UHN Boards of Directors Meeting in Public

Friday 6 November 2026, 09:30 - 12:15

Boardroom, Kettering General Hospital

Agenda

09:30 - 09:30
0 min

1. Welcome, apologies and declarations of interest

Andrew Moore

1. UHN Public Boards Agenda 061126 (4).pdf (2 pages)

09:30 - 10:00
30 min

2. Patient Story - Peter's story

Presentation and Discussion *Suzie O'Neill*

10:00 - 10:05
5 min

3. Minutes of the previous meeting held on 9 October 2026 and Action Log

Decision *Andrew Moore*

3.1 091026 Minutes UHN Public Board of Directors meeting Copy.pdf (12 pages)
3.2 Public action log updated after 091026 meeting.pdf (3 pages)

10:05 - 10:15
10 min

4. Chair's report (verbal)

Information *Andrew Moore*

10:15 - 10:20
5 min

5. UHN Chief Executive's Report

Information *Adam Carson*

5. CEO report.pdf (3 pages)

10:20 - 11:10
50 min

6. Integrated Performance Report (IPR) and Board Committee Chairs' reports (added 3 November 2026)

Assurance / Decision *Adam Carson / Becky Taylor / Executive Leads / Board Committee Chairs*

6. September 2026 Integrated Performance Report Cover Sheet Board.pdf (2 pages)
6. Sept 2026 Integrated Performance Report.pdf (43 pages)
6, Board Committees upward report November 2026.pdf (8 pages)

11:10 - 11:20
10 min

Break

11:20 - 11:30
10 min

7. Perinatal Report

Assurance *Sarah Jamieson*

Assurance

7. UHN Perinatal Report Nov 2026 [Sept Data] FINAL.pdf (10 pages)
7. Appendix 3 - UHN Perinatal Scorecard Oct 2026 [Sept Data] FINAL.pdf (26 pages)

11:30 - 11:45
15 min

8. Refresh of Organisational Priorities

Decision *Adam Carson*

- 8. Group Cover Sheet and Full Report Revised July 2025 - Priorities.pdf (3 pages)
- 8. Priorities Slides.pdf (4 pages)

11:45 - 12:05
20 min

9. Freedom to Speak Up Quarterly Report

Assurance *Rebecca Taylor*

- 9. FTSU Quarterly report Q2 2526 Cover Sheet.pdf (3 pages)
- 9. GSL Board Report - UHN Quarterly Report June to Sept 2026.pdf (14 pages)

12:05 - 12:10
5 min

10. Temporary Revisions to the Scheme of Delegation

Decision *Tracey*

- 10. UHN Cover Sheet for Board re Scheme of Delegation.pdf (2 pages)
- 10. UHN Scheme of delegation Proposal Appendix 1.pdf (6 pages)

12:10 - 12:15
5 min

11. Questions from the public

12:15 - 12:15
0 min

12. Any other business and close

University Hospitals of Northamptonshire NHS Group (UHN): Meeting in Public of the Boards of Directors of Kettering General Hospital NHS Foundation Trust (KGH) and Northampton General Hospital NHS Trust (NGH)

Meeting	Boards of Directors Meeting in Public
Date & Time	6 November 2026, 09:30-12:15
Location	Boardroom, Kettering General Hospital

Purpose and Ambition
The Boards are accountable to the public and stakeholders; to formulate the Trusts' strategies; ensure accountability; and to shape the culture of the organisations. The Boards delegate authority to Board Committees to discharge their duties effectively and these committees escalate items to the Boards, where Board oversight, decision making and direction is required.

Item	Description	Lead	Time	Purpose	P/V/Pr
1	Welcome, Apologies and Declarations of Interest	Chair	09:30	-	Verbal
2	Patient Story – Peter's Story	Director of Communications and Engagement	09:30	Presentation	Pr.
3	Minutes of the Meeting held on 9 October 2026 and Action Log	Chair	10:00	Decision Receive	Attached Attached
4	Chair's report	Chair	10:05	Information	Verbal
5	Chief Executive's Report	CEO	10:15	Information	Attached
Operations					
6	Integrated Performance Report and Board Committee and Integrated Leadership Team Chairs' Reports	CEO, Executive Directors and Committee Chairs	10:20	Assurance	Attached
	BREAK		11:10		

7	Perinatal Report	Director of Midwifery	11:20	Assurance	Attached
Strategy					
8	Resetting our Priorities	Chief Executive	11:30	Decision	Attached
People and Culture					
9	Freedom to Speak Up report: Quarter Two 2026-27	Director of Transformation and Digital / FTSU Guardian Service	11:45	Assurance	Attached
Governance					
10	Temporary revisions to the Scheme of Delegation	Chief Finance Officer	12:05	Decision	Attached
11	Questions from the Public	Chair	12:10	Information	-
12	Any Other Business and close	Chair	12:15	Information	-

Minutes of the Meeting

Meeting	Boards of Directors of the University Hospitals of Northamptonshire NHS Group (UHN) comprising Northampton General Hospital (NGH) and Kettering General Hospital (KGH) Meeting together in Public
Date & Time	9 October 2026, 09:30-12:45
Location	Boardroom, Northampton General Hospital

Purpose and Ambition

The Boards are accountable to the public, stakeholders and KGH Council of Governors to formulate the UHN Group's strategy, ensure accountability and shape the culture of the group. The Boards delegate authority to Committees to discharge their duties effectively and these committees escalate items to the Boards where decision making, assurance and direction is required.

Attendance	Name and Title	
Present		
	Andrew Moore	Trusts' Chair
	Adam Carson	Chief Executive
	Alice Cooper	Non-Executive Director
	Tracey Cotterill	Chief Finance Officer
	Simon Gay	Non-Executive Director
	Polly Grimmett	Director of Strategy
	Jill Houghton	Non-Executive Director
	Denise Kirkham	Non-Executive Director
	Paula Kirkpatrick	Chief People Officer
	Sarah Noonan	Chief Operating Officer
	Suzie O'Neill	Director of Communications and Engagement
	Trevor Shipman	Vice-Chair and Non-Executive Director
	Caroline Stevens	Non-Executive Director and Senior Independent Director
	Becky Taylor	Director of Continuous Improvement
	Damien Venkatasamy	Non-Executive Director
	Chris Welsh	Non-Executive Director
In Attendance		
	Farhana Ahmedabadi-Patel	Senior Equality, Diversity and Inclusion Specialist (Items 2-3)
	Pad Boovalingam	Deputy Medical Director (Deputy for the Medical Director)
	Sarika Goel	NGH Guardian of Safe Working (Item 9)
	Richard May	Company Secretary
	Mustafa Raza	KGH Guardian of Safe Working (Item 9)
	Samukeliso Sibanda	Maternity Workforce and Culture Matron (Items 2-3)
	Jo Smith	Director of Nursing (Deputy for the Chief Nurse)
Apologies for absence		
	Simon Baylis	Lead Governor (KGH)

	Robin Binks	Chief Nurse
	Hemant Nemade	Medical Director

tem	Discussion	Action Owner
1	**Welcome, Apologies and Declarations of Interest** The Chair welcomed colleagues and guests to the meeting, and noted apologies for absence as listed above. There were no declarations of interest relating to specific agenda items.	
2	**Staff Leadership Stories** The Boards welcomed Samukeliso Sibanda, Maternity Workforce and Culture Matron, to describe her experience of the Developing Diverse Senior Leaders (DDSL) Programme for Nursing, Midwifery and Allied Health Professional colleagues. The programme had been developed in response to feedback regarding inequitable access to development opportunities outside statutory and mandatory training for global majority colleagues. Samukeliso also described her participation in the Together We Thrive programme, designed to strengthen connection, cultural understanding, psychological safety and team working. Samuekeliso described cultural and racial barriers, the effect on psychological safety and patient care, and the practical ladders provided by development opportunities, supportive colleagues and reciprocal learning. Boards welcomed the progress made in naming and challenging discrimination, providing routes for escalation and improving access to development. The Boards discussed the need to strengthen diversity at senior and Board level, protect time for staff network participation and connect network insights with strategic decision-making. Board(s) members also supported the proposed shadow board for aspiring leaders and reciprocal mentoring arrangements, to be undertaken by new cohorts informed by learning from the first cohort to enable the programme to result in more practical and realistic prospects for progression. The Chief People Officer advised that further videos had been produced by colleagues sharing their experiences of DDSL and reciprocal mentoring; these would be shared following the meeting. The Boards thanked the speakers and supported progression of the shadow Board and reciprocal mentoring programmes.	**PK**
3	**Workforce Race and Disability Equality Schemes (WRES/WDES) annual submissions** The Boards considered the 2025/26 WRES and WDES results and refreshed action plans. Progress was noted in workforce representation, access to development, reasonable adjustments and aspects of colleague experience. Persistent inequalities remained in	

	recruitment, disciplinary processes, harassment and discrimination, career progression, staff engagement and senior representation. Particular concern was expressed about recruitment outcomes for disabled applicants at NGH (noting regular reasonable adjustments to support candidates during application and interview processes), harassment and abuse from patients and the public, and declining participation in staff networks, which was likely to be partly attributable to colleagues not being released from clinical and operational duties. Boards requested clearer presentation of local population context to reflect that the percentage of Black and Minority Ethnic colleagues at UHN was far higher than the proportion in the local population, and commentary on the statistical significance of results where sample sizes were small. Boards' attention was drawn to a discrepancy in the yearly comparison data in the reports whereby the percentage of BAME staff should be marked green for both trusts, not amber and red. The Boards emphasised that a focus on improvement actions in recruitment, rather than further data analysis, should be incorporated into the We Belong strategy. Working with the Violence and Aggression Reduction Group, communications should make clear the Boards' position that racism, harassment and abuse were unacceptable, and wider community partners should be engaged. The Director of Strategy undertook to progress work with community partners to address racism and abuse through the Anchor Institution Network. Following discussion, the Boards noted the 2025/26 WRES and WDES results (for subsequent publication and accompanying communication and engagement), **approved** the refreshed 2026/27 action plans and recognised their collective and individual responsibility for advancing race and disability equality.	**PK** **SON** **PG**
4	**Minutes of the last meeting held on 10 September 2026 and Action Log** The Minutes of the meeting held on 10 September 2026 were approved as a correct record. The Boards received the action log, requesting that Action 31/26/3 remain open pending clarification regarding metrics.	
5	**Chair's Report** The Chair welcomed new executive colleagues and heralded the start of a new chapter for UHN. He reflected positively on the recent Annual Public Meeting and the UHN equality, diversity and inclusion summit, stressing the need to turn engagement and summit outputs into visible actions and to broaden involvement as care increasingly shifted beyond hospital settings, in the context of anticipated legislative which would remove statutory references to Foundation Trust Governors. The Boards noted the continued national and local focus on maternity safety and experience, welcomed the improvement of NGH maternity	

	services to a CQC rating of 'Good' and confirmed that maternity would remain a priority. The Chair highlighted winter pressures, staff support, discharge, financial delivery and value for money. He also updated Boards on forthcoming Non-Executive Director recruitment and requested promotion of the opportunities via colleagues' contacts and local networks.	
5.1	**Suspension of Standing Orders** The Boards of Directors **approved** the suspension of Standing Orders 3.3 for the duration of the meeting to permit consideration of agenda items 7 and 10, following the receipt of reports within three days of the meeting. The suspension would be reported to the December 2026 Audit Committees. The Chair expressed concern about the frequency of late papers and emphasised the need to maintain strong governance; future requests for late submission were likely to be declined.	
6.	**Chief Executive's report** The Chief Executive reflected on his first two weeks in post and commended the openness of colleagues across both hospitals. He intended to use this engagement to inform a refresh the organisation's priorities for the next 12 to 18 months, the outputs from which would be presented to the November Boards meeting for approval. Urgent and emergency care pressures remained significant. The opening of the NGH Urgent Treatment Centre was welcomed, although admission, discharge and patient-flow challenges persisted. Up to 25% of occupied beds were reported to be occupied by patients who were medically fit for discharge, affecting the quality of care and wellbeing of those patients, operational performance and finance. Some improvements were within UHN's control, including effective board rounds, while others required stronger partnership working. The Boards noted the national focus on maternity and neonatal safety following the Thirlwall Inquiry. They also noted NHS England's recent communication regarding unauthorised access to patient records. Existing controls were considered robust, but audit and follow-up action should be strengthened where inappropriate access occurred.	
7	**Integrated Performance Report (IPR) and Board Committee Summaries** *Chief Executive's Overview* The Boards received the IPR, which showed a mixed performance picture. Serious harm remained stable and mortality indicators were within the expected range at both hospitals, though technical factors contributing to increased mortality at NGH required continued oversight and clearer narrative in future reports. Urgent and emergency care remained pressured by high demand, occupancy, discharge delays and	

	patients with no reason to reside. KGH maintained stronger four-hour performance, while NGH ambulance handovers and patient experience remained challenged. Cancer performance was broadly stable and 52-week waits continued to reduce. Referral to Treatment delivery remained challenging, particularly in the context of the increased target of 73%. Boards members highlighted long waits for first appointments and persistent dermatology pressures. The Boards also noted reporting limitations following the roll-out of the Electronic Patient Record at NGH, and the importance of validated data. Workforce numbers had reduced but remained above plan. Bank use remained high, vacancy and maternity leave continued to drive temporary staffing, appraisal performance was below target and employee relations cases remained a concern. The financial position was £1m adverse to plan year to date at Month 5, with an underlying run-rate risk, a gap in cost improvement delivery, constrained cash and capital spending behind plan. *Experience and effectiveness of care and patient safety* • Friends and Family Test feedback remained largely positive, although satisfaction within the NGH Emergency Department had declined during August. This reflected high temperatures, ambulance handover delays, extended waits and overcrowding. Significant changes had since been made to the Emergency Department environment, including the opening of the new Urgent Treatment Centre. • KGH continued to report stronger complaints-response performance. A complaints improvement plan was being developed for presentation to a future Board(s) meeting. • The Boards discussed the need to improve the analysis of complaints and patient feedback, including the potential use of artificial intelligence to support administrative and analytical processes. Boards emphasised that improvement activity should identify and address underlying causes, demonstrate organisational learning and support local resolution. • Concern was expressed that information on the Trust's website describing what the Patient Advice and Liaison Service could not provide might discourage patients and families from offering feedback. The Boards requested a review of these pages emphasised that routes for raising concerns should be clear, welcoming and accessible. • A replacement Friends and Family Test provider had been procured, with implementation planned for November 2026. • The Boards sought assurance regarding the deterioration in NGH ambulance handover performance compared with improvement at KGH. It was reported that Group operational arrangements supported balancing across the two sites, but that performance was affected by several factors, including patient acuity, workforce availability, ambulance crew shift patterns and geographical considerations. Standard operating procedures were in place to inform decisions, although diversion could	SON/RB

	transfer rather than resolve operational pressures. • Boards welcomed the planned inclusion of delayed induction of labour within the IPR and requested that the maternity-triage standard for initial assessment within 15 minutes be made more prominent • The Quality and Safety Committee had undertaken a mortality deep dive. An external review had found no evidence of a significant increase in mortality, although changes relating to Same Day Emergency Care activity and longstanding coding issues affected the interpretation of the indicators. • National guidance had now clarified the inclusion of Same Day Emergency Care activity within mortality metrics. A further clinical-coding deep dive was planned. • Boards requested clearer narrative explaining the mortality position and a one-off presentation of actual monthly deaths alongside the mortality rates to help explain the apparent statistical variation. The numbers of deaths was also requested would also be considered. • The Boards noted that the summer increase in deaths had not resulted in a sustained higher trajectory. *Access and Responsiveness* • The NGH Urgent Treatment Centre had opened on 7 September 2026. It was achieving approximately 98% four-hour performance and treating between 150 and 160 patients daily, with approximately 4,000 patients treated since opening. • Four-hour performance during August had been adversely affected by a 6% increase in demand. Increased demand had also affected ambulance handovers. • Patient discharge continued to be affected by limited transport availability. Improvement work included strengthening board rounds and preparing additional winter schemes. • The number of patients with no reason to reside was described as exceptionally challenging and continued to affect quality, flow, operational performance and finance. • West Northamptonshire Council was due to introduce a bridging service for Pathway 1 patients, providing interim support pending commencement of the full care package. • Performance within the skin and breast cancer pathways had improved during August. The focus remained on achieving sustainable improvement rather than responding to monthly fluctuation. The high volume of activity within these pathways continued to have a disproportionate effect on the overall cancer position. • A new programme manager would support the adoption of best practice across cancer pathways. Performance against the 62-day standard had improved at both sites. • The number of patients waiting more than 52 weeks remained ahead of plan and Referral to Treatment performance was on plan year to date. September remained challenging as the required trajectory increased to 73%. • Boards noted that the Finance, Investment and Performance Committee had not received the complete IPR. It was reported	BT HN/BT

	that the access section would otherwise have contained no NGH metrics because of post-EPR reporting limitations. The Boards expected this to be an isolated occurrence and emphasised the importance of timely, complete and validated information. • Dermatology remained a longstanding area of concern. A successful primary-care pilot had reduced referrals and was being extended through a tiered approach. Progress on skin analytics and teledermatology had been constrained by an unresolved Integrated Care Board funding issue. *People and Culture* • The workforce plan required a reduction of 612 whole-time equivalent posts. At Month 5, approximately 200 fewer whole-time equivalents were being used than in March 2026, although the workforce remained approximately 365 whole-time equivalents above plan and substantive staffing was higher than in March. • Bank and agency staffing had reduced since March, although bank expenditure remained significantly above plan and required further reduction. • Vacancies accounted for approximately 57% of temporary staffing demand. The vacancy rate remained approximately 8% at KGH and had reduced to approximately 8.6% at NGH, reflecting increased recruitment and the removal of vacant posts from the establishment. • Maternity leave and sickness absence each accounted for approximately 13% of temporary staffing demand. • The workforce recovery programme included a range of workforce planning, control and transformation measures: o workforce planning and organisational-design work; o strengthened vacancy controls and removal of posts driving temporary staffing use; o enhanced temporary staffing controls; and o transformation programmes intended to improve capacity and productivity. • Appraisal performance remained below target and was being addressed through divisional performance review meetings. • Employee relations cases had reduced slightly but remained high. Long-running cases were being reviewed, a new triage process had been introduced and additional managers were being released to support investigations. • Flu-vaccination uptake stood at 14%, against the 49% target. Staff Survey participation was reported at 11% after four days since launch. • The Mutually Agreed Resignation Scheme was open to applications. *Finance, Productivity and Innovation* • The Month 5 financial position was in line with plan in-month and £1m adverse to plan year to date. • The underlying financial run rate remained a significant concern.	

	Work continued with divisions to identify additional cost-improvement opportunities, reduce expenditure, improve patient flow and increase productivity. • Cost-improvement delivery totalled £21.3m year to date, approximately £2m adverse to plan, against a full-year target of £73m. • Cash remained under pressure and the Trusts continued to require Public Dividend Capital support. • Capital expenditure remained behind plan, particularly in relation to the Energy Centre and schemes supported through national funding. **Committee Chairs' Reports** **Audit Committees** • The Committees had received reasonable assurance regarding cyber and digital business-continuity arrangements, although elements of the improvement plan were not yet funded. • Progress was being made in consolidating the clinical audit teams, although further work was required to complete integration and clarify outstanding actions. • Limited assurance had been reported following the internal audit of budget-holder training. • The Committees remained concerned about the length of anti-crime investigations and the associated financial, employment and operational risks. • The external auditor's lessons report on the annual accounts had been welcomed and would inform planning for the next audit. **Finance, Investment and Performance Committee** • The Committee reported limited assurance regarding the financial position and noted that a revised forecast outturn remained to be agreed. • The Committee had approved the Winter Assurance Statement under delegated authority. Boards noted that the green responses represented factual completion of the relevant requirements and did not indicate that the underlying operational risks had been fully addressed. **Quality and Safety Committee** • The Committee had considered the continued fragility of aseptic pharmacy services. Multiple risks remained relating to workforce, estates, capacity and demand, requiring continuing Boards oversight. **Strategy, Transformation and Digital Committee** • The Committee had received assurance regarding delivery of the NGH Electronic Patient Record and noted that the system remained in its stabilisation phase.	

	• The volume of support tickets remained approximately six to seven times higher than normal, with clinical-list configuration among the principal areas requiring further work. • The Committee had also considered the alignment between cyber-security arrangements and emergency preparedness, resilience and response requirements. Following discussion, the Boards: 1. **noted** the Integrated Performance Report and the updates provided across the performance domains. 2. **noted** the assurance and escalations reported by the Board Committees. 3. emphasised the need for complete, timely and validated performance information, particularly following implementation of the NGH Electronic Patient Record. 4. recognised the interrelationship between patient flow, workforce, quality, productivity and financial performance and the need for sustained organisational and system action to address the issues identified.	
8	**Perinatal Report for October 2026 (August 2026 data)** The Boards received the Perinatal report, which set out positive assurance on aspects of maternity and neonatal performance, including operational escalation, training, workforce recruitment and patient feedback. The NGH Maternity Output Signal System (MOSS) alert, stillbirth surveillance, preterm births, neonatal staffing, complaint timeliness and service culture remained areas requiring close oversight. Boards were advised the perinatal mortality would be subject of a forthcoming 'deep dive' review by the Perinatal Assurance Committee. Boards discussed the effects on morale of sustained negative national publicity and the pause to the KGH Rockingham Wing development. Monthly all-staff briefings for Rockingham staff had commenced and NHS England was supporting development of a funded plan for the building. Boards members welcomed improved service-user feedback at KGH but noted that morale remained fragile and required continued leadership support. The Boards requested additional regional and national benchmarking data, continued monitoring of stillbirth rates, and ongoing visible promotion of positive service developments. They also supported further work on public-health engagement to explore the impacts of local deprivation, the historic lack of funding for pelvic health services (to be raised with the Integrated Care board) and the effects of ethnicity and deprivation. In response to a question, the Chief People Officer assured Boards that regional work was continuing to enable student midwives to be matched to available opportunities following the conclusion of their training.	**RB/SJ** **AC**

	Following discussion, the Boards: 1. Noted the positive assurance provided by improvements in operational performance, training compliance, recruitment, patient experience and the CQC rating for NGH maternity services; 2. Noted the significant and emerging risks relating to the NGH MOSS safety alert and perinatal mortality, preterm birth, major postpartum haemorrhage, workforce and neonatal AHP/psychology gaps, delayed complaints and NGH anaesthetic compliance; 3. Endorsed the priority improvement and recovery actions described in the report, including continued enhanced safety surveillance and delivery of the KGH intensive support programme; 4. Supported the completion of a Trust-wide gap analysis and action plan in response to the Thirlwall Inquiry (see also item 8.1 below), with clear executive ownership, timescales, resource implications and governance oversight; and 5. Requested that progress, exceptions and evidence of sustained improvement continue to be reported through the UHN Perinatal Assurance Committee and escalated to the Boards where required.	
8.1	**Maternity Services – Thirlwall Inquiry** The Boards received a report providing a summary of the Thirlwall Inquiry report into events at the Countess of Chester Hospital, published on 15 September 2026 and making recommendations for the wider health system to strengthen patient safety, safeguarding, leadership accountability and organisational culture. Approximately 13 of the 17 recommendation areas were expected to have implications for UHN. Many aligned with work already underway, including the Patient Safety and Incident Response Framework, Freedom to Speak Up, Martha's Rule and perinatal improvement programme. No immediate local failings had been identified from the initial review, but the Inquiry highlighted areas requiring systematic testing and strengthening. These included mortality review, safeguarding and escalation, visible leadership, family engagement, staff support, information systems and Board(s) training. Boards noted that a full Government response to the Inquiry and detailed national implementation requirements were awaited and that some recommendations could have significant financial and legal implications; UHN would nevertheless prioritise the implementation of actions within its control in the meantime. The Boards noted the report, indicated assurance regarding the current position and next steps, specifically supporting completion of a group-wide gap analysis against all 17 recommendations, with clear executive ownership, resource implications and governance oversight, as proposed.	

9.	**Guardians of Safe Working Report** The Boards welcomed the Guardians to present a report setting out exceptions for the period April to August 2026. The Boards received assurance that exception reporting arrangements were identifying and escalating resident doctors' concerns. The main themes were late finishes, additional hours, rota gaps, missed breaks, insufficient senior support, inefficient handovers and rest breaches in non-resident on-call arrangements. Boards noted that higher reporting could reflect improving awareness and access rather than deterioration alone, noting differing levels of reporting between the trusts. The Guardians described their engagement with resident doctors, clinical leaders and national peers, and confirmed arrangements for time off in lieu where mandatory training was completed outside rostered hours. The overall profile was not considered materially different from comparable organisations. In response to a question, the Chief People Officer undertook to investigate whether similar information was available for other staff groups working excessive hours. Following discussion, the Boards noted the report and indicated assurance in respect of the group's ongoing commitment to safe working hours, proactive exception reporting and staff wellbeing.	**PK**
10.	**Board Capability Self-Assessment** The Boards received and noted the submitted (under delegated powers to the Chief Executive) self-assessments across strategy, quality, people and culture, access and delivery, productivity and value for money, and financial performance and oversight. Strengths were noted in collaboration, quality governance, risk management, digital strategy, agency reduction and performance oversight. Material concerns remained in leadership stability, speaking-up culture, complaints timeliness, strategic clarity, productivity and the absence of a compliant medium-term financial plan.	
11.	**Report from the KGH Council of Governors** The Boards received the quarterly report and noted the principal concerns raised by Governors at the September 2026 meeting, including patient experience and complaints, community phlebotomy access, communication and appointment administration, patient flow, staff workload and culture, and the future engagement model. Positive feedback was also noted in relation to several clinical services, volunteers, pharmacy support and community engagement. The Boards noted the report and the assurances and follow-up actions	

	described within it.	
12.	**Questions from the Public** None	
13.	**Any other business** None	

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
A Moore (Chair)	5	4	80	R Mitchell	4	3	75
A Cooper	5	4	80	H Nemade	5	3	60
S Gay	5	5	100	S Noonan	5	4	80
P Grimmett	5	4	80	T Shipman	5	4	80
J Hogg	4	3	75	S Stansfield	4	4	100
J Houghton	5	4	80	C Stevens	5	5	100
D Kirkham	5	4	80	D Venkatasamy	5	5	100
P Kirkpatrick	5	4	80	C Welsh	5	5	100
S O'Neill	5	5	100	B Taylor	5	4	80
W Monaghan	4	4	100	A Carson	1	1	100
T Cotterill	1	1	100	R Binks	1	0	0

(i) Progress of UHN and UHN/UHL actions arising from the Boards' meetings held between April to June 2026

Item no.	Minute Ref:	Action	Lead	By When	Progress Update	RAG status*
11 June 2026						
3.3	31/26/3	**Integrated Performance Report** To provide an update regarding the rollout of PEWS (Paediatric Early Warning System) metrics.	**R Binks**	**Nov 2026**	PEWS parameters: • Respiratory rate • Oxygen saturation (SpO_2) • Oxygen requirement and respiratory support • Heart rate • Systolic blood pressure • Capillary refill time • Temperature • Level of consciousness • Blood glucose • Pain score Latest position regarding rollout communicated at October Boards.	**5**
8 May 2026						
3.3iii	22/26/3	Updated Patient Safety and Incident Response Plans to be provided	**H Nemade**	**December 2026**	Scheduled for Quality and Safety Committee (November) and Boards (December)	**4**
9 April 2026						
5	20/26/2	**Group Research and Innovation Report** To present a proposal to Boards in Common for a single group Research and Innovation framework.	**MD (UHN & UHL) / DoR&I** **H Nemade**	**Nov 2026**	Group research arrangements to be covered as part of Transition Plan report	**4**
5a	20/26/2	To include greater detail in future reports of trial / research outcomes.	**MD (UHN & UHL) / DoR&I** **H Nemade**	**Nov 2026**	Group research arrangements to be covered as part of Transition Plan report	**4**
5b	20/26/2	To measure trial access across constituent populations across the Group area in order to inform possible approaches for wider inclusion in trials.	**MD (UHN & UHL) / DoR&I** **H Nemade**	**Nov 2026**	Group research arrangements to be covered as part of Transition Plan report	**4**

** Both numerical and colour keys are to be used in the RAG rating. If target dates are changed this must be shown using ~~strikethrough~~ so that the original date is still visible.*

RAG Status Key:	***5***	***Complete***	***4***	***On Track***	***3***	***Some Delay – expected to be completed as planned***	***2***	***Significant Delay – unlikely to be completed as planned***	***1***	***Not yet commenced***

(ii) Progress of actions from University Hospitals of Northamptonshire NHS Group Boards

Meeting	UHN Boards of Directors Meetings in Private
Date & Time	Updated following 10 September 2026 meeting

Minute Ref.	Action	Owner	Due Date	Progress	Status
Sep 26 10	Boards requested that future reports incorporate prioritisation of the deliverables in the context of UHN's challenged finance and operating position, informed by risk appetite.	BT	Nov 26	Revised priorities proposed for adoption at agenda item 8	5
Sep 26 13	Undertake benchmarking of BAF risk scores	SC	Dec 26	Incorporate into next quarterly report	4
Oct 26 2	Staff stories: share slides and video	PK	Oct 26	Shared with Communications Team as part of wider Black History Month promotion and engagement	5
Oct 26 3	Workforce Race and Disability Equality reports: i. Clearer presentation of local population context to reflect that the percentage of Black and Minority Ethnic colleagues at UHN was far higher than the proportion in the local population, and commentary on the statistical significance of results where sample sizes were small. ii. Working with the Violence and Aggression Reduction Group,	(i) PK (ii) SON (iii) PG	Oct 26 Dec 26 Dec 26	(i) Complete: available in published versions from 30 October (ii) Plan under development for refreshed and ongoing communications of the group's position (iii) Not yet due	4

** Both numerical and colour keys are to be used in the RAG rating. If target dates are changed this must be shown using ~~strikethrough~~ so that the original date is still visible.*

RAG Status Key:	5	Complete	4	On Track	3	Some Delay – expected to be completed as planned	2	Significant Delay – unlikely to be completed as planned	1	Not yet commenced

	communications should make clear the Boards' position that racism, harassment and abuse were unacceptable iii. The Director of Strategy undertook to progress work with community partners to address racism and abuse through the Anchor Institution Network.				
Oct 26 7	Boards requested clearer narrative explaining the mortality position and a one-off presentation of actual monthly deaths alongside the mortality rates to help explain the apparent statistical variation. The numbers of deaths was also requested.	HN/BT	Dec 26	The number of deaths will be added as a metric within the Integrated Performance Report from October 2026 (data) for reporting to the December meeting. Mortality data for September 2026 is set out in the IPR report at agenda item 6.	4
Oct 26 8i	The Boards requested additional regional and national benchmarking data and continued monitoring of stillbirth rates	RB/SJ	Nov 26	The Regional Perinatal Heatmap is referred to in the report at item 7 and is appended to this report. Stillbirth information is captured in both the UHN Perinatal Report and the UHN Perinatal Scorecard.	5
Oct 26 8ii	Raise concerns regarding pelvic health services with ICB colleagues	AC	Nov 26	Pelvic health funding has been confirmed	5
Oct 26 9	The Chief People Officer undertook to clarify whether data was available for non-medical staff groups reporting working excessive hours.	PK	Nov 26	Non-medical colleagues' working hours are recorded and monitored via the Healthroster system. It is line managers' responsibility to support their teams in identifying and addressing areas of concern	5

** Both numerical and colour keys are to be used in the RAG rating. If target dates are changed this must be shown using ~~strikethrough~~ so that the original date is still visible.*

RAG Status Key:	***5***	***Complete***	***4***	***On Track***	***3***	***Some Delay – expected to be completed as planned***	***2***	***Significant Delay – unlikely to be completed as planned***	***1***	***Not yet commenced***

Cover sheet

Meeting	Boards of Directors of the University Hospitals of Northamptonshire NHS Group (Kettering General Hospital NHS Foundation Trust and Northampton General Hospital NHS Trust) meeting together (public)
Date	6 November 2026
Agenda item	5

Title	Chief Executive's Report
Presenter	Adam Carson, Chief Executive
Authors	Adam Carson, Chief Executive

Link to Group Priorities (select all that apply):		
☒ Transform Patient Care	☒ Strengthen our Culture	☒ Deliver our financial plan

This paper is for			
☐ Approval	☐ Discussion	☒ Note	☐ Assurance
To formally receive and discuss a report and approve its recommendations OR a particular course of action	To discuss, in depth, a report noting its implications for the Boards or Trust(s) without formally approving it	For the intelligence of the Boards without the in-depth discussion as above	To assure the Boards that controls and assurances are in place

Reason for consideration	Previous consideration
To update the Boards on significant organisational developments, strategic priorities, key achievements and matters of importance arising during the reporting period.	None

Executive Summary

Introductions

During my first month with UHN I've spent as much time as possible visiting staff and services across both of our Trusts, understanding some of the fantastic work that we do as well as the challenges that are frustrating our teams. I've received a great welcome, and I want to thank colleagues for their openness and warmth.

Over the last year we've made great progress in enhancing the quality of our services and improving performance, but we still have much to do – particularly in terms of culture across our Trusts and stabilising our extremely challenging financial position.
One of the areas staff have told me we need to be clearer is on the specifics around our organisational priorities. As such, following discussions across the Trust and at a recent Board Development session I am proposing a reset of our priorities, which will be reviewed by the Boards today.

Patients who are Medically Fit For Discharge

Our hospitals have some of the highest proportions of patients who are medically fit for discharge in the NHS. The reasons for this are complex, with most of these patients requiring additional care needs from partners to either be discharged home, or to an environment more suitable to their needs, such as a care home. For these patients who are fit for discharge, the hospital is not the right environment as it can lead to deconditioning, isolation and exposure to seasonal illnesses. We know that recovery happens quicker at or closer to home.

As well as being a poor experience for patients, it is a poor experience for our staff – who do not train to look after patients in busy environments who are fit to be discharged. It contributes directly to performance challenges – with beds taken up by this cohort affecting admissions from our Emergency Departments. It is also a considerable financial burden for the Trusts.

Tackling the issues which prevent these patients being discharged from our hospitals is not easy. We've done work over the last year to understand and tackle aspects of these delays that are under our control, but there is more to do. Much work is also required with system partners to understand the aspects they can support with. Over the last month I've worked with the Integrated Care Board, Northamptonshire Healthcare NHS Foundation Trust and our Councils to establish a new focus on this. I'm grateful to the commitment from our partners to ensure we are all working more effectively together to identify needs and put support in early to assist discharge.

Reducing our medically fit for discharge numbers and ensuring our patients are cared for in the appropriate setting – as close to the home environment as possible – is a key priority for UHN over the coming year.

Rockingham Wing, Kettering General Hospital

Reinforced Autoclaved Aerated Concrete (RAAC) was identified within the Rockingham Wing at Kettering General Hospital (KGH) in late 2023. The Trust's original strategy for RAAC eradication involved constructing the Rockingham Wing Extension, followed by phased demolition and rebuilding of the existing Wing.

Over the summer, as detailed plans were progressed for this work, it was clear that original cost and delivery timelines exceeded previous assumptions, presenting substantial affordability and programme challenges. Consequently, development work was paused while alternative approaches to replacing Rockingham Wing were reviewed.
This has been extremely challenging for our staff, who are working in a poor environment, as well as our patients and their families who deserve better facilities. Work has now progressed and an option identified for a single stage new build to replace the Rockingham Wing in its entirely. Work is still required to finalise this plan and obtain the necessary approvals, but positively it appears better value for money with a quicker overall build time to full completion.

While it is positive this work is progressing, it is clear that some mitigatory work is required on the current building to ensure the environment is suitable for patients and staff until new facilities are built. We are working with teams to develop a plan, which we will seek NHS England approval and funding to put in place.

Executive Team Changes

Over the last month we have recruited a substantive Chief Nurse for the Trust – we are currently undertaking the checks and will announce the successful appointee imminently. We expect our new Chief Nurse to start in January.

We previously noted that we have appointed Chris Dann as Chief Operating Officer (COO) from his current role as Deputy COO at Sherwood Forest Hospitals NHS Foundation Trust. Chris starts with us on 9th November 2026.

Industrial Action

The British Medical Association (BMA) has announced 48 hours of National Industrial Action for Consultant Medical staff from 7am on 25th November to 7am on 27th November 2026 in a dispute of pay and conditions. Emergency cover will be in place, but this is likely to have a considerable impact on elective services. We are currently in the early stages of planning, and will share further updates as appropriate.

Appendices
None
Risk and assurance
No direct implications
Financial Impact
None arising from this information report.
Legal implications/regulatory requirements
None arising from this information report.
Equality Impact Assessment
Neutral

Cover sheet

Meeting	Boards of Directors of the University Hospitals of Northamptonshire NHS Group (Kettering General Hospital NHS Foundation Trust and Northampton General Hospital NHS Trust) meeting together (Public)
Date	6th November 2026
Agenda item	6

Title	Integrated Performance Report (IPR)
Facilitator	Adam Carson, Interim Chief Executive
Authors	Robin Binks, Interim UHN Chief Nursing Officer Hemant Nemade, Medical Director Simon Nicholson, Deputy Chief Operating Officer Paula Kirkpatrick, Chief People Officer Tracey Cotterill, Interim Chief Finance Officer Becky Taylor, Director of Transformation and Digital

Link to Group Priorities (select all that apply):		
☒ Transform Patient Care	☒ Strengthen our Culture	☒ Deliver our financial plan

This paper is for			
☐ Approval	☐ Discussion	☐ Note	☒ Assurance
To formally receive and discuss a report and approve its recommendations OR a particular course of action	To discuss, in depth, a report noting its implications for the Board or Trust without formally approving it	For the intelligence of the Board without the in-depth discussion as above	To reassure the Board that controls and assurances are in place

Reason for consideration	Previous consideration
The Integrated Performance Report (IPR) provides an overview of KGH and NGH's performance.	The IPR is produced on a monthly basis and was submitted to the Finance, Investment and Performance and People Committees at their October 2026 meetings.

Executive Summary

The Integrated Performance Reports (IPR) for the November 2026 Boards are enclosed, which report on September 2026 performance. Executive Leads will draw the Boards' attention to significant exceptions within the Experience of Care, Patient Safety,

Effectiveness of Care, Access, People and Culture, and Finance, Productivity and Innovation domains.

IPR Production and Development

Following the challenges with stabilising national and operational reporting post go-live that impacted on the IPR timeliness for NGH August data, the reporting has stabilised and the metrics are beginning to be automated, with three metrics now fully automated in the IPR.

Features that were stood down from the IPR in the move to the Federated Data Platform (FDP) including the benchmarking functionality and the provision of some data in tables, work will now re-commence on developing these into FDP, with a workplan and target dates to be agreed with the national team.

Future planned updates with target reporting month dates:

- Addition of sepsis six compliance metrics – October 2026
- Addition of percentage of all patient safety incidents defined as resulting in harm to align with the NOF – October 2026
- Addition of 6 week diagnostic performance to align with the NOF – October 2026
- Addition of the delayed induction rate metric to align with the NOF – October 2026
- Addition of the number of patients in the period cared for in corridors to align with the NOF – October 2026
- Addition of the number of E. Coli infections to align with the NOF – October 2026
- Addition of crude deaths measure – October 2026
- Addition of referral rates – November 2026
- Addition of advice & guidance diversion rate – November 2026
- Automation of core clinical system metrics – November 2026
- Automation of quality and workforce metrics – December 2026
- Addition of the 30-day re-admission rate – December 2026

The Boards are asked to receive the reports and indicate assurance regarding UHN performance

Appendices

Appendix 1: Integrated Performance Report, reporting period September 2026
Appendix 2: Board Committees summaries from October 2026 meetings (to follow)

Risk and assurance

The appendices provide key controls and assurances to inform the effective management of strategic risks, set out in the Group Board Assurance Framework.

Financial Impact

No direct implications relating to this assurance report.

Legal implications/regulatory requirements

No direct implications relating to this assurance report.

Equality Impact Assessment

Neutral

Our overall performance

Understanding performance against our key delivery metrics

- September's performance shows a mixed picture across key metrics.
- Serious harms have increased in-month, following a decrease across UHN in April.
- Patient satisfaction has shown an increase in September, to 97.4% in KGH and 95.8% in NGH. Some notable areas including maternity areas have improved. However, due to the lack of current electronic system to collect FFT via SMS, there has been a notably lower response rate through the paper collections, which has particularly impacted on the emergency departments who have seen only 13 responses on paper compared to the usual number of over 1,000. Therefore some caution should be taken when reviewing the overall satisfaction rates. Work is underway with procurement to implement a new solution.
- Both SHMIs have seen an increase, although KGH remains in the 'as expected' range. There has been an increase in SHMI in NGH in recent months, although remains in 'as expected' range, with the causes related to changes in SDEC and a reduction in coding depth. However there is no evidence of an increase in mortality with significant oversight from the relevant patient safety and mortality groups and quality committee has received an in-depth report on the impact of data changes on mortality metrics.
- A&E 4-hour performance has deteriorated slightly to 78.2% at KGH. NGH performance has increased slightly to 69.4%. Ambulance handover performance remains stable despite increased ambulance attendances, but ambulance handovers remain an area of challenge primarily as a result of high bed occupancy associated with high numbers of patients with no reason to reside, which has been increasing in both Trusts since January, impacting flow.
- Cancer metrics show some of the strongest performance all year, with significant increase in August, but the backlog position continues to be a challenge. New pathways now in place to address challenges in breast. 52 week waits remain stable across the Group and ahead of plan, continuing to be very low in KGH. RTT performance has improved significantly in NGH as triage patients have been uplifted to the waiting list as part of the Nervecentre go-live, but the plan remains challenging to achieve for the year. Mission RTT plans continue with a focus on outpatient productivity in support of the RTT target. Operational reporting on elective and diagnostic waiting lists has been disrupted by the EPR go-live in NGH, and remains an area of focus to resolve.
- Total WTE has increased in September, and remains above plan. Bank and agency spend have reduced in September, with bank significantly above plan whilst agency remains below plan.
- Financial performance is £3.5m adverse to plan for M6, and YTD CIP delivery falling behind plan as the efficiency requirement increases. Significant work is underway to mitigate the gaps in the financial plan delivery. There is a risk in the identification and then subsequent delivery of the full CIP delivery value for the year.

METRIC	KGH	NGH	TARGET	STAR
INCIDENTS				
Serious or moderate harms per 1000 bed days	0.41	—	—	
PATIENT EXPERIENCE				
Friends and Family Test satisfaction score - Trustwide	97.4 %	95.8 %	90 %	
MORTALITY				
SHMI	101.3	114.8	100	
UEC				
Ambulance handover 45 minute performance	78.81 %	70.6 %	99 %	
A&E 4 hour performance	—	69.35 %	78 %	
CANCER				
62-day wait for first treatment	77.6 %	63.4 %	80 %	
ELECTIVE				
52 week waits as a % of the waiting list	0.4 %	0.87 %	1 %	
WORKFORCE FINANCIAL SUSTAINABILITY				
Total WTE (PWR figure)	5,100.13	6,402	—	
Bank Spend as % of Total Pay	8.82 %	9.11 %	6.3 %	
Agency Spend as % of Total Pay	0.86 %	1.45 %	2 %	
FINANCE				
Surplus / deficit	—	-4,226	—	
PRODUCTIVITY AND EFFICIENCY				
CIP Delivery	67.7 %	81.7 %	100 %	

	Consistently hit target	Not consistently achieved or failed	Consistently fail target	No target set
Special Cause Improvement	• Friends and Family Test satisfaction score - Trustwide - KGH	• Friends and Family Test satisfaction score - Trustwide - NGH • Agency Spend as % of Total Pay - NGH	• A&E 4 hour performance	• Serious or moderate harms per 1000 bed days • Total WTE (PWR figure) - NGH
Common Cause	• 52 week waits as a % of the waiting list - KGH • Agency Spend as % of Total Pay - KGH	• SHMI - KGH • 62-day wait for first treatment - KGH • 52 week waits as a % of the waiting list - NGH • CIP Delivery - NGH • CIP Delivery - KGH	• 62-day wait for first treatment - NGH • Bank Spend as % of Total Pay - NGH • Bank Spend as % of Total Pay - KGH	• Total WTE (PWR figure) - KGH
Special Cause Concern			• SHMI - NGH • Ambulance handover 45 minute performance - KGH • Ambulance handover 45 minute performance - NGH	• Surplus / deficit

Not signed off yet

Experience of Care Domain

Good news

KGH saw an increase in in overall FFT satisfaction scores (97.4% compared with 93.3% in August).

NGH also saw an increase in overall satisfaction scores in September (95.8% compared with 89.6% in August).

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

KGH – Antenatal Community 98.1% (91.3% in August).

NGH – Postnatal Ward 100% (98.7% in August).

KGH – Medical SDEC 85.0% (66.7% in August).

Total FFT responses for September:

KGH : 3,475 compared with August: 3,706

NGH 1,273 compared with August: 4,063

Areas of concern

Notable decrease in patient satisfaction performance seen in the following departments:

Only 13 paper FFT responses were received overall for the Emergency Department areas compared with 1,112 responses in August.

Due to the NGH FFT provider ceasing in August 2026, the FFT response rates will be significantly reduced due to the cease of SMS & IVM responses, therefore effecting the satisfaction scores. which means the September results should be interpreted cautiously.

