

## Boards in Common Paper O1

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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 meeting:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 11 <sup>th</sup> June 2026                                                                                                                                                                                                                                                |                                                                |  |
| Title:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 7.1 (Paper O1) UHN Board Assurance Framework (BAF) Quarterly Review                                                                                                                                                                                                       |                                                                |  |
| Presenter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Julie Hogg, Group Chief Nurse                                                                                                                                                                                                                                             |                                                                |  |
| Author                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Susan Clennett, UHN Deputy Director of Risk and Legal Services                                                                                                                                                                                                            |                                                                |  |
| Which Group Priorities does this link to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                           |                                                                |  |
| <input checked="" type="checkbox"/> Transform Patient Care                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> Strengthen our Culture                                                                                                                                                                                                                | <input checked="" type="checkbox"/> Deliver our financial plan |  |
| Action: this paper is for:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                           |                                                                |  |
| Decision / approval                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Assurance</b>                                                                                                                                                                                                                                                          | <b>Update/information</b>                                      |  |
| Previous consideration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                           |                                                                |  |
| Committees of the UHN Boards, May 2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                           |                                                                |  |
| To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                           |                                                                |  |
| <p>The report's purpose is to enable the Boards to indicate assurance:</p> <ol style="list-style-type: none"> <li>1. That the identification and management of strategic risks within the BAF is robust, and</li> <li>2. That Executive Directors and Committees of the UHN Boards of Directors ensure that strategic risks are dynamically managed and integral to delivery of UHN's objectives.</li> </ol> <p>The Risk Management systems and processes up to and including the BAF support a well-led organisation and evidence ownership, continual assessment of and assurance on the management of risks. Risks are assessed quarterly (or more frequently as required).</p>                                                                                                                                         |                                                                                                                                                                                                                                                                           |                                                                |  |
| Implications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                           |                                                                |  |
| No direct financial, legal or equality implications arising from this assurance report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                           |                                                                |  |
| Purpose and Executive Summary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                           |                                                                |  |
| <p>The quarter 4 25/26 updated BAF has been reviewed in April 2026 by executive directors responsible for strategic risks, as indicated in the attached report.</p> <p>Additionally, during May 2026, committees of the UHN Boards of Directors have received and discussed the updated strategic risks. Committees' consideration of the BAF has also included:</p> <ul style="list-style-type: none"> <li>• Most risks within the BAF are within the "significant" range, noting that the two financial risks are scored as "extreme" (score of 25);</li> <li>• Patient safety and activity risks are scored at 20, remaining at the top end of significant scoring;</li> <li>• Rotational Executive Director attendance at Audit Committee to present additional assurance on management of strategic risks.</li> </ul> |                                                                                                                                                                                                                                                                           |                                                                |  |

The Risk Management Committee continues to consider corporate risks presented by risk owners, together with how corporate level risks inform the BAF.  
A review of the Boards' Risk Appetite will take place during quarter 2 of 26/27, together with assessment of key deliverables linked to strategic risks.

#### Appendix

BAF Report Qtr 4 Report

## Summary of BAF Risks

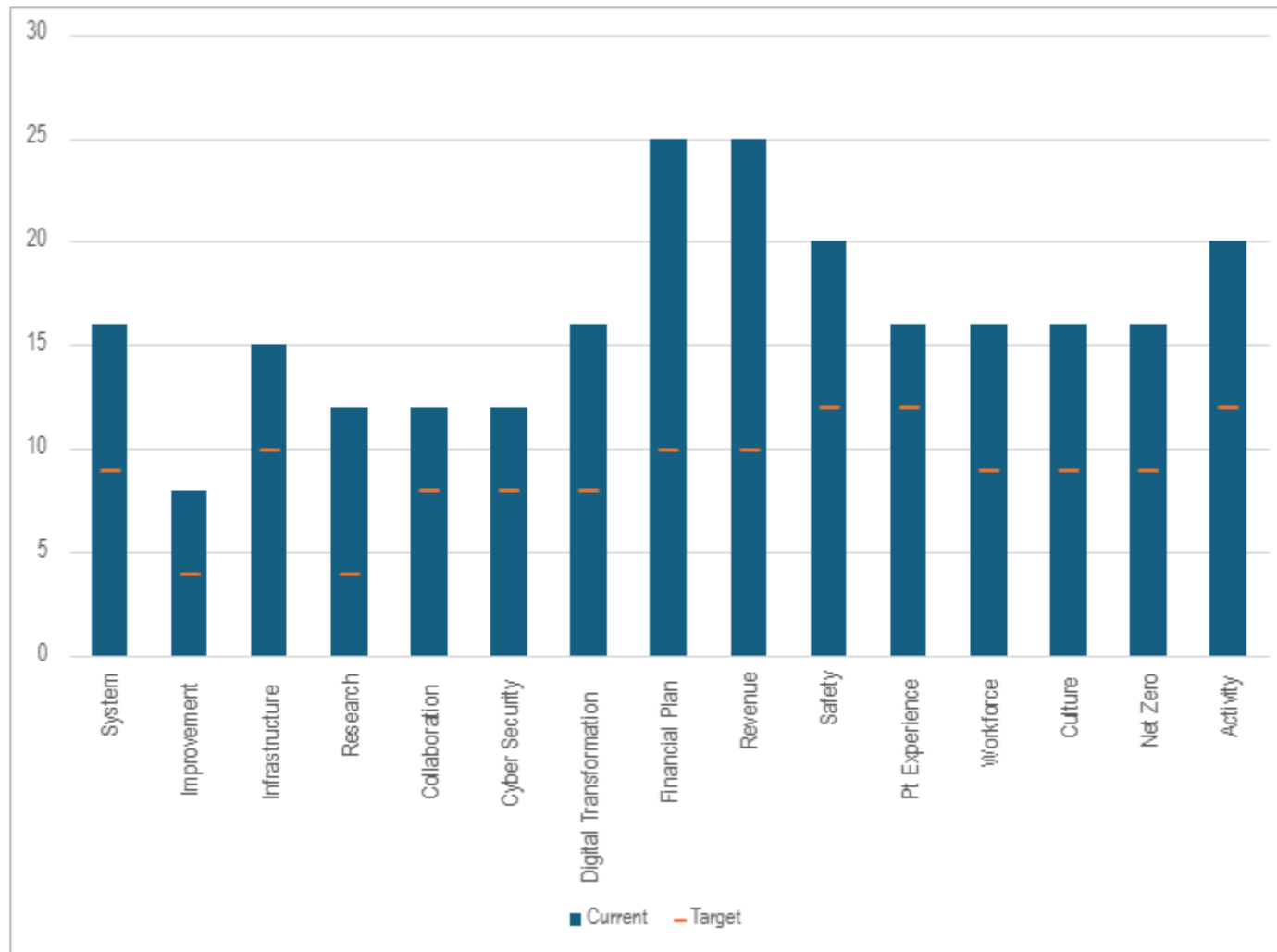
| Risk ID | Strategic Priority / Deliverable                                                                | Risk Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Lead and Committee                                             | Current Score | Current Tolerance | Domain Risk Appetite               |
|---------|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|---------------|-------------------|------------------------------------|
| UHN10   | <b>Transform Patient Care</b><br>Learning Culture/Continuous Improvement                        | If UHN does not progress with continuous improvement plans, we will not have the capability and capacity to deliver the level of patient care that we wish to achieve, resulting in impact on the quality of care, efficiencies and staff morale impacted by potential restrictions on working in an autonomous organisation, supporting individuals to thrive.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Director of Continuous Improvement<br><br>Quality and Safety   | 8<br>C4xL2    | 4<br>C2xL2        | Quality / Patient Exp<br><br>Open  |
| UHN11   | <b>Transform Patient Care</b><br>Improved clinical outcomes, experience and effectiveness       | If we do not have a positive safety culture consistently embedded across our services there is a risk that we will fail to continuously learn and improve and that: Healthcare acquired infections and harm do not reduce as planned; families and carers will not be fully engaged in service development; care for all patients and especially those with mental health needs, learning disabilities, autism, dementia, or at end of life will remain inconsistent; patients from underserved groups continue to experience poorer access, communication, and outcomes                                                                                                                                                                                                                                                                                                                                                       | Chief Nurse / Medical Director<br><br>Quality and Safety       | 20<br>C4xL5   | 12<br>C3xL4       | Patient Safety<br>Minimal          |
| UHN12   | <b>Transform Patient Care</b><br>Patient voice strengthened and improved patient and carer exp. | If we do not consistently embed a culture of compassionate, responsive, and inclusive care across all services, there is a risk that we will fail to deliver a positive and equitable patient experience. This may result in: Patients and families feeling disengaged or unheard, leading to reduced trust and satisfaction; Continued variability in the quality of fundamental care, especially for patients with complex needs or communication barriers; Poor compliance with accessible information standards, limiting patients' ability to understand and participate in their care; Delays or inconsistencies in responding to complaints and feedback, missing opportunities for service improvement; Patients from underserved groups continuing to experience inequitable access, communication, and outcomes; Reduced ability to meet national and regulatory expectations for patient involvement and experience | Chief Nurse / Medical Director<br><br>Quality and Safety       | 16<br>C4xL4   | 12<br>C3xL4       | Quality / Patient Exp.<br><br>Open |
| UHN13   | <b>Transform Patient Care / Strengthen Culture</b><br>10% Increase Research Activities/Trials   | If UHN is unable to attract and retain high calibre staff then this may result in UHN being unable to deliver on our research and Development ambitions, resulting in UHN being unable to increase our research and clinical trial activities by 10% and where support to take an innovative role in healthcare research will not achieve the best possible outcomes for our patients.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Medical Director<br><br>Quality and Safety                     | 12<br>C4xL3   | 4<br>C4xL1        | Innovation<br><br>Open             |
| UHN14   | <b>Strengthen Culture / Transform Patient Care / Finance</b><br>Deliver our quality priorities  | If estate buildings and infrastructure continue to deteriorate and/or fail, then delivery of services may be impacted resulting in delayed or sub-optimal patient care, safety of all persons and an inability to deliver key UHN strategies.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Director of Strategy Strategy, Transformation and Digital      | 15<br>C5xL3   | 10<br>C5xL2       | Infrastructure<br><br>Minimal      |
| UHN15   | <b>Transform Patient Care</b><br>Deliver national access targets                                | If there is insufficient capacity to meet the demand on services patients will wait longer for urgent and emergency care, elective care and cancer care leading to patient harm, compromised clinical outcomes and experience.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Chief Operating Officer<br>Finance, Investment and Performance | 20<br>C4xL5   | 12<br>C4xL3       | Activity<br><br>Open               |
| UHN16   | <b>Deliver Financial Plan</b>                                                                   | The risk of impacts on patients and services of increased regulatory intervention (NHSE) and medium-term financial penalties (revenue and capital) arising from failure to deliver                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Chief Finance Officer                                          | 25<br>C5xL5   | 10<br>C5xL2       | Finance<br><br>Minimal             |

|       |                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                 |             |             |                               |
|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-------------|-------------|-------------------------------|
|       | Development of a medium term robust financial plan                                                                                                                                      | improvement in the underlying revenue position and delivery of a break-even financial position over the medium term                                                                                                                                                                                                                                                                                                                                                                       | Finance, Investment and Performance                                             |             |             |                               |
| UHN17 | <b>Deliver Financial Plan</b><br>Delivery of 25/26 financial/workforce plan                                                                                                             | The risk of impacts on patients and services because of increased regulatory intervention (NHSE) and loss of deficit support funding resulting from non-delivery of the 2025/26 financial plan.                                                                                                                                                                                                                                                                                           | Chief Finance Officer<br>Finance, Investment and Performance                    | 25<br>C5xL5 | 10<br>C5xL2 | Finance<br><br>Minimal        |
| UHN18 | <b>Strengthen Culture</b><br>Take action on 2024 staff survey / deliver people plan actions for 2025                                                                                    | Failure to address poor behaviours in the workplace or to provide key components of a safe workplace culture will lead to a culture in which colleagues feel unsafe and under-valued, unsupported or excluded, resulting in poor staff engagement, retention and morale, elevated sickness absence and will ultimately impact patient care.                                                                                                                                               | Chief People Officer<br><br>People Committee                                    | 16<br>C4xL4 | 9<br>C3xL3  | Culture<br><br>Minimal        |
| UHN19 | <b>Deliver Financial Plan</b><br>Workforce plan as component of financial plan delivery                                                                                                 | A robust resourcing and workforce controls strategy in support of our workforce plan is required to ensure the provision of safe patient care whilst managing workforce numbers and costs. Failure to deliver the workforce plan will lead to inefficient use of resources (skill gaps in areas covered by bank or agency or over-establishment use driving inefficiency) creating financial pressures and constraints and having a negative impact on the quality of patient care.       | Chief People Officer<br><br>People Committee                                    | 16<br>C4xL4 | 9<br>C3xL3  | Workforce<br><br>Open         |
| UHN20 | <b>Transform Patient Care</b><br>Go further in integrating clinical and corporate services across UHN, delivering seamless pathways and improving safety and outcomes for our patients. | If there are delays in the delivery of the collaborative working model with UHL this will impact on improving productivity and creating joint plans which will impact on the trust being able to deliver seamless pathways and improve patient safety and outcomes for our patients.                                                                                                                                                                                                      | Medical Director<br><br>Quality and Safety                                      | 12<br>C4xL3 | 8<br>C4xL2  | Patient Safety<br><br>Minimal |
| UHN21 | <b>Transform Patient Care</b><br>Cyber security                                                                                                                                         | Failure to maintain robust cyber security and information systems infrastructure may result in service disruption, data breaches, or compromise of patient safety and organisational operations. This includes risks from cyber-attacks, network instability, inadequate data protection measures, and failure to meet national security standards and impact on patients.                                                                                                                | Group Chief Digital Information Officer<br>Strategy, Transformation and Digital | 12<br>C4xL3 | 8<br>C4xL2  | Information<br><br>Minimal    |
| UHN22 | <b>Deliver Financial Plan</b><br>Deliver our quality priorities                                                                                                                         | If we do not eliminate our greenhouse gas emissions, limit our impact on the environment and take action to achieve our net zero targets then we will fail to be compliant with UK legislation, NHS targets, and our own publicly declared ambitions leading to potential patient harm to patients and staff through pollution and service outages, an increase in waste, inefficiency and spend and potential regulatory action from failing to meet Trust, NHS and legislative targets. | Director of Strategy<br><br>Strategy, Transformation and Digital                | 16<br>C4xL4 | 9<br>C3xL3  | Net Zero<br><br>Open          |
| UHN23 | <b>Transform Patient Care</b>                                                                                                                                                           | If integrated working with wider partners in our county or region is not sufficiently mature, our ability to deliver key elements of the NHSE 10 yr plan, realise our Anchor                                                                                                                                                                                                                                                                                                              | Director of Strategy                                                            | 16          | 9           | Pt Experience/                |

|       |                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                 |             |            |                            |
|-------|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-------------|------------|----------------------------|
|       | Accelerate work to integrate patient care, removing barriers between secondary, community and primary care services | Institution ambitions or address demand from population health longer term, becomes compromised, impacting on high quality patient care and experience.                                                                                                                                                                                                                                                                | Strategy, Transformation and Digital                                            | C4xL4       | C3xL3      | Quality<br><br>Open        |
| UHN24 | <b>Transform Patient Care</b><br>Deliver major digital change                                                       | Failure to deliver the Group's digital transformation agenda may result in continued operational inefficiencies, inability to standardise care delivery across sites, and failure to realise productivity benefits. This specifically includes risks to EPR implementation, automation programmes, and the broader digital strategy delivery impacting our ability to transform services and achieve digital maturity. | Group Chief Digital Information Officer<br>Strategy, Transformation and Digital | 16<br>C4xL4 | 8<br>C4xL2 | Information<br><br>Minimal |

|       |                  |
|-------|------------------|
| 1-3   | Low risk         |
| 4-6   | Moderate risk    |
| 8-12  | High risk        |
| 15-20 | Significant risk |
| 25    | Extreme risk     |

