

Quality Account

2024/25

Creating high quality,
compassionate care and
wellbeing for all



Introducing our Quality Account

Patients, carers and families want to know they are receiving the best quality care.

This document aims to describe some of the great work that our staff do day in day out to deliver high quality, safe care. It also aims to demonstrate how important continuous quality improvement is to us and how we are always improving, evaluating and learning to make things better.

It describes some of the difficulties we face in meeting increasing demand and expectations, and how we monitor and manage issues affecting quality within the organisation.

The content and order of the Quality Account is set out in guidance from NHS England. However, we aim to make it as accessible as possible for readers.

We have colour coded the headers and page numbers in different parts to help you to navigate the document. **Purple** for part one, **green** for part two and **blue** for part three. We recognise that NHS terminology can sometimes be difficult to understand so we have also included a glossary of terms at the end of the document.

- **In Part One** you will read about some of the many achievements we are proud of from our chairman, chief executive, interim chief nurse and medical director. They also describe some aspects of the challenging context in which we deliver care.
- **Part Two** looks back on our quality priorities for 2024/25 and forward to our priorities for next year (2025/26). It also includes a series of statements of assurance that we are required to present.
- **In Part Three** we share information about some of the ways in which we work to monitor standards and drive quality improvement in LPT. We also share examples of the many quality improvements that our staff, patients, families and carers have made happen in 2024/25. This year we have presented these under the five domains that the Care Quality Commission (CQC) uses to assess the quality of health services: 'Safe', 'Effective', 'Caring', 'Responsive' and 'Well-Led.'

We have tried to signpost to further information wherever possible. If you would like to find out more about anything included, or you have ideas what should be included next year, or how to make the document better in future, please don't hesitate to get in touch on LPT.feedback@nhs.net. A summary version of this document is also available on our website at <https://www.leicspart.nhs.uk/>.

You may also be interested to read our Annual Report for 2024/25. This provides much more information about how our Trust works, the population that we serve and many things we've been proud of in 2024/25.

Throughout this document the term patient is used to describe people who are under our care. The term carer is used to describe a friend, family member or companion who supports a person with their needs. We will refer to Leicestershire Partnership NHS Trust as LPT.

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Part 1: Statements on Quality

Statement on Quality from our Chief Executive and Chair

We are pleased to introduce this year's Quality Account for Leicestershire Partnership NHS Trust (LPT). We are proud of our staff and the way they have continued to step up to great towards our Trust's vision:

“Creating high quality, compassionate care and wellbeing for all.”



Angela Hillery
Chief Executive



Crishni Waring
Chair

Our Step up to Great strategy has continued to play a central role in our continuous improvement journey. Our focus has remained on creating great health outcomes, through great care, a great place to work and being an important part of our community. Below are a selection of our many quality achievements aligned to these goals.

Great outcomes

We were encouraged that our ongoing improvements have been recognised by the CQC's unannounced inspections of our community health services for adults and the acute mental health wards for working age adults and psychiatric intensive care units. Both core services evidenced improvements from previous inspections. Our community nursing services for adults were re-rated 'Good' overall. The inspection covered the safe, effective and well-led domains. The well-led domain improved from requires improvement to good, and safe and effective remained good. Three of the five domains rating our acute mental health wards for working age adults and psychiatric intensive care units are now rated 'Good'. These are significant achievements, and we want to thank all staff involved. Quality and safety remain our number one priority and we continue to work on continuously improving across all our services.

Great care

This year we have had a strong focus on enhancing our community bed provision, ensuring accessible community support for children and young people, and integrating our community mental health neighbourhood teams. We have also grown our 100-strong voluntary sector alliance and introduced over 25 neighbourhood mental health cafes to bring care closer to people.

The success of the local Learning Disabilities and Autism Collaborative has been nationally recognised for our collective partnership work around improving rates in annual health checks (leading in the Midlands and in the top ten in England) and reducing hospital admissions.

We were proud that our Trust was the top mental health trust in the country for cleanliness and privacy, dignity, and wellbeing in this year's national PLACE assessments of mental health care environments.

Great place to work

A happy motivated workforce provides great care. We want LPT to be a great place to work and deliver care for all, and the NHS staff survey results provide evidence of this. We are pleased that this year's staff survey results, with the highest response ever of 58.4%, have shown an above average proportion now recommend LPT as a place to work and deliver care. LPT were the second most improved mental health and community health trust in the country, and ranked third in People Promise indicators amongst East Midlands peer trusts.

Part of the community

Our work with NHS partners, local authorities and wider stakeholders has continued to identify areas where LPT can support sustainable communities through the development of anchor organisations and social value.

We continue to develop strong partnership links between Northamptonshire Healthcare Foundation Trust (NHFT) and the University of Leicester which support a shared resource and improved collaboration potential for research and teaching.

We are really proud to announce the implementation of the Trust's Lived Experience Leadership Framework, and our work on Triangle of Care and Shared Decision Making. This ensures patient voice is at the heart of LPT.

Looking ahead

We continue to build on our strong relationship with NHFT through our Group, sharing learning and good practice, and maximising opportunities for mutual benefit for our staff and those we care for.

As our Step Up to Great strategy comes to its natural end we are excited to be launching our new Group strategy – Together we thrive - in April 2025. The new strategy will enable us not only to continue to build on the success of Step up to Great but also see an increase in partnership working with our colleagues in NHFT. Through this collaboration and partnership working we will benefit from shared learning, improved outcomes for our patients and the communities we serve.

We are proud of what we've achieved, but we know there is still much to do. As we look ahead, we will continue to be driven by *Making a difference together*—working collaboratively, delivering value for our communities, and leading with compassion, respect, integrity and trust.

Thank you to everyone who makes up the WeAreLPT family – our staff, volunteers, service users and partners.



Statement on Quality from our Executive Medical Director and our Interim Chief Nurse



Dr Bhanu Chadalavada
Medical Director



James Mullins (RGN/RMN)
Interim Chief Nurse/ Executive
Director of Nursing, Allied Health
Professionals and Quality

We are delighted to open this statement for our annual Quality Account recognising the incredible work of our staff and partners across LPT. As the accountability for quality is shared across both of our portfolios, we have made the decision this year to have a joint introductory statement.

We are both exceptionally proud of the work that our staff carry out day in day out, to deliver high standards of care to the people of Leicester, Leicestershire and Rutland. Whilst we continue to learn and respond to new challenges, we have achieved many improvements and focused on ensuring patient safety is a priority for all. We hope you enjoy reading about these further.

As part of our patient safety programme of work, we have introduced new safety huddles to ensure staff can raise and escalate any concerns at the earliest opportunity. We have continued to implement the Patient Safety Incident Response Framework and introduced a new system approach to investigating incidents. We have also created a new Family Liaison Officer role to ensure we are listening to and supporting families well.

We are committed to ensuring that patient safety and quality of care is at the heart of what we do. We have embedded our Valuing High Standards Accreditation Programme with our first service achieving the gold standard of accreditation. Accreditation helps teams achieve the recognition for the quality of care they provide as well as ensuring accountability is shared and owned at team level.

We are particularly proud about our achievements in research and continuous quality improvement and this quality account outlines more detail on these. This includes our partnership working with our local higher education institutes and health, education and social care partners.

We continue to work closely with the CQC to ensure we meet all regulatory standards. We have now eradicated all our dormitory provision for our mental health inpatient services. This creates a better environment for our patients to receive care. We were also delighted to be rated as the best mental health trust nationally for cleanliness on

the Patient Led Assessments of the Care Environment. This is a fabulous achievement, and we owe thanks to all our staff.

Listening to the voice of our service users and carers is essential to our improvement. We have continued to grow our patient partners to help shape our work and ensure the voices of people who use our services are being heard. We have successfully completed the Triangle of Care programme for our adult mental health inpatient and crisis services and will look to extend this further for community services next year. You can read about this further within this document.

We are also extremely proud of our staff survey results and the improvement in staff recommending LPT as a place to receive care. We have improved across all our People Promise indicators. We know that staff wellbeing has an impact on the quality of care, so we are delighted with this. We have delivered a number of compassionate leadership sessions alongside work to ensure our staff feel psychologically safe to speak up. Additionally, we are working with our Group colleagues in NHFT on our Together Against Racism Programme to ensure LPT is inclusive, anti-racist and champions diversity.

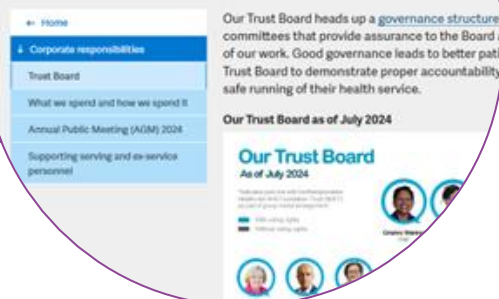
Thank you for taking the time to read our 2024/25 Quality Account. We are truly proud of the achievements of our staff and partners and look forward to continuing our improvement journey next year.



Our Trust Board

As of July 2024

Trust Board



Crishni Waring
Chair*



Angela Hillery
Chief executive*



Jean Knight
Managing director/deputy chief executive



Faisal Hussain
Deputy chair and non-executive director



Josie Spencer
Non-executive director



Hetal Parmar
Non-executive director



Prof. Elizabeth Anderson
Non-executive director



Manjit Darby
Non-executive director



Alexander Carpenter
Non-executive director



Sharon Murphy
Executive director of finance



Dr. Bhanu Chadalavada
Medical director



James Mullins
Interim executive director of nursing, allied health professionals and quality



Kate Dyer
Executive director of governance and risk



Samantha Leak
Executive director of community health services



Tanya Hibbert
Executive director of mental health



Paul Williams
Interim executive director of families, young people and children's services, learning disabilities and autism



Sarah Willis
Executive director of human resources and organisational development



Paul Sheldon
Chief finance officer*



David Williams
Executive director of strategy and partnerships*

*Indicates joint role with Northamptonshire Healthcare NHS Foundation Trust (NHFT) as part of our group arrangement.

- With voting rights
- Without voting rights

Find out more about our Trust Board and governance structures on our website at <https://www.leicspart.nhs.uk/about/corporate-responsibilities/trust-board/>

Part 2: Priorities for improvement and Statements of assurance from our Trust Board



In this section of the Quality Account, we reflect on progress against last year's priorities (2024/25) and share our priorities for the year ahead (2025/26).

Our Quality Account priorities are centred on the principles of addressing safety, effectiveness and/or patient experience and spanning more than one directorate. They were developed following a review of our existing quality data and themes identified in collaboration with our staff, stakeholders and patients and carers.

Our priorities linked to our *Step up to Great* strategy to ensure that as a Trust we are 'Creating high quality compassionate care and wellbeing for all'. They also align with our new strategy 'THRIVE' which replaces *Step up to Great* from April 2025. You can find out more about THRIVE on our website at <https://www.leicspart.nhs.uk/about/values-visions/>

This section of the Quality Account also includes a series of mandatory assurance statements from our Board.

Looking back

My Voice

What has been good this week?

What has made me sad this week?

How has my leave been?

Next week, I would like to.....

Priority one: Personalisation of Care

Why this is important

Personalisation of care is important because it prioritises an individual's needs, preferences, and values, fostering dignity, respect, and empowerment. This leads to better outcomes and improved quality of life.

We want to work in partnership with people and provide support to help them understand and make informed decisions together about their care and treatment options. We call this shared decision making.

What we said we would do in 2024/25

We said we would identify a number of services in each of our directorates and audit the current level of shared decision making against best practice standards. This would enable us to identify our strengths and weaknesses and implement plans for improvement.

What we did

We identified and carried out audits in the following services:

- Families, Young People and Children, Learning Disabilities and Autism (FYPCLDA) directorate: learning disability (LD) inpatients and Intensive Community Support Teams
- Community Health Services (CHS) directorate: community hospital inpatients, Integrated Community Specialist Palliative Care and Long-Term Conditions Teams.
- Adult mental health directorate (DMH): Perinatal Services, The Willows Rehabilitation Unit and Crisis and Home Treatment Team.

Audit results led to individualised improvement action plans being developed for each service. Improvements delivered in 2024/25 include:

- The development of Easy Read documentation to support patient orientation to our LD inpatient unit. This is helping people to share how they are feeling about the service, understand the facilities available, express their wishes and goals, and engage in how they want to be supported.
- The involvement of paid carers in our LD inpatient admission process to share their care plans and accessible information that they already use, to ensure continuity.

- Inclusion of information about shared decision making in staff induction processes.
- Teams undertaking shared decision-making training via e-learning.
- Teams signing up to implement Triangle of Care in their areas (see page 9).
- Introduction of the use of the Communications Annexe function in our electronic patient record, SystmOne, to improve communication with carers. This gives staff one space where they can use a range of contact methods to ensure that carers receive information in a timely and effective manner. It also ensures that all interactions can be recorded in a patient's electronic health record.
- The introduction of peer review of shared decision making.
- The inclusion of shared decision making in preceptorship training to ensure that newly registered nurses and allied health professionals understand its importance.
- Review of patient leaflets and online information about services to ensure it is effective for patients and shared decision making is included.
- The inclusion of questions about shared decision making in record keeping audits has been, or is being, introduced to ensure that progress and compliance can be reported and monitored.



Priority two: Triangle of Care Implementation and accreditation

Why this is important

We want unpaid carers to consistently have a positive experience of our services by being included, listened to, and supported.

What we said we would do in 2024/25

We said that we would progress introduction and accreditation with the national Carers Trust Triangle of Care (TOC). TOC is a therapeutic alliance between carers, patients, and health professionals. Its roll out will ensure that our staff work in collaboration with unpaid carers and those receiving care to make sure that they are consistently and appropriately involved and supported. We will introduce TOC through consistent collaboration with Lived Experience Partners (LEPs).

What we did

In 2024/25 our initial focus was on introducing TOC into all our adult mental health inpatient and crisis services. However, several other services including palliative care services and children and young people's care navigation and therapy services were keen to get involved and came on board early.

All these (phase one) services have designated TOC leads who are equipped to deliver carer awareness training alongside our LEPs. Carer awareness training is available face to face and online and more than 500 of our staff have now been trained. This means they understand the vital insight that carers have and the fundamental role they play in supporting and aiding recovery of the person they care for. They also now know how to identify carers and can proactively provide them with support and information to help with their caring needs.

