Leicestershire Partnership and Northamptonshire Healthcare Associate University Group

NHS

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Unconfirmed

Group Trust Board of Directors

Minutes of the meeting in public held on Thursday 28 May 2026 via Microsoft Teams

Present:
Faisal Hussain, Interim Group Chair
Josie Spencer, LPT Non-Executive Director/Deputy Chair
Julia Curtis, NHFT Non-Executive Director/Deputy Chair
Melanie Hall, LPT Non-Executive Director and NHFT Associate Non-Executive Director
Hetal Parmar, LPT Non-Executive Director
Angela Hillery, Group Chief Executive
Jean Knight, LPT Managing Director/Deputy Chief Executive
David Maher, NHFT Managing Director/Deputy Chief Executive
Sharon Murphy, LPT Chief Finance Officer
Itai Matumbike, NHFT Chief Medical Officer
Bhanu Chadalavada, LPT Chief Medical Officer
Linda Chibuzor, Group Chief Nurse/Executive Director of Nursing, Allied Health Professionals (AHPs) and Quality
Tim Harrison, LPT and NHFT Non-Executive Director
Duncan Orme, NHFT Non-Executive Director
Judit Seymour, NHFT Non-Executive Director
Tanya Hibbert, LPT Executive Director of Mental Health
Sarah Willis, Group Chief People Officer
Kate Dyer, LPT Director of Governance and Risk
Richard Smith, NHFT Director of Corporate Governance
Chris Skelton, LPT Associate Non-Executive Director
Joanne Lancaster, NHFT Associate Non-Executive Director
Natasha Fox, NHFT Associate Non-Executive Director
Kamy Basra, Associate Director of Communications and Culture
Andy McLester, Joint Director of Estates and Facilities (for service presentation)
Amanda Angelescu, Partnerships Manager, Social Value and Sustainability Lead (for service presentation)

GTB/26-7/001	**Welcome and Apologies for Absence** Apologies for absence were received from Anne Rackham, Sam Leak, Paul Sheldon, David Williams and Liz Anderson.
GTB/26-7/002	**Service Presentation: Sustainability and the Green Plan** The Chair introduced Andy McLester, Joint Director of Estates and Facilities, and Amanda Angelscu, Partnerships Manager, Social Value and Sustainability Lead who were both in attendance to provide a service presentation on Group sustainability. An update was provided on sustainability initiatives across both Trusts, highlighting progress in reducing food waste, improving procurement practices and advancing environmental measures

It was reported that both organisations had achieved significant success through a ‘blue plate’ trial, delivering a 25% reduction in food waste. This was a substantial achievement and the continued strategic aim to procure food more locally was emphasised. While core menu provision remained nationally supplied, efforts were being made to source fresh produce, including fruit, vegetables and dairy, from local suppliers wherever possible. NHS catering teams had received multiple national awards, reflecting strong performance and innovation in catering services. It was highlighted that many NHS England sponsored competitions were now focused on reducing waste, increasing creativity in menu design, and decreasing reliance on more traditional food production methods.

In relation to transport and environmental impact, plans to reduce the vehicle fleet across both Trusts were outlined, noting there are currently approximately 80-90 vehicles in operation, spanning transport, logistics, IT services, and other operational areas. Staff across the Trust were reported to travel approximately five million miles annually in their own vehicles, driven in part by care delivery models such as ‘care closer to home’. While recognising that this travel was not directly controllable, it was noted that the Trust encouraged uptake of electric vehicles through a salary sacrifice scheme.

Andy McLester provided a further update on electric vehicle (EV) infrastructure and confirmed that University Hospitals of Leicester NHS Trust had an established EV charging network accessible to fleet vehicles, staff, and the public. In contrast, Leicestershire Partnership NHS Trust was at an earlier stage of development, with plans to expand infrastructure rapidly, supported where possible by external funding, to ensure accessibility for fleet, staff and patients

Looking ahead, Andy McLester informed the Board that the first Group Sustainability Annual Report was due to be published which would outline progress to date and support increased staff awareness. He emphasised the importance of developing sustainability champions across all levels of the organisation to embed this work more widely and confirmed that sustainability performance continued to be monitored through the Performance Committee and other governance structures.

The Chair commended the breadth of work undertaken and noted that progress was being overseen through relevant sub committees. Questions and comments were then invited.

Judit Seymour expressed strong support for the sustainability programme, emphasising the importance of staff engagement and ownership, and offered support to promote and champion the initiative if required.

Dave Maher commended the breadth of the programme, highlighting that it moved beyond traditional estate focused sustainability measures (such as infrastructure improvements) to reflect the wider and more complex range of actions required across the organisation. Two areas for further development were then suggested. Firstly, the consideration of initiatives similar to Barts Health NHS Trust’s ‘Operation TLC’ (turning off lights, closing doors), noting that such schemes had demonstrated benefits not only in sustainability but also in improving patient outcomes, including sleep quality and enhancing staff

	confidence. Secondly, he emphasised the importance of identifying a clear differentiator within the Trust's sustainability programme beyond existing initiatives such as reducing single use plastics and linked to this, was the need for robust data to underpin the programme. Kate Dyer thanked the presenters for the high quality resource provided, noting its value in supporting preparation for the forthcoming well-led assessment. She highlighted that environmental sustainability was likely to feature within well-led interviews and confirmed the materials would be added to the Trust's resource library. It was noted the resource offered useful prompts for Board service visits, enabling members to explore local sustainability initiatives and better understand their impact at team level. Joanne Lancaster thanked the presenters for their comprehensive presentation, noting the sustainability agenda was both significant and evolving. She advocated looking beyond the NHS for learning opportunities, particularly from other public sector organisations such as education providers and local authorities, where substantial progress had been made in this area, and highlighted the importance of staff engagement, suggesting that empowering and enabling staff would be critical to successfully delivering the agenda. Hetal Parmar drew on his experience in the education sector and highlighted the significant overlap in approaches across public sector organisations. He emphasised the importance of prioritisation, advising that while multiple initiatives may be in progress, evidence suggests that focusing on a smaller number of high impact actions could deliver the greatest early benefits. He offered to share relevant research and good practice to support this approach and reinforced the importance of establishing robust baseline data. The Chair concluded by emphasising that sustainability remained a key and evolving priority and confirmed the Board's continued focus on this agenda. He expressed appreciation for the work undertaken and thanked the presenters for their contribution.
GTB/26-7/003	**Questions from the Public** No public questions were received.
GTB/26-7/004	**Declarations of Interest in respect of items on the agenda (verbal)** There were no declarations of interest in respect of items on the agenda.
GTB/26-7/005	**Minutes of the previous meeting held 29 January 2026 (Paper A)** The minutes were approved as a true reflection of proceedings. **Resolved:** The Board approved the minutes.
GTB/26-7/006	**Matters Arising Action Log (Paper B)** Action GTB/25-6/032 was confirmed as complete and presented for closure. **Resolved:** The Board approved the closure of the action.
GTB/26-7/007	**Group Trust Board Workplan (Paper C)**

	The Group Trust Board Workplan was presented for information. No questions or queries were raised.
GTB/26-7/008	**Chief Executive Report (Paper D)** Angela Hillery presented this report which provided an update on current national issues and policy developments that affect the Group. The key areas highlighted were:- • NHFT had received formal notification of achieving Advanced Foundation Status, applicable from 1 June 2026. This did not give the designation of IHO as this was another stage of the submission but was in the pipeline and under progression. Learning from this process had been shared across the Group and LPT was seeking to be included in a future wave; however this was subject to national and regional decision making. • Both Managing Directors had reported strong staff survey response rates across the Group. Appreciation was offered to staff for their engagement, with both Trusts achieving above average results for response rates and against People Promise Indicators. • The emerging Mental Health Strategy and Modern Service Frameworks, including for serious mental illness, were welcomed and the appointment of the new National Director for Mental Health, Learning Disabilities and Autism was noted as an opportunity to strengthen collaboration across the NHS. The importance of responding to evidence requirements within the strategy and aligning this work through Group and Strategic Executive Board discussions was recognised. It was noted that further modern service frameworks were expected to develop. • Attention was drawn to the forthcoming Volunteers' Week and Carer's Week and the significant contribution of volunteers and carers across both Trusts was acknowledged Josie Spencer sought clarification on whether the Group intended to submit a response to the Care Quality Commission consultation on its proposed regulatory approach. She also suggested that, once outcomes are known, a future discussion may be helpful to consider the implications for the organisation. Angela Hillery confirmed there had been engagement with the process through a range of channels and advised that staff had contributed both through direct responses and participation in workshops, engagement events and national meetings, including discussions on emerging assessment frameworks and the revised well-led approach. The consultation process had been inclusive and opportunities to contribute had been taken. It was noted that the proposed regulatory approach remained in development and established Key Lines of Enquiry (KLOEs) continued to provide an important foundation within emerging frameworks. The need to build on this existing knowledge was emphasised and further development would be required as greater clarity emerged. The ongoing leadership changes within the CQC, including recruitment to the Chief Executive role and the recent appointment of a new Chief Inspector of Mental Health were noted. Bhanu Chadalavada congratulated colleagues on the achievement of Advanced Foundation Trust status. He also welcomed the development of proposals linked to the Modern Service Framework, particularly those focused on improving physical health outcomes for people with Severe Mental Illness (SMI) and addressing health inequalities.

	Resolved: The Board received this report for information.
GTB/26-7/009	**Environmental Analysis (verbal)** Angela Hillery provided an update on the following:- • East Midlands Alliance Event - this event is planned for November and combined celebration and engagement – all Board members would be invited to attend. • The retirement of Ifti Majid (Chief Executive, Nottinghamshire Healthcare) was noted, with appreciation expressed for his contribution to the East Midlands Alliance. Mark Axcell has been appointed as the incoming Chief Executive, and it was noted that engagement with him through the East Midlands Alliance will be prioritised to support continued collaboration at a regional level. • Nottinghamshire Public Inquiry – the ongoing inquiry was noted as significant and it was suggested there should be an opportunity to consider in due course the emerging learning and its implications, particularly in relation to clinical decision making and accountability. • The National Oversight Framework for 2026/27 would include an increased number of metrics particularly for mental health and community services. Work was reported to be underway to review and understand these changes. It was recognised these developments would have implications across both organisations and would be addressed through existing reporting arrangements. Dave Maher provided an update on the following:- • NHFT community paediatric services – a consultation process was underway with staff currently based at Northampton General Hospital regarding the potential transfer of community paediatric services in the west of the County. The transfer aimed to achieve greater geographical alignment of service pathways, subject to completion of due diligence processes. Staff were actively being engaged through a TUPE consultation process. It was noted there may be an impact on service performance during the transition period as services are stabilised following transfer. Jean Knight provided an update on the following:- • Work had commenced across the Midlands and East region to address neurodevelopmental waiting times. Engagement with colleagues from NHS England and Birmingham was taking place to support a coordinated approach and to share best practice to help reduce waiting times for children and young people. The Chair concluded by advising that discussions regarding the Nottinghamshire public inquiry were ongoing through national networks and any emerging learning would be captured and reported to Board through the Chair's and other relevant reports.
GTB/26-7/010	**Board Assurance Framework (Paper E1)** Kate Dyer presented this report which was the first full report of the 2026/27 Board Assurance Framework for the Group Trust Board, setting out baseline scores and risk zoning. This Group BAF report replaced the individual risk reports previously provided to the Trust Board meetings for Leicestershire

Partnership NHS Trust and Northamptonshire Healthcare NHS Foundation Trust.

The revised approach to risk assessment that had been introduced was explained and incorporated impact, likelihood and 'zoning' to better identify and prioritise key risks. It was noted that this methodology moved beyond a simple multiplication of impact and likelihood by also taking account of the strength of controls and assurances, thereby supporting a more mature and targeted approach to risk management.

Kate drew attention to the principal strategic risks, identified as access, safety, workforce and capital funding, and advised that the zoning approach enabled clearer visibility of those risks requiring the greatest level of Board oversight. She highlighted that risk ratings were closely linked to the effectiveness of the control and assurance framework, with areas where gaps existed remaining in higher risk zones. In particular, patient safety was noted as a key area requiring continued focus to strengthen assurance arrangements.

The Board noted that lower risk areas reflected opportunities for controlled and positive risk taking in support of innovation and delivery of strategic priorities, including reducing health inequalities. Initial feedback on the revised approach was positive.

Judit Seymour expressed support for the revised Board Assurance Framework (BAF) approach, particularly the introduction of risk zoning to better distinguish and prioritise high risk areas and noted that this addressed previous challenges in differentiating between risks of similar scoring and welcomed the adoption of the revised methodology. Whilst the approach was conceptually strong, its effectiveness would need to be demonstrated in practice. She drew attention to the relationship between risks managed at Level 1 Committees and those escalated to the BAF, noting that many risks are overseen within existing committee structures. She emphasised the importance of ensuring clarity and alignment between these levels to support effective discussion and oversight of risk at Board level. In response, Kate Dyer acknowledged that the development of the Group BAF was an evolving process and emphasised the importance of clearly articulating how individual organisations contribute to the Group BAF, noting that further refinement would be required to ensure clarity in reporting. The BAF would increasingly provide improved visibility of where mitigating actions sit, supported by greater reliance on corporate risk registers to understand risk profiles at organisational level and ongoing engagement with the Board would be essential to ensure the format and content of reporting met requirements. The group level BAF approach was still relatively new across the sector and would be a process of continuous development over the course of the year.

Julia Curtis welcomed the development of the revised BAF approach, noting that it provided a helpful and refreshed perspective on organisational risks. She referenced a previously raised concern regarding the research and innovation risk and advised that the new approach had provided greater clarity on its relative positioning within the overall risk profile. She also highlighted the value of the enhanced presentation of risk information including more detailed reporting on progress and mitigating actions, which provided increased assurance. Julia further echoed earlier comments regarding the importance of ensuring clear alignment between risks managed at organisational level and

	those reflected within the BAF. She concluded that the revised format supported improved understanding of risk prioritisation, particularly in relation to key areas such as quality and safety. Kate Dyer confirmed that a consistent risk management approach had been aligned across both organisations, with shared committee structures and common risk identification. She advised that this had already enabled improved visibility of jointly managed risks and facilitated shared learning, with emerging evidence that collaborative working was supporting more effective and timely risk mitigation. Regular joint risk review discussions were enabling the identification of effective mitigations, which could be shared and adopted more widely, thereby strengthening the overall control environment. The focus would now be on ensuring this learning is clearly reflected through committee reporting and oversight arrangements. The Chair welcomed the approach and noted that it provided increased assurance to the Board regarding the maturity and effectiveness of risk management arrangements. He acknowledged the importance of ensuring appropriate alignment between committee oversight and the Board Assurance Framework, and the value of cross organisational learning and early identification of risks. **Resolved:** The Board received this report and approved the opening position for 2026/27 including the implementation of the revised zoning methodology.
GTB/26-7/011	**System Risk Briefing (Paper E2)** Kate Dyer presented this briefing paper for information, which providing an overview of the current risk landscape across the system. It was noted that risk was not managed in isolation, and that system level BAFs remained at an early stage of development. Due to the complexity of Integrated Care Board (ICB) structures and ongoing organisational changes, development of system BAFs had not been prioritised for 2026/27; despite this, there were a number of Group and organisational BAFs across the system. These include a single BAF for University Hospitals in Northamptonshire, incorporating both Kettering and Northampton General Hospitals, and a BAF for University Hospitals of Leicester and consideration of these alongside the ICB position to understand the wider system context was encouraged. The paper highlighted a number of common risk themes across organisations, including financial pressures associated with rising demand and increasing complexity, digital and cyber security risks, workforce related challenges and risks relating to delivery of financial targets. It was further noted that emerging risks associated with NHS reforms are now appearing within several BAFs for 2026/27, representing a shift from previous years and reflecting a developing trend consistent with the organisation's own Group BAF. Whilst common themes were evident, nuanced differences across organisations were also acknowledged, reflecting local context. **Resolved**: The Board received this report for information.
GTB/26-7/012	**Risk Appetite Statement and Matrix 2026/27 (Paper F)** Kate Dyer introduced the Risk Appetite Statement and accompanying matrix, noting that this followed detailed discussion at the recent Group Trust Board