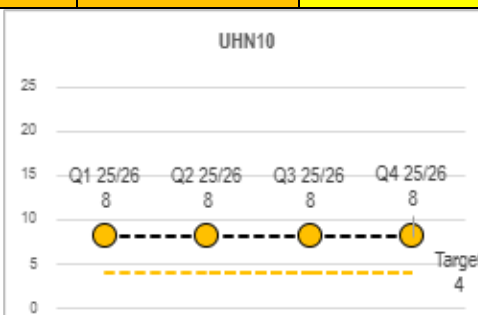
### Overview of current risk v target risk



## Board Assurance Framework Heatmap

|                         |                          |                      |                                                                        |                                                                                                                                        |                                                                        |
|-------------------------|--------------------------|----------------------|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| <b>Catastrophic (5)</b> |                          |                      | Infrastructure<br>C5xL3                                                | Patient Safety<br>C4xL5<br>Activity<br>C4xL5                                                                                           | 25/26 Financial plan Revenue<br>25/26 Financial plan delivery<br>C5xL5 |
| <b>Major (4)</b>        |                          | Improvement<br>C4xL2 | Research<br>C4xL3<br>Collaboration<br>C4xL3<br>Cyber Security<br>C4xL3 | Patient Experience<br>C4xL4<br>System<br>C4xL4<br>Digital<br>C4xL4<br>Culture<br>C4xL4<br>Workforce Plan<br>C4xL4<br>Net Zero<br>C4xL3 |                                                                        |
| <b>Moderate (3)</b>     |                          |                      |                                                                        |                                                                                                                                        |                                                                        |
| <b>Minor (2)</b>        |                          |                      |                                                                        |                                                                                                                                        |                                                                        |
| <b>Negligible (1)</b>   |                          |                      |                                                                        |                                                                                                                                        |                                                                        |
|                         | <b>Very Unlikely (1)</b> | <b>Unlikely (2)</b>  | <b>Possible (3)</b>                                                    | <b>Likely (4)</b>                                                                                                                      | <b>Almost certain (5)</b>                                              |

## BAF DETAIL

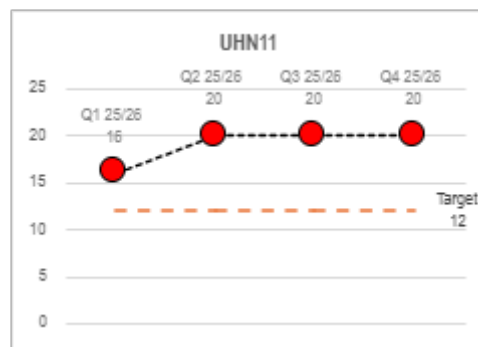
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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------|-------------------------------|
| Risk ID:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | UHN10                                                                                                                                                                                                                                                                                                                                                              |                                                                          |              |                               |
| Strategic Priority:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Transform Patient Care                                                                                                                                                                                                                                                                                                                                             |                                                                          |              |                               |
| Risk Description:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | If UHN does not progress with continuous improvement plans, we will not have the capability and capacity to deliver the level of patient care that we wish to achieve, resulting in impact on the quality of care, efficiencies and staff morale impacted by potential restrictions on working in an autonomous organisation which supports individuals to thrive. |                                                                          |              |                               |
| Key Deliverable:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Foster a learning culture, rolling out our “Improving Together” continuous improvement methodology                                                                                                                                                                                                                                                                 |                                                                          |              |                               |
| Executive Lead:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Becky Taylor, Director of Continuous Improvement                                                                                                                                                                                                                                                                                                                   |                                                                          |              |                               |
| Assurance Committee:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Quality and Safety Committee                                                                                                                                                                                                                                                                                                                                       |                                                                          |              |                               |
| Key Controls                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                    | Key Assurance                                                            |              |                               |
| Improving together five year strategy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                    | Monthly assurance reporting to QSC via QI Steering Group                 |              |                               |
| Annual workplan aligned to strategy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                    | Self assessment (NHSE Impact Framework)                                  |              |                               |
| Metrics for delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                    | Monthly metrics reporting to QI Steering Group                           |              |                               |
| Annual schedule of quarterly events (Improvement Weeks, QI awards, symposium, Dragons Den)                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                    | Forward calendar of events reporting to QI Steering Group                |              |                               |
| Excellence Accreditation Framework                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                    | EAF dashboard and QI tool performance metrics – under development May 26 |              |                               |
| QI Training Programmes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                    | Training delivery metrics and before / after participant feedback        |              |                               |
| Corporate Accountability Meetings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                    | Corporate accountability metrics/reporting - commencing April 26         |              |                               |
| Regular communications and engagement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                    | Weekly communications posting – commencing April 26                      |              |                               |
| Gaps in control or assurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                    |                                                                          |              |                               |
| Schedule of annual self assessments (NHSE Impact Framework) – agreed delay due to organisational restructure, now planned for Q1 26/27                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                    |                                                                          |              |                               |
| QI project management software contract expired in March 26, replacement not yet fully developed                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                    |                                                                          |              |                               |
| Embedding the corporate accountability metrics/reporting – to launch April 26                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                    |                                                                          |              |                               |
| EAF dashboard not yet complete, under development in FDP – completion due end May 26                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                    |                                                                          |              |                               |
| Risk Scores                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                    |                                                                          |              |                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Qtr 3 25/26                                                                                                                                                                                                                                                                                                                                                        | Qtr 4 25/26                                                              | Target Score | Risk Domain and Risk Appetite |
| Consequence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 4                                                                                                                                                                                                                                                                                                                                                                  | 4                                                                        | 2            | Innovation<br>Open            |
| Likelihood                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2                                                                                                                                                                                                                                                                                                                                                                  | 2                                                                        | 2            |                               |
| Risk Scores                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 8                                                                                                                                                                                                                                                                                                                                                                  | 8                                                                        | 4            |                               |
| <div><div>UHN10</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                    |                                                                          |              |                               |
| Planned Actions (by due date)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                    |                                                                          |              |                               |
| Begin reporting agreed metrics for Continuous Improvement in corporate accountability meetings – Apr 26                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                    |                                                                          |              |                               |
| Second annual QI awards to be held – Apr 26                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                    |                                                                          |              |                               |
| QI training to be embedded in Emerging and Established Leadership Programmes – Apr 26                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                    |                                                                          |              |                               |
| Launch of EAF dashboard and associated QI tooling – May 2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                    |                                                                          |              |                               |
| NHS Impact self-assessment – Jun 2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                    |                                                                          |              |                               |
| LNR Improvement symposium – Sep 2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                    |                                                                          |              |                               |
| Q4 25/26 executive commentary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                    |                                                                          |              |                               |
| Key successes in Q4 25/26 of the Improving Together strategy:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                    |                                                                          |              |                               |
| <ul style="list-style-type: none"><li>Development of the EAF metrics and QI tooling – co-design work for the Federated Data Platform work completed between QI and corporate nursing</li><li>First UHN Rapid ‘Improving Together’ Weeks held to support improved working on the wards</li><li>QI Training schedule confirmed for 26/27 with doubled capacity</li><li>QI module developed for EAF received positive feedback from participants with 7 times more participants reporting understanding QI ‘Well’ or ‘Very Well’ after training than before</li></ul> |                                                                                                                                                                                                                                                                                                                                                                    |                                                                          |              |                               |
| Key challenges and risks in Q4 25/26:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                    |                                                                          |              |                               |
| <ul style="list-style-type: none"><li>Capacity for clinical and operational colleagues to engage in continuous improvement</li><li>Availability of data and metrics to support data driven improvement</li><li>QI project software contract finishing before the development of the new tool is completed</li></ul>                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                    |                                                                          |              |                               |

| <b>Risk ID:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | UHN11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| <b>Strategic Priority:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Transform patient care                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Risk Description:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p>If we do not have a positive safety culture consistently embedded across our services there is a risk that we will fail to continuously learn and improve and that:</p> <ul style="list-style-type: none"> <li>- Healthcare acquired infections and harm do not reduce as planned</li> <li>- Families and carers will not be fully engaged in service development</li> <li>- Care for all patients especially those with mental health needs, learning disabilities, autism, dementia, or at end of life will remain inconsistent</li> <li>- patients from underserved groups continue to experience poorer access, communication, and outcomes</li> </ul> |
| <b>Key Deliverable:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Improved clinical outcomes, patient experience and clinical effectiveness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Executive Lead:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Group Chief Nurse & Medical Director                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Assurance Committee:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Quality and Safety Committee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Key Controls                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Key Assurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Implementation of the patient safety incident response framework                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <p>Quality and Safety Committee oversight</p> <p>Regular updates on incident trends, divisional risks, and improvement actions are reviewed, with triangulation of claims, inquests, and audit data.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Clinical policies and guidelines                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <p>Policies and guidelines are in date and compliance with monitoring reporting through PSC</p> <p>Compliance with Statutory and mandatory training programme</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Clinical audit and improvement programme                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p>Regular audits and thematic reviews (e.g., VTE, sepsis, antimicrobial stewardship) drive targeted improvements and accountability across divisions.</p> <p>Nursing metrics and medicines management reports to NMAHP committee</p>                                                                                                                                                                                                                                                                                                                                                                                                                         |
| NLEAF assessment and accreditation programme                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Ward to board oversight of key metrics and accreditation ratings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Freedom to speak up strategy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Quarterly thematic updates on freedom to speak up service including fear of detriment monitoring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Targeted improvement plans for key domains of the quality strategy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Quarterly update on implementation of the quality strategy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Duty of Candour and Family Engagement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <p>Thematic reviews of concerns, complaints, national surveys and the friends and family test</p> <p>Compliance with duty of candour</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Subject matter experts and specialist teams employed across the organisation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Annual reports from relevant teams such as Infection prevention, safeguarding, patient safety and patient experience                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| CQC improvement programmes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <p>Organisational and service level CQC ratings /external validation</p> <p>Peer review outcomes</p> <p>Quality assurance visit outcomes</p> <p>Compliance with Maternity Incentive Scheme</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Gaps in control or assurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <ul style="list-style-type: none"> <li>• Concerns about effective learning from incidents and adoption of PSIRF across the group</li> <li>• Compliance with sepsis six care bundle across both sites and mortality alert for NGH</li> <li>• Neither maternity service has full compliance with the Maternity Incentive Scheme</li> <li>• Regulatory breaches identified by the CQC across UEC and medicine (NGH) and maternity (KGH) resulting in enforcement notice</li> <li>• We did not meet all nationally set trajectories for healthcare acquired infection in 2024/25</li> <li>• Increasing ambulance handover delays; Crowding within the ED and normalisation of boarding; Delayed supported discharges; Delays to planned care. NGH in tier 1 for the provision of UEC</li> <li>• Kettering General Hospital remains on the maternity safety support programme due to safety and cultural concerns</li> <li>• Concern about teamworking and uncivil behaviours impacting on the safety culture</li> <li>• CYP urgent and emergency care remain under regional oversight due to safety concerns</li> <li>• The financial position at UHN is significantly challenged - leading to a £80million CIP programme with proposed headcount reductions. Pressure to deliver savings rapidly could result in rushed implementation of CIPs without robust clinical engagement or risk mitigation, heightening risk of harm</li> <li>• Deterioration in Staff Wellbeing and Psychological Safety: Ongoing uncertainty about job security and workload increases may lead to presenteeism, rising sickness, and reluctance to speak up - masking early signs of harm or dysfunction.</li> <li>• ICS Financial Pressures Impacting Shared Services: Financial recovery plans across the ICS could reduce support services (e.g. community capacity, mental health input, diagnostics), intensifying acute pressures at UHN</li> </ul> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

- The estate is aged and doesn't meet modern standards for healthcare including ventilation, water and lifts
- Fundamental care compliance not consistently embedded
- Timely response to complaints and engagement with patients, families and carers and variability in engagement and accessibility
- Compliance with accessible information standards
- Implementation of the risk management policy across the group
- Medicine safety management and optimisation compliance is not consistently embedded
- Increasing concern from the regional team about our organisation
- Deterioration in culture metrics following staff survey

### Risk Scores

|             | Qtr 3 25/26 | Qtr 4 25/26 | Target Score | Risk Domain and Risk Appetite |
|-------------|-------------|-------------|--------------|-------------------------------|
| Consequence | 4           | 4           | 3            | Patient Safety<br>Minimal     |
| Likelihood  | 5           | 5           | 4            |                               |
| Risk Scores | 20          | 20          | 12           |                               |



### Proposed Actions (by due date)

1. Roll out of PSIRF with internal audit assessment planned for end of year 2 – April 2026
2. Sepsis working party in place chaired by Deputy Medical director – April 2026
3. Perinatal safety programme in development to support delivery of MSSP exit criteria and CQC enforcement actions – April 2027
4. CQC rapid improvement programme in place for UEC and medicine – Rapid programme now complete. Sustainability in progress
5. Infection prevention and control work plan in place – April 2026
6. UEC improvement programme in place to improve flow in, through and out of the organisation April 2026
7. Robust QIA process in place to ensure safe delivery of CIP Programme. Clinical representation in place on all groups – Ongoing
8. Launch of civility saves lives programme – Initiated
9. Development of the NLEAF assessment and accreditation programme with fundamentals of care – April 2026
10. Corporate nursing restructure to support consistent delivery of care across UHN – February 2026
11. Accessible information standards working group developing a road map to compliance – March 2026
12. Review of the corporate risk registers across UHN – Initiated
13. Medicine management improvement programme – March 2026
14. Strengthening of freedom to speak up guardian services – Plan approved by ILT, implementation in progress.
15. Implementation of the recommendations from the “what good looks like” review for quality governance – April 2026

### Q4 25/26 executive commentary

The risk score remains unchanged at 20 in Q4, reflecting the continued presence of systemic patient safety and safety-culture risks across UHN. While multiple improvement programmes are in place, these have not yet been embedded consistently to reduce the likelihood of harm.

During Q4 25/26, the Trust has continued to operate in a high-risk environment for patient safety, characterised by sustained operational pressure, workforce instability, regulatory intervention and financial constraint. These pressures continue to affect the reliability of core safety processes and the consistent embedding of a positive safety culture across the organisation.

While progress has been made in strengthening safety governance structures, concerns remain regarding the effective embedding of learning from incidents and the consistent adoption of the Patient Safety Incident Response Framework (PSIRF) across the group. Although training and support are in place, uptake and maturity vary, limiting the Trust's ability to use harm reviews and thematic learning to drive sustained improvement.

Clinical compliance remains variable in several high-risk domains. Delivery of the Sepsis Six care bundle has been inconsistent, though early improvement is emerging following renewed clinical focus. Compliance with medicines safety and optimisation standards also remains variable and requires continued oversight. In maternity services, neither site has achieved full compliance with the Maternity Incentive Scheme, and Kettering General Hospital remains within the Maternity Safety Support Programme due to ongoing safety, cultural and leadership concerns.

The Trust did not meet all nationally set healthcare-acquired infection (HCAI) trajectories in 2025/26. While focused infection prevention actions are now in place and early improvement is emerging, sustained delivery is required before risk reduction can be evidenced.

Operational pressures remain; ambulance handover delays, emergency department crowding, corridor care, delayed discharges and prolonged waits for planned care continue to constrain patient flow and increase safety risk. Although the 2025/26 winter plan was delivered with strong engagement and aims to reduce bed deficit compared to the previous year, overall system resilience remains fragile.

