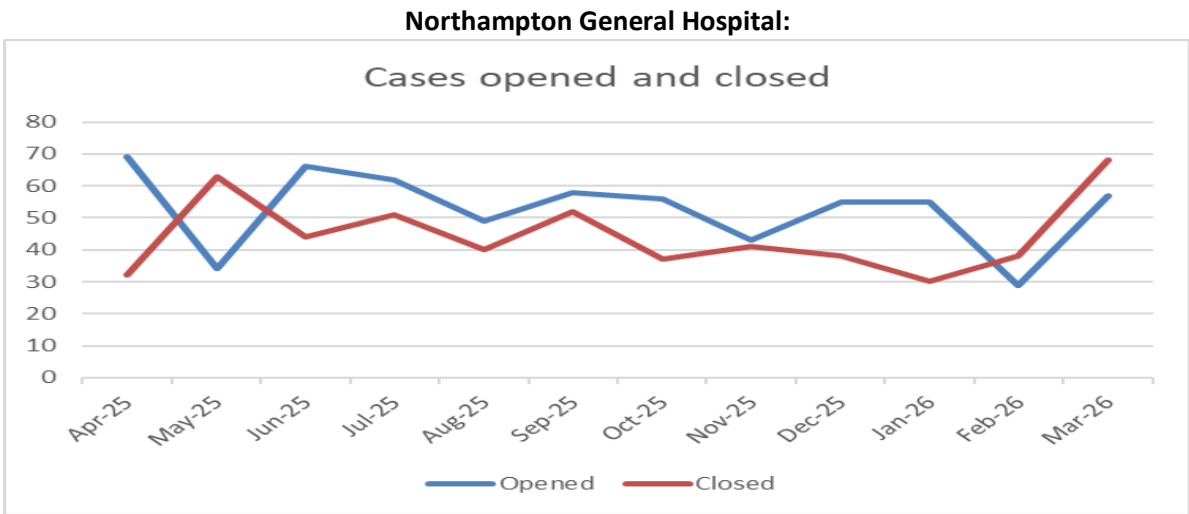
Through these arrangements, the Trust provides assurance to the Board that complaints are managed effectively, risks are identified and mitigated, and that continuous learning is driving measurable improvements in the quality and safety of services.

The information detailed below provides a summary of complaints received and investigated at Northampton General Hospital NHS Trust during 2025-2026:

	NGH	KGH
Total no of complaints for the year 2025/2026	587	510
(Versus 2024/2025)	(515)	(450)
Percentage change from 2023/2024 to 2024/2025	13%* increase	12%* increase
Total number of complaints responded to within 60 days	211	379
Total number of complaints responded to 61 days and above	309	83
Average response rate over the 12-month period	40%	82%

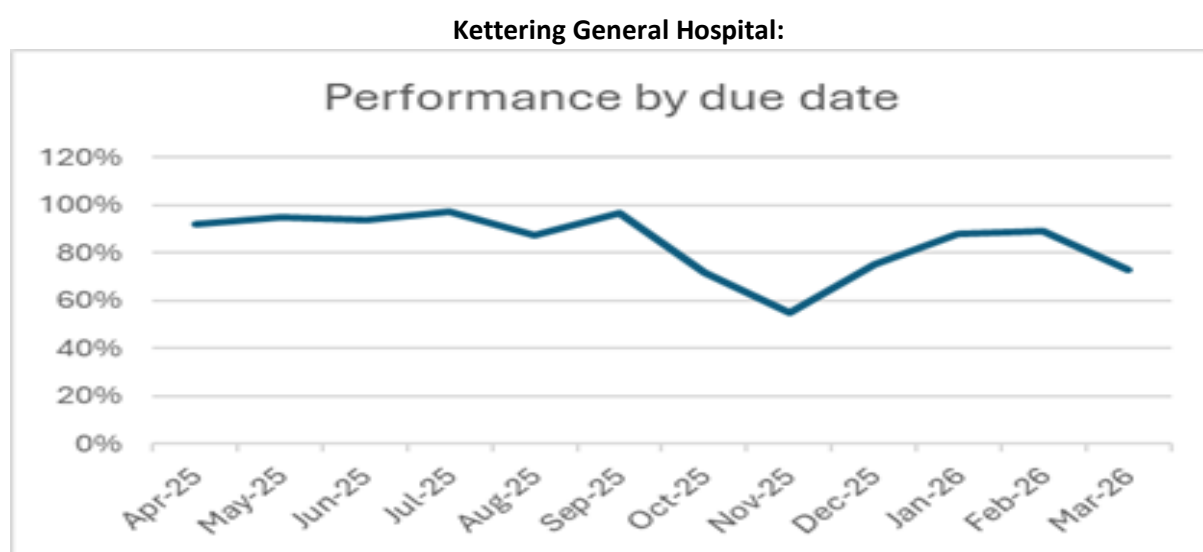
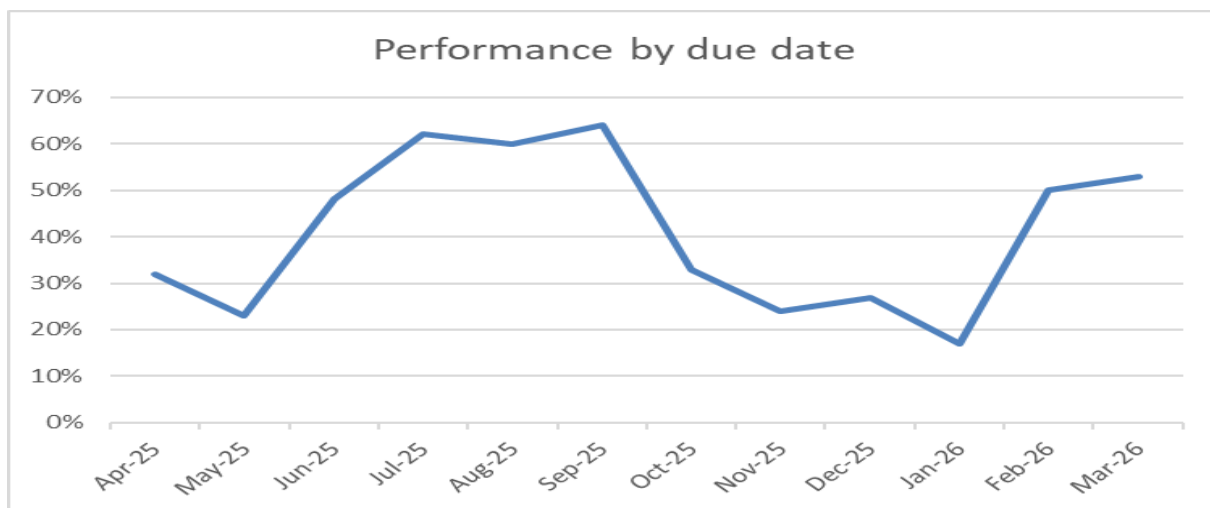
Complaints that were still open at the time that the information was prepared (April 2026)	226	154
Total patient contacts/episodes**	940,621	748,123
Percentage of complaints versus number of patient contacts/episodes	0.06%	0.06%

