BOARDS OF DIRECTORS OF KETTERING GENERAL HOSPITAL NHS FOUNDATION TRUST (KGH), NORTHAMPTON GENERAL HOSPITAL NHS TRUST (NGH) (UNIVERSITY HOSPITALS OF NORTHAMPTONSHIRE NHS GROUP - UHN) AND THE UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST (UHL)

MINUTES OF A MEETING OF THE BOARDS HELD ON 11 JUNE 2026 FROM 9.30-13:00 IN SEMINAR ROOMS 2-3, CLINICAL EDUCATION CENTRE, GLENFIELD HOSPITAL

Voting Members present:
Trevor Shipman, UHN Non-Executive Director & Vice Chair and UHN Strategy, Transformation and Digital Committee Chair (in the Chair)
Scott Adams – UHL Non-Executive Director and Operations and Performance Committee Chair
Lee Bond – UHL Chief Financial Officer
Ivan Browne OBE – UHL Non-Executive Director and People and Culture Committee Chair
Laura Churchward – UHN Chief Executive
Alice Cooper – UHN Non-Executive Director and Audit Committee Chair
Simon Gay – UHN Non-Executive Director (KGH voting member)
Helen Hendley – UHL Chief Operating Officer
Julie Hogg – Group Chief Nurse
Jill Houghton – UHL & UHN Non-Executive Director
Andrew Inchley – UHL Non-Executive Director and UHL Finance and Investment Committee Chair
Paula Kirkpatrick – UHN Chief People Officer (KGH voting member)
Richard Mitchell – UHL & UHN Group Chief Executive
David Moon – UHL Non-Executive Director and UHL Audit Committee Chair
Hemant Nemade – UHN Medical Director
Sarah Noonan – UHN Chief Operating Officer
Sarah Stansfield – UHN Chief Financial Officer
Damien Venkatasamy – UHN Non-Executive Director and UHN Finance, Investment and Performance Committee Chair (KGH voting member)
Chris Welsh – UHN Non-Executive Director and UHN Quality and Safety Committee Chair
Gang Xu – UHL Medical Director

Non-Voting Members present:
Ruw Abeyratne – UHL Director of Health Equality and Inclusion
Simon Barton – UHL Deputy Chief Executive
Becky Cassidy – UHL Director of Corporate and Legal Affairs
Emma Casteleijn – UHL Director of Communications and Engagement
Polly Grimmett – UHN Director of Strategy
Will Monaghan - Group Chief Digital Information Officer
Suzie O'Neill – UHN Director of Communications and Engagement
Clare Teeney – Chief People Officer

Also present:
Danni Burnett – Group Director of Midwifery
Sheela Kaya – Freedom to Speak Guardian (for minute 34/26/2)
Harsha Kotecha – Chair, Leicester and Leicestershire Healthwatch
Richard May – UHN Company Secretary
Derek McIlroy – Operations Manager, The Guardian Service (for minute 34/26/2)
Rachel Moss – Freedom to Speak Guardian (for minute 34/26/2)
Matthew Reeves – UHL Corporate and Committee Services Officer
Emma Roberts – Head of Nursing, Emergency and Specialist Medicine (ESM) (for minute 30/26)
Raunak Singh – Guardian of Safe Working (for minute 34/26/3)
Sharon Wilkinson – Senior Nurse, Patient Experience (for minute 30/26)

Apologies for absence:
Andrew Moore – Group Chair
Simon Baylis – KGH Lead Governor
Steve Harris – UHL Associate Non-Executive Director
Andy Haynes MBE – UHL Non-Executive Director & UHL Vice Chair and Quality Committee and Our Future Hospitals & Transformation Committee Chair
Denise Kirkham – UHN Non-Executive Director and UHN People Committee Chair
Tom Robinson – UHL Non-Executive Director and UHL Charitable Funds Committee Chair
Caroline Stevens – UHN Non-Executive Director

Becky Taylor – UHN Director of Continuous Improvement

		ACTION
25/26	**APOLOGIES AND WELCOME**	
	The Chair welcomed colleagues to the meeting and noted apologies for absence as listed above.	
26/26	**CONFIRMATION OF QUORACY**	
	The meeting was confirmed as quorate and able to proceed with business.	
27/26	**DECLARATIONS OF INTERESTS**	
	There were no declarations of interest regarding the business to be transacted at the meeting.	
28/26	**MINUTES**	
	Ms H Kotecha, Chair of Leicester & Leicestershire Healthwatch requested that reference be made to the questions she provided prior to the May Boards in Common meeting. **Resolved –** that the Minutes of the Boards of Directors of Kettering General Hospital (KGH), Northampton General Hospital (NGH) the University Hospitals of Leicester (UHL) NHS Trust meeting held on 8 May 2026 be confirmed as a correct record, subject to the above amendment.	**UHN CoSec**
29/26	**ACTION LOG**	
	The Boards noted, the action log enclosed at Paper B, on which all actions were marked as complete or in progress, except for the action regarding oversight arrangements of the UHN Community Engagement Strategy which was on hold due to the ongoing review of committees.	
30/26	**PATIENT STORY: SEEING THE PERSON BEHIND THE PATIENT – SUSAN'S STORY**	
	The Group Chief Nurse introduced the patient story, which was Susan's story about her time as a cancer patient at Leicester Royal Infirmary and the Boards received a video where her son, Mr R Bradbury provided details of the care that his mother received. In the video, Mr R Bradbury described the patient pathway that his mother followed during the development of her cancer illness, and different stages of treatment she had received. He also outlined aspects of his mother's personality and how staff took the time to learn this about his mother and adapted the care accordingly based on her as an individual person. He praised the approach taken by staff throughout his mother's care, and felt assured by the care she received, because of the time taken to get to know her. In discussion the following points were raised: - The team caring for the patient were clearly a high-performing team which left a very positive impression for the patient's family. - Following a question regarding the coordination taken by the Team, it was reported that the geriatric ward in question took a wholistic approach to individualised care, which considered the patients' spiritual, social and physical needs with good engagement with the family. This approach was taken across the entirety of the CMG's services. - The story showed clearly that the care was focussed on the person at the centre. Further, other aspects such as hospital moves, establishing a care package and the challenges of accessing records at out of hours times demonstrated positive working from the team delivering care. - Challenges in delivering care were noted such as having sufficient time to have important conversations with patients and their families, particularly when delivering palliative care. - It was acknowledged that the Emergency Department was not the most suitable admission pathway for palliative patients and there needed to be better working with community partners. - It was felt that more generally, patient stories had demonstrated that longer term relationships delivered better care that short term and queried whether lessons could be learned. In response, it was noted that the Fundamentals of Care programme and the Leicester Excellence Accreditation Framework, were both programmes that sought to deliver better care, and there would be a focus going forward on supporting patients in community settings.	

