

## Group Trust Board of Directors

### Minutes of the meeting in public held on Thursday 25 September 2025 at 3.00pm via Microsoft Teams

#### Present

Crishni Waring, Group Trust Chair  
Angela Hillery, Group Trust Chief Executive  
Faisal Hussain, LPT Deputy Trust Chair and Non-Executive Director  
Julia Curtis, NHFT Deputy Trust Chair and Non-Executive Director  
Manjit Darby, LPT Non-Executive Director  
Hetal Parmar, LPT Non-Executive Director  
Josie Spencer, LPT Non-Executive Director  
Melanie Hall, LPT Associate Non-Executive Director and NHFT Non-Executive Director  
Bhanu Chadalavada, LPT Medical Director  
Sharon Murphy, LPT Executive Director of Finance and Performance  
James Mullins, LPT Interim Executive Director of Nursing, AHPs and Quality  
David Maher, NHFT Deputy Chief Executive and Managing Director  
Tim Harrison, NHFT Non-Executive Director  
Duncan Orme, NHFT Non-Executive Director  
Linda Chibuzor, NHFT Chief Nurse

#### In Attendance

David Williams, Group Executive Director of Strategy and Partnerships  
Kamy Basra, LPT Associate Director of Communications and Culture  
Samantha Leak, LPT Executive Director of Community Health Services  
Kate Dyer, LPT Director of Governance and Risk  
Richard Smith, NHFT Director of Corporate Governance  
Sarah Willis, LPT Executive Director of Human Resources and Organisational Development  
Dionne Mayhew, NHFT Interim Director of People  
Tanya Hibbert, LPT Executive Director of Mental Health  
Paul Sheldon, Group Chief Finance Officer  
Joanne Lancaster, NHFT Associate Non-Executive Director  
Anne Rackham, NHFT Chief Operating Officer  
Louise Salmon, NHFT Trust Board and Committee Secretary (minutes)

#### GTB/25/8

#### Chair's welcome and apologies for absence

The Chair welcomed everyone including observers to the Group Trust Board meeting which brings together Leicestershire Partnership NHS Trust Board and Northamptonshire Healthcare NHS Foundation Trust Board as the Leicestershire Partnership and Northamptonshire Healthcare Associate University NHS Group. The Chair reminded attendees that the meeting was being live streamed and recorded and would be uploaded to each Trust's website as soon as possible after the meeting.

	<p>Apologies for absence were received from Professor Elizabeth Anderson, LPT Non-Executive Director, Robin Burgess, NHFT Non-Executive Director, Natasha Fox, NHFT Associate Non-Executive Director, Jean Knight, LPT Deputy Chief Executive and Managing Director, Itai Matumbike, NHFT Chief Medical Officer, Judit Seymour, NHFT Non-Executive Director.</p>
<b>GTB/25/9</b>	<p><b>Service Presentation for Group Initiatives - Quality, Service Improvement and Redesign (QSIR)</b></p> <p>Julie Shepherd, NHFT Improvement Director and Josh Meadows, NHFT Advanced Physiotherapy Practitioner joined the meeting for this item.</p> <p>Members received a presentation which outlined the established QSIR teaching faculty which delivers nationally accredited training programmes (QSIR Fundamentals and QSIR Practitioner) across the NHFT LPT group. Staff from Northamptonshire Integrated Care Board (ICB) and Leicester, Leicestershire and Rutland (LLR) ICB already have access to the training and East Midlands Ambulance Service (EMAS) had recently agreed access for their staff. Over 250 staff across these organisations have completed QSIR training. 44 NHS organisations deliver QSIR meaning a wide Quality Improvement (QI) network is available for shared learning and development.</p> <p>A range of QI tools are used as part of the QSIR process. The Board received details of two initiatives which had benefitted from utilising QSIR learning. The first was a pressure ulcer prevention project with 'Kettering Villages' District Nursing Team which aimed to improve by 10% the knowledge and understanding of patients, carers and staff of the importance of nutrition, hydration and keeping moving in the prevention and healing of pressure ulcers. A range of people were involved in the project which had been identified as a key priority for the Group. The QSIR tools used as part of the process supported with form, function and structure to deliver the QI project. The outcomes included the introduction of a guide for patients to increase knowledge and understanding of pressure ulcers and their prevention. Bite size training videos were also introduced as a supplementary resource to increase staff confidence in screening patients and increase patient knowledge in the management of pressure ulcers. A significant impact and change affecting the wider system was an update of the nutrition screening tool MUST on SystmOne. This simplified process ensured District Nurses can complete the MUST confidently, consistently, and accurately, thereby identifying any barriers for the patient and enabling correct nutritional care planning.</p> <p>The second initiative presented to the Board was a project within LPT's Human Resources department. An organisational risk to recruitment had been identified. The project aimed to speed up the recruitment process to reduce the time taken from the point of recruitment paperwork being submitted to the point at which recruitment checks are complete and signed off from 58 days to 37 days by 31 July 2024. Again, a wide range of key people were involved in the project and a range of QSIR tools utilised. Change ideas resulting from the QSIR work included online recruitment drop-ins, developing a Standard Operating Procedure for task-based recruitment to organise and prioritise work and developing a YouTube clip to support understanding of the candidate pack including what is required for identity checks.</p> <p>Going forward, the aim is to strengthen the role of QSIR Practitioners at LPT and NHFT with LPT developing an in-house quality improvement training programme (a pilot will commence shortly).</p>

	<p>Members agreed that QSIR is an important and timely piece of work that supports the THRIVE objectives particularly continuous improvement, innovation, working with partners, transforming services along with having an impact on the value programme. The two projects outlined provided excellent examples of working across both organisations which not only reduced processing time but also provided shared benefit and clinical and leadership impact.</p> <p><b>RESOLVED:</b> The Group Board noted the current and future benefit of QSIR and commended all involved.</p>
<b>GTB/25/10</b>	<p><b>Declarations of Interest in respect of items on the agenda</b></p> <p>The Chair invited Group Board members to declare any relevant interests. None were declared.</p>
<b>GTB/25/11</b>	<p><b>Minutes of the previous meeting held 29 May 2025</b></p> <p>The Minutes of the Group Trust Board meeting held on 29 May 2025, a copy of which had been circulated to all members, were agreed as a correct record.</p> <p><b>RESOLVED:</b> To approve the Minutes of the Group Trust Board meeting held on 29 May 2025.</p>
<b>GTB/25/12</b>	<p><b>Matters Arising Action Log</b></p> <p>Members received the action sheet from the Group Board meeting held on 29 May 2025. Both actions had been addressed within papers so could be closed.</p> <p><b>RESOLVED:</b> To close actions GTB/25/2 and GTB/25/5 from the meeting held on 29 May 2025.</p>
<b>GTB/25/13</b>	<p><b>Group Trust Board Workplan</b></p> <p>Members received for consideration the Group Trust Board Workplan 2025/26. There was consensus that the document would develop and be refreshed regularly as the Group meetings evolve. There is flexibility to include Group items in each individual Trust Board as required.</p> <p>Angela Hillery suggested that further work would be required to minimise duplication of reporting across both organisations.</p> <p><b>Resolved:</b> To note the current Group Trust Board Workplan.</p>
<b>GTB/25/14</b>	<p><b>Environmental Analysis</b></p> <p>The Chair invited members to share knowledge of current, emerging or predicted changes in the system environment. The following points were noted:</p> <ul style="list-style-type: none"> <li>• An annual East Midlands Alliance (EMA) event will take place on 3 October 2025 which both Boards are invited to attend to look at what the EMA has achieved in the last year and the forward plans.</li> <li>• Both Boards should celebrate their segmentation scores for the first quarter of the NHS Oversight Framework (NOF).</li> <li>• Numerous delivery groups have been established as part of the work around the NHS 10-year plan and at a recent Midlands and East session, there had been an opportunity to share learning from the mental health collaboratives and the SEND work in LLR and this had been well received.</li> </ul>

	<ul style="list-style-type: none"> <li>Both Trusts have responded to the national context of increased social tensions. Support messages have been communicated to staff, and the Health and Wellbeing Boards will be monitoring any impact.</li> <li>Claire Murdoch, NHS England's National Mental Health Director had stepped down from her role and the Group Board thanked her for her contribution to the sector over many years.</li> </ul> <p>Formal thanks were extended to Crishni Waring for the significant and lasting contribution she has made across the Group and to both Trusts individually. Her leadership, governance and support has been instrumental in driving the improvement journey in both organisations. The Chair reflected that the experience of working and learning across both organisations had been invaluable and the journey over many years had resulted in many examples of excellent collaboration.</p>
<b>GTB/25/15</b>	<p><b>Group Board Assurance Framework</b></p> <p>Members received for consideration the Group Board Assurance Framework (BAF) containing five key strategic risks in common across the two trusts related to the shared objectives within the Group THRIVE strategy which have been prioritised for Group delivery.</p> <p>The highest scoring risk relates to digital transformation with a score of 16 – BAF 1 'if we do not continue to engage in digital transformation, we will not be digitally mature. This will affect our ability to deliver safe care to our service users'. The remaining four risks have a medium score. Richard Smith reminded Board members that these five strategic risks are as much a part of each Trust's risk profile as those on their individual BAFs. Work is in progress to ensure there is committee oversight of the Group BAF risks in each organisation.</p> <p>Manjit Darby reflected that the descriptor for BAF 1 could be expanded to include efficiency, productivity and connectivity to add value. Kate Dyer agreed it was a valuable suggestion and would be taken forward.</p> <p>Duncan Orme suggested it would be beneficial to expand the work underway in NHFT to clarify links between strategic and operational risks. Richard Smith agreed this would be taken forward.</p> <p><b>Resolved:</b> To approve the five proposed risks in common highlighted in the report.</p>
<b>GTB/25/16</b>	<p><b>Group Strategic Executive Board (SEB) Report</b></p> <p>Members received an oral update on the Group SEB and the following points were noted:</p> <ul style="list-style-type: none"> <li>The first Group SEB, a meeting in common between both Trust SEBs, had taken place and provided an opportunity to explore common benefits, challenges and ICB cluster activity.</li> <li>The meeting had looked at the Group strategy, the NHS 10-year plan delivery, partnerships, the ICB and EMA developments, group value, well-led, the provider capability journey, how to share and accelerate learning which is beneficial to both organisations.</li> <li>The next meeting will take place in October.</li> </ul>

	<p>A query was raised whether there would be a move towards the Group SEB replacing individual trust SEBs. Angela Hillery explained that currently there is a need for both SEBs, but each should see a reduction in items due to the Group work. There would also be opportunities to streamline governance arrangements as Group work progresses.</p> <p><b>Resolved:</b> To note the Group SEB update.</p>
<b>GTB/25/17</b>	<p><b>THRIVE Strategy Update</b>  Members received for consideration a summary of achievements and work across LPT and NHFT to deliver the joint strategy Together we Thrive.</p> <p>David Williams presented the report and highlighted examples of the work in both organisations including the NHFT Memory Assessment Service, the LPT assertive outreach work with masterclasses and the QSIR work detailed earlier in the meeting.</p> <p>Regarding staff understanding of THRIVE, recent surveys had outlined 82% of LPT staff and 80% of NHFT staff understood what the strategy is. Members agreed that this was encouraging particularly the positive engagement at roadshows and events that had taken place. Angela Hillery highlighted the co-production/multi team approach and the communication and engagement plan which had both been important aspects of ensuring the new strategy was something that staff could identify with. This would be one of the areas the Care Quality Commission (CQC) would focus on as part of a well-led inspection - how well embedded the strategy is across the workforce.</p> <p>Kamy Basra highlighted the Leadership Matters conferences taking place in November (one at LPT and one at NHFT) which would focus on three main areas: improving people's confidence in talking about race, psychological safety linking to freedom to speak up and health inequalities. Staff could attend either conference as the content will be the same. Regarding a question how the conference will reach a broader audience particularly for those who could not attend in-person, Dionne Mayhew outlined that there is a communication and organisational development plan in place. Anyone who had not attended the conference before would be given priority and drop-in/bite size sessions would be delivered across the year to reach more staff.</p> <p>Regarding showcasing the good practices outside of the Group, it was confirmed that this is happening. LPT had recently presented various areas to other organisations via EMA newsletters and national communications networks.</p> <p>Julia Curtis reflected that THRIVE alignment with the NHS 10-year plan was pleasing to see.</p> <p><b>Resolved:</b> To note the THRIVE Strategy update.</p>
<b>GTB/25/18</b>	<p><b>East Midlands Alliance (EMA) Common Board Paper</b>  Members received for consideration a summary of the work and plans of the East Midlands Alliance including the outcomes of the EMA Board meeting held in June 2025. It was noted that the range of work is increasing across the EMA.</p>

	<p>Manjit Darby asked how the learning from the EMA is utilised across the Group in areas such as population health and health inequalities. David Williams confirmed that an update is provided into each Trust's SEB to transfer the learning.</p> <p>In response to a question whether veterans are a focus for the EMA, David Williams confirmed that Op Courage detailed in the report relates to this and is led by Lincolnshire Partnership NHS Foundation Trust. There are issues around demand and funding as the Midlands has the smallest income for this area and work is ongoing with NHS England to change this. The Chair highlighted that an NHFT member webinar is taking place in November which will focus on Veteran Services and was open to all staff and members of the public to attend.</p> <p>A question was raised regarding the learning from sharing productivity and efficiency plans which was to be completed in October 2025. Sharon Murphy outlined that plans had been shared across the EMA, and it was reassuring to have common conversations at events/meetings.</p> <p><b>Resolved:</b> To note the East Midlands Alliance Common Board paper.</p>
<b>GTB/25/19</b>	<p><b>Group Performance Report</b></p> <p>Members received for consideration the headline performance report. David Maher outlined that during 2025/26, the NHS Oversight Framework (NOF) assessing performance is being treated as a 'Transitional Year'. This will be accompanied by Provider Capability Assessments assessing leadership and governance with first submissions due in October 2025. These two measures have been introduced to provide a consistent and transparent approach to public accountability for NHS organisations in England.</p> <p>The process for segmentation in the NOF was provided in the report and once the Provider Capability Assessment is in place, the results will be combined and may affect the segmentation outcome. The NOF currently has four segments, but an additional segment will be added once the capability rating is in place as part of a Provider Improvement Programme.</p> <p>The Chair asked how the Group could benefit from the segmentation and capability assessment process. David Maher outlined that community waits and access to Children and Young People services were suggested areas to work on collectively and provide opportunities for improvement.</p> <p>Angela Hillery highlighted that the areas should be framed as key lines of enquiry to help us understand opportunities both across the Group and wider. There will be much to learn from other organisations particularly from those who had been subject to the financial override as this did not mean they were a lower performing organisation.</p> <p>It was agreed that the information would be useful for public facing as well as internal communications.</p> <p><b>Resolved:</b> To note the Group Performance Report.</p>
<b>GTB/25/20</b>	<p><b>Any other business</b></p> <p>There were no other items of business.</p>

	<b>Close – date of next public meeting: Thursday, 29 January 2026 at 3.00pm</b>
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## Group Public Trust Board 29 January 2026

### Matters arising from the Public Group Trust Board meeting held 25 September 2025

#### Action sheet

Minute no.	Action/ issue	Lead	Due date	Status	Evidence
	No actions identified				



## Group Trust Board Workplan 2025/26

			29 May 2025 (Inaugural meeting)	25 September 2025	29 January 2026
Standing Items	Item Type	Frequency/Lead			
Apologies/Welcome	Verbal	Every meeting/Chair	X	X	X
Service Presentation	Presentation	Every meeting/Chair	X	X	X
Declarations of Interest in respect of items on the agenda	Verbal	Every meeting/Chair	X	X	X
Minutes of Previous Meeting	Paper	Every meeting/Chair	X	X	X
Matters Arising (Action Log)	Paper	Every meeting/Chair	X	X	X
Group Trust Board Workplan	Paper	Every meeting/Chair	X	X	X
Chief Executive Report (to include feedback from Group SEB)	Paper	Every meeting/CEO	X	X	X
Environmental Analysis	Verbal	Every meeting/CEO/MDs	X	X	X
Governance and Assurance					
Group Board Assurance Framework	Paper	Every meeting/Directors of Governance and Risk	X	X	X
Group Partnership Agreement Annual Review					
Group Board Annual Effectiveness and Terms of Reference	Paper	Every meeting/Directors of Governance and Risk			
Strategy and System Working					

			<b>29 May 2025</b> <i>(Inaugural meeting)</i>	<b>25 September 2025</b>	<b>29 January 2026</b>
THRIVE Strategy Update (to include update on Group objectives/priorities) • Green Plan / Digital Plan	Paper	Group Executive Director of Strategy and Partnerships	X	X	X
East Midlands Alliance Common Board Paper	Paper	Group Executive Director of Strategy and Partnerships	As required	As required	As required
<b>Group and System Finance and Performance</b>					
Group and System Finance update	Paper	Chief Finance Officer	X	X	X
Group Performance Report	Paper	Managing Directors	X	X	X

# Group Trust Board 29<sup>th</sup> January 2026

## Chief Executive Report

### Purpose of the Report

This paper provides an update current national issues and policy developments that affect the Group. The details below are drawn from a variety of sources, including system meetings and information published by NHS England (NHSE), NHS Providers, the NHS Confederation, and the Care Quality Commission (CQC). It provides an opportunity for the Chief Executive to update on any key aspects for Trusts and Group consideration.