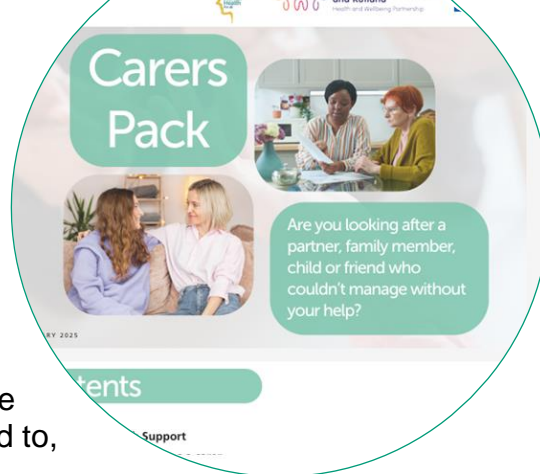
All phase one services self-assessed themselves against TOC standards. These include having designated people responsible for carers, identifying carers at an early stage, having staff trained to engage carers, and having the right policies, information and support available.

A report of our current position was prepared and submitted to the Carers Trust in March 2025, and they had an opportunity to talk with some of our phase one TOC leads and LEPs at a presentation session. At the end of 2024/25 we are awaiting the outcome of their assessment.

Impact

Self-assessment against TOC standards has enabled services to identify their strengths and weaknesses regarding supporting carers to inform their improvement plans.

Ahead of the Carers Trust phase one accreditation outcome, there have been many improvements for carers across the Trust:



- We have refreshed our carers pack which includes information for carers about services across Leicester, Leicestershire and Rutland. Staff are now proud of this resource and can share it early on to start conversations about issues that a carer might face and signpost them to support. It is available both as a printed copy and online.
- Carer support groups have been introduced in many inpatient areas.
- We have introduced a leaflet called 'Carers and confidentiality' to provide guidance to carers, family, and friends about compassionately sharing information. This is helping carers to understand the restrictions placed upon staff, including confidentiality restrictions requested by the patient. It is also helping staff to recognise that confidentiality issues are not a valid reason for carers not to be listened to and included in the patient's care journey.
- We have set up a community of practice for carers support. This is helping to share good practice amongst phase one services and wider into phase two (see below).
- We have developed a carer dashboard in our electronic care record system called SystmOne. This has sections for 'People that care for me' and 'Support for my carer'. This will enable the clear identification on record of carers and patient wishes about sharing information with them. Sharing of carer support information will be possible at the click of a button and the dashboard will enable us to audit and report on whether carer information is up to date and whether carers are being signposted to relevant services. The dashboard will go live early in 2025/26.



We intend to keep TOC as one of our Quality Account priorities for 2025/26 with a shift to focus on our community mental health and learning disability teams. This work has already started (see page 15).

Priority three: Implementation of the Patient Safety Incident Response Framework (PSIRF) and the development of our safety culture



Why this is important

We want to improve our safety culture and the capacity and capability of our organisation to learn and improve patient safety within our services.

PSIRF is the NHS-wide approach to developing and maintaining effective systems and processes for responding to patient safety incidents. It focuses on learning and improvement rather than solely on incident classification which in the past saw most of the attention on only those incidents defined as serious. Importantly it also promotes compassionate engagement with the patients, families, carers, and staff affected by incidents.

What we said we would do in 2024/25

We said we would roll out our patient safety incident response plan which describes our patient safety incident profile, and how we intend to respond to patient safety incidents.

We also said we would review incidents relating to the priority areas where we believe the most significant learning opportunities lie. We would then commence system-based patient safety incident investigations (PSIIs) as appropriate and use quality improvement methodology to bring about improvement.

What we did

We continued to work collaboratively with employed Patient Safety Partners. These are patients and carers who actively contribute to our governance and management processes for patient safety. They do this through membership on committees and participation in projects, training, and investigations.

Thematic review methodology was tested, and the valuable learning identified has helped to shape our approach, including ensuring that investigation reports are consistent.

Our directorates strengthened their processes for ensuring that all incidents that fall under agreed priorities are reviewed and investigated as appropriate.

We have specifically trained corporate investigators to support PSIIs.

Roundtable reviews were introduced and were well received by staff. They bring people together from different disciplines and professions. They help teams to identify learning from one or more incidents, agree on key contributing factors and system gaps, and explore safety themes or processes together.

In 2024/25 examples of improvement work includes:

- A project to develop and operationalise a sexual safety charter for inpatient wards. A reporting pathway for disclosures of a sexual assault for both patients and staff is being introduced to ensure that appropriate support is provided. The project also focuses on ensuring clinical staff feel confident in providing trauma informed care, so that they can appropriately support patients who may be the recipient of unwanted, inappropriate, or harmful sexual behaviour.
- Blood pressure information and tools used to identify early indicators of deterioration being made more accessible in the electronic care record, SystmOne, to better support patients who are under the care of more than one LPT service at the same time.
- Work within our Group arrangement with NHFT colleagues on therapeutic observation and implementation of the Enriched Model of Care (EMC). This has led to a reduction in level three and four (continuous) observations on the wards where we care for people with conditions like dementia. EMC stresses a personal approach which focuses on meeting a person's psychological needs such as identity comfort and inclusion.
- A trial of the Brigid App in our Healthy Together service to support accessing patient records on community visits. Brigid gives clinicians the ability to record patient information using a tablet device. This information is then instantly streamed to SystmOne, the NHS electronic patient record system.



Embedding a systematic improvement response is complex and still in its infancy in LPT. This will be robustly progressed through our Safety Improvement Programme Board and supported through our Incident Oversight Group.

Priority four: Pressure ulcer prevention through repositioning

Why this is important

Pressure ulcers are areas of damage to skin and the tissue underneath. All patients are potentially at risk of developing a pressure ulcer, however they are more likely to occur in people who are seriously ill, have a neurological condition, have reduced mobility or if they are malnourished. Pressure ulcers can impact on the emotional, mental, physical, and social aspects of a person's life and their treatment creates additional financial pressures for the NHS.

Pressure ulcers are mainly avoidable. The prevention of them is a shared responsibility between patients and the healthcare professionals involved in their care. Changing position and moving regularly is vitally important to help relieve pressure, prevent pressure ulcers from forming and aid healing.

What we said we would do in 2024/25

We said that we would help and/or advise adults at risk of developing pressure ulcers who are unable to reposition themselves to change their position according to their wishes and needs. The focus would be on patients in our community hospitals and those in their own homes under the care of our community nursing teams.

We would assess our compliance with relevant quality standards, identify areas to focus improvement work and use quality improvement methodology to focus improvement by frontline staff.

What we did

We established a repositioning quality improvement group to oversee this work, which included a person with lived experience to provide valuable insight. Audits were undertaken to understand the current position and progress was discussed in weekly pressure ulcer meetings.

Community Hospitals

We audited compliance with community hospital bedside repositioning paperwork, including looking at whether patient checks and repositioning were carried out on time, hydration needs were being met and documentation was fully completed. We did this on four wards then worked with the staff to analyse and act upon the results.

The staff identified existing paperwork to be complicated and repetitive leading to gaps in completion. They therefore worked to simplify it and align it to the paperwork used in the local acute provider, to increase consistency and compliance. The new paperwork was trialled across the four wards. Staff found it easier to use and welcomed its introduction into practice. The use of the new paperwork was reviewed, and each ward identified its own areas for further improvement. The new paperwork is to be introduced across all community hospital wards with compliance monitored by matrons and via care rounds, which are now in place on all wards.

Although community hospital paperwork is now much easier for staff to use, its introduction has not led to a sustained fall in the number of pressure ulcers developed in community hospitals. An increase in the acuity (the severity of a



patient's condition and the intensity of care they require) of patients being cared for in community hospitals may have contributed to this in part, however further improvement work is required. Each ward sister has worked with the tissue viability team to identify gaps and develop individualised pressure ulcer prevention staff training plans. Three wards are also trialling a repositioning clock as a visual prompt.

Community Nursing

In the community we initially looked at whether repositioning regimes were being documented, with appropriate monitoring and referral to therapy services in place. Data collection was challenging because LPT cannot easily access repositioning information about patients in their own homes who have non-NHS carers who use electronic devices to record repositioning information. The solution to this is complex and continues to be under discussion. Similarly, our ability to access equipment provision information from third party providers is limited.

Repositioning information has historically been recorded in our electronic patient record SystmOne as free text. This meant that it could not easily be reported on. We worked with the local informatics service to develop coding information to enable repositioning reporting to be enabled. This was a lengthy process however we are now able to commence automated reporting on compliance.

We reviewed current patient information and worked with the Reader Panel (a group of patients, family members and carers who help us to make sure that our patient information is understandable and appropriate) to create a new patient leaflet to give advice and reinforcement about the importance of repositioning. This is now in use across our community services.

We made a new pressure ulcer role essential training offer for community healthcare support workers available via MS Teams in February.

We are also trialling other ways to remind patients and carers about the need to reposition. This includes using Airmid - an App linked to our electronic care record SystmOne - to share information about repositioning with patients. The use of healthcare support worker information sessions for patients which include advice on repositioning is also being trialled.

Work is underway to establish a peer support group and use volunteer support to obtain further feedback from patients, carers and staff to support our efforts in the community.

Next steps

Pressure ulcer prevention remains a high priority for LPT. Work to improve repositioning compliance continues and pressure ulcer prevention will continue to be a quality account focus in 2025/26 (see page 17).



Priorities for improvement next year (in 2025/26)



Priority one: Roll out of Triangle of Care

Why this is important

We recognise the valuable insight and huge role that carers have in supporting people in our care. We want to make sure that unpaid carers are consistently and appropriately involved and supported by our services.

By introducing and becoming accredited with Triangle of Care (TOC) we will ensure that our staff are trained and equipped to provide the engagement, information and support that unpaid carers need.

What we intend to do

We intend to build on great work already started (see page 9) by expanding Triangle of Care assessment and accreditation to our community mental health and learning disability services.

How we will know if we have been successful

By the end of 2025/26 we plan for all mental health and learning disability community services to have undertaken self-assessments against national Triangle of Care standards and for the Carers Trust to have signed those self-assessments off.

80% of all services having undertaken TOC will be completing the TOC dashboard on our electronic patient record, SystmOne.

40% of all LPT staff will have received carers awareness training.

Priority two: Implementation of the Patient and Carer Race Equality Framework (PCREF) through Together Against Racism work



Why this is important

The Patient and Carer Race Equality Framework (PCREF) has been introduced for all NHS mental health trusts and mental health service providers to embed.

This mandatory framework will support the Trust to becoming an actively anti-racist organisation by ensuring that we co-produce and implement concrete actions to reduce racial inequalities within our services. Through this work we will aim to improve the access, experiences, and outcomes of racialised and ethnically and culturally diverse communities, patients, and carers.

What we intend to do

We intend to build on the work already underway across the Trust. For 2025/26 we will focus on four key areas of work:

- workforce and cultural awareness
- partnership working
- co-production and lived experience
- data Improvement

How we will know if we have been successful

We will use the PCREF national organisational competencies maturity framework to assess and improve our ability to deliver culturally responsive mental health services to diverse communities.

We will have undertaken ward-based quality improvement projects with support from the Culture of Care change improvement programme.

We will work with the African Heritage Alliance to deliver a programme of community activities to increase awareness of mental health and wellbeing.

Data collection around ethnicity and other demographics will be improved.

Priority three: Improving assessment and prevention of moisture associated skin damage (MASD) for patients in community hospitals



Why this is important

Moisture associated skin damage (MASD) can occur when the skin has prolonged or continuous exposure to excessive moisture such as urine or sweat. If the skin experiences too much moisture it is prone to break down and can lead to further skin deterioration such as open wounds.

People with MASD can experience persistent symptoms such as discomfort and/or pain, wound leaking, bleeding and/or odour, all of which can negatively impact their quality of life.

MASD is not caused by pressure, however many patients will have risk factors for both MASD and pressure ulcer development. If a person is experiencing MASD then prolonged pressure to the area may contribute to wound deterioration and will delay wound healing. Our reporting systems tell us that MASD incidents make up a significant proportion of all pressure ulcer and MASD incidents collectively.

What we intend to do

We will set up a MASD community hospital community of practice group which incorporates nursing, allied health professionals, continence, and tissue viability expertise.

We will share learning from our hospital pressure ulcer prevention and MASD project Group work with colleagues in NHFT.

We will establish our baseline measures, outcomes, and quality improvement plan, and focus interventions on process, staff training and resources.

How we will know if we have been successful

We will have reduced the number of patient incidents of MASD developed in our care, in community hospitals.

We will have increased staff confidence in the management of MASD.

There will be a reduction in the number of Category 2 pressure ulcers developed in our care, in community hospitals.

Statements of assurance from the Board



NHS healthcare providers are required to include a series of mandatory statements in the Quality Account. These include information about our services, income, records, governance, as well as information about our audits, research and learning from deaths.

Our services

During 2024/25 LPT provided and/or subcontracted 120 relevant health services. Mental health and learning disabilities account for 75 services and community health services make up the remaining 45.

LPT has reviewed all the data available on the quality of care in all 120 of these relevant health services, both for services directly provided and for those services subcontracted. Robust monitoring both externally with commissioners (via contractual requirements to monitor agreed clinical quality performance indicators) and internally (via performance reviews and quality reports) ensures the highest standards are adhered to in the areas of infection control, patient safety, service user and carer experience, safeguarding, clinical effectiveness and compliance with regulatory requirements.

CQC registration

LPT is required to register with the Care Quality Commission and its registration is current. Changes were made this year to reflect our move to a new headquarters and a change of Nominated Individual following the retirement of the Director of Nursing. LPT has no conditions on registration. The Care Quality Commission has not taken enforcement action against LPT during 2024/25. LPT has not participated in any special reviews or investigations by the CQC during 2024/25.

Our information governance

The Trust is required to complete the NHS Digital Data Security and Protection Toolkit annually. This toolkit is a self-assessment tool that requires organisations to provide assurance against the 10 National Data Guardian Standards.

In 2023/24 LPT was set 128 information governance and security requirements to be met across the 10 standards. Our overall score for the 2023/24 toolkit submission was 'standards met' with the submission made before the national deadline of 30 June 2024. We are currently working towards the national deadline for the 2024/25 submission which is 30 June 2025.

Our income (CQUINS)

The income generated by LPT in 2024/25 represents 100% of the total income generated from the provision of relevant health services by LPT for 2024/25.

LPT income in 2024/25 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation (CQUIN) payment framework. CQUINS were paused nationally.

Our records

LPT submitted records during 2024/25 to the secondary uses service for inclusion in the hospital episode statistics which are included in the latest published data.

The percentage of records in the published data which included the patient's valid NHS number was 100% for admitted patient care and 100% for outpatient care.

The percentage of records in the published data which included the patient's valid General Medical Practice Code was 100% for admitted patient care and 100% for outpatient care.

Our clinical coding audits

LPT is not subject to Payment by Results and so was not subject to the Payment by Results clinical coding audit during 2024/25 by the Audit Commission.

Our research

The number of patients receiving relevant health services provided or subcontracted by LPT in 2024/25 that were recruited during that period to participate in research approved by the Health Research Authority was 529. You can read more about our commitment to research on page 37.

