

UHL/UHN Boards in Common Paper D

Meeting title:	Boards of Directors of Kettering General Hospital NHS Foundation Trust (KGH), Northampton General Hospital NHS Trust (NGH) (University Hospitals of Northamptonshire NHS Group - UHN) and the University Hospitals of Leicester NHS Trust (UHL) Meeting together (Public)					
Date of the meeting:	9 April 2026					
Title:	2.2 Group Chief Executive's report (Paper D)					
Report presented by:	Richard Mitchell – Group CEO					
Report written by:	Richard Mitchell – Group CEO					
Action – this paper is for:	Decision/Approval		Assurance	x	Update	x
Which Group Priorities does this link to	Transform patient care	x	Strengthen our culture	x	Deliver our financial plan	x
Where this report has been discussed previously	The items in the report have been discussed in meetings and committees during March 2026.					

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

The report covers a wide range of risks in the University Hospitals of Leicester NHS Trust and the University Hospitals of Northamptonshire NHS Group.

Impact assessment

There are no specific impacts because of this report.

Purpose of the Report

The report is an update for the month of March 2026 on the University Hospitals of Leicester NHS Trust (UHL) and the University of Northamptonshire NHS Group (UHN).

Recommendation

The Boards are asked to note the report.

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

**BOARDS OF DIRECTORS
THURSDAY 9 APRIL 2026**

GROUP CHIEF EXECUTIVE'S REPORT

Use of Artificial Intelligence in Report Preparation

This report includes content and analysis generated with the assistance of artificial intelligence (AI) tools, used to support drafting, summarising, and formatting. All outputs have been reviewed, validated, and finalised by the report author to ensure accuracy, appropriateness, and alignment with our organisational standards and values. The use of AI is intended to enhance productivity and efficiency, not to replace human oversight or judgement.

Review 2025/26

Today is our first board meeting of 2026/27, and it is a good opportunity to briefly review what has been a turbulent but also quietly transformative 12 months. For me, four themes stand out: a gradual return of public confidence, the continuing strain on colleague experience, stronger financial discipline, and the rapid rise of digital and artificial intelligence (AI) transformation.

Public confidence in the health service is beginning to improve for the first time since before the pandemic. The annual [British Social Attitudes poll](#) has tracked attitudes towards the NHS since 1983 and has found that faith in the health service remains low but is slowly recovering, though 'Gen Z' are less happy with the NHS than older people. Overall, 26 per cent of people said they were satisfied with the NHS last year, up from a record low of 21 per cent in 2024. Here at UHL and UHN, we have improved quality, safety and access and early verbal feedback from recent CQC visits is promising.

At the same time, this has been a difficult year for many colleagues across the NHS. The NHS Staff Survey results nationally show engagement and motivation have fallen due to operational pressures, burnout and dissatisfaction with pay. Within the high-level metrics, we know colleagues with protected characteristics, including race and disability, experience higher levels of discrimination, harassment, and reduced opportunities for career progression. The proportion of NHS colleagues who would recommend their organisation as a place to work fell to 56.9% in 2025, down from 59.9% in 2024 and close to its 2022 low. Scores at UHL and UHN deteriorated, and I know this is partly connected to the difficult decisions we have had to take. Some of those decisions have prompted criticism and this is both expected and accepted. We do not always get everything right, and constructive challenge, ideas and solutions help us improve. Over this coming financial year, we also have important choices to make, and we are committed to listening, to improving experience of work and ensuring colleagues with protected characteristics see real change for the better.

Financially, this has been a year of greater grip across the NHS: workforce growth has levelled out and there have been notable reductions in agency use and increases in productivity. Locally, both UHL and UHN are

delivering the financial positions we agreed with NHS England, and at UHL we have reduced the deficit compared to last year. Both UHL and UHN are forecasting a further reduction in deficit next year. Of course, none of this removes the reality of inflation, rising demand and service resilience pressures — all of which mean significant financial challenge, and which contribute to the need for difficult choices. Our focus remains on protecting high-quality care, improving productivity and working closely with partners to reduce duplication and make best use of our collective resources. By planning early and acting decisively, I am confident we will navigate the year ahead.

