

# Annual Report

## 2024/25



# Introduction

Our annual report is a review of our activity during the past financial year - 1 April 2024 until 31 March 2025. It includes information on our performance, from clinical to financial. It describes our organisation, governance and leadership, and reviews the care we provided.

You can read more about the quality of care in our Quality Account, which is published separately, by visiting our website: [www.leicspart.nhs.uk/about/what-we-do](http://www.leicspart.nhs.uk/about/what-we-do).

**Welcome to our  
Annual Report  
and Accounts  
2024-25.**



# Reading this report

This annual report is divided into three sections.

## Part one:

### Performance report

In this section, we share our history, purpose and model, along with our strategy, mission and objectives. It also analyses our performance and activities. It also includes our sustainability report, sustainability report, and social responsibility – for our patients and service users.

- **Sustainability report**

In this, we share our commitment to having a positive impact on both the planet and our local communities.

- **Social responsibility and involvement**

Here we share how we place patients, carers and their families at the centre of everything we do.

- **Engaging our staff**

In this section, we share how we continue to build on the improvements made in staff and patient experience.

## Part two:

### Accountability report

This report covers how we are governed, led and organised. You can read how we are accountable for the care we provide and our focus as an organisation.

## Part three:

### Finance report

This includes our financial performance and status during the year. Tables show how much funding we received and what we spent – on delivering services to patients, maintaining our buildings and running the organisation for example.

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# Our performance report

## Welcome from our chief executive and chair

We are pleased to introduce this year's Annual Report 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.”**

We have continued to work closely with our system partners across Leicester, Leicestershire and Rutland, our Group and our region over the last year to address the increasing demand on our services whilst enhancing value in healthcare. Patient safety has remained our number one priority, and we are grateful for the hard work and commitment of our LPT family and partner organisations.

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 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 of our services.

### Great care

- There has been continued transformation of mental health services through the shadow mental health collaborative we lead. We have widened our community support through a new voluntary sector alliance of over 100 organisations, more neighbourhood mental health cafes hosted by voluntary organisations in over 25 locations across our area and a new community mental health neighbourhood model, reaching people and providing services and support close to where they live.
- This year we have had a strong focus on enhancing our community bed provision and accessible community support for children and young people, in addition to integrating our neighbourhood teams.
- The success of 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.
- In this year's national PLACE Assessments of mental health care environments in partnership with patients and staff, we were proud that our Trust was the top mental health trust in the country for cleanliness and privacy, dignity, and wellbeing. We sustained our perfect 100% score for cleanliness and almost perfect 99% for privacy, dignity, and wellbeing.

## Great place to work

- 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. Around 4000 staff, that's 58.4% of our LPT family shared their views in the NHS Staff Survey 2024, which was significantly above the national average response rate (50% for all Trusts and 54% for community and mental health trusts like ours). We were pleased to see that we are now above the national average for all nine of the national People Promise indicators. There was a significant rise in those recommending LPT as a place to work and receive care, which are now both above the national average, and significant rises above the national average in several other areas. 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.
- Our culture improvement programme Our Future Our Way was relaunched with over 80 change leaders who have engaged staff and volunteers to understand and build upon our successful staff survey results. They have subsequently focused on four priority areas to further improve our culture at LPT, so that it becomes an even greater place to work for all. The priorities relate to managing expectations, psychological safety, health and wellbeing and career progression. All areas have seen an improvement in the staff survey results which is a testament to the commitment of our fantastic change leaders.

## 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 NHFT and University of Leicester which support a shared resource and improved collaboration potential for research and teaching. We have continued to evolve and roll out our exciting roadmap for University Hospital Status agreeing three key areas of work: improving our knowledge, education and improving the care we deliver. We have also started to explore the concept of multi-professional training which will be a first nationally if we are successful.
- In the face of local unrest, including the deeply concerning issues of racism nationally, we have stood united with our colleagues and the wider community to make a difference. Our **Together against racism** group has been instrumental in addressing these challenges, providing a dedicated platform to find solutions and support those who need it most. We are committed to listening, learning, and responding to the needs of all the communities we serve.
- We are really proud to announce the implementation of the Trust's Lived Experience Leadership Framework. Our lived experience partners have completed a recruitment process and have been matched to roles across LPT's clinical directorates, in addition to Patient Safety, Peoples Council, and within our Corporate functions for training. This ensures patient voice is at the heart of our services.
- We are an active member of the ICS partnership board, executive and design groups transforming LLR. LPT continues to take significant leadership within the LLR transformation programmes for Mental Health, Learning Disabilities and Autism, and Digital. We are also a pro-active strong partner in the East Midlands Alliance of Mental Health providers, including our lead role for adult eating disorders across the region.

