University Hospitals
of Northamptonshire
NHS Group

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	6 February 2026, 12:30-15:15
Location	Boardroom, Kettering 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
	Richard Mitchell	Chief Executive, UHN/UHL
	Laura Churchward	Chief Executive, UHN
	Alice Cooper	Non-Executive Director
	Polly Grimmett	Director of Strategy
	Jill Houghton	Non-Executive Director
	Denise Kirkham	Non-Executive Director
	Paula Kirkpatrick	Chief People Officer
	Will Monaghan	Chief Digital Information Officer
	Hemant Nemade	Medical Director
	Sarah Noonan	Chief Operating Officer
	Suzie O'Neill	Director of Communications and Engagement
	Trevor Shipman	Vice-Chair and Non-Executive Director
	Sarah Stansfield	Chief Finance Officer
	Caroline Stevens	Non-Executive Director
	Becky Taylor	Director of Continuous Improvement
	Damien Venkatasamy	Non-Executive Director
	Chris Welsh	Non-Executive Director
In Attendance		
	Caroline Ashby	Senior Business Manager (Item 2)
	Simon Baylis	Lead Governor (KGH)
	Danni Burnett	Director of Midwifery (Deputy for the Chief Nurse)
	Richard Clarkson	Associate Chief Nurse (Deputy for the Chief Nurse)
	Susan Clennett	Deputy Director of Risk and Legal Affairs (Item 17)
	Richard May	Company Secretary
	Luke Sullivan	Freedom to Speak Up Guardian (Item 15)
	Jason Summerfield	Head of Facilities (Item 2)

Apologies for absence		
	Simon Gay	Non-Executive Director
	Julie Hogg	Chief Nurse

Item	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	**Armed Forces Network** The Boards welcomed Jason Summerfield, Head of Facilities and an armed forces veteran, to present slides briefly outlining the achievements and status of the network. The presentation showcased the National Armed Forces Healthcare Training and Education Programme, explaining the legal duties of UHN under the Armed Forces Covenant, the demographics and specific healthcare needs of serving personnel (it was estimated that over 25,000 people in Northamptonshire had served in the British Armed Forces), veterans and their families (this aspect was often overlooked), and the importance of recognising and recording Armed Forces status to reduce inequalities and improve personalised care. It outlined the five training modules available to NHS staff, highlighted current gaps and risks within UHN, showcased a patient story to illustrate the impact of effective identification and tailored pathways, and set out actions for Trusts to strengthen training, care pathways, data recording and staff awareness to meet statutory responsibilities and enhance outcomes for the Armed Forces community. Support for staff within Armed Forces communities formed a dedicated workstream within the Network. The Vice-Chair and non-executive lead for the Network emphasised that Armed Forces issues often sat "under the radar" within NHS organisations, despite contractual obligations and the statutory requirement to have due regard to the needs of serving personnel, veterans and their families. He noted that there were alternative clinical pathways, some of which are bespoke for specific conditions, and stressed the importance of ensuring staff were aware of these options. National data collection on Armed Forces indicators was expected to commence next year. The Medical Director and Chief Digital Information Officer agreed to review relevant data fields within the NGH electronic patient record in response to issues raised regarding data capture and ensure that data collected was of practical value in informing service provision; this should include the possibility of mandatory identification and recording of armed forces personnel and veterans. The rationale for, and need for bespoke pathways, should be articulated more clearly to staff, supported by case studies to aid understanding.	**HN/WM**

