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)

MINUTES OF A MEETING OF THE BOARDS IN COMMON HELD ON THURSDAY 9 APRIL 2026 FROM 1.30PM IN SEMINAR ROOMS 2/3, CLINICAL EDUCATION CENTRE, GLENFIELD HOSPITAL, LEICESTER

Voting Members present:
Mr A Moore – Group Chair
Mr S Adams – UHL Non-Executive Director and Operations and Performance Committee Non-Executive Director Chair
Mr L Bond – UHL Chief Financial Officer
Professor I Browne OBE – UHL Non-Executive Director and People and Culture Committee Non-Executive Director Chair
Ms L Churchward – UHN Chief Executive
Professor Simon Gay – UHN Non-Executive Director (KGH voting member)
Dr A Haynes MBE – UHL Non-Executive Director & UHL Vice Chair and Quality Committee and Our Future Hospitals & Transformation Committee Non-Executive Director Chair
Ms H Hendley – UHL Chief Operating Officer
Ms J Hogg – Group Chief Nurse
Ms J Houghton – UHL & UHN Non-Executive Director
Mr A Inchley – UHL Non-Executive Director and UHL Finance and Investment Committee Non-Executive Director Chair
Ms D Kirkham – UHN Non-Executive Director and UHL People Committee Non-Executive Director Chair
Ms P Kirkpatrick – UHN Chief People Officer (KGH voting member)
Mr R Mitchell – UHL & UHN Group Chief Executive
Mr D Moon – UHL Non-Executive Director and UHL Audit Committee Non-Executive Director Chair
Mr H Nemade – UHN Medical Director
Ms S Noonan – UHN Chief Operating Officer (KGH voting member)
Professor T Robinson – UHL Non-Executive Director and UHL Charitable Funds Committee Non-Executive Director Chair
Mr T Shipman, UHN Non-Executive Director & Vice Chair and UHN Strategy, Transformation and Digital Committee Non-Executive Director Chair
Ms S Stansfield – UHN Chief Financial Officer
Ms C Stevens – UHN Non-Executive Director
Mr D Venkatasamy – UHN Non-Executive Director and UHN Finance, Investment and Performance Committee Chair (KGH voting member)
Professor C Welsh – UHN Non-Executive Director and UHN Quality and Safety Committee Chair
Dr G Xu – UHL Medical Director

In attendance:
Dr R Abeyratne – UHL Director of Health Equality and Inclusion
Mr S Barton – UHL Deputy Chief Executive
Professor N Brunskill – Group Director of Research and Development (for minute 22/26/2)
Ms D Burnett – Director of Midwifery and Deputy Chief Nurse (UHL) & Interim Director of Midwifery (UHN)
Ms B Cassidy – UHL Director of Corporate and Legal Affairs
Ms E Casteleijn – UHL Director of Communications and Engagement
Ms H Kotecha – Chair, Leicester and Leicestershire Healthwatch
Mr W Monaghan - Group Chief Digital Information Officer
Ms E Moss – Network Director, East Midlands Regional Research Development Network (for minute 22/26/1)
Ms S O'Neill – UHN Director of Communications and Engagement
Mr M Reeves – UHL Corporate and Committee Services Officer
Ms B Taylor – UHN Director of Continuous Improvement
Ms C Teeney – Chief People Officer

		ACTION
13/26	**APOLOGIES AND WELCOME**	

	Apologies for absence were received from Mr S Baylis, Lead Governor (KGH), Ms A Cooper UHN Non-Executive Director, Ms P Grimmett, UHN Director of Strategy and Mr S Harris, UHL Associate Non-Executive Director.	
14/26	**CONFIRMATION OF QUORACY**	
	<u>Resolved</u> – the meeting was confirmed as quorate (i.e. at least one-third of the whole number of Directors were present, including at least one Executive Director and one Non-Executive Director).	
15/26	**DECLARATIONS OF INTERESTS**	
	There were no declarations of interest regarding the business to be transacted at the meeting.	
16/26	**MINUTES**	
	<u>Resolved</u> – that the Minutes of the Boards of Directors of Kettering General Hospital (KGH) and Northampton General Hospital (NGH) meeting held on 6 February 2026 and the University Hospitals of Leicester (UHL) Trust Board meeting held on 12 February 2026 be confirmed as a correct record.	
17/26	**MATTERS ARISING: BOARD ACTION LOG**	
	Paper B provided progress updates for the matters arising from the Boards of Directors of Kettering General Hospital (KGH) and Northampton General Hospital (NGH) meeting held on 6 February 2026 and the University Hospitals of Leicester (UHL) Trust Board meeting held on 12 February 2026 and any outstanding items from previous meetings, the contents of which were received and noted.	
	<u>Resolved</u> – that the matters arising report be received and noted as paper B.	
18/26	**STANDING ITEMS**	
18/26/1	<u>Group Chair's Report</u>	
	The Group Chair noted that had presented his report earlier in the day and asked that details of that report be provided for these minutes: - Colleagues were thanked who had gone to great efforts to ensure that services remained in place and patient impact was minimised during the ongoing Resident Doctors' industrial action. - The first Boards in Common meeting represented a significant step for the populations served by the Trusts within the UHN / UHL Group and all involved were thanked for getting to this point. The meeting would set the foundations for achieving greater benefits, but there were challenges yet to be achieved such as joining up data flows and meeting differing statutory requirements. - There were many reasons for the group collaboration, but key justifications included innovation opportunities, process re-design, procurement, digital innovation and development of new partnerships. - Challenges were noted regarding the tensions between improving quality and meeting financial targets and reducing the collective deficit. - Market disruption innovations in wider business and society were noted such as social media, self-drive vehicles and instant delivery services and this pointed to the need to become confident in thinking in this creative, but disruptive manner.	
18/26/2	<u>Group CEO Update</u>	
	The Group Chief Executive presented paper D, and reported the following: <u>Artemis 2 / Achievements</u> – Reference was made to the current groundbreaking Artemis 2 space mission and how this provided an excellent example of high performing teams and collaboration, through accountability, trust and positivity. During the time of the mission, colleagues at UHL and	