	- Palliative care teams were supportive of community based care and the need for better working with community partners was reinforced. - Improving end of life care was noted as area of focus with the need for better inter-team working highlighted. - The patient story demonstrated the team's clear ability to deliver compassionate care whilst supporting families at a difficult time. - The 3 weeks the patient spent as an inpatient receiving palliative care was queried as to whether this was the best place for the patient and their family, and UHL's role in such situations was also questioned, but it was acknowledged that some patients would need acute care. Further, it was felt that consideration should be given to the time provided to staff to engage with patients and families in palliative care, possibly through monitoring of data for time of interactions, to inform a balance between time spent with patients and the need for efficiency to provide clarity for teams. The Chief Executive thanked Ms E Roberts, Head of Nursing, ESM for the care and services that she and her teams delivered. The UHN Vice-Chair thanked Ms E Roberts for attending and asked that the positive feedback could be shared with her team. The importance of consistency when delivering care was felt to be evident from the story which had been received.	**GCN**
	<u>Resolved</u> – that consideration to the role in delivery of care for palliative patients, and arrangements for working alongside community provision partners.	**GCN**
31/26	**STANDING ITEMS**	
31/26/1	<u>Vice-Chair's Report</u>	
	The UHN Vice-Chairman highlighted the importance of the Boards' giving consideration to the needs of patients and colleagues in their deliberations. More specifically the need to support colleagues to deliver care at the appropriate time and to consider how governance could also support the delivery of care. The UHN Vice-Chairman noted that Ms L Churchward, UHN Chief Executive noted that this would be her last Board meeting before she left her role and thanked her for all her efforts and delivery at UHN.	
31/26/2	<u>Group Chief Executive's report</u>	
	The Group Chief Executive presented paper D, and reported the following: <u>UHN Chief Executive</u> – Ms L Churchward was thanked for her leadership whilst in the role of Chief Executive of UHN and it was noted that it had improved as an organisation under her leadership. She was wished well for her future career within the NHS. <u>UHL-UHN Collaboration</u> – the collaboration had been growing in development at governance level with 3 Boards in Common meetings and 9 Joint Executive Team meetings having taken place, which had enabled strengthened governance and leadership arrangements. <u>UHL – UHN Priorities</u> – The Chief Executive and other Executive colleagues had recently attended a staff listening event. Part of the discussion had focussed on UHL / UHN priorities, which were; transforming patient care, strengthening our culture, and delivering our financial plans. There had been a general view arising from the event from colleagues that the most important priority for the Boards was delivering our financial plans. The importance of the Boards focussing on all 3 priorities was highlighted but acknowledged that finance could sometimes take over. The focus on culture to bind the organisation together, as well as improved patient care should be part of Board interactions, and the Boards were asked to check if this was the case. Mr S Adams, UHL Non-Executive Director stated that he personally felt that all three priorities were equally important but noted that if the financial plan was not met, then time or freedom would not be given to deliver changes to culture or improvements to care.	

	The UHN Vice-Chair welcomed the discussion on priorities and noted that it set an important context for the meeting, and it was stressed that there also needed to be a focus on the long term as well as the short term.	
	<u>Resolved</u> – that that report be received and noted.	
31/26/3	<u>Integrated Performance Report and Executive Summaries (Month 12, 31 March 2026)</u>	
	The Group Chief Executive introduced the Integrated Performance Report (IPR), which provided a high-level assessment of themes – access, quality, safety and money, covering the organisations. The report provided details for April, but verbally a more up to date position was noted in regard to Urgent and Emergency Care (UEC), where the pathway was very challenged with demand at winter levels, which raised concerns for the forthcoming winter and wider impacts on access and patient quality. Following a recent meeting with Leicester, Leicestershire and Rutland Local Medical Committee, it was highlighted from the meeting that Leicester City had particular challenges due to the highest rates of infant mortality and tuberculosis in the country and second worst levels of access to General Practice in the country. The UHN Chief Operating Officer highlighted the following points regarding access: - For the 4 hour Emergency Department wait time, Kettering General Hospital (KGH) had exceeded the standard, with Northampton General Hospital (NGH) meeting the standard and there had been sustained improvement following sprint schemes. - Ambulance handover times remained challenged at both sites. - Length of stay and right to reside criteria targets also remained challenged, but June was showing signs of improvement. - The frailty service had re-started at the beginning of June and the Length of Stay group had also been re-started. - Cancer performance, particularly breast remained challenged, but April had shown some areas of improvement. - Referral to treatment targets were broadly on plan following additionality being agreed. The UHL Chief Operating Officer highlighted the following points regarding access: - The 4 hour and 12 hour Emergency Department waiting time targets were improved compared to previous years, despite increased demand. - Extended waits for hospital admission were impacting length of stay targets, with new capacity being brought online, but this had a financial impact. - Performance improved in the 31 day and 62 day cancer referral to treatment targets, however performance deteriorated in the Faster Diagnosis Standard. - Actions were in place to address wait challenges in breast cancer care. - Elective wait times were still not at the required level, but assurance was provided that actions were in place to improve the position. - It had been 1 year since the Hinckley Community Diagnosis Centre (CDC) had opened, with 60,000 patients served without the need to attend an acute site. - Industrial action was due to start in the following week, assurance was provided that plans were in place, but there would still be an impact on services. In discussion, the following points were raised and discussed: - Noting the demand in the Emergency Departments, it was queried whether discussions had taken place with System partners to mitigate the demand. For UHL it was confirmed that the UEC collaborative had identified 5 ‘pillars’ to reduce demand, but further clarity was needed when actions would be put into place. It was also noted that general practice was facing similar demand pressures. For UHN, similar challenges were noted, but it was highlighted that a meeting of the ICB Health Executive was due to take place in the following week and consider summer demand pressures. - The Group Chief Executive noted there were a number of discussions taking place across the System, but this appeared insufficient to address the high levels of attendance. The acute sector was at the centre of these challenges, facing high levels of accountability, but there was also a need to consider pre and post hospital care to address the problems, and as such community partners had been requested to maintain capacity. Due to current funding arrangements, the current demand would create a financial pressure for the ICB. Concern was expressed that Urgent Treatment Centres planned for NGH and Leicester Royal Infirmary (LRI) would open and only address unmet current demand.	

