

UHL / UHN Boards in Common paper E5

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:	Escalation Report from the UHL Our Future Hospitals and Transformation Committee: 29 April 2026					
Report presented by:	Andy Haynes, MBE, UHL OFHTC Non-Executive Director Chair					
Report written by:	Andy Haynes, MBE, UHL OFHTC Non-Executive Director Chair					
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		Deliver our financial plan	
Where this report has been discussed previously						

To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which
BAF Risk 04 Digital-04 02 Digital Solutions Adoption and Usability BAF Risk 04 OFH-03 Digital Innovation, Data and Technology Use 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 29 April 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 April 2026 OFHTC 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 the Board	Actions to take outside of the committee
<p>BAF Risk 04 OFH-02 Digital Solutions Adoptability and Use</p> <p>BAF Risk 04 OFH-03 Digital Innovation, Data and Technology Use</p> <p>Wave 2 Automation Corporate Services Two programmes are in place.</p> <p>Medical Workforce: 5 areas of focus (rota adjustment, DCC delivery and compliance, bank shift validation, job plan alignment, workforce performance and utilisation). AI Agents developed to interact with existing systems to allow review of medical workforce activity via a simple interface. Expected to enable a safe reduction in bank spend, reduce time/manual effort and give CMGs transparent accountability. Roll out has commenced and should be complete by mid June.</p> <p>People Services Automation: 3 areas of focus (recruitment, onboarding and replacing manual workflows). Will deliver faster recruitment, reduced pay errors, operational efficiencies and improved user experience. Roll out has commenced and should be complete by the end of July. (Moderate Assurance)</p>	<p>None</p>
Positive Assurance taken	Decisions taken
<p>BAF Risk 05 OFH-03 NHP</p> <p>Incoming Power business case set for consideration by NHP 28.4.26</p> <p>Car Park and Knighton business case draw downs for consideration by NHP 12.5.26</p> <p>Meeting with NHP senior team scheduled for 6th May</p> <p>Project Team led by Ben Widdowson (AD for Estates and Facilities) is looking at housing non clinical facing corporate functions off site to generate maximal flexibility for clinical space reconfiguration (Moderate Assurance)</p>	

Continuous Improvement

Areas of focus:

- Digital transformation
- STEP (Specialty Transformation & Efficiency Programme)
- LEAF (69 of 100 wards completed QI training, 22 completed QI project and 6 entering year 2 pilot)
- National audits programme
- QI training (749 staff completed with 231 QI projects completed)
- Year 1 Continuous Improvement Strategy (9 areas completed, 7 rolled over into year 2 and 3 not progressing)
- Coproduction. A grading system for projects has been developed to “kite mark” the maturity of codesign and bring greater visibility to reporting

(Moderate Assurance)

Items recommended for Board approval:

None

Items referred to other committees:

Group Chief Digital Information Officer to speak to the UHL Chief People Officer re: planned meeting with NEDs to set current picture of medical job planning, expected progress in 2026/7 to ensure expected impact of Medical Workforce automation is reflected in the conversation.

SIGNIFICANT ASSURANCE	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
MODERATE ASSURANCE	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
LIMITED ASSURANCE	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
NO ASSURANCE	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