Our clinical audits

During 2024/25 seven national clinical audits covered relevant health services that LPT provides. During that period LPT participated in 100% of national clinical audits and 100% of national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits that LPT participated in during 2024/25 are listed below. 100% of registered cases were submitted in each case, as required.

- Falls and Fragility Fracture Audit Programme (FFFAP) - National Audit of Inpatient Falls (NAIF) FFAP
- Learning disability and autism Programme – Learning from lives and deaths – People with a learning disability and autistic people (LeDeR)
- National Audit of Care at the End of Life (NACEL)
- Prescribing Observatory for Mental Health (POMH) - Rapid Tranquilisation
- POMH - The use of melatonin
- POMH - The use of opioids in mental health services
- Sentinel Stroke National Audit Programme (SSNAP)

The reports of three national clinical audits were received during 2024/25 and are under review. The three audits were:

- National Audit of Dementia (NAD)
- POMH Topic 16c: Rapid Tranquilisation
- POMH Topic 21b: The use of melatonin.

The reports of four local clinical audits were reviewed by LPT in 2024/25 and LPT intends to take the following actions to improve the quality of healthcare provided.

Audit issue	Actions to be taken
To ensure the Modified Westcotes individualised outcome measure (MWIOM) is used reliably and effectively to deliver patient care and ensure therapy effectiveness	Refresher training to be cascaded to community staff on setting SMART goals and how to document they have involved the patient / relative / carer in setting of the goals.
Perinatal Did Not Attend (DNA) rates	Align standards/process for DNAs with clinical/therapeutic approach of perinatal mental health team (PMHT). Allow scope for keeping patient open to service after two DNAs. Develop DNA standard operating procedure specific to the PMHT to enable the service to measure against a clear and agreed process.
Admission blood tests	Produce an updated poster on the required blood tests and display in clinic rooms.
Compliance with the standard of completing discharge letters within the first 24 hours from patient discharge	Print posters that remind staff of the guidelines. Establish a system for ward clerk to send reminding emails. This issue to be highlighted within the induction for new resident doctors.

Learning from deaths

We are committed to an open, transparent, and continuous learning culture. We ensure that deaths are appropriately reviewed. We have a trust-wide 'Learning from Deaths' governance, quality and assurance coordinator supporting all three directorates in this endeavour.

We hold monthly Learning from Deaths meetings within the FYPCLDA and DMH directorates, and meetings within CHS as appropriate. These multidisciplinary meetings (including consultants, nurses, allied health professionals and administration staff) bring everyone's perspectives together to learn and improve.

The Medical Examiner (ME) process is fully embedded within CHS, was extended to include DMH inpatient deaths from January 2023 and to community deaths in September 2024. The ME's office agrees the proposed cause of death, discusses the medical certificate cause of death with the doctor completing it and with the next of kin/informant. Areas for learning and/or or good practice identified are shared with the Trust.

We take learning very seriously and investigate those deaths where an incident has been identified through the Patient Safety Incident Response Framework (PSIRF) in a robust manner. These are reviewed through a variety of different learning responses.

During 2024/25, we identified 1,830 patients under the care of LPT who died (as recorded on the national SPINE) and were considered 'in scope' according to national guidance. This comprised:

- 468 patients in the first quarter
- 402 patients in the second quarter
- 506 in the third quarter
- 454 in the fourth quarter.

The number of deaths reviewed in both PSIRF process and in the learning from deaths process during the year was:

Quarter	Incident Review and Learning Meeting (IRLM)	Outcomes from IRLM meeting		
		Local Directorate Review	Patient Safety Incident requiring Investigation (PSII)	Onward to Learning from Deaths (LFD)
1	15	3	1	11
2	29	16	1	12
3	29	8	1	20
4	24	9	2	13

There were no deaths during the reporting period that were judged to be more likely than not to have been due to problems in the care provided to the patient.

Learning impact and actions

During this year we have further strengthened our processes to ensure that we are reliably identifying all the deaths of patients who are in scope for review.

We have close links with the team who investigate the deaths of patients who have a learning disability or Autism, to ensure that the themes from these deaths are shared and appropriate actions taken across directorates.

We have carried out thematic analysis that has identified areas of good practice such as excellent compassionate end of life care, as well as opportunities to develop in areas including communication pathways with system partners and assessment and care planning practice.

Themes for potential learning and improvement are reported into directorate governance processes for triangulation with other information sources and to inform quality improvement work.

As part of our close working with the Medical Examiner's office, we will be developing the process for obtaining the cause of death for all patients so that we can add this to our reporting and theming.

Our data quality

LPT will be taking the following actions to improve data quality in 2025/26 with a focus upon data quality assurance:

- Embedding data quality as a key component of the Trust's Strategy.
- Implementation of the approved Trust-wide data quality plan.
- Delivery of improved data quality reporting mechanisms to support clinical services to deliver safe and effective care.
- Delivery of a Trust-wide communications plan to support staff awareness and to improve data quality within their teams and services.

Reporting against Core Indicators

Our quality account performance is included as part of our Trust Board performance report to ensure that our executive team have oversight. This also allows us to track and monitor progress throughout the year and identify areas of concern.

Indicator	Trust score 2021/22	Trust score 2022/23	Trust score 2023/24	Trust score 2024/25	National Average 2024/25
The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as gatekeeper.	Q1 97.3% Q2 100% Q3 99.1% Q4 99.5%	Q1 99.1% Q2 100% Q3 99.5% Q4 98.5%	Q1 99.6% Q2 99.2% Q3 99.2% Q4 97.1%	Q1 98.7% Q2 98.8% Q3 99.1% Q4 100%.	Not available
*The percentage of patients on Care Programme Approach who were followed up within 72 hours after discharge from psychiatric inpatient care.	72 Hour follow up M1 - 60% M2 - 78% M3 - 72% M4 - 62% M5 - 60% M6 - 68% M7 - 54% M8 - 56% M9 - 60% M10 - 59% M11 - 78% M12 - 82%	72 Hour follow up M1 - 78% M2 - 75% M3 - 69% M4 - 76% M5 - 82% M6 - 85% M7 - 91% M8 - 86% M9 - 88% M10 - 80% M11 - 84% M12 - 78%	72 Hour follow up M1 - 85% M2 - 84% M3 - 82% M4 - 79% M5 - 91% M6 - 89% M7 - 85% M8 - 83% M9 - 89% M10 - 85% M11 - 83% M12 - 85%	72 Hour follow up M1 - 79% M2 - 71% M3 - 76% M4 - 79% M5 - 77% M6 - 79% M7 - 74% M8 - 78% M9 - 70% M10 - 88% M11 - 90% M12 - 87%	72 Hour follow up M1 - 63% M2 - 60% M3 - 67% M4 - 66% M5 - 67% M6 - 70% M7 - 71% M8 - 70% M9 - 69% M10 - 73% M11 - 72% M12 - 72%
The Trust's 'Patient experience of community mental health services' indicator score with regard to a patient's experience of contact with a health or social care worker during the reporting period.	6.4 out of 10	6.4 out of 10	The Community Mental Health Service User Survey was updated for 2023. The questions used changed and this particular indicator no longer exists. www.cqc.org.uk/publications/surveys/community-mental-health-survey	6.0 out of 10 The 2024/25 score shown above is LPT's overall score for involvement. Find all scores at	'About the same' compared with other NHS Trusts.

Indicator	Trust score 2021/22	Trust score 2022/23	Trust score 2023/24	Trust score 2024/25	National Average
The percentage of staff employed by, or under contract to, the trust who would recommend the trust as a provider of care to their family or friends.	62%	62.4%	62.7%	67.7%	64.8%
Patients who would recommend the trust to their family or friends.	82%	85%	87%	90%	Not available
The percentage of patients aged: (i) 0 to 15 and (ii) 16 or over readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust.	(i) 0% (ii) 7.8%	(i) 0% (ii) 6.9%	(i) 0% (ii) 8.6%	(i) 0% (ii) 9.2%	Not available
The number and, where available rate of patient safety incidents (PSI) reported within the Trust.	12701 PSIs out of 21659 incidents reported	13278 PSIs out of 23822 incidents reported	15163 PSIs out of 24671 incidents reported	19301 PSIs out of 28371 incidents reported	Not available
The number and percentage of such patient safety incidents that resulted in severe harm or death	11 major harm and 72 deaths (0.6%)	12 major harm and 80 deaths (0.7%)	11 major harm and 66 deaths (0.5%)	18 Major harm and 246 deaths (1.37%)**	Not available

* NHS England (NHSE) retired the national return collection process for gatekeeping and CPA 7-day follow-up indicators. The latter was superseded with a 72-hour follow-up metric, which is monitored using data from the Mental Health Minimum Dataset (MHSDS). Data quality checks are ongoing, the figures included are monitored on a monthly basis and included in our board performance reports. CPA is being replaced nationally with a new Care Coordination Policy.

**The increase in deaths is due to a change in how deaths are reported. With the introduction of the national Learn from Patient Safety Events (LFPSE) service there was a national directive from NHSE to report incidents as the harm to the patient, rather than the harm potentially caused by the Trust. This means that expected deaths previously recorded as 'no harm' are now recorded as harm 'death.' Where this is not known, we are required to report as death. We have an open and transparent learning culture and all deaths in our care are appropriately reviewed. You can read more about this work on page 20.

Part 3: Driving quality improvement



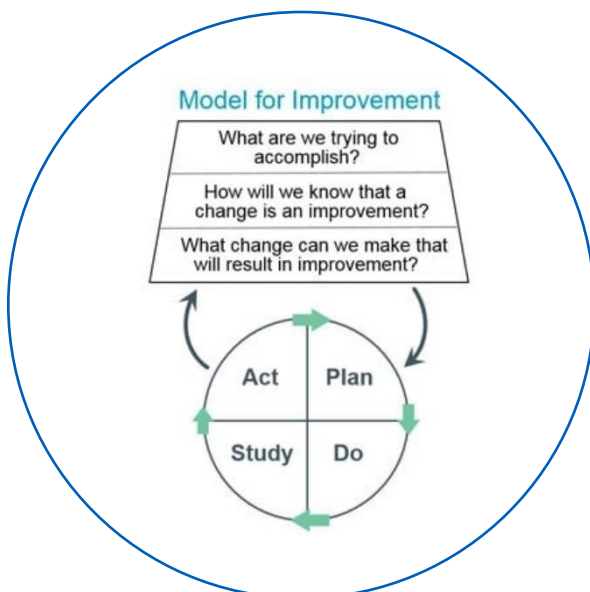
In Part 3 of the Quality Account, we aim to describe some of the ways in which we work to monitor standards and drive forward improvement in LPT.

Our QI approach ensures the use of a systematic approach to improvement utilising the Model for Improvement. This empowers all staff to be able to identify the necessary change, develop the skills needed, and to lead that change to improve patient care and outcomes.

Improvement opportunities are also identified through our internal quality assurance and control processes and support the delivery of strategic improvement as a system partner.

Vitality our quality improvement activity involves the inclusion of patients, carers and families in our work. It includes visiting services to look at the care environment and observe care delivery, as well as asking people what they think of services in person and through surveys. Research is also an important part of our learning and continual improvement.

In this part of the Quality Account, we share examples of the many quality improvements that our staff, patients, families and carers have made happen in 2024/25. This year we have presented these under the headings of the five domains that the Care Quality Commission (CQC) uses to assess the quality of health services: 'Safe', 'Effective', 'Caring', 'Responsive' and 'Well-Led.'



Quality, compliance and regulation

LPT is required to maintain registration with the Care Quality Commission (CQC), the independent regulator of health and adult social care in England. The CQC monitors, inspects, and regulates services, and publishes ratings based on what they find. In January 2024, the CQC carried out unannounced inspections of our acute mental health and psychiatric intensive care unit (PICU) core service, and community district nursing services. As part of this, they observed care and spoke with staff, patients, families, and carers.



When reviewing a service, the CQC considers five key questions (also known as domains). These are: is it caring? Is it responsive? Is it effective? Is it safe? Is it well-led? The CQC can then give four possible ratings: inadequate, requires improvement, good and outstanding.

The CQC published its reports about LPT on 30 May 2024 and we were heartened to see that our continual focus on quality and safety was recognised, with both inspections showing improvement.

Community health services for adults were re-rated good overall. The inspection covered the safe, effective and well-led domains. The well-led domain improved from requires improvement to good, and safe and effective remained good. Responsive and caring were not included in the inspection and remain rated as good.

Assessors found many examples of positive practice relating to compassion, privacy and dignity, health promotion, assessing capacity to consent to treatment, care planning, safeguarding practice, and compliance with training. They also noted areas for improvement. For example, not all temporary staff had access to the electronic health records of people they were caring for, and this was urgently resolved.

Our acute mental health wards for working age adults and psychiatric intensive care units (PICU) were rated as requires improvement overall. All five domains were inspected. Responsive re-rated as good, and both effective and caring improved from requires improvement to good. The safe and well-led domains remained as requires improvement.

We were pleased that assessors commended the services in many areas. These included the kindness of staff and personalised care that they give, safeguarding practice, compliance with the Mental Health Act 1983 and the way staff work with other teams to ensure ongoing care.

Assessors also highlighted areas for improvement such as ward environments that were not always safe, clean, well maintained and fit for purpose. They also noted that we had a high vacancy rate for registered nurses in acute mental health wards, and staff compliance against mandatory training was variable.

We took immediate action in response to all of the issues raised by the CQC. We have now recruited to all nursing posts in acute mental health. 20 new nurses and four registered nurse degree apprentices from our 'grown your own' programme have joined us since the January 2024 inspection.

Following detailed planning, our psychiatric intensive care unit for men, the Belvoir Unit, closed temporarily in January 2025 for a c. £1.7m refurbishment. The work will provide a bright and fresh environment for patients, with a new tribunal facility, new windows and doors and an upgrade to the fire, personal alarm and safety systems. The unit is planned to reopen in June 2025.

In addition, our ambitious work to eliminate dormitory accommodation across our mental health inpatient wards is now complete. This has improved privacy and dignity for our patients.

As only two of our 15 core services were visited in the January 2024 inspection our overall rating as a Trust remains at 'requires improvement'. Further information about the CQC's reviews of LPT can be found at <https://www.cqc.org.uk/provider/RT5> The latest poster (May 2024) which summarises the current rating for each of our core services is available at <https://www.cqc.org.uk/provider/RT5/posters/download/p2/A4>

Quality, compliance and regulation team

Our quality, compliance, and regulation (QCR) team continued to act as the central point of contact for organisations that check how well we are doing, such as the CQC. The team supports trust staff to meet regulatory and best practice standards, as well as identify areas for improvement.

Sharing good practice

Members of the team provide mentoring and support induction for new staff and delivered sessions to help staff prepare for inspection by the CQC. They also host a regular Foundations for Great Patient Care Learning and Sharing Forum to spread good practice across the Trust. Topics in the last year included the work of our Mental Health Support Team in schools. The forum was also used to encourage staff to consider what the CQC's regulations and 'We statements' mean for them.