	- In response to a question, the Group Chief Nurse agreed to provide an update regarding the roll out of Paediatric Early Warning System metrics. - Performance in cancer screening was highlighted with the impact of wider determinants of health felt to be a key factor in low levels of screening. The need to discuss this issue with System partners to consider ways forward taking wider determinants into account was noted. - There was an opportunity to improve medical productivity through a greater focus in the use of job plans. It was confirmed that job plan performance was now at 95%, with the focus on validity and delivery going forward, with further improvements through automation currently under discussion. - Addressing UEC demand would require different ways of working to address, with solutions such as a single point of access, possibly via primary care being suggested. - The reason for the increase in UEC demand needed to be determined in order to agree how the problem could be addressed, but it was noted that the increase was being seen nationally. - Patients could often be confused about where they needed to go for the most appropriate care for their needs and this was felt to be partly driven by recent ICB communications. The UHL Director of Communications and Engagement agreed to discuss the matter further outside of the meeting with the Chair of Leicester and Leicestershire Healthwatch. - Levels of service expectations had increased due to developments in other parts of the consumer economy. - Anecdotal evidence from the Health and Wellbeing Board in Northampton was that there did not appear to be awareness of the levels of pressure that services were facing, possibly so as not to cause alarm. Each of the Executive Director IPR leads were invited to provide an overview of the key aspects of paper E, relating to their portfolios as follows:- **(1) Quality –** Commenting on UHL, the Group Chief Nurse highlighted the following: - Gram negative bloodstream infections remained above target, but a plan had been considered by the Quality Committee for addressing this issue and it included enquiries into catheter and invasive line usage and a working group on microbial infections had also been convened. - The UHL Medical Director reported 3 never events in the month of April with full investigation and review of procedures having taken place in response. An initiative had been developed to ensure clear focus to minimise future occurrence. It was assured that there was minimal patient harm. - The Summary Hospital-Level Mortality Indicator (SHMI) and the Hospital Standardised Mortality Ratio (HSMR) levels were both below 100 which was positive due to the period covered in the report which included the early winter period. Commenting on UHN, the Group Chief Nurse highlighted the following: - Both KGH and NGH sites overall performed well regarding friends and family tests, but there was variation between wards and this was being reviewed in detail. - The Fundamentals of Care programme and the Leicester Excellence Accreditation Framework (LEAF) were being developed and implemented. - Complaints response performance was not at the required level, but an upward trajectory was now being seen. - There had been a positive reduction in the number of mixed sex breaches. - Similar challenges to UHL were being seen in respect of gram negative bloodstream infections. - The UHN Medical Director noted the SHMI was increasing and above the expected level. A deep dive had been undertaken to consider relevant factors which included the depth of coding, methodology changes and the fact that palliative care was disproportionately provided at NGH, and this was reported to the Quality Committee. In discussion, the following points were raised and discussed: - Professor C Welsh, UHN Non-Executive Director commented that the mortality deep dive confirmed that there was no underlying increase in mortality at NGH. - In response to a question about risks, it was felt that the biggest patient risk at UHN was likely to be those UEC risks around safety due to infection and poor quality patient experience due to long waits. A further risk element was noted due to the increase in unassessed patients being left at NGH due to a change in ambulance procedures, which was felt to be something that should be addressed with system partners. The Group Chief Executive confirmed that this would be raised at a forthcoming meeting with East Midlands Ambulance Service.	**GCN** **DoC&E**

(2) People – The UHN Chief People Officer noted the following points:

- A sickness absence rate of 4.9% was reported.
- Appraisal rates were variable with KGH good, but NGH well below target with variation in the level of quality, but a new process was being put in place to address the issue.
- Agency spend was less than 1% of the total pay bill, with virtually zero at KGH, but vacancies in the medical workforce were driving demand for agency staff.
- Meeting the targets of the workforce plan and associated Cost Improvement Plan (CIP) targets were an ongoing weekly focus.
- Formal cases at both sites, thought to be driven by new freedom to speak up arrangements had confirmed cultural issues to address.

In discussion, the following points were raised and discussed:

- It was confirmed that there were regional led plans in place to stabilise medical agency pay rates, but this became challenging when looking for staff to support fragile services.
- Work was ongoing to safely reduce UHN medical pay expenditure through engagement with Local Negotiating Committees (LNC), but fragile services such as Oncology required the use of agency staff. Use of medical bank staff was a further challenge, particularly due to increased front door demand, but despite these challenges, plan targets were being maintained.
- The attractiveness of UHN for medical recruitment was considered, in terms of its attractiveness as a place to work and whether closer working with UHL would improve this. The collaboration between KGH and NGH had improved recruitment, but changes in the medical recruitment market due to fewer temporary opportunities was also a factor. Closer working between UHN and UHL was planned regarding fragile services, but this would require shared working arrangements and standardisation.
- The development of a plan for workforce reductions was questioned, noting that whilst targets had been developed, it was felt that there was further work to do, to meet the targets.