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	The Chief People Officer paid tribute to Jason and to Caroline Ashby for their leadership and energy in driving this agenda forward, noting the Trust's achievement of Gold Award Employer Accreditation. The next steps for the trusts were to further embed this work across specific service areas and determine priorities for rollout. In response to a query, Boards were advised that, although current links into training schools were limited, this was an important development opportunity, and the Chief Nurse would be requested to engage with the education teams and local universities to strengthen collaboration. The Boards endorsed the work to date and reaffirmed its commitment to support the Armed Forces community, including ensuring equitable treatment in recruitment processes and recognising the implications for reservists and cadets. The Director of Communications and Engagement undertook to a statement to articulate this commitment. The Boards thanked the team for the presentation, noting its value and the insights it provided.	**JH** **SON**
3	**Minutes of the last meeting held on 5 December 2025 and Action Log** The Minutes of the meeting of the Boards of Directors of Kettering General Hospital (KGH) and Northampton General Hospital (NGH) held on 5 December 2025, were approved as a correct record. The midwifery vacancy figure stated for KGH as queried (this was subsequently confirmed to be correct). The Boards noted the action log, actions on which were closed or not yet due.	
4	**Chair's Report** The Chair reported continuing significant and concerning financial deficits, which would continue into future financial years. The Chair emphasised the need to instil confidence in the organisation's ability to deliver its plans, noting that successful management of the deficit required sustained attention to operational fundamentals, full delivery of the Cost Improvement Programme (CIP), and the development of strategic solutions to address underlying structural issues. These aspects would be essential to achieve progress at greater pace and scale. The Chair reflected on recent learning from other organisations, including a half-day session and visit to University Hospitals Bristol the previous week. Their experience demonstrated how streamlining governance processes had contributed to meaningful progress, and the Chair highlighted the value of learning from such approaches. Effective mechanisms for colleague feedback were identified as critical, providing clear evidence of how staff were feeling and allowing the organisation to design and implement appropriate responses. The Chair also drew attention to a recent case in which patients who had received care from a surgeon at Great Ormond Street Hospital had experienced harm, describing the findings as shocking and a reminder	

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<tr><td></td><td>of the importance of strong feedback loops and prompt, decisive action in response to concerns.

The Boards were informed that the Government’s cancer plan had now been published, including a commitment for all cancer patients to be offered genetic testing to support drug-matching and personalised treatment. The Chair noted that personalised medicine represented a significant opportunity for improved outcomes and highlighted the importance of the Trusts keeping pace with such developments and the wider use of emerging technologies.</td><td></td></tr>
<tr><td>5.</td><td>UHN Chief Executive’s report

The Boards noted the UHN Chief Executive’s written report and were advised that, whilst winter pressures on emergency departments remained severe, overall performance was much improved compared to the previous winter on account of the measures put in place to improve flow into and through the departments. The Boards recognized and commended this progress.</td><td></td></tr>
<tr><td>6.</td><td>Integrated Performance Report (IPR) and Board Committee Summaries

Executive leads drew the following significant items to the Boards’ attention from the IPR document set out in the agenda pack:

Safe, Caring and Effective Domains (Director of Midwifery and Medical Director)
Friends and Family Test (FFT): Performance was strong overall; however, issues were noted in the KGH Emergency Department (ED) and NGH Maternity, partly attributable to ED data-classification issues and winter overcrowding.
Complaints (NGH): A significant compliance gap remained, with 32 complaints over 60 days. A recovery plan was in place, with teams now working cross-site to strengthen resilience. New processes would ensure that faster responses were not detrimental to their quality. The Patient Experience team restructure and associated recruitment was complete; improvement was anticipated.
Infection Prevention and Control (IPC): The KGH C-Difficile position was being addressed through training and enhanced reporting. Performance and associated risks continued to be monitored by the IPC Committee.
Pressure Ulcers: Rates remained within expected variation; however, risks persisted relating to frailty, acuity and extended lengths of stay.
Moderate and Severe Harms: The position was stable. Boards noted a recent incident where 242 external and 75 internal immunology results had been misdirected; 16 positive results were undergoing risk assessment. No moderate or severe harms had been identified to date; the matter remained under review by the Quality and Safety Committee.</td><td></td></tr>
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	• **Mortality:** All domains showed below expected levels except KGH (as expected). NGH data issues would temporarily raise HSMR (Hospital Standardised Mortality Rate), although the Summary Hospital-level mortality indicator was expected to remain stable. The issue related to changes to reporting requirements which were applied before being paused. *Responsive Domain (Chief Operating Officer)* *Urgent and Emergency Care (UEC)* Broadly continued improvement was shown in average ambulance handover times. Average ambulance handovers had reduced by 50-60 mins across November and December compared to 2024. NGH ranked 28th out of 32 Acute sites regionally in June 25, reaching second place in early December; this represented an improvement of 4,400 in lost hours for the local health system in December 2025 compared to 2024. Ambulance conveyances had increased, with NGH variance of 14% and KGH 7% in December compared to the previous year. Four hour wait standard – continued to be met at KGH with a 2% decrease at NGH. This was seasonally expected. 'Sprint' initiatives were in development to improve performance before the end of the financial year. Average length of patient stay showed an improved position in December across many metrics, which was expected over the Christmas period. Adult occupancy was 92% at NGH before Christmas, compared to 97% in 2024. *Elective Care* No waits for treatment above 65 weeks were reported between September and December, with one case anticipated in January. Only four trusts were in this position in the region and only two trusts had one cases, including KGH. The trusts remained on track to deliver 52-week performance standard and the 'sprint' initiative' during quarter four would further support this. Aggregate referral to treatment (RTT) performance remained fairly similar to previous reporting periods. There was increasing collaboration across sites, with 1,433 patients transferring to enable timely treatment. KGH has the sixth best RTT position in the region. The waiting list reduced by 1,600 in January due to outsourcing and validation in Dermatology. NHSE had launched 'sprint' initiatives which aimed to increase activity and performance by 31 March 2026. The sprints were focused on first outpatient appointments and fewer patients waiting over 52 weeks for treatment. Plans were in place to engage with these sprints and maximise the opportunities they presented.	

	Cancer treatment Data showed an improved position across the three standards at NGH, notably in Dermatology. The deterioration seen at KGH in performance against the Faster Diagnosis Standard was attributable to a recording change in Breast. Changes to one stop services would take effect in February, following which improved performance was anticipated. Many of the performance challenges during the year were attribute to demand and capacity within Skin and Breast services. For Skin, a number of actions had been taken and were now driving improvement: for example, performance against the faster diagnosis standard improved by 30% between October and November. The actions included: • Staffing restructure of roles, many of which have been appointed to and are beginning to bring additional capacity onboard. • Patient transfers • Additional Waiting List Initiatives • External funding for outsourcing to treat 1,600 patients in quarter four, and to support weekend insourced clinics for over 600 patients. In Breast services, the capacity challenge remained. The KGH One-stop model had been reviewed, as there were a number of on the day cancellations, and would be relaunched 1 February to address this. The Mastalgia pathway had been introduced at KGH, to manage the number of urgent referrals and would be extended to NGH. The national team has provided recovery funding for additional clinics and lists. *Use of Resources Domain (Chief Finance Officer)* • **Month 9 Position (31 December 2025):** This showed a £39.1m deficit, which was £21m adverse to plan due to higher efficiency requirements and challenges recruiting to key specialties. £1.7m of industrial action costs would be shown in the Month 10 position. • **Deficit Support Funding (DSF):** DSF for quarter four (January to March 2026) had been withheld based on Quarter Three performance; this affected the year-end outturn and cash positions and also the 2026-27 plan. Cash flow mitigations were in place and would continue in the short term until cash support for February and March had been confirmed (see also the Finance, Investment and Performance Committee summary, below); • **Capital:** Underspends remained, largely due to national constraints. Several short-notice requests to utilise capital would be implemented where procurement timescales allowed. *Well-Led (Chief People Officer)*	

