

**Progress of actions arising from the Boards in Common meeting held on Thursday 9 April 2026  
and any outstanding actions from previous UHL and UHN meetings**

| Item No             | Minute Ref: | Action   | Lead  | By When                   | Progress Update   | RAG status* |
|---------------------|-------------|--|---|---------------------------|---|-------------|
| <b>9 April 2026</b> |             |  |   |                           |   |             |
| 1                   | 18/26/2     | <b>Group Chief Executive's Report</b><br>To discuss with the Chair of Leicester and Leicestershire Healthwatch, plans for community engagement in the coming year.             | <b>DoC&amp;E (UHL)</b><br><b>E Casteleijn</b>                                   | <b>Immediate</b>          | The DoCE and Chair of Healthwatch Leicester and Leicestershire met on 30 April and discussed plans for community engagement in 2026/27. Opportunities for joint working are being explored. | <b>5</b>    |
| 2                   | 18/26/3     | <b>UHL &amp; UHN Integrated Performance Reports</b><br>To engage with Dr A Haynes, Non-Executive Director about actions in place to improve cancer performance.                | <b>COO (UHL)</b><br><b>H Hendley</b>  | <b>Immediate</b>          | A meeting is in the diary for 20 May 2026.  | <b>5</b>    |
| 2a                  | 18/26/3     | To review and put in place improvements in the cancer pathway, relating to engagement with families.   | <b>GpCN DoC&amp;E (UHL &amp; UHN)</b><br><b>J Hogg, E Casteleijn, S O'Neill</b> | <b>July 2026 QC</b>       | Will be built into the quarterly cancer report for Quality Committees.  | <b>4</b>    |
| 2b                  | 18/26/3     | To develop a body of evidence regarding examples of group joint working and consider how this could be communicated.   | <b>GpCEO</b><br><b>R Mitchell</b>   | <b>BiC 8.5.26</b>         | Actioned – the Group CEO will provide a verbal update at the BiC meeting on 8 May 2026.   | <b>5</b>    |
| 2c                  | 18/26/3     | To develop a single group Integrated Performance Report  | <b>DoCI (UHN)/ COO (UHL)</b><br><b>B Taylor/ H Hendley</b>                      | <b>BiC 8.10.26</b>        | UHN Director of Continuous Improvement has confirmed that she will be the lead on this action, working appropriately with colleagues across the group.                                      | <b>4</b>    |
| 2d                  | 18/26/3     | To consider how to incorporate more up to date data within the Integrated Performance Report.  | <b>DoCI (UHN)/ COO (UHL)</b><br><b>B Taylor/ H Hendley</b>                      | <b>BiC 8.10.26</b>        | UHN Director of Continuous Improvement has confirmed that she will be the lead on this action, working appropriately with colleagues across the group.                                      | <b>4</b>    |
| 3                   | 18/26/4     | <b>UHL Quality Committee Escalation Report</b><br>To consider the impact of AI in terms of growth of complexity in complaints and legal issues and determine if policy changes | <b>GpCDIO / GpCN / DCLA</b>   | <b>QC after quarter 2</b> | Will be incorporated into the quarter 2 patient experience update.  | <b>4</b>    |

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|                        |          |                 |          |                 |          |   |          |  |          |                          |
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| <b>RAG Status Key:</b> | <b>5</b> | <b>Complete</b> | <b>4</b> | <b>On Track</b> | <b>3</b> | <b>Some Delay – expected to be completed as planned</b> | <b>2</b> | <b>Significant Delay – unlikely to be completed as planned</b> | <b>1</b> | <b>Not yet commenced</b> |
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**Boards in Common Paper B**

