# 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 HELD ON 8 MAY 2026 FROM 10:00-13:00 IN THE BOARDROOM, NORTHAMPTON GENERAL HOSPITAL

**Voting Members present:**
Andrew Moore – Group Chair
Scott Adams – UHL Non-Executive Director and Operations and Performance Committee Chair
Lee Bond – UHL Chief Financial Officer
Ivan Browne OBE – UHL Non-Executive Director and People and Culture Committee Chair
Laura Churchward – UHN Chief Executive
Alice Cooper – UHN Non-Executive Director and Audit Committees Chair
Simon Gay – UHN Non-Executive Director (KGH voting member)
Andy Haynes MBE – UHL Non-Executive Director & UHL Vice Chair and Quality Committee and Our Future Hospitals & Transformation Committee Chair
Jill Houghton – UHL & UHN Non-Executive Director
Andrew Inchley – UHL Non-Executive Director and UHL Finance and Investment Committee Chair
Denise Kirkham – UHN Non-Executive Director and UHN People Committee Chair
Paula Kirkpatrick – UHN Chief People Officer (KGH voting member)
Richard Mitchell – UHL & UHN Group Chief Executive
David Moon – UHL Non-Executive Director and UHL Audit Committee Chair
Hemant Nemade – UHN Medical Director
Trevor Shipman, UHN Non-Executive Director & Vice Chair and UHN Strategy, Transformation and Digital Committee Chair
Sarah Stansfield – UHN Chief Financial Officer
Caroline Stevens – UHN Non-Executive Director
Chirs Welsh – UHN Non-Executive Director and UHN Quality and Safety Committee Chair
Gang Xu – UHL Medical Director

**Non-Voting Members present:**
Ruw Abeyratne – UHL Director of Health Equality and Inclusion
Simon Barton – UHL Deputy Chief Executive
Danni Burnett – Group Director of Midwifery (Deputy for the Group Chief Nurse)
Becky Cassidy – UHL Director of Corporate and Legal Affairs
Emma Casteleijn – UHL Director of Communications and Engagement
Polly Grimmett – UHN Director of Strategy
Will Monaghan - Group Chief Digital Information Officer
Suzie O'Neill – UHN Director of Communications and Engagement
Becky Taylor – UHN Director of Continuous Improvement
Sarah Taylor – UHL Deputy Chief Operating Officer (Deputy for the UHL Chief Operating Officer)
Clare Teeney – Chief People Officer
Jennie Walker – UHN Director of Operations for Planned Care (Deputy for the UHN Chief Operating Officer)

**Also present:**

Sarika Goel – NGH Guardian of Safe Working (Minute 24/26/1 only)
Richard May – UHN Company Secretary
Mustafa Raza – KGH Guardian of Safe Working (Minute 24/26/1 only)

**Apologies for absence:**

Simon Baylis – KGH Lead Governor
Steve Harris – UHL Associate Non-Executive Director
Helen Hendley – UHL Chief Operating Officer
Julie Hogg – Group Chief Nurse
Harsha Kotecha – Chair, Leicester and Leicestershire Healthwatch
Sarah Noonan – UHN Chief Operating Officer
Tom Robinson – UHL Non-Executive Director and UHL Charitable Funds Committee Chair
Damien Venkatasamy – UHN Non-Executive Director and UHN Finance, Investment and Performance Committee Chair (KGH voting member)

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| **16/26** | **APOLOGIES AND WELCOME** | |
| | The Chair welcomed colleagues to the meeting and noted apologies for absence as listed above. | |
| **17/26** | **CONFIRMATION OF QUORACY** | |
| | The meeting was confirmed as quorate and able to proceed with business. | |
| **18/26** | **DECLARATIONS OF INTERESTS** | |
| | There were no declarations of interest regarding the business to be transacted at the meeting. | |
| **19/26** | **MINUTES** | |
| | **Resolved –** that the Minutes of the Boards of Directors of Kettering General Hospital (KGH), Northampton General Hospital (NGH) the University Hospitals of Leicester (UHL) NHS Trust meeting held on 9 April 2026 be confirmed as a correct record.<br><br>Further to Minute 18/26/4, the Chief Digital Information Officer provided an update on the implementation of the NGH Electronic Patient Record. He advised that the UHN Integrated Leadership Team (ILT) had approved a delay to the 'go-live' date for the latest phase of the roll-out until 31 July 2026 in order to ensure all data migration issues were resolved. The Boards endorsed this position, which was also supported by the national team and informed by learning from other providers' roll-outs. | |
| **20/26** | **ACTION LOG** | |
| | The Boards noted, the action log enclosed at Paper B, on which all actions were marked as complete or in progress. | |
| **21/26** | **PATIENT STORY – LORA'S SURGICAL STORY** | |
| | The Boards viewed a video in which Lora, who underwent surgery at Kettering General Hospital in September 2025, described her experiences of care. The account focused on Lora's personal journey through the surgical pathway, highlighting both the emotional and clinical aspects of care.<br><br>Lora described initial anxiety and uncertainty prior to surgery, reflecting common patient concerns regarding procedures and outcomes; however, she emphasised the reassurance provided by clinical staff, who communicated clearly, treated her with compassion, and helped her feel informed and supported throughout the process. The professionalism, kindness, and attentiveness of the multidisciplinary team were presented as key factors in reducing anxiety and building trust.<br><br>During her hospital stay, Lora reflected positively on the quality of care she received, noting that staff were responsive to her needs and maintained dignity and respect at all times. She highlighted effective communication as particularly important, enabling her to understand what was happening at each stage and feel involved in her care.<br>Post-operatively, Lora discussed her recovery and the continued support she received, including reassurance, follow-up care, and encouragement from staff. She conveyed a sense of gratitude for the outcome of her treatment and the overall experience, describing the care as compassionate and patient-centred.<br><br>The story concluded with Lora expressing appreciation for the staff and the service provided, reinforcing themes of high-quality clinical care, strong communication, and a positive patient experience. | |