Improvement plans in place

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

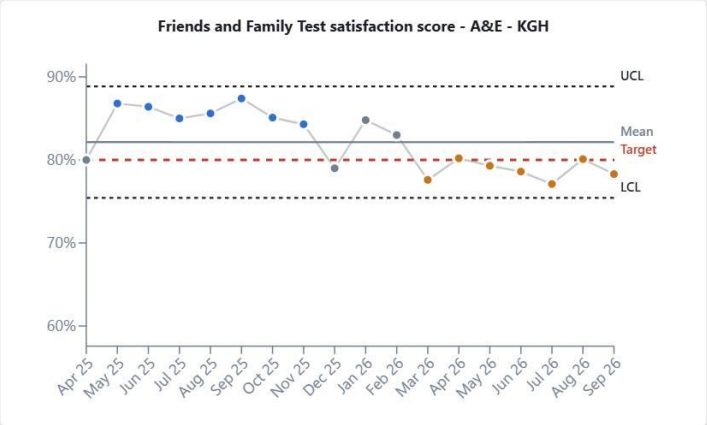
Working with UHN Procurement team to implement a new FFT Survey solution in line with the NHS Framework. The FFT is continuing during this time via paper collection. Teams across UHN have been informed and encouraged to push paper FFT surveys within their areas until the new system is in place.

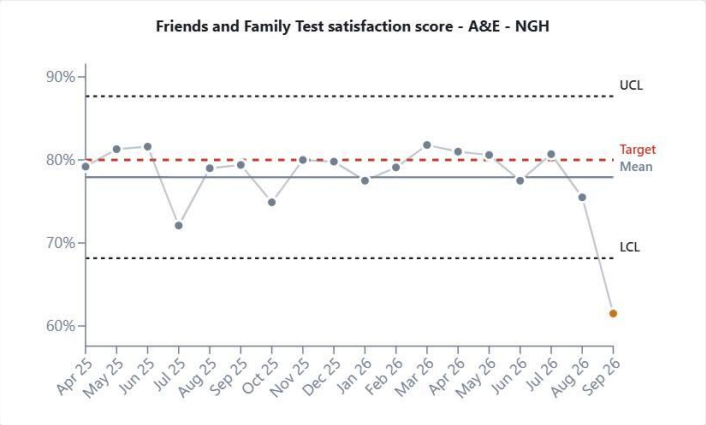
METRIC	KGH	NGH	TARGET	STAR
Friends and Family Test satisfaction score - A&E	—	61.5 %	80 %	
Friends and Family Test satisfaction score - inpatients	97.1 %	95.2 %	95 %	
Friends and Family Test satisfaction score - maternity	97.6 %	99.2 %	95 %	
Friends and Family Test satisfaction score - outpatients	97.9 %	96.7 %	95 %	
Complaints response performance	—	30 %	95 %	
Single sex breaches	4	10	0	

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

Friends and Family Test satisfaction score - A&E

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





Understanding the performance

KGH saw a decrease in overall patient satisfaction within the ED services scoring 78.3% satisfaction (80.1% in August) - (target = 80%).

NGH saw a decrease in overall patient satisfaction within the ED services down from 75.5% in August to 61.5% in September.

KGH Medical SDEC patient satisfaction improved from the recent downward trend, achieving 85.0% (66.7% in August and 68.2% in July).

What are the issues impacting performance?

KGH – Due to the NGH FFT supplier ceasing in August, response methods are currently received on paper. In September, KGH A&E Department did not receive any FFT responses compared with 482 responses in August. Children's A&E also received very low responses with 3 received in September compared with 47 in August.

NGH –A&E satisfaction scores continued to fall below the 80% satisfaction target which have impacted the overall ED score along with the lack of SMS & IVM. Overall responses for September were 13 compared with 1,112 in August.

What SMART actions are being taken to improve?

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

Patient Experience Team will work with ED Leads to increase FFT responses across both Trusts.

Risks

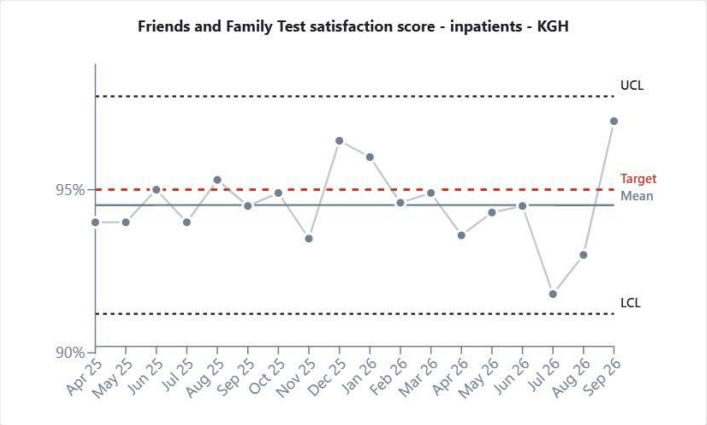
Working with UHN Procurement team to implement a new FFT Survey solution in line with the NHS Framework. The FFT is continuing during this time via paper collection only. Teams across UHN have been informed and encouraged to push paper FFT surveys within their areas until the new system is in place.

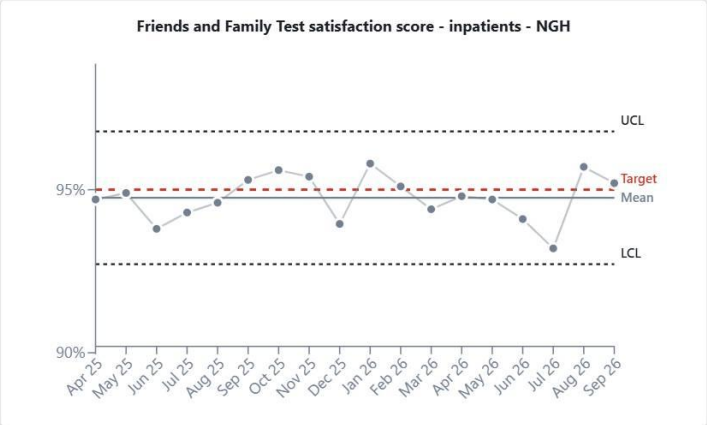
DATA VALUES

TRUST	VALUE	MEAN	TARGET	SPC
KGH	78.3 %	82.14 %	80 %	
NGH	61.5 %	77.92 %	80 %	

Friends and Family Test satisfaction score - inpatients

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





Understanding the performance

KGH demonstrated an increase in satisfaction scores, obtaining 97.1% compared with 93.0% in August.

NGH saw similar satisfaction scores in September, with 95.2% compared with 95.7% in August.

1412 Inpatient FFT responses received for KGH (1357 in August).

622 Inpatient FFT responses received for NGH (1121 in August).

What are the issues impacting performance?

Reviewing wards that had at least 10 responses showing the greatest decline:

KGH -

HC Pretty – 89.8% down from 100% in August.

Naseby A – 94.7% down from 100% in August.

Barnwell B – 91.7% down from 95.7% in August.

NGH –

Brampton Ward – 83.3% down from 96.8% in August.

Rowan Ward – 70.0% down from 80.0% in August.

Compton Ward- 94.8% down from 97.2% in August.

What SMART actions are being taken to improve?

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

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

Risks

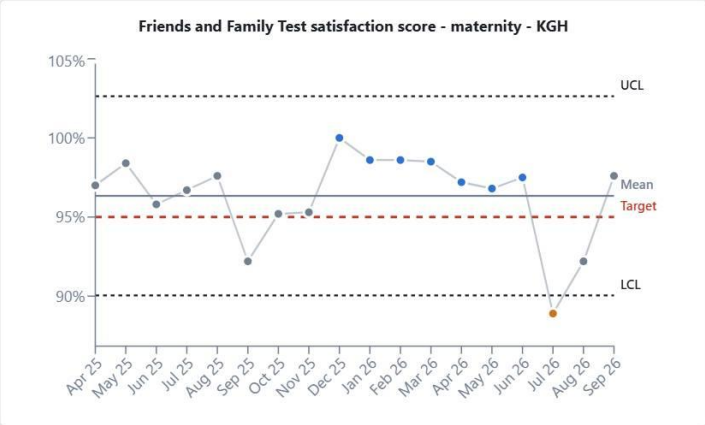
Working with UHN Procurement team to implement a new FFT Survey solution in line with the NHS Framework. The FFT is continuing during this time via paper collection. Teams across UHN have been informed and encouraged to push paper FFT surveys within their areas until the new system is in place.

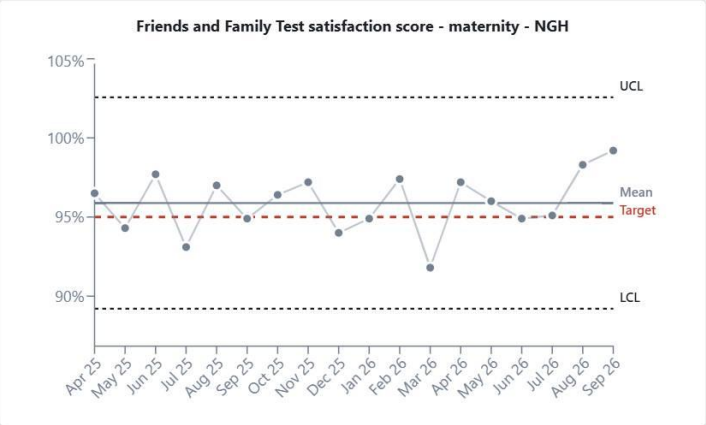
DATA VALUES

TRUST	VALUE	MEAN	TARGET	SPC
KGH	97.1 %	94.53 %	95 %	
NGH	95.2 %	94.75 %	95 %	

Friends and Family Test satisfaction score - maternity

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





Understanding the performance

KGH – overall satisfaction score improved from 92.2% in August to 97.6% in September. Responses rose from 64 to 169. September delivered substantially greater participation and improved satisfaction. Kettering drove most of the growth increasing from 4 to 129 responses, whilst satisfaction increased from 75.0% to 97.7%.

NGH – overall maternity satisfaction increased from 98.3% in August to 99.2% in September. The largest improvement was Antenatal Observation Ward/Induction of Labour with 100% in September compared with 60% in August. There was a 47% reduction in feedback volume which means the September results should be interpreted cautiously.

What are the issues impacting performance?

KGH – No issues impacting performance.

Transitional care responses rose from 4 to 13, although satisfaction declined from 100% to 92.3%. Several services received no September responses, limiting direct month on month comparison.

NGH – No issues impacting performance; however, several services received no September responses, limiting direct month on month comparison.

What SMART actions are being taken to improve?

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

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

Risks

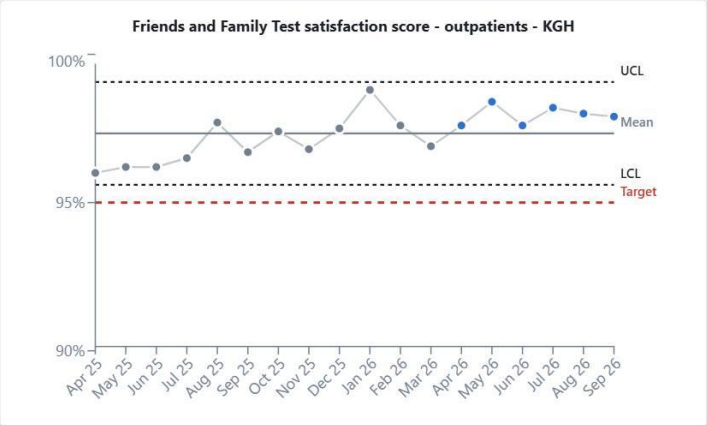
Working with UHN Procurement team to implement a new FFT Survey solution in line with the NHS Framework. The FFT is continuing during this time via paper collection. Teams across UHN have been informed and encouraged to push paper FFT surveys within their areas until the new system is in place.

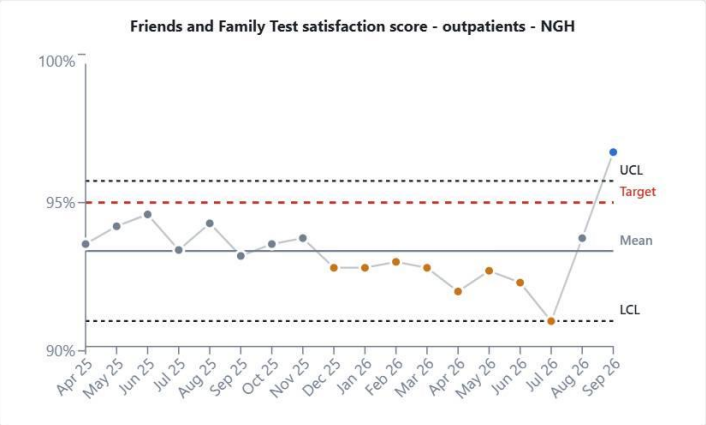
DATA VALUES

TRUST	VALUE	MEAN	TARGET	SPC
KGH	97.6 %	96.34 %	95 %	
NGH	99.2 %	95.88 %	95 %	

Friends and Family Test satisfaction score - outpatients

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





Understanding the performance

Similar KGH performance achieved in September -97.9% compared with 98.0% in August (95% target achieved).

NGH performance improved achieving 96.7% compared with 93.8% in August (95% target achieved).

1,867 FFT responses received for KGH (1,714 in August).

515 FFT responses received for NGH (1,598 in August).

What are the issues impacting performance?

Specialties showing the greatest decline (10 or more responses)
NGH –

Dermatology – 90.9% down from 94.8% in August.

Radiology – 97.5% down from 99.1% in August (reduction is small but important given its high volume of 122 September responses compared with 112 in August).

**KGH-
**Outpatients Kettering General Hospital – 93.7% down from 96.9% in August.

What SMART actions are being taken to improve?

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

Risks

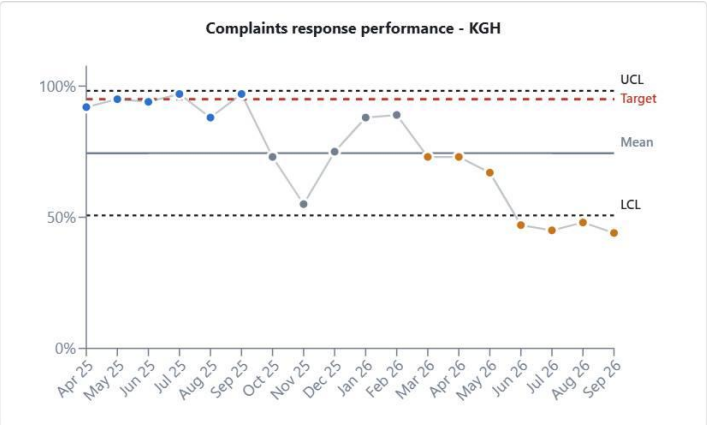
Working with UHN Procurement team to implement a new FFT Survey solution in line with the NHS Framework. The FFT is continuing during this time via paper collection. Teams across UHN have been informed and encouraged to push paper FFT surveys within their areas until the new system is in place.

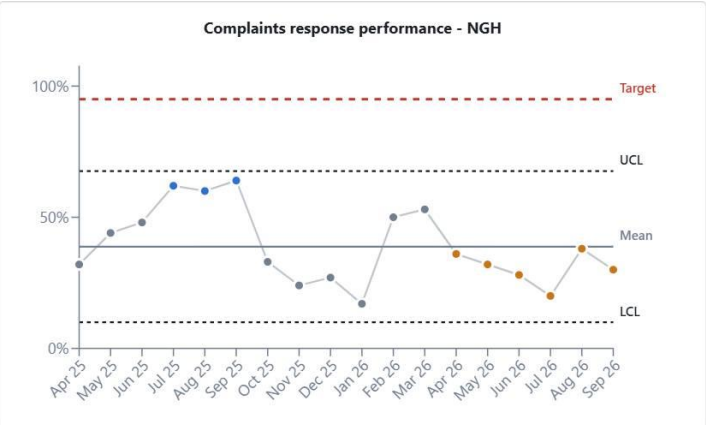
DATA VALUES

TRUST	VALUE	MEAN	TARGET	SPC
KGH	97.9 %	97.33 %	95 %	
NGH	96.7 %	93.37 %	95 %	

Complaints response performance

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





Understanding the performance

44% sent out at KGH and 30% sent out at NGH within 60 day target. Concentrating on any cases over 120 days as priority. Any cases over 90 days chasing the divisions.

What are the issues impacting performance?

Capacity in team due to bereavement leave and sickness. Divisions to ensure responses sent back to the team especially from clinicians.

What SMART actions are being taken to improve?

Additional staff assisting team. Chasing those over 90 days with divisions. Focusing on 120 day cases (11).

Risks

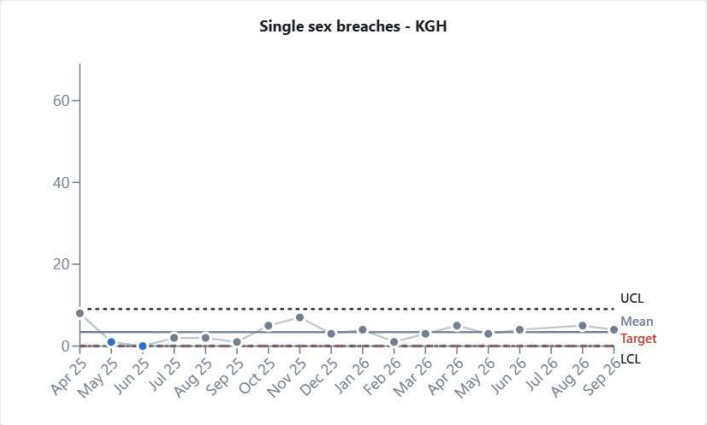
Ongoing absence from team. Cliniical teams having clinical commitments impacting ability to respond.

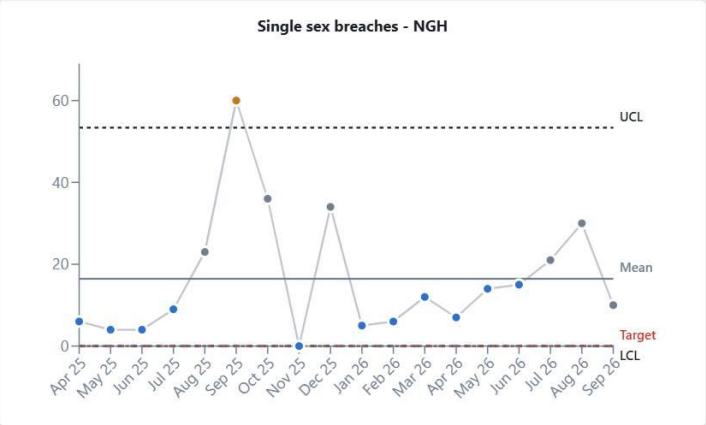
DATA VALUES

TRUST	VALUE	MEAN	TARGET	SPC
KGH	44 %	74.44 %	95 %	
NGH	30 %	38.78 %	95 %	

Single sex breaches

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





Understanding the performance

KGH - This occurs due to delayed ITU step downs and the primary PCI service within Cardiology

NGH - Breaches occurring in Outpatient area that is used for inpatients in times of high demand and lack of capacity.

What are the issues impacting performance?

KGH- Capacity to step down ITU patients to the appropriate ward spaces, and stepping down the cardiology patients once they are out of the acute phase

NGH - High demand for specialist services and lack of inpatient capacity.

What SMART actions are being taken to improve?

KGH - Ensure step down patients that breach same sex are prioritised where capacity allows

NGH - Plans for placement of patients discussed at Site meetings with the divisions, capacity utilised as best as possible.

Risks

Poor patient experience

Increased risk of complaints

NGH - Poor Patient journey and increased risk of complaints.

DATA VALUES

TRUST	VALUE	MEAN	TARGET	SPC
KGH	4	3.41	0	
NGH	10	16.44	0	

Not signed off yet

Effectiveness of Care Domain

Good news

HSMR & SMR remains within 'as expected' for KGH.

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

Areas of concern

HSMR and SMR are both 'above expected' ranges for NGH.

NGH's rise in HSMR and SMR is multifactorial, with the following under review:

- SDEC removal has impacted the HSMR by reducing the denominator of total patients included in the calculation.
- SDEC data is now nationally required to be included as of 1st April 2027; the coding team are working towards this deadline for NGH.
- Reduction in our coding of complex patients with multiple co-morbidities – this will reduce the calculation for "expected deaths".

Improvement plans in place

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

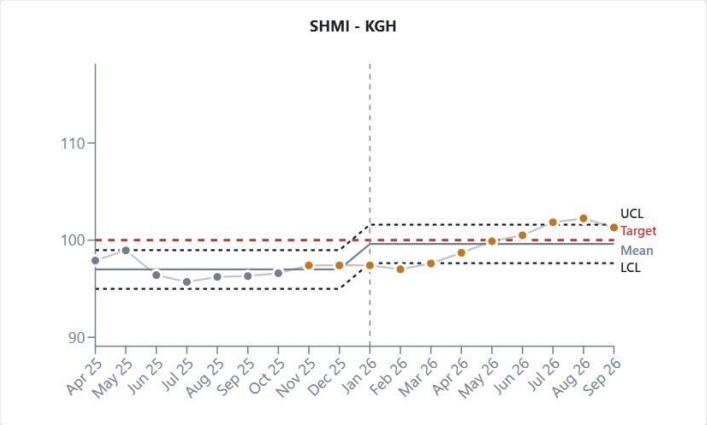
Working alongside Dr Foster representative and Clinical Coding to identify areas of concern amongst data accuracy issues relating to SDEC removal as well as working towards re-introduction deadline of 1st April 2027.

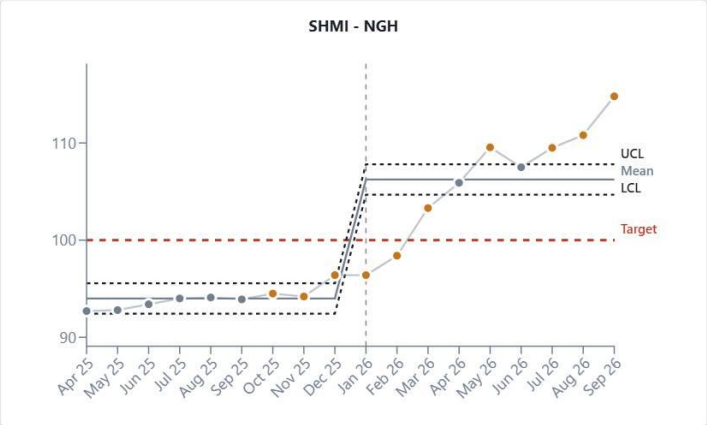
METRIC	KGH	NGH	TARGET	STAR
SHMI	101.3	114.8	100	
HSMR	102.7	122.3	100	
SMR	104.9	121.1	100	

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

SHMI

The ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures based on demographics.





Understanding the performance

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

What are the issues impacting performance?

NGH's rise in SHMI is multifactorial, with the following under review:

- SDEC removal has impacted the HSMR by reducing the denominator of total patients included in the calculation.
- SDEC data is now nationally required to be included as of 1st April 2027; the coding team are working towards this deadline for NGH.
- Reduction in our coding of complex patients with multiple co-morbidities – this will reduce the calculation for "expected deaths".

What SMART actions are being taken to improve?

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

Risks

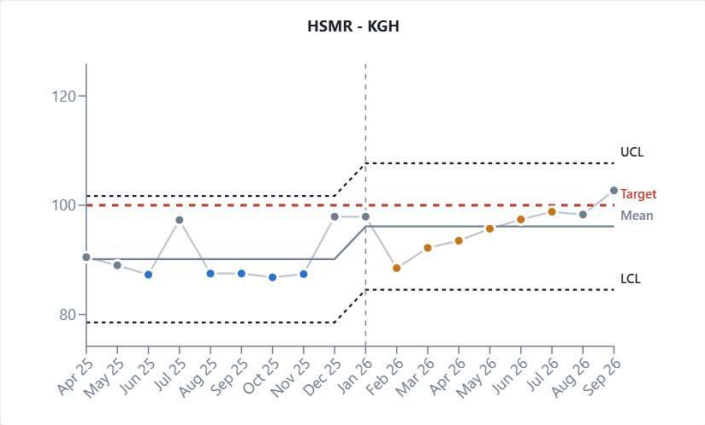
An increase in SHMI presents a reputational and regulatory risk; however, current analysis indicates that recent SHMI movement is driven primarily by data and methodological factors rather than an increase in observed mortality or evidence of deteriorating care quality. This risk is being actively mitigated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

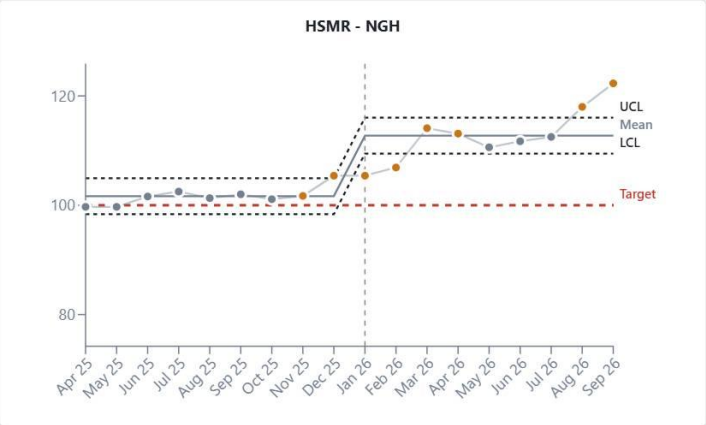
DATA VALUES

TRUST	VALUE	MEAN	TARGET	SPC
KGH	101.3	99.61	100	
NGH	114.8	106.24	100	

HSMR

The overall rate of deaths within the NHS trust each hospital belongs to. Rates are given as better, worse, or as expected compared to the national average, which is represented as 100 on the scale.





Understanding the performance

HSMR is 'as expected' for KGH and 'above expected' for NGH.

What are the issues impacting performance?

HSMR is 'above expected' ranges for NGH.

NGH's rise in HSMR is multifactorial, with the following under review:

- SDEC removal has impacted the HSMR by reducing the denominator of total patients included in the calculation.
- SDEC data is now nationally required to be included as of 1st April 2027; the coding team are working towards this deadline for NGH.
- Reduction in our coding of complex patients with multiple co-morbidities – this will reduce the calculation for "expected deaths".

What SMART actions are being taken to improve?

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

Risks

An increase in HSMR presents a reputational and regulatory risk; however, current analysis indicates that recent HSMR movement is driven primarily by data and methodological factors rather than an increase in observed mortality or evidence of deteriorating care quality.

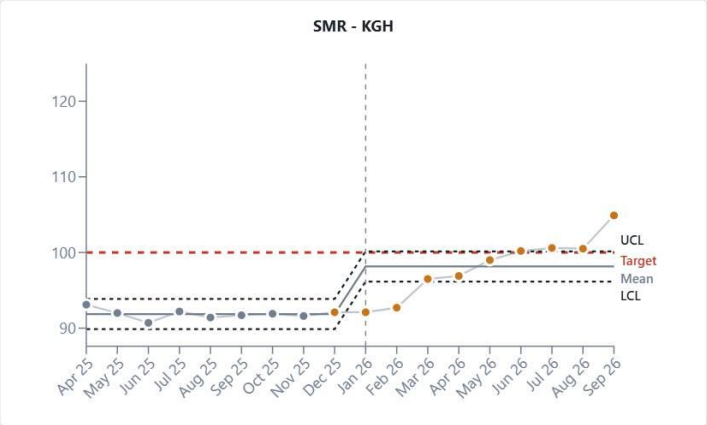
This risk is being actively mitigated through triangulation with SHMI, Learning from Deaths, PSIRF, and coding assurance processes, with no current evidence of excess mortality requiring escalation.

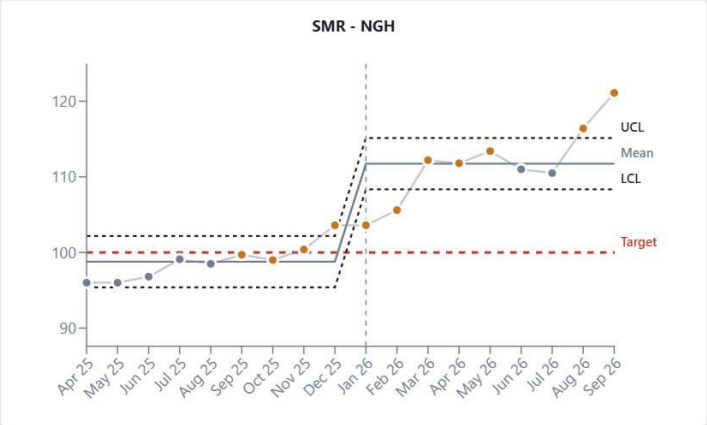
DATA VALUES

TRUST	VALUE	MEAN	TARGET	SPC
KGH	102.7	96.11	100	
NGH	122.3	112.73	100	

SMR

The overall rate of deaths within the population. Rates are given as better, worse, or as expected compared to the national average, which is represented as 100 on the scale.





Understanding the performance

SMR is 'as expected' for KGH and 'above expected' for NGH.

What are the issues impacting performance?

SMR is 'above expected' ranges for NGH.

NGH's rise in SMR is multifactorial, with the following under review:

- SDEC removal has impacted the HSMR by reducing the denominator of total patients included in the calculation.
- SDEC data is now nationally required to be included as of 1st April 2027; the coding team are working towards this deadline for NGH.
- Reduction in our coding of complex patients with multiple co-morbidities – this will reduce the calculation for "expected deaths".

What SMART actions are being taken to improve?

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

Risks

An increase in SMR presents a reputational and regulatory risk; however, current analysis indicates that recent HSMR movement is driven primarily by data and methodological factors rather than an increase in observed mortality or evidence of deteriorating care quality.

DATA VALUES

TRUST	VALUE	MEAN	TARGET	SPC
KGH	104.9	98.16	100	
NGH	121.1	111.73	100	

Not signed off yet

Patient Safety Domain

Good news

There are no Never Events reported this mont

Areas of concern

No content yet

Improvement plans in place

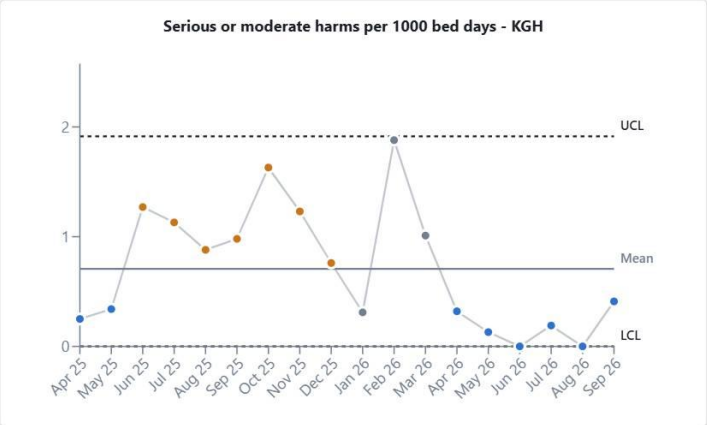
All validated moderate and above harms are discussed at IRG and proportionate responses are commissioned in accordance with PSIRF

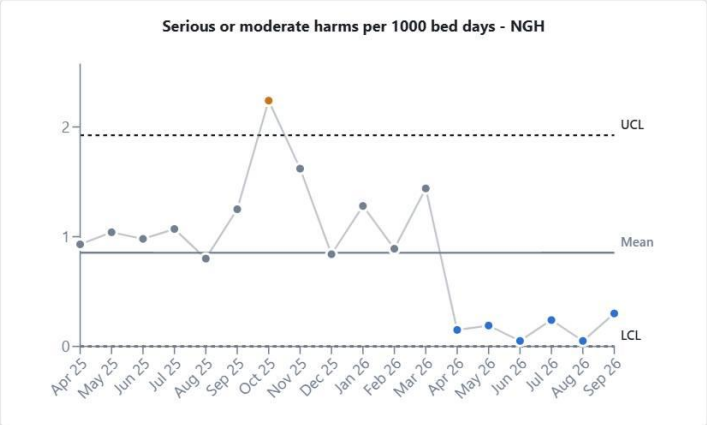
METRIC	KGH	NGH	TARGET	STAR
INCIDENTS				
Serious or moderate harms per 1000 bed days	0.41	—	—	
INFECTION PREVENTION CONTROL				
Number of MRSA Bacteraemia	0	1	0	
C Diff per 100,000 bed days	19.53	40.62	—	
Number of MSSA Bacterium	1	1	0	
SAFE CARE				
Care hours per patient day	9.06 hours	8.8 hours	9 hours	
Serious or moderate harms - falls per 1000 bed days	—	0	—	
Serious or moderate harms - pressure ulcers per 1000 bed days	0	0.14	—	

	Consistently hit target	Not consistently achieved or failed	Consistently fail target	No target set
Special Cause Improvement		• Care hours per patient day - NGH		• Serious or moderate harms per 1000 bed days
Common Cause		• Number of MRSA Bacteraemia - KGH • Number of MSSA Bacterium - NGH • Number of MSSA Bacterium - KGH • Care hours per patient day - KGH		• C Diff per 100,000 bed days - KGH • C Diff per 100,000 bed days - NGH • Serious or moderate harms - falls per 1000 bed days • Serious or moderate harms - pressure ulcers per 1000 bed days - NGH • Serious or moderate harms - pressure ulcers per 1000 bed days - KGH
Special Cause Concern		• Number of MRSA Bacteraemia - NGH		

Serious or moderate harms per 1000 bed days

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





Understanding the performance

The figures relating to September is an unvalidated position and the figures will be revised once validation is complete.

What are the issues impacting performance?

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

What SMART actions are being taken to improve?

Patient safety and governance teams are working closely with divisions to review and confirm level of harm

Risks

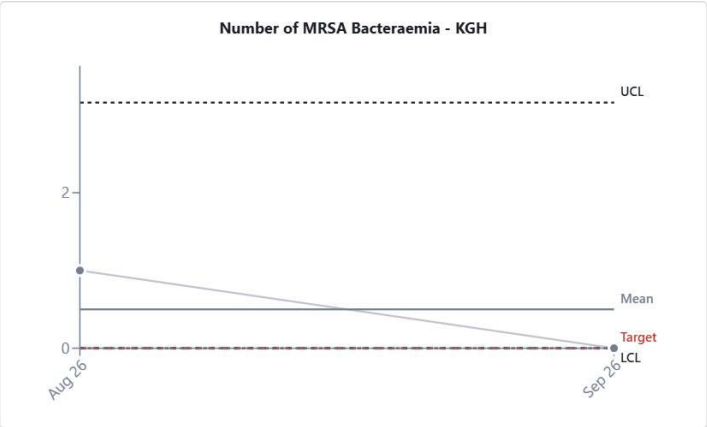
13 moderate and above incidents have not yet been validated through the IRG process

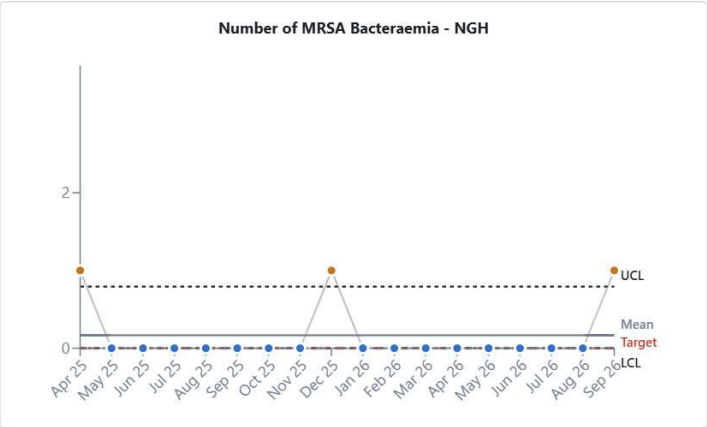
DATA VALUES

TRUST	VALUE	MEAN	TARGET	SPC
KGH	0.41	0.71	—	
NGH	0.3	0.85	—	

Number of MRSA Bacteraemia

The number of methicillin-resistance staphylococcus aureus infections.





Understanding the performance

1 patient had a MRSA bloodstream infection this month.

What are the issues impacting performance?

Delayed diagnosis of a community onset bloodstream infection, source was patient's PICC line.

What SMART actions are being taken to improve?

MRSA and MSSA Policy compliance monitored quarterly and reported to IPAC.

Risks

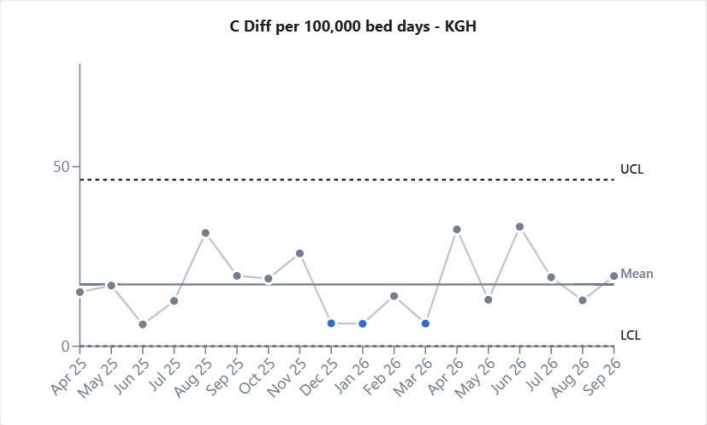
None identified.

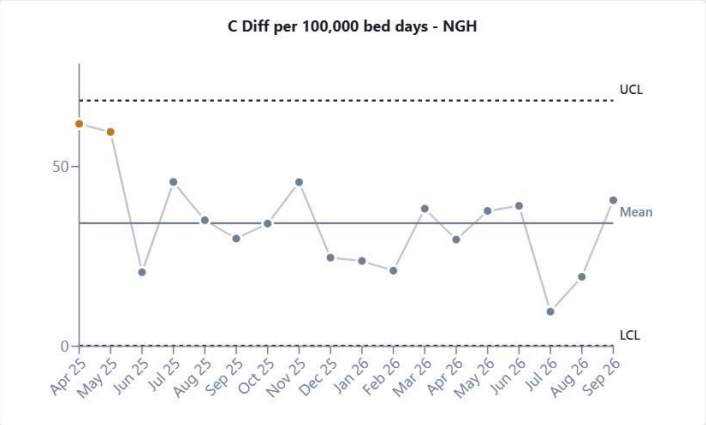
DATA VALUES

TRUST	VALUE	MEAN	TARGET	SPC
KGH	0	0.5	0	
NGH	1	0.17	0	

C Diff per 100,000 bed days

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





Understanding the performance

3 cases at KGH and 9 at NGH.

What are the issues impacting performance?

50% were deemed preventable with learning centred around inappropriate antibiotic prescribing of Tazocin and Co-amoxiclav.

What SMART actions are being taken to improve?

Working with AMR team to implement Antimicrobial Stewardship training at KGH and continue AMS ward rounds at both site.

Risks

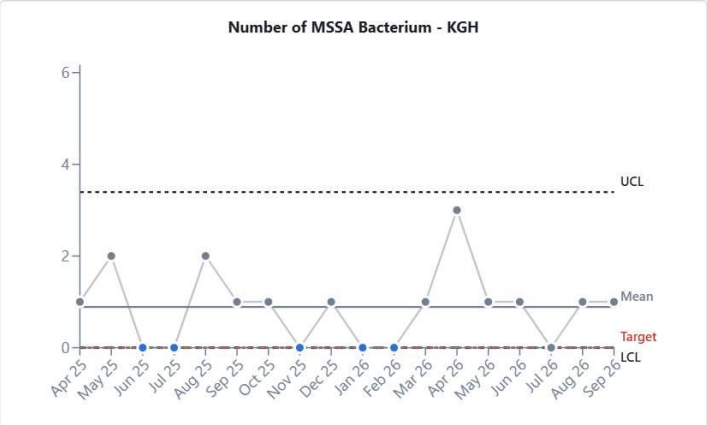
The risk that the AMS workforce resource is low is documented on the IPC risk register.

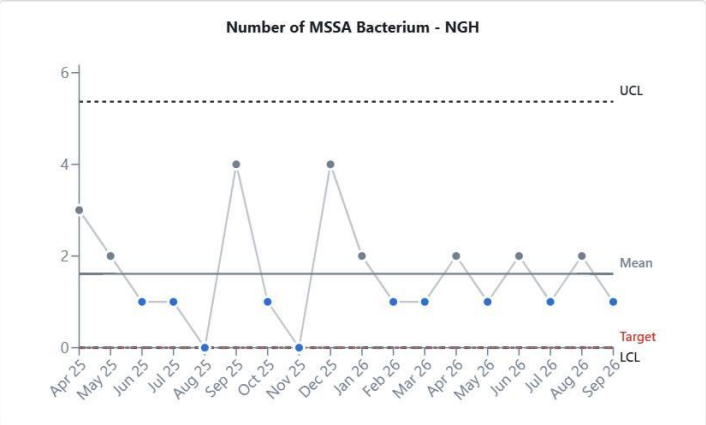
DATA VALUES

TRUST	VALUE	MEAN	TARGET	SPC
KGH	19.53	17.19	—	
NGH	40.62	34.23	—	

Number of MSSA Bacterium

The number of methicillin-susceptible staphylococcus aureus infections.





Understanding the performance

2 cases this month.

What are the issues impacting performance?

None, both were unpreventable.

What SMART actions are being taken to improve?

MRSA and MSSA Policy compliance monitored quarterly and reported to IPAC.

Risks

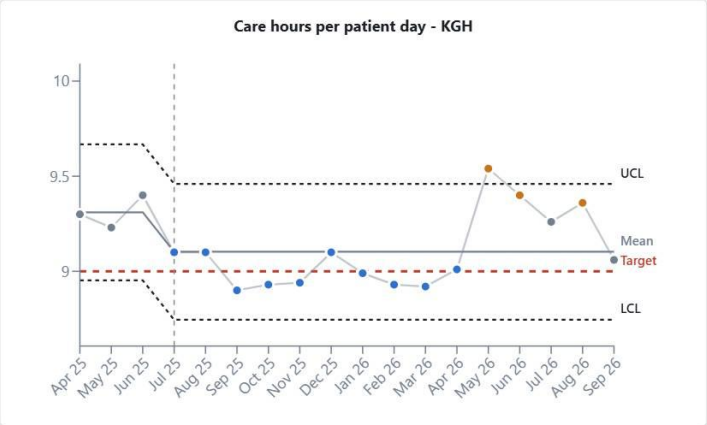
None identified.

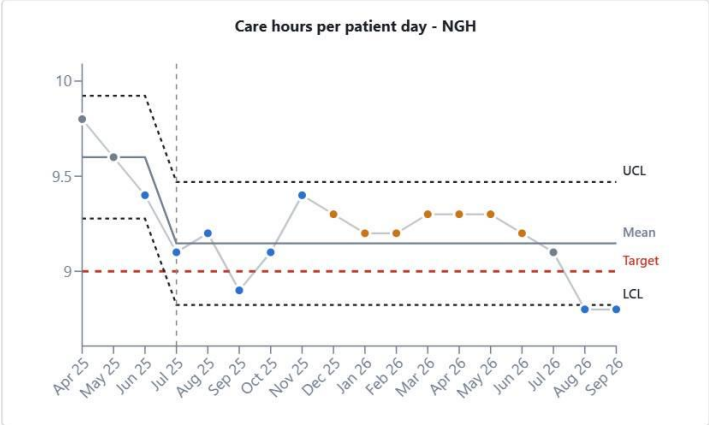
DATA VALUES

TRUST	VALUE	MEAN	TARGET	SPC
KGH	1	0.89	0	
NGH	1	1.61	0	

Care hours per patient day

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





Understanding the performance

KGH CHPPD remains stable at 9.1, marginally above target of 9.0 and within expected control limits since alignment of report processes.
NGH CHPPD has progressively reduced from 9.31 in July to approximately 8.4 in September, reflecting the impact of strengthened workforce controls and improved oversight of staffing deployment.
Septembers position falls below the lower control limit, indicating special cause variation consistent with the intended reduction in nursing hours per patient day.

What are the issues impacting performance?

Historically elevated CHPPD at NGH has required strengthened controls around staffing utilisation and deployment.
Continued oversight is maintained via the daily UHN safe staffing cell where deployment is observed across the group and recorded for audit.
Ongoing work continues to remove niche services from inpatient rosters which influences fill rates and CHPPD from other services operational within that unit.

What SMART actions are being taken to improve?

- Maintain strengthened staffing controls and oversight through established workforce governance arrangements (safe staffing cell).
- Monitor CHPPD alongside staffing fill rates, SNCT outcomes (NMAER reviews in operation) and patient safety indicators to ensure reductions remain clinically appropriate.
- Review emerging trends to assess whether a new, sustainable baseline has been established

Risks

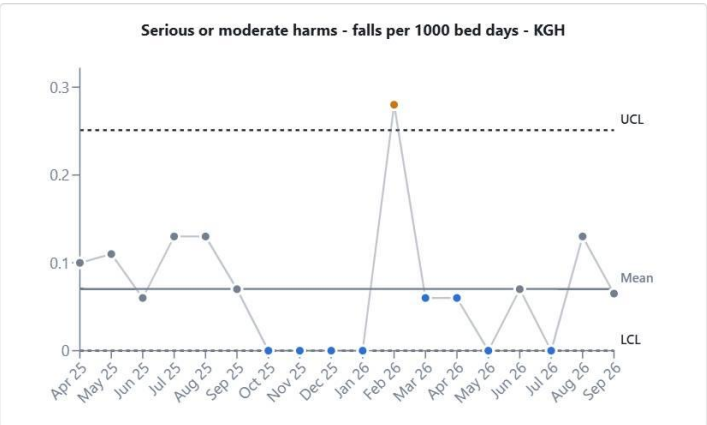
- No additional risks identified arising from the reduction in CHPPD, with safe staffing oversight maintained through established governance processes.
- Mitigated through ongoing triangulation of workforce deployment, professional judgement and patient safety indicators.