	• **Workforce Position:** the overall establishment had increased, driven by KGH changes in bank and substantive nursing, medical staffing and Estates & Facilities roles due to winter pressures and Internal Agency cover. • **Agency Costs:** Reduced to 2% (NGH) and 1% (KGH) of total compared to 7% and 4% respectively in the previous year. • **Time to Hire:** NGH performance was now equivalent to KGH and progressing toward the six-week national target. • **Appraisals:** An improvement plan requested for KGH. • **Employee Relations:** NGH case numbers remained high (43), reflecting concerns and patterns within specific staff groups. long-term sickness within the HR/OD teams affected capacity to manage cases. • **Sickness Absence:** At expected winter levels; benchmark performance was reasonable. The East Midlands partnership continued to focus on absence reductions. *Board Committee Summaries:* Committee Chairs raised the following significant items from their reports: • The respective Boards **approved** the Finance, Investment and Performance Committee's recommendations to retrospectively approve revenue support requests of £5m (KGH £4m NGH £1m) for February, and the further £8.75m request for March (£2.75m JGH £6m NGH); • The Quality and Safety Committee (QSC) raised concerns regarding complaints performance at NGH and the lack of organisational learning evidence; this echoed themes highlighted in the recent Great Ormond Street case. Boards were assured that the newly appointed Head of Complaints was confident in delivering improvement. • **Children and Young People (CYP):** QSC highlighted insufficient focus on children's services, referencing previous issues relating to autism and those raised in the committee's report regarding neonatal pharmacy provision, the absence of dedicated asthma nursing specialist posts and the lack of a group policy governing referral thresholds for 16 to 18-year-olds. The Medical Director outlined short-term plans for ward-based pharmacists; sustainable provision across UHN and UHL would be reviewed as part of Group Clinical Strategy (GCS) delivery • **Asthma Posts:** Boards were advised of ongoing discussions with the NICB regarding specialist-nurse-led pathways. The 16–18 transition remained a national issue. QSC would retain oversight and advise the Boards of any required additional support. • The Strategy, Transformation and Digital Committee indicated 'Limited' assurance in the position of the Group Clinical Strategy due to public health data issues relating to cancer, key workstreams remaining at formative stages and clarify of the trusts' strategic ambition awaited. The Medical Director reported early-stage work to establish shared data baselines across	

	Northamptonshire and Leicestershire, with the Directors of Public Health to be invited to a future committee. The Director of Continuous Improvement encouraged colleagues to provide feedback on the IPR after its first full year since relaunch; future iterations would be informed by integrated reporting through the Federated Data Platform, and assisted by the automation of manual processes to improve timeliness.	
7.	**National Oversight Framework (NOF) segmentations for 2025-26 Quarter Two** The Boards received a report on the National Oversight Framework segmentations for Quarter Two 2025/26, published in December 2025. This NOF comprised performance metrics alongside each provider's capability self-assessment, although no written feedback from NHS England had yet been received regarding this element. The Boards noted that both organisations had moved down the rankings, with NGH entering, and KGH remaining in, Segment 4, primarily driven by performance concerns in access to services, finance, and productivity. Areas for improvement were highlighted in the report. Boards were reminded that the Quarter 2 results reflected performance between July and September 2025, which coincided with the launch of the electronic patient record system at NGH; updated trajectories and models for Q3 and Q4 were being prepared. The Boards sought assurance on whether the self-assessment aligned closely with the published segmentation results. The Director of Continuous Improvement confirmed that, given the level of scrutiny across multiple areas, the Trusts had submitted a "partial compliance" position, which was consistent with the outcome of the December segmentation update. The latest position was noted by the Boards.	
8.	**Perinatal Scorecard Highlight Report (December 2025 data)** The Boards received the Perinatal Scorecard Highlight report and noted the following significant items: • There were no Patient Safety Incident Investigations commissioned in December, with one case referred to the Maternity and Newborn Safety Investigations programme and ten moderate-harm incidents reported and associated review and learning • Clinical quality outcomes remained stable, with expected monthly variation and no sustained adverse trends. Smoking at birth continued to decline, with UHN achieving 4% at delivery, exceeding the national ambition; • Workforce pressures remained a key risk: vacancy rates were 7.1% for midwives and 17.1% for non-registered positions. The position was controlled but fragile and required continued	