### Analysis of the Issue

#### **Advanced Foundation Trust and Integrated Healthcare Organisation status**

Work continues to take place in NHFT to prepare for the draft Advanced Foundation Trust (AFT) Programme. In December, NHFT was invited to begin the application process for Advanced Foundation Trust status and the Integrated Healthcare Organisation designation, and the anticipated AFT status outcome is expected in 2026 for those in the first wave. The opportunity to learn across the Group on AFT processes and submissions will be taken. Achieving AFT status is a gateway necessary for IHO designation. In January the ICB, NHSE and NHFT will meet to identify key milestones for IHO development in Northamptonshire and in the coming months there will be on-going wider engagement with stakeholders

#### **Joint Committees**

We have now established two 'joint committees' – the People and Culture and Nominations and Remuneration Committees, these meetings are meetings in common of two Trust Committees and the membership is reflected accordingly.

The inaugural Joint People and Culture Committee took place in December 2025, and the Joint Nomination & Remuneration committee took place in January 2026. Both committees have agreed in principle their terms of reference setting out the purpose, powers, and responsibilities.

#### **Group SEB**

Both Executive teams are meeting regularly within a Group Strategic Executive Board focussed upon strategic areas for our Group.

## University Status

LPT and NHFT are partnering with the University of Leicester (UoL) to progress an application to become a University Group. We are working with UoL to outline a new approach to multidisciplinary learning and research integration. Key actions for early 2026 include reviewing governance structures, assessing workforce alignment, and establishing a task and finish group to explore innovative training models such as simulation-based learning. Subsequent phases will focus on scoping resources, defining clinical environments, and developing a business case with university partners to support implementation. This initiative aims to strengthen academic collaboration and enhance education and research capacity across the group.

## Group Value

NHFT and LPT continue to face significant financial pressures, with both trusts needing to deliver 6.5% efficiencies in 2025/26 with underlying deficits. Corporate Benchmarking shows a potential £15.9m opportunity to reduce corporate service costs, particularly in Digital, People, and Corporate Nursing/Governance. In response, the Group Value Programme established in 2024, has progressed a series of changes to move toward a shared Corporate and Enabling Service model. Recently the Group Chief People Officer and Group Chief Nursing Officer have moved into Joint leadership roles and there now also joint leadership structures in place across Estates and Facilities, Digital and Organisational Development. These new changes will deliver in year savings in 2025/26 as well as a full year effect in 2026/27. Further recurrent savings are anticipated as additional workstreams mature, especially across People, Corporate Governance, and Procurement.

In September 2025 the Group Board agreed to establish a Corporate and Enabling Transition Group to oversee the programme. A Transition Group now provides oversight, risk management, and strategic direction for the programme. Key risks include limited access to redundancy funding and the differing policy approaches as well as ensuring alignment with existing trust Value Programmes. Continued engagement with staff side, clear processes for joint role appointments, and development of unified digital infrastructure remain central to delivering value and improving service resilience and contributing to long-term financial sustainability across both trusts

## Leadership Change Programme

We have launched our *Leading Through Change* programme across the group to ensure a consistent, compassionate, and supportive approach to leadership during change. This programme is designed to equip leaders with the confidence, clarity and practical skills needed to guide teams through periods of uncertainty and transformation. The programme focuses on understanding the emotional impact of change, strengthening communication, and creating environments where staff feel valued and listened to. Through reflective discussions and practical, scenario-based learning, leaders build their capability to navigate challenges and maintain team wellbeing. We will continue to support our staff over the coming years as they embed these skills and lead positive, sustainable change across the organisation.

## **Talent Matters**

Applications open for next cohort of Talent Matters: Developing diverse leadership. The programme focuses on engagement, development and support. It equips employees at all levels with the skills, commitment, and behaviours essential for both current and future success across both LPT and NHFT. The programme's focus is on nurturing career ambitions by identifying, developing and enabling colleagues' unique talents. Colleagues in Bands 5, 6 and 7 with an ethnic and cultural minority background can apply and sessions will run until June 2026.

## **Planning**

Work continues to take place, in both organisations and with system partners to develop our five-year plans in response to the national guidance with key submission milestones coming up. As a partner member of the new LNR ICB Board I attended a LNR ICB Board development session focussed upon ICB strategy development

## **Mental Health Bill receives Royal Assent**

The Mental Health Bill has received Royal Assent on 18 December 2025, it reforms the outdated 1983 legislation. The modernised act will implement urgent reforms, modernising mental health care and empowering patients to take charge of their treatment. It will also support NHS staff to provide more personalised care for those who need it. The government is now starting to develop the detailed guidance on the new act before it comes into force.

Further information can be found here: [Mental Health Bill receives Royal Assent, revolutionising care - GOV.UK](#)

## **NHS diabetes prevention scheme helps one million people**

Nearly one million people in England have participated in the NHS's Healthier You Diabetes Prevention Programme, which offers a nine month personalised service delivered either face-to-face or digitally to support healthier eating, weight management, and physical activity. A Manchester University review found the programme reduces the risk of developing Type 2 diabetes by approximately 37%, with participants losing an average of 3.3 kg.

Further information can be found here: [NHS England » NHS diabetes prevention scheme helps one million people](#)

## **Using NHS App to manage health**

The NHS App has reached a record milestone with over 39 million registered users and 67.8 million repeat prescriptions ordered between December 2024 and November 2025. The app is increasingly central to patient care, with 20.8 million GP record views, 6.6 million hospital and secondary care appointment bookings, and 6.3 million prescription orders in November. New features that have been added to the app this year include a prescription tracker that lets patients

see when their medication is ready to be collected. Looking ahead, the NHS App will integrate with the new NHS Online service launching in 2027, enabling patients to book specialist virtual appointments nationwide.

Further information can be found here: [NHS England » Record numbers using NHS App to manage health](#)

## **New chief executive of NHS Providers/NHS Confederation**

Sir Ciarán Devane has been appointed the inaugural chief executive of the new membership body that is uniting NHS Providers and the NHS Confederation. We would like to take this opportunity to thank Daniel Elkeles and Matthew Taylor for their leadership across NHS Providers and NHS Confederation to this point. Matthew will act as interim chief executive of the merged organisation until the end of March.

## **CQC Improvement plans for 2026**

The CQC has made progress on addressing some of its most urgent challenges that affect regulatory framework throughout 2025. The organisation has streamlined registration processes through more inspectors, simplified online forms, and enhanced guidance to reduce delays. A new operational structure, led by four specialist Chief Inspectors, is in place focused around areas of sector expertise. Looking ahead to 2026–28, the CQC plans to redesign its regulatory process, pilot updated assessment methods and technology, upgrade its provider portal, and strengthen registration services—all informed by external reviews and delivered through staged implementation with regular reviews. We welcome this news and continue to engage with them on proposals.

Further information can be found here: [Our improvement plans for 2026 - Care Quality Commission](#)

## **Health Data Research Service (HRDS) Executive Changes**

Dr Melanie Ivarsson OBE has been appointed Chief Executive Officer of the newly established Health Data Research Service (HDRS), to streamline secure national-scale access to NHS health data for approved researchers. HRDS is set to drive accelerated discovery of treatments for a range of conditions and will streamline processes for approved researchers in both commercial and academic sectors to develop new medicines and therapies, while upholding rigorous safeguards for data security, privacy and ethical oversight. The new research body is a key part of the government's Plan for Change, which is committed to building a future-ready NHS using data and technology to overcome challenges and improve healthcare for all.

Further information can be found here: [Healthcare innovator appointed to Health Data Research Service - GOV.UK](#)

## **MHRA Executive Changes**

The Medicines and Healthcare products Regulatory Agency (MHRA) welcomed Professor Jacob George, as Chief Medical and Scientific Officer in early January 2026. He will lead the agency's scientific and clinical strategy, focusing on innovation, patient safety, and evidence-based regulation. This appointment underscores MHRA's commitment to maintaining global leadership in regulatory science and improving health outcomes through innovation and collaboration.

Further information can be found here: [MHRA welcomes Professor Jacob George as he starts Chief Medical and Scientific Officer role - GOV.UK](#)

## Health Visitors/Vaccinations

A new £2 million pilot will deploy health visitors to offer childhood vaccinations during routine home visits in 12 schemes across England, targeting families facing barriers such as travel costs, language, or GP registration, to improve immunisation coverage and reduce inequalities. The initiative, launching mid-January 2026 in five regions, complements existing NHS services and introduces the MMRV vaccine, while supporting digital tracking via the NHS App's "My Children" feature. The yearlong trial, including enhanced training for health visitors to address vaccine hesitancy, will inform national rollout plans from 2027.

Further information can be found here: [Families to have better access to childhood vaccinations - GOV.UK](#)

## Relevant External Meetings attended since last Trust Board meetings

December 2025	January 2026
NHSE Industrial Action Briefing	LNR NHS CEOs
Mental Health Trusts Chief Executives meeting with Regional Leads and SROs	Director/Head of Health IMPOWER
Extraordinary LNR Health Partnership Executive meeting	East Midlands Alliance CEO Meeting
LNR Chairs and CEOs meeting	Group Provider Review Meeting with NHSE
East Midlands Alliance Board	Director MH network NHS Confederation
East Midlands Alliance CEO Meeting	Mental Health Trusts Chief Executives meeting with Regional Leads and SROs
Productivity Commission	Ministry of Housing, Communities and Local Government/ICB
LNR NHS CEOs	Honorary fellow - University of Buckingham
NHSE IHO Development	LNR ICB Boards Development Session
NHSE Mental Health Supply Side Review Working Group	*Midlands CEOs /Chairs NHS Midlands

LNR ICB CEO	*Midlands & East CEO Forum
LNR ICB and NICB Public Board meeting	*NHSE Chief Executive Working Group (MH)
LNR ICB and NICB Private Board meeting	*Acting CEO Coventry and Warwickshire Partnership NHS Trust
NHS CEO AFT Discussions	*East Midlands Alliance Lead
NHSE Chief Executive Working Group (MH)	
Midlands CEOs /Chairs - NHS Midlands	
Chief Nursing Officer Northamptonshire LNR ICB	
LNR CEOs and EMAS CEO	
Midlands and East MH CEOs	
SEND NHS meeting including independent chairs	
CEO Nottinghamshire Healthcare NHS Foundation Trust	
NHSE Midlands Director of System Co-ordination and Oversight	

\*Indicates meeting scheduled but not took place at time of drafting the report.

#### Abbreviations:

AFT = Advanced Foundation Trust

CEO = Chief Executive Officer

ICB = Integrated Care Board

ICS = Integrated Care System

LNR = Leicestershire, Northamptonshire & Rutland

MH = Mental Health

NICB = Northamptonshire Integrated Care Board

NHSE = NHS England

REACH = Race, Ethnicity and Cultural Heritage

SEND = Special Educational Needs and Disabilities

## Proposal

It is proposed that the Board considers this report and seeks any clarification or further information



pertaining to it as required.

## Decision Required

### Briefing – no decision required

The Board is asked to consider this report and to decide whether it requires any clarification or further information on the content.

## Governance Table

<b>For Board and Board Committees:</b>	Group Trust Board
<b>Paper sponsored by:</b>	Angela Hillery, Chief Executive
<b>Paper authored by:</b>	Sinead Ellis-Austin, Head of Chair/CEO Office
<b>Date submitted:</b>	21 <sup>st</sup> January 2026
<b>Name and date of other committee / forum at which this report / issue was considered:</b>	
<b>Level of assurance gained if considered elsewhere</b>	<input type="checkbox"/> Assured <input type="checkbox"/> Partially assured <input type="checkbox"/> Not assured
<b>Date of next report:</b>	March 2026
<b>THRIVE strategic alignment:</b>	<input checked="" type="checkbox"/> Technology <input checked="" type="checkbox"/> Healthy communities <input checked="" type="checkbox"/> Responsive <input checked="" type="checkbox"/> Including everyone <input checked="" type="checkbox"/> Valuing our people <input checked="" type="checkbox"/> Efficient and effective
<b>Board Assurance Framework considerations:</b>	
<b>Is the decision required consistent with the Group's risk appetite:</b>	Yes
<b>False or Misleading Information (FOMI) considerations:</b>	None
<b>Positive confirmation that the content does not risk the safety of patients or the public:</b>	Confirmed
<b>Equality considerations:</b>	None

## Group Trust Board 29 January 2026

### Group Board Assurance Framework

#### Purpose

A Board Assurance Framework (BAF) contains strategic risks that may prevent us from achieving our objectives. This report presents the strategic risks in common across the two trusts related to our shared objectives within the Group THRIVE strategy which have been prioritised for group delivery.

The Group BAF pack is provided as a separate paper.

#### Analysis

The Group BAF contains the following five strategic risks;

BAF No.	Risk Title	Score
<b>Section 1 - T Technology</b> [Finance and Performance Committee Oversight]		
GROUP BAF 1	If we do not continue to engage in <b>digital transformation</b> , we will not be digitally mature. This will affect our ability to deliver safe care to our service users.	16
<b>Section 2 - H Healthy Communities</b> [Finance and Performance Committee Oversight]		
GROUP BAF 2	If we fail to evolve our <b>partnerships and collaboratives</b> , we will not reduce health inequalities and deliver improved outcomes for our populations	8
<b>Section 3 - R Responsive</b> [Quality and Safety Committee Oversight]		
GROUP BAF 3	If we are unable to build a sustainable approach to the continual development <b>our research, innovation and professional learning capability</b> , our ability to attract the best people, operate on the leading edge of service delivery and exert influence within the sector will decline over time.	12
<b>Section 4 – I Including Everyone and V – Valuing Everyone</b> [People and Culture Committee Oversight]		
GROUP BAF 4	If we do not understand our <b>culture</b> , staff experiences and grow levels of wellbeing in ways that help us to lead and grow with compassion, we will not maintain an inclusive culture, resulting in unwanted behaviours and closed cultures.	12
<b>Section 5 – E Efficient and Effective</b> [Finance and Performance Committee Oversight]		
GROUP BAF 5	If we do not continue to strive for <b>sustainability</b> , we will be impacted by adverse weather events and environmental factors impacting on the health of our population, resulting in poorer health outcomes.	12

## Group BAF Changes during October 2025 to January 2026

Since the last Group Trust Board held on the 25 September 2025 the following changes have been made, these have been reviewed and approved by the Group Strategic Executive Board (GSEB) ahead of presentation to the Group Trust Board for final approval;

- We are proposing to combine the LPT and NHFT risks around the use of workforce strategies. Now that we have a Group People and Culture Committee, the risks, both of which are similar in content, will be reviewed together as a Group risk. This is presented in Appendix A for approval.
- To accommodate the amalgamation of the risks relating to workforce, we will separate out two sections of THRIVE on the BAF. The 'Including Everyone' (I) domain will have our group strategic risk around culture aligned to it. The 'Valuing Everyone' (V) domain will have our group strategic risk around workforce aligned to it. This will change the numbering of the risks on the Group BAF in our next report to the Group Trust Board.

- We are proposing a change in title for Group BAF3 from:

*If we are unable to build a sustainable approach to the continual development our **research and innovation capability**, our ability to attract the best people, operate on the leading edge of service delivery and exert influence within the sector will decline over time.*

to:

*If we are unable to build a sustainable approach to the continual development our **research, innovation and professional learning capability**, our ability to attract the best people, operate on the leading edge of service delivery and exert influence within the sector will decline over time.*

This will ensure that it adequately captures the remit of professional education.

