A

NHS
Leicestershire Partnership
NHS Trust

Trust Board 31st March 2026

Declarations of Interest Report – Public Trust Board

Purpose of the Report

This report details the Trust Board members' current declarations of interests. The Trust uses an online system Declare and does not hold paper copies. Trust Wide declarations for all decision makers are available to view here: https://lpt.mydeclarations.co.uk/home

Board Member:	Current Declarations:	Declaration Reference:	Date Interest Arose:	Date of Annual Declaration:
Angela Hillery CEO	Hospitality - APNA	3935	14.09.23	21st July 2025
	Loyalty Interests – LLR – voting member	4031	25.10.23	
	Loyalty Interests – East Midland Alliance	4030	25.10.23	
	Loyalty Interests - Sister employed by William Blake charity – homes for people with a Learning Disability	4029	25.10.23	
	Outside Employment – NHFT – Joint CEO	4068	14.11.23	
	Director of 3Sixty (On behalf of NHFT)	4108	01.04.23	
	Member of NHS Employers Workforce Policy Board	4106	01.04.23	
	Member of National Mental Health Programme Board	4105	01.04.23	

Board Member:	Current Declarations:	Declaration Reference:	Date Interest Arose:	Date of Annual Declaration:
	Midlands region CEO representative for National Mental Health working group	4104	01.04.23	
	Loyalty Interests - Dale Hillery (husband) - property surveyor	4273	01.04.23	
	Loyalty Interests - Member of NHSE/Providers Group	4272	01.04.23	
	Hospitality – NHS Providers	4393	21.02.24	
	Gifts – Proud2beOpsConference	4502	07.11.23	
	Hospitality - UNAM-UK CIC	5754	13.07.24	
	Gifts – REACH Network	6006	31.10.24	
	Loyalty Interest - Member of Advisory Group supporting NHSE- led by Sam Allen CEO (Management and leadership)	6046	30.10.24	
	Loyalty Interest - Member of RCSLT Senior Leaders Network	6357	01.05.25	
	Loyalty Interest - Invited to be part of CQC/NHSP Trust Well Led Reference Group	6433	21.07.25	
	Loyalty Interest - Member of Royal College of Speech & Language Therapists	6434	21.07.25	
	Loyalty Interests - Executive Reviewer for Care Quality Commission	6435	21.07.25	
	Hospitality - Royal Society of Medicine Travel expenses	6436	22.07.25	
	Hospitality – NHS Providers - Pre-conference dinner for NHS Providers RECHARGE Conference 2025, honouring Claire Murdoch	6670	10.11.25	

Board Member:	Current Declarations:	Declaration Reference:	Date Interest Arose:	Date of Annual Declaration:
	Hospitality – NHS Providers - Two-day ticket to NHS Providers RECHARGE Conference 2025	6671	11.11.25	
	Loyalty Interests - Member of Mental Health Supply Side Review Working Group	6713	17.12.25	
	Loyalty Interests - Son – Police Officer Northamptonshire Police	6712	17.12.25	
	Loyalty Interests – Nephew is Senior police officer at Northamptonshire Police	6711	17.12.25	
	Loyalty interests – Member of Midlands & East CEO Forum	6808	11.02.26	
Jean Knight Deputy CEO/Managing Director	Loyalty Interests – Northamptonshire Street Pastors	3664	01.04.23	2nd April 2025
	Loyalty Interests – Age UK Northamptonshire	3663	01.04.23	
	Loyalty Interests – BLMK ICB	3662	01.04.23	
	Loyalty Interests – Ellis (formerly Berendsen)	3661	01.04.23	
	Loyalty Interests – Daughter Detective Constable Northamptonshire Police	6595	01.09.25	
Hetal Parmar NED	Outside Employment – The Mead Educational Trust	3936	04.09.23	13th April 2025
	Outside Employment – Washwood Heath Multi Academy Trust	3097	04.09.23	
Liz Anderson NED	Outside Employment – University of Leicester Professor	4285	12.09.23	15th May 2025
	Loyalty Interests – President of UK Centre for the Advancement of Interprofessional Education (CAIPE)	6755	1.1.26	

Board Member:	Current Declarations:	Declaration Reference:	Date Interest Arose:	Date of Annual Declaration:
Josie Spencer NED	Loyalty Interests – Leicestershire Police	5584	01.04.24	8th April 2025
Chris Skelton NED	Outside Employment – The ExtraCare Charitable Trust (Director)	6809	01.01.26	12th February 2026
	Outside Employment – ExtraCare Retail Limited (Director)	6810	01.01.26	
	Outside Employment – Trent and Dove Housing Association (NED)	6811	01.01.26	
	Outside Employment – First Housing Limited (NED)	6812	01.01.26	
Tim Harrison NED	Outside Employment – Granta Medical Practices (CEO)	6799	01.12.25	1st February 2026
	Loyalty Interests - NHFT	6847	01.12.25	
Faisal Hussain Chair of the Trust	Loyalty Interests – Raising Health Charity	3200	01.07.22	8th April 2025
	Loyalty Interests – Spinal Injuries Association Enterprise	3146	25.08.22	
	Loyalty Interests – APNA NHS Network	909	24.02.22	
	Loyalty Interests – Disabled NHS Directors Network	910	24.02.22	
	Loyalty Interests – Seacole Group	911	24.02.22	
	Loyalty Interests – Spinal Injuries Association	912	24.02.22	
Melanie Hall Associate NED	Outside Employment - Synlab plc and Mid & South Essex NHS FT – Chair	6780	01.04.25	15th May 2025
	Outside Employment - Northamptonshire Healthcare NHS FT	6779	01.04.25	

Board Member:	Current Declarations:	Declaration Reference:	Date Interest Arose:	Date of Annual Declaration:
Kate Dyer Director of Governance	Loyalty Interests – Independent Member of the Audit and Risk Committee - Rutland County Council	6690	20.11.25	9th April 2025
	Loyalty Interests – Care Quality Commission	6851	25.03.26	
David Williams Director of Strategy and Partnerships	Outside Employment – Northamptonshire Healthcare NHS Foundation Trust	3137	01.04.22	2nd April 2025
	Loyalty Interests – LPT Charity Raising Health	3934	27.09.23	
	Hospitality – Yale University	4138	01.12.23	
	Volunteer Run Director – Parkrun	5955	02.11.24	
	Hospitality – Commercial Company - £40	6176	18.03.25	
	Hospitality – Commercial Company - £50	6423	26.6.25	
Sarah Willis Group Chief People Officer	Nil Declaration	6252	NA	2nd April 2025
Sam Leak Director of Community Health Services & Interim Director of FYPCLDA	Loyalty Interest – NHFT	3730	03.08.23	14th May 2025
	Loyalty Interest – Age UK Northamptonshire	3729	01.04.23	
Tanya Hibbert Director of Mental Health	Nil Declaration	6197	NA	2nd April 2025

Board Member:	Current Declarations:	Declaration Reference:	Date Interest Arose:	Date of Annual Declaration:
Sharon Murphy Director of Finance	Loyalty Interest – Raising Health	5770	01.04.24	2nd April 2025
	Loyalty Interest – Husband works at Northampton ICB	6437	25.07.25	
Linda Chibuzor Group Chief Nurse	Outside Employment – Director - National Mental Health, Learning Disabilities Nurse Directors Forum	6704	1.5.25	9th December 2025
	Outside Employment – Trustee - Churches Housing Association of Dudley and District (CHADD)	6703	15.9.25	
	Outside Employment – Executive Reviewer - Care Quality Commission (CQC)	6702	3.12.25	
Bhanu Chadalavada Medical Director	Outside Employment – Four Elements Medical Services LTD	4045	01.11.23	9th September 2025
Paul Sheldon Chief Finance Officer	Outside Employment - Northamptonshire Healthcare FT - Joint role with LPT and NHFT	4116	19.09.23	16th May 2025
	Loyalty Interests – Carly Sheldon (wife) – Senior Finance Manager at Black Country ICB	4275	01.04.23	

Decision Required

Briefing – no decision required

Governance Table

For Board and Board Committees:	Public Trust Board 31st March 2026
Paper sponsored by:	Kate Dyer Director of Governance & Risk
Paper authored by:	Kay Rippin Deputy Trust Secretary
Date submitted:	23rd March 2026
Name and date of other committee / forum at which this report / issue was considered:	NA
Level of assurance gained if considered elsewhere	☐Assured ☐ Partially assured ☐ Not assured
Date of next report:	March 2026
THRIVE strategic alignment:	☐ **T**echnology ☐ **H**ealthy communities ☐ **R**esponsive ☐ **I**ncluding everyone ☐ **V**aluing our people

	☒ **E**fficient and effective
Board Assurance Framework considerations: (list risk number and title of risk)	NA
Is the decision required consistent with LPT's risk appetite:	YES
False or Misleading Information (FOMI) considerations:	CONSIDERED
Positive confirmation that the content does not risk the safety of patients or the public:	YES
Equality considerations:	CONSIDERED

B

Unconfirmed

Leicestershire Partnership NHS Trust

LPT Trust Board

Minutes of the Public Trust Board meeting held 27 January 2026 commencing at 9.30am via Microsoft Teams

Present:
Faisal Hussain, Interim Group Chair
Josie Spencer, Non-Executive Director/Deputy Chair
Melanie Hall, Non-Executive Director/Interim Senior Independent Director
Hetal Parmar, Non-Executive Director
Liz Anderson, Non-Executive Director
Angela Hillery, Chief Executive
Jean Knight, Managing Director/Deputy Chief Executive
Sharon Murphy, Executive Director of Finance and Performance
Bhanu Chadalavada, Medical Director
Linda Chibuzor, Group Chief Nurse

In Attendance:
Sam Leak, Executive Director of Community Health Services and Interim Executive Director of Families, Young People and Children's Services, Learning Disabilities and Autism
Tanya Hibbert, Executive Director of Mental Health
Sarah Willis, Group Chief People Officer
David Williams, Group Executive Director of Strategy and Partnerships
Paul Sheldon, Chief Finance Officer
Kate Dyer, Director of Corporate Governance and Risk
Chris Skelton, Associate Non-Executive Director
Kamy Basra, Associate Director of Communications and Culture (in attendance until 11.15am)
Sonja Whelan, Corporate Governance Coordinator (Minutes)

TB/25-6/103	**Apologies for Absence** Apologies were received from Tim Harrison. Chris Skelton, recently appointed associate non-executive director, was welcomed to his first public Board meeting.
TB/25-6/104	**Service Presentation: Volunteering Team** Sarah Willis and Kamy Basra introduced the service presentation which would focus on the Voluntary Services Team. The team delivered an overview of their work, starting with introductions to the team members; Minaxi Patel (Voluntary Services Manager), Suresh Dhiman (Volunteering Transport Administrator), Kalim Vanat (Transport Volunteering Coordinator), Jane Richards (Volunteering Administrator) and Justine Warner (Volunteering Coordinator). The team described how they worked collaboratively, supporting one another through group communication and shared responsibility and although the team mainly worked remotely, they had bases at County Hall and in Loughborough Community Hospital, and spent significant time meeting volunteers across

	Leicester, Leicestershire and Rutland (LLR). Volunteers attending the meeting were also introduced; Chris Keenan (Volunteer Driver), Jill Hawes (Ward Assistant, Coalville Hospital) and Jasu Patel (Meet and Greet Volunteer, Bradgate Unit). The team emphasised that volunteers are central to the Trust's work, aligning their approach with the THRIVE model and the NHS 10-year plan. Their vision focuses on promoting volunteering, recruiting and retaining volunteers, and supporting individuals throughout their volunteering journey including a route into employment (for some). The presentation covered the team's work in promoting volunteering both externally and internally. Externally, they collaborate with Northamptonshire Healthcare Foundation Trust (NHFT), Voluntary Action Leicester (VAL), Integrated Care Board (ICB), NHS England (NHSE) and local businesses, as well as attendance at community events to raise awareness. They had also introduced corporate volunteering opportunities in partnership with Raising Health. Internally, they support services to create new volunteer roles, attend directorate meetings, and report directly to the Patient Carer and Experience Group (PCEG). The team described their structured, supportive, recruitment process, ensuring applicants understand their roles and receive ongoing guidance. It was noted that most recruitment was undertaken via the Trust website and all volunteers received a role description. Support for volunteers continued throughout their time with the Trust through shared regular communications including wellbeing updates and newsletters. Volunteers are also recognised through awards such as Valued Star and Long Service and included in various projects and surveys. Data was shared showing the Trust currently has around 250 volunteers across 31 active roles, although turnover was high and volunteers are continually being recruited. Transport statistics for 2025 were also shared, including 105,980 miles travelled across 3,546 journeys, supporting 47 different services. The Trust currently has 15 drivers, with 3 more being recruited. Examples of group volunteering projects were provided, including improvements to outside spaces at Melton, Hinckley and Bosworth and Coalville Hospitals. Chris Keenan, a former lorry driver, shared his experience as a volunteer driver. He explained that applying to volunteer was "one of the best things" he had ever done. The role was described as very different from his previous work and had positively impacted his own wellbeing by providing meaningful structure. The rewarding nature of the role was highlighted, particularly the opportunity to support patients who may have had little social interaction for long periods and helping others also helped him personally. On occasions, patients were reluctant about travelling when transport arrived and it was suggested that additional communication routes, such as an extra phone line, could be considered to enable patients to cancel transport directly where necessary. Chris had received a Valued Star Award in the previous year.

	Jasu Patel, Meet and Greet Volunteer, initially started at the Bennion Centre before moving to the Bradgate Unit. With a background in frontline health and being a carer 24/7, this role had been an important opportunity to rebuild confidence and give back to the community. In doing so, it had also had a positive impact on her personal wellbeing. Jasu highlighted a challenge arising from the removal of a water chiller at the Bradgate Unit which had previously provided a natural way, through offering water, to begin conversations and to offer reassurance to those individuals who appeared anxious or unsettled and felt the absence of this resource limited an effective and supportive engagement tool. Jasu reported that the role continued to provide meaningful opportunities to assist others whilst reinforcing her own sense of purpose and contribution. Jill Hawes, Ward Assistant, informed Board that she decided to volunteer after retiring as she needed a purpose and still had energy and skills to offer. She had been undertaking the role for one year and initially found it challenging, noting that some staff questioned the presence of volunteers. However, acceptance and understanding value of the roles developed over time and Jill felt increasingly integrated into the team. Her role included helping with breakfasts, drinks rounds, covering housekeeper duties during periods of leave and engaging with patients and visitors. Jill felt that being able to support the team, even in small ways, contributed positively to the ward environment and helped relieve pressure on nursing staff to focus on more clinical needs. She felt privileged to work closely with patients and expressed appreciation for the Snibston Ward team. Minaxi then outlined key achievements including strong team support for volunteers, excellent compliance with mandatory training and volunteers gaining skills that help them transition into paid roles. Challenges included digital access barriers, the volume of mandatory training required for some roles, the manual nature of the database, the need to develop new and innovative roles and financial limitations that have prevented pursuit of Investors in Volunteers (IiV) accreditation. Looking ahead, the team aimed to expand volunteering opportunities, strengthen internal and external partnerships, enhance recognition for volunteers and continue exploring options for updating digital systems. The team reiterated their commitment to supporting volunteers and emphasised the positive impact volunteers have across the Trust and finally thanked all volunteers, partners, and staff for making a difference every day. The Chair expressed appreciation on behalf of the Board, noting how clearly the personal benefits gained through volunteering had been articulated, including individual growth, development, pathways into employment and improvements in wellbeing and thanks were offered for the contributions made by volunteers. In relation to the point raised regarding access to water at the Bradgate Unit, it was confirmed that Tanya Hibbert would follow this up outside the meeting. Angela Hillery also extended thanks, noting the presentation had illustrated the volunteers' sense of belonging within LPT. Liz Anderson commented on the role of volunteering in preparing young people for future careers and asked if there were opportunities for younger individuals seeking experience or for those studying at the University of Leicester relevant to

	medicine or related fields. In response, it was explained that volunteers were supported throughout their involvement, with the team maintaining regular contact to address concerns and tailor opportunities to individual needs and added that positive feedback had been received from volunteers particularly regarding support for university applications. Sam Leak thanked the volunteers for their passion and enthusiasm. An offer was made to help connect volunteer feedback to directorate discussions and to explore the development of additional volunteer roles. She confirmed that further contact would be made with Minaxi Patel outside the meeting to progress this work and strengthen links. Sharon Murphy expressed appreciation for hearing how much volunteers personally gained from their roles and proposed liaising with the Information Team to explore potential support regarding database improvements. Linda Chibuzor provided clarification regarding the water cooler at Bradgate Unit, noting that a dedicated Water Safety Group oversaw decisions related to the removal or installation of water dispensing facilities. These decisions considered patient needs and feedback from clinicians. She also confirmed that a broken water cooler had been identified in the Involvement Centre and reiterated that no decision had been made by the Group to remove the water cooler from the Bradgate Unit. The Chair offered thanks again on behalf of the Board. **Action:** a. Tanya Hibbert to follow up on the issue of access to water at the Bradgate Unit b. Sam Leak to liaise with Minaxi Patel to progress work on connecting volunteer feedback to directorate discussions and explore the development of additional volunteer roles.
TB/25-6/105	**Questions from the Public (verbal)** There were no public questions.
TB/25-6/106	**Declarations of Interest (Paper A)** The Board received this report and noted the declarations of interest contained within. There were no declarations of interest in respect of items on the agenda. **Resolved**: The Board received this report for information and assurance.
TB/25-6/107	**Minutes of the previous Public Meeting held 25 November 2025 (Paper B)** The minutes were approved as an accurate record of proceedings. **Resolved:** The Board approved the minutes.
TB/25-6/108	**Matters Arising (Paper C)** There were no matters arising/outstanding actions recorded.
TB/25-6/109	**Trust Board Workplan 2025/26 (Paper D)**

	The Trust Board Workplan was presented for information. No questions or queries were received.
TB/25-6/110	**Chair's Report (Paper E)** The Chair presented this report for information, which summarised Chair and Non-Executive Director (NED) activities and key events relating to the well-led framework for the period December 2025 to January 2026. The Chair highlighted that with the changes in the non-executive team, the membership and leadership of key committees was being reviewed to ensure they remained effective and well-balanced in expertise. **Resolved:** The Board received this report for information.
TB/25-6/111	**Chief Executive and Managing Director's Report (Paper F)** Jean Knight presented this report which provided an update on current local developments since the last Board meeting. The key areas highlighted were:- • The Trust had retained its place in Segment 2 of the new National Oversight Framework for all NHS Trusts which was a huge achievement and thanks were offered to staff involved. • Work continued in relation to the neighbouring developments, particularly in Loughborough's Fearon Hall and the funding received, which will make a huge difference to the local population. • The significant pressure within Urgent and Emergency Care (UEC) during December 2025 and January 2026 was highlighted, and thanks offered to those going above and beyond to ensure services continued. • In November, an Advanced Nurse Practitioner within Community Health Services was nominated for the DAISY Award. • The Trust had been shortlisted, with NHFT, for the HSJ Digital Awards for the ChatHealth Implementation Project – an announcement was expected imminently. • In December 2025 the CQC undertook an inspection of the Reablement Provider Service at Leicester City Council, which provides short term reablement rehabilitation recovery as part of the Home First Model, to support people to remain in their own homes, and LPT colleagues play a huge role in the delivery of the service. The CQC rated the service as Outstanding, citing the collaborative approach adopted. Josie Spencer raised a query regarding the frenotomy (tongue-tie) pilot service, noting the significant number of newborns affected and sought assurance on whether sufficient resources were in place to support families and manage waiting times, given the urgent nature of the intervention. It was confirmed that the service was being closely monitored, with teams ensuring that families were not experiencing delays. Early feedback from mothers had been positive and a formal review of the pilot would be taken through the Executive Management Board (EMB). Melanie Hall commended the report noting the volume of positive and progressive updates and drew particular attention to the resilience and mental health training delivered by the Trust to housing employees and reflected that this work demonstrated LPT's role as an anchor institution which highlighted the

	value of partnership working. It was a welcome initiative and would help housing staff better manage the situations they encounter, enhancing their ability to support members of the public and users of housing services. The Chair thanked all for their contributions and further highlighted the recent achievement of a nurse within LPT who had been awarded the title of Queen's Nurse who was an exceptional and inspirational member of staff with a career that began as a cleaner before progressing to a nursing role. **Resolved**: The Board received this report for information.
TB/25-6/112	**Environmental Analysis (verbal)** Angela Hillery thanked Jean Knight for providing the Managing Director's report at the previous item, noting the importance of hearing that perspective. It was confirmed that a Chief Executive's Report would continue to be presented to the Group Board, enabling updates on national developments to be received. Thanks were offered regarding staff efforts over the winter period and the progress made against oversight framework requirements. Also highlighted was the work relating to neighbourhood development and that Rob Melling had recently joined a CEO Network meeting where he presented on work taking place across LLR to demonstrate the positive difference being made within neighbourhoods. The importance of being able to measure this impact, recognising the value such work brings to people's lives, including improvements in employment and wellbeing, was emphasised. It was noted that Angela Hillery and Linda Chibuzor would be participating in the LLR Developing Diverse Senior Leaders programme the following day. This formed part of the Trust's wider leadership and management approach and Haseeb Ahmed was playing an active role. Further discussion would take place at the Group Board meeting, particularly regarding opportunities for collaboration across the East Midlands and Midlands and East regions. Jean Knight added that a reverse mentoring session was scheduled for 29 January 2026 and Haseeb Ahmed had been instrumental in this work. The significance of the current planning period for 2026-27 and the substantial responsibilities placed upon the executive team was highlighted.
TB/25-6/113	**Board Assurance Framework (Paper G)** Kate Dyer presented this report which summarised the strategic risks and changes made in the last two months since the Trust Board meeting on 25 November 2025. The changes were noted as:- • Sections I and V (which were combined) have been separated for clarity which has changed the numbering for some risks on the LPT Board Assurance Framework (BAF). • It was proposed to combine the LPT BAF4.2 (now numbered BAF5) and NHFT BAF6 – which both related to the use of workforce strategies to become a Group BAF risk. Subject to approval by the Group Trust Board, the risk will be overseen by the Group People and Culture Committee.

	• Sixteen actions from the LPT BAF action log were presented to the Strategic Executive Board (SEB) and were supported ahead of approval by the Trust Board this month – full details were contained within the report. Liz Anderson emphasised that BAF03, relating to research, was particularly important and noted that LPT was on a very positive journey, making fantastic progress. Melanie Hall referred to BAF6.1 and BAF6.2 (capital risks) noting they had remained amongst the highest levels throughout the year. She reflected on the positive PLACE results and the excellent feedback from service users, while acknowledging there were still lots of challenges, and questioned whether the high score reflected a genuine high risk or whether it represented the normal operating position, and whether the capital risk was expected to remain high as the organisation moved into next year. Paul Sheldon reported that LPT remained in a position of ongoing challenge. One of the key issues continued to be estates and some of the buildings, particularly those at the Bradgate site, where the high-risk score still reflected historic underinvestment. However, the recent refit of Belvoir Ward had significantly improved conditions and demonstrated that improvements were possible within existing constraints. A new Estates and Facilities lead was in post at LPT who was bringing a fresh perspective; this included a review of the overall estates position with a key action in the coming weeks being the development of a plan that would allow the Trust to continue delivering improvements. Sharon Murphy provided an update on BAF6.2 (the funding aspect of capital) and explained the risk had originally been added at the beginning of the financial year because the Trust had concerns about whether sufficient funding was available. Throughout the year, it had been actively managed and although the score remained high, the level of risk naturally reduced as the year progressed and the Trust gained a clearer understanding of what the capital programme could realistically deliver. However, it was anticipated the risk profile for the following year would be different as there was more funding available through NHSE, although it was noted this would be around specific areas of investment, which would become clearer plans were finalised. Hetal Parmar referred to BAF1.1 (cyber security) and noted the identified gap concerning the lack of proactive out of hours cyber cover, queried the extent to which this exposed the organisation to increased risk and whether any plans were in place to address the limited level of expert protection available outside normal working hours. Paul Sheldon responded that although the cover was not proactive, the Trust was fully protected through NHSE cyber security arrangements as well as its own internal controls and therefore was not exposed to any additional risk. He added that a new Deputy Digital Director, who was a cyber specialist, had recently joined the Trust, strengthening the in-house expertise. **Resolved:** The Board received this report and approved the proposed changes.
TB/25-6/114	**Audit and Risk Committee AAA Highlight Report: 5 December 2025 (Paper H)**

	Hetal Parmar presented this report and drew attention to the following key points:- • Counter-fraud training has previously been agreed as not forming part of mandatory training and this position remained, but work continued to support colleagues with training in this area. • Phase three of the policy improvement process was taking longer than expected; this was due to the diligence and robustness being applied and the Audit and Risk Committee (ARC) had agreed that completing the work correctly, even if it took longer, was the right approach. • Chief Executive waivers were reducing in volume which reflected the direction the Trust wished to see and gave confidence that values would improve accordingly. • The Freedom to Speak Up (FTSU) Annual Report was received and described as excellent; the report provided strong assurance and reflected positive cultural progress across the organisation. It was noted that although the number of cases had increased, this was viewed positively as it indicated that staff felt more comfortable speaking up. Josie Spencer asked whether the Trust's non compliance with counter-fraud training standards had any implications in terms of national or external scrutiny or any potential impact on the Trust. Sharon Murphy confirmed there was no adverse impact on the organisation and explained the overall rating remained green, and this training formed just one of eleven components, all of which were otherwise rated green. The Trust continued to provide the training and targeted high-risk staff groups to ensure appropriate awareness; the only gap related to the ability to evidence the exact number of staff who had completed the training which was more difficult without it being part of the mandatory training system. **Resolved:** The Board received this report for information and assurance.
TB/25-6/115	**EPRR Core Standards (Paper I)** As the scheduled presenter was unable to attend, Jean Knight presented this report on LPT's compliance with the Emergency Preparedness, Resilience and Response Framework. The Trust was required to meet 58 core standards and, for the second consecutive year, LPT was fully compliant with all standards; this achievement was attributed to the hard work of all involved. Hetal Parmar commented that ARC received strong assurance in this area and reiterated the significant amount of work undertaken behind the scenes to maintain safety and resilience. Angela Hillery thanked the team involved for the significant work involved in achieving full compliance and highlighted that although EPRR compliance position was important in its own right it also contributed to the Trust's well-led assessment and provider capability evidence. **Resolved:** The Board received this report for information
TB/25-6/116	**Strategy and System Working**

	No papers had been received for this section, which was in line with expectations, as several items were now being taken to the Group Board.
TB/25-6/117	**Quality and Safety Committee AAA Highlight Report: 8 January 2026 (Paper J)** Josie Spencer introduced this report and highlighted the following key points:- • The previous Quality and Safety Committee (QSC) meeting had a very full agenda; as a result, there had not been sufficient time to undertake the planned risk-based deep dives, but these will be taken at its next meeting in February. There were no concerns arising from the written reports although further discussion may be required at the next meeting if members wished to explore issues in more detail. • An ongoing alert relating to the accountability framework remained specifically around waiting times in the neurodevelopmental pathway; the QSC wished to explore 'staying safe whilst waiting' and further work on this would come back to the next meeting. • A summit regarding the Central Access Point had been reported. There were no known escalations but no representative was available to discuss the matter and therefore further assurance would be sought at its February meeting. • An action from the QSC action log related to the handover of the FTSU reporting route. The previous approach (reporting via the People and Culture Committee) was no longer appropriate, and a proposal would be considered at EMB, with revised arrangements to be confirmed at QSC in February. • The QSC dashboard was reviewed where episodes of seclusion lasting over two hours were noted; there was no accompanying narrative so the Restrictive Practice Lead would provide further context and assurance at the next QSC. • An update on the Penny Dash review was received which mainly focused on the process undertaken. A fuller action focused report would be presented at the next meeting. • Two Learning from Deaths (LfD) reports were received; although it did follow the national template, further refinement was still needed. Following an update from Bhanu Chadalavada, Josie emphasised that QSC's focus extended beyond data quality and consistency, with the committee seeking clearer articulation of learning, themes and actions arising from the LfD process; the team were progressing this work. • The LPT staff flu vaccination campaign continued and was currently on track to achieve target. • Strong assurance was received from the Community Assessment Day presentation. • There were several examples of outstanding practice, including a range of medical staff who had received awards. • The Safety Team had undertaken a piece of work on falls, and moving and handling issues, for shorter patients using commodes; this was described as a simple but crucial improvement, executed very effectively. The volume and breadth of the QSC agenda was discussed and will be reviewed moving forward.

	Further consideration will be given on how learning from deaths and serious incidents are embedded across the organisation and this will be reflected in future AAA Highlight Reports . **Resolved:** The Board received this report for information and assurance.
TB/25-6/118	**Safe Staffing Report (Paper K)** Linda Chibuzor presented this report which provided a full overview of nursing safe staffing during the month of November 2025, including a summary and update of Allied Health Professional (AHP) and medical vacancies, new staffing areas to note, potential risks, and actions to mitigate the risks to ensure safety and care quality are maintained. This report triangulated inpatient nursing workforce metrics; fill rates, Care Hours Per Patient Day (CHPPD), Nurse Sensitive Indicators (NSIs) and patient experience feedback. The key points were outlined as:- • Establishment reviews had been completed and would undergo further review and discussion at the Joint People and Culture Committee; this aligned with the NHFT approach. • Incidents were reviewed to determine whether staffing levels had been a contributory factor and this analysis was reflected in the report. Mitigating actions were identified to reduce the likelihood of further incidents. Some incidents were unavoidable, but the team maintained a clear understanding of why they occurred and what learning should be taken from them. • Temporary staffing usage had increased in response to higher patient acuity and dependency levels; this cover was primarily sourced from the internal staff Bank which supported reductions in agency usage. • Staffing was monitored daily at ward and service level and staff were regularly moved to fill gaps, although this was not always captured in eRoster data. Staffing shortfalls in the system were therefore frequently mitigated in practice, and retrospective checks confirmed that gaps had been filled and no patient harm had occurred. For clarity, Angela Hillery asked Sarah Willis to comment on the higher sickness levels referenced within the safer staffing report, recognising the importance of triangulating this information in understanding staffing pressures. Sarah Willis reported that sickness levels had increased over the winter period across the organisation. She confirmed this pattern was consistent with trends seen across the NHS, and that LPT was not an outlier. A Group wide programme of work was commencing to undertake a deep dive into sickness, with initial discussions scheduled for the Joint People and Culture Committee in February 2026. It was noted that LPT had previously carried out various deep dives into sickness, focusing on policy compliance, appropriate management, and ensuring staff received the right support for health, wellbeing, and workplace adjustments to enable a safe return to work. Further work would continue, including benchmarking against other trusts to identify areas of effective practice and this would be triangulated with other workforce, quality and safety indicators to provide a fuller understanding of absence and ensure staff were supported appropriately.

	Liz Anderson expressed thanks for the detailed report, noting that the data was well triangulated and provided strong assurance that, despite pressures within the system, the quality of care remained good. She referred to the section of the report describing fluctuations with clinicians within the crisis team including challenges relating to the registration of some clinicians and asked whether the situation had now stabilised, and whether assurance could be provided that a fully staffed and responsive team was in place. Linda Chibuzor confirmed the crisis team staffing referenced in the report had now been resolved and explained that while clinicians were occasionally required to move between areas, staff were supported through training and development to ensure they had the necessary skills, knowledge and competence to undertake these roles safely. Tanya Hibbert further explained that staff levels across all teams, including the crisis team, were monitored daily through established processes such as safety huddles, escalation routes and daily silver command meetings. The crisis team could experience fluctuations due to sickness or surges in referrals, particularly during winter, and in such circumstances, local action cards (developed with the teams) were enacted as required; a process which enabled the service to respond effectively to short-term pressures and ensured ongoing safe staffing. Hetal Parmar commended the comprehensive nature of the report and observed that while the report contained a wide range of activity and mitigating actions, not all areas carried the same level of priority. He referred to incidents such as falls and medication related issues (many of which were categorised as low or no harm) and contrasted these with other areas that would naturally warrant higher priority from a safe staffing perspective. He then asked whether there was a way to help non-executive directors better understand how priorities were determined, specifically, whether it would be possible to identify the top three highest priority areas and to provide reassurance that limited resources were being aligned appropriately to these priorities. Linda Chibuzor confirmed she would take the suggestion away to consider how future reports could better demonstrate prioritisation for non-executive directors and explained that safer staffing reviews formed part of the wider patient safety framework. Incidents such as medication errors and falls were also reviewed in the Patient Safety and Learning Assurance Report from a safety perspective, whereas the safe staffing report focused specifically on whether staffing levels were a contributory factor. She emphasised the aim was not to focus only on incidents categorised as moderate or severe harm. Low and no-harm incidents were viewed as important early warning signs and the approach was to apply learning consistently across all areas; this ensured the Trust did not overlook lower harm incidents where improvements could prevent future, more serious harm. In addition, the reporting process sought to understand whether incidents could have been avoided and whether staffing, competence or learning needs played a role. Patient Safety then considered wider patterns, practice issues and any emerging trends from specific areas. Chris Skelton noted the sickness level figure of 2.7% referenced in the report appeared low and asked what ‘good’ looked like and how LPT compared with the wider NHS. In response, Sarah Willis clarified that the 2.7% figure related only to short-term sickness. When short-term and long-term sickness were combined, the Trust’s overall sickness rate was above 6%. She explained that sickness was broken down in reporting for workforce groups across directorates, enabling

	scrutiny of both short-term and long-term cases. Also confirmed was that LPT was not an outlier when benchmarked against other NHS trusts and had historically sat in the middle to lower range of mental health trusts, although sickness levels remained higher than desired. Also highlighted was the expectation for trusts to move toward a sickness rate of 4.1% by 2029 which LPT would be working towards. Angela Hillery added that benchmarking was important but needed to be interpreted within the context of the Trust's specific service model and patient group and emphasised that comparisons with best-performing organisations could be misleading where those organisations serve different populations. Tanya Hibbert provided an update relating to the Directorate of Mental Health (DMH) investigations and the community section of the report. Referring to waiting times for Community Psychiatric Nurses (CPNs), she explained that daily and weekly staffing reviews continued to take place and the service was now able to evidence staff being moved between teams where demand required additional support. The significant flexibility shown by staff within Community Mental Health Teams (CMHTs) which was having a positive impact on reducing some waiting times was highlighted. It was noted the position was highly dynamic and continued to be monitored closely, with strong governance and oversight mechanisms in place. **Resolved:** The Board received this report for information and assurance.
TB/25-6/119	**Patient Safety and Learning Assurance Report (Paper L)** Linda Chibuzor presented this report which provided assurance of the efficacy of the incident management and Duty of Candour compliance processes. Incident reporting supporting this paper had been reviewed and refreshed to assure that systems of control continued to be robust, effective, and reliable thus underlining the commitment to continuous improvement of incident and harm minimisation. The report also provided assurance around 'Being Open', supporting compassionate and timely engagement with patients and families following a patient safety incident, numbers of investigations and the themes emerging from recently completed investigation action plans, a review of recent Ulysses patient safety incidents and associated lessons learned/opportunities for learning. Key areas were highlighted as:- • Whilst the underlying data was correct, typographical errors in the SPC chart dates (pages 96, 98, 99 of the pack) were highlighted. The correct date range should read October 2024 to December 2025, whereas some charts incorrectly displayed 2021 or 2025-2026. The updated report would be circulated to members for information and an updated version placed on the website. • Reporting continued to focus on the five priority areas identified • The reporting culture remained strong which could give the impression of high incident numbers. However, the majority of incidents were categorised as no harm with very few recorded as severe harm. The importance of continued reporting was emphasised as understanding low or no harm incidents enabled improvements in practice.

	• Recent increases in falls within DMH in October had been reviewed immediately, resulting in actions that showed an improved position in November, although work continued on one ward. • Issues relating to restrain incidents, referenced earlier by Josie Spencer, had also been reviewed and immediate actions implemented. **Action:** Circulate updated report to members and upload the updated version to the website. **Resolved:** The Board received this report for information and assurance.
TB/25-6/120	**Finance and Performance Committee AAA Highlight Report: 22 December 2025 (Paper M)** Melanie Hall presented this report and highlighted the following key points:- • Over 52 week waits continued to appear under the 'alert' section. The recent Board development workshop was referenced which reviewed how waiting lists and 'waiting well' are monitored and it was confirmed that FPC would now focus on the trajectory and forecasting information to oversee progress. • The immense work across the Trust to maintain financial stability and delivery against plan was recognised, and although risks remained, substantial mitigations were underway. • The deep dive on partnerships in collaboration delivered by David Williams was referenced noting the substantial work and numerous examples demonstrating progress against the overarching strategy. Whether the BAF could be further strengthened through additional commentary on partnership agreements particularly in terms of timeliness and relevance was considered. • Policy compliance measures were discussed which reinforced cross committee focus on improving policy compliance monitoring. • The business pipeline was reviewed including elements linked to neighbourhood activity with a request for a further deep dive at its April meeting • The strong Patient Led Assessment of the Care Environment (PLACE) results were noted which reflected positive service user views regarding cleanliness, food, and the condition of clinical environments. • The celebration items included multiple examples of outstanding work, but particular attention was drawn to the first two items which referred to national recognition for work undertaken and the last two items regarding the Integrated Information Team and Freedom of Information requests. **Resolved:** The Board received this report for information and assurance.
TB/25-6/121	**Finance Report – Month 9 (Paper N)** Sharon Murphy introduced this report which provided an update on the Trust financial position for the period ended 31 December 2025. Key points highlighted included:- • Income and expenditure: reporting a £1.3m deficit which was in line with plan. • Operational areas continued to improve their financial position.

	• Learning Disability Services saw an increased overspend of £90k taking their forecast outturn to a £400k overspend. This was offset within the same directorate so overall the directorate will deliver a net break-even position. • At Trust level, the positive monthly run-rate position needs to accelerate over the remainder of the financial year. Based on recent performance the risk adjusted forecast outturns have again reduced. The likely forecast outturn was now showing less than £1m of net risk – this was a positive position. • In terms of the Leicester, Leicestershire and Rutland Integrated Care System (LLR ICS) position they are forecasting a break-even position at year end, but in-year are reporting deficits at both University Hospitals of Leicester (UHL) and the Integrated Care Board (ICB). • LPTs CIP programme was being delivered in line with plan. • Agency spend was £566k which was the lowest monthly spend since May 2013, demonstrating significant progress in reducing agency usage safely. • Better Payment Practice Code performance improved, with three of the four in-month areas achieving target. • The capital plan now totalled £18.6m with further allocations still being received; year to date spend was 44% lower than expected due to earlier strategic decision delays but teams were accelerating schemes and bringing forward planned 2026-27 work to ensure full spend of this year's allocations. • The financial workforce and performance draft plans were submitted to NHSE in December. The draft plan showed a break-even position across the three years of the medium-term plan and a 6% CIP target for 2026-27. The final plan was scheduled for approval at today's Confidential Trust Board before submission to NHSE on or before 12 February 2026. Hetal Parmar welcomed the significant improvements in agency spend noting this had been achieved without impacting safety. He referred to page 130 regarding the calculation of the high-level underlying position and asked about the level of confidence and risk associated with the movement to an adverse position and queried any implications this might have for the following financial year. Sharon Murphy replied that the value had remained relatively stable for several months which was positive and reflected on improved CIP delivery compared with earlier expectations. She confirmed the current underlying position would form the start point for the 2026-27 financial plan and would carry forward through the medium-term financial plan. It was noted that reducing this position would depend on achieving recurrent cost improvements, an area the organisation recognised it needed to strengthen and which would be a key focus going forward. **Resolved:** The Board received this report for information and assurance.
TB/25-6/122	**Performance Report – Month 9 (Paper O)** Sharon Murphy presented this report which provided an overview of the Trust's performance against Key Performance Indicators (KPIs) for December 2025. Key areas that were highlighted included:- • Length of Stay (LoS) had reduced across both DMH and CHS, with CHS performing below target which was positive. These improvements were expected to be reflected in the upcoming Q3 National Oversight Framework (NOF) assessments.

	• Access Key Performance Indicators (KPIs) in DMH were broadly consistent with previous months, with the exception of the Psychosis Intervention and Early Recovery (PIER) team. • In CHS, the CINNS (stroke service) and Speech Language Therapy had both improved but were still below target and subject to ongoing work within the directorate. • FYPC metrics were consistent with previous performance, although Community Paediatrics and Audiology continued to report below target performance. • Over 52 week waits: in DMH, three out of the seven metrics had increased with relatively small numbers except for ADHD which was on a continuing upward trend. In FYPC, four out of ten metrics had increased with small numbers except for paediatrics related to neurodevelopmental disorders • The Accountability Framework Meeting reviewed all of these areas and there was nothing to escalate from that meeting to Board. Hetal Parmar observed that some metrics had shifted from common cause to special cause variation and, acknowledging that external factors could drive such fluctuations, asked whether the Trust understood the reasons behind such shifts in trends and whether any learning or early indicators could be identified that might be useful going forward. Sharon Murphy explained that shifts were reflected within the service level exception reports, where any exceptional monthly factors were highlighted. Any such movements often occurred across several months and were also visible in the SPC charts. The focus on longer term performance and trajectory rather than month by month fluctuations was emphasised. **Resolved:** The Board received and approved this report.
TB/25-6/123	**Charitable Funds Committee AAA Highlight Report: 19 December 2025 (Paper P)** Faisal Hussain, Chair of the Charitable Funds Committee, presented this report and drew attention to the following key areas: • Appended to the AAA Highlight Report was the updated governing documentation for the Raising Health Charity of which Board approval was sought. The updates included the explicit addition of Rutland (previously omitted despite LPT providing services there). • The Committee had reviewed how charitable funds running costs were calculated to ensure the charity did not create a financial burden. The outcomes would be brought back to Board via normal governance processes. • The Charity raised £20k for Christmas presents for inpatient wards. • The Charity had been notified on an incoming legacy of £250k; further details would be shared once available. • The Charity received just under £118k from NHS Charities Together to support digital innovation within CAMHS, following a successful bid submission by the team. **Resolved:** The Board received this report and approved the updated governing documentation.

TB/25-6/124	**Framework for Quality Assurance and Improvement (Paper Q)** Bhanu Chadalavada presented this report which provided an annual overview of compliance with medical appraisals and revalidations and outlined the Responsible Officer (RO) regulations. This report had been reviewed at the People and Culture Committee in September 2025 and was now submitted to the Board for approval. It was reported that LPT remained compliant with GMC regulations for doctors directly employed by the Trust, excluding those in training or those connected to other designated bodies. The Trust had an established appraisal support team with training and refresher sessions delivered during the year and the appraisal quality was monitored monthly using a nationally recognised tool. As RO, Bhanu Chadalavada, supported by the Deputy RO, reviewed appraisal histories before making recommendations on fitness to practice. During the reporting period, 158 doctors were connected to LPT and a total of 27 appraisals were categorised as approved missed while 2 were recorded as unapproved missed; both were subsequently completed with additional support where required. All GMC recommendations were submitted on time. The only outstanding action related to the external peer review of the appraisal and revalidation process which the Trust had committed to arranging with a neighbouring organisation, with findings to be included in next year's report. Angela Hillery sought clarification on the timing of the external peer review noting that the summary reported a delay and asked whether the expected completion date would now change to 2026. Bhanu Chadalavada explained the original peer review arrangement had changed and NHFT had now been identified to undertake the review. He confirmed discussions were underway and a revised date would be confirmed once arrangements were finalised. Liz Anderson noted references in the report regarding the need for additional medical appraisers and asked whether further appraisers had been trained, how many were currently in place and whether increasing the number of appraisers would help address existing gaps and pressures. Bhanu Chadalavada reported that the Trust currently had around 35 appraisers and the need for more appraisers reflected the increase in the number of doctors employed by the Trust, which was a positive development and had contributed to reduced agency use. Since the report was written, a further training session had been held and five additional appraisers had completed training. The Chair asked whether there was any recognised guideline regarding the ratio of appraisers to doctors. Bhanu Chadalavada confirmed this was one appraiser for every five doctors. **Action:** Revised date for the external peer review to be confirmed. **Resolved:** The Board received this report and approved the submission data outlined.
TB/25-6/125	**Review of risk – any further risks as a result of board discussion?** No further risks were identified as a result of the discussions in today's meeting.

TB/25-6/126	**Any Other Urgent Business** There was no other urgent business.
TB/25-6/127	**Papers/updates not received in line with the work plan** All papers and updates were received in accordance with the workplan.
	Close - date of next public meeting: Tuesday, 31 March 2026 at 9.30am

C

NHS
Leicestershire Partnership
NHS Trust

Public Trust Board 31 March 2026

Matters arising from the Public Trust Board meeting held 27 January 2026

Action sheet

Minute no.	Action/ issue	Lead	Due date	Status	Evidence
TB/25-6/104	**Volunteering Team Service Presentation** a. Follow up on issue of access to water at the Bradgate Unit b. Progress work on connecting volunteer feedback to directorate discussions and explore development of additional volunteer roles.	Tanya Hibbert Sam Leak	23.03.26 23.03.26	Complete Complete	Confirmed that volunteer can use the Hub water fountain. Confirmed meeting arranged with Sam Leak to discuss linking further with FYPCLDA and CHS Directorates. Invites sent for respective DMTs for inclusion on the agendas.
TB/25-6/119	**Patient Safety and Learning Assurance Report** Updated report to be circulated to members and re-uploaded to website.	Linda Chibuzor/ Kate Dyer	23.03.26	Complete	Report circulated and uploaded to website 29.01.26.
TB/25-6/124	**Framework for Quality Assurance and Improvement** - timing of the external peer review to be confirmed	Bhanu Chadalavada	23.03.26	Complete	Peer review completed February 2026.

D

Leicestershire Partnership NHS Trust

LPT Trust Board Workplan 2025/26

		27- May-25	24-June-25	29-July-25	30-Sep-25	25-Nov-25	27-Jan-26	31-Mar-26
Item/Theme		Enabling	EGM (LPT Dev)	CHS	DMH	FYPCLDA	Enabling	CHS
Standing Items:	Frequency/Lead							
Service Presentation (20mins)	Every meeting	X		X	X	X	X	X
Patient and Carer Voice (10mins)	Every meeting	X		X	X	X	X	X
Staff, Student (University Focus) and Volunteer Voice (10mins)	Every meeting	X		X	X	X	X	X
Questions from the Public	Every meeting	X		X	X	X	X	X
Declarations of Interest Report	Every meeting	X		X	X	X	X	X
Declarations of Interest in respect of items on the agenda	Every meeting	X		X	X	X	X	X
Minutes of the previous Meeting	Every meeting	X		X	X	X	X	X
Matters Arising (Action Log)	Every meeting	X		X	X	X	X	X
Trust Board Workplan	Every meeting	X		X	X	X	X	X
Chair's Report	Every meeting	X		X	X	X	X	X
Chief Executive's Report	Every meeting	X		X	X	X	Group Board	X
Managing Director's Report	Every meeting	-	-	-	-	-	X	X
Environmental Analysis *(internal and external factors impacting on the Trust & risk-based items)*	Every meeting	X		X	X	X	X	X

T H R I V E

		27- May-25	24-June-25	29-July-25	30-Sep-25	25-Nov-25	27-Jan-26	31-Mar-26
Item/Theme		Enabling	EGM (LPT Dev)	CHS	DMH	FYPCLDA	Enabling	CHS
Chief Executive's Verbal Update ***(Confidential Agenda)***	Every meeting CEO	X		X	X	X	X	X
Environmental Analysis ***(Confidential Agenda)***	Every meeting CEO/MD	X		X	X	X	X	X
Governance and Assurance:								
Board Assurance Framework	Every meeting Dir Gov & Risk	X		X	X	X	X	X
Audit and Risk Committee AAA Report	Quarterly Chair, ARC	X (17.4.25 - ARC EGM)		X *(13.06.25)*	X (12.09.25)		X (05.12.25)	X (06.03.26)
Audit and Risk Committee Annual Effectiveness Review, ToR and Workplan	Annual Chair, ARC				X			
Trust Board Annual Effectiveness Review, Terms of Reference	Annual Dir Gov & Risk	~~X~~ Deferred to July		~~X~~ Deferred to Sept	X			
Trust Board Development Programme	Annual Dir Gov & Risk	~~X~~ Deferred to July		X				
Annual Review of Board Assurance Framework and Risk Appetite	Annual Dir Gov & Risk							X
Remuneration Committee Annual Effectiveness Review ***(Confidential Agenda)***	Annual Chair			X				
LPT well led action plan - time ltd item	Every meeting	X		X	X	CLOSED	CLOSED	CLOSED

		27- May-25	24-June-25	29-July-25	30-Sep-25	25-Nov-25	27-Jan-26	31-Mar-26
Item/Theme		Enabling	EGM (LPT Dev)	CHS	DMH	FYPCLDA	Enabling	CHS
(Confidential Agenda)	Dir Gov & Risk							
Strategy and System Working:								
All received September 2025: • LPT Clinical Plan 2025-2030 • LPT Green Plan 2025-2028 • LPT Winter Plan 2025-2026								
Quality, Safety and Compliance:								
Quality and Safety Committee AAA Report	Every meeting Chair, QSC	X *(15.04.25)*		X *Year-end 20.05.25 mtg and 17.06.25*	X *(19.08.25)*	X *(21.10.25)*	X *(08.01.26)*	X *(17.02.26)*
Safe Staffing Monthly Report	Every meeting Group Chief Nurse	X		X	X	X	X	X
Patient Safety Report and Learning Assurance Report	Every meeting Group Chief Nurse	X		X	X	X	X	X
Freedom to Speak Up Annual Report *(FTSU Guardian to attend to present)*	Annual Managing Dir			X				
Complaints and compliments Annual Report	Annual Group Chief Nurse				X			
Framework for Quality Assurance and Improvement (FQAI)	Annual Medical Director						X	
Confidential Patient Safety Report ***(Confidential Agenda)***	Every meeting Group Chief Nurse	X		X	X	X	X	X

		27- May-25	24-June-25	29-July-25	30-Sep-25	25-Nov-25	27-Jan-26	31-Mar-26
Item/Theme		Enabling	EGM (LPT Dev)	CHS	DMH	FYPCLDA	Enabling	CHS
Finance and Performance:								
Finance and Performance Committee AAA Report	Every meeting Dir Fin & Perf	X *(15.04.25)*		X *(19.06.25)*	X *(21.08.25)*	X *(23.10.25)*	X *(22.12.25)*	X *(19.02.26)*
Finance Report	Every meeting Dir Fin & Perf	X		X	X	X	X	X
Performance Report	Every meeting Dir Fin & Perf	X		X	X	X	X	X
Charitable Funds Committee AAA Report	Quarterly Chair, CFC	~~X~~ ~~18.03.25~~ Deferred to July		X 18.03.25 and 26.06.25	X 11.09.25		X 19.12.25	X 13.03.26
People and Culture:								
People and Culture Committee AAA Report	Every meeting Chair, PCC	X *(09.04.25)*		X *(11.06.25)*	X *(13.08.25)*	X *(08.10.25)*	Transferred to Group Workplan	Transferred to Group Workplan
National Staff Survey Results	Annual Group Chief People Officer							X
Risk Based Items When Required:								
Outline/Full Business Cases	As required							
CQC Inspection Reports	As required							
National/Local Reports	As Required							
Externally Commissioned Reports	As required							
System-wide Winter Planning	As required							
Award of legal contracts	As required							

T H R I V E

		27- May-25	24-June-25	29-July-25	30-Sep-25	25-Nov-25	27-Jan-26	31-Mar-26
Item/Theme		Enabling	EGM (LPT Dev)	CHS	DMH	FYPCLDA	Enabling	CHS
Maintaining High Professional Standards in the NHS (MHPS)	As required							
Appointment of Senior Independent Director, Deputy Chair, Chairs of Committees	As required							
EGM Agenda								
Going Concern Assessment	Annual Dir Fin & Perf		X					
Audited Financial Accounts	Annual Dir Fin & Perf		X					
Letter of Representation	Annual Dir Fin & Perf		X					
KPMG ISA 260 and Auditors Annual Report	Annual Dir Fin & Perf		X					
Head of Internal Audit Opinion	Annual Dir Gov & Risk		X					
Annual Governance Statement	Annual Dir Gov & Risk		X					
LPT Quality Account 2024/25	Annual Group Chief Nurse		X					
LPT Annual Report 2024/25	Annual Group Chief People Officer		X					

E

Leicestershire Partnership NHS Trust

Public Trust Board - 31 March 2026

Chair's Report

Purpose of the Report

This is a regular report for information and accountability, summarising Chair and Non-Executive Director (NED) activities and key events relating to the Well-Led framework for the period February 26 – March 26. Activities relating to formal Committees of the Board are reported through custom reports.

Analysis of the Issue

NED Update

In addition to welcoming new NED and ANED colleagues at the beginning of the year, we are undertaking a review of our current committee chair and membership arrangements to ensure we remain well-positioned to deliver strong governance and effective oversight. This review has considered the balance of skills, experience and capacity across our Non-Executive team, as well as forthcoming changes in tenure and I will continue to share updates with the Board as this work progresses.

Non-Executive Mid-year reviews

Mid-year appraisals for all Non-Executive Directors have now been completed, providing an opportunity to reflect on progress, individual contribution, and development needs. The process supports continued effectiveness, strengthens governance, and ensures NEDs remain well-equipped to provide robust oversight and strategic challenge. Outcomes from the reviews will inform ongoing development planning for the remainder of the year.

Joint Board Development Workshop

On 24th February 2026, Trust Board colleagues came together for a Joint Board Workshop to continue to strengthen collaboration across the Group and further align strategic priorities. The session provided an opportunity for Non-Executive Directors and senior leaders from both organisations to reflect on collective progress, share learning and explore how joint working can continue to enhance quality, culture and leadership.

Midlands NHS Leadership Event

I recently attended the Midlands NHS Leadership Meeting, which focused on accelerating the region's digital transition. The session opened with strategic reflections from the Regional Director and Chief Operating Officer, setting out the opportunities presented by digital transformation, followed by a national perspective on the shift from analogue to digital. The agenda covered key innovation themes, including the use of Ambient Voice Technology and strengthening cyber security. We received updates from colleagues in the region, including from the East Midlands Acute Provider Collaborative. The day concluded with round-table discussions and agreement on next steps, reinforcing a shared commitment to harnessing digital capability to improve care across the Midlands.

Mental Health Chairs Network

At the February session we received a thought-provoking session from the Chair of NHS Confed, Lord Victor Adebowale focused on the opportunities and challenges facing mental health services, including the need for clearer alignment across national and local reforms, stronger integration with social care and housing, and continued protection of specialist mental health provision within neighbourhood-based models. Chairs emphasised and agreed on the importance of demonstrating impact, strengthening partnerships with the voluntary and community sector, and ensuring that service design is shaped with local communities. The discussion reinforced that mental health services play a vital role across the wider health and care system, and that a unified narrative, early intervention and clear articulation of service complexity are essential to improving outcomes for the people and communities Trusts serve.

I attended the March session where we focused on: emerging national issues affecting mental health services, including concerns about future funding and commissioning changes, the system-wide implications of the St Andrew's service changes, and the importance of strong governance and accountability across all sectors. Members also received updates on national work relating to prevalence reviews, neurodevelopmental pathways and the development of the Modern Service Framework, noting the need for alignment between clinical insight, demand, and future service planning. The Modern Service Framework is NHS England's emerging national model for how mental health services should be organised in future, setting clearer expectations across crisis care, inpatient services and community-based support. It aims to bring greater consistency, reduce variation and ensure that service planning, clinical need and commissioning decisions are better aligned as systems develop their future models of care.

Working with Partners and Stakeholders

There have been many opportunities for System/ Group collaboration and learning from other organisations, for example, through:

- NHS Confederation Mental Health Chairs Call
- System Chair Meetings

- System Chair & CEO Meetings
- NHSE Midlands NHS Leadership Meeting
- LNAHP (Leicestershire & Northamptonshire Academic Health Partners) Board Meeting
- Joint NED Catch Ups
- NHS Oversight Framework Roundtable

Public, Patient and Staff Engagement

Boardwalks and other Chair/NED engagement activities in the period include attending/visiting:

- Group Hospital Associate University Meeting
- Ramadan Celebration Event
- Engagement with Our Future Our Way Discovery Phase
- DAISY Award presentation
- Research Envoy Celebration event
- Service Visit - Patient Safety team
- Service Visit Rutland Ward Oakham

All relevant meetings, events and visits for the period are detailed in Appendix A.

Proposal

The Board of Directors is invited to highlight any areas for discussion or clarification.

Decision Required

Briefing – no decision required

Governance Table

For Board and Board Committees:	Trust Board March 2026
Paper sponsored by:	Faisal Hussain, Interim Group Chair
Paper authored by:	Sinead Ellis-Austin, Head of Chair/CEO Office
Date submitted:	23rd March 2026
Name and date of other committee / forum at	N/A

which this report / issue was considered:	
Level of assurance gained if considered elsewhere	☐Assured ☐ Partially assured ☐ Not assured
Date of next report:	May 2026
THRIVE strategic alignment:	☒ **T**echnology ☒ **H**ealthy communities ☒ **R**esponsive ☒ **I**ncluding everyone ☒ **V**aluing our people ☒ **E**fficient and effective
Board Assurance Framework considerations: (list risk number and title of risk)	N/A
Is the decision required consistent with LPT's risk appetite:	N/A
False or Misleading Information (FOMI) considerations:	None
Positive confirmation that the content does not risk the safety of patients or the public:	Yes
Equality considerations:	Incorporated in approach to recruitment and other activities.