Maintaining standards

The team continued to coordinate and carry out a range of different visits to services. These are all aimed at supporting staff to highlight good practice and identify areas for improvement. 15 Steps visits involve service users and non-clinical staff joining the team to look at services from a first impression point of view. Quality and Mock-CQC Assessments involve clinical members of the team taking an in-depth look at services – analysing service information and visiting services to spend time with staff and observe practice. 43 visits (of all kinds) took place in 2024/25. The outcome of quality and mock-CQC assessments is reported to our

Strategic Executive Board to ensure improvement action is progressed where needed. Visits help staff to see services with a fresh pair of eyes and can enable escalation of issues which they may have struggled to resolve locally such as outstanding maintenance works. This year mock-inspections have also led to a focus on several Trust-wide issues including clarifying and standardising arrangements for the safe management of medicines which are taken out of bases into people's own homes.



Listening culture

Executive and Non-executive Board members continued to regularly visit our wards and services to meet staff and gain a better understanding of the care that each service provides, as well as the issues that they face. This is one way in which Board members find out first-hand about issues and priorities affecting the quality of services to inform their action and decision making. In January 2025 we introduced a new process to standardise arrangements for Board member visits including logging, tracking and reporting on actions agreed with staff. This is helping us to evidence that listening is leading to action. This year this included prioritisation of work to improve car park facilities, support for progression of business plans for a clinical service and promoting the work of LPT services to other local providers. 66 visits to services were recorded this year (executive visits only recorded from 1 January 2025). This does not include the many informal drops ins that also regularly take place.

Using feedback to focus attention

We continued to collate feedback from the visits described above, along with feedback from Mental Health Act (MHA) reviews, correspondence from the CQC and other external accreditation bodies. We now align feedback to CQC quality regulations so that we can easily see which CQC domains should be the focus of our attention. We report this information quarterly to our clinical directorates and Trust-wide through our Quality Forum. We also shared themes from CQC MHA reviews with our colleagues in NHFT as part of our Group work. Themes included the need to consistently ensure that care plans are comprehensive and shared with patients, and to make sure that detained and informal patients are fully aware of their legal rights.

Valuing High Standards Accreditation

Our Valuing High Standards Accreditation (VHSA) programme continued to develop and this year a further 11 teams reached full accreditation. Accreditation is important because it helps us to continuously improve the quality and safety of our services and share best practice across the Trust. It helps teams to consider their strengths, areas for improvement and how they are being or could be addressed, and what evidence they have to support their viewpoint. Evidence could include service outcome measures, patient/staff feedback and surveys, clinical audit results, quality improvement projects and awards and recognition received.

In December we were delighted to award our Charnwood Older People's Community Mental Health team 'Gold' accreditation. Dr Oli Hands, team consultant said: "The accreditation process enabled us to reflect on the range of projects and changes we've undertaken, and it was rewarding to be able to showcase them formally."



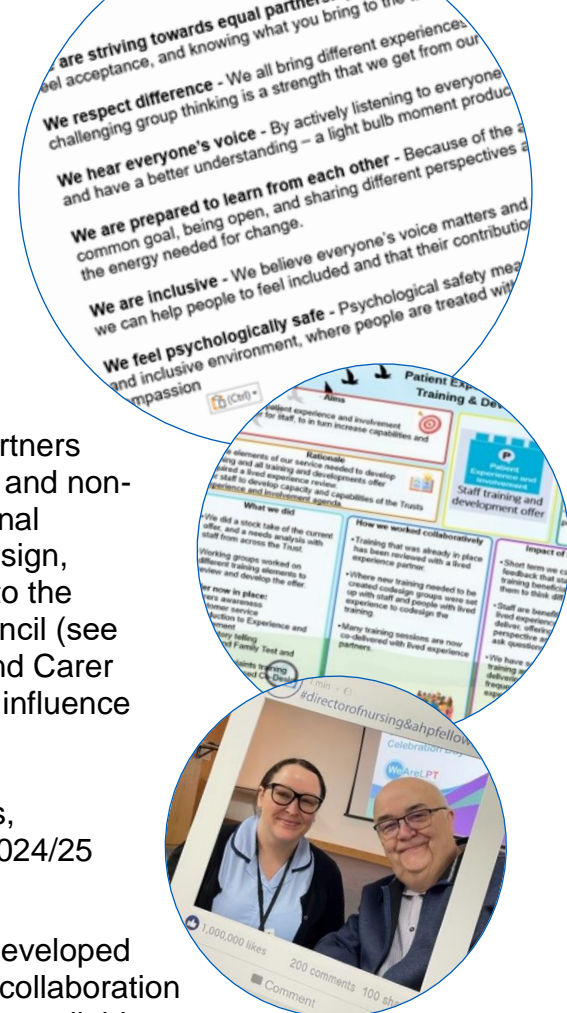
Going through accreditation has motivated the team to push forward several improvements including a new nurse-led clinic and an offer of non-pharmaceutical support to care home patients. Flow (a headset used to treat depression) is now available as part of a trial, and a new audit has been introduced to ensure physical health monitoring is taking place when antipsychotic medication is prescribed. They are also looking at how to obtain more feedback from patients and carers, as well as introducing a new loneliness signposting pathway.

Participation, coproduction and patient and carer experience

Placing patients, carers, and their families at the centre of everything we do is key to 'creating high quality, compassionate care and wellbeing for all.' We continued to embed our Lived Experience Leadership Framework and we now have 27 Lived Experience Partners (LEPs). They are employed to work alongside clinical and non-clinical staff, patients, and carers, drawing upon personal experience and expertise to provide insight into the design, improvement and delivery of our services. In addition to the Partners, our Youth Advisory Board and People's Council (see below), as well as over 300 members of our Patient and Carer Involvement Network continued to provide insight and influence the development of services.

Some examples of the vast array of work that Partners, patients, carers and families were involved in during 2024/25 are given below.

- In collaboration with patients, carers and staff we developed a set of principles for successful coproduction and collaboration for improvement. A short film about the principles is available on our YouTube channel at www.youtube.com/watch?v=MrcB0cUzPyA. We've also now started to communicate the impact of coproduction across the Trust through story boards which summarise projects and programmes of work.
- Members of our Patient and Carer Network worked collaboratively with staff undertaking quality improvement projects as part of our Director of Nursing and Allied Health Professionals Fellowship Programme. The Programme supports band five nurses to enhance the quality of care they provide using an evidence-based approach. Quality improvement Lived Experience Partner, Azar, gave an inspirational talk on the importance of shared decision making - 'no decision about us without us' - and shared the impact this work has on his own and others' recovery.
- We continued to offer the internationally renowned DAISY award scheme which recognises nurses who demonstrate excellence in practice and make a difference in the lives of their patients. Two service users/carers help to ensure the patient voice is represented in the decisions made by the DAISY panel. You can find out more about this on our website at <https://www.leicspart.nhs.uk/about/daisy-award/>
- Patients once again led PLACE (patient-led assessments of the care environment) visits - an annual appraisal of the non-clinical aspects of our healthcare environments. LPT was once again the top mental health provider for cleanliness and privacy, dignity, and wellbeing.
- Lived Experience Partners who are carers played a major role in our work to achieve accreditation with the Carers Trust's Triangle of Care. You can read more about this on page 9.





- Our Talk and Listen group - a group of adults with learning disabilities who meet monthly to work together to help improve services - continued to support our work. This year this included providing feedback to help develop our new mission, vision and strategy which will guide our work and priorities for the next five years. The group's priorities were access, communication, care and compassion. They also worked with learning disability staff to produce visual resources for learning disability mental health clinics.
- Our Youth Advisory Board (YAB) continued to support LPT and the wider health community to help people consider children and young people and make sure that information is accessible and relevant. This has included:
 - creating self-harm imagery to spread awareness internally for our staff in child and adolescent mental health services (CAMHS).
 - helping our Mental Health in Schools Team (MHST) shape their new winter wellbeing booklet to ensure young people stay healthy and well over the winter months. This followed previous success with the summer version.
 - collaborating with the CAMHS neurodevelopmental team to develop awareness videos, including providing accounts of their own personal experience for inclusion. You can view the video at this address
<https://vimeo.com/938121776/3abcbc768e?share=copy>
- Our People's Council - the independent advisory body made up of people with a lived experience of care provided by LPT - focused on developing relationships across the Trust. The Council adopted a new model of 'Receive, Review, and Recommend' to undertake its role as an independent forum advising the Trust Board. This has included:
 - providing advice on the roll out of shared decision-making across LPT.
 - reviewing complaints about communication and making recommendations for improvement.
 - starting to plan how the Council can help to tackle racism and health inequalities, through initiatives such as the Patient and Carer Race Equality Framework (see page 16).
 - facilitating a Trust Board development session focusing on how the Council and Trust Board can work together and use a 'We said, We Did' approach to ensure and evidence that lived experience is part of the design, delivery, governance, and assurance of service development. The Council also now regularly analyses and recommends action on patient experience and involvement data collected by the Trust.



You can find out more about our involvement work on our website at
<https://www.leicspart.nhs.uk/involving-you/involving-you/>

WelimproveQ

Everyone at LPT has the power to make a difference and take responsibility for continuous improvement. Our quality improvement (QI) programme 'WelimproveQ' ensures the use of a systematic approach which empowers all staff to be able to identify change is needed, develop skills, and lead improvement in patient care and outcomes.



2024/25 has been a significant year of achievement and continued growth in our improvement approach and embedding our leadership behaviour of 'always learning and improving.'

- In May 2024 LPT was highly commended in the national Audit Management and Tracking Conference poster competition with the CINNS (community integrated neurological and stroke service) poster 'A Wait off Your Mind' about specialist stroke and neurology rehabilitation.
- In September 2024 our WelimproveQ conference had the theme of partnerships and involvement. Staff from across the Trust shared examples of how QI projects have led to meaningful change and heard about national QI initiatives from the national Clinical Director for NHS improvement. We talked about the benefits of collaboration, co-production and experience-based co-design.
- In March 2025, we were again invited to present at the national Clinical Audit for Improvement conference on aligning clinical audit with QI priorities and activities.
- QI continues to support LPT's Our Future Our Way (OFOW) culture change program. All four priorities identified through the analysis of staff feedback have an allocated QI practitioner to support progress and ensure action.
- This year, **32** staff completed the quality, service improvement and redesign (QSIR) Programme, and **313** staff have attended our internal QI workshops covering various elements of QI, clinical audit and quality monitoring.
- Overall, **1371** staff have now attended some form of QI learning, including new workshops on using the Audit Management and Tracking (AMaT) platform for quality monitoring and improvement.
- We delivered **43** 'QI in box' sessions in 2024/25 – these one-hour sessions aim to help staff to use quality and improvement knowledge and skills in their workplace.
- We have supported **12** staff to start their own QI journey as part of the Director of Nursing and Allied Health Professions Fellowship.
- **129** 'conversation starters' were discussed in one of our weekly QI design huddles. These bring together the knowledge and skills of people from across the organization - including clinical audit, research, patient involvement, lived experience, equality and diversity and clinical practice - to encourage and support new ideas for improvement.

- **160** projects were supported (**47** of which have completed) and recorded on LifeQI, our web-based platform for QI projects. There are now **321** users registered on LifeQI.
- We continue to support the QI offer across the local health and social care system in collaboration with University Hospitals of Leicester NHS Trust and have worked collaboratively on supporting discharge.
- **25** Story boards were completed and shared across the Trust. Story boards summarise and present improvement projects on a single page so that they are accessible, and learning can easily be shared.
- LPT has continued to focus on areas of improvement as part of our NHS IMPACT self-assessment to ensure that improvement is embedded across the Trust.
- We have been working closely to support learning and improvement through the patient safety workstreams and stronger collaboration in ensuring actions lead to improvement.

Working with patients and carers

There has been significant strengthening of the link between QI and our patients and carers with a specific workstream to deliver closer integration and alignment of the improvement and involvement agendas. This has provided opportunities for us to nurture the confidence of our service users/carers in QI and support a sustained interest and involvement in future QI work. You can read more about this on page 29.

QI Learning Offer

LPT continues to offer learning opportunities such as the 'QI in a Box' series and an e-learning package that has been developed locally and is available on the staff learning platform 'uLearn'. This is complemented by the NHS England and

Improvement's Quality Service Improvement and Re-design (QSIR) Programmes, delivered with NHFT. An in house 'WeImproveQ' Fundamentals' programme is being planned for testing in 2025. This will support staff to identify and start a piece of QI work, through to testing and measuring the impact and sustainable change.

QI learning elements are incorporated within various internal learning and development programmes, such as the Director of Nursing and Allied Health Professionals Fellowship, preceptees and medics induction and the Ashton Compassionate Leadership Programme.



Group model

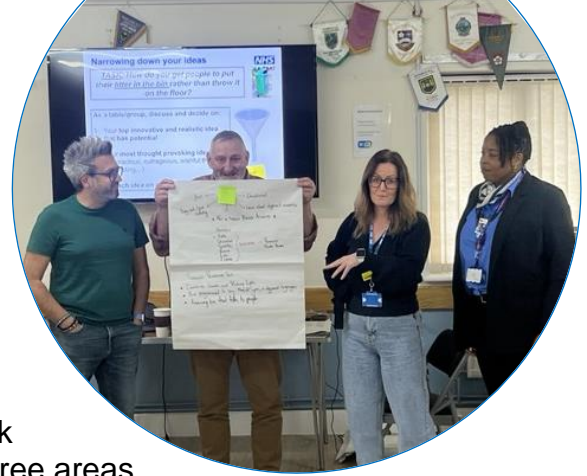
We work in partnership with Northamptonshire Healthcare NHS Foundation Trust (NHFT) in a group model, with shared group strategic priorities. Collaboration as a group offers opportunities to make a difference together through sharing best practice and learning. In 2024/25 our group QI work continued to look at learning and improvement in three areas in particular: pressure ulcer prevention, recognising and treating the deteriorating patient, and safe and supportive observations for mental health and learning disability. With an additional workstream evaluating the QSIR programme.

The group approach includes the development of a blended training and learning programme that is flexible to meet the needs of both trusts and offers an extended range of learning opportunities. This graduated approach provides the appropriate level of learning offer to meet the needs of the individual.

Monitoring performance using AMaT

We use AMaT (Audit Management and Tracking) which is a web-based platform to help make our audit work easier, faster, and more effective. AMaT workshops have been developed to support our staff to use the platform successfully in monitoring and improving quality. 192 staff have now attended these sessions and as a result we have seen an improvement in completed actions and compliance.