The UHL Chief People Officer noted the following points:

- The Whole Time Equivalent (WTE) workforce numbers were slightly above plan mainly due to the use of bank staff, but substantive recruitment continued which provided greater stability and was better for patient care.
- Plans were in place to meet the targets of the workforce plan through effective rostering, utilisation of the workforce, and effective use of job plans. A plan outlining details would be presented to committees in the near future.
- Implementation of medical automation was providing data which would assist in effective utilisation of the workforce.
- Appraisal rates were below targets, but a new process was about to be introduced with a comprehensive training programme.
- Sickness absence had decreased in line with seasonal variation.
- A new leadership programme had been implemented which sought to address concerns raised as part of the staff survey.

In discussion, the following points were raised and discussed:

- The challenge of meeting CIP workforce target which were at a higher level towards the end of the financial year was highlighted.
- The need to recognise the achievements by the workforce on a daily basis, not just consider the costs was highlighted.
- Opportunities for improved achievement and delivery by the workforce was considered, noting there was a lack of visibility regarding rostering and deployment, but this had improved in nursing and Estates & Facilities, but a further focus was needed in respect of the medical workforce.
- Staff wellbeing was an issue which could hinder effective service delivery, where impacts such as verbal abuse, assault and racism were factors. Increased civil enforcement orders would be considered in future to protect and support staff. Concern was expressed that such incidents were underreported due to a general view that action would not be taken.

The UHL Chief Financial Officer noted the following points:

- The month 1 position was a deficit of £3.9m which was £0.8m adverse to plan, but the figure was impacted by the recent industrial action.
- The cash position was £20m, which was down on the previous month, but impacted by creditors from significant capital activity.
- Elective income performance was in line with plan.

	- Staff vacancies were contributing to the financial performance. - Expenditure on bank and agency staff remained comparable to previous months at around £7m. The UHN Chief Financial Officer noted the following points: - The financial position was at plan in month 1, underspends in non-pay, over delivery in efficiency targets, income above plan, balancing out the negative impacts of industrial action. - The Cost Improvement Plan (CIP) achieved £3.2m in April, which was 5% of the total. 90% of the schemes had now been identified for the CIP, but delivery risk remained high. - Both KGH and NGH had submitted non compliant operational plans which meant monthly cash support was being relied upon and capital expenditure management. - Underlying risks regarding the cash position and CIP delivery heightened the need to ensure the financial the financial plan was delivered. In discussion, the following points were raised and discussed: - In response to a question, it was confirmed that UHL were meeting local supplier payment terms at 98% of value and 92% volume. It was also confirmed that UHN prioritised Small/ Medium Enterprises for payment. - Both UHL and UHN expressed a level of confidence that quarter 1 financial plan targets could still be met despite the forthcoming industrial action. - Both UHL and UHN confirmed that they were not current making accruals for any overperformance. - It was felt that there were opportunities to improve financial performance, such as improving theatre utilisation and reducing on the day cancellations.	
	<u>Resolved</u> – that (A) an update be provided to Ms J Houghton, Non-Executive Director regarding the rollout of PEWS (Paediatric Early Warning System) metrics; and **(B) a meeting be held with the Chair of Leicester and Leicestershire Healthwatch to understand the concerns raised by Healthwatch regarding patient communications and progress outside of the meeting.**	**GCN** **UHL DoC&E**
31/26/4	<u>Board Committee Escalation Reports</u>	
	<u>UHL Quality Committee – 28 May 2026</u> Ms J Houghton, UHL Quality Committee Member highlighted the following discussions: - The Committee was considerably assured regarding the use of AI for responses to patient complaints. - The Perinatal Accountability Framework was commended and approved. - The Patient Safety Partner had commented that the Quality Account could be improved by making it more patient friendly and this was being developed. - Discussions on the Mortality and Learning from Deaths report considered in detail the position with regard to infant mortality. - The Quality Committee annual report was recommended for approval, but noted a recommendation that fragile services should be part of the committee's Terms of Reference. <u>UHN Quality and Safety Committee – 27 May 2026</u> Professor C Walsh, UHN Quality and Safety Committee Non-Executive Director Chair highlighted one item of limited assurance regarding Integrated Performance and Urgent and Emergency Care Standards update where concerns regarding patients with no right to reside and use of temporary escalation places was having a significant impact on patient quality and safety. <u>UHL Finance and Investment Committee – 27 May 2026</u> Mr A Inchley, UHL Finance and Investment Committee Non-Executive Director Chair outlined one item for approval, the Finance and Investment Committee annual report, noting that there had been discussion regarding the workplan, specifically the respective roles of the Finance and Investment Committee and the Our Future Hospitals and Transformation Committee with regard to approval of contracts and business cases. <u>UHN Finance, Investment and Performance Committee – 26 May 2026</u> Mr D Venkatasamy, UHN Finance, Investment and Performance Committee Non-Executive Director Chair presented the upward report, incorporating a request for approval of £5m Public Dividend Capital (PDC) cash support for Kettering General Hospital (KGH) and £1m for	