Graph 1- number of cases open and closed per month 2025/2026



Graph 2- Performance against 60-day target per month 2025/2026

Northampton General Hospital:



Learning from complaints:

All complaints received are subject to a structured investigation aligned to the key lines of enquiry identified by the patient, their family, or representative. As part of this process, learning points are clearly identified and documented within the formal complaint response, alongside agreed outcomes and actions.

These actions are recorded on Datix by the Complaints Team, including defined timeframes for completion and submission of supporting evidence. The standard timeframe for completion is currently three months; however, this may be extended where the identified learning is of greater complexity or significance.

Complaint data is reviewed and analysed through monthly, quarterly, and annual reporting cycles to identify emerging themes and trends. The most frequently reported themes continue to relate to clinical care, communication, delays in appointments and treatment, discharge processes, and waiting times.

While this reporting provides organisational oversight of key issues, further work is underway across University Hospitals Northamptonshire to strengthen and embed a consistent approach to shared learning from complaints.

You Said We Did:

Feedback, whether it is a compliment, concern or complaint helps us understand what it feels like to use our services and where we can do better. Over the year, we listened to what patients, families and carers told us, responded to concerns as quickly and clearly as possible, and used what we learned to improve communication, care processes and discharge planning through the “You said we did” framework. We also shared key themes through our governance and quality improvement teams so that learning leads to action. Taking feedback seriously supports safer care, a better experience, and trust in our hospital. Examples of you said we did, for NGH & KGH are detailed below;

NGH- Surgery and Same Day Escalation Centre (SDEC):

A patient attended the hospital and their relevant clinical information from the GP was not reviewed or acknowledged by the Surgical and SDEC team. Areas identified as learning focused on improving communication to the relevant teams and ensuring documentation from community partners are considered within clinical assessments.

- **Learning:** - Improved communication for the teams involved, ensuring review of documentation is completed.
- **Action:** - Discussed and reviewed with nursing and medical teams as part of the learning from the complaint

KGH – Medicine complaint:

A patient was admitted and became very unwell and had Sepsis. A complaint meeting took place with the Sepsis Medical Lead, and some of the symptoms for Sepsis were similar to the patients underlying cancer diagnosis. The patient was not recognised as deteriorating and this learning was picked up through the complaint.

- **Learning:** - Deteriorating patient and Sepsis Training
- **Action:** - Training arranged and audit show deteriorating patient competency achieved and Sepsis Screening
- **Action:** - Deteriorating Patient Simulation Training, completed.

What's next:

- Overdue meetings with leads (any cases over 60 days) started at NGH and ongoing at KGH.
- Weekly divisional meetings between key divisional leads and complaints to be arranged.
- Streamlining templates across UHN.
- Aligning processes across UHN following restructure and KGH/NGH teams merged.
- Create a single UHN complaints leaflet.
- Streamline learning and actions and consider reviewing this alongside other specialties, i.e. clinical governance and patient safety.
- Focus on responding within set timeframes and no cases to exceed 120 days.
- Introduce Non-Executive Director independent complaints review process for a set number of complaints per quarter.

Statements of Assurance for Selected Core Indicators

Information to the data for the indicators below, based on recommendations by the National Quality Board, have been sourced from data made available by NHS Digital.

Domain 1 – Preventing people from dying prematurely.

Domain 2 – Enhancing quality of life for people with long term conditions.

Summary Hospital-Level Mortality Indicator (SHMI) – (value and banding of the SHMI)

Period	KGH Value	KGH Banding	NGH Value	NGH Banding	National Average	National High	National Low
Oct 24 – Sep 25	96	2	99	2	100	134	72
Oct 23 – Sep 24	100	2	94	2	100	131	70
Oct 22 – Sep 23	107	2	86	2	100	120	72
Oct 21 – Sep 22	108	2	90	2	100	123	64

Oct 20 – Sep 21	110	2	93	2	100	119	71
Oct 19 – Sep 20	100	2	101	2	100	117	68
Oct 18 – Sep 19	108	2	97	2	100	118	69
Oct 17 – Sep 18	108	2	104	2	100	127	69
Oct 16 – Sep 17	109	2	97	2	100	125	73
Oct 15 – Sep 16	105	2	95	2	100	116	69
Oct 14 – Sep 15	105	2	102	2	100	117	65
Oct 13 – Sep 14	98	2	98	2	100	119	59

*SHMI banding:

- SHMI Banding = 1 indicates that the trust's mortality rate is 'higher than expected'
- SHMI Banding = 2 indicates that the trust's mortality rate is 'as expected'
- SHMI Banding = 3 indicates that the trust's mortality rate is 'lower than expected'

Both KGH and NGH have 'as expected' SHMI for the period October 2024 to September 2025 as demonstrated in the table above. The Trusts has taken the following actions to improve this rate and quality of its services; regularly analysing mortality data and undertaking regular morbidity and mortality meetings to share learning across UHN.