	development session. It was reported that there had been strong engagement from colleagues following circulation of the draft, with a significant number of comments and supportive feedback received. Kate Dyer advised that, given the current organisational context, there was an increasing need to make difficult decisions, including changes to service delivery models and the adoption of new ways of working and emphasised that such decisions could only be undertaken safely where there was a robust and effective control framework in place. The importance of moving beyond consideration of risk solely in terms of likelihood and impact was highlighted and the approach set out in the paper placed greater emphasis on the strength of controls and the level of assurance in place, enabling the organisation to take a more informed and proactive approach to risk. This supported the development of a more positive risk taking culture, enabling innovation and delivery of strategic ambitions while maintaining appropriate oversight. The Chair thanked Kate Dyer for the report and provided clarification that the 'eager' risk appetite rating within the matrix assumed that appropriate controls and mitigations are in place and did not represent unmanaged risk taking, but rather reflected the organisation's position once controls are understood and operating effectively. Angela Hillery emphasised the importance of ensuring the risk appetite framework is actively used in practice and highlighted that regular reference to the framework would support alignment with the organisation's agreed approach and reinforce a shared sense of purpose. It was noted that Committee Chairs would play a key role in seeking assurance that the risk appetite matrix is being consistently applied. **Resolved**: The Board approved the Risk Appetite Statement and accompanying matrix for 2026/27.
GTB/26-7/013	**Group Partnership Agreement Annual Review (Paper G)** Richard Smith introduced the annual review of the Group Partnership Agreement and invited members to consider the appended Terms of Reference (Paper H) alongside this item. It was reported that no material changes were proposed following the annual review. Minor amendments had been made to reflect updates to job titles and committee names. There were no questions received. **Resolved**: The Board approved the Group Partnership Agreement subject to the minor amendments presented.
GTB/26-7/014	**Group Terms of Reference (Paper H)** The Group Terms of Reference, presented alongside the Partnership Agreement (Paper G) were considered and approved. **Resolved:** The Board approved the Terms of Reference.
GTB/26-7/015	**Group Board Development Programme (Paper I)** Richard Smith introduced this report which outlined both the background to the programme and the proposed approach for the remainder of the year. It was reported that, for the current year, there had been a deliberate shift towards delivering the majority of development sessions collectively at Group level. This

	approach reflected the benefits observed from previous joint sessions and represented a departure from the previous year's arrangements. The proposed programme was indicative with an emphasis on maintaining flexibility to respond to emerging priorities and organisational needs throughout the year. Planning was underway for the next session scheduled for the end of June. Angela Hillery welcomed the proposed approach to the Group Board Development and the benefits of streamlining and improving efficiency through delivery at Group level and requested, with reference to earlier discussions within the meeting, that the CQC inspection regime/well led and lessons from the Nottinghamshire public inquiry be incorporated into the development programme. **Action:** Richard Smith/Kate Dyer to incorporate identified areas into the Group Board Development Programme **Resolved:** The Board received this report for information.
GTB/26-7/016	**Joint People and Culture Committee AAA Report: 11 February 2026 and 9 April 2026 (Papers J1 & J2)** Tim Harrison presented these reports noting that the papers were provided to align reporting timelines and ensure consistency of reporting across the Group. These represented early meetings in the development of the Committee and work was ongoing to focus on aligning reporting formats, time periods and cadence to enable meaningful comparison and improve efficiency. Attention was drawn to the following key points:- **11 February 2026 (Paper J1)** • No alerts raised • Advise: sickness absence identified as a key area of focus and ongoing activity was in place to manage and reduce the sickness levels • Assure: progress noted in the development of the joint risk report and implementation of the joint policy framework. **9 April 2026 (Paper J2)** • No alerts raised • Advise: an increase in employee relations cases had been observed along with the associated pressure on the People teams - ongoing monitoring and tracking was in place. • Assure: many presentations incorporated data from both LPT and NHFT which demonstrated increased alignment in reporting approaches • Celebrate: continued development of the Joint People Dashboard was recognised as an increasingly valuable tool **Resolved:** The Board received this report for information and assurance.
GTB/26-7/017	**Refreshed THRIVE Indicator Framework (Paper K)** Jean Knight presented this report on behalf of David Williams, Group Strategy Director. The report sought approval of the Together We Thrive Strategic Framework, including the associated proxy strategic indicators. The framework had been developed following the Board Development Workshop held in April 2026, alongside further engagement and feedback from board members.

	The framework was the overarching strategic structure and it was noted that previously developed detailed reports and supporting workstreams would continue. It was now embedded across both organisations, with operational delivery and transformation activity aligned to the agreed THRIVE indicators. The Chair confirmed that Board members had been involved in the development of the framework, had reviewed the draft, and had been given the opportunity to comment, and invited questions. Josie Spencer advised that the LPT Quality and Safety Committee (QSC) would have oversight responsibility for four indicators across two of the areas and therefore further discussion was required to agree how assurance would be provided in practice and suggested a joint approach to ensure consistency. Julia Curtis echoed the need for a coordinated approach. In response, Jean Knight confirmed that this would be progressed collaboratively and engagement would take place with the relevant Committee Chairs to agree expectations regarding reporting, assurance and timing. The Chair thanked members for their comments and confirmed that the Board had been sufficiently engaged in the development and consideration of the framework. **Action:** David Wiliams to agree assurance arrangements for the QSC overseen THRIVE indicators in collaboration with Committee Chairs. **Resolved:** The Board approved the refreshed Together We Thrive Framework, endorsed the associated indicators and targets, approved the committee led assurance and governance model and supported implementation of the refreshed reporting arrangements
GTB/26-7/018	**Group Value Programme (Paper L)** Sharon Murphy presented this report which provided an update on progress, on behalf of Paul Sheldon, who was the lead for Group Value. It was reported that structural changes had been delivered in 2025/26, with further developments planned for 2026/27, and that full year savings were currently estimated at approximately £3.5m. Further work was required to validate some assumptions to make sure full year effects were accounted for. Sharon Murphy also advised that, while an appendix detailing cumulative delivery of Group Value initiatives over previous years had been referenced within the paper, it had not been included in the Board pack and would be brought to a future meeting to support visibility of the overall impact. **Resolved:** The Board received this report for information.
GTB/26-7/019	**Joint Performance Report (Paper M)** Dave Maher presented this report which provided an overview of joint LPT-NHFT performance. The following key points were highlighted:- • Both Trusts remained in Segment 2 with stable performance and no current regulatory concerns. • Performance across the Group was mixed but broadly balanced overall, reflecting differing organisational strengths. • Emerging risks were highlighted in relation to access and waiting times,

	particularly within children and young people and community services. • Workforce was reported as stable across both organisations although sickness levels were noted to be impacting capacity. • Positive performance was reported in urgent care and across a number of key mental health metrics. • Looking ahead, continued focus would be required on children and young people pathways, 52-week waits, and inpatient flow. • Jean Knight added that mental health length of stay had significantly improved which reflected the impact of the improvement plan implemented by the Director of Mental Health and her team and further improvement in these metrics was anticipated. **Resolved:** The Board received this report for information.
GTB/26-7/020	**Any other business** There were no other items of business.
	Close - date of next public meeting(s): Tuesday, 29 September 2026 commencing at 3.00pm Thursday, 28 January 2027 commencing at 3.00pm

Leicestershire Partnership and Northamptonshire Healthcare Associate University Group

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Public Group Trust Board of Directors 29 September 2026

Matters arising from the Public Group Trust Board of Directors meeting held 28 May 2026

Action sheet

Minute no.	Action/ issue	Lead	Due date	Status	Evidence
GTB/26-7/015	Group Board Development Programme: identified areas (CQC inspection regime and lessons from the Notts Inquiry) to be incorporated into the development programme	Richard Smith/ Kate Dyer	21.09.26	Complete	Items added to programme
GTB/26-7/017	Refreshed THRIVE Indicator Framework: assurance arrangements for the QSC overseen THRIVE indicators to be agreed, in collaboration with Committee Chairs.	David Williams	21.09.26	Complete	

Leicestershire Partnership and Northamptonshire Healthcare Associate University Group

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Group Trust Board Workplan 2026/27

			28 May 2026	29 Sept 2026	28 Jan 2027
Standing Items	**Item Type**	**Frequency/Lead**			
Apologies/Welcome	Verbal	Every meeting/ Chair	X	X	X
Service Presentation *(30mins)*	Presentation	Every meeting/ Chair	X	X	X
Questions from the Public		Every meeting/ Chair			
Declarations of Interest in respect of items on the agenda	Verbal	Every meeting/ Chair	X	X	X
Minutes of Previous Meeting	Paper	Every meeting/ Chair	X	X	X
Matters Arising (Action Log)	Paper	Every meeting/ Chair	X	X	X
Group Trust Board Workplan	Paper	Every meeting/ Chair	X	X	X
Chief Executive Report	Paper	Every meeting/ Chief Executive	X	X	X
Environmental Analysis	Verbal	Every meeting/ Group CEO, Group Chair, Managing Directors	X	X	X
Environmental Analysis **(confidential agenda)**	Verbal	Every meeting/ Group CEO, Group Chair, Managing Directors	X	X	X

			28 May 2026	29 Sept 2026	28 Jan 2027
Standing Items	**Item Type**	**Frequency/Lead**			
Governance and Assurance					
Board Assurance Framework	Paper	Every meeting Directors of Governance and Risk	X	X	X
Group Partnership Agreement Annual Review	Paper	Annual Directors of Governance and Risk	X		
Group Terms of Reference	Paper	Directors of Governance and Risk	X		
Group Board Annual Effectiveness Review	Paper	Every meeting Directors of Governance and Risk			X
Group Board Development Programme	Paper	Annual Directors of Governance and Risk	X		
Joint Nominations and Remuneration Committee Terms of Reference	Paper	Annual Group Chief People Officer		X	
Quality, Safety and Compliance					
Framework for Quality Assurance and Improvement (FQAI) *(Annual report on medical appraisal and revalidation)*		Annual Chief Medical Officers		X Appended to JPCC AAA Report	
People and Culture					
Joint People and Culture Committee AAA Highlight Report	Paper	Every Meeting Chair, JPCC	X (11.02.26 & 09.04.26)	X (10.06.26 & 13.08.26)	X 08.10.26 & 10.12.26)
Annual National Staff Survey Results	Paper	Annual Group Chief People Officer			X
Strategy and System Working					
THRIVE Strategy Update	Paper	Every Meeting Group Executive Director of Strategy and Partnerships		X	X

			28 May 2026	29 Sept 2026	28 Jan 2027
Standing Items	**Item Type**	**Frequency/Lead**			
Annual Delivery Plans • *To be populated*		Annual Group Executive Director of Strategy and Partnerships	*As required*	*As required*	*As required*
East Midlands Alliance Common Board Paper	Paper	As required Group Executive Director of Strategy and Partnerships	*As required*	*As required*	*As required*
Group Performance					
Group Value Programme Update	Paper	Every meeting Group Chief Commissioning Officer	X	X	X
Joint Performance Report	Paper	Every meeting Managing Directors	X	X Deferred	X

Leicestershire Partnership and Northamptonshire Healthcare Associate University Group

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Group Trust Board 29th September 2026

Chief Executive Report

Purpose of the Report

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

Analysis of the Issue

New Medium Low & Secure Services

NHFT has now formally taken responsibility for a number of specialist secure services previously provided by St Andrew's Healthcare in Northampton, including the Midlands' male inpatient medium and low secure services, national secure male d/Deaf services and national secure male Acquired Brain Injury services. NHFT has worked closely with St Andrew's Healthcare, NHS England and CQC to support a safe and smooth transition, with patient care, safety and staff wellbeing remaining central throughout. The services will be delivered from a number of leased buildings in Northampton, alongside NHFT's established low secure provision at Berrywood Hospital, and the Trust will continue to work with colleagues, service users, carers and partners to shape and improve these services for the future. This transfer marks an important milestone in securing the future of these highly specialised services, supporting continuity of care for patients and providing greater certainty for service users, carers and colleagues.

As a Group, we will continue to build on opportunities to learn from one another and share good practice across both organisations, supporting improvements for the wider patient population.

Integrated Healthcare Organisation Status

NHFT continue to work with the ICB and system partners on a phased approach to a roadmap towards initial contractual arrangements from April 2027, while continuing to share learning from both the AFT and IHO processes across the Group.

We will continue to keep the board updated as we work through these arrangements.

Group sustainability

LPT and NHFT have published their latest Group Sustainability Annual Report, highlighting progress against their shared green ambitions while continuing to provide safe, high-quality care. Key developments include investment in solar panels, heat pumps and energy-efficient lighting, biodiversity projects, a digital-first approach to reduce paper use and travel, reduced reliance on single-use items, sustainable catering and greater use of local suppliers. The report demonstrates the benefits of working together as a Group to share learning, scale innovation and embed sustainability through strengthened governance, including a Board-level Net Zero Lead and Group Sustainability Programme.

More information can be found here: Celebrating our sustainability journey | Our latest updates | NHFT

Group Value

LPT and NHFT had savings targets of 6.5% for 2025/26 which was difficult to deliver and both trusts face a savings target of over 6% again in 2026/27. Refreshed Corporate Benchmarking shows opportunities to reduce corporate service costs continue, particularly in Digital, People, and Corporate Nursing/Governance. Moving towards Group corporate and enabling functions was agreed by both trust boards in 2024 and work continues to move toward a shared Corporate and Enabling Service model.

With the full year effect of savings from 2025/26 and new changes implemented across both trusts in 2026/27 the programme still estimates recurrent full year savings of c.£3.0m.

We recognise that any change is difficult, particularly alongside the day-to-day pressures of delivering quality care for the population we serve. I reiterate my thanks to all of our staff across both organisations for the hard work, flexibility and professionalism they continue to show as these changes are implemented. We remain committed to listening to colleagues and responding to feedback as we progress the programme and we continue to support staff through the leadership for change programme as we deliver our value programmes across both trusts.

NHSE Board Development Programme

Work continues with Deloitte through the NHS England Board Development Programme, which will provide support to our Group Trusts to reflect on their collective leadership, governance and future transformation ambitions. Initial engagement has included discussions with the Chair and Chief Executive, a review of organisational intelligence and a baseline Group Board survey to identify key strengths and development priorities. These insights are informing a phased development programme focused on transformational leadership, Board effectiveness, governance and organisational culture, helping to ensure that our Group Board is well positioned to lead the next stage of the Group's development and strategic transformation agenda.

Quarterly Provider Review Meeting with NHS England

Alongside my Executive Teams, we continue to meet with regional NHS England and ICB representatives on a quarterly basis to discuss our latest Trust performances. At the latest meeting we discussed key areas of operational delivery, finance, quality and governance, including progress against NHS Oversight Framework drivers, waiting times, workforce, financial delivery and opportunities in relation to AFT status for Leicestershire Partnership Trust. This continues to be an important forum for sharing progress, highlighting areas of challenge and maintaining constructive dialogue with regional partners on both Trusts performance and development priorities.

Midlands & East collaboration

The Group continues to actively contribute to regional learning and collaboration opportunities through established Chief Executive networks across the Midlands and East region and as part of our role in the East Midlands Alliance. Recent contributions have included sharing our work on neighbourhoods and providing updates on our Advanced Foundation Trust and Integrated Healthcare Organisation pipeline, supporting wider discussion on models of care, organisational development and system partnership. Within the East Midlands specifically, we have also shared our health inequalities tool with other organisations, providing an opportunity to demonstrate practical approaches to using data and insight to better understand population need, target improvement activity and support more equitable outcomes.

Neighbourhood Health Site Visit - Leicester, Leicestershire and Rutland and Northamptonshire

We were delighted to be involved in a visit in July by Dr Claire Fuller, NHSE Interim National Medical Director. This visit focused on neighbourhood health across Leicester, Leicestershire, Rutland and Northamptonshire and provided an opportunity to share the systems developing approach to neighbourhood working, including place-based delivery, population health management, commissioning arrangements and examples of local progress. Claire reflected that our system had the greatest level of conversation on mental health from all the systems she had visited in England. We are using the feedback from this visit to work with system partners to strengthen neighbourhood models, support more consistent ways of working and identify further improvements.

Archbishop of Canterbury Visit

Myself and Linda Chibuzor, Chief Nurse Officer had the pleasure of attending the recent visit of the Archbishop of Canterbury, The Most Revd and Rt Hon Dame Sarah Mullally, to Leicester. The visit included an opportunity to meet with Chaplaincy Teams across the wider health care system and provided a really important opportunity to recognise the breadth and impact of our chaplaincy support across both organisations. Dame Sarah’s appointment as the first woman to serve as Archbishop of Canterbury, alongside her previous role as Chief Nursing Officer for England, brought a particularly relevant perspective across faith, healthcare and public service.

Leadership and management framework launched

NHS England has launched the NHS College of Leadership and Management and a new NHS Leadership and Management Framework to strengthen leadership capability, talent management and professional development across the NHS. The framework sets clear expectations for all

leaders and managers, including line managers, and supports delivery of the NHS staff standards and the 10 Year Health Plan. During 2026/27. Work is taking place in both Trusts to consider and embed the framework into appraisal, recruitment, development and talent processes to the timescales shared and as part of this the Trusts will review existing arrangements against the new framework and consider how best to engage with the College as its national offer develops.

Staff Survey

The 2026 National NHS Staff Survey launched on 21st September 2026 and will remain open until 27th November 2026. The survey provides an important opportunity for colleagues to share their views on what is working well and where further improvement is needed. Feedback from previous results in both Trusts has informed a range of actions over the past year, including continued work on equality, diversity and inclusion, psychological safety, Freedom to Speak Up, health and wellbeing, inclusive recruitment, talent development and local team action plans. Board oversight remains central to ensuring staff feedback is heard, acted upon and used to support both organisations ambitions to be positive, compassionate and inclusive places to work.