Fundamental care compliance, timeliness of complaint responses, accessibility standards, and implementation of the corporate risk management framework remain inconsistently embedded. Culture metrics, including psychological safety and civility, have deteriorated, further increasing the risk that early warning signs are not escalated or addressed promptly.

Despite these challenges, core quality outcomes remain broadly stable when viewed through the Integrated Performance Report. However, the breadth, depth and inter-connected nature of the risks require sustained executive focus, strengthened clinical leadership, improved data reliability and disciplined delivery of priority safety actions to reduce risk over time.

The following actions are prioritised as having the greatest leverage on reducing likelihood and consequence:

- Embed PSIRF consistently across all divisions, including assurance on quality of harm reviews and learning uptake
- Deliver and sustain CQC rapid improvement programmes for UEC, medicine and maternity, including enforcement compliance
- Strengthen sepsis, medicines safety and infection prevention reliability, supported by improved data quality and clinical oversight
- Address safety culture and psychological safety, including Civility Saves Lives and strengthened Freedom to Speak Up services
- Apply robust Quality Impact Assessment (QIA) to the CIP programme to mitigate unintended safety consequences

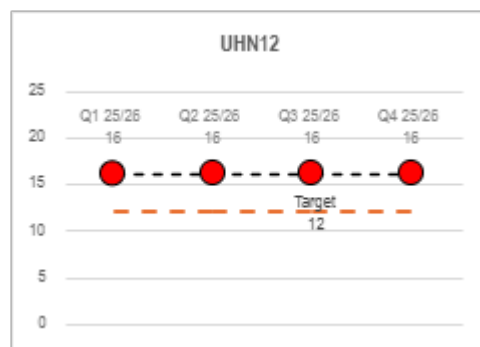
All other actions remain important but are secondary to the above in terms of direct patient safety risk reduction.

| <b>Risk ID:</b>                                                                                                                                                                                                                                                                         | UHN12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Strategic Priority:</b>                                                                                                                                                                                                                                                              | Transform patient care                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Risk Description:</b>                                                                                                                                                                                                                                                                | <p>If we do not consistently embed a culture of compassionate, responsive, and inclusive care across all services, there is a risk that we will fail to deliver a positive and equitable patient experience. This may result in:</p> <ul style="list-style-type: none"> <li>- Patients and families feeling disengaged or unheard, leading to reduced trust and satisfaction</li> <li>- Continued variability in the quality of fundamental care, especially for patients with complex needs or communication barriers</li> <li>- Poor compliance with accessible information standards, limiting patients' ability to understand and participate in their care</li> <li>- Delays or inconsistencies in responding to complaints and feedback, missing opportunities for service improvement</li> <li>- Patients from underserved groups continuing to experience inequitable access, communication, and outcomes</li> <li>- Reduced ability to meet national and regulatory expectations for patient involvement and experience</li> </ul> |
| <b>Key Deliverable:</b>                                                                                                                                                                                                                                                                 | Patient voice is strengthened and improved patient and carer experience                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Executive Lead:</b>                                                                                                                                                                                                                                                                  | Group Chief Nurse & Medical Director                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Assurance Committee:</b>                                                                                                                                                                                                                                                             | Quality and Safety Committee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Key Controls                                                                                                                                                                                                                                                                            | Key Assurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Patient experience strategy                                                                                                                                                                                                                                                             | Quality and Safety Committee oversight<br>Regular reporting on patient experience metrics, complaints, and engagement activities, with triangulation against safety and workforce data.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Accessible information standards compliance                                                                                                                                                                                                                                             | Policies, training and technology in place to ensure patients receive information in formats that meet their communication needs, including easy-read, large print, and translation services.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Fundamental Care Audits supporting NLEAF assessment and accreditation programme                                                                                                                                                                                                         | Routine audits of nutrition, hydration, hygiene, and dignity standards to ensure consistent delivery of fundamental care across all wards and departments.<br>Ward to board oversight of key metrics and accreditation ratings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Complaint and feedback handling                                                                                                                                                                                                                                                         | Quality and Safety Committee oversight<br>Regular reporting on patient experience metrics, complaints, and engagement activities, with triangulation against safety and workforce data.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Freedom to speak up strategy                                                                                                                                                                                                                                                            | Quarterly thematic updates on freedom to speak up service including fear of detriment monitoring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Family and carer engagement                                                                                                                                                                                                                                                             | Patient stories, co-design workshops, and involvement in service reviews to ensure families and carers are active partners in care improvement.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Equity and inclusion framework                                                                                                                                                                                                                                                          | Targeted actions to reduce disparities in access and outcomes for patients from underserved communities, supported by data monitoring and staff training.<br>Mandatory training on communication, equality, and person-centred care embedded into induction and ongoing development programmes.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Patient experience surveys                                                                                                                                                                                                                                                              | Monthly reporting of patient experience indicators, including FFT scores, complaint response times, and accessibility compliance.<br>Benchmarking of national surveys with appropriate action plans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| CQC Improvement Programmes                                                                                                                                                                                                                                                              | Organisational and service level CQC ratings/validation<br>Peer review outcomes<br>Quality assurance visit outcomes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Gaps in control or assurance                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <ul style="list-style-type: none"> <li>• Concerns about effective learning from complaints and patient experience surveys</li> <li>• Regulatory breaches identified by the CQC across UEC and medicine (NGH) and maternity (KGH) in relation to the safe and caring domains.</li> </ul> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

- Increasing ambulance handover delays; Crowding within the ED and normalisation of boarding; Delayed supported discharges; Delays to planned care. NGH in tier 1 for the provision of UEC
- Kettering General Hospital remains on the maternity safety support programme due to safety and cultural concerns
- CYP urgent and emergency care remain under regional oversight due to safety concerns
- The financial position at UHN is significantly challenged - leading to a £80million CIP programme with proposed headcount reductions. Pressure to deliver savings rapidly could result in rushed implementation of CIPs without robust clinical engagement or risk mitigation, heightening risk of harm
- Deterioration in Staff Wellbeing and Psychological Safety: Ongoing uncertainty about job security and workload increases may lead to presenteeism, rising sickness, and reluctance to speak up - masking early signs of harm or dysfunction.
- Fundamental care compliance not consistently embedded
- Timely response to complaints and engagement with patients, families and carers and variability in engagement and accessibility
- Compliance with accessible information standards
- Implementation of the risk management policy across the group

### Risk Scores

|             | Qtr 3 25/26 | Qtr 4 25/26 | Target Score | Risk Domain and Risk Appetite      |
|-------------|-------------|-------------|--------------|------------------------------------|
| Consequence | 4           | 4           | 3            | Quality/Patient Experience<br>Open |
| Likelihood  | 4           | 4           | 4            |                                    |
| Risk Scores | 16          | 16          | 12           |                                    |



### Proposed Actions (by due date)

- Perinatal safety programme in development to support delivery of MSSP exit criteria and expected enforcement notice from the CQC– April 2027
- CQC rapid improvement programme in place for UEC and medicine – Complete and sustainability programme in progress.
- UEC improvement programme in place to improve flow in, through and out of the organisation - April 2026
- Robust QIA process in place to ensure safe delivery of CIP Programme. Clinical representation in place on all groups – Ongoing
- Launch of civility saves lives programme and ongoing roll out – April 2026
- Development of the NLEAF assessment and accreditation programme with fundamentals of care – April 2026
- Corporate nursing restructure to support consistent delivery of care across UHN – February 2026
- Accessible information standards working group developing a road map to compliance – March 2026
- Review of the corporate risk registers across UHN – Initiated
- Development of targeted actions to reduce disparities – Delayed April 2026
- Development of a patient experience strategy – Delayed April 2026
- Strengthened freedom to speak up programme – ILT have agreed the new model. Implementation by April 2026
- Refresh of consent training for KGH maternity colleagues following CQC – Ongoing

### Q4 25/26 executive commentary

During Q4 25/26, the Trust has continued to operate within a period of heightened regulatory scrutiny and operational pressure, with ongoing risks to the delivery of a consistently positive patient experience across UHN. There have been important areas of progress during the quarter. A recent CQC inspection of Critical Care resulted in a rating of Good, providing assurance regarding the quality, leadership and safety of care within this service. This outcome reflects sustained clinical leadership, effective governance and a strong multidisciplinary culture, and demonstrates the Trust's ability to deliver high-quality care in complex environments.

However, the Trust remains in a period of high regulatory activity overall. The CQC has revisited NGH maternity services following the failure of Quality Assurance processes identified during the previous inspection, with further regulatory engagement expected for Kettering General Hospital maternity services. In addition, the KGH homebirth service remains suspended following a gap

analysis, reflecting the Trust's commitment to safety while required improvements are implemented. These factors continue to contribute to regulatory and reputational risk and require sustained executive oversight.

Patient experience metrics remain variable, particularly across urgent and emergency care (UEC). Friends and Family Test (FFT) performance shows inconsistency between services, with the most significant volatility seen in areas experiencing sustained crowding, ambulance handover delays and flow constraints. These pressures continue to affect privacy, dignity and timeliness of care, and align with CQC findings relating to patient experience within urgent care pathways, particularly at NGH.

Internal audit findings provide reasonable assurance that complaints are being managed in line with policy, with improvements in timeliness and responsiveness evident in several divisions. However, concerns persist regarding the consistency and depth of learning from complaints and patient feedback, limiting the Trust's ability to embed improvement uniformly at pace.

Children and Young People's urgent and emergency care services remain under regional oversight, following a coroner's verdict and a comprehensive cultural review that identified issues relating to leadership, psychological safety and team functioning. While improvement activity is underway, these services continue to represent an area of heightened risk.

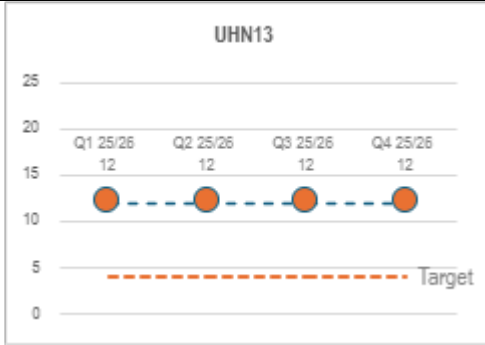
Notwithstanding these challenges, the Trust has completed the corporate nursing consultation, enabling the establishment of a single, unified Patient Experience Team across UHN. This new structure strengthens governance, improves consistency across complaints, PALS, bereavement and accessible information standards, and provides a more resilient platform to support divisions during periods of operational pressure.

In summary, while there is evidence of positive progress and areas of good practice, including in Critical Care, the Trust continues to face significant pressures that impact patient experience. The pace and consistency of improvement are not yet sufficient to reduce the overall risk score. Sustained leadership focus, disciplined delivery of priority actions, and continued cultural alignment are required to move the risk towards the target position.

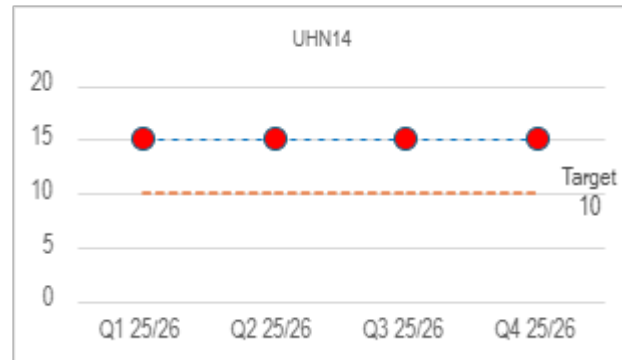
The following actions are prioritised as having the greatest impact on reducing likelihood and consequence:

- Deliver and embed the unified Patient Experience operating model - Strengthens governance, consistency and learning across complaints, PALS, bereavement and engagement.
- Implement NLEAF assessment and accreditation for fundamentals of care - Directly addresses variability in basic care, dignity and experience.
- Complete and sustain CQC rapid improvement programmes (UEC, Medicine, Maternity) - Targets areas of regulatory breach and highest patient experience risk.
- Strengthen Freedom to Speak Up and psychological safety at ward and divisional level - improves early identification of risk, staff confidence and learning culture.
- Apply robust QIA and clinical assurance to the CIP programme - Mitigates risk of unintended harm arising from rapid cost-improvement delivery.