Palliative Care Coding – (percentage of patient deaths with palliative care coded at either diagnosis or specialty level)

Period	KGH	NGH	National Average	National High	National Low
Oct 24 – Sep 25					
Oct 23 – Sep 24	50.0%	54.0%	44.5%	67.0%	17.0%
Oct 22 – Sep 23	44.0%	54.0%	42.0%	66.0%	15.0%
Oct 21 – Sep 22	49.0%	53.0%	40.0%	65.0%	12.0%
Oct 20 – Sep 21	47.0%	42.0%	39.4%	63.0%	12.0%
Oct 19 – Sep 20	43.0%	40.0%	36.5%	60.0%	8.0%
Oct 18 – Sep 19	32.0%	41.0%	36.0%	59.0%	12.0%
Oct 17 – Sep 18	27.1%	40.8%	31.1%	64.0%	10.7%
Oct 16 – Sep 17	30.1%	41.1%	31.6%	59.8%	11.5%
Oct 15 – Sep 16	21.5%	36.6%	29.7%	56.3%	0.4%
Oct 14 – Sep 15	26.8%	25.9%	26.6%	53.5%	0.2%
Oct 13 – Sep 14	24.9%	24.9%	25.32	49.4%	0.0%

UHN has taken the following action to improve the rates, and the quality of its services by further developing the work undertaken in theatres.

Emergency re-admissions to hospital within 30 days of discharge - percentage of patients readmitted to hospital which forms part of the trust within 30 days of being discharged from a hospital which forms part of the trust)

The indicators have been updated with no change to the existing methodology and published in February 2021.

Period	KGH Indicator Value	NGH Indicator Value	Indicator Value National Average (all providers)	Indicator Value National High (all providers)	Indicator Value National Low (all providers)
Patients aged <16					
2024/25	9.8	12	12.3	48.1	1.2
2023/24	8.7	12.7	12.8	69.1	1.6
2022/23	10.3	12.9	12.8	37.7	3.7
2021/22	9.9	13.4	12.5	46.9	3.3
2020/21	9.3	12.1	12.4	64.4	2.8
2019/20	10.7	13.7	12.5	56.7	2.2
2018/19	11.9	14.9	12.5	69.2	1.8
2017/18	11.4	13.6	11.9	32.9	1.3
2016/17	11.9	14.7	11.6	68.4	2.7
2015/16	10.7	13.6	11.5	80.5	2.6
2014/15	11.0	14.8	11.4	52.7	1.2
2013/14	11.2	14.8	11.3	136.8	4.2

Period	KGH Indicator Value	NGH Indicator Value	Indicator Value National Average (all providers)	Indicator Value National High (all providers)	Indicator Value National Low (all providers)
Patients aged 16+					
2024/25	12.1	15.2	13.7	40.3	0.6
2023/24	11.9	15.1	11.8	99.6	1.7
2022/23	12.1	14.9	11.7	46.8	2.5
2021/22	12.1	15.6	12.0	110.1	1.5
2020/21	12.9	16.3	13.0	112.0	1.0
2019/20	12.5	15.6	11.9	34.0	1.9

2018/19	13.0	15.4	12.1	57.2	2.1
2017/18	13.1	14.6	12.8	488.8	2.2
2016/17	13.6	14.6	12.5	178.5	0.8
2015/16	12.5	13.8	11.2	109.5	1.9
2014/15	13.2	13.4	11.2	170.1	2.4
2013/14	11.8	12.4	10.3	29.1	1.7

Domain 4 – Ensuring that people have a positive experience of care

Responsiveness to the personal needs of patients

Following the merger of NHS Digital and NHS England on 1st February 2023 they are reviewing the future presentation of the NHS Outcomes Framework indicators. As part of this review, the annual publication has been delayed.

Period	KGH Indicator Value	NGH Indicator Value	Indicator Value National Average	Indicator Value National High	Indicator Value National Low
2023/24	N/A	N/A	N/A	N/A	N/A
2022/23	N/A	N/A	N/A	N/A	N/A
2021/22	N/A	N/A	N/A	N/A	N/A
2020/21	N/A	N/A	N/A	N/A	N/A
2019/20 (Hospital stay: 01/07/2019 to 31/07/2019; Survey collected 01/08/2020 to 31/01/2020)	63.3%	61.7%	67.1%	84.2%	59.5%
2018/19 (Hospital stay: 01/07/2018 to 31/07/2018; Survey collected 01/08/2018 to 31/01/2019)	65.3%	64.0%	67.2%	85.0%	58.9%
2017/18 (Hospital stay: 01/07/2017 to 31/07/2017; Survey collected 01/08/2017 to 31/01/2018)	66.3%	65.1%	68.6%	85.0%	60.5%
2016/17 (Hospital stay: 01/07/2017 to 31/07/2017; Survey collected 01/08/2017 to 31/01/2018)	64.4%	61.1%	68.1%	85.2%	60.0%
2015/16 (Hospital stay: 01/07/2017 to 31/07/2017; Survey collected 01/08/2017 to 31/01/2018)	64.4%	65.5%	69.6%	86.2%	58.9%

2014/15 (Hospital stay: 01/07/2017 to 31/07/2017; Survey collected 01/08/2017 to 31/01/2018)	64.5%	66.5%	68.9%	86.1%	59.1%
2013/14 (Hospital stay: 01/07/2017 to 31/07/2017; Survey collected 01/08/2017 to 31/01/2018)	66.0%	68.6%	68.7%	84.2%	54.4%

N.B. - Where N/A is stated, this information has not been made available by NHS Digital at the time of publication.

UHN continues to review patient experience and build on the work currently being undertaken across the Trust.

