Leicestershire Partnership and Northamptonshire Healthcare Associate University Group

NHS

Board Assurance Framework

November 2026

As at 13 November with tracked changes



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.

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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.	Proposed amber
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.	

BAF Summary

No.	BAF title	Impact	Liklihood	Controls	Assurance	Current Zone	Zone Trend	Zone Target
1	Digital systems, cyber and data security disruption	4	3	Medium	Medium	Amber		Amber
2	Partnerships and collaboratives	4	2	High	High	Green		Green
3	Research, innovation and professional learning	4	2	Medium	Medium	Green		Green
4	Timely access to services and appropriate support	5	3	Medium	Medium	Red		Red
5	Patient safety	5	3	Medium	Medium	Red		Red
6	Emergency preparedness, resilience, and response	4	2	High	High	Green		Green
7	Culture	4	3	Medium	Medium	Amber		Amber
8	Workforce resourcing strategies and plans	5	4	Medium	Medium	Red		Red
9	Therapeutic environment	4	3	Medium	Medium	Amber		Amber
10	Capital funding	5	4	High	Medium	Red		Amber
11	Financial position	4	4	Medium	Medium	Amber		Amber
12	NHS reforms	4	4	Medium	High	Amber		Amber

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 15 October 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.	
Date	1 April 2026 - initial score (I4/L2)	Last updated 16 October 2026
Strategic Link	THRIVE: RESPONSIVE	Exec lead(s) Chief Medical Officer NHFT (IM), Chief Medical Officer LPT (BC)
Governance	LPT and NHFT Quality and Safety Committees, Group Strategic Executive Board, Group Trust Board	
Context	Innovation, research for new treatments, redesign of care delivery models with a focus on patient outcomes and experience	

Current Risk Position: Impact 4 (major) / Likelihood 2 (unlikely)
Heatmap position: **Green** (Low)
Rationale: Progressing maturity
Proposed amber zone (to be approved at Nov GSEB)

