Boards in Common Paper F3

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:	**3.4 (paper F3) Escalation Report from the UHL Finance and Investment Committee (FIC): 27 May 2026**
Report presented by:	Andrew Inchley, UHL FIC Non-Executive Director Chair
Report written by:	Andrew Inchley, UHL FIC Non-Executive Director Chair

Action – this paper is for:	Decision/Approval	x	Assurance	x	Update	
Where this report has been discussed previously	Not applicable					
To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which						
BAF Risk (03) Finance Short and Long Term BAF Risk (05 Estate 01)						
Impact assessment						
N/A						

Purpose of the Report

To provide assurance to the Trust Board on the work of the UHL Finance and Investment Committee (FIC).

Summary

Finance and Investment Committee met on 27 May 2026 and was quorate. The attached escalation report identifies any issues which the Committee either needs to recommend, or wishes to highlight, to the Trust Board, and sets out the FIC's level of assurance.

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 escalation report also sets out any items recommended for public session Trust Board approval (annual report of FIC effectiveness), and any items referred to other Committees (none on this occasion).

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
None	None
Positive Assurance taken	**Decisions taken**
None	None
Items recommended for Board approval:	
FIC annual report noted for onward approval at Board (appended to this escalation report).	
Items referred to other committees:	
None	

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

University Hospitals of Leicester NHS
NHS Trust

Meeting title:	**UHL Trust Board**
Date of the meeting:	**11 June 2026**
Title:	**Finance and Investment Committee Annual Report 2025-26**
Report presented by:	**Andrew Inchley – Non-Executive Director and Finance and Investment Committee Chair for the 25/26 Financial Year**
Report written by:	**Gill Belton – Corporate and Committee Services Officer**

Action – this paper is for:	**Decision/Approval**	**x**	**Assurance**	**x**	**Update**	
Where this report has been discussed previously	**Finance and Investment Committee – 27 May 2026**					

To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which
This report aligns with the requirements of the Head of Internal Audit Opinion and provides assurance that effective controls are in place to ensure that the Finance and Investment Committee is undertaking its duties and that the Committee is in compliance with its Trust Board approved terms of reference.

Impact assessment
There is no expected impact upon patients or staff.

Acronyms used:
FIC – Finance and Investment Committee
IT/IM&T – Information Technology/Information Management and Technology
KPIs – Key Performance Indicators
RSP – Recovery Support Programme (NHS England/Improvement)

Purpose of the Report

The information contained within the report provides FIC itself and the Trust Board with assurance that FIC meetings have covered all essential areas within its remit which are also aligned with best practice and its terms of reference. The report covers the period 1 April 2025 to 31 March 2026.

Recommendation

The UHL Trust Board is invited to approve this report.

1. Introduction

The Finance and Investment Committee's terms of reference require that the Committee produce a report on an annual basis, providing an overview of its effectiveness in undertaking its duties and its compliance with its Trust Board-approved terms of reference.

The FIC terms of reference were reviewed and subsequently approved at the FIC meeting held on 25 March 2026 and were subsequently approved by the Trust Board at its meeting on 9 April 2026.

2. Meeting Attendance

During the period of this report, the Finance and Investment Committee met on 12 occasions. The Committee membership consists of 3 Non-Executive Directors, the Chief Financial Officer, the Group Chief Digital Information Officer, the Deputy Chief Executive, the Chief Operating Officer, the Chief People Officer, the Director of Estates and Facilities and the Medical Director. All Members are required to attend a minimum of 75% of meetings on a rolling 12-month basis. Attendance throughout the period was as follows:-

Voting Members	Role	Possible	Actual	% attendance
S Barton	Deputy Chief Executive	12	10	83
L Bond	Chief Financial Officer	12	11	92
N Bond	Acting Director of Estates and Facilities *(up to and including June 2025)*	3	2	67
A Carruthers / W Monaghan	Group Chief Technology Innovation Officer / Group Chief Digital Information Officer	12	9	75
A Furlong	Medical Director *(up to and including December 2025)*	9	6	67
S Harris	Non-Executive Director	12	10	83
H Hendley	Chief Operating Officer *(from 29.10.25)*	6	6	100
A Inchley	FIC Non-Executive Director Chair	12	12	100
J Melbourne	Chief Operating Officer *(up to 2.10.25)*	6	5	83
D Moon	Non-Executive Director	12	11	92
C Teeney	Chief People Officer	12	10	83
B Widdowson	Director of Estates and Facilities *(from July 2025)*	9	6	67
G Xu	Medical Director *(from March 2025)*	1	1	100