- 13 actions from the Group BAF action log (which tracks and manages progress with the mitigations detailed within the Group BAF risks) were presented to Group SEB (10 in November 2025 and three in December 2026) and were supported ahead of approval by the Group Trust Board this month; they are detailed below.

## Action Closures

November 2025

Group BAF no.	Action	Exec Lead
1. Digital	Options to improve clinical leadership in digital decision making	Chief Finance Officer
2. Partnerships	Action learning within directorates to identify opportunities using DNA data	Group Director of Strategy and Partnerships
2. Partnerships	Work to implement high impact actions for LeDeR	Group Director of Strategy and Partnerships
3. Research	Mapping current research activity to support University status application. Information presented to Board development session in November 2025.	Medical Directors
3. Research	SORT self-assessment	Medical Directors
3. Research	Associate Professor in old age being progressed through UoL for NHFT - approved by Royal College	Medical Directors
4. Culture	Delivery of the Our Future Our Way Programme of work & 4 priorities & leadership behaviours.	Group Chief People Officer
4. Culture	Reasonable adjustments framework developed with Maple & ND Staff Networks	Group Chief People Officer
4. Culture	Leadership Conferences focussed on psychological safety & speaking up	Group Chief People Officer
4. Culture	Freedom to Speak Up Roadshows during October 2025	Group Chief People Officer

December 2025

Group BAF no.	Action	Exec Lead
2. Partnerships	Alignment of directorate delivery plans and the Trust transformation programme with the ICB 5-year strategy	Group Director of Strategy and Partnerships
2. Partnerships	LPT and NHFT round table within planning process	Group Director of Strategy and Partnerships
4. Culture	Mapping current research activity to support University status application. Information presented to Board development session in November 2025.	Group Chief People Officer

## Proposal

- To approve the proposed changes, including the closure of actions which mitigate risk on the BAF
- To present the impact of these changes in terms of additional controls and assurance, and potential rescoring of risk where relevant in the next iteration of the BAF.

## Decision

- Approval of proposed changes

## Appendix A. Proposed Group BAF risk for Workforce

GROUP BAF DRAFT	If we do not effectively embed workforce resourcing strategies and plans, there is a risk of insufficient recruitment, retention and representation, which will lead to increased reliance on temporary staffing and elevated bank / agency expenditure.		Score	Consequence	Likelihood	Combined
Date	Included 1 April 2025. Revised for Group 19 January 2026	Last updated 19 January 2026	Initial Risk	5	4	25
Strategic Link	THRIVE: VALUING EVERYONE		Current Risk	5	4	20
Governance	Group People and Culture Committee, Group Strategic Executive Board, Group Trust Board		Target Risk	5	3	15
			Risk Appetite – Open (upper limit of tolerance 16)			
Control	Control Gaps	Sources of Assurance	Assurance gaps	Actions		Progress
Cause: Not utilising workforce resourcing strategies						
<ul style="list-style-type: none"><li>WRES &amp; WDES action plans</li><li>Directorate plans linked to workforce plan</li><li>National and local People Plan</li><li>Recruitment Pipeline Management</li><li>Medical Workforce Plans</li><li>Recruitment and retention premium scheme for medics</li><li>Nursing Recruitment &amp; Retention High Impact Actions</li><li>LLR AHP faculty &amp; Council</li><li>Vacancy Control Measures</li></ul>	<ul style="list-style-type: none"><li>High vacancies with supply issues</li><li>Medical recruitment challenges</li><li>NHS Pay Award</li><li>Strike Activity</li></ul>	<b>1<sup>st</sup> Line:</b> Operational risk profile for staffing – oversight at AFM and EMB/SEB; Agency reduction Group/ Value programme  <b>2<sup>nd</sup> Line:</b> <ul style="list-style-type: none"><li>Group People and Culture Committee</li><li>System People and Culture Board</li><li>Workforce deep dives.</li><li>Jobtrain effectiveness Review (LPT)</li></ul> <b>3<sup>rd</sup> Line:</b> <ul style="list-style-type: none"><li>Benchmarking against workforce metrics</li><li>Internal Audit E-Rostering Oct 2025 Moderate Assurance (LPT)</li><li>Internal Audit Time to Recruit Nov 2025 Significant Assurance (LPT)</li></ul>	<ul style="list-style-type: none"><li>Actions resulting from recent staff survey findings when available</li><li>Delivery of the workforce and agency reduction plan</li><li>Delivery of the Workforce efficiency value programme</li><li>Refresh workforce operational plan.</li></ul>	<ul style="list-style-type: none"><li>Delivery of the workforce and agency reduction plan and value programme 2025/26 <b>Group Chief People Officer March 26</b></li><li>Workforce Operational Plan refresh <b>Group Chief People Officer March 2026</b></li><li>Analysis of staff survey results once embargo is lifted- <b>March 26</b></li><li><b>People plans NHFT and LPT sign off at Joint People culture Committee Dec 25 Feb 26</b></li><li><b>Medium Term Workforce Operational Plan due for submitting. Feb 26</b></li></ul>		<p>Engagement with the NHSE price cap work for medical agency costs commenced Feb 2025 - ongoing</p> <p>Joint People Dashboard launched through Joint PCC</p> <p>People plans developed</p>
Effect: High Agency / Bank Usage						
<ul style="list-style-type: none"><li>Agency /Bank Reduction Plans</li><li>Start well, stay well, leave well action groups (NHFT) <u>90 day onboarding LPT</u>.</li><li>Jobtrain implemented</li><li>Safe staffing Policy</li><li>Workforce dashboard monitoring through EMB</li><li>Dynamic Risk Assessment process (DRA)</li><li>Workforce Efficiency Panel (WEP) NHFT</li></ul>	Nurse vacancies	<b>1<sup>st</sup> Line</b> <ul style="list-style-type: none"><li>EQIAs DRA and break glass criteria to stop deployment of Thornbury HCA</li><li>Workforce safeguards/guardian of safe working hours reports.</li><li>Monthly Unify reporting to DoH.</li></ul> <b>2<sup>nd</sup> Line</b> Agency and bank reduction to Group People & Culture Committee through people dashboards EMB deep dive review of bank and agency Oct 25 (LPT) NHFT deep dive review bank /agency weekly.  <b>3<sup>rd</sup> Line</b> <ul style="list-style-type: none"><li>LLR People Programme Delivery Group</li><li>Internal Audit Agency Staffing April 2023 Advisory (no high-risk actions)</li></ul>	Delivery of the workforce and agency reduction plan / value programme	Delivery of the workforce and agency reduction plan <b>Group Chief People Officer March 26 as above</b> Delivery of the NHFT value programme		<ul style="list-style-type: none"><li>No off-framework usage</li><li>THP numbers reducing</li><li>Price cap breach reducing</li></ul>

## Governance Table

For Board and Board Committees:	Group Trust Board 29 January 2026
Paper sponsored by:	Kate Dyer Director of Governance and Risk LPT and Richard Smith Director of Corporate Governance NHFT
Paper authored by:	Kate Dyer Director of Governance and Risk
Date submitted:	19 January 2026
Name and date of other committee / forum at which this report / issue was considered:	The Group BAF is reviewed at the Group Strategic Executive Board. It is also reviewed bi-monthly by the associated level 1 Group Committee where relevant.
Level of assurance gained if considered elsewhere	<input checked="" type="checkbox"/> Assured <input type="checkbox"/> Partially assured <input type="checkbox"/> Not assured
Date of next report:	Group SEB 10 February 2026
THRIVE strategic alignment:	<input checked="" type="checkbox"/> <b>T</b> echnology <input checked="" type="checkbox"/> <b>H</b> ealthy communities <input checked="" type="checkbox"/> <b>R</b> esponsive <input checked="" type="checkbox"/> <b>I</b> ncluding everyone <input checked="" type="checkbox"/> <b>V</b> aluing our people <input checked="" type="checkbox"/> <b>E</b> fficient and effective
Board Assurance Framework considerations:	ALL
Is the decision required consistent with LPT's risk appetite:	Yes
False or Misleading Information (FOMI) considerations:	None
Positive confirmation that the content does not risk the safety of patients or the public:	Confirmed
Equality considerations:	None



Leicestershire Partnership and  
Northamptonshire Healthcare  
Group

# Group Board Assurance Framework

January 2026



BAF No.	Risk Title	Score
Section 1 - T Technology [Finance and Performance Committee Oversight]		
GROUP BAF 1	If we do not continue to engage in <b>digital transformation</b> , we will not be digitally mature. This will affect our ability to deliver safe care to our service users.	16
Section 2 - H Healthy Communities [Finance and Performance Committee Oversight]		
GROUP BAF 2	If we fail to evolve our <b>partnerships and collaboratives</b> , we will not reduce health inequalities and deliver improved outcomes for our populations	8
Section 3 - R Responsive [Quality and Safety Committee Oversight]		
GROUP BAF 3	If we are unable to build a sustainable approach to the continual development <b>our research, innovation and professional learning capability</b> , our ability to attract the best people, operate on the leading edge of service delivery and exert influence within the sector will decline over time.	12
Section 4 – I Including Everyone and V – Valuing Everyone [People and Culture Committee Oversight]		
GROUP BAF 4	If we do not understand our <b>culture</b> , staff experiences and grow levels of wellbeing in ways that help us to lead and grow with compassion, we will not maintain an inclusive culture, resulting in unwanted behaviours and closed cultures.	12
Section 5 – E Efficient and Effective [Finance and Performance Committee Oversight]		
GROUP BAF 5	If we do not continue to strive for <b>sustainability</b> , we will be impacted by adverse weather events and environmental factors impacting on the health of our population, resulting in poorer health outcomes.	12



GROUP BAF 1	If we do not continue to engage in <b>digital transformation</b> , we will not be digitally mature.This will affect our ability to deliver safe care to our service users.				Score	Consequence	Likelihood	Combined
Date	Included 1 April 2025.		Last updated 15.1.2026		Initial Risk	4	5	20
Strategic Link	THRIVE: TECHNOLOGY				Current Risk	4	4	16
Governance	LPT and NHFT Finance and Performance Committees, Group Strategic Executive Board, Group Trust Board				Target Risk	4	2	8
Context	Moving from analogue to digital, where digital healthcare becomes the enabling centre of clinical care				Risk Appetite – Open (upper limit of tolerance 16)			
Control		Control Gaps	Sources of Assurance		Assurance gaps	Actions		Progress
Cause: Lack of capacity, resources and commitment to support all Trust digital needs								
<ul style="list-style-type: none"><li>• LPT &amp; NHFT Digital plans</li><li>• National Digital plan</li><li>• Digital maturity assessment</li><li>• Digital Prioritisation Process</li><li>• ICBs Digital plan/Strategy</li><li>• Local, system and national efficiency plans limit staff availability to digital delivery across our organisation.</li><li>• Joint LPT/NHFT digital lead and LLR ICB CIO</li></ul>	<ul style="list-style-type: none"><li>• Capital funding for digital including infrastructure and solutions to improve data &amp; productivity</li><li>• Capacity and resources</li><li>• Challenges in recruiting and retaining Digital workforce.</li><li>• Availability and quality of data for reporting &amp; analysis</li></ul>	<b>1<sup>st</sup> Line:</b> Group Digital Transformation Group and AAA report into individual Trust IM&T Group and committee structures			<ul style="list-style-type: none"><li>• Group Digital Transformation Plan <b>Chief Information Officer (CIO), Group SEB Jan 26 - approved</b></li><li>• Gap analysis of capacity to deliver plan <b>CIO Feb 26</b></li><li>• Governance review <b>CIO Feb 26</b></li></ul>		Digital plan updates included within governance work plans of FPC and Group Board	
<b>2<sup>nd</sup> Line:</b> Trust Information Management & Technology Groups and AAA reports Trust Finance & Performance Committees and AAA report into Boards								
<b>3<sup>rd</sup> Line:</b> NHS England Digital Maturity Assessment System oversight Internal Audit Data security and protection toolkit low risk, high confidence level June 2025								
Effect: Unable to support service transformation.								
<ul style="list-style-type: none"><li>• Group Digital transformation programme.</li><li>• Group Digital Transformation Group</li><li>• Digital Prioritisation Process – LPT &amp; NHFT</li></ul>	<ul style="list-style-type: none"><li>• Digital engagement</li></ul>	<b>1<sup>st</sup> Line :</b> Digital prioritisation process ensures that the most impactful initiatives receive the focus and resources required.						
		<b>2<sup>nd</sup> Line:</b> Digital prioritisation regularly reported to Trust Transformation Committees Options to improve clinical leadership in digital decision making identified						
		<b>3<sup>rd</sup> Line</b> Clinical Focus and Engagement in decision making to be an essential element of its governance arrangements.						

GROUP BAF 2	If we fail to evolve our <b>partnerships and collaboratives</b> , we will not reduce health inequalities and deliver improved outcomes for our populations				Score	Consequence	Likelihood	Combined
Date	Included 1 April 2025.		Last updated 18.12.2025		Initial Risk	4	5	20
Strategic Link	THRIVE: <b>HEALTHY COMMUNITIES</b>				Current Risk	4	2	8
Governance	LPT and NHFT Finance and Performance Committees, Group Strategic Executive Board, Group Trust Board				Target Risk	4	2	8
Context	Healthy Communities are essential to the delivery of our system strategy, preventing ill-health and reducing demand on NHS services				Risk Appetite – Open (upper limit of tolerance 16)			
Control		Control Gaps	Sources of Assurance		Assurance gaps	Actions		Progress
Cause: <b>Not working closely with our community</b>								
<ul style="list-style-type: none"><li>• Services working in partnership across LPT/NHFT and from LPT/NHFT with the VCSE and other stakeholders</li><li>• Organisational monitoring of system meetings</li><li>• Named exec leads attending place-based meetings</li><li>• ICB and ICS meetings</li><li>• East Midlands Alliance</li><li>• Learning Disability and Autism Collaborative</li><li>• Mental Health Collaborative</li><li>• National Provider Collaborative Innovator</li></ul>		Changes in other organisations impact on system ability to deliver plans	<b>1<sup>st</sup> Line:</b> Discussions in Strategic Executive Boards and other internal formal meetings. Leadership support within Collaboratives / DMT oversight Directorate delivery plans		Consistent feedback from system meetings	Work with ICB and system partners to agree plan by end of Jan 26. <b>Group Director of Strategy &amp; Partnerships</b>		Strong progress in LDA, and Mental Health through our collaboratives. Good engagement and emerging LPT leadership support to CYP, including SEND. Strong engagement in system working in UEC. System working on integrated neighbourhood teams, now in implementation phase – to Oct 2026
			<b>2<sup>nd</sup> Line:</b> Integrated care board meetings, system quarterly review meetings with NHS England Collaborative, Commissioning & Contracting Group Transformation Committee / engagement in formal ICB meetings - feedback into the Strategic Executive Boards. Directorates learning for identifying opportunities to use DNA data Work to implement high impact actions for LeDeR			Environmental analysis and agenda items in SEB & EMB e.g. H&WB update in SEB		
			<b>3<sup>rd</sup> Line:</b> Feedback from well-led review, CQC etc; MH Collaborative Project Engagement meetings with CQC, NHS England, ICBs Regional & national recognition of effective joint working 3rd Line: Feedback from our well-led review, the CQC and other organisations; Mental Health Collaborative Joint Project			3A into SEB & ICB Meetings feedback		
Effect: <b>Limited contribution to social value, and providing place-based care</b>								
<ul style="list-style-type: none"><li>• Social Value Charter</li><li>• Trusts’ Green Plans</li><li>• People Plan</li><li>• Social Value Community of Practice</li><li>• NHSE national policy on integrated care</li><li>• Social value charter</li><li>• ICB 5-year strategy</li><li>• Group strategy</li><li>• Co-production programme</li></ul>		<ul style="list-style-type: none"><li>• Evidencing the impact of learning</li><li>• Evidencing the impact of the social value charter</li><li>• Directorate plans for 25/26</li><li>• Transformation plans</li></ul>	<b>1<sup>st</sup> Line :</b> Individual programmes of work identified to support new workforce into the organisation, health inequalities actions and the development of training through greater partnerships with our universities.			Alignment of directorate delivery plans and the Trust transformation programme with the ICB 5-year strategy <b>Group Director of Strategy &amp; Partnerships – 1.12.25</b> - complete		Action Plan approved
			<b>2<sup>nd</sup> Line</b> Group social value programme in place with development meetings. Reporting into our annual report. Updates at Strategic Executive Board and the Joint Working Group.		Success reporting (longer term)	LPT & NHFT Round Table will be included in planning processes being completed Autum/Winter 2025 – <b>Group Director of Strategy &amp; Partnerships – 1.12.25</b> - complete		
			<b>3<sup>rd</sup> Line</b> ICB Health Inequalities Meetings					