	UHN would have treated 7,000 elective patients, 24,000 emergency and outpatient cases and undertaken 110,000 patient engagements. Treatment at UHL / UHN – colleagues at UHL and UHN were thanked for the treatment they had provided to friends and family of the Group Chief Executive over the Easter period. UHL / UHN Collaboration – the collaboration had commenced in 2023, and this meeting was the first in common meeting and would be followed up shortly by a joint Executive meeting in the following week. The main focus of the collaboration would be about improving safe, effective care for patients and to focus on the 3 group priorities of transforming patient care, strengthening our culture and delivering our financial plan, noting the tensions within those priorities. It was urged that the Boards in Common meeting be open, constructive and effective. The Chair, Leicester and Leicestershire Healthwatch raised queries regarding patient involvement in AI and digital transformation; building trust and confidence in the NHS; and ensuring that residents of Leicester City remained visible within a wider group structure. The Group Chief Digital Information Officer explained that there was a patient group involved in supporting digital development who helped steer procurement and implementation; the Medical Directors and Group Chief Nurse led on processes to ensure clinical safety with regard to the use of AI; and patient feedback was requested where AI was used and no patient had yet declined the use of AI in supporting their treatment. The UHL Director of Health Equality and Inclusion commented on building confidence in the NHS through the effective use of patient data, ensuring equity; active co-production of service development, and work towards the Accessible Information Standard requirements. Further it was noted that the Health Equity Summit would be taking place in the following week. The need to consider voices of those who were not being heard was also noted. The UHL Director of Communications and Engagement referenced the recently approved UHL Communications and Engagement Strategy and the recent proposal to fund in person community engagement activity which would be discussed with the Chair of Healthwatch. The Group Chief Executive noted that Leicester City represented 16% of the population of the wider group area, but agreed it was an important part of the group area population. The benefits of any learning from good practice from other parts of the Group would also impact positively on the people of Leicester City. There were also examples from other groups around the country where the benefits of scale had been utilised whilst retaining a local focus.	**DoC&E (UHL)**
	Resolved – that plans for community engagement in the coming year be discussed with the Chair of Leicester and Leicestershire Healthwatch.	**DoC&E (UHL)**
18/26/3	Integrated Performance Report and Executive Summary (Month 11)	
	The Chief Executive introduced paper E, Integrated Performance Report (IPR), highlighting the monthly basis of the report which provided a high-level assessment of themes – access, quality, safety and money, covering the organisation. The UHL Chief Operating Officer highlighted the following points: - The winter period had been challenging and teams were thanked for their efforts across the period. - There had been improvements in the 4 hour Emergency Department wait time and ambulance handover performance. - Further improvements in cancer performance were planned and this would be managed through the UHL Operations and Performance Committee, but improvements in Radiotherapy performance were highlighted. - Ongoing challenges were noted from ongoing industrial action, implementation and engagement with the Patient Administration System and it was noted that there would be a focus on waiting times going forward. The UHN Chief Operating Officer highlighted the following points: - The operational year ended with positive performance on 4 hour wait times. - The additional sprint funding had delivered clear elective performance improvements. - Significant waiting list reduction had taken place since the Christmas period. - Meeting the 52 week, 1% of the total waiting list was noted as a considerable success.	

- Future focus would be on length of stay, acute assessments, planned care productivity and automated booking.