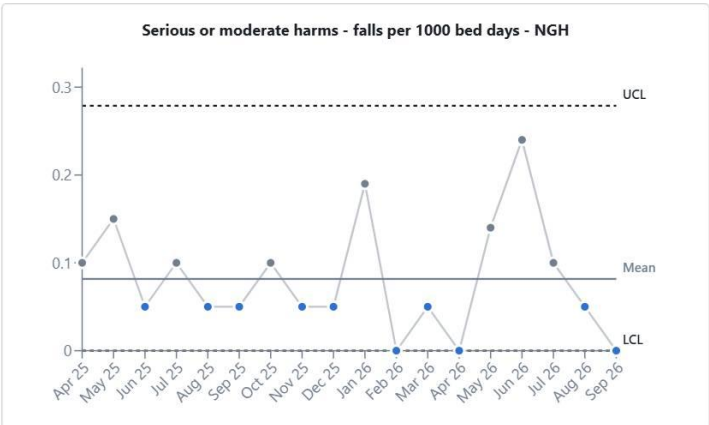
DATA VALUES

TRUST	VALUE	MEAN	TARGET	SPC
KGH	9.06 hours	9.1 hours	9 hours	
NGH	8.8 hours	9.15 hours	9 hours	

Serious or moderate harms - falls per 1000 bed days

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





Understanding the performance

There was one moderate harm fall on KGH site. The patient sustained a dislocated hip.

What are the issues impacting performance?

1:1 staff staying within arms reach of the patient.

What SMART actions are being taken to improve?

Standardisation of enhanced observation expectations across UHN.

Risks

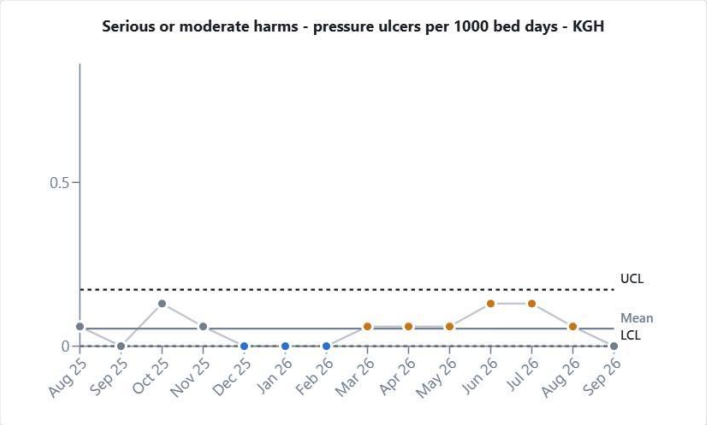
Risks associated with inpatients falls are monitored through the risk register.

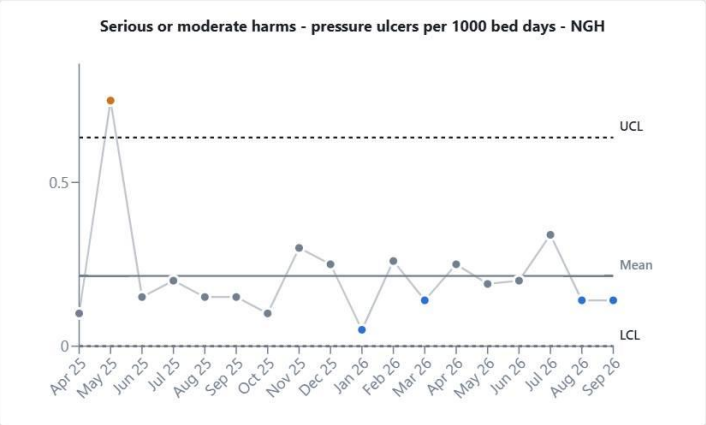
DATA VALUES

TRUST	VALUE	MEAN	TARGET	SPC
KGH	0.07	0.07	—	
NGH	0	0.08	—	

Serious or moderate harms - pressure ulcers per 1000 bed days

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





Understanding the performance

There were 3 unstageable HAPU's on NGH site

What are the issues impacting performance?

- Gaps in communication between ward transfers and within handovers was identified during review
- Delay in implementing appropriate pressure relieving devices was highlighted
- Inconsistencies in following TVN advise
- Delay in escalating poor nutritional status
- Gaps in knowledge on how to use the body map & care plans on Nervecentre

What SMART actions are being taken to improve?

QI programme supported by the Tissue Viability Team to support areas with high incidents initiate changes.

Risks

Risks associated with HAPU's are monitored through the risk register

DATA VALUES

TRUST	VALUE	MEAN	TARGET	SPC
KGH	0	0.05	—	
NGH	0.14	0.21	—	

Not signed off yet

Access Domain

Good news

Cancer performance in August was some of the strongest performance this year.

52 week performance, although some small deterioration is a few specialties, continues to deliver better than plan.

A primary care Breast Pain pathway has commenced in Northampton, which provides an alternative to a cancer referral and should support a reduction in cancer demand.

12hrs waits at NGH continue to show an improving trend despite UEC pressures.

Early indication of UTC improving 4hr performance at NGH.

Areas of concern

Reporting challenges are causing a number of operational challenges, which impact performance at NGH.

The Cancer backlog continues to grow, which makes the recovery of 62 day performance challenging.

Continued growth in ED attendances across UHN including growth in conveyances.

Ambulance handover performance primarily impacted as a result of high bed occupancy and associated high number of non-criteria to reside impacting flow and super stranded position.

Time to initial assessment at NGH impacted due to ED demand.

Improvement plans in place

The management of change currently underway aims to establish at NGH and strengthen at KGH centralised booking practices in outpatients and theatres, this should support a number of performance metrics.

A focus on outpatient productivity continues, following Mission RTT actions, continuing to work with the biggest 14 specialties to drive productivity actions and support performance improvement.

UEC GIRFT Further Faster actions being completed.

A&E 4hr delivery improvement plans across UHN.

MDO led LoS improvement group launched.

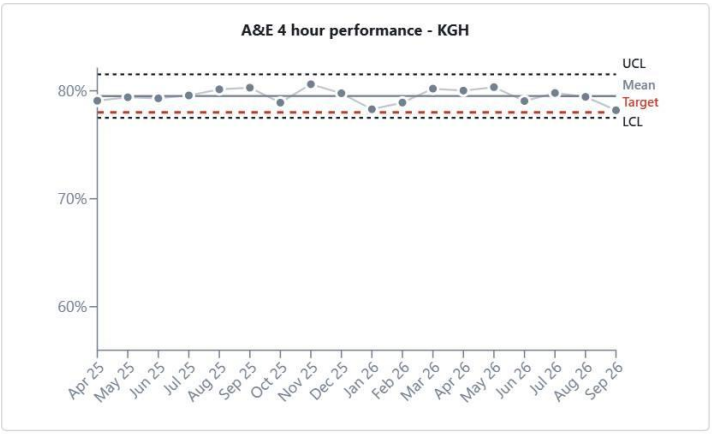
Discharge improvement work underway across boardrounds and long length of stay.

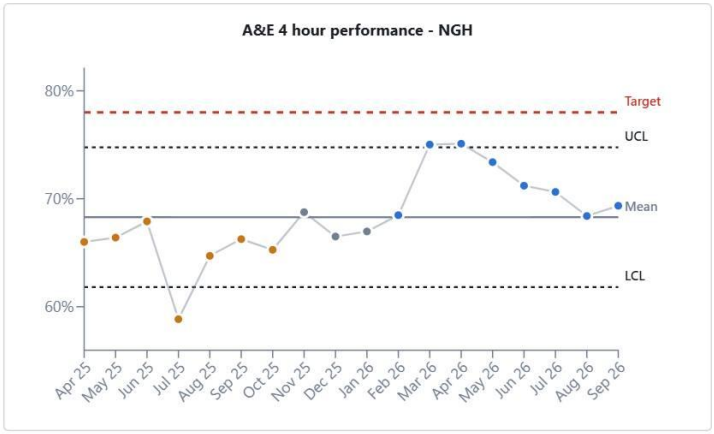
METRIC	KGH	NGH	TARGET	STAR
UEC				
A&E 4 hour performance	—	69.35 %	78 %	
Ambulance handover 45 minute performance	78.81 %	70.6 %	99 %	
Time to initial assessment	11.77	16.55	15	
12 hour wait in the department	12.2 %	9.5 %	10 %	
Non-elective length of stay	10 days	11 days	—	
Bed utilisation	98.68 %	99.37 %	92 %	
Stranded patients (7+ day length of stay)	54.95 %	58.81 %	42 %	
Super-Stranded patients (21+ day length of stay)	21.73 %	24.21 %	12 %	
Patients with a reason to reside	73.41 %	69.64 %	80 %	
CANCER				
Cancer Faster Diagnostic Standard	70.9 %	80.7 %	80 %	
31-day wait for first treatment	96.1 %	91 %	96 %	
62-day wait for first treatment	77.6 %	63.4 %	80 %	
ELECTIVE				
RTT performance	65.45 %	60.5 %	70 %	
Size of RTT waiting list	31,882	44,504	—	
52 week waits as a % of the waiting list	0.4 %	0.87 %	1 %	
Percentage of patients waiting no longer than 18 weeks for a first appointment	68.42 %	61.46 %	72 %	
PRODUCTIVITY				
Theatre utilisation	81.1 %	77.8 %	85 %	
Average cases per list	2.31 cases	2.22 cases	2.5 cases	
Outpatient appointments per consultant FTE	143	132	116	

	Consistently hit target	Not consistently achieved or failed	Consistently fail target	No target set
Special Cause Improvement		• 12 hour wait in the department - NGH • Cancer Faster Diagnostic Standard - KGH • 31-day wait for first treatment - KGH	• A&E 4 hour performance	
Common Cause	• Time to initial assessment - KGH • 52 week waits as a % of the waiting list - KGH	• Time to initial assessment - NGH • 12 hour wait in the department - KGH • Cancer Faster Diagnostic Standard - NGH • 31-day wait for first treatment - NGH • 62-day wait for first treatment - KGH • 52 week waits as a % of the waiting list - NGH • Average cases per list - KGH • Average cases per list - NGH • Outpatient appointments per consultant FTE - KGH • Outpatient appointments per consultant FTE - NGH	• Bed utilisation - NGH • Bed utilisation - KGH • Stranded patients (7+ day length of stay) - KGH • Super-Stranded patients (21+ day length of stay) - KGH • 62-day wait for first treatment - NGH • RTT performance - NGH • RTT performance - KGH • Percentage of patients waiting no longer than 18 weeks for a first appointment - NGH • Percentage of patients waiting no longer than 18 weeks for a first appointment - KGH • Theatre utilisation - NGH	• Non-elective length of stay - KGH • Non-elective length of stay - NGH • Size of RTT waiting list - NGH
Special Cause Concern		• Theatre utilisation - KGH	• Ambulance handover 45 minute performance - KGH • Ambulance handover 45 minute performance - NGH • Stranded patients (7+ day length of stay) - NGH • Super-Stranded patients (21+ day length of stay) - NGH • Patients with a reason to reside - KGH • Patients with a reason to reside - NGH	• Size of RTT waiting list - KGH

A&E 4 hour performance

The percentage of patients who attend our Accident & Emergency departments who leave the department either by being discharged, transferred or admitted within 4 hours of their arrival.





Understanding the performance

Overall 4hr performance includes Type 1, Type 2 (NGH) and Type 3 (both).

KGH at 78% in Sept, 1% reduction from Aug.

NGH at 69% in Sept, representing a 1% improvement from August.

What are the issues impacting performance?

Admitted flow challenges through ED.

Increase in attendances adverse to plan of 8% at KGH and 11% at NGH.

What SMART actions are being taken to improve?

4hr improvement plans including senior clinical decision maker as first point of contract, paediatric pathways to PAU and maximising use of SDECs.

Successful UTC opening from 7th September at NGH shows a 2% improvement in overall 4hrs.

Risks

Overcrowding risk in the ED(s).

Poor patient experience.

High bed occupancy >99% impacting flow and 4hrs.

DATA VALUES

TRUST	VALUE	MEAN	TARGET	SPC
KGH	78.2 %	79.52 %	78 %	
NGH	69.35 %	68.29 %	78 %	

Ambulance handover 45 minute performance

The percentage of ambulance handovers where the time between when an ambulance arrives at our Emergency Department, to when the handover from ambulance staff to our clinicians, is within 45 minutes. t





Understanding the performance

Continued focus on improving ambulance handover times.

KGH performance has been maintained in Sept delivering 79% of handovers in <45mins.

NGH performance has improved in Sept but remains challenged at 71%.

What are the issues impacting performance?

Admitted patient flow through ED.

Increase in numbers of non-criteria to reside.

Increase in ED attendances and conveyances across Northants. Conveyances with YTD adverse to plan at KGH 2% and 6% at NGH.

What SMART actions are being taken to improve?

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

Boardround QI and GIRFT long length of stay improvement work has launched.

Frailty assessment at NGH.

Ambulance challenge initiative - review of alternative pathways.

Risks

Ambulance handover delays can contribute to C2 community response delays.

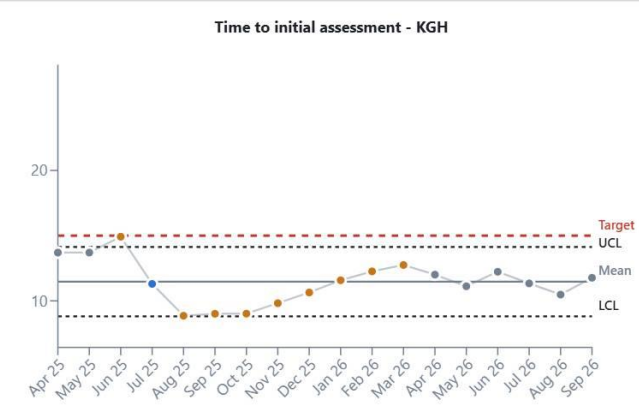
Poor patient experience.

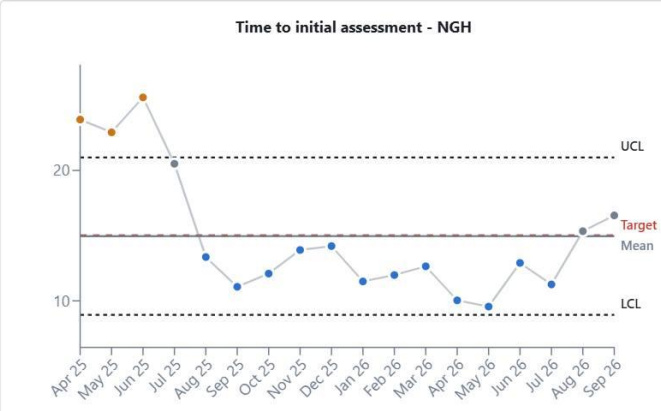
DATA VALUES

TRUST	VALUE	MEAN	TARGET	SPC
KGH	78.81 %	84.97 %	99 %	
NGH	70.6 %	71.39 %	99 %	

Time to initial assessment

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





Understanding the performance

KGH continuing to deliver <15min TTIA performance.

Sept TTIA performance at NGH is at 17mins for September.

What are the issues impacting performance?

High ED attendances can impact performance.

NGH 11% increase in ED attendances against plan will impact performance.

What SMART actions are being taken to improve?

Introduction of the new acuity model at NGH has seen significant improvement in initial assessment times.

Regular safety huddles at both sites with ED NIC/EPIC and clinical site manager.

Risks

Delays to assessment increases risk within the ED waiting room for undifferentiated patients.

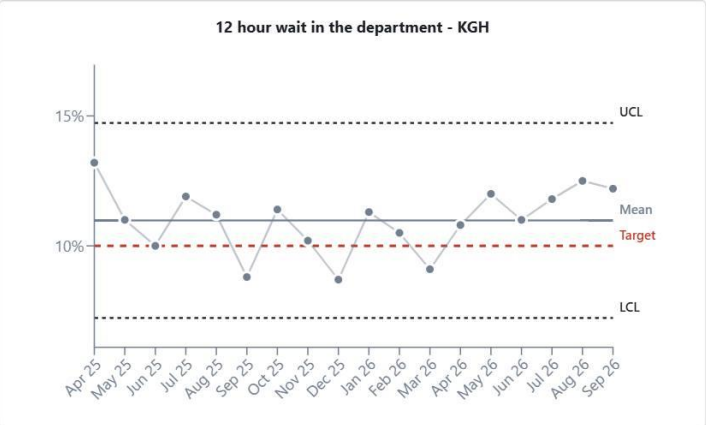
Risk mitigation of regular staffing reviews via staffing cell with staff re-deployed from other areas to support safe ED staffing.

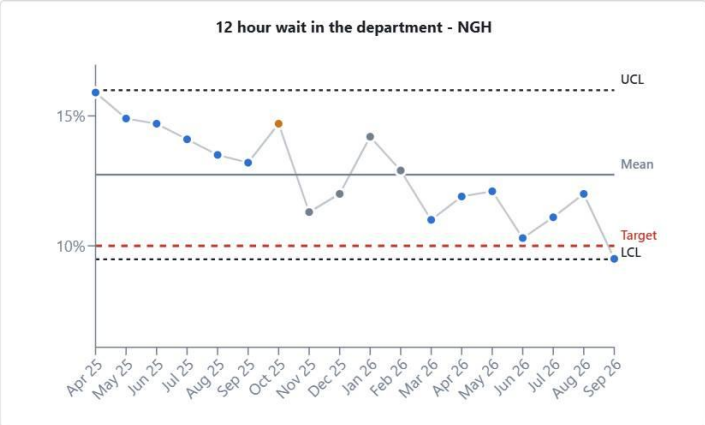
DATA VALUES

TRUST	VALUE	MEAN	TARGET	SPC
KGH	11.77	11.47	15	
NGH	16.55	14.96	15	

12 hour wait in the department

The percentage of patients who have waited more than 12 hours in our Emergency Departments before being admitted or discharged.





Understanding the performance

KGH 12hr performance remaining at 12%.

NGH 12hr performance has improved in Sept to 9.5%.

What are the issues impacting performance?

Primarily delays in admitted patient flow.

What SMART actions are being taken to improve?

Reduction in length of stay that includes QI support into Boardrounds.

UEC Improvements including planned integrated discharge hub.

Expansion of planned care flows at KGH.

Expansion of frailty assessment at NGH.

Risks

ED overcrowding.

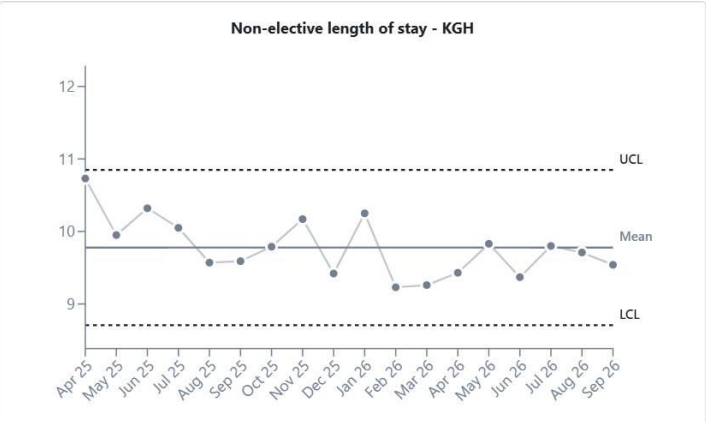
Poor patients experience.

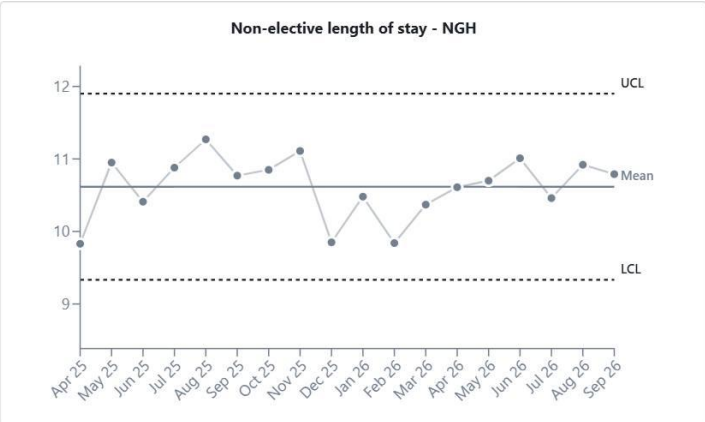
DATA VALUES

TRUST	VALUE	MEAN	TARGET	SPC
KGH	12.2 %	10.98 %	10 %	
NGH	9.5 %	12.74 %	10 %	

Non-elective length of stay

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





Understanding the performance

Downward trend in LOS consistent at KGH over last 2 months, with 0.2day improvement in Sept.

Post T2 Nervecentre go live - no LOS data for NGH therefore July is the latest data point.

What are the issues impacting performance?

Continue to see high numbers of non-criteria to reside and supported pathway delays.

Clinical teams reporting an increase in complexity and acuity of patients.

What SMART actions are being taken to improve?

GIRFT Further Faster Actions across UHN.

Boardround quality improvement work supported by GIRFT underway including launch of LLOS initiative - teams to adopt SHOP approach, all resident doctors to access NC during boardrounds and internal referrals to be responded to same day.

Integrated discharge hub planning.

Risks

Admitted patient flow through ED.

Ambulance handover delays.

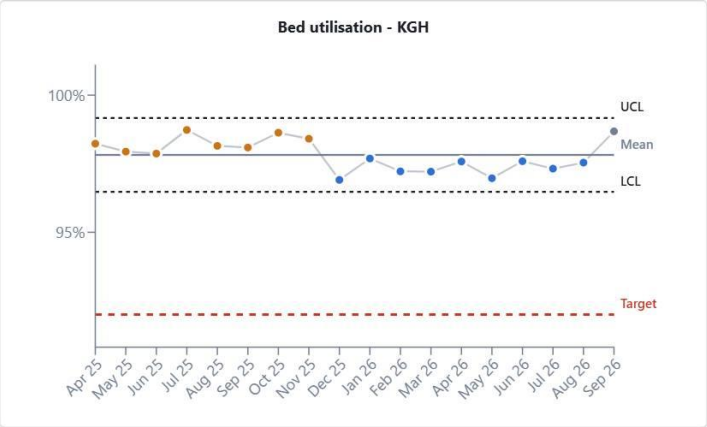
Patient experience.

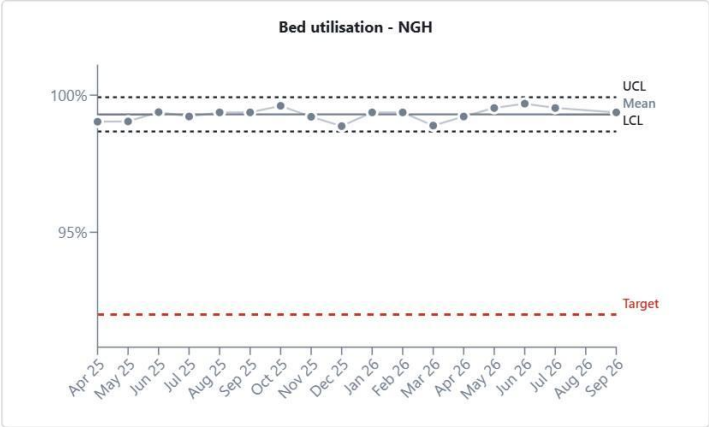
DATA VALUES

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

Bed utilisation

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





Understanding the performance

Bed occupancy remains high across UHN >99%.

What are the issues impacting performance?

Supported discharge pathway delays.

Stranded and super stranded position.

What SMART actions are being taken to improve?

Reduction in LoS plans across UHN to reduce bed occupancy and improve flow.

Continued use of release 2 respond to support capacity and risk across the organisation.

Maximise use of SDECs as admission avoidance.

System planning around supported discharge turnaround times.

Utilisation of Optica for discharge planning.

Risks

Poor patient experience due to ED delays.

Impact on 12hr/24hr performance.

ED overcrowding.

Ambulance handover delays.

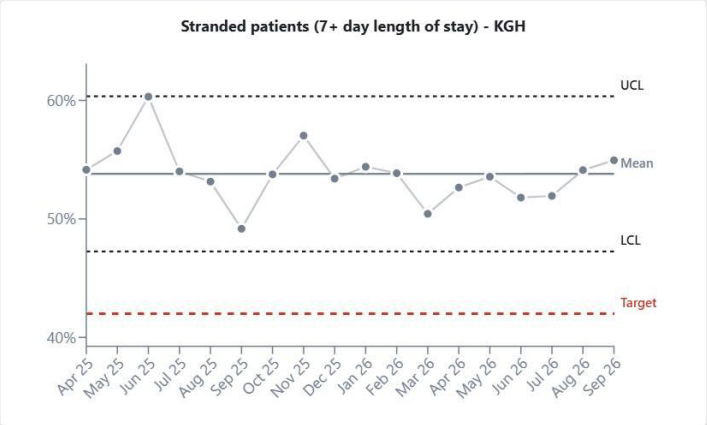
Reliance on corridor care to maintain flow.

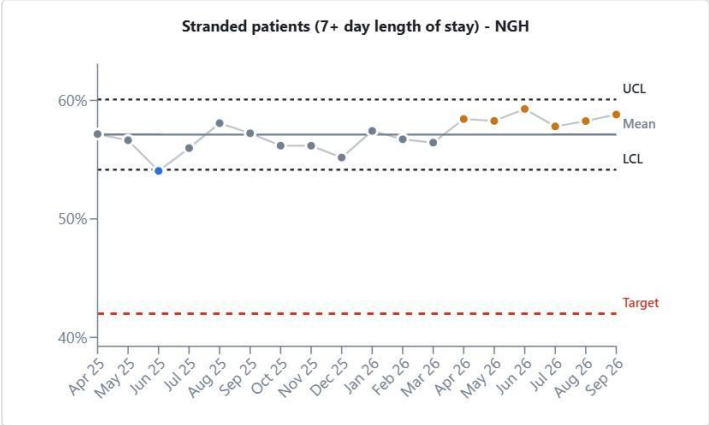
DATA VALUES

TRUST	VALUE	MEAN	TARGET	SPC
KGH	98.68 %	97.82 %	92 %	
NGH	99.37 %	99.3 %	92 %	

Stranded patients (7+ day length of stay)

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





Understanding the performance

Slight increase in the stranded position at both sites in Sept.

What are the issues impacting performance?

Inpatient acuity, complexity and demand.

High demand for patient transport can lead to delays.

What SMART actions are being taken to improve?

Boardrounds and focus on SHOP model.

Internal and external escalation delays to discharge.

Maximising use of discharge lounge.

Maximising use of SDEC.

Bridging service being sourced to reduce P1 delays.

Risks

Delay to discharge impacting admitted flow through ED across all pathways.

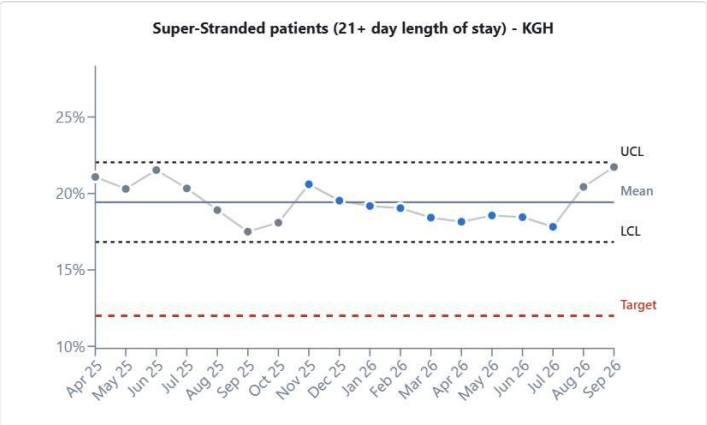
All community beds are full.

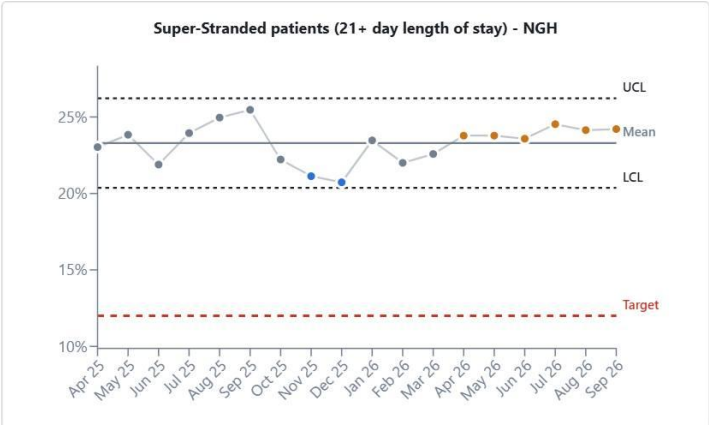
DATA VALUES

TRUST	VALUE	MEAN	TARGET	SPC
KGH	54.95 %	53.8 %	42 %	
NGH	58.81 %	57.12 %	42 %	

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

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





Understanding the performance

Increase in super stranded position at KGH by a further 1%.

Super stranded similar position at NGH.

What are the issues impacting performance?

P2/3 supported discharge waits across UHN.

Complexity of patients.

Housing delays.

What SMART actions are being taken to improve?

Escalation group for patients who do not have a supported discharge plan.

Working with partners to reduce P2 and P3 delays to discharge – particularly for DTA beds.

Top 20 MOFD and Top 20 MFFD meetings.

Risks

Bed occupancy remains high impacting patient flow.

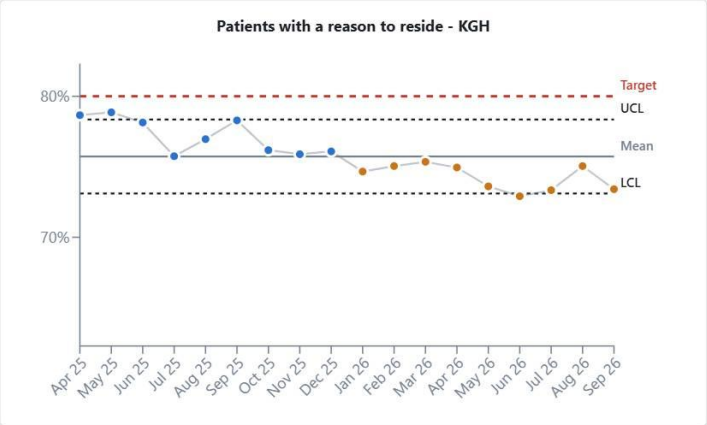
Ongoing use of corridor care risk across ED and inpatient ward areas.

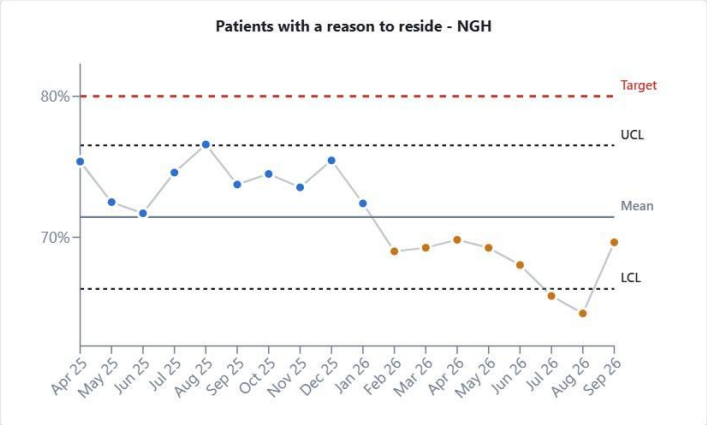
DATA VALUES

TRUST	VALUE	MEAN	TARGET	SPC
KGH	21.73 %	19.42 %	12 %	
NGH	24.21 %	23.29 %	12 %	

Patients with a reason to reside

The percentage of patients in a hospital bed who do meet the national reason to reside criteria, meaning they have a medical reason to be residing in a hospital bed.





Understanding the performance

Continue to see high number of patients who do not meet criteria to reside at both sites.

What are the issues impacting performance?

Number of patients waiting supported discharge across all pathways.

Housing / house clean / awaiting equipment.

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

What SMART actions are being taken to improve?

Weekly escalation group for supported discharge with system partners.

Working with local authorities for housing pathway.

Integrated discharge hub planning.

Supported discharge turnaround times agreed with system partners.

Risks

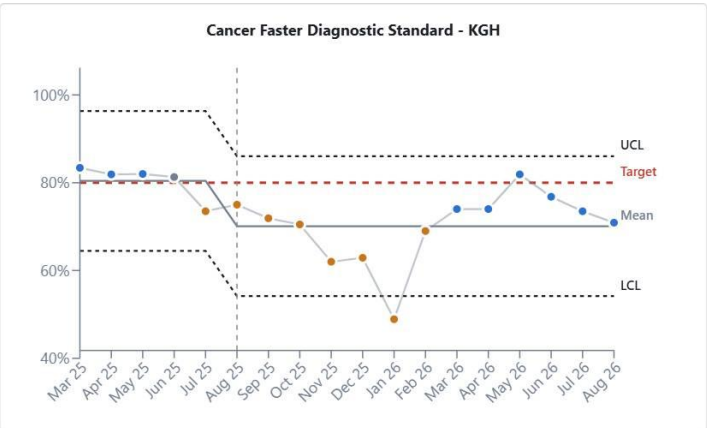
Significant impact on high bed occupancy 99-100%, use of corridor care and 4hr/12hr/ambulance handover performance in the ED.

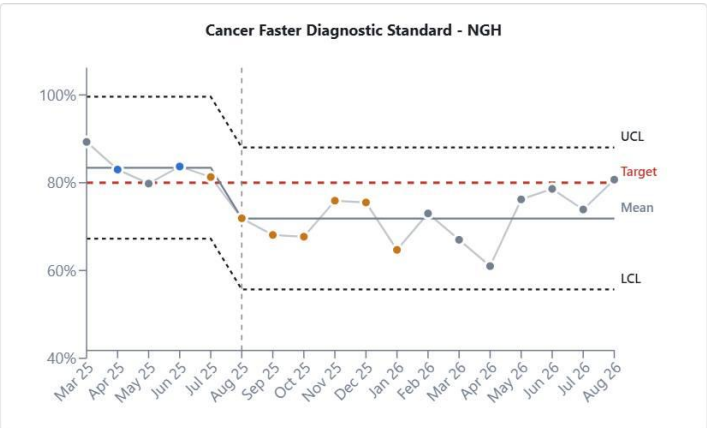
DATA VALUES

TRUST	VALUE	MEAN	TARGET	SPC
KGH	73.41 %	75.73 %	80 %	
NGH	69.64 %	71.43 %	80 %	

Cancer Faster Diagnostic Standard

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





Understanding the performance

NGH standard and plan achieved in August at 80.7%, a 6.8% improvement from July. First time standard achieved since December 2025.

KGH decline to 70.9% against the 80% standard.

The standard is to meet an average of 80% across the year so significant improvement will be needed in the second half of the year to deliver this.

What are the issues impacting performance?

The recovery of skin and breast supported the overall performance at NGH.

In contrast at KGH, Skin remained challenged at 47.3%. This is caused by the Estate issues at Prospect and catching up from the cancelled MOPS in the warmer period.

What SMART actions are being taken to improve?

Continuing to monitor seen in 7 days and turnaround times for radiology and histopathology.

Planned capacity and demand study for skin and head and neck, bids submitted for EMCA performance improvement funding.

Days matter lead will start in November, funded by EMCA and will focus on pathway improvement.

KGH recruitment of associate specialist in skin.

EMCA Funding secured for additionality in Breast and Gynaecology.

Risks

Capacity for first OPA.

Endoscopy capacity.

Workforce constraints.

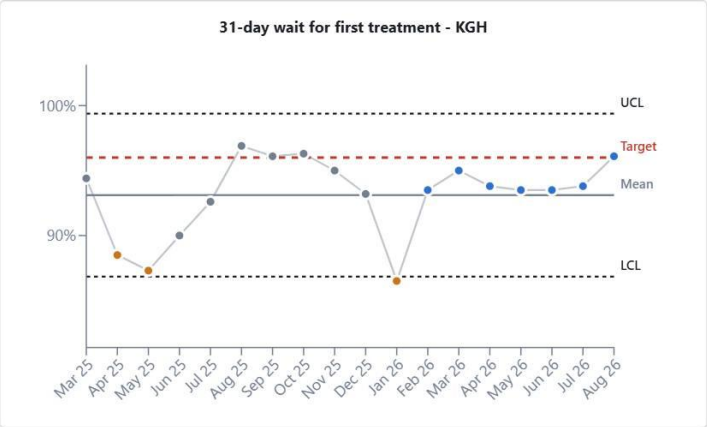
Winter pressures.

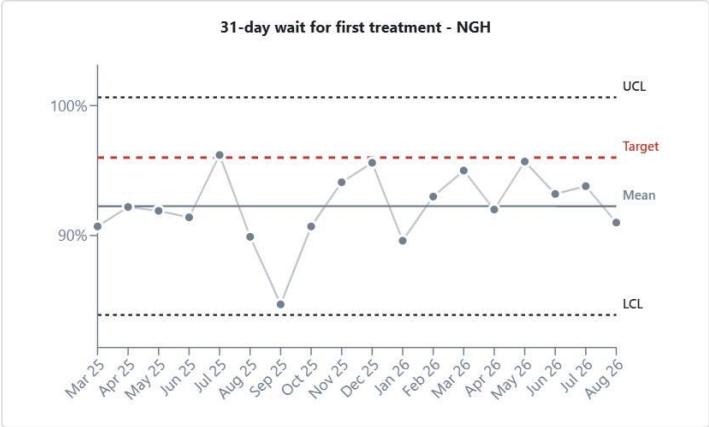
DATA VALUES

TRUST	VALUE	MEAN	TARGET	SPC
KGH	70.9 %	70.1 %	80 %	
NGH	80.7 %	71.86 %	80 %	

31-day wait for first treatment

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





Understanding the performance

NGH standard and plan not met at 91%. A 2.8% reduction from July.

KGH met the standard for August at 96.1%, showing month on month improvement.

What are the issues impacting performance?

At NGH there were 10% less treatments delivered in August, to be expected due to seasonal trends. Breast saw a significant decline in performance affecting overall performance. 31 of the 38 breaches were surgery, which is unusual.

In KGH the breaches were predominantly due to surgical capacity

What SMART actions are being taken to improve?

Cancer services team continue to escalate and provide weekly summary reports to divisions of patients breaching or at risk.

Appointment of a 'Days Matter Lead' funded by EMCA to support pathway transformation in Breast and Gynaecology to reduce days on the pathway. Starts 2 Nov.

Work is also underway on a broader Theatres programme to reduce session cancellations, which will support cancer activity as well as RTT.

Risks

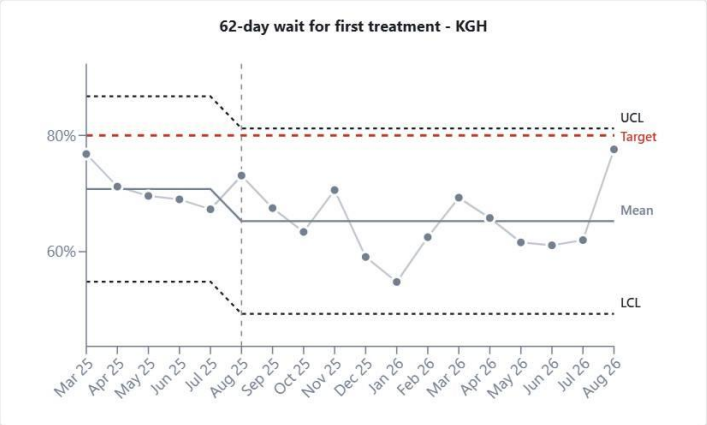
Surgical capacity is the biggest risk currently.

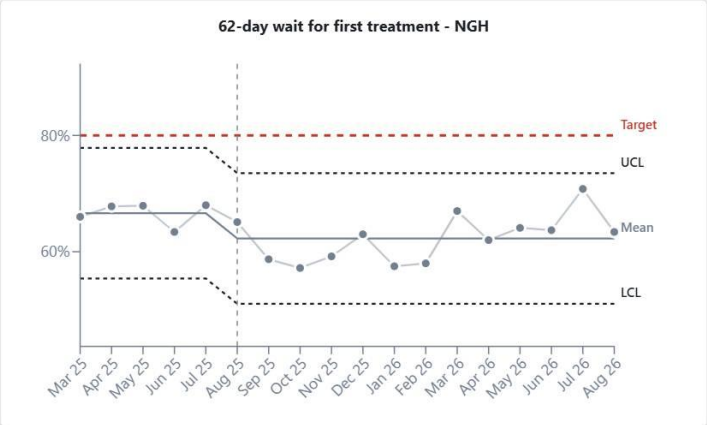
DATA VALUES

TRUST	VALUE	MEAN	TARGET	SPC
KGH	96.1 %	93.11 %	96 %	
NGH	91 %	92.26 %	96 %	

62-day wait for first treatment

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





Understanding the performance

KGH achieved 77.6%, the highest for more than a year. Performance was supported by strong delivery within Urology (86.9%), UGI (92.6%) and Gynaecology (100%).

NGH was below the standard and plan reaching 63.4%. 7.4% reduction on July. Brain, Breast, Other, Skin and Urology all achieved the standard. NGH delivery trend is improving.

What are the issues impacting performance?

KGH - Performance remains challenged within Head & Neck (16.7%) and Breast (56.5%), which together contributed 10 of the 28.5 treatment breaches.

NGH-7% less treatments delivered in August to be expected due to seasonal variation. Gynaecology (26.1%) and Lung (26.9%) were challenged.

There is an increasing backlog, which impacts our ability to recover the standard.

What SMART actions are being taken to improve?

All Tumour sites have improvement plans and trajectories which are being monitored by the Patient Access Group.

EMCA have supported bids for Breast and Gynaecology for Q3 to support additional activity.

Days Matter Transformation Programme Lead appointed.

Risks

KGH - Breast performance adversely affecting September performance

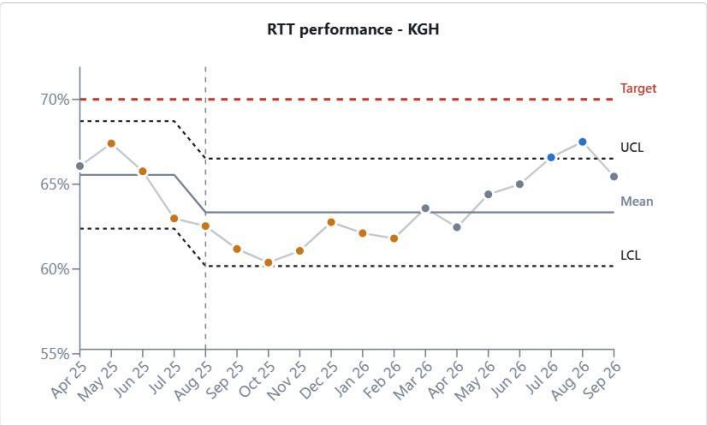
NGH-Increasing backlog, larger than usual PTL

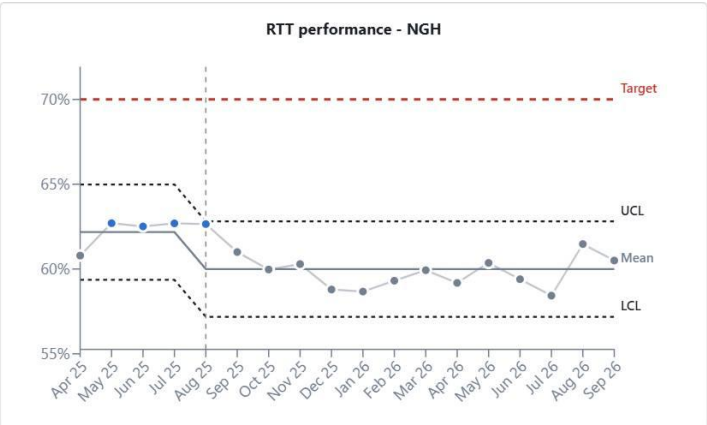
DATA VALUES

TRUST	VALUE	MEAN	TARGET	SPC
KGH	77.6 %	65.26 %	80 %	
NGH	63.4 %	62.28 %	80 %	

RTT performance

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





Understanding the performance

KGH validated September month end position is expected to be circa 68% and NGH 63%. These are behind plan for the first time this financial year (~1.5% behind plan), as the revised plan to 73% starts to impact trajectories.

What are the issues impacting performance?

Nervecentre implementation at NGH and the reporting challenges following go live are impacting our ability to book capacity, run clinics at full utilisation and monitor activity. This is having a more prolonged impact than expected.

NGH have transferred a significant number of long waiting patients to KGH in Cardiology and T&O to equalise waiting times.

What SMART actions are being taken to improve?

Focussed support to the largest 14 specialties, with resources focussed on follow up reduction, booking in date order and a focus on delivering more first appointments.

Regular data shared with services on appointments waiting for an outcome, validation cohorts and improvement examples.

Productivity programme in place to support performance.

Risks

Impact of Nervecentre on the clinical administrative time needed.

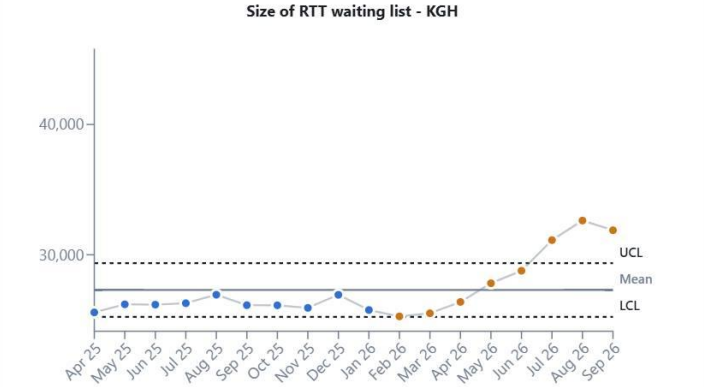
Workforce fragility.