	scrutiny and mitigation, noting that a 'pipeline' for filling midwifery vacancies was in place. The Boards joined the Director of Midwifery in congratulating Hauwa Hamza for receiving the award of Muslim Midwife of the Year for 2025. The Boards noted the latest position and indicated assurance regarding ongoing improvement work and awareness of known risks, particularly in relation to workforce sustainability and public health outcomes.	
8.2	**Perinatal Assurance Committee (PAC) Highlight report and Maternity Incentive Scheme (Year 7) submission** The Boards received the PAC Highlight Report for January 2026, together with the position on the Maternity Incentive Scheme (MIS) Year 7. The Committee reported continued maturation of safety governance across maternity and neonatal services, with overall clinical performance remaining stable and perinatal mortality remaining low. All incidents, including moderate-harm cases, stillbirths and neonatal deaths, continued to undergo structured review with identified learning acted upon. Training compliance remained a significant strength, with both sites consistently achieving over 95% in fetal monitoring, PROMPT and neonatal life-support training. Operational stability also remained strong, with no diversions or suspensions in December and 1:1 care in labour maintained at 100%. The Boards received the MIS submissions: Northampton General Hospital (NGH) provided a high level of assurance, with full evidence for all ten MIS Safety Actions. Workforce stability was improving, supernumerary Labour Ward Coordinator status had been consistently maintained following earlier isolated breaches, and neonatal workforce compliance was fully assured. NGH was therefore in a position to submit an MIS declaration of full compliance for Year 7. At Kettering General Hospital (KGH), improvement work continued following the recent Care Quality Commission (CQC) visit, which highlighted issues in triage, documentation and clinical oversight. These areas formed part of an active Perinatal Safety Improvement Programme (PSIP) supported by strengthened leadership oversight. Recruitment to key neonatal medical roles is underway. KGH was unable to demonstrate compliance with three MIS Safety Actions: • Safety Action 1 due to a late Perinatal Mortality Review Tool (PMRT) case; • Safety Action 4 due to consultant attendance concerns highlighted during CQC inspection, despite meeting the technical audit requirement; and • Safety Action 5, relating to maintaining a supernumerary Labour Ward Coordinator, where recurrent breaches were noted and the action plan was not fully embedded. Although non-recoverable for Year 7, corrective actions were being implemented at pace to ensure resilience for Year 8. PAC emphasised that NGH remained fully compliant, while KGH showed progress but continued to face regulatory, workforce and cultural risks. Boards noted	

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	the direct financial implications of non-compliance for KGH in terms of the non-receipt of full incentive payments. The Boards noted the national Manchester homebirth review and the required UHN-wide safety strengthening actions, including a full review of homebirth governance, training, escalation processes and cross-professional emergency planning. The Boards of Directors: 1. Endorsed and authorised the CEO to approve MIS Year 7 declarations (NGH compliant; KGH non-compliant with SA1, SA4 and SA5): a) Noting, in respect of Safety Action 7 – MNVP infrastructure: Engagement activity is ongoing; however, a fully defined, ICB/LMNS-funded and time-bound plan remains required to achieve full MNVP functionality, including formal governance attendance (notably PMRT), by March 2026; and b) Safety Action 4 (KGH) Neonatal Tier 3 Workforce: There are recruitment mitigations and a supporting review in progress to achieve compliance during MIS Year 8. 2. Endorsed the development of a unified UHN Obstetric Workforce Plan, aligned to the RCOG 2025 Workforce Census findings, to ensure sustainable consultant capacity, improved rota resilience, and strengthened job-planning across both NGH and KGH 3. Noted the midwifery establishment reviews and workforce actions, 4. Approved homebirth governance strengthening following national PFD and 5. Undertook to continue oversight of PSIP, MatNeoIST (previously known as MSSP), and CQC improvement work.	
9.	**KGH Maternity Safety Support Programme (MSSP) and CQC update** The Boards received an update on progress within Kettering General Hospital's maternity and neonatal services under the integrated Perinatal Safety Improvement Programme (PSIP), which brought together the Maternity Safety Support Programme (MSSP), CQC requirements and national maternity safety priorities. Since the September–October 2025 CQC inspection, the service has taken prompt action to stabilise operations, strengthen leadership oversight and accelerate improvement, with demonstrable gains in workforce stability, triage timeliness, emergency caesarean responsiveness and mandatory training compliance. Governance had been strengthened through a clear three-lines-of-defence model, enhanced executive oversight and improved alignment between frontline controls, divisional governance and Board assurance. From January 2026, KGH transitioned to NHS England's Maternity and Neonatal Improvement Support Team (MatNeoIST), providing intensive external scrutiny and a structured improvement framework. While progress was marked, residual risks remained, including cultural	