Deconstructing block contracts for mental health and community services

Following correspondence received from NHSE in July 2026 regarding further national work on mental health and community services block contracts, we have been working with system partners in both Trusts to undertake a second exercise to compare current contract values with national prices and activity. The outputs of this work will inform the 2027/28 planning round and future payment arrangements. Both Trusts are working closely with system partners to inform a required return from the ICB to NHSE by 17 September 2026. Both Trusts also continue to actively contribute to the HFMA focus groups.

Monitoring research activity

NHS England has published a new framework to support NHS boards in monitoring research activity, reflecting the 10 Year Health Plan ambition for research to be embedded as a routine part of NHS service delivery. The framework sets out what boards should expect from high-performing, research-active organisations, including oversight of research activity, income, performance, participant recruitment and alignment with local and national population needs. It also supports the national ambition to speed up clinical trial set-up times and increase participation in interventional research. The framework recommends that boards receive six-monthly scrutiny of research activity, using both national metrics and locally collected qualitative information, to support effective oversight, decision-making and improved outcomes for patients and communities.

Further information can be found here: NHS England » Framework for NHS boards: monitoring research activity

Mental Health Support

The government has announced a major expansion of community mental health support across England. The plans include up to 159 new NHS mental health facilities, comprising 100

community mental health centres offering earlier, walk-in support without referral, and 59 dedicated mental health emergency departments to provide specialist crisis care outside busy A&E settings. The approach is intended to help people access support closer to home before reaching crisis point, while strengthening links between mental health services, GPs, councils, the voluntary sector, families, housing and employment support. The first sites are expected to open from autumn 2026, with further facilities following from March 2027. Work is taking place in both organisations and with system partners to progress the offer available for our population as part of this expansion.

More information can be found here: Major expansion of community mental health support across England - GOV.UK

Vaccination programme

NHS England has launched the first phase of the winter flu vaccination programme, with children and pregnant women now eligible ahead of winter. Other eligible groups will be offered vaccination from 1 October. This forms part of the NHS's wider winter preparedness approach, supporting prevention, reducing avoidable hospital admissions and protecting vulnerable communities.

Further information can be found here: https://www.england.nhs.uk/2026/09/nhs-kicks-off-flu-jabs-for-children-and-pregnant-women-ahead-of-winter/

A robust staff vaccination programme will shortly begin across both organisations, supporting winter preparedness and helping to protect our colleagues, service users and wider communities.

Government

Following changes within Government, a new Prime Minister, Rt Hon Andy Burnham MP, and Secretary of State for Health and Social Care, Rt Hon Yvette Cooper MP, were announced in July 2026. The SoS has highlighted social care reform, improving maternity services and supporting the NHS workforce as immediate priorities and we will continue to monitor emerging policy direction and assess the implications accordingly.

Quality Strategy for NHS-funded Care in England

NHS England has published the Quality Strategy for NHS-funded Care in England, setting out a national approach to improving quality over the next decade. The strategy defines quality through safe, effective and compassionate care, with a strong focus on reducing inequalities, improving outcomes, listening to patients and staff, using data well, and strengthening leadership, transparency and accountability. It aligns with the ambitions of the 10 Year Health Plan and does not introduce new requirements but encourages NHS organisations to apply existing evidence-based improvement approaches more consistently which aligns closely with our existing priorities around patient safety, patient experience, quality improvement, health inequalities and outcomes.

CQC

The Care Quality Commission has welcomed the Secretary of State’s decision to appoint Baroness Julia Neuberger DBE as its new Chair for a three-year term from 1 October 2026. Baroness Neuberger brings significant experience from senior roles across health and care, including chairing NHS trusts, leading national reviews and serving as Chief Executive of The King’s Fund. Her appointment comes as CQC continues work to strengthen its role as an effective and trusted regulator, with an early focus on listening to staff, providers, people who use services and the wider public to support improvement and build confidence in the organisation.

Further information can be found here: CQC welcomes Secretary of State's decision to appoint Baroness Julia Neuberger DBE as Chair - Care Quality Commission

The CQC has provided an update on its work to rebuild its regulatory approach and improve its digital services, following feedback from providers, people using services and stakeholders. The update confirms that CQC is focusing on making regulation clearer, more consistent and proportionate, improving how assessments are planned and delivered, and strengthening the technology that supports registration, assessment and reporting. These changes are intended to support a more effective and trusted regulator, with clearer expectations for providers and improved transparency for people who use services.

Further information can be found here: https://www.cqc.org.uk/about-us/improving-how-we-work/0826-update

Relevant External Meetings attended since last Trust Board meetings

August 2026	September 2026
NHSE National CEO's meeting with Secretary of State	NHSE Midlands Regional Chief Nurse
NHSE Regional Director of Commissioning Integration	CEO Nottinghamshire Healthcare NHS Foundation Trust
CQC Chief Inspector of Primary and Community Care	NHSE Midlands Deputy Director of System Co-ordination & Oversight
CEO Merseycare NHS Foundation Trust	Senior Consultant, The Kings Fund
East Midlands Alliance Lead	NHSE Midlands Regional Director
LNR ICB Chief Nursing Officer	East Midlands Alliance CEO Meeting
NHSE Deputy CEO	LNR ICB CEO
LNR CEOs	Archbishop of Canterbury Visit
Deloitte re NHSE Board Development Programme	*Midlands & East CEO Forum
NHSE National Priority Programme Director for Mental Health, Learning Disability and Neurodevelopmental Conditions	*NHSE CEO Leadership Event
Mental Health Trusts CEOs with Regional Leads and SROs	*NHSE Regional Performance & Delivery Group
CEO Coventry and Warwickshire Partnership Trust	*Leading across organisational boundaries with PA Consulting
CQC Chief Inspector Primary Care and Community Services	*East Midlands Alliance Board
NHSE CEO Advisory Group	*Midlands CEOs & NHSE Midlands Regional Director
LNR ICB Board	*LNR ICB & NHFT Board to Board
LNR Health Partners' Executive Meeting	
CEO St Andrew's Healthcare	

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

Abbreviations:

AFT = Advanced Foundation Trust

CEO = Chief Executive Officer

CAMHS = Child and Adolescent Mental Health Services

CQC = Care Quality Commission

EMA = East Midlands Alliance

HSJ = Health Service Journal

ICB = Integrated Care Board

IHO = Integrated Healthcare Organisation

JTAC = Joint Terrorism Analysis Centre

LD = Learning Disability

LNR = Leicestershire, Northamptonshire & Rutland

NHSE = NHS England

RSV = Respiratory Syncytial Virus

SEND = Special Educational Needs and Disabilities

VCSE = Voluntary, Community and Social Enterprise

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:	Group Trust Board
Paper sponsored by:	Angela Hillery, Chief Executive
Paper authored by:	Sinead Ellis-Austin, Head of Chair/CEO Office
Date submitted:	
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:	January 2027
THRIVE strategic alignment:	☒ Technology ☒ Healthy communities ☒ Responsive ☒ Including everyone ☒ Valuing our people ☒ Efficient and effective
Board Assurance Framework considerations:	
Is the decision required consistent with the Group's risk appetite:	Yes
False or Misleading Information (FOMI) considerations:	None
Positive confirmation that the content does not risk the safety of patients or the public:	Confirmed
Equality considerations:	None

Leicestershire Partnership and Northamptonshire Healthcare Associate University Group

NHS

E

Trust Board September 2026

Together we THRIVE – Strategy Reporting Update

Purpose of the Report

This report updates the Board on the Together We Thrive reporting framework, following agreement of the strategic metrics in May 2026.

The Group THRIVE metrics provide a clear measure of progress towards our 2030 ambitions. This first report establishes baseline positions for the agreed metrics and highlights recent progress and next-quarter priorities. Future reports will demonstrate progress and trajectory against our strategic objectives.

Key messages

The refreshed THRIVE reporting framework is now established, comprising 11 Group metrics aligned to the six THRIVE priorities.

Early progress is evident across a number of areas, including digital access, urgent community response, social value, access performance, research participation, and staff experience. Some measures remain under development due to new national reporting requirements and will be reported once data becomes available.

The framework will enable the Board to focus on strategic trajectory and impact, with future reports tracking progress towards our 2030 ambitions.

Overall position

This report demonstrates that the Group is making progress towards its THRIVE ambitions, while also highlighting areas where further work is needed to establish consistent measurement and improvement trajectories.

Examples include:

- **Technology:** work is underway to strengthen integration with the NHS App and embed consistent use of the Reasonable Adjustment Digital Flag.
- **Healthy Communities**: We have increased Mental Health Café access and our urgent community response performance remains above the national target.
- **Responsive:** access performance remains strong, with work underway to reduce inequalities in access and DNA rates.

Including Everyone: new co-production principles have been agreed, alongside continued growth in research participation across both Trusts.

Valuing Our People: both Trusts continue to demonstrate positive staff engagement, with LPT ranked 5th of 50 peer Trusts and NHFT recording its highest-ever response rate.

Efficient & Effective: Work is underway across the Group to identify further savings schemes for 2026/27 and 2027/28.

Next steps

During the next quarter, the group will focus on:

1. **Strengthening the baseline:** Completing outstanding measures and establishing consistent Group-level data where required.
2. **Refining trajectories:** Identifying the improvement trajectory for each metric towards the 2030 ambition.
3. **Embedding ownership:** The following Committees will oversee progress against the metrics and receive updates ahead of future Board reporting.
4. **Demonstrating impact:** Using future reports increasingly to demonstrate not only performance against the measures, but also the improvements and outcomes being achieved for patients, communities, and colleagues.

Detailed metric updates, including current baselines, activity, achievements, and priorities for the next quarter, are provided in Appendix 1.

Decision Required

The Board is asked to note the progress made in establishing the refreshed THRIVE reporting framework and the baseline position against the agreed strategic metrics, and to support the continued development of the framework to enable reporting of progress and trajectory towards the Group's 2030 ambitions.

Governance Table

For Board and Board Committees:	Group Board in Public
Paper sponsored by:	David Williams, Group Director of Strategy and Partnerships
Paper authored by:	Glyn Edwards, Group Head of Strategy and Partnerships
Date submitted:	09 September 2026
Name and date of other committee / forum at which this report / issue was considered:	Group SEB September 2026
Level of assurance gained if considered elsewhere	☒ Assured ☐ Partially assured ☐ Not assured
Date of next report:	Next Group Board in Public
THRIVE strategic alignment:	☒ Technology ☒ Healthy communities ☒ Responsive ☒ Including everyone ☒ Valuing our people ☒ Efficient and effective
Board Assurance Framework considerations:	Links to all elements of our BAF
Is the decision required consistent with the Group's risk appetite:	Yes.
False or Misleading Information (FOMI) considerations:	Nothing is identified
Positive confirmation that the content does not risk the safety of patients or the public:	Yes.
Equality considerations:	These indicators support us to tackle inequity and improve equity for our communities.

Leicestershire Partnership and Northamptonshire Healthcare Associate University Group

NHS

THRIVE Group Board indicators update

Group Board
September 2026

Our Board indicators for THRIVE are:

Leicestershire Partnership and Northamptonshire Healthcare Associate University Group

NHS

Technology

T1 Increase the proportion of patients and carers supported to use digital tools to access records and manage care, where clinically appropriate and aligned to individual need, reaching 60% by 2030.

T2 Increase the consistent use of the Reasonable Adjustment Digital Flag to enable equitable, personalised access. (The improvement trajectory will be identified following the first report in September 2026).

Reporting to Group Digital, Data & Technology Committee

Healthy Communities

H1 Increase the total numbers of people accessing our Mental Health cafes/Crisis cafes and increase our 2hour urgent community response to achieve and remain in the top quartile.

H2 Deliver year-on-year improvement in social value score, demonstrating increased prevention, independence and community impact.

Reporting to Performance Committee / Finance and Performance Committee

Responsive

R1 Reduce inequalities in outpatient access (including Do Not Attend (DNA & Was Not Brought (WNB) rates) for Core20PLUS cohorts year-on-year, sustaining this rate to below 5% by 2030.

R2 Reduce average access waiting times year-on-year, sustaining national standard(s) by 2030.

Reporting to Quality and Safety Committee

Including everyone

I1 Monitor Continuous Improvement and Transformation programmes to ensure Co-production Charter principles are consistently embedded across all Group work areas.

I2 Increase participation from diverse and underserved communities in integrated mental and physical healthcare research year on year.

Reporting to Quality and Safety Committee

Valuing our people

V1 Achieve upper quartile performance across all 7 People Promise indicators, (compassion, inclusion, recognition, voice, safety, learning, flexibility, and teamwork),with year-on-year improvement in staff experience by 2030.

Reporting to Joint People Committee

Efficient and Effective

E1 Deliver the financial plan with year-on-year improvement in recurrent efficiency and productivity, achieving a sustainable balanced position by 2030.

E2 Deliver year-on-year productivity growth, with activity increasing faster than cost, sustaining national upper quartile by 2030.

Reporting to Performance Committee / Finance and Performance Committee

Technology

Board Report: September 2026

Leicestershire Partnership and Northamptonshire Healthcare Associate University Group

NHS

T1 Increase the proportion of patients and carers supported to use digital tools to access records and manage care, where clinically appropriate and aligned to individual need, reaching 60% by 2030.

- ✓ Group funding has been approved through the NHS England Appointments and Referrals programme to support integration of TPP SystmOne with the NHS App.
- ✓ LHIS will be able to monitor patient engagement via TPP SystmOne, subject to connection later this year. Local implementation will be led by LHIS, building on the initial integration support provided by Humber Teaching NHS Foundation Trust.
- ✓ This will enable Board in future reports to have oversight of:
  1) Proportion of our patients and carers using the NHS app
  2) Show any increase in access and management of care through the App – target of 60% by 2030
- ✓ 60% target = Current baseline to be confirmed in Quarter 3 (2026/27).

T2 Increase the consistent use of the Reasonable Adjustment Digital Flag to enable equitable, personalised access. (The improvement trajectory will be identified following the first report in Sept 2026)

- ✓ The Reasonable Adjustment Digital Flag is now a new mandatory NHS requirement.
- ✓ During 2026/27, the Trust will focus on embedding the consistent use of the flag across services, ensuring reasonable adjustments are routinely identified and acted upon throughout a person's care journey.
- ✓ National metrics are expected to become available from September 2026, enabling organisations to monitor adoption and consistency. Following receipt of this first report, the Trust will establish a local improvement trajectory and monitor progress through the THRIVE reporting framework.
- ✓ Communication has been shared across all Teams, BI teams preparing metrics to report in Quarter 3, service teams aware.

T1: Group Digital, Data & Technology Committee. Sponsor: Paul Sheldon

T2: Group Digital, Data & Technology Committee. Sponsors: Bhanu Chadalavada and Itai Matumbike

Healthy Communities

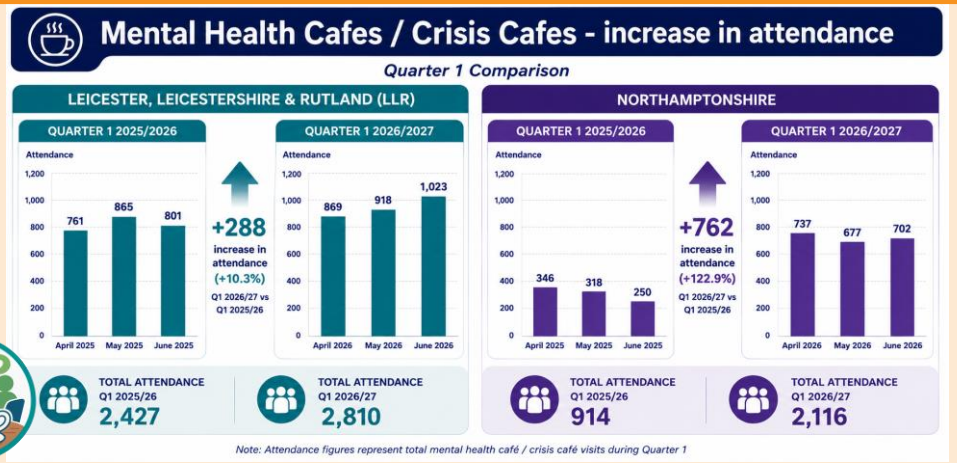
Board Report: September 2026

Leicestershire Partnership and Northamptonshire Healthcare Associate University Group

NHS

H1a

Increase the total numbers of people accessing our Mental Health cafes / Crisis cafes.



LPT:

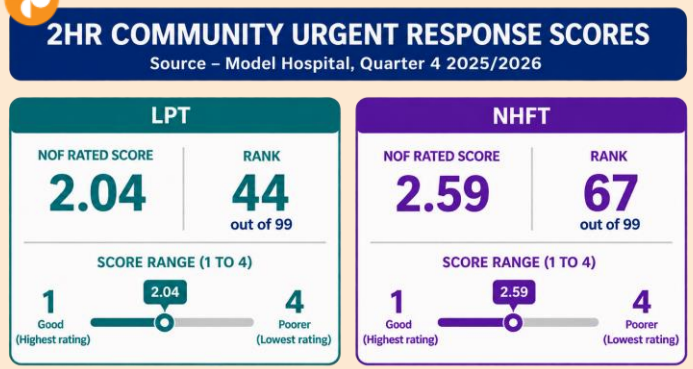
- 10% increase in 12 months.
- 82.8% 'little better or much better', 'safe' after support received from their café visit.
- 40 sessions being delivered by 15 different VCSE partners across LLR.