All other actions remain important but are secondary to the above in terms of risk reduction leverage.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                        |                                                                              |              |                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|--------------|-------------------------------|
| Risk ID:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | UHN13                                                                                                                                                                                                                                                                                                                                                                                  |                                                                              |              |                               |
| Strategic Priority:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Strengthen our Culture/Transform Patient Care                                                                                                                                                                                                                                                                                                                                          |                                                                              |              |                               |
| Risk Description:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | If UHN is unable to attract and retain high calibre staff then this may result in UHN being unable to deliver on our research and Development ambitions, resulting in UHN being unable to increase our research and clinical trial activities by 10% and where support to take an innovative role in healthcare research will not achieve the best possible outcomes for our patients. |                                                                              |              |                               |
| Key Deliverable:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Increase our research and trial activities by 10%                                                                                                                                                                                                                                                                                                                                      |                                                                              |              |                               |
| Executive Lead:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Medical Director                                                                                                                                                                                                                                                                                                                                                                       |                                                                              |              |                               |
| Assurance Committee:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Quality & Safety Committee                                                                                                                                                                                                                                                                                                                                                             |                                                                              |              |                               |
| Key Controls                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                        | Key Assurance                                                                |              |                               |
| Agreed UHN UHL workstream on growing and developing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                        | Academic research strategy oversight through UHN ILT                         |              |                               |
| Research and trials portfolio.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                        | Oversight through Quality and safety committee and UHN/UHL partnership board |              |                               |
| Agreement of 11 workstreams                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                        |                                                                              |              |                               |
| Gaps in control or assurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                        |                                                                              |              |                               |
| Academic strategy has expired and requires review<br>Financial deficits<br>Impact of industrial actions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                        |                                                                              |              |                               |
| Risk Scores                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                        |                                                                              |              |                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Qtr 3 25/26                                                                                                                                                                                                                                                                                                                                                                            | Qtr 4 25/26                                                                  | Target Score | Risk Domain and Risk Appetite |
| Consequence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 4                                                                                                                                                                                                                                                                                                                                                                                      | 4                                                                            | 4            | Innovation<br>Open            |
| Likelihood                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3                                                                                                                                                                                                                                                                                                                                                                                      | 3                                                                            | 1            |                               |
| Risk Scores                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 12                                                                                                                                                                                                                                                                                                                                                                                     | 12                                                                           | 4            |                               |
| <div><div>UHN13</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                        |                                                                              |              |                               |
| Proposed Actions (by due date)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                        |                                                                              |              |                               |
| Progress standardisation of academic and research governance, operational structures, recruitment key joint posts and expansion of opportunities for cross organisational trials – Planned completion Q4 25/26<br>Review of enabling clinical capacity to affect change. Planned completion Q2 26/27                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                        |                                                                              |              |                               |
| Q4 25/26 executive commentary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                        |                                                                              |              |                               |
| UHN is research active in 17 specialties, with the most active specialties being Obstetrics, ED and Oncology. <ul style="list-style-type: none"><li>• Until the period up to October, over double the target number of patients were recruited, with UHN (if it were counted as a single Trust) being the highest participant recruiting Trust in the East Midlands, with UHL being second, putting the wider collaborative group substantially ahead of others in the region.</li><li>• Strongly positive patient feedback from the Research and Innovation team, with 100% positive FFT feedback in the last year</li></ul> |                                                                                                                                                                                                                                                                                                                                                                                        |                                                                              |              |                               |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                               |                                                                                                                                                                                                   |              |                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------|
| Risk ID:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | UHN14                                                                                                                                                                                                                                         |                                                                                                                                                                                                   |              |                               |
| Strategic Priority:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Improving Culture, Transforming Patient Care and Deliver our Financial Plan                                                                                                                                                                   |                                                                                                                                                                                                   |              |                               |
| Risk Description:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | If estate buildings and infrastructure continue to deteriorate and/or fail, then delivery of services may be impacted resulting in delayed or sub-optimal patient care, safety of all persons and an inability to deliver key UHN strategies. |                                                                                                                                                                                                   |              |                               |
| Key Deliverable:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Deliver our quality priorities (Safe and efficient physical infrastructure within which our staff can effectively treat patients).                                                                                                            |                                                                                                                                                                                                   |              |                               |
| Executive Lead:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Director of Strategy                                                                                                                                                                                                                          |                                                                                                                                                                                                   |              |                               |
| Assurance Committee:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Strategic, Transformation and Digital Committee                                                                                                                                                                                               |                                                                                                                                                                                                   |              |                               |
| Key Controls                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                               | Key Assurance                                                                                                                                                                                     |              |                               |
| Kettering Hospital have a full Development Control Plan for the site and Northampton Hospital has a site masterplan.<br>A Local Development Order has been signed with Kettering Planning Authority to cover all developments                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                               | Kettering are part of the New Hospital Programme which will replace 70% of the Trust estate and 100% of the estate over 25 years old that is used for patients or staff.                          |              |                               |
| NGH energy systems and aged steam infrastructure, Approval of KGH Energy Centre plans Both these schemes reduce the hospitals reliance on fossil fuels.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                               | KGH continues to engage with national and regional NHP meetings to regularly confirm its place and priority on the NHP programme.                                                                 |              |                               |
| Rockingham Wing at KGH have had funding to failsafe prop all RAAC concrete panels and have plans approved to build a decant extension.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                               | Funding received for failsafe propping<br>SFBC submitted and approved in for the decant extension subject to Target Cost confirmation.<br>Funding received for Option Appraisal for RAAC removal. |              |                               |
| All key estates infrastructure elements have independent AE (authorising engineers) appointed, annual audits and action plans in place; technical and trust meetings in place.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                               | Monthly estates assurance report for each hospital is presented at Health and Safety Committee<br>Technical meetings in place to review progress against audit plans (internal)                   |              |                               |
| Business continuity plans and infrastructure resilience/backup systems are in place                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                               | Estates infrastructure is regularly tested (internal)<br>Risk rated capital backlog plans in place (internal)                                                                                     |              |                               |
| UHN estates backlog capital programme in place with applications for national funds to address critical safety issues made annually.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                               | UHN capital committee (internal) oversees progress with agreed capital schemes.                                                                                                                   |              |                               |
| Group Clinical Strategy approved which forms the basis of understanding what a UHN estates strategy needs to look like                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                               | GSC Oversight group chaired by Joint CEO on a monthly basis that oversees progress.                                                                                                               |              |                               |
| Gaps in control or assurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                               |                                                                                                                                                                                                   |              |                               |
| <ul style="list-style-type: none"><li>NGH need to develop a full Development Control Plan to include how a sequence of developments over a time period will address the highest priority areas for our clinical services.</li><li>NGH is not on the New Hospital Programme and has no secured funding route to develop the site.</li><li>Whilst KGH is in wave 2 of NHP, there is not confirmed start date for the build.</li><li>There is no financially approved plan to remove RAAC panels from Rockingham Wing</li><li>UHN Estates have had an initial meeting with EPRR and have committed to BCP workshop in Q1/Q2 2026/27. BCP plans to be formulated or reviewed with UHN EPRR manager.</li></ul> |                                                                                                                                                                                                                                               |                                                                                                                                                                                                   |              |                               |
| Risk Scores                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                               |                                                                                                                                                                                                   |              |                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Qtr 3 25/26                                                                                                                                                                                                                                   | Qtr 4 25/26                                                                                                                                                                                       | Target Score | Risk Domain and Risk Appetite |
| Consequence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 5                                                                                                                                                                                                                                             | 5                                                                                                                                                                                                 | 5            | Infrastructure<br>Minimal     |
| Likelihood                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3                                                                                                                                                                                                                                             | 3                                                                                                                                                                                                 | 2            |                               |
| Risk Scores                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 15                                                                                                                                                                                                                                            | 15                                                                                                                                                                                                | 10           |                               |



#### Planned Actions (by due date)

Funding secured relating to RAAC at KGH for the extension, and support given for an OBC for its entire removal. NGH are almost complete in replacing their energy systems and aged steam infrastructure, KGH have had their Energy Centre plans approved and have begun to replace their energy infrastructure. Due to complete September 2027.

#### Q4 25/26 executive commentary

Full Risk register overhaul at KGH and NGH complete, so a full and thorough understanding of the risk on both sites as relates to our estate is now known and documented.

NGH UTC scheme has national approval and planning permission, which release the pressure in the current ED and start to allow for refurbishment in 2026.

KGH energy centre has completed one of its high risk phases of undertaking the works under the railway bridge.

NHSE national and regional meeting regarding the KGH site masterplan in order to further their support for continued work on Rockingham Wing, of which we are entering RIBA 4.

Critical Infrastructure works and all BAU capital estates schemes are on track for delivery. NGH energy centre- NHSE CRIS scheme to replace Steam boilers is complete. New LTHW boilers installed and operational. Efficiency savings are being achieved, with a significant reduction in gas input.

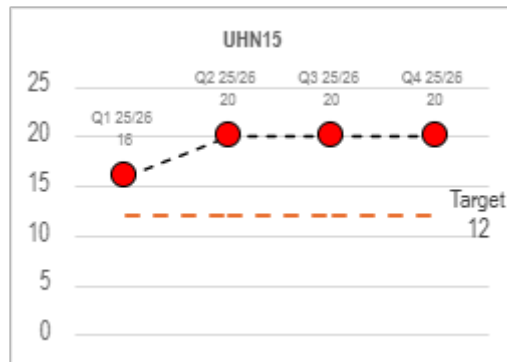
NGH Area K & Billing house boilers replaced, and heating systems upgraded. This was funded through NHSE CRIS funding with a CAPEX of £700k. Both schemes are complete and operational and have removed a significant backlog from the Estate.

NGH Energy centre awarded NHS CRIS funding for CHP waste LTHW heat plate exchanger. Capex £860k Delivery Q4 25/26- Q1 26/27. This scheme will offer efficiency savings circa £7-900k p.a.

Trust AE appointed in Q3 25/26 for KGH & NGH. Common AE for both sites to allow UHN joint appointment and better aligned Estates strategies based on common engineering methodologies. Q4 25/26 will deliver action plans for Estates disciplines to enable gap analysis of service function/compliance.

09/04/2026- initial audits complete. Awaiting a couple of reports to progress further. Realign to Q1/Q2 2026/27

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------|
| Risk ID:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | UHN15                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                 |
| Strategic Priority:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Transform Patient Care                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                 |
| Risk Description:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | If there is insufficient capacity to meet the demand on services patients will wait longer for urgent and emergency care, elective care and cancer care leading to patient harm, compromised clinical outcomes and experience. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                 |
| Key Deliverable:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Aim to deliver national access targets in planned care and transform pathways with system partners to safely reduce the number of people accessing UEC in our hospitals                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                 |
| Executive Lead:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Chief Operating Officer (COO)                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                 |
| Assurance Committee:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Finance, Investment & Performance Committee                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                 |
| Key Controls                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                | Key Assurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |                 |
| Clinical prioritisation of patients and increased focus on specialties with high volumes of 52-week waiters and where forecast to be high waiting list growth.                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                | <ul style="list-style-type: none"><li>➤ Weekly tracking of clearance of long waiting patients in relation to national standards</li><li>➤ Monthly monitoring of performance against waiting time standards and other access metrics</li><li>➤ Clinical harm and root cause analysis reviews for patients who have waited too long on cancer or RTT patients</li><li>➤ External review of management of waiting lists conducted by the Elective Intensive Support Team; good assurance relating to longer waiting patients.</li><li>➤ Harm reporting through patient safety committee</li></ul> |              |                 |
| Clinical prioritisation of cancer patients, regular pathway tracking of cancer patients and dissemination of reports                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                 |
| Demand and capacity modelling to generate forecasts in performance and waiting list size to agree nature and level of intervention needed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                 |
| Continued delivery and increase of virtual and face to face appointments, patient-initiated follow-ups and advice and guidance to release capacity and help reduce waiting times.                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                 |
| Delivering the GIRFT recommendations including adoption of standardised clinical templates.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                 |
| Continued focus on theatre utilisation and cases per list to maximise use of available capacity.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                 |
| All patients who are not treated with their clinically timed pathway have a thematic review of their pathway and long waiters have a harm review through MDT                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                 |
| Delivering the GIRFT recommendations including the implementation of the clinical operational standards.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                | <ul style="list-style-type: none"><li>➤ Daily, weekly, monthly tracking of ambulance handover and time in department metrics</li><li>➤ Clinical harms and root cause analysis reviews for patients who have waiting too long on an ambulance or in the department</li><li>➤ Adherence to the UHN red lines</li></ul>                                                                                                                                                                                                                                                                           |              |                 |
| Continued improvement in length of stay across non-elective inpatient wards.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                 |
| Rapid Assessment Unit - new ambulance handover unit at NGH.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                 |
| Continued work to maximise admission avoidance opportunities such as SDEC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                 |
| Embedding the adherence to Internal Professional Standards                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                 |
| Establishment of UHN red lines and maintain a zero tolerance to these                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                 |
| Proactively engage in System transformation work to make improvements to patient pathways and demand management                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                 |
| Gaps in control or assurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                 |
| Elective block contract means that we where we have a demand and capacity mismatch we currently to not have the income to mitigate the gap. We are moving to an activity based plan for 26/27.<br>Financial challenge means that we cannot use premium capacity to mitigate the gap.<br>No opportunity to expand G&A bed capacity in support of UEC pathway.<br>No additional capacity available across DTA pathways resulting in delays to discharge.<br>Increase seen in emergency department attendances including conveyances against plan.<br>A significant number of initiatives in support of winter are for Partners to enact. |                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                 |
| Risk Scores                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Qtr 3 25/26                                                                                                                                                                                                                    | Qtr 4 25/26                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Target Score | Risk Domain and |
| Consequence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 4                                                                                                                                                                                                                              | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 4            | Activity Open   |
| Likelihood                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 5                                                                                                                                                                                                                              | 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 3            |                 |
| Risk Scores                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 20                                                                                                                                                                                                                             | 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 12           |                 |



#### Proposed Actions (by due date)

- WLI policy in place for WLIs if there is a risk to cancer or long waits performance. This will be reviewed for the next financial year. Update on 26/27 plan due to ILT on 20 April.
- Cancer Quality Improvement approach for 62 day being established to bring teams together around the pathway – to start with a tumour site at each hospital site. To commence April/May.
- UEC Steering Group and place based UEC Board relaunched from January 2026 following Q4 Winter Task and Finish Group
- UEC Length of Stay workshop planned for April 2026.
- UEC 26/27 Divisional plans drafted for finalisation by May 2026.

#### Q4 25/26 executive commentary

- Strengthened data oversight in Divisional Accountability meetings for the key performance metrics, this is now in place
- Cancer performance is challenged currently, with significantly higher waiting lists and reduced performance. Recovery plans are in place for key tumour sites (Skin, Breast, Head and Neck) and we are engaging in MDT streamlining programmes.
- We delivered zero 65 week waits at year end and at a UHN level, less than 1% of the waiting list at 52 weeks or more.
- RTT performance remained behind plan for year end but we have agreed an ambitious yet deliverable plan for 2026/27 and we are on track for April performance.
- NGH ED attendances are adverse to plan by 5% YTD, KGH ED are adverse to plan YTD by 1%, mainly driven by a 4% increase during December.
- Ambulance handovers across Northamptonshire have generally improved throughout the year, Q4 at NGH has notably been more challenged. Max of <45mins delivered in February 70% NGH and average handover time of 46mins, and 90% KGH with average handover time of 29mins. 1,258 fewer lost hours due to ambulance handover delays in Feb-26 compared with Feb-25.
- NGH 4hr performance remains adverse to plan at 66% in December against plan of 76%. KGH 4hr performance delivery in December 80% against plan of 78%.
- Adult G&A bed occupancy remains high at the beginning of April 2026 at 99-100% NGH and 98-99% KGH. Delivery of supported discharges remains adverse to system target impacting admitted flow from ED.