## Looking ahead

As we closed the financial year, the UK government announced plans to shift NHS focus so that Integrated Care Boards (ICB) and trusts have more flexibility. With the emphasis on patient choice and control, NHS England will close for a more regionalised focus in future.



We continue to build on our strong relationship with Northamptonshire Healthcare Foundation Trust (NHFT) through our Group, 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 and increase our productivity by only doing things once where we can do them together. This way of working is crucial to our continued success and development. We are all leaders at LPT and we all make a difference.

Our summary Financial Accounts for 2024/25 are presented with this Annual Report in Appendix A. As with the rest of the NHS, it has been another challenging year, particularly in relation to finances and we close our annual accounts with an 11k surplus (this excludes impairments and other technical adjustments which do not form part of our financial control basis). We thank all of our staff for their continued and significant efforts to deliver high quality care whilst making efficiencies. Our value for money approach will continue to be a focus in the coming financial year.

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

Finally, thank you to everyone who makes up the WeAreLPT family – our staff, volunteers, service users and partners. You have played a significant part in our Step up to Great improvement journey over the last year, demonstrating outstanding examples of practice and commitment.



A handwritten signature in black ink, appearing to read 'Crishni Waring'.

Crishni Waring, Chair of LPT



A handwritten signature in black ink, appearing to read 'Angela Hillery'.

Angela Hillery, CEO of LPT

# About us

In April 2011, mental health and learning disability services in Leicester, Leicestershire and Rutland were brought together with local community services and families, children and young people's services to create Leicestershire Partnership NHS Trust as we know it today.

We provide community health and mental health support to over 1 million people living in Leicester, Leicestershire and Rutland. Our services touch the lives of all ages (from health visiting to end of life care), from head to foot (from mental health to podiatry) and everything in between. We have 8685 staff (including bank staff) who provide this care through three clinical directorates:

- Mental health services
- Families, young people and children's services and learning disabilities and autism services
- Community health services

Their work would not be possible without our enabling and corporate services staff, alongside our hosted service providers and over 200 volunteers.

**During 2024-25, LPT was commissioned to provide 120 relevant health services. Mental Health and Learning Disabilities account for 75 services and Community Health Services make up the remaining 45.**

## LPT in numbers



**8.6k**

staff  
(including bank staff)



**234k**

active caseloads



**2.1m**

community contacts



**100+**

premises



**187k**

bed days



**89%**

positive FFT ratings



**£453.3m**

income



**235**

active volunteers

## Our population and the community we serve

Our Trust provides a range of community and mental health services from many different locations across Leicester, Leicestershire and Rutland (LLR), including in hospitals, longer term recovery units, community and outpatient clinics, day services, GP surgeries, community centres,

schools, health centres, people's homes, and care homes. A small number of specialist services are also provided to wider geographical areas, primarily in the East Midlands adjacent to Leicestershire, this includes our Adult Eating Disorders, Low Secure and Huntington's Disease Services.

The population of LLR is over 1.1m and is expected to grow in the coming years. Just under two thirds of the population live in Leicestershire, just under one-third in Leicester city and the balancing four per cent in Rutland. With a population of this size, our Trust serves more people than the average community and mental health NHS Trust.

In some wards within the city up to 80% of residents are from ethnic minority groups. Leicester is a growing city with a younger than average population, this is in part due to its two universities and high levels of migration into the city.

Leicestershire and Rutland are less diverse, with around 10% and 3% respectively belonging to ethnic minority groups. Rutland has an older population, than the average, with nearly 24% aged over 65.