Target Risk Position: Impact 3 (moderate) / likelihood 2 (unlikely)
Target zone: Green (Low)
Rationale: Strategic commitment with progressing 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	
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~~ deliver R&I activity • 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 - complete** • Principal investigators review across the group **– Sept 26 – complete** • Group Joint Roles with medical nursing & AHP research element – **Oct 26 – closed – alternative arrangements in place** • 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 - complete** • CMOs to provide quarterly updates on progress of work towards achieving University Hospital Status to GSEB – Medical Directors - **July 2027** • Recruit to substantive research delivery posts (NHFT) – **November 2026** • Initiate capital project for a simulation centre (NHFT) – **March 2027** • Recruit to further honorary university posts in forensic services (NHFT) - **January 2027** • To develop a centre of academic excellence in forensic psychiatry (NHFT) **– June 2027**	Oversight of research participant recruitment numbers to form part of reporting to QSCs NHFT 22 principal investigators (increase of 7 since 2024), LPT work ongoing. Monthly group Research & Innovation Oversight Group – started May 26 University links continue to be built.
		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 29 September 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 - LPT **Director of Governance – ~~Oct 2026~~ December 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 dashboard Report • Accountability framework with key safety & quality 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 QSC AFM/TOMG Clinical Harm – no overarching policy so local processes in place for consistency **3rd Line -** Annual feedback from Community & Mental Health Survey	Clarity over policy compliance measures and rates Comprehensive quality dashboard focusing on outcome measures, including those attributed to waiting External review of waiting times on patient safety	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 29 September 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, Visible senior leadership presence on site, additional seconded roles for MLS , Recruited to Head of Nursing and Quality for MLS pathway **2nd Line:** EMB, Group SEB, Q&S Committee, Safety Forum. PSIG, Safeguarding, Sexual Safety, Suicide & Self Harm, Least Restrictive Practice Groups, Policy compliance oversight, Ligature Reduction Group **3rd Line:** External reporting (ICB); HOSCs; CQC Visits & outcomes; MHA Visits & reports, learning shared from national reports, LLR System Quality meetings, External Accreditation (SIRAN), Enhanced reporting and analysis,	Access and waiting times for access & treatment Patients leaving the justice system (NHFT) Transition from children to adult's services • MLS transition into NHFT, safety culture, clinical governance, policies, reporting structures	• 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** • Completion of the agreed LPT PSIRF thematic reviews- 1 complete, 2 further dues for completion – going to July Safety Forum - **Complete** • Waiting Well initiatives – ongoing – **Chief Nurse April 27** • Clinical harm reviews – **Chief Nurse – Oct 2026** • Review the MLS governance systems and processes to provide assurance patient safety issues are identified, resolved and monitored. – **Chief Nurse November 2026** • Strengthen the ability to triangulate and analyse data and patient/ carer feedback to understand patient safety issues. **Chief Nurse March 2027** • Continue to embed SEIPS methodology to review incidents and improve services. **Chief Nurse March 2027** • Review the effectiveness of the current implementation of recommendations and actions following patient safety reviews to improve clinical practice. **Chief Nurse March 2027**	Staff undertaking STORM training
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 11 November 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: Green (Low)
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 & Summer planning & debriefs 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** • NHFT and LPT to receive Crore Standards update in November 2026	BCP reviews on track Final submission on track 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 18 September 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 (Medium)
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 – **October 26** • Developing joint EDI plan – **Sept 26**	Team Time Out 26-27 plans underway Delivery of TAR actions ongoing across group Approved at Group SEB & going to JPCC October 2026
		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 18 September 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 14 October 2026	Target Risk Position: Impact 3 / likelihood 3 (possible) Target zone: Amber (Medium) Rationale: Requires sufficient & sustained capital allocations
Strategic Link	THRIVE: 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** External audit of 26/27 accounts **CFOs June 2027**	~~Raised in July PRM –~~ NHSE month 6 reforecasting exercise submitted, treatment of slippage still unclear ~~ongoing~~
		2nd Line			
		3rd Line 2025/26 annual accounts and VFM conclusion	26/27 annual accounts audit		
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 14 October 2026
Strategic Link	THRIV**E**: 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 (Medium)
Rationale: Unknown/unmitigated pressures could inhibit plan delivery

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**	Plans delivered as at month 6
		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**~~ • Maintain focus on recurrent CIP delivery, run rate reductions & overall plan delivery – **CFOs March 27**	~~LPT – Complete - review at Trust Board 29/09/26~~ ~~Tracker formally ceased by NHSE 27 August~~ Plans delivered as at month 6
		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		• External audit of 26/27 accounts - **CFOs June 2027**	
		3rd Line 2025/26 annual accounts and VFM conclusion	26/27 annual accounts audit		
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**~~ • Support ongoing discussions/work & assess planning guidance when released – CFOs **Dec 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 11 November 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 (Medium)
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** • Strengthen delivery of data quality & access ~~Governance redesign~~ to support the delivery of the accountability framework - Group Chief Integration and Delivery Officer, Dec **26** • Implement governance changes – Group Chief Integration and Delivery Officer **March 27**	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 • Accessibility and availability of population health data sets to support an IHO contract	• **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 across NHFT (for clear oversight of capacity prioritisation). LPT to continue oversight via integrated TxQI Group Meetings **Group Chief Integration and Delivery Officer –** Dec 26 ~~• Preparation for a future AFT application process – **LPT Director of Governance and Risk – Aug 26 - complete**~~	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

A
Unconfirmed

Group Trust Board of Directors

Minutes of the meeting in public held on Tuesday 29 September 2026 via Microsoft Teams

Present:
Josie Spencer, LPT Non-Executive Director/Deputy Chair (Chairing)
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
David Williams, 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
Kate Dyer, LPT Director of Governance and Risk
Gareth Jones, Group Chief Digital & Information Officer
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