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| | The Boards thanked Lora for sharing her experiences and noted common themes emerging from the video around:<br><br>• Compassionate care: Staff behaviours consistently reinforced dignity, empathy, and reassurance<br>• Communication and involvement: Clear explanations supported patient understanding and confidence<br>• Emotional journey: Pre-operative anxiety effectively mitigated through staff engagement<br>• Patient-centred experience: Care tailored to individual needs across the pathway<br>• Positive outcomes and trust in services<br>• Positive stories should be widely shared to stimulate organisational and cross-site learning.<br><br>The Boards wished to emphasise the importance and value of all colleagues' patient interactions, especially those in non-clinical roles. The Director of Strategy drew attention to the forthcoming open days for Estates and Facilities on 17-18 June 2026, which provided opportunities for these departments to showcase their work; all Board(s) colleagues were invited to attend. | |
| **22/26** | **STANDING ITEMS** | |
| 22/26/1 | **Group Chair's Report** | |
| | The Chair welcomed attendees to the second joint meeting of the UHN and UHL Boards and expressed appreciation for the feedback received following the inaugural session held in April 2026. Feedback had been constructive and would be used to inform improvements in the format and effectiveness of future meetings. In particular, there was an ambition to strengthen the strategic focus of the Boards' agenda and to ensure that the respective roles of the Boards and Committees were clearly defined and understood (work was ongoing to review Committees).<br><br>The Chair was encouraged by the level of engagement observed, noting that the exchange of ideas across the trusts had occurred naturally and productively, reflecting a positive and collaborative culture among participants.<br><br>The Chair noted that local election results were beginning to emerge, with early indications pointing to the potential for significant change. The Boards were recognised as an example of change arising from necessity, forming part of a broader shift towards new ways of working aimed at improving financial and operational performance, while ensuring that changes were sustainable and embedded.<br><br>The Chair also reflected on a recent visit to the UHL Children's Hospital alongside Leicester Tigers rugby players, which was a significant success. Congratulations were extended to the organisers. The visit highlighted the care and compassion provided by nursing staff to seriously ill children and their families, serving as a powerful reminder of the core purpose and values underpinning the work of the organisation. | |
| 22/26/2 | **Group Chief Executive's report** | |
| | The Group Chief Executive presented his written report. The report emphasised the ongoing development of collaborative working arrangements between UHL and UHN since 2023, building on the first meeting together, held in April 2026. It was noted that progress had been made through regular joint executive meetings and strengthened governance structures, supporting more aligned and effective decision-making focused on the delivery of safe, high-quality and cost-effective patient care. | |

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| | Boards were reminded that the partnership was underpinned by three shared priorities: transforming patient care, strengthening organisational culture, and delivering financial plans. The report highlighted continued progress across these areas, with closer working enabling both organisations to achieve more collectively than individually.<br><br>Key events held during April 2026 were noted. The "Together We Can" Health Equality Summit brought together over 250 stakeholders to agree practical actions to address health inequalities, emphasising partnership working, community engagement, and culturally responsive care. National Administrative Professionals Day recognised the significant contribution of administrative colleagues across both organisations, while also acknowledging the challenges posed by organisational change linked to digital and AI developments.<br><br>The joint UHL–UHN Cancer Conference was noted as an important step in shaping a more integrated cancer strategy across the system, with discussions focusing on capacity, technology, multidisciplinary working, and reducing inequalities in outcomes. In addition, participation in a Training Academy Conference reinforced the importance of inclusive leadership, education, and workforce development in supporting future healthcare leaders.<br><br>The Group Chief Executive described the group's position in terms of having a clear mandate, as expressed within the case for change for the UHN/UHL group and clinical strategy, which could only be delivered through credible and timely delivery plans that were subject to robust shared oversight, which the 'Boards in common' model allowed.<br><br>In response to a question, the Group Chief Executive acknowledged that, whilst the revised 2025-26 financial plan target had been achieved, there was significant variance from the original plan. Progress against identifying and delivering cost improvements for 2026-27 would be reported to the next meeting of the Joint Executive Team.<br><br>The Boards noted the report and the continued commitment to progressing shared priorities. | |
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| 22/26/3 | **Integrated Performance Report and Executive Summaries (Month 12, 31 March 2026)** | |
| | The Group Chief Executive introduced the Integrated Performance Report (IPR), which provided a high-level assessment of themes – access, quality, safety and money, covering the organisations.<br><br>*Access*<br><br>The UHL Deputy Chief Operating Officer reported Referral to Treatment (RTT) remained a key area of focus, with approximately 114,000 patients on the waiting list. Cancer performance was highlighted as an ongoing concern, with action plans in place to support improvement, including a focus on daily operational actions and addressing capacity constraints.<br><br>Urgent and Emergency Care (UEC) performance was reported to be in a strong position, with notable improvement in four-hour A&E performance following the March operational sprint. Twelve-hour performance has also improved, with a reported 7.8% reduction, alongside progress in reducing ambulance handover delays.<br><br>The UHN Director of Operations (Planned Care) reported that UEC performance against the four and 12-hour standards had also improved. Ambulance handover performance had improved, but remained below the position seen in November 2025. Further work was underway to address patient flow through the system, including a focus on improving discharge processes, with a recent workshop held with the Northamptonshire Integrated | |