GROUP BAF 3	If we are unable to build a sustainable approach to the continual development our <b>research and innovation capability</b> , our ability to attract the best people, operate on the leading edge of service delivery and exert influence within the sector will decline over time.			Score	Consequence	Likelihood	Combined
				Initial Risk	4	4	16
				Current Risk	4	3	12
				Target Risk	4	2	8
Date	Included 1 April 2025.	Last updated	19 December 2025				
Strategic Link	THRIVE: <b>RESPONSIVE</b>						
Governance	GROUP LPT and NHFT Quality and Safety Committees, Group Strategic Executive Board, Group Trust Board						
Context	Innovation, research for new treatments, redesign of care delivery models with a focus on patient outcomes and experience			Risk Appetite – Open (upper limit of tolerance 16)			
Control		Control Gaps	Sources of Assurance	Assurance gaps	Actions		Progress
Cause: <b>Not engaging in improvement activity, research and innovation</b>							
<ul style="list-style-type: none"><li>• Group Programme</li><li>• SORT self-assessment</li><li>• University Hospitals Teaching Status</li><li>• Leicestershire Academic Health Partners Board (LAHP)</li><li>• Health Innovation East Midlands</li><li>• ICB Research Strategy Group</li><li>• Research Policy – hosting conducting &amp; collaborating</li><li>• LPT &amp; NHFT integration with system (LANHP partnership working)</li><li>• Web-based platforms to support QI activity and QI Training Programmes</li><li>• PSIRP</li><li>• Associate Professor in old age post approved</li></ul>		<ul style="list-style-type: none"><li>• Research Strategy and delivery plan</li><li>• Funding for academic posts</li><li>• Clarity over remit for Group roles</li><li>• Funding for research projects</li><li>• Funding for Innovation (Dragon’s Den)</li><li>• Capacity of the LPT research team to support succession planning</li></ul>	<b>1<sup>st</sup> Line:</b> Participant Research Experience Survey (PRES) Research activity and income Data being presented quarterly to Accountability framework meeting in LPT	Assurance over uptake and PRES survey outcomes	<ul style="list-style-type: none"><li>• Group Research Strategy and delivery plan <b>Medical Directors, March 26</b></li><li>• Group Joint Roles with clinical/AHP research element through identification of principal investigators <b>Medical Directors Feb 26</b></li><li>• Progression from associate university status to university status, <b>Medical Directors Jan 26</b></li><li>• Assurance over uptake and PRES survey outcomes <b>Medical Directors: quarterly data presented to respective QSCs - February 26</b></li><li>• Group SORT self-assessment action plan <b>Medical Directors March 26</b></li><li>• To review opportunities across the Group for partaking in commercial trials through CRDC in UHL and provide an updated summary quarterly through Research Committee – March 26</li><li>• To agree with Medical Directors and Group Chief Nurse re structure of Research, Development and Innovation teams to support effective delivery and succession planning – April 26</li></ul>	Generation of New Knowledge Workstream	
			<b>2<sup>nd</sup> Line:</b> Joint working group – ‘Generating New Knowledge’ oversight of Group research and innovation programme Research programme to Quality and Safety Committees Local clinical research network Transformation and QI Delivery Groups NHS IMPACT self-assessment 2025 June 2025	Assurance over success rate for attracting high quality commercial trials		Oversight of research participant recruitment numbers to form part of reporting to QSCs	
			<b>3<sup>rd</sup> Line:</b> University Led Non-Executive Director - LPT			Presentation on research to CQC engagement meeting Nov 25	
Effect: <b>Quality and Design of Services</b>							
<ul style="list-style-type: none"><li>• QI programmes</li><li>• Transformation Programmes</li><li>• Directorate objectives aligned to strategy</li><li>• Deputy Medical Director for R&amp;D</li><li>• Trust Leads for QI and Quality Governance</li></ul>		<ul style="list-style-type: none"><li>• Innovation strategy</li><li>• Success measures</li></ul>	<b>1<sup>st</sup> Line</b> QI programme uptake and feedback, Learning boards		<ul style="list-style-type: none"><li>• Develop and deliver Innovation Strategy <b>Medical Director &amp; Director of Strategy April 26</b></li><li>• Success measures and measuring impact to be determined <b>Medical Director December 25</b></li></ul>	Ongoing discussions with Health Innovation East Midlands re translating national projects to local needs.	
			<b>2<sup>nd</sup> Line</b> LPT QI and Transformation Committee AAA report to Finance and Performance Committees and the Strategic Executive Boards	Impact of learning from research into service redesign			
			<b>3<sup>rd</sup> Line</b> - CQC inspection feedback and ratings				

GROUP BAF 4	If we do not understand our <b>culture</b> , staff experiences and grow levels of wellbeing in ways that help us to lead and grow with compassion, we will not maintain an inclusive culture, resulting in unwanted behaviours and closed cultures.			Score	Consequence	Likelihood	Combined	
Date	Included 1 April 2025		Last updated 29 <sup>th</sup> December 2025		Initial Risk	4	4	16
Strategic Link	THRIVE: <b>INCLUDING EVERYONE</b>			Current Risk	4	3	12	
Governance	Group People and Culture Committees, Group Strategic Executive Board, Group Trust Board			Target Risk	4	2	8	
Context	Innovation, research for new treatments and redesign of care delivery models with a focus on patient outcomes & experience			Risk Appetite – Open (upper limit of tolerance 16)				
Control		Control Gaps	Sources of Assurance	Assurance gaps	Actions			Progress
Cause: <b>Not leading with compassion</b>								
<ul style="list-style-type: none"><li>Medical Leadership Programme</li><li>Accountability Framework</li><li>Reasonable adjustments framework</li><li>Inclusive recruitment programme</li><li>EDI policy</li><li>People Plan</li><li>WRES and WDES</li><li>Cultural competency programme</li><li>Group TAR programme (including PCREF)</li><li>Culture of Care</li><li>Staff Safety in the workplace</li><li>L2 Workforce Development Groups</li><li>Joint OD Working group</li></ul>			<b>1<sup>st</sup> Line:</b> <ul style="list-style-type: none"><li><b>Maple &amp; ND Staff Networks</b></li><li>Appraisals with wellbeing element, speak up process, sickness management</li><li>Anti racism listening events</li><li>Campaign to embed leadership behaviours</li></ul> <b>2<sup>nd</sup> Line:</b> <ul style="list-style-type: none"><li>Delivery of the Our Future Our way Programme</li><li>Reasonable adjustment clinics &amp; meetings established</li><li>Leadership Development Conferences</li><li>F2SU Guardian, NED F2SU role and learning from speaking up</li><li>Workforce Development Groups; People and Culture Committees</li><li>Schwartz Rounds</li><li>Group programme reporting to SEB every month for oversight</li></ul> <b>3<sup>rd</sup> Line:</b> <ul style="list-style-type: none"><li>LPT Internal Audit Freedom To Speak Up Oct 23 significant assurance</li><li>LPT Internal Audit Fit and Proper Persons Test due Q2 2024/25</li><li>LPT Health &amp; Wellbeing 360 Audit rated significant assurance</li></ul>	Completion of TAR actions Trust response to NHSE letter & actions regarding tackling racism including antisemitism	Cultural work to address civil unrest and wider including; <ul style="list-style-type: none"><li>Delivery of TAR actions <b>Ongoing Group Chief People Officer 31.3.26</b></li><li>Progressing NHSE letter &amp; actions set out within regarding tackling racism including antisemitism <b>Group Chief People Officer</b> 31.3.26</li><li>Staff Survey 25-26 – actions &amp; implementation of priority areas <b>Group Chief People Officer 31.3.27</b></li><li>Launch of 2025 Staff Survey and group staff survey engagement <b>Group Chief People Officer</b> 31.3.26</li><li>Agreed reasonable adjustments clinics to run for the foreseeable future</li></ul>			Anti racism listening events & FAQS following civil unrest/racist riots – ongoing – 31.3.26  Workplace Safety & Security Sessions planned in Medical Trainees Inductions from December 24  Leadership Programme for medics – signed off Group SEB Sept 25 – development plans under way  Team Time Out year 2 ongoing
Effect: <b>Unwanted behaviours and closed cultures.</b>								
<ul style="list-style-type: none"><li>Our Future Our Way</li><li>Leadership Behaviours Framework</li><li>Wellbeing, sickness management policy</li><li>Counselling service</li><li>Anti bullying harassment and advice service</li><li>Occupational health service wellbeing strategy</li></ul>		<ul style="list-style-type: none"><li>Training on leadership and culture on induction</li><li>Closed cultures training</li></ul>	<b>1<sup>st</sup> Line</b> <ul style="list-style-type: none"><li>Annual staff survey results</li><li>Closed cultures covered in staff inductions</li><li>Reverse Mentoring cohort 6</li></ul> <b>2<sup>nd</sup> Line</b> <ul style="list-style-type: none"><li>Mental Health and Wellbeing Support</li><li>Health and wellbeing champions and wellbeing NED role</li><li>Health and Wellbeing Lead</li><li>People and Culture Committee</li></ul> <b>3<sup>rd</sup> Line</b> - CQC inspection findings Looking after our people systems H&WB support	<ul style="list-style-type: none"><li>Delivery of recommendations from quality and safety review</li><li>Closed cultures not currently in staff inductions</li><li>Impact of leadership development</li></ul>				<ul style="list-style-type: none"><li>Jan, April &amp; November 25 Team Leadership Conference</li><li>THRIVE leadership conference held 2025</li><li>Every Voice Matters Leadership Conference 3 &amp; 10 No 25</li></ul>

GROUP BAF 5	If we do not continue to strive for <b>sustainability</b> , we will be impacted by adverse weather events and environmental factors impacting on the health of our population, resulting in poorer health outcomes.				Score	Consequence	Likelihood	Combined
Date	Included 1 April 2025.	Last updated 15.1.26			Initial Risk	4	3	12
Strategic Link	THRIVE: <b>EFFICIENT AND EFFECTIVE</b>				Current Risk	4	3	12
Governance	LPT and NHFT Finance and Performance Committees, Group Strategic Executive Board, Group Trust Board				Target Risk	4	3	12
Context					Risk Appetite – Open (upper limit of tolerance 16)			
Control		Control Gaps	Sources of Assurance	Assurance gaps	Actions		Progress	
Cause: adverse climate change and sustainability factors								
<ul style="list-style-type: none"><li>Green Plan 2026 - 29</li><li>Estates Strategy and Delivery Plan</li><li>Partnerships Manager as resource for Green Plan oversight</li><li>Group Sustainability Forum</li><li>Oversight of climate change and sustainability factors impacting on our population</li></ul>	<ul style="list-style-type: none"><li>Lack of clarity around the cost of implementing the Green Plan</li></ul>	<b>1<sup>st</sup> Line:</b> Sustainability Programme Delivery Group		<ul style="list-style-type: none"><li>Gap analysis of available funding and impact of any resource gap on delivery of the revised green plan. <b>Chief Finance Officer – Group SEB Feb 26</b></li></ul>	<ul style="list-style-type: none"><li>Funding secured for LPT solar panel installations at Hinkley &amp; Bosworth and Loughborough plus 4 more</li><li>Trust Green ambitions approved by SEB October 2025</li></ul>			
		<b>2<sup>nd</sup> Line:</b> Finance & Performance Committees Group SEB						
		<b>3<sup>rd</sup> Line:</b> CQC feedback NHSE oversight of green plans	<ul style="list-style-type: none"><li>Provision of information to support the Task Force on Climate related financial disclosures (TCFD)</li></ul>					
Effect: Poorer health outcomes due to climate change and sustainability factors								
Green Plan <ul style="list-style-type: none"><li>Group Sustainability Forum oversight of green plan delivery</li><li>Understanding the impact of climate change and sustainability on our local population</li></ul>		<b>1<sup>st</sup> Line</b> Sustainability Programme Delivery Group	None					
		<b>2<sup>nd</sup> Line</b> Finance & Performance Committees Group SEB Specific sustainability group for oversight of impact of green plan delivery on our local population, and oversight of key climate change and sustainability factors impact on population health.						
		<b>3<sup>rd</sup> Line</b> NHSE and DHSC oversight of green plan and TCFD						

## Alert, Advise and Assure Report

Joint People and Culture Committee in Common 10 December 2025

### Key discussion points and matters to be escalated from the meeting

**ALERT:** Alert the Board to matters that need its attention or action, e.g. an area of non-compliance, safety or a threat to the Trust's strategy

None

**ADVISE:** Advise the Board of areas subject to on-going monitoring or development or where there is negative assurance

None

**ASSURE:** Inform the Board where positive assurance has been received

**LPT Workforce Development Group Triple A:** Update on sickness reporting and actions being taken.

**Joint People Dashboard:** This was the first joint People Dashboard and was only for comment. It was acknowledged as a valuable starting point and both LPT and NHFT teams were thanked for progress to date.

**LPT People Pack:** The Committee were assured by the report and acknowledged the progress made against the planned position. LPT and NHFT teams will collaborate to enable easier comparisons across People Packs.

**NHFT People Pack:** Good assurance for the committee for this new NHFT format to be consistent with LPT.

**LPT Accountability Framework Meeting report:** Good assurance was received and especially on the progress with training compliance.

**LPT Employee Relations update:** This report, updating on employee relations cases was new to many on the committee and was an excellent report providing good assurance and will continue to develop.

**LPT Health and Wellbeing update:** Over the past year there are over 102,000 interactions through a variety of methods to ensure opportunities for engagement.

**LPT Executive Service Visits Activity and Themes:** An excellent report that we will see link to NHFT in the future.

**LPT Gender and Ethnicity Pay Gap reports:** A good report that was praised for the clarity of the data presented and the insights provided.

**LPT Annual Workforce Equality Report:** Committee members praised the report and received assurance. NHFT to follow.

<b>ASSURE: Inform the Board where positive assurance has been received</b>
<b>Joint Risk Report:</b> Committee received the report for information. Alignment as single group risk report is being reviewed.
<b>Joint People and Culture Committee Policy report:</b> The new combined policies report is the start of the journey to develop joint policies as a Group during 2026.

<b>RISK: Advise the Board which risks were discussed and any new risks identified</b>
None

<b>CELEBRATING OUTSTANDING: Share any practice, innovation or action that the Committee considers to be outstanding</b>
The joint People Dashboard across both LPT and NHFT was acknowledged as a significant step forwards in reporting.
The LPT Accountability Framework meeting report highlighted some outstanding contributions including a Daisy Award winner recognised for exceptional care and empathy.
LPT were shortlisted for the HSJ Award in the Staff Wellbeing category. Amy Crawford was recognised at the HFMA Awards too.

**Author: Tim Harrison**



# Public Group Board – 29 January 2026

## THRIVE Report

### 1. Purpose of the Report

A regular progress report against the delivery of our THRIVE strategy from across the Group including a summary of next steps and additional mitigations and actions that are being implemented and/or considered.

### 2. Analysis of the Issue

THRIVE is our Group Strategy. The strategy provides our framework to take us from our current position to the successful delivery of our vision. THRIVE is comprised of six high level ambitions/goals each of which have three objectives, these are summarised on the following page.

To inform this report colleagues and leaders have been invited to reflect on and share progress against each theme and objective to date. Where possible quantitative data has been provided to demonstrate progress against each of the 18 strategic objectives.