| <b>Risk ID:</b>                                                                                                                                                                                                                                                                                                                           | UHN16                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                 |              |                               |         |       |        |          |    |    |          |    |    |          |    |    |          |    |    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------|---------|-------|--------|----------|----|----|----------|----|----|----------|----|----|----------|----|----|
| <b>Strategic Priority:</b>                                                                                                                                                                                                                                                                                                                | Deliver our Financial Plan                                                                                                                                                                                                                                                                             |                                                                                                                                                                                 |              |                               |         |       |        |          |    |    |          |    |    |          |    |    |          |    |    |
| <b>Risk Description:</b>                                                                                                                                                                                                                                                                                                                  | The risk of impacts on patients and services of increased regulatory intervention (NHSE) and medium-term financial penalties (revenue and capital) arising from failure to deliver improvement in the underlying revenue position and delivery of a break-even financial position over the medium term |                                                                                                                                                                                 |              |                               |         |       |        |          |    |    |          |    |    |          |    |    |          |    |    |
| <b>Key Deliverable:</b>                                                                                                                                                                                                                                                                                                                   | Under strategic priority to deliver financial plan - Development of a medium term robust financial plan (MTFP) with a focus on recurrent improvement                                                                                                                                                   |                                                                                                                                                                                 |              |                               |         |       |        |          |    |    |          |    |    |          |    |    |          |    |    |
| <b>Executive Lead:</b>                                                                                                                                                                                                                                                                                                                    | Chief Finance Officer                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                 |              |                               |         |       |        |          |    |    |          |    |    |          |    |    |          |    |    |
| <b>Assurance Committee:</b>                                                                                                                                                                                                                                                                                                               | Finance, Investment and Performance Committee                                                                                                                                                                                                                                                          |                                                                                                                                                                                 |              |                               |         |       |        |          |    |    |          |    |    |          |    |    |          |    |    |
| <b>Key Controls</b>                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                        | <b>Key Assurance</b>                                                                                                                                                            |              |                               |         |       |        |          |    |    |          |    |    |          |    |    |          |    |    |
| Business Planning framework to support budget setting, investment decisions and understanding of cost pressures over time                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                        | <ul style="list-style-type: none"><li>NHS England revised planning guidance and timetable – NHSE will review and sign off plans in line with their national timetable</li></ul> |              |                               |         |       |        |          |    |    |          |    |    |          |    |    |          |    |    |
| Assumptions on inflation and efficiency requirements to inform the MTFP time horizon                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                 |              |                               |         |       |        |          |    |    |          |    |    |          |    |    |          |    |    |
| Weekly Financial Recovery Group (chaired by the CFO) with all clinical and corporate divisions in attendance                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                 |              |                               |         |       |        |          |    |    |          |    |    |          |    |    |          |    |    |
| NHS England Financial Improvement (FIP) Team deployed across UHN to support development of plans for future years                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                        | <ul style="list-style-type: none"><li>Weekly assurance meeting with NHS England and CFO to monitor and manage the FIP team</li></ul>                                            |              |                               |         |       |        |          |    |    |          |    |    |          |    |    |          |    |    |
| Business Partnering resource in place to support Directorates with financial management.                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                 |              |                               |         |       |        |          |    |    |          |    |    |          |    |    |          |    |    |
| External reporting to NHSE and Northamptonshire Integrated Care Board / System                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                        | <ul style="list-style-type: none"><li>Annual External Audit Value for Money report</li></ul>                                                                                    |              |                               |         |       |        |          |    |    |          |    |    |          |    |    |          |    |    |
| <b>Gaps in control or assurance</b>                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                 |              |                               |         |       |        |          |    |    |          |    |    |          |    |    |          |    |    |
| <ul style="list-style-type: none"><li>A detailed 3-year plan which triangulates finance, activity and workforce based on the current underlying financial position</li><li>Pipeline efficiency plans for future years</li><li>Capacity of Divisional Teams to focus on the recovery agenda when faced with competing priorities</li></ul> |                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                 |              |                               |         |       |        |          |    |    |          |    |    |          |    |    |          |    |    |
| <b>Risk Scores</b>                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                 |              |                               |         |       |        |          |    |    |          |    |    |          |    |    |          |    |    |
|                                                                                                                                                                                                                                                                                                                                           | Qtr 3 25/26                                                                                                                                                                                                                                                                                            | Qtr 4 25/26                                                                                                                                                                     | Target Score | Risk Domain and Risk Appetite |         |       |        |          |    |    |          |    |    |          |    |    |          |    |    |
| Consequence                                                                                                                                                                                                                                                                                                                               | 5                                                                                                                                                                                                                                                                                                      | 5                                                                                                                                                                               | 5            | Finance<br>Minimal            |         |       |        |          |    |    |          |    |    |          |    |    |          |    |    |
| Likelihood                                                                                                                                                                                                                                                                                                                                | 4                                                                                                                                                                                                                                                                                                      | 5                                                                                                                                                                               | 2            |                               |         |       |        |          |    |    |          |    |    |          |    |    |          |    |    |
| Risk Scores                                                                                                                                                                                                                                                                                                                               | 20                                                                                                                                                                                                                                                                                                     | 25                                                                                                                                                                              | 10           |                               |         |       |        |          |    |    |          |    |    |          |    |    |          |    |    |
| <div><p>UHN16</p><table><thead><tr><th>Quarter</th><th>Score</th><th>Target</th></tr></thead><tbody><tr><td>Q1 25/26</td><td>20</td><td>10</td></tr><tr><td>Q2 25/26</td><td>20</td><td>10</td></tr><tr><td>Q3 25/26</td><td>20</td><td>10</td></tr><tr><td>Q4 25/26</td><td>25</td><td>10</td></tr></tbody></table></div>                |                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                 |              |                               | Quarter | Score | Target | Q1 25/26 | 20 | 10 | Q2 25/26 | 20 | 10 | Q3 25/26 | 20 | 10 | Q4 25/26 | 25 | 10 |
| Quarter                                                                                                                                                                                                                                                                                                                                   | Score                                                                                                                                                                                                                                                                                                  | Target                                                                                                                                                                          |              |                               |         |       |        |          |    |    |          |    |    |          |    |    |          |    |    |
| Q1 25/26                                                                                                                                                                                                                                                                                                                                  | 20                                                                                                                                                                                                                                                                                                     | 10                                                                                                                                                                              |              |                               |         |       |        |          |    |    |          |    |    |          |    |    |          |    |    |
| Q2 25/26                                                                                                                                                                                                                                                                                                                                  | 20                                                                                                                                                                                                                                                                                                     | 10                                                                                                                                                                              |              |                               |         |       |        |          |    |    |          |    |    |          |    |    |          |    |    |
| Q3 25/26                                                                                                                                                                                                                                                                                                                                  | 20                                                                                                                                                                                                                                                                                                     | 10                                                                                                                                                                              |              |                               |         |       |        |          |    |    |          |    |    |          |    |    |          |    |    |
| Q4 25/26                                                                                                                                                                                                                                                                                                                                  | 25                                                                                                                                                                                                                                                                                                     | 10                                                                                                                                                                              |              |                               |         |       |        |          |    |    |          |    |    |          |    |    |          |    |    |

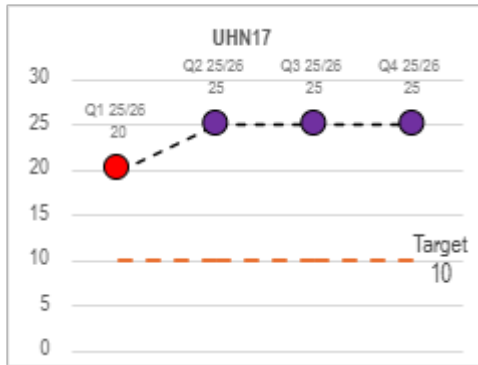
### Action updates (by due date)

1. Full assessment of underlying financial position in line with a set of assumptions agreed by System CFOs – Underlying assumptions have been shared
2. Development of a 3-year planning model which triangulates finance, activity and workforce – Q4 2025/26 – the three year model has been developed at a high level – this does not currently deliver the NHSE target trajectory
3. Engagement with the national NHSE workstreams on medium term planning - ongoing
4. Development of pipeline reporting for 2026/27 efficiency programme – The pipeline is developing but not yet at target, action to continue across Q4 2025/26

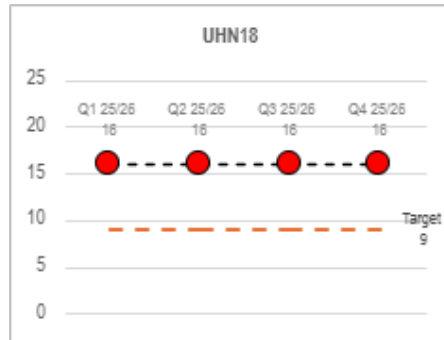
### Q4 25/26 executive commentary

The current 3 year planning exercise was submitted to NHS England in March. The position that NHS England have requested for UHN is challenging and will require a savings target well in excess of that within the published guidance in order to deliver. The current submission does not deliver the requested trajectory and discussions with NHS England remain ongoing.

| <b>Risk ID:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | UHN17                                                                                                                                                                                                                       |
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| <b>Strategic Priority:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Deliver our Financial Plan                                                                                                                                                                                                  |
| <b>Risk Description:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | The risk of impacts on patients and services because of increased regulatory intervention (NHSE) and loss of deficit support funding resulting from non-delivery of the 2025/26 financial plan.                             |
| <b>Key Deliverable:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Strategic Priority: Deliver our Financial Plan - Delivery of our 25/26 financial plan and our workforce plan as a key component of financial plan delivery                                                                  |
| <b>Executive Lead:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Chief Finance Officer                                                                                                                                                                                                       |
| <b>Assurance Committee:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Finance, Investment and Performance Committee                                                                                                                                                                               |
| Key Controls                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                             |
| Monthly finance report to ILT, Finance, Investment and Performance Committee and as part of the IPR, to Board                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <ul style="list-style-type: none"> <li>2025/26 Financial Plan approved by UHN Board</li> <li>Submission of financial plan to ICB and NHSE</li> <li>Annual External Audit of Accounts and Value for Money report.</li> </ul> |
| Monthly efficiency reporting to ILT, Finance, Investment and Performance Committee and as part of the IPR, to Board                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <ul style="list-style-type: none"> <li>Monitoring delivery of efficiency plans by Finance Team</li> </ul>                                                                                                                   |
| Weekly Financial Recovery Group (chaired by the CFO) with all clinical and corporate divisions in attendance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <ul style="list-style-type: none"> <li>Weekly tracking of the gap in efficiency programme</li> </ul>                                                                                                                        |
| NHS England Financial Improvement (FIP) Team deployed across UHN to de-risk the in-year CIP programme                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <ul style="list-style-type: none"> <li>Weekly assurance meeting with NHS England and CFO to monitor and manage the FIP team</li> </ul>                                                                                      |
| SFIs, SO's and Scheme of Delegation, supported by detailed budgets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <ul style="list-style-type: none"> <li>Audit Committee reporting and review of all exceptions (waivers, mavericks etc.)</li> </ul>                                                                                          |
| Revised Budget Holder Training implemented across UHN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <ul style="list-style-type: none"> <li>Use of the Budget Holder Power BI dashboard</li> </ul>                                                                                                                               |
| Business Partnering resource in place to support Directorates with financial management.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                             |
| Monthly Divisional Accountability Meetings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <ul style="list-style-type: none"> <li>Reported regularly to Integrated Leadership Team</li> </ul>                                                                                                                          |
| Programme of internal audit review of financial management arrangements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <ul style="list-style-type: none"> <li>Head of Internal Audit Opinion</li> </ul>                                                                                                                                            |
| External reporting to NHSE and Northamptonshire Integrated Care Board / System                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <ul style="list-style-type: none"> <li>Annual External Audit of Accounts and Value for Money report</li> </ul>                                                                                                              |
| Gaps in control or assurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                             |
| <ul style="list-style-type: none"> <li>Both Trusts have re-forecast their year-end outturn positions – these forecasts have been agreed with NHSE but the original plans will not be delivered for either Trust.</li> <li>Efficiency programme not fully identified for the 2025/26 financial year</li> <li>Triangulation of finance budgets with workforce establishment and activity</li> <li>Budget signatures have not been gained for all cost centres</li> <li>Budget setting processes remain inconsistent across KGH and NGH teams</li> <li>Capacity of Divisional Teams to focus on the recovery agenda when faced with competing priorities</li> <li>Finance and Procurement teams currently have capacity gaps within the function due to sickness and recruitment / retention</li> </ul> |                                                                                                                                                                                                                             |

| Risk Scores                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| Consequence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------------------------------------------------------------------------------------------------|--------------------------------------|
| <b>Risk ID:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                       | UHN18                                                                                                                                                                                                                                                                                                                                       |                     |                                                                                                            |                                      |
| <b>Strategic</b>                                                                                                                                                                                                                                                                                                                                                                                                                                      | Strengthen our culture                                                                                                                                                                                                                                                                                                                      |                     |                                                                                                            |                                      |
| <b>Risk Description:</b>                                                                                                                                                                                                                                                                                                                                                                                                                              | Failure to address poor behaviours in the workplace or to provide key components of a safe workplace culture will lead to a culture in which colleagues feel unsafe and under-valued, unsupported or excluded, resulting in poor staff engagement, retention and morale, elevated sickness absence and will ultimately impact patient care. |                     |                                                                                                            |                                      |
| <b>Key Deliverable:</b>                                                                                                                                                                                                                                                                                                                                                                                                                               | Address staff survey feedback though our People Plan, focusing on compassionate and inclusive behaviours. Deliver our workforce plan as a key component of financial plan delivery                                                                                                                                                          |                     |                                                                                                            |                                      |
| <b>Executive Lead:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                | Chief People Officer                                                                                                                                                                                                                                                                                                                        |                     |                                                                                                            |                                      |
| <b>Assurance Committee:</b>                                                                                                                                                                                                                                                                                                                                                                                                                           | People Committee                                                                                                                                                                                                                                                                                                                            |                     |                                                                                                            |                                      |
| <b>Key Controls</b>                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                             |                     | <b>Key Assurance</b>                                                                                       |                                      |
| UHN induction programme (UHN Welcome day)                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                             |                     | Numbers attending, qualitative feedback                                                                    |                                      |
| Learning and development programmes for all professional groups incl. mandatory training and leadership development                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                             |                     | Mandatory training rates, NETS survey, course uptake rates, qualitative feedback                           |                                      |
| UHN values-based appraisal                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                             |                     | Appraisal completion rates, qualitative feedback                                                           |                                      |
| Belonging strategy and associated plans                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                             |                     | WRES and WDES and gender/race pay gap                                                                      |                                      |
| Health and wellbeing strategy                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                             |                     | Absence rates (IPR)                                                                                        |                                      |
| People Promise culture programme including Civility, Flex @ UHN and sexual safety                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                             |                     | Turnover rates (IPR), Report and Support concerns raised                                                   |                                      |
| Safe staffing processes, use of acuity tools, and prioritised workforce deployment. QIA process                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                             |                     | Safe staffing report to Board                                                                              |                                      |
| Exit interview and local intelligence                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                             |                     | Exit interview analysis                                                                                    |                                      |
| Freedom to speak up service                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                             |                     | FTSU quarterly and annual reports to People Committee                                                      |                                      |
| Violence and aggression reduction group                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                             |                     | Reports of violence and aggression to colleagues                                                           |                                      |
| Staff engagement and Reward and Recognition strategies                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                             |                     | Staff engagement score reported to People Committee. Culture Assurance Group oversight to People Committee |                                      |
| Resident Doctor Ten-Point Plan actions                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                             |                     | Ten-point plan assurance report to People Committee.                                                       |                                      |
| <b>Gaps in control or assurance</b>                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                             |                     |                                                                                                            |                                      |
| Staff engagement score is low, but stabilised at KGH and reducing at NGH<br>Although some improvement has been seen in equality data, levels of discrimination remain too high.<br>Exit interview completion rates are low and the data is not used to inform improvements.<br>Appraisal rates below target in some areas, particularly in NGH<br>Freedom to Speak up service requires strengthening with c.50% of colleagues with confidence in FTSU |                                                                                                                                                                                                                                                                                                                                             |                     |                                                                                                            |                                      |
| <b>Risk Scores</b>                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                             |                     |                                                                                                            |                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Qtr. 3 25/26</b>                                                                                                                                                                                                                                                                                                                         | <b>Qtr. 4 25/26</b> | <b>Target Score</b>                                                                                        | <b>Risk Domain and Risk Appetite</b> |
| <b>Consequence</b>                                                                                                                                                                                                                                                                                                                                                                                                                                    | 4                                                                                                                                                                                                                                                                                                                                           | 4                   | 3                                                                                                          | Culture minimal                      |
| <b>Likelihood</b>                                                                                                                                                                                                                                                                                                                                                                                                                                     | 4                                                                                                                                                                                                                                                                                                                                           | 4                   | 3                                                                                                          |                                      |
| <b>Risk Scores</b>                                                                                                                                                                                                                                                                                                                                                                                                                                    | 16                                                                                                                                                                                                                                                                                                                                          | 16                  | 9                                                                                                          |                                      |

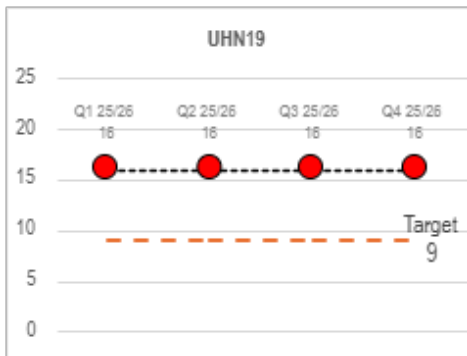


#### Planned Actions (by due date)

- **We Belong:** NSS aligned reporting and We Belong delivery plan 2026 actions (due dates in plan)
- **Staff survey response/Culture Improvement Plan:** Corporate and divisional 2026 delivery plans (due dates in plan).
- **Leadership Development:** Develop Leadership Strategy linked to the new national Management and Leadership Framework. September 2026. Leading the Way programmes and other supporting programmes continue.
- **Health & Wellbeing:** Continue phased implementation of HWB Strategy with focus on year 1 priorities including development and implementation of the unified UHN clinical referral and triage system automation, monitor engagement and impact (June 2026). Specific focus on implementing training for the Menopause Policy, H&WB at Work Policy and the Stress at Work management processes by June 2026.
- **Appraisal** – focus on aligned reporting, automation, training and embedding within wider leadership development strategy by 30 September 2026.
- **Speaking up** – review provision and implement improvement strategy by 30 May 2026.
- **Metrics-** development of the Culture Dashboard to Bellwether metrics May 2026
- **Sexual safety** – improvement actions June 2026
- **Management of change** – continuation of MOC programmes with expected commencement of Innovating Care processes MoC between July-Dec 2026.
- **Appraisal** – working with UHL to develop a unified approach to appraisal September 2026

#### Qtr 4 25/26 Executive Commentary

- **Civility Launch:** Developing programme – delivery of pilot in maternity (January 2026) and planning of phase 2, prior to UHN-wide launch in Q2 (2026-27)
- **We Belong & Health & Wellbeing Strategies:** Both strategies finalised and launched as scheduled in November 2026. We Belong Action plans completed and aligned to Culture Assurance Group for assurance.
- **Maternity Support:** Targeted interventions supporting maternity teams at both NGH & KGH. This includes leadership development, 'Stay & Thrive' retention programme, Healthy Teams programme and cultural support.
- **Sexual Safety Audit:** Completed self-assessment against national framework to strengthen safeguarding and reporting. Plans aligned to address audit gaps being scoped.
- **Reasonable Adjustments:** SOP launched in December 2025 and pilot monitoring of requests for 12 months underway (31 December 2026)
- **Neuro-inclusion toolkit:** launched in December 2025.
- **NSS Engagement:** Responses received, Corporate plans completed and Divisional plans underway with ongoing support and assurance via Culture Assurance Group.
- **Management of Change (MoC) Support:** Continued support to teams undergoing MoC programmes and service redesign including Innovating Care Processes and redesigning new admin model
- **Freedom to speak up training** applied to all colleagues' profiles. Reset for KGH and newly for NGH for completion in Q4.
- **Cultural Assurance Group (CAG):**
  - Fully embedded as an assurance forum, meeting monthly with the aim to Strengthen Our Culture
  - Culture Dashboard: key metrics for assurance, aligned to People Plan, HWB, 6HIAs & Inclusion reporting.
- **HWB SPOA Automation:** single front door for all OH and HWB services unifying referrals and creating efficiencies live March 2026.