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| | Care Board (NICB) identifying additional actions. The operation of the discharge lounge would also be subject to further review.<br><br>In relation to elective recovery, improvements in 52-week waits were noted, now representing below 1% of the patient tracking list across UHN. RTT performance improved in March but remained behind planned trajectories, with a range of actions identified for Quarter 1 (April to June 2026) to increase activity and support further recovery.<br><br>Cancer performance against the 62-day treatment standard continued to present a challenge, particularly within the breast pathway, where pressures were most significant. A quality improvement approach was being applied to support pathway redesign and performance improvement. It was noted, however, that there has been significant improvement within the skin cancer pathway.<br><br>The Boards asked questions around joint working and shared learning between UHN and UHL and noted examples which included regular strategic and operational meetings by specialty and the work of the Group Associate Chief Nurse for Urgent and Emergency Care across UHN and UHN; there were unique site-specific issues impacting discharge pathways at NGH, however.<br><br>In response to a question, the Director of Continuous Improvement (UHN) undertook to work with Chief Operating Officers to review performance indicator definitions for length of stay to account for possible differences between UHN and UHL.<br><br>*Quality and Safety*<br><br>The Group Director of Midwifery advised that complaints performance at KGH was currently at 89% (responses within time), while performance at Northampton General Hospital (NGH) was also improving. There were no significant backlogs, with nine cases outstanding beyond 120 days; actions were in place to address these, including communications with complainants. Changes would be introduced to strengthen triage processes, additional staff had been recruited and there was better shared learning between KGH and NGH following group alignment.<br><br>The UHN Medical Director advised that 50% of C-Difficile cases reported during the month were attributable to antimicrobial prescribing out of guidelines, and there was insufficient antimicrobial stewardship resource to provide the data required to drive improvement work; resources were being reviewed, and a task and finish group was preparing to review high antimicrobial consumption at KGH. Electronic prescribing (EPMA) across UHN should also enable improved consistency and performance.<br><br>Mortality indicators were showing as ‘above expected’ at NGH; this was attributable to several factors, including the removal of same-day emergency care, reduced coding of complex patients and errors with residual April 2025 data which were expected to persist until May 2026; a detailed projected timeline to bring these indicators within expected levels was requested.<br><br>The UHL Medical Director advised that UHL key performance indicators continued to show improvement; however, Infection and prevention control relating to C-Difficile remained variable, with ongoing challenges. Eight MRSA cases had been recorded, with actions focused on strengthening compliance through policy review and monitoring via divisional performance reviews. Mortality indicators showed low levels, providing assurance that safe care continued to be delivered. Actions in response to a recently-received Prevention of Future Death (PFD) notice were in place. | BT<br><br>HN |

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| | Concerns were raised regarding maternity triage performance across UHN, with Friends and Family Test (FFT) scores declining, attributed to increased waiting times arising from limited overnight and weekend cover. At KGH, performance remained static, with 77% of patients seen within 15 minutes. It was acknowledged that there were no national standards for triage waiting times, and that there was a need to manage patient expectations accordingly.<br><br>Out-of-hours medical cover remained a challenge, impacting flow and timeliness of care. Actions included improving communication around discharge criteria and enabling midwives to support patient flow more effectively. Workforce solutions were being explored, including alternative approaches to job planning. FFT was noted to be a relatively new measure in this area, providing useful insight; improvements were anticipated as recruitment progressed, alongside work to increase response rates.<br><br>The Boards considered how learning was shared across sites. It was noted that UHN held a monthly patient safety group reviewing complaints, incidents and learning, and that this will be further developed through the Patient Safety Incident Response Plan (PSIRP) review. Updates on PSIRPs were requested.<br><br>Concerns were raised regarding NGH staffing levels increasing, particularly in relation to specialised care, and how these were balanced with workforce cost improvement plans. It was noted that pressures relating to length of stay, UEC demand, and the need for specialised nursing care were key drivers. A reduction in bank and agency usage during April was also noted.<br><br>The Boards discussed the cessation of the current FFT provider service and the potential impact on response rates. It was confirmed that mitigating actions would be implemented to minimise disruption, with performance monitored through the Quality and Safety Committees.<br><br>An update was provided on breast cancer pathways, noting that improvements from June were expected to be partial, with longer term transformative work required through the Group Clinical Strategy over the next 6–12 months, particularly in light of workforce constraints including a shortage of breast radiologists. Actions to improve pathways were being progressed at pace.<br><br>The Boards reviewed bed occupancy and the impact of social care, noting differing pathways across local authorities served by KGH and NGH, but also the need for targeted internal actions influencing matters directly within the trusts' influence.<br><br>Concerns were raised regarding the fragility of UHL cancer outpatient care performance, particularly against the 62-day standard, with benchmarking indicating low national performance. Learning from peer trusts was being pursued, and while joint work such as the cancer summit provided optimism and opportunity, it was acknowledged that performance remained below the expected standard.<br><br>*Workforce*<br><br>The UHL Chief People Officer reported that workforce utilisation showed some variation, with higher agency usage and plans in place to further reduce this. Bank utilisation continued to be an area of focus, with revised non-medical bank rates implemented and forward plans in place to ensure appropriate substantive staffing levels were maintained.<br><br>Appraisal completion rates were reported at 83% against a target of 95%. An improvement plan was in place, alongside a review of data quality. A revised appraisal process was due to be implemented from June 2026, incorporating updated medical management and leadership competencies. | HN/GX |