NHFT:

- New Recording mechanisms in place
- Focus is shifting to the MH front door, including centralising crisis provision and exploring neighbourhood centres and MHED-style support across the county.

H1b

Increase 2hour urgent community response to achieve and remain in the top quartile.



LPT continues to exceed the national target. System partners supporting admission avoidance through a multi-disciplinary team with plans to maintain performance over winter.

NHFT: 81.4% seen within 2 hours since Jan'26, exceeding national target by 11.1%. Performance = 3.6% below national average; work with ICB underway to improve pathways.

H1: Reporting to Performance Committee / Finance and Performance Committee
Sponsor: Tanya Hibbert (H1a), Anne Rackham (H1a and H1b), Sam Leak (H1b)

H2

Deliver year-on-year improvement in social value score, demonstrating increased prevention, independence and community impact.

- ✓ New social value scoring mechanism now in place since Board metric approval (Jospeh Rowntree Anchor Progression Framework)
- ✓ Below baselines presented to Finance / Performance Committees
- ✓ Ability to show progress and trajectory over term of THRIVE

- ✓ Finance/Performance Committee(s) to oversee plans/progress
- ✓ Board to receive showcase examples of activity over THRIVE term.
- ✓ Currently Group rated as level 3 (mature). (Highest level 4 (Leading)).

Joseph Rowntree Anchor Progression Framework metrics:	September 2026 NHFT score	September 2026 LPT score	Target for 2030
Employer	3.4	3.3	4
Procurement	2.9	2.8	4
Bricks Mortar	2.9	2.8	4
Service Delivery	3.7	3.6	4
Corporate and Civic	3.7	3.5	4
Overall	3.3	3.2	4

Next Quarter:

A validation process to be established to provide assurance on the self-assessment and ensure consistency and accuracy in future reporting.

H2: Reporting to Performance Committee / Finance and Performance Committee
Sponsors: David Williams

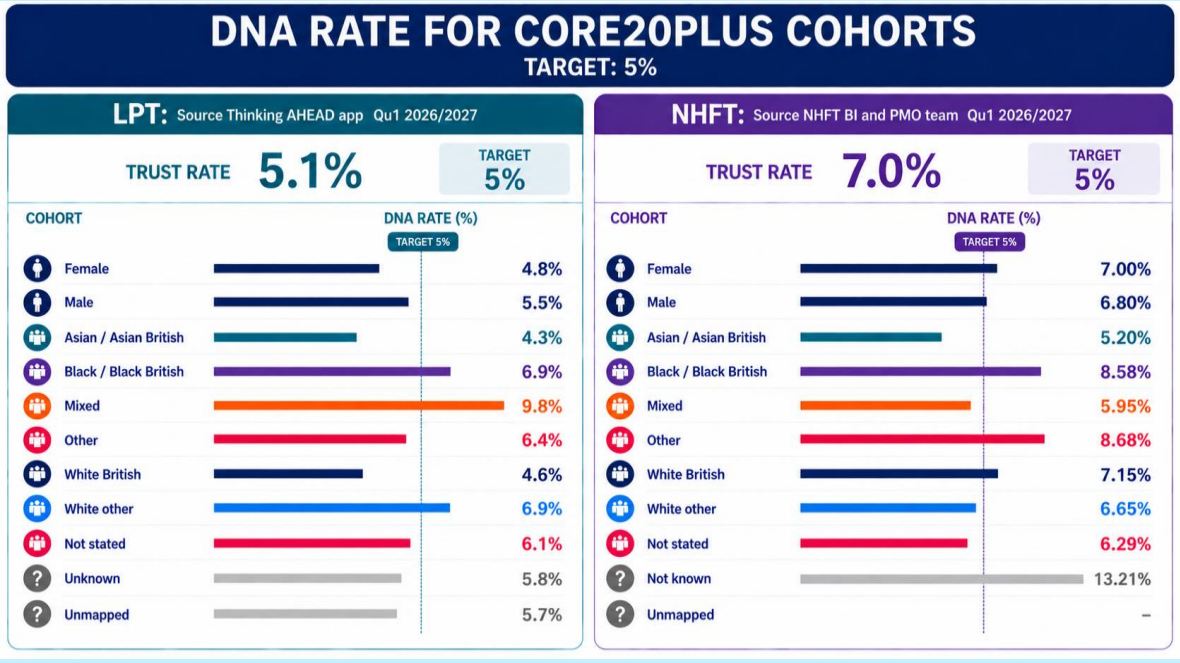
Responsive

Board Report: September 2026

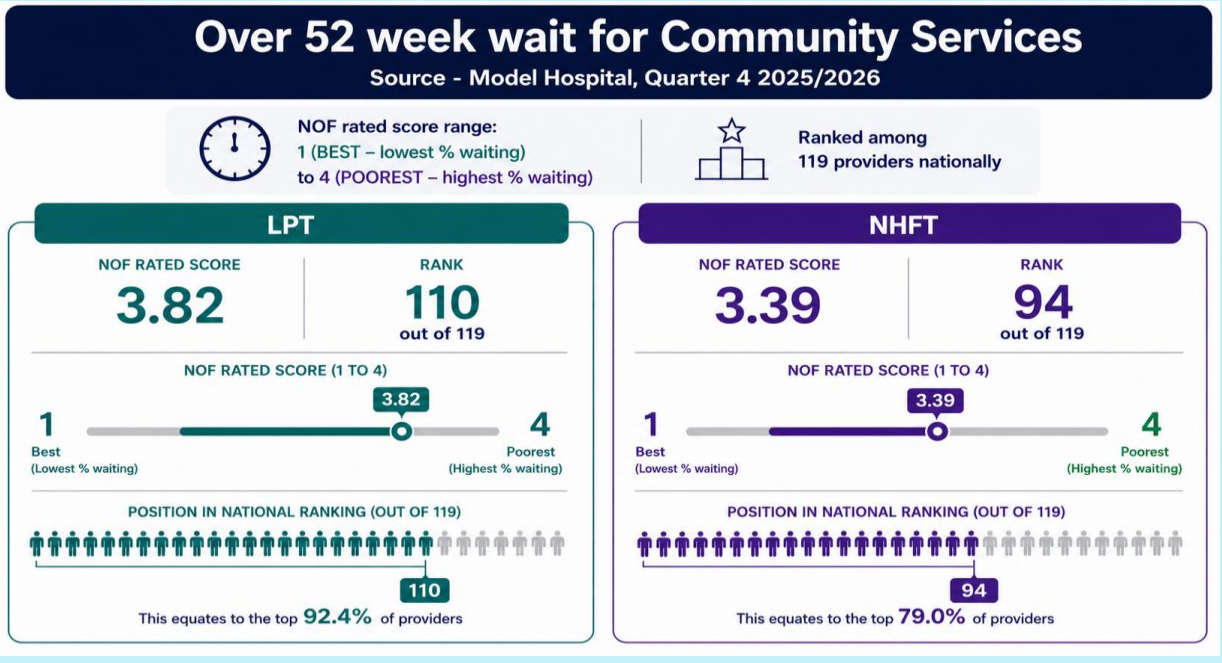
Leicestershire Partnership and Northamptonshire Healthcare Associate University Group

NHS

R1 Reduce inequalities in outpatient access (including Do Not Attend (DNA & Was Not Brought (WNB) rates) for Core20PLUS5 cohorts year-on-year, sustaining this rate to below 5% by 2030.



R2 Reduce average access waiting times year-on-year, sustaining national standard(s) by 2030.



R1: Commentary / Evidence (LPT)

- ✓ Health Inequalities Programme underway across all directorates to improve access, tackle inequalities and reduce DNAs.
- ✓ Thinking AHEAD App used to identify data-led actions to improve service access and outcomes.
- ✓ Service-level actions being developed to improve the new THRIVE metric.

R1: Commentary / Evidence (NHFT)

- ✓ Health Inequality Programme underway across all directorates to improve access, tackle inequalities and reduce DNAs.
- ✓ Next quarter: Focused piece of work to agree an NHFT DNA definition and reporting standard - denominator logic, service coverage and differences in organisational reporting approaches to support like-for-like comparison.

R2: Commentary / Evidence - LPT

- ✓ Proactively managing 52-week waits, with escalation processes in place and all services meeting NOF 18-week targets.
- ✓ Transformation programme aligned to Community Paediatrics and Neurodevelopmental services to address longest waits, including development of a single front door.

R2: Commentary / Evidence - NHFT

- ✓ Q1 focus: reducing 52+ week waits in Speech & Language Therapy. Adult SALT waits have been eliminated, while CYP waits reduced by 42.2% between March–June 2026.
- ✓ Brokerage of a system solution for weight management, including the OPIP implementation group and clarified Tier 3 commissioning and funding.

R1: Quality and Safety Committee. Sponsor: Sam Leak, Tanya Hibbert, Anne Rackham

R2: Quality and Safety Committee. Sponsors: Sam Leak, Tanya Hibbert, Anne Rackham

Including everyone

Board Report: September 2026

Leicestershire Partnership and Northamptonshire Healthcare Associate University Group

NHS

I1 Monitor Continuous Improvement and Transformation programmes to ensure Co-production Charter principles are consistently embedded across all Group work areas.

I2 Increase participation from diverse and underserved communities in integrated mental and physical healthcare research year on year.

I1: Commentary / Evidence

Our Group Co-production definition agreed in Qu1 2026/2027 by Board:
"Co-production is a way of working that involves people who use health and care services, carers and communities in equal partnership; and which engages groups of people at the earliest stages of service design, development and evaluation."

1. **EQUAL PARTNERSHIP** – We will work in collaboration and unite our strengths to achieve better outcomes.
2. **GROWING THROUGH LEARNING** – We will be open and curious, embrace learning and use it to innovate and improve.
3. **TRUST AND RESPECT** – We will value everyone, treat people fairly and create a culture where all voices are heard.
4. **EVERYONE'S VOICE MATTERS** – We will listen, involve and act, making sure everyone's experiences help shape what we do.
5. **CLEAR UNDERSTANDING** – We will communicate with honesty and clarity, making information easy to understand and access.
6. **COMMUNICATION** – We will communicate openly, clearly and consistently to build understanding and trust.

Our agreed Group commitment:

- Co-create with people with lived experience, carers and staff.
- Ensure patient, carer & community voices remain central to decision-making.
- Establish a consistent approach to co-production across our Group

Next steps following Co-Production principle agreement:

1. Collect evidence where we have co-created with people with lived experience, carers and staff
2. Collect evidence where co-production becomes part of our continuous improvement story
3. Encourage and support people impacted by our decisions to be involved in co-production

I1: Quality and Safety Committee. Sponsor: Linda Chibuzor

Participation from diverse and underserved backgrounds

Number of research participants Quarter 1 2026/2027

LPT	NHFT	Group total
44 participants	91 participants	135 research participants

These figures show total participants; work is underway to capture diversity and underserved group data.

Quarter One: 12 research participants completed the My Research Experience Survey, providing valuable insight into their experiences of taking part in research across the Group.

Next quarter: Group Research Leads will continue to explore opportunities to increase participation and ensure more research participants are able to share their experiences through the survey.

R1: Commentary / Evidence (LPT)

Next steps:

1. Measuring participation over time: Exploring anonymised data extraction, recognising demographic data will not be available for all participants.
2. Supporting research across LPT: Supporting research across all clinical directorates, including studies on the NIHR RDN Portfolio.
3. Expanding research opportunities: Supporting research in wider care settings, including care homes and developing opportunities in schools.

R1: Commentary / Evidence (NHFT)

Next steps:

1. Diversify our research portfolio: Prioritise studies relevant to underserved communities and ethnic minorities.
2. Take research into communities: Create more opportunities by reaching out to people in their homes and communities.
3. Strengthen partnerships: Work with the ICB and EM RRDN to promote "Be Part of Research."
4. Listen to participants: Encourage all research participants to complete the My Research Experience Survey.

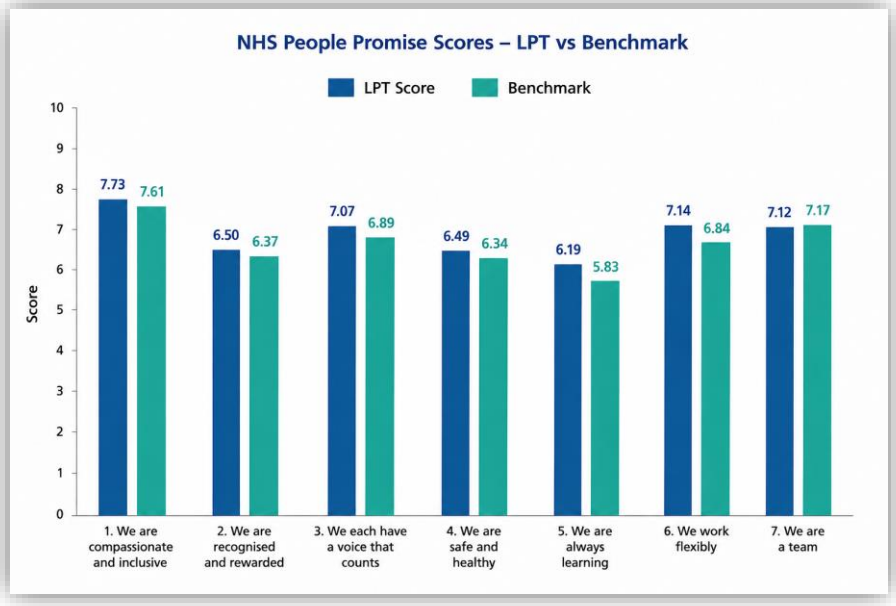
I2: Quality and Safety Committee. Sponsors: Bhanu Chadalavada and Itai Matumbike

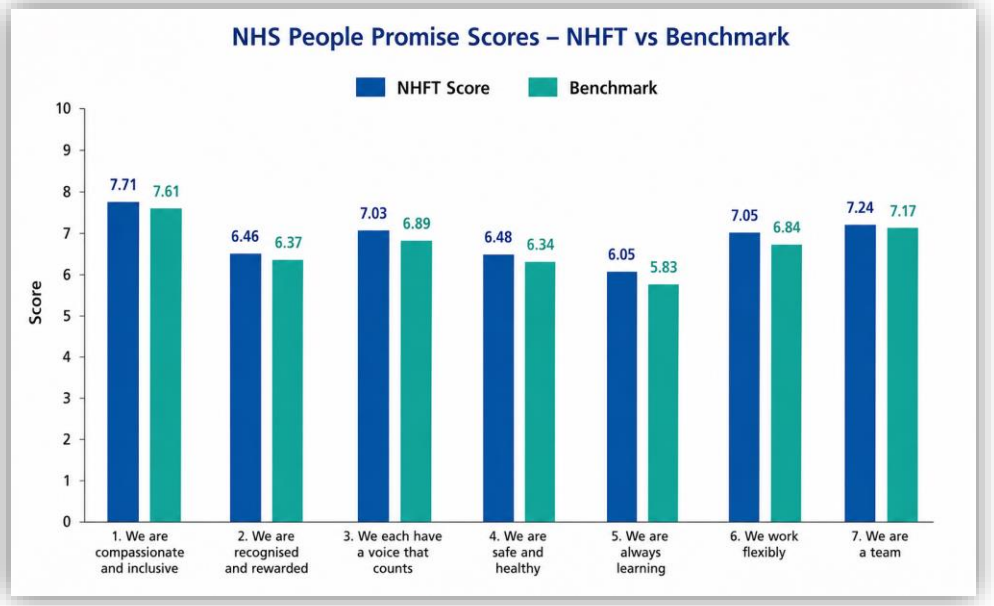
Valuing our people

Board Report: September 2026

Leicestershire Partnership and Northamptonshire Healthcare Associate University Group

V1 Achieve upper quartile performance across all 7 People Promise indicators, (compassion, inclusion, recognition, voice, safety, learning, flexibility, and teamwork),with year-on-year improvement in staff experience by 2030. *(Scores are updated annually)*





V1: Commentary / Evidence - LPT

- ✓ LPT Ranked 5th (up from 9th) out of 50 peer NHS Trusts in the 2025.
- ✓ 4,000 colleagues (56%) responded, exceeding the national response rate.
- ✓ Our *Our Future Our Way* and Feedback into Action gained national recognition through an HSJ Awards finalist place and NHS Employers case study.

V1: Commentary / Evidence - NHFT

- ✓ 62.7% of staff completed the survey, our highest every response rate
- ✓ We remain above national averages across most People Promise measures, demonstrating a positive staff experience relative to peers despite continued sector-wide workforce pressures.
- ✓ Survey feedback informs targeted improvement activity through the Staff Engagement Plan, with particular focus on wellbeing, engagement, inclusion, speaking up and staff development.