GTB/26-7/021	**Welcome and Apologies for Absence** Apologies for absence were received from Dave Maher, Faisal Hussain, Sarah Willis, Jean Knight and Paul Sheldon.
GTB/26-7/022	**Service Presentation: Digital** The key points from Gareth Jones' presentation were: **Digital Service Overview** • Digital services across the Group comprise: • NHFT's Digital Technology Services (DTS). • LPT's IT services, provided through the Leicester Health Informatics Service (LHIS). • LHIS supports not only LPT but also ICBs, GP practices, NHS organisations and third-sector organisations. **Scale of the Service** • Supports approximately: • 36,000 devices • 30,000 staff • 360+ locations • 15 secure sites • Around 190-200 GP practices

- Delivered by a workforce of around 330 digital staff.

Services Provided

- Desktop and service desk support.
- Cyber security.
- Clinical systems support.
- Digital procurement and contracting.
- Clinical coding.
- Application and website development.
- Support for systems such as EMIS and SystmOne.
- Support for ChatHealth and e-referral systems.

Digital Programme

- Gareth Jones advised there were **67 active digital projects** underway, covering planning, delivery and implementation activities.

Information Governance and Patient Record Access

A significant part of the discussion focused on confidentiality and record access:

- Systems monitor access to patient records.
- Where unusual access is identified, investigations are undertaken.
- Additional monitoring is applied for high-profile individuals where appropriate.
- Consideration was being given to how this would operate within newly acquired St Andrew's services.

Natasha Fox asked regarding:

- Staff training and upskilling in Artificial Intelligence (AI).
- Learning from initiatives at UHL.
- How digital developments would support neighbourhood working and integrated care.

- Gareth Jones confirmed that an AI working group had been established. - The digital teams were developing guidance to support safe use of AI tools, including Microsoft Copilot. - Training capacity was currently limited. - There was recognition that NHS organisations vary in digital maturity and that appropriate safeguards were needed around sensitive data. - AI adoption and Copilot rollout were being actively considered as part of future plans.

Integration and Neighbourhood Working

Gareth Jones explained that digital links already exist across health and social care partners through:

- Shared care records.
- Analytics platforms.
- Interweave and other data-sharing solutions.

The ongoing challenge is making best use of the available data to support neighbourhood-based care and integrated working.

Josie Spencer raised a question about access to records of high-profile individuals and how inappropriate access is monitored.

Response from Gareth Jones:

- Access to patient records is monitored.
- Unusual or inappropriate access is flagged for investigation.
- Alerts are reviewed by appropriate staff who can determine whether access was legitimate.
- Additional monitoring is undertaken for high-profile cases.
- Similar arrangements were being considered for the St Andrew's secure services systems.

	Natasha Fox commented that she was attending a Health Technology Conference and observed significant activity across the NHS regarding workforce digital skills and AI adoption. • Whether the Group has a sufficiently developed programme for upskilling staff in AI. • Whether there are plans to strengthen workforce capability in the use of low-risk AI tools. • Whether learning from UHL's work in this area was being incorporated. **Neighbourhood and Integrated Working** • How the digital strategy supports neighbourhood working. • How digital solutions will help achieve greater integration with acute and community partners. • How this aligns with the Integrated Health Organisation (IHO) agenda. **Response from Gareth Jones:** • An AI Working Group has been established. • Work is underway to support safe use of AI tools, including Microsoft Copilot. • Training capacity is currently limited. • Guidance and communications are being developed to support staff. • The organisation is working with UHL and learning from its experience. • Shared care records, analytics platforms and Interweave already provide links between health and social care systems. • Future work will focus on making better use of available data to support neighbourhood-based care.
GTB/26-7/023	**Questions from the Public** No public questions were received.
GTB/26-7/024	**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/26-7/025	**Minutes of the previous meeting held 28 May 2026 (Paper A)** The minutes were approved as a true reflection of proceedings. **Resolved:** The Board approved the minutes of the previous meeting held 28 May 2026.
GTB/26-7/026	**Matters Arising Action Log (Paper B)** Actions were presented for closure and confirmed as complete. **Resolved:** The Board approved the closure of the actions on the action log.
GTB/26-7/027	**Group Trust Board Workplan (Paper C)** The Group Trust Board Workplan was presented for information. No questions or queries were raised.
GTB/26-7/028	**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 include: Angela Hillery reported that Northamptonshire Healthcare NHS Foundation Trust had taken responsibility for medium and low secure services previously provided by St Andrew's Healthcare. She noted this was relevant to the Group because it provided opportunities for learning from the regulatory, quality and safety challenges associated with these services. She also highlighted opportunities to review and transform medium and low secure services across the region through the East Midlands Alliance.

