

**UHL / UHN Boards in Common Paper F9**

<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 February 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		Strengthen our culture		Deliver our financial plan	
<b>Where this report has been discussed previously</b>						

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

BAF Risk 05 OFH-03 NHP

**Impact assessment**

**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 February 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 February 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
None	None
Positive Assurance taken	Decisions taken
<p><b>BAF Risk 05 OFH-03 NHP</b></p> <ul style="list-style-type: none"> <li>• <b>Live projects:</b> <ul style="list-style-type: none"> <li><b>Olivers, Rogers and Jarvis:</b> on site Mar 26</li> <li><b>Baldwin Lodge:</b> on site Mar 26</li> <li><b>Substation 6a:</b> on site Mar 26</li> <li><b>Liquid Nitrogen:</b> on site April 26</li> <li><b>Windsor Extension:</b> on site June 26</li> <li><b>Staff Relocation to County Hall:</b> expected Aug 26</li> <li><b>Hearing and Balance:</b> completion Dec 26</li> </ul> </li> <li>• <b>LGH CDC Scoping</b> <ul style="list-style-type: none"> <li><b>Core:</b> to consolidate existing services to one site</li> <li><b>Opportunity:</b> POCT/Imaging to support access, Gynae and MSK one stop pathways to reduce referrals and support faster diagnosis</li> </ul> </li> </ul> <p><b>(Moderate Assurance)</b></p> <p><b>Hinckley CDC Update</b>  M9 delivering 67% of Plan activity with a FoT of 69%  Delivering 99% of planned Endoscopy activity  Largely due to a shortfall in US and plain XR  Positive staff and patient feedback  Staffing shortages being managed, restricting activity at GH to divert to Hinckley where appropriate, walk in Chest x-ray service and pre fracture clinic x-ray service opening  Achieved PaperLite operation  CYP Asthma pathway increasing support which should reduce ED attends. Direct access endoscopy for GPs will reduce 2ww referral by diverting low risk patients,</p>	None

<p>transnasal endoscopy (TNE) to support this and use of Endosponge. Direct access Gynae pathways are reducing 2ww referrals and time to diagnosis by delivering correct imaging prior to assessment.</p> <p><b>(Moderate Assurance)</b></p>	
<p><b>Items recommended for Board approval:</b></p>	
<p>None</p>	
<p><b>Items referred to other committees:</b></p>	
<p>None</p>	

<p><b>SIGNIFICANT ASSURANCE</b></p>	<p>Clear understanding of the issues with a robust, deliverable plan which will achieve the required outcomes. Only insignificant residual risk. There may be external evidence to corroborate this view</p>
<p><b>MODERATE ASSURANCE</b></p>	<p>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</p>
<p><b>LIMITED ASSURANCE</b></p>	<p>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</p>
<p><b>NO ASSURANCE</b></p>	<p>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</p>