There are currently 165 ward and area audits on AMaT with regular (usually monthly) data collection that gives a continuous picture of performance. The majority of these are used by individual teams and wards to monitor quality around aspects of record keeping, which also feeds into staff supervision. A number of audits on AMaT form part of the Trust's wider assurance and governance process, for example around how we manage medicines. There are 37 clinical audits, 16 national audits and 68 service evaluations currently on the system.



Staff survey results

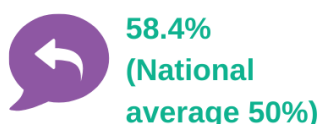
We want LPT to be a great place to work and to deliver care. The national NHS Staff Survey gives staff the opportunity to share their views on their role, their health and wellbeing, their managers, our culture and more. It helps us to understand what's working and what isn't, and to look at ways in which we can improve things so that staff have the best experience of working at LPT. The 2024 survey took place between September and November 2024 and the results were published in March 2025. A summary of those results is presented below.



NHS Staff Survey 2024

Your Feedback into Action

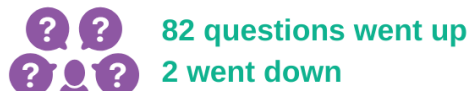
Response rate



Staff engagement



108 questions asked



People Promise	National average 24	Trust score 23	Trust score 24
We are compassionate and inclusive	7.6	7.6	7.7 ↑
We are recognised and rewarded	6.4	6.5	6.5
We each have a voice that counts	6.9	7.0	7.1 ↑
We are safe and healthy	6.4	6.4	6.5 ↑
We are always learning	5.9	6.2	6.2
We work flexibly	6.8	7.0	7.1 ↑
We are a team	7.2	7.2	7.3 ↑
Staff engagement	7.1	7.1	7.2 ↑
Morale	6.2	6.2	6.3 ↑
Recommending LPT as a place to work	65.2%	62.9%	67.8% ↑
Recommending LPT as a place to receive care	64.8%	62.7%	67.7% ↑

*arrow up denotes increase from last year/no arrow denotes no change from last year

Our strengths

- ★ Compassionate leadership
- ★ Listening to our colleagues
- ★ Staff reward and recognition
- ★ Opportunities to develop
- ★ Teams work well together
- ★ Recommending LPT as a place to work and receive care
- ★ Morale
- ★ Flexible working

Areas for improvement

- ↗ Psychological safety
- ↗ Bullying and harassment
- ↗ Racial discrimination
- ↗ Equitable learning and development

These results will be discussed in detail with staff and will feed into the work our change leaders are doing as part of the Our Future Our Way culture improvement programme. Targeted action plans will be produced and delivered in those areas and staff groups with lower scores. The full report is available on the national results website at <https://www.nhsstaffsurveys.com/results/national-results/>

Recruitment and workforce wellbeing

Promoting health and wellbeing

In 2024/25 we continued to progress a range of initiatives to support the health and wellbeing of our staff. A number of examples are given below.

Our staff support networks continued to provide a safe and non-judgemental place to talk and be heard. They provide development and mentoring opportunities,

enable access to support and advocacy, promote cultural celebration and ensure that quality perspectives are proactively considered by the Trust. We have networks representing the armed forces, carers, mental and physical life experiences, men's health, neurodiversity, race ethnicity and cultural heritage, LGBTQIA+ and women.

We recommend that all staff take 1.5 hours of protected time a month to take part in staff meetings. Staff told us that they wanted funds to promote the work of their groups so this year each Staff Network Group was given a budget of £1500 for printing materials and merchandise.

We introduced thank you cards, pens and posters to promote the leadership behaviours that we want to such as 'valuing one another.'

We held regular compassionate leadership and leading together conferences to support our leaders to create the most inclusive, compassionate culture at LPT.

As part of our 'Our Future Our Way' (OFOW) culture programme, we encouraged all teams to take time out to connect away from the workplace. 98% of teams told us that their time out positively impacted on their team's health and wellbeing.

We also co-produced and launched a definition of what psychological safety means in LPT.

"Psychological safety means people feel safe in an open, supportive and inclusive environment, where people are treated with kindness, trust, respect, compassion, and integrity. Where everyone feels that they belong and are valued when they speak up. It is a space where people always feel listened to without fear or judgement. It starts with me and builds when we work together."

We hope that this will support people to have local conversations to improve experience for all. You can read more about the Our Future Our Way programme and our wellbeing offer for staff in the Trust's Annual Report 2024/25.

Recruitment and retention

During 2024/25 we improved our recruitment and retention focus in many ways, including the introduction of a new fit for purpose recruitment IT system.

We have increased recruitment of substantive staff, with particular success in the recruitment of healthcare support workers. We targeted efforts at geographical areas where there were gaps, and budding HCSWs have been given the opportunity to come in, spend time with us and talk to people who already do the job before they apply. This helps to ensure that the HCSW role is right for them. Between April 2024



and March 2025 there has been a reduction of 20% in our HCSW vacancies corresponding to growing this workforce by 85 whole time equivalent colleagues. Filling substantive vacancies helps to reduce the Trust's spend on bank and agency staff and improves continuity of care for patients.



We undertook a focused piece of work to improve our recruitment process, against a backdrop of increasing recruitment volumes and a need to reduce dependency on agency workers. Our approach focused on both 'time to hire' and people's experiences of the process. This included focused QI work, stakeholder engagement and the implementation of new technology. Time to hire has reduced from a high of 63 days, to 36 days on average (March 2025). We have also seen our new starter feedback improve, for example with satisfaction with communication improving from a score of 2.21 to 4 out of 5. We are continuing our improvement approach to recruitment processes.

In March 2025 we were part of a large local health and care jobs and careers event. Around 1,500 people attended. Staff from LPT teams and services and partner health and social care organisations were inundated with enquiries. Our recruitment team provided hundreds of people with individual advice on how best to complete job applications, as well as running rolling workshops on sponsorship and recruitment processes. 88% of attendees rated the event as either good or very good. More than two in three attendees said they will apply for jobs they saw. There were 360 applications to join the LPT talent pool and 162 applications to join the HCSW talent pool.

We refreshed our toolkit which supports new staff and their managers in the first 90 days of their employment. We piloted an induction buddy scheme to provide new starters with pastoral support. We also introduced 'Stay Conversations' to understand staff experiences to proactively address concerns and increase workplace satisfaction.

We encouraged HCSWs, assistant practitioners and nursing associates to undertake nursing associate or registered nurse degree apprenticeships as part of our 'Grow Your Own' initiative.

A reasonable adjustment clinic was launched to help us understand and identify practical solutions to help remove barriers that some employees and managers face with regard to underlying health conditions or disability.

Solutions could include changing the lighting above someone's desk, distributing someone's breaks more evenly across the day or providing emails and documents in an accessible format.



Our Research

Research is about knowing why we do what we do, developing new knowledge and ensuring continuous improvement by designing service provision around the best research-derived evidence available.

LPT is committed to the continuing development of a vibrant research culture. The best health outcomes are driven by the best evidence that arises from supporting and conducting high quality research as NHS core business. Our ambitions include investing energies towards becoming a University Hospital Association Trust to attract, recruit and retain talented research-active staff and drive forward positive innovations and service transformation. We believe that research should be part of everyone's working life.

We are committed to excellence in research in all our services, involving staff at all levels, to the benefit of those we serve. We play our part in national and international research efforts whenever it is possible by hosting NIHR Portfolio research. We support our staff to design and lead their own research and fulfil our role as an accredited sponsor. We promote opportunities for patients, service users, carers and staff to "Be Part of Research" through our partnerships with academic and commercial institutions, enabling access to cutting edge treatments. This year has seen a transition to the NIHR Regional Research Delivery Network where LPT retains a Category A delivery contract. We were successful in becoming one of 14 new NIHR Commercial Research Delivery Centres formally commencing in 2025.

Over 2024/25 LPT have supported 529 participants (335 in NIHR Portfolio Studies) to take part in research studies approved by the Health Research Authority. As of the same date we have 30 open NIHR Portfolio studies and have completed 18 studies in year. This work is coordinated through our lean integrated research office and NIHR RDN Delivery Team (seen above promoting "Red for Research") supporting every Trust directorate and wider services across the LLR System such as care homes.

Some examples of the research we are part of are outlined below.

- **TRICEPS:** Many Stroke survivors experience arm weakness. TRICEPS is investigating whether stimulating the vagus nerve using a small earpiece alongside rehabilitation therapy can improve arm function in patients.
- **REACH HfPEF:** An evaluation of a facilitated home-based rehabilitation intervention in patients with heart failure. Participants will receive either 12 weeks of a new standardised home-based rehabilitation programme or usual care.
- **DECODE-2:** <https://www.decode-project.org/> A cutting-edge collaboration with Loughborough University that pioneers machine learning model techniques to generate improved care coordination of multiple long-term conditions in people with intellectual disabilities.



- **Eating Disorders Genetics Initiative (EDGI)** is the largest ever genetic research study of eating disorders, to understand how genes can influence an individual's risk for developing bulimia nervosa, binge-eating disorder and anorexia nervosa.
- **The PETAL Intervention** aims to develop a personalised multicomponent approach to explore the response of adults with learning disabilities who display aggression.
- **Enroll-HD** is a worldwide observational study open to people with, or at risk of, Huntington's disease (HD). It aims to understand the experience of those living with HD and how the disease changes over time.
- **VISION-QUEST:** One in three people with psychosis experience distressing visual hallucinations – seeing things that others cannot. The Vision-Quest study aims to develop a new measure which explores people's beliefs about visions and explore the relationships between visions and other difficulties such as poor sleep quality.
- **RESTORE-LIFE** aims to assess whether vagal nerve stimulation (VNS) via surgical implant is effective as an adjunctive therapy in patients that have treatment resistant depression.

One participant kindly shared his story with us. After struggling for years, he took a leap of faith and received a VNS implant, leading to remarkable improvements in his mental health and a renewed passion for life. From volunteering and gardening to travelling and reconnecting with family, his story is a testament to hope and resilience. He said: "It does seem to have helped to transform my life. One of the first great improvements was feeling well enough to do some voluntary work. It started with my granddaughter and volunteering giving me a purpose in life and for the first time in years, I woke up happy and ready to face the day."

A complete breakdown of all portfolio and non-portfolio research from 2024/25 is available by emailing lpt.research@nhs.net

Research Capacity Building

We have a number of schemes aimed at enhancing the research culture across the Trust, including the Research Envoy Scheme and Clinical Research Associate Programme.

Our team are developing and delivering research workshops to support staff to be research engaged. This year we were delighted to appoint our first research ambassadors - a group of nurses and allied health professionals committed to inspiring a culture of research by raising awareness and educating staff.



In November 2024 we launched a research capacity funding call through research charitable funds (via our charity Raising Health) to enable staff to apply for small amounts of funding to support them to access research training opportunities. The team also work closely alongside the Clinical Academic Careers team to provide a research teaching element to the Director of Nursing and AHPs Fellowships and to support the clinical academic career pathway.

Freedom to Speak Up (FTSU)

The safety of patients and staff is a significant priority for LPT. Key to a safe environment is a strong FTSU programme and speaking up culture. Whether staff witness something that has not gone to plan, potential for harm which could be prevented or practice that could be improved upon, LPT values the importance of speaking up with the assurance of confidentiality, safety and without detriment.



LPT is committed to having open and transparent routes which enable colleagues to feel safe to speak up and have confidence in their voices being heard. This means that concerns or suggestions will be acknowledged and acted upon, and this is evidenced through a robust system of reporting and learning.

This year we have developed new resources to help all staff understand the speak up process. We also introduced an updated reporting and recording system using Ulysses; software the Trust already uses for safety and risk management. This will enable better triangulation of data and improved reporting to the National Guardian's Office.

We introduced a new confidential phone line and reporting form as well as role essential speak up e-learning. This aims to empower staff to understand their role in promoting a healthy speaking up culture that safeguards patient safety and enhances employee experience.

Our chief executive is the lead director for FTSU, demonstrating our firm commitment to creating a culture in which speaking up is not only accepted but actively encouraged as a means of improving patient care and resolving work-related issues. Adopting a safe workplace of trust, respect, and accountability is important for effective staff collaboration and open communication.

LPT prioritised 'psychological safety' as one of the key features of the Our Future Our Way culture programme. The FTSU team have been active stakeholders in this programme, working collaboratively with teams across the trust as well as staff support networks to develop a local definition (see page 35), create accessible resources and embed key messages across the organisation.

Throughout national FTSU month in October the Guardians, with support from the lead non-executive director and chief executive, undertook a series of events to promote the importance of speaking up and offering further opportunities for staff to

speak up. In addition, a webinar was held with partners across the system and group with the National Guardian Dr Jayne Chidgey-Clark.

A leadership conference was held in October for colleagues across the Trust, where the importance of speaking up and listening up was emphasised. Each non-executive and executive director shared their FTSU pledges to reiterate the commitment to colleagues.

LPT has two FTSU Guardians, supported by a network of 25 FTSU Champions, enabling a more responsive, visible and resilient service.

During 2024/25 169 speak up cases were received. These covered a diverse range of topics, for example, queries relating to patient care and safety, the interpretation of policies and procedures, matters affecting recruitment, retention and career development, leadership behaviour and professional relationships.

When a case has been closed, staff are given the opportunity to provide feedback on their experience of the speaking up process to identify where there are opportunities for learning how these can be shared effectively for improvement.

Guardian of safe working hours

We have a Guardian of Safe Working Hours (GSWH) who works independently of the Trust to ensure that doctors in training in LPT have safe working hours. This is to safeguard doctors against working excessive hours which could lead to significant fatigue. We have around 120 resident doctors (formerly known as junior doctors) who work on our wards, in clinics in both psychiatry and paediatrics.

The Guardian chairs the Resident Doctor Forums which are used to discuss exception reports, rotas, training and education matters, working environment concerns and contractual matters. The Guardian provides assurance to the Trust Board that doctor's working hours are safe.

This year we were pleased to also appoint a member of staff to support training for resident doctors who work less than full time and those returning to training after time out.

Exception reporting is used when a resident doctor's day to day work varies significantly and/or regularly from the agreed work schedule. Between May and December 2024 51 exception reports were logged (a full year of data is not available at the time of reporting due to the timescales of the exception reporting process). This is an increase on the previous year. No immediate safety concerns were reported or identified via the exception reporting system. Reports related mainly to appropriateness of overnight on-call reviews or doctors having to stay late or miss breaks. Next day compensatory rest is provided to any trainee that is unable to take the required rest overnight and accommodation is provided to any trainee that feels unsafe to travel home after an on-call duty. Financial penalties can be incurred by the Trust in some circumstances and fines amounting to £10,464.72 were incurred in 2024. A proportion of this was paid to doctors and a proportion was used to support wellbeing events and working conditions for resident doctors.

A review of the on-call rota is currently in progress looking into the issues that have arisen and this is due to be completed by August 2025.