	Northampton General Hospital (NGH), which was supported by the Finance, Investment and Performance Committee. The KGH and NGH Boards confirmed their approval of the PDC request. The UHN Finance, Investment and Performance Committee Non-Executive Director Chair highlighted the increasing challenge of meeting Cost Improvement Plan targets as the plan transitioned into quarter 2, specifically with regard to workforce targets. <u>UHL Operations and Performance Committee – 28 May 2026</u> Mr S Adams, Operations and Performance Committee Non-Executive Director Chair highlighted the following discussions: - The revised Board Assurance Framework (BAF) risk which combined risks for Urgent and Emergency Care (UEC), elective care and cancer performance was felt to be a positive change. - Current demand pressures were an ongoing challenge. - Cancer performance improvements were noted in the 31 day treatment target and notable reductions in radiotherapy backlogs. - The late notice withdrawal of the single insourcing provider was a matter of concern, but mitigations were being developed. - The Operations and Performance Committee annual report was recommended for approval with overall strong assurance on effectiveness, but points raised regarding the visibility of the committee workplan and escalation processes. <u>UHL Our Future Hospitals and Transformation Committee – 27 May 2026</u> Mr D Moon, Our Future Hospitals and Transformation Committee Non-Executive Director Member recommended the Our Future Hospitals and Transformation Committee annual report for approval, noting that the committee was considered to be functioning well, but some points were raised regarding the need to review elements of the committee's Terms of Reference. <u>UHN Strategy, Transformation and Digital Committee – 28 May 2026</u> Mr T Shipman, UHN Strategy, Transformation and Digital Committee Non-Executive Director Chair confirmed that all items received reasonable assurance. Specific discussions regarding digital and cyber security risks were noted, but imminent national guidance may require a further review. The Group Chief Digital Information Officer confirmed that relevant Board committees would be provided with a position statement following any national announcements. <u>UHN People Committee – 21 May 2026</u> Mr T Shipman, UHN People Committee Non-Executive Director Member noted that the committee received limited assurance on some items of business, but noted that significant work was underway to address the concerns particularly with regard to greater control of the use of bank staff. <u>UHL People and Culture Committee – 28 May 2026</u> Professor I Brown, UHL People and Culture Committee Non-Executive Director Chair reported that most of the reports provided substantial assurance, with some moderate assurance in terms of delivery. The Freedom to Speak Up Q4 and 2025/26 Annual Report and Resident Doctors' Contract – Guardian of Safe Working Report were both recommended to the Boards as standalone items of business and the Annual Report on the Effectiveness of the People and Culture Committee was recommended for approval.	
	<u>Resolved</u> – that the escalation reports from the UHL Quality Committee held on 28 May 2026, the UHN Quality and Safety Committee held on 27 May 2026, the UHL Finance and Investment Committee held on 27 May 2026, the UHN Finance, Investment and Performance Committee held on 26 May 2026; the UHL Operations and Performance Committee held on 28 May 2026; the UHL Our Future Hospitals and Transformation Committee held on 27 May 2026, the UHN People Committee held on 21 May; and the UHL People and Culture Committee held on 28 May 2026, be noted, and any recommendations within be endorsed or approved where necessary by the applicable Board, namely; **- UHL Committee annual effectiveness reports for Quality Committee, Finance and Investment Committee, Operations and Performance Committee, Our Future Hospitals and Transformation Committee and People & Culture Committee; and**	**UHL DCLA**

	- Public Dividend Capital (PDC) cash support of £5m for Kettering General Hospital (KGH) and £1m for Northampton General Hospital (NGH).	**UHN CFO**
32/26	**STRATEGY: REVIEW OF DELIVERABLES**	
32/26/1	2025-26 Deliverables: Year End Review	
	The UHL Deputy Chief Executive presented a summary of the UHL year end performance against the Trust's 2025/26 deliverables and outlined the approach to development of targets and initiatives in relation to 2026/27 annual priorities covering both UHL and UHN. The following points were highlighted: - The year had some challenges, but also a considerable number of improvements which crossed the 3 organisational priorities; transforming patient care, strengthening our culture, and delivering our financial plans. - Care and quality improvements were noted, particularly in maternity and health innovation developments. - Digital developments were notable, particularly the implementation of the Nervecentre Patient Administration System and the Badgernet EPR in maternity and neonates. - Work was ongoing to improve access, Referral to Treatment (RTT) and cancer performance. - Culture was difficult to measure, but the staff survey provided a guide, but it was noted that completion rates had reduced compared to the previous year, but compared well to peers. - The financial plan did not meet its original targets but met the re-forecast targets. Positive aspects of the plan were reduction in agency staff use, improved productivity and better oversight of finance, balanced with expenditure challenges regarding bank staff. - Development programmes such as those regarding the use Artificial Intelligence became further embedded with new programmes on commercial opportunities and corporate consolidation promising to deliver in the future. Mr A Inchley, UHL Non-Executive Director welcomed the progress made and highlighted the need to recognise the achievements. The Group Chief Executive also acknowledged the positive achievements, but also stressed the need to ensure these were communicated effectively. The UHN Vice-Chair in summary also spoke of the need to celebrate achievements, but also acknowledge that unforeseen challenges such as industrial action could have an impact. The need for transformation going forward was highlighted, but also focus on those challenged areas such as fragile services. He confirmed that the Boards approval for the deliverables targets for 2026/27.	
	Resolved - that the approach to development of targets and initiatives in relation to 2026/27 annual priorities for UHL and UHN be approved.	**UHL DCE/ UHN DoCI**
33/26	**HIGH QUALITY CARE FOR ALL**	
33/26/1	KGH Maternity and Neonatal Intensive Support Team Programme	
	The Group Chief Nurse introduced the KGH Maternity and Neonatal Intensive Support Team Programme report, and reported that a meeting had taken place with national Executive Team overseeing the programme where positive progress was noted with some minor escalations to address. The Group Director of Midwifery presented the report and noted the following points: - The overall programme was heading a positive direction. - Metrics in the report demonstrated that there was a positive experience of care, improvements on workforce and culture such as low turnover and improved consultant establishment, with job planning an area of focus going forward. - Bellwether metrics had now been identified, and a quality improvement plan was in place. - Actions for improvement were in place, focusing on induction of labour, documentation consistency and utilising the full effectiveness of the BadgerNet patient record system. - A community services and equity deep dive was awaited from NHSE. - The monthly national level meetings were showing good progress, but it was not possible at this stage to move to a business-as-usual position. In discussion, the following points were raised and discussed:	