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| <b>Risk ID:</b>                                                                                                                                                                                                                                                                                                                                                                                               | UHN19                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                        |                     |                                                            |
| <b>Strategic Priority:</b>                                                                                                                                                                                                                                                                                                                                                                                    | Deliver the workforce plan in support of our financial plan                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                        |                     |                                                            |
| <b>Risk Description:</b>                                                                                                                                                                                                                                                                                                                                                                                      | A robust resourcing and workforce controls strategy in support of our workforce plan is required to ensure the provision of safe patient care whilst managing workforce numbers and costs. Failure to deliver the workforce plan will lead to inefficient use of resources (skill gaps in areas covered by bank or agency or over-establishment use driving inefficiency) creating financial pressures and constraints and having a negative impact on the quality of patient care. |                                                                                                        |                     |                                                            |
| <b>Key Deliverable:</b>                                                                                                                                                                                                                                                                                                                                                                                       | Achieve our financial plan targets, improving efficiency and productivity                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                        |                     |                                                            |
| <b>Executive Lead:</b>                                                                                                                                                                                                                                                                                                                                                                                        | Chief People Officer                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                        |                     |                                                            |
| <b>Assurance Committee:</b>                                                                                                                                                                                                                                                                                                                                                                                   | People Committee                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                        |                     |                                                            |
| <b>Key Controls</b>                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Key Assurance</b>                                                                                   |                     |                                                            |
| Attraction strategy with targeted campaigns                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Vacancy rates, bank and agency use reported/monitored to Finance and Investment and People Committee   |                     |                                                            |
| Organisational change support to deliver integration and organisational redesign                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Vacancy and turnover rates reported to People Committee                                                |                     |                                                            |
| Programmes of work to improve retention                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Turnover rates, vacancy rates reported to People Comm                                                  |                     |                                                            |
| Apprenticeships for new starters and as development pathways                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Apprentice numbers, levy use                                                                           |                     |                                                            |
| Robust suite of workforce controls including temp staffing, additional hours and recruitment                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Vacancy rate, bank and agency WTE/spend and overtime spend – reported as above                         |                     |                                                            |
| SNCT and establishment/roster reconciliation supported by daily staffing huddles to mitigate gaps                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Safer Staffing report to Board                                                                         |                     |                                                            |
| Regular monitoring of safe staffing including fill rates with oversight at monthly NMWAHP Board                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Minutes of NMWAHP Performance and Productivity Board                                                   |                     |                                                            |
| Nursing workforce plan                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Vacancy rates, NQN, TNA, NA, return to practice and other routes to entry reported to People Committee |                     |                                                            |
| <b>Gaps in control or assurance</b>                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                        |                     |                                                            |
| There is a significant gap in our workforce plan to deliver the required reduction in WTE in 2025/26<br>Workforce analytics and forecasting tools need strengthening to inform decision-making<br>Workforce planning is a “once a year” process (IBP) which misses the opportunity to create multi-year workforce plans<br>Transformation plans are required to deliver the magnitude of improvement required |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                        |                     |                                                            |
| <b>Risk Scores</b>                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                        |                     |                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Qtr 3 25/26</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Qtr 4 25/26</b>                                                                                     | <b>Target Score</b> | <b>Risk Domain and Risk Appetite</b><br><br>Workforce Open |
| <b>Consequence</b>                                                                                                                                                                                                                                                                                                                                                                                            | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 4                                                                                                      | 3                   |                                                            |
| <b>Likelihood</b>                                                                                                                                                                                                                                                                                                                                                                                             | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 4                                                                                                      | 3                   |                                                            |
| <b>Risk Scores</b>                                                                                                                                                                                                                                                                                                                                                                                            | 16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 16                                                                                                     | 9                   |                                                            |
| <div></div>                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                        |                     |                                                            |
| <b>Planned Actions (by due date)</b>                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                        |                     |                                                            |

- Continue to follow and refine, measure and report recruitment and temporary staffing controls. On-going
- Rostering work to tackle pay leakage to commence in April 2026
- Develop Locum Nest Implementation across NGH, KGH and UHL. Collaborative bank switch on May 2026
- Complete annual business planning and develop protocol for ongoing workforce plan development overseen by Workforce Programme Board by end Q1 26/27
- BI-dashboard to be developed with FIP team to enable divisions to have sight of run rate. August 2026
- Further work on workforce controls to consider removal of R&R payments and overtime June 2026
- Reduction in time to recruit to 60 days to reduce bank and agency spend March 2027
- Zero vacancy rate on HCA, Housekeepers and Porters through targeted attraction strategies. September 2026

#### Qtr 4 25/26 executive commentary

- Development of full workforce metrics data pack and instigation of Workforce Programme Board reporting to Finance Recovery Group to provide data to support evidence based decisions and formal governance and oversight
- Focus on strengthening and reinforcing workforce controls, ensuring we manage turnover by controlling the numbers of new starters (prioritisation to those that replace bank/agency).
- Launched Locum Nest at KGH and integrated with NGH to create a collaborative bank
- Commenced centralisation of annual leave within rostering team to strengthen control and availability at NGH.
- Amended the NGH and KGH consultant annual leave year to start date to maximise consultant availability and reduce bank and agency usage.
- Significant change programme in both corporate teams and divisional teams delivering both integration and CIP benefit. Additional resource approved to support People Services facilitation of change processes.
- First pay leakage identified in Estates and Facilities due to incorrect enhancements.
- Work done in theatres to identify net hours issues.

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                         | If there are delays in the delivery of the collaborative working model with UHL this will impact on improving productivity and creating joint plans which will impact on the trust being able to deliver seamless pathways and improve patient safety and outcomes for our patients.                                                                                                                                                                                          |                              |              |                               |
| Key Deliverable:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <div>1. Go further in integrating clinical and corporate services across UHN, delivering seamless pathways and improving safety and outcomes for our patients.</div> <div>2. Further develop our collaborative model with UHL, improving productivity and creating joint plans for clinical and corporate services where appropriate.</div> <div>3. Accelerate work to integrate patient care, removing barriers between secondary, community and primary care services</div> |                              |              |                               |
| Executive Lead:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| Resource constraints – clinical and project resource (Industrial action, financial deficit.<br>Ability to influence systemwide patient pathway changes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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Spinal - by September 2026 – Increased capacity, improving access for UHN urgent and complex patients (Spinal) and reducing waiting times (Plastics, Haematology). By December 2026 – Streamlined referral and triage pathways (e.g. MSK hub), improving consistency across sites for patients. By April 2027 – Integrated, sustainable models in place, improving patient experience and outcomes.

Nuclear Medicine - by September, NM TUPE transfer completed with increased resilience in the service for patients by March 2027

Frailty - Production and dissemination of an online survey to ascertain the views of opportunities for improvement amongst those leading on Frailty across UHL & UHN Frailty plus a workforce mapping exercise. Identification of potential 2026/27

Financial Efficiency opportunities will be identified in a workshop to review and approve the proposed Frailty Target Operating Model.

UHL Joint neighbourhoods sharing current pilots and developing a joint approach to population health management. 26/27

Q2/Q3 - Targeted UHL-UHN neighbourhood specific plans agreed with partners for priority areas/cohorts

- 26/27 Q4 onwards - Implementation of selected left-shift opportunities and interventions to manage UEC demand
- Patients will receive more timely care closer to home and improved flow through urgent care pathways

Maternity and Young People group has mapped service positions (strengths, weaknesses, opportunities and threats), with an in-depth review of service pressures and workforce gaps completed, and mapping of services by location and outpatient demand/capacity modelling. This is being used to generate options for the future configuration of maternity, neonatal and children and young people services. Clinicians across the Group have initially been engaged through a survey (high response rate) and there will be two workshops with clinicians in March to co-produce the vision and reconfiguration plans

A joint cancer strategy conference will be held in Lutterworth on 24 April to highlight some of the early gains from the GCS as well as future plans. The oncologists will take their proposals developed separately to the wider group for support in specific areas from tumour site leads, diagnostic, nursing and cancer team representatives as well as Primary care, corporate teams and commissioners

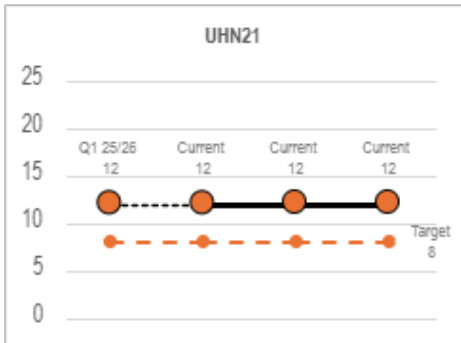
Improving access to elective care team has engaged planned care leads across the group to develop a shared understanding of priorities and existing work programmes in relation to outpatient transformation. They have developed an initial draft set of focus areas for the workstream (for review by workstream SROs) – covering use of digital and AI to enhance outpatient efficiency and productivity, enhancing information/advice/guidance and referral pathways, exploring pathway redesign for key specialties, and development of elective hubs. It is expected that patients will begin to see benefits from this workstream in Q4 2026/27, through progression of initiatives to improve outpatient productivity such as through improved use of digital and review/streamlining of IAG and referral pathways. Subsequently, longer-term initiatives such as development of neighbourhood capacity e.g. hubs and redesign of specific service pathways should lead to patient benefits e.g. care closer to home from 2027/28

#### Q4 25/26 executive commentary

The group clinical strategy has been published and implementation process commenced with specific SRO and PMO support.

Project leads have been identified across all 6 domains and are working with Strategy team support to identify opportunities for joint working which will benefit patients. Specific details have been identified in some areas such as haematology, plastics, spinal and nuclear medicine, while other teams are working to develop more detailed plans e.g. the cancer teams are all meeting in April to hear from regional and local commissioners as well as oncology colleagues to develop a more detailed plan. Maternity and children are taking a similar approach, bringing together teams from across UHL and UHN to redesign services to benefit patients

| <b>Risk ID:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | UHN21                                                                                                                                                                                                                                                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Strategic Priority:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Transform Patient Care                                                                                                                                                                                                                                                                                                                                                     |
| <b>Risk Description:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Failure to maintain robust cyber security and information systems infrastructure may result in service disruption, data breaches, or compromise of patient safety and organisational operations. This includes risks from cyber-attacks, network instability, inadequate data protection measures, and failure to meet national security standards and impact on patients. |
| <b>Key Deliverable:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Achieve and maintain robust cyber security posture and reliable information infrastructure across UHL and UHN.                                                                                                                                                                                                                                                             |
| <b>Executive Lead:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Group Chief Digital Information Officer                                                                                                                                                                                                                                                                                                                                    |
| <b>Assurance Committee:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Operational Performance Committee (to transfer to new committee)                                                                                                                                                                                                                                                                                                           |
| Key Controls                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Key Assurance                                                                                                                                                                                                                                                                                                                                                              |
| DSPT compliance frameworks in place                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | DSPT annual submission and partial compliance (External)                                                                                                                                                                                                                                                                                                                   |
| Cyber security assessment and penetration testing programme                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Cyber security assessments and penetration testing reports                                                                                                                                                                                                                                                                                                                 |
| Network infrastructure monitoring and incident response protocols                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Network uptime and performance metrics (Internal)                                                                                                                                                                                                                                                                                                                          |
| Data Security & Protection framework and policies are in place                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Data Security incident reporting (Internal) and external                                                                                                                                                                                                                                                                                                                   |
| Monthly infrastructure performance reporting to One Digital Hospitals Board (Internal)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Internal audit reviews of information security controls (Internal)                                                                                                                                                                                                                                                                                                         |
| Data Protection Impact Assessments (DPIAs) for new systems and relevant upgrades                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | External Audit for DSPT in place (TIAA)                                                                                                                                                                                                                                                                                                                                    |
| 365/24/7 Security Operations Centre monitoring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Realtime alerting for Cyber Teams                                                                                                                                                                                                                                                                                                                                          |
| Business continuity and disaster recovery plans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | EPRR Emergency Planning Committee                                                                                                                                                                                                                                                                                                                                          |
| Security Operations Centre and overlaid Security Information and Event Management solutions were introduced using the Arctic Wolf platform at UHN in 2025. This is being upgraded in Q1 of 2026 to the RAPID7 platform and being introduced to UHL as their first SOC/SIEM platform                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Monitored externally by dedicated engineers with access to the latest threat landscapes and immediately alerted to UHL and UHN Cyber Teams.<br>Expertise built by implementing the same systems across the Group.                                                                                                                                                          |
| Firewall upgraded in 2025 across the Group                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | The firewalls across the Group comprise of the latest generation Cisco and Fortinet which adopt the latest Data Leak Prevention technology amongst their many features to protect data inside the UHL and UHN networks                                                                                                                                                     |
| Application consolidation strategic direction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | For Example: The introduction of the Nervecentre EPR at NGH aligns it with UHL will help to start mitigating this along with all of the other application consolidations planned in future                                                                                                                                                                                 |
| Implementation of Rubrik immutable backup solution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Data or systems compromised by a Cyber Attack traditionally would have their respective backup data infiltrated at the time of infection. Immutable backups cannot currently be infected or altered and have a fast and efficient recovery time resulting in a reduced threat landscape and hugely improved recovery                                                       |
| Approved Cyber Assessment Framework completed by all new suppliers prior to implementation of new systems                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Cyber and Data Security Operation Meeting (CDSOM) in place to monitor compliance and highlight risks                                                                                                                                                                                                                                                                       |
| Gaps in control or assurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                            |
| Gaps in Controls or assurance: <ol style="list-style-type: none"> <li>1) Cyber security maturity assessment indicates areas requiring strengthening (as presented to private board)</li> <li>2) Legacy infrastructure impacting resilience</li> <li>3) Incomplete data quality dashboard for clinical safety oversight</li> <li>4) Resource constraints in security team affecting proactive threat monitoring</li> <li>5) Some legacy systems not meeting current security standards</li> <li>6) Gaps in the completeness of the information asset register to understand what systems we have</li> <li>7) Supplier cyber maturity, emerging threats, or newly introduced vulnerabilities within the supply chain may not be identified promptly</li> </ol> |                                                                                                                                                                                                                                                                                                                                                                            |