In attendance	Role	Possible	Actual	% attendance
B Cassidy	Director of Corporate and Legal Affairs	12	10	83
S Ceres	Deputy Director of Finance (Financial Management)	12	10	83
S Linthwaite	Deputy Director of Finance (Financial Services)	12	1	8
K McKinlay	Deputy Director of Finance (Strategic Finance and Planning)	12	8	67
R Manton	Head of Risk and Assurance	12	12	100

The Chief Executive, Trust Chair, other Non-Executive Directors, representatives of Internal and External Audit, the Head of Procurement and, as from March 2026, the Commercial Director also all have a standing invitation to attend FIC.

All of the meetings held were quorate. The FIC quorum is 4 members (to include 2 Non-Executive Directors and 2 Executive Directors one of whom must be the Chief Financial Officer or their deputy) and quoracy is confirmed at the start of each meeting. FIC provides a written escalation report of its meetings to the Trust Board, aligning the discussions to the BAF risks within FIC's remit and highlighting any recommended items for Trust Board approval or information needing to be flagged to the Trust Board.

3. Effectiveness of the Finance and Investment Committee in delivering its Core Functions

This section provides an overview of the core areas where the Committee is expected to operate its core functions and provides assurances that the Finance and Investment Committee has fulfilled its duties. The position listed below reflects the terms of reference effective from March 2026.

The purpose of the Committee is to seek and receive assurance on the stewardship of the Trust's finances and investments; including planning, financial performance, capital expenditure, shared workforce and finance reporting and the delivery of the financial plan and annual capital programme. The Committee is also responsible for oversight of the annual operational planning process, seeking assurance and monitoring progress against the delivery of the Estates and Facilities Strategy, and monitoring performance of the IM&T managed business contract (with oversight of IT digital transformation and strategic IM&T issues being through UHL's Our Future Hospitals and Transformation Committee).

General Composition and establishment		Yes	No
1	Does the Finance and Investment Committee have written terms of reference and have they been approved by the Trust Board?	✓	
2	Are the terms of reference reviewed annually?	✓	
3	Has the committee formally considered how it integrates with other committees that are reviewing risk?	✓	
4	Are the outcomes of each meeting and any formal recommendations reported to the next Trust Board meeting?	✓	
5	Does the committee prepare an annual report on its work and performance for the Trust Board?	✓	
6	Has the committee established a work programme for the year? ** This is work in progress.*	✓*	
7	Are committee papers distributed in sufficient time for members to give them due consideration?	✓	

The Board Assurance Framework risks (and the risk ratings for each) that are within FIC's remit are considered at each meeting.

Subject to availability, the agenda and papers are usually circulated at least 3 days prior to each meeting via the electronic Board portal. In the event of exceptional circumstances, the Committee Chair would be requested to agree to a report relating to an additional agenda item being circulated at short notice.

Specific Duties of the Committee:		Yes	No
1	**Financial Planning and Performance**		
1.1	Does the Committee review and monitor the following issues, receiving assurance on progress against plan and (where it is off plan) the controls and mitigations in place to manage any risk? • Annual financial plan • Medium term financial plan and underlying financial position • Capital annual and longer-term plan • Cost Improvement Programme • Performance against KPIs of the Trust's subsidiary	✓	
1.2	Does the Committee receive and scrutinise the Trust's financial forecasting?	✓	