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| | Sickness absence had reduced to 4.5%, although this remained above the national target of 4.1%. Work continued to support staff health and wellbeing and strengthen attendance management.<br><br>The UHN Chief People Officer advised that workforce levels increased at KGH during Quarter 4 (January to March 2026) in support of the operational 'sprint' (focussed increase in resources), while growth at NGH has been more gradual and sustained during the second half of the year. Agency usage remained controlled, although bank usage remained a persistent challenge.<br><br>Vacancies had increased. particularly within the medical workforce at NGH and in administrative and clerical roles, although overall vacancy levels were reducing. Close attention was being given to vacancy management, time to hire, and delivery of cost improvement plans, with divisions working to confirm establishment requirements in a challenging environment. Appraisal performance was improving at KGH, with further work required at NGH. Employee relations cases remained higher at KGH compared to NGH, reflecting ongoing organisational change, uncertainty, and local behavioural issues.<br><br>The Boards discussed challenges in recruiting to long-standing consultant vacancies across UHN and UHL, with particular fragility anticipated in certain specialties. Assurance was provided that efforts were focused on maximising the effective use of the existing workforce, including through job planning and exploration of joint appointments across organisations. It was noted that vacancy factors were influenced by training requirements, and this should be reflected in planning assumptions. Variability in staff availability due to sickness and other factors was also highlighted across professions and specialties; the Boards requested that the People Committees provide particularly close oversight of these issues.<br><br>Time to hire was identified as a long-standing issue; the introduction of automation, including through enhanced use of recruitment systems, was expected to improve efficiency, particularly in shortlisting.<br><br>Seasonal increases in bank usage, particularly during winter, were noted, and the need to improve workforce planning and profiling was highlighted. The Boards also discussed the importance of addressing violence and aggression across the three organisations, acknowledging that UHN was still in the early stages of developing a unified approach; this would be covered as part of the staff survey results report, to be issued to the next meeting.<br><br>*Finance/Use of Resources*<br><br>The UHN Chief Finance Officer reported that the 2025-26 Month 12 (31 March 2026) position showed a deficit of £66.2m, which was £0.3m favourable to forecast but £56m adverse compared to the original planned deficit of £10m. Cost Improvement Plan (CIP) delivery was £68.6m (around 6.5% of total expenditure) against a target of £85.5m. The capital position showed an underspend of £1.8m against a plan of £87m, mainly relating to nationally-funded schemes.<br><br>The UHL Chief Finance Officer reported a Month 12 deficit of £85.3m, which reduced to £46.4m when Deficit Support Funding was taken into account. Block contract arrangements during the year meant that UHL had absorbed the costs of increased non-elective demand and higher acuity, though the final position represented an improvement on the March 2025 position. The capital position showed an underspend of £0.5m against a plan of £93m. | PK/CT |

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| | The Boards welcomed the delivery of revised forecasts, whilst emphasising the importance of delivering CIP and productivity targets for 2026-27 in the context that further substantial reductions in run rate were required, along with timely strategic decisions to effect timely transformation and cost reduction.<br><br>Following discussions, the Boards of Directors indicated assurance from the IPR on UHL and UHN performance and noted progress (as specified in the report) towards the development of a joint IPR from the October 2026 meeting.<br><br>The **UHN Boards of Directors APPROVED** cash drawdown requests for June 2026 for KGH of £5.399m and NGH of £3.5m, which reflected the lack of deficit support funding given the non-compliant financial plan.<br><br>*Summary of actions:*<br><br>(1) The UHN Director of Continuous Improvement (UHN) undertook to work with Chief Operating Officers to review performance indicator definitions for length of stay to account for possible differences between UHN and UHL **(Becky Taylor)**<br>(2) The UHN Medical Director undertook to provide detailed projected trajectory to bring NGH mortality indices within expected levels **(Hemant Nemade)**<br>(3) Revised Patient Safety and Incident Response Plans to be submitted to Boards via quality committees **(Hemant Nemade and Gang Xu)**<br>(4) The Boards requested that the People Committees provide particularly close oversight of vacancy levels within medical workforces, including opportunities for joint working **(Paula Kirkpatrick and Clare Teeney)**. | |
| 22/26/4 | **Board Committee Escalation Reports** | |
| | *UHL Quality Committee – 30 April 2026*<br><br>The UHL Quality Committee Chair highlighted the following items:<br><br>- Regulation 28 Prevention of Future Deaths notice: The Lincolnshire Coroner issued a notice on 1 April 2026, relating to a death which resulted from a device failure in an indwelling haemodialysis catheter in a satellite dialysis unit. Investigation revealed a similar non-fatal event at a different satellite unit in November 2025. A formal risk assessment suggested a response based on risk mitigation, strengthened documentation and surveillance. This was approved by the Committee (assurance: strong)<br>- Failure to implement National Cleaning Standards: significant progress had been made with reviews of team structures and rosters to align to National Cleaning Standards. Bimonthly audits by an independent team were in place with transparent reporting to the Committee. Suboptimal scores required a rectification plan and re-audit. New cleaning equipment had been purchased to facilitate a standardised approach and response times (assurance: moderate)<br>- Care for Patients with Additional Needs Gap: increased attendances and length of stay in ED for mental health patients: a recent incident had prompted a review of the ED environment to assess and address potential risks and strengthen patient safety (assurance: moderate)<br>- Maternity culture and safe staffing: response to national expectations around a shift from process compliance to outcomes-based assurance, a proposed model to align governance and Board reporting across UHL and UHN was approved. It built on existing structures, strengthened collaboration and had no additional financial implications. It set the framework to meet the requirements of the Maternity Incentive Scheme Year 8 requirements on Board oversight, governance, culture and leadership. | |