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	maturity, documentation quality, neonatal Tier 3 workforce compliance and the need to evidence sustained improvement through 'closed-loop' audit. Over 55% of CQC actions were now complete, and further improvements were being embedded across infection prevention, consent, governance and safety processes. Overall, the Boards were assured that KGH had a clear understanding of its regulatory position, strengthened oversight and credible improvement trajectory, with remaining risks actively managed and monitored.	
10.	**Emergency Preparedness, Resilience and Response (EPRR) compliance annual report and Core Standards self-assessments** The Boards received the EPRR Annual Reports and Core Standards self-assessments for 2025. Both Trusts were assessed as non-compliant against NHS England's EPRR Core Standards, with KGH achieving 27% full compliance, 71% partial compliance and one non-compliant standard, and NGH achieving 31% full compliance, 67% partial compliance and one non-compliant standard. Although overall compliance reduced compared to the prior year, significant work was underway to strengthen governance, cross-site alignment and the Group EPRR function. Plans were in place through the 2025–26 work programme to achieve partial compliance ahead of the next assurance cycle. A January 2026 review indicated improving performance, with 25 standards fully compliant, 25 with high likelihood of full compliance and 12 partially compliant. The report summarised a comprehensive programme of major incident training and exercising, including multi-agency cyber, pandemic, mass-casualty and emergency discharge simulations. Key incidents during the reporting period included the Northamptonshire floods, system outages, multiple critical incident declarations, a burst pipe at KGH, and industrial action. Lessons learned had informed updates to business continuity plans, communications processes, and incident response procedures. The Boards noted the ongoing risks associated with EPRR non-compliance and took assurance from the strengthened Group approach and planned improvements. The Boards received and noted the reports, welcoming evidence of improved engagement in training, including the increasing willingness of managers to release staff. Historically, the trusts responded well to incidents, but were unable to evidence good governance as systems, policies, training and processes were lacking. Boards were assured that there was close alignment between EPRR, business continuity and cyber security teams.	
11.	**Corridor Care** The Boards received a report setting out the latest position regarding corridor care, which sought to provide assurance on the current position, risks and improvement actions relating to the use of temporary care spaces across KGH and NGH. Corridor care—defined as the placement of patients in non-designated areas—was used only during periods of significant Emergency Department pressure, including overcrowding, ambulance handover delays and prolonged waits	

	following decision to admit. Benchmarking against the Healthcare Safety Investigation Branch (HSIB - January 2026) recommendations showed UHN performed positively overall; however, gaps remained relating to estate constraints, patient flow, workforce availability and inconsistent audit and governance processes. These factors continued to pose risks to patient safety, dignity and experience. A comprehensive improvement plan was in place. Immediate actions included alignment of audits and strengthened site-level review of patients in corridor care. Medium-term actions included development of digital tagging and enhanced incident capture through the risk reporting system. Longer-term measures included estate and pathway developments aimed at reducing reliance on corridor care. All wards and ED areas had been risk-assessed for appropriate capacity, with oversight through daily safety huddles, multi-disciplinary team review and strengthened escalation processes. Boards welcomed the assurances provided but noted the HSIB correspondence did not fully reflect the moral harm experienced by staff. The Associate Chief Nurse reported that corridor care use in EDs had reduced significantly compared with the previous year and now was predominantly used for patients awaiting discharge home, with clear criteria applied. The Medical Director acknowledged the moral injury and outlined the support being communicated to staff, including the use of reflective practice being encouraged. Operational concerns regarding inappropriate patient allocation to corridor care were noted; such concerns fed back to site teams. The Boards noted the gaps and associated risks, took assurance from strengthened controls, and endorsed delivery of the improvement actions and longer-term plans to reduce the need for non-designated care environments.	
12.	**Annual Establishment Reviews (Safe Staffing)** The Board received the Annual Establishment Reviews for Nursing and Midwifery, confirming that all wards and departments remained safely staffed in line with the Principles of Safe Staffing and with good compliance with Developing Workforce Safeguards. The review identified priorities for 2026, including ensuring adequate registered skill-mix, aligning headroom with UHL, monitoring Enhanced Therapeutic Observation demand, and improving red-flag reporting through the SafeCare system. A cost pressure of £844k was noted, though recommended establishments for 2026 could be met within the current financial envelope. The Boards of Directors: 1. Indicated assurance that the wards and departments were safely staffed utilising the Principles of Safe Staffing (evidence-based tools and data, outcomes and professional judgement); 2. Accepted the recommendations from the UHN Chief Nurse and UHN Medical Director that there is reasonable compliance with the Developing Workforce Safeguards and that staffing is safe,	