V1: Joint People Committee. Sponsor: Sarah Willis

Efficient and effective

Board Report: September 2026

Leicestershire Partnership and Northamptonshire Healthcare Associate University Group

NHS

E1 Deliver the financial plan with year-on-year improvement in recurrent efficiency and productivity, achieving a sustainable balanced position by 2030.

E1: Commentary / Evidence - LPT

Statutory targets	Year to date	Year end forecast	Comments
Income and expenditure break-even	A	G	LPT reporting a YTD deficit of £1.78m at the end of July (in line with plan). Forecast year end position is currently breakeven, also in line with plan.
Remain within Capital Resource Limit (CRL)	G	G	The YTD capital spend for July is £2,591k, which is within funding limits.
Capital Cost Absorption Duty (Return on Capital)	G	G	The capital cost absorption duty of 3.5% net assets has been achieved.

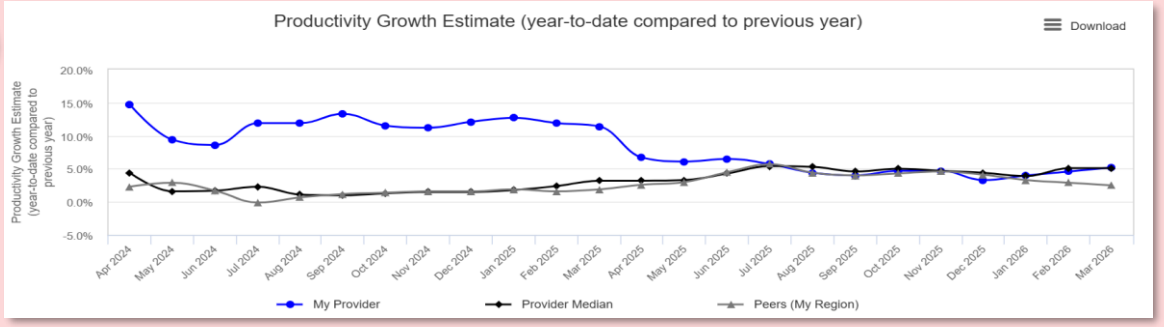
E1: Commentary / Evidence - NHFT

Statutory targets	Year to date	Year end forecast	Comments
Income and expenditure break-even	A	G	For July YTD deficit is £2.272m which is better than the planned deficit of £2.832m by 0.560m.
Remain within Capital Resource Limit (CRL)	G	G	YTD capital spend for July is £3.645m which is within funding limits.
Capital Cost Absorption Duty (Return on Capital)	G	G	Capital cost absorption duty have been achieved.

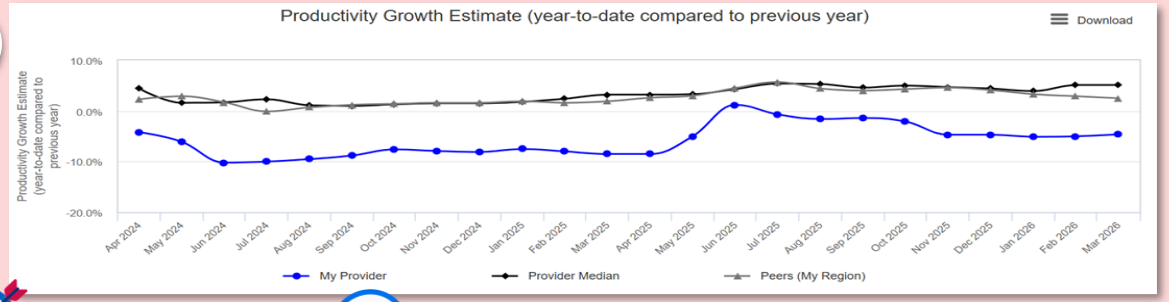
E1: Finance / Finance and Performance Committee. Sponsor: Sharon Murphy / Paul Sheldon

E2 Deliver year-on-year productivity growth, with activity increasing faster than cost, sustaining national upper quartile by 2030.

LPT



NHFT



2% National year-on-year improvement target.

Productivity improves when activity increases faster than resources, or same is delivered with fewer resources.

E1: Evidence - LPT

LPT value: 5.2% (Quartile 3)
Peer median: 2.5%
Source: Model Hospital

1. Business Delivery Group focus: this quarter was inpatient bed productivity.
2. Dashboard development underway to report productivity metrics consistently.
3. Next quarter: agree how to assess the metrics, roll out the dashboard to services and apply the approach to the next activity area.

E1: Evidence - NHFT

NHFT value: -4.6% (Quartile 1)
Peer median: 2.5%
Source: Model Hospital

1. Productivity has increased 3.9% since March 2025 but remains below national/regional averages.
2. Specialised Productivity Support programmes are in place across 9 services (increasing capacity to reach national access targets or reduce waiting lists).
3. Next quarter: validate activity data flows and establish a 'Contacts per WTE' methodology, alongside targeted productivity support across nine services.

E2: Finance / Finance and Performance Committee. Sponsors: Sharon Murphy / Paul Sheldon

Leicestershire Partnership and Northamptonshire Healthcare Associate University Group

NHS

F

Board Assurance Framework

September 2026

- T Technology
- H Healthy Communities
- R Responsive
- I Including everyone
- V Valuing our people
- E Efficient and effective

Quick Guide

Leicestershire Partnership and Northamptonshire Healthcare Associate University Group

NHS

Strategic Risk

- We have a group strategy across Leicestershire Partnership NHS Trust (LPT) and Northamptonshire Healthcare NHS Foundation Trust (NHFT). The BAF enables members of both Boards to identify and understand the principal risks to achieving our objectives structured around our 'THRIVE' strategy.
- The BAF is owned jointly primarily by our Group Trust Board and is overseen by our LPT and NHFT Trust Boards and Group Strategic Executive Team structures, alongside our Level 1 (Board Sub) Committees.

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.

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.

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.

Quick Guide

Leicestershire Partnership and Northamptonshire Healthcare Associate University Group

NHS

Clarity over scoring stages

Staging terminology is defined as;

- Initial score. This is the score considering the controls in place at the time that the risk was entered onto the BAF, assuming that they are working.
- Current score. This is the score considering the controls currently in place, assuming that they are working.
- 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.

Scoring

The BAF is based on a 5x5 qualitative risk matrix with non-multiplicative colour zoning. Impact and likelihood are each scored 1-5 but the final risk rating is not calculated by multiplying the two numbers. Instead, the rating is determined by a heatmap (zones red amber and green) that reflect risk appetite. This allows us more control, where we can apply custom thresholds to safely apply an eager appetite toward decision making and taking risk.

Score	1	2	3	4	5
Impact	Insignificant	Minor	Moderate	Major	Catastrophic
Likelihood	Rare	Unlikely	Possible	Likely	Certain

Risk Appetite

The Trust Boards have applied an eager appetite for each category of risk for 2026/27. 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.

BAF Summary

BAF No.	BAF Title	Zone
BAF01	If we do not have robust arrangements for **maintaining and improving digital systems, cyber and data security disruption**, we will not have sufficient resilience to provide access to mature digital systems to ensure the provision of safe care.	
BAF02	If we do not continue to **evolve our partnerships and collaboratives**, we will not reduce health inequalities and deliver improved outcomes for our communities.	
BAF03	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.	
BAF04	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.	
BAF05	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.	
BAF06	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.	
BAF07	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.	
BAF08	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.	
BAF09	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.	
BAF10	Inadequate **capital funding** for our local systems will impact on each Trust's ability to manage key financial, quality & safety risks related to our need for estates and digital investment in 2026/27 and the medium term.	
BAF11	Inadequate control, reporting and management of the Trust's **2026/27 financial position** could mean we are unable to deliver our financial plan resulting in a breach of our statutory duties and medium-term financial plan.	
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.	

BAF01	If we do not have robust arrangements for maintaining and improving digital systems, cyber and data security disruption, we will not have sufficient resilience to provide access to mature digital systems to ensure the provision of safe care.	
Date	1 April 2026 - initial score (I4/L3)	Last updated 25 August 2026
Strategic Link	**T**HRIVE: TECHNOLOGY	Exec lead(s) Group Chief Commissioning Officer (PS)
Governance	Trust Information Management & Technology Groups LPT and NHFT Finance and Performance Committees, Group Strategic Executive Board, Group Trust Board LLR/NICB system cyber group	
Context	Access to electronic systems which are fit for purpose, digital transformation, cyber attack	

Current Risk Position: Impact 4 (major) / Likelihood 3 (possible)
Heatmap position: **Amber** (Medium)
Rationale: Increased threat, strong controls, gaps exist

Target Risk Position: Impact 4 (major) / likelihood 2 (unlikely)
Target zone: Amber (Medium)
Rationale: No gaps in control but constant new threats emerging

Control Summary: **Medium**. Controls are strong but there are gaps

Assurance Summary: **Medium**. Good assurance, but gaps

Key Controls	Control Gaps	Key Sources of Assurance	Assurance gaps	Key Actions	Progress
Cause: Lack of robust arrangements					
• Qualified cyber security experts • Multiple technical counter measures • Microsoft MDE active on endpoints/servers • Only privileged user accounts able to install or run programmes • MDM in use on all mobile devices • Back-up procedures • Patches automatically deployed • Quarterly penetration tests • 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 • Board level cyber training	• 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 • Clinical Digital Leadership • NHFT no EPMA for CMHTs • Disparity of availability of ambient technology • AVT roll out – acute trust prioritisation, impact on MH services roll out	**1st Line**: **2nd Line:** Trust Information Management & Technology Groups and AAA reports Trust Finance & Performance Committees and AAA report into Boards DSPT Compliance and quarterly audit and penetration test with executive summary to the Data Privacy group. LHIS is ISO27001 accredited **3rd Line:** NHS England Digital Maturity Assessment System oversight Internal Audit Data security and protection toolkit low risk, high confidence SIRO, Deputy SIRO and CDIO all undertaken SIRO training via NHSE	Assurance of security posture/compliance from core IT service suppliers. Impact of training and phishing campaigns	• Group Digital Transformation Plan – DDAT Aug 26; GSEB Sept 26 • Adoption and deployment of strategic cyber security solutions SIEM and SOC – **July 26 - complete** • DTAC Process needs to be reviewed and consistently applied by Procurement Team to help manage the risk of our supply chain – **July 26**	• Pillar under the new Digital Transformation Group in place to review Cyber opportunities • Mobile phone replacement programme being started along with rollout of InTune • HEIDI roll out prioritisation to TQI June 26 for approval – run rate being confirmed currently
Effect: Insufficient resilience to provide access to digital systems					
• Group Digital transformation programme. • Group Digital Transformation Group • Digital Prioritisation Process – LPT & NHFT		**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.			

BAF02	If we do not continue to evolve our partnerships and collaboratives, we will not reduce **health inequalities** and deliver improved outcomes for our communities.	
Date	1 April 2026 - initial score (I4/L2)	Last updated 17 September 2026
Strategic Link	T**H**RIVE: HEALTHY COMMUNITIES	Exec lead(s) Group Director of Strategy and Partnerships (DW)
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	

Current Risk Position: Impact 4 (major) / Likelihood 2 (unlikely)
Heatmap position: **Green** (Low)
Rationale: Good system approach, further maturity anticipated

Target Risk Position: Impact 3 (moderate) / likelihood 2 (unlikely)
Target zone: Green (Low)
Rationale: Increasing positive impact on population health

Control Summary: **High** strong control framework

Assurance Summary: **High** strong assurance including 3rd line

Key Controls	Control Gaps	Key Sources of Assurance	Assurance gaps	Key Actions	
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 • Board DNA/WNB oversight	Changes in other organisations impact on system ability to deliver plans	**1st Line**: Discussions in Group Strategic Executive Board and other internal formal meetings. Leadership support within Collaboratives / DMT/CDPMT oversight; Directorate/Care Pathway delivery plans Environmental analysis and agenda items in Group SEB & EMB e.g. H&WB update; JCCCG 3A into Group SEB & ICB Meetings feedback.	Consistent feedback from system meetings	• Board oversight of DNA/WNB metrics for Core20PLUS5 groups – Group Trust Board **September 2026** - Group Director of Strategy	Strong progress in LDA, and Mental Health through our collaboratives. Strong engagement in system working in UEC. System working on integrated neighbourhood teams, now in implementation phase – to Oct 2026
		2nd Line: Integrated care board meetings, system quarterly review meetings with NHS England Joint Collaborative, Commissioning & Contracting Group Transformation Committees/engagement in formal ICB meetings - feedback into Group Strategic Executive Board. Transformation and QI committee oversight of PCREF delivery and impact 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			
Effect: **Limited contribution to social value, and providing place-based care**					
• Trusts' Green Plans • People Plan • Social Value Community of Practice • NHSE national policy on integrated care • Group Social Value Charter • ICB 5-year strategy • Group strategy • Co-production programme	Evidencing the impact of learning Evidencing the impact of the Group 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.		Continue system working with other organisations to produce an impact report **– Group Director of Strategy -** June 2026 **–** draft approved at June GSEB, Report & comms to be issued **Sept 2026 – complete**	
		2nd Line Group social value programme in place with development meetings. Reporting into annual reports. Updates at Group Strategic Executive Board and Group Trust Board.	Success reporting (longer term)		
		3rd Line ICB Health Inequalities Meetings			

BAF03	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.		Current Risk Position: Impact 4 (major) / Likelihood 2 (unlikely) Heatmap position: **Green** (Low) Rationale: Progressing maturity
Date	1 April 2026 - initial score (I4/L2)	Last updated 21 August 2026	Target Risk Position: Impact 3 (moderate) / likelihood 2 (unlikely) Target zone: Amber Rationale: Strategic commitment with progressing maturity
Strategic Link	THRIVE: RESPONSIVE	Exec lead(s) Chief Medical Officer NHFT (IM), Chief Medical Officer LPT (BC)	Control Summary: **Medium** some gaps remain
Governance	LPT and NHFT Quality and Safety Committees, Group Strategic Executive Board, Group Trust Board		Assurance Summary: **Medium** some gaps remain
Context	Innovation, research for new treatments, redesign of care delivery models with a focus on patient outcomes and experience		

Key Controls	Control Gaps	Key Sources of Assurance	Assurance gaps	Key Actions	Progress
Cause: **Not engaging in improvement activity, research and innovation**					
• 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 CAMHS post approved • Development of Academic Clinical Fellowships • Group Research Strategy and delivery plan	• Funding for academic posts • Clarity over remit for Group roles • Funding for research projects • Funding for Innovation • Capacity of the research teams to support succession planning • Embargo on Bank Usage for externally funded research activity having an impact on research delivery	**1st Line:** Participant Research Experience Survey (PRES) Research activity and income Data being presented quarterly to Accountability framework meeting in LPT	Assurance over uptake and PRES survey outcomes	• Assurance over uptake and PRES survey outcomes **Medical Directors: annual data presented to respective QSCs with research submission – August 26 - complete** • Group SORT self-assessment action plan **Medical Directors Sept 26** • Principal investigators review across the group **– Sept 26** • Group Joint Roles with medical nursing & AHP research element – **Oct 26** • to develop models for interprofessional learning across the Directorates – **Medical Directors** – **Sept 2026** • LPT & NHFT build links with universities for both training & research –**Medical Directors - Sept 26** • CMOs to provide quarterly updates on progress of work towards achieving University Hospital Status to GSEB – Medical Directors - **July 2027**	Oversight of research participant recruitment numbers to form part of reporting to QSCs Monthly group Research & Innovation Oversight Group – started May 26
		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	Assurance over success rate for attracting high quality commercial trials		
		3rd Line: University Led Non-Executive Director - LPT			
Effect: **Quality and Design of Services**					
• QI programmes • Transformation Programmes • Directorate/ Care Pathway objectives aligned to strategy • Deputy Medical Director for R&D • Trust Leads for QI and Quality Governance • NHFT Dragon's Den established – outcomes reported to EMB QSC. • LPT The Big Pitch outcome measures determined	• Innovation strategy • Success measures	**1st Line** QI programme uptake and feedback, Learning boards		• Develop and deliver Innovation Strategy **Medical Director & Director of Strategy Oct 26** (NHFT & LPT are at different stages of the process) – **complete** – Launch of The Big Pitch and progression of The Dragon's Den to add innovation to the Joint Strategic Oversight Group as part of research, education & innovation.	Ongoing discussions with Health Innovation East Midlands re translating national projects to local needs.
		2nd Line QI and Transformation Committee AAA report to Finance and Performance Committees and Group Strategic Executive Board.	Impact of learning from research into service redesign		
		3rd Line - CQC inspection feedback and ratings			

BAF04	Without **timely access** to services, we cannot provide high quality safe care for our patients which will impact on clinical outcomes.	
Date	1 April 2026 - initial score (I5/L3)	Last updated 27 August 2026
Strategic Link	THRIVE: RESPONSIVE	Exec lead(s) Group Chief Nurse (LC); Chief Medical Officer LPT (BC)
Governance	Trust Access Groups, **Waiting List Management, Patient Tracker** and Safety Forums LPT and NHFT Quality and Safety Committees, Group Strategic Executive Board, Group Trust Board System LLNR Quality and Safety Committee	
Context	Minimising harm while waiting, improving access to diagnosis and treatment, best clinical outcomes	