At the end of March 2025 NHS Employers announced plans to reform exception reporting for resident doctors in England. These must be implemented by September 2025 and LPT is developing a plan for this.

LPT does not have any gaps in core trainee and higher trainee on-call rotas. The rota position is reported through our governance process via the medical education group to the workforce development group and then onto our people and culture committee.

LPT uses online Health Roster to manage the on-call rotas which gives an opportunity for trainees and human resources staff to mitigate any gaps. Problems can arise when doctors complete their training and are waiting for national training numbers to be released (often up to six months), or when trainees choose to go less than full time as this creates gaps in the rotas, however, to date we have been able to fill gaps with internal bank staff.

In December 2024 we had some GP vacancies which were managed by utilising both our international medical graduates and locally available resident doctors. We continue to fully recruit. There are regular meetings to review and manage vacancies. There are also a number of resident doctors who are looking to seek short term employment options. In 2024 there were more than nine applicants for every Core Trainee 1 post, and this has gone up considerably for 2025.

In February we honoured our resident doctors at our annual Medical Trainee Awards, with awards and certificates handed out to the highest achievers.

Medical Director Bhanu Chadalavada said: “[These resident doctors have shown exceptional qualities, looking to improve patient care. Some have taken on responsibilities and opportunities more than that would be expected of their level of training. Huge congratulations to all those awarded and nominated.](#)”



Service improvement across LPT



Over the next few pages, we share examples of some of the many service improvements that our staff, patients, families and carers have made happen in 2024/25.

When CQC assessors visit services they ask five key questions (these are also known as domains) to assess the quality of services:

- Is it caring?
- Is it responsive?
- Is it effective?
- Is it safe?
- Is it well-led?

We aim to answer yes to all these questions. On the following pages we have presented examples of ways in which we have developed services over the last year under each of these headings.

Caring



Recognising nurses who go above and beyond

Many of our nurses received DAISY awards this year. DAISY Awards are part of an international recognition programme that honours and celebrates the exceptional care that nurses and midwives provide every day. In just two examples, specialist community heart failure nurse Alicia Foulds was nominated for providing an incredibly high standard of individualised, patient-centred, holistic care to an older patient. And Angela Bell, infant feeding specialist, was nominated for the informative and reassuring care she provided to a new mother.

New customer service training

In November we launched new online customer service training for all staff who have contact with patients and carers. Designed and delivered in collaboration with lived experience partners, the training aims to increase staff confidence to take an empathetic approach, listen effectively, take ownership and be responsive.

Reintroducing Schwartz rounds

We have reintroduced Schwartz Rounds to our services. A Schwartz Round is an opportunity for clinical and non-clinical staff to come together to discuss the emotional and social aspects of working in healthcare. Rounds focus on the acknowledgement of staff experience through the power of storytelling. They aim to reduce stress and isolation, normalise health and wellbeing conversations, improve culture, teamwork and relationships and increase insight and resilience.

Post-incident pathway for staff support

This year we introduced a new policy and process for supporting staff following a traumatic event, including incidents of violence and aggression. This offers a structured framework for delivering evidence-based psychological support to staff following a traumatic incident. It involves immediate, follow-up and on-going support which can be personalised depending on the team and circumstances. This ranges from immediate team huddles and support from peers, leads and managers, to post event reflection later and involvement of occupational health or counselling services.

Ensuring meaningful activity

We want our patients to have a positive experience when they stay on our inpatient wards. We have staff working across all of our directorates enabling patients to get involved in activities that suit them and support their emotional, creative, intellectual, and spiritual needs. Meaningful Activity Coordinators (MACs) are a key part of our community hospitals, for example. They make sure that all staff take responsibility for engaging patients in activity seven days a week. We also now have a meaningful activity community of practice so that we can share experience and information across the trust.

Improvements on food

Following survey results, it was clear that patients were not satisfied with the quality of food offered during inpatient stays. We carefully considered alternative options and changed providers. We can now offer more options, cater to dietary needs and provide better quality. We continue to review patient feedback.

Cleanliness, privacy and dignity

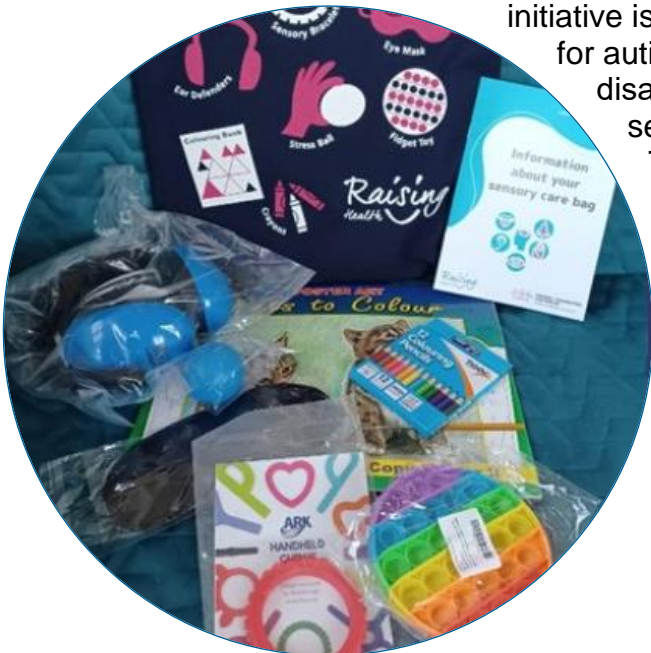
LPT is once again leading the way for mental health trusts in cleanliness and privacy, dignity, and wellbeing according to the latest national patient-led assessment of care environments (PLACE). We maintained our outstanding standards from 2023 throughout 2024, sustaining our perfect 100% score for cleanliness and almost perfect 99% for privacy, dignity, and wellbeing.

Collaborating for better health and wellbeing

Our complex nursing service in Blaby has joined up with our local mental health services to better support housebound people at risk of loneliness and isolation. They are sharing the Joy app which helps people to find local support and activities, volunteering and social clubs. Mental health training and awareness for physical health staff has been identified and the teams will meet up to learn and plan how they can work together for the local population.

Sensory bags to bring comfort and reduce stress

In January in collaboration with our charity, Raising Health, we launched a pilot to give out sensory bags across our community and mental health inpatient wards. The initiative is designed to offer comfort and reduce stress for autistic people and people with a learning disability when they are accessing LPT's services. 500 bags have been made available. They include ear defenders, an eye mask, a sensory bracelet, a fidget toy and a colouring book with pencils. Each bag also has an Easy Read patient information leaflet, so it is accessible to all.



Responsive



Improving communication

Our 'Healthy Together' single point of access helpline has significantly improved accessibility and responsiveness since its launch. The helpline offers same-day support for LLR parents, carers, young people and professionals with health visiting or school nursing related queries. Handling around 4,000 calls and 2,500 clinical tasks monthly, it ensures service users receive timely, tailored advice from appropriate professionals, addressing their needs effectively as they arise. Service users shared positive feedback, praising the responsiveness and accessibility of the service. Professionals highlighted streamlined communication and faster information sharing, adopting better collaboration to support children and families. This success led our Healthy Together helpline staff and clinical academic colleagues to be shortlisted in this year's public health nursing category of the Nursing Times Awards.



One stop memory clinic

In November we began to trial a memory one stop clinic. This sees patients being assessed by nursing staff and supported by the medical team to formulate diagnosis and treatment plans, all in one appointment. The aim is to reduce the wait time between assessment and diagnosis. We are fortunate to have Age UK also attending to provide support for patients after their appointments, linking them in with voluntary sector offers tailored to their individual needs.

Professional nurse advocates

We now have 21 professional nurse advocates (PNAs) working across our services, with one in training and six more waiting to start. PNAs are practicing nurses trained and accredited to provide confidential support to their nurse colleagues. PNA training equips registered nurses with skills to listen and support staff through restorative supervision, career conversations and thematic quality improvements. PNAs aim to help others to deliver high quality patient care and focus on health and wellbeing. They support people to develop personal and professional clinical leadership and improve the quality of professional practice. The benefits include improved job satisfaction, improved working relationships, reduced stress and burnout and increased physical wellbeing. From May 2024 to March 2025, our PNAs facilitated 166 restorative supervision sessions on either on a 1:1 or group basis. 64 career conversations have also been supported.

Solar panels turn Loughborough Hospital green

Loughborough Hospital is benefiting from greener electricity, after 375 solar panels were fitted on its roofs. The panels were paid for from a £180,000 sustainability grant from NHS England. The system will save around 11 per cent of the hospital's electricity costs, or about £50,000 a per year. It will mean around 56 tonnes less CO2 will be released into the atmosphere. Read more about our sustainability work on p53.

Focus on sharps

'Sharps' are needles, blades (such as scalpels) and other medical instruments that are necessary for carrying out healthcare work and could cause an injury by cutting or pricking the skin. Sharps injuries carry the risk of infection and are an occupational hazard for all professionals involved in healthcare. This year we saw an increase in the number of needlestick incidents reported so we used international infection prevention week to launch a campaign to remind staff how to handle and dispose of sharps correctly and safely, and what to do when sharps injuries do occur.

Improving connection with patients

Our neighbourhood mental health teams have introduced the role of Community Connector. Service users now have contact with their neighbourhood mental health team within 72hrs of referral, ensuring early access, increased opportunity for supporting risk management and ensuring prompt response to meet service user needs. Community Connectors identify and understand what matters to patients in relation to their wellbeing. They discuss any areas that may require support, for example, in respect of a patients' health, loneliness, finance or housing. They collaboratively develop and agree a shared vision of appropriate interventions.

Going above and beyond for patients

When a highly specialist wound dressing used by a patient of our community nursing service was no longer available, our nursing team worked with the patient and family to enable an unconventional alternative to be used. No licenced product could be sourced, the patient was at risk of deterioration, and the patient's partner wanted to digitally produce an alternative. Our nursing service worked extensively with specialist and legal advisors to put arrangements in place to ensure that they could continue to safely support the patient to manage this very complex wound.

More timely approach

The Looked After Children's Nursing Team complete a statutory Review Health Assessment (RHA) for all Looked After Children, aged five and over, each year. In February the service started to deliver a midway six-month check. This is an opportunity to link again with the young person / carer around the actions that were identified in the RHA and ensure any health issues are followed up in a timely way. A letter is being shared with our LLR local authority partners which supports the Looked After Children Review Meeting. This gives the social worker and Independent Reviewing Officer (IRO) an up-to-date understanding of health need, which supports better care planning. The objective is to reduce escalating concern and health inequalities.



Effective



Enabling support at home

Our Community Eating Disorders Team continued to support delivery of the Waterlily Inpatient Prevention Programme. This is a pioneering service which provides practical and psychoeducational groups as well as therapeutic interventions for patients with Anorexia Nervosa. The programme is demonstrating significant improvements in weight psychological wellbeing and eating disordered behaviours. Receiving treatment at home enables service users to remain involved in family life and carers are offered advice and skills to help them effectively support their loved one. Waterlily is a pilot of the East Midlands NHS Provider Collaborative for Adults with Anorexia Nervosa. Find out more on the East Midlands Alliance website.

Reducing food waste

Collaboration with NHFT to create a Social Value Community of Practice has led to significantly reduced food waste on our wards. Patients and staff worked collaboratively with a supplier with strong green credentials. As a result, they improved nutrition, introduced crockery in a colour better suited for people with dementia, changed mealtimes and reduced the catering carbon footprint.

Reducing antipsychotic medication

LPT has led a system-wide group looking into prescribing practice for people with learning disability and/or autism. We have been able to reduce the prescribing of medication which is no longer needed (especially antipsychotic medication) to levels lower than most areas across the country. We undertook focussed medication reviews and collaborated with a patient and public voice partner. Through patient and carer workshops and professional training we have been able to empower people with the understanding that there often other ways to manage behavioural issues in people with learning disability and/or autism.

Innovative headsets help treat patients with severe depression

Patients with depression are reporting significant improvements in their symptoms after using a new brain stimulation headset as part of a pilot project being led by LPT. Our crisis mental health team, which supports patients with severe depression who are at risk of admission to hospital, was the first NHS mental health crisis service in the UK to offer the Flow Neuroscience headsets as a treatment option. Flow Neuroscience headsets work by applying a gentle electrical current to stimulate and restore activity to an area of the brain. Wherever possible and when safe to do so, we want to treat people in their homes, rather than in hospital. This is often where they feel comfortable and so can provide a better environment to aid recovery. To read more about Flow's depression treatment visit www.flowneuroscience.com/

Electronic prescribing upgrade

Our inpatient prescribing system was upgraded in February to improve system performance, increase efficiency, enhance patient care quality, and ensure the platform remains aligned with the latest technology standards. Improvements include user personalisation, better overview of charts, medication indication functionality and self-service password reset.

Increasing capacity for specialist audiology services

We have invested further in audiology services to provide more fit-for-purpose testing facilities. Work began in March at Beaumont Leys Health Centre and involves the creation of an audiology viewing room and installation of a specialised audiology testing room and associated ventilation systems. We expect the works to be complete by June 2025. The new facility provides an additional location for this service, to complement the existing facility in Shepshed.

Utilising technology in community health services

We listened to staff who were saying that significant clinical time was being spent capturing and uploading clinical data, and that images (for example of wounds) were not always available to view, resulting in lack of oversight of a patient's condition at the point of triage and between visits. As a result, our community health services have been piloting the use of the Isla digital pathway platform to support patients in their care journey. The platform allows both patients and clinicians to securely capture data to support clinical decision making. It is safe and secure and can be used to share documents, photos, videos and sound recordings which can be simply saved to a patient's care record. It has been piloted in district nursing, podiatry and our lymphoedema non-cancer service. It is being used in community wound care, community nursing, and in therapies to share welcome packs with new patients.

Feedback from the service has been positive, with key outcomes such as improved record keeping, patient prioritisation and efficiency and, very importantly, improved clinical outcomes. Patients have responded positively, saying they enjoyed being able to submit photos of wounds in between visits and that it was easy to use. In one pilot we estimate that use of Isla saved 226 hours of clinical time equating to more than £5,000 in a six-week period.

Mental health care close to home

The Individualised Placement Team was created in November 2023 to repatriate out of area patients to receive care close to home. Between November 2023 and December 2024, 17 people have been discharged or repatriated, reducing the case load by 49% and saving the system an estimated at £1.8 million. Of those repatriated to LLR, two have been readmitted in area. This demonstrates good outcomes for the patient and helps them maintain a better quality of life as patients are repatriated closer to their families/support system.

Safe



Rapid review

We undertook a rapid review of our systems and processes for responding to patient safety incidents, looking at how we learn from these events to improve patient safety. New templates and guidance for staff, and the introduction of roundtable discussions (see page 11) are two improvements following this.