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	3. effective and sustainable. Evidence for compliance is provided in the report at appendix 1, and. 3. Indicated support for the proposal for proposed changes to nursing and midwifery establishments, set out in the appendix.	
13.	**UHN Inclusion Activities April – December 2025** The Boards received a report summarising inclusion activity across UHN from April to December 2025, aligned to the NHS England Equality, Diversity and Inclusion Improvement Plan, Public Sector Equality Duty requirements and the CQC Well-Led framework. The report had been requested by way of follow up to an engagement session at the October 2025 meeting at which diversity network colleagues shared their experiences of working for UHN; Boards were assured that these individuals had been engaged in the preparation and the report via the networks and also the EDI Steering Group, chaired by the UHN Chief Executive. The report highlighted progress in strengthening organisational culture, advancing equity and embedding inclusive leadership. Staff networks played an increasingly influential role, acting as strategic partners, providing lived-experience insight, and supporting improvements in policy, practice, and colleague experience. Their engagement with the Boards in 2025 has directly informed several organisational actions, including enhanced recruitment support, improved reasonable-adjustment processes, neuro-inclusion initiatives, strengthened pastoral support for internationally educated staff, and leadership development programmes aimed at diversifying senior roles. Inclusion work had been embedded more intentionally across UHN through the *We Belong* Strategy, Rethinking Racism and Civility programmes, and focused initiatives on sexual safety and neuroinclusion. This was contributing to improved psychological safety, strengthened accountability, and a more consistent colleague experience. The report noted that discrimination continued to negatively affect staff wellbeing, retention and patient care. The Boards noted the progress made, endorsed the multidisciplinary approach to cultural improvement, and reiterated support for transformational leadership behaviours, meaningful appraisal, and visible allyship through engagement with staff networks. The proposal for a Shadow Board was particularly welcomed, which should be open to a range of colleagues with protected equality characteristics.	
14.	**Gender pay gap** The Boards received the 2024–25 Pay Gap Reports, which provided the legally required annual analyses of gender, ethnicity and disability pay gaps across UHN. The analyses showed a five-year downward trend in the Gender Pay Gap at both Trusts, although a slight deterioration occurred in 2024–25 due to representation changes rather than inequitable pay practices. Women remained concentrated in	