Current Position: Impact 5 (catastrophic) / Likelihood 3 (possible)
Heatmap position: **Red** (High)
Rationale: High demand, low funding, critical to safety

Target Position: Impact 5 (catastrophic) / likelihood 2 (unlikely)
Target zone: Red (High)
Rationale: demand, funding and criticality remains, with further maturity of controls

Control Summary: **Medium** some gaps remain

Assurance Summary: **Medium** some gaps remain

Key Controls	Control Gaps	Key Sources of Assurance	Assurance gaps	Key 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 THRIVE strategy/ Annual Plans • Keeping Patients Safe Whilst Waiting T&F Group • collaborative meetings • Waiting well web page • Wait List Management Meeting (NHFT) • Patient Tracking Lists • Data Quality forum meetings (NHFT/LPT)	• National strategy for neurodiversity demand • Local/national commissioning plans for addressing significant increases in demand (multiple services – e.g. ADHD/Autism, Dietetics, gender services)	**1st Line:** Directorate attendance at Access Group and AFM/TOMG WL trajectories and initiatives by service Operational risk profile AFM/EMB **2nd Line:** • Access Group with AAA to AFM/TOMG/EMBs • **Waiting List Management and Patient Tracker Groups** • Monitoring NHS111/2 activity in directorate and shadow MH • Clinical task and finish group workplan with priorities agreed **3rd Line:** • Internal Audit CQC feedback and ratings	Linkage of health inequalities to access group actions Clarity over policy compliance	• NHSE Patient Safety Healthcare Inequalities Reduction framework consideration & assessment against principles & actions plans underway for group – **Group Chief Nurse - September 26** • ND pathway work across the system – chaired by Andy Ahow & Sam Hamer – to identify clinical pathways based on thresholds for prioritisation – **October 26** • Policy compliance with Access policy **- Director of Governance – Oct 2026** • Ensure that focus on low & medium secure services in Northampton does not reduce transformation capacity elsewhere - **March 2027 Group Director of Strategy & Partnerships & Chief Integration and Delivery Officer** • Alignment of wait list management governance and oversight across the Group structure (including links to Data Quality, annual planning and transformation) **– Group Chief Nurse April 27**	Control gaps outside of Trusts' remit to address.
Effect: **Clinical Outcomes**					
• Waiting Well Harm Whilst Waiting T&F Group & compliance oversight • Help while waiting website • Clinical Outcome performance measures • Incident reporting & learning from incidents • Quality & Safety Metrics	- Data insight & reporting on harm whilst waiting	**1st Line** Directorate/Care Pathway attendance at Access Group and AFM/TOMG for escalation **2nd Line** Monthly performance report with clinical outcomes measures to Quality and Safety Committees and AFM/TOMG Clinical Harm – no overarching policy so local processes in place for consistency	Clarity over policy compliance measures and rates Comprehensive quality dashboard focusing on outcome measures, including those attributed to waiting	• LPT Accountability and Empowerment Framework 2026-27 – including draft quality framework - for approval at EMB **– Group Chief Nurse - Aug 2026 – complete**	Quality dashboard delivery framework developed (3-year programme)

BAF05	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	1 April 2026 - initial score (I5/L3)	Last updated 27 August 2026
Strategic Link	THRIVE: RESPONSIVE	Exec lead(s) Group Chief Nurse (LC)
Governance	Trust Safety Forums LPT and NHFT Quality and Safety Committees, Group Strategic Executive Board, Group Trust Board System LLNR Quality and Safety Committee	
Context	PSIRF, PCREF, Just Culture, Prevention of harm, learning	

Current Position: Impact 5 (catastrophic) / Likelihood 3 (possible)
Heatmap position: **Red** (high)
Rationale: Criticality and responsiveness

Target Position: Impact 5 (catastrophic) / likelihood 2 (unlikely)
Target zone: Red (high)
Rationale: Criticality remains, ongoing need for maturity

Control Summary: **Medium** some gaps remain

Assurance Summary: **Medium** some gaps remain

Key Controls	Control Gaps	Key Sources of Assurance	Assurance gaps	Key Actions	Progress
Cause: Patient safety systems, processes and governance improvement & learning, CQC outcomes					
• Clinical Governance Processes • Patient Safety Improvement Groups for monitoring of clinical patient safety risks • System and process learning shared through governance meetings • Incident reporting & management - PSIRF processes through to Quality Improvement • CQC mock inspections & quality visits • Complex Case Huddles • Safer Staffing Reporting • FTSU & Listening & responding Culture • Medicines Management Processes • Safeguarding Processes	Fragmented system clinical pathways	**1st Line:** Service level oversight; Executive Service Visits & feedback; NED Board Walks; Compliance Team visits; PSIRF, IRLM (LPT) & ROSE (NHFT), Directorate Clinical Governance processes & quality & safety meetings, Quality Summits.	Access and waiting times for access & treatment Patients leaving the justice system (NHFT) Transition from children to adult's services	• Completion of the agreed LPT PSIRF thematic reviews- 1 complete, 2 further dues for completion – going to July Safety Forum - **Chief Nurse update Aug 26** • Waiting Well initiatives – ongoing – **Chief Nurse April 27** • Clinical harm reviews – Chief Nurse – **Oct 2026**	Staff undertaking STORM training
		2nd Line: EMB, Group SEB, Q&S Committee, Safety Forum. PSIG, Safeguarding, Sexual Safety, Suicide & Self Harm, Least Restrictive Practice Groups, Policy compliance oversight			
		3rd Line: External reporting (ICB); HOSCs; CQC Visits & outcomes; MHA Visits & reports, learning shared from national reports, LLR System Quality meetings, External Accreditation (SIRAN)			
Effect: Poor outcomes for patients, carers, families					
• Incident reporting • PSIRF • Access & patient flow • 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.			
		2nd Line: Horizon scanning & national leaning Quality/CQC Compliance/IPC monitoring			
		3rd Line: Coronial feedback/NHSE oversight; HOSCs			

BAF06	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	1 April 2026 - initial score (I4/L2)	Last updated 9 September 2026
Strategic Link	THRIVE: RESPONSIVE	Exec lead(s) LPT Managing Director (JK), and Group Chief Integration and Delivery Officer (AR)
Governance	LPT and NHFT Health and Safety Committees and Safety Forums LPT and NHFT Quality and Safety Committees, Group Strategic Executive Board, Group Trust Board	
Context	Maintain organisational resilience. External factors, social, environmental and economic impact	

Current Risk Position: Impact 4 (major) / Likelihood 2 (unlikely)
Heatmap position: **Green** (Low)
Rationale: Strong controls, unpredictability of external environment

Target Risk Position: Impact 4 (major) / likelihood 2 (unlikely)
Target zone: Amber
Rationale: Maintain controls, external threat remains

Control Summary: **High** Robust control framework

Assurance Summary: **High** strong assurance including 3rd line

Key Controls	Control Gaps	Key Sources of Assurance	Assurance gaps	Key Actions	
Cause: **A lack of Emergency Preparedness, Resilience and Response Controls**					
• EPRR Policy • Winter planning undertaken & agreed by NHSE • EPRR Group Collaborative • EPRR business continuity workplan including co-production of response plans for cyber risks • LPT & NHFT representation at the Local resilience forums – feedback back into governance • LPT & NHFT representation at the Local health resilience partnership - feedback back into governance		**1st Line:** Task letter return logs & actions **2nd Line:** • Oversight at Audit and Risk Committees and the Finance and Performance Committees • 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 EMBs • System wide countermeasure and mass casualty plans • LPT & NHFT 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	• BCP reviews underway reporting into EPPR Group – **Dec 2026** • EPPR Core Standards submission **(Aug 26) – Nov 2026**	BCP reviews on track Final submission on tack for November Taken part in industrial action audit for national review.

BAF07	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	1 April 2026 - initial score (I4/L3)	Last updated 27 August 2026
Strategic Link	THRIVE: INCLUDING EVERYONE	Exec lead(s) Group Chief People Officer (SW)
Governance	LPT workforce development group NHFT Valuing our People Group 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	

Current Risk Position: Impact 4 (major) / Likelihood 3 (possible)
Heatmap position: **Amber** (Medium)
Rationale: Good staff survey, strong controls, some gaps remain

Target Risk Position: Impact 3 / likelihood 2 (unlikely)
Target zone: Amber
Rationale: retaining strong staff feedback and filling gaps

Control Summary: **Medium** some gaps remain

Assurance Summary: **Medium** some gaps remain

Key Controls	Control Gaps	Key Sources of Assurance	Assurance gaps	Key Actions	
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 • Joint OD Working group • LPT reasonable adjustments clinics		**1st Line:** Staff Networks across LPT & NHFT; Appraisals with wellbeing element, speak up process, sickness management; Anti racism listening events; Campaign to embed leadership behaviours	Completion of TAR actions	Cultural work to address civil unrest and wider including; • Delivery of TAR actions across the group **Ongoing Group Chief People Officer 31.3.27** • NHFT & LPT Staff Survey 25-26 – actions & implementation of priority areas **Group Chief People Officer 31.3.27 –** 4 group actions plus 2 NHFT & 1 LPT – approved by JPCC • Developing reasonable adjustment clinics in NHFT – **Sept 26** • Developing joint EDI plan – **Sept 26**	Team Time Out 26-27 plans underway Delivery of TAR actions ongoing across group
		2nd Line: Delivery of the Our Future Our way Programme of work & Together We THRIVE for LPT & NHFT – priorities agreed across Group; & leadership behaviours; Reasonable adjustment clinics & meetings established LPT & developing in NHFT; Leadership Development Conferences ; F2SU Guardians, NED F2SU role and reporting; Group programme reporting to SEB every month for oversight	• Meeting reasonable adjustment requirements (NHFT)		
		3rd Line: LPT Internal Audit Fit and Proper Persons Test significant assurance 2025; LPT & NHFT Health & Wellbeing internal audit rated significant assurance 2025			
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	• Delivery of recommendations from quality and safety review • Closed cultures not currently in staff inductions • Impact of leadership development	Commencement of sickness improvement programme – **March 2027**	• Leadership offer review underway • Developing accountability & empowerment workshop – middle managers
		2nd Line: Mental Health and Wellbeing Lead sharing work across the Group; Health and wellbeing champions and wellbeing NED role			
		• **3rd Line:** CQC inspection findings	Audit outturn 25/26 CQC reports		

BAF08	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.		Current Risk: Impact 5 (catastrophic) / Likelihood 4 (likely) Heatmap position: **Red** (High) Rationale: Criticality, long term issues
Date	1 April 2026 - initial score (I5/L4)	Last updated 27 August 2026	Target Risk Position: Impact 5 / likelihood 3 (possible) Target zone: Red (High) **Rationale:** Criticality, long term issues
Strategic Link	THRIVE: VALUING EVERYONE	Exec lead(s) Group Chief People Officer (SW)	Control Summary: **Medium** some gaps remain
Governance	LPT and NHFT workforce development groups Joint People and Culture Committee, Group Strategic Executive Board, Group Trust Board		Assurance Summary: **Medium** some gaps remain
Context	Talent management, OD, growth and retention		

Key Controls	Control Gaps	Key Sources of Assurance	Assurance gaps	Key Actions	Progress
Cause: **Not utilising workforce resourcing strategies**					
• WRES & WDES action plans • People 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 • Workforce operational plan • People plans NHFT and LPT • Joint People Dashboard	• 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/GSEB; 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 • NHSE Workforce Scrutiny meetings - system	• Delivery of the workforce and agency reduction plan • Delivery of the Workforce efficiency value programme	• Delivery of the workforce and agency reduction plan and value programme 2026/27 **Group Chief People Officer March 27** • Delivery of staff survey actions identified - **Group Chief People Officer March 27** • Improving working lives of Drs 10 Point Plan	Engagement with the NHSE price cap work for medical agency costs commenced Feb 2025 - ongoing 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 (LPT) • 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 **3rd Line** • LLR People Programme Delivery Group • Internal Audit	Delivery of the workforce and agency reduction plan / value programme	Delivery of the workforce and agency reduction plan **Group Chief People Officer March 27** 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

BAF09	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.		Current Risk Position: Impact 4 (major) / Likelihood 3 (possible) Heatmap position: **Amber** (Medium) Rationale: Strategic commitment with reliance on capital
Date	1 April 2026 - initial score (I4/L3)	Last updated 25 August 2026	Target Risk Position: Impact 4 / likelihood 2 (unlikely) Target zone: Amber (Medium) Rationale: Standards are met and need maintaining
Strategic Link	THRIV**E**: EFFICIENT AND EFFECTIVE	Exec lead(s) Group Chief Commissioning Officer (PS)	Control Summary: **Medium** some gaps remain
Governance	LPT and NFHT estates groups LPT and NHFT Finance and Performance Committees, Group Strategic Executive Board, Group Trust Board		Assurance Summary: **Medium** some gaps remain
Context	Therapeutic, patient experience, fit for purpose, meet standards, agile working, sustainable		

Key Controls	Control Gaps	Key Sources of Assurance	Assurance gaps	Key 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 • Green Plan 2026 – 29 • Health and Safety Committee	• Lack of capital funding • Aging estate with limited options for improvement • Having adequate space for clinics and supervision and training • Lack of clarity around the cost of implementing the Green Plan	**1st Line:** Capital Prioritisation process Sustainability Programme Delivery Group	Project timelines for outstanding fire actions relating to Bradgate roof space	• Identify alternative sources of capital Engagement internal to prioritise estates safety **Chief Finance Officer, August 26** • Estates Quality Summit complete – 11 actions ongoing **– NHFT CFO - Dec 26**	• Scope of works agreed, contractors working on final design
		2nd Line: Estates and medical equipment group/Estates Group Finance & Performance/Performance Committees Group SEB			
		3rd Line: System estates groups, Capital prioritisation criteria, CQC engagement meetings and inspection feedback	• Provision of information to support the Task Force on Climate related financial disclosures (TCFD)		
Effect: poor quality environment / unsustainable infrastructure					
• Environmental checklist • Operational risk management • Environmental checklist • Operational risk management • Health & Safety inspections • Health and Safety Committee • Estates Annual Plan • Regulatory standards for buildings		**1st Line** Sustainability Programme Delivery Group	Adherence to process for identifying and logging environmental concerns	• Comms to support adherence to process for identifying and logging environmental concerns – **Sept 26**	Continued reduction in number of outstanding maintenance jobs
		2nd Line Estates and Medical Equipment Group/Estates Group; Estates log .			
		3rd Line Healthwatch, CQC NHSE and DHSC oversight of green plan and TCFD			

BAF10	Inadequate **capital funding** for LLR system will impact on each Trust's ability to manage financial, quality & safety risks related to estates and digital investment in 2026/27 and in the medium term		Current Risk Position: Impact 5 (major) / Likelihood 4 (likely) Heatmap position: **Red** (High) Rationale: **Crucial to retain fit for purpose estate**
Date	1 April 2026 - initial score (I5/L4)	Last updated 11 September 2026	Target Risk Position: Impact 3 / likelihood 3 (possible) Target zone: Amber Rationale: Requires sufficient & sustained capital allocations
Strategic Link	THRIV**E**: EFFICIENT AND EFFECTIVE	Exec lead(s) LPT Chief Finance Officer (SM) NHFT Chief Finance Officer (PS)	Control Summary: **High**
Governance	LPT and NHFT capital committees LPT Finance and Performance Committee, Group Strategic Executive Board, Trust Boards		Assurance Summary: **Medium** some gaps remain
Context	Delivery within available capital resources. Estates, digital regulatory, constitutional and legal requirements.		

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:** Development of each trust's capital plan; Clear capital bid approval processes; SEB & Board approval of capital opening plan & subsequent revisions • 2025/26 accounts – CRL delivered		• External audit of 26/27 accounts **CFOs** –June 2027 • Manage Trust's capital plans, **CFOs March 27**	
		2nd Line: Accounting policies / SFIs and SORD [Audit and Risk Committee]	Policy compliance		
		3rd Line: External Audit 2025/26 annual accounts unqualified opinion	26/27 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 (LPT)	None		
		2nd Line: Monthly corporate report EMB/SEB/FPC and oversight at the system capital committee including any relevant escalations			
		3rd Line:			
Effect: **Breach of Statutory Duty (CDEL)**					
• National guidance	• None	• **1st Line** monthly finance report assurance on CDEL delivery year to date & forecast	NHSE late receipt of material capital bids	Investigate brokerage/ deferral options with NHSE. **LPT CFO – Dec 26**	Raised in July PRM – ongoing
		2nd Line			
		3rd Line 2025/26 annual accounts and VFM conclusion	26/27 annual accounts audit	External audit of 26/27 accounts **CFOs-June 2027**	
Effect: **Non achievement of capital strategy**					
• National planning guidance	• None	• **1st Line:** LLR Joint Capital Resource Use Plan 2026/27; LPT & NHFT medium term capital plans	Lack of national strategic capital funding for estate redevelopment (specifically LPT MH inpatients)	Investigate sources of strategic funding – **CFOs – long term** Medium term Bradgate Unit estates plan – **(PS) – Dec 26**	
		2nd line: ICS Capital committee reviews organisational delivery across cluster			
		3rd line:			

BAF11	Inadequate control, reporting and management of each Trust's 2026/27 **financial position** could mean we are unable to deliver our financial plan resulting in a breach of our statutory duties and medium-term financial plan.	
Date	1 April 2026 - initial score (I5/L4)	Last updated 11 September 2026
Strategic Link	THRIVE: EFFICIENT AND EFFECTIVE	Exec lead(s) LPT Chief Finance Officer (SM) NHFT Chief Finance Officer (PS)
Governance	Performance and Finance and Performance Committees, Group Strategic Executive Board, Group Trust Board & Trust Boards	
Context	Delivery within available financial resources. Use of resources, productivity and value for money–Performance measures, constitutional and legal requirements. Under delivery could impact our ability to deliver effective compassionate care and patient outcomes without compromising safety.	