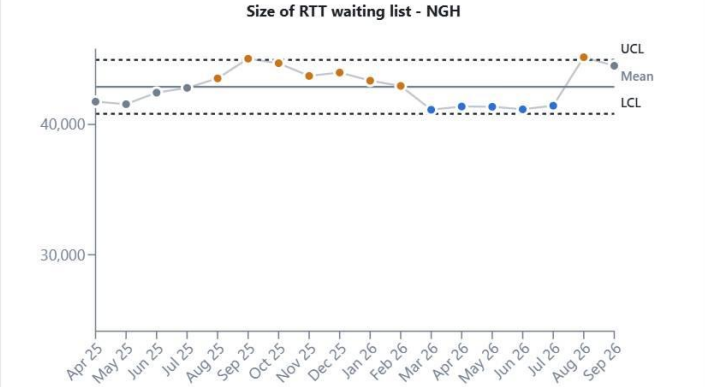
DATA VALUES

TRUST	VALUE	MEAN	TARGET	SPC
KGH	65.45 %	63.34 %	70 %	
NGH	60.5 %	60 %	70 %	

Size of RTT waiting list

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





Understanding the performance

The KGH waiting list has fallen for the first time this year, following the lift on of ASIs from eRs.

Although the NGH list has grown in size, this is a planned increase due to NerveCentre automation lifting referrals on. We are within plan at NGH.

What are the issues impacting performance?

At KGH, we have done some focussed validation of patients under 18 weeks to address the waiting list size, which impacts RTT performance.

What SMART actions are being taken to improve?

Week one each month we will address validation under 18 weeks, with the rest of the month focussed on 18 weeks plus.

We are utilising an external validation resource to supplement capacity at NGH, to support reduction and addressing DQ post-Nervecentre.

Risks

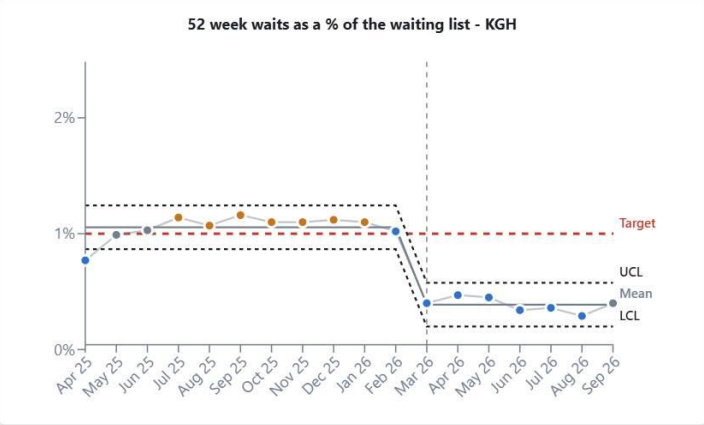
Reporting visibility to support utilisation.

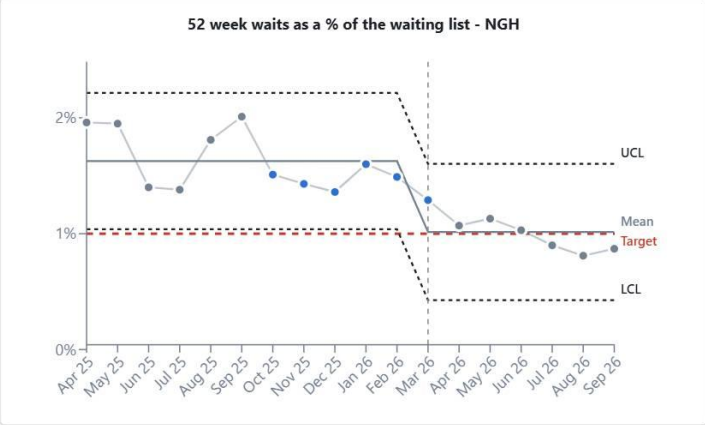
DATA VALUES

TRUST	VALUE	MEAN	TARGET	SPC
KGH	31,882	27,301.89	—	
NGH	44,504	42,888.5	—	

52 week waits as a % of the waiting list

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





Understanding the performance

We have seen a small increase at both sites, driven by Dermatology and Gynaecology.

ENT long waits have improved significantly.

Overall we continue to deliver better than target.

What are the issues impacting performance?

Minor Operation capacity has been disrupted in Dermatology through the hot weather and due to some estates challenged. This has caused a backlog of patients.

What SMART actions are being taken to improve?

Continued transfer of patients between sites to support earlier treatment.

Insourcing in place for ENT and outsourcing procurement underway for a more sustainable solution.

Risks

No identified licenced treatment for Keloid Scar patients is causing some long waiting patients currently.

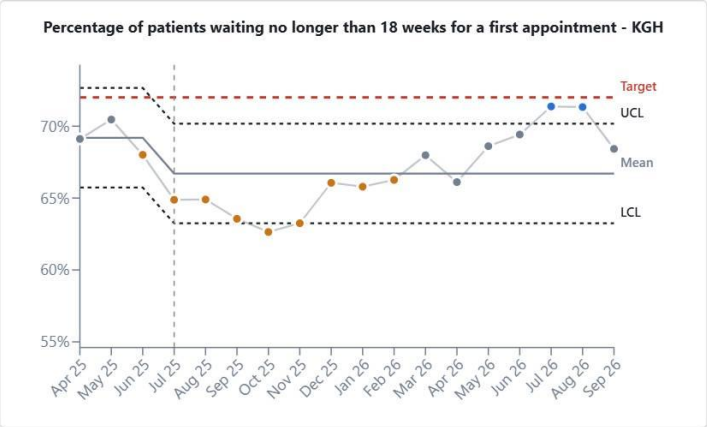
Theatre capacity for Gynaecology.

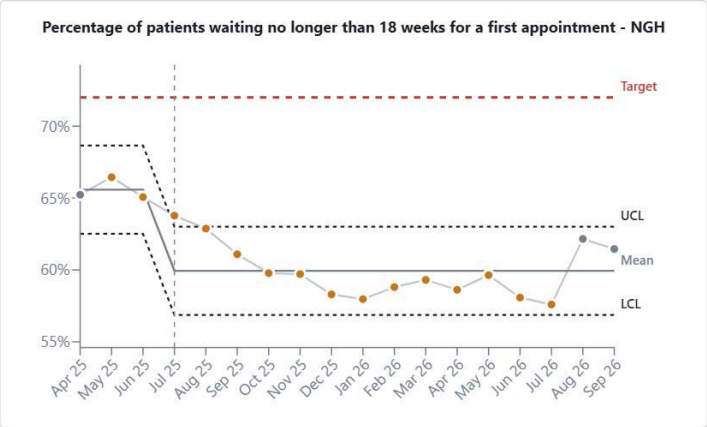
DATA VALUES

TRUST	VALUE	MEAN	TARGET	SPC
KGH	0.4 %	0.39 %	1 %	
NGH	0.87 %	1.01 %	1 %	

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

The percentage of patients who have their first appointment within 18 weeks of referral of all the planned care referrals we receive.





Understanding the performance

The performance trend mirrors the RTT trend.

What are the issues impacting performance?

The NGH improvement in August reflects the NerveCentre automation of referrals, so all are visible in the EPR.

Capacity for first appointments is the main determinant of the metric.

What SMART actions are being taken to improve?

NHSE have circulated a 'Focus on Firsts' data pack, which sets out data on the proportion of first booked in October and November. We are utilising this data to take targeted action in specialties where it appears bookings are not in date order.

In addition we are developing additional pathways with primary care to support the management of demand: Dermatology and Breast.

Risks

Demand and capacity mismatch

DATA VALUES

TRUST	VALUE	MEAN	TARGET	SPC
KGH	68.42 %	66.71 %	72 %	
NGH	61.46 %	59.95 %	72 %	

Theatre utilisation

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





Understanding the performance

Performance is inconsistent, Although we have seen a small improvement this month, we are not meeting the 85% target.

What are the issues impacting performance?

On the day cancellations for NGH have risen to 9.1% and 6.2% at KGH. 26 alone for urology at NGH and 16 at KGH as the outlier.

Patient DNA is 10.56% across for NGH and patient unfit is 12% for UHN.

What SMART actions are being taken to improve?

Consultation is underway to support the creation of a central Theatre booking team for NGH, this is expected to improve consistency, control and utilisation.

Risks

Culture work in theatres

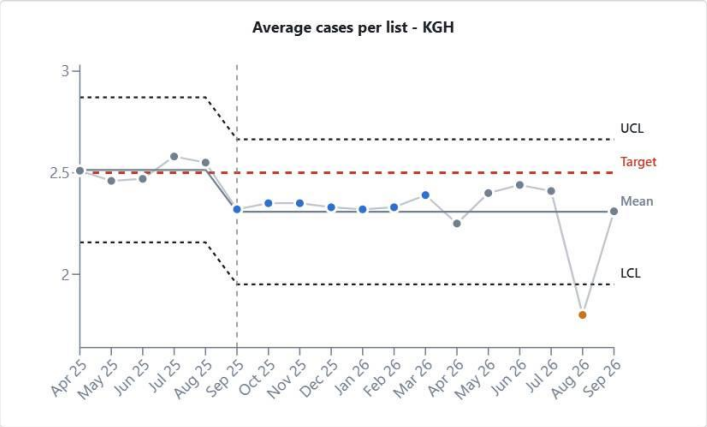
Theatre & Anaesthetic Staffing levels (vacancy & felt vacancy)

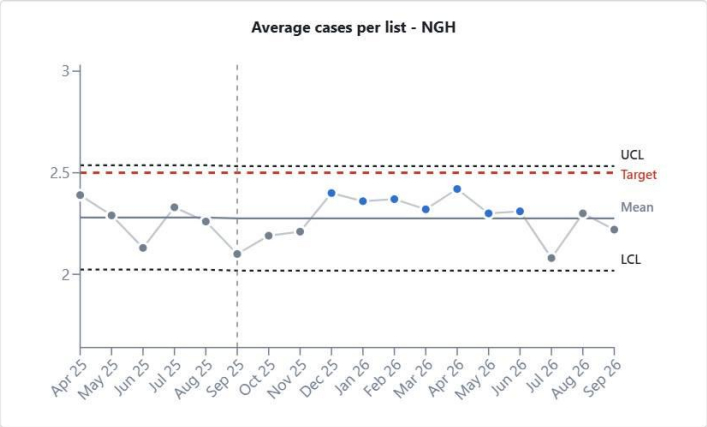
DATA VALUES

TRUST	VALUE	MEAN	TARGET	SPC
KGH	81.1 %	82.69 %	85 %	
NGH	77.8 %	78.22 %	85 %	

Average cases per list

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





Understanding the performance

We have seen a reduction this month.

What are the issues impacting performance?

Performance is impacted by case mix, mitigation of cancellations of cases and complexity.

What SMART actions are being taken to improve?

Standby lists to support with allocation of patients should spaces become available.

Development of the IPWL Centralised Booking Team.

Review of Ophthalmology PreOp processes to see if there can be any learning or opportunities for improvement.

Risks

DNA rate

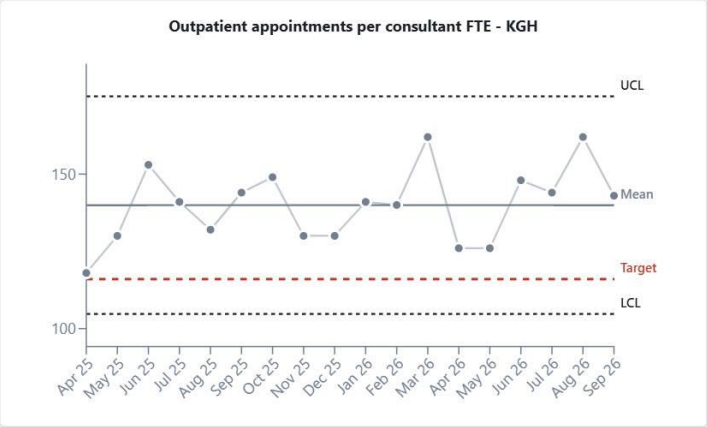
Complexity of cases

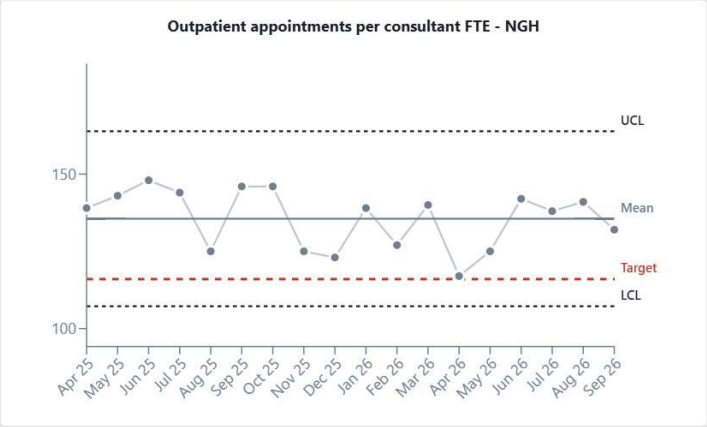
DATA VALUES

TRUST	VALUE	MEAN	TARGET	SPC
KGH	2.31 cases	2.31 cases	2.5 cases	
NGH	2.22 cases	2.28 cases	2.5 cases	

Outpatient appointments per consultant FTE

The number of outpatient appointments carried out per whole time equivalent consultant in the Trust.





Understanding the performance

No content yet

What are the issues impacting performance?

No content yet

What SMART actions are being taken to improve?

No content yet

Risks

No content yet

DATA VALUES

TRUST	VALUE	MEAN	TARGET	SPC
KGH	143	139.94	116	
NGH	132	135.56	116	

Signed off by **Sarah Noonan** on 20 Oct 2026, 14:32

People Domain

Good news

- Turnover rates continue to perform better than target across both hospitals, indicating good workforce retention and stability.
- Vacancy rates are near target at both Trusts.

Areas of concern

Absence is at target at KGH and above target at 5.66% at NGH. Absence is likely to deteriorate over winter.

Appraisal rates continue to decline.

Contracted WTE and Bank WTE are above plan.

Improvement plans in place

Sickness absence improvement plan with focus on hotspots and prevention.

Appraisal improvement actions focus on the quality of appraisal to drive compliance.

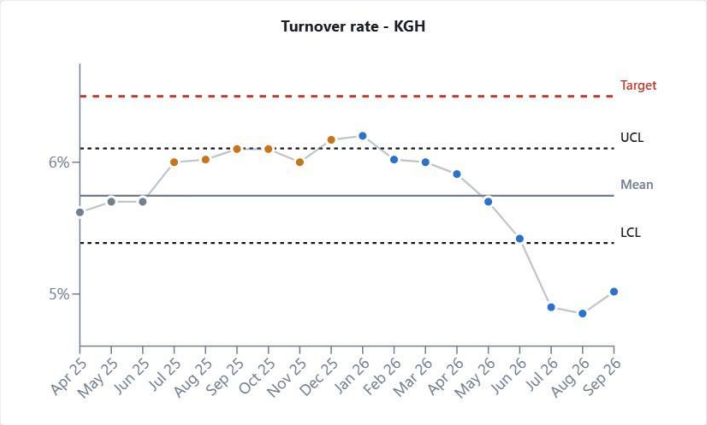
Workforce plan delivery actions overseen by FRB.

METRIC	KGH	NGH	TARGET	STAR
CULTURE AND SAFETY				
Turnover rate	5.02 %	4.97 %	6.5 %	
Appraisal completion rates	81.88 %	78.21 %	85 %	
Mandatory training compliance	90.29 %	89.37 %	85 %	
Sickness and absence rate	—	5.66 %	4.5 %	
Number of volunteering hours	2,684 hours	3,968 hours	—	
WORKFORCE FINANCIAL SUSTAINABILITY				
Vacancy rate	8.05 %	8.68 %	8 %	
Time to hire (days)	—	71.9	65	
Employee relations formal cases	32	33	—	
Total WTE (PWR figure)	5,100.13	6,402	—	
Bank Spend as % of Total Pay	8.82 %	9.11 %	6.3 %	
Agency Spend as % of Total Pay	0.86 %	1.45 %	2 %	

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

Turnover rate

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





Understanding the performance

Turnover remains below target in both Trusts. Performance at both Trusts against the 6.5% target indicating workforce stability and retention across UHN.

What are the issues impacting performance?

Turnover remains below target across UHN. Whilst the overall trend is positive there are still challenges in recruiting and retaining specialist clinical and operational roles which are influenced by NHS labour market shortages and organisational change.

What SMART actions are being taken to improve?

- Target retention activity towards areas and staff groups with higher turnover.
- Triangulate workforce data, exit feedback and staff survey results to identify and respond to emerging retention themes.
- Promote career pathways and development opportunities across UHN to support retention.
- Use proactive workforce planning and efficient recruitment to minimise the impact of turnover-related vacancies.

Risks

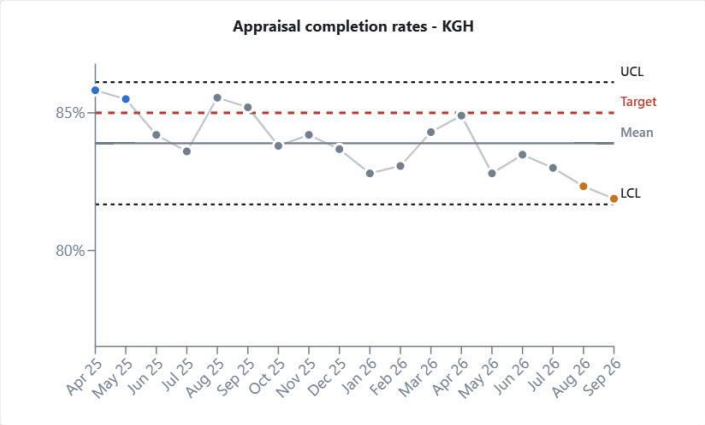
- Higher turnover in key clinical and operational roles presents a risk to workforce stability, with potential implications for temporary staffing expenditure and pressure on substantive teams.
- A competitive NHS employment market continues to present recruitment and retention challenges, particularly within specialist and hardto fill roles.

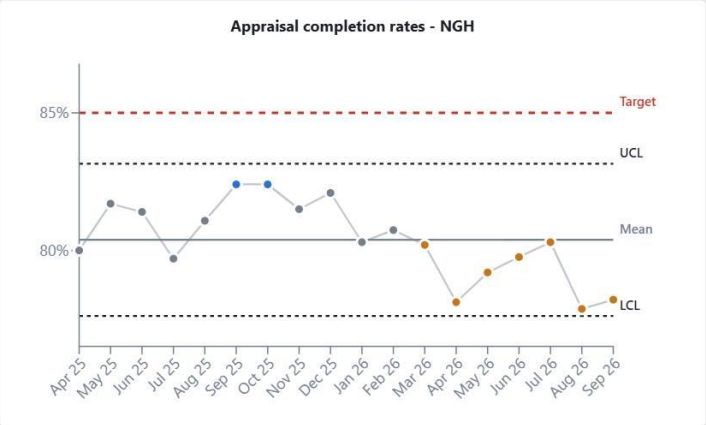
DATA VALUES

TRUST	VALUE	MEAN	TARGET	SPC
KGH	5.02 %	5.75 %	6.5 %	
NGH	4.97 %	5.78 %	6.5 %	

Appraisal completion rates

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





Understanding the performance

Appraisal compliance remains below the 85% organsiational target at both sites.

KGH has shown a gradual reduction over recent months, with September performance close to the lower control limit. NGH remains consistently below target, although September shows a small improvement from August. Overall, performance remains relatively stable but below the required level.

What are the issues impacting performance?

- Ongoing organisational change and changes to team structures continue to affect ownership and timely completion of appraisals.
- Operational pressures and competing priorities can limit protected time for appraisal conversations.
- Variation remains between teams, indicating inconsistent prioritisation and local management of the appraisal process.

What SMART actions are being taken to improve?

- ESR reminders continue to prompt managers and colleagues when appraisals are due.
- Monthly compliance reports are provided to managers to support local oversight and action.
- Targeted communications and the Appraisal Toolkit continue to support understanding and completion.
- Performance continues to be reviewed through divisional challenge and accountability arrangements.

Risks

- Sustained performance below the 85% target may reduce assurance that colleagues are consistently receiving timely appraisal and development conversations.
- Missed or delayed appraisals may reduce opportunities to identify development needs and support performance.
- Continued variation may impact staff experience and organisational assurance around effective people management.

DATA VALUES

TRUST	VALUE	MEAN	TARGET	SPC
KGH	81.88 %	83.9 %	85 %	
NGH	78.21 %	80.39 %	85 %	

Mandatory training compliance

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





Understanding the performance

Mandatory training compliance remains above the 85% organisational target at bioth KGH and NGH.

KGH remains around 90%, with a small reduction in September following stronger performance earlier in the year. NGH remains stable at approximately 89%, with little variation over recent months. Overall performance remains stable adn above target.

What are the issues impacting performance?

- Operational pressures and competing clinical priorities continue to affect the time available for colleagues to complete training.
- Face-to-face and practical competency requirements remain more challenging due to the need for protected time, trainer/assessor availability and coordinated attendance.
- Local variation remains within individual training requirements and staff groups despite good overall compliance.

What SMART actions are being taken to improve?

- ESR notifications continue to alert colleagues and managers when training is due or overdue.
- Monthly compliance reports support managers to identify and address outstanding training.
- Targeted follow-up continues in areas and staff groups with lower compliance.
- Performance is routinely reviewed through divisional performance and challenge arrangements.

Risks

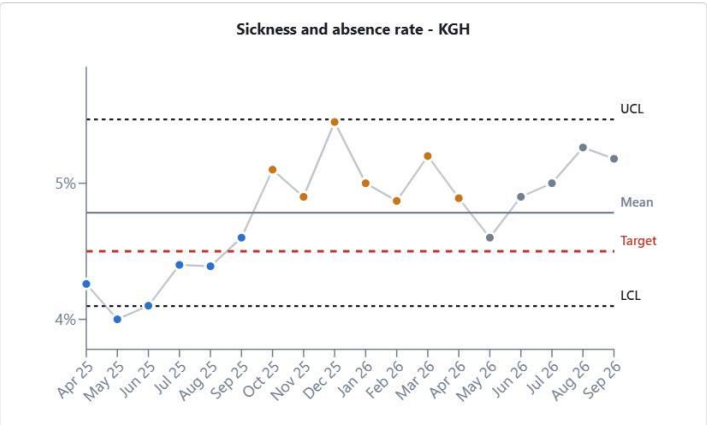
- Although overall compliance remains above target, lower compliance within individual subjects or staff groups may create gaps in required knowledge or competency.
- Operational pressures may affect colleagues' ability to complete training within the required timeframe.
- Continued monitoring is required to maintain performance and address areas of lower compliance promptly.

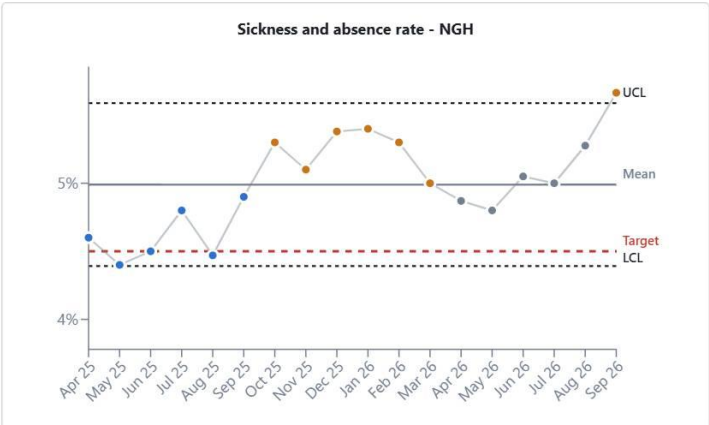
DATA VALUES

TRUST	VALUE	MEAN	TARGET	SPC
KGH	90.29 %	90.32 %	85 %	
NGH	89.37 %	89.39 %	85 %	

Sickness and absence rate

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





Understanding the performance

NGH sickness absence increased to 5.66% (August 5.28%), exceeding the 5% target and upper control limit. Both short- and long-term absence increased, with deterioration across several clinical divisions. KGH improved marginally to 5.18% (August 5.26%), driven by reduced long-term absence, although short-term absence increased. Long-term sickness remains above the 2.5% threshold at both hospitals.

What are the issues impacting performance?

Long-term sickness remains a significant contributor to overall absence. Organisational change, including the Innovating Care/AVT consultation, introduces additional workforce uncertainty and potential psychological wellbeing pressures. Organisational stress remains an active area of concern, with revised management guidance and risk assessment arrangements progressing through Trust governance.

What SMART actions are being taken to improve?

The UHN Sickness Improvement Plan was updated in September, alongside continued development of the organisational stress management framework. OHWB is developing targeted psychological and wellbeing support for colleagues affected by organisational change. SPOA multidisciplinary pathways remain operational across both hospitals, with improvements to referral processes and performance reporting underway.

Risks

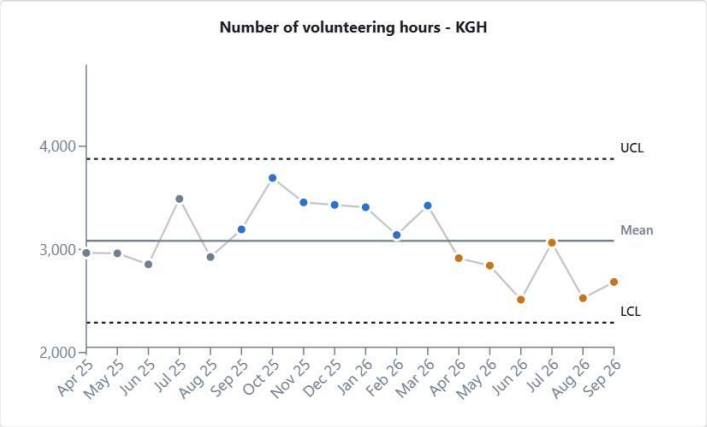
Sustained sickness absence, particularly long-term absence, remains a workforce risk. Delivery of the UHN Sickness Improvement Plan, including targeted hotspot interventions, strengthened management processes and improved OHWB pathways, will be important in mitigating this risk. Ongoing organisational change and winter illness pressures may present additional challenges.

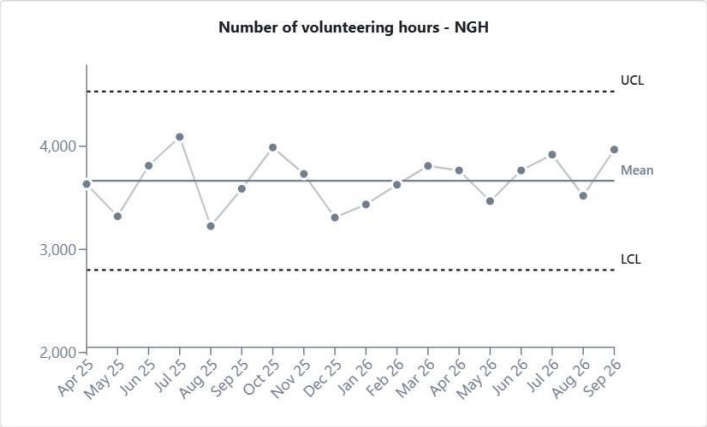
DATA VALUES

TRUST	VALUE	MEAN	TARGET	SPC
KGH	5.18 %	4.78 %	4.5 %	
NGH	5.66 %	4.99 %	4.5 %	

Number of volunteering hours

The number of hours volunteered in the organisation.





Understanding the performance

Volunteer hours in September increased by 9.2% compared to August, reflecting continued recruitment activity and efforts to maintain service delivery.

What are the issues impacting performance?

- Backfilling volunteer vacancies remains a challenge across several services.
- Recent recruitment campaigns have attracted a good mix of applicants; however, 10 applicants have withdrawn during the recruitment process, with a risk of further attrition.
- Delays in obtaining references, inconsistencies in recruitment documentation, response times to applicant queries, and occasional inaccuracies in information provided to applicants have affected onboarding times and applicant experience.
- Additional recruitment activity has been undertaken to support Emergency Departments, and several applicants have expressed an interest in undertaking dual volunteer roles.
- Demand for volunteer support continues to increase across the Trust, including support for the Flu Vaccination Programme and PLACE assessments.

What SMART actions are being taken to improve?

- Progress applicants through recruitment, onboarding and deployment as efficiently as possible while maintaining regular communication.
- Continue targeted recruitment for priority areas, including Emergency Departments.
- Maximise deployment of volunteers willing to undertake dual roles to increase flexibility and service coverage.
- Implement self-rostering to reduce administrative burden, improve efficiency and release coordinator capacity to focus on recruitment, onboarding and volunteer support.
- Monitor applicant conversion rates and escalate recruitment process issues where delays are impacting deployment.

Risks

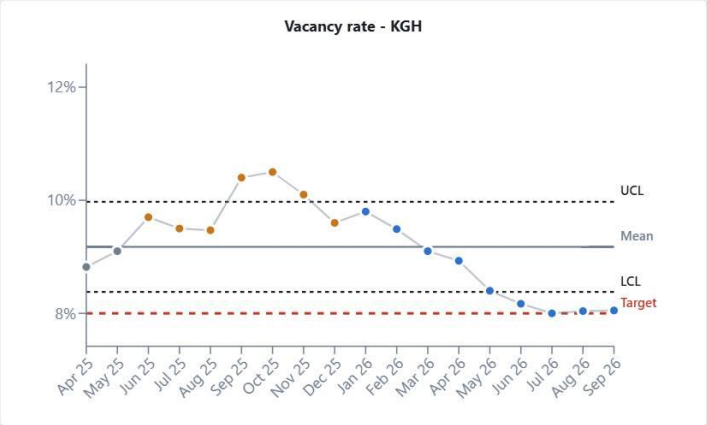
- Recruitment delays and process inconsistencies may result in further applicant withdrawals and prolonged vacancies.
- Additional Volunteer Services resource is required to maintain applicant engagement and minimise losses during the recruitment process.
- Ongoing vacancies may impact the ability to meet increasing demand for volunteer support across the Trust.
- Extended onboarding times may negatively affect applicant experience and future recruitment activity.
- Delays in deploying successful applicants may impact achievement of volunteer hour targets.

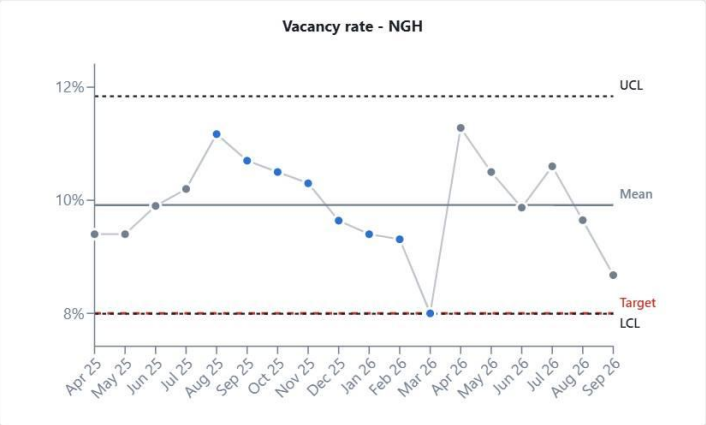
DATA VALUES

TRUST	VALUE	MEAN	TARGET	SPC
KGH	2,684 hours	3,083.06 hours	—	
NGH	3,968 hours	3,665.67 hours	—	

Vacancy rate

The percentage of established posts which are currently vacant.





Understanding the performance

Vacancies continues to reduce in both organisations, driven by focussed activity in medicine to reduce nursing vacancies and there has also been significant consultant recruitment

What are the issues impacting performance?

Time to hire

Starter controls to manage the growth of the substantive workforce

Volume of recruitment - divisional focus and capacity

What SMART actions are being taken to improve?

Development of a time to hire improvement plan

New starter controls process strengthened

Recruitment activity prioritised to high cost/high volume temporary staffing areas

Risks

Key risk there is still a considerable vacancy factor in Estates and Facilities that the teams continue to work to resolve.

High number of consultant vacancies

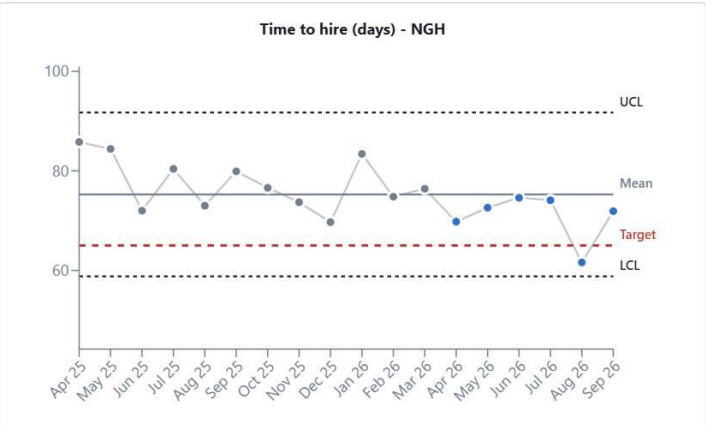
DATA VALUES

TRUST	VALUE	MEAN	TARGET	SPC
KGH	8.05 %	9.18 %	8 %	
NGH	8.68 %	9.92 %	8 %	

Time to hire (days)

The average number of days between when a post is submitted onto the system for approval to recruit until the colleague starts in role.





Understanding the performance

The increase in Time to hire is showing the effects of the recruitment pause in August The volume of recruitment remains high.

What are the issues impacting performance?

Authorisation process continues to experience delays. The cap for new starters continues to be in place with start dates now being scheduled for January 2027 for roles that do not displace temporary workers. Administrative posts are subject to delay whilst the AVT consultation is completed.

What SMART actions are being taken to improve?

Additional vacancy control panels have been scheduled to support the backlogs within the authorisation stage.

High volume/high cost recruitment to be prioritised

Process improvement to include risk assessment

Risks

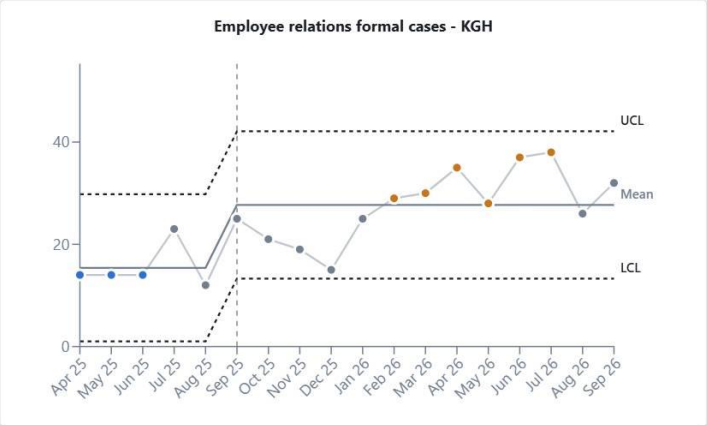
Increase in temporary staffing. Risk of losing the best candidates due to an inability to on-board in a timely manner.

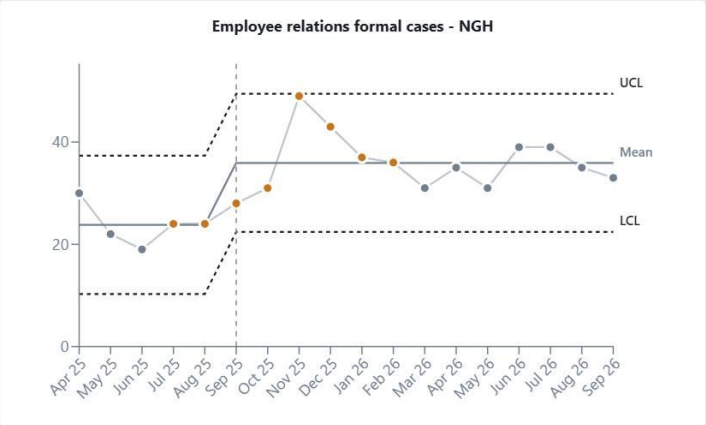
DATA VALUES

TRUST	VALUE	MEAN	TARGET	SPC
KGH	73.7	72.56	65	
NGH	71.9	75.26	65	

Employee relations formal cases

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





Understanding the performance

No content yet

What are the issues impacting performance?

No content yet

What SMART actions are being taken to improve?

No content yet

Risks

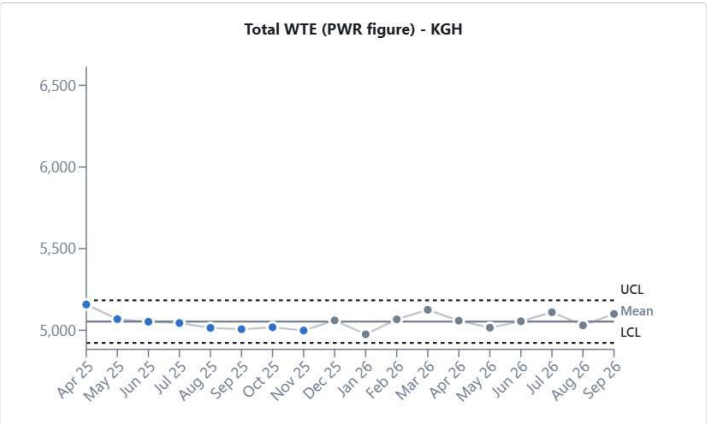
No content yet

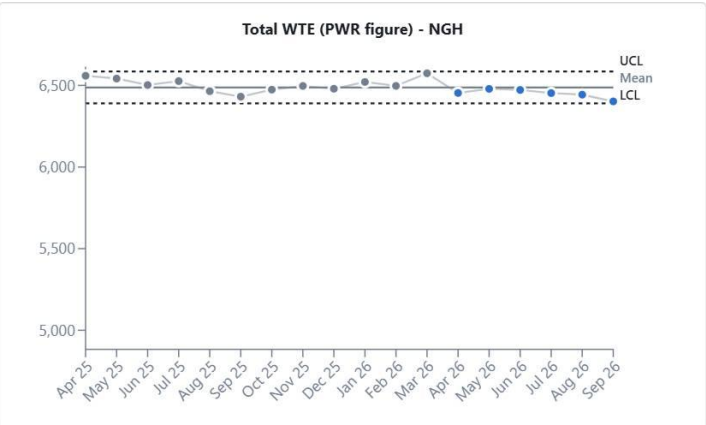
DATA VALUES

TRUST	VALUE	MEAN	TARGET	SPC
KGH	32	27.69	—	
NGH	33	35.92	—	

Total WTE (PWR figure)

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





Understanding the performance

Total workforce WTE is higher than the 2026 submitted operational plan. Although agency WTE is below plan, bank and substantive WTE are above plan

What are the issues impacting performance?

Substantive workforce has grown since M12 and is above plan

Bank use is above plan

High demand in ED

Establishment needs resizing

What SMART actions are being taken to improve?

Strengthened link between VCP and financial performance

Strengthened temporary staffing control

CIP plans in delivery

Productivity lens to be applied to RTT work

Risks

Demand for services and the capacity of divisions to effect transformational change to service delivery does not deliver in year reductions in workforce.

Local leadership ownership of the joint responsibility to reduce the size of the workforce is variable

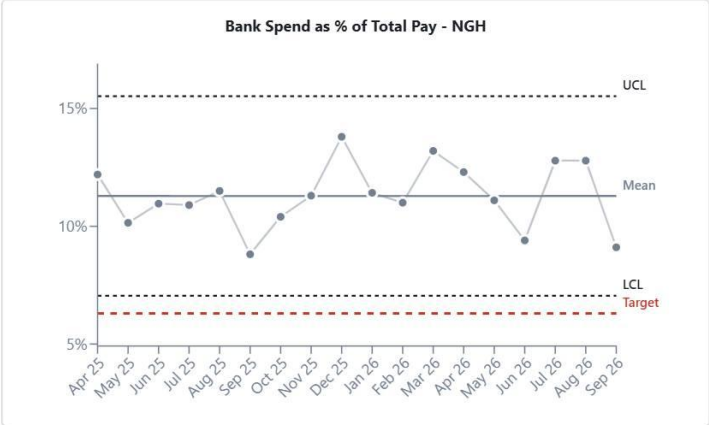
DATA VALUES

TRUST	VALUE	MEAN	TARGET	SPC
KGH	5,100.13	5,053.35	—	
NGH	6,402	6,487.18	—	

Bank Spend as % of Total Pay

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





Understanding the performance

- Bank spend is above plan

What are the issues impacting performance?

Bank usage is highest in UEC & Acute Medicine, Estates and Facilities and Elderly & General Medicine in both organisations.

Nursing and Midwifery staff group has highest number of bookings in UHN, followed by Estates and Facilities, and Admin and Clerical staff groups.

Budgeted Vacancy (VCP approved) remains the primary reason for bank usage. This is followed by 2. Additional Clinics/Lists, 3. Sick Absence (Short Term Approved), 4. Maternity/Paternity (VCP Approved), and 5. Escalation areas.

What SMART actions are being taken to improve?

- Plans remain in place to recruit substantive positions in nursing through student intake in September and recent assessment centres
- Additional recruitment plans in place behind positions regularly filled by bank workers
- 0% vacancy rate target for HCSW, House Keeping and Portering roles.
- Introduction of enhanced vacancy and temporary workforce controls to prevent usage and spend over plan, including review of reasons for booking and scoping of roster restrictions to optimise substantive roster usage ahead of bank.

Risks

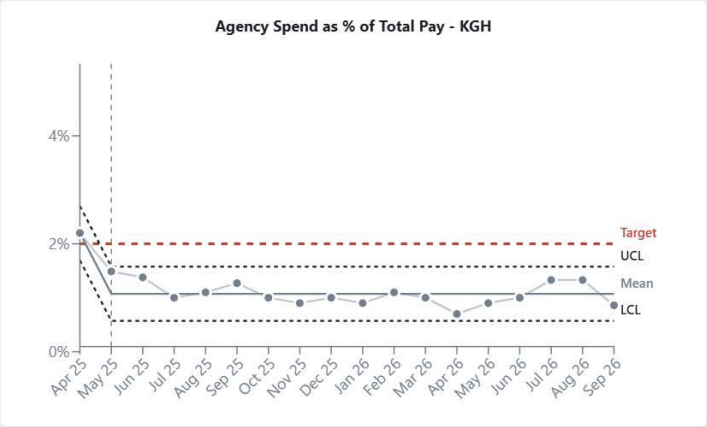
- Delays with, or inability, to recruit to vacancies resulting in ongoing or increased requirement for bank utilisation
- Projected increases in requests in Q3 and Q4 to cover winter pressures, further Industrial Action, and any anticipated absences following management of change programmes
- Potential implications on ERA changes on use of zero hour contracts.

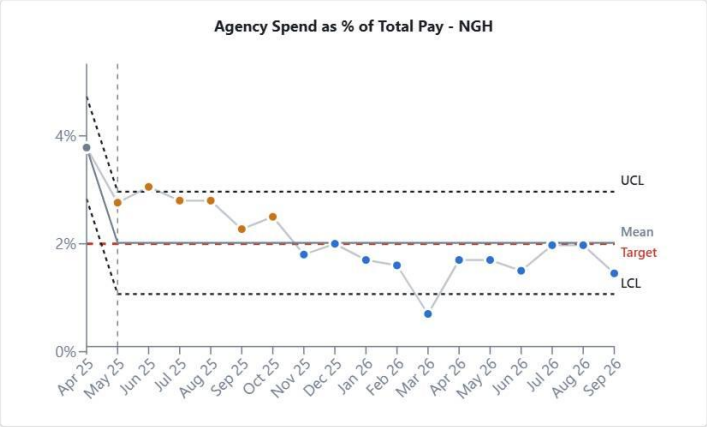
DATA VALUES

TRUST	VALUE	MEAN	TARGET	SPC
KGH	8.82 %	9.6 %	6.3 %	
NGH	9.11 %	11.28 %	6.3 %	

Agency Spend as % of Total Pay

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





Understanding the performance

- Agency usage remains below plan
- Off framework usage has ceased and price cap compliance has improved

What are the issues impacting performance?

agency use remains in hard to recruit specialties

What SMART actions are being taken to improve?

- Review of recruitment pipeline to ensure there are active plans to substantively fill positions currently occupied by long-term agency workers.
- Introduction of enhanced temporary workforce controls to prevent usage and spend over plan, including review of reasons for booking.

Risks

- Adverse impact on financial position.

DATA VALUES

TRUST	VALUE	MEAN	TARGET	SPC
KGH	0.86 %	1.07 %	2 %	
NGH	1.45 %	2.02 %	2 %	

Signed off by **Paula Kirkpatrick** on 21 Oct 2026, 10:45

Finance, Productivity and Innovation Domain

Good news

Check and challenge meetings held with all divisions to understand drivers of adverse position and discuss efficiency opportunities to curtail run rate.

Areas of concern

Identification of CIP to support the increased efficiency requirement from Q2 remains a concern and will require increased and focused attention on temporary staffing spend in particular.

Improvement plans in place

Work with clinical divisions, corporate functions and the delivery partner to reduce the run-rate remains ongoing.

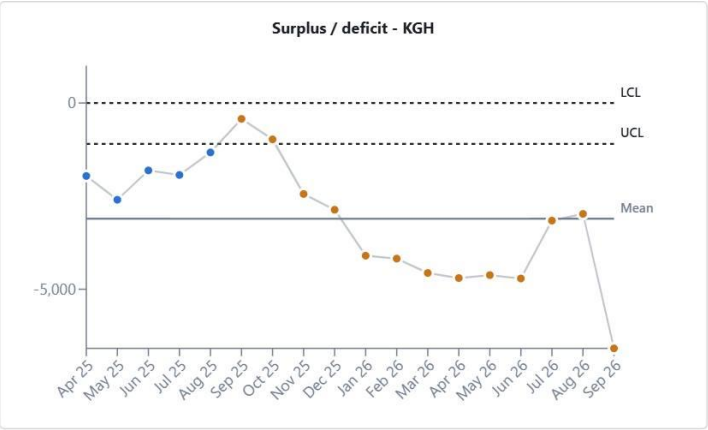
Actions to stabilise the position being put into effect.