In discussion, the following points were raised and discussed:

- The UHL report highlighted the lower quartile cancer performance, and the strategy to improve performance was questioned. The previous high-level cancer delivery was noted, but this had deteriorated in recent months, with the increased number of referrals highlighted, despite diagnosis levels remaining constant. There were a number of actions in place at UHL to improve performance and there was confidence that they would improve performance – these would be considered in further detail with Dr A Haynes, UHL Non-Executive Director. Cancer performance would remain a focus at the UHL Operations and Performance Committee going forward.

COO (UHL)

- Breast cancer performance remained a challenge at UHN and the focus was on planning and working with clinical teams to ensure the right actions were in place.
- Recent engagement with the family of 2 cancer patients had indicated the need to improve the cancer pathway and family engagement and this would be taken forward.

GpCN DoC&E (UHL & UHN)

- It was acknowledged there would be a downturn in performance following the ending of sprint funding at UHN, but other improvements such as the opening of an Urgent Treatment Centre were felt be delivering improvements.
- The downturn in ambulance wait performance at Northampton General Hospital in February 2026 was noted, but as this was during a difficult winter period with patient flow challenges, improvements were expected in March 2026 performance.

Each of the Executive Director IPR leads were invited to provide an overview of the key aspects of paper E relating to their portfolios as follows:-

(1) Quality – Commenting on UHN, the Group Chief Nurse highlighted increased number of Friends and Family Test responses with deep dives undertaken in response. Mixed sex breaches in wards remained a challenge due to the lack of beds across the organisation and discharge issues. There had been a reduction in harm from falls at Kettering General Hospital with a focus on supporting patients with toileting and this would be monitored at the UHN Quality and Safety Committee.

The UHN Medical Director highlighted the 'above expected' rating for the Hospital Standardised Mortality Ratio (HSMR) at Northampton General Hospital with data issues and depth of coding felt to be key to explaining this. The Summary Hospital-level Mortality Indicator (SHMI) at both KGH and NGH however remained stable.

Commenting on UHL, the Group Chief Nurse highlighted exception reporting regarding gram negative bacteria bloodstream infections noting this was above target, but assurance was provided that there was an action plan in place. Complaint response performance had improved in the month of February 2026. Mixed sex breaches had increased and this was felt to be impacted by the need to meet the 45 minute ambulance handover target.

The UHL Medical Director noted that overcrowding in the Emergency Department over the winter period had been managed well. The HMSR and SHMI were felt to be heading in a positive trajectory. Assurance was provided that care was safe despite the demand challenges and winter pressures.

In discussion the following points were raised and discussed:

- It was suggested that engagement with partners regarding the single sex breaches and patient flow challenges through the Better Care Fund would help to address these pressures in future years.
- Discussions were ongoing with partners on these challenges to arrive at a common understanding of the issues and challenges in order to develop a plan for future winter periods.
- The Neighbourhood Health Programme Board, which covered the UHL / UHN area was also an opportunity to seek agreement on solutions to patient flow challenges.
- It was highlighted that acute beds were the most expensive with community beds providing a more appropriate solution.

	- Assurance was provided that themes arising from complaints were considered in quarterly reports across the group, but it was acknowledged that clearer reporting on actions taken in response to complaints could be reported in more depth. - Examples of positive working across the UHL / UHN group were highlighted such as infection control, implementation of the perinatal framework and Nervecentre system implementation. - The need to ensure progress and cross pollination of ideas across the group was highlighted. It was requested that this be given further consideration and an update provided at the next meeting. **(2) People –** The UHL Chief People Officer noted the following points: - Although the workforce target was approximately 1000 Whole Time Equivalents (WTE) adverse to plan, there were 280 fewer WTE than the start of the financial year. - Agency staffing remained at low levels. - Reducing the use of bank staffing was a key focus going forward – through substantive recruitment and effective rostering. - Sickness absence levels were at 5%, which was above the 3% target – actions to support attendance were in place, particularly around mental health. - There had been a 10% increase in flu vaccine take up over the 2025/26 winter period. Ms J Houghton, UHN / UHL Non-Executive Director commented that there did not appear to be any impact on patient care arising from the reduction in staff numbers. The UHN Chief People Officer noted the following points: - Workforce numbers remained above plan, which was felt to be as a result of a number of factors such as the supernumerary new starters period, increased sickness absence and the sprint activity. - The actions underway to reduce the supernumerary period and awareness of finance when taking staffing decisions and actions to address long term sickness absence. **(3) Finance –** The UHN Chief Financial Officer noted the following points: - UHN was reporting a deficit of £55m at month 11 which was 42m adverse to plan, with removed deficit support funding and under delivery of Cost Improvement Plan (CIP) the main reasons. - The level of deficit exacerbated cash pressures with a request for cash support now having been approved by NHSE. - Both Northampton General Hospital and Kettering General Hospital were on target for the agreed month 12 capital target. The UHL Chief Financial Officer noted the following points: - UHL was reporting a £41m deficit at month 11 which was £38m adverse to plan, again with removed deficit support funding and under delivery of CIP the key factors. - The cash balance was £40m, but £30m of this was support funding. - Patient care income was £8m above plan, which had improved in the second half of the year. - Reliance on bank staff incurred a cost of approximately £6m per month, which would be problematic in the forthcoming financial year where the target was £3.5m. - It was anticipated that the forecast £85m end of year deficit target and capital targets would be met. In discussion, the following points were raised and discussed: - It was queried what actions or plans were in place to ensure that the position at the end of the forthcoming financial year would be different to the current position. In response, the UHL Chief Financial Officer pointed to improvements in financial performance over the current year, but acknowledged that the CIP for 2026/27 would be challenging. Collaboration gains across the group particularly through technology and procurement were anticipated to deliver financial improvements, but it was not clear when these would impact. The UHN Chief Financial Officer noted that it was hoped that corporate service automation would deliver savings towards the end of the year. The 7% UHN CIP target was challenging, but 6.5% had been delivered in the current year. Delivery on bottom-up planning, workforce targets and clinical change could impact the year end position. - The government shift from acute to primary was considered, but this approach was felt to be addressing the growth in acute demand, rather than a retrenchment of acute services.	**GpCEO**