Current Risk Position: Impact 4 (major) / Likelihood 4 (likely)
Heatmap position: Amber (Medium)
Rationale:

Target Risk Position: Impact 3 / likelihood 4 (likely)
Target zone: Amber
Rationale:

Control Summary: Medium

Assurance Summary: Medium

Key Controls	Control Gaps	Key Sources of Assurance	Assurance gaps	Key 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: non pay controls in place; vacancy control process; DRA agency approval process; No PO no pay policy; segregation of duties in finance teams 2025/26 accounts – break even plan delivered	Spend run rate is not reducing fast enough to deliver plan Reducing cash balances	• Continue reporting & organisational actions to reduce run rate – **CFOs Mar 27**	
		2nd Line: Accounting policies / SFIs and SORDs	Policy compliance	• External audit of 26/27 accounts - **CFOs June 2027**	
		3rd Line: External Audit 25/26 annual accounts unqualified opinions	26/27 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 service level run rate reviews; Cost Improvement Plans delivery review		• Finalise year 2 & 3 CIP plans **–CFOs August 26** • Submit NHSE weekly tracker weekly - **CFOs August 2026**	LPT – Complete - review at Trust Board 29/09/26 Tracker formally ceased by NHSE 27 August
		2nd Line:	Non recurrent CIP; In year overspends & funding gaps.		
		3rd Line: Annual Internal Audit programme			
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 plans	Approval of medium-term recovery plan		
		2nd Line			
		3rd Line 2025/26 annual accounts and VFM conclusion	26/27 annual accounts audit	• External audit of 26/27 accounts - **CFOs June 2027**	
Effect: **Non achievement of medium-term financial plans**					
• Financial strategies & plans		**1st Line:** Medium term financial plans presented to Group SEB	Outputs of deconstructing the block exercise & uncertainty around impact on future revenue receipts	• Work with commissioners to jointly understand outputs of exercise – **CFOs Sept 26** • Submit completed exercise – **CFOs – Sept 26**	CFOs have met with ICB CFO to review high level outcomes, pre submission
		2nd line: Financial controls & NHSE submissions			
		3rd line: Internal Audit, financial controls & NHSE submissions			

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.	
Date	1 April 2026 - initial score (I4/L4)	Last updated 16 September 2026
Strategic Link	THRIVE: EFFICIENT AND EFFECTIVE	Exec lead(s) Group Chief Integration and Delivery Officer (AR)
Governance	LPT and NHFT Transformation and QI Committees and Joint Collaboratives Group LPT and NHFT Finance and Performance Committees, Group Strategic Executive Board, Group Trust Board	
Context	Population health, transformation, NHS environment	

Current Risk Position: Impact 4 (major) / Likelihood 4 (likely)
Heatmap position: **Amber** (Medium)
Rationale: Significant reform creating uncertainty

Target Risk Position: Impact 3 (moderate) / likelihood 2 (unlikely)
Target zone: Amber
Rationale: Decreasing uncertainty

Control Summary: **Medium** some gaps remain

Assurance Summary: **High** [internal and external]

Key Controls	Control Gaps	Key Sources of Assurance	Assurance gaps	Key Actions	Progress
Cause: Slow/ fragmented distribution of policy & guidance, and misaligned readiness for change across partners organisations (ICB, Acute, NHSE)					
• MTP Guidance. • NOF Framework. • Community Services and Neighbourhood programmes.	• Speed and completeness of strategic and technical guidance. • Readiness of partner organisations to transform	**1st Line**:		• Lobby ICB for greater programme management of key system workstreams (SCS, Digital, etc). **Group Chief Integration and Delivery Officer – Sept 26** • Governance redesign to strengthen the delivery of the accountability framework **Director of Governance LPT - Oct 26**	Discussions underway with ICB, conclusions unlikely until ICB restructure complete ICB programme leads identified for ADHD & OPIP Group NOF dashboard design underway
		2nd Line: Accountability Framework meetings and Executive Management Board LNR System Executive, and Priority Programme infrastructure	System coordination of resource and programme management.		
		3rd Line: NOF segmentation and Provider Capability Ratings NHSE CEO Briefing forums	Delays in publication of NOF and MTP guidance		
Cause: Infrastructure for data alignment, visibility and reporting is under-developed, under-construction, or delayed by technical barriers (skills, capability, resource capacity, equipment, etc)					
• BIS Transformation Programmes. • Digital Transformation Programme	• Multiple/ incongruent patient reporting systems. • Data science & engineering skills/ capabilities	• **1st Line**: Model NHS Platform (+ NHS Futures dashboards)	Ability to control methodology	• Capability mapping across BIS/ IIT teams + plans for multi-skilled workforce –**Group Chief Integration and Delivery Officer - March 27** • Ongoing development of data dashboards in LPT for supporting the Accountability Framework governance -**Group Chief Integration and Delivery Officer** March 27 • Use of Organisational Structure to allow 'single language' across PAS's **Group Chief Integration and Delivery Officer** - March 27 • Conversion of manual to automated data feeds - **Group Chief Integration and Delivery Officer – March 27**	Org Structure changes underway. Automation proposal paper drafted. Recruitment underway in all areas.
		2nd Line: Tactical (Power BI / QlikView) Dashboards and ward to board oversight of performance	Reconciliation with national datasets Under-developed impact measures		
		3rd Line: Management Information System (MIS) and BI Data Warehouse	Configuration and management of data quality		
		3rd Line: ViH programme reports for increased capacity			
Effect: Pace and Delivery of service transformation for population health					
• Productivity & Efficiency Schemes • Absence Reduction Schemes • Wait List reduction schemes • ViH schemes	• Population Growth • Commissioning structures/ plans. • Changes/ removal of services across partner organisations (affecting demand)	• **1st Line :** Medium-Term Plans (inc. Digital Transformation Programme, Wait List Reduction Programme, Neighbourhood/ Urgent Care Programmes)	New programmes of work (i.e. St Andrews, OPIP, etc). LLNR Commissioning structure (and associated plans/ intentions. Confirmation of AFT status NHFT and invitations for AFT application LPT	• Refine and improve Triple-A reporting for Transformation, to TOMG **Group Chief Integration and Delivery Officer - Aug 26 – complete** • Combine reporting for Transformation, Quality Improvement & R&I (for clear oversight of capacity prioritisation). **Group Chief Integration and Delivery Officer** – Dec 26	Both actions are underway, being led via the Strategic Transformation Group. AFT Preparation ongoing
		2nd Line: Triple-A progress reports from Care Delivery Pathway and Directorate Leads			
		3rd Line:			

Leicestershire Partnership and
Northamptonshire Healthcare
Associate University Group

NHS

G1

Level 1, 2 & 3 Alert, Advise and Assure (AAA) Highlight Report

Group Committee/Group: Joint People and Culture Committee in Common
Date of Meeting: 10 June 2026
Meeting Chair and Report Author: Tim Harrison
Quorate Y

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

Agenda Item:	Reference:	Lead:	Description:	BAF (L1)	CRR (L1 & L2)	Directorate Risks (L3)
No alerts						

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 (L1)	CRR (L1 & L2)	Directorate Risks (L3)
NHFT Employee Relations Update	JPCC/26/56	Liz O'Leary	There is increasing demand and notably greater complexity in employee relations cases, particularly grievances. This complexity is reflected in extended timescales, with grievance cases taking significantly longer to resolve than disciplinary matters. There will be	07		

Agenda Item:	Reference:	Lead:	Description:	BAF (L1)	CRR (L1 & L2)	Directorate Risks (L3)
			increased vigilance and focus in this area over the coming months.			
LPT Guardian of Safe Working Hours report	JPCC/26/59	Bhanu Chadalavada	The discussion and reporting demonstrates active management of exception reporting and a clear response to identified risks. However, given that key changes to the rota are still to be implemented and their impact not yet realised, the Committee agreed that the position remains advisory at this stage, looking for evidence of improvement as the changes take effect.	08		

ASSURE: Inform the Board where positive assurance has been received

Agenda Item:	Reference:	Lead:	Description:	BAF (L1)	CRR (L1 & L2)	Directorate Risks (L3)
LPT/NHFT Our People Data	JPCC/26/55	Sarah Willis	Both Trusts are showing good trajectory towards their workforce plan. The data and discussion highlighted where progress has been achieved and the areas of focus. In both cases, there are good signs of cost control and plans to achieve the workforce plan.	07 08		
Joint People Dashboard	JPCC/26/54	Sarah Willis	The dashboard continues to positively develop and is becoming an increasingly valuable tool for oversight and comparison, and the Committee agreed that it continues to provide assurance. As we work through the delivery plan the value of the comparisons within this report will grow.	07 08		

The AAA Highlight Report should include a maximum of 3 items per category. If the group is unable to make a decision as they need a wider audience, this should be listed above to be escalated to EMB. Please include all unresolved previous alerts with details of progress.

Agenda Item:	Reference:	Lead:	Description:	BAF (L1)	CRR (L1 & L2)	Directorate Risks (L3)
LPT / NHFT Staff Survey Action Plans and Priorities	JPCC/26/57	Kamy Basra	The paper set out comprehensive action plans at organisational, group and local levels in response to staff survey results. The paper and discussions demonstrated a coherent and well-developed approach to staff experience and cultural improvement and was agreed provide assurance.	07		

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

Agenda Item:	Reference:	Lead:	Description:	BAF (L1)	CRR (L1 & L2)	Directorate Risks (L3)
Joint People Dashboard	JPCC/26/54	Sarah Willis	The progress with the Dashboard continues at pace and each meeting we see significant progress in alignment and clarity	07 08		
LPT / NHFT Staff Survey Action Plans and Priorities	JPCC/26/57	Kamy Basra	The quality of the action plans and the breadth of the plan were both highlighted as worth of mention here.	07		

Decision Escalations: Level 2 Group decisions to escalate to EMB [decisions L2 were unable to make]

Agenda Item:	Reference:	Lead:	Decision Description:	BAF (L1)	CRR (L1 & L2)	Directorate Risks (L3)

T H R I V E

The AAA Highlight Report should include a maximum of 3 items per category. If the group is unable to make a decision as they need a wider audience, this should be listed above to be escalated to EMB. Please include all unresolved previous alerts with details of progress.

Agenda Item:	Reference:	Lead:	Decision Description:	BAF (L1)	CRR (L1 & L2)	Directorate Risks (L3)

ALERT Tracker: Progress against previously alerted items [until closure]

Date of Alert:	Agenda Item:	Reference:	Lead:	Description:	BAF (L1)	CRR (L1 & L2)	Directorate Risks (L3)

The AAA Highlight Report should include a maximum of 3 items per category. If the group is unable to make a decision as they need a wider audience, this should be listed above to be escalated to EMB. Please include all unresolved previous alerts with details of progress.

Leicestershire Partnership and
Northamptonshire Healthcare
Associate University Group

NHS

G2

Level 1, 2 & 3 Alert, Advise and Assure (AAA) Highlight Report

Group Committee/Group: Joint People and Culture Committee in Common
Date of Meeting: 13 August 2026
Meeting Chair and Report Author: Tim Harrison
Quorate Y

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

Agenda Item:	Reference:	Lead:	Description:	BAF (L1)	CRR (L1 & L2)	Directorate Risks (L3)
LPT Workforce Development Group Triple A	JPCC/26/76	Sarah Willis	The alert related to implementation of the Supreme Court ruling and the subsequent Equality and Human Rights Commission guidance on the legal definition of sex. A dedicated task and finish group, led by the Chief Medical Officer, has been established to oversee the Trust's response. A flash report has already been presented to LPT Trust Board, with a corresponding report being prepared for NHFT. In the absence of detailed national guidance, a weekly oversight group has been established across both organisations.	07 08		

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 (L1)	CRR (L1 & L2)	Directorate Risks (L3)
NHFT Valuing our People Management Group Triple A	JPCC/26/76	Sarah Willis	A discussion took place on employee relations casework within NHFT, where case volumes and complexity continue to place pressure on both management and staff-side capacity. Concerns raised by staff-side representatives regarding available capacity are being addressed through efforts to strengthen representation arrangements and improve the structure of case management processes. Further discussion was held on the forthcoming reform of statutory and mandatory training. This represents a significant change in approach, moving from attendance and completion-based models towards competency assessment and demonstration of learning in practice.	07 08		
LPT Accountability Framework Meeting Triple A	JPCC/26/76	Jean Knight	There were a number of advise topics reported: Delays in Agenda for Change job matching and consistency checking processes. A rise in occupational health referrals and the Committee was advised of increasing concerns regarding parking enforcement at locations where LPT staff work but which are not owned by the Trust. All of these are being monitored.	08		
NHFT Employee Relations Update	JPCC/26/78	Liz O'Leary	There is a continuing rise in grievances, particularly collective grievances and appeals relating to organisational change consultations. It was recognised that this increase reflects wider organisational pressures, including management of change programmes, workload concerns and staff uncertainty during periods of transformation. Given the scale of change, the Committee see the need for continued monitoring and focused management attention.	07		

T H R I V E

The AAA Highlight Report should include a maximum of 3 items per category. If the group is unable to make a decision as they need a wider audience, this should be listed above to be escalated to EMB. Please include all unresolved previous alerts with details of progress.

Agenda Item:	Reference:	Lead:	Description:	BAF (L1)	CRR (L1 & L2)	Directorate Risks (L3)
LPT Staff Sickness Hotspots / Areas of Concern	JPCC/26/79	Sarah Willis	The report provided a comprehensive understanding of sickness absence trends, underlying causes and opportunities for targeted intervention across the Group. Sickness absence remains above target, although benchmarking demonstrates that LPT performs broadly in line with comparable mental health and learning disability trusts and sits close to the NHS average overall. Stress, anxiety and depression continue to be the largest cause of sickness absence, consistent with national NHS trends. This was welcome analysis and a good action plan. While this remains above plan it will though, continue to be an area of focus.	07		

ASSURE: Inform the Board where positive assurance has been received

Agenda Item:	Reference:	Lead:	Description:	BAF (L1)	CRR (L1 & L2)	Directorate Risks (L3)
Freedom to Speak Up quarterly updates LPT/NHFT	JPCC/26/80	Pauline Lewitt Luke Sullivan	**LPT:** The report highlighted that, despite positive staff survey results and performance above the national benchmark, there remains ambition to achieve best-in-class performance. Members praised the quality of the report and the maturity of the Freedom to Speak Up arrangements, noting the comprehensive oversight, clear evidence of learning, and visible impact on organisational culture. **NHFT:** The Committee was assured by the continued development of an open and supportive speaking up culture across the organisation. Especially welcomed NHFT's adoption of the additional reporting categories relating to sexual safety and discrimination and inequality, supporting greater alignment with LPT reporting across both organisations.	07		

The AAA Highlight Report should include a maximum of 3 items per category. If the group is unable to make a decision as they need a wider audience, this should be listed above to be escalated to EMB. Please include all unresolved previous alerts with details of progress.

Agenda Item:	Reference:	Lead:	Description:	BAF (L1)	CRR (L1 & L2)	Directorate Risks (L3)
			Also emphasised the growing importance of monitoring Freedom to Speak Up themes during a period of organisational change and transformation.			
Joint Medical Appraisal, Revalidation, Job Planning and Concerns Report Annual Sign Off	JPCC/26/81	Bhanu Chadalavada	The Committee noted that both organisations operate comprehensive quality assurance arrangements and are aligned with national NHS England and GMC requirements for appraisal and revalidation. The appropriate systems, oversight arrangements and escalation processes are in place and ensure compliance and support the professional standards. The full report is attached as an Appendix.	07 08		
Volunteering Annual Reports LPT/NHFT	JPCC/26/82	Minaxi Patel Mandy Woolf	**LPT:** The report highlighted the considerable value volunteers bring to LPT, with approximately 250 active volunteers supporting services across the Trust. **NHFT:** NHFT currently has 239 active volunteers, supported through a comprehensive recruitment, induction and governance process aligned with Trust employment standards. The Committee acknowledged the significant effort undertaken by the volunteering teams and thanked them both for their contribution and continued delivery.	08		
LPT/NHFT Workforce Race Equality Standard 2025/26 LPT/NHFT Workforce Disability Equality Standard 2025/26 Group WRES/WDES Action Plan 2025/26	JPCC/26/83	Haseeb Ahmad	Members welcomed the development of joint governance arrangements for Equality, Diversity and Inclusion and the establishment of shared action plans, including the Together Against Racism Action Plan and the Disability Confident Action Plan. The Committee noted positive progress across several areas. However, several longstanding challenges remain. Recognising the quality and depth of the reports and welcomed the increased consistency between LPT and NHFT reporting. It was agreed that the topic would benefit from further dedicated discussion at a future meeting, with a simplified summary of	07		

The AAA Highlight Report should include a maximum of 3 items per category. If the group is unable to make a decision as they need a wider audience, this should be listed above to be escalated to EMB. Please include all unresolved previous alerts with details of progress.

