

Boards in Common Paper C

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:	8 May 2026					
Title:	3.2 Chief Executive’s report					
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 April 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 April 2026 on the University Hospitals of Leicester NHS Trust (UHL) and the University of Northamptonshire NHS Group (UHN).

Recommendation

The Boards are asked to receive an update on the items below and to note the report.

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

BOARDS OF DIRECTORS
FRIDAY 8 MAY 2026

GROUP CHIEF EXECUTIVE'S REPORT PRESENTED BY RICHARD MITCHELL

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.

UHL–UHN Collaboration and Governance

University Hospitals of Leicester (UHL) and University Hospitals of Northamptonshire (UHN) have been collaborating since 2023. The first Boards in Common meeting on 9 April 2026 provided a positive foundation, and we build on that momentum at today's meeting.

The volume of papers (433 pages) at the first meeting reinforced the need to further refine how we strike the right balance between effective Board oversight and detail. This work is underway.

Since April, the UHL and UHN joint executive team has met on four occasions, with continued progress in collaborative working. Strengthened joint leadership and governance arrangements are supporting clearer, more joined-up decision-making, keeping our focus firmly on delivering safe, high-quality, cost effective care for patients.

Together, UHL and UHN have three shared priorities: transforming patient care, strengthening our culture, and delivering our financial plans. I will update Boards on all three. We are making progress and closer working as a Group will enable us to achieve more together than we could alone.

Key events aligned to our priorities

Together we can: Health Equality Summit – 15 April

In partnership with the University of Leicester and with sponsorship from Novartis, more than 250 healthcare professionals, academics and community representatives from Leicester, Leicestershire and Rutland and Northamptonshire came together to agree practical actions to reduce health inequalities. The summit reinforced the importance of partnership working, listening to communities, and delivering targeted, culturally responsive care within existing resources. Evidence-based local initiatives demonstrated improvements in access, experience and outcomes across cancer care, maternity, homelessness and end-of-life care.

Powerful personal testimonies highlighted the human impact of inequality and reinforced our responsibility to reduce unwarranted variation and support compassionate, inclusive care. While the scale of inequalities remains sobering, I was encouraged by the strong collective commitment to practical action. We will be continuing this work over the course of the year and planning for the 2027 summit will get under way soon.

National Administrative Professionals Day – 22 April

To mark this national awareness day, we recognised the contribution of 6,600 administrative colleagues across UHL and UHN, whose work is essential to safe, timely and compassionate care. The date of this year's event coincided with management of change processes at UHL related to the impact of digital and AI-enabled technologies on some administrative roles. We acknowledged the uncertainty this creates for colleagues and restated our commitment to managing change well, consulting with affected colleagues and trade unions and continuing open engagement and dialogue. We will continue to do all we can to support colleagues as we modernise our services and transform patient care.

UHL–UHN Cancer Conference – 24 April

The joint cancer conference brought together more than 50 colleagues to shape the future of cancer care across our counties, where together we serve over 1.8 million people with around 15,000 new cancer diagnoses each year. Discussions focused on oncology capacity, new technologies, MDT working and the importance of tackling inequalities in cancer outcomes. Patient stories reinforced the human impact of this work. The uplifting morning focused on shared purpose: tackling health inequalities and shaping a more joined-up cancer strategy to improve patient experiences and outcomes. Updates will be brought to Boards in due course.

BAPIO Training Academy Conference – 25 April

Hemant Nemade (UHN Medical Director), Julie Hogg (Group Chief Nurse), and I joined many other colleagues at the British Association of Physicians of Indian Origin Training Academy annual conference in Northampton. The theme was advancing healthcare excellence through education and leadership. It was an energising opportunity bringing together educators, clinicians and healthcare leaders focused on how inclusive leadership, mentorship and education can shape the next generation of healthcare leaders. The conference reinforced the value of investing in diverse talent and creating environments where people are supported to lead, innovate and deliver high-quality patient care, very much in line with our shared priorities.

Conclusion

Across these events and ongoing conversations with patients, colleagues and partners, the importance of patient and colleague voice, partnership working and inclusive, compassionate leadership is clear. I am grateful to all who continue to contribute to progress against our shared priorities.