Staff who would recommend the trust to their family or friend

- 2023 & 2024: percentage of staff selecting Agree or Strongly Agree out of those who answered the question (question 25d) - If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.
- 2021 & 2022: percentage of staff selecting Agree or Strongly Agree for question 23d - If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.
- 2015-2020: percentage of staff employed by, or under contract to, the Trust who would recommend the Trust as a provider of care to their family or friends)

Period	KGH	NGH	National Average	National High	National Low
2025	48.59% (Acute and Acute & Community Trusts)	51.92 (Acute and Acute & Community Trusts)	60.74% (Acute and Acute & Community Trusts)	88.41% (Acute and Acute & Community Trusts)	34.73% (Acute and Acute & Community Trusts)
2024	45.7% (Acute and Acute & Community Trusts)	57.7% (Acute and Acute & Community Trusts)	62.4% (Acute and Acute & Community Trusts)	89.5% (Acute and Acute & Community Trusts)	39.7% (Acute and Acute & Community Trusts)
2023	45.8% (Acute and Acute & Community Trusts)	58.4% (Acute and Acute & Community Trusts)	63.3% (Acute and Acute & Community Trusts)	88.8% (Acute and Acute & Community Trusts)	44.3% (Acute and Acute & Community Trusts)
2022	48.4% (Acute and Acute & Community Trusts)	54.6% (Acute and Acute & Community Trusts)	61.2% (Acute and Acute & Community Trusts)	86.4% (Acute and Acute & Community Trusts)	39.2% (Acute and Acute & Community Trusts)
2021	55.2% (Acute and Acute & Community Trusts)	61.6% (Acute and Acute & Community Trusts)	66.5% (Acute and Acute & Community Trusts)	89.4% (Acute and Acute & Community Trusts)	43.5% (Acute and Acute & Community Trusts)
2020	69.5% (Acute and Acute & Community Trusts)	72.0% (Acute and Acute & Community Trusts)	73.0% (Acute and Acute & Community Trusts)	92.0% (Acute and Acute & Community Trusts)	50.0% (Acute and Acute & Community Trusts)

Data from December 2020 onwards reflects feedback collected during the COVID-19 pandemic, while, also, implementing the new guidance after a long period of suspension of FFT data submission. The number of responses collected is, therefore, likely to have been affected. Some services may have collected fewer FFT responses, or been unable to collect responses at all, because of arrangements in place to care for COVID-19 patients.

UHN are reviewing the scores in order to improve the rates, and so the quality of its services. The data are being fed through divisional structures with the aim to join it with patient experience. The trust aims to increase staff engagement and hope to develop a triangulation between performance, experience and engagement.

Friends and Family Test (FFT) – Patient - (percentage recommended)

Data submission and publication for the FFT restarted for acute and community providers from December 2020, following the pause during the response to COVID-19.

Data from December 2020 onwards reflects feedback collected during the COVID-19 pandemic, while, also, implementing the new guidance after a prolonged period of suspension of FFT data submission. The number of responses collected is, therefore, likely to have been affected. Some services may have collected fewer FFT responses, or been unable to collect responses at all, because of arrangements in place to care for COVID-19 patients. The data is only published per month and not as a full year equivalent.

Domain 5 – Treating and caring for people in a safe environment and protecting them from avoidable harm.

Venous Thromboembolism (VTE) – (percentage of patients who were admitted to hospital and who were risk assessed, for venous thromboembolism)

Period	KGH	NGH	National Average (Acute Trusts)	National High (Acute Trusts)	National Low (Acute Trusts)
Q3 24/25 to Q1 24/25	KGH and NGH have submitted monthly data, however, as data is taken from a sample audit NHS England have not published it				
Q4 23/24 to Q4 19/20	Data collection/publication suspended due to Covid-19				
Q3 19/20	99.14%	95.00%	95.33%	100.0%	71.59%
Q2 19/20	99.07%	95.25%	95.47%	100.0%	71.72%
Q1 19/20	99.00%	95.34%	95.63%	100.0%	69.76%
Q4 18/19	99.59%	95.10%	95.71%	100.0%	74.03%
Q3 18/19	99.63%	95.45%	95.66%	100.0%	54.86%
Q2 18/19	99.49%	94.95%	95.53%	100.0%	68.67%
Q1 18/19	99.25%	90.98%	95.67%	100.0%	75.84%
Q4 17/18	98.24%	96.61%	95.23%	100.0%	67.04%
Q3 17/18	99.03%	95.92%	95.36%	100.0%	76.08%
Q2 17/18	99.09%	94.84%	95.25%	100%	71.88%
Q1 17/18	99.19%	95.56%	95.21%	100%	51.38%
Q4 16/17	99.06%	95.90%	95.50%	100%	63.02%
Q3 16/17	99.07%	95.87%	95.62%	100%	76.48%
Q2 16/17	99.13%	95.25%	95.52%	100%	72.14%
Q1 16/17	99.45%	94.10%	95.74%	100%	80.61%
Q4 15/16	99.30%	95.20%	96.00%	100%	79.23%

Rate of Clostridium difficile (C.Diff) infection - (rate per 100,000 bed days of cases of C.Diff infection, reported within the Trust amongst patients aged 2 or over)

Clostridium Difficile allocation criteria in accordance with: Clostridium Difficile infection objectives for NHS organisations in 2020/21, changes to criteria commenced in April 2019 as below.

- HOHA: Hospital onset Healthcare associated: cases that are detected in the hospital three or more days after admission.
- COHA: Community onset Healthcare associated: cases that occur in the community when the patient was most recently discharged from the same reporting trust the previous 28 days.
- COIA: Community onset indeterminate association: cases that occur in the community when the patient has been an inpatient in the trust reporting the case between 29 and 84 days prior to the specimen date (not relevant to NGH)
- COCA: Community onset community associated: cases that occur in the community when the patient has not been an inpatient in the trust reporting the case in the previous 84 days (not relevant to NGH)

HOHA	KGH Indicator Value	NGH Indicator Value	Indicator Value National Average	Indicator Value National High	Indicator Value National Low
2023/24	7.7	28.5	20.9	63.1	0
2022/23	11.1	25.3	20.6	76.6	0
2021/22	15.3	19.8	18.9	59.0	0
2020/21	15.6	14.6	18.5	80.6	0
HOHA	KGH Indicator Value	NGH Indicator Value	Indicator Value National Average	Indicator Value National High	Indicator Value National Low
2023/24	6.8	9.2	7.0	33.4	0
2022/23	5.5	6.5	6.3	33.6	0
2021/22	6.5	3.5	6.7	22.0	0
2020/21	6.3	3.6	7.2	32.8	0