Appendix A

Non-Executive Attendee(s)	Date	Event/Meeting	Internal/External to the Trust (I/E)
Hetal Parmar Chris Skelton	09/01/2026	Introductory meeting - aNED	I
Liz Anderson	13/01/2026	University Status Meeting workpackage education	I
Hetal Parmar	19/01/2026	Our Future Our Way Discovery Session	I
Hetal Parmar	21/01/2026	GGI: Governance	E
Hetal Parmar	23/01/2026	GGI: Leadership through stress	E
Melanie Hall	02/02/2026	1:1 Fellow NED	I
Faisal Hussain	04/02/2026	1:1 NED	I
Faisal Hussain	04/02/2026	Joint Corporate Governance Catch Up	I
Faisal Hussain	04/02/2026	Group CEO/Chief People Officer	I
Melanie Hall	04/02/2026	Daisy Award Ceremony presentation	I
Hetal Parmar Josie Spencer	04/02/2026	Internal Audit Planning Workshop	I
Hetal Parmar	04/02/2026	Webinar: Protecting clinical capacity with AI	E

Non-Executive Attendee(s)	Date	Event/Meeting	Internal/External to the Trust (I/E)
Josie Spencer	04/02/2026	Our Future Our Way Discovery Session	I
Melanie Hall	05/02/2026	Our Future Our Way Discovery Session	I
Faisal Hussain	05/02/2026	Trust Board agenda sign off	I
Faisal Hussain Josie Spencer	05/02/2026	1:1 Deputy Chair	I
Faisal Hussain	05/02/2026	Regional Director, NHSE	E
Melanie Hall	09/02/2026	Service Visit: Patient Safety team	I
Chris Skelton	09/02/2026	Introductory meeting - CEO	I
Faisal Hussain	10/02/2026	1:1 ICB Chair	E
Faisal Hussain	10/02/2026	System Chair Meeting	E
Melanie Hall	10/02/2026	FTSU Guardian meeting	I
Chris Skelton	10/02/2026	Our Future Our Way team	I
Chris Skelton Tim Harrison	10/02/2026	Introductory meeting - aNED	I
Faisal Hussain	11/02/2026	NHFT/LPT Senior Independent Director meeting with Chair	I

Non-Executive Attendee(s)	Date	Event/Meeting	Internal/External to the Trust (I/E)
Melanie Hall			
Faisal Hussain	11/02/2026	Our Future Our Way Discovery Session	I
Faisal Hussain Josie Spencer	11/02/2026	1:1 Deputy Chair	I
Melanie Hall Chris Skelton	11/02/2026	Introductory meeting - aNED	I
Tim Harrison Melanie Hall	11/02/2026	Joint NHFT/LPT People & Culture Committee	I
Chris Skelton Josie Spencer	12/02/2026	Introductory meeting - aNED	I
Chris Skelton	12/02/2026	Introductory meeting – Chief People Officer	I
Hetal Parmar	12/02/2026	360 Internal Audit catch-up	E
Faisal Hussain	13/02/2026	NHS Oversight Framework Roundtable	E
Tim Harrison	13/02/2026	Introductory meeting – Executive Director of Mental Health	I
Chair/NEDs/aNED	16/02/2026	Joint NHFT/LPT NEDs catch up	I

Non-Executive Attendee(s)	Date	Event/Meeting	Internal/External to the Trust (I/E)
Tim Harrison	16/02/2026	Joint NHFT/KGH Suicide Awareness Training	I
Hetal Parmar	16/02/2026	Consultant Interviews (CHRT)	I
Faisal Hussain	16/02/2026	Associate Dean for Clinical Affairs, UoL	E
Faisal Hussain	18/02/2026	NHS Confederation Mental Health Chairs Conference Call	E
Faisal Hussain	18/02/2026	Joint NHFT/LPT Deputies meeting with Trust Chair	E
Melanie Hall	18/02/2026	Governance for Level 1 Committees meeting	I
Chris Skelton Tim Harrison	18/02/2026	Introductory Meeting: FTSU Guardians	I
Hetal Parmar	18/02/2026	GGI: Breaking obsession with the short term	E
Melanie Hall	20/02/2026	Chair's Mid-Year Review	I
Faisal Hussain	23/02/2026	F2SU Guardians	I
Melanie Hall	24/02/2026	Group Board Development Workshop	I
Chair/NEDs/aNED	24/02/2026	Joint NHFT/LPT Board Development workshop	I
Faisal Hussain	25/02/2026	Midlands NHS Leadership Meeting	E

Non-Executive Attendee(s)	Date	Event/Meeting	Internal/External to the Trust (I/E)
Melanie Hall	25/02/2026	TQID Group	I
Liz Anderson	25/02/2026	Service Visit - Rutland Ward Oakham	I
Faisal Hussain	26/02/2026	LNR System Chairs and CEOs meeting	E
Faisal Hussain	04/03/2026	Group & LPT Trust agenda sign off meeting	I
Faisal Hussain	06/03/2026	Research Envoy Celebration Event	I
Melanie Hall	10/03/2026	Meeting with FTSU Guardians	I
Faisal Hussain	10/03/2026	System Chair Meeting	E
Josie Spencer	11/03/2026	EMA Quality & Safety Committee Chairs network	E
Faisal Hussain	11/03/2026	1:1 Chief Executive Officer	I
Faisal Hussain	11/03/2026	1:1 UHN/UHL Chair	E
Liz Anderson	11/03/2026	Associate Dean for Clinical Affairs, UoL	E
Faisal Hussain	11/03/2026	Ramadan Celebration Event	I
Melanie Hall	13/03/2026	Service Visit Schools Immunisation	I
Faisal Hussain	13/03/2026	Executive Director of Strategy & Partnership	I

Non-Executive Attendee(s)	Date	Event/Meeting	Internal/External to the Trust (I/E)
Faisal Hussain	16/03/2026	Lunch & Learn Session with Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW)	E
Chair/NEDs/aNED	16/03/2026	Joint NHFT/LPT NEDs catch up	I
Faisal Hussain	17/03/2026	Group Corporate Governance Catch Up	E
Faisal Hussain	18/03/2026	NHS Confederation Mental Health Chairs Conference Call	E
Tim Harrison	*19/03/2026	Group People and Culture Committee agenda setting	I
Faisal Hussain Josie Spencer	*23/03/2026	Chair/Deputy Chair Catch Up	E
Faisal Hussain	*23/03/2026	Leicestershire & Northamptonshire Academic Health Partnership	E
Faisal Hussain	*25/03/2026	Joint Corporate Governance Catch Up	E
Melanie Hall	*31/03/2026	LPT Quarterly Strategic FTSU Meeting	I

*Planned at time of writing

Abbreviations:

T H R I V E

AGM = Annual General Meeting

CEO = Chief Executive Officer

CoG = NHFT Council of Governors

CNTW = Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

F2SU = Freedom To Speak Up

FPC = Finance & Performance Committee

FYPCLDA = Families, young people and children's, learning disabilities and autism services

GGI = Good Governance Institute

ICB = Integrated Care Board

ICS = Integrated Care System

LLR = Leicester, Leicestershire & Rutland

LNAHP = Leicestershire & Northamptonshire Academic Health Partners

MECC= Making Every Contact Count

NED = Non-Executive Director

NHFT = Northamptonshire Healthcare NHS Foundation Trust

NHSE = NHS England

NHS CFA = NHS Counter Fraud Authority

QI = Quality Improvement

REACH = Race, Ethnicity and Cultural Heritage

SALT = Speech & Language Therapies

SIDs = Senior Independent Directors

UEC = Urgent & Emergency Care

UHL = University Hospitals of Leicester

UHN = University Hospitals of Northamptonshire

UoL = University of Leicester

FTSU = Freedom To Speak Up

F

Leicestershire Partnership NHS Trust

Public Trust Board - 31 March 2026

Chief Executive Officer Report

Purpose of the Report This paper provides an update on current national issues and policy developments that affect the Trust. 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 the Trusts consideration.

Analysis of the Issue

Advanced Foundation Trust and Integrated Healthcare Organisation status

Our Group Trust Northamptonshire Healthcare NHS Foundation Trust (NHFT) continues in its pipeline application for Advanced Foundation Trust (AFT) status and its preparations for Integrated Healthcare Organisation (IHO) designation. As part of this work, LPT is actively drawing on the learning emerging from NHFT's processes and submissions, which is helping us build our own understanding ahead of any future application we may undertake.

Planning

Following my update to the Group Trust Board in January, the required five-year plans developed in response to national guidance have now been approved through the appropriate governance routes and formally submitted to NHS England. Work continues across both organisations, and with system partners, to maintain momentum, refine our shared priorities and ensure we are well prepared to respond to any feedback received.

Integrated Care Board Partner Member Nominations and Appointment

The NHS Northamptonshire Integrated Care Board (LLR ICB) has confirmed my appointment as the NHS Trust and Foundation Trust Partner Member on the Board. Richard Mitchell, Group Chief Executive of University Hospitals of Leicester and University Hospitals of Northamptonshire, will serve as the NHS Leicester, Leicestershire and Rutland Integrated Care Board Partner Member.

This appointment follows the formal nomination process, during which all eligible NHS trusts and foundation trusts provided their collective support and confirmed that the nominee met the required eligibility and role criteria. The ICB has verified that the joint nomination requirements were met and has formally approved the appointment. I look forward to continuing to work alongside system partners to ensure we meet the needs of the communities we serve.

NHS England's National Priority Programme Director for Mental Health, Learning Disability and Neurodevelopmental Conditions

The recent appointment of Dr Nick Broughton as NHS England's National Priority Programme Director for Mental Health, Learning Disability and Neurodevelopmental Conditions has been welcomed as an important opportunity for the sector. Dr Broughton brings extensive clinical and system leadership experience, including senior roles across mental health trusts and integrated care systems, and a background as a consultant forensic psychiatrist. His appointment reflects a renewed national focus on improving access, quality and integration of mental health, learning disability and neurodevelopmental services during a period of sustained system pressure

CQC Personnel changes

The Care Quality Commission (CQC) has announced that Professor Sir Mike Richards has stepped down as Chair, having led the organisation through a period of review and early reform following his independent assessment of the CQC's assessment framework. He will remain in post until a new Chair is appointed, providing continuity during the transition.

Further information can be found here: Professor Sir Mike Richards steps down as CQC Chair - Care Quality Commission

Mental Health Spend

The Secretary of State for Health and Social Care has published the annual Written Ministerial Statement (WMS) on NHS mental health spend. The statement confirms the government's continued prioritisation of mental health, with a statutory annual update on expected NHS spending. It reiterates commitments across the 10-Year Health Plan and NHS England's Medium-Term Planning Framework, focusing on reducing long waits, expanding NHS Talking Therapies and Individual Placement Support, and ensuring every school has mental health support by 2029. Wider reforms include implementation of the Mental Health Act 2025, an independent review into ADHD, autism and mental health prevalence, and a new Modern Service Framework for severe mental illness.

The WMS sets out that mental health spending is forecast to reach £16.1 billion, representing a real-terms increase of around £140 million compared with the previous year. The overall share of NHS spending on mental health is forecast to be slightly lower than 2025–26 due to additional investment across other core areas of the NHS, including technology, general practice and community services.

Alongside this revenue funding, a capital investment of £473 million will support initiatives such as Mental Health Emergency Departments and Community-Based Mental Health Centres, alongside

expansion of Talking Therapies, Individual Placement and Support, and Mental Health Support Teams in schools.

In addition, all Integrated Care Boards are expected to meet the Mental Health Investment Standard, which sets a minimum level of annual spend on mental health services.

Further information can be found here: Written statements - Written questions, answers and statements - UK Parliament

NHS Providers and the NHS Confederation announce new merged membership organisation

We welcome the news that NHS Providers and the NHS Confederation have announced that their recently agreed merger will create a new national membership body, to be known as The NHS Alliance, launching in April 2026. The new organisation will represent and support NHS trusts and wider system partners across England, Wales and Northern Ireland, bringing together leadership from providers, primary care, ICBs and the voluntary and independent sectors. The Alliance aims to provide a stronger, more unified voice to government and national bodies, enhance advocacy and insight, and offer practical support to leaders at a time of significant operational pressure and system transformation. The merger is intended to strengthen collective influence, reduce duplication, and better support members to improve services and outcomes for patients and communities.

Further information can be found here: NHS Confederation and NHS Providers announce new merged membership organisation

St Andrews

Following on from regulatory enforcement action announced in December 2025 relating to Mental Health services at the St Andrew's in Northampton, NHSE has taken the decision to ask all NHS commissioners to start identifying alternative placements for any of their patients receiving inpatient services at this site. We continue to keep our Board informed of developments.

Further information can be found here: NHS England » St Andrew's Healthcare: letter

The Nottingham Inquiry

The public inquiry into the tragic Nottingham attacks of June 2023 has begun hearing opening statements and evidence. The inquiry will consider a wide range of issues connected to the events, including:

- The management of risk to others in the lead up to the attacks;
- A detailed examination of events on the day of the attacks - including the response of the emergency services; and
- A timeline of incidents of unauthorised accessing of information by public servants.

The Chair has been asked to deliver their report within two years of publication of the Terms of Reference, (by 22 May 2027)

Further information can be found here: About – The Nottingham Inquiry

Launch of Learning Disability and Autism Pharmacy Guides

NHSE's Stopping over medication of people with a learning disability and autism (STOMP) supporting treatment and appropriate medication in paediatrics (STAMP) teams have worked in partnership with the Royal Pharmaceutical Society to design a new pharmacy guide, to raise awareness about the needs of people with a learning disability and autistic people, as well as highlighting resources to enable all pharmacy teams to improve, and prioritise, their service to best meet people's needs.

More information can be found here: STOMP and STAMP | RPS

Talking Therapies

NHS England has launched a major national campaign to increase awareness and uptake of NHS Talking Therapies, aiming to support millions more people living with anxiety-related conditions. The campaign highlights that while over 670,000 people accessed talking therapies last year, around one in five adults in England is affected by a common mental health condition and many delay or avoid seeking help. Focusing on six common anxiety conditions, the campaign encourages people to self-refer directly online, without the need for a GP referral, and seeks to reduce stigma by promoting early access to evidence-based support that can help people recover, return to work and improve quality of life.

Further information regarding talking therapies in Leicestershire is available here Leicester, Leicestershire & Rutland - Vita Health Group

Further information regarding the national launch can be found here: NHS England » “NHS talking therapies completely changed my life”: NHS launches major campaign to support millions more people with anxiety

Vaccinations

The Government, alongside NHS England and the UK Health Security Agency, has launched a new national campaign urging parents to ensure their children are up to date with routine childhood vaccinations, in response to falling uptake and rising cases of vaccine-preventable diseases such as measles. The campaign highlights that routine immunisations prevent thousands of deaths and hospital admissions each year, but coverage remains below the level required to prevent outbreaks, with the UK recently losing its measles elimination status. Parents are encouraged to check their child’s vaccination status, access trusted information, and help raise awareness within their communities, as part of efforts to protect children and strengthen population health.

Further information can be found here: Parents urged to protect children through vaccination campaign - GOV.UK

GlobalMinds

NHS England has launched a major national research programme, GlobalMinds, which is recruiting thousands of people living with severe mental illness to support the development of more personalised and effective treatments. The three-year study will invite around 50,000 adults with conditions including schizophrenia, bipolar disorder, psychosis and severe depression to contribute genetic samples, questionnaire data and information from their NHS records. By creating the most detailed dataset of its kind, the programme aims to improve understanding, diagnosis and treatment of severe mental illness, with the potential to significantly improve outcomes and life expectancy for people affected by these conditions.

Further information can be found here: NHS England » Thousands recruited for “new era” severe mental illness study

CYP Mental Health inquiry

The Education Committee and the Health and Social Care Committee have launched a joint parliamentary inquiry into children and young people’s mental health, examining the availability and effectiveness of support for those aged up to 25 across community, health and education settings. The inquiry will consider how services such as Child and Adolescent Mental Health Services (CAMHS) are integrated with wider community and education-based support, including provision for children and young people with special educational needs and disabilities. MPs will also scrutinise the implementation of key national commitments, including the expansion of Mental Health Support

Teams in schools and proposals for Young Futures Hubs, in the context of rising levels of mental health need among children and young people

Further information can be found here: Committees to examine children and young people's mental health in new inquiry - Committees - UK Parliament

Monitoring the Mental Health Act annual report

The Care Quality Commission (CQC) has published its latest Monitoring the Mental Health Act (MHA) annual report, setting out findings from its oversight of how the Mental Health Act is applied across England during 2024/25. The report highlights continued system pressures, including rising demand, workforce shortages and challenges in ensuring people detained under the Act fully understand their rights and receive person-centred care. It also identifies ongoing concerns around inequalities, the quality of inpatient environments and the experience of autistic people, people with a learning disability, and children and young people. The findings reinforce the need for sustained focus on improving quality, safeguarding patients' rights and strengthening community-based alternatives to detention

Further information can be found here: Monitoring the Mental Health Act - Care Quality Commission

National guidance and training to support earlier identification of eating disorders in children and young people

NHS England has announced new national guidance and training to support earlier identification of eating disorders in children and young people, with NHS staff providing training to teachers, school nurses and GPs to help them recognise early warning signs and refer to specialist services more quickly. The initiative responds to rising demand for eating disorder services and moves away from reliance on BMI thresholds, encouraging a broader assessment of behaviours, mental health and family concerns. The programme builds on significant investment in specialist community eating disorder services, with all areas now offering dedicated provision and improved access to timely assessment and treatment, supporting earlier intervention and reducing the need for more intensive care.

Further information can be found here: NHS England » NHS staff to train teachers, school nurses, and GPs to spot eating disorders

Relevant External Meetings attended since last Trust Board meeting

February 2026	March 2026
LNR CEOs and CFOs	LLR Women's Network Event
Chief Inspector of Primary and Community Care forum	East Midlands Alliance Board
CQC/NHSP Trust well led reference group	LNR NHS CEOs
Lincolnshire Community and Hospitals NHS Group Trust CEO	Mids & East CEO's discussion with NHS Confederation
NOF engagement - CEO design group	*NHSE Regional Performance and Delivery Group
East Midlands Alliance CEO Meeting	*LLR & NICB Public Board
Mental Health Trusts CEOs	*M&E CEO Forum
Group Strategic Executive Board	*NHS Providers Chairs & Chief Executives Network Meeting
Community Network	*Mersey Care NHS Foundation Trust CEO
CQC / LPT Quarterly Engagement Meeting	*NHSE Regional Performance and Delivery Group
LNR NHS CEOs	*LLR & NICB Public Board
Health inequalities conference	*M&E CEO Forum
EMAS CEO	
East Midlands Alliance Lead	
LLR & NICB Public Board	
LNR ICB CEO	
Mersey Care NHS Foundation Trust CEO	
Chief Executive Working Group	
LPT & NHFT Quality Governance Review	
LNR Chairs and CEOs meeting	
LPT & Healthwatch Meeting	

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

Governance Table

For Board and Board Committees:	Trust Board of Directors
Paper sponsored by:	Angela Hillery, Chief Executive Officer
Paper authored by:	Sinead Ellis-Austin, Head of CEO & Chair Office
Date submitted:	25th March 2026
Name and date of other committee / forum at which this report / issue was considered:	
Level of assurance gained if considered elsewhere	☐Assured ☐ Partially assured ☐ Not assured
Date of next report:	May 2026
THRIVE strategic alignment:	☒ **T**echnology ☒ **H**ealthy communities ☒ **R**esponsive ☒ **I**ncluding everyone ☒ **V**aluing our people ☒ **E**fficient and effective
Board Assurance Framework considerations: (list risk number and title of risk)	
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

G

Leicestershire Partnership NHS Trust

Public Trust Board - 31 March 2026

Managing Director's Report

Purpose of the Report

This paper provides an update on current local developments since the last Board meeting. The details below are drawn from a variety of sources, including local meetings, board visits and through system and Trust governance processes.

Local developments and innovation

Care Quality Commission (CQC)

The CQC carried out an inspection of our mental health crisis teams and health-based place of safety in May 2025. The inspection was part of a series of inspections of mental health services across England following publication of the Section 48 review into Nottinghamshire Healthcare NHS Trust after a fatal incident in Nottinghamshire. We are extremely proud to announce this service has been upgraded to 'Good' overall, with 'Good' in all five domains that make up this rating; safe, responsive, and well-led, effective and caring, and no regulatory breaches.

The report was published on the CQC website on Wednesday 18 January 2026 with the outcome being that the service received an overall rating of 'Good'.

National Oversight Framework (NOF)

LPT retained its place in Segment 2 of the National Oversight Framework for all NHS Trusts, ranking 27th out of 61 community and mental health trusts for quarter 3 of 2025-26.

As part of the NHS Oversight Framework 2025/26 process, NHSE introduced an annual provider capability assessment to strengthen transparency and shared understanding between Trust boards and regional teams. We submitted our national self-assessment template in line with national guidance and are proud to receive a green rating. We will continue to use this assessment as a constructive tool to strengthen our capability.

Disability Confident Leader Accreditation

It is with immense pride, following a lot of hard work, LPT is proud to be awarded the top accreditation (Level 3) as a Disability Confident Leader. LPT's self-assessment was independently validated to ensure all core actions were being undertaken and evidence demonstrated.

LPT will act as a champion for Disability Confident within its local and business communities by encouraging and supporting other businesses in our supply chain(s) and networks to become Disability Confident. In doing so, we will be showing disabled people we are leading the way in getting every business to become Disability Confident. More information about this fantastic employer scheme can be found on the .gov.uk website.

Veteran Aware Re-Accreditation
LPT is also proud to be successfully re-accredited as a Veteran Aware Trust. Our continued hard work demonstrated commitment to the Armed Forces Covenant which recognises our work identifying and sharing best practice across the NHS as an exemplar of the best standards of care for the Armed Forces community.

Medicines amnesty
LPT is leading a medicines amnesty throughout March, with the aim of preventing incidents by encouraging patients and the public to reduce stockpiles of medicines while they are well. The campaign has the backing of Community Pharmacies Leicestershire and Rutland, which oversees more than 200 community pharmacies. These pharmacies are the primary route for accepting unwanted and unused medicines.

Digital award nomination
LPT and Northamptonshire Healthcare NHS Foundation Trust (NHFT) have been shortlisted in the Improving Mental Health through Digital category at the HSJ Digital Awards 2026.

The project provides an opportunity for Northamptonshire patients in a mental health crisis to exchange messages with qualified mental health professionals, using the Chat Health platform developed by LPT. The winners will be revealed on 19 June 2026 at the HSJ Digital Awards ceremony.

Works at the Valentine Centre
We are investing just over £1m to improve conditions at the Valentine Centre, which is home to a variety of CAMHS and young people's services. The roof will be replaced, drains repaired and new solar arrays installed. The six-month project will start at the beginning of April 2026 with services temporarily relocating to other LPT sites.

Mutually Agreed Resignation Scheme (MARS) 2.0
We have had about 50 applicants for the second round of the MARS scheme (Mutually Agreed Resignation Scheme), which aims to reduce the non-clinical headcount. Managers are currently processing these applications.

New roof for Westcotes House
The roof on Westcotes House has been replaced, a Victorian building in Leicester's Narborough Road area which houses many of our Child and Adolescent Mental Health teams.
Replacing the existing roof covering and re-setting ridge tiles should keep the building weather-proof for the next 25 years. Outpatient clinics continued while the £70,000 project took place.

Football star visits Coalville
Leicester City FC club captain, Ricardo Pereira, visited Coalville Community Hospital, surprising inpatient Ellen Bale with a special delivery of club merchandise. Ellen is a season ticket holder who has supported the club for 73 years.

Ricardo then posed for photos with hospital staff.
See how Ellen reacted here: https://www.youtube.com/watch?v=SbcyQsx22h4

X
We have taken the decision to stop posting on X (previously known as Twitter) from our main Trust account (@lptnhs). At this stage we will not be deleting the account however all inactive and underused LPT service accounts will be deactivated.

Watchdog praises community hospital wards
After visiting wards on three of our community hospital sites, Leicester and Leicestershire Healthwatch stated all sites demonstrated consistently high standards during their recent inspection. Attending one ward each at Loughborough Hospital and Coalville Community Hospital, and two wards at the Evington Centre Healthwatch recognised our staff's hard work and high standards at all these community hospital wards.

We are particularly pleased that 100 per cent of patients they spoke stating they were either 'happy' or 'very happy' with the care they received. Read the full report here.

Top scores from the annual PLACE assessments

We have received the latest PLACE results, which are published by NHS England of patient-led assessment of the care environment. A team of patients and non-clinical staff judge the scores based on non-clinical aspects of our Trust environments.

I'm really delighted to share that we are ranked joint first, with 5 other Trusts, with 100 per cent for cleanliness. And we have also scored very highly for privacy and dignity (98.7 per cent|); and 99.97 per cent for condition, appearance and dignity. This is continued proof of our commitment to the people who use their services and how we are making a difference together.

STOMP/STAMP
Stopping Over Medication of People with a learning disability and autistic people (STOMP) and Supporting Treatment and Appropriate Medication in Paediatrics (STAMP) are two programmes created by NHS England to stop the inappropriate prescribing of psychotropic medications; raising awareness so that people with a learning disability, autism or both are only prescribed the proper medication, at the right time and for the right reasons.

LPT is committed to valuing its patients by enabling them to stay well and enjoy a good quality of life and therefore is active in supporting and promoting these important programmes. More information can be found here.

Learning from lives and deaths – People with a learning disability and autistic people (LeDeR)
LeDeR is a national service improvement programme looking at the lives and deaths of people with a learning disability and autistic people. The programme aims to improve care, reduce health inequalities and prevent premature mortality and is being driven locally by Leicester, Leicestershire and Rutland health and Wellbeing Partnership. Working with the Midlands LeDeR and the

Reasonable Adjustment Digital Flag (RADF) group, LPTs team has established a baseline and visited services to raise awareness and share learning. Since the start of the work, notifications have increased significantly, and the team has been able to review more cases and identify improvements needed in local services. An increase in notifications is an extremely positive outcome, proving the programme is successful. LPT will continue to support operational response to Northampton LeDeR, prioritisation of autistic adults in escalation, and CTR/DSP/Discharge, and review notifications, improving communication with other agencies and strengthening future processes so autistic people's needs are better recognised and addressed.

Health and Wellbeing Boards

Rutland Health & Wellbeing Board (HWBB) convened in January, with Leicestershire County HWBB and LPT/Healthwatch bi-monthly meeting taking place in February 2026. Also in February, a Community Health & Wellbeing Plans Learning Event took place with a focus on neighbourhood working and how partnerships can best support the development of this. Leicester City HWBB met in March 2026 with Rutland HWBB also holding a development session and a Board member also attended the County Health Overview and Scrutiny Committee (HOSC) in March 2026.

Key discussion points at the Rutland HWBB in January included an update from the SEND alliance and the Rutland joint health and wellbeing strategy. At the Rutland HWBB in March, the neighbourhood health model was discussed and the current strategy for joint health and wellbeing was reviewed.

At the City HWBB, LPT was invited to present on the "Changing Demand for Mental Health Secondary Care in LPT"; the presentation is available to view on Leicester City Councils website whilst the County HWBB discussions were varied, but not LPT specific. Their papers can be found on County's website.

Leicester County Council HOSC invited LPT to talk to the Committee about their recent CQC inspection to their Adults Community Mental Health services; the report to HOSC is available to read on the Leicestershire County Councils website.

Staff Voice

Department of Health and Social Care's Advisory Committee
We are proud to announce Gemma Phillips, a senior dietitian and allied health professional research leader, has been appointed to the Department of Health and Social Care's Advisory Committee on Borderline Substances (ACBS). The ACBS provides independent scientific and clinical advice on products prescribed for the management of complex nutritional and metabolic conditions. Congratulations go to Gemma from all at LPT.

NHS Staff Survey

The 2025 NHS staff survey results have been published; the largest survey which all NHS Trusts participate in during September to November every year. Around 4000 staff, 56% of our LPT family, shared their views, an impressive 4% above the national average response rate of 52%. The National NHS Staff Survey is scored against staff engagement, morale and each of the NHS People Promise indicators. LPT remained better than the national average in all 9 of these indicators, against the backdrop of a national decline.

LPT colleagues' recommendations of LPT as a place to work and receive care remain above the national average:

- Recommend LPT as a place to work – 66.1%
- Recommend LPT as a place to receive care – 68%
- Care of patients/service users is my organisation's top priority – 79.6%

Areas where we are nearing the best in the country, include flexible working; manager support and relationships; team effectiveness; feeling your role makes a difference; and confidence in raising and being treated fairly.

We remain committed in standing Together Against Racism and to be free from discrimination and, as such, LPT has seen some positive results in this area however some colleague experience of racism and discrimination remain below the national average, and we will work to progress in this area to ensure staff feel valued, safe and supported at work.

The survey has highlighted a number of areas where we can continue to improve and develop, and we are working to develop clear plans to improve as an organisation.

Service visits

Service visits were undertaken by the Board in January and February across a range of operational and enabling services and sites, including the community and mental health inpatient settings and our hosted IT (LHiS) services. One visit was undertaken very early morning, during handover from night to day staff, to ensure colleagues working out of normal hours have the opportunity to be heard and thanked. Board members listened to staff talking with pride of the service they deliver and the positive impacts this is having on their patients and there was an overwhelming theme of strong team spirit. Board members listened to any concerns team members may have had, were able to help escalate requests for improvement, resolve some issues whilst on site and ensure actions taken away from previous visits had been resolved.

Our Future Our Way (OFOW)

Staff focus groups were held in February, along with many other forms of engagement, to drive forward the Trust's agenda to address racism and discrimination within the workplace to ensure everyone feels safe and have equitable access to career progression. This rich data is now being analysed by our change leaders to form a set of thematic priorities to codesign further improvements in our culture, building on our continually improving staff survey results.

Celebrating progress, voice and visibility in leadership
During 2025, colleagues from LPT, UHL, NHFT and the ICB took part in the Developing Diverse Senior Leaders Programme, designed to increase leadership diversity and remove the barriers that prevent talented staff from progressing into senior roles. We also celebrated our latest cohort for completing the Developing Diverse leaders programme and the Reverse Mentoring programme, both of which we have undertaken with our partners across the system. Inspired by the LLR Developing Diverse Leaders programme, we are now recruiting for our new Group 'Talent Matters' development programme which begins in May 2026, providing structured support for progression and confidence-building.

LPT annual Celebrating Excellence Awards launched
Our prestigious annual Celebrating Excellence Awards have been launched to recognise our exceptional staff and volunteers for their dedication and commitment to our vision: 'together we thrive; building compassionate care and wellbeing for all', and our values of compassion, respect, integrity and trust.

These fully sponsored awards are an opportunity to celebrate and award the significant contribution of individuals and teams, and to shine a spotlight on their excellent achievements. Nominations are open until 11 May and include three categories where we welcome nominations from the public and partners. For more information visit our website at .**www.leicspart.nhs.uk/awards**.

Patient Voice

Patient involvement network members
Our involvement network members are being invited to join our recruitment panels to add a patient/carer perspective to our interview process. Panel members will receive appropriate training to equip them with the skills needed to support an interview panel and will also be participate in reviewing patient and carer facing information to make sure it is easy to understand.

Friends and Family Test (FFT)
FFT posters are displayed in all LPT service areas as LPT encourages patients, friends and families to all have their say in the service they receive. Through this all voices can be heard, improvements made and positives celebrated. In January and February 2026, our Trust received a total of 3,243 Friends and Family Test (FFT) feedback responses from our patients (overall 16% response rate).

January 2026 Friends and Family Test

WeAreLPT compassion respect integrity trust

Total feedback figure: 1683	Response rate: 17%	Positive score: 91.98%	Negative score: 3.39%

Stroke and Neuro
"Very timely appointments, with little wait time. Friendly, informative and reassuring physiotherapist. Quick order of equipment and good communication"

Assertive outreach treatment
"AO are always there when I need them, they are friendly and supportive, they help me feel I am less likely to relapse. Consistent, reliable, friendly knowledgeable staff. Good communication between staff members about my care."

Audiology
"The audiologist made us feel very comfortable she was very in tune with our child and made it a pleasant experience for her."
"Nice staff, friendly and patient with my son. Very informative and knowledgeable."

Community hospitals – North ward HSNW
"I have been very pleased with the way I have been treated. Always with respect. I have had lots of laughs with staff and over all it has been a good experience."

MHSOP – Memory service
"The whole team are so friendly and keep me informed how my progress is going always feel better when I leave."

Health visiting service
"We had a great experience. Our HV was very welcoming, professional and reassured us."
"Attentive, willing to answer questions and gave plenty of time if needed."
"My Health visitor was very friendly and easy to talk to without any judgement."

What our patients said in January

February 2026 Friends and Family Test

WeAreLPT compassion respect integrity trust

Total feedback figure: 1560	Response rate: 15%	Positive score: 91.99%	Negative score: 3.21%

Tissue Viability
"Consistent, reliable professional. They went the extra mile. In depth knowledge from them"

"Very caring and so gentle with my mother who is bedridden."

Stewart House - Sycamore
"It was excellent. Lovely carers and staff on the ward made me feel safe and secure."

"I've been here a couple of days, and everyone seem to be supportive."

SALT
"Wonderful therapist who kept me informed and worked well with my child."

"Friendly, supportive and informative. My son felt very at ease."

Community Nursing and Therapy NW Leics
"Very supportive and considerate. Friendly, empathetic and efficient. This was a very worrying experience for me but I was helped to relax and guided thro the process with kindness."

Mental Health Liaison Service
"The standard of professionalism was of the highest standard and the empathy and patient care as well as the way myself was fully braced in all that happened at a such a hard time. And Ill always be eternally grateful."

Children's Occupational Health
"Great advice. We were listened to and my son was fully included in the conversation."

"Very professional and kind, always give good advice of what I can do to help."

What our patients said in February

Our volunteers make a difference

LPT recognises the incredible contribution our volunteers make to our services, as pressures continue to grow; bringing a diverse range of skills, professional experience and fresh perspectives that complement the work of paid staff. By integrating their talents with our current

T H R I V E

operations, we can deliver a more robust service that truly benefits our users, while strengthening the overall capacity of our team. We welcome increasing our team of Volunteers.

Enormous thanks to all staff and partners who are taking such an active role in achieving our vision of 'Together we thrive, building compassionate care and wellbeing for all'.

Relevant external meetings attended since last Trust Board meeting

February 2025	**March 2025**
Group Together Against Racism Group	Leicestershire County Council Health Overview and Scrutiny Committee
National Protective Security Authority Briefing	Leicester City Health & Wellbeing Board
Joint People Committee in Common	Group Strategic Executive Board
CQC/LPT Quarterly Engagement	*Leicestershire County Health & Wellbeing Board
Joint Board Development Workshop	
LPT & Healthwatch	
Age UK/LPT Partnership Working	
Group Strategic Executive Board	
Leicestershire County Health & Wellbeing Board	

*Indicates meeting scheduled but has not taken place at time of drafting the report.

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

For Board and Board Committees:	Trust Board of Directors
Paper sponsored by:	Jean Knight, Managing Director
Paper authored by:	Sam Beaty, Business Manager
Date submitted:	24.03.26
Name and date of other committee / forum at which this report / issue was considered:	N/A
Level of assurance gained if considered elsewhere	☐Assured ☐ Partially assured ☐ Not assured
Date of next report:	May 2026
THRIVE strategic alignment:	☒ **T**echnology ☒ **H**ealthy communities ☒ **R**esponsive ☒ **I**ncluding everyone ☒ **V**aluing our people ☒ **E**fficient and effective
Board Assurance Framework considerations: (list risk number and title of risk)	
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

H

Leicestershire Partnership NHS Trust

Trust Board 31 March 2026

Board Assurance Framework

Purpose of the Report

- A summary of strategic risks on the Board Assurance Framework (BAF) and changes made in the last two months since the last Trust Board meeting on the 27 January 2025.
- A year-end close down position from the 2025/26 BAF ahead of the refreshed revised 2026/27 BAF from 1 April 2026.
- A detailed guide to the development of the BAF for 20262/27 is provided as a separate paper.

Analysis of the Issue

An effective BAF supports the understanding and discussions around delivery of the Trust's strategic objectives as detailed in our strategy THRIVE, by identifying the principal risks that may threaten the achievement of those objectives. The full BAF (provided separately) contains risks which are overseen either by the Leicestershire Partnership NHS Trust (LPT) Board, and those which are prioritised for oversight across our Group model arrangement with Northamptonshire Healthcare NHS Foundation Trust, the detail of which is provided to the Group Trust Board.

BAF Summary – March 2026

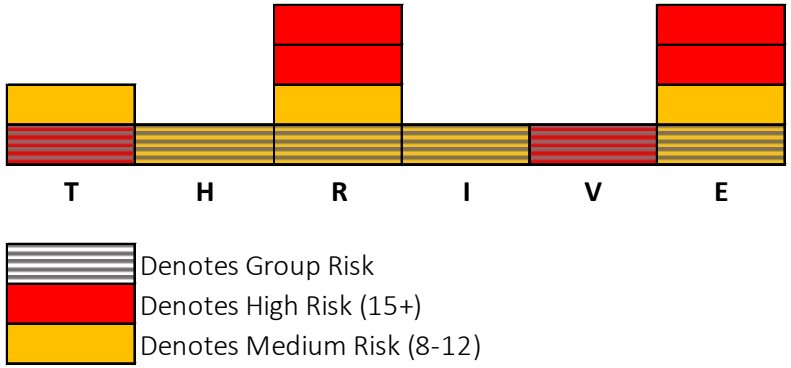
No	BAF No.	Risk Title	Score
Section 1 - **T** Technology [Finance and Performance Committee Oversight]			
1	GROUP BAF 1	If we do not continue to engage in **digital transformation**, we will not be digitally mature. This will affect our ability to deliver safe care to our service users.	16
2	BAF1.1	If we are not sufficiently prepared, we may be impacted by **digital disruption** which will affect our ability to access our electronic systems and provide safe care to our service users.	12
Section 2 - **H** Healthy Communities [Finance and Performance Committee Oversight]			
3	GROUP BAF 2	If we fail to evolve our **partnerships and collaboratives**, we will not reduce health inequalities and deliver improved outcomes for our populations	8
Section 3 - **R** Responsive [Quality and Safety Committee Oversight]			
4	GROUP BAF 3	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.	12
5	BAF3.1	Without **timely access** to services, we cannot provide high quality safe care for our patients which will impact on clinical outcomes.	20
6	BAF3.2	If we do not continue to review and improve our systems and processes for **patient safety**, we may not be able to provide the best experience and clinical outcomes for our patients and their families.	15
7	BAF3.3	If we do not have appropriate **emergency preparedness**, resilience and response controls in place, we may be impacted by accidents, disruption and system failures affecting our ability to maintain continuity of services.	8
Section 4 – I Including Everyone [Group People and Culture Committee Oversight]			
8	GROUP BAF 4	If we do not understand our **culture**, 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 – V Valuing people [Group People and Culture Committee Oversight]			
9	GROUP BAF 5	If we do not adequately utilise **workforce** resourcing strategies, we will have poor recruitment, retention and representation, resulting in high agency usage.	20
Section 6 – E Efficient and Effective [Finance and Performance Committee Oversight]			
10	GROUP BAF 6	If we do not continue to strive for **sustainability**, we will be impacted by adverse weather events and environmental factors impacting on the health of our population, resulting in poorer health outcomes.	12
11	BAF 6.1	If we cannot maintain and improve our estate, or respond to maintenance requests in a timely way, there is a risk that our estate will not be fit for purpose, leading to a poor-quality **environment** for staff and patients.	16 ↓
12	BAF 6.2	Inadequate **capital funding** for LLR system will impact on LPT's ability to manage financial, quality & safety risks related to estates and digital investment in 2025/26 and in the medium term	20
13	BAF 6.3	Inadequate control, reporting and management of the Trust's **2025/26 financial position** could mean we are unable to deliver our financial plan and adequately contribute to the LLR system plan, resulting in a breach of LPT's statutory duties and financial strategy (including LLR strategy)	8 ↓

Risk Profile March 2026

Of the 13 risks on the BAF, 6 are Group risks and the remaining 7 are LPT specific risks.

Of the 7 LPT risks, 4 have a high score;

- Timely access to services (20)
- Capital funding (20)
- Maintenance of our estate (16)
- Patient safety (15)



LPT BAF Changes during December 2025 and January 2026

Since the last LPT Trust Board held on the 27 January 2026 the following changes have been made, these have been reviewed and approved by the LPT Strategic Executive Board (SEB) where appropriate ahead of presentation to Board for final approval;

- Scores for two risks have reduced;
  - BAF 6.1 maintaining our estate. The current risk score has reduced from 20 to 16
  - BAF 6.3 delivering our 2025/26 financial position. The current score has reduced from 12 to 8
- 13 actions from the LPT BAF action log (which tracks and manages progress with the mitigations detailed within the BAF risks) were presented to SEB in February and March 2026 and were supported for closure ahead of approval by the Trust Board this month; they are detailed overpage.
- Any actions remaining on the 2025/26 BAF will be mapped to the 2026/27 BAF where appropriate, or captured elsewhere within the Trust so that work to address any gaps in controls and assurance are completed.

BAF Mitigating Action Closures (LPT)

February 2026

BAF no.	Action	Exec Lead
6.2	Escalated to NHSE in capital review meeting 15/09/25; Requested deferral of £1.8m to 26/27	Executive Director of Finance & Performance
6.2	Develop medium term capital plan, aligned to ICS plan	Executive Director of Finance & Performance
6.2	Submit LPT 26/27 & medium-term plan.	Executive Director of Finance & Performance
6.3	Medium term recovery plan, using value in healthcare approach	Executive Director of Finance & Performance
6.3	Develop 26/27 & medium-term financial plan	Executive Director of Finance & Performance

March 2026

BAF no.	Action	Exec Lead
3.1	Raising awareness of neurodiversity demand at system via System Execs, Regional MH oversight group (RMHOG) and QRSM	Director of FYPCLDA
3.2	Strategic oversight dashboard of the key safety metrics as defined by the CNO (in line with insightful board guidance) for oversight at QSC – mapping complete - to be presented to Quality Forum & Safety Forum Dec 25	Group Chief Nurse
3.2	Further definition of the quality and safety metrics	Managing Director
3.1	Accountability framework with key safety & quality metrics as defined by the CNO (in line with insightful board guidance and national operating framework presented to EMB on 2 December 2025. Further work to develop agreed set of metrics ongoing.	Managing Director
3.3	Ongoing review of continuity plans, reported into EPRR Group with an escalation to the Health and Safety Committee.	Managing Director
4	Staff Survey 2024-25 superseded by 2025/26 priorities and actions	Group Chief People Officer
4	Agreed reasonable adjustments clinics to run for the foreseeable future. Closure supported by JPCC in Feb 26 as this is now business as usual.	Group Chief People Officer
4	Medium Term Workforce Operational Plan submitted.	Group Chief People Officer

Year End 2025/26 BAF Close Down

- We started the year with a profile of 13 strategic risks, of which two were identified as Group risks. During the year, a further 4 risks matured into Group strategic risk (GBAF2, and GBAF 6 in June 2025, GBAF4 in September 2025 and GBAF5 in January 2026) with group programmes of work to mitigate gaps in controls and assurance.
- We end the year with the same profile of 13 strategic risks. Of these, three are continuing to score 20 (very high), these include timely access to services, workforce resourcing and capital funding. The impact of the wider NHS reforms, coupled with demand for services and the financial environment continue to present significant risk to the trust despite our control framework and ongoing mitigating action.
- Four risks have reached the target score, the remaining risks remain higher than the intended mitigated score at year end. This is despite mitigating action being completed throughout the year. The ongoing profile of each of these risks throughout the year has prevented agreement on a reduction in current risk score.

BAF Summary – Incremental Changes 2025/26

BAF No	Description	Initial	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Target
GBAF1	Digital transformation	20	16	16	16	16	16	16	16	16	16	16	16	16	8
BAF1.1	Digital disruption	16	12	12	12	12	12	12	12	12	12	12	12	12	9
GBAF2	Partnerships and collaboratives	20	8	8	8	8	8	8	8	8	8	8	8	8	8
GBAF3	Research, innovation & professional	16	12	12	12	12	12	12	12	12	12	12	12	12	8
BAF3.1	Timely access to services	25	20	20	15	20	20	20	20	20	20	20	20	20	10
BAF3.2	Patient safety	25	20	20	15	15	15	15	10	10	10	15	15	15	10
BAF3.3	Emergency preparedness	20	8	8	8	8	8	8	8	8	8	8	8	8	8
GBAF4	Inclusive culture	16	12	12	12	12	12	12	12	12	12	12	12	12	8
GBAF5	Workforce resourcing strategies	25	20	20	20	20	20	20	20	20	20	20	20	20	15
GBAF6	Sustainability	12	12	12	12	12	12	12	12	12	12	12	12	12	12
BAF6.1	Maintain and improve our estate	20	20	20	20	20	20	20	20	20	20	20	20	16	12
BAF6.2	Capital funding	20	20	20	20	20	20	20	20	20	20	20	20	20	10
BAF6.3	Financial position	20	16	16	16	16	16	16	16	16	16	16	12	8	8

Proposal

- To approve the proposed changes, including the closure of actions which mitigate risk on the BAF
- To note the 2025/26 BAF close down position

Decision Required: Approval of proposed changes

Governance Table

For Board and Board Committees:	Trust Board 31 March 2026
Paper sponsored by:	Kate Dyer Director of Governance and Risk
Paper authored by:	Kate Dyer Director of Governance and Risk
Date submitted:	20 March 2026
Name and date of other forum at which this report was considered:	LPT Strategic Executive Board and Group.
Level of assurance gained if considered elsewhere	☒Assured ☐ Partially assured ☐ Not assured
Date of next report:	Group SEB 14 April 2026
THRIVE strategic alignment:	☒ **T**echnology ☒ **H**ealthy communities ☒ **R**esponsive ☒ **I**ncluding everyone ☒ **V**aluing our people ☒ **E**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 NHS Trust

Leicestershire Partnership and Northamptonshire Healthcare Group

Board Assurance Framework

LPT and Group Strategic Risks

March 2026

BAF 2025/26 Quick Guide

1. Strategic Risk

The BAF enables the Board to identify and understand the principal risks to achieving its strategic objectives. We have a strategy in common with our Group partner Northamptonshire Healthcare NHS Foundation Trust (NHFT). Our risks are structured around our 'THRIVE' strategy.

This BAF presents strategic risk relating to Leicestershire Partnership NHS Trust, it is owned by the Trust Board and is reviewed by our Strategic Executive Board and our Level 1 Committees.

This BAF also contains strategic risk in common with NHFT, presented as Group BAF risks which are owned by both Trust Boards and are reviewed by each board, together in the Group Public Board meetings, each of our Strategic Executive Boards, and our Level 1 Committees.

2. Aligning controls and assurances

The format presents the controls, assurances, gaps and actions together. This means that we can provide assurance over whether existing controls are working. Where they are not, we can be clear about the action required to resolve this. We are also able to clearly identify where additional controls and assurances are required and what actions we need to include.

3. Three lines of assurance model

The Trust uses the three lines of assurance model. The assurance provided on the BAF is split by each of the three lines so that we can be clear which part of the organisation is providing assurance and undertaking mitigating action. This also helps us to identify and rectify any gaps.

4. Cause, Risk and Effect

The cause, risk and effect format allows us to see controls, assurances and actions by the cause and effect of each risk, so that we can be sighted on how we are reducing the likelihood and the consequence. Risk descriptors are written using the cause, risk, and effect model to help shape the way we present risk on the BAF.

BAF 2025/26 Quick Guide

5. Clarity over scoring stages

Scoring terminology is defined as;

- Inherent Score. This is the score of a risk based on there being no controls in place. This would apply if the BAF were to identify that current controls are not working effectively.
- Current score. This is the score considering the controls currently in place, assuming that they are working. This can also be termed as residual risk by some organisations, due to this, we are avoiding the use of this term.
- Target score. This is the score once any new mitigating controls have been put in place; this will need to be within our target appetite or will need to be tolerated and justified as such in the covering risk report.

6. 5x5 multiplication methodology

The Trust uses the 5x5 multiplication scoring methodology.

7. Risk Appetite - Open

The Trust Board has applied an open appetite for each category of risk for 2025/26. This means that we have a willingness to make decisions which may impact on our current business as usual for longer term reward and improvement if appropriate controls are in place. This will require a focus on assurance over the strength of our existing internal control framework, as well as identifying and embedding any new controls.

Appetite	None	Minimal	Cautious	Open	Eager
Appetite tolerance	0-3	4-8	9-12	13-16	17-25

No	BAF No.	Risk Title	Score
Section 1 - T Technology [Finance and Performance Committee Oversight]			
1	GROUP 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.	16
2	BAF1.1	If we are not sufficiently prepared, we may be impacted by **digital disruption** which will affect our ability to access our electronic systems and provide safe care to our service users.	12
Section 2 - H Healthy Communities [Finance and Performance Committee Oversight]			
3	GROUP BAF 2	If we fail to evolve our **partnerships and collaboratives**, we will not reduce health inequalities and deliver improved outcomes for our populations	8
Section 3 - R Responsive [Quality and Safety Committee Oversight]			
4	GROUP BAF 3	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.	12
5	BAF3.1	Without **timely access** to services, we cannot provide high quality safe care for our patients which will impact on clinical outcomes.	20
6	BAF3.2	If we do not continue to review and improve our systems and processes for **patient safety**, we may not be able to provide the best experience and clinical outcomes for our patients and their families.	15
7	BAF3.3	If we do not have appropriate **emergency preparedness**, resilience and response controls in place, we may be impacted by accidents, disruption and system failures affecting our ability to maintain continuity of services.	8
Section 4 – I Including Everyone [Group People and Culture Committee Oversight]			
8	GROUP BAF 4	If we do not understand our **culture**, 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 – V Valuing people [Group People and Culture Committee Oversight]			
9	GROUP BAF 5	If we do not adequately utilise **workforce** resourcing strategies, we will have poor recruitment, retention and representation, resulting in high agency usage.	20
Section 6 – E Efficient and Effective [Finance and Performance Committee Oversight]			
10	GROUP BAF 6	If we do not continue to strive for **sustainability**, we will be impacted by adverse weather events and environmental factors impacting on the health of our population, resulting in poorer health outcomes.	12
11	BAF 6.1	If we cannot maintain and improve our estate, or respond to maintenance requests in a timely way, there is a risk that our estate will not be fit for purpose, leading to a poor-quality **environment** for staff and patients.	16↓
12	BAF 6.2	Inadequate **capital funding** for LLR system will impact on LPT's ability to manage financial, quality & safety risks related to estates and digital investment in 2025/26 and in the medium term	20
13	BAF 6.3	Inadequate control, reporting and management of the Trust's **2025/26 financial position** could mean we are unable to deliver our financial plan and adequately contribute to the LLR system plan, resulting in a breach of LPT's statutory duties and financial strategy (including LLR strategy)	8↓

GROUP 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.	
Date	Included 1 April 2025.	Last updated 13.3.2026
Strategic Link	THRIVE: **TECHNOLOGY**	
Governance	LPT and NHFT Finance and Performance Committees, Group Strategic Executive Board, Group Trust Board	
Context	Moving from analogue to digital, where digital healthcare becomes the enabling centre of clinical care	

Score	Consequence	Likelihood	Combined
Initial Risk	4	5	20
Current Risk	4	4	16
Target Risk	4	2	8

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					
• LPT & NHFT Digital plans • National Digital plan • Digital maturity assessment • Digital Prioritisation Process • ICBs Digital plan/Strategy • Local, system and national efficiency plans limit staff availability to digital delivery across our organisation. • Joint LPT/NHFT digital lead and LLR ICB CIO • Group Digital Transformation Plan (from April 26)	• Capital funding for digital including infrastructure and solutions to improve data & productivity • Capacity and resources • Challenges in recruiting and retaining Digital workforce. • Availability and quality of data for reporting & analysis	**1st Line**: Group Digital Transformation Group and AAA report into individual Trust IM&T Group and committee structures **2nd Line:** Trust Information Management & Technology Groups and AAA reports Trust Finance & Performance Committees and AAA report into Boards **3rd Line:** NHS England Digital Maturity Assessment System oversight Internal Audit Data security and protection toolkit low risk, high confidence level June 2025		• Gap analysis of capacity to deliver plan **CIO Feb 26 paper to Feb EMB approved - complete** • Governance review & plan **CIO Feb 26 – paper to Feb EMB approved - complete**	Digital plan updates included within governance work plans of FPC and Group Board
Effect: Unable to support service transformation.					
• Group Digital transformation programme. • Group Digital Transformation Group • Digital Prioritisation Process – LPT & NHFT	• Digital engagement	**1st Line :** Digital prioritisation process ensures that the most impactful initiatives receive the focus and resources required. **2nd Line:** Digital prioritisation regularly reported to Trust Transformation Committees Options to improve clinical leadership in digital decision making identified **3rd Line** Clinical Focus and Engagement in decision making to be an essential element of its governance arrangements.			

BAF **1.1**	If we are not sufficiently prepared, we may be impacted by **digital disruption** which will affect our ability to access our electronic systems and provide safe care to our service users.
Date	Included 1 April 2025. Last updated 13.3.2026
Strategic Link	Thrive **TECHNOLOGY**
Governance	LPT Finance and Performance Committee, Strategic Executive Board, Trust Board
Context	Access to electronic systems, configuration is fit for purpose, cyber attack

Score	Consequence	Likelihood	Combined
Initial Risk	4	4	16
Current Risk	4	3	12
Target Risk	3	3	9

Risk Appetite – Open (upper limit of tolerance 16)

Control	Control Gaps	Sources of Assurance	Assurance gaps	Actions	Progress
Cause: Lack of capacity and resources to mitigate sources of digital disruption					
• Qualified Cyber security experts with required accreditation • Multiple technical counter measures including firewalls, honeypots, InterceptX, IDS/IPS, anti-malware, etc. • Microsoft MDE is active on all endpoints and servers • Only privileged user accounts able to install or run programmes • MDM in use on all mobile devices • Back-up procedure in place and regularly checked • Patches automatically deployed to all devices • Quarterly penetration tests undertaken • Access to the ICB CISO for advice • MFA enabled on user accounts • VPN are monitored and restricted • Cyber Security assess all software that is required to be installed / DPIAs	• Constrained capital • No Security Information and Event Management solution • No pro-active management of security outside core business hours (no cyber on call) • Reliant on EOL software to run systems outside of our control (ESR) • Clinical Digital Leadership especially in relation to Clinical Safety Officers and CNIO is limited and dispersed and sits outside of Digital.	**1st Line:** The Information Management & Technology/ Digital Data & Technology Groups Capital planning committee **2nd Line:** DSPT Compliance and quarterly audit and penetration test with executive summary to the Data Privacy group. LHIS is ISO27001 accredited which provides assurance that the Information Security Management System (ISMS) operates effectively. Audited twice yearly. Routine reporting, review and escalation of cyber security threat/risk through Data Privacy Group (DPG). Incident reporting to DPG, including root cause and lessons-learned reviews. NHSE monitoring of our environment and MDE reporting **3rd Line:** Training is provided to staff to raise cyber awareness as well as regular communications and events. NHSE Board level cyber training provided by external provider Feb 2024 SIRO, Deputy SIRO and CDIO all undertaken SIRO training via NHSE Small number of CSOs who manage clinical safety Cyber Group formed across LLR/NICB	Assurance of security posture/compliance from core IT service suppliers. Impact of training and phishing campaigns	• Implement InTune (mobile devices) as the new Trust MDM. **Chief Information Officer (CIO) March 26** • Collaboration with cyber security teams across LLR. **CIO March 26** • Adoption and deployment of strategic cyber security solutions **CIO March 26** • Governance Plan to Jan EMB to clarify clinical digital leadership - **Feb 26 - complete** • Working with the ICB CISO to procure a SIEM/SOC that will enable our environment to be monitored out of hours. • Work ongoing with NHSE to identify opportunities to remove/update EOL software.	• Pillar under the new Digital Transformation Group in place to review Cyber opportunities • Mobile phone replacement programme being started along with rollout of InTune • Windows 11 70% complete.
Effect: unable to access electronic systems which are fit for purpose					
• Data Privacy Group • Trust CDIO/ LHIS Cyber team • NHSE best practice (DMA) to have NED assigned as the cyber lead • DTAC Process exists to ensure suppliers meet certain cyber and clinical safety standards to safeguard the Trust.	• Cyber awareness / training • DTAC process is not consistently applied due to lack of ownership and dispersed expertise (IG, CSOs Procurement, Cyber etc)	**1st Line** The annual penetration test enables resources focused on areas of high and medium impact **2nd Line** Capital has been obtained from NHSE for key cyber security requirements as well as the new ICB CISO role. Chair of the FPC receives annual update as part of committee workplan. **3rd Line** Systems monitored by LHIS and NHSE teams via MDE, MDM and secure boundary services LHIS re-accreditation of secure email system [ISO27000] and Cyber Essentials Consultancy		Cyber training action plan to address this control gap to Jan EMB – **Feb 26 – complete & approved** DTAC Digital Technology Assessment Criteria process review **Director of Finance March 26**	Escalation of capital limitations impacting on delivery of digital agenda to EMB Raised at next IMTC to gain clarity on what is currently in place. – NHFT/DTS sharing their approach and process which Audit and NHSE have recommended.

GROUP BAF **2**	If we fail to evolve our **partnerships and collaboratives**, we will not reduce health inequalities and deliver improved outcomes for our populations	
Date	Included 1 April 2025.	Last updated 25.2.2026
Strategic Link	THRIVE: **HEALTHY COMMUNITIES**	
Governance	LPT and NHFT Finance and Performance Committees, Group Strategic Executive Board, Group Trust Board	
Context	Healthy Communities are essential to the delivery of our system strategy, preventing ill-health and reducing demand on NHS services	

Score	Consequence	Likelihood	Combined
Initial Risk	4	5	20
Current Risk	4	2	8
Target Risk	4	2	8

Risk Appetite – Open (upper limit of tolerance 16)

Control	Control Gaps	Sources of Assurance	Assurance gaps	Actions	Progress
Cause: **Not working closely with our community**					
• Services working in partnership across LPT/NHFT and from LPT/NHFT with the VCSE and other stakeholders • Organisational monitoring of system meetings • Named exec leads attending place-based meetings • ICB and ICS meetings • East Midlands Alliance • Learning Disability and Autism Collaborative • Mental Health Collaborative • National Provider Collaborative Innovator	Changes in other organisations impact on system ability to deliver plans	**1st Line**: Discussions in Strategic Executive Boards and other internal formal meetings. Leadership support within Collaboratives / DMT oversight Directorate delivery plans **2nd Line: I**ntegrated 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 **3rd Line:** 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	Consistent feedback from system meetings	Work with ICB and system partners to agree plan by end of Jan 26**. Group Director of Strategy & Partnerships - complete** Environmental analysis and agenda items in SEB & EMB e.g. H&WB update in SEB JCCG 3A into Group SEB & ICB Meetings feedback	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
Effect: **Limited contribution to social value, and providing place-based care**					
• Social Value Charter • Trusts' Green Plans • People Plan • Social Value Community of Practice • NHSE national policy on integrated care • Social value charter • ICB 5-year strategy • Group strategy • Co-production programme	• Evidencing the impact of learning • Evidencing the impact of the social value charter	**1st Line :** 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. **2nd Line** Group social value programme in place with development meetings. Reporting into our annual report. Updates at Strategic Executive Board and the Joint Working Group. **3rd Line** ICB Health Inequalities Meetings	Success reporting (longer term)	Presentation on Health Inequalities – Group Board – **Jan 2026 – Group Director of Strategy - complete** Continue system working with other organisations to produce an impact report **– June 2026**	Action Plan approved

GROUP BAF **3**	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.
Date	Included 1 April 2025. Last updated 22 January 2026
Strategic Link	THRIVE: **RESPONSIVE**
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

Score	Consequence	Likelihood	Combined
Initial Risk	4	4	16
Current Risk	**4**	**3**	**12**
Target Risk	4	2	8

Risk Appetite – Open (upper limit of tolerance 16)

Control	Control Gaps	Sources of Assurance	Assurance gaps	Actions	Progress
Cause: **Not engaging in improvement activity, research and innovation**					
• Group Programme • SORT self-assessment • University Hospitals Teaching Status • Leicestershire Academic Health Partners Board (LAHP) • Health Innovation East Midlands • ICB Research Strategy Group • Research Policy – hosting conducting & collaborating • LPT & NHFT integration with system (LANHP partnership working) • Web-based platforms to support QI activity and QI Training Programmes • PSIRP • Associate Professor in old age post approved	• Research Strategy and delivery plan • Funding for academic posts • Clarity over remit for Group roles • Funding for research projects • Funding for Innovation (Dragon's Den) • Capacity of the LPT research team to support succession planning	**1st Line:** Participant Research Experience Survey (PRES) Research activity and income Data being presented quarterly to Accountability framework meeting in LPT **2nd Line:** 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 **3rd Line:** University Led Non-Executive Director - LPT	Assurance over uptake and PRES survey outcomes Assurance over success rate for attracting high quality commercial trials	• Group Research Strategy and delivery plan **Medical Directors, March 26** • Group Joint Roles with clinical/AHP research element through identification of principal investigators **Medical Directors Feb 26** • Progression from associate university status to university status, **Medical Directors April 26** • Assurance over uptake and PRES survey outcomes **Medical Directors: quarterly data presented to respective QSCs - March 26** • Self-Assessment for Organisational Readiness Tool (SORT) **Medical Director – complete** • Group SORT self-assessment action plan **Medical Directors Mar 26** • 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** • To agree with Medical Directors and Group Chief Nurse about review of the current structure of Research, Development and Innovation teams to support effective delivery and succession planning – **April 26** • to develop models for interprofessional learning across the Directorates – **Medical Directors – June 2026**	Generation of New Knowledge Workstream Oversight of research participant recruitment numbers to form part of reporting to QSCs
Effect: **Quality and Design of Services**					
• QI programmes • Transformation Programmes • Directorate objectives aligned to strategy • Deputy Medical Director for R&D • Trust Leads for QI and Quality Governance	• Innovation strategy • Success measures	**1st Line** QI programme uptake and feedback, Learning boards **2nd Line** LPT QI and Transformation Committee AAA report to Finance and Performance Committees and the Strategic Executive Boards **3rd Line** - CQC inspection feedback and ratings	 Impact of learning from research into service redesign	• Develop and deliver Innovation Strategy **Medical Director & Director of Strategy April 26** • Success measures and measuring impact to be determined **Medical Director April 26** • to ensure research team are sharing recent information on new models for shared learning in Directorates, through presentations at Directorates' quality and safety committees **– June 2026 – Medical Directors**	Ongoing discussions with Health Innovation East Midlands re translating national projects to local needs.