1.3	Does the Committee review and approve business cases valued between £1m and £4.99m (i.e. its delegated limit) and does the Committee review and support all business cases valued over £5m, ensuring the outcomes and benefits are clearly defined in order to enable a recommendation to the Trust Board for approval.	✓	
1.4	Does the Committee receive updates on ICS wide finances, risks and opportunities? *up to December 2025. In line with NHSE's direction of moving away from system reporting and towards a more individual organisational basis, LLR ICB will no longer be producing monthly system finance reports for the financial year 26/27 onwards.	✓*	
1.5	Does the Committee receive updates on shared workforce and finance reporting?	✓	
1.6	Does the Committee receive reports providing oversight on overall operational annual planning.	✓	
2	**Financial Recovery and Improvement**		
2.1	Does the Committee receive updates on the progress to delivering financial sustainability?	✓	
2.2	Does the Committee receive assurance that improvements continue to strengthen the culture within financial services across the organisation via six monthly reporting against the agreed KPIs? **Such a report was submitted to FIC in October 2025, at which time it was agreed that this item would be removed from the FIC work plan and be monitored through Audit Committee.*	✓*	
3	**Contracting and Procurement**		
3.1	Does the Committee receive a monthly update and assurance report from the Procurement Contract Committee (including recommended contract awards)?	✓	
4	**IT and Digital**		
4.1	Does the Committee monitor the performance of the IM&T managed business partner contract (oversight of strategic IM&T issues being through Our Future Hospitals and Transformation Committee)?		✓
5	**Estates and Facilities**		
5.1	Does the Committee monitor progress against the delivery of the Trust's Estates and Facilities Strategy?	✓	
6	**Core Responsibilities and Sub-Group reporting**		
6.1	Does the Committee review and support the Trust's core strategies associated within the Committee's remit?	✓	
6.2	Does the Committee monitor, review and assess the level of assurance received on the finance risks and infrastructure related risks, controls and governance processes identified in the Board Assurance Framework delegated to the committee by the Board, providing reports to the Trust Board and/or Audit Committee when requested?	✓	
6.3	Has the Committee reviewed the reporting subcommittee structure to ensure both efficiency and effectiveness of reporting, including any addition of new sub groups or working groups as required? ** this forms part of the review into the FIC Terms of Reference, the most recent version of which were approved in March 2026.*	✓ *	
6.4	Does the Committee escalate any issues of concern requiring Board attention?	✓	

The Finance and Investment Committee has been confirmed as compliant in respect of 14 out of the 15 core functions set out above (approximately 93% compliant).

4. **Operation of the Committee**

A summary of findings from the "Committee Effectiveness" UHL self-assessment checklist members survey, as issued to FIC Non-Executive Director and Executive Director Committee members, is provided below and supporting additional comments are made on any potential areas of exception.

No	Statement	Strongly Agree	Agree	Disagree	Strongly Disagree	Unable to Answer	Comments/Action
Theme 1 – composition, establishment and duties							
1	The committee has written terms of reference and they have been approved by the Board.	9	1	0	0	0	*Comments received:* • *Terms of Reference are in place and Board approved.*
2	The terms of reference are reviewed annually.	8	2	0	0	0	*Comments received:* • *Annual review happens, though minor updates could be tracked more explicitly.*
3	The outcomes of each meeting and any internal control issues are reported to the next Board meeting.	6	4	0	0	0	*Comments received:* • *Board reporting is established and internal control matters are generally escalated appropriately.*
4	The committee prepares an annual report on its work and performance for the Board.	7	2	0	0	1	*Comments received:* • *I think we do.* • *Annual reporting is in place; would benefit from clearer reference to outcomes and benefits realisation.*
5	The committee has established a plan of matters to be dealt with across the year.	6	3	0	0	1	*Comments received:* • *Unable to comment - only started attending in Feb 26.* • *Clear annual workplan in place and followed.*

No	Statement	Strongly Agree	Agree	Disagree	Strongly Disagree	Unable to Answer	Comments/Action
6	Committee papers are distributed in sufficient time for members to give them due consideration.	5	5	0	0	0	*Comments received:* • *Occasionally papers are a little late.* • *Papers are usually circulated in good time.*
7	There are clear arrangements in place in terms of how the committee works within the integrated care system.	2	2	0	0	6	*Comments received:* • *Unable to comment - only started attending in Feb 26.* • *Not aware of how Committee works with ICS – changed during the year.* • *We no longer work within an ICS in quite the same way. We are clear on our role within the Trust's Governance framework.* • *We have changed in the last year so that UHL FIC is purely a UHL Committee.* • *Arrangements are broadly clear across the ICS, though interfaces could be described more simply.*
Theme 2 – committee focus							
8	Committee members contribute regularly to the issues discussed.	6	3			1	*Comments received:* • *Unable to comment - only started attending in Feb 26.* • *Members contribute well and discussion is generally balanced.*
Theme 3 – committee team working							
9	The committee has the right balance of experience, knowledge and skills to fulfil its role.	4	5	0	0	1	*Comments received:* • *Unable to comment - only started attending in Feb 26.* • *Good breadth of experience and skills across members.*