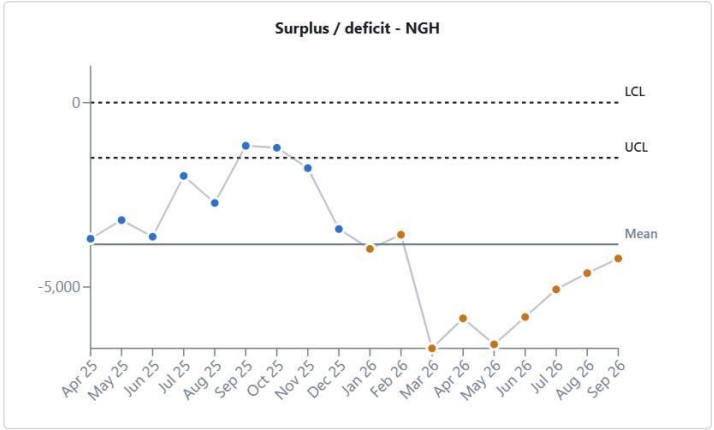
METRIC	KGH	NGH	TARGET	STAR
FINANCE				
Surplus / deficit	—	-4,226	—	
Cash	1,075	1,216	—	
Capital expenditure (Under) or Over plan	501 Currency	-656 Currency	0 Currency	
PRODUCTIVITY AND EFFICIENCY				
CIP Delivery	67.7 %	81.7 %	100 %	

	Consistently hit target	Not consistently achieved or failed	Consistently fail target	No target set
Special Cause Improvement				
Common Cause	• Capital expenditure (Under) or Over plan - KGH	• CIP Delivery - NGH • CIP Delivery - KGH		
Special Cause Concern	• Capital expenditure (Under) or Over plan - NGH			• Surplus / deficit • Cash - KGH • Cash - NGH

Surplus / deficit

Monthly financial position – total income vs total expenditure.





Understanding the performance

In Month 6, UHN reported a financial position £3.5m adverse to plan, bringing the year-to-date (YTD) adverse variance to £4.5m. Key drivers include unfunded industrial action costs incurred earlier in the financial year, alongside underachievement against efficiency targets as the planned savings requirement increases.

What are the issues impacting performance?

Pay overspends have been slight offset by above plan income and a range of non pay underspends.

What SMART actions are being taken to improve?

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

Actions to stabilise run rate are being put into effect.

Risks

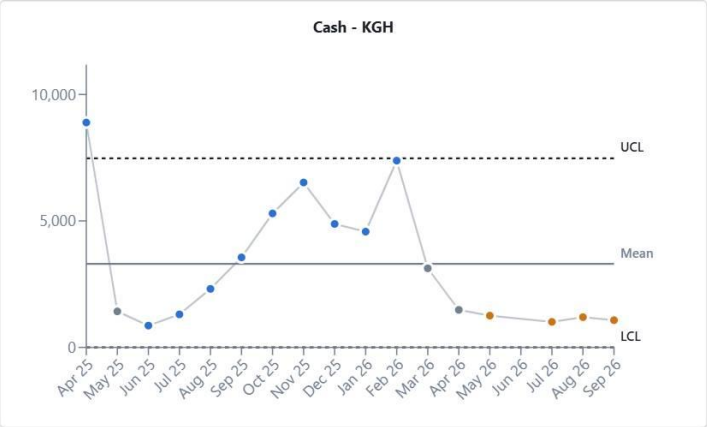
Further industrial action, pay awards and other inflationary pressures may exceed available funding, operational pressures and ability to identify remaining efficiency requirement.

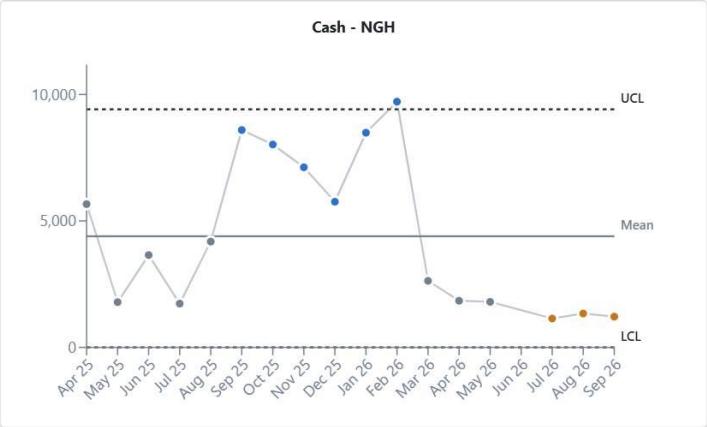
DATA VALUES

TRUST	VALUE	MEAN	TARGET	SPC
KGH	-6,588	-3,107.78	—	
NGH	-4,226	-3,841.44	—	

Cash

Cash balance





Understanding the performance

KGH - September closed at £1.1m, down £0.1m. Planned revenue support to Month 5 was £30.863m versus £23.745m received, a £7.118m shortfall driving higher creditors and weaker BPPC.

NGH - September cash was £1.2m, as forecast. £8.3m Revenue Support enabled collection of PDC Dividend and payments to suppliers at forecast levels. Trade Creditor invoices approved, awaiting payment increased by £3.0m to £15.7m, with £8.9m overdue, of which £0.7m were over 90 days. Trade creditors continue to be prioritised over NHS suppliers. Cash for Capital creditors is ring-fenced to match funding received.

What are the issues impacting performance?

KGH: The key pressure is the high level of expenditure, particularly pay of c.£26–27m per month and variable trade creditor/capital requirements. Income is also uneven, with reliance on PDC revenue and capital funding at points during the year.

NGH: Similar pressures are evident, with pay of c.£32–33m per month, significant trade/NHS creditor requirements and variable capital expenditure. Several months show expenditure exceeding income, creating continued pressure on underlying liquidity.

What SMART actions are being taken to improve?

Continue weekly cash flow monitoring and active payment management, prioritising critical payments while aligning creditor and capital payment profiles with available cash. Forecasts should be refreshed monthly to reflect the latest income, PDC and expenditure assumptions, with any emerging deterioration escalated promptly.

Risks

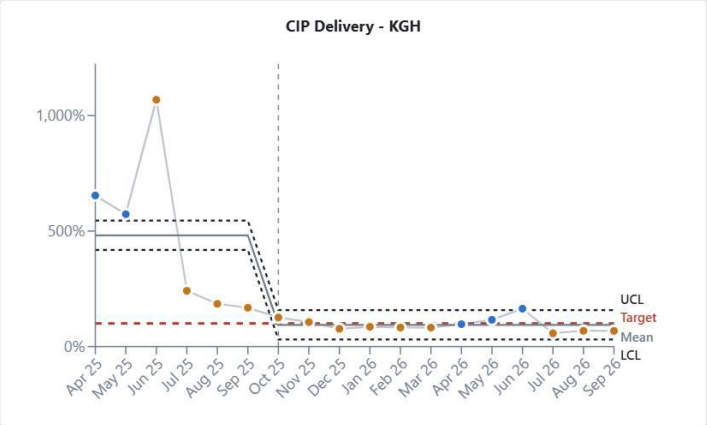
The principal risk remains limited cash headroom, with balances generally being maintained at around £1m, leaving little capacity to absorb unexpected movements. Delays in income/PDC receipts, higher-than-forecast pay or creditor payments, or acceleration of capital expenditure could therefore create an in year requirement for additional cash support.

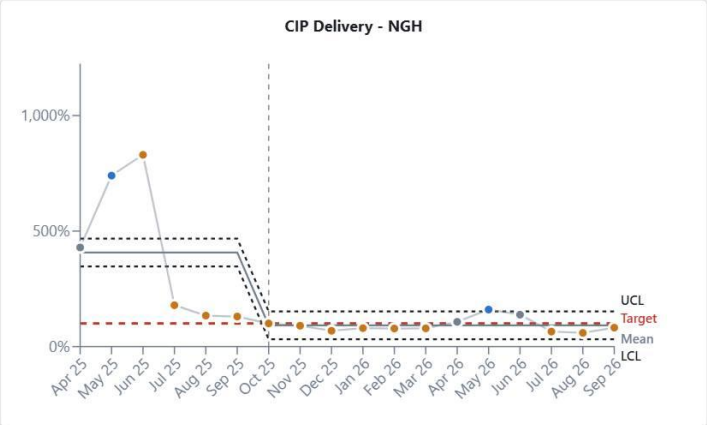
DATA VALUES

TRUST	VALUE	MEAN	TARGET	SPC
KGH	1,075	3,303.06	—	
NGH	1,216	4,393.35	—	

CIP Delivery

The percentage of our planned cost improvement plan that has been delivered in-month against the in-month target





Understanding the performance

•£5.5m of efficiencies have been delivered across UHN in the period, against a Month 6 plan of £7.1m. (£1.6m adverse)

•£26.8m YTD actuals have been delivered compared to £30.4m YTD plan. (£3.6m adverse)

What are the issues impacting performance?

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

What SMART actions are being taken to improve?

•Ongoing identification of efficiencies within divisional and corporate teams to meet the required targets.

•Cross-cutting programmes including workforce established and in place across the group.

•Implementation of findings from grip and control review across divisions.

Risks

•Rising efficiency targets make savings increasingly hard to deliver.

•The full scope of the efficiency programme has not been identified yet for 2026/27, work is underway to fully develop the programme.

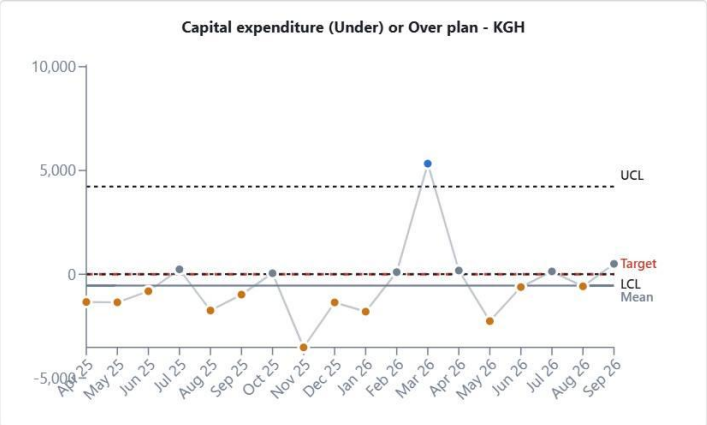
•Efficiency plans face development gaps and delivery risks, even where fully scoped.

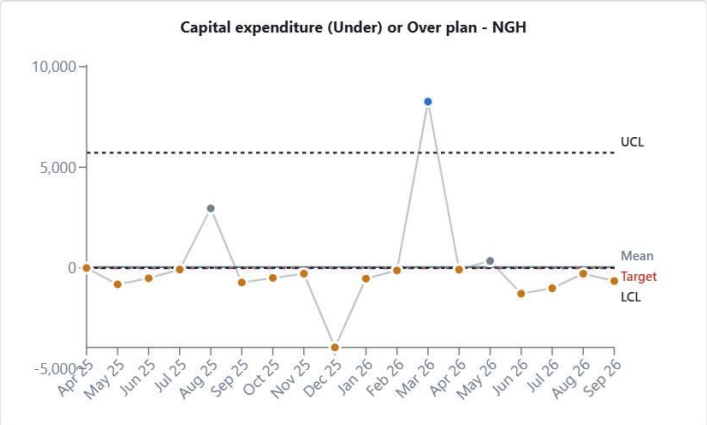
DATA VALUES

TRUST	VALUE	MEAN	TARGET	SPC
KGH	67.7 %	94.06 %	100 %	
NGH	81.7 %	92.14 %	100 %	

Capital expenditure (Under) or Over plan

Capital expenditure (under) or over plan





Understanding the performance

Capital spend is consistently running behind plan for 26/27 particularly in relation to additional funding allocations late in the planning round.

What are the issues impacting performance?

Governance processes e.g. constitutional standards. Energy Centre constructor have fallen behind the plan submitted earlier in the year.

What SMART actions are being taken to improve?

Plans are under constant revision. Approved mitigating projects to address the shortfall and maximise the use of the capital headroom.

Risks

Equipment lead times and adverse weather conditions may impact delivery schedules

DATA VALUES

TRUST	VALUE	MEAN	TARGET	SPC
KGH	501 Currency	-547.33 Currency	0 Currency	
NGH	-656 Currency	37.5 Currency	0 Currency	

Signed off by **Tracey Cotterill** on 23 Oct 2026, 18:16

BOARD COMMITTEE AND INTEGRATED LEADERSHIP TEAM SUMMARIES - BOARDS OF DIRECTORS 6 NOVEMBER 2026

Finance, Investment and Performance: 27 October 2026

People: 29 October 2026

Integrated Leadership Team: 19 and 26 October and 2 November 2026

Finance, Investment and Performance Committee Upward Report to Boards of Directors	Date of reporting group's meeting: 27 October 2026

Reporting Group Chair: Damien Venkatasamy

Agenda Item	Description and summary discussion	Link to Board Assurance Framework (BAF)	Assurance level *
Finance Report Month 6 & Efficiencies	Month 6 reported a £58.9m deficit, £4.5m adverse to plan, with pay £14m adverse. The forecast before further mitigations was approximately £121.2m. Recovery interventions currently valued at £13.2m would, if fully delivered, leave a reported residual gap of approximately £5.7m against the £102.2m planned deficit. Further interventions remain unquantified, and confidence in delivery of the £73m efficiency target was not sufficient. Recurrent and non-recurrent savings need clearer reporting to demonstrate the exit run rate and implications for the following year. The Boards are asked to note the deterioration in forecast outturn and the remaining delivery, cash and industrial action risks.	BAF UHN 16 & 17	Limited
Rockingham Strategic Outline Case (SOC)	The Committee endorsed the SOC for onward recommendation to the KGH Board. Detailed design, affordability and option assessment remain subject to the Outline Business Case (OBC).	UHN14	N/a
One Digital Future Services	The Committee supported continued progression of procurement options alongside appraisal of alternative UHN delivery models, for Boards' determination. No final commitment to a joint model was made.	UHN24	N/a
Board Assurance Framework (BAF)	The Committee supported and noted the revised BAF position. The previously separate financial risks had been merged, while the activity risk score had increased to 'extreme', reflecting operational pressures, ED overcrowding and challenges with the system response. Benchmarking suggested UHN was not a significant outlier in its strategic risk profile, although differences in how organisations structured their BAFs limited direct comparison. The Committee supported retaining explicit recognition of cyber security as a strategic risk.	UHN14-17 and 24	Reasonable

People Committee Upward Report to Boards of Directors	Date(s) of reporting group's meeting(s): 29 October 2026 (1 of 2)

Reporting Group Chair: Denise Kirkham

Agenda Item	Description and summary discussion	Link to Board Assurance Framework (BAF)	Assurance level *
BAF	The Committee requested a review of risk scores and the links between financial, patient safety and Freedom to Speak Up risks. It also requested a subsequent review of the strength of the related action plans.	UHN18 Strengthen Culture	N/a
Equity and Inclusion: WRES/WDES and Belonging Strategy	The Committee indicated reasonable assurance in terms of plans and roadmaps in place for work to be delivered, whilst acknowledging that staff experience across the organisations still fell short of expectations and emphasising the important of continuing to measure progress. The Chief Executive reminded all leaders of their responsibility to speak up and challenge unacceptable behaviour.	UHN18 Strengthen Culture	Reasonable
Workforce financial sustainability	There is significant risk to the delivery of the WTE reduction. Particular concerns were raised regarding risks to the implementation of key digital enabling projects.	UHN19 Workforce controls	Limited
Time to hire (TTH)	The Committee discussed time to hire which remained a key issue impacting temporary staffing costs. The Committee was keen to see the 'dial turning' and overall TTH reducing, noting the impacts of additional vacancy controls where temporary staffing were not being directly replaced. Particular delays were noted in recruiting estates and facilities colleagues at KGH. The Committee supported a review of risk appetite in pre-employment checks and associated risk assessments, in the context of competition within the local labour market.	UHN19 Workforce controls	Limited
Colleague Communication and Engagement Strategy	The Committee welcomed the strategy and was supportive of the overall approach regarding a switch from communication to engagement. Concerns were raised, however, regarding the length of the strategy and the high number of initiatives/actions within it. It was agreed that a more streamlined strategic approach was required across people related strategies. To be discussed and taken forward by Integrated Leadership Team to approve a final version taking feedback into account. Progress against strategy would be reported via the Cultural Assurance Group.	UHN18 Strengthen Culture	N/a

People Committee Upward Report to Boards of Directors	Date(s) of reporting group's meeting(s): 29 October 2026 (2 of 2)

Reporting Group Chair: Denise Kirkham

Agenda Item	Description and summary discussion	Link to Board Assurance Framework (BAF)	Assurance level *
FTSU	The Committee received the first full quarterly report provided under the new Guardian arrangements. The Guardians reported good levels of engagement with leaders and that the number of concerns raised had returned to the levels experienced before the change as more colleagues engaged with the service. It is the view of the Guardians that further Trust-wide communication is required to raise awareness of independence. The Committee requested trend and comparator data within future reports, and themes by location to assist the identification of specific areas of local concern. The Committee was also keen that communications reinforced outcomes to demonstrate the value of speaking up, in terms of high level learning and colleague awareness. Further requests were made regarding escalation to leadership where cases involved inconsistent application of policies and also more analysis on the underlying reasons for continued higher reporting at NGH than KGH, which is not wholly attributable to the difference in organisational size.	UHN18 Strengthen Culture	Reasonable
Cultural Assurance Group report	The Committee received the group's report and noted the assurance levels set out within it. Given the associated risks highlighted and discussed across areas throughout the meeting assurance was considered to be limited overall.	UHN18 Strengthen Culture	Limited
Ten Point Plan	It was requested that the format of the report reflect previous reports in which the level of compliance under each domain was clear. Updates were provided on the continued three areas of partial compliance, where gaps were understood and improvement actions underway. The Committee noted a focus on maintaining and embedding the improvements made, commending cross-site working to improve estates. Both sites' rotas had been aligned following the implementation of digital rostering.	UHN13 Recruitment and retention	Reasonable

Integrated Leadership Team (ILT) Upward Report to Boards of Directors	Date(s) of reporting group's meeting(s): 19 October 2026

Reporting Group Chair: Adam Carson (Chief Executive)

Key updates, decisions and discussions:

- **Administrative and support staffing controls:** Work is underway to strengthen controls on Bank and overtime expenditure for administrative and support colleagues, following significant year-to-date spending. Further information will be shared once the proposed approach has been agreed.
- **Thyroid cancer treatment capacity:** UHN currently has no oncologist licensed to deliver high-dose radioactive iodine treatment. The issue will continue to be escalated through regional medical directors, NHS England and the Cancer Alliance, while immediate support is sought from regional partners.
- **NHS Staff Survey:** The response rate is 16%, in line with the same point last year, with Kettering at 19% and Northampton at 13%. Leaders are asked to promote the survey, discuss workplace experience and local improvements with their teams, and give colleagues time to complete it.
- **Meal service model:** ILT discussed the different meal service arrangements at KGH and NGH and exploring the differences between the two services, the reasons why and if there are opportunities to align to the best service for patients and our staff on the wards.
- **Phlebotomy:** ILT received an update on changes to phlebotomy services, designed to improve timely access and patient experience.
- **Mandatory training for Bank colleagues:** ILT noted different arrangements at KGH and NGH for paying Bank colleagues to complete essential training, which is not already undertaken with another organisation. In line with national guidance, we agreed that Bank colleagues should receive paid time to complete this training. Further details will be shared.
- **Rockingham Wing:** ILT reviewed options to improve maternity and neonatal facilities at KGH, including interim measures to support colleagues and people receiving care in the current Rockingham Wing.
- **Clinical decisions to support elective productivity:** ILT approved a revised set of clinical decisions to support elective productivity following review by Deputy Medical Directors and Divisional Clinical Directors. Two proposals that had not received clinical support were removed before consideration. The agreed decisions will now be shared through the Clinical Senate, supported by detailed delivery plans.
- **Data centre:** ILT discussed the increased cost of the proposed data centre, driven by higher hardware costs.

Integrated Leadership Team (ILT) Upward Report to Boards of Directors	Date(s) of reporting group's meeting(s): 26 October 2026
Reporting Group Chair: Adam Carson (Chief Executive)	

Key updates, decisions and discussions:

- **Workforce measures:** ILT discussed a variety of options to strengthen how we can provide safe patient care in a financially sustainable way and we will be engaging with colleagues and Staff-Side further on these topics.
- **Electronic Patient Record (EPR) reporting:** Work is continuing to stabilise reporting following NGH's EPR go-live, with substantial stabilisation targeted by the end of October.
- **Flu vaccination update:** At 26 October, ILT noted that 31% of our teams have now been vaccinated against the flu. Thank you to everyone who has had their flu vaccine so far. There are still opportunities to get the vaccine across our sites and you can contact the vaccination team through the IPC Team to request a visit to your area.
- **NHS Staff Survey:** At 26 October, 24% of colleagues have completed the survey. ILT members were requested to continue to encourage teams to take part, give colleagues time to complete it and explain actions taken since last year. .
- **Consultant industrial action:** Consultant industrial action has been announced for 25 and 26 November. We will keep colleagues updated as these dates approach.

Integrated Leadership Team (ILT) Upward Report to Boards of Directors	Date(s) of reporting group's meeting(s): 2 November 2026
Reporting Group Chair: Adam Carson (Chief Executive)	

Key updates, decisions and discussions:

ILT:

- reviewed arrangements for the reimbursement of travel costs between Trusts;
- Supported the preferred option for the Rockingham Wing Strategic Outline Case (for Boards' ratification);
- Reviewed the Outline Business Case for future digital service for onward boards' determination;
- Approved an Internal Engagement Strategy;
- Approved proposals for the restructure of the Phlebotomy service
- Agreed priority actions for the 'Focus on Firsts' initiative;
- Supported proposed refreshed UHN priorities (for Boards' ratification)
- Approved the engagement of a delivery partner to support urgent and emergency care transformation;
- Received a report setting out the process and timetable for business planning for 2027-28.

*The Committee will indicate the level of assurance it is able to provide to the Boards of Directors using the definitions below. **Committee Chairs will be asked to determine the level of assurance the committee is able to provide following the conclusion of discussion of each item.**

Substantial Assurance	There is evidence of a clear understanding of the matter or issue to be addressed; there is evidence of independent or external assurance; there are plans in place and these are being actively delivered and there is triangulation from other sources (e.g. patient or staff feedback)
Reasonable Assurance	There is evidence of a good understanding of the matter or issue to be addressed; there are plans in place and these are being delivered against agreed timescales; those that are not yet delivered are well understood and it is clear what actions are being taken to control, manage or mitigate any risks; where required there is evidence of independent or external assurance.
Limited Assurance	There is partial clarity on the matter to be addressed; some progress has been made but there remain a number of outstanding actions or progress against any plans so will not be delivered within agreed timescales; independent or external assurance shows areas of concern; there are increasing risks that are only partially controlled, mitigated or managed
No Assurance	Management cannot clearly articulate the matter or issue; something has arisen at Committee for which there is little or no awareness and no action being taken to address the matter; there are a significant number of risks associated where it is not clear what is being done to control, manage or mitigate them; and the level of risk is increasing

Cover Sheet	
Meeting	Boards of Directors of the University Hospitals of Northamptonshire NHS Group (Kettering General Hospital NHS Foundation Trust and Northampton General Hospital NHS Trust) meeting together (public)
Date	6 November 2026
Agenda item	7
Title	UHN Perinatal Report November 2026 [September Data]
Presenter	Sarah Jamieson – UHN Interim Director of Midwifery
Author	Sarah Jamieson – UHN Interim Director of Midwifery

Link to Group Priorities (select all that apply):		
☑ Transform Patient Care	☑ Strengthen our Culture	☑ Deliver our financial plan
Driving continuous improvement in safety, quality, and equity of perinatal services through robust oversight and evidence-based practice	*Fostering a culture of transparency, learning, and collaboration across multidisciplinary teams to improve outcomes for women, babies, and families*	*Ensuring efficient use of resources through data-driven decisions*

Group Priority			
☑ **Approval**	☑ **Discussion**	☐ Note	☑ **Assurance**
To formally receive and discuss a report and approve its recommendations OR a particular course of action	***To discuss, in depth, a report noting its implications for the Board or Trust without formally approving it***	*For the intelligence of the Board without the in-depth discussion as above*	***To reassure the Board that controls and assurances are in place***

Reason for Consideration	**Previous consideration**
To provide the Boards with assurance on maternity and neonatal safety, quality, workforce, operational performance and improvement across UHN, and to highlight key risks and actions requiring continued oversight.	Reported through established perinatal and divisional governance arrangements.

Executive Summary

During September 2026 there was improving operational stability across UHN maternity and neonatal services, with no stillbirths recorded, 100% one-to-one care in labour maintained, no maternity service suspensions, positive patient feedback and continued workforce recruitment progress.

Positive performance was demonstrated across several quality indicators, including APGAR scores, breastfeeding initiation and severe perineal trauma rates. Key areas requiring continued oversight include preterm birth, time-critical care delays, investigation and complaint timeliness, workforce vacancies, NGH anaesthetic PROMPT compliance and neonatal AHP and psychology staffing.

Following the reporting period, NGH received a Level 2 Maternity Outcomes Signal System (MOSS) alert. A national-standard review, including external NHS England peer review, is underway and findings will be reported through established governance arrangements.

Appendices

Appendix 1: UHN Assurance and Priority Action Summary
Appendix 2: UHN September 2026 Perinatal Performance Summary
Appendix 3: UHN Perinatal Scorecard [September 2026 Data]
Appendix 4 (‘documents’ section of Board portal only): Maternity Heatmap September 2026 (NHS England)

Risk and Assurance
Primary risks relate to preterm birth performance, time-critical care delays, workforce vacancies, NGH anaesthetic PROMPT compliance, neonatal AHP and psychology staffing shortages, KGH estate infrastructure challenges and the ongoing NGH Level 2 MOSS review. Assurance is provided through established governance arrangements, targeted improvement programmes, enhanced safety surveillance, workforce recovery actions and external peer review.
Financial Impact
No new financial commitment is sought through this paper. Failure to achieve Maternity Incentive Scheme Year 8 requirements may place associated incentive funding at risk. Any investment arising from workforce, estates or improvement actions will be subject to established business-case and financial governance processes.
Legal Implications / Regulatory Requirements
Services are required to comply with relevant NHS England, CQC, professional and maternity safety standards. Identified risks and improvement actions are monitored through established governance and escalation processes.
Equality Impact Assessment
The report considers inequalities in access, experience and outcomes, including ethnicity, deprivation and language. Relevant disparities are monitored through established perinatal governance arrangements, with targeted action taken where variation is identified.

Glossary
The following glossary and acronym guide is included to support readability and consistent interpretation of terms used throughout this report and its appendices.

Glossary	Meaning
Apgar Score	A quick, simple test used by Midwives and doctors to check a newborn baby's physical condition and adaption to life outside the womb immediately after birth
Case mix	The complexity, acuity and characteristics of the women and babies cared for by a service, which can influence outcomes and demand.
Care bundle	A set of evidence-based actions which, when delivered consistently together, improve the reliability and quality of care.
Deep-dive review	A focused review of an issue, outcome or service area to better understand causes, themes and required actions.
MOSS - Maternity Outcomes Signal System	An NHS England near-real-time safety monitoring system that uses routinely collected maternity and neonatal outcome data to identify unusual patterns or emerging safety concerns. It provides early warning signals to enable timely review and action by maternity services.
Unwarranted variation	Differences in outcomes, experience or processes that cannot be explained by population need or case mix alone and may indicate improvement opportunities.
Ward-to-Board assurance	A clear reporting route showing how risks, concerns and performance information are identified in clinical services and escalated through governance structures to Trust Boards.

Acronym	Meaning
AHP	Allied Health Professional
ARM	Artificial Rupture of Membranes
ATAIN	Avoiding Term Admissions into Neonatal units
BFI	Baby Friendly Initiative
CTG	Cardiotocography
EPR	Electronic Patient Record
FDP	Federated Data Platform
FFT	Friends and Family Test
MatNeoIST	Maternity and Neonatal Improvement Support Team
MatNeoPREM	Maternity and Neonatal Patient Reported Experience Measure
MAU	Maternity Assessment Unit
MIS	Maternity Incentive Scheme
MNSI	Maternity and Newborn Safety Investigations
MOSS	Maternity Outcomes Signal System
NNAP	National Neonatal Audit Programme
OASI	Obstetric Anal Sphincter Injury
ODN	Operational Delivery Network
OPEL	Operational Pressures Escalation Level
PACiC	Perinatal Assurance Committee in Common
PERIPrem	Perinatal Excellence to Reduce Injury in Premature Birth
PROMPT	Practical Obstetric Multi-Professional Training
PMRT	Perinatal Mortality Review Tool
PPH	Postpartum Haemorrhage
PSII	Patient Safety Incident Investigation
PSIP	Perinatal Safety Improvement Programme
SBLCB	Saving Babies Lives Care Bundle
SPEN	Strategic Executive Information System for patient safety event notification

BOARDS OF DIRECTORS
6 NOVEMBER 2026
UHN PERINATAL REPORT — KETTERING AND NORTHAMPTON

PURPOSE OF THE REPORT

To provide the Boards with an up-to-date assessment of maternity and neonatal safety, quality, workforce, operational performance, experience, equity and improvement across Kettering General Hospital (KGH) and Northampton General Hospital (NGH).



RECOMMENDATIONS

The Boards are asked to:

1. Note the September 2026 perinatal assurance position and the improvements achieved in operational stability, patient experience and workforce sustainability
2. Maintain oversight of the NGH Level 2 MOSS review and the actions arising from that process
3. Seek assurance that robust improvement plans are in place to address preterm birth, time-critical care delays, investigation and complaint timeliness, workforce vacancies, NGH anaesthetic PROMPT compliance and neonatal AHP and psychology workforce gaps

1. PERINATAL SERVICES SUMMARY

September 2026 demonstrated continued improvement in operational resilience, workforce stability and safety oversight across UHN maternity and neonatal services. There were 562 births during the month, no stillbirths were recorded, and services operated at OPEL 1 for 89.8% of the reporting period whilst maintaining 100% one-to-one care in labour. Positive performance was observed in APGAR outcomes, breastfeeding initiation, severe perineal trauma rates and patient experience indicators. Continued focus is required on preterm birth, which remains above the national ambition at 11.3%, workforce vacancies, timeliness of investigations and complaints, and neonatal AHP and psychology staffing.
Recruitment, Saving Babies' Lives Care Bundle implementation, PERIPrem optimisation and strengthened mortality surveillance remain key priorities.

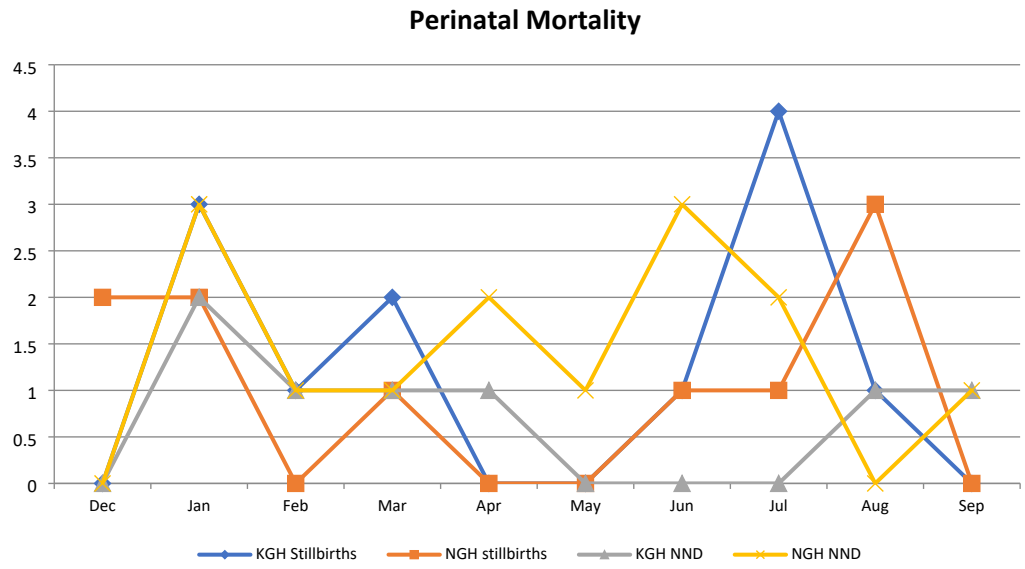
2. PERINATAL SURVEILLANCE HIGHLIGHTS

Clinical Quality and Safety: Clinical safety surveillance continues to provide reasonable assurance regarding the safety and governance of maternity services across UHN. Following the August NGH MOSS Level 1 alert, triggered by four stillbirths and one neonatal death, enhanced multidisciplinary review has confirmed appropriate escalation, scrutiny and organisational learning, resulting in an overall Green/Amber assurance rating. No stillbirths were recorded during September and the majority of incidents continued to result in low or no harm. Ongoing focus remains on strengthening the timeliness of incident investigations, maternity pathway delivery and the triangulation of MNSI, PSII, mortality and wider safety intelligence to support early identification of risk. Continued implementation of the Saving Babies' Lives Care Bundle, robust mortality surveillance and organisational preparedness arrangements provide further assurance, with a MOSS assurance drill completed at KGH to support confidence in perinatal mortality and morbidity oversight and response processes.

Perinatal Mortality: **Red** – Stillbirths: Increased stillbirths at NGH in August triggered a MOSS Level 1 alert and enhanced surveillance. All cases underwent multidisciplinary review, with Green/Amber assurance on escalation, review and learning arrangements. Continued monitoring is required.

Amber – Neonatal deaths: Neonatal deaths remain within expected variation, with no sustained adverse trend identified. Ongoing surveillance and triangulation with wider safety intelligence are required to identify emerging themes and learning.

Green – Assurance and improvement: SBLCB interventions continue to support improved fetal surveillance. Robust reviews, shared learning and governance oversight provide ongoing assurance that safety risks are being identified and managed.



Operational & Capacity: Services remained operationally stable during September, operating at OPEL 1 for 89.8% of the period, with no service suspensions and 100% one-to-one care in labour. Red flag events reduced, although time-critical care, workforce deployment, coordinator availability and rota resilience remain under review.

Patient Experience: Patient experience remained positive, with Friends and Family Test performance above target and feedback highlighting compassionate, supportive care. No significant concerns were identified during September. A revised complaints process is strengthening ownership, timeliness, learning and oversight, although complaint resolution remains an area for continued improvement.

Outcomes: Clinical quality and outcomes surveillance provides mixed but overall positive assurance across UHN maternity services. Robust governance and review processes remain in place for all mortality and morbidity indicators, supporting early identification of risks and opportunities for improvement. Positive performance has been maintained in APGAR scores below seven at five minutes, which continue to improve, while breastfeeding initiation and severe perineal trauma metrics remain favourable and provide assurance regarding the quality of intrapartum and neonatal care. Continued oversight is being maintained for preterm birth, which remains above the national ambition at 11.3%, postpartum haemorrhage of ≥1500ml, which remains above target and is predominantly driven by KGH performance, and smoking at booking and birth.
These areas remain subject to focused monitoring and improvement activity through established governance arrangements to support sustained improvement in outcomes for women and babies.

Training Compliance: Training and compliance performance across UHN maternity and neonatal services continues to provide positive assurance. Overall PROMPT attendance remains high at 98%, with full compliance achieved by obstetric consultants, maternity support workers and medical staff. However, anaesthetic attendance at NGH remains a recurring challenge. Compliance with fetal monitoring and neonatal life-support training also remains strong, supporting the safe delivery of care and progression against Maternity Incentive Scheme (MIS) Year 8 requirements. Continued focus is being maintained on achieving the required 90% compliance threshold for NGH anaesthetic staff, supported by a targeted recovery plan and additional training capacity ahead of MIS submission. Ongoing governance oversight will ensure compliance is sustained across all staff groups and aligned with both mandatory training requirements and national maternity safety standards.

Workforce: Workforce indicators demonstrate improving resilience across maternity and neonatal services, supported by ongoing recruitment activity and a reduction in neonatal nursing vacancies. Obstetric staffing levels have strengthened and overall workforce stability within maternity services continues to improve. Whilst midwifery and maternity support worker vacancies remain under exception review, active recruitment programmes are underway and progress is being closely monitored. The Board should note that specialist neonatal Allied Health Professional (AHP) and psychology staffing levels remain below recommended standards and continue to represent a workforce risk. Recruitment progress, vacancy reduction and longer-term workforce sustainability will remain under surveillance to ensure continued improvement and mitigation of identified gaps.

3. KGH MatNeoIST & CQC UPDATE

UHN continues to make strong progress across both the MatNeoIST and CQC Maternity Improvement Programmes. Overall, 94% of MatNeoIST milestones are progressing as planned, while all CQC improvement actions are either complete, assured or on track, with no actions rated off track or at risk. Key priorities remain workforce sustainability, implementation of the Elective Caesarean pathway, delivery of 24/7 triage medical cover and demonstrating sustained improvement through audit and assurance.
Collectively, these programmes provide assurance that maternity and neonatal services continue to strengthen quality, safety and governance across UHN.

Key Risks to Delivery

- **Operational capacity:** Ongoing pressures in diabetes services, elective caesarean capacity and obstetric workforce planning may impact delivery of improvement priorities.
- **Workforce:** Recruitment delays arising from Triple Lock arrangements continue to affect substantive and MIS-funded posts, with potential implications for programme capacity and pace of delivery.
- **Maternity triage:** Compliance with the NHS England Maternity Triage Specification remains dependent on resolving the current non-compliant triage environment and implementing a sustainable Estates solution.

Overall Position: UHN remains on track to transition from MatNeoIST to regional oversight in January 2027. Capacity constraints, recruitment delays and resolution of the maternity triage environment remain the principal risks to a successful transition.

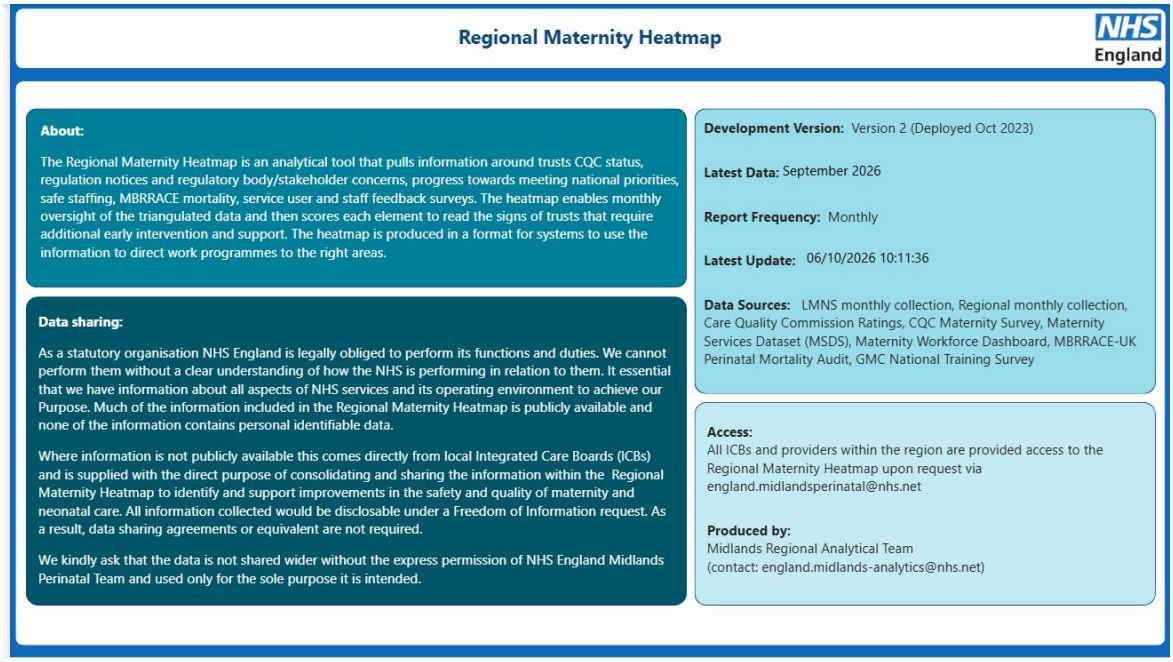
4. NHS ENGLAND REGIONAL PERINATAL HEATMAP (SEPT 2026)

The Regional Maternity Heatmap is an analytical tool that pulls information around trusts CQC status, regulation notices and regulatory body/stakeholder concerns, progress towards meeting national priorities, safe staffing, MBRRACE mortality, service user and staff feedback surveys. The heatmap enables monthly oversight of the triangulated data and then scores each element to read the signs of trusts that require additional early intervention and support. The heatmap is produced in a format for systems to use the information to direct work programmes to the right areas.

The September 2026 Midlands Maternity Heatmap demonstrated an increase in Northampton's score from 19 to 23 and Kettering's score from 39 to 42. Contributory factors included workforce vacancies, Birthrate Plus indicators, Baby Friendly Initiative measures, Saving Babies' Lives Care Bundle compliance and stakeholder concerns. Work is underway with the regional team to reconcile a number of data and assessment elements and ensure accurate representation of local performance. Improvement actions continue through established perinatal governance arrangements, with particular focus on workforce sustainability, quality metrics and evidence of improvement.

There was a more positive regional position compared with August, with eight trusts showing improvement in their heatmap scores compared with only one trust in the previous month. The regional average score remained stable at 25.2 (August: 25.0), indicating overall regional performance was broadly unchanged. Stakeholder concerns increased marginally from 27 to 28 across the Midlands, whilst midwifery vacancy rates rose slightly from 3.55% to 4.0%, remaining broadly in line with the national picture.

The Heatmap is available at **Appendix 4.**



APPENDIX ONE — UHN Assurance and Priority Action Summary

KGH Estates and Infrastructure	The Rockingham Building continues to present challenges to the delivery of maternity and neonatal services at Kettering General Hospital. Estates-related incidents, including flooding, heating failures, steam leaks and lift outages, have highlighted the limitations of the current infrastructure. These issues remain subject to executive oversight, with enhanced maintenance, business continuity arrangements and targeted mitigations in place. The Boards can take assurance that maternity and neonatal quality, safety and governance improvements continue to progress. However, the condition of the estate remains a significant challenge to the delivery of modern, sustainable services. Following recent Parliamentary discussion regarding the condition of the maternity unit, the need for improved maternity and neonatal facilities, including bereavement provision, was recognised nationally. The Trust continues to develop plans through the NHS business case process, considering both the previously proposed Rockingham Wing extension and a potential new-build facility. No preferred option has yet been identified. In the meantime, the Trust remains committed to maintaining and improving existing facilities whilst engaging patients, families, staff and stakeholders in shaping future developments.
MOSS Safety Alert	The Maternity Outcomes Signal System (MOSS) is a national maternity safety surveillance tool designed to identify changes in maternity outcomes and prompt timely review. During August 2026, NGH received a Level 1 alert and completed the required review. This review identified no previously unrecognised patient safety concerns and confirmed appropriate governance, escalation and learning processes. Following the reporting period, NGH received a Level 2 alert in October 2026. A review is currently underway in accordance with national requirements, including external peer review by NHS England Maternity Improvement Advisors. No conclusions will be drawn until this review has concluded. UHN has established governance arrangements to oversee MOSS reviews, monitor actions and share learning across maternity services. Assurance is provided that all national requirements continue to be met, with findings and recommendations to be reported through established governance processes.

UHN MIS Year 8 Compliance	Anaesthetic PROMPT compliance remains below the 90% MIS Year 8 requirement. Targeted action is underway to release outstanding staff for November training and mitigate the risk to maternity safety assurance and associated incentive funding. **Priority Action:** Secure attendance of outstanding anaesthetic staff at the November PROMPT session and address any barriers to achieving the required compliance threshold.
Thirlwall Inquiry	A colleague briefing has been circulated confirming that national and regional teams have advised providers not to develop individual Thirlwall Inquiry action plans at this stage. Trusts should await further national guidance before beginning this work and cascade this message to relevant teams to ensure a consistent approach.

APPENDIX TWO — UHN September 2026 Perinatal Performance Summary

Activity	Maternity and neonatal services remained operationally stable during September, with 562 births recorded, 100% one-to-one care in labour maintained, and services operating at OPEL 1 for 89.8% of the reporting period. Recruitment activity continues to support workforce resilience across UHN.
Safety and outcomes	No stillbirths were recorded in September, and enhanced review following the August NGH MOSS Level 1 alert provided assurance that appropriate governance, review and learning processes are in place. Positive performance was seen in APGAR scores, breastfeeding initiation and severe perineal trauma rates. Preterm birth remains above the national ambition and continues to be a key area of focus.
Workforce and training	Workforce recruitment continues across maternity and neonatal services, with improving workforce stability. Training compliance remains strong, particularly for PROMPT, fetal monitoring and neonatal life support. Neonatal AHP and psychology staffing shortages remain a significant workforce risk.
Triage and flow	Operational performance improved during September, with a reduction in maternity red flag events and continued delivery of one-to-one care in labour. Delays in time-critical activity and higher-acuity triage pathways remain areas for continued improvement and oversight.
Experience and equity	Patient experience remains positive, with Friends and Family Test scores above target and feedback highlighting compassionate and supportive care. Work continues to improve complaint management, communication and learning from feedback. Equity monitoring demonstrates good access to services across diverse populations, with most women accessing maternity care before 10 weeks' gestation.