	- The impact of the ongoing industrial action was a factor which could impact the wider financial positions. The Group Chief Executive welcomed the discussion on the IPR noting the contrasting positions between UHN and UHL, but also opportunities for mutual learning and progress made in 2025/26. Challenges were highlighted, as well as consideration of priorities, mutual benefits and any points of tension. It was noted that it was the intention to have a group based IPR in future. The UHN Director of Continuous Improvement confirmed that work was ongoing with national colleagues to develop a single list of group metrics and targets which would take approximately 3 months to complete. The Group Chair supported the development of a single group IPR. The Group Chair highlighted that some of the data contained within the IPR was two months old by the time it was considered at Board meetings and felt that this was not in line with expectations in a modern organisation and asked that consideration be given to providing more up to date data in the IPR.	**DoCI (UHN)** **DoCI (UHN)**
	<u>**Resolved**</u> **– that (A) Dr A Haynes, UHL Non-Executive Director be engaged in discussion regarding actions in place to improve UHL cancer performance;** **(B) processes be reviewed and improvements be considered in the group cancer pathway, relating to engagement with families;** **(C) a body of evidence regarding examples of group joint working be developed and consideration be given to how this could be communicated;** **(D) a single group Integrated Performance Report be developed, and** **(E) consideration be given to how best to incorporate more up to date data within the Integrated Performance Report.**	**COO (UHN)** **GpCN DoC&E (UHL & UHN)** **GpCEO** <u>**DoCI (UHN)**</u> <u>**DoCI (UHN)**</u>
18/26/4	<u>Board Committee Escalation Reports</u>	
	<u>UHL Quality Committee – 26 February 2026 & 26 March 2026</u> Dr A Haynes, UHL Quality Committee Non-Executive Director Chair highlighted the following discussions: - Reductions in harm arising from falls and associated management plans. - The challenge of managing complex complaints noting the level of resource required. - The impact of AI being used in complaints. - Organ donation, transplant rates and actions to increase consent rates, particularly within communities. - The UHL Annual Prevention 2024/25 report appended to the escalation report was commended. - The PSIR Plan 2026/2028, which was appended to the report was recommended for approval. In discussion, particular discussion took place on the issue of the use of AI in complaints; with the following points being raised: - This was also being seen in other sectors including universities and pension schemes and was generating considerable volumes of text making them difficult to deal with. - The Group policy on the use of AI focussed on its use in relation to patient care rather than addressing the use of AI in complaints. - The use of AI was also being seen within Legal Services within UHL and was considered to be a growing challenge. - AI could mean that complaints could become overly complex and there was a need to reach a conclusion as soon as possible. - It was queried whether there was a national NHS approach to the use of AI in complaints or legal contexts. - It was agreed to give further consideration to the impact of AI on the Group in terms of incoming correspondence on complaints and legal issues and whether policy changes were required in response. <u>UHN Quality and Safety Committee – 25 March 2026</u>	**GpCDIO / GpCN / DCLA (UHL)**

Professor C Welsh, UHN Quality and Safety Committee Non-Executive Director Chair highlighted the following discussions:

- There was limited assurance in respect of the UHN Corridor Care and UEC Red Lines oversight report, noting challenges with regard to patient flow, particularly for patients with no right to reside and the need to work System partners was highlighted.
- The GIRFT (Getting it Right First Time) Virtual Ward review for KGH also received limited assurance due to national criteria not being met, but there was assurance the no harms had been identified.
- The long term challenges regarding aseptic service capacity was noted, and received limited assurance and the potential impact on cancer services was noted.
- The upward report from the Children and Young People Board regarding digital access to patient records had received limited assurance due to access to primary care records.
- The CQC Local Assessment Process report on Medical Care received limited assurance due to the Committee seeking further assurance that actions arising from the Section 29a (of the Health and Social Care Act 2008) notice were fully embedded.

