

**UHL / UHN Boards in Common paper F10**

<b>Meeting title:</b>	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)					
<b>Date of the meeting:</b>	9 April 2026					
<b>Title:</b>	<b>Escalation Report from the Our Future Hospitals and Transformation Committee: 25 March 2026</b>					
<b>Report presented by:</b>	Andy Haynes, MBE, OFHTC Non-Executive Director Chair					
<b>Report written by:</b>	Andy Haynes, MBE, OFHTC Non-Executive Director Chair					
<b>Action – this paper is for:</b>	Decision/Approval		Assurance	X	Update	X
<b>Which Group Priorities does this link to</b>	Transform patient care	x	Strengthen our culture		Deliver our financial plan	
<b>Where this report has been discussed previously</b>						

<b>To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which</b>
BAF Risk 04 Digital-04 02 Digital Solutions Adoption and Usability BAF Risk 04 OFH-03 Digital Innovation, Data and Technology Use

<b>Impact assessment</b>

**Purpose of the Report**

To provide assurance to the Board of Directors on the work of the UHL's Our Future Hospitals and Transformation Committee (OFHTC)

**Summary**

Our Future Hospitals and Transformation Committee met on 25 March 2026 and was quorate. The attached escalation report identifies issues which the Committee wishes to highlight, to the Trust Board, and sets out OFHTC's level of assurance.

There are no items requiring formal recommendation to the Trust Board from the March 2026 meeting.

This escalation report follows the new quadrant template, focusing on assurance levels and aiming to provide an 'at a glance' report from the Board Committees. The template covers: **key escalations; actions to take outside the Committee; positive assurances, and decisions taken.** The report is not intended to be a narrative account of all issues discussed at the meeting.

Key escalations to notify to the Board	Actions to take outside of the committee
<p><b>BAF Risk 04 OFH-02 Digital Solutions Adoptability and Use</b></p> <p><b>Impact OF PAS Implementation on Planned Care Performance</b>                      Three areas identified: improving Data Quality, Training and NC/UHL data warehouse interface improvement. All three are under review, with clear actions in place that are also reporting to OPC.</p> <p><b>(Moderate Assurance)</b></p> <p><b>BAF Risk 04 OFH-02 Digital Solutions Adoptability and Use</b></p> <p><b>Digital Roadmap Delivery Update</b>                      Ambient Voice Technology Programme in place with roll out planned for April 26.</p> <p>Patient Electronic Record: the planned pilot of endoscopy has been shelved due to national requirements to interface with NHS App. Planned read only access pilot for May 26</p> <p>Future report to clarify deployment/optimising/embedded for schemes to link to full benefit realisation and highlight what has not been delivered and why</p> <p>UHL has improved its Digital Maturity index for 2025 (2.5 v 1.9 in 2024). This is excellent improvement and puts UHL in a similar position to other local Trusts. We are ranked 64<sup>th</sup> out of 134 acutes compared to 120<sup>th</sup> last year</p> <p><b>(Moderate Assurance)</b></p>	

<p><b>BAF Risk 04 OFH-03 Digital Innovation, Data and Technology Use</b> Gap identified around fragmented data</p> <p>Six key elements to the plan: Bring Data Together Making Data Insights and Analysis Available Using Analytics to Transform Care Building Capability Harnessing Strategic Partnerships Assured and Trusted Data</p> <p>The plan was approved and agreed to have a sound structure. Key areas of collecting the right data, assured at source into a warehouse format with tools to provide self service access were strong. There was a recognition that our analytical capability and capacity is currently focussed on the FDP. Recognition that capacity building requires clarity around models (hub and spoke with CMGs v central team with strong prioritisation), the analysts required and how we make UHL an attractive offer. Future update when an implementation programme is agreed.</p> <p><b>(Moderate Assurance)</b></p>	
<p><b>Positive Assurance taken</b></p>	<p><b>Decisions taken</b></p>
<p><b>BAF Risk 04 Digital-04 02 Digital Solutions Adoption and Usability</b> Gaps in aligning UHL UHN and the reliance on hybrid paper/digital platforms and use of multiple systems</p> <p><b>Electronic Prescribing System</b> Pilot in Ophthalmology progressing towards national accreditation for EPS in OP for NerveCentre. Likely accreditation Sep 26. Plan to roll out to replace FP10 paper prescribing and solve virtual/telephone clinic prescribing.</p>	<p><b>BAF Risk 04 OFH-03 Digital Innovation, Data and Technology Use</b></p> <p><b>Data Strategy approved</b></p>

<p><b>(Moderate Assurance)</b></p> <p><b>Endoscopy Lessons Learned</b></p> <ul style="list-style-type: none"> <li>• Key staff groups not identified in business case</li> <li>• Need for better engagement with key staff earlier in process</li> <li>• More robust design brief required</li> <li>• Equipment coordinator role valuable</li> <li>• Recruitment not always aligned to supply risks</li> <li>• Need an internal rather than external project manager</li> </ul> <p>To be incorporated into a full Post Implementation report which will include staff/patient/organisational impact. Suggested that a standard “things to consider” template may benefit future developments and avoid some of these issues</p> <p><b>(Moderate Assurance)</b></p>	
<b>Items recommended for Board approval:</b>	
None	
<b>Items referred to other committees:</b>	
Review of procurement routes for building schemes and value for money in the use of external services for building schemes to come to FIC and OFHTC but main discussion at FIC.	

<b>SIGNIFICANT ASSURANCE</b>	Clear understanding of the issues with a robust, deliverable plan which will achieve the required outcomes. Only
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	insignificant residual risk. There may be external evidence to corroborate this view
<b>MODERATE ASSURANCE</b>	Good understanding of the issues, a clear plan with timescales that are credible and deliverable but some action still required. The residual risk is more than insignificant
<b>LIMITED ASSURANCE</b>	Recognised material weaknesses which may be incomplete understanding of the issues or an action plan which is not comprehensive, credible or deliverable. A significant amount of residual risk remains
<b>NO ASSURANCE</b>	A fundamental failure to understand the issues. An action plan is inadequate with fundamental gaps, weaknesses or breakdown in compliance. A significant of residual risk remains and immediate action is required