Positive Assurance	Priority Actions and Escalations
• Maternity and neonatal services remained stable during September, with 100% one-to-one care in labour maintained and no service suspensions • No stillbirths or new MNSI recommendations were reported, and governance oversight following the NGH MOSS Level 1 alert has provided assurance regarding review, learning and improvement • Positive performance was demonstrated across a number of quality indicators, including APGAR scores and breastfeeding initiation • Training compliance remains high, and ongoing recruitment activity is supporting workforce resilience	• Preterm birth rates remain above the national ambition and continue to be a key improvement priority • Delays in time-critical activity and higher-acuity triage performance require continued focus and oversight • Workforce pressures remain within neonatal nursing, AHP, psychology and midwifery staffing • Estates challenges within the Rockingham Building continue to present a strategic risk to the delivery of maternity and neonatal services at KGH pending longer-term redevelopment plans • Secure attendance of outstanding anaesthetic staff at the November PROMPT session and address any barriers to achieving the required compliance threshold

NHS
University Hospitals of Northamptonshire

Perinatal Quality Assurance Scorecard

October 2026 (September Data)

CONTENTS

03 Summary

04 At a Glance 1 UHN

05 At a Glance 1 KGH & NGH

06 At a Glance 2 UHN

07 At a Glance 2 KGH & NGH

08 Clinical Quality and Surveillance

09 Clinical Quality and Safety

10 Clinical Quality and Safety - Neonates

11 Maternity Workforce

12 Neonatal Workforce

13 Operational and Capacity

14 Training and Compliance

15 Safety Actions

16 Experience and Feedback

17 Spotlight on…

18 Appendices

SUMMARY September 2026

University Hospitals of Northamptonshire

The month in review:

September demonstrated continued improvement across maternity and neonatal services, with operational stability, strong training compliance and ongoing workforce recruitment providing assurance. No stillbirths were recorded during the month, and no further MOSS signals were identified, although the NGH Level 1 review remains under surveillance following the August signal. Key areas requiring continued focus include preterm birth, which increased to 11.3% across UHN and remains above the 6% ambition, workforce vacancies, particularly neonatal AHP and psychology provision, and completion of outstanding investigation and complaint actions. Positive performance was observed in APGAR scores <7 at five minutes, breastfeeding initiation, severe perineal trauma, FFT feedback and operational resilience, with services operating at OPEL 1 for 89.8% of the reporting period. Recruitment, SBLCB implementation, PERIPrem optimisation and strengthened mortality and safety surveillance remain priorities

Clinical Quality and Safety:

🔴 Escalate: August NGH MOSS Level 1 alert following four stillbirths and one neonatal death. 🟠 Exception review: Incident investigation timeliness and maternity pathway delivery

🟠 Watch: MNSI / PSII activity and UHN safety-mortality triangulation

🟢 Assurance: No stillbirths recorded in September. Enhanced review following the August MOSS signal provided Green/Amber assurance, with appropriate escalation, multidisciplinary review and learning identified. SBLCB implementation, mortality surveillance and organisational preparedness remain key priorities.

Clinical safety surveillance. Most incidents resulted in low or no harm. A September MOSS drill at KGH is planned to be submitted 16 October to provide assurance of perinatal mortality and morbidity oversight and response.

Patient Experience:

🔴 Escalate: No significant concerns identified.

🟠 Exception review: Complaint timeliness and ownership

🟠 Watch: Workforce and environmental pressures impacting patient experience.

🟢 Assurance: FFT performance remains positive and above target. Patient feedback continues to highlight positive multidisciplinary working and compassionate care. Focus remains on improving complaint resolution times and translating feedback into measurable service improvement.

Experience surveillance Complaint management remains a priority, with the revised process strengthening oversight, timeliness and learning. Staff feedback highlights workforce and environmental pressures alongside positive multidisciplinary working.

Operational & Capacity:

🔴 Escalate: Timely delivery of time-critical activity and workforce deployment pressures.

🟠 Exception review: Coordinator deployment and management of red flag events.

🟠 Watch: Rota resilience, staffing capacity and escalation triggers.

🟢 Assurance: Services operated at OPEL 1 for 89.8% of September, with no service suspensions and maintenance of 1:1 labour care. Recruitment activity continues to support workforce stabilisation and operational resilience across both maternity units.

Outcomes:

🔴 Escalate: Preterm birth remains above the national ambition at 11.3%; ongoing surveillance of perinatal mortality indicators.

🟠 Exception review: PPH ≥1500ml remains above target at 5.92%, driven largely by KGH performance.

🟠 Watch: Smoking at booking and smoking at birth

🟢 Assurance: APGAR <7 at five minutes continues to improve, with breastfeeding initiation and severe perineal trauma metrics providing positive assurance. Robust review processes remain in place for all mortality and morbidity indicators.

Clinical surveillance

Training compliance:

🔴 Escalate: NGH anaesthetic PROMPT compliance remains below the 90% requirement.

🟠 Exception review: Recovery plan and additional PROMPT capacity for anaesthetic staff ahead of MIS submission.

🟠 Watch: Sustaining compliance across all staff groups for MIS year 8 compliance alongside trust and role specific mandatory training.

🟢 Assurance: Overall PROMPT attendance remains high at 98%, with obstetric consultants, maternity support workers and doctors achieving full compliance. Fetal monitoring and neonatal life-support training continue to demonstrate strong levels of compliance.

Workforce:

🔴 Escalate: Neonatal AHP and psychology staffing remain below recommended levels.

🟠 Exception review: Midwifery and maternity support worker vacancies.

🟠 Watch: Recruitment progress and workforce sustainability.

🟢 Assurance: Recruitment progressing; neonatal nursing vacancies reducing

Workforce surveillance

Recruitment activity continues to improve workforce resilience, with reductions in nursing vacancies and improved obstetric staffing. Workforce stability is improving across maternity services, although specialist neonatal workforce gaps remain a key organisational risk.

September 2026 UHN AT A GLANCE

AVERAGES PER DAY

BOOKINGS	BIRTHS
22	19

BABIES BORN

562

PREV. MONTH August - 595

BIRTH LOCATION

KGH (Labour Ward)	OOA	HOME
211	9	2
NGH (Labour Ward)	**BIRTH CENTRE**	**HOME**
319	17	4

3RD & 4TH DEGREE TEARS

0.7%

August 0.9% ▼

2.0%

BLOOD LOSS >1,500MLS

August 5.6% ▼

262 GIRLS / 285 BOYS

5.3%

August 2.5% ▲

FULL TERM BABIES ADMITTED TO NNU

INDUCTION OF LABOUR (IOL)

24.9%

August 22.2% ▲

58.1%

CAESAREAN SECTIONS

August 53.1% ▲

		PREV 12 MNTH AVG.
ELECTIVE	137 (24.7%)	143 (22.9%)
EMERGENCY	167 (30.1%)	169 (27.2%)

SETS OF TWINS

6

SETS OF TRIPLETS

1

ASSISTED BIRTHS

48

VENTOUSE	FORCEPS
19	29

JUN–AUG AVG.

VENTOUSE	FORCEPS
19	37

BREASTFEEDING INITIATION

82.6%

PREV 12 MNTH AVG. – 83.9%

NHS

September 2026 AT GLANCE

AVERAGES PER DAY

BOOKINGS	BIRTHS
KGH 10	KGH 7
NGH 12	NGH 11

BABIES BORN

562
KGH 222
NGH 340
August UHN : 595

BIRTH LOCATION

KGH (Labour Ward)	OOA	HOME
211	9	2

NGH (Labour Ward)	BIRTH CENTRE	HOME
319	17	4

3RD & 4TH DEGREE TEARS

KGH 0.9%
August 0.4% ▲
NGH 0.6%
August 2.6% ▼

BLOOD LOSS >1,500MLS

KGH 3.6%
August 7.7% ▼
NGH 0.9%
August 4.5% ▼

GIRLS

KGH 97
NGH 165

BOYS

KGH 118
NGH 167

FULL TERM BABIES ADMITTED TO NNU

KGH 14
NGH 16

INDUCTION OF LABOUR (IOL)

KGH 27.5%
NGH 23.2%

PREV 12 MNTH AVG. –
26.5%
22.1%

UHN CAESAREAN SECTIONS

58.1%
KGH 57.7%
NGH 58.4%

		JUN–AUG AVG.	
ELECTIVE	KGH	56 (25.5%)	58 (21.8%)
	NGH	81 (24.3%)	84 (23.7%)
EMERGENCY	KGH	63 (28.6%)	82 (30.8%)
	NGH	104 (31.1%)	87 (24.5%)

SETS OF TWINS

KGH 2
NGH 4

SETS OF TRIPLETS

KGH 0
NGH 1

ASSISTED BIRTHS

KGH 26
NGH 22

VENTOUSE	FORCEPS
KGH 14	KGH 12
NGH 5	NGH 17

PREV 12 MNTH AVG.

VENTOUSE	FORCEPS
KGH 12	KGH 13
NGH 7	NGH 24

BREASTFEEDING INITIATION

KGH 77.2%
NGH 85.8%

PREV 12 MNTH AVG.
KGH – 78.1%
NGH – 88.3%

September 2026 UHN AT A GLANCE

UHN 91%

MDT CLINICAL SIMULATION TRAINING COMPLIANCE (YTD)

98% August

YEAR 8 PROGRESS MATERNITY INCENTIVE SCHEME

SAFETY ACTIONS ON TRACK

KGH 6 SAFETY ACTIONS

NGH 6 SAFETY ACTIONS

1*

MNSI REPORTABLE CASES & REFERRED

September 2026

MATERNITY FRIENDS & FAMILY TEST (PROMOTER %)

98%

VACANCY RATE (Sept DATA)

MIDWIVES	11%
CONSULTANT OBSTETRICIAN	tbc WTE
NEONATAL NURSES	XX%
NEONATOLOGISTS	0 WTE

NEWBORN LIFE SUPPORT TRAINING COMPLIANCE (YTD)

UHN 96%

96% August

8 MODERATE INCIDENTS

10 August

MINIMUM SAFE STAFFING MET (LABOUR WARD ONLY)

83.5%

98.5% August

0 PATIENT SAFETY INCIDENT INVESTIGATIONS (PSII)

1 August

0 CORONER'S REGULATION 28

0 August

1:1 CARE IN LABOUR **100%**

100% August

September 2026 AT A GLANCE

KGH 98%
NGH 82%
MDT CLINICAL SIMULATION TRAINING COMPLIANCE (YTD)



YEAR 8 MATERNITY INCENTIVE SCHEME

SAFETY ACTIONS ON TRACK
KGH X SAFETY ACTIONS
NGH X SAFETY ACTIONS





KGH 0
NGH 1
MNSI REPORTABLE CASES & REFERRED
September 2026

MATERNITY FRIENDS & FAMILY TEST
(Promoter %)

KGH 98%
NGH 98%



VACANCY RATE
(September DATA)

MIDWIVES	KGH 9.2% NGH 12.44%
CONSULTANT OBSTETRICIAN	KGH 0 WTE NGH 0 WTE
NEONATAL NURSES	KGH 15.7% NGH 6.3%
NEONATOLOGISTS	KGH 0 WTE NGH 0 WTE

KGH 4
NGH 4
MODERATE INCIDENTS



NEWBORN LIFE SUPPORT TRAINING COMPLIANCE (YTD)
KGH 96%
NGH 100%





KGH 0
NGH 0
PATIENT SAFETY INCIDENT INVESTIGATIONS (PSII)

KGH 0
NGH 0
CORONER'S REGULATION 28

MINIMUM SAFE STAFFING MET (LABOUR WARD ONLY)
KGH 84%
NGH 82%





1:1 CARE IN LABOUR
KGH 100%
NGH 100%

IN FOCUS – UHN Clinical Quality Surveillance

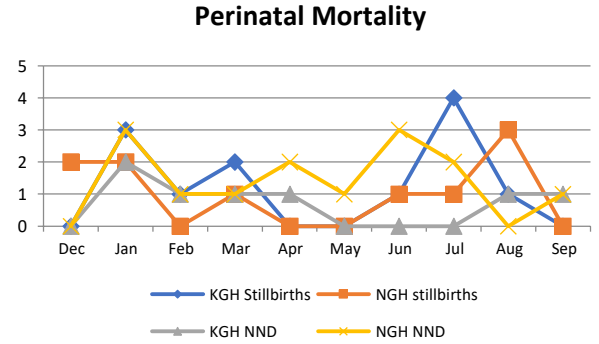
University Hospitals of Northamptonshire

Summary

Clinical quality surveillance highlights a mixed but actively managed position across UHN. Stillbirths remain a key area of focus following recent increases and the NGH MOSS Level 1 alert, with enhanced review, monitoring and learning underway. PPH ≥1500ml increased to 5.92% across UHN in August, above the 3.7% target, driven particularly by the KGH increase to 7.66%; focused review and continued surveillance are required. APGAR scores below 7 at five minutes demonstrate sustained improvement and are a positive exception, providing assurance on immediate newborn outcomes. Priorities remain early identification of emerging trends, robust multidisciplinary review, shared learning and delivery of targeted improvement actions across both maternity services.

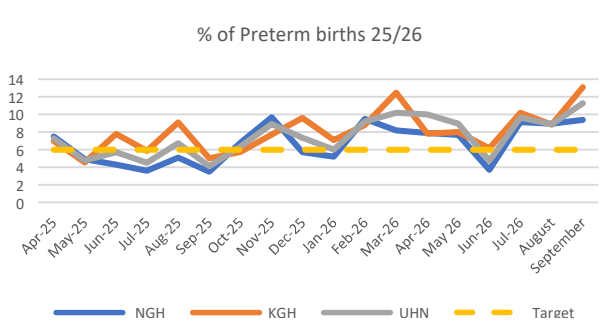
Perinatal Mortality

Red: Stillbirths A rise in stillbirths at NGH in August triggered a MOSS Level 1 alert and enhanced surveillance. All cases underwent MDT review through relevant processes. Assurance was rated Green/Amber, confirming appropriate escalation, review and learning arrangements, with continued monitoring required. Amber: **Neonatal Deaths** Neonatal deaths demonstrate expected variation. Reviews have not identified a sustained adverse trend but, continued surveillance and triangulation with wider safety intelligence remain necessary to identify emerging themes and learning opportunities. Green: **Assurance and Improvement** Interventions of SBLCB continue to support improvements in fetal surveillance. Robust review processes, shared learning and governance oversight provide ongoing assurance that safety risks are being identified and managed.



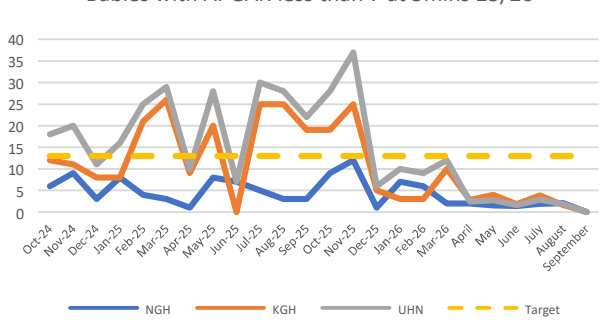
Preterm Births

Preterm Births. Preterm birth remains above the national SBLCB ambition of 6%, with September performance of approximately 13% at KGH and 9% at NGH. Rates remain consistently higher at KGH. Babies born outside established preterm pathways are reviewed through local governance processes and reported through regional and neonatal network arrangements. Further work is required to ensure consistent delivery and documentation of all PERIPrem standards, alongside continued analysis of spontaneous and iatrogenic preterm births to identify opportunities for targeted prevention and optimisation of care pathways.



Babies with APGAR less than 7 at 5 mins of birth

APGAR <7 at 5 Minutes. Babies with an APGAR score below seven at five minutes continue to demonstrate sustained improvement across UHN and remain below the target threshold, providing positive assurance regarding immediate neonatal outcomes. Recent performance suggests a reduction in both frequency and variation compared to earlier periods, indicating improved effectiveness of intrapartum and immediate newborn care. Cases with an APGAR score below seven continue to be reviewed through local governance processes and triangulated with neonatal outcomes, incidents and Maternity & Neonatal Safety Intelligence.

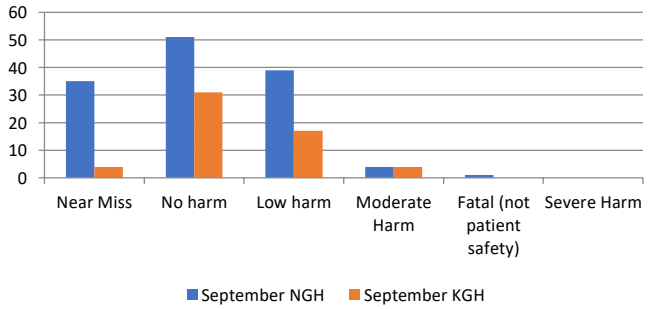


CLINICAL QUALITY AND SAFETY

University Hospitals of Northamptonshire

Incidents and Events

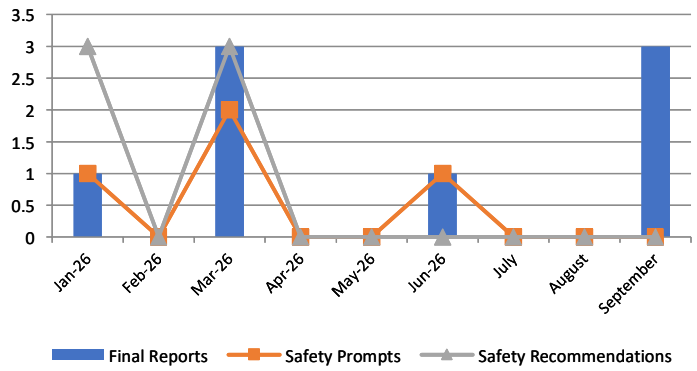
September



MNSI Cases	September	August
Referred	1 (rejected)	1
Accepted	0	1
Ongoing	3	2

PSII Cases	September	August
Commissioned	0	1

MNSI Final Reports by Month/Year



What the data is telling us

September data showed 186 incidents across UHN, down from 227 in August. Most were categorised as near miss, no harm or low harm. NGH recorded 130 incidents and KGH 56. Moderate harm or above comprised five NGH and four KGH incidents, including one NGH fatal incident not related to patient safety.

No new PSIIs were commissioned. One MNSI referral was rejected, three cases remained ongoing, and three final MNSI reports were received with no new safety prompts or recommendations.

Four SPEN referrals were recorded (three at NGH and one at KGH). No stillbirths occurred during September. No active MOSS signals were identified at either site, although one additional case was added to the NGH Level 1 review.

Areas of Focus

September incident reporting reduced to 186 incidents across UHN, from 227 in August. Most incidents were recorded as near miss, no harm or low harm.

Address delays within urgent obstetric pathways, with particular focus on Category 1 and 2 caesarean section decision-to-birth times and delays within the induction of labour pathway identified through the NGH MOSS level 1 response

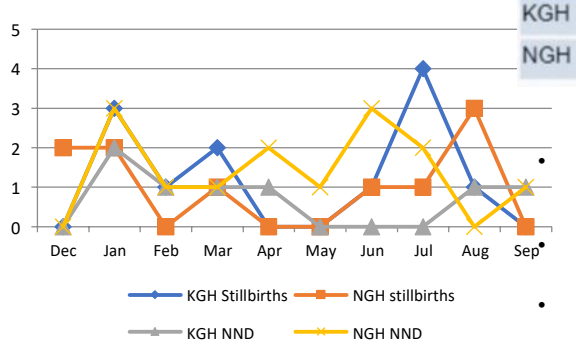
Maintain oversight of ongoing safety investigations ensuring timely completion, dissemination of learning and implementation of any resulting actions.

Improvement Actions

Strengthen triangulation of incidents, mortality, MOSS, MNSI and SPEN data to identify emerging risks and opportunities for improvement Improve the timeliness of incident investigations and action completion, ensuring learning from incidents is disseminated through governance structures.

Perinatal Mortality

Perinatal Mortality



	MOSS signal	SPEN referrals
KGH	0	1
NGH	0	3

- Four SPEN referrals were recorded across UHN in September: one at KGH and three at NGH, unchanged from the UHN total in August.
- No stillbirths were recorded in September. One neonatal death was recorded at each site.
- The NGH MOSS Level 1 had 1 further cases added to the review

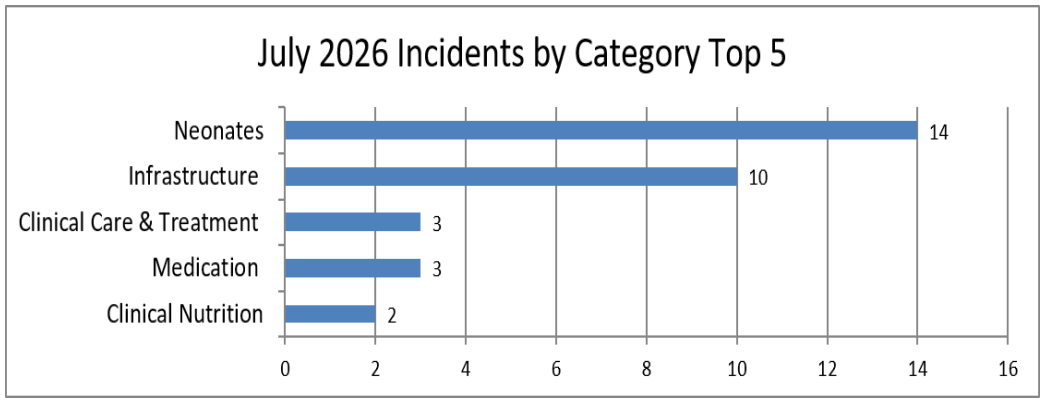
CQC Maternity Rating

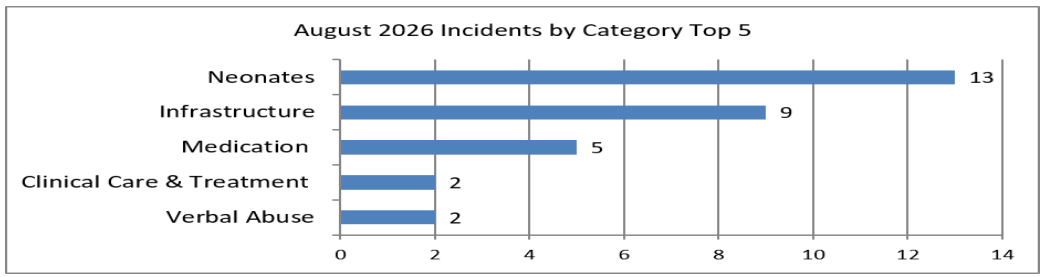
	2023 KGH	2026 NGH
Are services safe?	Requires Improvement	Good
Are services effective?	Requires Improvement	Good
Are services caring?	Good	Good
Are services responsive?	Requires Improvement	Good
Are services well-led?	Requires Improvement	Good
Overall	Requires Improvement	Good

Outstanding · Good · Requires Improvement · Inadequate

Neonatal incidents:

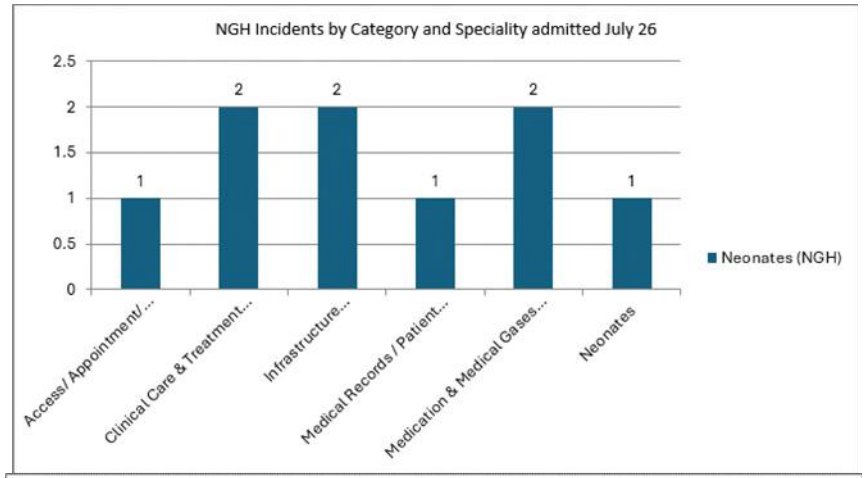
University Hospitals of Northamptonshire

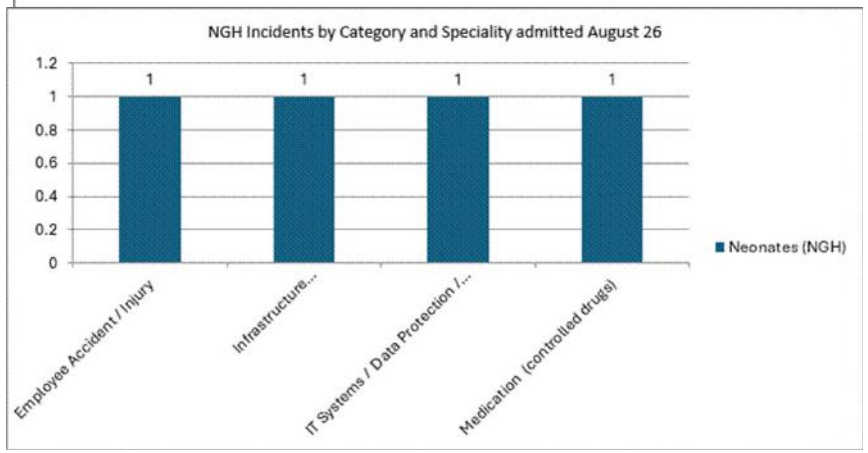




At KGH , total of 38 incidents reported in July and 37 incidents reported in August and 29 incidents reported in September. There were initially 3 severe harm and 1 moderate harm for August which have subsequently downgraded through IRG. 1 moderate harm for July downgraded through IRG, this relates to a baby born at 26 +6 weeks that required transfer to a tertiary center.

Work ongoing across CYP to improve medication safety, this is being led by the Deputy Head of Nursing and has pharmacy involvement.



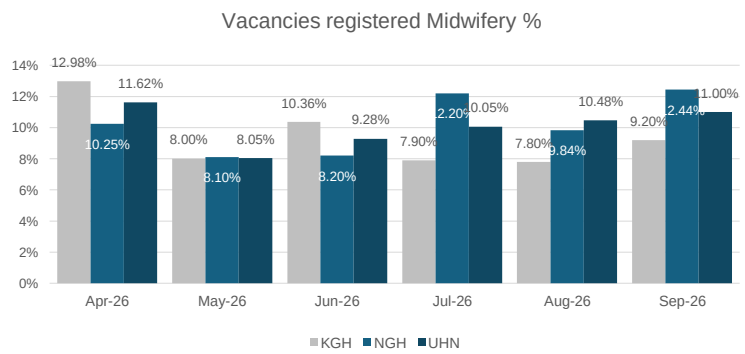


No moderate or above reported for NGH in July or August

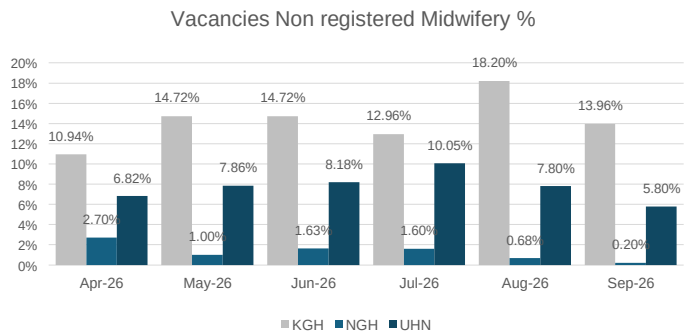
WORKFORCE - Maternity

University Hospitals of Northamptonshire

Midwifery vacancy



MSW VACANCY



Midwifery Workforce

September midwifery vacancies were 15.80 WTE (9.2%) at KGH and 28.23 WTE (12.44%) at NGH, with UHN at 11%. NGH includes 6.90 WTE repurposed from MSW vacancies. Rates rose from August, but both sites have completed midwifery recruitment interviews.

Recruitment pathway has commenced for the 11 WTE newly qualified midwives under the national Graduate Promise scheme. Vacancies are on Trac and await VCP approval.

Three internationally educated midwives currently working as MSWs have completed interviews and have reserved places on a bespoke preceptorship programme, due to start shortly.

MSW vacancy rates improved in September to 13.96% at KGH and 0.2% at NGH, with a UHN rate of 5.8%. An identified anomaly in KGH's MSW vacancy data means the reported improvement requires cautious interpretation. Recruitment at KGH remains underway.

Obstetrician Consultant Workforce

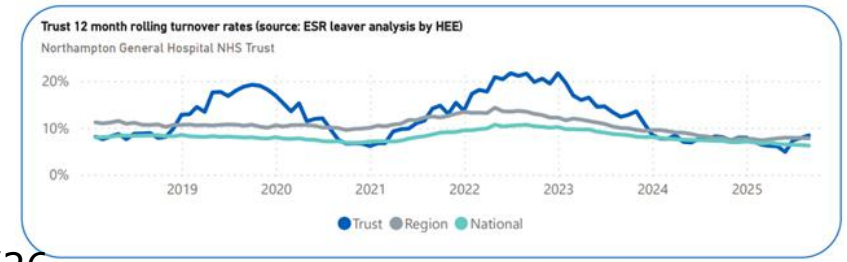
Kettering General Hospital

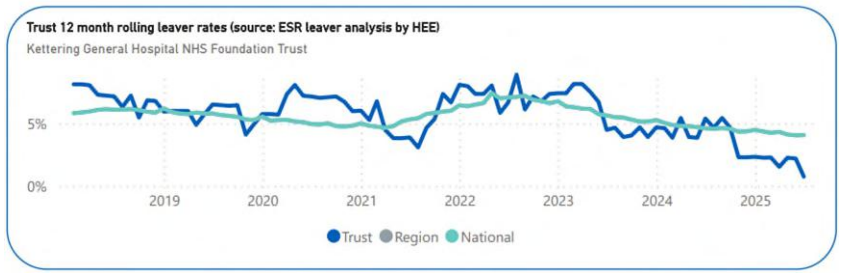
Consultant workforce stability at KGH has improved, with two fixed term NHS Consultants in post. Further substantive recruitment is progressing with interviews planned for November. Obstetric anaesthetic services remain fully staffed, and the neonatal medical workforce is compliant with BAPM standards following recent recruitment activity. Overall, the service is in a stronger position, with workforce planning focused on maintaining resilience and supporting sustainable service delivery.

Northampton General Hospital

Recruitment activity continues within the obstetric consultant workforce at NGH, with one recently appointed consultant now in post and additional vacancies progressing through recruitment processes. Whilst temporary rota gaps remain due to annual leave, LT sickness and locum turnover, plans are in place to secure substantive appointments and improve long-term workforce sustainability.

UHN 12 month rolling leaver rate





WORKFORCE – Neonates and AHP&P

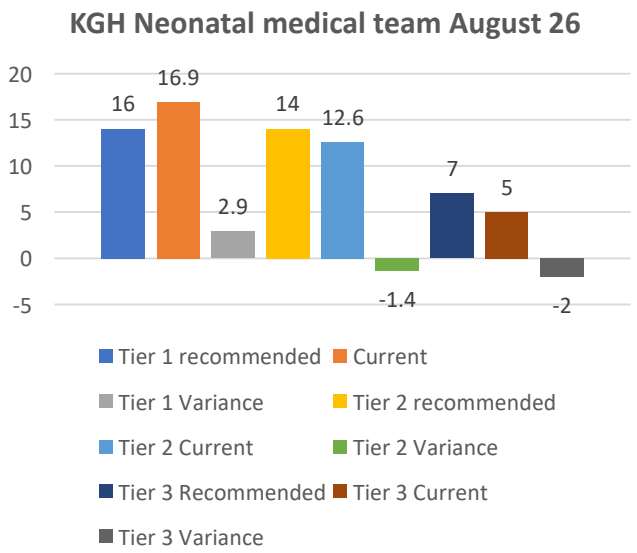
University Hospitals of Northamptonshire

Neonatal medical vacancy

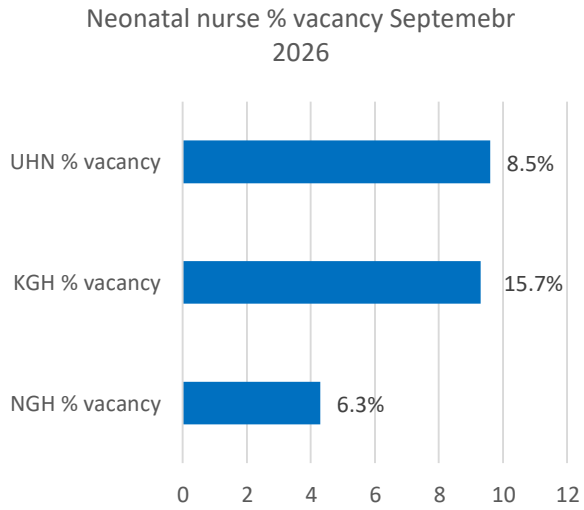
NGH Neonatal Medical Workforce

- Tier 1: BAPM compliant; 24/7 dedicated cover maintained
- Tier 2: 16 WTE funded; recruitment ongoing; temporary cover supporting rota resilience
- Tier 3: 7 WTE; BAPM compliant

Key focus: Secure substantive Tier 2 recruitment and reduce reliance on locum/bank cover while maintaining dedicated neonatal medical cover.



Neonatal vacancy



Neonatal Nurse Staffing

Neonatal nursing vacancies are 6.3% at NGH and 15.7% at KGH for the month of September. Recruitment is progressing across both sites, with KGH vacancies forecast to reduce following recruitment/new starters(October) Staff turnover remains low. QIS compliance is improving at 68% NGH and 69.7% KGH, just below the 70% standard, with further QIS training planned for October 2026.

Neonatal AHP&P Workforce

KGH	Band	Recommended WTE	Current WTE Budget	Proposed WTE budget	Current Gap	Proposed gap
Dietitian	7	0.9	0.25	0	0.65	0.65
Physiotherapist	7	1	0	0.7	1	0.3
Occupational Therapist	7	0.88	0	0.2	0.88	0.68
Speech & Language Therapist	7	0.7	0	0.4	0.7	0.3
Psychologist	8b	1.1	0.4	0	0.7	0.7

NGH	Band	Recommend WTE	Current WTE Budget in post	Proposed WTE budget	Current Gap	Proposed gap after Ockenden monies
Dietitian	7	1.1	0.8	0.8	0.3	0.3
Physiotherapist	7	1.4	0.00	0.6	1.4	0.8
Occupational Therapist	7	1.2	0.00	0.2	1.2	1.0
Speech & Language Therapist	7	0.8	0.2	0.4	0.6	0.2
Psychologist	8b	1.4	0.4	0.6 (8a)	1.0	0.4
Pharmacy	8a/7	0.9	0.16	0	0.74	0.74
Advanced Neonatal nurse practitioners	8a	N/A	1.0	N/A	N/A	N/A
	8b	N/A	3.0	N/A	N/A	N/A

AHP&P Staffing

Both KGH and NGH remain non-compliant with national AHP and Psychology workforce standards, with gaps recorded on the risk register. Current funded establishment is 1.95 WTE against 10.38 WTE recommended. Recruitment to a further 3.0 WTE, funded through recurrent Ockenden moniey continues. . This will leave a 5.43 WTE gap, the business case for the gaps went to BCAG in Sept and will go back in November with recommendations added.

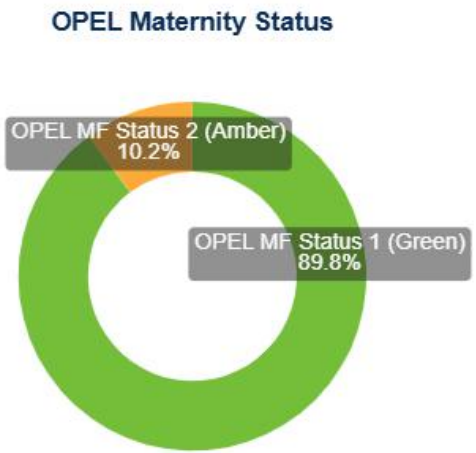
OPERATIONAL AND CAPACITY

University Hospitals of Northamptonshire

Key Information

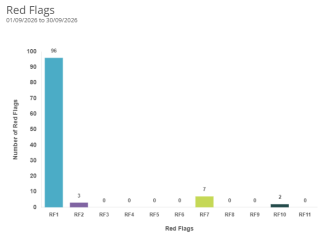
Operational Pressures Escalation Levels

University Hospitals on Northamptonshire

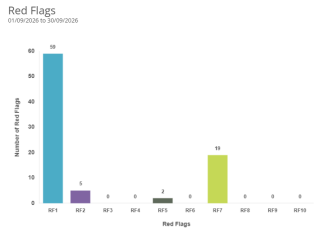


Midwifery Red Flag Events

Kettering General Hospital



Northampton General Hospital



Performance Levels

	Count:	
Obstetric-led maternity services suspended:	0	0.0%
Obstetric-led maternity services diverted:	0	0.0%
Homebirth services suspended:	0	0.0%
MLU suspended:	0	0.0%

In-Utero Transfers – extreme preterm births (Northamptonshire)

KGH	0
NGH	0

What the data is telling us

In September, UHN demonstrated improved operational stability, operating at OPEL 1 for 89.8% of the month compared with 85% in August. Maternity red flags reduced from 202 to 193, with 79% related to delayed or cancelled time-critical activity. 1:1 care in labour remained at 100% across NGH and KGH. Labour Ward Coordinator supernumerary status was maintained when providing 1:1 care; however, at KGH, supernumerary status was lost on two occasions for other clinical duties, improving from three occasions in August.
Overall: September showed improved operational pressures and fewer red flags, while delayed critical activity and protection of coordinator supernumerary status remain areas for continued focus

What we need to focus on

September data provides assurance of improving operational stability, with UHN operating at OPEL 1 for 89.8% of the reporting period and total maternity red flags reducing to 193. 1:1 care in labour was maintained at 100% across both sites. Continued oversight is required to reduce delayed or cancelled time-critical activities, which accounted for 79% of red flags, and to protect Labour Ward Coordinator supernumerary status, following two occasions at KGH where this was lost due to other clinical duties.

What is going well

UHN made progress in recruitment during September, with KGH and NGH completing interviews for midwifery vacancies. The recruitment pathway for 11 WTE newly qualified midwives under the Graduate Promise scheme has commenced, with vacancies on Trac awaiting VCP approval. Three internationally educated midwives working as MSWs have completed interviews and have reserved places on a bespoke preceptorship programme due to start shortly. The reported UHN MSW vacancy rate improved to 5.8%, These initiatives aim to strengthen workforce resilience and support safe maternity care.

TRAINING AND COMPLIANCE

University Hospitals of Northamptonshire

Training compliance

Attendance – All Staff

Module 3: Maternity emergencies and multiprofessional training:

Kettering General Hospital

	JUNE	JULY	AUG	SEP
Prompt Midwives	90%	96%	96%	96%
Prompt Doctors Cons	100%	100%	100%	100%
Prompt Doctors Reg	100%	100%	100%	95%
Prompt Anaesc Cons	100%	100%	100%	100%
Prompt Anaes Reg	89%	100%	100%	88%
Prompt MSW	93%	98%	98%	98%

Northampton General Hospital

PROMPT	July	August	September
All Staff	95%	98%	95%
Anaesthetists	76%	76%	73%
Obstetric Consultants	100%	100%	100%
Obstetric Doctors	87%	100%	88%
Midwives	99%	100%	98%
Maternity Support Workers	97%	100%	100%

Module 6: Neonatal Basic Life Support:

	JUNE	JULY	AUG	SEP
NLS Midwives	90%	95%	95%	95%
NLS MSW	93%	96%	96%	95%

NBLS/NLS	July	August	September
Midwives	95%	96%	96%
Maternity Support Workers	97%	97%	97%

Element 4: Fetal monitoring and surveillance:

	JUNE	JULY	AUG	SEP
CTG Day Midwives	92%	98%	98%	98%
CTG Day Consultants	85%	92%	92%	92%
CTG Day Reg	100%	100%	100%	100%
CTG Competency Midwives	92%	98%	98%	98%
CTG Competency DR	96%	98%	98%	91%

Fetal Monitoring	July	August	September
All Staff	98%	99%	96%
Obstetric Consultants	100%	100%	100%
Obstetric Doctors	96%	100%	69%
Midwives	98%	99%	98%

What the data is telling us

NGH demonstrates good compliance across several training areas, although anaesthetic attendance remains a recurring challenge. Obstetric doctor compliance has fallen to 69% in September due to two doctors being redeployed to provide essential clinical cover. Compliance is over the 90% requirement for CNST MIS Year 8 for KGH. Compliance with Obstetric and Anaesthetic teams has been escalated extensively to relevant leads, awaiting actions.

What we need to focus on

The priority is to improve attendance across anaesthetics and obstetrics at NGH, to mitigate the risk to MIS Safety Action B requirements. Closer working with the anaesthetic administrative team has improved bookings, with full attendance planned across October and November. The two obstetric doctors will be rebooked into October sessions to address the shortfall. Progress will be closely monitored, with further escalation where required.

What is going well

Compliance remains strong across Midwifery, Maternity Support Workers and Neonatal Basic Life Support, with performance generally meeting or exceeding the 95% target. Improved collaboration with the anaesthetic administrative team has strengthened communication and booking arrangements, providing a positive foundation for sustained improvement.

SAFETY ACTIONS

University Hospitals of Northamptonshire

Maternity Improvement Scheme

MIS Safety Action – Year 8	KGH Status	NGH Status
A – Workforce and capacity	In progress	In progress
B - Training	In progress	In progress
C – Learning from reviews and investigations	In progress	In progress
D – Service-user voice and equity	In progress	In progress
E – Care Bundles	In progress	In progress
F – Board Oversight, Governance, Culture and Leadership	In progress	In progress

Summary

Maternity Incentive Scheme

KGH continues to make strong progress across all 27 CNST MIS Year 8 standards, with **98.9% of evidence requirements complete, assured or on track**. During Sept, progress was strengthened through the consultant attendance deep dive and progression of Caesarean Section demand and capacity work into Stage 2. The focus is now on completing remaining assurance activities and validating outstanding evidence ahead of submission. No standards are currently rated as off-track or at risk.

NGH continues to progress all 27 CNST MIS Year 8 standards, with **96.5% of evidence requirements complete, assured or on track**. During Sept, further progress through completion of the MOSS live drill evidence and continued advancement across, workforce, governance and care bundle actions. Current activity is focused on closing residual evidence gaps and progressing completed actions through formal governance and Board assurance processes.

Saving Babies Lives

Element	Interventions Fully Implemented (Self-Assessment)				Interventions Fully Implemented (LMNS Validated)				NHS Resolution MIS	
	KGH		NGH		KGH		NGH		KGH	NGH
Smoking in Pregnancy	Partly	90%	Fully	100%	Partly	90%	Partly	90%	CNST Met	CNST Met
Fetal Growth Restriction	Fully	100%	Fully	100%	Fully	100%	Fully	100%	CNST Met	CNST Met
Reduced Fetal Movements	Partly	50%	Fully	100%	Partly	50%	Fully	100%	CNST Met	CNST Met
Fetal Monitoring in Labour	Fully	100%	Fully	100%	Fully	100%	Fully	100%	CNST Met	CNST Met
Preterm Birth	Partly	96%	Fully	100%	Partly	96%	Fully	100%	CNST Met	CNST Met
Diabetes	Partly	83%	Fully	100%	Fully	83%	Partly	83%	CNST Met	CNST Met
All Elements	Partly	94%	Fully	100%	Partly	94%	Partly	97%	CNST Met	CNST Met

Delivery of the Saving Babies' Lives Care Bundle (SBLCB) continues to be monitored through PSIP and MIS. Overall compliance remains strong, particularly for fetal growth restriction and intrapartum fetal monitoring, although variation persists in reduced fetal movements, smoking cessation and diabetes pathways. Work is underway to improve consistency across sites, supported by an updated quarterly report that will identify key areas for improvement and targeted actions. The Quarter two report will have a different reporting approach due to the care bundle no longer being verified by the LMNS.

EXPERIENCE FEEDBACK

University Hospitals of Northamptonshire

Patient Experience

Complaints and Concerns

	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Trend
Maternity KGH	9	7	6	10	5	↘
Neonatal KGH	-	-	-	-	-	-
Maternity NGH	10	14	8	5	8	↗
Neonatal NGH	-	-	-	-	-	-

Friends and Family Test (FFT)

Kettering General Hospital	Target	National	Jul-26	Aug-26	Sep-26	YTD
FFT % Responses	20%	12%	N/A	N/A	N/A	9%
FFT % Promoters	96%	93%	89%	92%	98%	98%

Northampton General Hospital	Target	National	Jul-26	Aug-26	Sep-26	YTD
FFT % Responses	25%	13%	13%	20%	11%	13%
FFT % Promoters	96%	93%	95%	98%	99%	96%



KGH: I would like to thank the entire maternity team for their amazing care & support during delivery of our baby. Everyone was kind supportive & professional. Made us feel very safe & I'm very grateful that I deliver baby at KGH. Everything was perfect. heartfelt thanks & appreciation



NGH: Our experience was flawless. Every midwife was kind, calm, & genuinely caring. Listened to my partner, noticed every little change in me & explained everything so clearly. We felt safe, supported and truly looked after. I can't thank the staff enough, they were incredible!

What the data is telling us

- In September 2026, 13 maternity complaints and PALS concerns were recorded across UHN, comprising five at KGH and eight at NGH. This represents a reduction from August at KGH, while NGH recorded an increase. Recurring themes included communication, delays, coordination of care, documentation and women not feeling listened to. Continued oversight is required to ensure timely resolution and that learning is translated into service improvement
- Satisfaction rates for both KGH and NGH remains above target sitting in the high 90%. Feedback at both sites praise staff for their kind, compassionate and supportive care, whilst areas for improve include delays/waiting times, continuity and communication.

What we need to focus on

- The immediate focus is to embed the revised UHN maternity complaints process so that all complaints are visible through the generic mailbox, reviewed at the weekly multidisciplinary complaints meeting, and allocated with clear KLOEs, owners and timescales. This will support stronger grip on outstanding complaints, reduce delays, improve the quality and consistency of responses, and ensure themes from complaints are translated into visible learning and improvement across both KGH and NGH.