We also introduced the role of family liaison officer, to lead and strengthen our engagement with patients and families involved in safety incidents and introduced safety huddles into our services. These are short meetings that give staff the chance to pause to discuss what is going on with each patient and anticipate future risks to improve patient safety and care. Huddles were first rolled out onto our wards and are now being trialled in community services. Our aim is to create an environment where clinical and non-clinical staff regularly talk and feel safe to raise any concerns.

Our clinical directorates have also strengthened their processes for patient safety incident investigations. For example, DMH now have robust Initial Service Manager Reviews (ISMRS), which are signed off locally before going to the Trust-wide group. The DMH patient safety incident investigation sign-off meeting has representation from medical, nursing, allied health professionals and the executive director. This enhances the ability to learn lessons and share them with the teams through the quarterly DMH 'Safety Scoop' newsletter, as well as via a variety of meetings during the month.

Improved safety following a fall

Following a number of incidents where patients had fallen, we have introduced flat lifting equipment into our community hospital inpatient areas. There are risks to a patient remaining on the floor and hoisting can potentially worsen an injury. Now if a patient falls, following a head-to-toe clinical assessment we can raise them from the floor in a safe and controlled way.

This has significantly reduced the risk of harm for patients who have fallen. The equipment also reduces risk of a musculoskeletal injury to staff. The roll out of equipment was supported by clear training, clinical supervision and a robust system for monitoring the equipment's use. Training is now role specific and mandatory, and compliance is monitored monthly. During the period of the project there were 26 flat lifting events and zero hoisting events. Staff report high levels of confidence in using the equipment. Flat lifting is now standard practice. Our moving and handling advisor and a ward manager from Coalville Hospital led the improvement work and shared it with the rest of the NHS at the national Back Exchange Conference in October.

Safe discharge

We introduced a new Trust-wide policy to support the safe and timely discharge of people from our services. The aim is to maximise wellbeing and independence for the people that we care for. It supports standardisation of good practice for important issues such as effective communication between staff, and involvement of patients, families and carers. The policy is available on our public website.

Non-contact patient observation

This year we introduced training to support non-contact patient observations across our services. Non-contact observation is a method of monitoring a patient's physical condition when the normal approach of using equipment to measure blood pressure, oxygen saturation and heart rate etc isn't possible. This can be for several reasons. These include patients who might be too distressed or confused to be able to safely use the equipment, end of life patients for whom a tight blood pressure cuff might cause unnecessary pain, or patients who do not consent to such monitoring at that time. Traditional monitoring which is used in conjunction with a recognised tool to identify deterioration such as NEWS2 will always be the first line approach. However, when this is not possible we now have training, a process and documentation to help staff to make sure that they are following the correct path of care for their patient, importantly including appropriate escalation of deterioration. Non-contact monitoring involves observing signs such as breathing rate and sounds, skin colour and noting intake of food and fluids as well as any change to normal behaviour.

Prioritising privacy and dignity

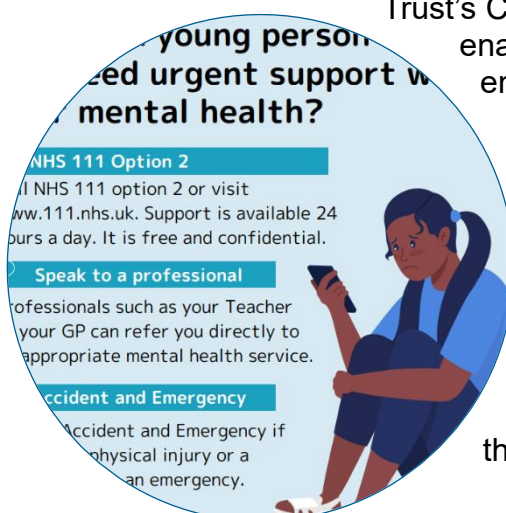
Our ambitious plan to eliminate dormitory accommodation across our adult mental health inpatient wards is complete. Kirby Ward at the Bennion Centre was the last ward to be renovated and opened in December. This has improved the safety, privacy and dignity of patients with mental ill health.

Improving access in CAMHS

Young people continue to wait longer than we would wish to be seen for assessment in our CAMHS service. While waiting, young people are risk assessed and offered review appointments. Following a pilot, CAMHS has introduced a digital contact to help assess the wellbeing and safety of some young people waiting (only those for whom this is risk assessed as appropriate). This provides advice and signposting and flags alert clinicians to any concerns which need following up in person. It has freed up appointments for young people at higher risk and been welcomed by the families using it. Feedback included: "I felt that I could say all the things I wanted to through the questionnaire." "I thought it was a good way of remaining in touch while we remain on the waiting list." The digital contact means that young people don't have to take time out of school to attend a face-to-face appointment, and the contact has an accessibility function which means that it can be translated or read aloud.

Help for young people in mental health crisis

Our CAMHS crisis team have worked with University Hospitals of Leicester NHS Trust's Children's Emergency Department colleagues to enable children and young people who access the emergency department but do not have a medical need to get appropriate support. Anyone who attends in mental health crisis and doesn't require medical intervention will be redirected to our CAMHS Crisis Hub. Patients and families who require support with their mental health can call NHS 111 option 2 and GPs and special educational needs coordinators can refer directly to the CAMHS crisis team. Publicity including QR code access to information is also encouraging young people to refer themselves if they need help.



Well-led



Earlier in the year we conducted an externally facilitated, developmental review of our leadership and governance arrangements. The aim was to identify opportunities for improvement which could be pursued individually or jointly as part of the Group arrangement with NHFT. The external assessors reviewed trust documents, surveyed people and groups, conducted interviews, facilitated staff focus groups and observed a range of meetings. Overall, the assessors found that LPT is led by a highly regarded chief executive and chair, who lead a unitary board, that is open, transparent and sets the tone for the organisation.

They said that LPT is characterised by a strong culture that is values based, with a positive environment that is clearly a priority for the Trust. Trust leaders are valued system players with good profile and strong influence. The Trust has also made detailed refinements to strengthen and align governance and risk management arrangements at board, executive and directorate level. Assessors observed that our approach to facilitating group working had 'won hearts and minds', and staff interviewed were highly positive regarding the type and style of collaboration.

Assessors also identified opportunities to consider, including enhancing medical engagement, ongoing board development activities, increased capturing of board connectivity with the organisation, further strengthening of governance and risk arrangements, enhancing compassionate leadership training, and increasing a focus on sustainability.

The review provided a valuable opportunity to take stock of our leadership and governance arrangements, to share learning across LPT and NHFT, and to identify the actions we will take in the next phase of our development as an organisation. Some of these are already in place and you can read about them in this Quality Account. These include the development of our new vision, mission, and strategy, introduction of new executive service visits, compassionate leadership programme and a new Quality Regulation Excellence Group.

Developing a new vision, mission and strategy

We worked jointly, as Leicestershire Partnership and Northamptonshire Healthcare Associate University Group, to develop our new vision, mission and strategy, which will help guide our work and priorities for the next five years. This sets out how our independent organisations will work together to improve health outcomes for our local communities and help the people we support to thrive.

Throughout 2024/25 we worked with our colleagues, patients, service users, people with lived experience and our wider voluntary, community, local authority and NHS stakeholders and partners, to hear their voices and develop our strategy together. We engaged with and listened to thousands of people who told us what is important

to them, what the strategy needs to prioritise, and took on their feedback about our mission, vision and priorities. We will continue this approach as we develop delivery plans within the Trust. The new vision, mission and strategy will be launched in April 2025. You can find out more about them on our website at <https://www.leicspart.nhs.uk/about/values-visions/>

Widening executive team support through service visits

Executive and non-executive Board members continued to regularly visit our wards and services to meet staff and gain a better understanding of the care that each of the services provides, as well as the issues that they face. This is one way in which Board members find out first-hand about issues and priorities affecting the quality of services to inform their action and decision making. This year we introduced visits from executive directors to areas they're not directly managing, to enable staff to connect with a wider range of executive directors and provide a broader understanding for Board members. In January we also introduced a new process to log, track and report on actions agreed between Board members and staff. This is helping us to evidence that listening is leading to action.

Ensuring sound directorate governance

Our directorate of mental health (DMH) have worked hard to standardise the agendas, terms of reference and escalation reporting for each of their service level and service line meetings. This is to ensure learning is communicated and key priorities and escalations are discussed and consulted on at all levels. DMH have also started a new, more robust, process to ensure standard operating procedures (SOPs) are developed, approved, and reviewed consistently in each service, with involvement from all key teams.

Wellbeing and inclusion check-ins with our executive team

All staff and volunteers are now invited to join regular online 'check in' sessions, led by our deputy chief executive. These open forums are an opportunity for staff to share how they and their service are doing, and/or raise any concerns or suggestions that may help them to continuously improve the way we do things.

Joint work on quality and regulation

In December we launched our joint Quality Regulation Excellence Group (QREG). The meeting brings together colleagues from LPT and NHFT to share information and learning opportunities relating to quality, regulatory compliance and excellence. QREG is initially focussing on six areas: training and preparedness, risks at core service level, being well-led, service user feedback, environmental sustainability, and data systems.

Promoting equality, diversity and inclusion

LPT and NHFT were awarded 'Outstanding Contribution' for promoting equality, diversity and inclusion, in the 2024 Asian Professionals National Alliance NHS Awards. This is recognition for our Group Together Against Racism programme and the work of both Race, Equality and Cultural Heritage staff networks.



Promoting sustainability

Climate change threatens the foundations of good health, with direct and immediate consequences for our patients, the public and the NHS. LPT has a Green Plan for 2022-2025 which sets out how we are supporting the national 'Delivering a Net Zero NHS' plan.



We have a Trust-wide sustainability and greener group and this year they have overseen a wide range of sustainability improvements, including:

- introducing guides and audit tools to support stock management, which are helping to reduce overstocking and inappropriate disposal of products in clinical stores.
- switching to unbleached, recycled paper and reducing the use of coloured paper, to use less energy, water and produce lower carbon emissions.
- introduction of copiers and printers on a network which all staff can access. So far, we have been able to return 82 printers to the supplier for recycling.
- reducing medicines waste. We have worked with schools to provide Salbutamol inhalers and Adrenaline autoinjector supplies, avoiding the need for duplicate prescriptions for each child to keep a spare at school. Over 200 schools have signed up to centralised stock. We have also introduced the role of medicines administration technicians on wards to optimise use of patient's own drugs and begun to recycle insulin pens with the manufacturer. This is preventing plastic, glass and metal from ending up in landfill.
- reducing the use of paper couch roll in our services where this is not clinically required.
- introducing offensive waste bins to reduce the costs and environmental factors associated with disposal of hazardous clinical waste.
- changing food supplier which has reduced cardboard use by two tonnes a month and is saving fuel, emissions and CO2 production by having deliveries less frequently.

Future plans include consideration of re-use of staff uniforms, use of electric vehicles and charging points within the trust, switching continence products and reducing the use of plastics in communication campaigns. Quality improvement methodology will be used to support the sustainability agenda going forward.

Summary



Thank you for reading our Quality Account for 2024/25.

In it we've aimed to describe some of the great work that our staff do day in day out to deliver high quality care, in collaboration with our patients, carers and families. We have also described some of the difficulties we face in meeting increasing demand and expectations within a financially challenging environment. Our focus always is on providing safe care and support underpinned by continuous quality improvement.

Next year is all about making a difference together. As we go into 2025/26 we launch our new strategy: 'THRIVE'. The six key elements of this are: technology; healthy communities; being responsive; including everyone; valuing our people; and being efficient and effective. If we do all these things, together we will thrive, building compassionate care and wellbeing for all. You can also read more about Together we THRIVE, what it means and how it was developed, by reading our strategy document which is available on our public website at <https://www.leicspart.nhs.uk/wp-content/uploads/2025/03/NHS-Group-thrive-strategy-document-FINAL.pdf>

We have declared 2025/26 to be our year of patient safety improvement. You will have read about some of the foundations we laid for this over 2024/25 with rapid review, enhanced safety huddles, new family liaison post, roundtables and more. Our focus going forward is on sustaining the improvements we have made and further strengthening our patient safety and learning culture.

We are extremely proud of our LPT family and their many achievements.

If you would like to find out more about anything included in this Quality Account, or you have ideas about how to make the document better in future, please don't hesitate to get in touch on LPT.feedback@nhs.net

Annex 1: Statements from commissioners, local Healthwatch organisations and overview and scrutiny committees



**Leicester, Leicestershire
and Rutland**
Integrated Care Board

Leicestershire Partnership NHS Trust Quality Account, 2024-25

Leicester, Leicestershire and Rutland (LLR) Integrated Care Board (LLR ICB) Statement

LLR ICB once again welcome the opportunity to provide a commissioner statement on the 2024-25 Quality Account presented by Leicestershire Partnership NHS Trust (LPT). We appreciate the close and sustained relationship that exists between both this provider and the LLR System in delivering safe, effective and patient focussed quality care and wellbeing for the population of Leicester, Leicestershire and Rutland. This is clearly demonstrated throughout this Quality Account.

The quality account plainly describes how the 2024-25 quality priorities have been achieved across LPT's different directorates with demonstrable impacts on service delivery. This represent their commitment to continuous quality improvement and recognising that the organisation is endlessly learning and adapting its services in line with both local and national quality requirements. These achievements, through collaboration and partnership, have supported the objectives of the LLR System and enabled us to deliver good quality care to the LLR patients and services users especially at times of high demand and other System pressures.

We also welcome and support the priorities that LPT have identified for improvement in 2025-26 and look forward to receiving assurances as these progress. We feel confident that these will have a positive impact on delivering safe, effective care with patient experience and staff wellbeing enhanced together with strengthened collaboration.

We look forward to the continuation of our longstanding relationship with LPT in which we will continue to strive to achieve the best possible safe, effective and patient centred outcomes for the people of LLR.

Kay Darby
Chief Nursing Officer
Leicester, Leicestershire & Rutland ICB

LEICESTERSHIRE COUNTY COUNCIL
HEALTH OVERVIEW AND SCRUTINY COMMITTEE
COMMENTS ON THE LEICESTERSHIRE PARTNERSHIP NHS TRUST QUALITY
ACCOUNT FOR 2024-25

MAY 2025

The Health Overview and Scrutiny Committee welcomes the opportunity to comment on the Leicestershire Partnership NHS Trust (LPT) Quality Account for 2024-25

The Committee commends LPT in relation to the CQC inspections and for being able to evidence improvements from previous inspections. It is pleasing that LPT is now rated 'Good' for some services and domains and it is clear that progress has been made from previous years.

The Committee is pleased to note that LPT has now eradicated all dormitory provision for mental health inpatients as this was an issue of concern for the Committee for many years and highlighted in previous CQC reports.