	Integrated Healthcare Organisation and Population Health Angela Hillery referred to developments around the Integrated Healthcare Organisation model. Angela Hillery noted that the population health approach aligns closely with the Group's Thrive Strategy and collaborative working arrangements and emphasised that this work remained highly relevant to both trusts within the Group. Group Value Programme Update Angela Hillery drew attention to a figure in the report showing approximately £3 million in group value and advised that the updated report to be presented later by Sharon Murphy contained validated figures of approximately £1.8 million and asked members to note the revised position. Board Development Programme Angela Hillery welcomed the opportunity for the Group Board to undertake the NHS Board Development Programme together. Angela Hillery described this as a valuable opportunity that would support the Board's focus on transformation and collective development. With regards to the Midlands and East Regional Meeting Angela Hillery highlighted a recent meeting held in Leicester. Angela Hillery noted attendance by senior representatives from the Care Quality Commission, including the Acting Chief Executive and Chief Inspector for Mental Health. The discussion provided valuable insight into regulatory priorities and transformation work across the region. Angela Hillery reported that she and Linda Chibuzor had recently met the Archbishop of Canterbury at University Hospitals of Leicester. The meeting provided an opportunity to showcase chaplaincy services across Leicester, Leicestershire, Northamptonshire and the wider Group. Angela Hillery emphasised the important contribution of chaplaincy services across both organisations. **Resolved:** The Board received this report for information.
GTB/26-7/029	Environmental Analysis (verbal) Angela Hillery provided an update on the following: • East Midlands Alliance Board update and annual Board event on 13 November in Leicester. • Recognition of Dr Sachin Sankar's contribution to the Health Select Committee regarding CAMHS and tier 4 beds. • Regional collaboration and benchmarking across Midlands and East organisations. • Work on ADHD and ASD learning opportunities and waiting list challenges. • Learning arising from the Thirlwall Inquiry, with plans for a Group Board development session. • Continued focus on population health, mental health, learning disability and autism collaboratives.

	• Upcoming partnership and system-wide events in Northamptonshire and Leicestershire. • Changes to acute trust partnerships, including the appointment of Adam Carson as Chief Executive of University Hospitals Northamptonshire. • Recognition of SAS Doctors Week and Community Services Week, encouraging Board engagement and celebration of staff contributions.
GTB/26-7/030	THRIVE Strategy Delivery Report (Paper E) David Williams explained that the THRIVE Strategy report had been redesigned into a more concise and visual format. The aim was to provide the Board with a clear understanding of the direction of travel of the strategy rather than relying on lengthy reports with numerous performance indicators. Key points included: • A streamlined reporting framework using 11 key indicators to monitor progress against strategic objectives. • Indicators will be reported regularly throughout the lifespan of the THRIVE Strategy. • The framework focuses on demonstrating progress against objectives and strategic ways of working. • Further work is planned to strengthen baselines, refine trajectories and develop outcome measures. • Future reports will include evidence of impact on staff, services and service-user outcomes. • The indicators will be embedded within existing Board committee structures to provide ongoing oversight and assurance. Judit Seymour welcomed the report and commented positively on its visual format she noted that it was easier to understand than lengthy narrative reports and clearly demonstrated deliverables and progress. Indicated she looked forward to reviewing the measures through the Performance Committee. Josie Spencer noted that two of the indicators would be reported through the Quality and Safety Committee and highlighted the need to ensure meaningful integration of the indicators within committee agendas and suggested the importance of connecting information from existing quality improvement and performance reports. David Williams responded and confirmed that the intention was not to create additional reporting burdens. It was explained that much of the required information already exists within existing reports, such as research, innovation and quality improvement reports. The framework is designed to bring existing information together in a more strategic way. Angela Hillery supported the new visual format and agreed it provided greater clarity. It was suggested that future reports should highlight areas that are proving difficult or challenging to deliver and recommended bringing significant delivery challenges to the Group Board for discussion and support.
GTB/26-7/031	**Board Assurance Framework (BAF) (Paper F)** Kate Dyer presented this report which explained that: • The full BAF was included in the meeting papers. • Further development work was underway, including the addition of a trend slide to help monitor changes in scores and RAG ratings over time.