BAF **3.1**	Without **timely access** to services, we cannot provide high quality safe care for our patients which will impact on clinical outcomes.
Date	Included 1 April 2025. Last updated 17 February 2026
Strategic Link	THRIVE: **RESPONSIVE**
Governance	LPT Quality and Safety Committee, Strategic Executive Board, Trust Board
Context	Minimising harm while waiting, improving access to diagnosis and treatment, best clinical outcomes

Score	Consequence	Likelihood	Combined
Initial Risk	5	5	25
Current Risk	**5**	**4**	**20**
Target Risk	5	2	10

Risk Appetite – Open (upper limit of tolerance 16)

Control	Control Gaps	Sources of Assurance	Assurance gaps	Actions	Progress
Cause: **timeliness of access to services**					
• Access Policy • Performance Management Framework • Urgent and Emergency Care Framework • Medical Workforce Plan • LLR ICB 5-year strategy and LPT strategy / Annual Plan • Keeping Patients Safe Whilst Waiting T&F Group • collaborative meetings • Waiting well web page live 31 Oct 2025	• National strategy for neurodiversity demand • Local commissioning plans for addressing significant increases in neurodiversity demand • Global shortage of ADHD medication	**1st Line:** Directorate attendance at Access Group and AFM WL trajectories and initiatives by service Operational risk profile AFM/EMB	Linkage of health inequalities to access group actions Clarity over policy compliance	• Health Inequalities work to support Access Group actions. **Director of Strategy – Paper to SEB Jan 26 complete – Access Delivery Group - April 2026** • Policy compliance with access policy – Director of Governance – **February 2026 Access Delivery Group** • Raising awareness of neurodiversity demand at system level through System Execs and regionally through regional MH oversight group (RMHOG) and through Quarterly system review meetings (QSRM) **Interim Director of FYPCLDA Sept 26 – complete – approved by SEB 10.3.26 - BAU**	ADHD Solutions closure means reduction in support across LLR as detailed on CRR. Control gaps outside of LPT remit to address.
		2nd Line: • Access Group with AAA to AFM/EMB • Board Development session held 30 Oct 25 • Monitoring NHS111/2 activity in directorate and shadow MH • Clinical task and finish group workplan with priorities agreed			
		3rd Line: • Internal Audit – Patient Observations 24/25 significant assurance • Internal Audit – Remote Consultations March 2023 significant assurance • CQC feedback and ratings			
Effect: **Clinical Outcomes**					
• Reducing Harm Whilst Waiting Group & compliance oversight • Help while waiting website • Clinical Outcome performance measures • Incident reporting & learning from incidents • Quality & Safety Metrics dashboard Report	- Data insight & reporting on harm whilst waiting	**1st Line** Directorate attendance at Access Group and AFM for escalation	Clarity over policy compliance measures and rates	• Accountability framework with key safety & quality metrics as defined by the CNO (in line with insightful board guidance and national operating framework presented to EMB on 2 December 2025. Further work to develop agreed set of metrics ongoing. **Managing Director – approved Feb 26 EMB & March SEB**	Quality dashboard delivery framework developed (3-year programme)
		2nd Line Monthly performance report with clinical outcomes measures to Quality and Safety Committee and AFM Clinical Harm – no overarching policy so local processes in place for consistency	Comprehensive quality dashboard focusing on outcome measures, including those attributed to waiting		
		3rd Line - Annual feedback from Community & Mental Health Survey	External review of waiting times on patient safety		

BAF **3.2**	If we do not continue to review and improve our systems and processes for **patient safety**, we may not be able to provide the best experience and clinical outcomes for our patients and their families.
Date	Included 1 April 2025. Last updated 17 February 2026
Strategic Link	THRIVE: **RESPONSIVE**
Governance	LPT Quality and Safety Committee, Strategic Executive Board, Trust Board
Context	PSIRF, Just Culture, Prevention of harm, learning

Score	Consequence	Likelihood	Combined
Initial Risk	5	5	25
Current Risk	**5**	**2**	**15**
Target Risk	5	2	10

Risk Appetite – Open (upper limit of tolerance 16)

Control	Control Gaps	Sources of Assurance	Assurance gaps	Actions	Progress
Cause: Patient safety systems, processes and governance improvement & learning, CQC outcomes					
• Service safety checks/huddles & escalation • CQC mock inspections & quality visits • Safety Forum • Psychological Safety Workstream • Complex Case Huddle • System and process learning shared through governance meetings • PSIRF priorities agreed at EMB Oct 25 • Strategic oversight dashboard of the key safety metrics as defined by the CNO	Thematic Reviews timeliness & opportunity for learning	**1st Line:** Service level oversight; Executive Service Visits & feedback; NED Board Walks; Compliance Team visits; PSIRF	Consistent alignment between complex cases that involve safeguarding, patient safety & patient experience Safety Huddle confirmation of improvements in patient safety	• Suicide prevention work & training **Medical Director, update – QSC April 26** • Completion of the agreed PSIRF thematic reviews- 1 complete, 2 further dues for completion **Chief Nurse update March 26** • Weekly complex case huddle ongoing – evaluation planned for **March 26** • Safety Huddle evaluation audit taking place – reporting March 26 to Safety Forum – **March 26**	• Staff booked onto STORM training
		2nd Line: EMB, SEB, Q&S Committee, Safety Forum. Policy compliance oversight	• Suicide prevention training		
		3rd Line: External reporting (ICB); HOSCs; CQC Visits & outcomes; MHA Visits & reports, learning from national reports			
Effect: Poor outcomes for patients, carers, families					
• Incident reporting systems & processes • PSIRF • Access & patient flow • Patient experience • Reputational risk • Patient Safety Team • Quality/CQC Compliance/IPC monitoring • Recruitment of a Family & Patient Liaison Officer • Trust wide Discharge Policy • Quality & Safety Metrics dashboard Report	Effective use of technology to support data analysis	**1st Line:** Directorate oversight of local quality & safety systems and processes.	Comprehensive oversight of quality measures	Further definition of safety and quality metric set to be confirmed **Managing Director –approved Feb 26 EMB & March SEB**	Quality dashboard delivery framework developed (3-year programme). Accountability framework with key safety & quality metrics presented to EMB on 2 December 2025, to QSC Jan 26
		2nd Line: Horizon scanning & national leaning			
		3rd Line: Coronial feedback/NHSE oversight; HOSCs			

BAF **3.3**	If we do not have appropriate **emergency preparedness**, resilience and response controls in place, we may be impacted by accidents, disruption and system failures affecting our ability to maintain continuity of services.	
Date	Included 1 April 2025.	Last updated 11.3.26
Strategic Link	THRIVE: **RESPONSIVE**	
Governance	LPT Health and Safety Committee, Quality and Safety Committee, Strategic Executive Board, Trust Board	
Context	Maintain organisational resilience. External factors, social, environmental and economic impact	

Score	Consequence	Likelihood	Combined
Initial Risk	4	5	20
Current Risk	4	2	8
Target Risk	4	2	8

Risk Appetite – Open (upper limit of tolerance 16)

Control	Control Gaps	Sources of Assurance	Assurance gaps	Actions	Progress
Cause: **A lack of Emergency Preparedness, Resilience and Response Controls**					
• EPRR Policy • 1st draft LLR winter plan 25/26 – agreed by NHSE • EPRR Group Collaborative • EPRR business continuity workplan including co-production of response plans for cyber risks • LPT representation at the Local resilience forum – feedback back into LPT governance • LPT representation at the Local health resilience partnership - feedback back into LPT governance		**1st Line:** Task letter return logs & actions **2nd Line:** • Oversight at Audit and Risk Committee and the Finance and Performance Committee • LPT Business Continuity Management System (BCMS) Audit • Post Incident /Exercise Reports • Joint EPRR Lead in post **3rd Line:** • ICB and system assessment against NHS England EPRR Core Standards • IA audit 24/25 • LPT fully compliant against the EPRR Core Standards 25-26			Joint EPRR lead in place and in process of reviewing all related policies Submitted & received full assurance received on the core standards assessment to NHSE
Effect: **Continuity of Services**					
• Business continuity plans • Disaster recovery exercises • Industrial Action plans • Director on Call arrangements • Training of strategic, tactical and operational responders • ICC assurance flow via EMB • System wide countermeasure and mass casualty plans • LPT participation in National, regional and local exercises • Checks via on call directors		**1st Line** Business Continuity plans reviewed & agreed within EPRR Group Operational Hub **2nd Line:** Training oversight and management Submitted EPRR core standards assessment for 2025/26 **3rd Line** • Internal Audit – Business Continuity August 2022 Significant Assurance • EPRR core standards assessment 2025/26 – full assurance received.	Completeness and robustness of trust wide continuity plans	• Ongoing review of continuity plans, reported into EPRR Group with an escalations to the Health and Safety Committee. **Managing Director – Feb 26 – Business as Usual - complete**	Taken part in industrial action audit for national review.

GROUP BAF **4**	If we do not understand our **culture**, 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.	
Date	Included 1 April 2025	Last updated 18th February 2026
Strategic Link	THRIVE: **INCLUDING EVERYONE**	
Governance	Group People and Culture Committees, Group Strategic Executive Board, Group Trust Board	
Context	Innovation, research for new treatments and redesign of care delivery models with a focus on patient outcomes and experience	

Score	Consequence	Likelihood	Combined
Initial Risk	4	4	16
Current Risk	**4**	**3**	**12**
Target Risk	4	2	8

Risk Appetite – Open (upper limit of tolerance 16)

Control	Control Gaps	Sources of Assurance	Assurance gaps	Actions	Progress
Cause: **Not leading with compassion**					
• Medical Leadership Programme • Accountability Framework • Reasonable adjustments framework • Inclusive recruitment programme • EDI policy • People Plan • WRES and WDES • Cultural competency programme • Group TAR programme (including PCREF) • Culture of Care • Staff Safety in the workplace • L2 Workforce Development Groups • Joint OD Working group		**1st Line:** • **Maple & ND Staff Networks** • Appraisals with wellbeing element, speak up process, sickness management • Anti racism listening events • Campaign to embed leadership behaviours **2nd Line:** • Delivery of the Our Future Our way Programme of work & 4 priorities & leadership behaviours • Reasonable adjustment clinics & meetings established • Leadership Development Conferences • F2SU Guardian, NED F2SU role • Learning from speaking up and sickness review • Workforce Development Groups; People and Culture Committees • Schwartz Rounds • Group programme reporting to SEB every month for oversight **3rd Line:** • LPT Internal Audit Freedom To Speak Up October 2023 significant assurance • LPT Internal Audit Fit and Proper Persons Test due Q2 2024/25 • LPT Health & Wellbeing 360 Audit rated significant assurance	Completion of TAR actions Trust response to NHSE letter & actions regarding tackling racism including antisemitism • Staff survey Oct 25 • Meeting reasonable adjustment requirements	Cultural work to address civil unrest and wider including; • Delivery of TAR actions **Ongoing Group Chief People Officer 31.3.26** • Progressing NHSE letter & actions set out within regarding tackling racism including antisemitism **Group Chief People Officer** 31.3.26 • Staff Survey 25-26 – actions & implementation of priority areas **Group Chief People Officer 31.3.27** • Launch of 2025 Staff Survey and group staff survey engagement **Group Chief People Officer** – complete March 2026 • Agreed reasonable adjustments clinics to run for the foreseeable future. Proposed to JPCC – complete Feb 2026	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: **Unwanted behaviours and closed cultures**.					
• Our Future Our Way • Leadership Behaviours Framework • Wellbeing, sickness management policy • Counselling service • Anti bullying harassment and advice service • Occupational health service wellbeing strategy	• Training on leadership and culture on induction • Closed cultures training	**1st Line** • Annual staff survey results • Deloitte staff survey and focus group feedback • Closed cultures covered in staff inductions • Reverse Mentoring cohort 6 **2nd Line** • Mental Health and Wellbeing Support • Health and wellbeing champions and wellbeing NED role • Health and Wellbeing Lead • People and Culture Committee • **3rd Line** • CQC inspection findings	• Delivery of recommendations from quality and safety review • Closed cultures not currently in staff inductions • Impact of leadership development Audit outturn 25/26 CQC reports	Delivery of the discovery phase Culture Leadership & Inclusion OFOW Programme of work. Board interviews and staff focus groups taking place – March 2026 Commencement of sickness improvement programme – March 2027	• Jan, April & November 25 Team Leadership Conference • THRIVE leadership conference held 2025 • Every Voice Matters Leadership Conference 3 & 10 No 25

GROUP BAF **5**	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.
Date	Included 1 April 2025. Revised for Group 19 January 2026 — Last updated 18 February 2026
Strategic Link	THRIVE: **VALUING EVERYONE**
Governance	Group People and Culture Committee, Group Strategic Executive Board, Group Trust Board
Context	Talent management, OD, growth and retention

Score	Consequence	Likelihood	Combined
Initial Risk	5	4	25
Current Risk	**5**	**4**	**20**
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**					
• WRES & WDES action plans • Directorate plans linked to workforce plan • National and local People Plan • Recruitment Pipeline Management • Medical Workforce Plans • Recruitment and retention premium scheme for medics • Nursing Recruitment & Retention High Impact Actions • LLR AHP faculty & Council • Vacancy Control Measures	• High vacancies with supply issues • Medical recruitment challenges • NHS Pay Award • Strike Activity	**1st Line:** Operational risk profile for staffing – oversight at AFM and EMB/SEB; Agency reduction Group/ Value programme **2nd Line:** • Group People and Culture Committee • System People and Culture Board • Workforce deep dives. • Jobtrain effectiveness Review (LPT) **3rd Line:** • Benchmarking against workforce metrics • Internal Audit E-Rostering Oct 2025 Moderate Assurance (LPT) • Internal Audit Time to Recruit Nov 2025 Significant Assurance (LPT)	• Actions resulting from recent staff survey findings when available • Delivery of the workforce and agency reduction plan • Delivery of the Workforce efficiency value programme • Refresh workforce operational plan.	• Delivery of the workforce and agency reduction plan and value programme 2025/26 **Group Chief People Officer March 26** • Workforce Operational Plan refresh **Group Chief People Officer March 2026** • Analysis of staff survey results once embargo is lifted- **March 26** • People plans NHFT and LPT sign off at Joint People culture Committee Dec 25 Feb 26 • Medium Term Workforce Operational Plan due for submitting. Feb 26 - complete	Engagement with the NHSE price cap work for medical agency costs commenced Feb 2025 - ongoing Joint People Dashboard launched through Joint PCC People plans developed
Effect: **High Agency / Bank Usage**					
• Agency /Bank Reduction Plans • Start well, stay well, leave well action groups (NHFT) 90 day onboarding LPT. • Jobtrain implemented • Safe staffing Policy • Workforce dashboard monitoring through EMB • Dynamic Risk Assessment process (DRA) • Workforce Efficiency Panel (WEP) NHFT	Nurse vacancies	**1st Line** • EQIAs DRA and break glass criteria to stop deployment of Thornbury HCA • Workforce safeguards/guardian of safe working hours reports. • Monthly Unify reporting to DoH. **2nd Line** 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. **3rd Line** • LLR People Programme Delivery Group • Internal Audit Agency Staffing April 2023 Advisory (no high-risk actions)	Delivery of the workforce and agency reduction plan / value programme	Delivery of the workforce and agency reduction plan **Group Chief People Officer March 26 as above** Delivery of the NHFT value programme & LPT efficiency programmes supporting workforce transformation – March 2027	• No off-framework usage • THP numbers reducing • Price cap breach reducing

GROUP BAF **6**	If we do not continue to strive for **sustainability**, we will be impacted by adverse weather events and environmental factors impacting on the health of our population, resulting in poorer health outcomes.	
Date	Included 1 April 2025.	Last updated 13.3.26
Strategic Link	THRIVE: **EFFICIENT AND EFFECTIVE**	
Governance	LPT and NHFT Finance and Performance Committees, Group Strategic Executive Board, Group Trust Board	
Context		

Score	Consequence	Likelihood	Combined
Initial Risk	4	3	12
Current Risk	**4**	**3**	**12**
Target Risk	4	3	12

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					
• Green Plan 2026 - 29 • Estates Strategy and Delivery Plan • Partnerships Manager as resource for Green Plan oversight • Group Sustainability Forum • Oversight of climate change and sustainability factors impacting on our population	• Lack of clarity around the cost of implementing the Green Plan	**1st Line:** Sustainability Programme Delivery Group		• Gap analysis of available funding and impact of any resource gap on delivery of the revised green plan. **Chief Finance Officer – Feb 26 – approved Feb Group SEB**	• Funding secured for LPT solar panel installations at Hinkley & Bosworth and Loughborough plus 4 more • Trust Green ambitions approved by SEB October 2025
		2nd Line: Finance & Performance Committees Group SEB			
		3rd Line: CQC feedback NHSE oversight of green plans	• Provision of information to support the Task Force on Climate related financial disclosures (TCFD)		
Effect: Poorer health outcomes due to climate change and sustainability factors					
Green Plan • Group Sustainability Forum oversight of green plan delivery • Understanding the impact of climate change and sustainability on our local population		**1st Line** Sustainability Programme Delivery Group	None		
		2nd Line 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.			
		3rd Line NHSE and DHSC oversight of green plan and TCFD			

BAF **6.1**	If we cannot maintain and improve our estate, or respond to maintenance requests in a timely way, there is a risk that our estate will not be fit for purpose, leading to a poor-quality **environment** for staff and patients
Date	Included 1 April 2025. Last updated 13.3.2026
Strategic Link	THRIVE: **EFFICIENT AND EFFECTIVE**
Governance	LPT Finance and Performance Committee, Strategic Executive Board, Trust Board
Context	Therapeutic, fit for purpose, meet standards, agile working

Score	Consequence	Likelihood	Combined
Initial Risk	4	5	20
Current Risk	**4**	**4**	**16**
Target Risk	4	3	12

Risk Appetite – Open (upper limit of tolerance 16)

Control	Control Gaps	Sources of Assurance	Assurance gaps	Actions	Progress
Cause: **Unable to maintain and improve our estate**					
• Estates Strategy and Delivery Plan • Group Strategic Estates Plan • Accommodation & Space Policy • Estates Annual Plan 24-25 • Statutory Compliance continues to be maintained during 24-25 • Capital prioritisation process embedded • Clinical representation at Strategic Property Group • Space Utilisation Study Complete	• Lack of capital funding • Aging estate with limited options for improvement • Having adequate space for clinics and supervision and training	**1st Line**: Capital Prioritisation process **2nd Line:** Estates and medical equipment group **3rd Line:** System estates groups, Capital prioritisation criteria , CQC engagement meetings and inspection feedback		• Identify alternative sources of capital Engagement internal to prioritise estates safety **Chief Finance Officer, August 26** • Through the Strategic Property Group an updated assessment of clinical, supervision and training space will take place – **March 26**	SPG March meeting to confirm as BAU
Cause: **Unable to respond to maintenance requests in a timely way**					
• Maintenance Logging System • Performance monitoring (soft & hard FM) data (12 months) • Jobs logged monitored & tracked monthly – monthly reports to DMTs breaking down outstanding jobs	Financial constraints – capital and revenue	**1st Line:** Feedback and use of the maintenance logging system **2nd Line:** KPIs in place for soft FM Oversight of financial constraints via SEB and Trust Board meetings **3rd Line:** CQC feedback			Continued reduction in number of outstanding maintenance jobs
Effect: **Poor quality environment**					
• Environmental checklist • Operational risk management • Environmental checklist • Operational risk management • Health & Safety inspections • Estates Annual Plan	• Regulatory standards for buildings	**1st Line:** Directorate Management Teams for escalation and oversight of risk **2nd Line:** Estates and Medical Equipment Committee; Estates log **3rd Line:** CQC feedback	Adherence to process for identifying and logging environmental concerns	• Review building compliance standards with Chief Nurse & **Chief Finance Officer – March 26 – meeting planned for March 26** • Comms to support adherence to process for identifying and logging environmental concerns – **Mar 26**	Ongoing CRR/ directorate risk reviews taking place Estates comms planned for March 2026

BAF 6.2	Inadequate **capital funding** for LLR system will impact on LPT's ability to manage financial, quality & safety risks related to estates and digital investment in 2025/26 and in the medium term	
Date	Included 1 April 2025.	Last updated 13.03.26
Strategic Link	THRIVE: **EFFICIENT AND EFFECTIVE**	
Governance	LPT Finance and Performance Committee, Strategic Executive Board, Trust Board	
Context	Delivery within available capital resources. Estates, digital regulatory, constitutional and legal requirements.	

Score	Consequence	Likelihood	Combined
Initial Risk	5	4	20
Current Risk	**5**	**4**	**20**
Target Risk	5	2	10

Risk Appetite – Open (upper limit of tolerance 16)

Control	Control Gaps	Sources of Assurance	Assurance gaps	Actions	Progress
Cause: **Inadequate Internal Control**					
• SFIs / SORD • Scheme of delegation • Capital bid approval process	• None	• **1st Line:** Capital management committee management of capital plan; Clear capital bid approval process; SEB & Board approval of capital opening plan & subsequent revisions • 2024/25 accounts – CRL delivered	• Ensure adequate senior clinical representation in prioritisation meetings • Underspend risk due to delayed receipt of NHSE bid funding – potential topslice of capital funds in 2026/27	• External audit of 25/26 accounts **Director of Finance and Performance** June 2026 • Manage Trust's capital plan, including mitigations to ensure no material underspend **DoF March 26**	Aiming to deliver small, allowable underspend.
		2nd Line: Accounting policies / SFIs and SORD [Audit and Risk Committee]	Policy compliance		
		3rd Line: External Audit 2024/25 annual accounts unqualified opinion	25/26 annual accounts audit		
Cause: **Inadequate reporting and management**					
• Monthly finance report with exec level oversight • Capital management committee 3A report • ICS capital Committee	None	**1st Line**: Capital management committee triple A report	None		
		2nd Line: Monthly corporate report EMB/SEB/FPC and oversight at the System Finance Meeting & system capital committee including any relevant escalations			
		3rd Line: 2024/25 system wide capital audit completed; 3 low risk findings across all partners			
Effect: **Breach of Statutory Duty (CDEL)**					
• National guidance	• None	• **1st Line** monthly finance report assurance on CDEL delivery year to date & forecast	Approval of medium-term capital plan	**External audit of 25/26 accounts Director of Finance and Performance June 2026**	
		2nd Line			
		3rd Line KPMG 2024/25 annual accounts and VFM conclusion	25/26 annual accounts audit		
Effect: **Non achievement of capital strategy (LPT and System)**					
• National planning guidance – LPT & ICS delivery plan	• LLR ICB medium term capital strategy • Management of Trust's capital plan	• **1st Line:** ICS Capital committee reviews organisational delivery & ICS Finance committee			
		2nd line:			
		3rd line:			

BAF 6.3	Inadequate control, reporting and management of the Trust's **2025/26 financial position** could mean we are unable to deliver our financial plan and adequately contribute to the LLR system plan, resulting in a breach of LPT's statutory duties and financial strategy (including LLR strategy)
Date	Included 1 April 2025. Last updated 13.03.26
Strategic Link	THRIVE: **EFFICIENT AND EFFECTIVE**
Governance	LPT Finance and Performance Committee, Strategic Executive Board, Trust Board
Context	Delivery within available financial resources. Use of resources, productivity and value for money–Performance measures, constitutional and legal requirements.

Score	Consequence	Likelihood	Combined
Initial Risk	4	5	20
Current Risk	4	2	8
Target Risk	4	2	8

Risk Appetite – Open (upper limit of tolerance 16)

Control	Control Gaps	Sources of Assurance	Assurance gaps	Actions	Progress
Cause: **Inadequate Internal Control**					
• SFIs / SORD • Treasury Mgt policy • Scheme of delegation • Code of conduct • Declarations of interest	None	**1st Line:** Expenditure control forms for all relevant non pay spend over £150; vacancy control process; DRA agency approval process; No PO no pay policy; segregation of duties in finance teams • 2024/25 accounts – break even plan delivered	Spend run rate is not reducing fast enough to deliver plan Reducing cash balances Supplier challenge of contract awards DMH ward closure could lead to increased private provider costs	• External audit of 25/26 accounts **Director of Finance and Performance -June 2026** • Monitor use of private beds & impact on expenditure DoF Mar 26	Propose to close.
		2nd Line: Accounting policies / SFIs and SORD [Audit and Risk Committee]	Policy compliance		
		3rd Line: External Audit 24/25 annual accounts unqualified opinion	25/26 annual accounts audit		
Cause: **Inadequate reporting and management**					
• Monthly Reports with exec level oversight • Value Programme to deliver local efficiencies	CIP programme	**1st Line**: Directorate finance reports; bi-monthly DoF service level run rate reviews; Enhancing value CIP delivery review	CIP plan not fully identified ~~Plan gap c£7m~~	• CIP – identify & deliver CIP programme **DoF Mar 26** • Ensure transparent & compliant contract awards **Mar 26** • Policy compliance audit and oversight **DoF Mar 26** • External audit of 25/26 accounts **DoF June 2026** • DoF/service financial escalation meetings**-Mar 26**	Propose to close Carry forward to 2026/27 Complete for 2025/26 – carry forward to 2026/27
		2nd Line:	Beacon Unit viability; non recurrent CIP; In year overspends & funding gaps.		
		3rd Line: Annual Internal Audit – Budget setting, reporting and monitoring – significant assurance November 2025			
Effect: **Breach of Statutory Duty**					
• National guidance	None	**1st Line** monthly finance report assurance on break even delivery year to date & forecast	Approval of medium-term recovery plan		
		2nd Line			
		3rd Line KPMG 2024/25 annual accounts and VFM conclusion	25/26 annual accounts audit		
Effect: **Non achievement of financial strategy (LPT and System)**					
• LPT financial strategy & plan	• LLR ICB revenue strategy • 24/25 non delivery of ICB plan & 25/26 variances	• **1st Line:** Organisational reports to ICS Finance Committee	In year LLR plan delivery materially off plan	• Manage delivery of 2025/26 financial plan **DoF / March 26**	In progress
		2nd line: System wide internal audit of financial systems			
		3rd line: Internal Audit – System wide financial controls & NHSE submissions	Audit outturn – all partners		

I

NHS
Leicestershire Partnership and Northamptonshire Healthcare Group

Trust Board 31 March 2026

Board Assurance Framework Refresh 2026/27

Purpose of the Report

Detailed Guide to the development of the Board Assurance Framework (BAF) 2026/27

Introduction and Background

Trust Board members are required to understand and articulate the Trust's strategic objectives and be able to identify the principal risks that may threaten the achievement of those objectives. The purpose of a BAF is to bring together in one place all of the relevant information on the risks to achieving the strategic objectives. It is an essential tool for boards to enable the right conversations about risk.

This paper provides a guide to the development of the refreshed BAF for 2026/27 aligned to the group strategy 'THRIVE'. It is proposed that we consolidate all strategic risk identified with the delivery of our strategy currently captured in an NHFT, LPT and group BAF, and present this in one united BAF.

This guide provides the following key developmental updates;

- The proposed governance approach for 2026/27
- A guide to the approach taken to identify strategic risk for the revised BAF for 2026/27
- A summary of the format of the BAF and the covering report for 2026/27
- Appendix One. The full global, national, regional and Group/Trust risk profile for 2026/27
- Appendix Two. The proposed treatment of existing LPT, NHFT and Group BAF risks as an audit trail for the closure of the 2025/26 BAF and addition of any new areas for the 2026/27 BAF.

Proposed Governance

We are proposing full alignment of the LPT, NHFT and Group BAF risks to one single Group BAF aligned to our Group strategy THRIVE. The single Group BAF will be overseen and managed in the following ways;

- The Group Trust Board will own the Group BAF and will approve any changes.
- The Group SEB will have primary oversight of the BAF and will discuss and support any changes ahead of approval at Group Trust Board.
- The NHFT and LPT Trust Boards will continue to have oversight of the BAF as context to their individual Board meetings.
- The NHFT and LPT Executive Management Boards will continue to have oversight of the BAF as context to their corporate risk profile.
- The NHFT and LPT Level 1 Committees will continue to receive assurance over the management of strategic and corporate risk at their individual or group committee meetings.
- Each strategic risk on the BAF will have a number of mitigating actions. These will be attributed to Group, NHFT or LPT depending on the programmes of work being delivered; in some cases, there will be individual trust action to mitigate risk. It may be relevant in some

circumstances to provide more individual trust specific detail about mitigating programmes of work where these only apply to one trust, within individual trust governance.

- The Group BAF is reliant on Trust-specific corporate risk registers to provide the relevant contextual detail where this pertains to only one trust. As such, the corporate risk registers will have a stronger role in providing the risk profile within the individual trust governance.

Identification of strategic risk

A full review of the global, national, regional, system and group/trust strategic risk profile has been provided in Appendix One. There are twelve key themes which align to this profiling and relate to;

- Cyber and data security and wider digital disruption (with digital transformation as a key mitigator)
- Inequalities in health across our communities
- Research, innovation, and professional learning
- Waiting times, access to services and support whilst waiting
- Patient safety and the need to safeguard our health population
- Business continuity and emergency preparedness
- Inclusive culture which supports staff wellbeing and reduces any unwanted behaviours.
- Availability and retention of a suitably qualified and representative workforce
- Ensuring a therapeutic environment for the best patient outcomes
- Managing transformation with a lack of capital funding
- Delivering on our financial plans
- NHS reform and delivery on performance

A full review of the 2025/26 BAFs for NHFT, LPT and the Group has been provided in Appendix Two. This details the following options for treatment for each risk;

- Closure. This is recommended where a risk has been mitigated, is no longer prioritised or relevant to the delivery of THRIVE in year 2 of the strategy.
- Transfer to the new BAF for 2026/27. This is recommended where a risk remains valid and remains on the BAF for next year.
- New. Highlights any new risk areas for inclusion in the new 2026/27 BAF.

Format

The format of the Board Assurance Framework will largely remain the same with some minor alterations; we are removing reference to system risk and the CRR on the slide as these are subject to an increased pace of change and are reported in detail to the Executive Management Board in each trust, and our level 1 committees (either joint committees, or within both equivalent committees within NHFT and LPT).

Further work will be undertaken by the Directors of Governance to align processes (including risk scoring stages and terminology) to ensure a smooth transition.

The format allows for the following key elements of the BAF

- Aligning controls and assurances
  The format presents the controls, assurances, gaps, and actions together. This means that we can provide assurance over whether existing controls are working. Where they are not, we can be clear about the action required to resolve this. This gives us assurance over our current risk score, which is based on the controls in place. If the controls are not working, then the score drops to the inherent (initial) score which is based on the level of risk where no controls are in place.
- Three lines of assurance model

The format takes account of the assurance framework that LPT utilises, this follows the three lines of assurance. The assurance provided on the BAF is split by each of the three categories so that we can be clear which part of the organisation is providing assurance and undertaking mitigating action.

- Cause and Effect

  The format allows us to see controls, assurances and actions by the cause and effect of each risk, so that we can be sighted on how we are reducing the likelihood and the consequence. Risk descriptors will be written using the cause, risk, and effect model to help shape the way we present risk on the BAF. Capturing the multiple causes and effects of each risk helps to identify the mitigating actions needed.

- Clarity over scoring stages

  The BAF will be based on the following terminology relating to risk score;

  - Inherent Score. In some organisations, the terminology 'initial' can be used, however this can be confused with the score that a risk was initially determined. The Inherent score is a clearer definition of the score of a risk based on there being no controls in place. This is an important distinction because this would then apply if the BAF were to identify that current controls are not working effectively. This will be introduced across both trusts to align and be applied to the Group BAF.
  - Current score which indicates the score for a risk considering the current controls. This can also be termed as residual risk by some organisations and as such we are recommending the following change to target score;
  - Target score. This is the score once any new controls have been put in place. LPT currently refers to this as the inherent score, which is a common way of scoring a risk once all actions have been completed however it can cause confusion. We will be using the term 'target score' in both trusts in 2026/27; this will need to be within our appetite target or will need to be tolerated and justified as such in the covering report.

- 5x5 non multiplication methodology

  The 5x5 non multiplication methodology is considered best practice as it gives more weight to the consequence of risks i.e., the ones that could really damage the organisation. This methodology will be applied to the Group BAF in 2026/27.

Proposal

- Further work will be undertaken by the Directors of Governance to align processes (including risk scoring stages and terminology) to ensure a smooth transition.
- Mapping of open actions at year end on the LPT, NHFT and Group strategic risks on the 2025/26 BAF to the new 2026/27 BAF or closure where applicable.

- The revised BAF go live date is 1 April 2026.

Decision

- Approve the approach to a Group BAF in line with our Thrive strategic ambition for 2026/27 and our governance structure.
- Approve the mapping of the NHFT, LPT and Group BAFs 2025/26 to the revised BAF 2026/27 and the addition of one new risk.

Appendix One BAF Risk Assessment 2026/27

The risk assessment for 2026/27 has been summarised for each zone below;

Zone 1 Global Risk Profile

The World Economic Forum's Global Risks Report 2026 provides a key insight into the global risk profile, and whilst it does not centre on health risks, or the impact of global risk on the health economy, it emphasises that health outcomes and health systems are shaped by broader interconnected global risks, especially environmental, societal, geopolitical and technological threats.

Risks that directly affect population health and health systems include;

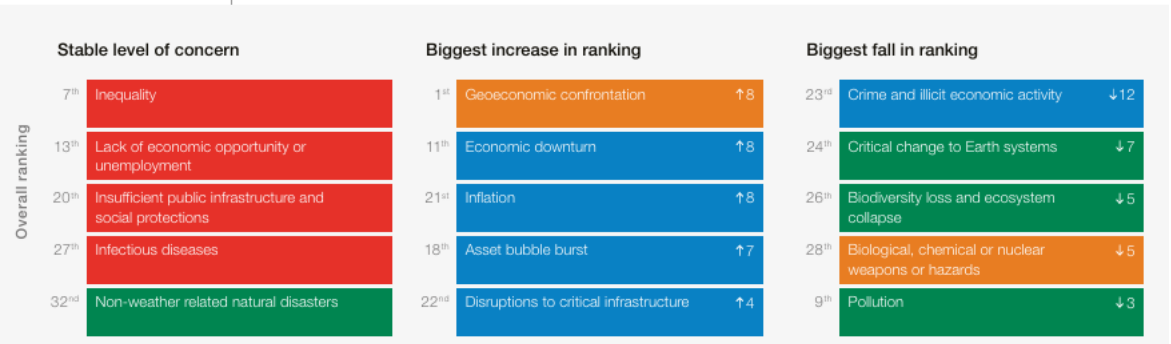
- Extreme weather and climate impacts. These can directly place stress on health services through increased disease and injury, adding to demand and disruption of health services. Long term climate and environmental risks remain among the most sever threats over the next decade
- Societal polarisation, misinformation and disinformation. These can undermine public trust in health systems and public health guidance and amplify health related anxieties and poorer outcomes.
- Geopolitical competition and fragmentation. This can weaken multilateral health collaboration and hinder the coordination of health threats on a global scale. This is particularly heightened as we move into March 2026 and the tensions in the middle east.

The key message from this global risk perspective it that NHS trusts need to strengthen situational awareness beyond traditional infectious disease risk, to understand the risk that macro trends like political fragmentation, climate and information and technology will directly or indirectly have on health outcomes and service demand. A key insight of the 2026 report is that risks now interact more closely across environmental, technological, economic, societal, and geopolitical landscape. For health services, this means risks in one of these areas can quickly amplify others; for instance, an economic downturn my impact on reduced healthcare access and workforce shortages.

Whilst technology risks (such as cyber threat and adverse outcomes of using AI are rising), in the reports longer term projections, technology also offers tools for health resilience.

The list of risks which remain high, including inequalities, economic landscape, infrastructure and infectious disease are detailed in the tables below.

FIGURE 4 **Change in short-term (2 years) global risks perception from last year**



World Economic Forum Global Risks Perception Survey 2025-2026, WEF Global Risk Report 2026 p7

Zone 2 National Risk Profile;

The Government's national risk register (latest version 2025 edition) contains the governments assessment of the most serious risks facing the UK. Whilst the local resilience forum focuses on this register, with local resilience partners producing a Community Risk Register, the key areas are reviewed as part of the wider

national risk profile for the Trust's Board Assurance Framework. There are several relevant acute and chronic risk themes including:

- Terrorism and impact from war (including attacks in venues and public spaces)
- Cyber (including attacks on health and social care systems)
- Accidents and systems failures (including adult social care failure, water and food supply contamination)
- Natural and environmental hazards (including humanitarian, weather events, poor air quality)
- Human, animal and plant health (including pandemic, infection disease outbreaks)
- Societal (including public disorder and industrial action)
- Conflict and Instability (conflict and attack or UK forces)

The "Risk in Focus 2026" report by the European Confederation of Institutes of Internal Auditing (ECIIA) provides a comprehensive analysis of the key risks that organisations should prioritise in the upcoming year; these include;

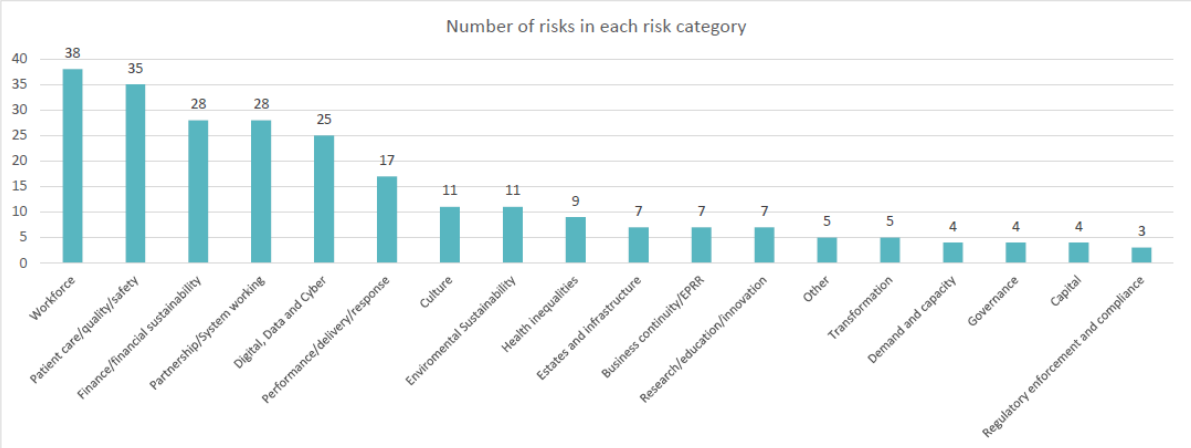
- Cybersecurity and data security remain the top organisational risk that participants highlighted.
- Diversity, talent management and retention holds second place again in 2026.
- Digital disruption, new technologies and AI rises to third place (up from 4th in 2025).
- Macroeconomic and geopolitical uncertainty sits joint 4th with changes in laws and regulations, with an acknowledge of the impact that this has on other key areas of risk including cyber and data security.
- Climate change, biodiversity and environmental sustainability falls to 10th in this year's ranking.
- Across the survey, the top four risks beneath cybersecurity are now tightly clustered, underlining how interconnected they've become and why boards need agile

(2026 Risk in focus – hot topics for internal auditors ECIIA)

The global and national risk profile can be seen reflected in the board assurance frameworks for NHS trusts across the United Kingdom. A review of 23 BAFs undertaken by 360 Assurance, an internal audit consortium found the following patterns of key strategic risk which include digital and cyber, workforce, finance, health inequalities and environmental sustainability;

Number of risks by risk category (all trusts)

This graph provides a breakdown of the top strategic risk categories across the 23 providers we reviewed. Note - the 'other' category includes risks in relation to EPR implementation, Trust reputation, EDI, patient and public involvement and commissioning.



Zone 3. Regional, Leicester, Leicestershire, Rutland and Northampton Risk Profile

High scoring risks in the LLR ICB and Northamptonshire ICB BAF include (as reported in October 2025);

- Health inequalities (16)
- Financial viability (20)
- Quality and safety of services (16)
- Cyber (15) and,
- NHS Reforms and lack of financial resource (16)

Zone 4 Group Strategy Risk Profile

In board assurance frameworks, core strategic risk areas are aligned to strategic objectives. Across LPT and NHFT we have an established Group strategy which is presented as 'Together We Thrive; building compassionate care and wellbeing for all'. In 2026/27 we will be in year 2 for the delivery of this strategy and the revised BAF for 2026/27 has been aligned to the goals aligned to the acronym THRIVE as follows;

T – Technology

One of the most important elements of this strategy is our approach to innovation, staying ahead of the curve and being creative in our approach. The NHS 10-year plan, also known as Change the NHS, sets out a clear ambition to make better use of technology, to move from analogue ways of working to digital.

H – Healthy communities

It is important that we encourage and listen to feedback from our communities; we need to understand how health impacts individuals and our communities so that we can deliver on our commitment to working together to provide person-centred care.

R – Responsive

Together we need to grow our positive attitude to change and transformation, collaboration, and partnerships, and in turn increase our ability to influence wider system change for the benefit of our communities.

I – Including everyone

The NHS is for everyone. We need to ensure we listen to all our communities and take responsibility for what we have been told, co-producing solutions and creating improvements to patient care. We are proud to serve diverse communities across LLRN. Through co-production we are focussing on the delivery of integrated care, and making a difference in our communities while continuing to learn about what is important to them. As a Group, we will proudly embody these principles as we implement this strategy.

V – Valuing our people

Investing in and ensuring we prioritise the health and wellbeing of our workforce has never been more important. We know the importance of valuing people and hearing people's voice at all levels of our organisations. Recognising achievement and investing in people is key to supporting our staff, and have a commitment to continue to grow an inclusive culture, and a culture that is both compassionate and empathetic where people can grow share and learn from each other.

E – Efficient and effective

This Group strategy provides the opportunity to strengthen our resilience, learning from each other to become more efficient in what and how we carry out our work. Part of the transformation of the NHS over the next 10 years must be the greater delivery of efficient and effective public services. We have delivered a number of changes through our Group value programme but know there is more we can and must do.

Appendix Two Mapping of LPT, NHFT and Group risk from 2025/26 to BAF 2026/27

Org .	**2025/26** BAF No.	**2025/26** BAF Risk Title	BAF Treatment	**2026/27** BAF No.	**2026/27** BAF Risk Title
T Technology [mapped to LPT and NHFT Finance and Performance Committees]					
Group	GBAF1	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.	**Transfer** to 2026/27 BAF Change title to account for additional LPT risk (BAF1.1) and reflect a focus on Cyber and wider disruption, with digital transformation being the key mitigator.	**BAF1**	If we do not have robust arrangements for **cyber and data security and wider digital disruption**, we will not have sufficient resilience to provide access to mature digital systems to ensure the provision of safe care.
LPT	BAF1.1	If we are not sufficiently prepared, we may be impacted by **digital disruption** which will affect our ability to access our electronic systems and provide safe care to our service users.	Close – incorporated into risk above.	--	--
H Healthy Communities [mapped to LPT and NHFT Quality and Safety Committees]					
Group	GBAF2	If we fail to evolve our **partnerships and collaboratives**, we will not reduce health inequalities and deliver improved outcomes for our populations	Transfer to 2026/27 BAF Slight change in title to reflect communities (see NHFT risk BAF008)	**BAF2**	If we do not continue to **evolve our partnerships and collaboratives**, we will not reduce health inequalities and deliver improved outcomes for our communities.
NHFT	BAF007	If we do not efficiently and effectively **safeguard** patients, service users, carers and staff, then there is a likelihood of increased incidence of harm, mortality rates and poor regulatory and statutory compliance	Close – incorporated into new risk BAF3 in Responsive.	--	--
NHFT	BAF008	If we do not deliver **high quality, evidence-based, compassionate care**, across all of our communities, this could result in poor outcomes for patients	Close – incorporated into new risk BAF2 in Healthy Communities.	--	--
R Responsive [mapped to LPT and NHFT Quality and Safety Committees]					
Group	GBAF3	If we are unable to build a sustainable approach to the continual development our **research, innovation and professional learning capability**, our ability to	**Transfer** to 2026/27 BAF Retain same title.	**BAF3**	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

		attract the best people, operate on the leading edge of service delivery and exert influence within the sector will decline over time.			people, operate on the leading edge of service delivery and exert influence within the sector will decline over time.
LPT	BAF3.1	Without **timely access** to services, we cannot provide high quality safe care for our patients which will impact on clinical outcomes.	**Transfer** to 2026/27 BAF Slight change in title to reflect keeping people safe while waiting	**BAF4**	Without providing people with **timely access to services and appropriate support,** we cannot provide high quality safe care for our patients which will impact on clinical outcomes.
LPT	BAF3.2	If we do not continue to review and improve our systems and processes for **patient safety**, we may not be able to provide the best experience and clinical outcomes for our patients and their families.	**Transfer** to 2026/27 BAF Change title to reflect NHFT Risk007 in healthy communities.	**BAF5**	If we do not continue to review and improve our systems and processes for **patient safety**, we may not be able to safeguard our population, and provide the best experience and clinical outcomes for our patients and their families.
LPT	BAF3.3	If we do not have appropriate **emergency preparedness**, resilience, and response controls in place, we may be impacted by accidents, disruption and system failures affecting our ability to maintain continuity of services.	**Transfer** to 2026/27 Retain same title.	**BAF6**	If we do not have appropriate **emergency preparedness**, resilience, and response controls in place, we may be impacted by accidents, disruption and system failures affecting our ability to maintain continuity of services.
I Including Everyone [mapped to the Joint People and Culture Committee]					
LPT		If we do not understand our **culture**, 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.	**Transfer** to 2026/27 Retain same title.	**BAF7**	If we do not understand our **culture**, 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.
V Valuing People [mapped to the Joint People and Culture Committee]					
Group	GBAF5	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.	**Transfer** to 2026/27 Retain same title.	**BAF8**	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.

E Efficient and Effective [mapped to LPT and NHFT Finance and Performance Committees]					
Group	GBAF6	If we do not continue to strive for **sustainability**, we will be impacted by adverse weather events and environmental factors impacting on the health of our population, resulting in poorer health outcomes.	**Close** We have a green plan in place and an assurance route through our governance. This has not been prioritised for 2026/27	--	--
LPT	BAF6.1	If we cannot maintain and improve our estate, or respond to maintenance requests in a timely way, there is a risk that our estate will not be fit for purpose, leading to a poor-quality **environment** for staff and patients.	**Transfer** and combine with NHFT BAF002 to present a single BAF risk for environment.	**BAF9**	If we are unable to maintain a sustainable infrastructure and **therapeutic environment** in line with service requirements, patient need and policy, we may be unable to deliver the desired patient outcomes and financial plan.
LPT	BAF6.2	Inadequate **capital funding** for LLR system will impact on LPT's ability to manage financial, quality & safety risks related to estates and digital investment in 2025/26 and in the medium term	**Transfer** to 2026/27 Slight change in title for Group level relevance	**BAF10**	Inadequate **capital funding** for our local systems will impact on our ability to manage key financial, quality & safety risks related to our need for estates and digital investment in 2026/27 and the medium term.
LPT	BAF6.3	Inadequate control, reporting and management of the Trust's **2025/26 financial position** could mean we are unable to deliver our financial plan and adequately contribute to the LLR system plan, resulting in a breach of LPT's statutory duties and financial strategy (including LLR strategy)	**Transfer** to 2026/27 Slight change in title for Group level relevance	**BAF11**	Inadequate control, reporting and management of the Trust's **2026/27 financial position** could mean we are unable to deliver our financial plan and adequately contribute to LLRN system plans, resulting in a breach of our statutory duties and financial strategy.
NHFT	BAF002	If our **therapeutic environment** does not keep pace with service requirements, patient needs, or NHS policy, we may be unable to deliver the desired patient outcomes	Incorporated into BAF09	--	--
NHFT	BAF003	Increasing **productivity** while reducing available resources through our Value Programme to deliver 2025/26 financial targets impacts our ability to deliver effective compassionate care and patient outcomes without compromising staff and patient safety	Incorporated into BAF11	--	--

NHFT	BAF004	Inadequate availability of **financial resources** as population demand for services grows and patient complexities increase will impact our ability to deliver effective compassionate care and patient outcomes while maintaining a balanced underlying financial position over the medium-term	Incorporated into BAF 11	--	--
			New risk related to the NHS reforms and level of performance and delivery across the Group.	BAF12	The **NHS reforms** and performance oversight framework may create an unstable environment with tighter restrictions, which may impact on the pace and delivery of service transformation across our communities.

Governance Table

For Board and Board Committees:	Trust Board 31 March 2026
Paper sponsored by:	Kate Dyer Director of Governance and Risk LPT Richard Smith Director of Corporate Governance NHFT
Paper authored by:	Kate Dyer Director of Governance and Risk LPT Richard Smith Director of Corporate Governance NHFT
Date submitted:	20 March 2026
Name and date of other forum at which this report / issue was considered:	Group Strategic Executive Board 9 March 2026
Level of assurance gained if considered elsewhere	☒Assured ☐ Partially assured ☐ Not assured
Date of next report:	Routine reporting to Group Trust Board, and LPT / NHFT Trust Boards and level 1 committees. BAF content also included within the LPT and NHFT Executive Management Boards, Audit and Risk Committees and level 2 delivery group risk reports.
THRIVE strategic alignment:	☒ **T**echnology ☒ **H**ealthy communities ☒ **R**esponsive ☒ **I**ncluding everyone ☒ **V**aluing our people ☒ **E**fficient and effective
Board Assurance Framework considerations:	ALL
Is the decision required consistent with LPT and NHFT's risk appetites:	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

J

Leicestershire Partnership NHS Trust

Alert, Advise and Assure Highlight Report

Audit and Risk Committee - 6 March 2026

Meeting Chair and Report Author Hetal Parmar / Val Glenton

Quorate Yes

ALERT: Alert to matters that need the Board's attention or action, eg areas of non-compliance, safety or threat to the Trust's strategy

Agenda Item:	Reference:	Lead:	Description:	BAF Ref
			No issues to highlight to Board	

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

Agenda Item:	Reference:	Lead:	Description:	BAF Ref
2025/26 Annual Financial Accounts	ARC/26/016	Director of Finance	• The asset verification of equipment exercise had commenced. An impairment had been identified due to the termination of a DMH pilot project and £197k of capital equipment no longer being utilised. There would also be a constructive loss of £50k due to the early termination	N/A

T H R I V E

Agenda Item:	Reference:	Lead:	Description:	BAF Ref
			fee of the contract. ARC noted this was an infrequent situation for the Trust. • Two VAT issues were emerging, the first was a potential £1m VAT liability linked to local authority income and the second related to potential VAT recovery on locum medics. Work continued with LPT's VAT advisors but neither issue was likely to be fully resolved by year end.	

ASSURE: Inform the Board where positive assurance has been received

Agenda Item:	Reference:	Lead:	Description:	BAF Ref
Internal Audit Progress Report	ARC/26/006	Client Manager 360 Assurance	ARC received a good level of assurance on internal audit activity since the previous meeting. A benchmarking exercise had been carried out using Board Assurance Frameworks across 360's client base in 2025/26 to compare average risk scores by type. This had demonstrated that LPT was not an outlier in any category. ARC approved the internal audit plan for 2026/27 which had already been presented and approved by the Executive Management Board.	N/A
Governance and Risk Report	ARC/26/012	Director of Governance and Risk	ARC received a good level of assurance that robust systems and processes were in place to secure an effective governance and risk framework. Key areas of work included; • The Trust had received confirmation of a green capability rating for 2025/26 by NHS England as part of the assessment of a board's capability under the NHS Oversight Framework. • A revised version of the Accountability Framework and core metric set had been approved by EMB. • All policies remained in date, there were 223 in total.	N/A

Agenda Item:	Reference:	Lead:	Description:	BAF Ref
			• A detailed risk assessment had been developed for LPT's BAF for 2026/27 which would be presented to the Group Strategic Executive Board and individual Trust Board meetings in March ahead of a go live date of 1 April 2026.	
Chief Executive Waivers and Awarded Tenders Q3 2025/26	ARC/26/014	Director of Finance	ARC received assurance that a robust waiver approval system was in place. Waivers had significantly reduced year-to-date with 18 fewer and a reduction in value of £1.5m which reflected improved planning. Estates related waivers continued to decline due to strengthened contract oversight. Work on the development of a joint work plan between LPT and NHFT continued in order to focus the Procurement Team's resources to where best value could be achieved. A proposal was being considered as part of this work to align the waiver approval process across both Trusts. This would be taken account of as part of the annual SFI refresh.	N/A

CELEBRATING OUTSTANDING: Share any practice, innovation or action that the Committee considers to be outstanding

Agenda Item:	Reference:	Lead:	Description:	BAF Ref
Internal Audit Progress Report	ARC/26/006	Client Manager 360 Assurance	ARC noted the 100% completion of high and medium priority follow-up actions which had been maintained throughout the year, indicating strong management response. This position was expected to be maintained at year end. Thanks were extended to 360 Assurance for all the work they carried out behind the scenes.	N/A

K

Leicestershire Partnership NHS Trust

Alert, Advise and Assure Highlight Report

Quality and Safety Committee 17th February 2026

Meeting Chair and Report Author - Josie Spencer Non- Executive Director & Interim Deputy Chair

Quorate Y

Policies and expiry date: Nil

ALERT: Alert to matters that need the Board's attention or action, eg areas of non-compliance, safety or threat to the Trust's strategy

Agenda Item:	Reference:	Lead:	Description:	BAF Ref
Accountability Framework Meetings Triple A	QSC/25/195	Jean Knight	The Committee noted the continuing alert around the sustained number of people waiting over 52 weeks for treatment, the majority of which relate to neurodevelopmental pathways (96% of waiting patients in DMH are attributable to neurodevelopmental services and this is similar within FYPCLDA). Task and finish groups in place for adults and children are active, however the backlog continues to be significant and will require system-wide support to resolve.	3.1

T H R I V E

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

Agenda Item:	Reference:	Lead:	Description:	BAF Ref
Action Log – Paper B	QSC/25/161	Kate Dyer	**Action 766- Formalised approach to escalation of issues relating to Freedom to Speak up.** KD confirmed that the Freedom to Speak Up reporting route would be set out in the annual Committee effectiveness review and that routine reporting would flow via the Joint People & Culture Committee with feedback into Quality & Safety through existing executive routes. On this basis, the Committee agreed to close the action subject to receipt of the annual committee effectiveness review.	Group BAF 4
Level 2 Quality Forum AAA reports	QSC/25/199	Emma Wallis	The Committee was made aware of an urgent concern around medical photography, whereby images must be stored within the SystmOne patient record, not on shared drives. A new directorate Risk has been added to the Risk Register (6275) and a task and finish group has been established with data privacy colleagues. Several actions are underway to look at the digital system functionality around privacy options and the use of mobile phones to take pictures rather than cameras with removable SD cards. In addition, the Group is looking to implement a revised medical photography Standard Operating Procedure (SOP), and it is hoped this, together with the technical solution for SystmOne, will go live on 1st April 2026. Additional work to migrate legacy images from shared drives is in hand via the Task and Finish group. **Post meeting update: the QSC Chair received a further progress update via email on the 6th Match 2026. The task and finish group are meeting and progressing actions; however, a more realistic timeline is to go live is now the 1st May 2026.**	3.2
Penny Dash Report	QSC/25/201	Emma Wallis	The Committee received a further update on the Trust's current position and actions in response to the Penny Dash review of patient safety across the health and care landscape which was published in July 2025. The Committee noted that	3.3

			many recommendations require whole national system changes and reform, for example, a strengthened National Quality Board repository and clearer cross system learning architecture. LPT has nevertheless implemented local actions for learning with timeframes and outputs from this is reported quarterly to the Safety Forum. Given the protracted nature of national change, the Committee agreed to receive six monthly updates at QSC.	
Patient Experience and Involvement Report	QSC/25/204	Emma Wallis	The Patient Experience & Involvement Report Q2 2025-26 was received. The report summarised that for complaints and PALS data the themes reported are broadly unchanged from those previously reported and relate to patient care, communication, appointments and clinical treatment. There was an increase in the Friends & Family response rate during the quarter but highlighted a demographic response bias towards white patients, reinforcing the need to broaden engagement via the Patient & Carer Race Equality Framework. Significant progress was noted on Triangle of Care, which is also a Quality Account priority, with Star 1 panel completed and Star 2 panels scheduled for 18 March. The Committee welcomed the scale of activity but asked for a re-framed format that is more explicitly assurance oriented, aligned to LPT's THRIVE ambitions and risk, and avoids duplication of reporting to Quality Forum.	3.2

ASSURE: Inform the Board where positive assurance has been received

Agenda Item:	Reference:	Lead:	Description:	BAF Ref
Policies approved/ extensions granted:			Nil	
Community Nursing update	QSC/25/193	Samantha Leak	The Committee received the Community Nursing Transformation closure report. The programme was launched in October 2024 and has been led and delivered by the teams themselves, creating sustained ownership and a significant shift in culture. Frontline teams now demonstrate greater ownership and confidence in continuous improvement. Measurable outcomes include vacancies being reduced from 150 to 50 with pipeline recruitment continuing; training compliance and triage training has been strengthened; advanced use of data has	3.3

			improved practice; and care planning processes have been successfully adapted to ensure there is a focus on patient need. The Committee commended the work and agreed to close the programme with ongoing monitoring as Business as usual via the CHS Governance route.	
Annual Service User Equality Report 2024/25	QSC/25/196	Roisin Ryan	The Committee received the LPT Annual Service User Equality Report for 2024–25 and approved it for publication on the trust's public website, prior to the end of March 2026, and to share with Integrated Care board colleagues. The report fulfils the Public Sector Equality Duty requirement to publish patient equality data and has been through directorate EDI groups, the Trust Patient Carer and Experience group and the Quality Forum. It was highlighted that data completeness continues to improve and more than 90% of patients now have recorded ethnicity and improvements are reported in other demographic fields. The report also highlights some of the work to address health inequalities, e.g. reasonable adjustments digital flag, Culture of Care programme and the Health Inequalities app.	3.2
Quality Improvement report	QSC/25/202	Emma Wallis	The Committee received a report evidencing progress against the four deliverables for Quality Improvement which are aligned to the THRIVE strategy and reported to the Transformation and Quality Improvement delivery group. Quality improvement as a Group priority continues into 2025/26 and the focus is on embedding continuous improvement as part of the new THRIVE strategy following the workshop held on 28th November 2025. The transition from LifeQI to AMaT was completed in October 2025. Examples of projects underway which demonstrate meaningful impact on patient care, include the Healthy Together Helpline re-design which has been shortlisted for the Excellence in Quality Improvement Award; improvements to heel pain pathways; exploring benefits of sensory informed approaches to mental health clinics, and a Director of Nursing fellowship project ("Body Rhymes People Play"), for children with Profound and Multiple Learning Disabilities. Work continues to support Group working around Continuous Improvement.	3.3
Level 2 Safety Forum AAA Report	QSC/25/205	Dr Bhanu Chadalavada	The Committee was assured that all corporate suicide prevention actions are now closed with evidence, and the Trust Suicide Prevention and Self Harm Lead has been appointed to and start date agreed.	3.3

CELEBRATING OUTSTANDING: Share any practice, innovation or action that the Committee considers to be outstanding

Agenda Item:	Reference:	Lead:	Description:	BAF Ref
Accountability Framework Meetings Triple A	QSC/25/195	Jean Knight	Care Navigation- Positive feedback received from police leads on the Youth Justice Prevention Panel pilot. Care Navigators have supported 2 meetings in Leicestershire and 2 in Leicester, sharing health information to support decision making and provide early intervention support for children and young people at risk of further criminal activity/gang or knife crime. Lead has shared that having access to accurate health information has supported making correct referral decisions at an earlier stage, improved communication between services and strengthens the most appropriate support plans for children and young people	3.2

L

Leicestershire Partnership NHS Trust

Public Trust Board 31 March 2026

Safe Staffing January 2026

Purpose of the Report

This report provides a full overview of nursing safe staffing during the month of January 2026, including a summary/update of Allied Health Professional (AHP) and medical vacancies, key staffing areas to note, potential risks, and actions to mitigate to ensure that safety and care quality are maintained (table on page 4). This report triangulates in-patient nursing workforce metrics; fill rates, Care Hours Per Patient Day (CHPPD), Nurse Sensitive Indicators (NSI's) and patient experience feedback. (Scorecard, Appendix 1).