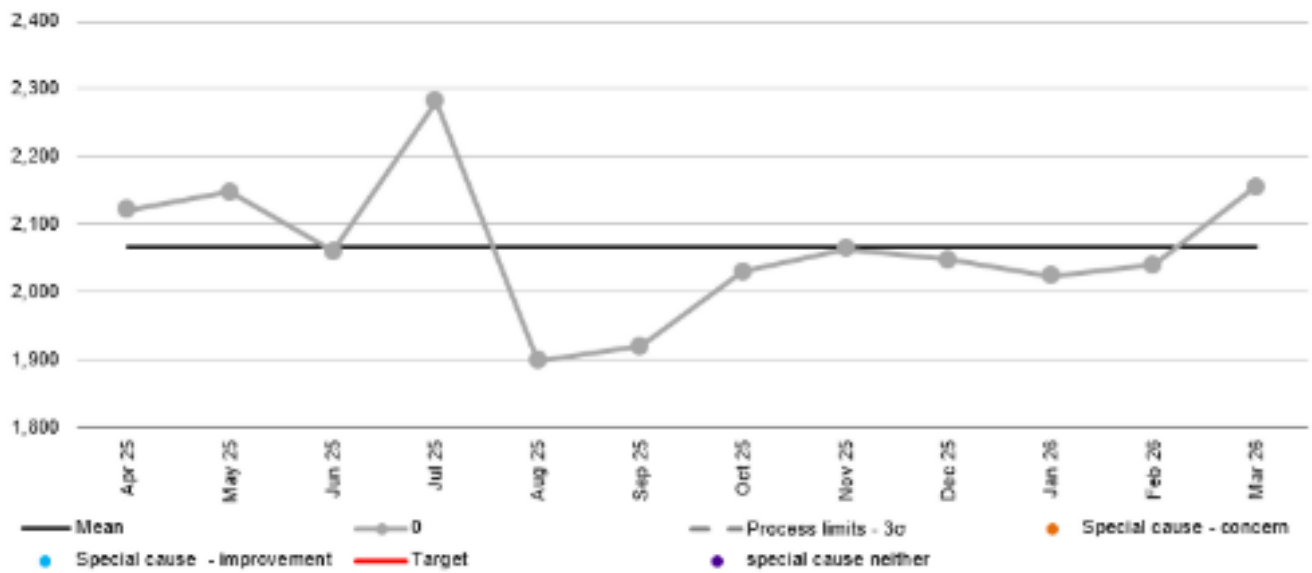
No data has been made available for COIA and COCA.

Patient Safety

Due to the introduction of PSIRF it is now not possible for like for like comparisons of data especially due to the changing requirements of incident reporting systems and the change in terminology and recording requirements.

In place of this we have included data our internal report.

Number of Patient Safety Incidents Reported - UHN Total starting 01/04/25



Part 3

Review of Quality Performance



Our 2025/26 Priorities and Deliverables

- The UHN board agreed a set of priorities for the organisation in 2025/26. Underneath these priorities are a set of ten deliverables which drive the achievement of our priorities.

Our priorities					
 Transform patient care		 Strengthen our culture		 Deliver our financial plan	
Our deliverables	Deliver national access targets in planned care and transform pathways with system partners to safely reduce the number of people accessing urgent and emergency care (UEC)	Deliver our quality priorities, including PSIRF and the perinatal safety programme	Take action on the 2024 staff survey feedback, and deliver our People Plan prioritised actions for 2025, including tackling bullying, discrimination, and harassment	Deliver major digital change, including the new EPR, aligning clinical systems across UHN and exploring automation of corporate systems	Go further in integrating clinical and corporate services across UHN, delivering seamless pathways and improving safety and outcomes for our patients
	Develop our collaborative model with UHL, improving productivity and creating joint plans for clinical and corporate services where appropriate	Accelerate work to integrate patient care, removing barriers between secondary, community and primary care services	Deliver our workforce plan as a key component of financial plan delivery	Increase our research and trial activities by 10%	Foster a learning culture, rolling out our 'Improving Together' continuous improvement methodology and giving teams the tools to improve care, experience and productivity
Our programmes	Elective care & UEC	PSIRF & peri-natal safety	People plan	One Digital Strategy	UHN integration
	UHL collaboration	Clinical collaboration	Workforce plan	Research & development	'Improving together'