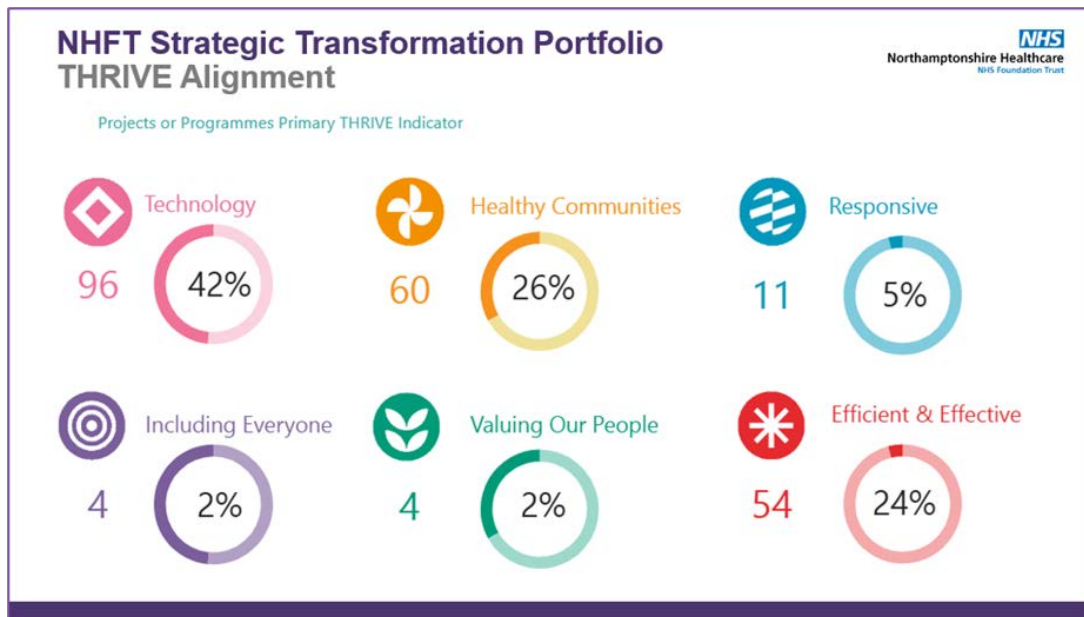
Delivery of our transformation programmes is overseen through our PMO functions in both NHFT and LPT. Each organisation has identified their own transformation programmes. Differences in numbers of transformation programmes that are monitored in the organisations recognises different oversight and monitoring approaches. The total number of programmes are not directly comparable between the organisations.

#### In NHFT

There are 211 transformation projects and 18 transformation programmes (219 in total), these support the delivery of the 18 THRIVE strategic objectives. Our reporting tool aligns each project or programme aligns to one of the 18 strategic THRIVE objectives. We recognise that many Initial project/programmes do support the delivery of more than one of the 18 THRIVE objectives. There is further work ongoing to understand and reflect this complexity. This is the reason why we appear to have more technology programmes than Valuing People.

Of the 229 programmes and projects; 6% are off track. Mitigation plans are in place with all projects/programmes that are struggling. NHFT's TOMG meeting oversees the delivery and mitigation.



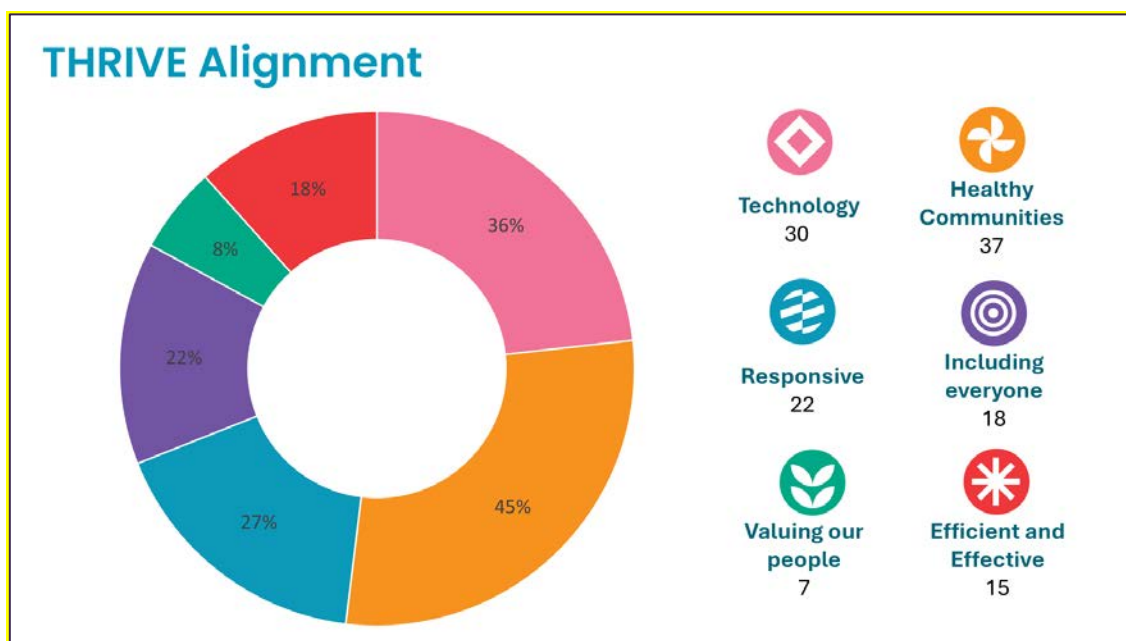


## LPT

There are 83 transformation projects and 5 transformation programmes (88 in total), these support the delivery of the 18 THRIVE strategic objectives.

Of the 88 programmes and projects; 7% are off track. Mitigation plans are in place with all projects/programmes that are struggling. LPT's Transformation and Quality Improvement meeting oversees the delivery and mitigation.

The figure below shows the alignment of all programmes and projects to the 18 strategic objectives within THRIVE. LPT's classification enables one project to link to multiple objectives.



### 3. Proposal

Over the next period we are working to ensure any areas of work off track are supported to be delivered and working to identify how a common classification and reporting process can be collated.

Appendix 2 highlights our current outputs in each THRIVE area. This is our first report across the group of our new THRIVE strategy, we have evidence our outputs and are developing our next report to identify the impact for services and our communities.

### 4. Decision Required.

Our Group Public Board are asked to note our THRIVE progress as described.

### Governance Table

<b>For Board and Board Committees:</b>	Group Board January 2026
<b>Paper sponsored by:</b>	David Williams Group Executive Director Strategy and Partnerships
<b>Paper authored by:</b>	Alison Gilmour Director Strategy and Partnerships
<b>Date submitted:</b>	20 Jan 2026
<b>Name and date of other committee / forum at which this report / issue was considered:</b>	Group SEB December 2025
<b>Level of assurance gained if considered elsewhere</b>	<input checked="" type="checkbox"/> Assured <input type="checkbox"/> Partially assured <input type="checkbox"/> Not assured
<b>Date of next report:</b>	Next Group Board
<b>THRIVE strategic alignment:</b>	<input checked="" type="checkbox"/> Technology <input checked="" type="checkbox"/> Healthy communities <input checked="" type="checkbox"/> Responsive <input checked="" type="checkbox"/> Including everyone <input checked="" type="checkbox"/> Valuing our people <input checked="" type="checkbox"/> Efficient and effective
<b>Board Assurance Framework considerations:</b>	Group BAF 1
<b>Is the decision required consistent with the Group's risk appetite:</b>	Consistent
<b>False or Misleading Information (FOMI) considerations:</b>	Nothing identified
<b>Positive confirmation that the content does not risk the safety of patients or the public:</b>	No risk
<b>Equality considerations:</b>	Our strategy seeks to improve equality; especially our key priorities of Healthy Communities and Involving Everyone

## Appendix 1

### THRIVE – Group Strategic Framework

Theme	Objective
<b>Technology</b>	<ul style="list-style-type: none"> <li>• Providing technology that improves patient, service user and carer access, experience and outcomes.</li> <li>• Ensuring our people have the digital technology to use safely, effectively and efficiently.</li> <li>• Using our data well to inform decision-making - for individuals, neighbourhoods, places and with our communities</li> </ul>
<b>Healthy Communities</b>	<ul style="list-style-type: none"> <li>• Empowering our communities to live with greater independence; avoiding unnecessary hospital stays.</li> <li>• Identifying and tackling health inequalities in our neighbourhoods and building prevention of ill health into everything we do.</li> <li>• Community focused using our anchor organisation status to continuously add social value to the communities we serve.</li> </ul>
<b>Responsive</b>	<ul style="list-style-type: none"> <li>• Responsive to the changing needs, demands and expectations of the public for services.</li> <li>• Providing services that can adapt to the needs of different people and communities.</li> <li>• Working in partnership to deliver local services which are informed by local needs and are patient-centred</li> </ul>
<b>Including Everyone</b>	<ul style="list-style-type: none"> <li>• We have a culture of inclusivity where everyone's voice is heard and matters.</li> <li>• Increased research involving all our communities, creating a centre of excellence for mental and physical healthcare.</li> <li>• Working with staff, patients, service users, carers and families through coproduction to design, deliver and evaluate services to improve the quality of care we deliver.</li> </ul>
<b>Valuing our People</b>	<ul style="list-style-type: none"> <li>• Recognised for creating a compassionate and inclusive culture, where everyone is valued as a leader, feels psychologically safe and is inspired to continuously learn and improve.</li> <li>• Making a tangible, positive difference to the experiences of all our colleagues so that everyone feels they belong, in particular through our focus on diversity, inclusivity for all and our shared Together Against Racism commitment.</li> <li>• An employer of choice, with effective workforce planning that supports our people to flourish, growing our own talent and building on sustainable workforce models to meet the needs of our communities.</li> </ul>

<b>Efficient and Effective</b>	<ul style="list-style-type: none"><li>• Providing high-quality services that improve outcomes and offer value for money for the tax-payer.</li><li>• Successfully implementing best practice consistently across our services and teams.</li><li>• Recognised leaders and partners in healthcare research, continuous improvement and innovation</li></ul>
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## Appendix 2

# THRIVE Report January 2026

# Technology

## Where we want to be in 2030

- Providing technology that improves patient, service user and carer access, experience and outcomes.
- Ensuring our people have the digital technology to use safely, effectively and efficiently.
- Using our data well to inform decision-making - for individuals, neighbourhoods, places and with our communities.

## Progress in this reporting period

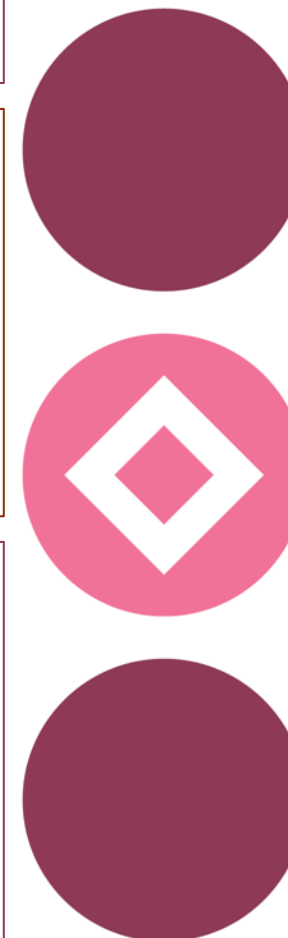
- Deployed NHFT network into new secure service locations as part of the Notts/Lincs prisons onboarding programme.
- Removal/replacement of unsupported technology from the estate, including Windows10, that pose cyber security risks.
- Completed LAPs data migration activity; moved to project closure.
- Undertaken procurement of ServiceNow to align systems across NHFT and LPT.
- Facilitated LPT S1 deep dive and begun groupwide clinical digital leadership review.
- Continued delivery of Airmid and Brigid activity (LPT).
- Drafted Groupwide Digital Strategy and presented to Group SEB.
- Appointed two new Joint Deputy Directors to support group digital activity.
- Launched iDiscover learning and booking platform within NHFT.
- Completed MagicNotes trial of ambient voice technology; joined midlands group procurement for future AVT solution.
- Built and tested robotic processing automation (RPA) technology with regards to RMC service referrals via the ReAction portal (NHFT). Moving to test now with live patient records.

## Progress expected in next reporting period

- Continued onboarding of Lincolnshire prisons (3) and Immigration Removal Centre.
- Finalise Groupwide Digital Strategy.
- Undertake induction for new Joint Deputy Directors.
- Progress stock management solution within NHFT.
- Establish groupwide AI and Automation delivery group.

## Any additional mitigations or actions to be implemented

Resource capacity is a continuing risk particularly with the prison deployment activity ramping up over the Jan-Mar period. Continued agile use of resources and acknowledgement that some activity may be delayed because of these pressures.



# Healthy Communities

Leicestershire Partnership and  
Northamptonshire Healthcare  
Associate University Group



## Where we want to be in 2030

- Empowering our communities to live with greater independence; avoiding unnecessary hospital stays.
- Identifying and tackling health inequalities in our neighbourhoods and building prevention of ill health into everything we do.
- Community focused using our anchor organisation status to continuously add social value to the communities we serve.

## Progress in this reporting period

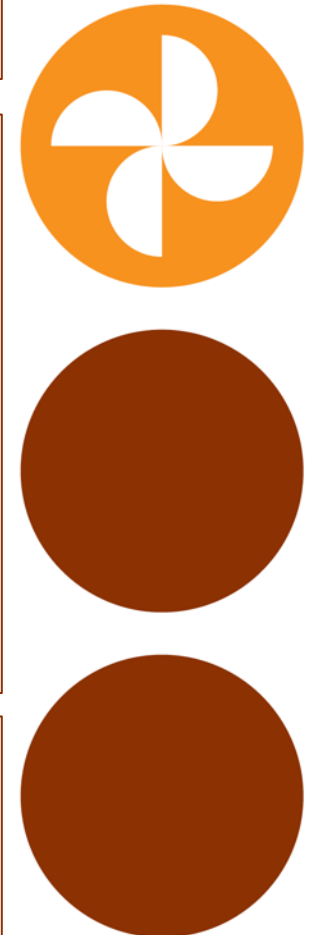
- All Community Mental Health Teams are now aligned to Local Area Partnerships and Neighbourhoods.
- Across the Group we are using data to identify and address health inequalities – we are making this data accessible to all our services via an app which disaggregates appointment data by ethnicity, deprivation, gender, age and day and time of appointments and comparing Did Not Attend (DNA) and attendance rates for each. Services are then designing interventions to reduce DNAs and increase access.
- In NHFT work continues with Saints Rugby Club to deliver group interventions and support to Children and Young People (CYP) who are struggling to stay in education.
- Hosting of carer peer support workers from Family Hubs North in NHFT to support families whilst waiting for CYP Speech and Language Therapy. This supports families to access early support either by parent support groups or individually.
- The West Northants Asthma Project is being delivered by school nurses as part of the asthma bundle. School Nurses are working with schools in identified areas where there are poorer health outcomes to improve the management of asthma for children in those schools.
- Engagement for development of Social Value Plan for 2026/7 initiated across the Group

## Progress expected in next reporting period

- All Service directorates would have been introduced to their Health Inequality data, understanding the data and determining where to focus resource to best outcome. Designing interventions and actions to increase access. Including the launch of the Health Inequalities Referral Tool onto Focus and the launch of the Health Inequalities sections in the Staffroom
- Develop proposals to extend the work of Saints in 26/27 for equity across Northants footprint.
- Next stage of Asthma Project.
- Publication of 2026/7 Social Value Action Plan

## Any additional mitigations or actions to be implemented

Understanding of the data – we are holding workshops to introduce the data and providing a contact point within Transformation and Business Intelligence teams to support and track activity.



## Where we want to be in 2030

- Responsive to the changing needs, demands and expectations of the public for services.
- Providing services that can adapt to the needs of different people and communities.
- Working in partnership to deliver local services which are informed by local needs and are patient-centred.