Background

The Trust is required to undertake bi-annual review of workforce safeguards in line with National Health Service England (NHSE) requirements. The workforce safeguards review considers the efficiencies of the workforce in terms of activity and acuity, thereby ensuring that appropriate workforce planning is in place that meets operational demand, whilst working within the appropriate financial control. The Trust assesses compliance using a triangulated approach to deciding staffing requirements described in National Quality Board and Developing Workforce Safeguard guidance. This includes the use of evidence-based tools, professional judgement, and outcomes to ensure the right staff with the right skills are in the right place at the right time.

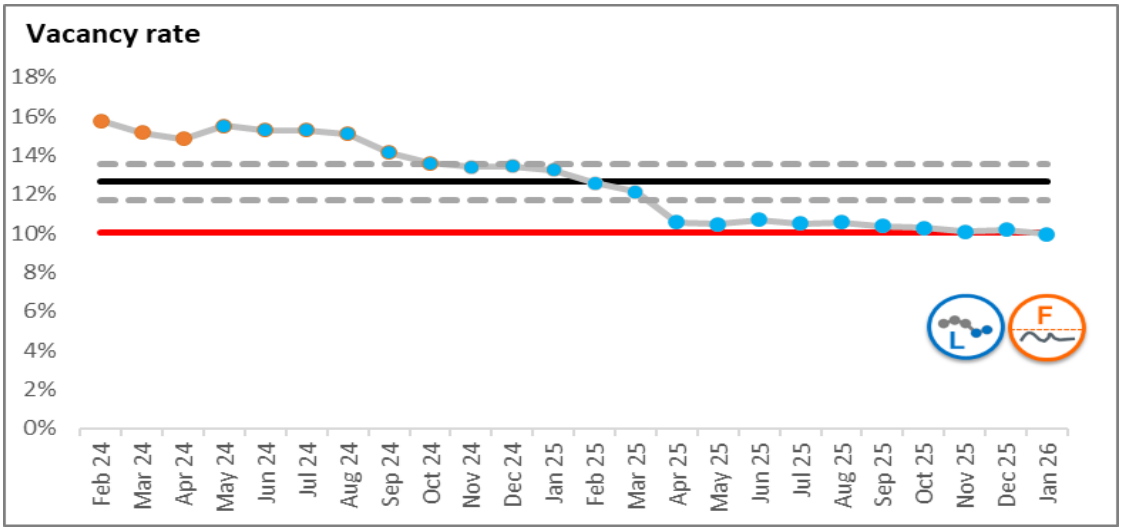
The Trust is required to demonstrate its position regarding mandatory submission of fill rates required by the Department of Health via UNIFY and paying attention to any variance below 80% and above 110%. The upload of these figures to UNIFY occurs on the 15th of each month following review and sign off by the Group Chief Nurse or designated deputy.

Analysis of the issue

Right Staff

Trust overall vacancy rate

In January 2026, the overall Trust vacancy rate was 10.0% which is the trust's overall target.



- Registered Nurses
  - Vacancy position is at 223.1 Whole Time Equivalent (WTE) with a 11.0% vacancy rate, a decrease of 0.2% since December 2025.
  - Turnover for nurses is at 5.8% which is below the trusts target of 10%.
  - Sickness reported at 5.6% an increase of 0.3% since December 2025.
  - A total of 15.5WTE nursing staff (bands 5 to 8a) were appointed in January 2026.

- HCSW

  - Vacancy position is at 157.4WTE with an 14.6% vacancy rate, a decrease of 1.2% since December 2025.
  - Turnover rate is at 8.0%. which is below our internal target of no more than 10% turnover.
  - Sickness reported at 9.0% which is a decrease of 0.2% since December 2025.
  - A total of 18.7WTE HCSW were appointed in January 2026.

Allied Health Professionals (AHPs)

- Vacancy position is at 71.8WTE with an 7.8% vacancy rate, a decrease of 0.5% since December 2026.
- Turnover rate is at 9.4%. Which is below our internal target of no more that 10 % turnover.
- Sickness reported at 4.2%
- A total of 9.9 WTE AHP were appointed in January 2026.

Medical

- Vacancy position is at 10.7WTE with an 8.2% vacancy rate remained the same since December 2025.
- Turnover rate is at 8.5%, a decrease of 0.7% since December 2025.
- Sickness reported at 1.4% which is a decrease of 1.4% since December 2025.
- No medical staff were appointed in January 2026.

Temporary workforce

- Temporary worker utilisation rate increased very slightly this month by 0.87% reported at 26.96% overall, of this, Trust wide agency usage decreased this month by 0.26% to 1.91% overall.

Group Sickness Absence Reduction Project

In line with the national medium term workforce planning guidance LPT (as part of their 3-year workforce plan) are working together with its group partners Northampton Healthcare Foundation Trust (NHFT) on achieving a reduction in sickness absence rates over the next 3 years. A detailed project and workplan is being developed reporting to the People and Culture Committee in February 2026.

Right Skills

- Core and Clinical mandatory training compliance is currently compliant (green) on average across the Trust.
- Across the Trust, on average appraisal rates and clinical supervision remain consistently compliant (green).

Right Place

- The total Trust Care Hours Per Patient Per Day (CHPPD average), including ward based AHPs, is calculated at 11.5 CHPPD (national average 10.8) for January 2026 consistent with December 2025.

January 2026 scorecard is presented in accessible format in **Appendix 1.** The following table below identifies key areas to note from a safe staffing, quality, patient safety and experience review, including high temporary workforce utilisation and fill rate with actions and mitigation.

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
CHS In-patients	**Staffing** Key areas to note – Gracedieu at 78.6%, Ward 3 St Lukes at 27.6% and Swithland 26.3% temporary workforce.	**Staffing** Daily staffing reviews, staff movement to ensure substantive Registered Nurse (RN) cover in each area, or regular bank and agency staff for continuity, e-rostering reviewed. High temporary workforce usage on Gracedieu Ward is due to an additional 18 beds opened on 5 January 2026 in response to Leicestershire Leicester Rutland (LLR) system request in response to winter capacity pressures. Swithland and ward 3 St Lukes due to sickness and vacancies. Temporary workforce to meet planned staffing has reduced significantly below 25% across 12 wards due to continued recruitment drives. Utilisation of temporary workforce continues to meet planned safe staffing where there is sickness, vacancies and maternity leave.	**Amber**
CHS In-patients	**Fill rate:** Fill rate below 80% for RN on days shifts on East ward. Fill rate below 80% for HCSW on day and nights shifts on Gracedieu. Fill rate above 110% of HCSW day shifts on ward 3 St Lukes and above 110% of HCSW night shifts on all wards except Beechwood, Dalgleish, ward 1 St Lukes and Ellistown.	**Fill rate** Reduced RN fill rate on East ward, planned staffing is 4 RNs (day), they had 3 RNs and 1 Registered Nurse Associate (RNA) for 27-day shifts during January 2026, in total four registered staff, skill mixed. Reduced HCSW fill rate on Gracedieu, planned staffing is 4 HCSW (day) and 3 HCSW (night). Gracedieu had 4 HCSWs for 16-day day shifts and 3 HCSWs for 21-night shifts during January 2026. HCSWs moved from neighbouring wards to ensure safe staffing levels maintained, daily staffing reviews in place and closely managed. The number of wards using over 110% fill rate of HCSW has increased from five to nine this month due to increased patient acuity and dependency and increased enhanced care. The focus on increased fill rate continues with monitoring any additional staffing requirements. A robust Dynamic Risk Assessment (DRA) process is followed for additional staffing requests (above planned staffing) causing an	**Amber**

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
		increase in the fill rate above 110%. The process is closely managed and monitored ensuring patient safety.	
CHS In-patients	**Nurse Sensitive Indicators** A review of the NSIs has identified an increase in the number of falls incidents from 33 in December 2025 to 62 in January 2026. Ward areas to note with the highest number of falls is Swithland, Charnwood and Clarendon. The number of medication incidents has increased from 12 in December 2025 to 17 in January 2026. Ward areas to note with the highest number of medication incidents is Beechwood, Snibston, Swithland and ward 4 Coalville. The number of category 2 pressure ulcers developed or deteriorated in our care has increased from 4 in December 2025 to 10 in January 2026. Rutland ward has the highest number of pressure ulcers cat 2.	**Nurse Sensitive Indicators** It is noted that staffing levels were not a contributing factor when reviewing the nurse sensitive indicators. **Falls** Of the 62 falls reported, 38 falls resulted in no harm, 23 falls resulted in low harm and 1 fall resulted in moderate harm. An Incident Service Management Review (ISMR) was completed and reviewed at the CHS ISMR meeting. The weekly falls meeting continues across all areas discussing themes and improvements in care. All falls discussed at monthly Quality Leads meeting. A focused deep dive into the increased number of falls this month is planned. **Medication incidents**. All medication incidents reported as no harm. The main theme was medication unavailability and omission and is being discussed at the CHS Medication group. Wards continue to use safety crosses, whilst carrying out senior reviews and reflections. A daily report is shared with all leads reflecting omissions, which is showing improvement. CHS medication group continues to focus on controlled medication. **Pressure Ulcers** Pressure Ulcers category 2 developed in our care across 6 wards. CHS Pressure ulcer improvement work continues, led by the Deputy Head of Nursing and pressure ulcer link Matron, supported by the Community Hospitals Tissue Viability Nurse (TVN). This has included refining the	**Amber**

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
	No category 4 pressure ulcer developed or deteriorated in LPT inpatient care in January 2026.	validation process for all pressure ulcers within care, leading to an additional monthly meeting commencing in February 2026. The CHS matron team also review ward mattress usage weekly, ensuring each patient is nursed on an appropriate mattress for their individual needs. A focused deep dive into the increased number of category 2 pressure ulcers this month is planned. **<u>Staffing Related Incidents</u>** The number of safe staffing related incidents has increased from 2 in December 2025 across 2 wards to 31 in January across 10 wards. the themes of reported incidents are relating to, a reduction in staffing due to last minute sickness and shifts unfilled for additional staff above planned staffing/enhanced care. All staffing related incidents reported as low/no harm and planned staffing levels were maintained.	
DMH In-patients	**Staffing:** High percentage of temporary workforce to meet planned staffing for Belvoir at 43.9% and Watermead at 41.0% temporary workforce.	**Staffing:** Staffing is risk assessed daily through a staffing huddle across all DMH wards and staff moved to support safe staffing levels and skill mix, patient needs, acuity and dependency and we use regular temporary staff who know the ward areas well and support continuity of patient care. High Utilisation of temporary workforce was due to a number of factors including increased acuity for patients with high-risk behaviours, increased therapeutic observations due to high rates of violence and aggression, hospital escorts and staff sickness. Heather ward remains temporarily closed and based on Thornton ward (until mid-February 2026) due to maintenance/estates work.	**Amber**

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
	Allied Health Professional (AHP) Staffing: Reduction in Technical Instructor (TI) posts in Mental Health Services for Older People (MHSOP) due to vacancies. Long term sickness in Occupational Therapy (OT) in Acute, Forensic, Psychiatric Intensive Care Unit (PICU), rehabilitation and MHSOP physiotherapy.	**AHP** Therapy Instructor (TI) recruited into MHSOP with temporary workforce in place for physiotherapy. Currently sourcing temporary workforce for OT in Rehabilitation.	
DMH In-patients	**Fill rate:** Fill rate RN on day shifts below 80% on Beaumont and fill rate above 110% on Griffin. Fill rate HCSW day shifts and night shifts above 110% on Ashby, Belvoir, Watermead, Coleman, Kirby and Langley. Fill rate HCSW night shifts only above 110% on Beaumont, Gwendolen and Mill Lodge.	**Fill rate:** On Beaumont ward planned staffing is 3 RNs (day) they had 2 RNs and 1 RNA on duty for 14-day shifts during January 2026. Three registered staff in total, skill mixed. Safe staffing levels maintained, staffing reviews in place and closely managed. Griffin ward increased RN fill rate on the day shift due to periods of increased therapeutic observations and additional staff required. HCSW fill rate above 110% was due to increased patient acuity and dependency requiring increased therapeutic observations to manage violence and aggression, management of falls and deterioration in mental and physical health needs, patient escorts and transfers to acute hospital.	**Amber**
DMH In-patients	**Nurse Sensitive Indicators:** A review of the NSI's has identified an increase in the number of falls incidents from 67 in December 2025 to 89 in January 2026.	**Nurse Sensitive Indicators:** **<u>Falls</u>** **Acute Forensic and Psychiatric Intensive Care Unit (AFPICU)** 14 reported falls incidents occurred in Acute, Forensic and PICU services (AFPICU) in January 2026. No moderate harm or higher harm reported.	**Amber**

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
		Rehabilitation 4 falls incidents reported and none of moderate or higher harm. **MHSOP** 71 falls incidents were reported in January 2026. Highest falls on Kirby (36), Coleman (13) and Langley (11). It is noted an increased number of unwitnessed falls found by staff and patients placing themselves on the floor. Staffing levels not identified as a contributing factor. 1 fall was reported as moderate harm. All other falls reported in this period as no or low harm. Falls huddles are in place and physiotherapy reviews for patients with sustained falls and increased risk of falling, where themes and trends in falls are being discussed to share, learn and support safe care.	
	The number of medication incidents decreased from 23 in December 2025 to 20 in January 2026.	**Medication errors** 15 no harm medication incidents and 5 reported as low harm for AFPICU, Rehab and MHSOP. Themes include staff not following medication procedure, incorrect prescribing, medication omitted, medication lost and electronic controlled drug register issue. Staffing levels not identified as a contributing factor.	
	The number of category 2 pressure ulcers developed or deteriorated in our care remained at 2 in December 2025 and January 2026.	**Pressure Ulcers** There were two category 2 pressure ulcers developed in our care on 1 ward, attributed to high-risk physical and mental health patient factors. Both incidents reported as low harm and patient care being supported by tissue viability nurses.	

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
FYPC.LDA in-patient	**Staffing:** High Percentage of temporary workforce, key areas to note – Beacon at 41.6%, Agnes at 39.0% and Welford ED at 31.9%.	**Staffing:** Highest temporary workforce (including over 6% Agency) on the Agnes unit currently operating on 3 pods and within their equivalent commissioned beds. Safe staffing is reviewed daily due to increased patient acuity and complexity staffing levels adjusted accordingly. Beacon unit continue with reliance on high temporary workforce usage with an advance booking of staff to ensure continuity of care to meet safe planned staffing due to high levels of acuity, increased therapeutic observations and complexity of young people. Mitigation remains in place; potential risks being closely monitored. Welford ED high temporary workforce usage due to increase in patient acuity, increased patients requiring support with naso-gastric feeding, patient complexity requiring therapeutic observations and mealtime supervision. Staffing levels reviewed and adjusted accordingly.	**Amber**
FYPC.LDA in-patient	**Fill Rate:** Fill rate below 80% for RNs on day shifts at the Beacon and the Grange. Fill Rate below 80% for RNs on night shifts at the Grange. Fill rate below 80% for HCSWs on day shifts at the Gillivers And the Grange. Fill rate above 110% for RN on days and nights at the Gillivers.	**Fill rate:** No incidents reported relating to staffing levels. Beacon unit planned staffing is 3 RNs (day) 7 shifts had 3 RN's during January 2026. Safe staffing levels maintained with 2 RNs minimum supported by the unit matron based on the number of patients and levels of acuity/complexity. Daily staffing reviews in place and closely managed. Grange & Gillivers offer planned respite care and the staffing model is dependent on individual patient need, presentation, and associated risks. As a result, this fluctuates the fill rate for RNs and HCSWs on days and nights for the month in both services, that also provide cross cover.	**Amber**

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
	Fill rate above 110% for HCSWs on nights on Welford ED.	Welford ED has high patient acuity and a number of patients requiring additional staff to provide increased therapeutic observations, supervision at mealtimes and Naso-gastric feeding leading to increased HCSW fill rate on the night shifts.	
FYPC.LDA in-patient	**Nurse Sensitive Indicators:** The number of falls incidents increased from 3 in December 2025 to 4 in January 2026. The number of medication related incidents remained at 5 in December 2025 and in January 2026.	**Nurse Sensitive Indicators:** **Falls** There were 4 falls incidents, 2 reported as no harm and 2 as low harm. **Medication errors** 5 medication incidents were reported as no harm.	**Amber**
CHS Community	No change to Key areas to note - City West and City East due to high patient acuity. All hubs continue welcoming new staff and have new starters in the pipeline, resulting in backfill whilst staff are inducted and supernumerary. Overall community nursing Service OPEL has been level 2, working to level 2/3 actions.	Daily review of caseloads and of all non-essential activities including review of auto planner and on-going reprioritisation of patient assessments. Induction of new staff continues across all hubs and on-going review of agency usage and reduction. Ongoing quality improvement work focusing on pressure ulcer and insulin continues and community nursing transformation programme including the review of senior nurse role. Community Nursing Safer Staffing Tool II (CNSST II) implementation continues across the service.	**Amber**
DMH Community	The next phase of the CMHT transformation continues. Key area to note - City West has significant pressure due to high referral rates requiring longer management time in daily huddles and high sickness in MHSOP community teams. South Leicestershire and City East continue to review patient tracker list, case management and waiting times for Community Psychiatric Nurse (CPN) input. PIER caseloads remain high.	**CMHT** **Planned Care** The CMHT leadership team review staffing weekly and request additional staff via bank and agency, mitigation includes staff movement across the service, potential risks are closely monitored within the Directorate Quality and Safety meetings or escalated via the daily Community Assurance Huddle. Quality Improvement plan continues via the transformation programme. PIER caseloads are monitored on a weekly basis and overall are starting to reduce. The team has additional bank and agency staff to support.	**Amber**

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
	Key areas to note - recruitment challenges within Crisis Resolution Home Team (CRHT), Mental Health Urgent Care Hub (MHUCH) for registered clinicians, nurses and HCSW's. Sickness impacting Crisis team. Working to OPEL level 3.	**Urgent Care** CRHT staffing model fluctuates in response to case load and clinical risk. OPEL level 3 enacted team leads continue stepping into planned staffing to support safe staffing. Criminal Justice Liaison Diversion (CJLD) leavers expected in February 2026 and challenges continue in MHUCH, Place of Safety Assessment Unit (PSAU) and Mental Health Response Vehicle service with Mental Health Practitioner (MHP) vacancies being backfilled with additional temporary workforce. Active on-going recruitment. **MHSOP Community** West Leicestershire CMHT staffing shortages due to long term sickness mitigation includes support within the neighbourhood and by Northwest Leicestershire CMHT. Increased sickness in City West CMHT's being supported by planned care CMHT's.	
FYPC.LDA Community	Learning Disability Autism (LDA) Dynamic Support pathway and Discharge hub staffing reduced due to sickness and absence and now listed as a fragile service. Mental Health Support Teams (MHST) in schools, a number of City and County Healthy Together teams and LD physiotherapy experiencing significant increase in referrals In Mental Health school team (MHST) challenge continues due to recruitment to Children's Wellbeing Practitioner roles (nationally driven), however the British Association for Behavioural and Cognitive	Mitigation continues in place with potential risks being closely monitored within Directorate. Safer staffing plan initiated including teams operating in a service prioritisation basis. Prioritisation model in place for dynamic pathway and discharge hub and support being provided from other LDA group to minimise the impact. MHST continue to cover across localities and a deep dive review planned due to increased referrals and allocation processes to support reduced capacity due to sickness, special leave and maternity leave. The Triage and Navigation referral route continues and a peer review with Northampton Foundation Trust (NHFT) has been completed and plan developed.	**Amber**

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
	Psychotherapies (BABCP) advised they cannot support with the Whole School and College Approach impacting on capacity of the wider team. Working with leads and system partners. Audiology remains a fragile service within the directorate due to high sickness levels and vacancy. Child Adolescent Mental Health Service Eating Disorder Team (CAMHS EDT) staffing significantly reduced due to sickness/maternity leave now listed as a fragile service.	Healthy Together utilise a safe staffing model reviewed monthly by service leads and Clinical Team Leaders. The safe staffing model is based on percentages of staff in work. Actions are then taken to mitigate any clinical impact and temporary workforce being utilised. Audiology service has continued weekend clinic provided by external company until June 2026. Prioritisation model currently in place for CAMHS EDT to ensure clinical safety and reviewed at safe staffing and acuity meetings.	

Summary

- Considering the triangulated review of workforce metrics, nurse sensitive indicators, patient feedback, and outcomes in January 2026, staffing challenges continue with key areas noted and clear actions in place to mitigate risks.
- Developing Workforce Safeguards trust updated self- assessment submitted to NHS England workforce regional team in January 2026.
- Annual Establishment Inpatient Reviews to be reported to Executive Management Board February 2026 and SEB in March 2026.
- CNSSTII Professional judgement for remaining two hubs in the pilot planned for February 2026

Proposal

This report is presented for discussion, the report provides assurance to the board that we are reporting in line with National Quality Board and Developing Workforce Safeguards guidance.

Decision required.

Briefing – no decision required	
Discussion – no decision required	**X**
Decision required – detail below	

Governance table

For Board and Board Committees:	Trust Board
Paper sponsored by:	Linda Chibuzor Group Chief Nurse/Executive Director of Nursing, AHPs and Quality
Paper authored by:	Elaine Curtin Workforce and Safe Staffing Matron, Jane Martin Assistant Director of Nursing and Quality, Emma Wallis Deputy Director of Nursing and Quality
Date submitted:	31 March 2026
Name and date of other committee / forum at which this report / issue was considered:	None
Level of assurance gained if considered elsewhere	☐Assured ☐ Partially assured. ☐ Not assured
Date of next report:	Bi-Monthly
THRIVE strategic alignment:	☐ **T**echnology ☐ **H**ealthy communities ☐ **R**esponsive ☐ **I**ncluding everyone ☐ **V**aluing our people ☒ **E**fficient and effective
Board Assurance Framework considerations: (list risk number and title of risk)	1. Deliver Harm Free care. 2. Services unable to meet Safe staffing requirements
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:	Yes
Equality considerations:	None

There are 2 tables, the first contains the main report data and the 2nd contains further descriptors of what the values contained in the main report data mean.

Ward Name	Average Beds	Average Occupied Beds	% Fill Rate Registered Nursing Day	% Fill Rate Unqualified Nursing Day	% Fill Rate Registered Nursing Night	% Fill Rate Unqualified Nursing Night	% Fill Rate Allied Healthcare Professional Registered Day	% Fill Rate Allied Healthcare Professional Unregistered Day	Temporary Workers % (Nursing)	Bank % (Nursing)	Agency % (Nursing)	Overall Care Hours Per Patient Day	Medication Errors (and monthly movement)	Falls (and monthly movement)	Complaints (and monthly movement)	Pressure Ulcers Category 2 (and monthly movement)	Pressure Ulcers Category 4 (and monthly movement)
Beechwood Ward - BC03	24	24	99.4% Green	98.9% Green	100.0% Green	99.2% Green	100.0%	100.0%	22.4% Amber	22.3% Amber	0.1% Green	9	3 Up	4 No Change	1 Up	0 No Change	0 No Change
Clarendon Ward - CW01	21	20	101.8% Green	108.7% Green	100.0% Green	122.6% Blue	100.0%	100.0%	21.0% Amber	19.7% Green	1.3% Green	10	1 Up	6 Up	0 No Change	1 No Change	0 No Change
Dalgleish Ward - MMDW	16	15	102.7% Green	80.3% Green	102.2% Green	92.1% Green	100.0%	100.0%	22.8% Amber	20.2% Amber	2.6% Green	9	0 Down	3 Up	0 No Change	2 Up	0 No Change
Rutland Ward - RURW	19	17	100.3% Green	104.0% Green	100.1% Green	148.1% Blue	100.0%	100.0%	23.9% Amber	17.7% Green	6.2% Red	8	2 Up	4 Up	0 No Change	4 Up	0 No Change
Ward 1 - SL1	20	20	96.9% Green	99.7% Green	100.0% Green	101.6% Green	100.0%	100.0%	22.5% Amber	21.9% Amber	0.6% Green	10	1 No Change	4 Up	0 No Change	0 No Change	0 No Change
Ward 3 - SL3	14	14	103.6% Green	131.1% Blue	98.4% Green	146.3% Blue	100.0%	100.0%	27.6% Amber	23.9% Amber	3.8% Green	11	0 No Change	3 Up	0 No Change	1 Up	0 No Change
Charnwood Ward - LBCW	19	17	97.2% Green	92.3% Green	100.0% Green	132.0% Blue	100.0%	100.0%	23.8% Amber	21.4% Amber	2.4% Green	10	0 No Change	6 Up	0 No Change	0 No Change	0 No Change
East Ward - HSEW	27	26	77.3% Red	106.9% Green	98.9% Green	118.0% Blue	100.0%	100.0%	20.7% Amber	18.2% Green	2.6% Green	10	0 Down	4 No Change	0 No Change	0 Down	0 No Change
Ellistown Ward - CVEL	19	18	94.6% Green	102.9% Green	101.6% Green	103.6% Green	100.0%	100.0%	17.6% Green	15.5% Green	2.1% Green	10	1 Up	3 Down	0 No Change	0 No Change	0 No Change
Grace Dieu - LBGR	16	15	90.3% Green	73.2% Red	88.6% Green	79.5% Red			78.6% Red	73.1% Red	5.5% Green	8	0 No Change	0 No Change	0 No Change	0 No Change	0 No Change
North Ward - HSNW	19	18	100.9% Green	99.8% Green	100.0% Green	111.6% Blue	100.0%	100.0%	13.2% Green	12.8% Green	0.4% Green	9	0 Down	3 Up	0 No Change	1 Up	0 No Change
Snibston Ward - CVSN	20	19	101.3% Green	104.1% Green	100.3% Green	121.8% Blue	100.0%	100.0%	18.9% Green	18.1% Green	0.8% Green	9	3 Down	3 Up	0 No Change	0 No Change	0 No Change
Swithland Ward - LBSW	22	20	92.9% Green	99.1% Green	100.0% Green	128.0% Blue	100.0%	100.0%	26.3% Amber	24.4% Amber	1.9% Green	9	3 Up	7 Up	0 No Change	0 No Change	0 No Change
Ward 4 - CVW4	15	15	102.8% Green	104.8% Green	101.8% Green	113.7% Blue	100.0%	100.0%	15.6% Green	15.4% Green	0.2% Green	11	3 Up	5 Up	0 No Change	1 Up	0 No Change
Ashby	14	14	92.9% Green	161.5% Blue	93.9% Green	162.7% Blue		100.0%	34.3% Amber	33.1% Amber	1.2% Green	10	0 Down	3 Up	2 Up	0 No Change	0 No Change
Aston	17	16	104.5% Green	102.9% Green	100.0% Green	99.6% Green		100.0%	18.4% Green	18.1% Green	0.3% Green	7	2 Up	0 No Change	0 No Change	0 No Change	0 No Change
Beaumont	22	20	79.8% Red	104.2% Green	105.8% Green	115.0% Blue		100.0%	31.7% Amber	30.4% Amber	1.3% Green	8	2 Up	2 No Change	0 No Change	0 No Change	0 No Change
Belvoir Unit	10	10	103.6% Green	144.8% Blue	102.3% Green	162.6% Blue		100.0%	43.9% Amber	42.2% Amber	1.8% Green	23	0 No Change	0 Down	0 No Change	0 No Change	0 No Change
Bosworth	14	13	97.6% Green	106.6% Green	98.2% Green	107.9% Green		100.0%	28.3% Amber	27.2% Amber	1.1% Green	9	1 No Change	2 Up	0 No Change	0 No Change	0 No Change
Griffin - Herschel Prins	6	6	118.3% Blue	90.8% Green	105.0% Green	96.7% Green		100.0%	25.8% Amber	25.6% Amber	0.2% Green	24	1 Up	1 Down	0 No Change	0 No Change	0 No Change
Heather	12	12	92.5% Green	101.5% Green	99.0% Green	107.9% Green		100.0%	33.5% Amber	32.8% Amber	0.7% Green	11	2 Down	4 Up	0 No Change	0 No Change	0 No Change
Watermead	20	19	99.1% Green	135.5% Blue	100.2% Green	139.5% Blue		100.0%	41.0% Amber	38.8% Amber	2.2% Green	8	1 No Change	0 Down	0 No Change	0 No Change	0 No Change
Coleman	19	17	98.2% Green	122.5% Blue	96.9% Green	153.6% Blue	100.0%	100.0%	21.6% Amber	20.8% Amber	0.8% Green	17	2 Up	12 Down	0 No Change	2 Up	0 No Change
Gwendolen	19	14	81.4% Green	105.4% Green	102.1% Green	148.3% Blue		100.0%	32.2% Amber	31.9% Amber	0.3% Green	16	1 Down	7 Up	0 No Change	0 No Change	0 No Change
Kirby	23	22	97.1% Green	139.2% Blue	92.2% Green	184.4% Blue	100.0%	100.0%	32.1% Amber	31.9% Amber	0.2% Green	10	0 No Change	36 Up	0 Down	0 No Change	0 No Change
Langley (MHSOP)	19	18	89.3% Green	157.7% Blue	98.4% Green	153.8% Blue			32.9% Amber	32.9% Amber	0.0% Green	9	1 No Change	11 Up	0 No Change	0 Down	0 No Change
Mill Lodge	14	9	93.7% Green	92.9% Green	100.0% Green	129.2% Blue		100.0%	30.4% Amber	27.8% Amber	2.6% Green	18	0 No Change	4 Up	0 No Change	0 No Change	0 No Change
Phoenix - Herschel Prins	12	12	87.9% Green	92.4% Green	100.1% Green	100.0% Green		100.0%	14.1% Green	14.1% Green	0.0% Green	11	1 No Change	1 Up	0 No Change	0 No Change	0 No Change
Skye Wing - Stewart House	30	29	85.3% Green	109.4% Green	101.4% Green	102.3% Green		100.0%	17.2% Green	17.0% Green	0.2% Green	6	3 Down	3 No Change	0 No Change	0 No Change	0 No Change
Willows	9	9	95.5% Green	100.4% Green	99.0% Green	104.9% Green		100.0%	20.6% Amber	20.3% Amber	0.3% Green	11	3 No Change	1 Down	0 No Change	0 No Change	0 No Change
CAMHS Beacon Ward - Inpatient Adolescent	17	5	71.8% Red	106.1% Green	100.4% Green	93.2% Green			41.6% Amber	39.7% Amber	1.9% Green	36	1 Down	0 No Change	0 No Change	0 No Change	0 No Change
Welford (ED)	15	12	101.3% Green	161.3% Blue	98.5% Green	100.0% Green	100.0%	100.0%	31.9% Amber	31.6% Amber	0.2% Green	15	4 Up	1 No Change	0 No Change	0 No Change	0 No Change
1 The Grange	2	1	73.4% Red	76.5% Red	32.6% Red	86.5% Green			9.9% Green	9.9% Green	0.0% Green	41	0 No Change	0 No Change	0 No Change	0 No Change	0 No Change
Agnes Unit	1	1	89.1% Green	102.2% Green	95.1% Green	102.4% Green			39.0% Amber	28.2% Amber	10.8% Red	89	0 No Change	3 Up	0 No Change	0 No Change	0 No Change
Gillivers	3	2	124.1% Blue	41.7% Red	123.5% Blue	100.3% Green			2.8% Green	2.8% Green	0.0% Green	33	0 No Change	0 No Change	0 No Change	0 No Change	0 No Change

Metric	Average Fill Rate Thresholds Registered Nursing, Unqualified			Temporary Workers % Nursing (Total and Bank)			Agency	
Threshold	Below <=80%	Above >80%	Above >110%	Below < 20%	Between 20% - 50%	Above >50%	Below <=6%	Above > 6%
Rag Rating	Red	Green	Blue	Green	Amber	Red	Green	Red
Fill rate will show in excess of 110% where shifts have utilised more staff than planned or due to increased patient acuity requiring extra staff. Highlighted for trust wide monitoring purpose only.				Please see table (in main report) for high level exception reporting highlighting reduced fill rate below 80% threshold and key areas to note due to high bank and agency utilisation.				

M

Leicestershire Partnership NHS Trust

Public Trust Board – 31st March 2026

Patient Safety & Learning Assurance Report for January/February 2026

Purpose of the Report

This document is presented to the Trust Board bi-monthly to provide assurance of the efficacy of the incident management and Duty of Candour compliance processes. Incident reporting supporting this paper has been reviewed and refreshed to assure that systems of control continue to be robust, effective, and reliable thus underlining our commitment to the continuous improvement of incident and harm minimisation.

The report will also provide assurance around 'Being Open' supporting compassionate and timely engagement with patients and families following a patient safety incident, numbers of investigations and the themes emerging from recently completed investigation action plans, a review of recent Ulysses patient safety incidents and associated lessons learned/opportunities for learning.
The patient safety team have explored the opportunity for bench marking our incident data against other similar organisations. The new National system Learning from Patient Safety Events (LFPSE) does provide some data on overall reporting numbers for different organisations. Due to the diversity and size of organisations this can only give an indication of each organisations reporting culture and NHSE do not recommend its use for bench marking.

Analysis of the Issue

The 'top 5' reported patient safety incidents are considered and reported on in this paper, however, it should be noted that in addition, all incident types for the reporting period are reviewed to establish changes within all categories that may present emerging themes for wider consideration.

Review of Top 5 reported patient safety incidents

During January/February 2026, there were 3360 patient safety incidents reported that were classified as “incidents attributable to LPT” and “Incidents affecting patients”. The top five reported incidents account for 62.62% of all patient incidents reported during this period and are explored in order and in more detail below. This equates to an average of 1680 incidents per month during January/February 2026.

Top 5 reported patient safety incidents January and February 2026

Category	Number of incidents	Directorate with highest % of the total reported
1. Tissue Viability	873	CHS (98.17%)
2. Self-Harm	429	DMH (76.22%)
3. Violence/Assault	307	DMH (86.32%)
4. Care/Treatment Were Restraint Holds Were Used.	306	DMH (58.82%)
5. Falls	297	DMH (55.22%)

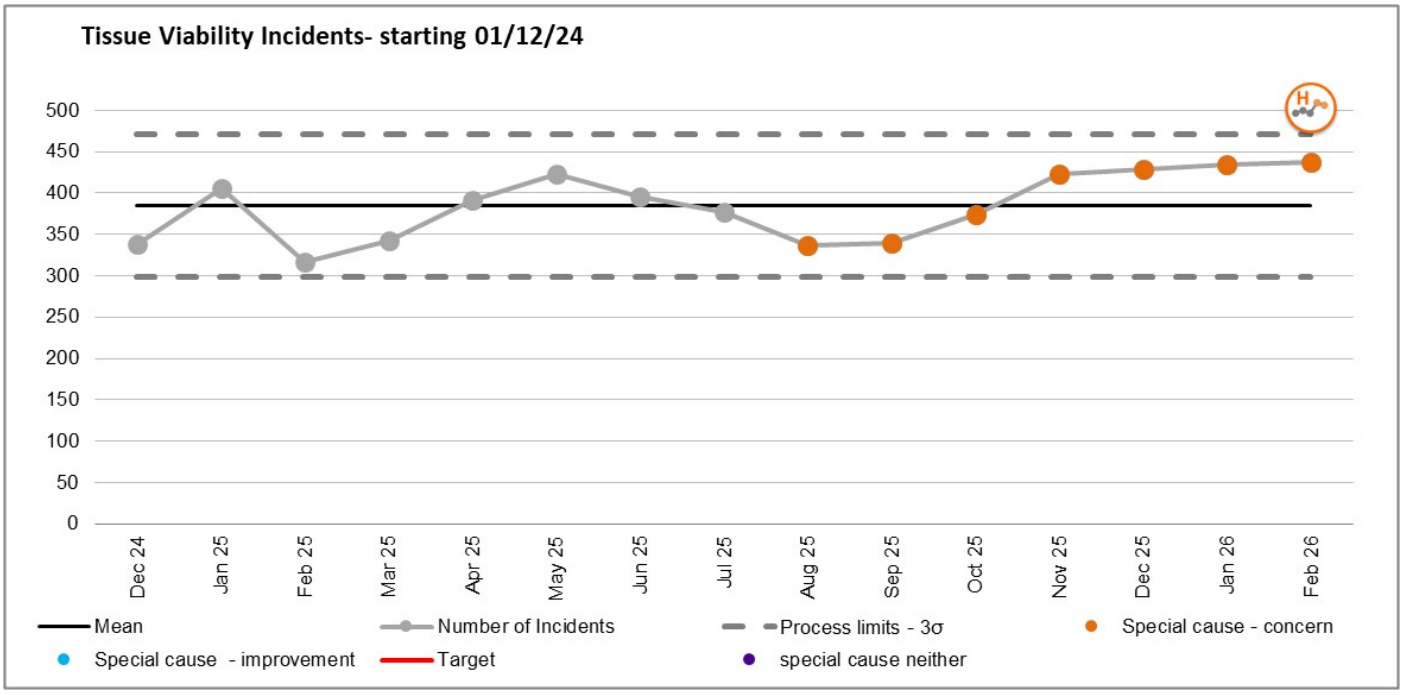
Degree of harm recorded for all patient safety incidents for January and February 2026

Reported degree of harm	Number	% of total incidents reported
No Harm	1993	55.09%
Minor/Low Harm	1565	43.26%
Moderate Harm	51	1.41%
Severe Harm	4	0.11%
Death	5	0.14%

NB: these incidents were reported in January and February 2026 and will be being reviewed through local and corporate governance structures and the degree of harm may change. Since moving to the national NHSE Learning from Patient Safety Events (LFPSE), there is a requirement

to report incidents by ‘harm’ to the patient even if it does not involve care delivered in your organisation’s care as well as the harm as a result of an incident. This accounts for the increase in number of deaths reported compared to the same reporting period in 2024. Work has been undertaken with teams to report expected deaths clearly. All expected deaths are reviewed by a senior manager to be classified or reclassified as required. There is work ongoing to configure Ulysses to mirror the modern descriptions to make it easy for staff to accurately report.

1. Tissue Viability this includes Burns/Scalds/Moisture Lesions/Medical Device Injury/Podiatry Pressure Ulcer



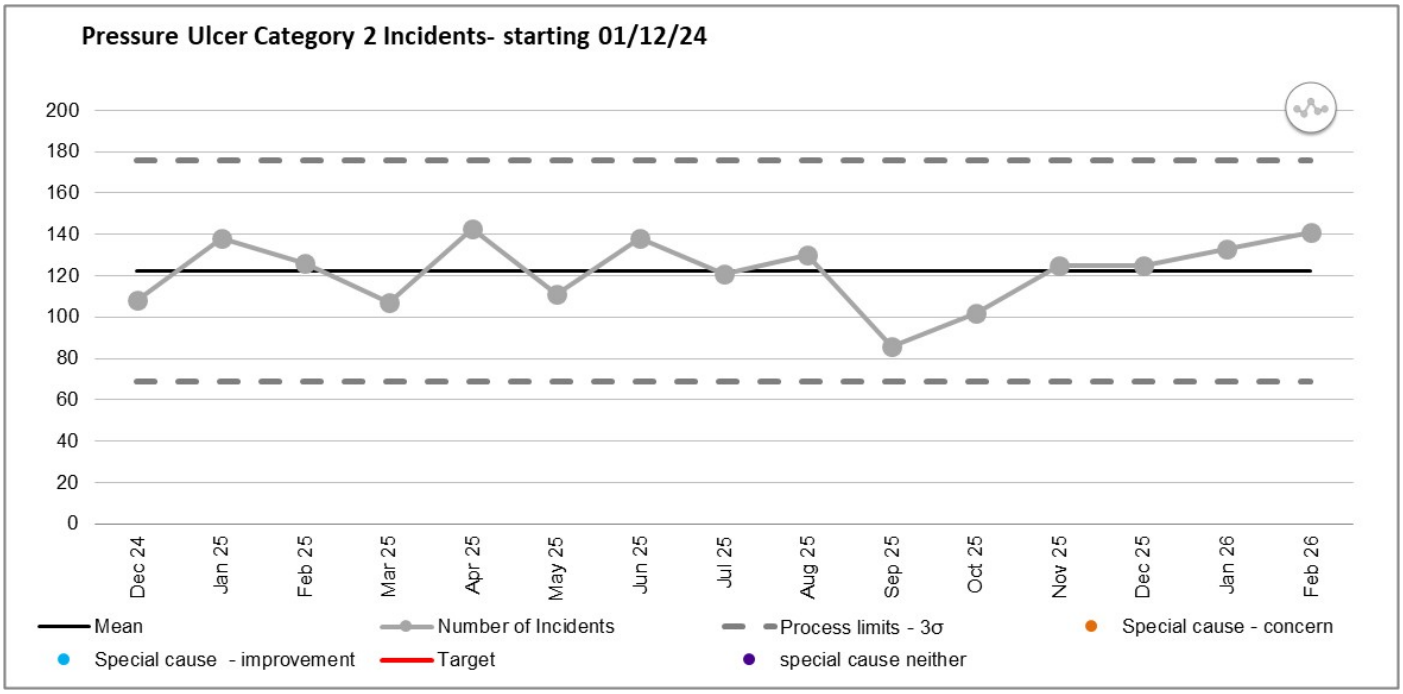
24.13% of all patient safety incidents reported relate to ‘Tissue Viability’ during January and February 2026; this equates to 873 incidents. This category includes pressure ulcers on admission, developed or deteriorated in our care, skin tears, scalds, wounds, and moisture associated skin damage. As Pressure ulcers (category 2,3,4 and unstageable) represent 64.72% of these, we will focus on this aspect of patient harm.

In January and February 2026, there were 565 reported incidents where patients had been affected by category 2,3,4 and unstageable pressure ulcers reported to have developed or deteriorated in LPT care. This is a 7.82% increase in pressure ulcers reported in comparison to the previous 2 months reporting. This increase is largely attributed to an increase in patients admitted with pressure ulcers to our services.

During this period, 529 (93.63%) were reported in CHS Community Nursing Services and 25 (4.42%) were reported in Community Hospitals (Inpatients).

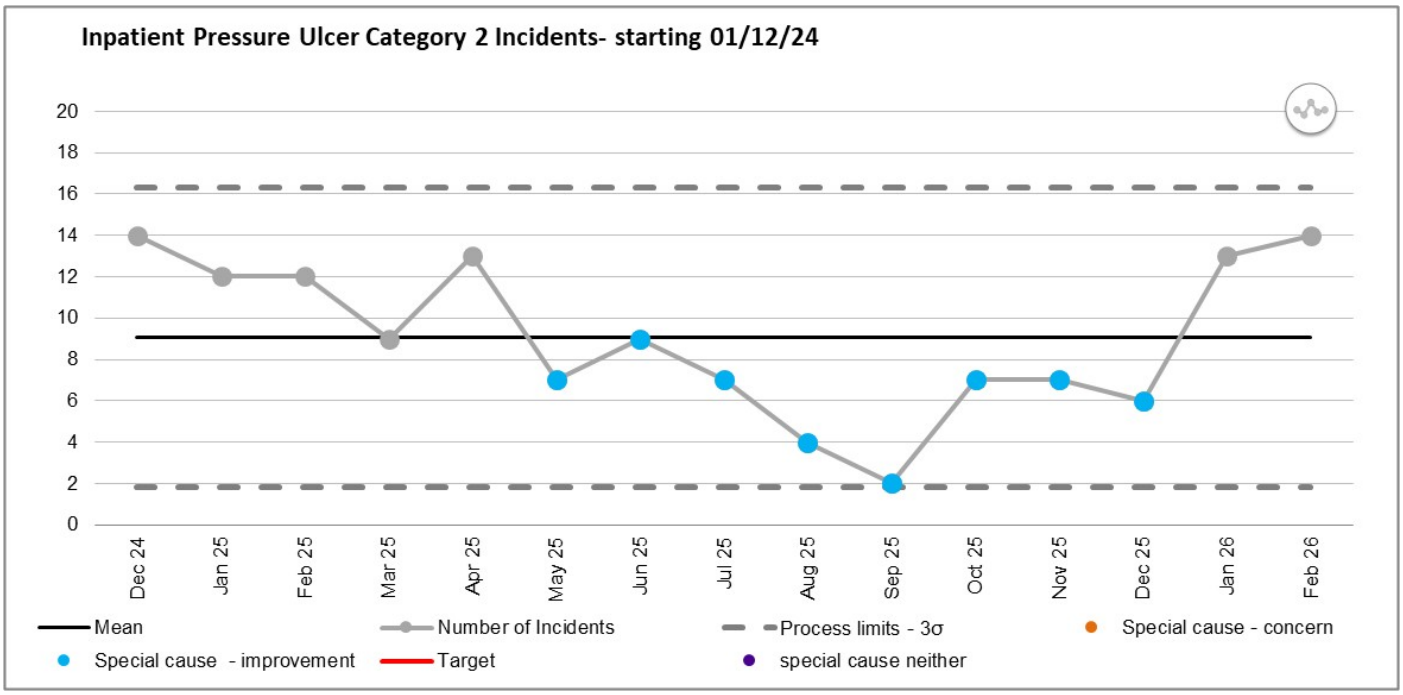
Of the remaining 11 incidents (1.94%), 6 were reported in DMH, 5 were Category 2 Pressure Ulcers – 3 reported by Coleman Ward and 2 reported by Gwendolen Ward – and 1 Unstageable Pressure Ulcer reported by the MHSOP Care Homes In-Reach team. 5 Pressure Ulcers were reporting in FYPCLD, with Diana Service reporting 4 of these (2 Category 2 Pressure Ulcers, 1 Unstageable Pressure Ulcer, and 1 Category 4 Pressure Ulcer), and a further Category 2 Pressure Ulcer reported by the LD Community Nurses West team.

Category 2 pressure ulcers developed or deteriorated in LPT care – Trust wide.



The SPC chart shows normal variation for Category 2 pressure ulcers developed or deteriorated in LPT care, across all directorates.

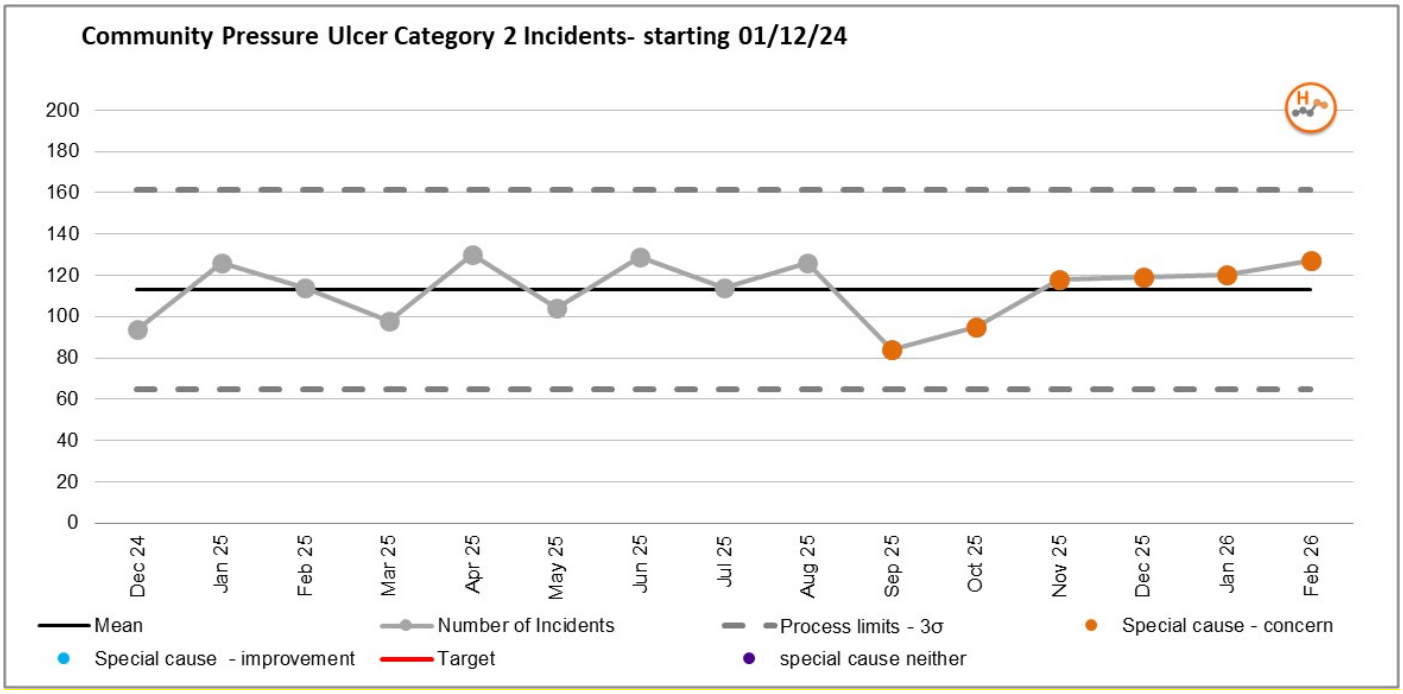
In-patient Category 2 pressure ulcers developed in LPT care.



The SPC chart above shows normal variation and previously special cause improvement in category 2 pressure ulcers developed in Community Hospitals. It is noted that there has been an increase within the upper threshold, the senior nursing leads are completing a review of the increased incidences to understand the increase further. CHS Community hospital pressure damage reduction work continues with a quality improvement focus on Moisture Associated Skin Damage (MASD). There is a pressure ulcer validation and learning meeting held weekly led by the senior nursing team.

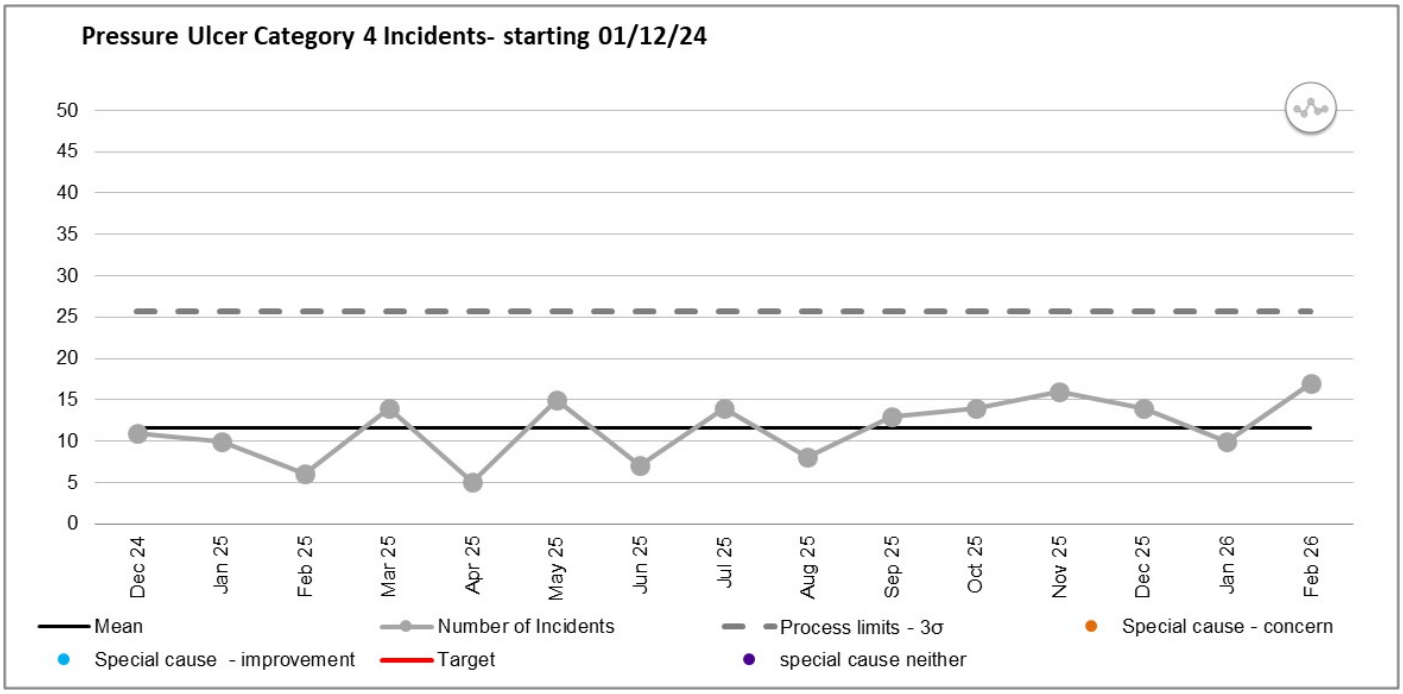
From March 2026 a monthly pressure ulcer validation meeting will commence focussing on category 2 pressure ulcers developed in care led by a Matron, where an in-depth review will be completed, to strengthen patient safety, improve learning from incidents, and provide a more robust, evidence-based review process for hospital acquired pressure ulcers.

Community Category 2 pressure ulcers developed in our care



The chart above details the number of patients who have developed a Category 2 pressure ulcer in LPT community services. A review of these incidents by the community Hubs has identified that Charnwood, East North, East South, and North-West Leicestershire are the highest reporting hubs. Quality improvement interventions to support actions and themes from incident reviews are in place and facilitate teams carryout improvements in prevention and treatment.

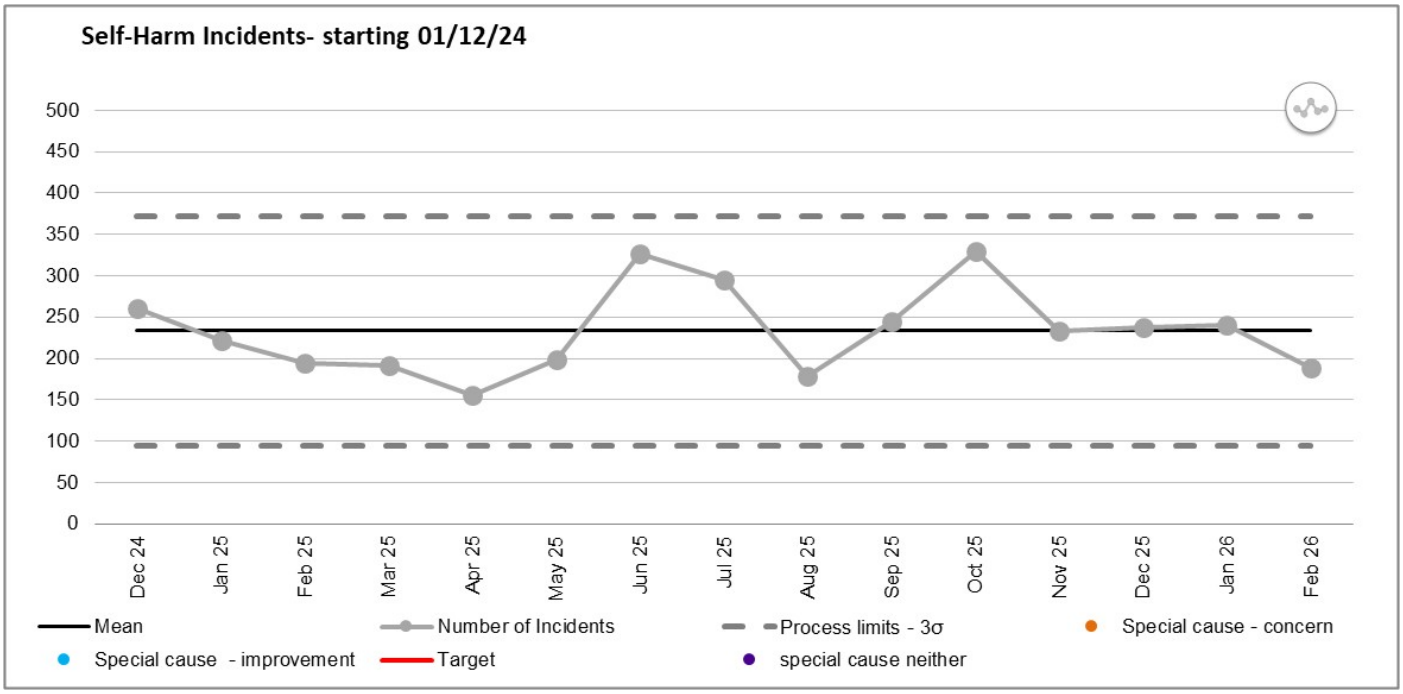
Category 4 Pressure Ulcers developed or deteriorated in our care – Trust wide.