Transform Patient Care – Our key metrics

AIM

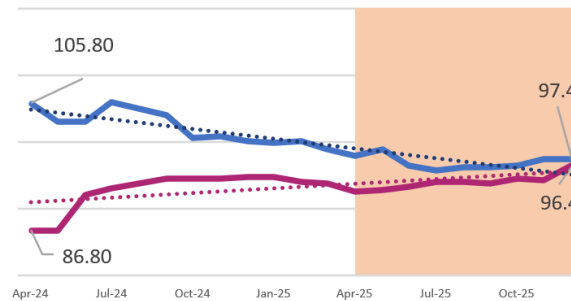
MEASURES

WHAT DOES THIS TELL US

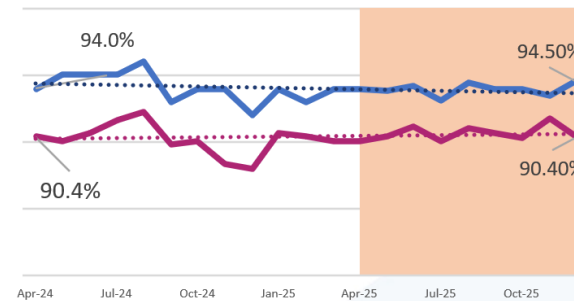
Transform patient care

Key
— KGH
— NGH
— UHN

Mortality indicator - SHMI

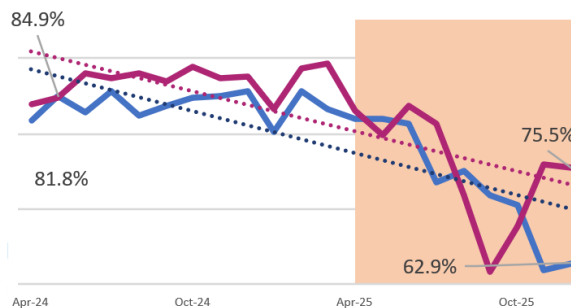


Patient experience

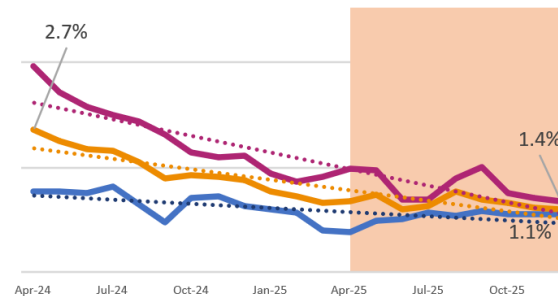


- Positive improvements in mortality in KGH, with both Trusts within expected range
- Steady experience for our patients, with experience maintained going into December

Cancer Faster Diagnosis Standard



Patients waiting more than 52 weeks for planned care



- Challenges in Cancer Faster Diagnosis Standard through autumn, particularly relating to Skin, Breast and Gynae
- Positive progress in reducing waits for our longest waiting elective care patients, and equalising waiting lists across UHN

Strengthen Our Culture – Our key metrics

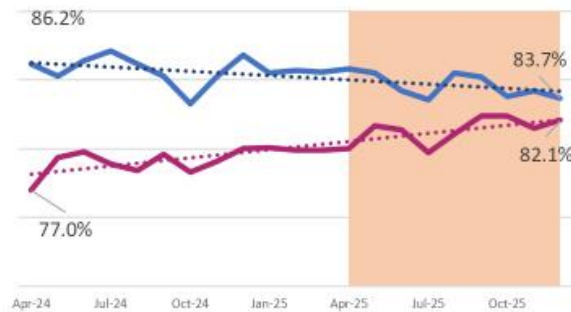
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MEASURES

WHAT DOES THIS TELL US

Strengthen our culture

Appraisal rate

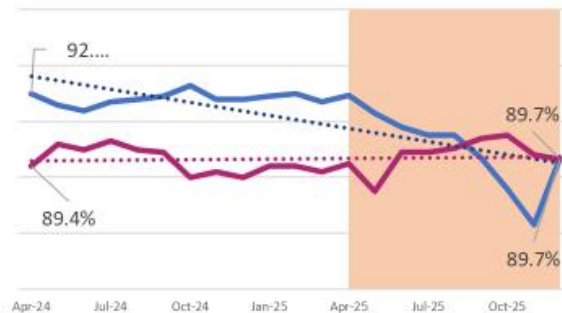


Turnover rate



- Positive improvements in appraisals in NGH through the year
- Stabilisation of turnover in Q3, following a Q1/Q2 increase in turnover, partially impacted by the MARS scheme

Mandatory Training compliance



Sickness Absence rate



- Both sites' mandatory training remains above target despite fluctuating performance post-national mandatory training update
- Low sickness rates over summer increasing in line with seasonality

Key
— KGH
— NGH
— UHN

Deliver Our Financial Plan – Our key metrics

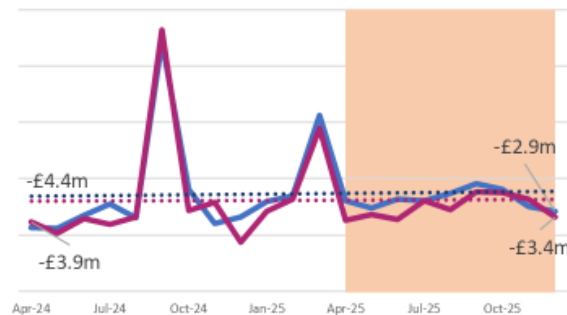
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MEASURES

WHAT DOES THIS TELL US

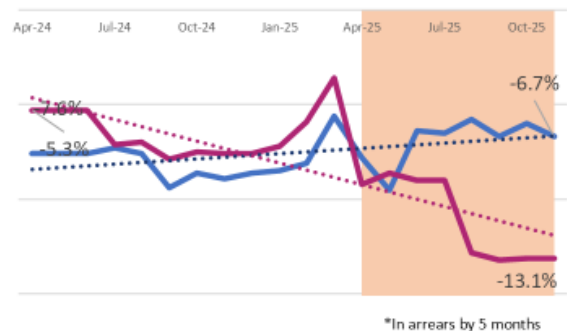
Deliver our financial plan

Income & Expenditure surplus / deficit



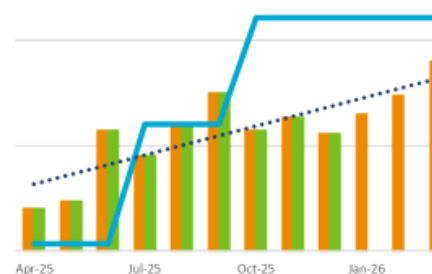
- Positive delivery through Q1 & Q2 for financial performance, with a deterioration as the efficiency programme phasing kicks in in Q3

Acute Implied Productivity since 19/20



*In arrears by 5 months

CIP Delivery



- Costs have reduced in both hospitals, but a greater reduction in activity delivered in NGH is impacting on productivity
- Strong Q1 & 2 delivery on efficiencies against target, with delivery maintained in Q3 and forecast to increase in Q4, but remaining below the increase phasing of the target in H2