In a modern NHS, digital technology and AI are essential for enhancing patient outcomes, increasing operational efficiency, and enabling proactive care management. They help improve communication, remote monitoring, and personalised treatments, shifting the focus from reactive to preventative care while boosting efficiency. Key tools with increasing influence over the last year include telehealth, wearable devices, and AI-driven diagnostics. At UHL and UHN we are investing heavily in digital technology and AI and I believe this is the biggest opportunity we have to improve patient care, colleague experience and our finances over the next 10 years. At UHL and UHN, AI will create jobs, change jobs and mean some jobs will no longer be needed. We need to support colleagues as we respond to these changes, and no decisions about roles will be made without engagement and support.

Through all of this, the conversations that stay with me are the simplest ones. When I ask colleagues why they work in the NHS, the answer is almost always the same: *because I want to make a difference*. And UHL and UHN colleagues have done exactly that over the last 12 months.

The year ahead - 2026/27

Since autumn 2023, UHL and UHN have been working more closely together as a Group. Improvements delivered by us working as a Group so far include:

Our Group Clinical Strategy developed with involvement and insight from colleagues, partners, and communities across Leicester, Leicestershire, Rutland, and Northamptonshire, sets out how we will improve care, access, and outcomes for our population over the next decade, including reducing unwarranted variation and making better use of our collective expertise and capacity. Delivering this strategy requires us to work together more consistently across our hospitals and teams.

Our shared **Electronic Patient Record (EPR)** programme. UHL's Patient Administration System (PAS) could not have gone live without UHN colleagues stepping in to support. Equally, tranche one at Northampton General Hospital would not have launched without expertise from UHL. We are now able to share skills and knowledge across organisations in ways that simply were not possible before.

Patient safety – through aligned work on the Patient Safety Improvement Plan, BadgerNet, and maternal medicine.

More consistent care – including a standardised approach reducing enhanced care by 74% at UHN.

Improved flow – with the significant efforts of local clinical and operational teams, supported by a senior UEC nurse working across the group, helping to reduce ambulance handover delays at KGH, NGH, and the LRI.

Digital innovation – including ambient voice technology, still at an early stage but being piloted thoughtfully across sites, spreading both cost and risk.

Better value – including the adoption of UHN’s MRSA decolonisation approach at UHL, delivering £110k in savings.

While there have been benefits, we agree we have not yet made the most of working together. To address this, and in line with many organisations across the NHS, we have decided to share leadership and governance, strengthening our partnership, and enabling improvements that cannot be achieved by any one organisation alone. We are choosing to lead the change rather than react to it.

The UHL and UHN boards have come together and the first joint board ‘in common’ is today. The executive teams in UHL and UHN are coming together as one single team and will meet face to face weekly, with the first meeting on Tuesday 14 April. We will move to shared committees and a single group of Non-Executive Directors. This will make decision-making clearer, simpler and more joined up, helping us focus on what matters most — safe, high-quality care for patients.

For the vast majority of the 30,000 colleagues across our organisations, the changes will not affect their role, their team or reporting line. Most services will continue to be delivered locally, although we will continue to review how services work together where this improves care for patients.

It is also important to be clear this is not a merger or a take-over by one organisation. The legal status of UHL, Kettering General Hospital and Northampton General Hospital, which together make up UHN, is not changing. We believe strengthening shared leadership and governance is the right step now and will deliver greater benefit than a merger, which could be more complex and distracting.

Across the Group we will continue to focus on three shared priorities: transforming patient care, strengthening our culture, and delivering our financial plans responsibly. No single organisation can address these issues or achieve these priorities alone at the pace and scale now required. Working together gives us that. We want patients to receive the same high-quality, safe, and timely care wherever they are treated. Our Group Clinical Strategy sets out how we will improve care, access, and outcomes over the coming years. Shared leadership and governance will help us deliver this.

The year ahead will bring challenges, it always does, but it will also bring opportunities to shape the NHS we want to work in, not just the one we have. I am looking forward to working with colleagues to build on what we have achieved and to keep strengthening the things that matter most.