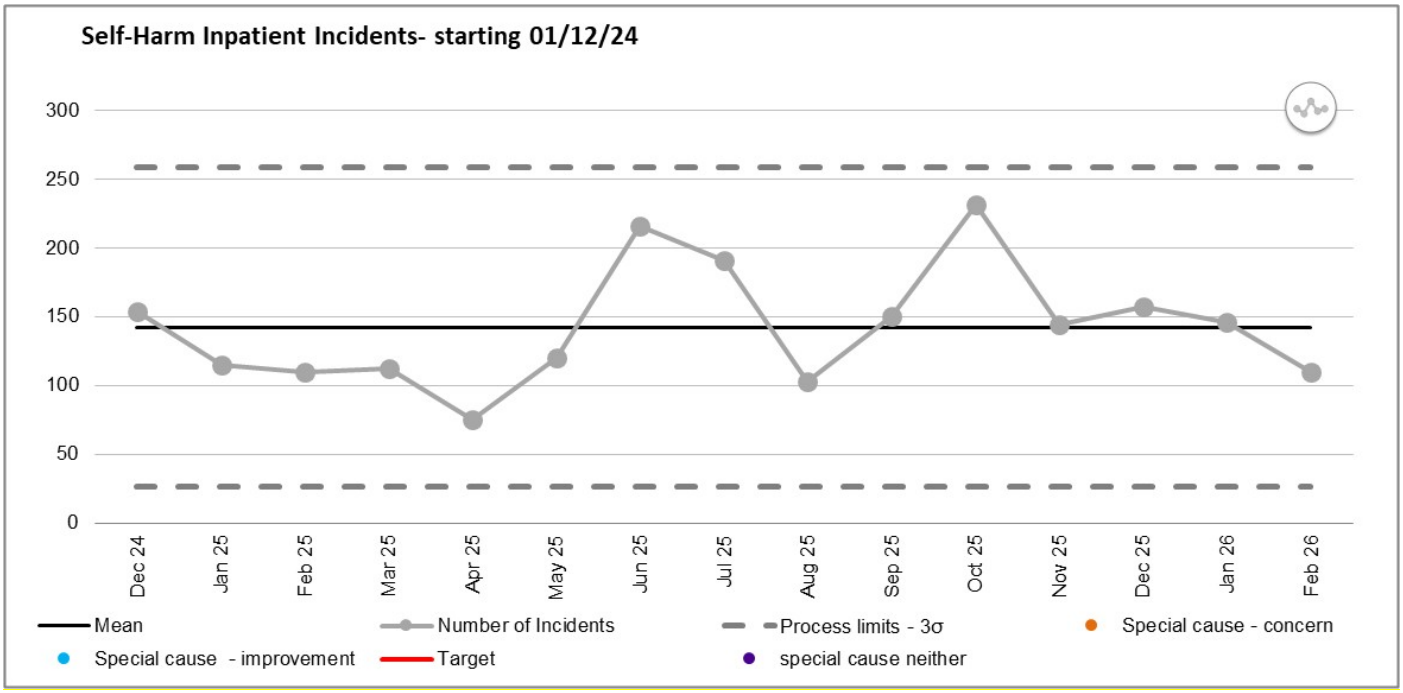


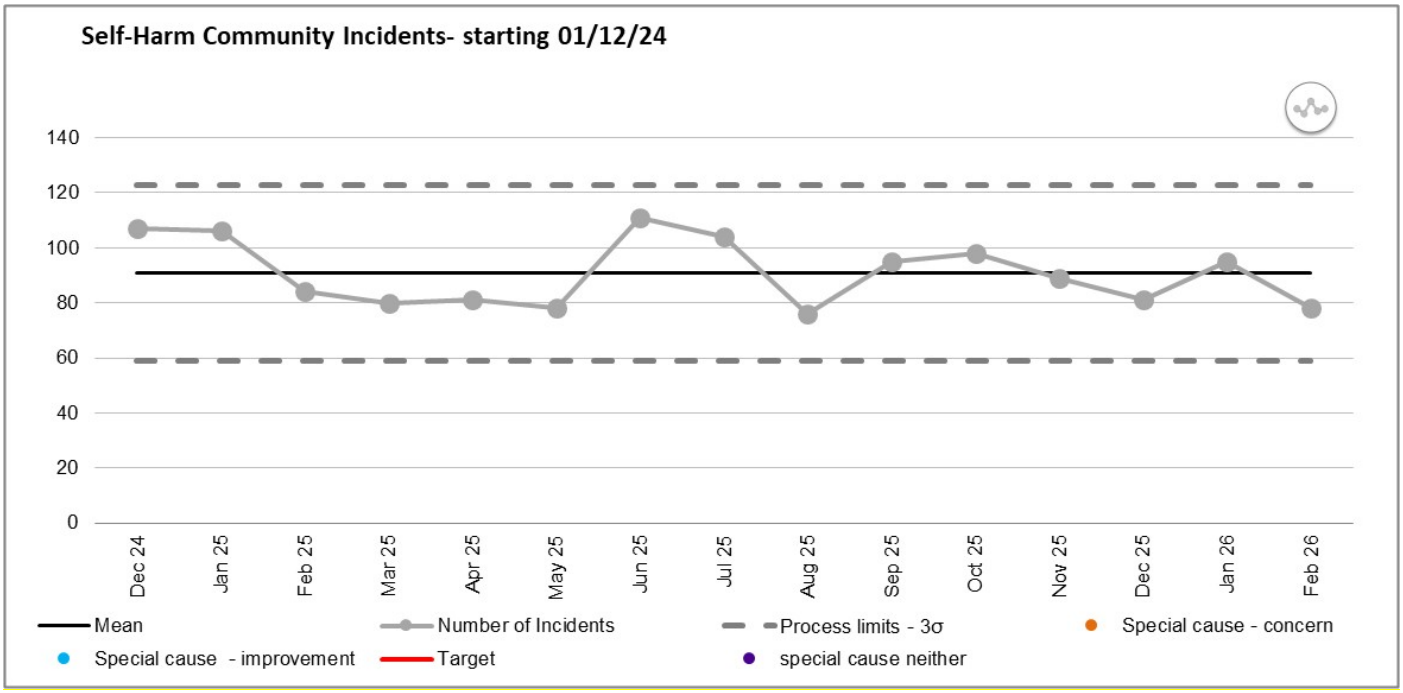
The SPC chart shows normal variation for Category 4 pressure ulcers developed or deteriorated in our care.

The CHS pressure ulcer delivery group continue to implement improvement work around moisture associated skin damage, repositioning, exploring the use of handheld devices for recording repositioning in care home settings, pressure ulcer prevention at end of life, general equipment processes and patient experiences with pressure relieving equipment and patient choice.

2. Self-Harm – inpatient and community







There were 429 patient self-harm incidents reported during January and February 2026, this equates to 11.86% of all reported patient safety incidents during this period. Of the 429 incidents reported as patient self-harm, 255 were inpatient incidents and 174 were community incidents.

During the previous reporting period, there were 467 self-harm incidents reported across both inpatient and community settings, this shows a decrease of 8.14% during the current reporting period. This decrease is entirely within inpatient incidents, as community incidents have had a slight increase.

The number of incidents has been analysed and over the reporting period there are 3 areas with the largest number of self-harm incidents reported relative to the total number (429) of such incidents reported:

- Beaumont Ward – 85 incidents (19.81%) This figure involves 15 patients; this is an increase from 76 total incidents reported in the previous reporting period.
- CAMHS Beacon – 62 incidents (14.45%) This figure involves 5 patients; this is a decrease to the 116 total incidents reported in the previous reporting period.
- Crisis Resolution Team – 34 incidents (7.93%) This figure involves 29 patients; this is an increase from 29 total incidents reported in the previous reporting period.

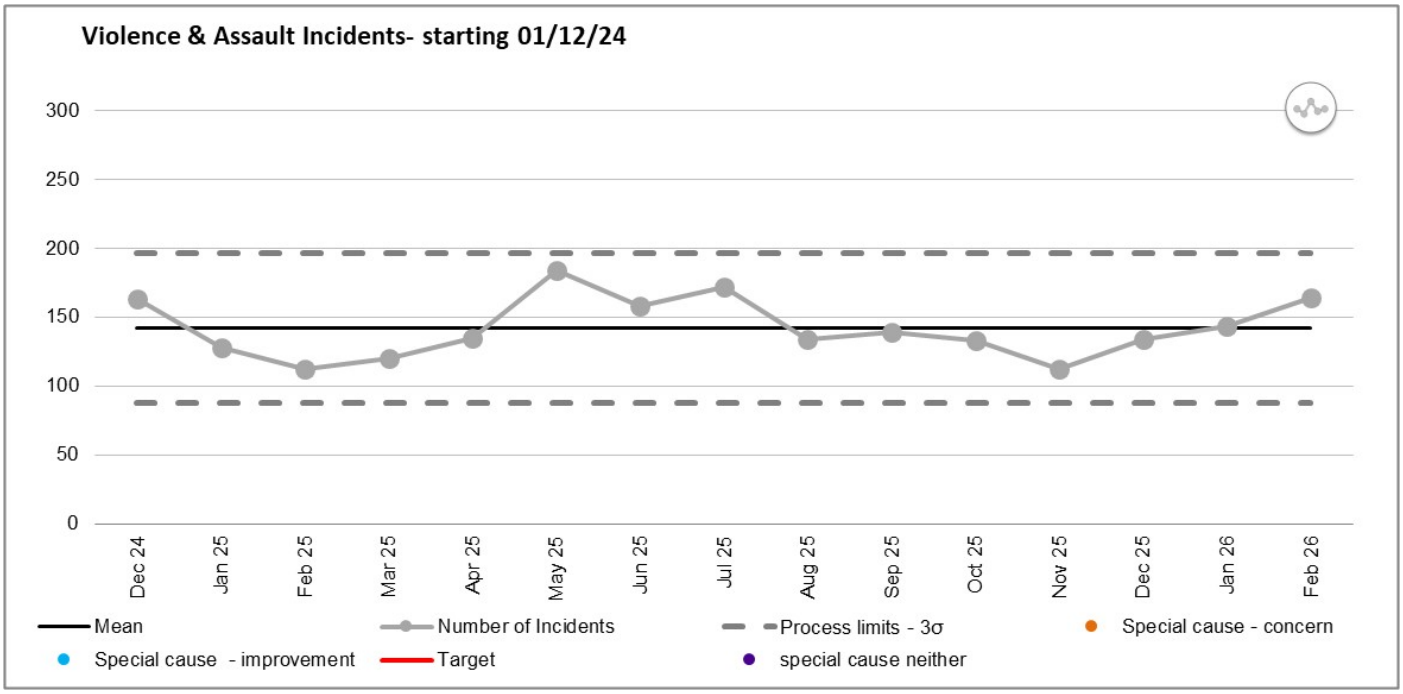
Harm Levels

Within the 3 areas of CAMHS Beacon, Beaumont Ward, and Crisis Resolution Team there was 1 incident reported as moderate harm. Of the 85 incidents reported by Beaumont Ward, 55 (64.71%) were recorded as minor/low harm, with the remaining 30 (35.29%) being reported as no harm. Of the 62 incidents reported by CAMHS Beacon, 31 (50%) were recorded as minor/low harm, with the

remaining 31 (50%) being recorded as no harm. Of the 34 incidents reported by Crisis Resolution Team, 1 (2.94%) were recorded as moderate harm, with 2 (5.88%) incidents being recorded as minor/low harm and the remaining 31 (91.18%) being recorded as no harm.

Overall, of the 4292 total reported self-harm incidents, 1 (0.23%) a community incident was recorded as major harm and is undergoing a full review, 6 (1.40%) have been recorded as moderate harm which are all being reviewed individually, 215 (50.12%) have been recorded as minor/low harm, with the remaining 207 (48.25%) incident being recorded as no harm.

3. Violence & Assault



There were 307 incidents of violence and assault reported during January and February 2026. These incidents are reported under the categories patient violence towards other patients, people not employed by the trust and incidents of disruptive behaviour towards others. This represents 8.49% of all reported patient safety incidents. During the previous reporting period, there were 243 violence and assault incidents reported, this shows an increase of 26.34% during the current reporting period.

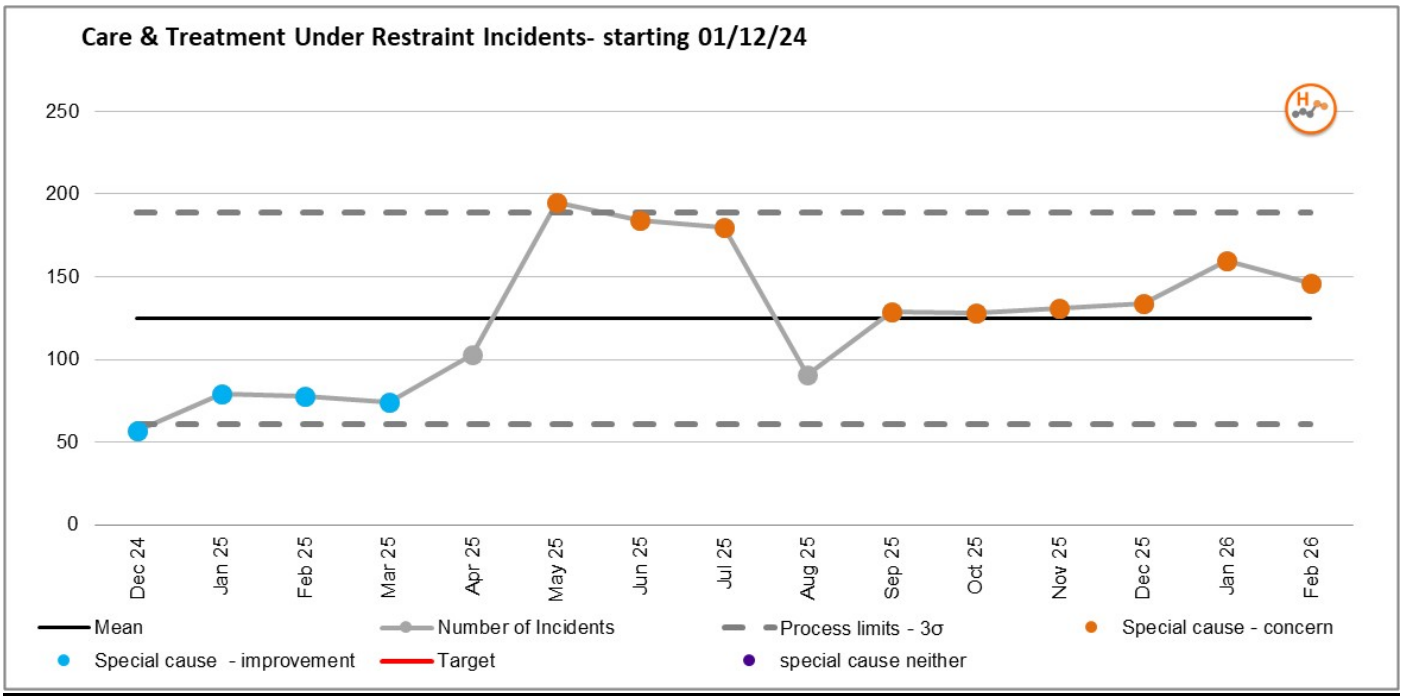
The number of violence and assault incidents has been analysed and over the reporting period, there are three areas with the highest number of incidents reported relative to the total number (307) of violence and assault incidents, Belvoir Ward with 46 (14.98%) incidents, Watermead Ward with 22 (7.17%) incidents, and Beaumont Ward with 21 (6.84%) incidents. Of these 307

incidents, 138 (44.95%) were reported as physical disruptive behaviour. Belvoir Ward has a group of patients requiring more complex treatment approaches to support recovery and this has increased resulted in increased incidents of violence and aggression requiring the use of physical restraint and medication. Beaumont Ward also had a complex group of patients, some with autism spectrum disorder requiring community placements and exhibiting behaviour when anxious and frustrated and one requiring safe holds related to medication administration and self-harm prevention. In FYPC/LDA there has been an increase in use of safe holds related predominantly to safe holding for NG feeds, intervention to prevent self harming, ligatures, headbanging and aggression towards staff.

Of the 307 incidents reported as Violence and Assault, 1 (0.33%) was recorded as moderate harm, which may be downgraded following managers sign off 104 (33.88%) were recorded as minor/low harm, and 202 (65.80%) were recorded as no harm.

There were no incidents of violence and assault requiring review at IRLM during this reporting period and the incidents are reviewed as part of Health and Safety committee and the Least Restrictive Practice Group.

4. Care & Treatment Where Restraint Holds Were Used.



There were 306 incidents where restraint holds were used to support care delivery during January and February 2026, representing 8.46% of all reported patient safety incidents during this period.

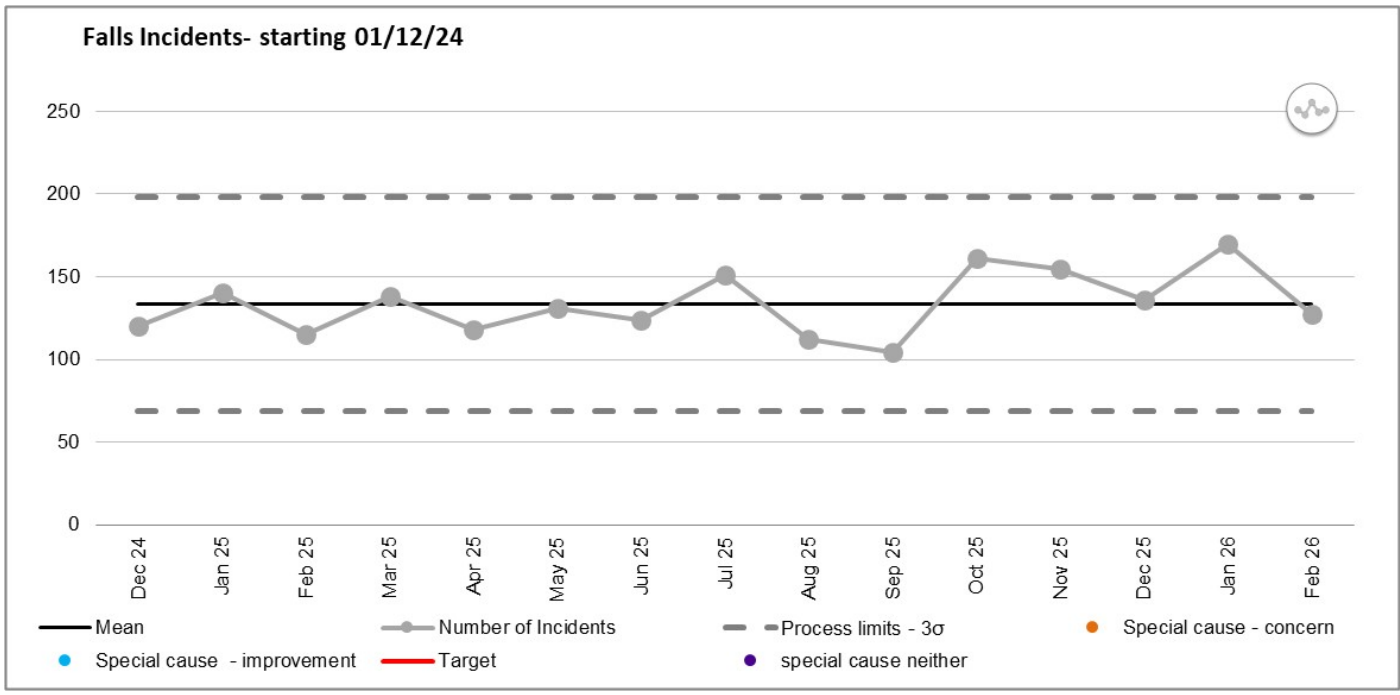
During the previous reporting period, there were 262 incidents reported where restraint was utilised, therefore this shows an increase of 16.79% during the current reporting period.

The reporting of incidents using restraint currently fall into 2 categories; those related to the management of violence, aggression, and acute self-harm and those where restraint holds have been utilised to support care activities such as carrying out feeding regimes or personal care – washing and changing incontinence wear. The Least Restrictive Practice Group has scoped additional training options for ‘clinical holding’ to support these care activities and a training day is planned for March 2026 with clinical staff aimed at problem solving some scenarios.

The analysis of incidents where restraint has been used to deliver care shows that over the reporting period, there have been 2 areas with a significant number of incidents reported relative to the total number (306) incidents. The restraint in Mill lodge is relating to the safe care and management using safeholds during personal care interventions to maintain the safety of the patients and staff delivering care – this is care planned and reviewed regularly with senior staff and the wider multidisciplinary team. There were 117 (38.24%) incidents, compared to 92 during the last reporting period, due to another patient requiring holding during personal care. The restraint incidents at the CAMH’s Beacon Unit are part of the young people’s care and treatment, balancing least restrictive practice with the need to keep them safe from self-harm and includes feeding regimes. There were 115 (37.58%) incidents, matching the 115 reported during the last reporting period.

Overall, of the 306 incidents reported where restraint was utilised, 86 (28.10%) were reported as minor/low harm, and 219 (71.57%) were reported as no harm.

5. Falls



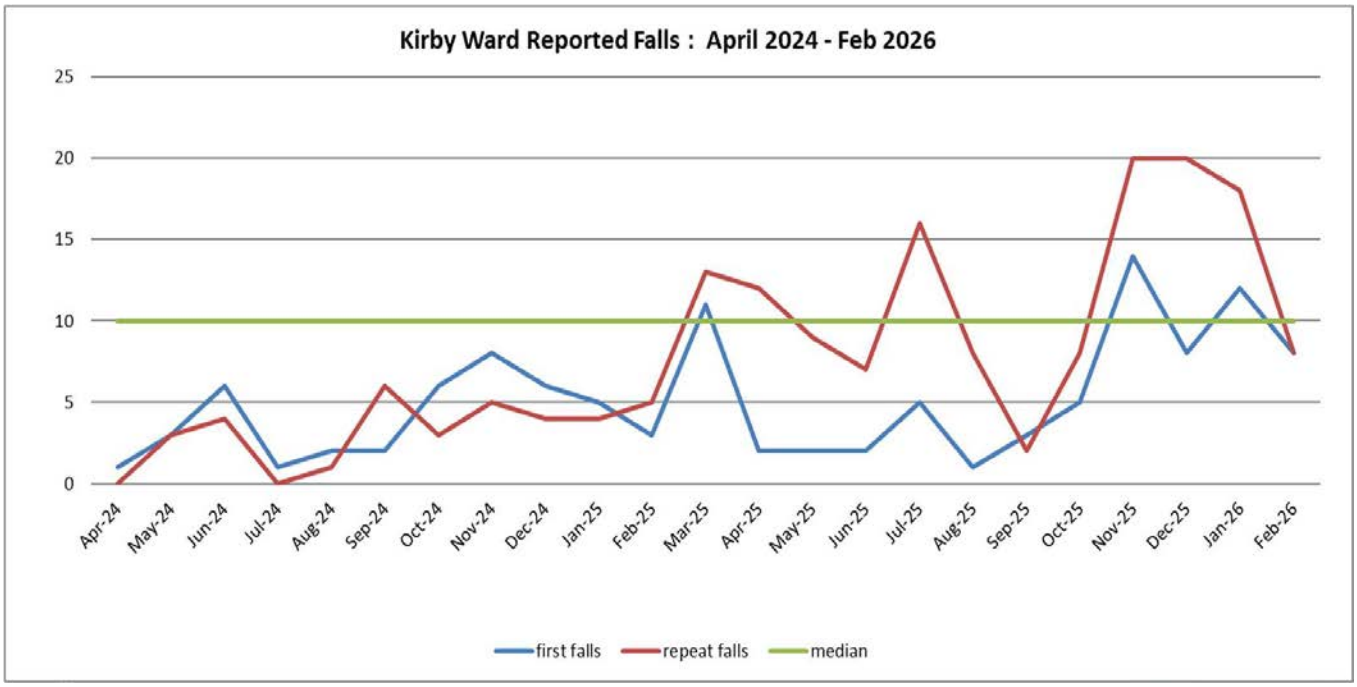
There were 297 falls during January and February representing 8.21% of all reported patient safety incidents. During the previous reporting period there were 287 falls incidents reported, this shows an increase of 3.48% during the current reporting period.

The number of falls have been analysed and over the reporting period, out of the 297 reported falls incidents, Kirby Ward at the Bennion Centre reported 53 (17.85%) incidents, Coleman Ward at the Evington Centre reported 22 (7.41%) incidents, and Langley Ward at the Bennion Centre reported 21 (7.07%) incidents.

Of the 297 reported Falls incidents, 4 (1.35%) were recorded as moderate harm, 103 (34.68%) were recorded as minor/low harm, 190 (63.97%) were recorded as no harm.

Directorate of Mental Health

A significant drop in numbers of falls seen in DMH in February from January. The previous increase in number of falls across all MHSOP wards was due in part to a patient on Kirby ward having a significant number of falls in the preceding months (17 in November and 11 in December). No harm was incurred and with a history of placing themselves on the floor, the team undertook a MDT approach to dealing with the falls risk for this patient. Only 2 falls were reported for the same patient in February and over numbers of falls are significantly down for Kirby in February. (Oct - 15, Nov - 40, Dec - 31, Jan - 36, Feb - 17)



The Directorate report that, falls continue to be driven by a mix of clinical complexity, behavioural factors, environmental overstimulation, and inconsistent documentation. Several wards report that a small number of high-risk individuals account for the majority of incidents, including patients with seizures, Functional Neurological Disorder, deliberate floor placing, or reduced safety awareness.

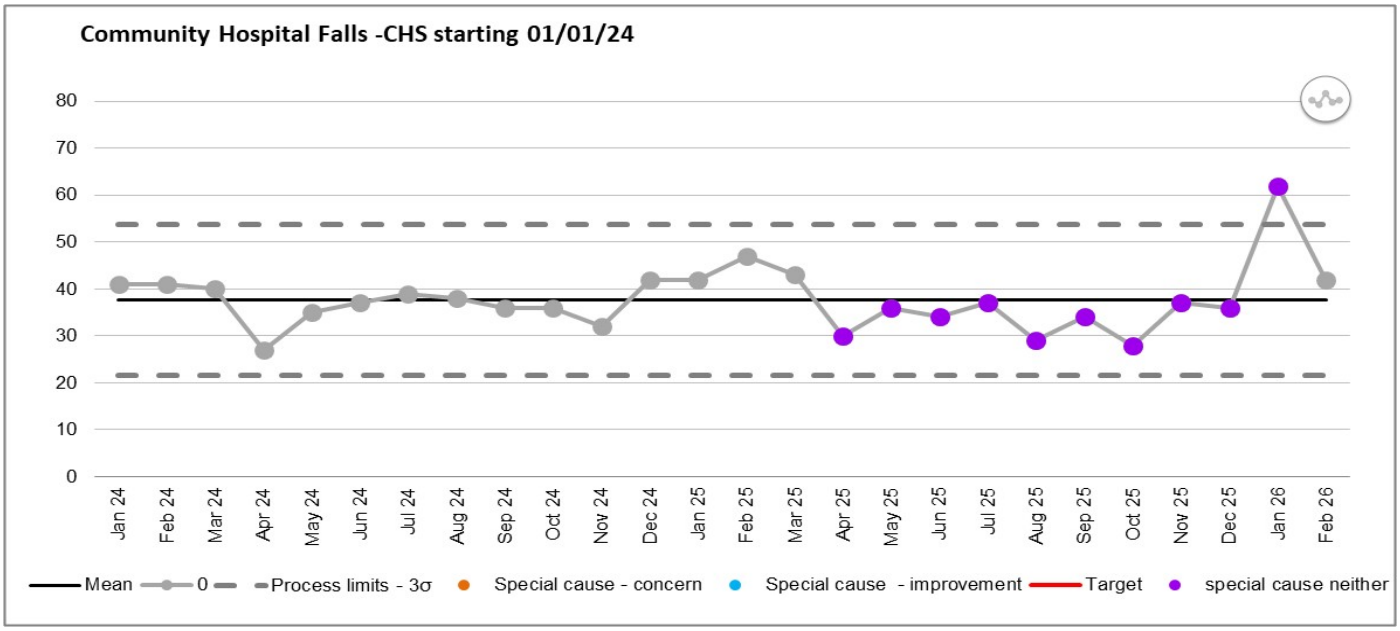
Key themes identified through review of incidents are:

- Falls Reporting & Documentation
- Care Planning & EPR Improvements
- Clinical & Environmental Factors

A pilot is running to evaluate the use of assistive technology in prevention of falls is underway with mixed results particularly where mental health presentation or patient preference limits its effectiveness.

Community Health Services

For January there were 62 in-patients falls reported, this is compared to the 33 reported in December 2025, 44 were first falls, 17 were repeat falls and one ‘patient place self on the floor’. The increase in number was spread across all were across all 14 wards which included 7 falls from the newly opened Grace Dieu. In February there were 42 in-patients falls reported, 30 were first falls, 10 were repeat falls and 2 ‘patient place self on the floor’. The falls were across all 12 wards.



In January the increase was across all wards, albeit small numbers on each, there was notably an increase on the Loughborough site where Grace Dieu 'the surge ward' was fully opened in January 2026.

CoHo	Loughborough Site		
No of Falls	**Grace Dieu**	**Swithland**	**Charnwood**
Aug	n/a	4	2
Sept	n/a	3	3
Oct	n/a	4	4
Nov	n/a	0	3
Dec	n/a	4	3
Jan	**7**	**7**	**6**
Feb	5	6	3

The rise in falls correlated with a rise in other nursing indicators and staff reported a greater acuity of patients with increased need for enhanced observations and staffing challenges with difficulty in filling HCA shifts with Grace Dieu Ward opening.

The findings will be included in the retrospective review of the opening of Grace Dieu Ward.

The directorate are planning to undertake a review of the CHS enhanced observations process with the aim to make it more effective in supporting staff to assess need.

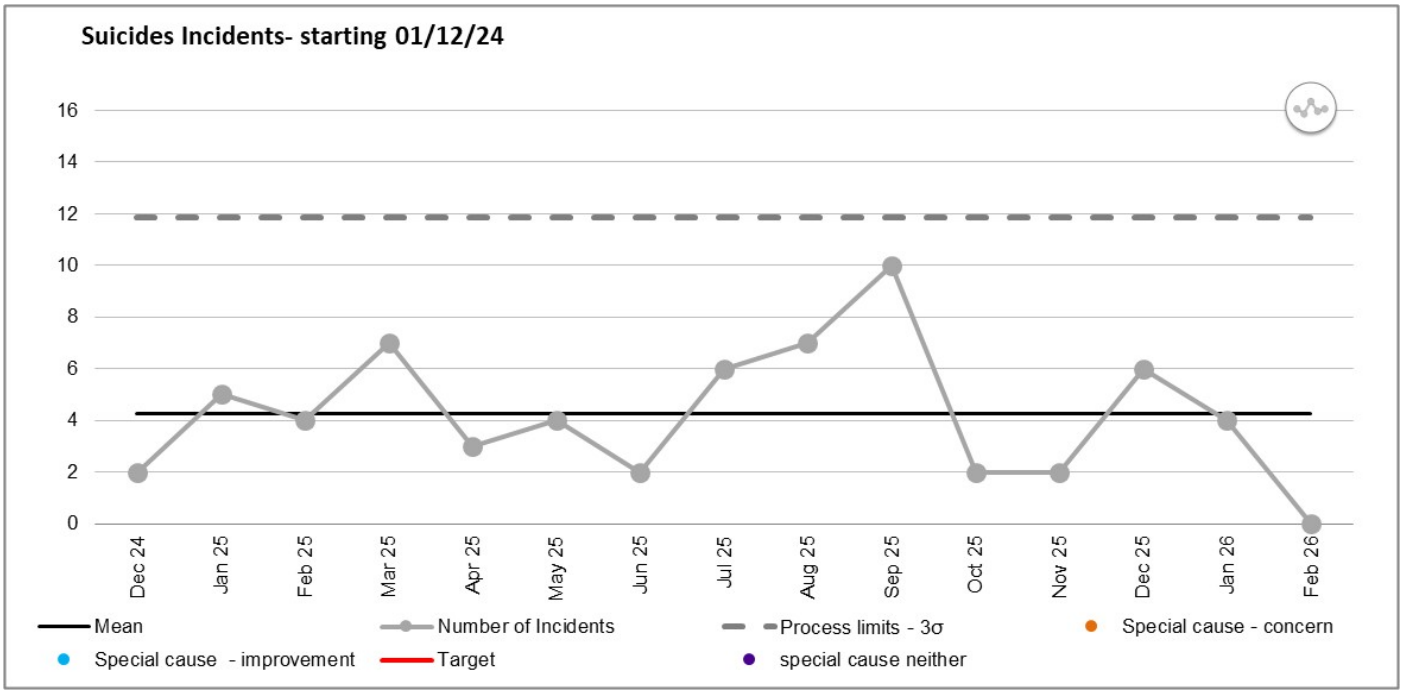
FYPC/LDA

Continue to report low numbers of falls across both inpatient and community areas. Falls mainly related to clinical presentations (e.g. epilepsy) and engagement in physical activity. They are working on improving falls risk assessment process to reduce risk as far as possible.

All the directorates continue to work on their plans to evidence compliance with recommendations from the National Audit for Inpatient falls.

Suicide Prevention

While suicide does not feature in the top five reported incidents, we review every suicide for learning, themes, and trends. We also assess our services and actions against National learning from National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH)



It is important to consider suicide over time. The data above currently does not identify any statistically significant increase or reduction although there is a current downward trajectory.

Skills Training on Risk Management (STORM) continues as an ongoing area of development and embedding these skills. There are several Practice Development Nurses trained to be ‘train the trainers’ who continue to support the delivery of STORM training to staff across the services.

As part of PSIRF we undertook a thematic review of suicides where patients have a co-occurring substance use to consider this against national guidance. This has identified some opportunities for learning which are now being explored with staff with expertise and involvement to develop a set of recommendations for improvement.

Learning from Deaths

The learning from deaths group have completed their review of the policy and are working to ensure that screening processes are robust to identify deaths that need further review.

The team are already reviewing patients' protective characteristics to identify any themes that may indicate health inequalities and are working to develop the data set to ensure we have cause of death for all patient deaths so that effective review of themes can be explored to triangulate and identify any inequalities. There is ongoing work with the Medical Examiner's Office to create a process where LPT can receive the cause of death for all patients under our care.

LeDeR

Monthly panel meetings continue as per the revised LeDeR processes and Governance arrangements. The panel have shared the following information:

- There were 4 notifications made by LPT staff to LeDeR related to patients with a known learning disability or autism and who have died for Jan (1) 2026 and Feb (3) 2026.
- For City and Countywide reviews, there were 4 patient death notifications in Jan 2026 and 8 patient death notifications in Feb 2026.
- Of the total 12 notifications,3 are focused and 9 are initial reviews.

For those reviews that also have a patient safety review the two teams are working closely together to better identify opportunities for learning.

NATPSA Alerts

National Patient Safety Alerts remain a critical mechanism for safeguarding patients and strengthening organisational reliability. They provide a clear, standardised framework for identifying, escalating, and mitigating risks, with the alert triangle acting as a powerful visual cue that reinforces the urgency and priority of required actions. Effective management of these alerts—through timely assessment, robust governance oversight, and demonstrable implementation—ensures that learning is rapidly translated into safer clinical practice. For the Board, sustained scrutiny of alert compliance is essential, not only to meet statutory obligations but to assure that the organisation is proactively addressing system vulnerabilities and embedding a culture of continuous safety improvement.

LPT current position

Alerts received in the last two months or that are ongoing or open past their closure date

Alert	Detail	Due for closure	Notes
NATPSA/2023/010/MHRA	Bed rails and Levers and their safe use and ongoing assessment of risk	1st March 2024 (overdue closure)	This alert remains open past its closure date due to the need to develop a process for patients who are in their own homes with levers or bedrails who are no longer on our caseload to be offered a risk assessment. The process has agreed and a model and implementation plan is being developed.
NATPSA/2025/006/NHSPS	The incorrect recording of Penicillin Allergy as Penicillamine	20th November 2026	This alert is being led by LLRICB and involves all system partners -this is on track
NATPSA/2026/002/MHRA	Recall of quetiapine oral suspension	5th February 2026	Closed on time
NATPSA/2025/008/NHSPS	risk associated with adult breathing circuits lacking a patent exhalation route	12th June	Actions being put in place – on track
NatPSA/2026/001/DHSC	Shortage of Steriflex No. 109 (1L) and No. 171 (2L): Potassium Chloride 0.15%, Sodium Chloride 0.45%, Glucose 2.5% Bags	6th February	Closed on time not relevant

LPT Outstanding patient safety reviews: As of 18TH February 2026

The table below shows the total number of learning responses overdue with the current position and numbers with percentage of those that are overdue below the table.

Overdue learning response stage	CHS	DMH	FYPC/LDA	Corporate
Allocation				
Information Gathering				
Report Drafting		**2**		**1**
Awaiting Specialist review				
Action Planning				
Directorate sign off stages		**1**		
Right to reply staff			**1**	**3**
Right to replay Patient/family	**4**	**1**	**1**	
Submission to CPST				
Exec review		**1**	**1**	**1**
Directorate post exec review				
Total Learning response Overdue	**4**	**5**	**3**	**5**

Current Position

This continues to be an improving picture and where there are delays patients' families and staff have been kept informed.

As of 18th February 2026, there were 56 open investigations. 17 DMH, 18 Corporate, 14 CHS and 7 FYPC/LDA. Of these 17 are overdue and of these 41% (7) are in right to reply with patient or family. In line with compassionate engagement with patients and families we have agreed that if families do not feel able to engage in the review process after having the report or offer after one month we continue to progress the report and our Patient and Family Liaison Officer (PFLO) will make contact and keep in touch with the family and ensure they have all of the support required to engage either at the time or at any time in the future.

- 5 DMH (29.41 %) are overdue 1 is in drafting the rest all are within the various phases of sign off.
- 5 Corporate (27.78%) are overdue all are within the various phases of sign off.
- 4 CHS (28.57 %) are overdue all are within the various phases of sign off.
- 3 FYPC/LDA (42.86 %) are overdue all are within the various phases of sign off.

The investigation that was on hold relating to a homicide is now live as the criminal case has been concluded and the patient has been convicted of the homicide and is awaiting sentencing.

Duty of Candour

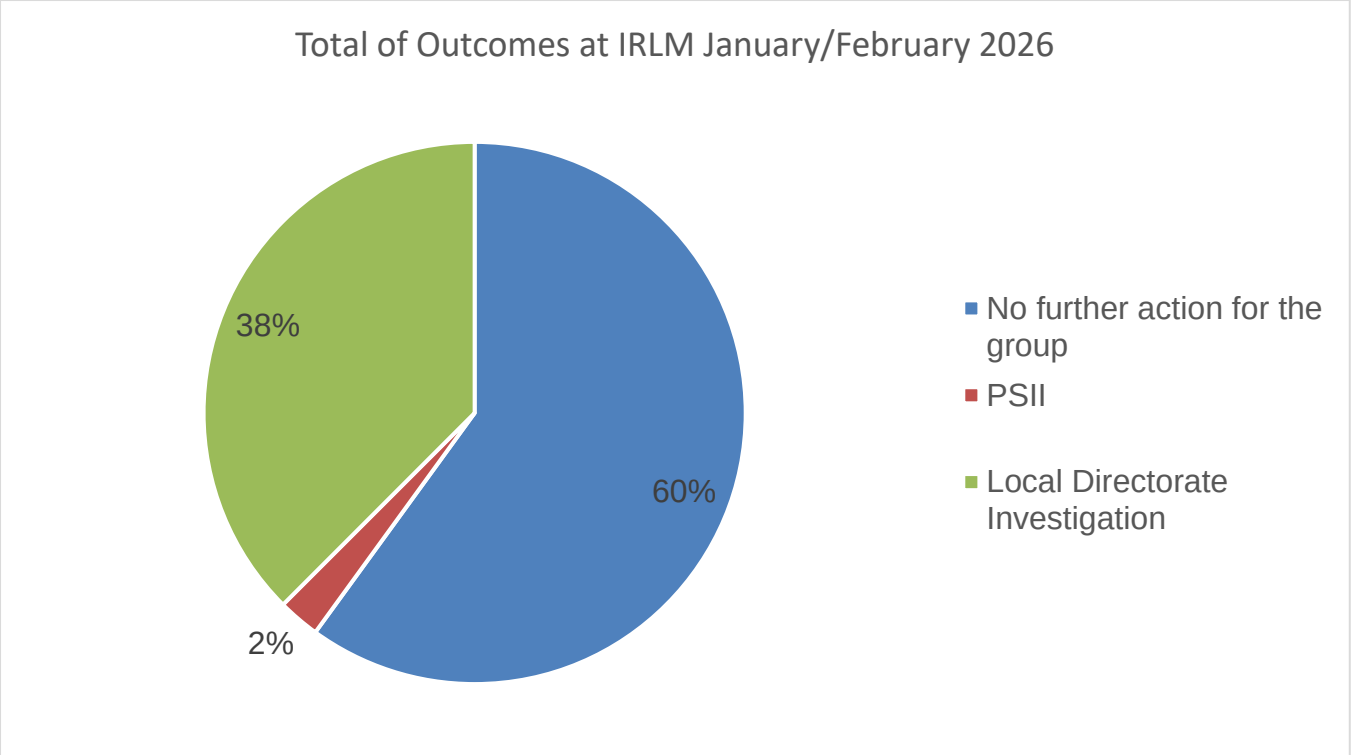
There was no statutory duty of candour breaches during this period. We continue to follow 'being open' which is inbuilt in PSIRF principles of compassionate and positive engagement with patients/families.

Never Events

No Never Events were reported during this period. We are awaiting NHSE outcome of the review of the 'Never Event' Framework.

Incident Review & Learning Meeting (IRLM)

40 cases were reviewed at IRLM during January and February 2026. 1 (2%) Patient Safety Incident Investigations (PSII) was declared during this reporting period. 24 (60%) were identified as having already identified any learning and actions put in place. There were 15 (38%) Local Directorate reviews requested to explore appropriate actions, 0 (0 %) initial service managers reviews (ISMR's) were shared with Learning from Deaths (LfD) for the themes to be aligned with their own.



Queries Raised by Commissioners / Coroner / CQC on reports submitted shared.

LLR ICB patient safety team continue to be members of the IRLM and continue to feedback how assured they find the conversations and appreciate the focus on system learning.

No queries have been raised by LLR ICB or HM Coroner during the reporting period.

The CQC are reviewing patient safety incidents reported by LPT and requesting additional information for some incidents as part of their oversight process currently August/September 2025

Patient Safety Strategy

Training: SEIPS approach to investigation training.

During January and February 2026, 47 staff had been trained bringing the total so far to 232 members of staff. There are further dates available throughout 2026.

This training is evaluating well with staff feeding back that it feels a supportive way to learn and undertake incident reviews:

Directorate	Numbers trained in SEIPS 2025
DMH	105
CHS	47
FYPC/LDA	66
Enabling	3
TOTAL	**221**

Commissioners have also accessed our training, and we have provided places for smaller organisations in LLR who do not have the in-house skills to provide their own. This is an opportunity to share experiences and build relationships. The CPST have also extended the offer to NHFT colleagues.

The team have undertaken some successful reviews where partner organisations have attended so providing another perspective to the findings resulting in opportunity for system level changes. Partners have included patients GP, care home staff, Local Authority.

National: Level one and level two National patient safety training.

This is national training delivered as E learning to support the patient safety strategy and the implementation of PSIRF. The training has been available for staff to access and is required as pre learning for the SEIPS training. The below figures are the staff who have attended so far and as part of our improvement work, we have agreed that all staff will access level 1 and have finalised the staff groups who will benefit from level 2 as band 7 and above.

Table below shows updated figures for the whole trust.

Month Year	Patient Safety Level 1	Patient Safety Level 2	Grand Total
Jan-2025	37	26	63
Feb-2025	48	32	80
Mar-2025	34	25	59
Apr-2025	4817	35	4852
May-2025	1184	12	1196
Jun-2025	459	18	477

Month Year	Patient Safety Level 1	Patient Safety Level 2	Grand Total
Jul-2025	347	8	355
Aug-2025	207	6	213
Sept- 2025	199	12	211
Oct-2025	173	4	177
Nov – 2025	122	4	126
Dec – 2025	89	8	97
Jan – Feb 2026	96	6	102
Total	7912	209	8121

Decision Required

Briefing – no decision required	✓
Discussion – no decision required	

Governance Table

For Board and Board Committees:	Trust Board
Paper sponsored by:	Linda Chibuzor, Group Chief Nurse/ Executive Director of Nursing, Allied Health Professionals (AHPs) and Quality
Paper authored by:	Tracy Ward, Head of Patient Safety; Patient Safety Specialist
Date submitted:	16/03/2026
State which Board Committee or other forum within the Trust's governance structure, if any, have previously considered the report/this issue and the date of the relevant meeting(s):	N/A
If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e., assured/ partially assured / not assured:	N/A
State whether this is a 'one off' report or, if not, when an update report will be provided for the purposes of corporate Agenda planning	Bimonthly – March 2026
LPT strategic alignment:	**T** - **T**echnology **H** – **H**ealthy Communities **R** - **R**esponsive **I** – **I**ncluding Everyone **V** – **V**aluing our People **E** – **E**fficient & Effective
CRR/BAF considerations *(list risk number and title of risk):*	
Is the decision required consistent with LPT's risk appetite:	
False and misleading information (FOMI) considerations:	
Positive confirmation that the content does not risk the safety of patients or the public	
Equality considerations:	

N

Leicestershire Partnership NHS Trust

Alert, Advise and Assure Highlight Report

Finance and Performance Committee, 19 February 2026

Meeting Chair and Report Author Melanie Hall / Val Glenton

Quorate Yes

Policies and expiry date:

ALERT: Alert to matters that need the Board's attention or action, eg areas of non-compliance, safety or threat to the Trust's strategy

Agenda Item:	Reference:	Lead:	Description:	BAF Ref
LPT & NHFT Collaborative, Commissioning and Contracting Group – Triple A	FPC/26/013	FPC Chair / Deputy Director of Finance	Lack of clarity on SDF funding was highlighted as an alert. The contract offer from the ICB had provided clarity on some areas which had reduced the risk to the Trust but other areas still needed to be confirmed. FPC noted the contract would not be signed until there was clarity on SDF funds.	BAF 6.3

T H R I V E

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

Agenda Item:	Reference:	Lead:	Description:	BAF Ref
Finance Report Month 10 2025/26	FPC/26/009	Deputy Director of Finance	• Capital spend was on track but at month 10, there was still £0.5m worth of unallocated capital and £3.7m underspend. Confirmation was received that a significant number of purchase orders had been raised largely by the Estates and LHIS Teams which would ensure the remaining allocation was spent before the end of the financial year. The committee requested; o robust assurance on purchase order pipelines and goods receipting timelines in future reports; o discussions to take place on lessons learned to avoid being in a similar position in future years. • Analysis on loss making services was reported for the first time. FPC noted the vast majority of LPT services were purchased under a block arrangement which made it difficult to itemise everything by service. The committee requested; o deeper analysis of the direct costs to be carried out between finance and directorate leads to provide a better understanding of the cost drivers, contract lengths and commissioning levels and to establish whether there were any direct cost reduction opportunities.	BAF 6.2 BAF 6.3
Accountability Framework Meeting	FPC/26/015	Managing Director / Deputy CEO	Various elements of SNOMED were highlighted as advise items across several reports and as a result, a deep dive was taking place to understand some of the fundamental issues behind SNOMED and implementation of it in some areas. A report on this would be presented to FPC at either its April or June meeting.	BAF 1 BAF 1.1

ASSURE: Inform the Board where positive assurance has been received

Agenda Item:	Reference:	Lead:	Description:	BAF Ref
Board Assurance Framework	FPC/26/005	Assistant Director of Governance and Risk	In-depth discussion took place around the level of scores for the BAF risks FPC had oversight of. The committee received assurance that robust systems were in place to secure an effective risk framework and approved the reduction of the score for BAF risk 6.3 (*2026/26 financial position*) to 16. This was based on the fact that month 10 of the financial year had now been reached and the Trust was on track to deliver a breakeven plan at year end, it was unlikely that the risk would increase between now and the end of March 2026. Trust Board would be asked to ratify this change.	BAF 6.3
Finance Report Month 10 2025/26	FPC/26/009	Deputy Director of Finance	• The Committee received strong assurance regarding the year-end financial forecast**,** with plans on track to achieve breakeven against plan**.** Directorate positions had continued to stabilise with improved performance reported during January. • CIP delivery remained robust with £20–21m delivered, c£18m of which was recurrent, full delivery of the £28m target was expected**.** • Directorate positions continued to stabilise, improved performance was reported in January. • BPPC performance improved with all four targets met in-month**,** at least three cumulative targets were expected to be delivered in-year. • The cash position remained significantly ahead of plan.	BAF 6.2 BAF 6.3
Business Pipeline – Bids and Tender Update	FPC/26/011	Partnerships Manager	LPT had been successful in its bid for NHS Decarbonisation Funding and had been awarded £33k to fund three electric vehicle charging points at Unit 2, Meridian South.	BAF 2
Section 117 Case for Change	FPC/26/012	Partnerships Manager	FPC received assurance on plans in place for LPT to initially host the affected s117 staff from 1st April 2026. At this stage LPT would not be responsible for funding the 117 placements. Further financial due diligence would be undertaken to understand the wider risks and opportunities of potentially transferring the budget, subsequent to the TUPE transfer of staff from Midlands and Lancashire Commissioning Support Unit to LPT. FPC also received assurance that implications to IM&T systems were being addressed.	BAF 2

Agenda Item:	Reference:	Lead:	Description:	BAF Ref
LPT & NHFT Collaborative, Commissioning and Contracting Group	FPC/26/013	FPC Chair	Good progress on the GPIT project was being made and the majority of workforce and technical requirements were now known. Go live was expected to take place in October 2026. FPC noted an update on IMPACT collaborative funding deficit which was progressing to resolution.	BAF 1.1
Board Performance Report	FPC/26/014	Associate Director – Contracts and Planning	FPC noted positive improvement in the number of over-52 week waits and adult average length of stay. Whilst performance on access and waiting lists was still variable and challenging, the committee recognised the significant work being undertaken and welcomed the evolution of the performance report to enable FPC to focus on persistent and deteriorating trajectories.	BAF 3.1
Accountability Framework Meeting	FPC/26/015	Managing Director / Deputy CEO	FPC received assurance that the issue around access to the Integrated Clinical Environment (ICE) system by clinical teams, which had been highlighted as an advise item at the previous two meetings, should be resolved by the end of March.	BAF 6.1
2025/26 Digital Plan	FPC/26/017	Group Chief Digital and Information Officer	The Committee commended the clarity and maturity of the Digital Plan, and noted strong progress across a whole raft of areas including; • Roll out of the shared care record across LLR; • SystmOne optimisation; • Cyber security including the purchase and implementation of a SIEM and a SOC; • LPT was part of the Midlands Procurement Programme for Ambient Voice Technology and a partner to procure this from had been identified; • Good progress was being made on centralised care planning; ReSPECT documentation was now in use, work on documentation for s117 was underway and the final scope for the About Me service was being developed; • A trial of Copilot was taking place in a number of areas in conjunction with NHFT; • Robotic automation processes were being explored mainly in HR. FPC anticipated further updates on outcome and patient experience benefits in due course.	BAF 1 BAF 1.1

Agenda Item:	Reference:	Lead:	Description:	BAF Ref
Estates and Facilities Summary Report	FPC/25/019	Group Director of Estates and Facilities	FPC received assurance on E&F performance but noted the significant maintenance backlog and the strategic estate items requiring future focus. A deep dive session on strategic estates was planned for the April meeting to examine risks, mitigations and improvement plans.	BAF 6.1
Social Value & Sustainable Procurement Policy	FPC/26/021	Managing Director / Deputy CEO	FPC agreed the policy was well structured, it aligned with Trust and group principles and the Green Plan and that the implementation plan was clear and appropriate. The committee recommended Board approval.	BAF 6 BAF 6.1

CELEBRATING OUTSTANDING: Share any practice, innovation or action that the Committee considers to be outstanding

Agenda Item:	Reference:	Lead:	Description:	BAF Ref
LPT & NHFT Collaborative, Commissioning and Contracting Group	FPC/26/013	FPC Chair	Two items were reported as celebrating outstanding, the fist was the Waterlily programme which had won the 2025 HSJ Award for Community Care Initiative of the Year. The second was the CAMHS Provider Collaborative which had won the HSJ Provider Collaborative of the Year award.	N/A
Accountability Framework Meeting	FPC/26/015	Managing Director / Deputy CEO	DMH had purchased a digital bookcase licence through charitable funds and a range of LPT branded self-help advice leaflets would be available on the Trust website to support LLR service users to stay well.	N/A
Transformation and Quality Improvement Delivery Group	FPC/26/016	Managing Director / Deputy CEO	There were two celebrating outstanding items to note from the triple A report. The first was the Body Rhymes Project in Children's SALT which helped children with profound and complex learning needs engage and communicate. The other was the Enriched Model of Dementia Care on MSOP Wards which helped to strengthen person-centred support for people living with dementia on inpatient wards.	N/A

Trust Finance Report for the period ended **28 February 2026**

For presentation at the **TRUST BOARD MEETING 31 March 2026**

Contents

Executive dashboard - overall performance against targets

Statutory targets	Year to date	Year end f'cast	Comments	Further detail
1. Income and Expenditure break-even.	G	G	The Trust is reporting a YTD deficit of £0.37m at the end of February (in line with plan). The forecast year end position is currently a surplus of £0.3m, also in line with plan, but with £0.5m likely net risks	APP. A
2. Remain within Capital Resource Limit (CRL).	G	G	The YTD capital spend for February is £10.4m, which is within funding limits.	APP. F
3. Capital Cost Absorption Duty (Return on Capital).	G	G	The capital cost absorption duty of 3.5% net assets has been achieved	N/A
Secondary targets	**Year to date**	**Year end f'cast**	**Comments**	**Further detail**
4. Deliver I&E performance in line with plan.	G	G	The reported YTD I&E deficit for February is in line with plan. The planned year end surplus of £0.3m is forecast to be achieved and mitigate risk FOT is now break-even	SUMMARY REPORT
5. Achieve Efficiency Savings targets.	G	G	Savings at 28th February are £24.9m, on plan. The £28.4m target for the year is expected to be delivered, although this includes a significant number of non-recurrent schemes.	APP. B
6. Manage agency staff spend in line with plan	G	G	YTD agency spend at the end of February is £8.7m, which is lower (£1.6m) than planned YTD spend. Forecast year end spend is £9.2m, £1.8m lower than plan.	APP. C
7. Comply with Better Payment Practice Code (BPPC).	A	A	Cumulatively the Tust achieved 2 of the 4 BPPC targets, and in month, the Trust achieved all of the 4 targets.	APP. E
Internal targets	**Year to date**	**Year end f'cast**	**Comments**	**Further detail**
8. Achieve retained cash balances in line with plan	G	G	The cash balance is £24.9m at the end of February. This is £13.4m above planned cash levels. The planned cash forecast for the year has increased by £5.3m to £18.5m.	APP. G
9. Maintain cash levels to cover at least 11 days of operating expenditure	G	G	The trust has set an internal target of having cash availability to cover at least 11 days of operating expenditure, or £13m. February's cash level of £24.9m was 21 days.	APP. G
10. Deliver capital investment in line with plan	A	G	YTD capital expenditure is £10.4m, which is £4m (28%) below planned levels for Month 11. See 'Capital Section' in summary report.	APP. F

Summary report – financial position as at 28 February 2026

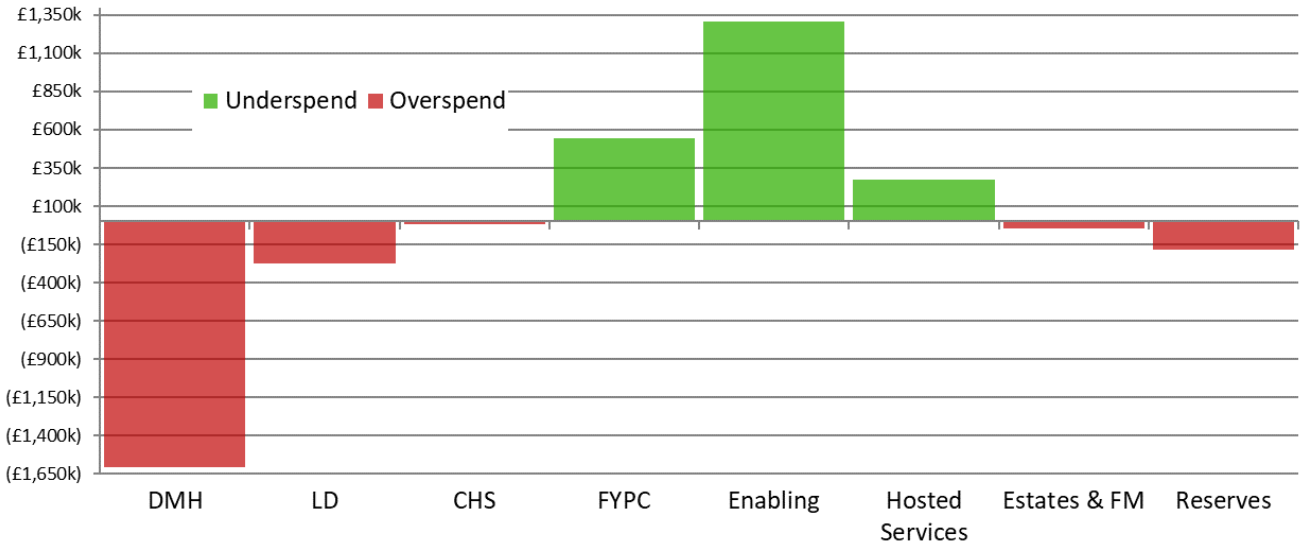
YEAR TO DATE POSITION

- The overall year-to-date income and expenditure plan (being a planned YTD deficit of £373k) has been achieved at the end of February.

- Within the wider position, the collective year-to-date operational budget position continues to show an underspend (£182k).

- Central reserves are now overspent as non-recurrent central gains were largely exhausted in the first half of the year, offsetting operational overspends. The reserves and operational positions continue to net each other off, thus delivering an overall balanced position for the Trust. The individual variances are shown in the table below:

YEAR TO DATE INCOME AND EXPENDITURE VARIANCES TO BUDGET, BY DIRECTORATE:



DIRECTORATE POSITION SUMMARY

- **The Mental Health Directorate** is £1,594k overspent, an adverse movement of £95k from M10. The movement includes the significant costs relating to the DMH patient admitted to the Agnes Unit. The M11 out of area placements forecast was 5 beds over the month – actual utilisation was 8 beds of which 3 were inappropriate. The underlying cost pressures within medical staffing, and due to the impact of negative budgets continue to be the main drivers of the deficit position. Income budgets are over-recovering due to Mill Lodge activity.

- **The Community Health Service** is reporting an overspend of £17k as at the end of February. This is a favourable movement of £27k from the previous month. Funding has been provided to support the temporary opening of Gracedieu ward and this is included

within the position. Within community nursing, bank and agency usage continues to reduce and this has helped to improve the wider position. Non-pay budgets are overspending, with pressures continuing within the continence products, mattress rental and drug budgets. This pressure, however, is partly being supported by the over-recovery of income relating to Research &Development, Road Traffic Accident and Out of County income.