## Progress in this reporting period

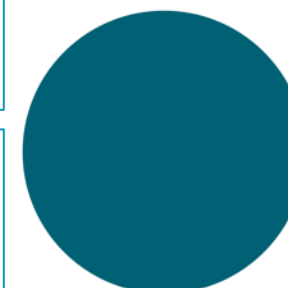
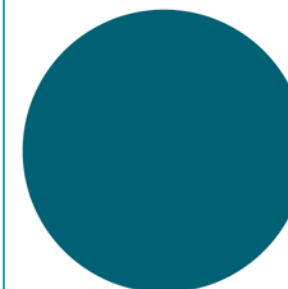
- Urgent Community Response services now receiving all Emergency Dept Validations direct from NHS 111- removing need for some presentations to be directed to acute settings
- GP provision in Live Handover extended to 5 days to improve validation of Category 4 calls and avoid admission
- All same day presentations for Catheter problems now directed to UCR- improving response rates and removing significant amounts of unplanned demand from Community Nursing
- Virtual Clinical Care Team progressing revised programmes within The Docabo/LUSCII virtual monitoring platform to support enhanced patient care and safe transition to the LUCI Platform in 2026
- NHFT have increased number of stroke beds to address identified needs of patients within the County.
- Motor Neurone Disease (MND) Coordinator role within Single Point of Contact to ensure people affected with MND access all available services in appropriate timeframes. Funded by MND association

## Progress expected in next reporting period

- Community Nursing transformation project- goal setting and vision for the future of the service
- Onboarding of new posts in Admiral Nursing and Continence to improve response times and support for community teams and families
- Inpatient transformation project – Vision and Goal setting to be completed.

## Any additional mitigations or actions to be implemented

None reported





# Including everyone

## Where we want to be in 2030

- We have a culture of inclusivity where everyone's voice is heard and matters.
- Increased research involving all our communities, creating a centre of excellence for mental and physical healthcare.
- Working with staff, patients, service users, carers and families through coproduction to design, deliver and evaluate services to improve the quality of care we deliver.

## Progress in this reporting period

- Together Against Racism workforce pillar has reviewed the standards for 2024/25 and 2025/26 to update and develop clear workplans, with clear focus on reducing experiences of racist abuse
- Continued delivery of Inclusive Recruitment training that ensures we attract a wider, more diverse workforce that reflects the populations we serve.
- Application for University Hospital Association status continues to progress, in parallel with a group research, education and innovation plan.
- LPT signed up as an “early adopter” site for inclusion of diversity data into participant recruitment returns via NHS Number (national dashboard in development)
- LPT named as lead or partner site in seven Research for Patient Benefit Bids, all compliant with new National Institute for Healthcare Research (NIHR) inclusivity guidance.
- NHFT and LPT have worked together to co-produce 'Co-production Charter and Principles'. Over 30 staff and people with lived experience worked together to decide what they felt we should commit to as a group and how we will do good quality Co-production.

## Progress expected in next reporting period

- Adoption of the digital Patient Research Experience Survey to increase user feedback from study participants and reduce barriers.
- Submit final copy of University Hospital Association application and plan to Group SEB and Board for approval prior to submission to University Hospital Association (NHS Providers)
- Next year the new Group Co-production Charter and Principles will be launched, and we will build on this work to scope out tools such as Co-production guides, training, tool-kits and evaluation methods that will support the growth of good quality co-production in our Trusts

## Any additional mitigations or actions to be implemented

Continued engagement and feedback from University of Leicester and other key stakeholders.



# Valuing our people

Leicestershire Partnership and  
Northamptonshire Healthcare  
Associate University Group



## Where we want to be in 2030

- Recognised for creating a compassionate and inclusive culture, where everyone is valued as a leader, feels psychologically safe and is inspired to continuously learn and improve.
- Making a tangible, positive difference to the experiences of all our colleagues so that everyone feels they belong, in particular through our focus on diversity, inclusivity for all and our shared Together Against Racism commitment.
- An employer of choice, with effective workforce planning that supports our people to flourish, growing our own talent and building on sustainable workforce models to meet the needs of our communities.

## Progress in this reporting period

- Where I belong – every voice matters’ Group conference delivered, attended by over 260 colleagues. Discussed having brave conversations about race, psychological safety, health inequalities and freedom to speak up.
- ‘Valuing our people – support through change’ campaign launched, with webinar held on 25/11 and 190 attendees. Resource guides and toolkits being finalised to be issued in early December 2025
- Agreement received from Medical leaders to align to a single ‘Clinical Director Leadership Framework’ (subject to Group SEB approval)
- National Staff Survey closed on 28 November, with both organisations maintaining a good response rate against an anticipated decline nationally
- Culture cafés piloted in NHFT, reflecting the model in place in LPT
- Career development workshop piloted in LPT, reflecting the model in NHFT

## Progress expected in next reporting period

To deliver the “BRAVE” (Bold, Resilient, Authentic, Versatile & Empowering) model to staff and teams across the Group.

Further survey on embedding THRIVE in the organisation is planned for Q4, building on the strong scores received in Q2.

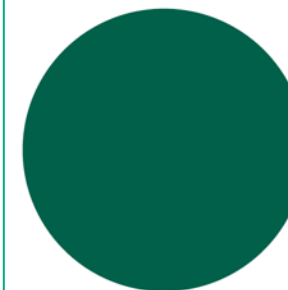
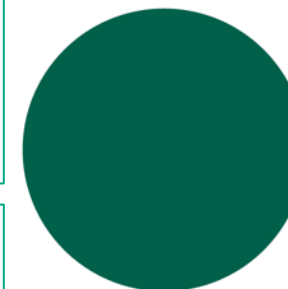
Review of Organisational Development offer across the Group. Group ‘Talent Matters’ cohort due to launch in January 2026. Dates for new ‘Clinical Director Leadership programme’ due to be launched

Analysis of Staff Survey data, and development of a Group staff engagement plan. Delivery of further support through the new ‘Valuing our people – support through change’ programme of work

Supporting colleagues to develop the NHS Charities Together bid for reflective practice to improve future care and resilience.

## Any additional mitigations or actions to be implemented

None reported



# Efficient and effective

## Where we want to be in 2030

- Providing high-quality services that improve outcomes and offer value for money for the tax-payer.
- Successfully implementing best practice consistently across our services and teams.
- Recognised leaders and partners in healthcare research, continuous improvement and innovation.

## Progress in this reporting period

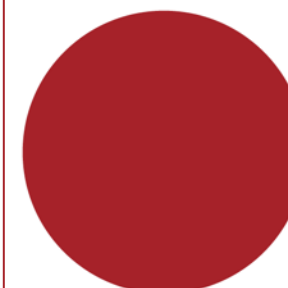
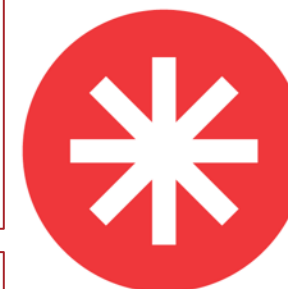
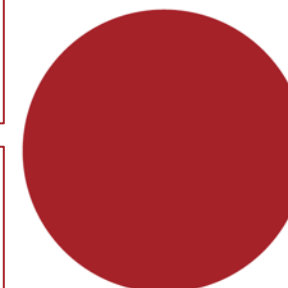
- Value Programme focusses on a range of areas to ensure financial balance and to meet efficiency targets, such as premium cost workforce (i.e. cessation of agency, reduction of bank, controls around spend such as Workforce Efficiency Panel and Non-pay panel), pathway schemes such as reduction in length of stay and corporate schemes in relation to establishment reviews and group opportunities.
- Development of new productivity tool which will generate actions for improvement.
- Focus on improvement as part of the sustainability agenda around single use plastics and development of QI toolkit to support clinical and staff engagement.
- Confirmed retained status as Category A NIHR Regional Research Delivery Network Partner/Delivery Organisation under the new funding model.
- Fundamental review of research governance processes and Standing Operating Procedures encapsulated under the Organisation for the Review of Care and Health Applications (ORCA) Branding

## Progress expected in next reporting period

- Continuous Improvement Workshop being delivered 28<sup>th</sup> November to agree the key principles of Continuous Improvement for the Group
- To further consolidate timelines with a view to 150-day target compliance, and identify additional resources required

## Any additional mitigations or actions to be implemented

Ongoing risks and opportunities associated with new core National Institute for Healthcare Research (NIHR) Research Delivery Network funding model being mitigated through an agreed action plan. .



## Group Public Board 29 January 2026

### East Midlands Alliance Common Board Paper

#### Purpose of the Report

To provide an update to the public boards of all 6 members of the East Midlands Alliance

#### Analysis of the Issue

This paper provides a summary of the work and plans of the East Midlands Alliance including the discussions and agreements from the East Midlands Alliance Board meetings held in October and December 2025.

#### Proposal

This paper is shared to ensure all organisations understand the wide variety of work within the east Midlands Alliance

#### Decision Required

The Group Board notes the range of work and achievements within the East Midlands Alliance

#### Governance Table

<b>For Board and Board Committees:</b>	Group Board in Public
<b>Paper sponsored by:</b>	Angela Hillery
<b>Paper authored by:</b>	David Williams
<b>Date submitted:</b>	19 January 2026
<b>Name and date of other committee / forum at which this report / issue was considered:</b>	Previous papers have been presented to group board
<b>Level of assurance gained if considered elsewhere</b>	<input checked="" type="checkbox"/> Assured <input type="checkbox"/> Partially assured <input type="checkbox"/> Not assured

<b>Date of next report:</b>	May 2026
<b>THRIVE strategic alignment:</b>	<input checked="" type="checkbox"/> Technology <input checked="" type="checkbox"/> Healthy communities <input checked="" type="checkbox"/> Responsive <input checked="" type="checkbox"/> Including everyone <input checked="" type="checkbox"/> Valuing our people <input checked="" type="checkbox"/> Efficient and effective
<b>Board Assurance Framework considerations:</b>	Group BAF 1
<b>Is the decision required consistent with the Group's risk appetite:</b>	Yes
<b>False or Misleading Information (FOMI) considerations:</b>	Nothing identified
<b>Positive confirmation that the content does not risk the safety of patients or the public:</b>	Confirmed
<b>Equality considerations:</b>	Connecting the work of the East Midlands Alliance seeks to improve equity across providers

## **Common Board paper**

**January 2026**

### **1. Introduction**

This paper provides a summary of the work and plans of the East Midlands Alliance including the discussions and agreements from the East Midlands Alliance Board meetings held in October and December 2025.

The same Board paper, agreed by the CEO group, is shared with the six Boards of the providers that make up the East Midlands Alliance for mental health, learning disabilities and autism.

### **2. The East Midlands Alliance**

The East Midlands Alliance is made up of the six largest providers of mental health services in the East Midlands region:

- Derbyshire Healthcare
- Leicestershire Partnership
- Lincolnshire Partnership
- Northamptonshire Healthcare
- Nottinghamshire Healthcare
- St Andrew's Healthcare

The Alliance has agreed a **vision** for the Alliance:

Working together in partnership to enable the best mental health, learning disability and autism care and support for the people of the East Midlands.

The Alliance has also agreed a set of **values**:

- Working together
- Respectful
- Integrity
- Supportive

The Alliance agreed a set of **principles**:

- Patient first
- Care closer to home and maximising independence
- Subsidiarity – take decisions as locally as possible
- Collaboration by consent
- Not acting to the detriment of others
- Sharing and applying learning at pace

The Alliance agreed five **strategic objectives**:

1. Quality improvement and productivity
2. Enabling safe care
3. Developing our workforce
4. Improving population health
5. Reducing inequalities

This common Board paper includes summaries of the recent work under each of the strategic objectives.

### **3. Alliance Plan**

The Alliance Board has received updates on the delivery of the annual plan for 2025/26. The March 2026 Alliance Board will receive a draft plan for 2026/27 developed by the professional groups and regional collaboratives. The Strategy Director forum will oversee the process.

### **4. Quality improvement and productivity**

#### **4.1 Mental Health Act best practice workshops**

The Alliance has used funding from NHS England to commission Weightmans to run a series of best practice workshops between April 2025 and February 2026. The workshops are a mix of online and in-person sessions focusing on topics agreed by the Medical and Nurse Director forum.

The Mental Health Act best practice workshops have focused on:

- Adult eating disorders
- MHA reform
- Person-centred care and considerations
- MH detention and statutory forms
- Mental capacity and the Court of Protection
- Perinatal mental health

- CAMHS and detention
- CAMHS and eating disorders for under 18's
- Digital considerations: AI technology, risk and regulation
- Part III patients and the law
- First-Tier Tribunal – procedural matters
- Part IV of MHA – appropriate treatment and the role of professionals
- Perinatal mental health
- Complex presentations of veterans and related issues
- Adult safeguarding and the law
- First-Tier Tribunal masterclass – mock tribunal
- MHA reform

The slides and a recording of each workshop session have been posted on a closed part of the Weightmans website for the Alliance providers to access. The workshop slides are shared with the CEO group at their fortnightly meetings. Attendance at the sessions has continued to be good. The feedback from the sessions has been very positive.

Weightmans have also run sessions with each Alliance provider Board and presented at the annual learning event for the Alliance in October 2025.

#### 4.2 Joint Medical Job Planning

The Alliance has secured funding from NHS England to establish a collective programme of work on medical job planning in mental health, to fund local activity and share learning.

The Medical Directors from Leicestershire Partnership NHS Trust and Lincolnshire Partnership NHS Foundation Trust are leading this work. Progress updates have been provided to the Alliance Medical and Nurse Director forum meetings.

#### 4.3 Therapy Supervision

The Alliance Board in June agreed to distribute the remaining Therapy Supervision funds held by the Alliance to support local activity to increase the pool of therapy supervisors. Each provider was asked to submit a proposal to use the available funding in 2025/26.

The CEO group approved a set of funding proposals in July 2025. An update on the use of the funds and learning will be presented to the Alliance Board in March 2026.

#### 4.4 Innovation and transformation

The Alliance Strategy Director forum worked with Health Innovation East Midlands (HIEM) to design an Innovation Exchange on productivity in healthcare. The Innovation Exchange focused on digital solutions to improve productivity in healthcare provision. Seventeen



outline proposals were invited to progress to full application in the East Midlands including four led by Alliance providers.

The Alliance also supported a HIEM Innovation Exchange looking at new technologies to support Adult ADHD services which took place in early December.

A further Innovation Exchange took place in early 2026 which showcased innovations that help people with learning disability who have behaviour that challenges to avoid harm from psychotropics.

#### 4.5 Productivity and financial plans

The Alliance Board in March 2026 will include a focus on planning, productivity and efficiency. The CEOs will be joined by the Chief Finance Officers to share plans for 2026/27 and learning.

The CFO group will meet with the Heads of Procurement on 28 January to consider joint approaches to procurement that might deliver financial and efficiency benefits.

Also in January, the Heads of Legal Services from the Alliance providers will meet to consider joint approaches and sharing information to deliver financial benefits from the procurement of legal services, legal advice and legal training.

#### 4.6 Open Dialogue pilot

Previous common Board papers have noted that Lincolnshire Partnership was prioritised by the Alliance CEOs to pilot an Open Dialogue model on behalf of the Alliance. Progress and learning from the pilot phase were shared with the Alliance learning event in October through a video feedback session from the Lincolnshire programme leads.

#### 4.7 National Inpatient Quality Improvement programme

The Alliance has continued to work with the regional lead for the national Inpatient Quality Improvement programme through the Medical and Nurse Director forum. The focus in 2025/26 has been on Housing and Mental Health, and on the development of a system demand and capacity model for mental health. The February meeting of the Alliance Medical and Nurse Directors will consider priorities for 2026/27.

### **5. Enabling safe care**

#### 5.1 Patient Safety programme

The joint Alliance work on enabling safe care is largely delivered through the Alliance Patient Safety programme which is run with Health Innovation East Midlands. The national mental

health patient safety programme ended in 2022. The Alliance secured funding to continue the programme in the East Midlands for a further two years and recently agreed a further programme extension to cover 2025 to 2027.

The programme is sponsored by the Medical and Nurse Director forum and is chaired by the Medical Director from St Andrew's Healthcare.

The three Communities of Practice from the earlier phases of the programme have continued to meet, undertake work and share learning. The three Communities of Practice also met together to share approaches and consider opportunities to join up their work.

- Improving sexual safety
- Reducing suicide and self-harm
- Reducing restrictive practice

Two lived experience leads and a Health Innovation East Midlands lead presented learning from the reducing restrictive practice programme at the Alliance learning event in October 2025. The presentation focused on the Hear Us tool which has been developed and shared across the East Midlands. The tool is designed to enable more purposeful debriefs following an incident.

In November 2025, the leads from Leicestershire Partnership Trust and Health Innovation East Midlands presented a national webinar on their work as part of the Alliance Patient Safety programme focusing on self-harm. The project was led by a core team of three Nurses from LPT and supported by a multi-disciplinary team of experts in data analysis and improvement from Health Innovation East Midlands. In a short period of time, the ward saw over a 40% reduction in incidents without increasing restrictions.