Key
KGH
NGH
UHN

Progress against the deliverables

Deliverable	Progress
Deliver national access targets in planned care and transform pathways with system partners to safely reduce the number of people accessing urgent and emergency care (UEC)	- Opened a new Rapid Assessment Unit at NGH to support ambulance handovers and ED flow. KGH have reduced average handover time by 47 minutes and NGH by 53 minutes in December compared to last year, which is a 4,400 minute improvement in lost hours for the system - Continued strong performance on 52 weeks, working collaboratively across UHN to reduce our longest waiting patients with around 1,400 patients transferred between KGH and NGH to support long-wait performance, improving equity in long waits across the county - Encouraging early signs of improvement giving assurance that action plans put in place to recover from the dip in cancer performance in the Autumn are effective and having an impact, with an improvement of 4% in November Zero 65 week waits from September to December 2025 and ongoing risk limited to Spinal (1 in January)
Deliver our quality priorities including PSIRF and the perinatal safety programme	- KGH's HSMR and SMR metrics remain 'below expected' vs the National average. SHMI remains 'as expected' and below the 100 national average. NGH's HSMR, SMR and SHMI are stable in the 'as expected' range - Developed and approved the UHN Quality Strategy, focusing on four key goals to improve patient experience, outcomes and equity - Continued focus on quality within ED, with a new Quality & Safety Group within ED (twice monthly) to focus on quality issues within the department, review audit findings and formulate improvement actions and improved oversight of key quality metrics in ED Improvements in the management of sepsis in paediatrics in KGH, with screening on admission consistently above 90%, and no cases of antibiotic administration beyond 60 minutes from June – December, with previous delays being eliminated through process mapping, rapid PDSA cycles and safety huddles

	Through participation in the TASC2 national quality improvement collaborative, UHN contributed to a 65% improvement in hyperacute stroke care outcomes across cohort 2, reducing door-to-needle times by over 12 minutes, improving SSNAP metrics and patient outcomes
Take action on the 2024 staff survey feedback, and deliver our People Plan prioritised actions for 2025, including tackling bullying, discrimination, and harassment	- Delivery of significant strands of our culture improvement work including a comprehensive leadership development offer which has had over 700 graduates to date, and the development and launch of the Health and Wellbeing strategy - Co-produced with colleagues our Belonging Strategy, which was launched in the autumn to support inclusion in our organisation, alongside key practical elements including our Neuro-inclusion toolkit, reasonable adjustments SOP - Record entries nominating over 450 colleagues for awards in our UHN Excellence Awards evening to recognise our excellent colleagues Civility Matters at UHN campaign launched with planning underway for the first pilot area in Maternity at KGH as part of the Maternity cultural improvement programme
Deliver major digital change , including the new EPR, aligning clinical systems across UHN and exploring automation of corporate systems	- Implemented Badgernet Maternity in both KGH and NGH, digitising maternity services - Conducted Ambient AI procurement across the UHLN Group, now being piloted ahead of full roll-out, to streamline and improve clinical administration processes, as the first Group-wide project in our ambitious AI and automation programme - UHN is a leading product incubator partner for the FDP programme, having implemented 4 of the 5 core national products, being the first Trust to deploy core products across a Group, and pioneering future national products in partnership with the national team, including the Shared PTL, Integrated Performance & Improvement, Diagnostic Imaging Scheduler, and Nursing Ward Excellence Accreditation Framework - Consolidation of key corporate systems including ward and clinical audit systems to reduce duplication
Go further in integrating clinical and corporate services across UHN, delivering seamless pathways and improving	New Clinical Divisional Structure (implemented in April 2025) now embedded across UHN

safety and outcomes for our patients	- As of Feb 26, all Corporate services across UHN have now restructured to form UHN-wide teams to support our UHN clinical divisions Quality governance review with refreshed UHN-wide governance strengthening oversight of quality measures - Strengthened and aligned reporting across UHN, aligned metric definitions, supporting now fully embedded Accountability and Continuous Improvement Framework, which brings NOF weightings through to divisional performance, improving oversight of divisional performance
Develop our collaborative model with UHL , improving productivity and creating joint plans for clinical and corporate services where appropriate	Group Clinical Strategy (GCS) approved and implementation underway, with joint model agreed in plastics and spinal services - Exploring options for the reconfiguration of major services (e.g. maternity, neonatal & CYP) - Early progress on collaboration agreed in fragile areas, including Nuclear Medicine and Plastic Surgery Corporate consolidation workshops held with the majority of corporate areas to identify opportunities for collaboration and integration
Deliver our workforce plan as a key component of financial plan delivery	Agency spend reduced by 60% in the past year, with agency usage targets set in planning achieved in both Trusts - Progress in right-sizing the workforce, with a reduction of over 400 WTE since April 2025, with the largest decreases in temporary staffing - Development of full workforce metrics data pack is providing substantially enhanced oversight of workforce - Notable change in our success in recruiting to some previously hard to recruit areas such as oncology, strengthening our UHN workforce and reducing our reliance on temporary staffing
Accelerate work to integrated patient care , removing barriers between secondary, community and primary care services	- UHN Neighbourhood Health group is now in place with a clinical lead. Priorities identified including diabetes, frailty, dermatology, CVD – to focus on reducing UEC demand and unnecessary elective referrals Corby CDC now opened and providing easier to access, high quality care in local communities
Increase our research and trial activities by 10%	UHN is research active in 17 specialties, with the most active specialties being Obstetrics, ED and Oncology

	• Until the period up to October, over double the target number of patients were recruited, with UHN (if it were counted as a single Trust) being the highest participant recruiting Trust in the East Midlands, with UHL being second, putting the wider collaborative group substantially ahead of others in the region • Strongly positive patient feedback from the Research and Innovation team, with 100% positive FFT feedback in the last year
Foster a learning culture, rolling out our 'Improving Together' continuous improvement methodology and giving teams the tools to improve care, experience and productivity	• Successfully ran UHN's first two Rapid Improvement Events "Improving Together Week" supporting improved working on our inpatient wards, resulting in over 350 improvement ideas, already saving around 900 hours a week for colleagues on wards. • Sustained rise in the number of active QI projects, increasing from 80 to 140 in the last year • Since August, 12 cohorts have been trained in QI, and training also now fully embedded in professional and leadership development courses • Hosted the annual Leicestershire and Northamptonshire Improvement Symposium, and established the East Midlands Improvement Directors network to foster and share improvement ideas and best practice

Appendices— Stakeholder feedback



Healthwatch West Northamptonshire's Response to the UHN Quality Account for 2025-2026

Thank you for the opportunity to review the University Hospitals of Northamptonshire (UHN) Quality Account 2025–26. We appreciate the transparency within the report and the continued commitment across both Northampton General Hospital and Kettering General Hospital to improving patient safety, experience, and quality of care for local people.