*UHL Finance and Investment Committee 29 April 2026*

The UHL Finance and Investment Committee Chair highlighted the following discussions:

- Financial year 2025-26 closed in line with latest commitments (see IPR section above);
- The high-level CIP plan for 2026-27 showed a 'best case' scenario, broadly aligned to a target of £99m. Detailed planning for individual CIP was still underway; 'limited' assurance given the amount of CIP which remained to be identified from services and divisions;
- The Committee discussed the importance of the Strategic Planning Group (SPG) ensuring individual business case reviews contained quantified and measurable (not just directional) objectives. The SPG had already strengthened the capital programme in line with strategy, one of its key objectives (assurance level: moderate)
- The Committee reviewed progress in delivering the Green Plan – see item 6.2 below.

*UHN Finance, Investment and Performance Committee (FIPC) – 28 April 2026*

The UHN Vice-Chair, on behalf of the FIPC Chair, highlighted to the Boards that delivery of the UHN 26/27 Financial Plan was already looking challenging, with many competing pressures:

- A higher CIP target than the previous financial year, with CIP schemes yet to be fully identified.
- The plan has no tolerance for events outside of UHN's control (for example, industrial action).
- There are still operational pressures and performance improvements required.
- No plan for the workforce reductions required in 2026-27 to deliver the financial plan.

Whilst assurance around these points was 'reasonable', the Boards needed to be sighted regarding these challenges and to consider when to intervene and with what actions to course correct.

In response to a questions, the Boards were advised that procurement was underway to appoint a new external partner to support delivery during 2026-27 for the UHN/UHL group.

*UHL Operations and Performance Committee – 30 April 2026*

The UHL Operations and Performance Committee Chair highlighted the following items:

- The committee received a follow up to the 'deep dive' review of Ophthalmology (previously covered in December 2025), with a broader scope and longer historic review period than the last iteration. The report focused upon RTT performance, recovery backlog, provided insight into Equity and historic cases of harm and local health system working to move part of the service to community settings. Overall, the committee took good assurance from the report in these areas, including the changes to the service made in relation to the historic cases of harm
- There was an increase in UEC attendance during April 2026, though with a positive trajectory on ambulance handover performance and the 4-hour performance target of 76% being surpassed;
- The committee received a detailed report covering Endoscopy service challenges, recovery plans and highlighted risks and actions. Overall the committee took reasonable assurance from the report, noting the

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| | actions in place to address resource and recruitment challenges;<br>- Total waiting list size remained above plan and trajectory, with actions in place to resolve digital and operational concerns related to the impact of the new administration system (PAS); 49 patients were waiting over 65 weeks for treatment at 31 March 2026, which represented noticeable improvement;<br>- Performance against the faster diagnosis standard was showing improvement, although the fragility of the service remained a concern.<br><br>During discussion, the UHL Board:<br><br>(1) Requested the Finance and Investment Committee to review benefits realization of the new Endoscopy centre for capacity and activity, and<br>(2) Requested that community provision and cross-site working be included within scope of the next stages of the ophthalmology review<br><br>*UHL - Our Future Hospitals and Transformation Committee – 29 April 2026*<br><br>The UHL Our Future Hospitals and Transformation Committee Chair highlighted the following items:<br><br>- Wave 2 automation programmes were in place for medical workforce (roll out underway and should be complete by mid-June 2026) and people services (roll-out underway and should be complete by 31 July 2026). The UHL Chief People Officer reported positive feedback from clinicians from implementation to date as a means of releasing capacity from administrative tasks. The Committee's overall assurance rating was 'moderate';<br>- The New Hospitals Programme team would shortly be considering the Incoming Power Business case, and also business case drawdown requests in respect of the car park and Knighton business cases;<br>- The Committee's areas of focus were set out in the report.<br><br>*UHL Audit Committee – 22 and 24 April 2026*<br><br>The **UHL Board of Directors approved** the following items, recommended by the Audit Committee:<br><br>(1) Procurement-proposed changes to Trust Standing Orders, Standing Financial Instructions and Scheme of Delegation, as appended to the report;<br>(2) Amended Audit Committee Terms of Reference, as appended to the report<br><br>In addition, the UHL Audit Committee Chair highlighted the following items:<br><br>- The level of Declaration of Interest compliance was 95%, compared to 84% at the last meeting, and:<br>- The Committee had approved the 2025-26 draft accounts and annual report for submission to NHS England and external audit. The Committee chair thanked colleagues for their work to prepare year-end documents for timely submission.<br><br>*UHN Audit Committees – 22 April 2026*<br><br>The UHN Audit Committees Chair highlighted the following items:<br><br>- The Committees highlighted the need to revisit the effectiveness of communication within the organisations, and with internal audit, regarding audit findings and the timely agreement, escalation and completion of key recommendations. The Committees indicated 'limited' assurance for these reasons | **HH**<br><br>**HH** |