No	Statement	Strongly Agree	Agree	Disagree	Strongly Disagree	Unable to Answer	Comments/Action
10	The committee ensure that the relevant executive director attends meetings to enable it to understand the reports and information it receives.	5	4	0	0	1	*Comments received:* • *Unable to comment - only started attending in Feb 26.* • *Relevant executive input is available and helpful.*
11	Management fully briefs the on key risks and any gaps in control.	3	6	0	0	1	*Comments received:* • *Unable to comment - only started attending in Feb 26.* • *Management reporting is open; could include more explicit benefits realisation updates alongside risks and controls.*
12	The committee environment enables people to express their views, doubts and opinions.	5	5	0	0	1	*Comments received:* • *Unable to comment - only started attending in Feb 26.* • *Constructive environment where different views can be raised.*
Theme 4 – committee effectiveness							
13	The quality of committee papers received allows committee members to perform their roles effectively.	1	7	1	0	1	*Comments received:* • *Unable to comment - only started attending in Feb 26.* • *Many papers are too long and not always clear on what they are asking the Committee to do, apart from approve funding.* • *Papers can at times be too long, we can improve on succinct executive summaries. It is hard to get through the detail.* • *Paper quality is good overall; further consistency on*

No	Statement	Strongly Agree	Agree	Disagree	Strongly Disagree	Unable to Answer	Comments/Action
							outcomes and benefits tracking would strengthen assurance. • *Generally high quality, working through new format for reviewing business case progress – looking for more consistency and clear reporting against agreed success metrics (financial and other).*
14	Members provide real and genuine challenge – they do not just seek clarification and/or reassurance.	4	6	0	0	0	*Comments received:* • *At times it can feel that the FIC is seen as 'another' box to tick through the hierarchy of approvals. There is a significant quantity of papers that come to the FIC and it isn't possible on all papers to get to the detail needed therefore assurance has to come from other committees that have debated the paper before FIC.* • *Members do provide challenge and scrutiny.*
15	Debate is allowed to flow and conclusions reached without being cut short or stifled.	4	6	0	0	0	*Comments received:* • *Debate is generally given sufficient space and conclusions are reached constructively.*
16	The committee provides a written summary report of its meetings to the Board.	5	5	0	0	0	*Comments received:* • *Written summary reporting to the Board is established and supports oversight.*
Theme 5 – committee engagement							
17	The committee challenges management	4	6	0	0	0	*Comments received:* • *The Committee provides*

No	Statement	Strongly Agree	Agree	Disagree	Strongly Disagree	Unable to Answer	Comments/Action
	and other assurance providers to gain a clear understanding of their findings.						*appropriate challenge to gain assurance and understand findings clearly.*
Theme 6 – committee leadership							
18	The committee chair has a positive impact on the performance of the committee.	6	3	0	0	1	*Comments received:* • *The Chair provides clear leadership and has a positive influence on committee effectiveness.*
19	Committee meetings are chaired effectively.	6	2	0	0	2	*Comments received:* • *Unable to comment - only started attending in Feb 26.* • *Meetings are chaired effectively, with good focus and pace.*
20	The committee chair is visible within the organisation and is considered approachable.	3	5	0	0	2	*Comments received:* • *Committee Chair is approachable, unable to comment re visibility.* • *The Chair is visible and approachable, supporting pen engagement across the organisation.*
21	The committee chair allows debate to flow freely and does not assert his/her own view too strongly.	5	3	0	0	2	*Comments received:* • *Unable to comment - only started attending in Feb 26.*
22	The committee chair provides clear and concise information to the Board on committee activities and gaps in control.	7	2	0	0	1	

5. Conclusion and Recommendations

FIC is considering the following recommendations and, at its meeting on 27 May 2026, approved this report for onward submission to the Trust Board in June 2026:-

5.1 To ensure that the work plan is finalised, and
5.2 To consider how best to meet Duty 4 (IT & Digital) specifically 4.1 (Does the Committee monitor the performance of the IM&T business partner contract?) and whether oversight should be through FIC or another Trust Board Sub-Committee.