| Risk Scores                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |             |             |              |                               |        |       |          |    |         |    |         |    |         |    |        |   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------|--------------|-------------------------------|--------|-------|----------|----|---------|----|---------|----|---------|----|--------|---|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Qtr 3 25/25 | Qtr 4 25/26 | Target Score | Risk Domain and Risk Appetite |        |       |          |    |         |    |         |    |         |    |        |   |
| Consequence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 4           | 4           | 4            | Information<br>Minimal        |        |       |          |    |         |    |         |    |         |    |        |   |
| Likelihood                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 3           | 3           | 2            |                               |        |       |          |    |         |    |         |    |         |    |        |   |
| Risk Scores                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 12          | 12          | 8            |                               |        |       |          |    |         |    |         |    |         |    |        |   |
| <div><p>UHN21</p><table border="1"><caption>UHN21 Risk Score Trend Data</caption><thead><tr><th>Period</th><th>Score</th></tr></thead><tbody><tr><td>Q1 25/26</td><td>12</td></tr><tr><td>Current</td><td>12</td></tr><tr><td>Current</td><td>12</td></tr><tr><td>Current</td><td>12</td></tr><tr><td>Target</td><td>8</td></tr></tbody></table></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             |             |              |                               | Period | Score | Q1 25/26 | 12 | Current | 12 | Current | 12 | Current | 12 | Target | 8 |
| Period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Score       |             |              |                               |        |       |          |    |         |    |         |    |         |    |        |   |
| Q1 25/26                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 12          |             |              |                               |        |       |          |    |         |    |         |    |         |    |        |   |
| Current                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 12          |             |              |                               |        |       |          |    |         |    |         |    |         |    |        |   |
| Current                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 12          |             |              |                               |        |       |          |    |         |    |         |    |         |    |        |   |
| Current                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 12          |             |              |                               |        |       |          |    |         |    |         |    |         |    |        |   |
| Target                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 8           |             |              |                               |        |       |          |    |         |    |         |    |         |    |        |   |
| Planned Actions (by due date)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |             |              |                               |        |       |          |    |         |    |         |    |         |    |        |   |
| <ul style="list-style-type: none"><li>• Ensure patching and updates are delivered within 6 weeks of release (unless technical reason to deprecate). Majority of systems to Version -1 by March 2026 SRO Will Monaghan</li><li>• Complete cyber security improvement programme to meet NHS Cyber Security Framework standards by June 2026. SRO Will Monaghan</li><li>• Implement enhanced Security Information and Event Management (SIEM) solution by June 2026. SRO Will Monaghan</li><li>• Establish 24/7 cyber security operations capability by April 2026. SRO Will Monaghan</li><li>• Upgrade existing SOC/SIEM at UHN and implement at UHL by May 2026. SRO Will Monaghan</li><li>• Implement RUBRIK backup and Recovery solution across the Group by June 2026. SRO Will Monaghan</li><li>• Implement new Information Asset Register solution with Asset Owners identified and responsibilities established across the Group by June 2026. SRO Will Monaghan</li></ul> |             |             |              |                               |        |       |          |    |         |    |         |    |         |    |        |   |
| Qtr 4 25/26 executive commentary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |             |              |                               |        |       |          |    |         |    |         |    |         |    |        |   |

## Executive update (Q4 25/26) — UHN

Assurance position. DSPT still remains on track. CAF aligned audit actions from earlier in the year continued at pace across NGH and KGH, with evidence collation and owner tracking tightened during the quarter to support the yearend assurance narrative.

We received several Carecert alerts that were relevant to our infrastructure, but it was assuring to see that we were already protected against compromise from these due to our patching and protection position.

No UHN patient impacting cyber incidents in Q4.

We are expecting to reduce the consequence score on this as our recovery time and threat to recovery data will be reduced after implementing RUBRIK.

### Threat monitoring & patching:

AT UHN we are replacing our Arctic Wolf SOC/SIEM solution with RAPID7 which has more features and is better supported so although we are already monitored 365/24/7, this will improve the service. At UHL we are also implementing RAPID7, this will be the first implementation of a SOC/SIEM solution so we will be improving our Cyber Security posture greatly. This aligns with a Regional Rollout of RAPID7 so theoretically the Group will have different skills and additional resource across the region in the event of an incident.

Multiple national HSAs were triaged within target windows and remediated or risk-accepted as appropriate:

-CC4744 - BeyondTrust Releases Security Advisory for Remote Support and Privileged Remote Access

-CC4748 - Exploitation of Zero-Day Vulnerability in Cisco Catalyst SD-WAN

-CC4759 - Citrix Releases Critical Security Updates for NetScaler ADC and NetScaler Gateway

– ATP28-NCSC- Router threat was found to not be applicable.

– CVE-2026-20805-Windows Desktop Manager – no threat as patching had already occurred.

– CVE-2026-21509 – Microsoft Office – no threat as patching had already occurred.

-13 CareCert (CC) vulnerabilities were investigated and found to be Not Applicable to the Group

### External partnerships and dependencies:

NetApp architecture/strategy conversations continued, with followups scheduled to unblock dependencies and keep the security tooling roadmap aligned to plan.

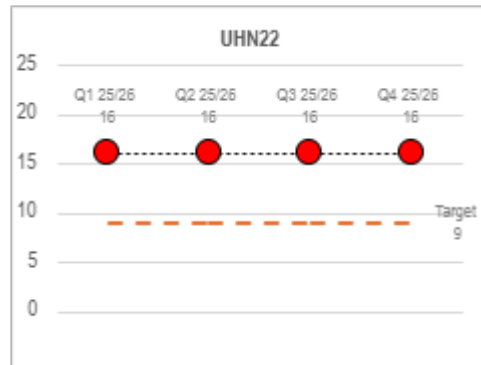
Governance:

BAF entries prepared for Q3 submission with a clearer separation between the cyber risk and the information systems quality/standards risk. Mapping of digital and data risks to the appropriate governance forums progressed. Regionally, we picked up ICS cyber actions (e.g., Bitsight Cloud Sync review; Resilience Direct registration) to strengthen collective resilience.

### Focus for Q1 – 2026 (remains the same):

- Close out remaining TIAA/DSPT actions and complete evidence packs ahead of year-end.
- Decide on Bitsight Cloud Sync following the Q3 review; implement or document the rationale for non-adoption.
- Integrate NHSE/NCSC incident 'grab-bag' materials into UHN BC/EPRR plans and test via a tabletop exercise.
- Maintain rapid HSA triage (including Cisco watch items) and keep NHSE portal updates within SLA.
- Land the NetApp architecture decision and any linked security-tooling steps (backup immutability, monitoring integrations, access hardening).
- Continue anti-impersonation measures with finance and procurement: reinforce call-back verification and track exceptions.
- Finalise updated cyber playbooks (notification/escalation) and baseline response metrics (e.g., mean-time-to-notify, patching lead times) for ongoing reporting.
- Implement RAPID7 across the Group.
- Implement Information Asset Register and ensure Information Asset Owners are taking accountability.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                            |              |                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|--------------|-------------------------------|
| Risk ID:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | UHN22                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                            |              |                               |
| Strategic Priority:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Deliver our Financial Plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                            |              |                               |
| Risk Description:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | If we do not eliminate our greenhouse gas emissions, limit our impact on the environment and take action to achieve our net zero targets then we will fail to be compliant with UK legislation, NHS targets, and our own publicly declared ambitions leading to potential patient harm to patients and staff through pollution and service outages, an increase in waste, inefficiency and spend and potential regulatory action from failing to meet Trust, NHS and legislative targets. |                                                                                                            |              |                               |
| Key Deliverable:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Deliver our quality priorities (Reduction in wasted resources and carbon emissions)                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                            |              |                               |
| Executive Lead:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Director of Strategy                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                            |              |                               |
| Assurance Committee:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Strategic Transformation and Digital Committee                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                            |              |                               |
| Key Controls                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Key Assurance                                                                                              |              |                               |
| Carbon footprint reported annually through Annual Report and ERIC data                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | NGH – third party verification of data through Investors in the Environment                                |              |                               |
| Board approved sustainability plans; submitted to Greener NHS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | NGH – monitored via SD Committee                                                                           |              |                               |
| Carbon management plans commissioned from external consultant for NGH and KGH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Strategy, Transformation and Digital Committee                                                             |              |                               |
| Task force for climate related financial disclosure in annual report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Strategy, Transformation and Digital Committee                                                             |              |                               |
| Energy scheme at NGH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Carbon emissions monitored through Carbon Energy Fund – relates to items under the two energy schemes only |              |                               |
| New Energy Centre at KGH planned for commissioning in 2027                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Energy Centre Project Board                                                                                |              |                               |
| Programme of environmental projects                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | NGH - Monitored through the SD Committee, Sustainable Surgery and Greener Nursing and AHP group.           |              |                               |
| Renewable energy projects                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | NGH – metering and annual reporting (iiE and UHN Board), also monitored through the CEF contract           |              |                               |
| Gaps in control or assurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                            |              |                               |
| <ul style="list-style-type: none"><li>There is no data for the carbon footprint plus available other than the 2019/20 data supplied by Greener NHS which is believed to be incorrect. Updated data not expected before the end of April 2026. PO raised for NGH for baseline data to be calculated in April 2024, but unable to obtain appropriate reports from Finance Department. No baseline data is available for KGH.</li><li>There has been no sustainability resource utilised at KGH and there have been gaps in the reporting for some of the carbon emissions.</li><li>KGH carbon management plans revolved around the New Hospital Programme; if this is not forthcoming then targets are likely to be missed as much of the reduction projected relates to demolition and replacement of buildings.</li><li>UHN still uses gas boilers for heating and hot water. Carbon emission reductions are at risk from the additional installation of further fossil fuel boilers using the Critical Infrastructure funding, albeit, these will be more efficient and therefore reduce carbon emissions. The nature of the two estates means that there is limited room for onsite renewable production and will be reliant on further grid decarbonisation. In the case of NGH, most buildings are poorly insulated; to remedy this will cost several million pounds. Funding constraints make this difficult to remedy.</li><li>Changes to carbon emissions from business mileage have not been tackled, these may increase with expected working across sites</li><li>The majority of work to reach net zero will require changes in the way that care is delivered. This requires more education and engagement – currently there is no mandated sustainability training, although it is available on ESR, and it has not been yet been included in any QI training, although initial engagement with the new lead has occurred. Limited resource within the Sustainability team reduces the direct influence.</li><li>There is resistance to the removal of nitrous oxide manifolds at KGH from the anaesthetists – the Royal College and Association of Anaesthetists have issued a position statement advocating the removal. There is no reason that the successful implementation at NGH cannot be repeated.</li></ul> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                            |              |                               |
| Risk Scores                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                            |              |                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Qtr 3 25/26                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Qtr 4 25/26                                                                                                | Target Score | Risk Domain and Risk Appetite |
| Consequence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 4                                                                                                          | 3            | Net Zero Open                 |
| Likelihood                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 4                                                                                                          | 3            |                               |
| Risk Scores                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 16                                                                                                         | 9            |                               |



#### Proposed Actions (by due date)

1. Create streamlined reporting system for UHN and determine reporting and governance frameworks (Dec 2025)
2. Create and install UHN metering strategy (2027)
3. Feasibility study for UHN relating to renewables and battery storage with Greater South East Energy Hub (appointed by DESNZ to review public sector requirements for renewables) (2026)
4. Update Carbon Management plans for UHN to include proposed infrastructure changes (2026)
5. Remove KGH nitrous oxide manifolds (2025)
6. Remove UHN maternity manifolds and move to bottled nitrous (2026)
7. Include Sustainability impact assessment in all business plans and capital plans (2026)
8. Get accurate baseline of scope 3 emissions and set reduction targets for different procurement categories (2026)
9. Make reuse first choice for all procurements (2030)
10. Review business mileage and fleet and create a plan to reduce all transport related emissions (2027)
11. Increase staff training and introduce requirement for sustainability into all senior management objectives and recruitments (2027)
12. Reduce carbon emissions from medicines through reduction of wastage and use of lower carbon alternatives e.g. DPIs to MDIs, IV to oral switches (2030)
13. Remove fossil fuel boilers from the UHN estate (2038)
14. Establish joint sustainability committee and write longer term Sustainability Strategy for UHN linking with Estates and Clinical Strategies (2028)

#### Q4 25/26 executive commentary

Some good progress has been made in Q4:

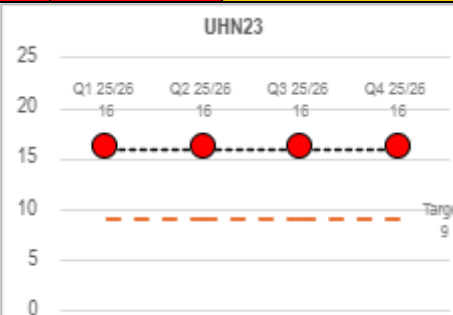
- The Green Team competition final was held with NGH IPC Continence Care project winning and KGH Radiology department runners up. Modelled savings from the presentations were £252k and 15.5 tonnes of CO2e.
- Installation of new NGH for new gas boilers; to be complete 9<sup>th</sup> April. This will remove an estimated 98 tonnes of CO2e.
- Solar panels 85% installed but not operational at KGH will reduce CO2e emissions by 110 tonnes of CO2e.
- FY1 doctors trained in SusQI and sustainability at NGH.
- Calculations after 12 months since removal of the NGH Nitrous Oxide Manifold has shown savings of £3.6k and 291 tonnes of CO2e which is higher than expected.
- UV Decontamination boxes purchased for ENT to save money and carbon for the rhino endoscopes after a successful trial.
- Washer disinfectant installed in Collingtree A NGH to remove pulp products after successful trial.

There remain some challenges:

- No further progress has been made yet in removing nitrous oxide from KGH which had a 2025 date in our Green Plan.
- Delays to the E&F seniors restructure and leadership bandwidth has slowed expected progress on new UHN governance overseeing delivery of the Green plan.
- There remains no overall costed or funded plan for removing NGH reliance on fossil fuels. KGH Energy Centre will address reduce carbon emissions from buildings by approximately 50%, and progress on this build remains on track.