Staff Experience

What are staff telling us?	What actions are we taking?
Workforce capacity and increasing patient acuity remain key concerns.	**Reviewing workforce models and staffing resilience**
Estate and environmental constraints continue to impact staff experience.	**Lead for area to complete an environmental risk assessment of fetal medicine and scanning areas and implement agreed mitigations to improve staff and patient experience.**
Positive consultant engagement and multidisciplinary working reported. Staff feel listened to and recognise actions arising from Safety Champion feedback.	

What is going on?

Maternity Shared Decision-Making Council Newsletter October update



Hug in a Mug is Back!
The SDMC is delighted to relaunch our Hug in a Mug initiative. Throughout October, mugs filled with treats and thoughtful surprises will be shared across maternity to spread kindness and appreciation. If you receive one, enjoy it, refill it, and pass it on to a colleague to keep the kindness flowing!

Coming Soon – Name the Teddy!
Keep an eye out for our **Name the Teddy** competition! One lucky winner will take home a beautiful handmade teddy, kindly donated by one of our wonderful volunteers. Simply suggest a name, and the winning entry will be chosen at random. More details coming soon!



Bags of Joy Coming Soon!
Keep an eye out... **Bags of Joy** will soon be arriving on wards near you! Filled with little treats and thoughtful surprises, they are designed to bring a smile to your face, brighten your day, and spread a little kindness among colleagues. Will you be lucky enough to receive a Bag of Joy?





Maternity Support Worker Observation Bags Now Live!
We are delighted to announce that our **Maternity Support Worker Observation Bags** are now fully operational across the service. Each bag is equipped with essential observation equipment, including a saturation monitor, thermometer and baby monitoring equipment, helping to support safe, efficient and timely care for women and babies. A fantastic achievement that will enhance the support our Maternity Support Workers provide every day.



Tuck Shop Update
Our tuck shops on Labour Ward and Robert Watson continue to be a great success. Thank you to everyone who supports them. Every purchase helps fund SDMC activities and initiatives across maternity. If there's a treat you'd like us to stock, let us know!



Sunflower Competition Update
Thank you to everyone who took part in our sunflower competition and shared your fantastic photos. We loved seeing your sunflowers flourish throughout the summer!
A huge congratulations to **Samantha Lockett**, whose beautiful sunflower photograph was chosen as this year's winner. A certificate and, of course, year-long bragging rights are coming your way!
Thank you to everyone who helped bring a little sunshine to our team.

The MDU Knitted Trolley continues to support the Daisy Bereavement Suite thanks to the dedication and generosity of our wonderful volunteers, who create such beautiful handmade items. While sales have been a little slower over the last few months due to the warmer weather, we are hopeful that donations will increase again as we move into the winter months.



Health & Wellbeing Team Achievements
Quarter 2 2026/2027



Wellbeing Walks
24 mothers, their babies and 1 antenatal lady chatted, shared advice and made friends whilst enjoying 5 miles of countryside. We also enjoyed the company of the HV Infant feeding team and not forgetting the tea, coffee and snacks afterwards



Our Maternity Tobacco Advisers
42 New Ladies supported
24 Quits so far achieved
Leading to:
Better outcomes for babies
Growth Scans avoided
Healthier mums



Pelvic Health
Working towards Improving and supporting Pelvic Health for service users



Fundraising
Following the efforts of 9 midwives who climbed a mountain, arranged a raffle, held a world cup sweepstake and cake sale to raise money.
We now have 2 birthing mats, bean bags, TENS machines, a mood light and a birthing stool for birthing people to use
Thank you for your support & donations



Early pregnancy Healthy Lifestyle Webinars
9 webinars were held
384 newly pregnant ladies attended saving community midwives 384 hours of information giving on subjects such as Modifiable risk factors, Scans, Seat Belt Use, Nutrition, Exercise, Smoking, Medication, Mental Health, Pelvic Floor exercises, Contacts, Choice

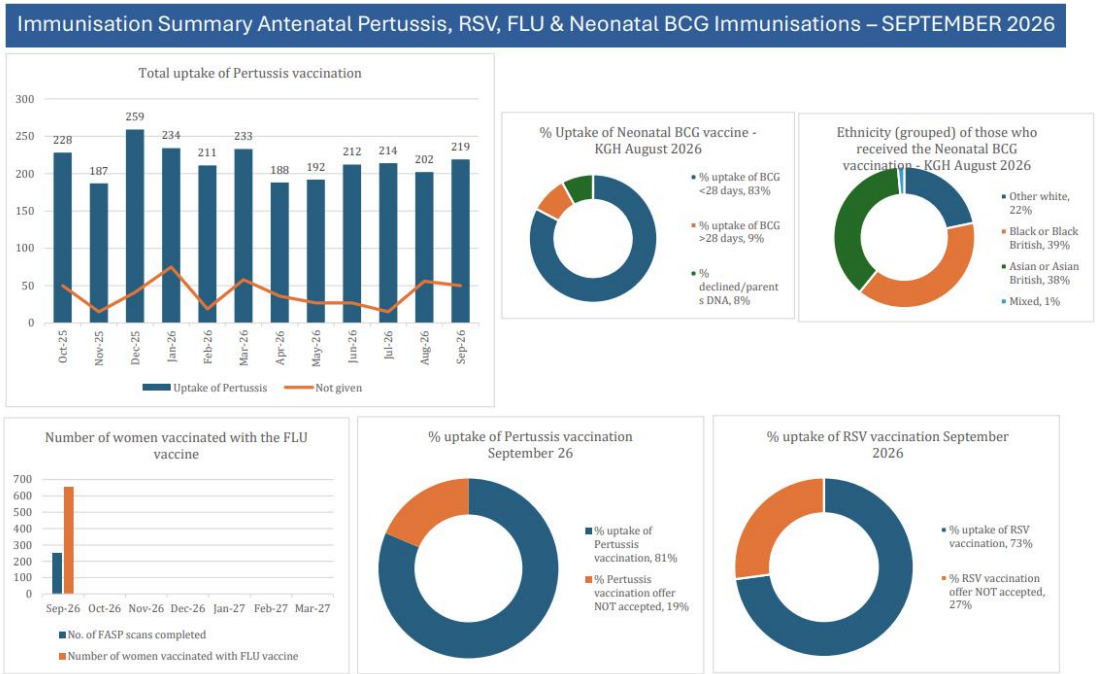
Maternity Services

APPENDICES

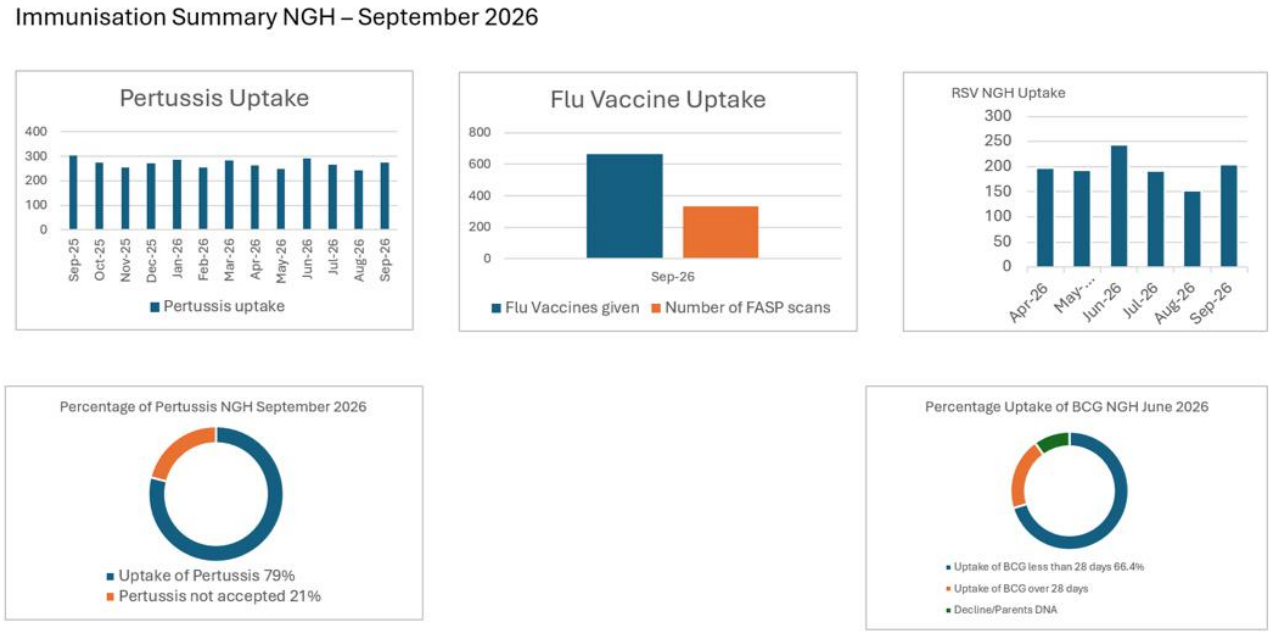
IMMUNISATION SUMMARY

University Hospitals of Northamptonshire

Kettering General Hospital



Northampton General Hospital



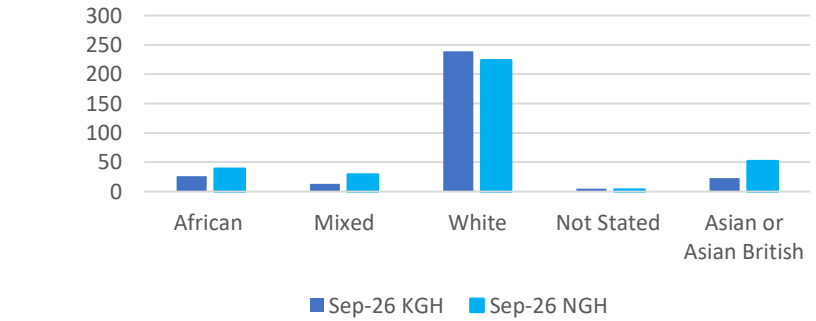
Immunisation remains an important part of protecting pregnant women and babies from serious infection. NGH pertussis uptake was 73.9% in August, with continued focus on improving flu and RSV vaccination. With flu season underway, women & birthing people are being encouraged to discuss vaccination throughout pregnancy and are being signposted to available vaccination clinics. Vaccination conversations will continue at appropriate points in pregnancy, giving women time to make informed choices and access recommended vaccinations. Neonatal BCG vaccination continues for eligible babies. KGH August data has been delayed and will be included in the next scorecard, alongside the updated UHN position.

EQUITY AND POPULATION – August 2026

University Hospitals of Northamptonshire

Ethnic profile and variations

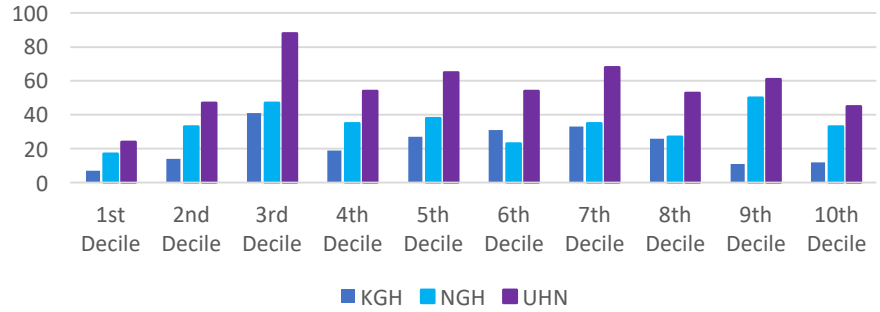
Population profile at booking



September booking data continues to show a broadly consistent ethnic profile across KGH and NGH, with White ethnicity representing the largest population group. African, Asian or Asian British, and Mixed ethnic groups continue to be represented across both sites, with very low levels of 'Not Stated' ethnicity. Ongoing monitoring of access, experience and outcomes by ethnicity will support identification of variation and targeted action to address maternity inequalities where they emerge.

Deprivation

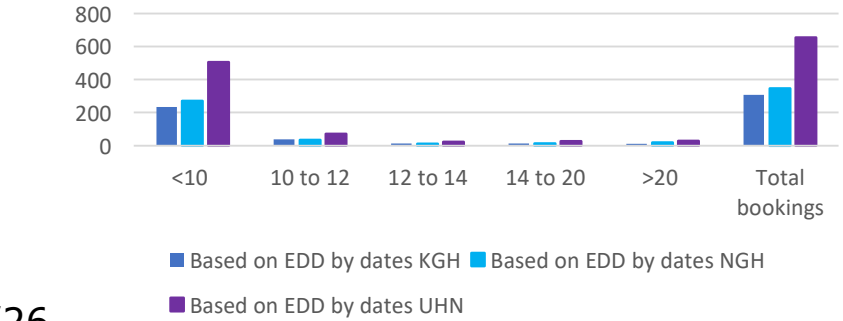
Population profile at delivery



Women accessing UHN maternity services continue to be represented across all deprivation deciles, demonstrating the diverse communities served across Northamptonshire. Activity remains distributed across both more and less deprived communities, with variation between sites. Continued triangulation of deprivation data with access, clinical outcomes and experience measures will support targeted interventions aimed at reducing health inequalities and improving outcomes for women and families.

Gestational Age

Gestational age at booking



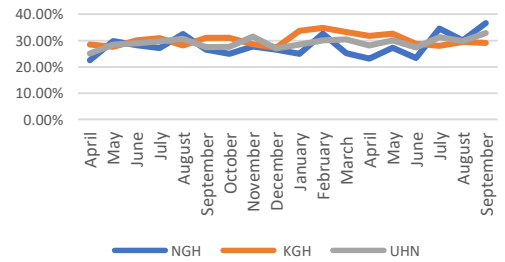
Most women across KGH and NGH continued to book before 10 weeks' gestation during September, enabling early risk assessment, screening and personalised care planning. A smaller proportion of women booked later in pregnancy, including after 20 weeks. Continued surveillance of late booking, particularly alongside ethnicity and deprivation data, will help identify potential barriers to accessing maternity care and inform targeted improvement actions to support earlier engagement with services.

TRENDS: – CLINICAL QUALITY SURVEILLANCE

University Hospitals of Northamptonshire

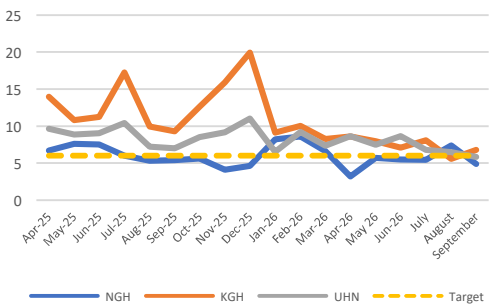
Antenatal

BMI 30 or more at time of booking



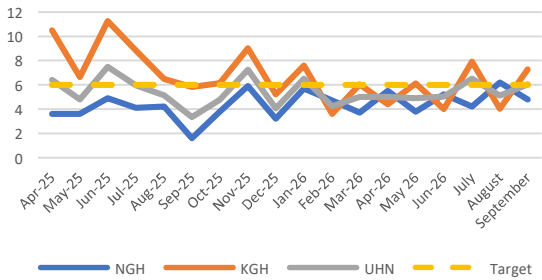
Latest
32.86 % increase from 29.8%
Variation
No NGH data so UHN value artificially lower
Target achievement
N/A

% smokers at booking 25/26



Latest
5.84% decrease from 6.46%
Target
6% SBLCB
Target achievement
Require additional data points to analyse

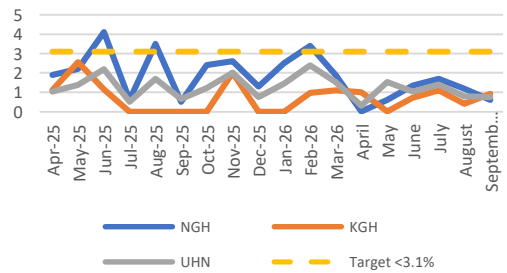
% current smokers at time of birth



Latest
6.03% increase from 5.1%
Target
6%
Target achievement
Require additional data points to analyse

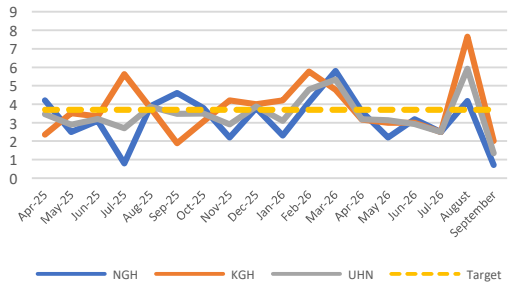
Intrapartum

% Women who experience a 3rd & 4th Degree Tear



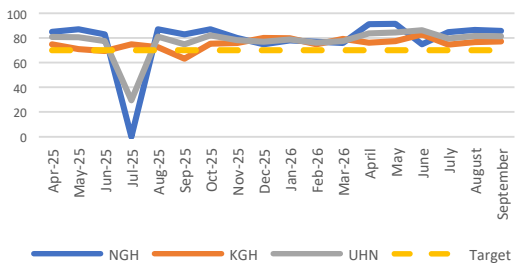
Latest
0.75% decrease from 0.79%
Target
3.1%
Target achievement
Require additional data points to analyse

Women with PPH of 1500ml or more



Latest
1.35% decreased from 5.92%
Target 3.7%
N/A
Target achievement
N/A

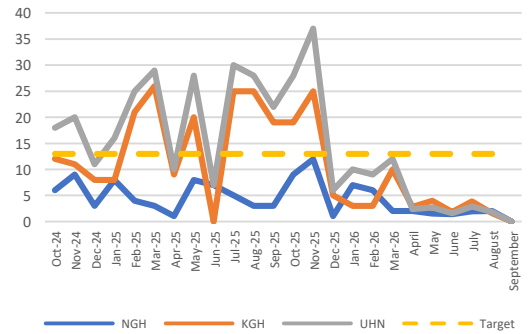
% Breastfeeding initiation 25/26



Latest
81.5% decrease from 81.7%
Target 70%
Missing NGH data for July '25
Target achievement
Require additional data points to analyse

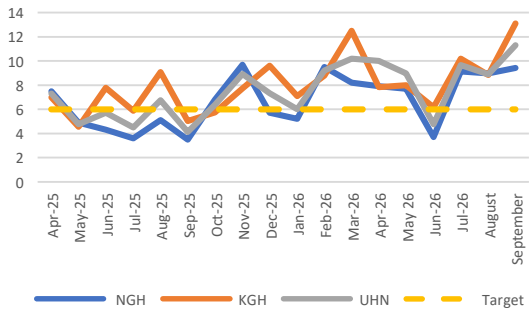
Outcomes

Babies with APGAR less than 7 at 5mins 25/26



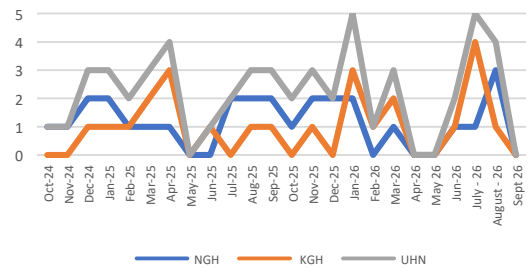
Latest
0.02% a decrease from 1.82%
Target 13
N/A
Target achievement
Require additional data points to analyse

% of Preterm births 25/26



Latest
11.3% of total births increase from 8.9%
Target
6% SBLCB
Target achievement
Require additional data points to analyse

Stillbirth 25/26



Latest
3.86 per 1000 births – UHN over 12 months
Target
N/A
Target achievement
N/A

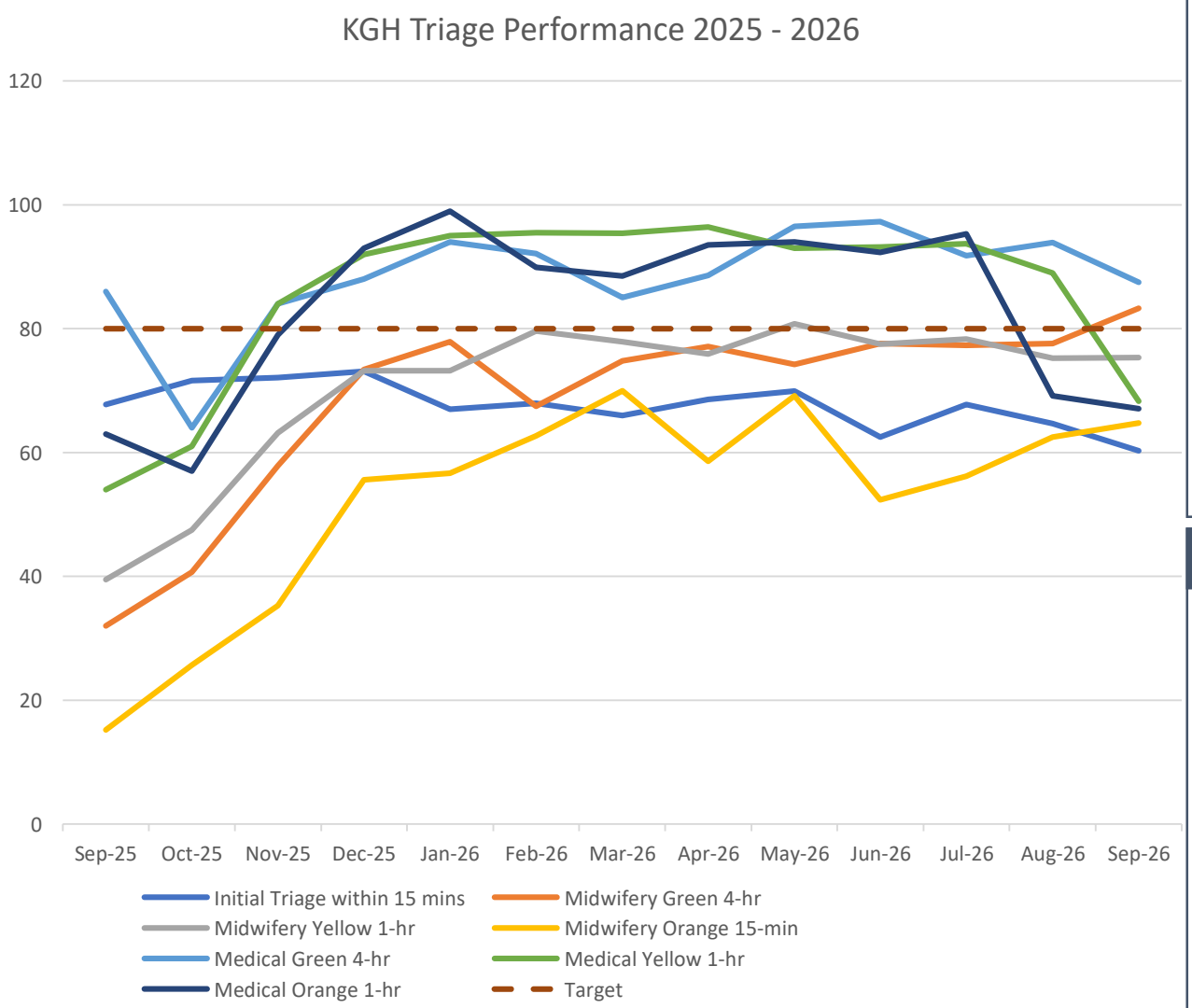
Neonatal preterm optimisation -Latest validated data: June 2026

University Hospitals of Northamptonshire

KGH (August 2026) Data	
Antenatal Steroids	• **100**%
Magnesium Sulphate	• 100%
Intrapartum Antibiotics	• 75% (Locally validated data is 100%, being clarified with network data Analyst)
Delayed Cord Clamping (DCC)	• 100%
Temperature on Admission	• 100%
Breastmilk within first two days	• 100% compliance
Breastmilk within first 6 hours:	• 100%
Parental Consultation	• 100% compliance.(ongoing QI project to sustain the compliance within 6 hours of birth)
Parental Inclusion in Ward Rounds	• 45-48%(This is slightly lower than previous month but still remains above average with special cause from Feb 2025. New Hybrid system is being developed and approved by IT to improve the outcome)
ROP	• 100% compliance.
Area of celebration	• KGH has been identified for x3 positive outliers for the NNAP data (ROP, Parent consultation and Magnesium sulphate) with plans in place to improve position by the end of February 2026
NIV	• To be confirmed
Caffeine	• To be confirmed
Hydrocortisone	• Use is variable nationally and is not currently standard practice within EMNODN or at LRI. UHN will review implementation should the lead centre adopt this intervention.

NGH (August 2026) Data	
Antenatal Steroids	• **100**%
Magnesium Sulphate	• No eligible mothers
Intrapartum Antibiotics	• 50%
Delayed Cord Clamping (DCC)	• 100%
Temperature on Admission	• 50% (2 eligible babies) one baby was 36.4 degrees
Breastmilk within first two days	• 100% compliance, this stays above the average. QI project for buccal EBM within 6hrs of birth is ongoing.
Breastmilk within first 6 hours:	• 100%
Parental Consultation	• 100% compliance. All had a prompt consultation.
Parental Inclusion in Ward Rounds	• 5% compliance, a slight dip on previous month but has still been above the average since November 2023 with a special cause. Currently getting staff signed up for 'Accurx' parents can then log in to view messages and take secure video calls. Once all staff signed up and trained – will launch the system
ROP	• 100% compliance.
Area of celebration	• NNAP positive outliers for ROP and parent consultation
NIV	• To be confirmed
Caffeine	• 100%
Hydrocortisone	• Use is variable nationally and is not currently standard practice within EMNODN or at LRI. UHN will review implementation should the lead centre adopt this intervention.

Bellwether Metric– Triage KGH



Understanding the Performance

KGH triage performance demonstrates sustained improvement across several indicators during 2025/26, with Midwifery Green reviews consistently meeting or exceeding the 80% target in recent months. Medical Green performance has remained strong throughout the year, although a reduction was observed in September. Initial triage within 15 minutes and Midwifery Orange performance remain below target and continue to demonstrate the greatest variation. Overall, performance suggests a well-established triage pathway, with improvement opportunities focused on timeliness of assessment and higher-acuity pathways.

What are the issues impacting performance?

The most significant areas of challenge remain achievement of the initial 15-minute triage assessment and timely review of Orange acuity presentations. Performance variation may be influenced by fluctuations in demand, workforce availability, competing clinical priorities and flow through the maternity pathway. Whilst lower-acuity pathways are performing well, maintaining responsiveness for higher-acuity presentations remains the key area for continued focus.

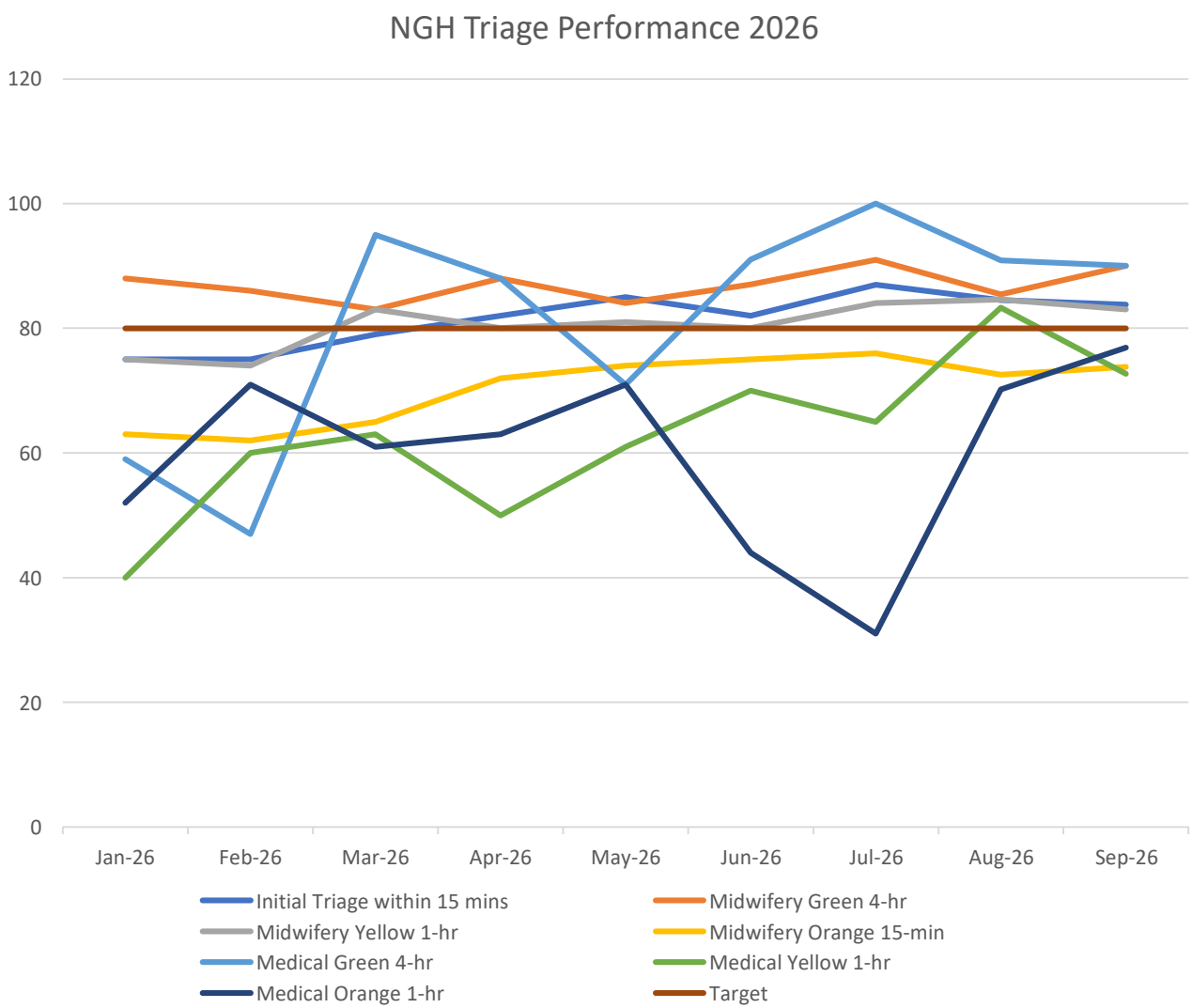
What SMART actions are being taken?

Performance is monitored through routine governance, with monthly review of triage metrics, breaches and trends. Targeted review of delays within initial assessment and Orange pathways is underway to identify recurrent themes and opportunities for improvement. Local quality improvement activity is focused on workforce optimisation, escalation processes, pathway compliance and strengthening triage responsiveness. Ongoing staff education, audit and data-quality validation will support sustained improvement and assurance.

Risk

Failure to consistently achieve national triage standards may result in delays to assessment, prioritisation and clinical review, particularly during periods of increased demand. Persistent variation in higher-acuity pathways may impact patient flow and responsiveness within the triage environment. Workforce pressures, capacity constraints and increasing activity levels remain risks to sustaining improvements and achieving target performance across all indicators.

Bellwether Metric– Triage NGH



Understanding the Performance

NGH triage performance continues to improve across most acuity categories, with sustained recovery in medical review times and BSOTS compliance embedded within routine practice. September demonstrated improved operational performance, including the lowest number of red flag events recorded during 2026 (21/1037 attendances; 2.03%). Performance is strongest within lower-acuity pathways; however, variation remains within Orange/high-acuity presentations and initial triage assessment times. Scheduled activity undertaken within the triage environment continues to impact available capacity for unscheduled attendances and remains a key contributor to ongoing variation.

What are the issues impacting performance?

The principal challenge remains capacity and flow within the triage environment. Scheduled appointments continue to be accommodated within triage, reducing availability for unplanned attendances and creating pressure on timely assessment and review standards. Increasing demand during peak periods, combined with workforce constraints and competing clinical priorities, disproportionately affects performance in higher-acuity pathways. Variation in escalation responsiveness and medical review timeliness remains evident for Orange category presentations, whilst data quality assurance, timestamp accuracy and exclusion validation continue to require ongoing scrutiny.

What SMART actions are being taken?

A multidisciplinary Triage Improvement Group has been established and is implementing a structured improvement plan aligned to national maternity triage standards and the regional 10-point improvement programme. Daily review of breaches and high-acuity presentations continues to identify themes and inform rapid operational actions. Work is underway to review MDU operating arrangements, workforce deployment and escalation processes to reduce reliance on triage for scheduled activity. Monthly data quality reviews, PDSA cycles and enhanced staff training, including a revised telephone triage competency package and clinical upskilling programme, will support sustained improvement.

Risk

The most significant risk is that continued use of triage for scheduled assessments reduces capacity for unscheduled presentations, increasing the likelihood of delays in initial assessment, review and escalation. Persistent variation within Orange category pathways could impact timely clinical decision-making during periods of peak demand. Workforce pressures, particularly during escalation periods, may further affect flow and responsiveness. Failure to establish alternative pathways for scheduled activity presents an ongoing risk to delivery of national triage standards and sustained performance improvement.

GLOSSARY OF TERMS

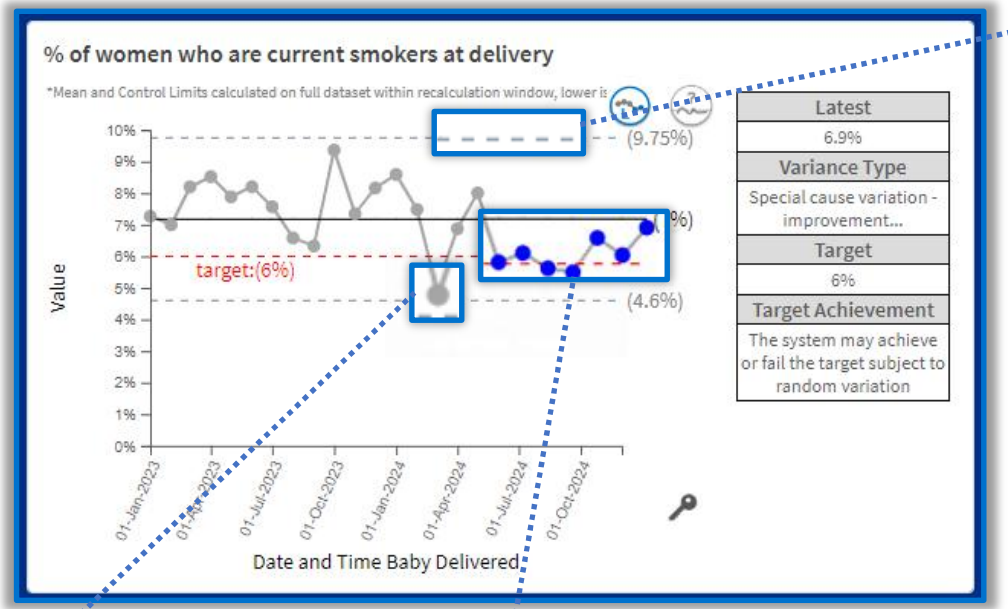
Glossary

Term	Abbreviation
Induction of Labour	IoL
Hypoxic-Ischemic Encephalopathy	HIE
Hospital Readmission	HRA
Postpartum Haemorrhage	PPH
Intensive Care Unit	ICU
Severe Maternal Morbidity	SMM
Kettering General Hospital	KGH
Northampton General Hospital	NGH
Gestational Diabetes Mellitus	GDM
Hyperemesis Gravidarum	HG

INTERPRETING DATA

Throughout this series of slides, we display data that shows you how we are performing in the current month and across time. We primarily do this through single data points on the 'At a Glance' slides and Statistic Process Control (SPC) charts. In this slide, we describe **SPC charts.**

SPC charts are widely used across the NHS to measure changes in data over time.
There is **strong evidence** that these provide a **better basis for decision making** versus isolated data points.



An SPC chart has **three reference lines** that allow you to interpret variation in the data. The **central reference line** shows the average (sometimes the median). The **upper and lower reference lines** show the process limits. These limits are defined by the variability in the data itself. Roughly 99% of the values should fall inside process limits. Sometimes there is also a **target line** – this shows the target that we are aiming to achieve for a given measure.

Common cause variation: a single value that looks abnormally high or low, but remains within process limits, is due to **common cause variation**. This means that it is not statistically significant as an isolated value and can be explained by usual variance in the system.

Special cause variation: this represents a value or trend that is likely to be **statistically significant** and therefore **not due to normal variation**. In our slides, these will be highlighted in **blue**. There are 4 different kinds of special cause variation:

1. **6 or more consecutive points above or below the mean line**
2. **A single data point outside the control limits**
3. **6 or more consecutive points increasing or decreasing**
4. **2 out of 3 consecutive points close to the process limit**

Cover sheet

Meeting	Boards of Directors of the University Hospitals of Northamptonshire NHS Group (Kettering General Hospital NHS Foundation Trust and Northampton General Hospital NHS Trust) meeting together (public)
Date	6 November 2026
Agenda item	8

Title	Resetting our Priorities
Presenter	Adam Carson, Chief Executive
Author	Adam Carson, Chief Executive

Link to Group Priorities (select all that apply):		
☒ Transform Patient Care	☒ Strengthen our Culture	☒ Deliver our financial plan

This paper is for			
☒ Decision	☐ Discussion	☐ Note	☐ Assurance
To formally receive and discuss a report and determine its recommendations OR a particular course of action	To discuss, in depth, a report noting its implications for the Boards or Trust(s) without formally approving it	For the intelligence of the Boards without the in-depth discussion as above	To assure the Boards that controls and assurances are in place

Reason for consideration	Previous consideration
To approve revised priorities for UHN	Executive Team away day – priorities session October 2026 Board Development Session, October 2026 Integrated Leadership Team, November 2026

Executive Summary

The last few months have been a period of significant change for UHN as we have dissolved our Group structure with UHL and established a new Executive team for the organisation. Through this it has been clear that a rest or priorities to provide clear direction for the organisation is required. Following discussions at our October Board(s) development session and engagement with staff in a number of different forums, refreshed priorities for UHN are proposed which aim to simplify and clarify our immediate focus.

Experience tells us that in challenged organisations, there can often be a proliferation of priorities, confusion about immediate requirements and growth in administrative and meeting burden to manage competing needs. While this is understandable, it can detract from a focus on outcomes as well as obstructing, rather than facilitating, the delivery of urgent improvements which everyone recognises are needed.

The priorities will support our Executive Directors and other senior leaders to focus their time, energy and considerable skill and experience on those things which we know will drive the most important improvements in quality, safety and efficiency over the coming months. While it may not be an exhaustive list of all our 'must do's', it will contribute directly to their delivery.

The priorities will also help staff in all parts of the organisation to understand the part they have to play in delivering and sustaining those improvements, as well as signalling to them that we are committed to addressing the problems that impact on their daily experience of coming to work.

The priorities are intended to set direction for the next 18 months, while a wider review of the organisation's strategy takes place. Following approval, priorities will be communicated across the organisation in a clear and visual way. Executive leads will be assigned for each area and working with our transformation team, detailed delivery plans will be developed.

The priorities are intended to set direction for the next 18 months, while a wider review of the organisation's strategy takes place. Following approval, priorities will be communicated across the organisation in a clear and visual way. Executive leads will be assigned for each area and, working with our transformation team, detailed delivery plans will be developed, building on work already in progress towards previously-agreed UHN deliverables. Quarterly updates will be provided to Boards on progress against these delivery plans.

Recommendation

The Boards are requested to **approve** the refreshed priorities and commitments set out in the Appendix.

Appendices

Slides: Proposed refreshed priorities

Risk and assurance

The refreshed priorities will be aligned to existing risks on the Board Assurance Framework, and will inform its ongoing review.

Financial Impact

There are no direct financial implications arising from this report and recommendations.

Stabilising our financial position is a key priority as part of the objective to be 'an organisation fit for the future.'

Legal implications/regulatory requirements

There are no direct legal and regulatory requirements arising from this report and recommendations.

Equality Impact Assessment

Specific initiatives will be subject to Equality Impact Assessment. Making UHN a great place to work and to receive care will give rise to positive impacts for patients, families and colleagues with protected equality characteristics, particularly relating to age and disability.

Proposed Refreshed Priorities

Centred around 3 goals or ‘commitments’

A Great Place to Receive Care

- Go for Good and Beyond
- Think Home first and transforming urgent care
- Transform Outpatient and Elective Care

A Great Place to Work

- Develop our Culture
- Leadership & Governance
- Develop our Estate

An Organisation fit for the Future

- Maximise our UHN Collaboration
- Stabilise our Financial Position
- Data and Digital

3 Priorities for each Goal

Some suggested Deliverables – these are an example and not exhaustive

Dedicated to excellence

NHS University Hospitals of Northamptonshire NHS Group

A Great Place to Receive Care

PRIORITIES

1. **Go for Good and Beyond**
   We will ensure all our services are rated ‘good’ by the CQC, and continue on our journey to outstanding

2. **Think ‘Home first’ and Transforming Urgent Care**
   We will work closely with partners to provide integrated and neighborhood, ensuring patients do not spend longer than needed in our hospitals. We will transform urgent care pathways so people are seen quickly and effectively.

3. **Transform Outpatient & Elective Care**
   We will ensure rapid access to elective care, ensuring we are delivering to GIRFT best practice pathways and reducing unnecessary follow-up

Dedicated to excellence

NHS
University Hospitals of Northamptonshire Group

A Great Place to Work

PRIORITIES

1. **Develop our Culture**
   We will invest in our culture and ensure all colleagues feel free to speak up. We will communicate openly, and ensure colleagues are engaged in our future.

2. **Leadership & Governance**
   We will ensure our leaders are visible and have the skills to lead. We will ensure our governance is fit for purpose, allows rapid decisions and minimises meetings

3. **Develop our Estate**
   We will work with colleagues to develop plans for our estate, and ensure we are using existing facilities effectively

An Organisation fit for the Future

PRIORITIES

1. **Maximise our UHN Collaboration**
   We will ensure that we are effectively learning, sharing and delivering effective care models between KGH and NGH, while retaining each hospital's identity and establishing our organisational form for the future

2. **Stabilise our Financial Position**
   We will develop and deliver our financial plan and have a credible path to breakeven

3. **Data and Digital**
   We will use data to support day-to-day decision making, and ensure we have effective EPRs and digital tools to support care

Meeting	Boards of Directors of the University Hospitals of Northamptonshire NHS Group (Kettering General Hospital NHS Foundation Trust and Northampton General Hospital NHS Trust) meeting together (Public)
Date	6 November 2026
Agenda item number	9
Title	Freedom to Speak Up Report, Quarter 2 2026-27
Presenters	Blessing Mukoyi and Joanna Brown, Freedom to Speak Up Guardians Becky Taylor, Director of Transformation and Digital and Executive Lead for Freedom to Speak Up
Author(s)	Blessing Mukoyi and Joanna Brown, Freedom to Speak Up Guardians

Link to Group Priorities (select all that apply):		
☐ Transform Patient Care	☒ **Strengthen our Culture**	☐ Deliver our financial plan
Supports a culture in which colleagues feel safe and confident to raise concerns, and managers listen, respond and learn.		

This paper is for			
☐ Decision	☒ **Discussion**	☒ **Note**	☒ **Assurance**
Not applicable	To discuss the findings, organisational learning and proposed areas of focus.	To receive the interim activity and themes.	To consider assurance on access, escalation and management response.

Reason for consideration	Previous consideration
To receive and discuss the first quarterly report from the external Freedom to Speak Up Guardian service, covering Q2 2026/27, and to consider the learning and recommendations arising from concerns raised.	This is the first full quarterly report following implementation of The Guardian Service at UHN on 26 May 2026. People Committee considered the quarterly report on 29 October 2026

Executive Summary

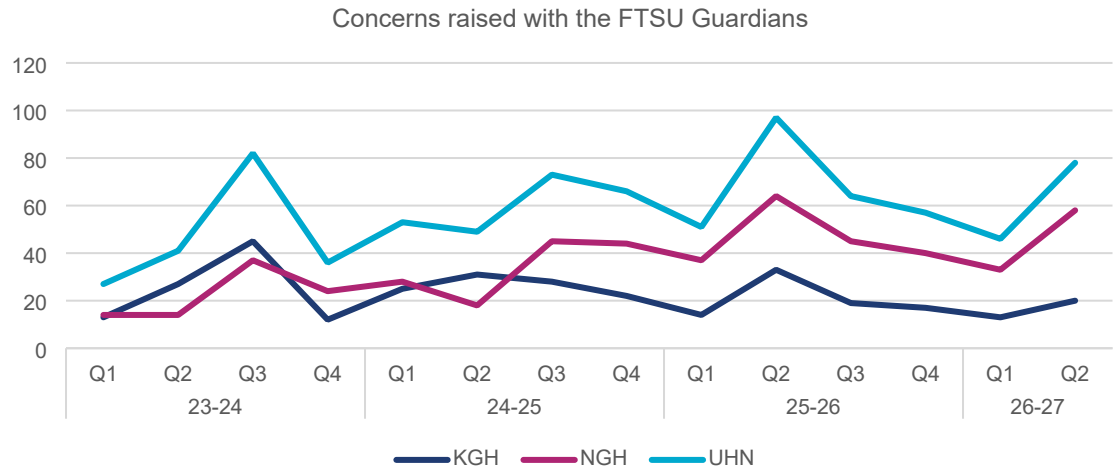
The Freedom to Speak Up Guardian service received 78 concerns between 1 June and 30 September 2026.

The most common primary themes were system and process (25.6%), management issues (24.4%), and worker safety and wellbeing (21.8%). Nursing and midwifery colleagues raised the largest proportion of concerns (34.6%).