The Committee congratulates the local Learning Disabilities and Autism Collaborative for being nationally recognised for partnership work around improving rates in annual health checks and reducing hospital admissions. At a meeting of the Joint Health Scrutiny Committee in 2024 members received a presentation on the Collaborative and welcomed the improvement in performance and the work being carried out targeting those who had not had a health check in the previous two years.

The Committee notes from the Quality Account that during 2024/25 LPT improved recruitment and retention focus in many ways, including the introduction of a new fit for purpose recruitment IT system. The Committee welcomes these initiatives. Recruitment and retention of staff is an issue of interest to the Committee and at public meetings members have emphasised the importance of the local area growing its own workforce but also attracting people from elsewhere to work in Leicestershire. The Committee is pleased to note that in 2024/25 LPT continued to progress a range of initiatives to support the health and wellbeing of staff, as once staff have been recruited it is important to create a positive work environment that encourages them to stay and settle in Leicestershire. The Committee is pleased that the Quality Account acknowledges the need to reduce dependency on agency workers.

The Committee welcomes the work LPT has undertaken to enable patients to receive mental health care close to home and to repatriate them closer to their families/support system. During consideration of the LLR Suicide Prevention Strategy 2024-29 our members raised concerns that social isolation was a contributing factor towards suicide and suggested that more work needed to be carried out to ensure that people had opportunities to converse with each other. The Committee would be interested in learning about the new loneliness signposting pathway referred to in the Quality Account.

Members were also concerned that the extent that people were suffering from suicidal ideation was usually hidden until it was too late. The Committee was pleased to learn that the NHS 111 phoneline now offers mental health crisis support 24 hours a day, 7 days a week.

The Committee welcomes the initiatives set out in the Quality Account for obtaining feedback from patients, carers and staff. At a recent meeting the Committee looked into how the NHS in Leicestershire obtains insights from patients. Members emphasised the importance of obtaining feedback during the period a patient is undergoing treatment, as well as after, particularly for those with mental health issues. Members welcomed the 'You said, we did' notices which are placed in NHS waiting rooms but suggested that the notices would be more helpful if they included a trajectory for performance and a timescale of when the issue was originally identified.

In recent years the Committee has reviewed LPT's progress with implementing the Step up to Great strategy. The Committee now looks forward to learning about LPT's new strategy – Together We Thrive at future Committee meetings and will monitor progress.

In conclusion, as far as the Committee is aware, the Quality Account is accurate and provides a just reflection of the healthcare services provided.

Healthwatch Leicester and Healthwatch Leicestershire (HWLL) is the local health and social care champion to make sure NHS leaders and other decision makers hear local voices and use local feedback to improve care. We listen to people's views, concerns and suggestions about services and use that information to help shape and improve them.

HWLL is therefore pleased to have been invited to comment on the Trust's 2024-2025 draft Quality Account. It is clear that LPT has introduced many quality improvement projects in the last year and is committed to improving quality and patient experience as well as staff experience and well-being, despite the challenges faced within the NHS in the current climate.

LPT's priorities in 2024-25 of Personalisation of Care, the Triangle of Care, the PSIRF and Pressure Ulcer prevention came under the umbrella of LPT's focus of creating great outcomes through great care being a great place to work and being part of the community. There is a wealth of information in the quality account on the actions that LPT have taken to meet these priorities in terms of new processes, training and information sharing and we look forward to receiving information on the improvement of health outcomes and improved patient experience via the results of the audits and assessments as work progresses.

We are pleased that the Triangle of Care and Pressure Ulcer Prevention remain priorities for 2025-26.

The successful implementation of the PSIRF is to be congratulated however we would like to see more on the learning translated into prevention.

HWLL continues to receive negative public feedback on the long waiting lists particularly for neuro divergent services, where some patients have told us they feel ignored. Whilst we understand the national challenges in this area we would suggest LPT be more open and provide further information to patients and families to enable them to feel supported and not ignored.

The Quality Account clearly shows that LPT strives to work in partnership through their lived experience framework, the triangle of care and shared decision-making to insure that the patient voice is at the heart of LPT. We support the new THRIVE strategy for LPT and are pleased to have been invited onto the membership of the People's Council to represent the voices of the population of Leicester and Leicestershire.

We acknowledge the achievements made in the last year and would like to thank all LPT staff for their commitment to quality and improvement.

Annex 2: Statement of directors' responsibilities for the quality report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.


NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the quality report, directors are required to take steps to satisfy themselves that:

- the content of the quality report meets the requirements set out in the *NHS foundation trust annual reporting manual 2024/25* and supporting guidance *Detailed requirements for quality reports 2024/25*
- the content of the quality report is not inconsistent with internal and external sources of information including:
 - board minutes and papers for the period April 2024 to March 2025
 - papers relating to quality reported to the board over the period April 2024 to March 2025
 - feedback from commissioners received June 2025
 - feedback from local Healthwatch organisations dated May 2025
 - feedback from overview and scrutiny committee dated May 2025
 - the Trust's complaints report published under Regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009
 - the latest national patient survey published 2025
 - the latest national staff survey published 2025
 - CQC inspection report dated 2024
- the quality report presents a balanced picture of the NHS trust's performance over the period covered.
- the performance information reported in the quality report is reliable and accurate.

- there are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice.
- the data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review.
- the quality report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the quality accounts regulations) as well as the standards to support data quality for the preparation of the quality report.
- The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the quality report.

By order of the board


 .24th June 2025 Date.....Chairman


 .24th June 2025..... Date.....Chief Executive

Glossary of Terms

Anchor organisation - An anchor organisation is a large, typically non-profit, public sector organisation whose long-term sustainability is tied to the wellbeing of the populations they serve.

AMaT - Audit Management and Tracking. An online system designed to make auditing easier, faster, and more effective.

AUDIOLOGY - a branch of science that studies hearing, balance, and related disorders.

CAMHS - Child and adolescent mental health services. CAMHS is a range of services for children and young people aged up to 18.

CAP – our Central Access Point is for anyone needing mental health support for themselves or others. They can call the service on 0808 800 3302, 24 hours a day, seven days a week.

Clinical audit - measures quality of care and services against agreed standards and suggests or makes improvements where necessary.

CHS - Community health services. The directorate of LPT which provides inpatient and community services for people with physical health problems.

Commissioners are responsible for ensuring that adequate services are available for their local population by assessing needs and purchasing services (see ICB).

CPA - Care Programme Approach. A system of delivering community services to those with a serious mental illness, based upon the four principles of assessment, care planning, care co-ordination and review. CPA is being replaced nationally with a new care coordination policy.

CQC – the Care Quality Commission is the independent regulator of health and social care in England.

CQUIN - Commissioning for Quality and Innovation. The CQUIN payment framework enables commissioners to reward excellence by linking a proportion of healthcare providers' income to the achievement of local quality improvement goals.

CRN – Clinical Research Network.

DIALOG – is a patient outcome indicator. It is a set of questions that helps to guide a structured conversation between a health professional and service user that is patient centred with a focus on change.

DMH - Directorate of mental health services. The directorate of LPT which provides adult and older persons' mental health services.

EBNI - Evidence-based non-pharmacological interventions.

EIP – Early Intervention in Psychosis.

Equality Impact Assessment - a way of deciding whether an existing or proposed policy, procedure, practice or service does (or may) affect people differently, and if so, whether it affects them in an adverse way.

FFT - Friends and Family Test is a quick and anonymous way for people to give their views after receiving NHS care or treatment. They can say what is going well and what can be improved so people who make decisions about healthcare can take their views into account.

Foundations for Great Patient Care – A monthly forum bringing together board members, lead clinicians, managers and enabling services to share information and learning to support LPT to deliver excellent, safe, quality care.

FYPC/LDA - is the families, young people and children's services/learning disabilities and autism directorate of LPT.

Group arrangement - see NHFT.

Healthwatch – Healthwatch is the local health and social care champion. As an independent statutory body, they have the power to make sure NHS leaders and other decision makers listen to people's feedback and improve standards of care.

ICB – an Integrated Care Board is a statutory NHS organisation which is responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in a geographical area.

ICS - Integrated Care System is a partnership between the organisations that meet health and care needs across an area, to coordinate services and to plan in a way that improves health and reduces inequalities between different groups.

Information Governance Toolkit the framework by which the NHS assesses how well it meets best practice for collecting, storing and sharing information about people.

LeDeR – learning from lives and deaths for people with a learning disability and autistic people.

LFPSE The Learn from Patient Safety Events service is a national NHS system for the recording and analysis of patient safety events that occur in healthcare.

LGBTQIA+ - is an inclusive acronym used to encompass a wide range of sexual orientations and gender identities. It stands for Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual/Aromantic, and the "+" signifies that there are additional identities not covered by these letters.

LLR - Leicester, Leicestershire and Rutland – this is our local healthcare area.

MDT - Multi-disciplinary teams are made up of members representing different healthcare professions with specialised skills and expertise, who collaborate to make decisions.

MHSOP - Mental health services for older people.

NEWS2 - National Early Warning Score, version 2, a scoring system used in healthcare to assess a patient's risk of deterioration.

NHFT - Northamptonshire Healthcare NHS Foundation Trust. LPT and NHFT have worked in a group arrangement since 2021. In 2023 the group entered into a formal partnership with the University of Leicester to build on the existing relationships to further develop the medical teaching, training, and health sciences research we provide to health professionals. The partnership helps us to create centres of academic excellence, grow our innovation and build upon our reputation as excellent teaching and research delivery organisations. It also means that LPT and NHFT have become Associate University Trusts, which is the first step towards acquiring University Teaching Hospital status in the future. As a result of the partnership, the group is known as the Leicestershire Partnership and Northamptonshire Healthcare Associate University Group. Collaboration as a group offers opportunities to make a difference together through sharing best practice and learning.

NHS number - is the unique identifier for patients. It must be used alongside other demographic information to identify and link the correct records to a particular patient.

NICE – the National Institute for Health and Care Excellence provides national guidance and advice to improve health and social care.

NIHR - the National Institute of Health Research is a national body established to commission and fund NHS and social care research in public health and personal social services.

NRLS – the National Reporting and Learning System is a national system which collects information on safety incidents to enable analysis and generate learning to improve the state of care.

OFOW - Our Future, Our Way – LPT’s culture, leadership, and inclusion programme, which includes staff across the Trust acting as ‘change leaders’ to help improve staff and patient experience.

PDSA – plan, do, study, act - a framework for developing, testing and implementing changes leading to improvement.

People Promise Indicators - The NHS People Promise indicators are a set of key areas identified by the NHS as crucial to improving the staff experience and retention.

PHQ – Patient health questionnaire.

POMH – Prescribing Observatory for Mental Health.

PPI – patient and public involvement.

Protected characteristics - people have a right not to be treated less favourably, or subjected to an unfair disadvantage, by reason of a protected characteristic. It is against the law to discriminate against anyone because of age, gender reassignment, being married or in a civil partnership, being pregnant or on maternity leave, disability, race, religion or belief, sex or sexual orientation.

PSIRF – the Patient Safety Incident Response Framework sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety.

QI - Quality improvement - is the use of a systematic method to involve those closest to the quality issue in discovering solutions to a complex problem.

QSIR - Quality, Service Improvement and Redesign.

Restorative supervision is a type of clinical supervision that focuses on supporting the practitioner's wellbeing, resilience, and motivation, especially in the face of challenging and stressful situations.

R&DT – Research and development team.

SMART - stands for Specific, Measurable, Achievable, Relevant, and Time-bound.

SOP – standard operating procedure.

SPINE – Spine supports the information technology (IT) infrastructure for health and social care in England, joining together healthcare IT systems in thousands of organisations.

VHSA – Valuing High Standards Accreditation. The Trust-wide self-assessment tool enabling staff to review and measure their service performance, to ensure high standards are being met and maintained.

Contact us

We welcome your questions or comments on this report or our services.

Comments should be sent to:

Chief Executive
Leicestershire Partnership NHS Trust
Room 100/110 Pen Lloyd Building
County Hall
Leicester Road
Glenfield
Leicestershire
LE3 8RA

Telephone: 0116 295 1350

Email: LPT.feedback@nhs.net

You can also follow the Trust on social media: X (formerly known as Twitter)
@LPTnhs Facebook/LPTnhs YouTube/LPTnhs

Website www.leicspart.nhs.uk

You may also be interested to read our Annual Report for 2024/25, which complements this Quality Account.

Copies of both documents are available on our website at www.leicspart.nhs.uk or from the communications team at the above address.

Need this report in a different language?

If you need this information in another language or format, please telephone 0116 295 0903 or email: Patient.Information@leicspart.nhs.uk

Arabic

إذا كنت في حاجة إلى قراءة هذه المعلومات بلغة أخرى أو بتنسيق مختلف، يرجى الاتصال بهاتف رقم 0116 295 0903 أو إرسال بريد إلكتروني إلى: Patient.Information@leicspart.nhs.uk

Bengali

যদি এই তথ্য অন্য কোন ভাষায় বা ফরমেটে আপনার দরকার হয় তাহলে দয়া করে 0116 295 0903 নম্বরে ফোন করুন বা Patient.Information@leicspart.nhs.uk ঠিকানায় ই-মেইল করুন।

Traditional Chinese

如果您需要將本資訊翻譯為其他語言或用其他格式顯示，請致電 0116 295 0903 或發電子郵件至：Patient.Information@leicspart.nhs.uk

Gujarati

જો તમારે આ માહિતી અન્ય ભાષા અથવા ફોર્મેટમાં જોઈતી હોય તો 0116 295 0903 પર ટેલિફોન કરો અથવા Patient.Information@leicspart.nhs.uk પર ઇમેઇલ કરો.

Hindi

अगर आप यह जानकारी किसी अन्य भाषा या प्रारूप में चाहते हैं तो कृपया 0116 295 0903 पर हमें फोन करें या Patient.Information@leicspart.nhs.uk पर हमें ईमेल करें

Polish

Jeżeli są Państwo zainteresowani otrzymaniem niniejszych informacji w innym języku lub formie, prosimy skontaktować się z nami telefonicznie pod numerem 0116 295 0903 lub za pośrednictwem poczty elektronicznej na adres: Patient.Information@leicspart.nhs.uk

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਜਾਂ ਫਾਰਮੈਟ ਵਿੱਚ ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ 0116 295 0903 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ ਜਾਂ ਇੱਥੇ ਈਮੇਲ ਕਰੋ: Patient.Information@leicspart.nhs.uk

Somali

Haddii aad rabto in aad warbixintan ku hesho luqad ama nuskhad kale fadlan soo wac lambarka 0116 295 0903 ama email u dir: Patient.Information@leicspart.nhs.uk

Urdu

اگر آپ کو یہ معلومات کسی اور زبان یا صورت میں درکار ہوں تو براہ کرم اس ٹیلی فون نمبر 0116 295 0903 یا ای میل پر رابطہ کریں Patient.Information@leicspart.nhs.uk