Agenda Item:	Reference:	Lead:	Description:	BAF (L1)	CRR (L1 & L2)	Directorate Risks (L3)
			key priorities and actions to support strategic oversight and communication.			
NHFT Policies for Approval	JPCC/26/86	Richard Smith	Freedom to Speak Up, Job Evaluation and Regrading, Volunteer Management. No comments or concerns were raised regarding the policies presented, the Committee agreed to ratify the policies.	07 08		
LPT/NHFT Our People Data	JPCC/26/90	Rebecca Solesbury Sarah Willis	**NHFT:** Overall, the report demonstrated stable performance across key workforce indicators, continued progress against a number of workforce objectives, and clear plans to address areas requiring improvement. The substantive workforce position is currently reported as green and 52 WTE below plan, this is largely driven by vacancies rather than realised workforce reductions. As a result, further work is required through workforce planning and the Value Programme to deliver the required workforce reductions during the year. **LPT**: Overall, the Committee was assured that appropriate actions are in place to address the identified challenges and that performance continues to be closely monitored. A key workforce challenge remains agency price cap compliance, particularly in relation to medical locum usage. While a programme of work is underway across the system to reduce locum rates and improve compliance, full alignment with price cap expectations is not expected until later in the year.	07 08		

The AAA Highlight Report should include a maximum of 3 items per category. If the group is unable to make a decision as they need a wider audience, this should be listed above to be escalated to EMB. Please include all unresolved previous alerts with details of progress.

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

Agenda Item:	Reference:	Lead:	Description:	BAF (L1)	CRR (L1 & L2)	Directorate Risks (L3)
LPT Accountability Framework Meeting Triple A	JPCC/26/76	Jean Knight	The report highlighted positive community-focused activity, including work aimed at addressing health inequalities and support being provided to visiting Japanese healthcare students to enhance their understanding of NHS services and healthcare delivery.			
Volunteering Annual Reports LPT/NHFT	JPCC/26/82	Minaxi Patel Mandy Woolf	The Committee formally recognised the outstanding contribution made by volunteers across both organisations.			

Decision Escalations: Level 2 Group decisions to escalate to EMB [decisions L2 were unable to make]

Agenda Item:	Reference:	Lead:	Decision Description:	BAF (L1)	CRR (L1 & L2)	Directorate Risks (L3)
N/A						

ALERT Tracker: Progress against previously alerted items [until closure]

Date of Alert:	Agenda Item:	Reference:	Lead:	Description:	BAF (L1)	CRR (L1 & L2)	Directorate Risks (L3)
N/A							

The AAA Highlight Report should include a maximum of 3 items per category. If the group is unable to make a decision as they need a wider audience, this should be listed above to be escalated to EMB. Please include all unresolved previous alerts with details of progress.

Joint People and Culture Committee Aug 2026

Medical Appraisal and Revalidation Report Annual Sign Off

Purpose of the Report

To provide an annual report of compliance with medical appraisal and revalidation for which Leicestershire Partnership Trust / Northamptonshire Healthcare Foundation Trust (LPT/NHFT) are the GMC Designated Body respectively.
To provide an overview of the Responsible Officer (RO) regulations and assurance that the Trusts are compliant with these.

Analysis of the issue

Medical Revalidation commenced in 2012 to strengthen the way that doctors are regulated, with the aim of improving the quality of care provided to patients, improving patient safety, and increasing public trust and confidence in the medical system.

Provider organisations have a statutory duty to support their Responsible Officers in discharging their duties under the Responsible Officer Regulations[1]

This annual report will provide assurance that:

- the frequency of appraisals and the quality assurance process is in place.
- there are effective systems in place for monitoring the conduct and performance of our doctors and professional standards activities support a positive organisational culture that promotes excellence in clinical care and continuous improvement
- feedback from patients is sought periodically so that their views can inform the appraisal and revalidation process for our doctors.

[1] The Medical Profession (Responsible Officers) Regulations, 2010 as amended in 2013' and 'The General Medical Council (Licence to Practice and Revalidation) Regulations Order of Council 2012'

The figures contained within this report are correct as of 31/3/2026. Numbers refer only to those doctors who have a prescribed connection with the Trust. Medical Trainees on the approved training programme are excluded as they are connected to Health Education East Midlands.

Dr Bhanu Chadalavada is the Responsible Officer (RO) for LPT and Dr Itai Matumbike is the RO for the NHFT. The RO is accountable for the quality assurance of the appraisal and clinical governance system in the Trust. The RO ensures its medical appraiser workforce is sufficient to provide the number of appraisals needed each year.

Appraisers are selected through an identified structured recruitment process within each of the Trusts; within LPT this is managed by the Associate Medical Director (Medical Governance) supported by the Medical Staffing and Revalidation Officers.

The medical appraiser workforce delivers appraisals that are fair and consistent by appraisers that have achieved a set of core competencies. Appraisers have access to leadership and advice on all aspects of the appraisal process from the Associate Medical Director (Medical Governance).

Within NHFT, the Trust continues to use the R L Datix Allocate e-system (Strengthened Appraisal & Revalidation Database) to support the appraisal and revalidation process. Administrative support for the appraisal system is provided by the Professional Standards Team. Reports are completed on a monthly basis on appraisal activity and compliance.

Provider organisations have a statutory duty to support their Responsible Officers in discharging their duties under the Responsible Officer Regulations[2]

Appraisal and Revalidation Performance Data LPT

LPT has a prescribed connection to 171 doctors, for the purpose of Medical Revalidation, with the General Medical Council. There have been 134 doctors appraised in the appraisal

[2] The Medical Profession (Responsible Officers) Regulations, 2010 as amended in 2013' and 'The General Medical Council (Licence to Practice and Revalidation) Regulations Order of Council 2012'

year and 35 doctors had authorised delay. The appraisal compliance rate is therefore 98.8%()%

The Trust appraisal activity levels are summarised as:

Criteria	**Data**
Completed appraisals	134
Authorised delay	35 (24 - Appraisal month changed due to start date - 24 9 - Sickness and Other absences 2 - Adjustments to correct appraisal year – due to being completed late)
Non-authorised delay	2
Number of doctors with prescribed connection to LPT	171

- All doctors are informed that their appraisal is due 3 months prior. They are sent another reminder the week before the due month and further reminders through the month if it is not progressing. Once overdue doctors are sent a reminder by the Associate Medical Director (Medical Governance). If engagement remains a concern the RO will contact the individual.

Appraisers

There are 38 appraisers, appointed and trained to provide revalidation ready appraisals. Following initial training, internal development sessions take place with the appraisers twice yearly.

Appraisal and Revalidation Performance Data NHFT

NHFT had a prescribed connection to 128 doctors, for the purpose of Medical Revalidation, with the General Medical Council for the year 2025-2026. 120 doctors were appraised in the appraisal year 2025/26; the appraisal compliance rate is therefore 100%

Since the last Board report, the Trust has demonstrated sustained compliance with the Responsible Officer Regulations and clear progress in embedding the Framework for Quality Assurance and Improvement (FQAI) as the core mechanism for assurance and continuous improvement**.**

The Trust appraisal activity levels are summarised as:

Criteria	**Data**
Completed appraisals	120 (115 at NHFT and 5 at different NHS organizations)
Authorised delay	8 (3) sickness and 5 had been in the organization for less than 3 months to have meaningful appraisal
Non-authorised delay	0
Number of doctors with prescribed connection to NHFT	128

- All doctors are informed that their appraisal is due 3 months prior. They are sent another reminder the week before the due month and further reminders through the month if it is not progressing. Once overdue doctors are sent a reminder by the Associate Medical Director (Medical Governance). If engagement remains a concern the RO will contact the individual.

Appraisers

There are currently 23 appraisers, appointed and trained to provide revalidation ready appraisals. Following initial training, internal development sessions take place with the appraisers regularly via peer group, one to one ASPAT meeting with senior appraisers and DMD for Professional standards, press release information on updates on ALLOCATE and additional 1:1 with DMD for professional standards as required.

LPT / NHFT

Clinical Governance

Doctors are required to collect evidence across 6 pieces of GMC evidence for their appraisal portfolio, covering GMP domains and this includes

- Good Medical Care
- Clinical Activity Data
- Non-Clinical Activity
- Maintaining Good Practice
- Continuing Professional Development (CPD)
- Teaching and Training
- Relationships with Patients
- Working with colleagues
- Trust criteria
- Audit – National & Local
- Outcome Measures
- Other relevant Data

A list of upcoming appraisals is emailed by the Revalidation support officer, prior to them being due to the patient safety incident investigations (PSII) and complaints team so an individual report is provided once a year, to all doctors about any complaints, compliments and PSI's they have been named in.

Each doctor is required to complete a Multi-Source Feedback/360º Appraisal to include patient feedback at least once in a revalidation cycle.

Quality Assurance

There is a Quality Assurance process in place for the Appraisal and Revalidation process.

- An Appraiser Quality Lead quality assures a selection of appraisals each month through assessment using the ASPAT tool (Appraisal Summary and PDP Audit Tool – designed by NHS England). Results are fed back to the appraiser and collated for an (anonymized) annual report provided to all appraisers. Results also form the content of the internal development sessions.

Monitoring Performance

Monitoring the performance of individual doctors is undertaken through both formal and informal processes. Doctors are encouraged through their appraisal process to regularly reflect on their work and performance. Each doctor is part of a peer group which provides the opportunity to discuss doctors' performance and future plans. Peer groups also discuss individual doctors CPD (Continuous Professional Development) needs which are finalised at appraisal.

Revalidation recommendations

Revalidation commenced in 2013. Round 1 was therefore from 2013 – 2018, Round 2 covers the period 2019 – 2023 and round 3 covers the period 2023 – 2028.

The Trust is now in the third round of revalidation. Recommendations are recorded as follows; -

LPT recommendations

Round 3	Recommendations Due	Positive Recommendations	Deferrals	Non engagement notifications
Year 1 2023/24	29	27	2	
Year 2 2024/25	41	36	5	
Year 3 2025/26	10	8	2	

Risk and Issues

- Timeliness of obtaining accurate individualised data to support the appraisal process has raised challenges. The implementation of SystmOne to support clinical staff and record keeping has gone some way to address this.
- Appraiser capacity; the time commitment associated with undertaking the appraiser role is recognised and processes are reviewed to ensure adequate support is available to support

These risks are recognized, managed, and subject to mitigation plans and governance oversight.

NHFT recommendations

Round 3	Recommendations Due	Positive Recommendations	Deferrals	Non engagement notifications
Year 1 2023/24	22	12	10	
Year 2 2024/25	23	20	3	
Year 3 2025/26	11	10	1	

Risk and Issues

Appraiser capacity and system sustainability

- Demand for appraisal continues to increase in line with workforce growth following expansion of services.
- Despite additional training, capacity remains constrained, and the system is currently reliant on trained Appraisers within NHFT and colleague's contribution by conducting the additional paid appraisers. This presents a sustainability risk to maintaining timeliness, quality, and compliance with FQAI requirements.
- Opportunities for improved system integration between ALLOCATE and ESR, reducing reliance on manual processes and enhancing efficiency.

These risks are recognized, managed, and subject to mitigation plans and governance oversight.

Decision required – Please indicate:

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

The Committee is requested to:

- **Approve** the annual report in respect to Medical Appraisal and Revalidation.
- **Monitor** the progress in respect to the development of automated reporting to support individuals in their appraisals.

Please also see appendix 1 Illustrative Designated Body Annual Board Report and Statement of Compliance (To be submitted to NHSE following Board review and Approval by CEO)

Governance table

For Board and Board Committees: Paper sponsored by:	JPCC August 2026 Dr Bhanu Chadalavada Dr Itai Matumbike	
Paper authored by:	Dr Farida Jan Deputy Medical Director NHFT Dr Saquib Muhammad Lisa Hydes Head of Medical Staffing and Business LPT	
Date submitted:	03.08.26	
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):		
If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e., assured/ partially assured / not assured:		
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		
LPT strategic alignment:	**T - T**echnology	
	H – Healthy Communities	
	R - Responsive	X
	I – Including Everyone	X
	V – Valuing our People	X
	E – Efficient & Effective	X
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:		

Leicestershire Partnership and Northamptonshire Healthcare Associate University Group

NHS

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Group Trust Board of Directors – Public Meeting 29th September 2026

Group Value Programme update

Purpose of the Report

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

Analysis of the Issue

Context – Local and National

LPT and NHFT have savings targets of over 6% in 2026/27 after delivering savings of 6% in 2025/26. Corporate and enabling services remain a vital element of supporting clinical staff to deliver safe and compassionate clinical services across both trusts. These teams are also a foundation in delivering the Group strategy THRIVE.

The total expenditure on Corporate Services is £23m in LPT and £24.8m in NHFT. The 2025/26 Corporate Services benchmarking return has again indicated opportunities to reduce costs by £15.9m across both trusts when compared to the lowest quartile. Key areas of opportunities are in Digital (£4.5m), People (£4.6m) and Corporate Nursing, Governance & Risk (£5.5m).

NHS England (NHSE) wrote to trusts in March 2025 to highlight growth in Corporate Service expenditure and the message was to reduce growth in Corporate Services by 50%.

Overall managing Corporate Service expenditure contributes to delivering the Workforce plan in both organisations.

As previously reported admin teams directly supporting clinical teams remain outside of the scope of this programme.

Proposal

The Group Value Programme has since spring 2024 the programme delivered an assessment by executive leads to ascertain what could be delivered including a plan for each workstream to move to a joint team for their lead areas. These plans were assessed by executive teams with input from an external consultant and Non-Executive Directors from both trusts.

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

- Executive portfolio changes
- Corporate Governance
- Contracting

With full year effects from 2025/26 and new changes implemented across both trusts in 2026/27 the full year recurrent savings is estimated at £1.8m. Some of the changes have been enabled by

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

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

- Corporate Governance within agreed timeline
- Payroll. Alignment of contracts in preparation for building in house service in place.
- Programme Management Office consultation starts 1st September
- Procurement

Further action is needed in the following areas to maximise the saving opportunities suggested in the 2025/26 Corporate Services return:

- People directorates
- Corporate Nursing, AHP and Quality
- Business Intelligence
- Research & Innovation
- Learning & Development

Transition Group

Transition Group meetings report via the Alert, Advise, Alert reporting mechanism to Group SEB monthly and to LPT Finance and Performance Committee and NHFT Performance Committee every 2 months.

The Transition Group meets monthly and is focused on considering and agreeing proposed changes and the identification and review of risks associated with the programme. Any proposed changes to teams are ultimately considered by Group SEB.

The key risks identified to date include;

- the lack of access to redundancy funding to enable change
- differences in approach from staff side
- management of change management policies
- overlap with trust's Value Programmes
- access to redundancy funding
- line management arrangements for individuals/teams that deliver a service for 2 Exec directors
- Digital offer for individuals working across 2 organisations
- Increased number of financial transactions

A key aspect of group changes is how current policies across the trusts differ. The Chief People Officer is developing a plan to set out the options to harmonise policies across the group. Any plan to bring policies closer together will be co-produced with staff side and other staff groups.

The process for to ensuring consistency when appointing to joint roles is in place and for the moment it remains that when a joint role is to go to panel it will be reconsidered by the evaluation panel for the employing trust will carry out the evaluation.

Keeping staff side informed of the direction of the programme along with key developments will remain a key feature of this work. The Chief Executive Officer, Chief Finance Officer and Chief People Officer continue to keep Staff Side colleagues at both trusts informed.

Overall, the programme estimates recurrent full year savings of c.£1.8m. These savings are those which have been validated so far and are in addition to those delivered in previous years.

Decision Required

Group Board is asked to note the progress made in the Group Value Programme.

Governance Table

For Board and Board Committees:	Group Trust Board of Directors - Public Meeting
Paper sponsored by:	Paul Sheldon, Chief Finance Officer
Paper authored by:	Paul Sheldon, Chief Finance Officer
Date submitted:	16/09/2026
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:	
THRIVE strategic alignment:	☐ Technology ☐ Healthy communities ☐ Responsive ☐ Including everyone ☐ Valuing our people ☒ Efficient and effective
Board Assurance Framework considerations:	BAF04
Is the decision required consistent with the Group's risk appetite:	Yes
False or Misleading Information (FOMI) considerations:	None believed to apply
Positive confirmation that the content does not risk the safety of patients or the public:	There are no risks to the safety of patients or the public from this report
Equality considerations:	None believed to apply