- Work had been undertaken to better integrate the Group, LPT and NHFT elements into a single Board Assurance Framework.
- No significant changes had been made during the month as the BAF is generally a relatively stable document.

Natasha Fox raised concerns about progress against one of the strategic risks, particularly in relation to external partnerships and development work.

David Williams provided assurance that:

- Faisal Hussein was in discussion with the University of Leicester Vice-Chancellor.
- Positive conversations were taking place regarding future collaboration.
- Discussions included how the University could provide senior-level support.
- Arrangements were still being finalised before being made public**.**

Duncan Orme reflected on previous Audit Committee discussions and noted that whilst positive progress had been made, members should consider whether the current level of assurance justified the existing RAG rating.

Josie Spencer suggested the debate and differing views should be reflected in future iterations of the BAF. Progress and risk ratings should be reviewed when the report returns. Individual trust boards would continue to receive the BAF between Group Board meetings.

Melanie Hall reported on discussions held at the Quality and Safety Committee regarding BAF 05. Members had considered whether the wording and risk rating appropriately reflected the maturity of current patient safety systems and requested an update on any planned review.

Judit Seymour highlighted the importance of avoiding duplication of risks within the BAF and ensuring risks were not double counted.

Hetal Parmar asked whether the addition of the St Andrews programme should be considered more broadly across the BAF rather than only under BAF 12, given the scale and significance of the work.

Kate Dyer responded and confirmed that risk owners had been asked to consider the impact of the St Andrews programme across all relevant BAF risks. Kate Dyer clarified, that it was not intended to be limited to BAF 12 and should be reflected wherever appropriate.

Angela Hillery commented that the Care Quality Commission (CQC) had reviewed the Board Assurance Framework during engagement meetings.

- Reported that the CQC had described the format as clear, easy to follow and helpful.
- Noted that discussions with the CQC also covered the evolving and dynamic nature of the BAF and how Board discussions contribute to its development.

Actions:

1. Future BAF reports to include trend analysis of risk ratings where available.

	2. The Executive Team to review feedback regarding the appropriateness of current BAF ratings and reflect discussion in future reports. 3. Review the wording and scoring of BAF 5 following comments raised by the Quality and Safety Committee. **Resolved:** The Board received and noted the Board Assurance Framework, including the current risk position, assurance gaps and mitigating actions. Members noted the feedback provided and supported the continued development and refinement of the framework.
GTB/26-7/032	**Joint People and Culture Committee AAA Report: 10 June 2026 and 13 August 2026 (Papers G1 & G2)** Tim Harrison presented the June and August Joint People and Culture Assurance Reports. Members noted improvements in dashboard reporting, staff survey action planning, community-focused activity and volunteering initiatives. An alert relating to the legal definition of sex had been identified in August and was being managed through a dedicated task and finish group. Tim Harrison also advised that workforce sickness levels were being monitored across both organisations and would be considered further through committee oversight. **Report (G1)** There were: No alerts Two advisory items Two "Celebrating Outstanding" items Tim Harrison specifically highlighted the complexity of employee relations issues during June. The implementation of changes relating to safe working hours. He noted positively that these issues did not carry forward into August. **August Report (G2)** August saw a different set of alerts and issues. Tim Harrison highlighted two areas of good practice, Improvements in dashboard reporting and consistency of information. Strong staff survey action plans across both organisations. Tim Harrison had received questions regarding how the People Plan aligns with the Group Value Programme. Dashboard data suggested the organisations were currently on track. However, this was largely being achieved through holding vacancies rather than through delivery of the intended strategic workforce transformation. Tim Harrison advised that future reports would make this distinction clear. Melanie Hall raised concerns about the impact of AI-generated Freedom of Information (FOI) and Subject Access Requests (SARs) highlighting the Increasing complexity of requests being received and the potential operational pressures on teams responding to these requests. It was agreed that we need to understand the implications for workforce capacity and information governance. Sharon Murphy responded and confirmed this issue had been discussed through the Data Privacy Group. Sharon Murphy noted that AI-generated requests are becoming more complex and explained that some requesters may not fully understand what they are asking for and advised that the Information Commissioner's Office (ICO) had recently issued guidance on