In discussion, the following points raised and discussed:

- It was noted that a recent business case had been approved to improve UHL aseptic services which would hopefully assist UHN.
- Work was ongoing to seek the relevant permissions from primary care, being led by the Integrated Care Board to ensure relevant access to children and young people's care records can be achieved.

UHL Finance and Investment Committee 25 February 2026 & 25 March 2026
Mr A Inchley, UHL Finance and Investment Committee Non-Executive Director Chair highlighted discussions regarding the financial outturn position and the focus on the forthcoming financial year. Also noted were discussions regarding Estates and the development of the Computer Aided Facility Management system. The Committee Terms of Reference had been amended and were recommended for approval accordingly.

UHL Operations and Performance Committee – 25 February 2026 & 25 March 2026
Mr S Adams, UHL Operations and Performance Committee Non-Executive Director Chair highlighted the following discussions:

- The deep dive into on the day cancellations at the East Midlands Planned Care Centre (EMPCC), where there was reasonable assurance.
- The impact of the Patient Administration System (PAS) on elective activity was discussed, and the remaining factors to ensure full adoption and system optimisation were noted.
- Construction work had commenced in March 2026 for the new Urgent Treatment Centre based at the Leicester Royal Infirmary.
- There was strong performance across the winter plan in February and March 2026.

In discussion the following points were raised and discussed:

- The importance of training in relation to PAS utilisation was highlighted.
- Colleagues were being supported to engage with PAS, but any continued resistance might require escalation to address.

UHN Finance, Investment and Performance – 24 February and 31 March 2026
Mr D Venkatasamy, UHN Finance, Investment and Performance Non-Executive Director Chair presented the upward report, incorporating the request for retrospective UHN Board approval of Public Dividend Capital (PDC) revenue support for Q1 in 2026/27. The following discussions were highlighted:

- There were 3 areas of limited assurance, Finance, Medium Term Plan and National Oversight Framework (NOF) deterioration.
- The month 11 finance performance was in line with the revised forecast, but was £42m adverse to plan.
- The Medium Term Plan had been submitted as non-compliant and confirmation was awaited regarding acceptance or whether national financial procedures would be implemented.
- The NOF rating for UHN had moved to a rating of 4, limited assurance.

In discussion, the following points were raised and discussed:

- The challenging level of savings required within the Medium-Term Plan was noted, particularly with external pressures arising from industrial action.
- The need for Boards to be able to take robust corrective action where plan targets were not being met in areas such as workforce and CIP delivery was highlighted, with the need for up to date information to inform such action.
- The positive CIP achievement in 2025/26 of £68m was highlighted, half of which was recurring.
- It was the intention to provide greater detail of UHN CIP delivery in 2026/27 in order to provide assurance regarding delivery.

UHL - Our Future Hospitals and Transformation Committee – 25 February 2026 and 25 March 2026
Dr A Haynes, UHL Our Future Hospitals and Transformation Committee Non-Executive Director Chair highlighted the following discussions:

- Improvements to capacity utilisation at Hinckley Community Diagnostic Centre (CDC). The intention was to use CDC capacity to address demand challenges at other UHL sites with greater promotion of the use of the CDC.
- A further CDC was planned for the Leicester General Hospital site.
- The development of data collection to support decision making.

UHN Strategy, Transformation and Digital Committee – 26th March 2026
Mr T Shipman, UHN Strategy, Transformation and Digital Committee Non-Executive Director Chair highlighted the following points:

- All items were noted as being of reasonable or substantial assurance.
- Population health inequalities were considered for the first time and would be discussed further in future.
- There were challenges with trial data migration as part of the implementation of a new Nervecentre Electronic Patient Record (EPR), which may impact the project timeline.

UHL People and Culture Committee – 26 March 2026
Professor I Browne, UHL People and Culture Committee Non-Executive Director Chair highlighted the following discussions:

- The details of follow up actions on the staff survey.
- The Management and Leadership Framework with assurance provided that challenging issues such as bullying were built into management training as well as other issues identified from Freedom to Speak Up processes.
- There had been a significant improvement in flu vaccine take up amongst staff over the winter period and the considerable work to ensure this improvement was acknowledged.