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| | - The Committees received the findings of the recent Technology audit, which gave rise to a finding of 'limited' assurance. | |
| **23/26** | **HIGH QUALITY CARE FOR ALL** | |
| 23/26/1 | *KGH Maternity and Neonatal Intensive Support Team Programme* | |
| | The Boards received a report providing assurance that maternity services at Kettering General Hospital continued to demonstrate sustained and measurable improvement across safety, governance, workforce and culture. Services were now operating with greater control, with key risks mitigated and a more mature, transparent improvement framework in place.<br><br>A single, integrated governance structure aligning the Perinatal Safety Improvement Programme (PSIP), CQC actions and support team requirements had strengthened oversight, enabling earlier risk identification and clearer ward-to-board assurance. Progress across all workstreams was evident, supported by regular reporting and external oversight through NHS England and local health system partners.<br><br>Clinical safety indicators showed high compliance, including strong consultant presence, improved triage performance, and consistently safe medicines management. Service user feedback highlights improved communication, involvement in decision-making and respect for patient autonomy. Workforce stability had improved, with all midwifery vacancies filled, high levels of mandatory training compliance, and strengthened senior clinical cover.<br><br>Cultural improvement was underway, with increased leadership visibility, stronger multidisciplinary engagement and evidence of improved psychological safety. 'Bellwether' metrics indicated sustained performance within control limits, with no emerging unmanaged risks, despite ongoing operational pressures.<br><br>While the trajectory was positive, continued focus was required in areas including triage responsiveness, specialist workforce capacity, estates, documentation reliability and data quality to ensure sustainability and support regulatory exit.<br><br>Anecdotal evidence from service visits suggested colleagues felt increasingly that their feedback was listened to and was resulting in tangible changes, indicating greater confidence to raise concerns.<br><br>The Boards noted the report and the **KGH Board of Directors** indicated assurance on the continued improvement trajectory, and support ongoing actions to embed sustainable, high-quality maternity services. The Boards hoped that emerging best practice could be shared across the UHN/UHL group. | |
| 23/26/2 | *UHL Patient-Led Assessment of the Care Environment (PLACE) Survey 2025* | |
| | The Boards considered a report providing assurance on the outcomes of the 2025 PLACE assessment across UHL, highlighting areas of sustained improvement alongside key risks and planned actions.<br><br>PLACE assessments were externally led and informed by patient assessors, providing independent evaluation of the care environment across domains including cleanliness, food, privacy and dignity, estates condition, dementia-friendliness and disability access.<br><br>Overall, sustained improvement had been demonstrated across all sites, with cleanliness and estate condition remaining strong and aligned with or exceeding national benchmarks. Food performance was stable with positive patient feedback, though some ward-level variability persisted. Privacy, dignity and wellbeing continued to improve but | |

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| | remained inconsistent in places. Dementia-friendly environments and disability access remained the lowest scoring areas, reflecting estate constraints and requiring continued investment.<br><br>Site-level summaries confirmed strong cleanliness and improving food scores, positive staff engagement, and upward performance trends, alongside ongoing issues including wayfinding, ward-level variation in privacy and dignity, and estate limitations.<br><br>Key strengths included positive patient feedback on staff professionalism, cleanliness and nutrition, while areas for improvement include ward-level food consistency, signage and navigation, staff awareness of PLACE, and availability of communal spaces.<br><br>Key risks related to partial compliance with national cleaning standards, dementia environment deficits, limited social space provision, and financial constraints affecting estate improvements.<br><br>A programme of actions for 2026 was in place, including enhanced food governance, pathway improvements, infection prevention initiatives and wayfinding upgrades, alongside longer-term estate and dementia-focused developments.<br><br>The Boards discussed the assessment findings, noting particular concerns regarding dementia-friendly environments and disability access. In response, it was reported that actions were being progressed to address these issues, including enhanced staff training and awareness, improvements to the physical environment such as soft furnishings, and greater collaboration with volunteers and patient experience teams to support delivery.<br><br>It was highlighted that a more holistic, whole-Trust approach to dementia care was required, supported by improved use of patient demographic data to better understand and respond to the needs of diverse communities. Work was underway to strengthen data interrogation to support this objective.<br><br>The discussion also noted opportunities to align approaches across partner organisations. It was recognised that, while the current position at University Hospitals of Northamptonshire (UHN) differed, there was scope to align reporting and shared learning in future, including engagement of KGH Governors. The timing of PLACE activity was also raised, with a view to ensuring greater synchronisation across organisations.<br><br>Members emphasised the importance of aligning governance arrangements, noting that PLACE reporting at UHN currently reported to a sub-group of the Quality and Safety Committee, and that alignment could form part of work to develop committees in common between the trusts. The developing UHN dementia strategy was highlighted as an opportunity to support cross-site comparison and shared improvement.<br><br>The need to better understand and address differential attainment was raised, with a requirement for a coordinated strategy across UHN and UHL to capture, analyse and present relevant data: the Chief Digital Information Officer confirmed that this was part of the digital transformation work programme, though there were competing priorities in respect of the electronic patient record (NGH) and data teams' recovery.<br><br>Following discussion, the **UHL Board of Directors** noted the report, indicating assurance regarding the latest position and future improvement plans. | |
| **24/26** | **A GREAT PLACE TO WORK** | |
| 24/26/1 | *UHN Guardians of Safe Working Consolidated Annual Report for 2025-26* | |

