**Boards in Common Paper D**

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| **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:** | 11 June 2026 | | | | | |
| **Title:** | 3.2 Group Chief Executive's Report (CEO) | | | | | |
| **Report presented by:** | Richard Mitchell – Group CEO | | | | | |
| **Report written by:** | Richard Mitchell – Group CEO | | | | | |
| **Action – this paper is for:** | Decision/Approval | | Assurance | | Information | 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 May 2026. | | | | | |

| **To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which** |
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| 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** |
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| There are no specific impacts because of this report. |

## Purpose of the Report

The report is an update for the month of May 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 and note the report.

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

**BOARDS OF DIRECTORS**
**THURSDAY 11 JUNE 2026**

# GROUP CHIEF EXECUTIVE'S BOARD OF DIRECTORS 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 working together since 2023 to strengthen services for the 1.9 million people we serve. Since April, Boards have met in Common on three occasions (including this meeting) and the joint executive team has met nine times. These strengthened governance and leadership arrangements are enabling clearer, more consistent decision-making and supporting delivery against shared priorities, with a continued focus on safe, high-quality, cost-effective patient care.

UHL and UHN have three shared priorities: transforming patient care, strengthening our culture, and delivering our financial plans. Collaboration at scale is enabling more consistent pathways, stronger clinical services and improved use of resources, allowing us to achieve more together than we could alone.

**Transforming patient care:** Construction of new Urgent Treatment Centres at Leicester Royal Infirmary (LRI) and Northampton General Hospital (NGH) has begun. Enabling works are also underway at UHL and UHN sites with work progressing at Kettering General Hospital (KGH) for a new maternity unit extension to mitigate the impact of RAAC concrete in the estate alongside preparatory works to prepare the LRI site for large new build developments under the New Hospitals Programme and the refurbishment and improvement of other parts of the Leicester General Hospital (LGH) and Glenfield Hospital (GH) estate.

Digital transformation continues across the Group. National NHS digital leaders have visited UHN to see Nervecentre and BadgerNet in practice, and UHL has expanded its Nervecentre Electronic Patient Record (EPR) to strengthen clinical documentation, prescribing and ordering. The next phase will see the EPR come into effect across outpatient services in June 2026 ahead of a full rollout in Spring 2027.

Colleagues in Leicester, Northampton and Kettering are already turning the ambition of our UHL–UHN Group Clinical Strategy into action. The strategy is focused on stronger, safer, and more sustainable services, better access and shorter waits, care closer to home where appropriate, a stronger start for children, and improved outcomes in cancer and long-term conditions. Early progress includes fragile services being strengthened through shared expertise, more consistent pathways and standards across sites, and practical work to share capacity and reduce waiting lists. Teams are also exploring opportunities to move treatment into community settings, reducing unnecessary travel for patients. While this work is at an early stage in some areas, there are clear signs of progress in service resilience and pathway consistency.

Following the joint UHL–UHN cancer conference referenced in last month's report, work is progressing across both organisations to tackle health inequalities and develop a more joined-up cancer strategy to improve patient experience and outcomes. Together, we serve over 1.9 million people and see around 15,000 new cancer diagnoses each year, reinforcing the importance of a coordinated approach.

**Strengthening our culture:** UHL and UHN have undertaken a detailed review of NHS Staff Survey results, including thousands of free-text comments. This is directly shaping improvement activity, with a focus on creating more inclusive environments where colleagues feel recognised, supported and able to contribute fully. Progress is being tracked at both organisational and service level, with further updates to follow.

**Delivering our financial plans:** Financial performance across both organisations improved last year compared to the previous year, although UHL, KGH and NGH did not meet their original planned positions. It is important we make more progress this year. As one of the largest NHS Groups, we are increasingly using our collective scale to secure better value through procurement, standardisation and shared learning. Alongside this, and recognising the significant financial challenges, there is continued focus on cost control, productivity and reducing unwarranted variation, while maintaining a clear commitment to protecting patient care.

At the start of the year, I committed personally to prioritising four areas: strengthening the UHL-UHN partnership, digital and AI benefits, communication and listening, and system emergency care.

I have made progress in the first three areas and will now increase my direct focus on emergency care, working alongside clinical and operational leaders as we move into the next phase of the year.

**Other key events in May aligned to our priorities**

I was informed of an incident at the General Hospital where international colleagues experienced racist abuse while waiting for a bus. This should not have happened, and I am grateful to the colleague who stepped in to support them. Racism has no place in our hospitals, the NHS or our communities. UHL and UHN remain committed to our anti-racism and anti-discrimination pledge and to ensuring all colleagues feel safe, respected and supported. We recognise that incidents like this are not isolated, and we will take action wherever they occur.

We held a joint UHL-UHN listening event on 7 May. The event brought together a diverse group of colleagues from across our organisations, with a wide range of questions and perspectives. The feedback and conversations help us to make continued improvements to culture, communications, services and projects.

Across the month, we marked International Day of the Midwife, International Nurses Day, Mental Health Awareness Week and National Staff Network Day, recognising the contribution of colleagues across our organisations.

I joined colleagues at the Leicester Kerala Nurses Forum. We are proud of our international workforce, and Keralite nurses are one of the largest international groups at UHL, making a vital contribution to patient care across our services.

Both UHL and UHN have launched their 2026 Recognition Awards. These provide an opportunity to celebrate individuals and teams delivering high-quality, compassionate and inclusive care.

Muslim colleagues, patients and communities observed Eid al-Adha in May, a time of reflection, gratitude and connection.

The May bank holiday periods were particularly challenging, with higher attendances than the previous year placing sustained pressure on urgent and emergency care services. We are grateful to colleagues for continuing to deliver care in these conditions, and we recognise that this resulted in longer waits for some patients. I am sorry for this experience and remain focused on improving flow, reducing delays and supporting more timely access to care.

Two UHL-UHN colleagues - Hayley Grafton, Group Chief Nursing Information Officer, University Hospitals of Leicester Trust and University Hospitals of Northamptonshire Group, and Will Monaghan, Group Chief Information Officer, University Hospitals of Leicester Trust and University Hospitals of Northamptonshire Group - were named in a recent HSJ list as being amongst the most influential people in NHS. Hayley was described as “one of the driving forces at England’s most digitally dynamic trust…”. Will “is arguably England’s most prominent trust tech leader…”, with their inclusion reflecting the scale and ambition of our digital work across the Group.

While challenges remain, the progress outlined above reflects our continued focus on improving care and outcomes for the communities we serve.