UHL Audit Committee – 16 March 2026
Mr D Moon, UHL Audit Committee Non-Executive Director Chair highlighted the following discussions:

- The level of Declaration of Interest compliance was noted, specifically improvements towards the end of the financial year.
- The updated UHL Managing Conflicts of Interest in the NHS policy was specifically highlighted and UHL Board member colleagues were strongly advised to read the updated policy which was recommended for approval.
- The sealings report was recommend for noting by the UHL Board.
- The 2025/26 Review of Accounting Policies had been approved by the committee and the proposed quinquennial valuation of Trust land and buildings was noted which would likely reduce the asset values across the Trust.
- The Head of Internal Audit Opinion was reported as adequate and effective, but this was felt to be a marginal opinion and the need to continue to implement Internal Audit actions was highlighted.

UHN Audit Committee – 25 February 2026 & 11 March 2026

	Mr T Shipman, UHN Audit Committee Non-Executive Director member highlighted the following discussions: - Limited assurance was noted with regard to the UHN Engagement Strategy, with the view expressed that governors be better utilised as a community voice. - Salary overpayments was noted as limited assurance due to the level of management involvement in recovery of overpayments. - The UHN Estates Strategy remained limited assurance, due to the level of progress on outstanding actions, but it was noted that a new Estates leadership team was in place and there was confidence that the new team would deliver improvements. - There was limited assurance on the financial plan. - Limited assurance was also noted on the Anti-Crime Report, where concerns were expressed about timelines for issue resolution, but it was noted that meetings were taking place with People Services, Finance and Counter Fraud to address these issues.	
	<u>Resolved</u> – that (A) the escalation reports from the UHL Quality Committee held on 26 February 2026 & 26 March 2026, the UHN Quality and Safety Committee held on 25 March 2026, the UHL Finance and Investment Committee held on 25 February 2026 & 25 March 2026, the UHL Operations and Performance Committee held on 25 February 2026 & 25 March 2026, the UHN Finance, Investment and Performance Committee held on 24 February and 31 March 2026; the UHL Our Future Hospitals and Transformation Committee held on 25 February 2026 and 25 March 2026, the UHL People and Culture Committee held on 26 March 2026, the UHL Audit Committee held on16 March 2026, and the UHN Audit Committee held on 25 February 2026 & 11 March 2026, be noted, and any recommendations within be endorsed by the applicable Board, namely; **- The UHL Patient Safety Incident Response Plan (PSIRP) 2026/28;** **- The UHL updated Finance and Investment Committee Terms of Reference;** **- The UHN retrospective approval for PDC Revenue support for Q1 of 2026/27 totalling £8.95m in April, £18.54m in May and £11.68m in June 2026;** **- The UHL updated Managing Conflicts of Interest in the NHS Policy; and** **(B) the impact of AI in terms of growth of complexity in terms of incoming correspondence on complaints and legal issues be considered and determine if policy changes were required in response.**	**Applicable Boards** **GpCDIO / GpCN / DCLA (UHL)**
19/26	**HIGH QUALITY CARE FOR ALL**	
19/26/1	<u>Perinatal Report and Dashboards</u>	
	The Director of Midwifery and Deputy Chief Nurse (UHL) & Interim Director of Midwifery (UHN) presented a consolidated overview of perinatal quality, safety, performance, workforce and experience across UHL, KGH and NGH (UHN) and set out specific recommendations. The following points were highlighted: - The Perinatal Assurance Committees met in March 2026 and received assurance that services were safe, stable and well governed with no systemic risks. - UHL and NGH had met the requirements of the year 7, Maternity Incentive Scheme, with KGH looking to address areas where it did not meet the criteria. - The key metrics regarding 1-1 care and triage had been maintained and there improving responsiveness. - Work was ongoing to explore the causes and mitigate issues with regard to pre-term births through deep dives, considering issues such as maternal complexity, wider determinants of health, diabetes and building community partnerships. - An example of good community engagement within UHL was provided as an example in the report. - Work was ongoing to consider themes regarding infant mortality details of which would be reported to the next Boards in Common meeting. - A Maternity Outcomes Signal System alert had been triggered at UHL, but upon full review it was concluded there was no harm and appropriate learning had been implemented. - Capacity in Fetal Medicine, Sonography and Estates were primary areas of focus across UHN and UHL. - The workforce position continued to strengthen with ongoing recruitment taking place, and the development of good relationships with universities.	