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| | The Boards welcomed the KGH and NGH Guardians of Safe Working to present the annual report for 2025-26. The report provided assurance that arrangements were in place across Kettering General Hospital and Northampton General Hospital to support safe working hours for resident doctors in line with contractual requirements.<br><br>The report highlighted continued progress in strengthening governance, improving responsiveness to exception reporting, and enhancing wellbeing support, despite ongoing operational pressures, particularly within General Medicine and rota-dependent specialties. The UHN Medical Director added that improved rostering arrangements at KGH had increased the visibility of rota gaps.<br><br>Exception reporting activity varied between sites. At KGH, reporting levels reduced over the year following proactive engagement and rota improvements, while at NGH volumes increased, reflecting both rota gaps and expanded access to reporting for locally employed doctors, improving transparency.<br><br>Common themes identified included excessive working hours, missed breaks, rota gaps, and workload pressures contributing to fatigue and reduced morale. Key risks related to workforce burnout, patient safety, rota compliance, training quality and financial pressures from fines and locum use.<br><br>In response, a range of assurance measures were in place, including strengthened oversight by Guardians, timely resolution of exception reports, rota redesign, improved handover processes, and closer collaboration with HR and Medical Education. Policy updates and wellbeing initiatives were also progressing.<br><br>Overall, both organisations demonstrated a strong commitment to safe working hours, proactive exception reporting and staff wellbeing, with ongoing focus required on rota management, senior support and workforce engagement to sustain improvements and compliance.<br><br>The UHN Boards of Directors thanked the Guardians for their presentation, noted that report and **indicating assurance** given strong evidence of effective and increasing collaboration between KGH and NGH, with further plans to engage with UHL which experienced similar issues. In response to questions, the Guardians identified the effective planning of staffing rotas as the key priority to maintaining and enhancing resident doctors' wellbeing, with timely and proactive HR and medical staffing support. The Boards were assured that processes and systems were in place to ensure aligned training and induction between the trusts. | |
| **25/26** | **STRATEGY AND OPERATIONS** | |
| 25/26/1 | *UHN Community Engagement Strategy 2026-2028* | |
| | The Boards considered a report paper seeking approval of the UHN Community Engagement Strategy 2026–2028. The strategy set out a consistent, evidence-based approach to building meaningful two-way engagement with local communities, with a particular focus on those experiencing health inequalities or barriers to access. The strategy was informed by local insight, national guidance and feedback from colleagues, Governors and partners. It would be accompanied by supporting procedures providing clear and proportionate processes for planning, delivering and evaluating engagement activity. The strategy also introduced the Community Connectors model, enabling trusted community voices to support ongoing engagement, including a proposed future role for KGH Governors following the anticipated changes to Foundation Trust governance from April 2027. | |

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| | The Boards welcomed the strategy but noted that its delivery would require a coordinated approach across all organisations, with active involvement of stakeholders, community contacts and KGH Governors.<br><br>Discussion focused on how the strategy would be operationalised and measured. It was noted that proposed key performance indicators included levels of engagement activity, feedback received, and progress in addressing health inequalities, with monitoring through the Community Engagement group and quarterly reporting to committees. The UHN Director of Communications and Engagement acknowledged that the baseline for understanding key populations was not fully mature, therefore an agile and phased approach was required to determine resource allocation and prioritisation, initially targeting priority communities and building engagement over time, including proactively reaching underserved groups whose voices were less frequently heard.<br><br>The Boards emphasised the importance of robust impact measurement, noting that while approaches were still developing, there was confidence that meaningful evaluation could be established, provided there was a clear and coordinated response to feedback. It was also highlighted that alignment with existing engagement and communications functions, including corporate and group-level processes, would be essential to maximise learning and resource use.<br><br>Further discussion noted the need to align with wider local health system partners, including Directors of Public Health and Integrated Care Board strategies, alongside internal governance alignment (particularly the Group Clinical Strategy and patient involvement in quality improvement projects) and links to the developing UHN Anchor Institution and health inequalities work.<br><br>Following discussion, the **UHN Boards of Directors approved** the strategy, noting the requirement for further development in relation to how the strategy would be delivered, use of data, resource allocation and cross-organisational working. It was agreed that oversight arrangements would be strengthened through committee reporting and clarified as part of the current review of committees being led by the Vice-Chairs. | **BC** |
| 25/26/2 | *UHL Green Plan Delivery update* | |
| | The Boards received a report providing assurance on progress against UHL's Green Plan, including delivery performance, funding secured and the approach to achieving carbon reduction.<br><br>Overall delivery across all workstreams stood at 48%, representing significant progress, with most actions delivered through policy change or within existing resources; however, the majority of carbon impact is concentrated within Estates and Facilities, which accounted for around 70% of emissions and where delivery remains lower due to reliance on capital investment.<br><br>£1.48m of external funding had been secured to support priority programmes, including electric vehicle infrastructure, solar photovoltaic systems, building management system upgrades and energy sub-metering. These schemes were intended to reduce energy costs, improve operational efficiency and enable data-led targeting of high-impact interventions.<br><br>The report highlighted that meaningful carbon reduction and financial benefit would depend on accelerating investment-led programmes, particularly in estate infrastructure. A structured pipeline approach was being developed to ensure schemes were fully designed, prioritised and aligned to national funding cycles. | |