	- The sustainability of the improvements was questioned, but it was noted that the overarching perinatal safety programme would ensure that actions and milestones from the Care Quality Commission (CQC) and those arising from the National Maternity and Neonatal Investigation and the Ockenden Review into Nottingham were included. The System level partnership would also ensure assurance and oversight as well as ongoing audits and transformation improvements. - The point at which the national oversight could be removed was discussed, noting that it was a 12 month programme which commenced in December 2025, but milestones and targets would need to be met at that point.	
	<u>Resolved</u> – that the report be noted and assurance received.	
33/26/2	<u>Perinatal Report</u>	
	The Group Director of Midwifery presented the Perinatal Report encompassing the Perinatal Assurance Committee highlight reports and Perinatal Scorecards. The following points were noted: - Future reporting would be bi-monthly, with metrics included within the integrated performance report. - The overall view of services was that they were safe, but were under a level of pressure, with evolving governance through the development of an accountability framework to provide grip to provide assurance across the group. - Workforce capacity remained challenged, with risks regarding variation in terms of outcomes and patient flow, but assurance was provided that sufficient cover was in place. Assurance was provided that recruitment was ensuring a pipeline of Midwife staff, but Obstetric staffing remained challenging and was being managed through recruitment and job design. - Rates of smoking were being monitored through enhanced surveillance at Perinatal Assurance Committees with the emphasis on intervention rather than diagnosis. - Patient flow was felt to be moving in the right direction with support from NHSE. - Scan capacity was a risk at all sites, but a business case was in development. - Neonatal demand remained high at group sites and across wider networks. - Friends and family test promoter rates remained high. - The development of an equity focussed scorecard remained in development, with the expectation that this would be in operation in October. - Action on equalities, particularly regarding infant deaths in Leicester City, prematurity, smoking and obesity would require a System level focus and priorities had been agreed in Leicester City. - In summary care was felt to be responsive and safe, but under pressure, with one to one care being maintained and indicators going in the right direction tears and breast feeding, but pace and delivery needed to be maintained. - Reports from the National Maternity and Neonatal Investigation and the Independent Review of Maternity Services at Nottingham University Hospitals NHS Trus were anticipated, but assurance was provided that services were ready to positively respond. In discussion, the following points were raised and discussed: - Ms J Houghton, Group Non-Executive Director provided feedback from the recent regional network meeting; the issue of vacancies was noted, particularly where it arose due to maternity leave; the role of the Maternity and Neonatal Voices Partnership was due to part of a presentation at a future meeting and a presentation on MBRRACE from regional NHSE was also programmed to provide greater awareness for Non-Executive Directors. - The position regarding unplanned leave was being worked through with finance colleagues and would be monitored through the safe staffing report. - The report was welcomed, particularly as it covered the entire UHL / UHN Group, but it was noted there was variation in the different needs in different areas covered by the group. - The variation between maternity vacancies in the Perinatal report and the Integrated Performance Report was highlighted, but it was noted that this reflected different reporting time periods, as well as different reporting methods.	
	<u>Resolved</u> – that the report be received and noted.	
33/26/3	<u>Nursing and Midwifery Bi-Annual Establishment Review Reports 2026: UHL and UHN</u>	
	The Chief Nurse presented the bi-annual nursing and midwifery establishment reviews for both UHL and UHN. The following points were noted:	

	- Both UHN and UHL were in similar positions, with assurance provided that staffing was safe, effective and sustainable. - There were ongoing challenges arising from sustained operational pressures, the need to use temporary staffing and increased acuity pressures. - The Safer Nursing Care Tool had been utilised to provide assurance regarding staffing levels. - Challenges were also noted with regard to fill rates for Health Care Support Workers, particularly during the winter period. - Assurance was provided that strong daily oversight was in place, backed up by monthly reporting. - Further assurance was noted in that both UHN and UHL had reduced their levels of staff turnover, but plans were in place to reduce the number of substantive staff. In discussion, the following points were raised and discussed: - The reports were welcomed and the effort to required to undertake the reviews was commended. - The implementation of Enhanced Theraputic Observations and Care at UHN was considered, noting the more advanced position of KGH, but challenges were noted at NGH, but the next review report would provide greater clarity. - It was noted that the requirements of some patients needing 2-1 or even 3-1 care increased staffing pressures and the difficulties regarding access to social care was highlighted. These challenges had been monitored and discussed at both the UHN and UHL Quality Committees, where particular concern was noted and it was felt the matter required consideration at System level. The Group Chief Executive confirmed that he was meeting with System partners in the following week and undertook to raise the concerns at that meeting.	
	<u>Resolved</u> – that (A) the UHN and UHL Boards confirm they accept the recommendations of the Group Chief Nurse and are assured that staffing is safe, effective and UHN and UHL Medical Directors that staffing is safe, effective and sustainable; and **(B) concerns be relayed to ICB colleagues at the Health Executive meeting, regarding delayed transfers of care and provide a report back to the Boards in Common.**	**GCN** **GCEO**
33/26/4	<u>Quality Accounts 2025-26: UHL and UHN</u>	
	The Group Chief Nurse presented the UHL and UHN Quality Accounts for approval. It was acknowledged that there were ongoing challenges to address, clear evidence of sustainable improvements was provided within the reports such as improvements in patient flow and access for UEC. Specific improvements highlighted were reductions in 12 hour Emergency Department wait times, the implementation of safe staffing approaches, reduced levels of methicillin-resistant Staphylococcus aureus infections at KGH, and reduced Clostridioides difficile at both UHN and UHL. There were also clear quality priorities and strategies and perinatal safety programmes. The UHN Vice-Chair confirmed that the Boards approved or endorsed both Quality Accounts and delegated any final amendments to the UHN Quality Accounts to the Group Chief Nurse and UHN Medical Director.	
	<u>Resolved</u> – that (A) the UHL Quality Account for 2025-26 be approved for publication, and **(B) the draft UHN Quality Account for 2025-26 be endorsed and any final sign off authority be delegated to the Group Chief Nurse and UHN Medical Director.**	**GCN** **GCN / UHN MD**
34/26	**A GREAT PLACE TO WORK**	
34/26/1	<u>Response to the NHS Staff Survey 2025 and Staff Standards</u>	
	The UHL and UHN Chief People Officers presented a report which provided a response to the NHS Staff Survey 2025 and provided details of staff standards which were part of the national 10-year Workforce Plan. The UHL Chief People Officer noted the following points: - UHL reported a decline in the response rate, but this was in line with the national picture, but feedback had still been received from 11,500 staff.	