	- The themes of communication, waiting and delays remained consistent themes across complaints. - Managers were undertaking a four day complaints management training scheme. - The Home Birth Service had been paused in KGH, but the offer in NGH was being expanded. - Both UHN and UHL staff were taking part in a perinatal equity programme to address racism and discrimination in maternity. In summary, services were considered to be safe and risks were understood, action plans were actively monitored through the Perinatal Assurance Committees and detailed recommendations were in the report. Any feedback on the consolidated group report was welcomed. In discussion, the following points were raised and discussed: - The consolidated report for the Boards in Common was commended and welcomed. It was requested that key, high level risks be identified clearly in future reports. - The group model was felt to offer opportunities to reduce pressures at busy sites within the group, utilising capacity at less pressured sites. - The variation in booking times between different ethnicities was highlighted, with challenges noted, particularly where women were entering the country when pregnant. Providing signposting to navigate NHS services was felt be a key factor as well as developing trusted relationships, particularly within communities. This would be the subject of a hot topic in the next report. The wider issues regarding late presentation would be raised at the forthcoming UHL Inclusion Summit. - The approach regarding Neonatal pathways in the Group Clinical Strategy was welcomed, noting the challenges of encouraging families to use services other than UHL.	
	Resolved – that (A) UHL and UHN (KGH and NGH) Boards: **(1) support ongoing work to stabilise data quality, improve interoperability and ensure credible, trend data across all three organisations;** **(2) note ongoing recruitment and retention efforts, cross-site leadership alignment, consultant workforce planning, and targeted investment in specialist roles to secure sustainable service delivery;** **(3) note PAC's intention to oversee equity-focused improvement and early-access interventions through the Perinatal Safety Improvement Plan (PSIP);** **(4) support the accelerated delivery of PSIP quality improvement initiatives, strengthening responsiveness and effectiveness across elective pathways and triage;** **(5) note delivery and integration of national programmes to support alignment of the Maternal Care Bundle (MCB), Saving Babies' Lives, Ockenden requirements, and MIS Year 8 within PSIP governance; and** **(B) the UHN Board note the development of a single, strengthened, Northamptonshire Homebirth Service, ensuring reopening criteria, training, competencies and governance are fully met before reinstatement;**	**GpCN** **GpCN** **GpCN** **GpCN** **GpCN** **GpCN**
19/26/2	<u>KGH Maternity and Neonatal Intensive Support Team Programme</u>	
	The Director of Midwifery and Deputy Chief Nurse (UHL) & Interim Director of Midwifery (UHN) presented an update report of the current position regarding the Kettering General Hospital (KGH) Maternity and Neonatal Intensive Support Team. The following points were noted: - The programme was a part of a national programme providing intensive and cultural support in line CQC domains. - Clear and sustained improvements had been put into place with improved oversight based on single regulatory recovery framework. - Assurance was provided that safety remained strong with a focus on consultant attendance. - Support from People Services to for cultural re-sets had been welcomed to improve the working environment. - There had been some slippage on milestones, but no concerns from national advisers had been raised. - The Federated Data Platform had improved metrics and monitoring.	

	- There was regular oversight from the national team, as well as regional and ICB oversight. - A full recovery of the service was expected by the end of the year.	
	<u>Resolved</u> – that the report be received and noted.	
20/26	**RESEARCH AND EDUCATION EXCELLENCE**	
20/26/1	<u>East Midlands Regional Research Development Network report (RRDN)</u>	
	Ms E Moss, Network Director East Midlands RRDN presented a report which provided an update on current RRDN priorities and assurance regarding the latest RRDN financial position and risks and issues, noting the host position of UHL. A key focus for the network at the current time was the Government-set target of setting up research studies in 150 days which was challenging but there had been improved performance in relation to this target. Also highlighted was the level of funding received under the new national model for National Institute for Health and Care Research funding which had increased for Trusts within the network, and the role of the of the Strategic Investment and Wider Care Settings funding to support research outside of hospitals. In discussion, the following points were raised and discussed: - The 150 day set up target was noted and the support being provided to enable projects to meet the target was considered, noting that the despite the challenges, it was a modest target compared to research in other countries. The need for clinical teams and supporting departments to be in alignment with the research teams was highlighted, but also that RRDN could provide advice and guidance regarding funding streams. - In response to a question, regarding what support was needed from the Boards in Common, it was noted that recognition of research being a fundamental part of the delivery of care and supporting awareness raising to ensure that research was a part of ordinary care delivery was key. - It was queried whether a 3-year business plan could be developed in order to provide the Boards in Common with clarity around expectations for research income, particularly the commercial aspect, but it was noted that this would be more appropriate for the Group Research and Innovation function to consider.	
	<u>Resolved</u> – that the report be received and noted.	
20/26/2	<u>Research & Innovation Quarterly Report</u>	
	The Group Director of Research and Development presented an update on Research and Innovation activities across the group and provided assurance of progress. The following points were highlighted: - The Director had been in post as Group Director of Research and Development for 15 months following a considerable period of time as UHL Director of Research and Innovation. - 30,000 people had been recruited into trials across the group in the past year, with significant growth in the UHN area and new studies were commencing on an ongoing basis. - The Government-set target of 150 days to set up research projects had been challenging, and it was noted that within that period, 60 days were taken by the Medicines and Healthcare Regulatory Agency. - Action would be needed to meet the 150-day target, such as undertaking studies which covered the entire group area, and consolidation of departmental permissions for patient involvement, otherwise financial penalties could be imposed. - £6.7m funding had been received from the National Institute for Health and Care Research, the fifth highest amount in the country. - There had been internal discussions amongst Research and Innovation teams to raise awareness of the opportunities to undertake research across the group, noting that this had mostly been received positively, but there was also some loyalty to individual worksites. - The role of the Leicestershire and Northamptonshire Commercial Research Delivery Centre in obtaining funding for research infrastructure. - Development in innovation would be supported by the newly formed Leicestershire and Northamptonshire Academic Health Partners Healthcare Innovation Hub. In discussion, the following points were raised and discussed:	