	managing such requests. It was agreed that LPT remained committed to exploring organisational learning with the Head of Data Privacy. Angela Hillery welcomed the report and commented that the new workforce dashboards were a positive development. Increasingly, workforce metrics feature within the NHS Oversight Framework. There is a need to understand differences across the Group and opportunities for shared learning. The Board should be confident that it understands the early warning signs emerging from workforce data. Given the scale of organisational change, workforce metrics merit more in-depth Board discussion. Angela Hillery suggested a future Group Board development session focused specifically on workforce and people metrics. Tim Harrison agreed with Angela's suggestion and commented that the Board agenda is often too full to allow detailed exploration of workforce issues. A separate development session would provide a better forum for that discussion. **Action:** Kate Dyer and Richard Smith to incorporate a dedicated session on workforce/people metrics, including oversight framework indicators, early warning signs and workforce trends, into the Group Board Development Programme. **Resolved:** The Board received this report for information and assurance.
GTB/26-7/033	Group Value Programme (Paper H) Sharon Murphy advised that: • Both trusts continue to face significant efficiency targets and are working together to deliver savings through corporate services. • National corporate benchmarking is used to identify areas where the organisations are outliers compared with peer organisations and where savings opportunities may exist. • The latest 2025/26 outturn benchmarking data identified approximately £13.6 million of potential opportunities across the two organisations. • The identified opportunities align with areas already included in the Group's work programme. • The programme has so far delivered approximately £1.8 million recurrent savings. • Progress is overseen through the Transition Group, which monitors both savings delivery and how group working can be made more seamless for staff. • Sharon Murphy thanked Sabbir Esat for validating the benchmarking and savings data across both organisations. Judit Seymour queried whether the paper contained updated information, noting that the contents appeared largely unchanged from previous reports, and asked when updated data would be available. Sharon Murphy responded and confirmed the paper was an updated Version 2, which explained that the £13.6m opportunity figure was based on the latest 2025/26 outturn data received approximately one month earlier. Sharon Murphy confirmed that both the opportunity values and savings delivered to date had been refreshed and also noted that while the opportunity areas remained broadly the same, the financial values had been updated. Judit Seymour accepted the clarification and confirmed her concern had been addressed.

	Angela Hillery stated that the programme provides an important platform for the Group and highlighted examples where collaboration had strengthened services and delivered efficiencies, emphasising the need to continue pursuing opportunities across the Group. Angela Hillery acknowledged that the programme involves significant change for staff but stressed the importance of continuing to improve efficiency and effectiveness across services and requested ongoing Board support for the programme. **Resolved:** The Board received this report for information.
GTB/26-7/034	**Any other business** There were no other items of business.
GTB/26-7/035	**Papers/updates not received in line with the workplan:** **a.** Joint Performance Report – deferred.
	Close - date of next public meeting(s): Thursday, 28 January 2027 commencing at 3.00pm