	- A programme of work had been developed based on the feedback including a new leadership programme, and the programme had been monitored at the People and Culture Committee. - Clinical Management Groups were engaged and empowered to drive delivery of response actions, through 3 identified priorities. - The relationship between staff and their line manager was felt to be critical in determining views of the organisation as a whole. - The new national six standards for staff would be measured as part of future staff surveys and through National Oversight Framework. - There would also be recommendations arising from the Lord Mann review into antisemitism and racism to be adopted and responded to in future. The UHN Chief People Officer noted the following points: - A decline in the response rate and recommend as a place to work was reported. KGH was notably below the national average generally on scores, and low scores were noted on staff engagement and morale at NGH. - Low scores regarding belonging, wellbeing and work pressures reinforced the need for compassionate leadership and visibility. - The response to the results had informed a programme of cultural improvements which were informed by and alignment to the national staff standards. - Future actions in response to the staff survey included shared UHN / UHL workstreams such as a joint EDI Steering Group, flexible working priorities, leadership development and joint planning for the next staff survey. In discussion, the following points were raised and discussed: - The report demonstrated improvements which should be rightly celebrated, but also some areas for improvement in order to be comparable with the best NHS organisations, particularly with regard to staff safety and wellbeing. - The potential for improvement in the 2026 staff survey responses was considered, partly noting a likely further deterioration in scores due to ongoing change, pressures and uncertainty. It was also acknowledged that many thousands of staff took the time to respond in the current year and there would be a continual drive to improve and respond to feedback, particularly at a local level. - The importance of a timely response discussion at Boards meetings was highlighted and it was agreed that the response report for the 2026 staff survey should be considered in February 2027. - The level of uncertainty faced by employees was discussed, noting that there were necessary changes being made to some roles, particularly for administrative employees. This was however balanced by the fact that this uncertainty impacted a small number of employees, who may be at risk of losing their job, or that their role was going to change, and greater clarity should be communicated to address concerns about uncertainty, based on concerns raised in the survey responses. - The report included details of uncomfortable feedback particularly in respect of poor and disrespectful behaviour, which should not be tolerated. There needed to be a response to unacceptable behaviour and ensuring psychological safety for staff. In summary, the UHN Vice-Chair, noted that it was important to stress areas of positive performance as well as negative, and to encourage staff to become ambassadors for their organisation, and noted the importance of undertaking action to improve the lives of staff where possible.	**CPOs** **CPOs** **CPOs**
	<u>Resolved</u> – that (A) the response to the 2026 staff survey be considered at Boards in February 2027; **(B) communication be undertaken with staff which appropriately reflected the job future comments in the staff survey; and** **(C) focus be maintained on, and appropriate responses be developed to address unacceptable behaviour and improve psychological safety for staff.**	**CPOs** **CPOs** **CPOs**
34/26/2	<u>Freedom to Speak Up Reports: UHN 25-26 Q4 Report & UHL 25-26 Annual Report</u>	
	The UHN Chief Executive presented the UHN 2026 Freedom to Speak Up quarter 4 report and noted that the highest ever level of concerns had been reported in 2025/26, and the highest	

	division area for concerns was Corporate. The Guardian Service had commenced working with the UHN Group in May 2026 and increases in the number of concerns had been seen since this point. In discussion, the following points were raised and discussed: - The differences that colleagues would see from the Guardian Service were noted and these included, 2 full time dedicated guardians, where there would be a clear focus on promotion of their service at all levels of the organisation with details of how to contact them being promoted. The Service would be very active and undertake regular engagement, taking part in meetings with teams, but also highlighting where teams did not want to engage. - The reasons for high levels of concerns from the Corporate division were felt to be not entirely clear, as this division covered a range of service areas, but it was thought to be largely due organisational change processes. - The issues around concerns being raised anonymously were considered, noting that the Guardian Service may need to remove anonymity where necessary such as in relation to patient safety, but generally those people raising concerns were encouraged to introduce themselves to the Guardian Service, but some people raising concerns did wish to remain anonymous even to the point of not using their own email address. Ms R Moss, UHL Freedom to Speak Guardian presented the UHL 2025-26 Annual Report and noted the following points: - It had been a busy year, but concerns were very slightly below the previous year and the level of concerns reflected a healthy confidence in being able to speak up. - Management issues were the highest theme for concerns, with Renal, Respiratory and Cardiovascular (RRCV) being the highest Clinical Management Group (CMG) for concerns, with Estates and Facilities being highest in quarter 4 – these figures were felt to reflect areas of promotion and engagement, with assurance provided that senior management were engaging well with the Guardian Service. - The 73% decline in red concerns was felt to be a positive indicator of the service's effectiveness, with the impartial nature of the service also noted as important in encouraging people to speak up. - The issue of discrimination was a recurring theme in concerns and the Guardian Service was proactively working with the differently abled staff network which was generating further concerns. - Assurance was provided that red concerns were responded to within the same day in 100% of cases. - The report outlined recommendations with responses having been provided, and these were reviewed at the People and Culture Committee. - National level changes were being introduced regarding speaking up and this had been reported to the People and Culture Committee with minimal changes required, but it was intended to report data to Performance Review Meetings (PRMs) for increased oversight. In discussion, concerns regarding line managers being an important area of concerns being raised, but it was noted that a new leadership framework was being introduced and it was suggested that the People and Culture Committee consider the impacts. The Chair of the UHL People and Culture Committee confirmed that triangulation was a key area of focus for the Committee, including the impacts of management changes to concerns being raised. The UHN Vice Chair highlighted that the UHN Disability Network was assured that the Guardian Service was not a phone only service. He further acknowledged the key role of network chairs being a channel for concerns to be raised. He thanked the presenters for their reports.	
	<u>Resolved</u> – that the reports be received and noted.	
34/26/3	<u>UHL Guardian of Safe Working Report: December 2025 to March 2026</u>	
	Dr R Singh, UHL Guardian of Safe Working presented the UHL Guardian of Safe Working report for the period December 2025 to March 2026 and noted the following points: - The report was the first covering a four monthly period which was felt to provide more accurate data in line with doctor rotations, with data re-set in May 2026 to reflect the change.	