	- The Director of Research and Development was commended for the growth in research participation over the past financial year. - It was recommended that that a single framework for research across the UHL / UHN group be developed and a proposal would be brought to Boards in Common for consideration. - Noting the potential for 20% funding financial penalties if the 150 day target was not met, it was suggested that different approaches be considered, and possibly the involvement of Quality Improvement Team support. - The report was commended and welcomed, but it was requested that future reports contain further detail regarding the outcomes of trials. - The opportunities of the combined populations of UHN and UHL for recruiting participants into research was highlighted as well as the diverse nature of communities. - It was noted that non-clinical research was undertaken in areas such as resident doctor satisfaction and workforce retention. - It was suggested that research trial participation was limited within the Midlands more generally and access to trials in constituent populations should measured until access improved. - It was confirmed that that research was increasingly moving beyond the acute sector to primary and community care. - The development of the innovation hub was welcomed, and the opportunities arising from the group structure and universities within those areas was highlighted. In summary, the Group Chair noted that the Boards in Common were supportive of the development of research and encouraged the opportunities provided by the group structure. Further, the Boards in Common offered their support in addressing any challenges to progress and delivery of the 150 day target or implementation of the innovation hub.	**MD (UHN & UHL) / DoR&I** **MD (UHN & UHL) / DoR&I** **MD (UHN & UHL) / DoR&I**
	<u>Resolved</u> – that (A) a proposal be presented to the Boards in Common meeting for a single group Research and Innovation framework; **(B) greater detail be included in future reports of trial / research outcomes, and** **(C) trial access across constituent populations across the Group area be measured in order to inform possible approaches for wider inclusion in trials.**	**MD (UHN & UHL) / DoR&I** **MD (UHN & UHL) / DoR&I** **MD (UHN & UHL) / DoR&I**
21/26	**UHL CORPORATE TRUSTEE BUSINESS**	
21/26/1	<u>Charitable Funds Committee escalation report - UHL</u>	
	<u>Resolved</u> - that the escalation report from the UHL Charitable Funds Committee held on 20 February 2026 be noted and any recommendations be endorsed.	
22/26	**ANY OTHER BUSINESS**	
	The Group Chair sought feedback from the meeting about its effectiveness. Mr S Adams, UHL Non-Executive Director felt that the meeting had run smoothly with a group focus perspective and a consideration of strategy. Ms H Kotecha, Chair, Healthwatch, Leicester and Leicestershire queried how papers being considered at the Board could be made more accessible to patients and the public. The Group Chair noted that he had discussed this point with the governors at Kettering General Hospital. The Group Chair encouraged members to pass any further comments they may have to him outside of the meeting.	
23/26	**QUESTIONS FROM THE PRESS AND PUBLIC**	
	There were no questions from the press or public.	
24/26	**DATE AND TIME OF NEXT MEETING**	

	<u>Resolved</u> – that the next Public Boards meeting will be held on Friday 8 May 2026 at Northampton General Hospital at 9.30am.	

<u>The meeting closed at 3.49pm</u> **Matthew Reeves – UHL Committee and Corporate Services Officer**

Cumulative Record of Attendance (2026/27 to date):

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
A Moore (Chair)	1	1	100	D Kirkham	1	1	100
S Adams	1	1	100	P Kirkpatrick	1	1	100
L Bond	1	1	100	R Mitchell	1	1	100
I Browne	1	1	100	D Moon	1	1	100
L Churchward	1	1	100	H Nemade	1	1	100
A Cooper	1	0	0	S Noonan	1	1	100
S Gay	1	1	100	T Robinson	1	1	100
P Grimmett	1	0	0	T Shipman	1	1	100
A Haynes	1	1	100	S Stansfield	1	1	100
H Hendley	1	1	100	C Stevens	1	1	100
J Hogg	1	1	100	D Venkatasamy	1	1	100
J Houghton	1	1	100	C Welsh	1	1	100
A Inchley	1	1	100	G Xu	1	1	100

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
R Abeyratne	1	1	100	H Kotecha	1	1	100
S Barton	1	1	100	W Monaghan	1	1	100
B Cassidy	1	1	100	S O'Neill	1	1	100
E Casteleijn	1	1	100	B Taylor	1	1	100
S Harris	1	0	0	C Teeney	1	1	100