| Item No | Minute Ref: | Action   | Lead  | By When       | Progress Update   | RAG status* |
|---------|-------------|--|---|---------------|---|-------------|
|         |             | were required in response.   | (UHL)<br>W<br>Monaghan<br>/ J Hogg /<br>B Cassidy                   |               |   |             |
| 4       | 19/26/1     | <b>Group Perinatal Report and Dashboards</b><br>To provide greater clarity on key, high level risks in future reports.                             | GpCN<br>J Hogg  | June 2026     | To be reflected from June 2026.   | 4           |
| 5       | 20/26/2     | <b>Group Research and Innovation Report</b><br>To present a proposal to Boards in Common for a single group Research and Innovation framework.     | MD (UHN &<br>UHL) /<br>DoR&I<br>H Nemade<br>/ G Xu / N<br>Brunskill | BiC<br>7.8.26 | A Group research strategy is in preparation.  | 4           |
| 5a      | 20/26/2     | To include greater detail in future reports of trial / research outcomes.  | MD (UHN &<br>UHL) /<br>DoR&I<br>H Nemade<br>/ G Xu / N<br>Brunskill | BiC<br>7.8.26 | Up to 1000 clinical trials are open across the Group at any one time. It is not possible to provide outcomes for all. However, trial outcome highlights of particular interest / importance will be provided in future reports to Board.  | 4           |
| 5b      | 20/26/2     | To measure trial access across constituent populations across the Group area in order to inform possible approaches for wider inclusion in trials. | MD (UHN &<br>UHL) /<br>DoR&I<br>H Nemade<br>/ G Xu / N<br>Brunskill | BiC<br>7.8.26 | Inclusion work takes place widely across our research infrastructure. NIHR funded infrastructure has an established inclusion strategy. Where practical and where trial data confidentiality permits, an indication of participant background can be included in future reports to Board. | 4           |

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## Progress of outstanding actions arising from University Hospitals of Leicester NHS Trust Board

| 12 February 2026   |          |   |                                 |                                   |  |          |
|--|----------|---|---------------------------------|-----------------------------------|--|----------|
| 6  | 34/26/1  | <b>Perinatal Quality Surveillance Scorecard / Perinatal Assurance Committee (PAC) Highlight Report</b><br>To include feedback from conversations with partners on infant mortality prevention in the next report. | <b>CN</b><br><b>J Hogg</b>      | <b>TB</b><br><b>April 2026</b>    | To be scheduled accordingly – detail will be incorporated into a spotlight piece within the Perinatal Quality Surveillance Scorecard.                    | <b>5</b> |
| 7  | 35/26/1  | <b>Freedom to Speak Up</b><br>To include details of anonymous complaints in future reports.   | <b>DCLA</b><br><b>B Cassidy</b> | <b>TB</b><br><b>May June 2026</b> | To be scheduled accordingly.   | <b>4</b> |
| 11 December 2025   |          |   |                                 |                                   |  |          |
| 8  | 299/25/1 | <b>BAF &amp; Significant Risk Register</b><br>To explore ways of demonstrating that mitigating actions are showing a beneficial impact on a risk, such as a progression score.                                    | <b>DCLA</b><br><b>B Cassidy</b> | <b>TB</b><br><b>June 2026</b>     | To be scheduled accordingly.   | <b>4</b> |
| 8 May 2025 (approvals recorded in the formal minutes only) |          |   |                                 |                                   |  |          |
| 9  | 112/25/1 | <b>Freedom to Speak Up - Q4 and Annual Report</b><br>To provide a progress report to the PCC on the recommendations made and provide an update through the escalation report to the Board                         | <b>DCLA</b><br><b>B Cassidy</b> | <b>TB</b><br><b>June 26</b>       | As part of the FTSU annual reporting in May, a review of the recommendations will be presented and will come through the escalation report from the PCC. | <b>4</b> |

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### Progress of outstanding actions from University Hospitals of Northamptonshire NHS Group Boards in Common

| Meeting     |  | UHN Boards of Directors Meeting in Public   |          |                      |        |
|-------------|--|---|----------|----------------------|--------|
| Date & Time |  | Updated following 9 April 2026 meeting  |          |                      |        |
| Minute Ref. | Action   | Owner   | Due Date | Progress             | Status |
| Feb 26<br>2 | <p>Armed Forces Network:</p> <ul style="list-style-type: none"> <li>(i) 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.</li> <li>(ii) engage with the education teams and local universities to strengthen collaboration and armed forces awareness</li> <li>(iii) Draft statement reaffirming the Boards' commitment to supporting the Armed Forces community, including ensuring equitable treatment in recruitment processes and recognising the implications for reservists and cadets</li> </ul> | <ul style="list-style-type: none"> <li>(i) Will Monaghan / Hemant Nemade</li> <li>(ii) Julie Hogg</li> <li>(iii) Suzie O'Neill</li> </ul> | Feb 26   | All actions complete | CLOSE  |

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