- **The FYPC** financial position at month 11 is a £544k underspend, a further favourable movement compared to last month. The year end forecast has been revised to a likely £600k underspend. Agency costs were incurred against the CAMHS Crisis Team, there are plans to convert them to substantive posts. Bank costs were in keeping with the average monthly costs. Non-pay budgets reported a small overspend due to VPN and medical equipment costs offset by underspends against mobile phone and travel budgets. The income position improved in the month due to the recharge for an out of area patient on the Beacon and continued high occupancy on Welford ward. The income position also benefitted from training monies and additional funds received from the Local Authorities. The CIP target was forecast to be met for the year, part of this was achieved through additional agency and mobile phone savings.

- **The LDA** financial position at month 11 reported an overspend of £274k, a favourable movement from last month. The pay budget was overspent mainly related to negative budgets linked to the Agnes Unit and LDA management budget. Non-pay budgets reported an overspend at month 11 but this included the costs linked to the LDA Health checks for which income was deferred from 24/25 and so the income position was over-recovered. The CIP was showing forecast full delivery for the year albeit achieved via additional non recurrent savings.

- **Enabling budgets** are underspent by £1,308k as at M11. This is a positive movement of £352k compared to M10 (£956k underspent). The impact of holding vacancies due to the vacancy pause continues to help towards this underspend. Additional income has also been secured in relation to the Education and Training income which has been released into the position.

- **Estates budgets** are overspent by £47k as at M11. This is a positive movement of £105k compared to last month (£152k adverse variance). Additional estates funding received in relation to the opening of Gracedieu Ward, and the savings from catering services have continued to improve the position. Pay costs also continue to show an overall favourable variance of £728k as at M11 due to vacancy slippage.

- **The Central Reserves position** is overspent by £182k. The initial favourable position due to the release of non-recurrent balance sheet flexibility in the first half of the year is gradually being offset by corporate shortfalls profiled across the year – mainly the original net target £1.5m savings expected from MARS plus residual CIP targets not allocated to directorates.

FORECAST INCOME AND EXPENDITURE POSITION

- The forecast for the end of the year remains in-line with plan, which is a surplus of £311k. Previously the year end break-even position was only achieved under a best-case scenario. However, best-case mitigations and recovery actions identified mid-year have now been implemented, significantly moving the likely scenario towards break-even. The range of risk adjusted scenarios is included in **Appendix H**.

- The monthly surplus / deficit planned positions are shown in the table below. The YTD £373k planned deficit can be seen in M11. The March position is expected to continue the improvement in order to deliver the £311k surplus by 31st March.

	Actual M1 £000	Actual M2 £000	Actual M3 £000	Actual M4 £000	Actual M5 £000	Actual M6 £000	Actual M7 £000	Actual M8 £000	Actual M9 £000	Actual M10 £000	Actual M11 £000	*F'cast M12 £000*	Year £000
Monthly surplus / (deficit) run-rate	(601)	(469)	(373)	(233)	(141)	(26)	91	158	251	414	556	*684*	311
Cumulative YTD surplus / (deficit)	(601)	(1,070)	(1,443)	(1,676)	(1,817)	(1,843)	(1,752)	(1,594)	(1,343)	(929)	(373)	*311*	311

- In the year end forecast, the net likely risk adjusted position now shows a break-even (improving from the £0.5m net deficit risk last month).

ICS FINANCIAL POSITION

- There is no longer a formal ICS combined system finance report produced. However, headline ICS financial performance information is still shared. The ICS position at the end of M10 reported an overall net ICS deficit of £56.3m which represented a £49.4m adverse variance against plan (UHL £33.4m adverse, LPT nil variance and ICB £16.0m adverse). This position has worsened considerably from previous months as the NHSE deficit support funding (assumed in the ICS plan) has been withheld in the latter months of the year due to the overall ICS position being off-plan.

Finance Report for the period ended **28 February 2026**

APPENDICES

APPENDIX A - Statement of Comprehensive Income (SoCI)

Statement of Comprehensive Income for the period ended 28 Feb 2026	YTD Actual M11 £000	YTD Budget M11 £000	YTD Var. M11 £000
Revenue			
Total income	408,011	397,603	10,408
Operating expenses	(405,262)	(394,854)	(10,408)
Operating surplus (deficit)	**2,749**	**2,749**	**0**
Investment revenue	1,100	1,100	0
Other gains and (losses)	0	0	0
Finance costs	(1,812)	(1,812)	0
Surplus/(deficit) for the period	**2,037**	**2,037**	**0**
Public dividend capital dividends payable	(2,410)	(2,410)	0
I&E surplus/(deficit) for the period (before tech. adjs)	**(373)**	**(373)**	**0**
NHS Control Total performance adjustments			
IFRIC 12 adjustment (PFI interest adj - excl. from Con.Total)	0	0	0
NHS I&E control total performance	**(373)**	**(373)**	**0**
Other comprehensive income (Exc. Technical Adjs)			
Impairments and reversals	0	0	0
Gains on revaluations	0	0	0
Total comprehensive income for the period:	**(373)**	**(373)**	**0**
Trust EBITDA £000	**13,931**	**13,931**	**0**
Trust EBITDA margin %	**3.4%**	**3.5%**	**-0.1%**

APPENDIX B – Efficiency savings performance

At the end of month 11, CIP performance is reported in line with the year-to-date plan which is delivery of £24.9m total savings. There are some shortfalls within year-to-date directorate targets, however the directorate position continues to improve month on month and any shortfalls are being offset by corporate schemes over-delivery (which includes higher than expected non-recurrent income and the release of balance sheet flexibility).

Whilst the in-year 25/26 forecast outturn CIP position is expected to be achieved, the reliance on substantial non-recurrent savings results in a recurrent shortfall of almost £10m which has added a significant pressure to the opening 26/27 financial plan.

CIP year-to-date performance and forecast by directorate

	M11 YTD PERFORMANCE (£'000			FORECAST OUTTURN (£'000)			FOT (£'000)	
Directorate	YTD plan	YTD actual	YTD variance	Annual Plan	FOT	Variance	Recurrent - actual	Non-recurrent actual
DMH	5,605	5,501	(104)	6,210	6,209	(1)	4,454	1,755
CHS	4,986	4,986	0	5,404	5,404	0	4,859	545
FYPCLDA	4,301	4,268	(33)	4,730	4,727	(3)	4,123	604
Estates	2,053	2,005	(48)	2,399	2,399	0	1,422	977
Enabling & HIS	1,637	1,638	1	1,779	1,779	(0)	1,502	276
Corporate	6,311	6,495	184	7,836	7,840	4	2,169	5,671
Unallocated								
Grand total CIPs	**24,893**	**24,893**	**(0)**	**28,358**	**28,358**	**0**	**18,530**	**9,829**

APPENDIX C – Agency expenditure

Dir.	2025/26 Agency Expenditure	24/25 Outturn £000s Actual	24/25 Avg mth £000s Actual	25/26 M1 £000s Actual	25/26 M2 £000s Actual	25/26 M3 £000s Actual	25/26 M4 £000s Actual	25/26 M5 £000s Actual	25/26 M6 £000s Actual	25/26 M7 £000s Actual	25/26 M8 £000s Actual	25/26 M9 £000s Actual	25/26 M10 £000s Actual	25/26 M11 £000s Actual	25/26 M12 £000s F'cast	25/26 YTD £000s Actual	25/26 Year End £000s F'cast
	Consultant Costs	-5,175	-431	-436	-455	-411	-445	-364	-255	-263	-212	-214	-182	-187	-202	-3,424	-3,626
	Nursing - Qualified	-3,192	-266	-167	-123	-118	-126	-127	-103	-131	-124	-122	-77	-115	-115	-1,334	-1,449
DMH	Nursing - Unqualified	-144		-2	0	-4	-8	-3	-2	-8	-6	-14	2	-27	-25	-72	-97
	Other clinical staff costs	-145	-12	-11	-9	-15	17	0	-2	0	0	0	0	0	0	-19	-19
	Non clinical staff costs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Sub-total - DMH	**-8,655**	**-709**	**-616**	**-586**	**-548**	**-562**	**-494**	**-362**	**-402**	**-342**	**-351**	**-257**	**-330**	***-342***	**-4,850**	***-5,192***
	Consultant Costs	0	0	0	0	0	0	0	*0*	0	0	0	0	0	*0*	0	*0*
	Nursing - Qualified	-647	-54	-9	-16	-17	-2	-2	*-2*	-13	6	6	0	-1	*-1*	-50	*-51*
LD	Nursing - Unqualified	-36		0	0	-1	0	0	*-1*	-1	-2	0	0	0	*0*	-6	*-6*
	Other clinical staff costs	0	0	0	0	0	0	0	*0*	0	0	0	0	0	*0*	0	*0*
	Non clinical staff costs	0	0	0	0	0	0	0	*0*	0	0	0	0	0	*0*	0	*0*
	Sub-total - LD	**-684**	**-54**	**-9**	**-16**	**-18**	**-2**	**-2**	***-3***	**-14**	**4**	**5**	**0**	**0**	***-1***	**-56**	***-57***
	Consultant Costs	-370	-31	-30	-16	-23	-24	-14	-26	-6	0	0	0	10	*0*	-129	*-129*
	Nursing - Qualified	-7,723	-644	-358	-329	-264	-258	-225	-221	-217	-205	-182	-165	-148	*-150*	-2,572	*-2,722*
CHS	Nursing - Unqualified	-1,129		-31	-12	-7	-4	-2	-3	-4	-7	-13	-24	-39	*-35*	-146	*-181*
	Other clinical staff costs	-326	-27	-27	3	-6	-3	-4	-9	-6	-7	-6	-14	-14	*-10*	-94	*-104*
	Non clinical staff costs	0	0	0	0	0	0	0	0	0	0	0	0	0	*0*	0	*0*
	Sub-total - CHS	**-9,548**	**-702**	**-447**	**-354**	**-301**	**-289**	**-245**	**-259**	**-232**	**-218**	**-201**	**-204**	**-191**	***-195***	**-2,940**	***-3,135***
	Consultant Costs	-438	-37	-22	-22	-22	-22	-29	-18	-14	-2	12	0	0	*0*	-139	*-139*
	Nursing - Qualified	-1,406	-117	-94	-70	-76	-62	-22	-91	-40	-31	7	11	-90	*-15*	-558	*-573*
FYPC	Nursing - Unqualified	-40		0	-1	-4	-3	-1	-6	-3	-8	-1	0	-1	*-2*	-28	*-30*
	Other clinical staff costs	-23	-2	-9	-14	-10	-9	6	-6	42	0	0	-1	-2	*-2*	-3	*-5*
	Non clinical staff costs	0	0	0	0	0	0	0	0	0	0	0	0	0	*0*	0	*0*
	Sub-total - FYPC	**-1,907**	**-156**	**-125**	**-108**	**-111**	**-96**	**-45**	**-120**	**-16**	**-41**	**17**	**10**	**-92**	***-19***	**-728**	***-747***
	Consultant Costs	0			0	0	0	0	0	*0*	0	0	0	0	*0*	0	*0*
	Nursing - Qualified	101	8		-1	1	0	0	0	*0*	0	0	0	41	*0*	41	*41*
ENAB/	Nursing - Unqualified	0			0	0	0	0	0	*0*	0	0	0	5	*0*	5	*5*
ESTS/	Other clinical staff costs	-5	0		0	0	0	2	-14	*0*	-4	-1	0	22	*0*	5	*5*
HOST	Non clinical staff costs	-297	-25	-6	-4	-7	-10	-36	-19	*-11*	-86	-35	-4	-2	*-13*	-220	*-233*
	Sub-total - Enab/Host	**-202**	**-17**	**-6**	**-5**	**-6**	**-10**	**-34**	**-33**	***-11***	**-90**	**-36**	**-4**	**68**	***-13***	**-168**	***-181***
	Consultant Costs	-5,983	-499	-488	-493	-456	-491	-407	-299	-283	-214	-202	-182	-177	*-202*	-3,692	*-3,894*
	Nursing - Qualified	-12,868	-1,072	-628	-539	-475	-449	-376	-417	-401	-354	-292	-232	-313	*-281*	-4,474	*-4,755*
	Nursing - Unqualified	-1,349	-112	-33	-13	-16	-14	-6	-12	-17	-22	-29	-23	-61	*-62*	-246	*-308*
TOTAL	Other clinical staff costs	-499	-42	-47	-20	-31	4	4	-30	36	-11	-7	-16	7	*-12*	-112	*-124*
TRUST	Non clinical staff costs	-297	-25	-6	-4	-7	-10	-36	-19	-11	-86	-35	-4	-2	*-13*	-220	*-233*
	Total	**-20,996**	***-1,750***	***-1,203***	***-1,069***	***-985***	***-960***	***-820***	***-777***	***-676***	**-686**	**-566**	**-456**	**-545**	***-570***	***-8,743***	***-9,313***

Agency spend for February (month 11) is £0.55m. The average monthly agency spend last financial year was £1.75m.

YTD spend is £8.7m; this is lower (by £1.64m) than the planned YTD spend.

Agency spend for the year is forecast to be £9.3m, which is lower than the planned £11.1m.

APPENDIX D – BPPC performance

The specific BPPC target is to pay 95% of invoices within 30 days. The Trust is achieving 2 of the 4 cumulative targets– both compliant targets relate to the value of invoices paid within the 30 day period. The non-compliant targets relate to the number of NHS and Non-NHS invoices paid late. All of the 4 in-month performance targets were met in February, and all 4 cumulative targets improved since the previous month.

Better Payment Practice Code	February (Cumulative)		January (Cumulative)	
	Number	£000's	Number	£000's
Total Non-NHS trade invoices paid in the year	35,642	103,008	31,923	88,590
Total Non-NHS trade invoices paid within target	33,811	100,446	30,122	86,165
% of Non-NHS trade invoices paid within target	**94.9%**	**97.5%**	**94.4%**	**97.3%**
Total NHS trade invoices paid in the year	820	70,233	742	64,293
Total NHS trade invoices paid within target	768	68,654	693	62,715
% of NHS trade invoices paid within target	**93.7%**	**97.8%**	**93.4%**	**97.5%**
Grand total trade invoices paid in the year	36,462	173,241	32,665	152,883
Grand total trade invoices paid within target	34,579	169,100	30,815	148,880
% of total trade invoices paid within target	**94.8%**	**97.6%**	**94.3%**	**97.4%**

Non-compliant target – Number of Non-NHS invoices:

The cumulative performance for the number of Non-NHS invoices for the first eleven months of the year is 94.9% (Month 10: 94.4%). The in-month performance for February was 99.19% (January was 97.78%).

Cumulatively, 86% of Non NHS invoices not paid within the target period are in the estates & facilities directorate. 1,572 of the total 1,831 invoice paid late relate to catering and estates invoices (with the majority relating to catering invoices). 12 invoices were paid late in February, compared to 30 invoices in January.

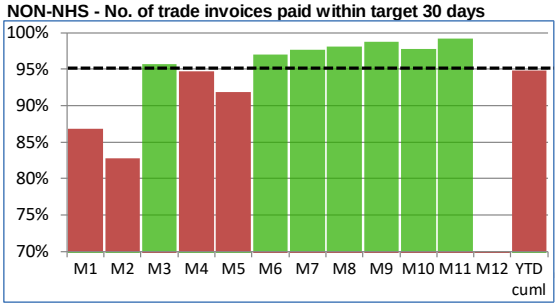
Non-compliant target – Number of NHS invoices:

The cumulative performance for the number of NHS invoices for the first eleven months of the year is 93.7% (month 10: 93.4%).

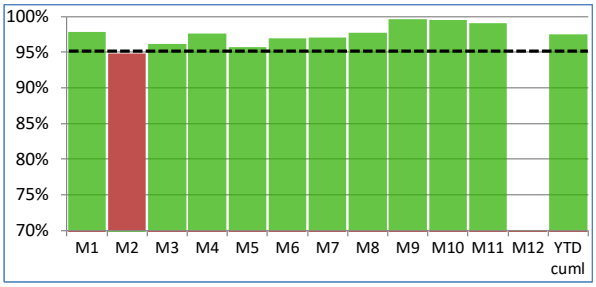
Due to the relatively low volume of NHS invoices paid during the year, only a small number of late invoices will make the performance non-compliant. So far this year, 820 NHS invoices have been paid in total, with 52 invoices being paid outside of the target period of 30 days. 3 of the 52 non-compliant invoices were paid late in February – two were within the FYPC functions and one within DMH.

Trust performance – run-rate by all months and cumulative year-to-date

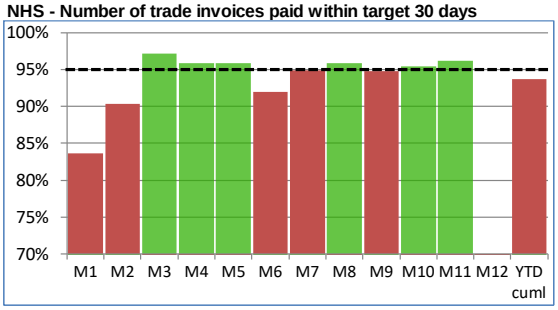
NON-NHS - No. of trade invoices paid within target 30 days



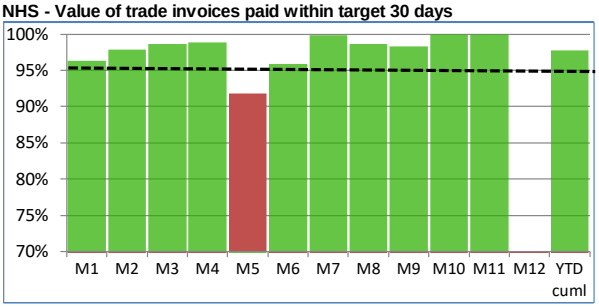
NON-NHS - Value of trade invoices paid within target 30 days



NHS - Number of trade invoices paid within target 30 days



NHS - Value of trade invoices paid within target 30 days



APPENDIX E - Capital Programme 2025/26 update

Trust Board approved an opening capital plan of £13.5m at the start of the year. In addition, the plan included £5m of PDC funding to support a number of national schemes detailed in the table below, bringing the total plan to £18.68m. £2.77m of the £5m national schemes related to MH Out of Area Placements (OAPs). Earlier in the year, NHSE confirmed that £1.8m of unused OAP PDC funding could be deferred to support completion of the schemes next year.

During the year we have received the following additional PDC capital support: GB Energy funding of £794k, £82k to support cyber security initiatives, a further £315k for estates clinical infrastructure risk, and £166k for pharmacy software. In addition, £33k was allocated this month for the installation of EV charging points. The System capital allocation also increased by £687k resulting in a revised capital forecast of £18.95m.

	Annual Revised Plan	Feb Actual	Year End Forecast	Revision to Plan
Sources of Funds	**£'000**	**£'000**	**£'000**	**£'000**
Depreciation	13,066	11,182	12,198	(868)
Cash reserves	2,840	99	4,286	1,446
Capital borrowings repayments	(4,447)	(3,852)	(4,188)	259
Total System operational capital	**11,459**	**7,429**	**12,296**	**837**
IFRS-16 new leases	**2,000**	**1,415**	**1,850**	**(150)**
MH OAPS - Acacia Ward Refurb	1,200	23	200	(1,000)
MH OAPS - Thornton Ward refurb	1,300	65	500	(800)
MH OAPS - Acute wards bathroom refurb	270	195	271	1
GB Energy	118	480	911	793
Estates Critical Infrastructure Risk (CIR)	2,129	567	2,443	314
Cyber security	0	54	82	82
Pharmacy software (medicine on admissions)	0	0	166	166
Installation of EV charging points	0	0	33	33
National Programmes (PDC)	**5,017**	**1,384**	**4,606**	**(411)**
PFI capital lifecycle costs	**202**	**185**	**202**	**0**
Total Capital funds	**18,678**	**10,413**	**18,954**	**276**
Application of Funds				
Estates	**£'000**	**£'000**	**£'000**	**£'000**
Strategic schemes	(1,497)	(3)	(3)	1,494
Capital staffing	(567)	(429)	(516)	51
Estates backlog programme	(3,470)	(976)	(3,237)	233
Estates rolling programme	(2,107)	(925)	(2,439)	(332)
Medical devices	(170)	0	(37)	133
Directorate investment	(7,430)	(4,202)	(7,455)	(25)
PFI Agnes Unit capital lifecycle costs	(202)	(185)	(202)	0
	(15,443)	**(6,720)**	**(13,889)**	**1,554**
IM&T investment	**(1,235)**	**(2,278)**	**(3,215)**	**(1,980)**
Operational Capital	**(16,678)**	**(8,998)**	**(17,104)**	**(426)**
IFRS16 - Right of Use Leases	**(2,000)**	**(1,415)**	**(1,850)**	**150**
Total Capital Expenditure	**(18,678)**	**(10,413)**	**(18,954)**	**(276)**
(Over)/underspend	**0**	**(0)**	**0**	**0**

Capital expenditure to date:

Capital expenditure up to the end of February totals £10.4m, which is £4m (28%) below planned levels for Month 11. The YTD planned level of £14.4m includes £1.8m of OAP scheme spend, which has now been deferred into 2026/27 and costs relating to a number of schemes that started later than planned. Capital expenditure has escalated in March due to the finalisation of projects and the delivery of additional IM&T equipment as part of the capital plan delivery mitigations.

Capital changes since last month:

The total capital envelope has increased by £33k since the previous month, due to additional PDC funding allocation to support the installation of the EV charging points.

	M10 Opening Plan	M11 Changes	Revised Plan	Comments
	£'000	£'000	£'000	
Plan	**(18,921)**	**(33)**	**(18,954)**	PDC allocation for EV Charging (GB Energy)
Changes to Plan over £100k				
Site Electrical Supply (incommer and ringmain)		117		Not able to complete in year
H&S - Fire		(436)		Loughborough Fire Alarm system - approved EMB
Ventilation Action Group		180		Surveys will not be completed / surveys not works so not capital
Medical Devices		133		Scheme will underspend in 25/26
Estates Equipment - RW		150		Funded from Backlog - not separate scheme
Showers - upgrades		150		Funded from Backlog - not separate scheme
		294		
Net Value of individual schemes changes < £100k		(327)		
Net change in month		**(33)**		

APPENDIX F SoFP, cash and working capital

PERIOD: February 2026	2024/25 31/03/25 Audited £'000's	2025/26 28/02/26 February £'000's
NON CURRENT ASSETS		
Property, Plant and Equipment	132,331	133,664
Intangible assets	4,422	3,117
IFRS16 - Right of use (ROU) assets	18,538	17,981
Trade and other receivables	920	920
Total Non Current Assets	**156,211**	**155,682**
CURRENT ASSETS		
Inventories	436	440
Trade and other receivables	8,747	13,150
Short term investments	0	0
Cash and Cash Equivalents	19,547	24,857
Total Current Assets	**28,730**	**38,447**
Non current assets held for sale	**0**	**0**
TOTAL ASSETS	**184,942**	**194,130**
CURRENT LIABILITIES		
Trade and other payables	(28,128)	(36,321)
Borrowings	(4,481)	(4,560)
Provisions	(3,298)	(2,719)
Other liabilities	(6,755)	(6,452)
Total Current Liabilities	**(42,662)**	**(50,052)**
NET CURRENT ASSETS (LIABILITIES)	**(13,932)**	**(11,605)**
NON CURRENT LIABILITIES		
Borrowings	(39,939)	(38,347)
Provisions	(899)	(899)
Total Non Current Liabilities	**(40,838)**	**(39,246)**
TOTAL ASSETS EMPLOYED	**101,442**	**104,832**
TAXPAYERS' EQUITY		
Public Dividend Capital	108,228	111,991
Retained Earnings	(24,744)	(25,117)
Revaluation reserve	17,958	17,958
Other reserves	0	0
TOTAL TAXPAYERS EQUITY	**101,442**	**104,832**

Non-current assets

Property, plant, and equipment (PPE) amounts to £133.7m, and includes capital additions of £9m, offset by depreciation charges.

Right of Use (ROU) leased assets total £17.98m.

Current assets

Current assets of £38.4m mainly includes cash of £24.9m, and receivables of £13.2m.

Current Liabilities

Current liabilities amount to £50.1m with trade and other payables making up £36.3m of this balance.

Other liabilities of £6.5m relate to deferred income, of which the majority relates to Provider Collaborative income and Secure Digital Environment (SDE) funding, carried forward to support future service delivery.
Net current assets / (liabilities) show net liabilities of £11.6m.

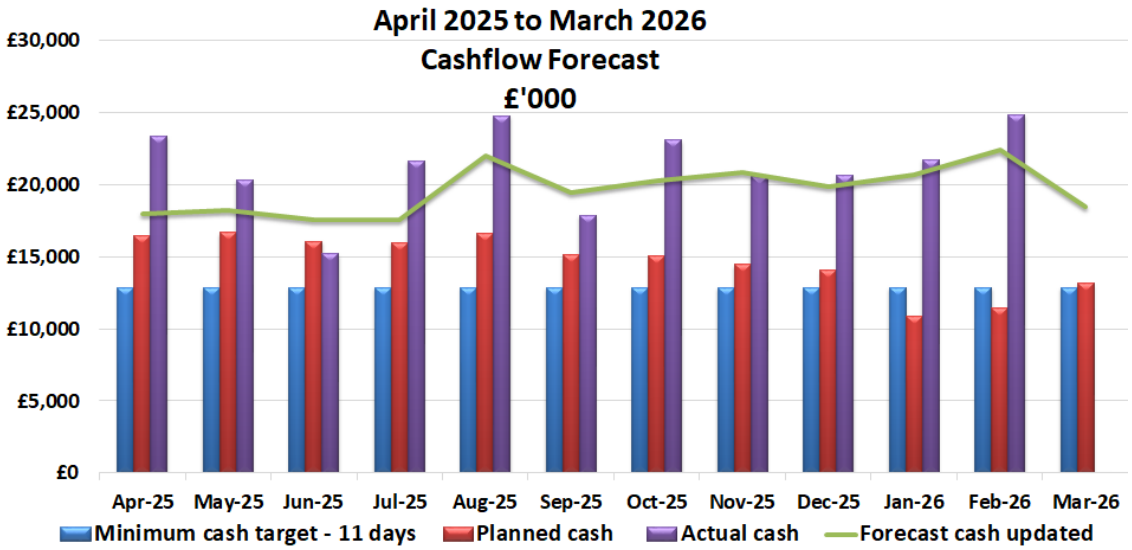
Taxpayers' Equity

February's deficit of £0.37m is reflected within retained earnings.

The Public dividend capital balance is £112m at the end of February, an increase of £3.8m during the month, following the receipt of PDC funding to support several capital schemes.

Cash

The closing cash balance at the end of February is £24.9m, an increase of £5.3m since the start of the financial year. This delivers 21 operating days cash, 11 days above the planned level of 10 days for February.



The forecast closing cash balance as at the 31st of March 2026 has increased to £18.5m. This is a £5.3m increase compared to the previous months' closing cash forecast of £13.2m. The increase is due to:

- Revised profiling of capital expenditure in the final quarter of the year, with most schemes finalising in March, and invoices paid in April of the new financial year (£2m).
- Movements in working capital assumptions e.g., utilisation of deferred income & provisions now happening in 2026/27 - £3.3m

The cashflow forecast is monitored closely against the income and expenditure forecast, to ensure any deviations from plan are factored into the cash position.

Cashflow Forecast - by value and days:

£000	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Minimum cash target - 11 days	12,872	12,872	12,872	12,872	12,872	12,872	12,872	12,872	12,872	12,872	12,872	12,872
Planned cash	16,442	16,697	16,052	16,005	16,612	15,118	15,032	14,459	14,046	10,883	11,443	13,172
Forecast cash updated	17,989	18,244	17,599	17,552	22,025	19,445	20,280	20,896	19,843	20,672	22,393	18,500
Actual cash	23,383	20,358	15,205	21,682	24,806	17,885	23,111	20,580	20,640	21,741	24,857	-

Days	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Minimum cash target - 11 days	11	11	11	11	11	11	11	11	11	11	11	11
Planned cash days	14	14	14	14	14	13	13	12	12	9	10	11
Forecast cash days	15	16	15	15	19	17	17	18	17	18	19	16
Actual cash days	20	17	13	19	21	15	20	18	18	19	21	-

Receivables

Current receivables (debtors) total £13.15m, an increase of £4.4m since the start of the year. Most of this increase relates to outstanding contract recharges with other NHS providers.

Receivables	Current Month February 2026					
	NHS £'000	Non £'000	Emp's £'000	Total £'000	% Total	% Sales Ledger
Sales Ledger						
30 days or less	1,932	5,550	4	**7,486**	**53.21%**	**74.3%**
31 - 60 days	846	202	4	**1,052**	**7.48%**	**10.4%**
61 - 90 days	151	138	4	**293**	**2.08%**	**2.9%**
Over 90 days	937	106	204	**1,247**	**8.86%**	**12.4%**
	3,866	5,996	216	**10,078**	**71.63%**	**100.0%**
Non sales ledger	1,146	1,926	0	**3,072**	**21.83%**	
Total receivables current	**5,012**	**7,922**	**216**	**13,150**	**93.46%**	
Total receivables non current		920		920	**6.54%**	
Total	**5,012**	**8,842**	**216**	**14,070**	**100.00%**	**0.0%**

Debt greater than 90 days stands at £1.247m; this is a decrease of £236k since the previous month. Receivables over 90 days should not account for more than 5% of the overall total receivables balance. The proportion at month 11 is 8.86% (last month: 13.52%). The reason the % performance has improved is due to £157k of debts being written off following board approval and the clearance of a number of smaller debts. These write-offs were fully provided for, with no impact on the financial position.
The UHL aged debt continues to increase - work is ongoing with System colleagues to get these contract recharges paid.

The bad debt provision is now £0.24m, a reduction of £167k since the start of the year, and covers all non-NHS debt greater than 12 months old.

Payables

The current payables position in month 11 is £36.3m – an increase of £8.2m since the start of the year. Other liabilities of £6.5m relate to deferred income, mainly for income carried forward from previous years, for provider collaborative and Secure Digital Environment initiatives where LPT is acting as host for the funding and also in-year medical training income.

Borrowings

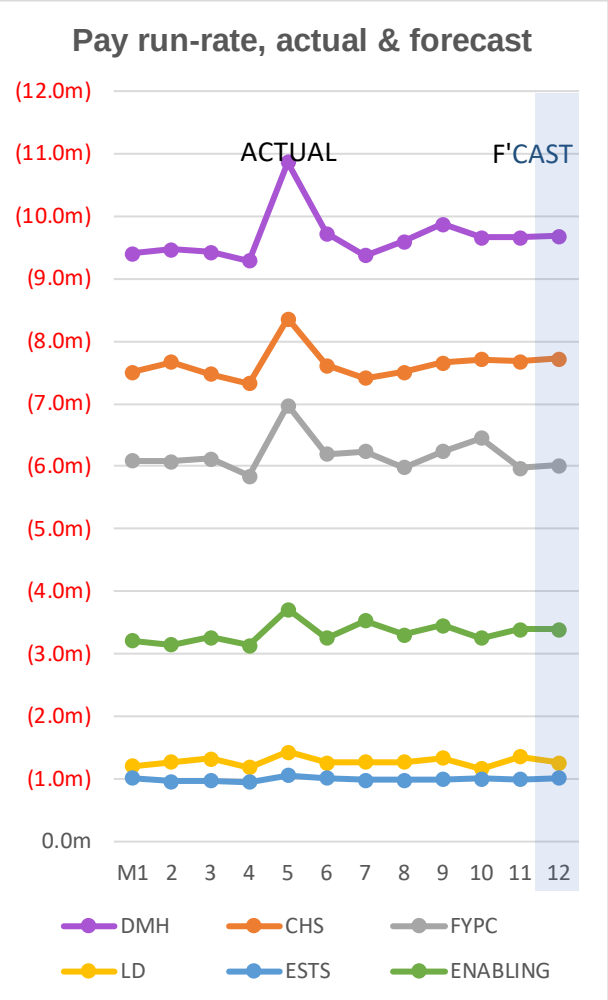
Current and non-current borrowings total £42.9m. PFI, property leases and the capital investment loan make up this balance, which reduces each month when corresponding payments are made or increases when new lease liabilities arise. The new Hinckley Hub lease is responsible for an increase in borrowings of £1.4m since the start of the year.

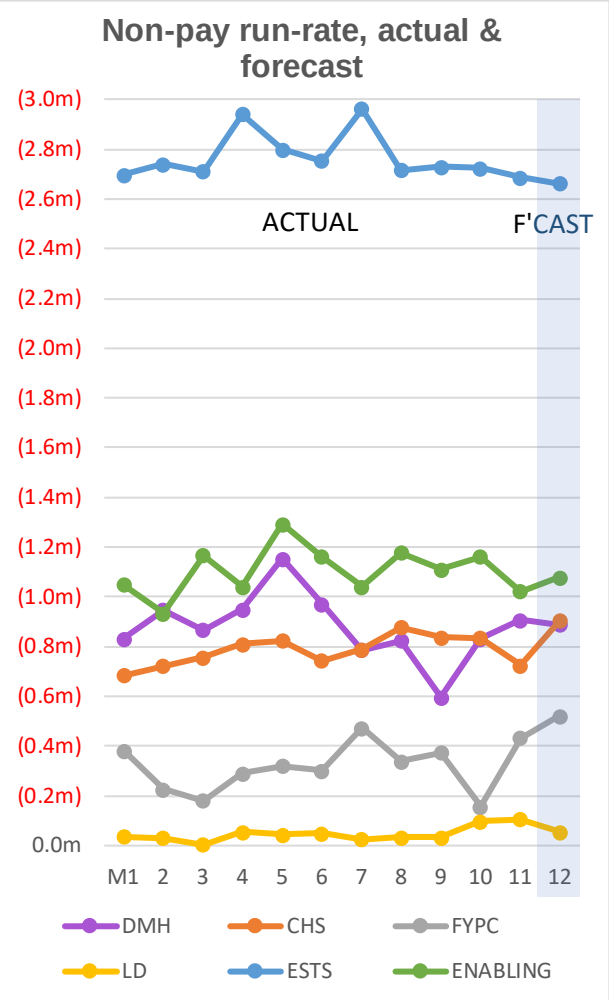
APPENDIX G – Directorate expenditure run-rates

Monthly cost run-rates are shown in the graphs below, based on likely risk adjusted forecasts (see **appendix I**).

Most directorate likely forecast outturns are based on fairly static payroll positions (pay accounting for over 80% of total Trust costs) in the final month of the year.

Non-pay run-rate projections (graph below right) show greater relative change in the year end position. A level of increase is built into the forecast, within Enabling (legal costs), CHS (continence products and mattresses) and FYPC (VPN and medical equipment costs). The Estates position continues to show the benefit of the catering review and reducing costs. Overall in absolute terms, there is no significant non-pay movement expected to impact on the wider position between now and the end of the financial year.





APPENDIX H – Risk adjusted best/likely/worst case forecasts

DIRECTORATES	VARIANCE TO £311K SURPLUS PLAN			
	BEST CASE £000	LIKELY STRETCH* £000	LIKELY FOT £000	WORST CASE £000
DMH	(1,550)	(1,694)	(1,694)	(1,867)
CHS (including Gracedieu costs)	0	0	(17)	(150)
FYPC	650	600	600	550
LD	(300)	(350)	(350)	(450)
ESTS	67	39	9	(50)
ENABLING	1,416	1,416	1,416	1,200
HOSTED	150	125	125	0
TOTAL DIRECTORATE FOT VARIANCE:	**433**	**136**	**89**	**(767)**

CORPORATE / NOT ALLOCATED	BEST CASE £000	LIKELY STRETCH* £000	LIKELY FOT £000	WORST CASE £000
Delivery against orginal plan gap mitigations				
£1.5m NON-REC EXP GAINS TARGET (over-achieved):	753	753	753	725
£2m NON-REC INCOME TARGET (over-achieved):	1,588	1,588	1,588	1,588
CORPORATE SERVICES RE-ALIGNMENT:	(1,688)	(1,688)	(1,688)	(1,688)
Sub-total - position re: original plan gap mitigations:	**653**	**653**	**653**	**625**
Other mitigation identified to date				
Interest receivable gain over budget:	425	400	400	390
Slippage on internal investments:	260	260	260	260
Sub-total 'mitigations' (reserves) position:	**1,338**	**1,313**	**1,313**	**1,275**
Pay award funding shortfall:	**(1,402)**	**(1,402)**	**(1,402)**	**(1,402)**
TOTAL CORPORATE PRESSURES / MITIGATIONS:	**(64)**	**(89)**	**(89)**	**(127)**
TOTAL TRUST	**369**	**47**	**0**	**(894)**

**Likely stretch - includes the impact of stretching the mitigations that are within our control to the upper end of estimates (compared to best case which also includes best outcome for issues beyond our control)*

APPENDIX I – Summary underlying position

The Trust is currently reporting an estimated underlying income and expenditure deficit of £12.6m. The table below shows how the in-year forecast of £0.3m surplus moves to the £12.6m underlying deficit when non-recurrent gains are removed from the recurrent position.

CALCULATION OF HIGH LEVEL UNDERLYING POSITION 2025/26 - @ M11	£000
2025/26 Forecast outturn reported at M9:	**311**
FOT non-recurrent CIPs*	(9,829)
Net impact of recurrent CIP FYE	860
Confirmed shortfall in 25/26 pay award funding	(1,402)
Additional non-recurrent gains required to deliver 25/26 plan	(1,920)
Recurrent impact of ceasing temporary vacancy pause	(600)
FORECAST YEAR END UNDERLYING POSITION (deficit) at M10:	**(12,580)**

*Recurrently unmet CIP target substantially driven by prior and current year pay award funding shortfalls totalling £7.4m

The table above shows that the majority of the underlying deficit is caused by the removal of non-recurrent 25/26 efficiency savings.

The likely recurrent CIP shortfall was well understood at 25/26 planning stage due to the high CIP target (6.6%) required to balance the 25/26 financial plan. The national CIP requirement levied via NHS contracts was 2.0%, meaning that the remaining 4.6% was required to offset local cost pressures. It is worth noting that in recent years, the most significant recurrent LPT cost pressure has been caused by the shortfall in national funding for pay awards. Following confirmation of the 25/26 funding allocation from the ICB, the cumulative recurrent shortfall has now increased to £7.4m. In effect therefore, £7.4m of the Trust's £12.6m underlying deficit (59% of the total) arises as a result of the pay award funding shortfall.

Eliminating the underlying deficit position is a core element of planning for 2026/27 and across the life of the medium term financial plan, which was submitted to NHSE on 11th February 2026 alongside the triangulated workforce and performance plans. The plan has been accepted by NHSE and no further submissions are required. The 2026/27 financial plan projected a break even position, based on delivery of a 6.3% CIP target.

Governance Table

For Board and Board Committees:	Trust Board, 31st March 2026
Paper sponsored by:	Sharon Murphy, Executive Director of Finance & Performance
Paper authored by:	Chris Poyser - Head of Corporate Finance; Jackie Moore – Financial Controller
Date submitted:	20th March 2026
Name and date of other committee / forum at which this report / issue was considered:	None
Level of assurance gained if considered elsewhere	☐ Assured ☐ Partially assured ☐ Not assured
Date of next report:	Trust Board standing agenda item
THRIVE strategic alignment:	☐ **T**echnology ☐ **H**ealthy communities ☐ **R**esponsive ☐ **I**ncluding everyone ☐ **V**aluing our people ☒ **E**fficient and effective
Board Assurance Framework considerations: (list risk number and title of risk)	6.4 Inadequate control, reporting and management of the Trust's 2025/26 financial position could mean we are unable to deliver our financial plan, resulting in a breach of LPT's statutory duties and financial strategy (including LLR strategy
Is the decision required consistent with LPT's risk appetite:	Yes
False or Misleading Information (FOMI) considerations:	N/A
Positive confirmation that the content does not risk the safety of patients or the public:	Yes
Equality considerations:	None


T
H
R
I
V
E

P

Leicestershire Partnership NHS Trust

Public Trust Board - 31st March 2026

Board Performance Report – February 2026 (Month 11)

Purpose of the Report

To provide the Trust Board with an overview of Trust performance against an agreed set of KPI's for February 2026 (M11 of 2025/26).

Analysis of the Issue

The report has been presented to the Accountability Framework Meeting ahead of Trust Board.

Proposal

The following should be noted by the Trust Board in their review of the report and looking ahead to the next reporting period:

- A data quality issue has been identified in relation to the percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team (CRHT) acted as a gatekeeper. The records have been retrospectively updated on the clinical system and improved performance is expected to be reported in the next report.
- A query has been identified in relation to the longest waiter in Adult ADHD which has increased above expected level. This is being investigated and an update will be provided next month.
- The 'Adult Eating Disorders Community - Treatment waits - No of waiters' metric indicates an improvement in SPC assurance analysis and shows that the metric will now either achieve or miss the target due to random variation. Based on the agreed SPC rules the exception page for this metric will be removed next month.

Summary performance across the Trust's agreed indicators can be found in the Exception Reports Summary / Summary Matrix and Summary Dashboard sections of the Board Performance Report.

Changes in assurance based on SPC analysis from the previous month are as follows:

- Trend moving from *expected to consistently miss the target* to *no assurance that the metrics will consistently achieve the target*:
    - All LD - Treatment waits - No of waiters

Changes in variation based on SPC trends from the previous month are as follows:

- Trend moving from *common cause* to *special cause improving with lower values*
    - Medical / Neuropsychology - Treatment waits - No of Waiters
    - Adult Eating Disorders Community - Treatment waits - No of waiters
    - Percentage of patient safety incidents that resulted in severe harm or death
- Trend moving from *common cause* to *special cause improving with higher values*
    - Staff with a Completed Annual Appraisal
- Trend moving from *common cause* to *special cause concerning with lower values*
    - The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team (CRHT) acted as a gatekeeper during the reporting period
- Trend moving from *special cause concerning with higher values* to *common cause*
    - CAMHS - Treatment waits (excl. ND) - No of waiters
    - No. of episodes of prone (unsupported) restraint
- Trend moving from *special cause concerning with lower values* to *common cause*
    - Speech Therapy - Voice, Respiratory and Dysfluency - routine (6 weeks) - incomplete pathway
- Trend moving from *special cause improving with lower values* to *common cause*
    - MHSOP Memory Clinics (18-week local RTT) - assessment waits over 52 weeks - No of waiters
    - No. of Concerns

The Exception Report Summary and individual Exception Reports contain analytical and operational commentary covering performance and improvement actions for services demonstrating a special cause concern against an agreed target.

Assurance on all other metrics remains unchanged**.**

Decision Required

Decision required – detail below

The Trust Board is asked to:

- Approve the Performance Report.

Governance Table

For Board and Board Committees:	Trust Board
Paper sponsored by:	Sharon Murphy, Director of Finance and Performance
Paper authored by:	Pardeep Dhami, Information Analyst Prakash Patel, Head of Information Anne Senior, Associate Director
Date submitted:	20.03.2026
Name and date of other committee / forum at which this report / issue was considered:	This report will be presented to the February Accountability Framework Meeting prior to sharing at Trust Board.
Level of assurance gained if considered elsewhere	☐Assured ☐ Partially assured ☐ Not assured
Date of next report:	
THRIVE strategic alignment:	☐ **T**echnology ☒ **H**ealthy communities ☒ **R**esponsive ☒ **I**ncluding everyone ☒ **V**aluing our people ☒ **E**fficient and effective
Board Assurance Framework considerations: (list risk number and title of risk)	BAF3.2 - Without timely access to services, we cannot provide high quality safe care for our patients which will impact on clinical outcomes.
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:	Yes
Equality considerations:	None identified

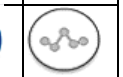
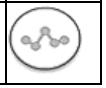
NHS
Leicestershire Partnership
NHS Trust

EXCEPTION REPORTS SUMMARY

EXCEPTION REPORTS - Consistently Failing Target

Indicator	Monthly Target	Data As At	Current Reporting Period	Previous Reporting Period	SPC Assurance	SPC Trend
Adult CMHT Access (6 weeks routine) - Incomplete pathway	>=95%	Jan-26	54.4%	50.4%	F	
Memory Clinic (18 week Local RTT) - Incomplete pathway	>=92%	Jan-26	49.1%	52.9%	F	L
ADHD (18 week local RTT) - Incomplete pathway	>=92%	Jan-26	7.1%	7.6%	F	H
CINSS (6 weeks) - Incomplete Pathway	>=95%	Jan-26	47.3%	46.9%	F	
Speech Therapy - Voice, Respiratory and Dysfluency - Routine (6 weeks) - Incomplete Pathway	>=95%	Jan-26	25.9%	21.2%	F	
Community Paediatrics (18 weeks) - Incomplete pathway	>=92%	Jan-26	10.0%	10.1%	F	L
Childrens Audiology (6 week wait for diagnostic procedures) - Incomplete pathway	>=99%	Jan-26	32.0%	29.2%	F	
Adult General Psychiatry - Community Mental Health Teams and Outpatients – Treatment waits - No of Waiters	0	Feb-26	0	0	F	L
Cognitive Behavioural Therapy - Treatment waits - No of waiters	0	Feb-26	28	34	F	L
Dynamic Psychotherapy - Treatment waits - No of waiters	0	Feb-26	0	0	F	
Therapy Service for People with Personality Disorder - Treatment waits - No of waiters	0	Feb-26	59	82	F	
Medical / Neuropsychology - Treatment waits - No of Waiters	0	Feb-26	55	69	F	L
ADHD (18 week local RTT) - assessment waits over 52 weeks - No of waiters	0	Jan-26	6830	6639	F	H

Indicator	Monthly Target	Data As At	Current Reporting Period	Previous Reporting Period	SPC Assurance	SPC Trend
MHSOP Memory Clinics (18 week local RTT) - assessment waits over 52 weeks - No of waiters	0	Jan-26	16	12	F	
Community Paediatrics - assessment waits over 52 weeks - No of waiters	0	Jan-26	7003	6782	F	H
Community Paediatrics Treatment (excl ND) - No of waiters	0	Feb-26	21	19	F	L
All Neurodevelopment (inc CAMHS, SALT, PAEDS) - Treatment waits - No of waiters	0	Feb-26	1632	0	F	H
CAMHS - Treatment waits (excl ND) - No of waiters	0	Feb-26	87	103	F	
All LD - Treatment waits - No of waiters	0	Feb-26	0	1	?	L
Children's SALT Communication & Dysphagia - No of waiters	0	Feb-26	1918	1873	F	H
Children's Physiotherapy - No of waiters	0	Feb-26	7	7	F	
Adult Eating Disorders Community - Treatment waits - No of waiters	0	Feb-26	0	5	?	L
Safe staffing - No. of wards not meeting >80% fill rate for RNs - Day	0	Feb-26	4	4	F	
Vacancy Rate	<=10%	Feb-26	9.9%	10.0%	F	L
Sickness Absence	<=5.0%	Jan-26	5.6%	5.8%	?	
Agency Costs	<=£922,333	Feb-26	£545,488	£455,712	?	L

EXCEPTION REPORTS - Consistently Achieving Target						
Indicator	**Monthly Target**	**Data As At**	**Current Reporting**	**Previous Reporting**	**SPC Assurance**	**SPC Trend**
MRSA Infection Rate	**0**	**Feb-26**	**0**	**0**		
Clostridium difficile infection rate	**<=12**	**Feb-26**	**0**	**1**		
Gatekeeping	**>=95%**	**Feb-26**	**92.2%**	**91.5%**		
Normalised Workforce Turnover (Rolling previous 12 months)	**<=10%**	**Feb-26**	**7.4%**	**7.4%**		
Core Mandatory Training Compliance for substantive staff	**>=85%**	**Feb-26**	**98.3%**	**98.3%**		
Staff with a Completed Annual Appraisal	**>=80%**	**Feb-26**	**94.6%**	**95.1%**		
% of staff from a BME background	**>=22.5%**	**Feb-26**	**33.4%**	**33.3%**		
% of staff who have undertaken clinical supervision within the last 3 months	**>=85%**	**Feb-26**	**92.2%**	**94.1%**		

EXCEPTION REPORTS MATRIX SUMMARY

Variation/Trend		Assurance		
		Achieving Target 	**Inconsistently Achieving Target** 	**Not Achieving Target** 
	Special Cause - Improvement 	Normalised Workforce Turnover / Core Mandatory Training Compliance for substantive staff / Staff with a Completed Annual Appraisal/ % of staff from a BME background	LD 52 Wks / Adult ED Community 52 wks	*Waiting Times* : ADHD / CMHT 52 Wks / CBT 52 wks / TSPPD 52 wks / Medical_Neuro 52 wks / Community Paediatrics Treatment 52 Wks Vacancy Rate
	Common Cause 	MRSA Infection Rate / Clostridium difficile infection rate % staff clinical supervision		*Waiting Times:* Adult CMHT / Stroke & Neuro / Speech Therapy / Children's Audiology / DPS 52 wks / MHSOP Memory Clinic 52 Wks / CAMHS - Treatment waits / Children's Physiotherapy 52 wks Safe staffing - Day
	Special Cause - Concern 	Gatekeeping	Agency Cost	*Waiting Times:* Memory Clinic / Community Paediatrics / ADHD 52 weeks / Community Paediatrics 52 wks assessment / All Neurodevelopment 52 Wks / Children's SALT Communication & Dysphagia 52 Wks

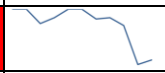
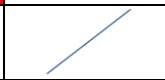
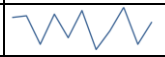
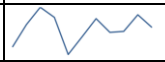
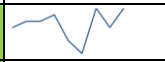
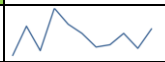
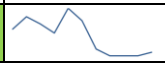
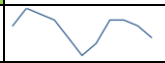
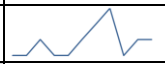
SUMMARY

WORKFORCE						
Indicator	**Monthly Target**	**Data As At**	**Current Reporting Period**	**Previous Reporting Period**	**SPC Assurance**	**SPC Trend**
Normalised Workforce Turnover (Rolling previous 12 months)	**<=10%**	**Feb-26**	**7.4%**	**7.4%**		
Vacancy Rate	**<=10%**	**Feb-26**	**9.9%**	**10.0%**		
Sickness Absence (in arrears)	**<=5.0%**	**Jan-26**	**5.6%**	**5.8%**		
Agency Costs	**<=£922,333**	**Feb-26**	**£545,488**	**£455,712**		

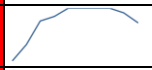
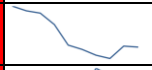
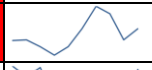
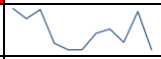
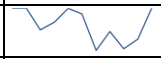
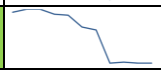
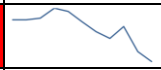
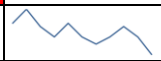
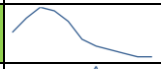
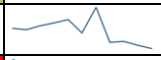
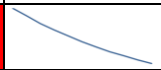
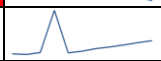
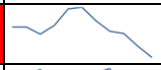
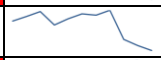
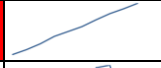
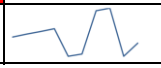
FINANCE (Metrics TBC)

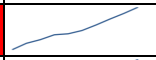
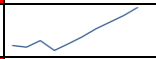
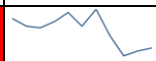
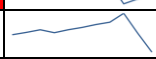
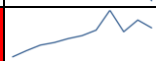
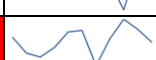
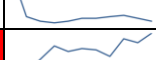
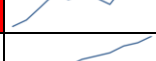
QUALITY & SAFETY						
Indicator	**Monthly Target**	**Data As At**	**Current Reporting Period**	**Previous Reporting Period**	**SPC Assurance**	**SPC Trend**
Safe staffing - No. of wards not meeting >80% fill rate for RNs - Day	**0**	**Feb-26**	**4**	**4**		
Safe staffing - No. of wards not meeting >80% fill rate for RNs - Night	**0**	**Feb-26**	**1**	**1**		

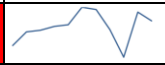
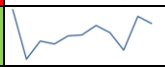
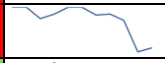
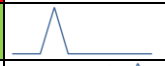
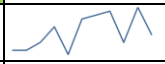
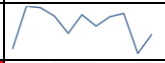
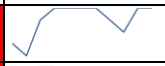
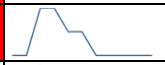
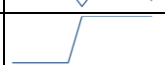
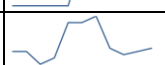
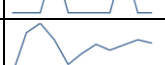
Board Performance Report
Summary Dashboard

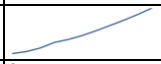
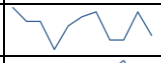
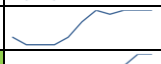
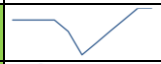
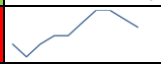
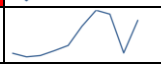
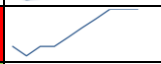
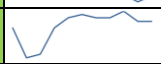
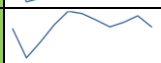
Section	Source	Reporting Frequency	Indicator	Monthly Target	Data As At	Current Reporting Period	Previous Reporting Period	Sparkline YTD	SPC Assurance	SPC Trend	Exception Report
Quality Account	TRUST	Monthly	The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team (CRHT) acted as a gatekeeper during the reporting period	>=95%	Feb-26	92.2%	91.5%				
	TRUST	Yearly	The Trust's "Patient experience of community mental health services" indicator score with regard to a patient's experience of contact with a health or social care worker during the reporting period		24/25	6.6	6.3				
	TRUST	Monthly	The percentage of inpatients discharged with a subsequent inpatient admission within 30 days - 0-15 years		Feb-26	0.0%	0.0%				
	TRUST	Monthly	The percentage of inpatients discharged with a subsequent inpatient admission within 30 days - 16+ years		Feb-26	6.7%	5.4%				
	TRUST	Monthly	The number of patient safety incidents reported within the Trust during the reporting period		Feb-26	1863	1995				
	TRUST	Monthly	The rate of patient safety incidents reported within the Trust during the reporting period		Feb-26	66.8%	67.3%				
	TRUST	Monthly	The number of such patient safety incidents that resulted in severe harm or death		Feb-26	6	6				
	TRUST	Monthly	The percentage of such patient safety incidents that resulted in severe harm or death		Feb-26	0.3%	0.3%				
	MHSDS	Monthly (a quarter in arrears)	72 hour Follow Up after discharge (Aligned with national published data)	>=80%	Dec-25	93.0%	90.0%				
NHS Oversight	TRUST	Monthly	2-hour urgent response activity	>=70%	Feb-26	84.6%	86.0%				
	TRUST	Monthly	Daily discharges as % of patients who no longer meet the criteria to reside in hospital		Feb-26	27.2%	23.4%				
	TRUST	Monthly	Out of Area Placement - Inappropriate Bed Days	0	Feb-26	28	0				
	ICB	Monthly	Reliance on specialist inpatient care for adults with a learning disability and/or autism		Feb-26	26	28				
	ICB	Monthly	Reliance on specialist inpatient care for children with a learning disability and/or autism		Feb-26	2	2				
		Monthly	Overall CQC rating (provision of high quality care)		2021/22	2					
		Monthly	CQC Well Led Rating		2021/22	2					
		Quarterly	NHS Oversight Framework Segment		Q2	2	2				

Section	Source	Reporting Frequency	Indicator	Monthly Target	Data As At	Current Reporting Period	Previous Reporting Period	Sparkline YTD	SPC Assurance	SPC Trend	Exception Report
	MHRA	Monthly	National Patient Safety Alerts not completed by deadline		Feb-26	0	0				
	TRUST	Monthly	MRSA Infection Rate	0	Feb-26	0	0		P		
	TRUST	Monthly	Clostridium difficile infection rate	<=12	Feb-26	0	1		P		
	UHL	Monthly (In Arrears)	E.coli bloodstream infections		Jan-26	0	0				
	GOV	Monthly (YTD)	Percentage of people aged 65 and over who received a flu vaccination		Jan-26	75.0%	74.4%				
			VTE Risk Assessment								
Operational Planning	TRUST	Monthly (3 month rolling)	Average Length of Stay in Adult Acute MH Beds	<=52.5	Feb-26	49.8	55.0				
	TRUST	Monthly	Average Length of stay - Community Hospitals	<=23.5	Feb-26	24.1	24.7				
	TRUST	Monthly	Community Care Contacts - CHS	Plan=75904	Feb-26	79303	81713				
	TRUST	Monthly	Community Care Contacts - FYPC	Plan=8292	Feb-26	9823	10112				
	TRUST	Monthly	Community Services Waiting List over 52 weeks	Target =0 Plan=7339	Feb-26	7158	7005				
Access Waiting Times - DMH	TRUST	Monthly (In Arrears)	Adult CMHT Access (6 weeks routine) - Incomplete pathway	>=95%	Jan-26	54.4%	50.4%		F		
	TRUST	Monthly (In Arrears)	Memory Clinic (18 week Local RTT) - Incomplete pathway	>=92%	Jan-26	49.1%	52.9%		F	L	
	TRUST	Monthly (In Arrears)	ADHD (18 week local RTT) - Incomplete pathway	>=92%	Jan-26	7.1%	7.6%		F	H	
	TRUST	Monthly (In Arrears)	Early Intervention in Psychosis with a Care Co-ordinator within 14 days of referral - complete pathway	>=60%	Jan-26	65.2%	60.0%		?		
Access Waiting Times - CHS	TRUST	Monthly (In Arrears)	CINSS (6 weeks) - Incomplete Pathway	>=95%	Jan-26	47.3%	46.9%		F		
	TRUST	Monthly (In Arrears)	Speech Therapy - Voice, Respiratory and Dysfluency - Routine (6 weeks) - Incomplete Pathway	>=95%	Jan-26	25.9%	21.2%		F		

Section	Source	Reporting Frequency	Indicator	Monthly Target	Data As At	Current Reporting Period	Previous Reporting Period	Sparkline YTD	SPC Assurance	SPC Trend	Exception Report
Access Waiting Times - FYPCLDA	TRUST	Monthly (In Arrears)	CAMHS Eating Disorder (one week) - Complete pathway	>=95%	Jan-26	85.7%	50.0%				
	TRUST	Monthly (In Arrears)	CAMHS Eating Disorder (four weeks) - Complete pathway	>=95%	Jan-26	77.8%	92.9%				
	TRUST	Monthly (In Arrears)	Community Paediatrics (18 weeks) - Incomplete pathway	>=92%	Jan-26	10.0%	10.1%				
	TRUST	Monthly (In Arrears)	Childrens Audiology (6 week wait for diagnostic procedures) - Incomplete pathway	>=99%	Jan-26	32.0%	29.2%				
Looked After Children	TRUST	Monthly	Percent of IHA plans sent to LA in month by 19th working day of being taken into care (City/County/Rutland)		Feb-26	0.0%	15.4%				
	TRUST	Monthly	(5-18yrs) Percent of RHAs sent to LA in month within 12 months of previous assessment (City/County/Rutland)		Feb-26	100.0%	94.0%				
	TRUST	Monthly	(0-4yrs) Percent of RHAs sent to LA in month within 6 months of previous assessment (City/County/Rutland)		Feb-26	100.0%	97.7%				
52 Week Waits - DMH	TRUST	Monthly	Adult General Psychiatry - Community Mental Health Teams and Outpatients – Treatment waits - No of Waiters	0	Feb-26	0	0				
	TRUST	Monthly	Adult General Psychiatry - Community Mental Health Teams and Outpatients – Treatment waits - Longest Waiter		Feb-26	37	33				
	TRUST	Monthly	Cognitive Behavioural Therapy - Treatment waits - No of waiters	0	Feb-26	28	34				
	TRUST	Monthly	Cognitive Behavioural Therapy- Treatment waits - Longest waiter (weeks)		Feb-26	76	81				
	TRUST	Monthly	Dynamic Psychotherapy - Treatment waits - No of waiters	0	Feb-26	0	0				
	TRUST	Monthly	Dynamic Psychotherapy - Treatment waits - Longest waiter (weeks)		Feb-26	48	52				
	TRUST	Monthly	Therapy Service for People with Personality Disorder - Treatment waits - No of waiters	0	Feb-26	59	82				
	TRUST	Monthly	Therapy Service for People with Personality Disorder - Treatment waits - Longest waiter (weeks)		Feb-26	211	207				
	TRUST	Monthly	Medical / Neuropsychology - Treatment waits - No of Waiters	0	Feb-26	55	69				
	TRUST	Monthly	Medical/Neuropsychology- Treatment waits - Longest Waiter		Feb-26	122	126				
	TRUST	Monthly (In Arrears)	ADHD (18 week local RTT) - assessment waits over 52 weeks - No of waiters	0	Jan-26	6830	6639				
	TRUST	Monthly (In Arrears)	ADHD (18 week local RTT) - assessment waits over 52 weeks - Longest waiter (weeks)		Jan-26	364	342				