	- Exception reporting reforms were implemented in February 2026 which had been a considerable undertaking, with thanks to the Medical Human Resources Manager for delivering the change. - The local Standard Operating Procedure (SOP) for exception reporting was included in the report, developed from collaboration with relevant stakeholders and would evolve over time. - The levels of access to exception reporting had been considered as part of the review following the changes, with this now detailed in the SOP. - Some challenges had arisen from the new rules such as the need for approval from those raising the report to enable a response to be actioned, but some of the reforms had not been implemented, such as the need to provide location in order to simplify matters. - Immediate safety concerns were not covered by the reforms, but details would be included in the reporting if necessary. - Dr A Patwardhan would be leaving the role of Guardian of Safe Working and she was thanked for her time in the role. The role would now be advertised to fill the vacancy. In discussion, the following points were raised and discussed: - The UHL Medical Director sought confirmation as to whether the Guardian of Safe Working felt adequately supported and this was confirmed as well as appropriate support from the Chief People Officer. - The number of exception reports regarding unscheduled late finishes was felt to be low as a percentage of the overall number of late finishes. - There was a year on year growth in the number of exception reports which demonstrated a greater level of confidence in the process, but it was down to the individual to decide whether to make a report, but also issues could 'snowball' with increased reporting following an initial exception report on a particular issue. - There was generally a lack of awareness of changes to exception reporting processes, but this was felt to be due to smooth transition.	
	<u>Resolved</u> – that the report be received and noted.	
35/26	**GOVERNANCE**	
35/26/1	<u>Board Assurance Frameworks: UHN and UHL</u>	
	The Group Chief Nurse presented the UHN Board Assurance Framework (BAF) Quarterly Review, noting that Board Committees (except for Audit) had received a recent update, with Executive owners of risks being invited to future discussions to provide further assurance. No changes to risk scores were being proposed, but the Strategy, Transformation and Digital Committee would be taking an in depth look at cyber security risks. Comments were noted that the changes to BAF reporting had provided improved assurance and enabled Non-Executive Directors to effectively undertake their roles. The UHL Director of Corporate and Legal Affairs presented the UHL Board Assurance Framework and Significant Risk Report which covered the quarter 4 and closedown period for the 2025/26 BAF. The recent Internal Audit review confirmed substantial assurance for the strong BAF processes and monthly oversight of key risks including the BAF focussed approach to escalation reports. The recent refresh of BAF risks had reduced the overall number of risk, but assurance was provided that risks were still captured as required. A further piece of work was being undertaken to ensure that actions for risks had appropriate timelines. It was also noted that deep dives into service area risks would continue as a key part of the Risk Committee activity.	
	<u>Resolved</u> – that (A) the reports be received and noted; and **(B) the UHL Board approve the 2026/27 Board Assurance Framework, subject to the finalisation of the Activity risk.**	
36/26	**ANY OTHER BUSINESS**	
	The UHN Vice-Chair posed questions for the Boards, about whether there had been sufficient consideration during the meeting of the 3 UHL/UHN Group priorities, transforming patient care,	

	strengthening our culture, and delivering our financial plans; and how a greater impact could be made in future meetings. The following comments were made in response: - The 3 priorities had been discussed, but there had been little discussion about the levers between the priorities and how there could be prioritisation. - There were interdependencies between the priorities, such as good finance made investment in care more possible. It was questioned whether there should be greater guidance on interdependencies. - The meeting considered a number of update and assurance reports, with the level of actions arising from the discussions was felt to be limited, but this should be the focus of future Boards meetings. - The way in which Board discussions were communicated was questioned as it was suggested there was a lack of awareness of the role of the Boards, with examples provided of senior Pathologists being unaware of Trust priorities. - Examples of delivering good quality care with good financial management were felt to be key in terms of providing a way forward to becoming a high performing organisation. - The patient story from the beginning of the meeting was discussed in terms of the balance between care provided and associated costs. - The importance of balance between priorities going forward was highlighted with questions around the role of System partners and how change could be delivered, as well as a greater strategic focus.	
37/26	**QUESTIONS FROM THE PRESS AND PUBLIC**	
	There were no questions from the press or public.	
38/26	**DATE AND TIME OF NEXT MEETING**	
	The Boards noted that the next Public Boards meeting will be held on 7 August 2026 in the Boardroom, Northampton General Hospital at 9.30am.	

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

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
A Moore (Chair)	3	2	67	P Kirkpatrick	3	3	100
S Adams	3	3	100	R Mitchell	3	3	100
L Bond	3	3	100	D Moon	3	3	100
I Browne	3	3	100	H Nemade	3	3	100
L Churchward	3	3	100	S Noonan	3	2	67
A Cooper	3	2	67	T Robinson	3	1	33
S Gay	3	3	100	T Shipman	3	3	100
A Haynes	3	2	67	S Stansfield	3	3	100
H Hendley	3	2	67	C Stevens	3	2	67
J Hogg	3	2	67	D Venkatasamy	3	1	33
J Houghton	3	3	100	C Welsh	3	3	100
A Inchley	3	3	100	G Xu	3	3	100
D Kirkham	3	2	67				

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
R Abeyratne	3	3	100	H Kotecha	3	2	67
S Barton	3	3	100	W Monaghan	3	3	100
B Cassidy	3	3	100	S O'Neill	3	3	100
E Casteleijn	3	3	100	B Taylor	3	2	67
P Grimmett	3	2	67	C Teeney	3	3	100
S Harris	3	0	0				