Plans for Q1 2026/27:

- Begin new governance model and complete E&F seniors restructure to release more capacity into this agenda.
- Investigate alternative funding models for renewable technologies

|                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------|
| <b>Risk ID:</b>                                                                                                                                                                                                                                                                                                                                                                               | UHN23                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                                   |
| <b>Strategic Priority:</b>                                                                                                                                                                                                                                                                                                                                                                    | Transform patient care                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                                   |
| <b>Risk Description:</b>                                                                                                                                                                                                                                                                                                                                                                      | If integrated working with wider partners in our county or region is not sufficiently mature, our ability to deliver key elements of the NHSE 10 yr plan, realise our Anchor Institution ambitions or address demand from population health longer term, becomes compromised, impacting on high quality patient care and experience. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                                   |
| <b>Key Deliverable:</b>                                                                                                                                                                                                                                                                                                                                                                       | Accelerate work to integrate patient care, removing barriers between secondary, community and primary care services                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                                   |
| <b>Executive Lead:</b>                                                                                                                                                                                                                                                                                                                                                                        | Director of Strategy                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                                   |
| <b>Assurance Committee:</b>                                                                                                                                                                                                                                                                                                                                                                   | Strategy, Transformation and Digital Committee                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                                   |
| <b>Key Controls</b>                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                      | <b>Key Assurance</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |                                   |
| Effective working across the ICS and the wider partners including the Northamptonshire Integrated Care Board and the Northamptonshire Integrated Care Partnership                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                      | <ul style="list-style-type: none"><li>➤ New Board committee to have dedicated time to track progress and assess risks against delivery.</li><li>➤ ICS governance architecture tracks progress of the outcomes of integrated working.</li><li>➤ Establishment of Place Delivery Boards alongside Health and Wellbeing Boards to deliver improved outcomes in population health and healthcare (Internal / External)</li><li>➤ Population Health Board in place that produces single sets of integrated data and information on health inequalities.</li><li>➤ Delivering the GIRFT recommended pathways are end to end and include system partners.</li><li>➤ Primary care to attend UHN Clinical Senate.</li></ul> |                     |                                   |
| Implementation of the ICS operating model to deliver good quality care, financial balance and improved outcomes.                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                                   |
| UHN leaders (Executives, non-executives and senior divisional clinical leaders) as members throughout the ICS governance system to ensure strong development and delivery against plans.                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                                   |
| Proactively engage in System transformation work to make improvements to patient pathways and demand                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                                   |
| UHN Anchor Institution Strategy to clearly set out our ambitions and actions to deliver them, including to address health inequalities.                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                                   |
| <b>Gaps in control or assurance</b>                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                                   |
| Limited assurance on delivery of effective and transparent place and neighbourhood working – still in development.<br>Unknown impact of Cluster arrangements and reduced headcount across the system to work on these programmes<br>Consistent and contemporaneous board understanding of ICS operating model at UHN<br>Robust SMART delivery plan in agreement with all partners             |                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                               | <b>Qtr23 25/26</b>                                                                                                                                                                                                                                                                                                                   | <b>Qtr 4 25/26</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Target Score</b> | <b>Risk Domain /Risk Appetite</b> |
| <b>Likelihood</b>                                                                                                                                                                                                                                                                                                                                                                             | 4                                                                                                                                                                                                                                                                                                                                    | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 3                   | <b>Pt Exp/Quality<br/>Open</b>    |
| <b>Consequence</b>                                                                                                                                                                                                                                                                                                                                                                            | 4                                                                                                                                                                                                                                                                                                                                    | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 3                   |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                               | 16                                                                                                                                                                                                                                                                                                                                   | 16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 9                   |                                   |
| <div><div></div><div><p>UHN23</p></div><div></div></div>                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                                   |
| <b>Actions (by due date)</b>                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                                   |
| Drive the establishment of the Northants system architecture for Neighbourhoods end Q1 26/27.<br>Ensure UHN Senior team have a consistent understanding of roles and responsibilities to drive delivery of actions end Q1 26/27.<br>Agree UHN priorities for tackling health inequalities April 26.<br>Hold first UHN Board committee with dedicated discussion time on this topic - complete |                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                                   |

**Qtr 4 25/26 executive commentary**

Anchor Institution and Health Inequalities approach approved at ILT and Board and a working group of willing participants are driving this work forward.

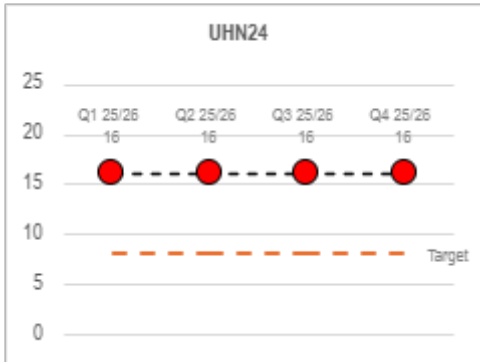
First Social Value meeting held across the system with TOR approved. UHN to be a regular member of the group.

Northamptonshire Sustainability Anchor Institution Workstream steering group, led by UHN, met with system partners to establish priorities and delivery plans going forward.

System Neighbourhood development session held which was widely attended by all system partners and debated priority themes for our neighbourhoods and how these can be supported by system partners. ICB led draft Neighbourhood strategy has been written and is with stakeholders for comment. This sets out a much clearer framework for what we want to achieve in this space and will assist UHN in considering its approach in how we can ensure benefits to demand and patient outcomes are maximised.

Neighbourhood workstream progressing through UHL-UHN Group Clinical Strategy, sharing learning and approaches with UHL 26/27 planning round has capital funding set aside for out of hospital UEC schemes to assist in demand mitigations.

Local Authority are keen to work with UHN and UHL on population health mapping and linking work in the JSNA to those of the acute's.

| Risk ID:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | UHN24                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                        |              |                                                    |         |       |          |    |          |    |          |    |          |    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------|----------------------------------------------------|---------|-------|----------|----|----------|----|----------|----|----------|----|
| Strategic Priority:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Transform Patient Care                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        |              |                                                    |         |       |          |    |          |    |          |    |          |    |
| Risk Description:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Failure to deliver the Group's digital transformation agenda may result in continued operational inefficiencies, inability to standardise care delivery across sites, and failure to realise productivity benefits. This specifically includes risks to EPR implementation, automation programmes, and the broader digital strategy delivery impacting our ability to transform services and achieve digital maturity. |                                                                        |              |                                                    |         |       |          |    |          |    |          |    |          |    |
| Key Deliverable:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Implementation of One Digital Strategy - unified digital transformation across UHL and UHN including EPR, automation, and system rationalisation                                                                                                                                                                                                                                                                       |                                                                        |              |                                                    |         |       |          |    |          |    |          |    |          |    |
| Executive Lead:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Will Monaghan, CDIO                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                        |              |                                                    |         |       |          |    |          |    |          |    |          |    |
| Assurance Committee:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Strategic Transformation and Digital Committee                                                                                                                                                                                                                                                                                                                                                                         |                                                                        |              |                                                    |         |       |          |    |          |    |          |    |          |    |
| Key Controls                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                        | Key Assurance                                                          |              |                                                    |         |       |          |    |          |    |          |    |          |    |
| One Digital Strategy approved by Board                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                        | Monthly Digital Hospitals Board oversight reports (Internal)           |              |                                                    |         |       |          |    |          |    |          |    |          |    |
| Dedicated EPR programme teams with defined budgets and milestones (Internal)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                        | Digital Maturity Assessment annual review (External)                   |              |                                                    |         |       |          |    |          |    |          |    |          |    |
| Programme Management Office providing oversight and benefits tracking (Internal)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                        | NHSE EPR Gateway reviews (External)                                    |              |                                                    |         |       |          |    |          |    |          |    |          |    |
| Clinical and Operational Design Authority (CODA)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                        | Programme delivery dashboards and KPI monitoring (Internal)            |              |                                                    |         |       |          |    |          |    |          |    |          |    |
| Technical Design Authority (TDA) established                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                        | Benefits realisation reports - Wave 1 automation delivered             |              |                                                    |         |       |          |    |          |    |          |    |          |    |
| Digital transformation governance structure including programme boards                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                        | ICS Digital Board alignment and reporting (External)                   |              |                                                    |         |       |          |    |          |    |          |    |          |    |
| Upward Reports from OneDigital Service and Operational Delivery Board and OneDigital Hospital Board                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        | Regular reporting to ILT and Board committees                          |              |                                                    |         |       |          |    |          |    |          |    |          |    |
| Benefits realisation tracking for automation programmes (Internal)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                        | Emerging Tech Team, PMO Lead and Commercial Lead track this and report |              |                                                    |         |       |          |    |          |    |          |    |          |    |
| Gaps in control or assurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                        |              |                                                    |         |       |          |    |          |    |          |    |          |    |
| Gaps in Controls or assurance:<br>1) UHN/UHL governance process not fully embedded - collaborative working arrangements still maturing<br>2) 25/26 DMA results were a big improvement on the previous ones, with all Trusts above average in many domains.<br>3) System fragmentation - ambition to reduce number of systems by 50% by April 2027<br>4) EPR not implemented at KGH - business case in development for post-merger alignment<br>5) Resource constraints in digital teams affecting delivery capacity<br>6) Clinical and operational pressures impacting staff availability for digital transformation<br>7) Dependency on capital funding reliability for future phases<br>8) Cultural change management programme needs strengthening |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                        |              |                                                    |         |       |          |    |          |    |          |    |          |    |
| Risk Scores                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                        |              |                                                    |         |       |          |    |          |    |          |    |          |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Qtr 3 25/26                                                                                                                                                                                                                                                                                                                                                                                                            | Qtr 4 25/26                                                            | Target Score | Risk Domain and Risk<br><br>Information<br>Minimal |         |       |          |    |          |    |          |    |          |    |
| Consequence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 4                                                                                                                                                                                                                                                                                                                                                                                                                      | 4                                                                      | 4            |                                                    |         |       |          |    |          |    |          |    |          |    |
| Likelihood                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 4                                                                                                                                                                                                                                                                                                                                                                                                                      | 4                                                                      | 2            |                                                    |         |       |          |    |          |    |          |    |          |    |
| Risk Scores                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 16                                                                                                                                                                                                                                                                                                                                                                                                                     | 16                                                                     | 8            |                                                    |         |       |          |    |          |    |          |    |          |    |
| <div><div>UHN24</div><table border="1"><caption>UHN24 Risk Score Data</caption><thead><tr><th>Quarter</th><th>Score</th></tr></thead><tbody><tr><td>Q1 25/26</td><td>16</td></tr><tr><td>Q2 25/26</td><td>16</td></tr><tr><td>Q3 25/26</td><td>16</td></tr><tr><td>Q4 25/26</td><td>16</td></tr></tbody></table></div>                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                        |              |                                                    | Quarter | Score | Q1 25/26 | 16 | Q2 25/26 | 16 | Q3 25/26 | 16 | Q4 25/26 | 16 |
| Quarter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Score                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                        |              |                                                    |         |       |          |    |          |    |          |    |          |    |
| Q1 25/26                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 16                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                        |              |                                                    |         |       |          |    |          |    |          |    |          |    |
| Q2 25/26                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 16                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                        |              |                                                    |         |       |          |    |          |    |          |    |          |    |
| Q3 25/26                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 16                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                        |              |                                                    |         |       |          |    |          |    |          |    |          |    |
| Q4 25/26                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 16                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                        |              |                                                    |         |       |          |    |          |    |          |    |          |    |
| Action updates (by due date)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                        |              |                                                    |         |       |          |    |          |    |          |    |          |    |
| 1) Implement NGH EPR Tranche 2 (PAS, Outpatients, Careplans) by July 2026. SRO Andy Carruthers<br>2) Implement NGH EPR Tranche 3 (Theatres, Critical Care, Patient Centre app) by April 2027. SRO Andy Carruthers<br>3) Complete KGH EPR strategy and alignment plan for UHN by July 2026. SRO Chris Evans<br>5) Achieve 25% reduction in number of systems by April 2027 (50% by April 2028). SRO Will Monaghan<br>7) Complete unified data platform implementation (FDP) by September 2026. SRO Will Monaghan                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                        |              |                                                    |         |       |          |    |          |    |          |    |          |    |

**Qtr 4 25/26 executive commentary**

Executive update (Q4 25/26):

EPR delivery — governance and stability. Planning and delivery of Tranche2 is well underway and is slightly behind original planned date but there is assurance that it will be delivered in Q2 of 26/27.

Cross-system interoperability (NCR). The ICB escalated delays to the Nervecentre single sign-on to Northamptonshire Care Record and flagged MFA introduction for web users in September; actions were placed on the Group to re-engage and resolve This has made good progress with improved access for data to the care record.

Wave 2 automations are now in user acceptance testing and due to launch in May 2026

BadgerNet is now embedded successfully.

The UHL/UHN AI academy is live and onboarding it's second cohort now.

Ambient AI / AVT has been rolled out successfully and initial snagging has been noted and, on the whole, resolved. AVT is being scaled up during Q1 of 26/27.

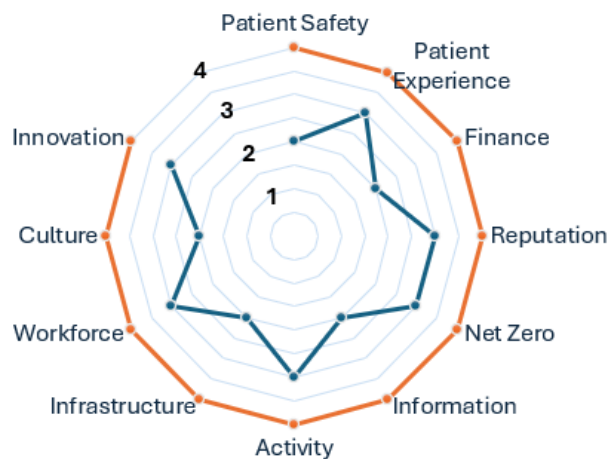
Data platform (FDP) — scope and governance. A restructure of the Data Team should progress in Q1 of 26/27 and will enhance and improve the delivery.

Focus for Q1 26/27: ensure delivery of Tranche-2 EPR dependencies (interfaces/SSO), monitor AVT for reliability, accuracy to help with confidence in the scale-up, drive Wave-2 automation, and progress FDP migration and Data Team restructure.

The 25/26 Digital Maturity Assessment scores were a big improvement on previous results with delivery of systems, enhancements and upgrades noted above.

## Appendix 1

# UHN Risk Appetite 25/26



| Risk Appetite Levels |                   |
|----------------------|-------------------|
| 1                    | None              |
| 2                    | Minimal           |
| 3                    | Open              |
| 4                    | Seek/ Significant |

The Board recognises that UHN's long term sustainability depends upon the delivery of its strategic objectives and its relationships with its patients, the public and strategic partners, including our staff, wherever possible.

The risk appetite statement has individual statements across 11 key risk areas (domains). The statements and the supporting definitions seek to establish our capacity for taking and absorbing risk and will act as guiding principles for the management of risk across UHN.

Our image of risk appetite set against domains denotes the level of risk appetite within the maximum range.

In assessing risks, there will be recognition of levels of tolerance that may sit outside of the overarching risk appetite.

## Strategic Domains: Risk Appetite 25/26

### 1. Patient Safety: Minimal

Although the preference is for risk avoidance for safety, decisions may be taken that might have the possibility of improved patient outcomes where appropriate controls are in place.

### 2. Patient Quality/Experience: Open

Any risks to patient experience that might be required to achieve quality improvements or where there are longer-term gains. Some individual patient care and treatment experiences that may achieve improved clinical outcomes or innovation in emerging fields.

### 3. Finance: Minimal

Any risk that UHN may be required to take to mitigate risk to patient safety or quality of care, with value for money still being the main concern. Price may not always be the overriding factor if appropriate controls are in place.

### 4. Reputation: Open

Any risk that may result in improvements in the design or delivery of healthcare services through collaboration or innovation.

### 5. Net Zero: Open

Any risks that may result in increasing overall achievement of the net zero targets through collaboration or innovation but that result in short-term delays.

### 6. Information: Minimal

Any risk that may impact the availability of systems that support critical business functions and for threats to its assets arising from external malicious attacks.

### 7. Activity: Open

Due to operational pressures, it may be necessary to take a more open approach to risks except where there are implications for a safe delivery of care.

### 8. Infrastructure: Minimal

Limited action may be taken which may impact on operational service delivery only where it is essential to deliver safe and effective patient care and outcomes. Decision making authority held by senior management.

### 9. Workforce: Open

Appetite to take workforce management decisions which may have short term implications for our workforce for potential longer-term gains.

### 10. Culture: Minimal

Prepared to take limited risk with regards to culture as long as this could yield opportunities elsewhere within the UHN for longer term cultural and leadership development.

### 11. Innovation: Open

Any risk that may result in improvements in the design or delivery of services through innovation, creativity, external income or clinical research. We will pursue innovation where there is the potential for significant longer-term rewards and improvement on quality and safety outcomes.