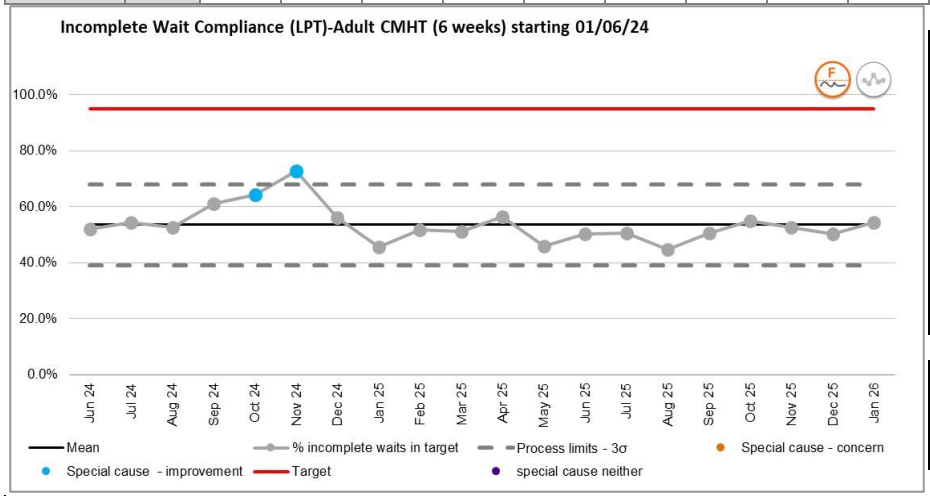
Section	Source	Reporting Frequency	Indicator	Monthly Target	Data As At	Current Reporting Period	Previous Reporting Period	Sparkline YTD	SPC Assurance	SPC Trend	Exception Report
	TRUST	Monthly (In Arrears)	MHSOP Memory Clinics (18 week local RTT) - assessment waits over 52 weeks - No of waiters	0	Jan-26	16	12				
	TRUST	Monthly (In Arrears)	MHSOP Memory Clinics (18 week local RTT) - assessment waits over 52 weeks -Longest waiter (weeks)		Jan-26	84	80				
52 Week Waits - FYPCLDA	TRUST	Monthly (In Arrears)	Community Paediatrics - assessment waits over 52 weeks - No of waiters	0	Jan-26	7003	6782				
	TRUST	Monthly (In Arrears)	Community Paediatrics - assessment waits over 52 weeks - Longest waiter (weeks)		Jan-26	211	206				
	TRUST	Monthly	Community Paediatrics Treatment (excl ND) - No of waiters	0	Feb-26	21	19				
	TRUST	Monthly	Community Paediatrics Treatment (excl ND) - Longest waiter		Feb-26	104	135				
	TRUST	Monthly	All Neurodevelopment (inc CAMHS, SALT, PAEDS) - Treatment waits - No of waiters	0	Feb-26	1632	1747				
	TRUST	Monthly	All Neurodevelopment (inc CAMHS, SALT, PAEDS) - Treatment waits - Longest waiter (weeks)		Feb-26	278	274				
	TRUST	Monthly	CAMHS - Treatment waits (excl ND) - No of waiters	0	Feb-26	87	103				
	TRUST	Monthly	CAMHS - Treatment waits (excl ND) - Longest waiter (weeks)		Feb-26	89	86				
	TRUST	Monthly	All LD - Treatment waits - No of waiters	0	Feb-26	0	1				
	TRUST	Monthly	All LD - Treatment waits - Longest waiter (weeks)		Feb-26	51	53				
	TRUST	Monthly	Children's SALT Communication & Dysphagia - No of waiters	0	Feb-26	1918	1873				
	TRUST	Monthly	Children's SALT Communication & Dysphagia - Longest waiter		Feb-26	135	131				
	TRUST	Monthly	Children's Physiotherapy - No of waiters	0	Feb-26	7	7				
	TRUST	Monthly	Children's Physiotherapy - Longest waiter		Feb-26	91	86				
	TRUST	Monthly	Children's Continence - No of waiters	0	Feb-26	0	0				
	TRUST	Monthly	Children's Continence - Longest waiter		Feb-26	9	20				
	TRUST	Monthly	Audiology - No of waiters	0	Feb-26	2	1				
	TRUST	Monthly	Audiology - Longest waiter		Feb-26	58	53				
	TRUST	Monthly	Adult Eating Disorders Community - Treatment waits - No of waiters	0	Feb-26	0	5				
	TRUST	Monthly	Adult Eating Disorders Community - Treatment waits - Longest waiter (weeks)		Feb-26	50	82				

Section	Source	Reporting Frequency	Indicator	Monthly Target	Data As At	Current Reporting Period	Previous Reporting Period	Sparkline YTD	SPC Assurance	SPC Trend	Exception Report
Patient Flow	TRUST	Monthly	Occupancy Rate - Mental Health Beds (excluding leave)	<=85%	Feb-26	86.6%	87.7%				
	TRUST	Monthly	Occupancy Rate - Community Beds (excluding leave)	>=93%	Feb-26	93.7%	94.4%				
	TRUST	Monthly	Delayed Transfers of Care	<=3.5%	Feb-26	5.9%	6.1%				
	TRUST	Monthly	Gatekeeping	>=95%	Feb-26	92.2%	91.5%				
	TRUST	Monthly	Admissions to adult facilities of patients under 18 years old	0	Feb-26	0	0				
Quality & Safety	TRUST	Monthly	No. of Complaints		Feb-26	25	32				
	TRUST	Monthly	No. of Concerns		Feb-26	39	22				
	TRUST	Monthly	No. of Compliments		Feb-26	167	136				
	TRUST	Monthly	Safe staffing - No. of wards not meeting >80% fill rate for RNs - Day	0	Feb-26	4	4				
	TRUST	Monthly	Safe staffing - No. of wards not meeting >80% fill rate for RNs - Night	0	Feb-26	1	1				
	TRUST	Monthly	Care Hours per patient day		Feb-26	11.3	11.5				
	TRUST	Monthly	No. of Long term Segregations		Feb-26	2	2				
	TRUST	Monthly	No. of episodes of seclusions >2hrs		Feb-26	7	6				
	TRUST	Monthly	No. of episodes of prone (Supported) restraint		Feb-26	0	0				
	TRUST	Monthly	No. of episodes of prone (Unsupported) restraint		Feb-26	0	0				
	TRUST	Monthly	Total number of Restrictive Practices		Feb-26	266	279				
	TRUST	Monthly (In Arrears)	No. of Category 2 pressure ulcers developed or deteriorated in LPT care		Jan-26	133	125				
	TRUST	Monthly (In Arrears)	No. of Category 3 pressure ulcers developed or deteriorated in LPT care		Jan-26	18	14				
	TRUST	Monthly (In Arrears)	No. of Category 4 pressure ulcers developed or deteriorated in LPT care		Jan-26	7	11				
	TRUST	Monthly (In Arrears)	No. of repeat falls		Jan-26	61	53				

Section	Source	Reporting Frequency	Indicator	Monthly Target	Data As At	Current Reporting Period	Previous Reporting Period	Sparkline YTD	SPC Assurance	SPC Trend	Exception Report
	TRUST	Monthly	No. of Medication Errors		Feb-26	71	92				
	TRUST	Monthly	LD Annual Health Checks completed - YTD		Feb-26	75.4%	65.7%				
	TRUST	Monthly	LeDeR Reviews completed within timeframe - Allocated		Feb-26	5	10				
	TRUST	Monthly	LeDeR Reviews completed within timeframe - Awaiting Allocation		Feb-26	11	7				
	TRUST	Monthly	LeDeR Reviews completed within timeframe - On Hold		Feb-26	15	15				
HR Workforce	TRUST	Monthly	Normalised Workforce Turnover (Rolling previous 12 months)	<=10%	Feb-26	7.4%	7.4%				
	TRUST	Monthly	Vacancy Rate	<=10%	Feb-26	9.9%	10.0%				
	TRUST	Monthly (In Arrears)	Sickness Absence	<=5.0%	Jan-26	5.6%	5.8%				
	TRUST	Monthly (In Arrears)	Sickness Absence Costs		Jan-26	£1,228,230	£1,082,004				
	TRUST	Monthly (In Arrears)	Sickness Absence - YTD	<=5.0%	Jan-26	5.5%	5.5%				
	TRUST	Monthly	Agency Costs	<=£922,333	Feb-26	£545,488	£455,712				
	TRUST	Monthly	Core Mandatory Training Compliance for substantive staff	>=85%	Feb-26	98.3%	98.3%				
	TRUST	Monthly	Staff with a Completed Annual Appraisal	>=80%	Feb-26	94.6%	95.1%				
	TRUST	Monthly	% of staff from a BME background	>=22.5%	Feb-26	33.4%	33.3%				
	TRUST	Monthly	Staff flu vaccination rate (frontline healthcare workers)		Feb-26	45.4%	45.5%				
	TRUST	Monthly	% of staff who have undertaken clinical supervision within the last 3 months	>=85%	Feb-26	92.2%	94.1%				

EXCEPTION REPORT - Adult CMHT Access (Six weeks routine) - Incomplete pathway *(Month in arrears)*

DMH	Target	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26
	>=95%	51.7%	51.1%	56.4%	45.9%	50.2%	50.5%	44.6%	50.5%	54.9%	52.5%	50.4%	54.4%
No of Referrals		310	338	413	348	314	448	344	439	539	474	476	520



Analytical Commentary

The metric is showing a common cause variation with no significant change. The metric will consistently fail to meet the target as demonstrated by the target line falling above the process limits.

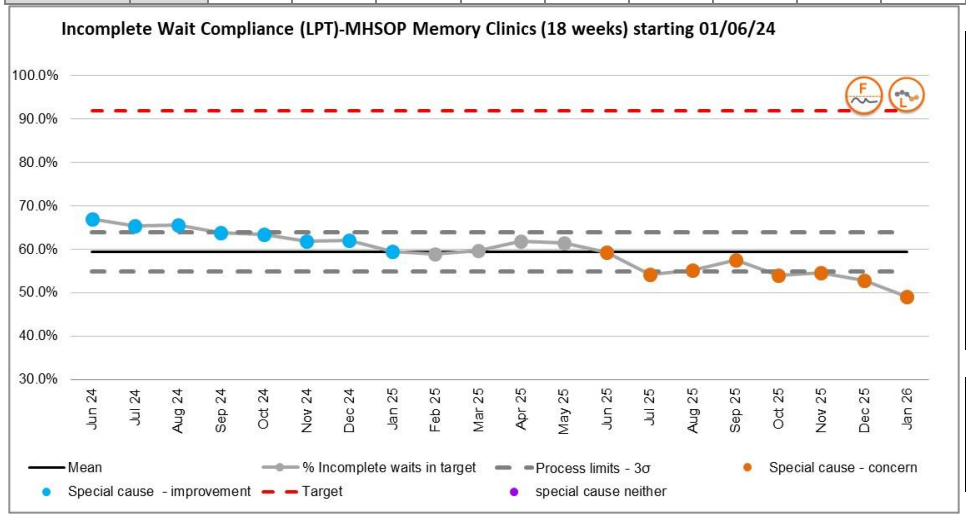
Mean	Lower Process Limit	Upper Process Limit
53.6%	39.0%	68.0%

Operational Commentary (e.g. referring to risk, finance, workforce)

Daily huddles in place in all Neighbourhood Teams. Hub and spoke consulter MDT in place with specialist teams connecting with all Neighbourhood Teams to support appropriate referral. Expected outcome is that patients will have timely access to most appropriate service(s) to meet their needs; enhanced patient experience and service efficiency – ongoing
Work continues to progress caseloads review programme. Medical workforce transformation plan workstreams will review caseload and patient cohorts in outpatient clinics with the expected outcome of reduced consultant caseloads, bringing these within agreed thresholds, and supporting increased retention of medical staff and improved patient flow. This long term target has a completion date of April 2026.
Work underway to ensure appropriate clinical pathways for patients identified as on Clozapine or require a depot to ensure timely access to treatment. This is being led by the Head of Nursing. Additional work underway to explore potential to increase OP capacity by band 7 NMP to facilitate annual prescribing review for all depot pts across the NH teams.
Continued recruitment to Consultant posts to increase capacity, to date 3 substantive consultants have been appointed, two commenced with start date for third to be confirmed.

EXCEPTION REPORT - MHSOP - Memory Clinics (18 weeks local RTT) - Incomplete pathway *(Month in arrears)*

DMH	Target	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26
	>=92%	58.9%	59.7%	61.9%	61.5%	59.2%	54.1%	55.1%	57.6%	54.0%	54.6%	52.9%	49.1%
No of Referrals		196	253	218	207	240	184	203	279	267	224	230	234



Analytical Commentary

The metric is showing a special cause variation of a concerning nature due to lower values. The metric will consistently fail to meet the target as demonstrated by the target line falling above the process limits.

Mean	Lower Process Limit	Upper Process Limit
59.4%	55.0%	64.0%

Operational Commentary (e.g. referring to risk, finance, workforce)

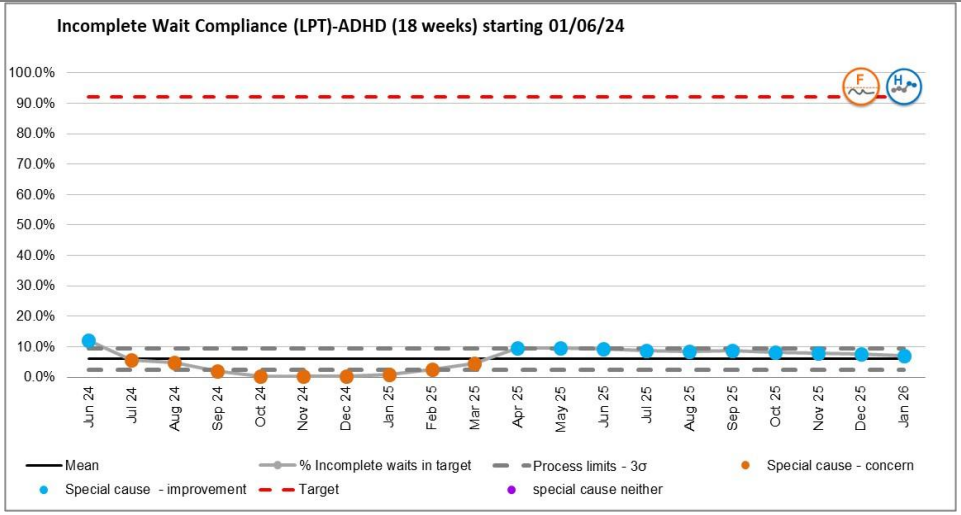
Implementation of One Stop Clinic (Rapid Access Clinics) commenced March 2025 with noted improvement in numbers waiting and length of wait for those patients seen and diagnosed in these clinics which enable assessment and diagnosis on-the-day. Advanced pathway clinics pilot commenced June 2025, for patients over 85 where there is a high suspicion of dementia. A review took place of both models in February 2026, the outputs of the review will be taken through the governance structure for a decision on whether these pilots become business as usual.

All patients waiting receive wellbeing calls following initial 8 week wait and every 8 weeks thereafter, support workers follow a clear script to check risks, support network available and signpost to support available. Any escalating or unmanaged risks referred to a clinician for review and call back if needed. High levels of referral continue to challenge available capacity.

Some long term sickness and vacancies have impacted on medical capacity in the team. Locum cover has been identified.

EXCEPTION REPORT - ADHD (18 weeks local RTT) - Incomplete pathway *(Month in arrears)*

DMH	Target	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26
	>=92%	2.5%	4.5%	9.5%	9.6%	9.4%	8.7%	8.4%	8.8%	8.2%	7.8%	7.6%	7.1%
No of Referrals		292	311	247	216	268	266	239	299	251	257	222	197



Analytical Commentary

The metric is showing a special cause variation of an improving nature due to higher values. The metric will consistently fail to meet the target as demonstrated by the target line falling above the process limits.

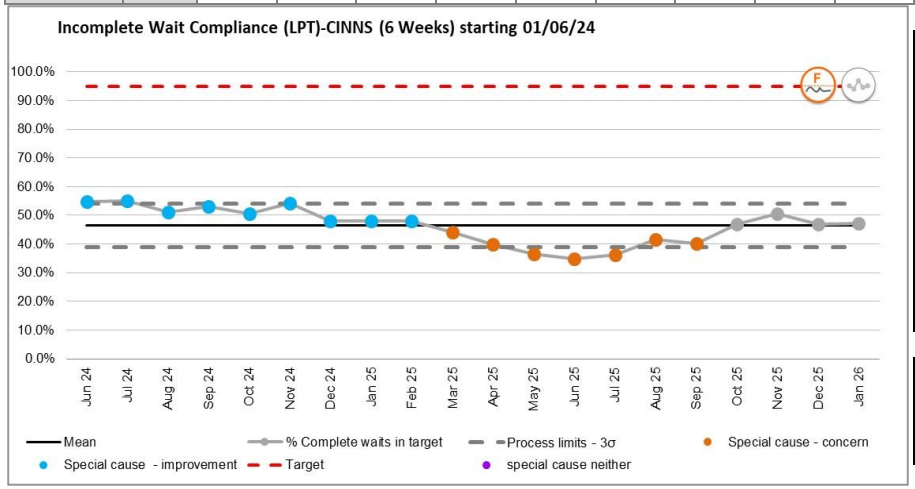
Mean	Lower Process Limit	Upper Process Limit
5.9%	2.0%	9.0%

Operational Commentary (e.g. referring to risk, finance, workforce)

Following ICB and EMB agreement, work has commenced to develop a more efficient pathway to enable shorter waits for assessment and treatment and ensure patients are signposted to the service most appropriate to their needs. A group co-chaired by DMH Exec Director and ICB Associate Director oversee workstreams to progress Adult ADHD pathway transformation. This includes increasing productivity, reviewing best practice, potential for development and implementation of Right to Choose framework for LPT, devising training packages for GPs and LPT staff / become an accredited provider of ADHD training in the East Midlands, and implementation a new provider of psychological/psychoeducational support for patients waiting. This went live in January 2026 with comms plan overseen by Leicester City Council. The LPT service continues to work with LPT Communications Team on waiting well support pages which are now live on LPT website with further work underway to enhance in light of feedback.

EXCEPTION REPORT - CINSS (6 weeks) - Incomplete pathway *(Month in arrears)*

CHS	Target	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26
	>=95%	47.9%	44.0%	39.9%	36.6%	34.9%	36.3%	41.5%	40.2%	46.9%	50.6%	46.9%	47.3%
No of Referrals		174	210	203	219	180	189	205	165	188	178	180	174



Analytical Commentary

The metric is showing a common cause variation with no significant change. The metric will consistently fail to meet the target as demonstrated by the target line falling above the process limits.

Mean	Lower Process Limit	Upper Process Limit
46.4%	39.0%	54.0%

Operational Commentary (e.g. referring to risk, finance, workforce)

ACHIEVED:

- Recruitment to vacancies.
- Decrease in numbers waiting - over achieving on likely trajectory.

ONGOING ACTIONS:

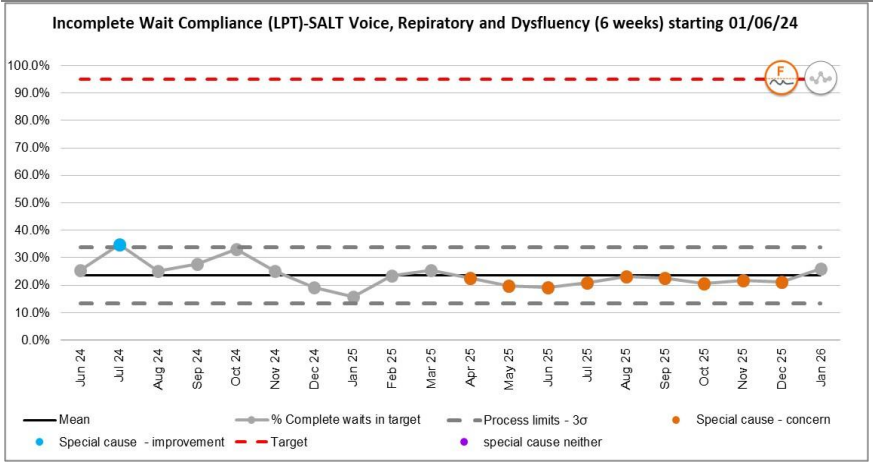
- Monitor number of internal referrals between CINNS & AHPs to ensure appropriate.
- Weekly monitoring of new patient appointments completed and prospective bookings to support assurance the service is on track with meeting the waiting list trajectory.
- Senior oversight at every PTL and PTL efficiences and process improvements have been made to maximise available slots; minimise risk of empty slots and patient slots are available for bookings 6 weeks in advance.
- Monthly monitoring against waiting list trajectory with best, likely and worst case scenarios (likely case taking account of known long term sickness, maternity, vacancies and transformation actions), to demonstrate improvement in compliance and reduction in numbers waiting.

NEXT STEPS:

- 2nd OT Memory Group planned.
- Directorate job planning meeting across AHP service lines.
- Dictation software options to be explored and piloted in the service.
- Review alternative options for safeguarding related activity and liaison wth other agencies especially social care.
- Review holistic template requirements.
- Review equipment list for trusted assessment.
- Work with onboarding team to help with OT workforce challenges and bank recruitment.

EXCEPTION REPORT - Speech Therapy - Voice, Respiratory and Dysfluency - Routine (6 weeks) - Incomplete pathway *(Month in arrears)*

CHS	Target	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26
	>=95%	23.4%	25.4%	22.6%	19.7%	19.3%	20.8%	23.2%	22.5%	20.7%	21.9%	21.2%	25.9%
No of Referrals		78	100	72	73	58	63	81	81	72	56	74	88



Analytical Commentary

The metric is showing a common cause variation with no significant change. The metric will consistently fail to meet the target as demonstrated by the target line falling above the process limits.

Mean	Lower Process Limit	Upper Process Limit
23.6%	13.0%	34.0%

Operational Commentary (e.g. referring to risk, finance, workforce)

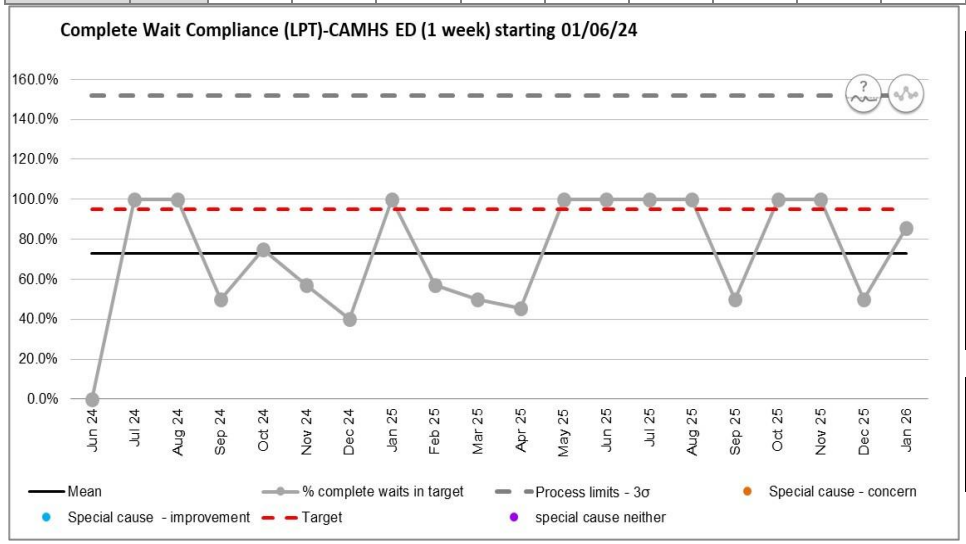
ACHIEVED:
- Improving waiting times position and decrease in numbers waiting.
- Process of sending opt-in letters to all cough patients has commenced.
- Draft trajectory produced and being validated by the service.

ONGOING ACTIONS:
- Weekly monitoring of new patient appointments completed and prospective appointments booked, to support service to increase the number of new patients being seen and reduce numbers waiting.
- PTL process changes to strengthen waiting list management

NEXT STEPS:
- Consider increased use of digital communication for appointment offers, self-help, service information. Scoping of options with the Business Team to be complete by end of Q4.
- Consider increasing use of video and telephone follow-ups to reduce cancellations / non-attendance and increase productivity. Scoping to be completed by end of Q4.
- Introduce individualised job plans. To be completed by end of Q4.

EXCEPTION REPORT - CAMHS Eating Disorder (one week - urgent pathway) - Complete pathway *(Month in arrears)*

FYPCLDA	Target	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26
	>=95%	57.1%	50.0%	45.5%	100.0%	100.0%	100.0%	100.0%	50.0%	100.0%	100.0%	50.0%	85.7%
No of Referrals		5	8	8	2	2	3	3	4	5	1	3	10



Analytical Commentary

The metric is showing a common cause variation with no signficant change. There is no assurance that the metric will consistently achieve the target and is showing a common cause variation.

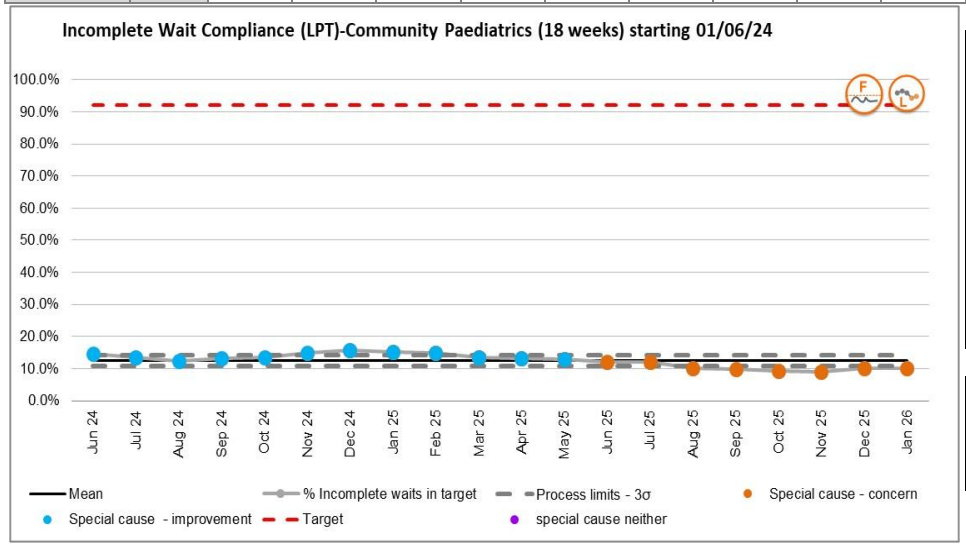
Mean	Lower Process Limit	Upper Process Limit
73.0%	-6.0%	152.0%

Operational Commentary (e.g. referring to risk, finance, workforce)

Daily PTL's in place for monitoring performance, with oversight through service line governance meeting. KPI fail related to one patient who proved difficult to contact but has now been seen.

EXCEPTION REPORT - Community Paediatrics Assessment (18 weeks) - Incomplete pathway *(Month in arrears)*

FYPCLDA	Target	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26
	>=92%	15.2%	15.0%	13.6%	13.2%	13.0%	12.0%	10.2%	9.8%	9.3%	9.0%	10.1%	10.0%
No of Referrals		318	345	271	269	286	290	137	215	295	226	278	299



Analytical Commentary

The metric is showing a special cause variation of a concerning nature due to lower values. The metric will consistently fail to meet the target as demonstrated by the target line falling above the process limits.

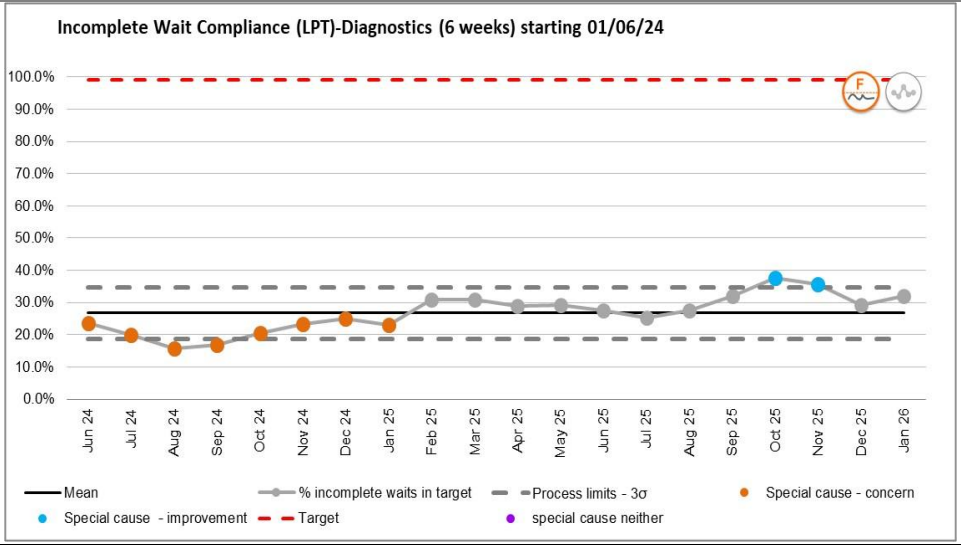
Mean	Lower Process Limit	Upper Process Limit
12.5%	11.0%	14.0%

Operational Commentary (e.g. referring to risk, finance, workforce):

This multidisciplinary pathway (with multi-referral point for access) is directly impacted by ND waits. Triage system in place based on clinical acuity and safe caseload management. Majority of CYP waiting for neurodevelopmental assessment, the service continues to prioritise referrals at triage as urgent or routine with urgent patients offered appointments within 18 weeks. Work on-going with CYP Partnership Group to look at wider system change requirments and actions identified to be taken forward through CYP Partnership. Trajectory to return to an 18 week treatment wait for core services (agreed with ICB and NHSE) planned to be delivered by end of February 2026 with KPI delivery at 97% for January but challenge to sustain this due to capacity challenges. Refreshed transformation programme under development to deliver long-term sustained improvment.

EXCEPTION REPORT - Childrens Audiology (6 week wait - diagnostic procedure) - Incomplete pathway *(Month in arrears)*

FYPCLDA	Target	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26
	>=99%	31.0%	30.8%	29.0%	29.2%	27.5%	25.3%	27.5%	32.0%	37.6%	35.7%	29.2%	32.0%
No of Referrals		302	310	310	293	243	206	201	246	271	205	166	238



Analytical Commentary

The metric is showing a common cause variation with no significant change. The metric will consistently fail to meet the target as demonstrated by the target line falling above the process limits.

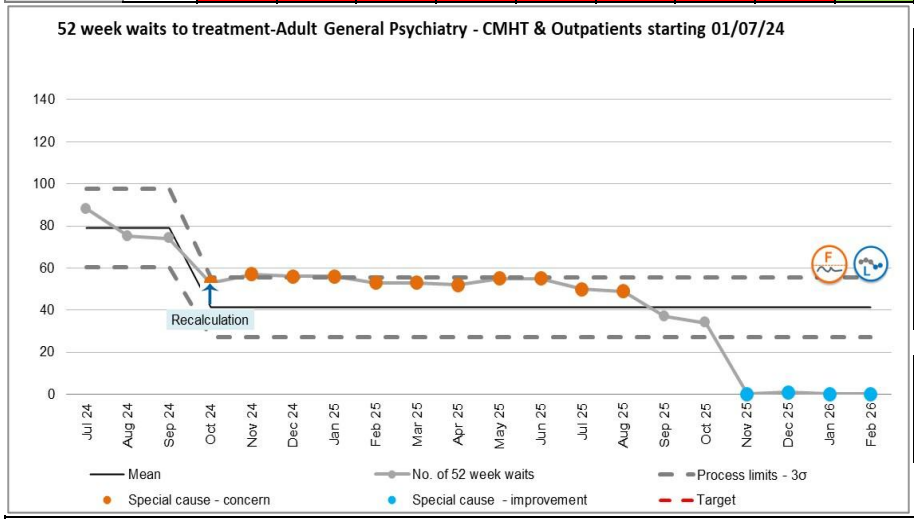
Mean	Lower Process Limit	Upper Process Limit
26.7%	19.0%	35.0%

Operational Commentary (e.g. referring to risk, finance, workforce):

The service formally identified as fragile service through EMB SBAR process. System level assurance and governance group remains active, conversations ongoing and progressing around future direction of provision with Strategy and Partnerships Team supporting. Non-compliant with planned trajectory, rationale shared with ICB / NHSE alongside revised trajectory to deliver agreed improvement (no change to milestones). Refurbished estate at Beaumont Leys and Hynca Lodge with appointments for CYP in these venues. IQIPS benchmarking assessment outcome received, detailed action plan created pulling together actions from system bronze cell, steering group, and benchmarking to support servce improvement. Contract with Health Now (IS provider) extended to end of March 2026, providing additional capacity to support reduced waits.

EXCEPTION REPORT - Adult General Psychiatry - Community Mental Health Teams and Outpatients (treatment) - No of waiters over 52 weeks

	Target	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26
DMH	0	53	52	55	55	50	49	37	34	0	1	0	0



Analytical Commentary

The metric is showing a special cause variation of an improving nature due to lower values. The metric will consistently fail to meet the target as demonstrated by the target line falling below the process limits.

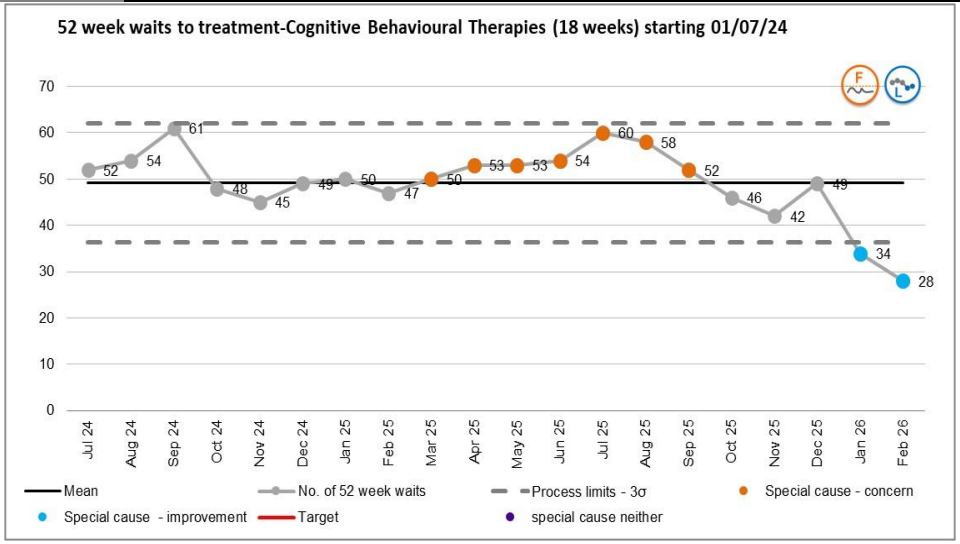
Mean	Lower Process Limit	Upper Process Limit
41.3	27.2	55.4

Operational Commentary (e.g. referring to risk, finance, workforce):

Internal processes reviewed and waits for treatment now recorded and reported in line with NHS guidance and Trust's Access to Treatment Policy. Number of over 52 week waits for treatment now zero at the end of February 2026. Of those previously reported majority identifed as in receipt of treatment and awaiting planned follow-up; now correctly recorded and reported. Those identified as awaiting treatment were prioritised for intervention and have now been seen.

EXCEPTION REPORT - Cognitive Behavioural Therapy (treatment) - No of waiters over 52 weeks

	Target	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26
DMH	0	50	53	53	54	60	58	52	46	42	49	34	28



Analytical Commentary

The metric is showing a special cause variation of an improving nature due to lower values. The metric will consistently fail to meet the target as demonstrated by the target line falling below the process limits.

Mean	Lower Process Limit	Upper Process Limit
49.3	36.4	62.1

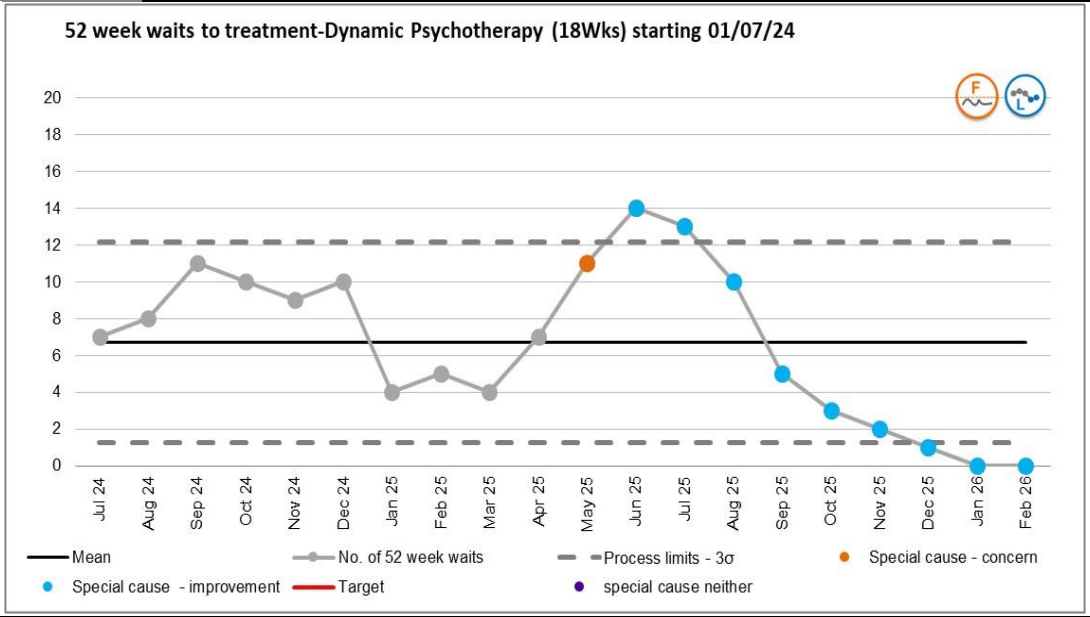
Operational Commentary (e.g. referring to risk, finance, workforce)

CBT represented at Neighbourhood Team psychological consulter meetings and continue to monitor and evaluate the therapist resource utilised for attending MDTs, Psychological Consulter meetings, and daily huddles and work /requests that circumvent those meetings and come directly to individual therapists. Team continue to strive to balance supporting the NMHT and delivering CBT assessment and treatment to patients waiting. This consulter approach reduces referrals for people not ready or not appropriate for a CBT intervention and this work to manage the flow of referrals into the service is beginning to take effect. Continuing to gather more accurate performance data with support from the business team to plan and allocate resources in a fair and considered fashion and to fully understand the team capacity.

Good progress continues to be made with the number of patients waiting over 52 weeks for CBT treatment reducing and below trajectory.

EXCEPTION REPORT - Dynamic Psychotherapy (treatment) - No of waiters over 52 weeks

	Target	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26
DMH	0	4	7	11	14	13	10	5	3	2	1	0	0



Analytical Commentary

The metric is showing a special cause variation of an improving nature due to lower values. The metric will consistently fail to meet the target as demonstrated by the target line falling below the process limits.

Mean	Lower Process Limit	Upper Process Limit
6.7	1.24	12.16

Operational Commentary (e.g. referring to risk, finance, workforce)

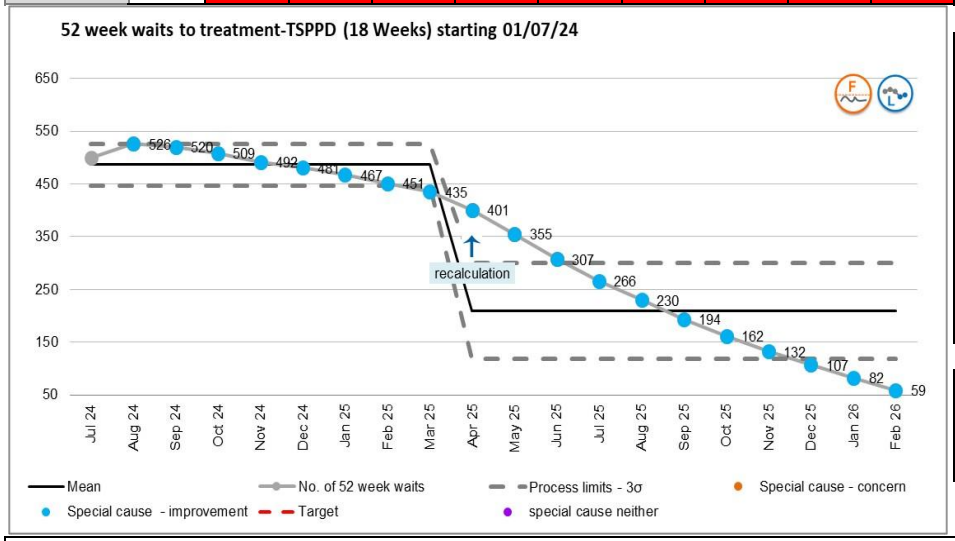
No patients waiting over 52 weeks at end of January, February and into March 2026.

The team continue to ensure patients are informed at assessment that appointment offers are limited and specific times etc. cannot be guaranteed, and are writing to patients who decline offers to say that they will have one more offer and then may be discharged.

As input of DPS staff into the Neighbourhood Teams increases (attending daily huddles, doing joint assessments, increased meetings) it is anticipated that treatment capacity will be challenged, which may impact waiting times. Service has a vacancy, and this has reduced potential therapy offers, with the risk that waiting times may increase.

EXCEPTION REPORT - Therapy Service for People with Personality Disorder (treatment) - No of waiters over 52 weeks

	Target	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26
DMH	0	435	401	355	307	266	230	194	162	132	107	82	59



Analytical Commentary

The metric is showing a special cause variation of an improving nature due to lower values. The metric will consistently fail to meet the target as demonstrated by the target line falling below the process limits.

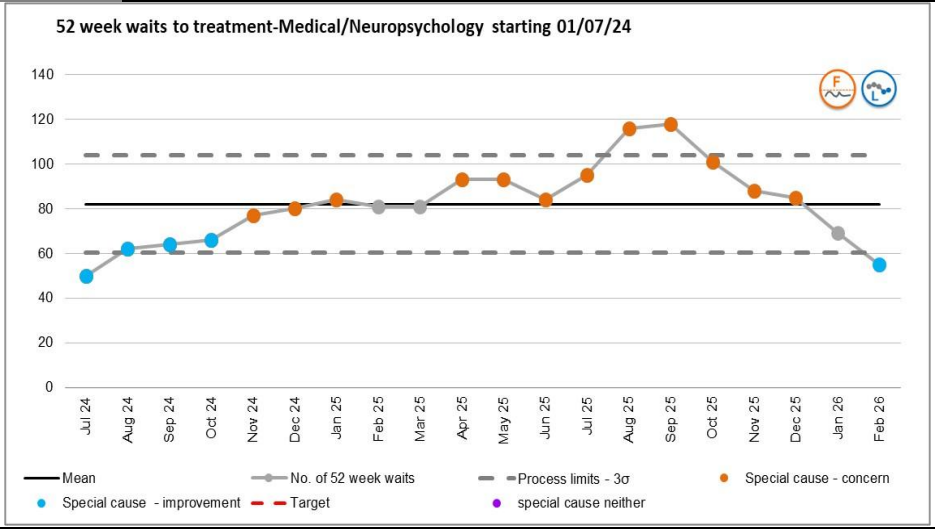
Mean	Lower Process Limit	Upper Process Limit
208.6	117.7	299.6

Operational Commentary (e.g. referring to risk, finance, workforce)

Development of training support to community services to enhance the primary care offer (small scale). Develop foundational training in Trauma Informed Care for VCSE, first cohort to be delivered in April-May 2026. Work underway to scope whether continued roll out can be delivered by Neighbourhood Team psychologist.
All TSPPD referrals to come through Neighbourhood Teams and align with directorate wide secondary care referral criteria. Business as usual will be provided by the Neighbourhood Teams during the transition period. TSPPD Specialist consulter roles / remit continues
Continue delivering clinical model for the current TSPPD waiting list before transforming provision. Action due for completion December 2026 (aspiring to bring timescale forward to end October 2026)
Design new Neighbourhood Team clinical model to be tailored to meet the needs personality difficulties. Action due Dec 2026/Jan 27.
Establish the 'Personality Disorder Hub'. Action due January 2027.

EXCEPTION REPORT - Medical/Neuropsychology (treatment) - No of waiters over 52 weeks

	Target	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26
DMH	0	81	93	93	84	95	116	118	101	88	85	69	55



Analytical Commentary

The metric is showing a special cause variation of an improving nature due to lower values. The metric will consistently fail to meet the target as demonstrated by the target line falling below the process limits.

Mean	Lower Process Limit	Upper Process Limit
82.1	60.4	103.8

Operational Commentary (e.g. referring to risk, finance, workforce)

Medical Psychology

Numbers waiting have continued to reduce since the end of November 2025. Updated capacity and demand summary completed but no UHL funding is available for additional staffing to meet demand.

In general medical there are no patients waiting over 52 weeks to treatment, those remaining are in the pain service.

There are no lengthy waits for assessment or treatment within specialisms with dedicated funding, however high demand for the renal service risks growing waits going forward. Waits as a result of excess demand are compounded by sickness absence which increases pressure on other parts of the service.

The closing of the EMCA CPH service for cancer patients risks an increase in numbers waiting for the Macmillan service in Leicester. This will be monitored.

New processes to manage waits in the pain service (all new referrals are now offered group intervention or signposting as an alternative / interim intervention) are in place with the aim of reducing the treatment waiting list, the impact will be regularly reviewed. For patients already on the treatment waiting list the clinical pathway has been reviewed to ensure patients remain appropriate for the service.

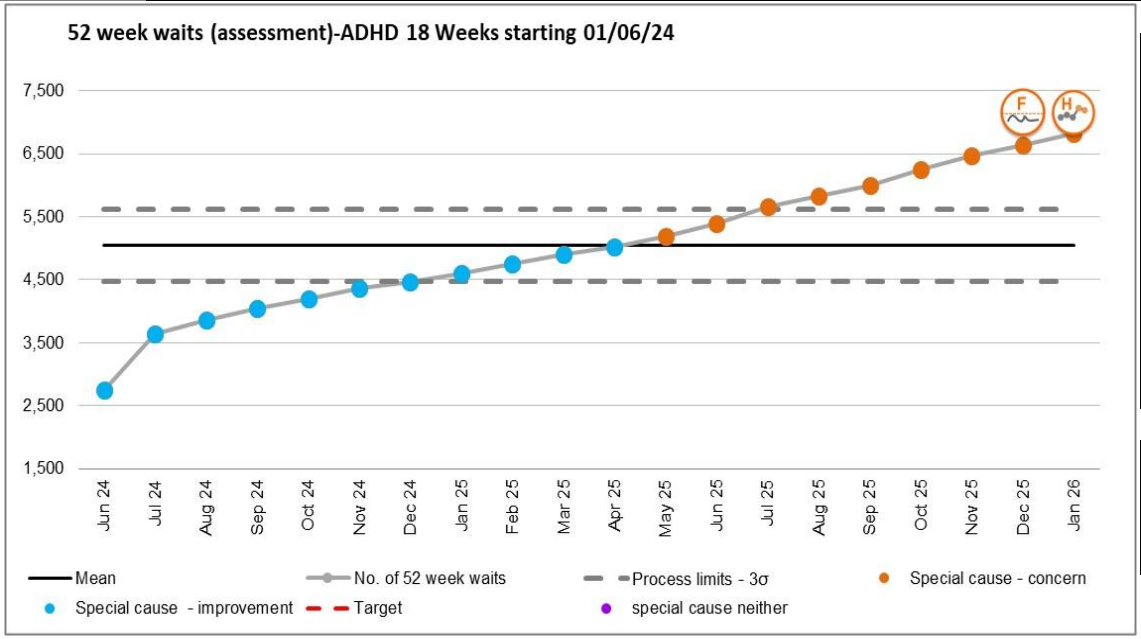
For general medical referrals, as well as assessing number of sessions offered, the service is offering a waiting list review, which is offered to all patients on the list (looking to offer after 6 months longer term) to ensure those remaining on the list are appropriate. Service also considers alternative intervention options where clinically appropriate.

Service has recruited to final vacancy who will join in September 2026, in the interim bank options are supporting backfill.

Neuropsychology has no over 52 week waits.

EXCEPTION REPORT - ADHD 18 weeks (assessment) - No of waiters over 52 weeks *(Month in arrears)*

	Target	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26
DMH	0	4757	4898	5014	5190	5398	5661	5833	6006	6250	6464	6639	6830



Analytical Commentary

The metric is showing special cause variation of a concerning nature due to higher values. The metric will consistently fail to meet the target as demonstrated by the target line falling below the process limits.

Mean	Lower Process Limit	Upper Process Limit
5043.4	4472.1	5614.7

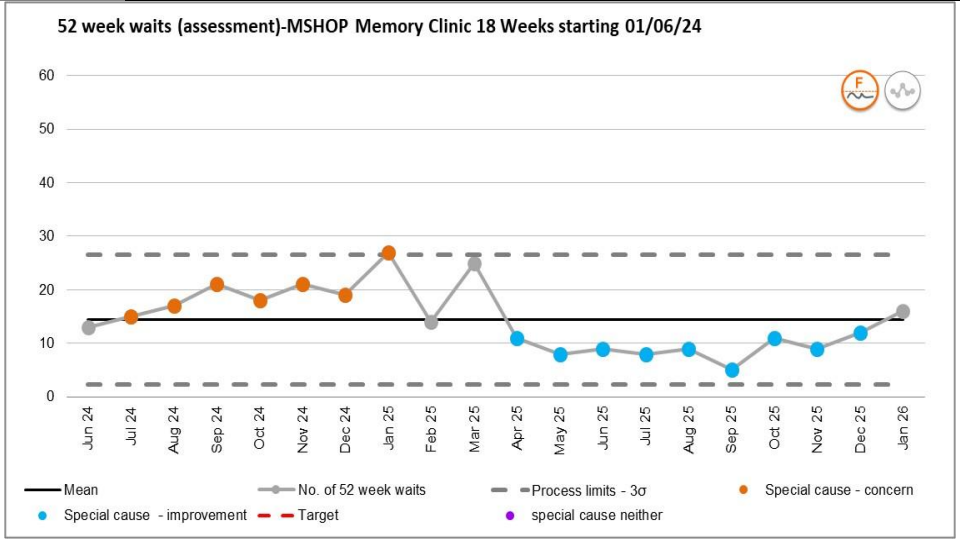
Operational Commentary (e.g. referring to risk, finance, workforce)

Following ICB and EMB agreement, work has commenced to develop a more efficient pathway to enable shorter waits for assessment and treatment and ensure patients are signposted to the service most appropriate to their needs. A group co-chaired by DMH Exec Director and ICB Associate Director oversee workstreams to progress Adult ADHD pathway transformation. This includes increasing productivity, reviewing best practice, potential for development and implementation of Right to Choose framework for LPT, devising training packages for GPs and LPT staff / become an accredited provider of ADHD training in the East Midlands, and implementation a new provider of psychological/psychoeducational support for patients waiting. This went live in January 2026 with comms plan overseen by Leicester City Council. The LPT service continues to work with LPT Communications Team on waiting well support pages which are now live on LPT website with further work underway to enhance in light of feedback.

EXCEPTION REPORT - MHSOP Memory Clinics 18 week local RTT (assessment) - No of waiters over 52 weeks

(Month in arrears)

	Target	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26
DMH	0	14	25	11	8	9	8	9	5	11	9	12	16



Analytical Commentary

The metric is showing a common cause variation with no significant change. The metric will consistently fail to meet the target as demonstrated by the target line falling below the process limits.

Mean	Lower Process Limit	Upper Process Limit
14.4	2.2	26.6

Operational Commentary (e.g. referring to risk, finance, workforce)

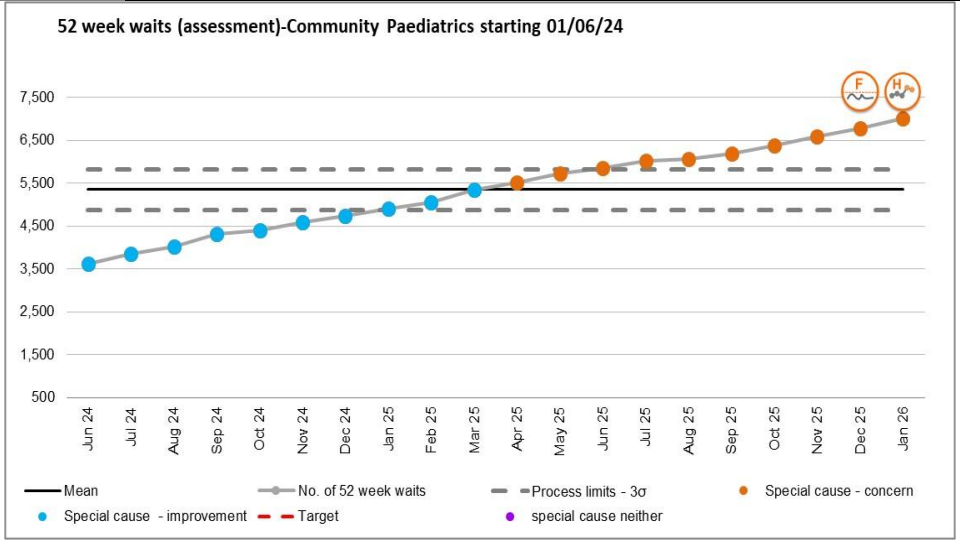
Implementation of One Stop Clinic (Rapid Access Clinics) commenced March 2025 with noted improvement in numbers waiting and length of wait for those patients seen and diagnosed in these clinics which enable assessment and diagnosis on-the-day. Advanced pathway clinics pilot commenced June 2025, for patients over 85 where there is a high suspicion of dementia. A review of both models taking place in Q4 to assess effectiveness in improving the patient experience and waiting times and establish future plans for this approach.

All patients waiting receive wellbeing calls following initial 8 week wait and every 8 weeks thereafter, support workers follow a clear script to check risks, support network available and signpost to support available. Any escalating or unmanaged risks referred to a clinician for review and call back if needed. High levels of referral continue to challenge available capacity and numbers of over 52 week waits have increased this month.

Some long term sickness affecting the medical and nursing capacity since October 2025. Seeking locum cover for consultant sickness to support capacity.

EXCEPTION REPORT - Community Paediatrics (assessment) - No of waiters over 52 weeks *(Month in arrears)*

	Target	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26
FYPCLDA	0	5044	5335	5509	5723	5858	6022	6067	6182	6380	6585	6782	7003



Analytical Commentary

The metric is showing special cause variation of a concerning nature due to higher values. The metric will consistently fail to meet the target as demonstrated by the target line falling below the process limits.

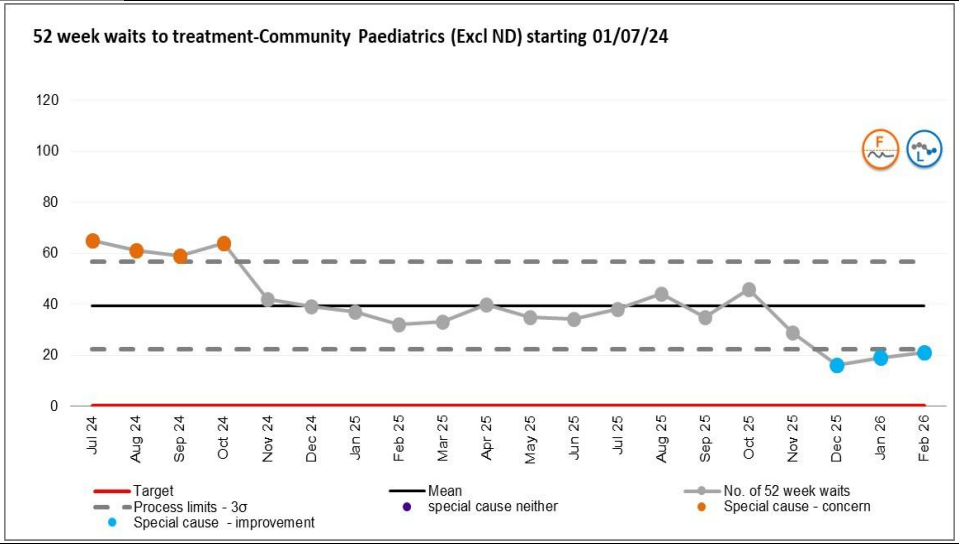
Mean	Lower Process Limit	Upper Process Limit
5344.4	4870.5	5818.3

Operational Commentary (e.g. referring to risk, finance, workforce):

Patients waiting in excess of 52 weeks are all waiting for an ND intervention. ADHD nurses, SALT and psychology support are in place for follow-up activity to release capacity for paediatricians to focus on new referrals. This has slowed down the rate of increase in length of wait but has not reversed the trend for increasing numbers waiting over 52 weeks; with waits for some CYP now in excess of 4 years. With the skill mix in place, we continue to review and revise assessment pathways for ASD/ADHD however demand continues at a level which exceeds service capacity. The service continues to prioritise referrals at triage as urgent or routine with those classified as urgent offered appointments within 18 weeks. A refreshed transformation workstream to deliver long-term sustained improvment is under development, working alongside the CYP Partnership Group to look at wider system change requirments.

EXCEPTION REPORT - Community Paediatrics (Excl ND) (treatment) - No of waiters over 52 weeks

	Target	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26
FYPCLDA	0	33	40	35	34	38	44	35	46	29	16	19	21



Analytical Commentary

The metric is showing a special cause variation of an improving nature due to lower values. The metric will consistently fail to meet the target as demonstrated by the target line falling below the process limits.