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	middle pay bands, while men increased in both upper and lower quartiles, influencing median and mean averages. Ethnicity and disability pay gap data highlighted structural workforce patterns, with lower representation of disabled and some ethnic minority colleagues in higher-band roles; by contrast, other ethnic minority colleagues outperformed white colleagues, which was largely attributable to the proportion of Asian colleagues within the consultant body. The data reinforced themes identified through formal race and workforce equality returns and staff feedback, including disparities in progression, leadership representation and lived experience. The report emphasised that pay gaps reflected broader cultural and systemic factors rather than unequal pay. The Boards received and noted the reports, approving publication on Trust websites by 31 March 2026, and endorsed uploading gender pay gap data to the national benchmarking portal.	
15.	**Freedom to Speak Up report: 2025-26 Quarter 3 (October to December)** The Boards received the Q3 2025/26 Freedom to Speak Up (FTSU) report, confirming that 64 concerns were raised across UHN, comprising 45 at NGH and 19 at KGH. Anonymous reporting remained significantly higher than the national average (KGH 52.6%, NGH 31.1%), continuing to limit opportunities for feedback and local resolution. Concerns were spread across divisions, with the highest volumes relating to corporate teams, Family Health, and Medicine. Themes included worker safety and wellbeing, behaviours, and issues linked to systems, processes and policies. Estates-related concerns increased, and delays in formal HR processes remained a source of frustration for colleagues. Concerns raised by professional groups were broadly consistent with previous quarters, with nurses and midwives making up 28.1% of cases, in line with national trends. No concerns related to sexual safety, fraud or information governance were recorded this quarter. Patient safety concerns were low in volume, and no cases of actual patient harm were identified. Site-specific themes included maternity triage staffing concerns, environmental issues and workplace conduct (KGH), and communication, sickness-recording queries, estates issues and detriment concerns (NGH). National Guardian Office comparisons showed UHN broadly aligned with national patterns, though with higher proportions of wellbeing and behaviour-related concerns. The People Committee Chair advised that the Committee had received the report at its meeting on 29 January 2026. The Committee noted recurrent issues regarding distrust of the process which had informed a decision to review service provision; the action plan in response to the previous NHS England review had been paused until new arrangements were in place, which was anticipated in April 2026. The Boards joined the People Committee Chair in thanking FTSU Guardians, Jane Sanjeevi and Luke Sullivan, for their contributions to	

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	the roles and wishing them well as they moved to new positions within the group following the review. The Boards noted the impacts of major transformation projects on teams and individuals and were assured that all colleagues raising FTSU concerns were reminded of the health and wellbeing support package available. The Boards of Directors noted the report and indicated assurance in respect of the processes in place to support staff to raise concerns.	
16.	**Implementation of NHS England's 10-point plan to improve Resident Doctors' working lives** The Boards considered a report and indicated assurance regarding actions undertaken by the trusts to implement the recommendations of the review; ongoing oversight of compliance would be provided by the People Committee.	
17.	**Board Assurance Framework (BAF)** The Boards received the Quarter 3 update of the BAF, confirming that all strategic risks had been reviewed by Executive Directors and relevant Board Committees. Risk scores remained unchanged this quarter, with several areas—patient safety, activity, financial sustainability, workforce and digital transformation—continuing to present significant or extreme risk levels. Committees confirmed that controls, assurances and planned actions were appropriate, and that links between the Corporate Risk Register and BAF risks were being strengthened. Internal audit provided Reasonable Assurance, with all recommendations completed. The Audit Committees had introduced a rolling programme of executive leads to attend meetings to provide additional oversight and assurance on specific risks. Committee chairs commended the new BAF which was being used more proactively as a 'live' document to manage key risks in the context of wider work programmes and the delivery of corporate objectives. The Boards indicated assurance in respect of the latest position.	
18.	**Use of the NGH Trust Seal** The NGH Board of Directors noted the use of the Trust Seal in respect of: 1. The Design and Build Contract for the Urgent Treatment Centre on 24 December 2025, affixed by the Chief Finance Officer and signed by the Chief Finance Officer and Medical Director, and 2. The Lease of Maggie's Cancer Centre at NN1 5BD on 19 January 2026, affixed by the Company Secretary and signed by the Director of Strategy and Director of Continuous Improvement. .	
19.	**Questions from the Public**	

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	None	
20.	**Any other business and close:** The Chair informed colleagues of the sad news that Terry Spencer, public KGH Governor for Wellingborough until October 2025, died in December 2025. KGH was represented at Terry's funeral by Lindsay Alvis and Sue Broome. The Boards joined the Chair in extending condolences to Terry's family.	

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