The fourth workstream from the 2023 to 2025 programme focused on the use of mechanical restraint in High Secure settings in England and Scotland. This work has been completed, and a confidential report has been shared with the High Secure providers and NHS England. A shorter final briefing on the use of the Human Factors approach that was taken as part of this review, was shared with CEOs at the Alliance Board in December 2025.

The focus for the 2025 to 2027 Patient Safety programme is on three new priorities:

- The development of a common safety framework
- The development of tools to support the reduction of the risk of physical health deterioration in severe mental illness
- A review with recommendations on the effective use of Physician Associates in Mental Health providers in the East Midlands

Scoping, early review work and interviews have taken place under each of these programme headers. A fuller update and next steps will be shared with the Alliance Medical and Nurse Director forum in February 2026 and the Alliance Board in March 2026.

Linked to this programme, the Alliance and Health Innovation East Midlands will share early learning from the pilot sites for Martha's Rule in mental health at the medical and Nurse Director forum in February.

## 5.2 Digitising the Mental Health Act

The Alliance Board in December agreed to the development of a business case that sets out the potential benefits of working together to digitise the Mental Health Act. Derbyshire Healthcare have agreed to take a lead in producing a case and in highlighting the potential project to NHS England as part of the planning submissions. NHS England have created a dedicated capital budget for the digitisation of the Mental Health Act.

The Alliance Medical and Nurse Director forum meeting in October received a presentation from One London which led a collective approach to digitising the Mental Health Act process in London. The Board noted that in other regions, some providers have moved together in a first phase with others joining later. Five of nine Trusts in London are now using a single digital process to manage their application of the Mental Health Act.

The Alliance Board asked that the benefits to patients and staff are clearly articulated. The Board also noted that the learning from elsewhere in the country included the importance of working alongside local authority partners and the police in the design phase.

## **6. Developing our workforce**

### 6.1 Retaining and developing Clinical Support Workers and their managers

The Alliance has run a successful programme to support the development, retention and career aspirations of Clinical Support Workers. Across the Alliance there have been issues with the recruitment and retention of Clinical Support Workers. The Alliance secured significant external funding to run a shared package of development programmes.

The core programme is called Developing Healthcare Talent. It is complemented by a programme that works with the line managers of Clinical Support Workers, known as the Developing Healthcare Leaders programme. Over 500 staff have been through the programmes to date. Both courses have high completion rates, and the feedback has been very positive. Case studies for both programmes have been developed and shared nationally.

The Alliance has run four of six cohorts of the core Clinical Support Worker development programme in 2025/26. Two further cohorts will run to March and April 2026 respectively.

The Alliance has run four of six cohorts of the Clinical Support Worker line manager development programme in 2025/26. The next cohort is fully subscribed and the subsequent cohort has good sign up and will start in March 2026.

The HR Director forum has also agreed to establish a Community of Practice for the Clinical Support Worker line managers that have completed the development programme to provide on-going support and learning. There are 65 graduates of the line manager programme signed up to the Community of Practice which will launch in February 2026.

The Alliance Board in June agreed to support a proposal from each Alliance provider to use some further local Clinical Support Worker funding in 2025/26. The Alliance Board asked the HR Directors to run a further sharing of learning session in April 2026 focused on the various local activities undertaken this year.

## **6.2 New Horizons programme**

A case study has been developed summarising the two cohorts of support for internationally trained nurse recruits using the Clinical Support Worker personal development approach. The New Horizons pilot cohorts received very positive feedback. The Alliance does not hold any funding to commission additional cohorts, but providers could.

## **6.3 Recruitment and Retention Payments and Golden Hello audit**

In September, the HR Director forum ran a further audit of additional recruitment and retention payments being made by the Alliance providers. The summary of the payments was shared with the CEOs at the Alliance Board in December. The CEOs welcomed the transparency and HR Director forum review.

## **6.4 Sharing learning on initiatives to tackle violence and aggression towards staff**

The HR Director network had a focus on programmes and actions to address violence and aggression towards staff in September 2025. There was a particular focus on the work in Lincolnshire Partnership to broaden the responsibility and develop a wider programme of activity to support a reduction in violence and aggression towards staff.

## **6.5 Alliance workforce dashboard**

The workforce dashboard for the Alliance has been reintroduced. The dashboard is now shared through an online system.

# **7. Improving population health**

## **7.1 Collective service planning and piloting the CAMHS Day Care model**

The Strategy Director forum has continued to lead work to consider opportunities for joint service planning across the East Midlands.

Each Alliance Board now includes a deep dive into one of the regional specialised collaboratives including their long-term plans to make a left shift, provide care closer to home and transform service models.

The October Alliance Board reconfirmed the prioritisation to pilot the CAMHS Day Care model in Leicestershire and Lincolnshire. The Board also agreed that the next system will be Derbyshire. The next steps are to establish the CAMHS Day Care pilots in Leicestershire and Lincolnshire.

### 7.2 Long term funding of Specialist service models to move care closer to home

The Alliance Board agreed at the October meeting to recurrently fund the CAMHS tier 3.5 services and the Waterlily programme in Adult Eating Disorders. Both of these developments support care closer to home and a move towards intensive day support rather than inpatient admission. The piloting of both approaches has demonstrated their effectiveness. Both have been developed with lived experience input and received very positive feedback from patients, families and carers during their pilot phases.

### 7.3 Regional Gambling Addictions service

The Alliance Board receives regular updates on the East Midlands Gambling Addictions service. The service has continued to see increases in referrals, has had a successful focus on increasing referrals from women and has introduced a new scale to measure progress.

The service has recently recruited additional resources to cover early evening slots and has progressed the initial thinking towards developing PROMS for the service.

In anticipation of the expected new investment into gambling harm support services linked to the gambling levy, the service is developing an expanded model of care to increase its reach across the East Midlands. The Gambling Harm service will work with NHS England and the two new East Midlands ICBs to agree on the medium-term use of that new funding.

### 7.4 Future Collaborative Hub provision

The Alliance CEOs have sponsored work to develop and implement a proposal for a single Collaborative Hub in the East Midlands and revised governance arrangements for the Collaborative and Alliance.

An NHS England commissioned independent review report into the Impact Forensic collaborative hub recommended that a single hub is developed for the East Midlands.

The Alliance Board meetings in October and December received updates on the plans to create a new East Midlands hub, bringing the two existing Collaborative hubs together.

The plans include each of the Alliance providers being represented in the recruitment process for a new lead role for the new hub. The CEOs asked to review the initial objectives for the new Hub Director role once they have been co-produced with Collaborative leads.

## **7.5 Revised governance arrangements**

The January 2026 Strategy Director meeting will develop a revised governance proposal that brings the governance of the Alliance and the governance of the mental health Collaboratives closer together.

At the December Alliance Board, the CEOs agreed on a set of outline principles to inform this work. A more detailed proposal will be shared with the CEOs for comment ahead of formal presentation at the March Alliance Board meeting.

## **8. Reducing inequalities**

### **8.1 Patient and Carer Race Equality Framework**

The East Midlands Alliance has prioritised the sharing of learning and roll out of the Patient and Carer Race Equality Framework (PCREF). The Alliance CEOs and PCREF leads will meet with the national PCREF leads, Jacqui Dyer and Husnara Malik, on 6 February to hear about recent developments with the national PCREF programme, the role of the CQC in overseeing implementation of the PCREF and to share organisational updates.

### **8.2 Women's Secure pathway**

The Impact Forensic collaborative is working with the East Midlands ICBs to address the health inequalities experienced by women from the East Midlands by transforming the women's secure pathway.

### **8.3 Rolling out the Waterlily Eating Disorder support programme**

The October Alliance Board agreed to the roll out of the Adult Eating Disorder Collaborative Waterlily programme to all counties of the East Midlands following a review of the financial model and feedback on the pilot implementation.

## **9. Regional mental health collaboratives**

### **9.1 Op COURAGE in the East Midlands**

Op COURAGE is an NHS service developed with people who have served in the Armed Forces and experienced mental ill-health. In the Midlands (East and West), Op COURAGE is delivered in partnership by Lincolnshire Partnership NHS Foundation Trust, Birmingham and Solihull Mental Health NHS Foundation Trust, Coventry and Warwickshire Partnership NHS Trust, St Andrew's Healthcare, Walking with the Wounded, The Ripple Pond, Tom Harrison House, and Mental Health Matters.

The October Alliance Board meeting considered the actions being taken to reduce the scale of the waiting list for assessment and the December meeting heard that improvements had been made in terms of the size of the waiting list and the longest waits.

The service has begun the roll out of an assessment clinic model in the East Midlands to further improve waiting times. This model was trialled in the West Midlands and has proved successful. The planned assessment clinics commenced with the first taking place in Lincoln in October. This ran successfully with good outcomes for the veterans assessed on the day. The plan is to grow this model with regular clinics across the East Midlands.

## 9.2 Perinatal Collaborative

The specialist Perinatal collaborative for the East Midlands, led by Derbyshire Healthcare NHS Foundation Trust, is a partnership to deliver high-quality care for pregnant women and new mothers with serious mental illnesses who require admission to a Mother and Baby Unit, and to ensure seamless support between Mother and Baby Units and community perinatal mental health teams.

The December Board heard that both Mother and Baby Units (MBUs) remain on routine quality assurance and improvement level with no escalations in Quarter 2. A permanent air conditioning system will be installed at the Beeches in Derbyshire in early 2026.

## 9.3 Impact Forensic Collaborative

A deep dive into the Impact Forensic collaborative took place at the December Alliance Board. The meeting reviewed progress over the longer term in reducing the number of Out of Area Placements, reducing length of stay and improving occupancy.

The meeting also discussed the Impact Hub review undertaken by NHS England, the scale of combined deficit between the providers and commissioner, and the challenge of nationally negotiated bed day rates with the independent sector.

The December Board received a financial model for the next five years alongside a set of assumptions. The CEOs asked for some further work to be undertaken on the financial model and different scenarios run ahead of a further presentation to the CEO group in January. The model will be reviewed by the CFO group on 7 January and presented to the CEO group on the 9 January.

NHS England have asked Warwick University to review the financial sustainability of the Collaborative. However, the final scope of the review and the timescales are not yet agreed.

The CEOs are keen to develop a long-term strategy for the Collaborative in terms of transformation and financial stability.

#### 9.4 CAMHS Collaborative

The October Alliance Board undertook a deep dive into the CAMHS Collaborative. The Board reviewed an update paper and a presentation on the future financial position, potential investment decisions and transformation for the CAMHS collaborative.

The Board received an update on the publication by NHS England of a developmental specification as part of the ongoing CAMHS Transformation work. Linked to this, the regional task and finish group have completed the development of the day service specification which has been presented to and agreed by the Provider Collaborative Programme Board.

The Board noted the investment in the Tier 3.5 model which has further reduced the demand for inpatient beds and supported patients closer to home. There is strong evidence of a successful left shift.

The Board discussed the use of a block payment model rather than one based on occupied bed days to support the CAMHS inpatient providers. It also reviewed the financial position of the CAMHS Inpatient providers and the CAMHS collaborative. The Alliance Board noted that St Andrew's Healthcare has given six months' notice on their CAMHS inpatient beds.

The Board also discussed the CAMHS Day service specification and the funding required to run the pilot sites in Leicestershire and Lincolnshire.

In December, the Alliance Board heard that the East Midlands CAMHS Collaborative had won provider collaborative of the year in the recent HSJ Awards. The Board acknowledged that achievement and recognition.

#### 9.5 Adult Eating Disorders Collaborative

The October Alliance Board undertook a deep dive into the Adult Eating Disorders Collaborative. The Board heard that activity had decreased in Quarter 1 of 2025/26 and that there had also been a decrease in out of area admissions. With the decreased activity, the financial modelling that was presented demonstrated that the Collaborative can afford to fund the Waterlily project recurrently across the East Midlands. The Board had previously received feedback from the pilot areas and committed in principle to a wider roll out.

The AED Collaborative will take on the quality oversight of a new adult eating disorder unit, Nova Ward at Cygnet Elowen in Shipley, which will increase inpatient capacity within the East Midlands by 12 beds.

In December, the Alliance Board heard that the AED Collaborative had received recognition for the Waterlily programme which won an award for Community Initiative of the Year. The Board acknowledged that achievement and welcomed the external recognition of the progress that has been made.



## **10. Alliance communications and events**

### **10.1 Alliance newsletter**

A further quarterly newsletter was shared in October. The newsletter provides headline information on stories of interest and refers readers to the Alliance website for further detail. The website ([www.eastmidlandsalliance.org.uk](http://www.eastmidlandsalliance.org.uk)) provides a hub for information about the Alliance and the provider collaboratives.

The October Alliance newsletter included updates on the two new mental health units opening at Kingsway Hospital in Derbyshire and the new 12-bed specialised eating disorder ward has also opened in Shipley. It also focused on the success of the Waterlily programme, co-ordinated by the East Midlands Adult Eating Disorder Provider Collaborative, which recently won the Community Initiative Award at the HSJ Patient Safety Awards. Dr Girish Kunigiri, the then Chief Medical Officer at Lincolnshire NHS Foundation Trust took part in the 60 Second Showcase.

### **10.2 Alliance learning event**

The Alliance held an annual learning event for Boards in October 2025. The session was opened by Gareth Harry, the national NHS England Director of Delivery for Mental Health, Learning Disabilities and Autism. There were also presentations from two lived experience leads on reducing restrictive practice and meaningful debriefs, the clinical and director lead for the CAMHS Collaborative for the East Midlands, and a legal overview from Weightmans. The session also included time for cross-organisational work and an opportunity to influence the priorities in the Alliance Plan for 2026/27.

The Communications team produced a short film of the day which has been shared with Alliance CEOs, national leads and uploaded to the Alliance YouTube channel.

## **11 Actions and recommendations**

The Boards of the Alliance providers are asked to:

- I. Note the updates in delivering the Alliance Plan for 2025/26;
- II. Receive the updates from each regional mental health collaborative;
- III. Note the progress on Alliance communications and the success of the Board learning event in October.

# Group Trust Board of Directors, 29 January 2026

## Group Value Programme update

### Purpose of the Report

To update the Group Board on progress towards a Group Corporate and Enabling Service across LPT and NHFT against the changing national and local financial context.

### Analysis of the Issue

#### Context – Local and National

LPT and NHFT have savings targets of 6.5% for 2025/26 and this is proving to be extremely difficult to deliver. It is likely that be a similar challenge in 2026/27. Both trusts delivered 5% savings in 2024/25, however some savings were non-recurrent adding to the underlying deficit positions and increasing the need to find additional recurrent savings as part of medium-term financial planning.

Corporate and enabling services are a critical part of the team within both NHFT and LPT and are fundamental to delivering the Group strategy THRIVE and to support frontline staff to deliver safe and compassionate clinical services efficiently.

The Corporate Services benchmarking return has indicated opportunities to reduce costs. In the 2024 return this saving was valued at £15.9m across both trusts when compared to the lowest quartile. The total expenditure on Corporate Services is £23m in LPT and £24.8m in NHFT.

Key areas of opportunities focused on Digital (£4.5m), People (£4.6m) and Corporate Nursing, Governance & Risk (£5.5m). On this basis both Boards agreed in 2024 to pursue a shared service across the group to release some of these savings.

NHS England (NHSE) wrote to trusts in March 2025 to highlight growth in Corporate Service expenditure since the pandemic in 2019. The instruction was clear; to reduce growth in Corporate Services by 50% in quarter 3.

Since 2019/20 both trusts have increased corporate and enabling service WTE and costs. NHFT have increased WTE by 153.99 which is an increase of 28%. LPT increased WTE by 81.53 which is 17%. Alongside corporate nursing the biggest area of increase was in People services – which includes Communications and Organisational Development – which increased by 60.82 WTE a rise of 30%.

It should be noted that admin teams directly supporting clinical teams remain outside of the scope of this programme.

## Proposal

### Progress to Date

The inception of the Group Value Programme in spring 2024 the programme delivered an initial rapid assessment by executive leads to ascertain what savings could be delivered. This included a subsequent detailed scope for each workstream to move to a joint team for their lead areas. These plans were assessed by executive teams with input from an external consultant and Non-Executive Directors from both trusts.