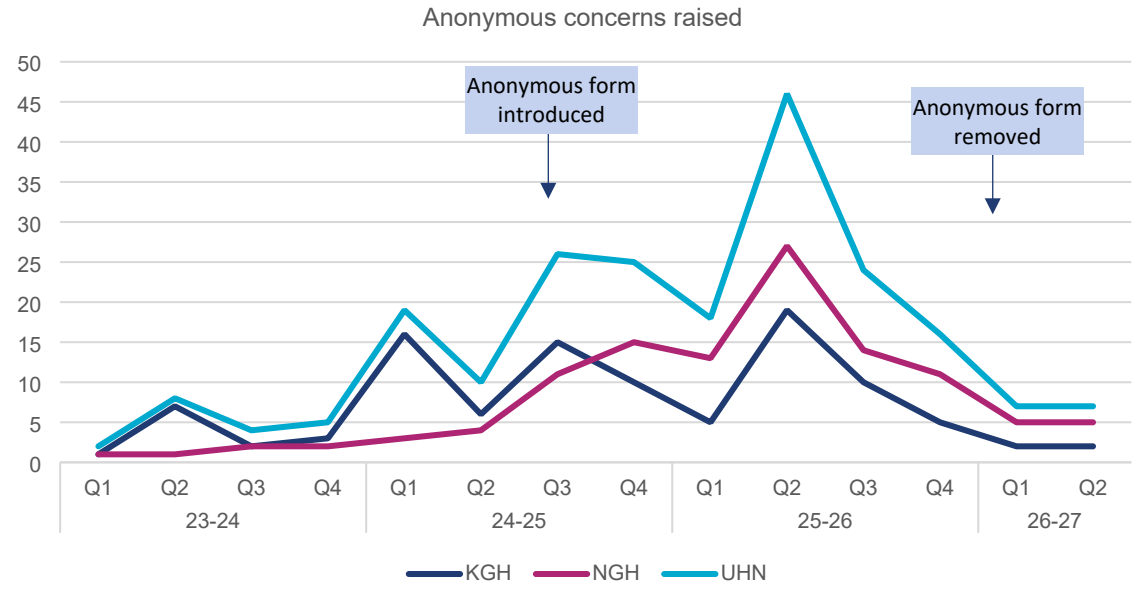
Sixty per cent of staff gave permission for their concern to be escalated. Managers responded to 87.2% of escalated concerns within the agreed timescale, including 57.4% on the same day. No concerns indicating detriment to staff were received.

The report identifies inconsistent use of policies and procedures, variable management behaviours, and a need to strengthen communication and confidence in local speaking-up routes. Of those using the service, 25% reported fear of reprisal and 41% believed they had not been, or would not be, listened to when raising concerns with managers.

Trends show that, following a lower number of concerns raised in Q1 – likely as a result of the changeover between services with less promotion for the first half of Q1 due to the internal service winding down – concerns raised have risen in line with previous reporting trends.



Following the removal of the anonymous Microsoft Form route with the introduction of the Guardian Service, the number of anonymous concerns has reduced to historical levels before the anonymous route was established.



The Boards are asked to:

1. Receive the report
2. Note the themes and early assurance on access and response, and;
3. Discuss the recommended focus on divisional promotion, support for managers receiving concerns, consistent application of HR policies and procedures, and clear Group-wide messaging that speaking up is encouraged and valued.

Appendices
Appendix 1 – GSL Board Report: UHN Quarterly Report, June to September 2026

Risk and assurance	
The report supports assurance on the effectiveness of speaking-up arrangements and organisational culture.	UHN18 Strengthen culture

Financial Impact
No additional financial impact is identified in the interim report. Any resource implications arising from subsequent actions should be considered through the relevant approval route.

Legal implications/regulatory requirements
Freedom to Speak Up forms part of the well-led agenda and national NHS reporting expectations, and is subject to a CQC action plan following the NGH Well Led assessment in October 2025

Equality Impact Assessment
The report records two concerns under discrimination and inequality. One was escalated in relation to reasonable adjustments outside the Trust's scope to address; the other was not escalated and the staff member was satisfied that no further action was required.

Interim Report

1st June – 30th September 2026

University Hospitals of Northamptonshire NHS Group

Distribution: Public Board

Main Point of Contact:

Becky Taylor, Director of Continuous Improvement

Executive Lead for FTSU

Prepared by:

Blessing Mukoyi and Joanna Brown

Freedom to Speak Up Guardians

The Guardian Service Ltd.

Date:

20 October 2026

© The Guardian Service 2016 - 2026

Contents

1. **Executive summary** 3
2. **Purpose of the Paper** 4
3. **Background to Freedom to Speak Up** 4
4. **The Guardian Service** 4
5. **Access and Independence** 4
6. **Categorisation of Concerns and Agreed Escalation Timescales** 5
7. **Number of concerns raised** 6
8. **Confidentiality** 6
9. **Themes** 7
10. **Assessment of Cases** 9
11. **Statistical Graphs** 11
12. **Why do staff use The Guardian Service?** 12
13. **Detriment** 13
14. **Action taken to improve the Freedom to Speak Up Culture** 13
15. **Learning and Improvements** 13
16. **Comments & Recommendations** 14
17. **Staff Feedback** 14

© The Guardian Service 2016 - 2026

1. Executive summary

This report presents the Freedom to Speak Up Guardians' (FTSUG) Interim Report for the period June to September 2026 and provides an overview of the activity and themes that took place during this period.

Staff raised 78 concerns to the FTSU Guardians.

The three most common themes for new concerns were System & Process (25%), Management Issues (24%) and Worker Safety/Wellbeing (21%).

The professional groups that raised the most concerns were Nursing and Midwifery (34%), Administrative and Clerical (15%) and Medical & Dental (11%). 11% of staff declined to disclose their job group.

As may be anticipated, the majority of concerns came from Northampton General Hospital (65%), with 21% from Kettering General Hospital.

The highest number of concerns came from Clinical Support Services, Cancer and Diagnostics (27%). The lowest number of concerns came from Cardiorespiratory & Place Based Medicine (1.3%).

Nearly 20% of staff declined to state which directorate they worked in.

60% of staff gave permission for their concern to be escalated to an appropriate manager who was identified in consultation with the staff member. It should be noted that not all concerns need to be escalated.

87% of cases were responded to by managers within the agreed timescale with 57% of concerns responded to on the same day.

Observations and learning:

- Managers' inconsistent use of policies and procedures has been identified through the concerns raised.
- Managers are not always perceived as adhering to Trust Values.
- Managers should be supported in meeting the agreed timescales when responding to the Guardian.
- Further Trust-wide promotion should be undertaken by the Trust on using the external, independent and confidential Freedom To Speak Up service to reduce the number of staff who do not wish to disclose data such as job group or directorate.

© The Guardian Service 2016 - 2026

2. Purpose of the Paper

The purpose of this paper is to give an overview of the cases raised at University Hospitals of Northamptonshire NHS Group (UHN) to the Freedom to Speak Up Guardians employed by The Guardian Service Limited (GSL) during the reporting period 1st June to 30th September 2026.

This paper does not include any data relating to cases raised internally and only to those raised with the Guardians. This paper will not contain any identifiable information to ensure that confidentiality of those raising concerns is respected in line with national guidelines.

3. Background to Freedom to Speak Up

Following the Francis Inquiry[1] 2013 and 2015, the NHS launched 'Freedom to Speak Up' (FTSU). The aim of this initiative was to foster an open and responsive environment and culture throughout the NHS, enabling staff to feel confident to speak up when things go or may go wrong; a key element to ensure a safe and effective working environment.

4. The Guardian Service

The Guardian Service Limited (GSL) is an independent and confidential staff liaison service. It was established in 2013 by the National NHS Patient Champion in response to The Francis Report. The Guardian Service provides staff with an independent and confidential 24/7 service to raise concerns, worries, or risks in their workplace. It covers patient care and safety, whistleblowing, bullying, harassment, and any work-related concerns. We work closely with NHSE and attend relevant FTSU workshops, regional network meetings and FTSU conferences. The Guardian Service is advertised throughout the Trust as an independent service. This encourages staff to speak up freely and without fear of reprisal. Freedom to Speak Up is part of the well led agenda of the CQC inspection regime. The Guardian Service supports the Trust's Board to promote and comply with the national reporting requirements.

The Guardian Service Ltd (GSL) was implemented in UHN on 26th May 2026.

Communication and marketing have been achieved by meeting with senior staff members, joining team meetings, site visits, the Intranet and the distribution of flyers and posters across the organisation. All new staff will become aware of the Guardian Service when undertaking the organisational induction programme.

5. Access and Independence

Being available and responsive to staff are key factors in the operation of the service. Many staff members, when speaking to a Guardian, have emphasised that a deciding factor in their

[1] https://www.gov.uk/government/publications/report-of-the-mid-staffordshire-nhs-foundation-trust-public-inquiry

© The Guardian Service 2016 - 2026

decision to speak up and contacting GSL was that the Guardians are not NHS employees and are external to the Trust.

6. Categorisation of Concerns and Agreed Escalation Timescales

The following timescales have been agreed and form part of the Service Level Agreement.

Concern Type	Description	Agreed Escalation Timescales
Red	Relates to patient safety/quality, safeguarding and care, staff safety /wellbeing, issues of potential danger to any individual including self-harm. Fraud.	Response required within 12 hours.
Amber	Includes bullying, harassment, discrimination, inequality, and staff safety. Patient safety/quality, staff safety /wellbeing, and fraud can be considered in this category if there is no immediate threat.	Response required within 48 hours.
Green	All other themes e.g. change in work conditions etc.	Response required within 72 hours.
White	Matters with no discernible risk or cases that highlight opportunities for improvement.	No organisational response required.

Open cases are continually monitored, and regular contact is maintained by the Guardian with members of staff who have raised a concern to establish where ongoing support continues to be required. This can be via follow up phone calls and/or face to face meetings with staff who are in a situation where they feel they cannot escalate an issue themselves. Guardians will also maintain contact until the situation is resolved or the staff member is satisfied that no further action is required. Where there is a particularly complex case, setbacks or avoidable delays in the progress of cases that have been escalated, these are raised with the organisational lead for the Guardian Service at regular monthly meetings.

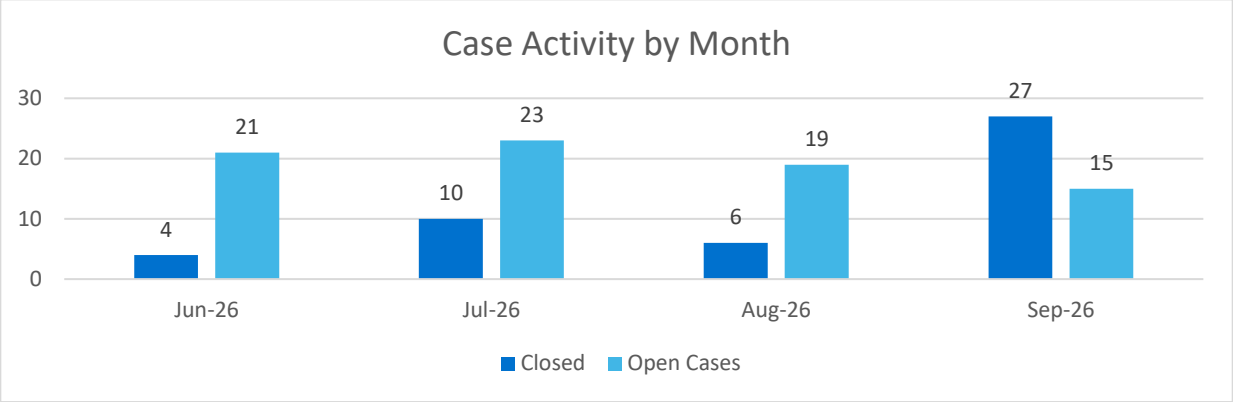
Escalated cases are cases which are referred to an appropriate manager, at the request of the employee, to ensure that action is taken. As not all employees want their manager to know they have contacted the GSL, they may either progress the matter themselves or take no further action. There are circumstances where cases are escalated at a later date by the Guardian. A staff member may take time to consider options and decide a course of action that is right for them. A Guardian will keep a case open and continue to support staff in such cases. In a few situations contact with the Guardian is not maintained by the staff member.

© The Guardian Service 2016 - 2026

7. Number of concerns raised

78 new concerns were raised to the FTSUG in the reporting period June to September 2026.

Of the 78 cases raised, 47 were closed in the reporting period with a further two concerns closed at the time of writing this report.



Open cases are actively monitored, and regular contact is maintained by the FTSUG with staff members. Cases can remain open where staff require either ongoing support and guidance from the FTSUG in exploring situations informally or when emotional support is requested whilst the concern is being addressed.

The number of emails, telephone interactions and face to face visits engaged by the FTSUGs in responding to these concerns was as follows:

Emails	Telephone Interactions	Face to face meetings
642	168	51

There are often multiple contact points for every concern raised, therefore the numbers in the table above do not directly correlate with the number of concerns raised.

8. Confidentiality

An integral part of the Guardian Service is allowing staff members to discuss their concerns in a confidential safe space. Staff members may then be more confident in addressing their concern directly themselves or they may decide that the concern does not require any further action following their discussion with the Guardian. It is up to the staff member to decide how their concern is addressed. Staff members who chose to have their concerns escalated will guide the Guardian to the most appropriate manager. It is the managers' responsibility to seek a resolution whilst keeping the staff member informed via the Guardian where necessary. Concerns can be escalated by the Guardian with or without the staff members' name.

© The Guardian Service 2016 - 2026

Confidentiality	No. of concerns	Percentage
Keep it confidential within Guardian Service remit	31	39.7%
Permission to escalate with names	23	29.5%
Permission to escalate anonymously	6	7.7%
Permission to escalate without name	18	23.1%
Total	**78**	**100%**

60% of staff asked that their concern be escalated to the Trust. All escalated concerns offer the Trust an opportunity to seek improvements and to learn directly from concerns raised.

It is also positive that nearly a third of staff gave permission for their name to be used when their concern was escalated. This gives managers the opportunity to thank staff for speaking up. Thanking staff for raising concerns is to be encouraged at all levels in the Trust. Escalated concerns also allow for feedback to be shared directly with the staff members either via the Guardian or directly.

The Guardian Service monitors the response rates when concerns are escalated to managers. Managers responded to 57.4% of escalated concerns on the same day and 87.2% of escalated concerns were responded to within the agreed timescales. It is anticipated that the response rate from managers will increase from 87% in the next reporting period with the continued Trust-wide promotions of the Guardian Service.

RAG Rating	Escalation Response Rate
Red	100%
Amber	75%
Green	96%
All Cases	87%

9. Themes

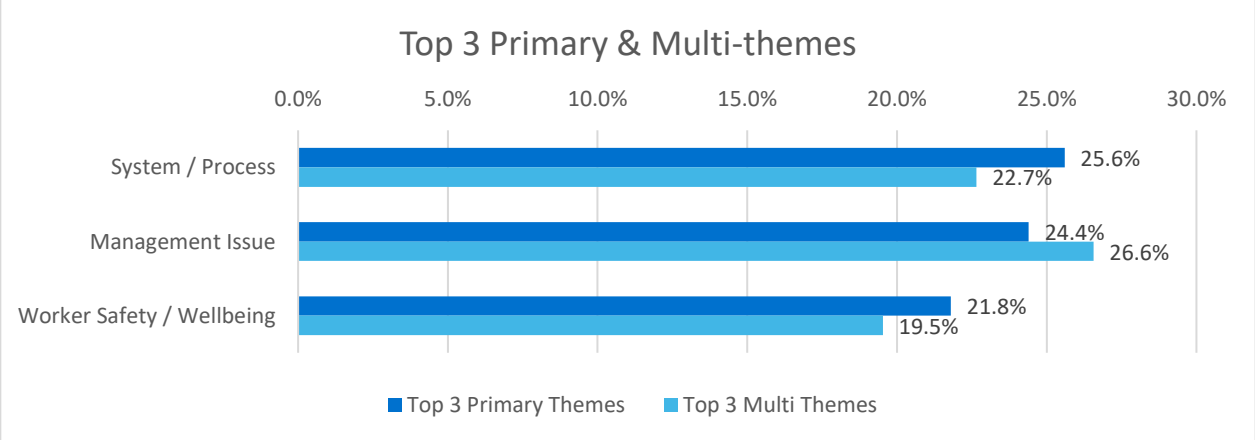
Each case is recorded under a primary theme, with any additional themes arising logged as multi-theme occurrences. Quarterly national reporting is based on multi-theme occurrences. Multi-themes are recorded to give a wider organisational picture of the concerns that are being raised within the Trust. It should be noted that not every concern has an additional Theme recorded. Although their ranking has shifted slightly, the top three multi-themes (reported as “All Themes inc. Primary”) remain the most frequently reported themes when all themes are considered.

© The Guardian Service 2016 - 2026

Concerns raised are broken down into the following categories:

Theme	Primary Theme	Percentage	All Themes inc. Primary	Percentage
Patient Safety / Quality of Care	6	7.7%	9	7.0%
Worker Safety / Wellbeing	17	21.8%	25	19.5%
Bullying / Harassment	8	10.3%	13	10.2%
Behaviour / Relationship	6	7.7%	13	10.2%
Discrimination / Inequality	2	2.6%	5	3.9%
Management Issue	19	24.4%	34	26.6%
Sexual Misconduct	0	0%	0	0%
System / Process	20	25.6%	29	22.7%
Other (Describe)	0	0%	0	0%
Total	**78**	**100%**	**128**	**100%**

The top 3 primary themes are System and Process (25.6%), Management Issues (25.4%) and Worker Safety / Wellbeing (21.8%).



© The Guardian Service 2016 - 2026

10. Assessment of Cases

Systems and Process

25.6% of cases related to systems and process. 75% of cases raised were escalated by The Guardian Service to the Trust. Detailed below are some of the recurring themes & concerns raised by staff:

- Staff expressed frustration with communication from the Trust regarding changes to policies and parking charges.
- Staff member was not told why duties were restricted. Formal process was not followed correctly.
- Staff member not asked for their side of dispute before having shifts reduced.

Management Issue

24.4% of cases related to management issues. 42% of cases raised were escalated by The Guardian Service. Detailed below are some of the recurring themes & concerns raised by staff:

- Staff felt they were not treated fairly by management compared to other members of staff within their team and that they were not being heard.
- Staff member reported feeling no support from manager with personal situation affecting work.
- Previous manager influenced decision on staff member's request in new role.
- Staff members and management not felt to be working in collaboration with others, leading to an increase in workloads and having an impact on patient safety.
- Lack of communication from manager who cancelled upcoming leave that had been booked prior to joining the team.

Worker Safety and Wellbeing

21.8% of cases related to worker safety or wellbeing. 59% of cases raised were escalated by The Guardian Service. Detailed below are some of the recurring themes & concerns raised by staff:

- Staff member felt anxious about covering roles without enough training.
- Staff member felt undermined by unfounded accusations from colleagues.
- Increased workload caused stress and sickness amongst team.
- Senior member of team was reported to have consistently belittled and bullied other team members.
- Staff felt that they were not being listened to when raising genuine concerns regarding their health whilst at work.

Patient Safety and Quality

7.7% of cases related to patient safety and quality. All these concerns were escalated to the Trust. Detailed below are some of the recurring themes & concerns raised by staff:

© The Guardian Service 2016 - 2026

- Staff believed target numbers cannot be achieved alongside normal work and, if they are achieved, it will be at the cost of patient safety.
- Staff members suggest that wards and patient areas are not being cleaned adequately, which could lead to spread of infections.

Behaviour and Relationships

7.7% of cases related to behaviour and relationships. 50% of cases raised were escalated by The Guardian Service. Detailed below are some of the recurring themes & concerns raised by staff:

- Manager shared information about staff member's personal situation.
- Senior member of team undermined staff members and students in front of colleagues, this was not addressed when reported.
- Staff member felt they were harassed by other members of staff, which had an impact on their mental health and wellbeing.
- Staff members felt their department was not getting the support required and other departments lack understanding regarding the work they do.

Bullying and Harassment

10.3% of cases related to bullying and harassment. 50% of cases raised were escalated by The Guardian Service.

- Manager made negative remarks about a staff member’s health condition.
- Staff member felt colleagues were ganging up on them and making derogatory comments.
- Staff member experiencing bullying behaviour from a senior member of the team leading to them being stressed and emotional.

Discrimination & Inequality

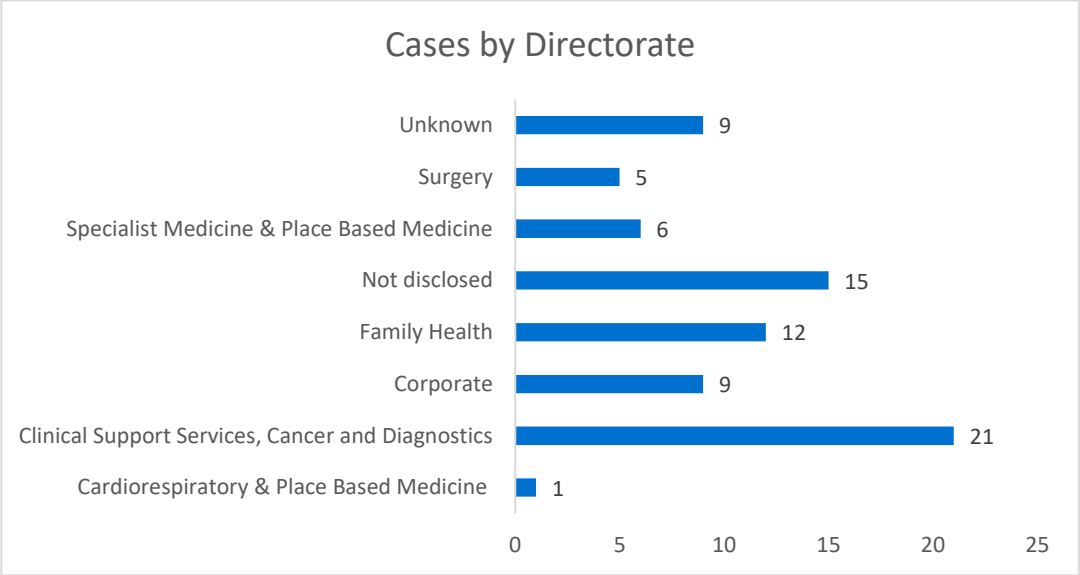
Two cases were identified under this primary theme. One case was escalated regarding reasonable adjustments outside the scope of the Trust to address. The other case was not escalated but the staff member was satisfied that no further action was required after speaking to the Guardian.

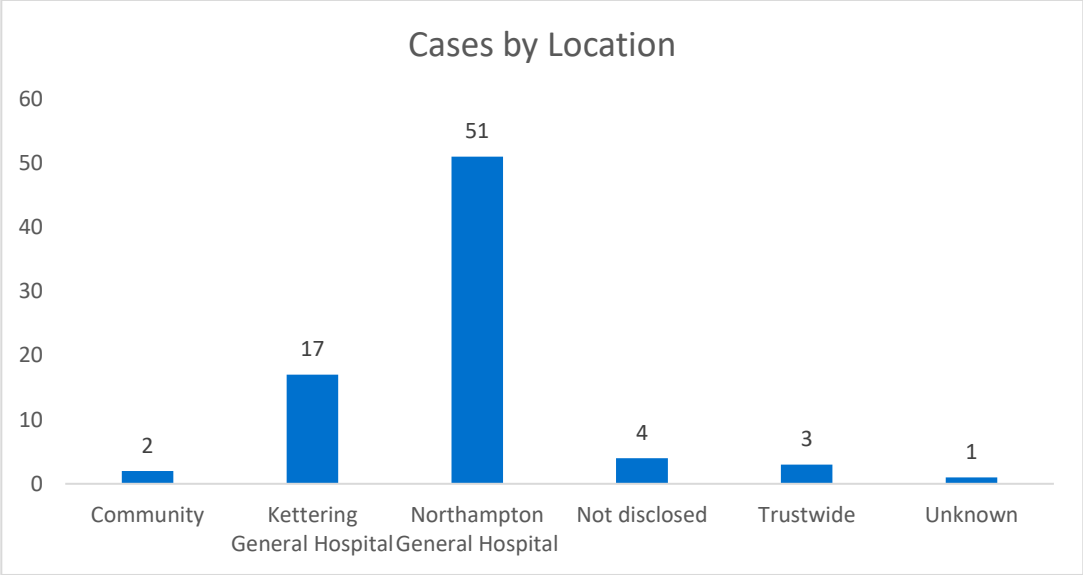
Sexual Misconduct and Other

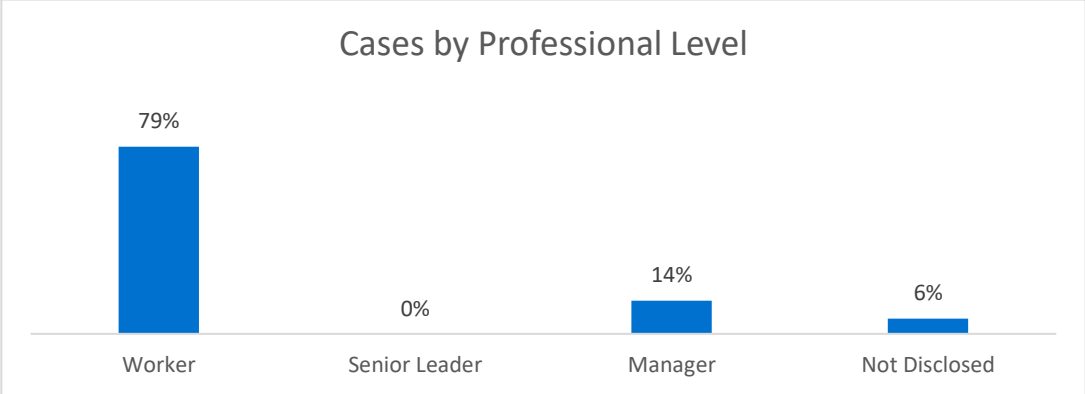
No concerns were reported under these themes.

© The Guardian Service 2016 - 2026

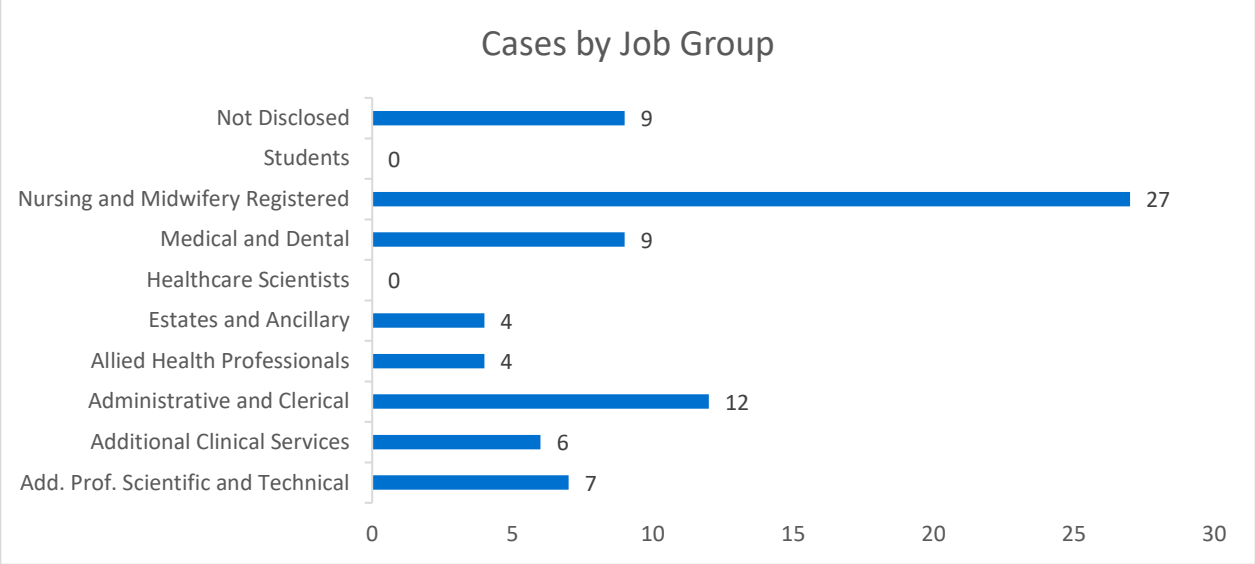
11. Statistical Graphs







© The Guardian Service 2016 - 2026



Job Group	Total	Percentage
Add. Prof. Scientific and Technical	7	9.0%
Additional Clinical Services	6	7.7%
Administrative and Clerical	12	15.4%
Allied Health Professionals	4	5.1%
Estates and Ancillary	4	5.1%
Healthcare Scientists	0	0.0%
Medical and Dental	9	11.5%
Nursing and Midwifery Registered	27	34.6%
Students	0	0.0%
Not Disclosed	9	11.5%
Total	78	100%

12. Why do staff use The Guardian Service?

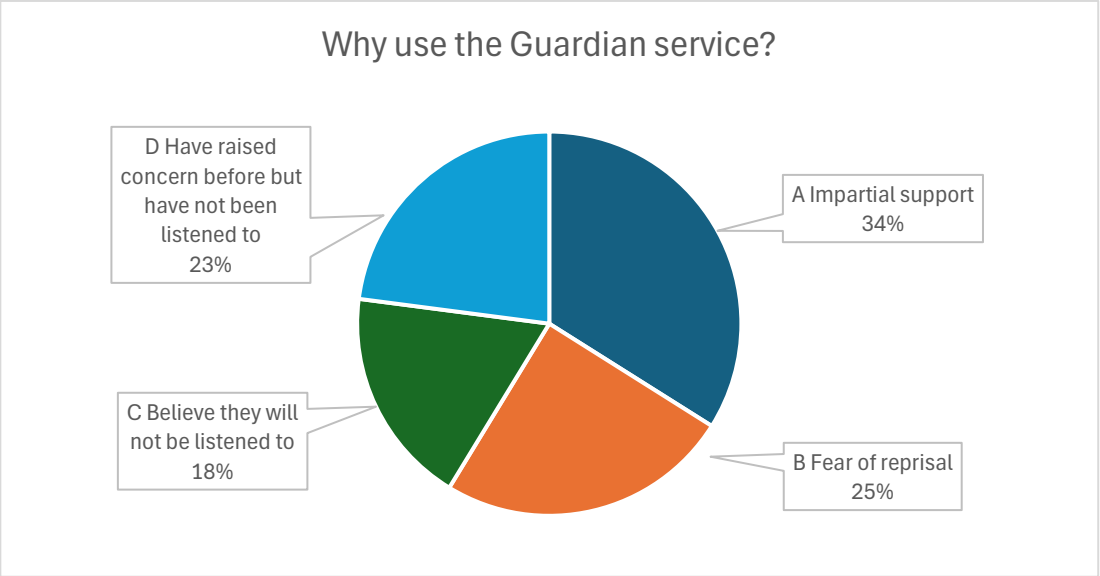
When promoting the Guardian Service to Trust staff, we always emphasis that The Guardian Service is only one route to speaking up.

The “Impartial Support” offered by the Guardian Service is an important tool to allow staff to process what they are experiencing or how to respond to certain situations.

41% of staff using the Guardian Service have either attempted to speak to their manager or believe that it will be futile to do so. It is our experience that managers need to be supported in creating a culture where their staff feel safe to speak up and feel listened to. The Guardian is here to support managers when responding to concerns raised by their team members. When managers receive concerns from staff members it is essential that they respond to the staff

© The Guardian Service 2016 - 2026

member. Otherwise, concerns are seen as unaddressed or not fully resolved by the staff member.



13. Detriment

No concerns indicating detriment to staff members have been received. The Guardians will continue to monitor this and ensure that the Trust is made fully aware if there are issues of actual or perceived detrimental. Detriment is a major concern that is associated with speaking up and has a huge influence on FTSU culture.

14. Action taken to improve the Freedom to Speak Up Culture

The Guardians and the Director of Continuous Improvement meet to discuss the monthly activity reports which include themes and outcome of cases. Scheduled and ad hoc visits, walkabouts and drop-in sessions to wards, departments and offices to speak to staff about The Guardian Service are undertaken every week by both Guardians. Promotional briefings can be conducted virtually or in person. The Guardians have been invited to attend staff networks and staff inductions.

The Guardian Service has been advertised on the staff intranet and there are professionally printed posters on display around the Trust. Any staff member can request that a Guardian just “pops in” to their workplace to promote the speaking up service in the Trust.

15. Learning and Improvements

- Improve communication between staff members and managers, especially regarding changes within the Trust.
- Promotion of FTSU service by Team Managers and not just Senior Leaders in the Trust.
- Improve system and process in relation to policy and procedure being followed in accordance with Trust policies.

© The Guardian Service 2016 - 2026

16. Comments & Recommendations

- Establishing GSL within UHN has made a strong start and has been received positively by staff. To embed the service further, we recommend that senior managers require every division to invite GSL to talk to staff about the service.
- Some middle managers appeared defensive when FTSU concerns were escalated to them. We recommend that the Trust reassures managers that the number of concerns raised is not always a reflection upon their leadership and that staff raising concerns is to be encouraged.
- Inconsistent use of HR policy and procedures has been identified through the concerns raised. Therefore, we recommend that this is reviewed and addressed as necessary.
- 25% of staff who contacted GSL reported a fear of reprisal for speaking up. It is important that the Board are aware that this perception exists. We recommend that the Trust has clear messaging about speaking up that encourages, values, and supports staff to raise concerns, whilst openly addressing and allaying fears.
- 41% of staff who contacted GSL felt that they had not been / would not be listened to when raising concerns with managers. Managers at all levels need to role-model the speaking-up principles and receive the support they need to handle concerns however they are raised; it will help staff feel psychologically safe, valued, and confident to speak up. Support could include soft skills training such as listening or improving empathy; completing the 'Freedom to Speak Up in Healthcare' modules – *Speak Up*, *Listen Up*, *Follow Up* to help them understand the role they play, or peer support sessions with the FTSU Guardians.

17. Staff Feedback

The Guardian sends out a link to a feedback survey when a case is closed. These surveys are voluntary. It is anticipated that response rates will be sufficient in the next reporting period to include anonymised feedback from the staff who have used The Guardian Service.

© The Guardian Service 2016 - 2026

Meeting	Boards of Directors of the University Hospitals of Northamptonshire NHS Group (Kettering General Hospital NHS Foundation Trust and Northampton General Hospital NHS Trust) meeting together (public)
Date	6 November 2026
Agenda item number	10

Title	UHN Scheme of Delegation
Presenter	Tracey Cotterill – Chief Finance Officer
Author(s)	Tracey Cotterill – Chief Finance Officer

Link to Group Priorities (select all that apply):		
☐ Transform Patient Care	☐Strengthen our Culture	☑Deliver our financial plan

This paper is for			
☑Decision	☐Discussion	☐Note	☐Assurance
To formally receive and discuss a report and make a decision/decisions based on the option/options recommended	To discuss, in depth, a report noting its implications for the Board or Trust without formally approving it	For the intelligence of the recipients without the in-depth discussion as above	To reassure the recipients that controls and assurances are in place

Reason for consideration	Previous consideration
The Boards are asked to **approve** a temporary adjustment to the scheme of delegation ahead of the full review of Standing Financial Instructions**.**	Approved by the Audit Committees by electronic resolution

Executive Summary

In light of the severity of the Trust's current financial position, the Executive Tean considers that the existing delegated authority limits for committing expenditure are too high and should be reduced. This will strengthen financial control and ensure that commitments are subject to appropriate levels of scrutiny and approval.

The Audit Committees have reviewed and approved a proposed temporary revision to delegated authority levels for expenditure and other commitments. Members agreed the temporary levels should be in place until the Standing Financial Instructions (SFIs) and Standing Orders (SOs) are updated, which is expected to be at the December 2026 Audit Committees and February 2027 Boards meeting.

The review of SFIs and SOs will provide an opportunity to consider the effectiveness of the temporary arrangements, address any issues arising from their implementation, and incorporate any further amendments to delegated authorities as necessary.

The attached schedule sets out proposed revised approval limits for temporary implementation, pending the review and refresh of the SFIs and SOs. (Track Changes are in place for ease of reference).

Recommendation:

The Boards are asked to **approve** a temporary adjustment to the scheme of delegation ahead of the full review of Standing Financial Instructions**.**

Appendices

Appendix 1 - Current and Proposed Delegated Authority levels

Risk and assurance

UHN 16 BAF: Development of robust medium term financial plan UHN 17 BAF: Delivery of financial / workforce plan	BAF actions cover • Budgets • Affordability / Accountability • Reporting / Risk Appetite / Planning / Performance Management • Culture / Choices / Control

Financial Impact

No direct implications arising from this report and recommendations.

Legal implications/regulatory requirements

NHSE Enforcement undertakings are in place.

KGH – Any failure to comply with the above undertakings will render the Licensee liable to further formal action by NHS England. This could include the imposition of discretionary requirements under section 105 of the Act in respect of the breach in respect of which the undertakings were given and/or revocation of the licence pursuant to section 89 of the Act.

NGH – Any failure to comply with the above undertakings may result in NHS England taking further regulatory action. This could include giving formal directions to the trust under section 27B of the National Health Service Act 2006.

Equality Impact Assessment

Neutral

SECTION 6 - Financial Decisions and functions delegated to Officers in accordance with Section 2.1 above

(1) Except where specified, authority may not be further delegated below the levels set out below without the written approval of the named Officer holding the delegation, stating the reasons for, and duration and extent of, additional delegations which should be temporary in nature.

(2) The approval levels below are subject to, and to be exercised in accordance with, any restrictions and conditions which may be imposed by the Trusts' commissioners or regulators from time to time.

Delegated function	**Current Level (£)**	**Proposed Level (3)**	**Delegated to**
Approval to order and authorization of payments with or without approved requisitions (list of supplies and services not requiring requisitions to be maintained by the Chief Finance Officer) (inclusive of VAT)	Above £1m	Above £1m	Chief Finance Officer with UHN Chief Executive
	£500,000 to £999,999	Up to £1m	UHN Chief Executive
	£250,000 to £499,999	Up to £500,000	Chief Finance Officer
	£100,000 to £249,999	Up to £50,000	Executive Directors ~~Divisional Clinical Directors~~ Deputy Chief Finance Officer ~~Hospital Director of Finance~~
	£50,000 to £99,999 ('Level 1 officers')	Up to £10,000	• Divisional Clinical Directors • Head of Operations • Director of Nursing • Director of Midwifery • Clinical Director (Radiology) • Deputy Medical Directors • Directors of Medical Education, Research and Innovation • Deputy Directors (other corporate functions) • Chief Pharmacist (Pharmaceutical products only) • Head of Pathology

	£25,000 to £49,999 ('Level 2 officers')	Up to £5,000	• Head of Nursing • Head of Midwifery • Deputy Head of Operations • Operational Business and Performance Lead • Clinical Director • General Manager • Director of AHP • Chief Nursing and Medical Information Officers • Deputy Directors of Nursing • Associate Medical Directors • Deputy Director of Medical Education, Research and Innovation • Heads of corporate departments and specialties. • Lab/Haematology Manager (blood products only)
	£10,000 to £24,999 ('level 3 officers')	Up to £1,000	Deputy Director of AHP Deputy Head of Nursing Assistant Directorate Manager Associate Director of Operations Head of Women's Governance and Quality Improvement Heads of Corporate Departments and Specialties

	Up to £9,999 ('level 4 officers')	Up to £1,000	Speciality / Service Managers Matrons
	Up to £999 ('level 5 officers')	Up to £1,000	All other budget holders
Ex gratia payments for staff and other employment payments	Unlimited	No change, pending fuller SFI review	~~Chief People Officer~~ Chief Finance Officer
Ex gratia payments to patients	Unlimited	Up to £10,000	~~Chief Nurse~~ Chief Finance Officer
Ex gratia payments – other	Unlimited	Up to £10,000	Chief Finance Officer
Payment of financial settlements and, where applicable, insurance excesses	Unlimited	No change, pending fuller SFI review	~~Director of Corporate and Legal Affairs~~ Chief Finance Officer
Authorization of payments for legal support	Subject to contractual specifications	No change, pending fuller SFI review	~~Director of Corporate and Legal Affairs~~ Chief Finance Officer
Authorization of losses and special payments (all items to be reported to Audit Committees as part of Financial Governance	Above £50k	Up to £50,000 CFO Audit Committees should approve above that level	Chief Finance Officer

scheduled reports)			
	£10k-£49,000	Up to £10,000	Deputy Chief Finance Officer ~~Hospital Director of Finance~~
	Up to £9,999	NIL	Finance Heads of Department
Products and Services Procurement	£0 to £30,000 inc. VAT (minimum one written quote)	£0 to £10,000 inc. VAT (minimum one written quote)	~~Operational Procurement~~ Procurement Team
	£30,000 to £ 139,688 inc. VAT: Competitive process, minimum three written quotes, issued on relevant regulated platform. Must comply with current relevant Procurement Regulations.	£10,000 to £ 139,688 inc. VAT: Competitive process, minimum three written quotes, issued on relevant regulated platform. Must comply with current relevant Procurement Regulations.	Procurement Team
	Over £139,688 inc. VAT: Formal Competitive Tenders tender (competitive process via relevant regulated platform and/or framework). Must comply with current relevant Procurement Regulations.)	Over £139,688 inc. VAT: Formal Competitive Tenders tender (competitive process via relevant regulated platform and/or framework). Must comply with current relevant Procurement Regulations.)	Procurement Team
Building and Estates Engineering Procurement	£0 to £30,000 inc. VAT (minimum one written quote)	£0 to £10,000 inc. VAT (minimum one written quote)	~~Operational Procurement~~ Procurement Team
	£30,000 to £ 139,688 inc. VAT: Competitive process, minimum three written quotes, issued on relevant regulated platform. Must comply with current relevant Procurement Regulations.	£10,000 to £ 139,688 inc. VAT: Competitive process, minimum three written quotes, issued on relevant regulated platform. Must comply with current relevant Procurement Regulations.	Procurement Team
	£139,689 - £5,372,609 inc VAT: Formal competitive tender (competitive process via relevant regulated platform and/or framework). Must comply with current relevant Procurement Regulations.	£139,689 - £5,372,609 inc VAT: Formal competitive tender (competitive process via relevant regulated platform and/or framework). Must comply with current relevant Procurement Regulations.	Procurement Team
	£5,372,609 inc VAT and above: UK FTS as per PCR15 and/or Procurement Act 2023. Formal Competitive Tender via relevant regulated platform or further competition via accredited framework	£5,372,609 inc VAT and above: UK FTS as per PCR15 and/or Procurement Act 2023. Formal Competitive Tender via relevant regulated platform or further competition via accredited framework	Procurement Team
Healthcare Services Contracts	Must comply with Provider Selection Regime regulations and processes regardless of value	Must comply with Provider Selection Regime regulations and processes regardless of value	Commissioning & Contracts Team Procurement Team (where a competitive process is required)

Waivers	£30,000 to £139,688 inc VAT for goods and services £30,000 to £5,372,609 inc VAT for works £139,688 inc VAT and over for goods and services £5,372,609 inc VAT and over for works Any contract in scope of PSR regulations regardless of value.	£10,000 to £139,688 inc VAT for goods and services £10,000 to £5,372,609 inc VAT for works £139,688 inc VAT and over for goods and services £5,372,609 inc VAT and over for works Any contract in scope of PSR regulations regardless of value.	Chief Finance Officer Chief Finance Officer Chief Executive Chief Executive Chief Executive
Contract awards	Up to £139,688 inc VAT	Up to £139,688 inc VAT	Category Managers
	Pharmaceutical products up to £249,999	Pharmaceutical products up to £250,000	Chief Pharmacists
	£139,688 inc VAT to £499,999	£139,688 inc VAT to £250,000	Head of Procurement - UHN
	£500,000 and above	£250,000 and above	Chief Finance Officer
	Healthcare Services Contracts	Healthcare Services Contracts	Chief Finance Officer
Approval of revenue business cases for new expenditure from internal or external sources of funding	Where the scheme relates fully or in part to KGH and constitutes a Significant Transaction as defined within the Foundation Trust Constitution	Where the scheme relates fully or in part to KGH and constitutes a Significant Transaction as defined within the Foundation Trust Constitution	KGH Board of Directors and Council of Governors
	Over £3 million	Over £3 million	Board(s) of Directors
	£1,000,000 to £2,999,999	Up to £3m	Finance Investment & Performance Committee
	Up to £999,999	Up to £1m	Integrated Leadership Team (ILT)
	Up to £250,000 (urgent items only)	Up to £250,000 (urgent items only)	Chief Finance Officer
Approval of capital business cases for new expenditure from internal or external sources of funding	Where the scheme relates fully or in part to KGH and constitutes a Significant Transaction as defined within the Foundation Trust Constitution	Where the scheme relates fully or in part to KGH and constitutes a Significant Transaction as defined within the Foundation Trust Constitution	KGH Board of Directors and KGH Council of Governors
	Over £3,000,000	Over £3 million	Boards of Directors
	£1,000,000 to £2,999,999	Up to £3m	Finance Investment & Performance Committee
	£500,000 to £999,999	Up to £1m (If part of agreed capital plan)	Integrated Leadership Team
	£250,000 to £499,999	Up to £500,000 (If part of agreed capital plan)	Capital Committee
	Up to £249,999	Up to £50,000 (If part of agreed capital plan)	Capital Sub-Committees: Digital, Medical Equipment, Estates
Approval of orders and	Within approved allocations and business cases (subject to variance provisions below)	Aligned to revenue limits above	Capital Committee Chair Capital Sub-Committee Chairs

payments for capital expenditure			Programme Senior Responsible Owners (SRO)
Approval of capital variance (underspends and overspends) compared to original business case value	Below 5%	Below 2%	Project or Programme Board or Capital Sub-Committee
	5-20%	Below 5%	Capital Committee
	20% to 50%	N/A	Integrated Leadership Team
	Over 50%	Above 5%	Finance Investment & Performance Committee
Asset disposals – Net Book Value for Asset Register Items including accelerated depreciation	Land and Buildings – any value	Land and Buildings – any value	Board of Directors (for the Trust disposing of the asset)
	All other assets: above £10,000	All other assets: above £10,000	Chief Finance Officer
	Disposal of X-ray films up to £9,999	Disposal of X-ray films up to £9,999	Radiology Manager
	Disposal of mechanical and engineering plant up to £9,999	Disposal of mechanical and engineering plant up to £10,000	Director of Estates, Facilities and Sustainability
	Disposal of other equipment up to £9,999	Disposal of other equipment up to £10,000	Head of Procurement