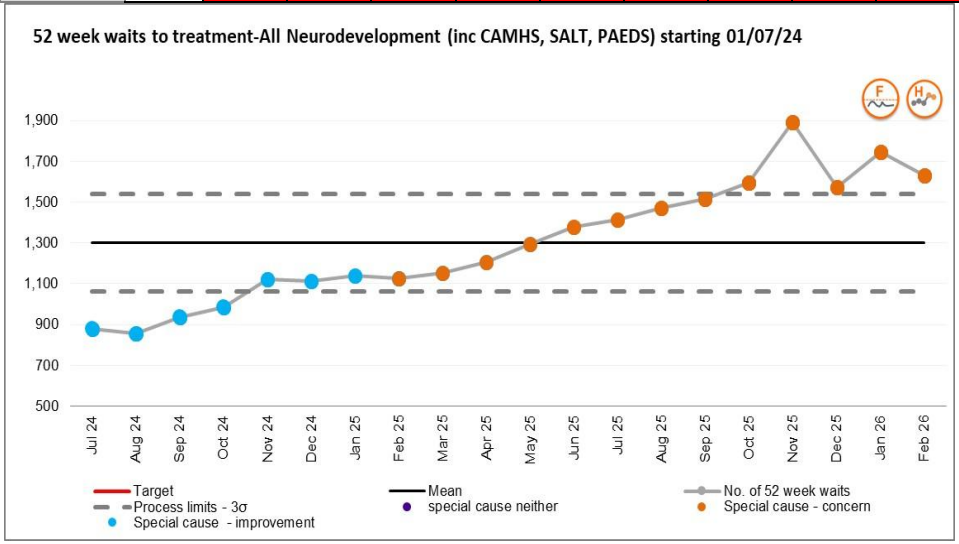
Mean	Lower Process Limit	Upper Process Limit
39.5	22.4	56.5

Operational Commentary (e.g. referring to risk, finance, workforce):

Patients may present with co-occuring ND concerns (SALT, EP, school observations, etc) and work continues to be ensure differentiation is robust. Actions in place to ensure effective use of job plans at individual clinician level to maximise capacity with skills and slot utilisation routinely reviewed to ensure minimal loss of capacity. These actions will support reduced number of waiters going forward. Nurses to lead on digitisation of medication reviews for those aged 10+ with the anticipated outcome of freeing up space on nurse caseloads to allow CYP to transition from paediatrician caseloads and so increase capacity. Go live date for this is April 2026.

EXCEPTION REPORT - All Neurodevelopment (inc CAMHS, SALT, PAEDS) (treatment) - No of waiters over 52 weeks

	Target	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26
FYPCLDA	0	1155	1205	1294	1378	1415	1473	1518	1597	1893	1575	1747	1632



Analytical Commentary

The metric is showing special cause variation of a concerning nature due to higher values. The metric will consistently fail to meet the target as demonstrated by the target line falling below the process limits.

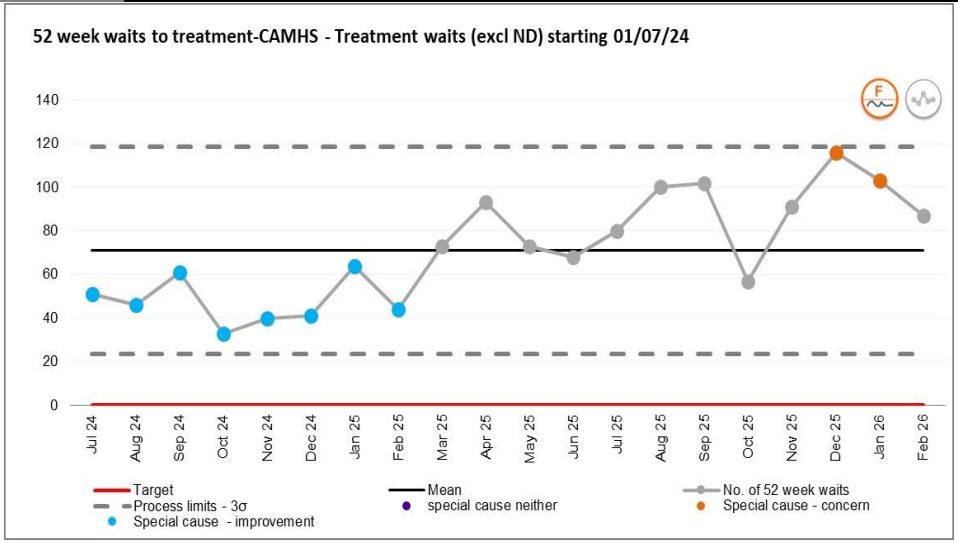
Mean	Lower Process Limit	Upper Process Limit
1302.0	1063.0	1541.0

Operational Commentary (e.g. referring to risk, finance, workforce):

This page pulls together all CYP waiting for further intervention for ND post assessment in either community paediatrics or CAMHS. CYP with complex needs or where there are comorbidities remain on the appropriate specialist lists. Numbers waiting continue to increase as demand outstrips capacity. CYP / parents / carers given advice on where to seek support whilst waiting, this includes evolving VCS options, and information on how to escalate should there be a change in presentation. PTLs are in place to ensure effective oversight of the waiting list with changes in priority or status actioned promptly. Due to numbers waiting PTL focuses on those waiting longest. Work continues with the ICB to develop a broader, system based approach to ND, recognising that addressing demand and creating capacity impacts across health, education and social care. Scoping work underway to assess current and future opportunities to link with wider system work related to ND inclusion.

EXCEPTION REPORT - CAMHS (excl ND)(treatment) - No of waiters over 52 weeks

	Target	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26
FYPCLDA	0	73	93	73	68	80	100	102	57	91	116	103	87



Analytical Commentary

The metric is showing a common cause variation with no significant change. The metric will consistently fail to meet the target as demonstrated by the target line falling below the process limits.

Mean	Lower Process Limit	Upper Process Limit
71.2	23.6	118.8

Operational Commentary (e.g. referring to risk, finance, workforce):

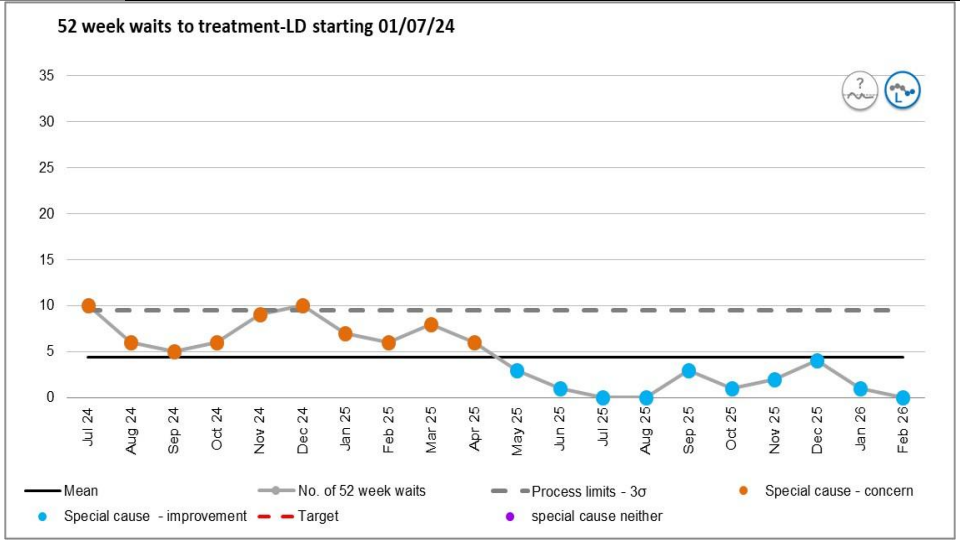
There are currently 87 CYP waiting over 52 weeks for treatment in CAMHS, this is a decrease of 16 from last month. This is mainly attributed to a decrease in groupwork cases. Increase in waits for treatment, due to acute presentation has impacted on the ability of picking up from the treatment waiting list.

- 55 CYP in outpatient – 29 awaiting treatment, which is an increase of 9. 26 awaiting psychiatry input - an increase of 5 from last month. An overall increase in treatment waits by 16 from last month.
- 4 CYP waiting in CAMHS ED for ND assessment. Increase of 3 from last month. All these 4 CYP have received a core assessment, clock has stopped and have started a secondary assessment (ND) all receiving a ADOS assessment.
- 1 CYP waiting for paediatric psychology treatment – x2 cancellations and one Was Not Brought. Booked appointment 9th March. No change from last month.

There are 27 52+ week waits for groupwork - a decrease of 35 since last month all those waiting over 12 months have been reviewed and have a clear plan in notes, with appointments offered to start group work.

EXCEPTION REPORT - LD&A (treatment) - No of waiters over 52 weeks

	Target	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26
FYPCLDA	0	6	3	1	0	0	0	3	1	2	4	1	0



Analytical Commentary

The metric is showing special cause variation of an improving nature due to lower values. There is no assurance that the metric will consistently achieve the target and is showing a common cause variation.

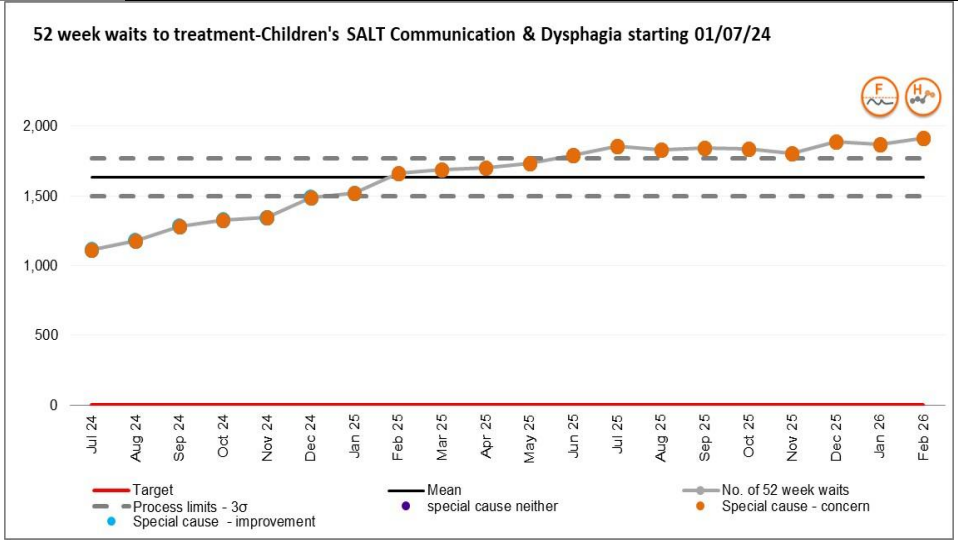
Mean	Lower Process Limit	Upper Process Limit
4.4	-0.6	9.4

Operational Commentary (e.g. referring to risk, finance, workforce):

Work is underway to review processes to ensure pateints are recorded and reported in line with clinical status and that numbers experiencing a long wait continue to be minimised.

EXCEPTION REPORT - Children's SALT Communication & Dysphagia (treatment) - No of waiters over 52 weeks

	Target	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26
FYPCLDA	0	1692	1704	1734	1794	1858	1831	1845	1839	1808	1892	1873	1918



Analytical Commentary

The metric is showing special cause variation of a concerning nature due to higher values. The metric will consistently fail to meet the target as demonstrated by the target line falling below the process limits.

Mean	Lower Process Limit	Upper Process Limit
1635.9	1500.52	1771.28

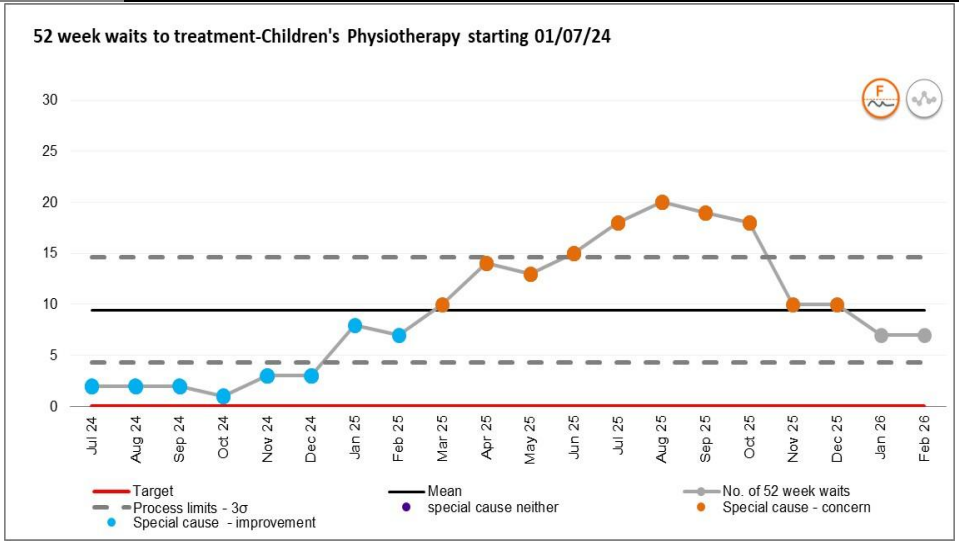
Operational Commentary (e.g. referring to risk, finance, workforce):

The waiting times for follow-up appointments have increased significantly since June 2023. This is due to:

Between 2019 - 2024, there was a significant increase in referrals to the service who were offered initial appointments within 18 weeks, which then led to a bottleneck for follow up intervention where demand outstrips capacity.
Less experienced workforce, requiring more training, supervision, and support with new starters working to a reduced job plan to allow time to develop their competencies.
The service delivery model has been improved, with CYP completing intervention blocks instead of irregular, one off reviews. Positive feedback from parents re intervention provided.
Weekly performance meeting with strengthened recovery actions established alongside weekly PTL. Escalations via FYPCLDA DMT meetings and local area SEND Partnership Boards.
Work under way to review processes and pathways to ensure reporting accurately reflects current status.

EXCEPTION REPORT - Children's Physiotherapy (treatment)- No of waiters over 52 weeks

	Target	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26
FYPCLDA	0	10	14	13	15	18	20	19	18	10	10	7	7



Analytical Commentary

The metric is showing a common cause variation with no significant change. The metric will consistently fail to meet the target as demonstrated by the target line falling below the process limits.

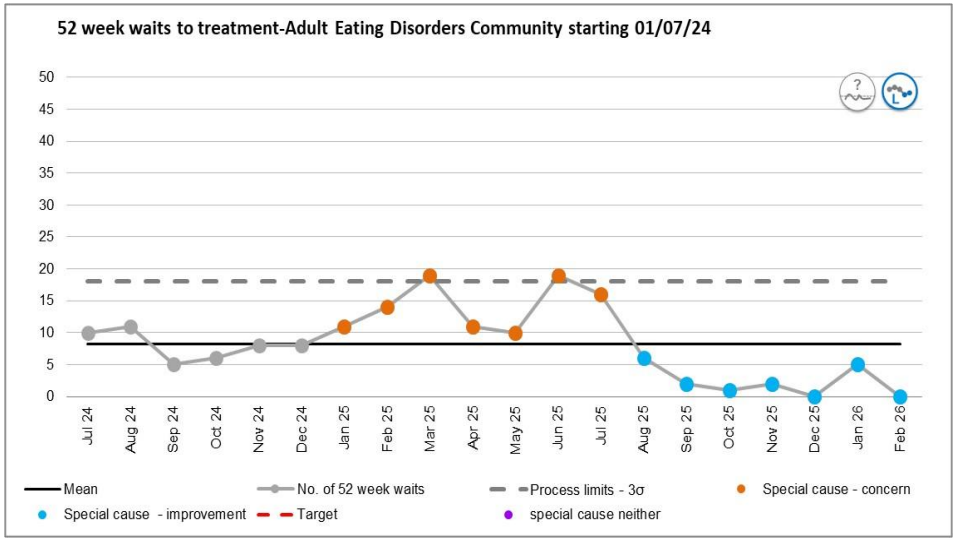
Mean	Lower Process Limit	Upper Process Limit
9.5	4.3	14.6

Operational Commentary (e.g. referring to risk, finance, workforce):

7 CYP waiting over 52 weeks with all waits related to tone management. Six of these are on the joint tone management clinic waiting list with community paediatrics and one is waiting for physio only tone management. This child has not been seen for their initial tone management assessment yet as they have had two orthopaedic surgery interventions and therefore the clinician has had to wait for their recovery from this surgery.

EXCEPTION REPORT - Adult Eating Disorders Community (treatment) - No of waiters over 52 weeks

	Target	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26
FYPCLDA	0	19	11	10	19	16	6	2	1	2	0	5	0



Analytical Commentary

The metric is showing special cause variation of an improving nature due to lower values. There is no assurance that the metric will consistently achieve the target and is showing a common cause variation.

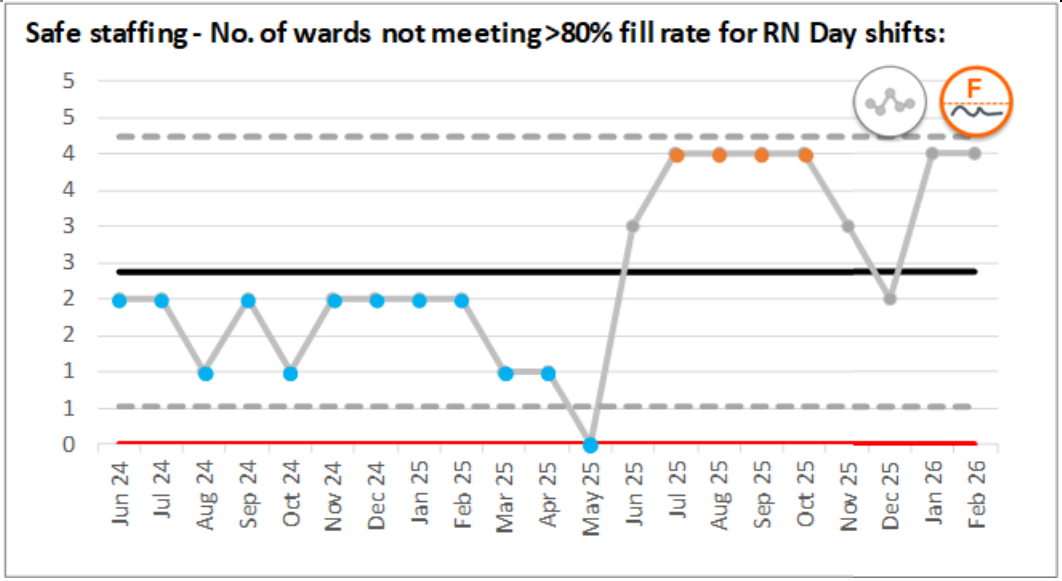
Mean	Lower Process Limit	Upper Process Limit
8.2	-1.6	18.0

Operational Commentary (e.g. referring to risk, finance, workforce):

WWork is underway to review processes to ensure pateints are recorded and reported in line with clinical status and that numbers experiencing a long wait continue to be minimised.

EXCEPTION REPORT - Safe staffing - No. of wards not meeting >80% fill rate for RNs - Day

	Target	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26
TRUST	0	1	1	0	3	4	4	4	4	3	2	4	4
DMH		0	1	0	1	1	1	2	2	1	1	1	1
LD		1	0	0	1	2	2	1	1	1	1	1	1
CHS		0	0	0	1	1	0	0	0	0	0	1	1
FYPC		0	0	0	0	0	1	1	1	1	0	1	1



Analytical Commentary

The metric is showing a common cause variation with no significant change. The metric will consistently fail to meet the target as demonstrated by the target line falling below the process limits.

Mean	Lower Process Limit	Upper Process Limit
2.0	1.0	4.0

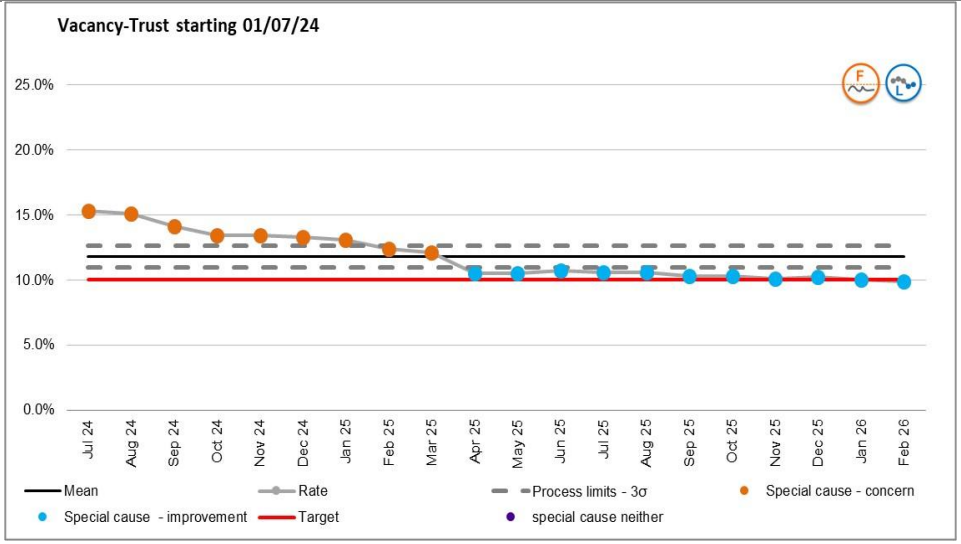
Operational Commentary (e.g. referring to risk, finance, workforce)

There are 4 wards not meeting > 80% Registered Nurse (RN) fill rate (day).

- *East Ward* – planned staffing is 4 RN (day), 16 shifts were mitigated by a Registered Nursing Associate where numbers were less than 4. Safe staffing levels maintained, daily staffing reviews in place and closely managed.
- Gwendolen - 17 shifts had 2 RNs on duty on the long day (planned staffing is 3) which were covered by a medicines admnistration technician
- *CAMHS/Beacon* - planned staffing is 3 RN (day) due to the number of patients and levels of acuity/complexity, 3 shifts had 3 RN's during February 2026. Safe staffing levels maintained with 2 RN minimum. Daily staffing reviews in place and closely managed.
- *The Grange* - offers planned respite care and staffing model dependent on individual patient need, presentation and associated risks. As a result, this fluctuates the fill rate for RNs (days). Daily staffing reviews in place, mitigation remains in place.

EXCEPTION REPORT - Vacancy Rate

	Target	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26
TRUST	<=10%	12.1%	10.5%	10.5%	10.7%	10.6%	10.6%	10.3%	10.3%	10.1%	10.2%	10.0%	9.9%
DMH		14.9%	13.2%	13.4%	13.8%	12.3%	12.4%	13.1%	13.2%	13.3%	12.7%	12.8%	12.4%
CHS		12.8%	11.0%	10.2%	9.7%	10.0%	10.1%	9.9%	9.3%	8.5%	8.9%	8.4%	8.2%
FYPCLDA		11.3%	9.0%	9.0%	9.9%	10.6%	10.0%	9.3%	9.1%	9.3%	9.7%	9.5%	9.8%



Analytical Commentary

The metric is showing special cause variation of an improving nature due to lower values. The metric will consistently fail to meet the target as demonstrated by the target line falling below the process limits.

Mean	Lower Process Limit	Upper Process Limit
11.8%	11.0%	13.0%

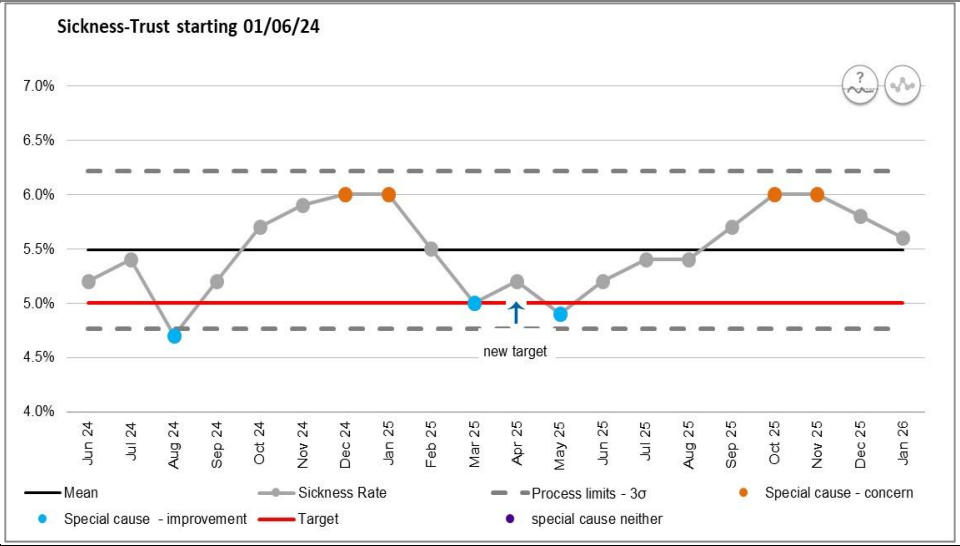
Operational Commentary (e.g. referring to risk, finance, workforce)

For Feb-26, the Trust vacancy rate is 9.9%. During 2025-26 our workforce plan shows a reduction in the vacancy rate from the 2024/25 outturn position of 12.1% down to 9.9% by year end. This work is overseen by the Agency Reduction Group and Workforce Development Group which report into People and Culture Committee.

BAF4.1 - 1 If we do not adequately utilise workforce resourcing strategies, we will have poor recruitment, retention and representation, resulting in high agency usage.

EXCEPTION REPORT - Sickness Absence *(Month in arrears)*

	Target	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26
TRUST	<=5.0%	5.5%	5.0%	5.2%	4.9%	5.2%	5.4%	5.4%	5.7%	6.0%	6.0%	5.8%	5.6%
DMH		6.4%	5.7%	6.2%	5.2%	5.9%	6.1%	6.1%	6.7%	7.2%	7.3%	6.8%	6.5%
CHS		5.8%	5.2%	5.3%	5.4%	5.9%	6.1%	6.3%	6.7%	6.5%	6.3%	6.0%	6.0%
FYPCLDA		5.1%	4.6%	4.7%	4.4%	4.8%	4.8%	5.1%	5.0%	5.5%	5.9%	6.2%	5.5%



Analytical Commentary

The metric is showing special cause variation of a concerning nature due to higher values. There is no assurance that the metric will consistently achieve the target and is showing a common cause variation.

Mean	Lower Process Limit	Upper Process Limit
5.5%	5.0%	6.0%

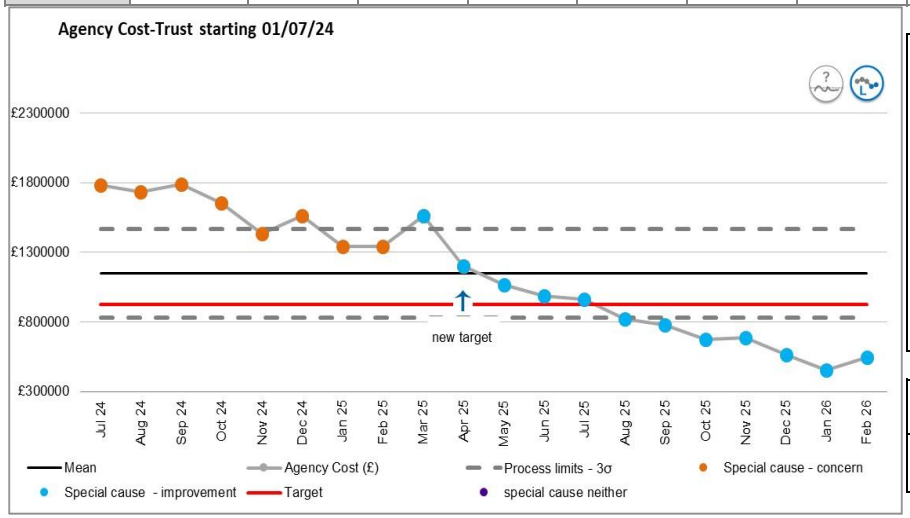
Operational Commentary (e.g. referring to risk, finance, workforce)

LPT are committed to providing a safe and healthy working environment and to promoting the wellbeing of its staff. Research suggests that work is essential in promoting good health, wellbeing and self-esteem. The Trust recognises the importance of having a robust policy that encourages staff to maintain good physical and mental health and facilitates staff to return to work following a period of either a short or long-term sickness. The target for 2025/26 is to have a YTD sickness absence rate of no more than 5.0%.

Data on sickness absence is shared at operationally on a monthly basis and high-level reports monitoring trends and patterns are provided to Workforce Development Group. Concerns are escalated to Trust Board via People and Culture Committee.

EXCEPTION REPORT - Agency Costs

	Target	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26
TRUST	<=£922,333	£1,564,366	£1,202,759	£1,068,736	£984,921	£959,892	£820,254	£776,941	£675,681	£686,388	£566,036	£455,712	£545,488
DMH		£876,766	£615,701	£585,755	£548,266	£561,694	£494,207	£362,080	£402,270	£341,512	£351,228	£257,419	£329,821
CHS		£538,428	£446,756	£353,928	£301,236	£289,274	£244,662	£258,596	£231,705	£218,083	£201,137	£204,042	£190,813
FYPCLDA		£143,524	£134,518	£123,986	£129,128	£98,711	£47,309	£123,270	£30,431	£37,010	-£22,530	-£9,937	£92,550



Analytical Commentary

The metric is showing special cause variation of an improving nature due to lower values. There is no assurance that the metric will consistently achieve the target and is showing a common cause variation.

Mean	Lower Process Limit	Upper Process Limit
1146903	829938.5	1463867.5

Operational Commentary (e.g. referring to risk, finance, workforce)

Planned agency spend for 2025-26 is £11,068,000. The planned spend for each month shows a month-on-month decrease as actions to reduce the volume and cost of agency use come to fruition. However for this purposes of the report, the target shown is the total planned spend divided equally across the 12 months. Reductions in agency spend over the last 12 months have been driven by a reduced need for agency staff and reductions to the rates payable to agency staff. Plans are in place for 2025/26 to enable us to continue to reduce agency spend. This work is overseen by the Agency Reduction Group and Workforce Development Group which report into People and Culture Committee.

SPC Business Rules

Assurance: Failing

Assurance	Variation	Understanding the Icons	Business Rule
		Special Cause of a concerning nature due to (H)igher or (L)ower values. Assurance indicates consistently (F)ailing the target.	Metric is expected to consistently Fail the Target and is showing a Special Cause for Concern. An exception page is required on the Board Performance Report to support actions and delivery of a performance improvement.
		Common Cause - no significant change. Assurance indicates consistently (F)ailing the target.	Metric is expected to consistently Fail the Target and is showing Common Cause variation. An exception page is required on the Board Performance Report to support actions and delivery of a performance improvement.
		Special Cause of an improving nature due to (H)igher or (L)ower values. Assurance indicates consistently (F)ailing the target.	Metric is expected to consistently Fail the Target and is showing a special cause variation for improvement. An exception page is required on the Board Performance Report to support actions and delivery of a performance improvement.

SPC Business Rules

Assurance: Hit and Miss

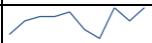
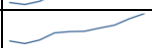
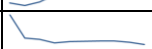
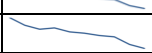
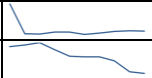
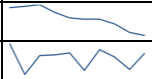
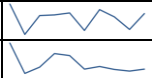
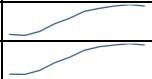
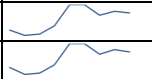
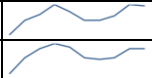
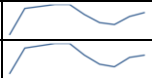
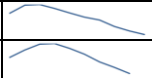
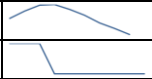
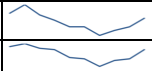
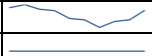
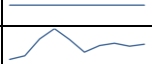
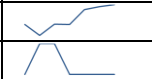
Assurance	Variation	Understanding the Icons	Business Rule
		Special Cause of a concerning nature due to (H)igher or (L)ower values. Assurance indicates the metric may achieve or fail the target due to random variation.	There is no assurance that the metric will consistently achieve the target and is showing a Special Cause for Concern. Metric to be monitored at Directorate Performance Reviews.
		Common Cause - no significant change. Assurance indicates the metric may achieve or fail the target due to random variation.	There is no assurance that the metric will consistently achieve the target and is in Common Cause Variation. Metric to be monitored at Directorate Performance Reviews.
		Special Cause of an improving nature due to (H)igher or (L)ower values. Assurance indicates the metric may achieve or fail the target due to random variation.	There is no assurance that the metric will consistently achieve the target and is showing a Special Cause for Improvement. Metric to be monitored at Directorate Performance Reviews.

SPC Business Rules

Assurance: Achieving

Assurance	Variation	Understanding the Icons	Business Rule
		Special Cause of a concerning nature due to (H)igher or (L)ower values. Assurance indicates consistently (P)assing the target.	Metric is expected to consistently Achieve the Target and is showing a Special Cause for Concern. Metric to be monitored at Directorate Performance Reviews.
		Common Cause - no significant change. Assurance indicates consistently (P)assing the target.	Metric is expected to consistently Achieve the Target and is showing Common Cause variation. Metric to be monitored at Directorate Performance Reviews.
		Special Cause of an improving nature due to (H)igher or (L)ower values. Assurance indicates consistently (P)assing the target.	Metric is expected to consistently Achieve the Target and is showing a special cause variation for improvement. Metric to be monitored at Directorate Performance Reviews.

Appendix - Mental Health Core Data Pack

Indicator	Monthly Target	Data As At	Current Reporting Period	Previous Reporting Period	Sparkline
MHSDS 72hr Follow-Up - LLR		Dec-25	90.0%	90.0%	
MHSDS 72hr Follow-Ups - LPT	>=80%	Dec-25	93.0%	90.0%	
MHSDS CMHealth 2+ Contacts - LLR	0	Dec-25	15980	15790	
MHSDS CMHealth 2+ Contacts - LPT		Dec-25	15930	15725	
MHSDS CMH referrals-spells waiting for a full clock stop - LLR		Dec-25	9055	9300	
MHSDS CMH referrals-spells waiting for a full clock stop - LPT		Dec-25	9085	9325	
MHSDS CMH referrals-spells waiting more than 104 weeks for a 2nd contact - LLR		Dec-25	120	135	
MHSDS CMH referrals-spells waiting more than 104 weeks for a 2nd contact - LPT		Dec-25	130	145	
MHSDS open CMH referrals-spells waiting for a 2nd contact - LLR		Dec-25	2920	3090	
MHSDS open CMH referrals-spells waiting for a 2nd contact - LPT		Dec-25	2955	3120	
MHSDS CYP 1+ Contacts - LLR	17745	Dec-25	18955	18800	
MHSDS CYP 1+ Contacts - LPT		Dec-25	11220	11060	
MHSDS CYP referrals-spells waiting for a full clock stop - LLR		Dec-25	6345	6110	
MHSDS CYP referrals-spells waiting for a full clock stop - LPT		Dec-25	5750	5795	
MHSDS CYP referrals-spells waiting more than 104 weeks for a 1st contact - LLR		Dec-25	455	465	
MHSDS CYP referrals-spells waiting more than 104 weeks for a 1st contact - LPT		Dec-25	425	445	
MHSDS open CYP CMH referrals-spells waiting for a 1st contact - LLR		Dec-25	2395	2175	
MHSDS open CYP CMH referrals-spells waiting for a 1st contact - LPT		Dec-25	1985	1965	
MHSDS CYP ED Routine (Interim) - LLR		Dec-25	97.0%	100.0%	
MHSDS CYP ED Routine (Interim) - LPT	>=95%	Dec-25	97.0%	100.0%	
MHSDS CYP ED Urgent (Interim) - LLR		Dec-25	0.0%	86.0%	
MHSDS CYP ED Urgent (Interim) - LPT	>=95%	Dec-25	0.0%	86.0%	
MHSDS EIP 2 Week Waits - LLR		Dec-25	70.0%	71.0%	
MHSDS EIP 2 Week Waits - LPT	>=60%	Dec-25	66.0%	66.0%	
MHSDS Individual Placement & Support (IPS, Rolling 12 month) - LLR	805	Dec-25	790	780	
MHSDS Individual Placement & Support (IPS, Rolling 12 month) - LPT		Dec-25	785	780	
OAPs Bed Days (inappropriate only) - LLR		Dec-25	5	75	
OAPs Bed Days (inappropriate only) - LPT		Dec-25	0	35	
OAPs active at the end of the period (inappropriate only) - rolling quarter - LLR		Dec-25	0	0	
OAPs active at the end of the period (inappropriate only) - rolling quarter - LPT		Dec-25	0	0	
MHSDS Perinatal Access - (Rolling 12 month) - LLR	1259	Dec-25	1185	1160	
MHSDS Perinatal Access - (Rolling 12 month) - LPT		Dec-25	1200	1170	
MHSDS Restrictive Interventions per 1000 bed days - LLR		Dec-25	-	-	
MHSDS Restrictive Interventions per 1000 bed days - LPT		Dec-25	40	37	
MHSDS - Data Quality DQMI - LLR		Oct-25	73.8%	72.0%	
MHSDS - Data Quality DQMI - LPT	>=95%	Oct-25	93.0%	93.0%	
MHSDS - Data Quality SNoMED CT - LLR		Dec-25	97.0%	97.0%	
MHSDS - Data Quality SNoMED CT - LPT	>=100%	Dec-25	100.0%	100.0%	

Q

Leicestershire Partnership NHS Trust

Alert, Advise and Assure Highlight Report

Charitable Funds Committee, 13 March 2026

Meeting Chair and Report Author - Faisal Hussain

Quorate Y

Policies and expiry date:

ALERT: Alert to matters that need the Board's attention or action, eg areas of non-compliance, safety or threat to the Trust's strategy

Agenda Item:	Reference:	Lead:	Description:	BAF Ref
None				

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

Agenda Item:	Reference:	Lead:	Description:	BAF Ref
Annual review of performance of Investment Advisors	CFC/26/008	Faisal Hussain	Our investment advisors, Cazenove, provided their annual update to the committee. There is a potential combination with an American firm. We will keep a watching brief on this development	

T H R I V E

Agenda Item:	Reference:	Lead:	Description:	BAF Ref
			as it progresses to make sure that this does not affect Cazenove's overall investment strategy and policy too much. We will need to review, as and when further details emerge. whether Raising Health need to amend and/or change advisors.	
Dementia Garden at Coalville Hospital	CFC/26/011	Magdalena Korytkowska	The Committee was advised that e-mail approval from members would be requested for this bid, totalling £85k, due to the value, this would also need Board approval (item on confidential agenda)	

ASSURE: Inform the Board where positive assurance has been received

Agenda Item:	Reference:	Lead:	Description:	BAF Ref
Review of Charitable Funds Risk Register	CFC/26/005	Jackie Moore	The Committee are aware of the one risk, related to cash balances which exceed the amount of cover available under the Financial Services Compensation Scheme (FSCS) limit. the committee approved the risk register.	
Quarterly Finance Report including Pipeline Report, investment performance & legacies	CFC/26/009	Jackie Moore	• The overall fund balance for Quarter 3 closed at £2.86m. This is an increase of £452k (19%) since the start of the financial year. • Expenditure totals £369k, with the majority of spend supporting patient wellbeing & amenities (£176k) and charity running costs (£135k). • The balance sheet shows that the overall funds increased by £452k in the first nine months of the year. • Fixed asset investments have increased by £215k due to the improvement in the investment return. • The closing cash balance at the end of Quarter 3 is £738k, which is an increase of £246k since the start of the year. This is due to a	

Agenda Item:	Reference:	Lead:	Description:	BAF Ref
			£250k legacy receipt and the NHS Charities Together innovation fund.	

CELEBRATING OUTSTANDING: Share any practice, innovation or action that the Committee considers to be outstanding

Agenda Item:	Reference:	Lead:	Description:	BAF Ref
Promoting Charitable Funds and Delivering the Strategy: Fundraising Managers' Report	CFC/26/007	Magdalena Korytkowska	There have been many great press releases issued to the media this quarter all helping to raise the profile of RH Charity.	
Promoting Charitable Funds and Delivering the Strategy: Fundraising Managers' Report	CFC/26/007	Magdalena Korytkowska	We were successful in securing the NHS Charities Together Innovation Grant. This will support CAMHS waiting lists by developing online resources for loved ones, carers and guardians of those on the waiting list. .	
Promoting Charitable Funds and Delivering the Strategy: Fundraising Managers' Report	CFC/26/007	Magdalena Korytkowska	We have generated nearly £290k income through legacies.	
Promoting Charitable Funds and Delivering the Strategy: Fundraising Managers' Report	CFC/26/007	Magdalena Korytkowska	We are working to bring in new sponsors for the Celebrating Excellence Awards and the Long Service Awards. Tilbury Douglas have already confirmed that they will be the headline sponsor at the awards this year.	

R

Leicestershire Partnership NHS Trust

Public Trust Board 31 March 2026

National NHS Staff Survey 2025 Results

Purpose of the Report

The National Staff Survey takes place annually between September and November each year and is completed by all NHS Trusts and organisations. National results were published on 12 March 2026. This paper contains the ratified 2025 annual staff survey results and comparison to our benchmark group (Mental health and learning disabilities trusts / Mental health, learning disabilities and community trusts).

In line with NHS England requirements, this paper is submitted to the Trust Board for assurance on the Trust results and action plan. The information in this paper has been considered at Executive Management Board (3 March 2026) and Strategic Executive Board (10 March 2026), both of which received assurance.

Analysis of the Issue

Over the past three years, the Trust has developed a clear and robust approach to staff engagement, investing in support and development for local services to make greater use of staff feedback, and particularly data from the National Staff Survey. Managers and leaders have been provided with support from the Staff Engagement Lead to understand local survey results, which have been shared through directorate management meetings, team briefs, staff networks, and through culture cafes at sites across the Trust throughout the year using our Feedback into Action approach. This has run alongside our culture change programme Our Future Our Way, whereby change leaders have focused on improving low performing areas in the staff survey. This staff engagement approach and its impact was recognised as a finalist in the HSJ Awards 2025 and highlighted as a good practice case study by the NHS Employers in February 2026.

A robust governance process is in place, with all directorates engaged in activities to develop objectives based on the staff survey data and local needs which inform localised action plans. These are then held to account through a multi layered governance process.

We have a comprehensive Feedback into Action programme, which puts information, transparency and responsiveness at the centre of our activities to ensure all staff are able to find out more about what their feedback was, and what the Trust is doing in response. This includes regular staff newsletters and culture cafes on how feedback has been put into action, not only from the staff survey, but also other mechanisms such as health and wellbeing roadshows, culture cafes and staff networks. This is integrated with our leadership and culture programme, ensuring a responsive feedback loop.

This approach has helped to achieve above average results across all People Promise indicators and a response rate that is 4% above the national average, against a backdrop of lower results and response rates nationally. A graph showing our 5-year progression can be found in appendix A.

Summary results and statistical significance change

Overall, the Trust continues to demonstrate a strong position relative to our benchmark group and remains above the national average in all nine People Promise elements and themes, against the backdrop of trusts of our type across the country seeing declines in their scores for 7 out of the 9 People Promise Indicators.

Appendix B provides a summary of the Trust's People Promise elements and themes, compared to the national average and best and worst performing Trusts in our benchmarking group.

The national results show an overall decline in staff experience however LPT's results have remained statistically stable and above the national average, with several sub=domains moving up where the trend has gone down.

Around 4000 staff, that's 56% of our LPT family, shared their views. Despite this being slightly lower (2% less) than 2024, our response rate is 4% above the national average response rate of 52%.

Summary headlines

Staff recommendations of LPT as a place to work and receive care remain above the national average.

- Recommend LPT as a place to work – 66.1% (67.8% in 2024; national average 64%)
- Recommend LPT as a place to receive care – 68% (67.7% in 2024; national average 64.5)
- Care of patients/service users is my organisation's top priority – 79.6% ((81.5 in 2024; national average 75.9%)

We are above the national average in numerous areas, with some areas now nearing the best in the country, particularly in relation to:

- flexible working;
- manager support and relationships;
- team effectiveness;
- feeling your role makes a difference; and
- confidence in raising and being treated fairly.

It is reassuring to see that four in every five (80%) of our staff felt safe to raise concerns, (against a nationally declining picture). This is an important part of our commitment to ensuring everyone feels psychologically safe to speak up at our Trust.

National and cohort group benchmarking

Within our cohort group of 50 providers, LPT continues to perform well, and has improved in overall ranking:

- LPT remains in the upper quartile among the cohort of 50 providers
- LPT's overall ranking (sum of People Promise and Theme scores) has moved from 9th place in 2024 to 5th place in 2025
- LPT's response rate was at 21st place out of 50 providers
- Ranking for LPT's People Promise indicators in each area have improved, with highest performing rankings as: 3rd for flexible working, 5th for We are a Team, and 5th for We are always learning and 6th for We each have a voice.

Detailed analysis

LPT's full results of this year's survey can be found on the NHS England website here: 2025 NHS Staff Survey Benchmark Report. From analysis of this year's results, the following areas are highlighted to provide further detail for consideration

Statistically significant changes from last year's results are:

- ***Improvements in these areas:***
  - Recommending LPT as a place to receive care (remains above national average),
  - Flexible working (amongst best in the country)
  - A reduction in experience of violence and aggression from patients, and improvement in reporting bullying and harassment.
  - Team working and team effectiveness
  - Reporting of incidents and being treated fairly
  - Having an annual appraisal
- ***Decreases in these areas:***
  - Safe and healthy (Burnout, work pressures and support)
  - Recommending LPT as a place to work, however remains above the national average
  - Care being my organisation's top priority (remains above national average)
  - Opportunities to develop career and equitable career progression (but is amongst the best in the country)

Areas where LPT is significantly above the national average in staff experience:

- **Kindness and respect**, which is above the national average against a declining picture nationally. our staff also feel more **valued and appreciated** than the national average.
- Our **staff morale** has remained fairly stable and amongst the best compared to the national average which has dipped.
- **Line manager support** is improving and we are seeing numbers close to the best results in the country, showing managers are encouraging, giving clear feedback and taking an interest in individual wellbeing.

- Confidence in **raising concerns** remains one of the highest in the country and significantly above the national average. Confidence that concerns will be addressed has increased whereas the national average has decreased.
- **Work-life balance and flexible working** questions have not only improved, but they are significantly above the national average and have gone against the national trend. They are performing near the best in the country.
- There are opportunities for me to **develop my career** in this organisation +4.84% above the national average, and only 0.84% away from the highest result
- More staff feel they have **choice in deciding how to do their** work +2.9% above the national average, also increased going against the national trend which declined**.**
- More of our staff feel their **role makes a difference** compared to the national average.
- Staff sharing they have had **appraisals** is 94.35% (+5.75% above average, and only 1% away from the highest result) and c**linical supervision** is declared at 83.5%: an increase from the previous year, going against the national trend which stayed the same, and among some of the best results in our grouping.

We need to do more to help people feel they can make improvement in their own areas and involved in change. Although in line with the national average these are areas of decrease.

Reporting racism and discrimination has improved and is now above the national average which is good. However, experience of racism and discrimination, and related to religion remain below the national average.

Workforce Race Equality Standards

- Experience for our white staff has worsened slightly in terms of experiencing harassment bullying and abuse from staff, but this has improved for ethnic and culture minority (ECM) staff.
- Experience for our white staff has decreased in relation to feelings of fairness of progression and promotion, but improved slightly for ECM staff.
- Staff experiences have improved when looking at abuse from the public, and discrimination from staff – this is positive given the focus of Together Against Racism
- Despite improvements, there is still a considerable gap between ECM and white staff experience on these metrics, so a continued focus remains important.

Across the Group we have been running programmes to address, understand and tackle violent, aggressive and discriminatory behaviours and these results reflect some positive impact. We remain committed as a Group in standing Together Against Racism and to be free from discrimination, and will continue to focus on improving experiences for all, so that everyone feels valued, safe and supported at work. We will also have continued focus on improving inclusion in our recruitment processes and positive action programmes to support development of talent, having undertaken our Developing Diverse Leaders programme and our first Group ‘Talent Matters’ programme launching in May 2026.

Workforce Disability Equality Standards

- Harassment, bullying and all forms of abuse have reduced for all staff from members of the public, but we have seen a slight increase in non-disabled individuals experiencing harassment, bullying and abuse from other colleagues
- Colleagues are increasingly reporting their incidents of abuse
- There is a reduction in all members of staff feeling the organisation acts fairly with regards to career progression or promotion
- Less staff have felt pressure from their managers to come to work when unwell
- Non-disabled staff members feel the organisation values their work slightly less than the previous year
- A very slight reduction in disabled staff feeling supported with reasonable adjustments

We will continue our focus on improving inclusion in our recruitment processes and embedding improvements in support for reasonable adjustments, alongside our staff support networks.

Proposal

Trustwide-wide priorities for 2026-27

Our results clearly show a positive progress against the national picture, however remain areas for further improvement against last year's results.

Whilst opportunities to develop career and equitable career progression remain amongst the best in the country, equitable experience among staff groups has declined further.

Whilst staff experiences have improved when looking at abuse from the public, and discrimination from staff, there is still a considerable gap between ECM and white staff experience in relation to abuse and harassment.

We are committed to taking clear and visible action. Our culture change programme Our Future Our Way, will continue with its current focus areas as they align with the above:

- addressing staff experiences of racism and discrimination to improve equality, diversity, and inclusion
- identifying what more we can do to ensure career progression is equitable for all.

An extensive engagement programme has been undertaken by change leaders as part of their Discovery phase, and the thematic analysis will lead to a set of priorities that will be shared with the Trust Board for endorsement, followed by coproduction of solutions with staff.

We will continue to focus on how we are putting feedback into action throughout the year. This will include dedicated and enhanced support for staff health and wellbeing going through change and work pressures. Change programmes with staff need to ensure they feel listened to so they can make improvement in their own areas and feel involved in change.

We will continue to align with NHFT to work on joint areas of fucs from the staff survey, particularly around our OD offer, EDI plan and ensuring strong health and wellbeing support where it is needed at a local, targeted level.

Our Staff Engagement plan: Localised support, objectives and action planning

Trust Board can take assurance that our well-established staff engagement approach with local services is in place. This approach has been agreed at Executive Management Board and Strategic Executive Board and builds on the existing staff engagement cycle (Appendix C). This includes our Feedback into Action initiative, regular culture cafes to reach those not accessing emails, and targeted support with teams and staff networks.

Joint coaching sessions across the LPT and NHFT Group are underway to support leaders to understand their data, and all directorates will develop local objectives and action plans, with support from their HR Business Partners and the Staff Engagement Lead. These will be finalised in April 2026. Services accountability will be through existing governance routes:

- Directorate Management Team meetings and AFM
- Workforce Development Group
- Executive Management Board
- People and Culture Committee

Decision Required

Briefing and discussion – no decision required

- Review the National Staff Survey 2025 results and take assurance that results have been received and shared across the organisation through a robust communications plan

- Take assurance that the organisation has robust grip through our well-established Feedback into Action staff engagement approach with local services, and Trust-wide areas of focus will be addressed through the organisation's Our Future Our Way programme.

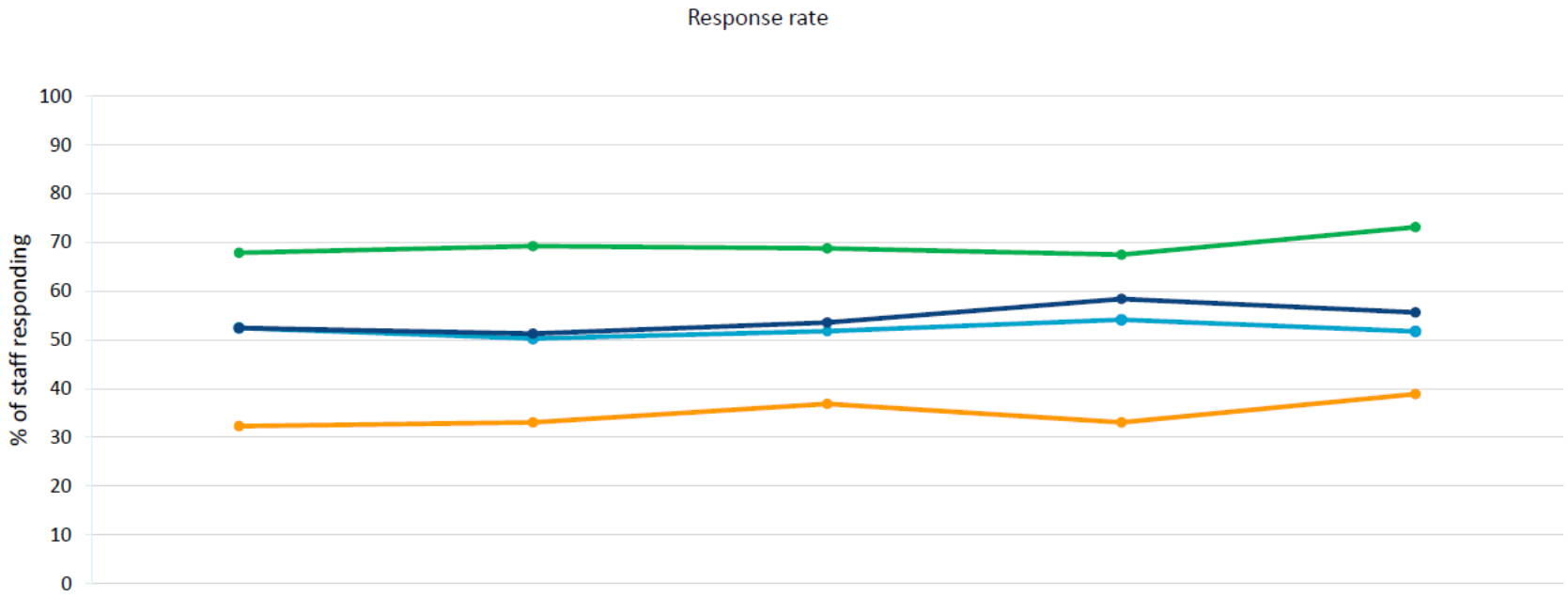
- Take assurance that Our Future Our Way Culture and Leadership programme will bring together triangulated data from the 'Discovery phase' and the National Staff Survey into a set of priorities for Trust Board endorsement, developing informed plans to address feedback received from across the organisation.

Governance Table

For Board and Board Committees:	Trust Board (Public)
Paper sponsored by:	Sarah Willis, Chief People Officer
Paper authored by:	Kamy Basra, Associate director of communications and culture
Date submitted:	20.3.26
Name and date of other committee / forum at which this report / issue was considered:	Executive Management Board – 3 March 2026 Strategic Executive Board – 10 March 2026
Level of assurance gained if considered elsewhere	☒Assured ☐ Partially assured ☐ Not assured
Date of next report:	
THRIVE strategic alignment:	☐ **T**echnology ☐ **H**ealthy communities ☐ **R**esponsive ☐ **I**ncluding everyone ☒ **V**aluing our people ☐ **E**fficient and effective
Board Assurance Framework considerations: (list risk number and title of risk)	
Is the decision required consistent with LPT's risk appetite:	
False or Misleading Information (FOMI) considerations:	
Positive confirmation that the content does not risk the safety of patients or the public:	
Equality considerations:	WDES and WDRES related results outlined in the report

Appendix A: Response rate

Survey Coordination Centre NHS



	2021	2022	2023	2024	2025
Your org	52.40%	51.26%	53.53%	58.37%	55.62%
Highest	67.86%	69.24%	68.76%	67.46%	73.12%
Average	52.40%	50.26%	51.76%	54.12%	51.72%
Lowest	32.27%	33.04%	36.86%	33.03%	38.85%
Responses	2863	2929	3348	3970	3924

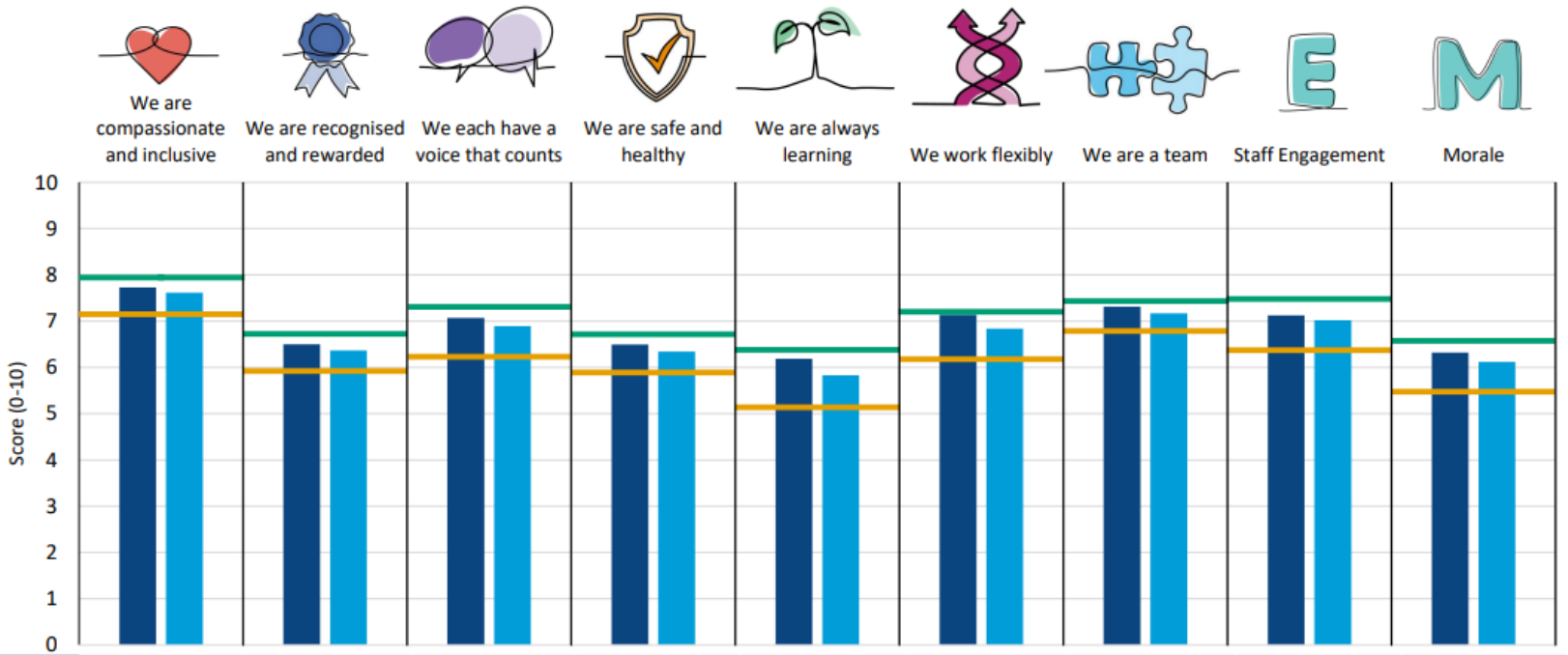
THRIVE

Appendix B – People Promises and Themes overview

People Promise elements and themes: Overview

Survey Coordination Centre NHS

People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Your org	7.73	6.50	7.07	6.49	6.19	7.14	7.31	7.12	6.32
Best result	7.94	6.72	7.31	6.72	6.38	7.20	7.43	7.48	6.57
Average result	7.61	6.37	6.89	6.34	5.83	6.84	7.17	7.02	6.12
Worst result	7.15	5.92	6.23	5.89	5.14	6.18	6.79	6.37	5.48
Responses	3905	3910	3874	3875	3790	3896	3899	3909	3911

Appendix C – People Promises and Themes overview

Staff engagement- Putting feedback into action