Steadily the programme has subsequently overseen changes which are summarised in appendix 1. The latest changes are in the following areas;

- Group Chief People Officer
- Group Chief Nursing Officer
- Estates and Facilities
- Digital
- Organisational Development

Savings from these changes are c.£360k for 2025/26 across both trusts. A full year effect of £900k

Some of the recent changes have been enabled by the Mutually Agreed Resignation schemes run in both trusts. These changes have added resilience and stability as well as improving the overall service delivered but crucially made recurrent savings.

As an example, the Estates and Facilities senior team across both trusts have moved to a single management structure which has spread learning across the wider teams bringing best practice from each trust together. More improvements are to follow but this move will save an estimated £200k per year.

Digital was identified within the Well Led review undertaken in 2024 as an area of good practice in both trusts. The challenge was to find ways to maximise the opportunity by bringing the expertise in digital together to deliver a stronger service to staff and the wider system. A single senior team is now in place.

### Strategic Fit

Not all changes proposed via the Programme will deliver significant savings. One key change locally is the move by Northamptonshire ICB and LLR ICB to come together under a single ICB leadership team. This is driving a single approach to financial allocations, contracting and decommissioning.

In response to this it is vital have a unified Group strategic fit with the new ICB arrangements. Taking two different approaches to contract negotiations for instance poses a risk to both trusts.

As the single Group digital service matures into a single platform, where all staff can use the same digital infrastructure wherever they are working will reduce barriers for staff working across the group. The Group Digital Strategic Plan is being finalised to enable this.

Maintaining a NOF rating of 1 or 2 is also a critical aspect of the new Foundation Trust pipeline. Financial balance is a prerequisite of any trust taking on the new Integrated Health Organisation contracts which NHFT and LPT aspire to do.

It has been agreed by Chief Executives in the East Midlands Alliance that the two commissioning Hubs, currently hosted by NHFT and Nottinghamshire Healthcare, will come together. This combined Collaborative Hub is intended to be hosted by NHFT with staff transfers before the end of March 2026 although the lead provider arrangements will remain as they are, for example LPT will remain the lead for Adult Eating Disorders and NHFT retains CAMHS.

### Transition Group

In September 2025 the Group Board agree place a Corporate and Enabling Transition Group to oversee the programme. The Terms of Reference for this meeting, established in November 2025 are included in appendix 2. As part of the Transition Group agenda is the identification and reviewing of risks associated with the programme. The key risks identified to date include;

- the lack of access to redundancy funding to enable change
- differences in approach from staff side
- management of change management policies
- overlap with trust's Value Programmes
- access to redundancy funding.

Group Board also agreed to support staff across both trusts through these uncertain times by developing a package to help staff navigate the uncertainty whether they are part of a management of change process or otherwise. This has been developed by the Chief People Officer.

The Chief Executive Officer, Chief Finance Officer and Chief People Officer have spoken on numerous occasions to Staff Side colleagues at both trusts to keep them up to date with progress of the programme and next steps of which they are broadly supportive.

The Chief People Officer is in the process of developing a process for to ensure consistency when appointing to joint roles and the triggers for future job evaluation for those roles that move to a joint team.

### Next Steps

Keeping staff side involved in the direction of the programme and informed of developments will remain a key feature of this work.

Further changes are in the pipeline with work near completion in the following areas;

- People directorates
- Corporate Governance
- Contracting
- Procurement

It should be noted that changes the People Directorate are numerous with the timing of changes not all being at once. For instance, work to review Payroll for both trust will be completed before March whereas finalising the wider HR approach will take considerably more time.

Other areas where plans are at a more emergent stage of development are:

- Project Management Office
- Corporate Nursing, AHP and Quality
- Business Intelligence

Overall, the programme estimates additional savings, over those previously reported, of recurrent full year savings of c.£1.7m although this figure requires final validation from finance teams. Once further work is completed across the People directorate, Corporate Nursing and Corporate Governance it is anticipated that this figure will increase still further.

## Decision Required

Group Trust Board is asked to consider the contents of the paper.

## Governance Table

<b>For Board and Board Committees:</b>	Group Trust Board
<b>Paper sponsored by:</b>	Paul Sheldon, Chief Finance Officer
<b>Paper authored by:</b>	Paul Sheldon, Chief Finance Officer
<b>Date submitted:</b>	21/01/26
<b>Name and date of other committee / forum at which this report / issue was considered:</b>	N/A
<b>Level of assurance gained if considered elsewhere</b>	<input type="checkbox"/> Assured <input type="checkbox"/> Partially assured <input type="checkbox"/> Not assured
<b>Date of next report:</b>	Foundation Trust Private Board
<b>THRIVE strategic alignment:</b>	<input type="checkbox"/> Technology <input type="checkbox"/> Healthy communities <input type="checkbox"/> Responsive <input type="checkbox"/> Including everyone <input type="checkbox"/> Valuing our people <input checked="" type="checkbox"/> Efficient and effective
<b>Board Assurance Framework considerations:</b>	NHFT - BAF04 LPT – BAF 5.4
<b>Is the decision required consistent with the NHFT's risk appetite:</b>	Yes
<b>False or Misleading Information (FOMI) considerations:</b>	None believed to apply
<b>Positive confirmation that the content does not risk the safety of patients or the public:</b>	There are no risks to the safety of patients or the public from this report
<b>Equality considerations:</b>	None believed to apply

## Appendix 1

### **Single Team delivering across the Group**

- Health & Safety Team
- Information Governance
- Collaborative Hub
- EPRR
- Strategy and Partnerships
- Estates and Facilities
- Digital

### **Joint Roles**

- Joint Digital lead
- Joint Procurement Lead
- Joint CYP Director
- Group Chief People Officer
- Group Chief Nursing Officer

## Appendix 2

### **Transition Group** **Terms of Reference**

#### **Introduction and Purpose**

The Transition Group is a meeting of key Executives from LPT and NHFT who will strategically oversee and direct the Group Value Programme, and its related activity.

The Transition Group will also monitor the Programme risks.

#### **Aims/Responsibilities**

- Provide updates Group Strategic Executive Board (SEB) and Group Trust Board, be regularly sighted on and monitor the progress of the Programme.
- To provide a strategic steer and assurance on the activity of the programme.
- To hold the role of making recommendations to Group SEB to make decisions in relation to the Programme.
- Consider escalated recommendations and requests pertaining to the existing workstreams, particular attention will be drawn to areas that are 'red' rated as exceptions or that have significant risks.
- Be notified on new workstreams and closed workstreams including the evaluation/benefits realisation of projects/programmes/workstreams in a timely manner.
- Share intelligence and horizon scan to identify new opportunities for workstreams that are evolving in the Trust and beyond that are likely to impact the organisations.
- Support the communication of Programme successes, along with providing leadership to others to innovate in the pursuit of value in healthcare.

#### **Membership**

- Deputy Chief Executive NHFT
- Deputy Chief Executive LPT
- Group Chief Finance Officer
- Executive Finance Director LPT
- Group Chief Nurse Officer
- Group Chief People Officer

Members are expected to attend 75% of meetings.



It is expected that joint leads for a workstream will attend the meeting on request.

### **Meeting Frequency and Quorum**

The meeting will be held every month. The meeting will be quorate if there are three members or more present. Any meetings that are not quorate will continue if the Chair agrees to proceed.

### **Record of Meetings and Reporting Arrangements**

The meetings will not be recorded. An action log will be maintained by PMO. Risk log will be maintained and reported to Group SEB.

Leicestershire Partnership and  
Northamptonshire Healthcare  
Associate University Group



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# Headline Performance Report

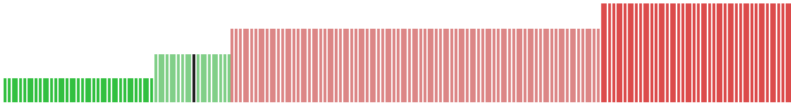

January 2026



# NHS Oversight Framework (2025-26)







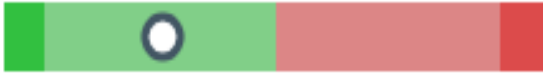



## Trust Overall Segmentation



Northamptonshire Healthcare FT		Leicestershire Partnership Trust	
Overall Trust Segmentation		Overall Trust Segmentation	
<div><p>Adjusted segment</p><p>Provider value <span>Q2 2025/26</span></p><p><b>2 NOF Score</b></p><p><span>i</span></p></div>		<div><p>Adjusted segment</p><p>Provider value <span>Q2 2025/26</span></p><p><b>2 NOF Score</b></p><p><span>i</span></p></div>	
NOF Segment awarded:	Two	NOF Segment awarded:	Two
Assessment Period:	Quarter Two; 2025-26	Assessment Period:	Quarter Two; 2025-26
Financial Override applied:	No	Financial Override applied:	No
Subject to Provider Improvement Programme:	No	Subject to Provider Improvement Programme:	No















# NHS Oversight Framework (2025-26)

## Organisational Scores – Overall Domain Scores

Domain Name	Northamptonshire Healthcare FT			Leicestershire Partnership Trust		
	Spectrum Bar	Direction of Travel (against Q1)	Organisational Scores		Direction of Travel (against Q1)	Spectrum Bar
Access to Services		↓	3.59	2.74	↓	
Effectiveness & Experience of Care		↑	2.21	2.47	↓	
Patient Safety		↑	1.46	2.05	↓	
People & Workforce		↓	2.03	2.45	↓	
Finance & Productivity		↑	1	1.39	↑	









# NHS Oversight Framework (2025-26)

## Organisational Scores – Sub Domain Scores

	Northamptonshire Healthcare FT			Leicestershire Partnership Trust		
Access to Services	Spectrum Bar	Direction of Travel (against Q1)	Organisational Score		Direction of Travel (against Q1)	Spectrum Bar
% of people waiting over 52 weeks for community services		↓	3.34	3.82	↓	
Annual change in the number of CYP accessing NHS-funded MH services		↓	3.83	1.65	↓	
Effectiveness & Experience of Care						
CQC Community Mental Health Survey Satisfaction Rate		⇒	2	2	⇒	
% of inpatients with a length of stay exceeding 60 days (at point of discharge)		↑	2.15	3.23	↓	
% of Urgent Community Response patients seen within 2 hours		↑	2.49	2.17	↓	
Finance & Productivity						
Planned Surplus / Deficit		⇒	1	1	⇒	
Relative difference in cost		⇒	1	1.77	↑	

# NHS Oversight Framework (2025-26)

## Organisational Scores – Sub Domain Scores

	Northamptonshire Healthcare FT			Leicestershire Partnership Trust		
Patient Safety	Spectrum Bar	Direction (against Q1)	Organisational Score		Direction (against Q1)	Spectrum Bar
NHS Staff Survey – Raising concerns sub-score		⇒	1.5	1.75	⇒	
CQC Safe Inspection Score (if awarded within previous 2 years)	No Data (not awarded in previous 2 years)	N/A			N/A	No Data (not awarded in previous 2 years)
% of patients in crisis to receive face-to-face contact within 24 hours		⇩	1.43	2.35	⇩	
People & Workforce						
Sickness Absence Rate		⇧	2.76	2.85	⇩	
NHS Staff Survey – Engagement theme sub-score		⇒	1.3	2.05	⇒	

NB Direction arrows are as reported on the Model Hospital platform

# Trust Performance Data

## Workforce

Workforce		NHFT			LPT		
Indicator	Period	Target / Ceiling	Current	Trend	Target/ Ceiling	Current	Trend
Vacancy rate	Dec-25	< 10%	10.0%	↓	< 10%	10.2%	↓
Sickness Overall	Dec-25	< 4.6%	7.2%	↑	< 4.5%	6.0%	↓
Turnover (Rolling 12 Month)	Dec-25	< 12%	7.4%	⇒	< 10%	7.3%	⇒
Staff Appraisals % in last 12 mths	Dec-25	>= 90%	92.0%	↑	>= 80%	94.8%	↑
Mandatory Training	Dec-25	>= 85%	94.2%	⇒	>= 85%	98.6%	↑
Agency Spend (£000's) - In Month	Dec-25	<= 425	602	↑	<= 922	566	↓

Source: Trust Internal Board Reporting



# Trust Performance Data

## Mental Health



MH LT Plan & National Objectives*		NHFT			LPT			Regional Benchmark	National Benchmark	Benchmark Period
Indicator (Trust Level Ambition/ Trust Level Target)	Period	Target / Ceiling	Current	Trend	Target/ Ceiling	Current	Trend	Midlands	England	Period
CYP ED Waiting Times - Urgent	Nov-25	>= 95%	100%	↑	>= 95%	86.0%	↑	79%	78.4%	Nov-25
CYP ED Waiting Time - Routine	Nov-25	>= 95%	87%	↑	>= 95%	100.0%	↑	84%	81.7%	Nov-25
Number of people accessing Perinatal treatment (rolling 12 months)	Nov-25	971	1,025	↓	1,259	1,170	↓			
EIP 2-week RTT Performance	Nov-25	>= 60%	Null	Null	>= 60%	66.0%	⇒	71%	74.1%	Nov-25
Out of Area Bed Days (rolling quarter)	Nov-25	0	140	↓	0	35	↓			
Patients discharged receiving follow up in 3 days	Nov-25	>= 80%	38%	↓	>= 80%	90.0%	↓	76%	73.8%	Nov-25
Data Quality - DQMI score**	Sep-25	>= 95%	92%	⇒	>= 95%	93.0%	↑	65.3%	63.6%	Sep-25
Data Quality - SNOMED CT	Nov-25	100%	70%	⇒	100%	100.0%	⇒	82%	71.4%	Nov-25
Accessing Individual Placement & Support (IPS) (12-Month rolling)	Nov-25	641	395	↓	798	780	↑			
Mean Length of Stay at Discharge (Adult/ Older Adult Inpatients) (Days)	Nov-25	<=42	46	↓	<=42	68	↓	55	56	Nov-25
Restrictive interventions per 1,000 bed days	Nov-25		Null	Null		37	Null	46	34	Nov-25
Indicator (System Level Ambition/ System Level Target)										
CYP Access (12 month rolling) (MHSDS published)	Nov-25	9,835	11,545	↑	17,745	18,800	↑			
CYP Self-Rated Measurable Improvement (MHSDS)	Nov-25		18%			38%		48%	48.8%	Nov-25
Community Mental Health Access (2+ contacts) (12 month rolling)	Nov-25	8,375	9,925	↓	6,802	15,790	↑			
Adult Inpatients with Learning Disability and/or autism*	Dec-25	17	30	↓	32	29	⇒			
CYP Inpatients with Learning Disability and/or autism*	Dec-25	2	1	↓	4	1	↓			

**Points of note:**  
Data is provided from Mental Health Core Data Pack (NHS Futures) - Filtered by Org Type: Provider.  
Exception being Inpatient with Learning Disability and/or autism – this is taken from internal Trust Data.  
Please note that due to a submission error, certain datasets for NHFT are not available for November 2025 (marked as ‘Null’).



# Trust Performance Data

## Community & Family

Community National Objectives		NHFT			LPT			Regional Benchmark	National Benchmark	Benchmark Period
Indicator	Period	Target / Ceiling	Current	Trend	Target/ Ceiling	Current	Trend	Midlands	England	Period
52+ Week Total Waiters	Nov-25		1,416	↑		6783	↑			
% of overall waits waiting over 52 weeks	Nov-25	1.5%	8.4%	↑	1.5%	34.7%	↑		7.8%	Nov-25
52+ Week Adult Waiters	Nov-25		755	↑		0	→			
% of overall Adult waits waiting over 52 weeks	Nov-25		5.7%	↑		0.0%	→		1.2%	Nov-25
52+ Week Children’s Waiters	Nov-25		661	↑		6783	↑			
% of overall Children waits waiting over 52 weeks	Nov-25		19.3%	↑		34.7%	↑		25.6%	Nov-25
2-hr Urgent Care Response	Oct-25	>= 70%	66%	↓	>= 70%	86.4%	↑		84.0%	Oct-25
Community Beds Length of Stay (LOS) (Days)	Dec-25	38	31	↓	23.5	22.3	↑			
Attended Community Care Contacts	Dec-25	113,350	124,029	⇒	89,901	93,433	↓			

**Points of note:**  
 Data is provided from Community Health Services SitRep.  
 Exception being with LOS and Care Contacts – this is taken from internal Trust Data.  
 The drop in NHFT Urgent Care Response performance is due to DQ issues when including the community nursing referrals