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| | The use of delivery routes such as the Carbon and Energy Fund was identified as a mechanism to progress schemes without upfront financial risk, enabling the Trust to assess value for money prior to commitment.<br><br>Differences in reporting approaches between UHL and UHN were highlighted, with UHN currently providing quarterly updates through the Board Assurance Framework. Members agreed that there was an opportunity to review and align reporting arrangements, including consideration of how delivery contributed to wider Integrated Care Board objectives.<br><br>The Boards acknowledged that a significant proportion of progress to date has been achieved through lower-cost actions. Discussion focused on the importance of identifying and securing appropriate funding routes to deliver higher-impact schemes, alongside ensuring strategic alignment of investment decisions. It was noted that progress over time, as set out in the report, would benefit from more frequent review, with quarterly monitoring suggested to support improved oversight.<br><br>Members discussed the potential impact of wider economic pressures, including energy price volatility, and the need for these risks to be reflected within future reporting and alignment work.<br><br>In conclusion, the UHL Board expressed appreciation for the report and took assurance from the progress made to date. It emphasised the importance of progressing alignment across the group, improved visibility of delivery progress and benefits **(action)**, and maintaining flexibility in decision-making in response to external pressures.<br><br>Following discussion, the **UHL Board of Directors:**<br><br>1. Indicated assurance that Green Plan delivery is progressing through a structured model<br>2. Noted the current delivery position across all workstreams (48% overall completion)<br>3. Noted the £1.48m secured funding supporting priority programmes<br>4. **Endorsed** the continued focus on Estates & Facilities-led capital investment as the primary route to achieving material carbon reduction, and<br>5. Supported the development of feasibility pipelines to accelerate high-impact schemes aligned to NHS funding cycles. | JH |
| **26/26** | **ANY OTHER BUSINESS** | |
| | There was no other business. | |
| **27/26** | **QUESTIONS FROM THE PRESS AND PUBLIC** | |
| | There were no questions from the press or public. | |
| **28/26** | **DATE AND TIME OF NEXT MEETING** | |
| | The Boards noted that the next public meeting will be held on Thursday 11 June 2026 at the Glenfield Hospital, Leicester, at 9.30am. | |

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

| Name | Possible | Actual | % attendance | Name | Possible | Actual | % attendance |
|---|---|---|---|---|---|---|---|
| A Moore (Chair) | 2 | 2 | 100 | D Kirkham | 2 | 2 | 100 |
| S Adams | 2 | 2 | 100 | P Kirkpatrick | 2 | 2 | 100 |
| L Bond | 2 | 2 | 100 | R Mitchell | 2 | 2 | 100 |
| I Browne | 2 | 2 | 100 | D Moon | 2 | 2 | 100 |
| L Churchward | 2 | 2 | 100 | H Nemade | 2 | 2 | 100 |
| A Cooper | 2 | 1 | 50 | S Noonan | 2 | 1 | 50 |
| S Gay | 2 | 2 | 100 | T Robinson | 2 | 1 | 50 |
| P Grimmett | 2 | 1 | 50 | T Shipman | 2 | 2 | 100 |
| A Haynes | 2 | 2 | 100 | S Stansfield | 2 | 2 | 100 |
| H Hendley | 2 | 1 | 50 | C Stevens | 2 | 2 | 100 |
| J Hogg | 2 | 1 | 50 | D Venkatasamy | 2 | 1 | 50 |
| J Houghton | 2 | 2 | 100 | C Welsh | 2 | 2 | 100 |
| A Inchley | 2 | 2 | 100 | G Xu | 2 | 2 | 100 |

**Non-Voting Members:**

| Name | Possible | Actual | % attendance | Name | Possible | Actual | % attendance |
|---|---|---|---|---|---|---|---|
| R Abeyratne | 2 | 2 | 100 | H Kotecha | 2 | 1 | 50 |
| S Barton | 2 | 2 | 100 | W Monaghan | 2 | 2 | 100 |
| B Cassidy | 2 | 2 | 100 | S O'Neill | 2 | 2 | 100 |
| E Casteleijn | 2 | 2 | 100 | B Taylor | 2 | 2 | 100 |
| S Harris | 2 | 0 | 0 | C Teeney | 2 | 2 | 100 |