We recognise the significant achievements, improvements and innovations across UHN this year, including national recognition through several awards reflecting excellence in patient care, sustainability, and staff achievement. These accomplishments are a credit to the dedication and commitment of the staff across both hospital sites. The development of the new Focal Therapy Service for prostate cancer patients at NGH, as well as the pioneering use of robotic cancer surgery technology, brings advanced and innovative care closer to local patients.

We welcome UHN's continued focus on embedding a strong patient safety and learning culture, particularly through the implementation of the Patient Safety Incident Response Framework (PSIRF) and the 'Improving Together Week' initiative. These approaches help empower patients and families while strengthening organisational learning and transparency. We also welcome the continued work around Learning from Deaths, including structured mortality reviews and improved governance processes, which demonstrate the Trust's commitment to reflection, shared learning, and improving patient outcomes.

It is also encouraging to see ongoing work to improve learning from complaints, incidents, and patient feedback, alongside investment in digital systems and governance processes to support more timely responses and shared learning across services. We note positively the reported reduction in complaints at Northampton General Hospital, which suggests that improvements in communication, patient experience, and complaint handling processes may be having a beneficial impact.

The introduction of the EPR (Electronic Patient Record) at NGH was a great step towards more efficient and effective patient care. We particularly welcome the ongoing work to improve dementia care through the dementia pathway, which delivers testing and preventive care for those suspected of having dementia.

We commend the Trust's continued commitment to involving patients and communities in service development through partnership working with organisations, including Healthwatch and local community groups. We note the continued positive relationship between Healthwatch West Northants and UHN, which allows for co-production, a feedback channel for public enquiries, and a shared aim of improving the lives of patients within our local community.

We would also like to highlight the recognition of both NGH and KGH through their award in 'Investing in Volunteers'. As an organisation that also holds this recognition, we understand that this reflects a high standard in volunteer management and support. The number of volunteers contributing across both hospital sites is impressive, and we recognise the meaningful difference these individuals make to patient experience and wellbeing.

We welcome the Trust's continued focus on staff wellbeing, inclusion, and leadership development. The ongoing work to tackle bullying and discrimination, strengthen staff networks, and improve organisational culture reflects a positive commitment to supporting the workforce that delivers care across Northamptonshire.

Overall, we found the UHN Quality Account 2025–26 to be comprehensive, reflective, and focused on continuous improvement. We commend the Trust's openness regarding both achievements and areas for further development and look forward to continuing to work collaboratively to ensure local people receive safe, compassionate, and high-quality care.

Sincerely,



Gabriella Van Beek
Healthwatch West Northamptonshire Operations Manager

May 22nd, 2026

The following content was generated with the assistance of an Artificial Intelligence (AI) based system to augment other work. The AI-generated content has been reviewed for accuracy and revised/edited where necessary.

Dear Simon Hawes

Thank you for sight of your draft Annual Report for 2025/26.

I am writing as Chair of West Northants Adults, Health, and Communities Overview and Scrutiny Committee. We are elected members representing our communities with a wider remit in scrutinising provision of services across West Northants.

Much of the report contains detailed performance reports which we welcome as adding to the transparency of local health service provision. We look forward to the final version have nothing to add.

My comments are broader and may raise questions about the template against which the annual performance report is written.

Missing in the report are areas about which my Committee has interest:

- The nature and effectiveness of the partnership with West Northants Council, including the interface with Adults Services and Public Health, Community Safety and also Children's services and how the Trust works with the voluntary and community sector.
- Issues arising from the role of the trust in primary and secondary prevention
- Concerns arising from safeguarding
- Issues about development of initiatives to deal with attendance and admissions which can best be dealt with in the community
- How effectively discharge arrangements are working, especially for those requiring additional care on discharge
- Issues regarding funding of those requiring continuing health and social care when returned to the community.
- Issues arising from the CQC report into Adult care in West Northants.

We are looking forward to a visit from your Management Team later in the year, and we can look at these issues in more detail then.

Kind regards

Councillor Bob Purser

Cllr Bob Purser
Abington and Phippsville Ward



**West
Northamptonshire
Council**

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Trust | High Performing | Respect | Innovative | Value | Empower

Abbreviations

A&E	Accident and Emergency
AHP	Allied Health Professions
CDC	Community Diagnostic Centre
C.Diff	Clostridium difficile
CPR	Cardiopulmonary Resuscitation
CT	Computed Tomography
DNACPR	Do Not Attempt Cardiopulmonary Resuscitation
DSPT	Data Security and Protection Toolkit
ED	Emergency Department
EoLC	End of Life Care
EPMA	Electronic Prescribing and Medicines Administration
FFT	Friends and Family Test – Patient
GDPR	General Data Protection Regulation
GIRFT	Get it right first time
HES	Hospital Episode Statistics
HSMR	Hospital Standardised Mortality Ratio
ICO	Information Commissioners Office
KGH	Kettering General Hospital NHS Foundation Trust
KPI	Key Performance Indicator
LFD	Learning from Deaths
MDT	Multi Disciplinary Team
ME	Medical Examiner
MRI	Magnetic Resonance Imaging
NCRAS	National Cancer Registration and Analysis Service
NGH	Northampton General Hospital NHS Trust
NICE	National Institute for Health and Care Excellence
PALs	Patient Advice and Liaison Service
PIR	Provider Information Return
PSIRF	Patient Safety Incident Response Framework
RAAC	Reinforced Autoclaved Aerated Concrete
SDC	Sustainable Development Commission
SHMI	Summary Hospital-Level Mortality Indicator
TIAA	Independent Auditors
UEC	Urgent and Emergency Care
UHL	University Hospitals of Leicester NHS Trust

UHN	University Hospitals of Northamptonshire NHS Group
VTE	Venous Thromboembolism

From Safety Intelligence to Organisational Assurance



CLINICAL GOVERNANCE
DEPARTMENT