### **Our health**

We have many stark health inequalities across our area. In Leicester we serve some of the poorest areas of the country alongside some of the most affluent, in Rutland.

Leicester is ranked as the 32nd most deprived local authority area in the country (out of 317). Just over a third (35%) of the city's residents living in an area classified as the most deprived 20% nationally.

Although Leicestershire and Rutland are not identified as deprived there are some pockets of significant deprivation, particularly in parts of Loughborough and Coalville.

Rutland is more affluent than England as a whole. However, issues regarding rurality and access contribute to inequalities of other kinds.

### **Our local health economy**

Our Trust operates in a mixed health economy with the NHS, local authorities, independent and third sector providers all delivering services. This mixed economy is supported by a considered, proactive engagement model which acts as an enabler for the Leicester, Leicestershire and Rutland (LLR) Integrated Care System (ICS). We are an active member of the ICS partnership board, executive and the supporting partnerships and collaboratives, which are all working together to transform health and care services in LLR - to tackle inequalities in health and improve the health, wellbeing and life experiences of our local population.

### **LLR Health and Wellbeing Partnership**

As an integrated care partnership (known as the LLR Health and Wellbeing Partnership) we are committed collectively to our goals: patients will experience quicker diagnosis, care closer to home in improved facilities, higher quality services, earlier intervention in long-term conditions,

improved wellbeing, more digital healthcare options where appropriate, and greater integration between healthcare providers so patients have seamless care between organisations.

As a system, we have committed to working together with respect, trust and openness, to:

- ensure that everyone has equitable access and high-quality outcomes
- make decisions that enable great care
- make decisions and deliver services as locally as possible
- develop and deliver services in partnership with our citizens
- make the Leicester, Leicestershire and Rutland health and care system a great place to work and volunteer
- use our combined resources to deliver the very best value for money and to support the local economy and environment.

Visit the Health and Wellbeing Partnership website at:

[leicesterleicestershireandrutlandhwp.uk/about/](http://leicesterleicestershireandrutlandhwp.uk/about/)

#### **Our key collaborators include:**

- Leicester, Leicestershire and Rutland Integrated Care Board (ICB)
- University Hospitals of Leicester (UHL)
- Primary Care Networks (PCNs) in LLR
- District councils
- East Midlands Ambulance Service
- Leicester, Leicestershire and Rutland unitary authorities
- Local and national third sector organisations
- Neighbouring acute, community and mental health trusts
- National NHS providers
- Private sector providers

#### **Our commissioners:**

- Leicester, Leicestershire and Rutland Integrated Care Board.
- Leicester, Leicestershire and Rutland unitary authorities NHS Provider Collaboratives
- NHS England

## **Our Group – Leicestershire Partnership and Northamptonshire Healthcare Associate University Group**

Following a successful buddy relationship with NHFT in 2019, we entered a group arrangement in April 2021 as the Leicestershire Partnership and Northamptonshire Healthcare Group. Over this last year we are pleased to have progressed this relationship further through our new collaboration with the University of Leicester to become the Leicestershire Partnership and Northamptonshire Healthcare Associate University Group.

As we move forward into the new financial year our ambition and focus now is working towards Group University Hospital status. This work will build on the current relationship between the

organisations to further develop the medical teaching, training, and health sciences research they provide to health professionals. If successful we will be one of if not the only integrated community provider to be recognised as University Hospitals.

The work of the Group for 2024/2025 has continued to be centred on several joint improvement priorities, which serve both trusts and enhance their own individual strategic ambitions. The priorities are agreed by the NHFT and LPT Board of Directors annually, though subject to regular scrutiny through the year by a Joint Working Committee drawn from each Trust Board. This comprises the joint Chief Executive, both Chairs, an equal number of nominated non-executive directors from each trust Board and the directors with identified Group Model responsibilities. Since Crishni Waring became the joint Chair of LPT and NHFT, she has chaired the Joint Working Group. Previously to this the Trust Board Chairs of LPT and NHFT chaired this meeting on a rotational basis.

Supporting Angela Hillery in an executive capacity with the Group work during 2024-25 were:

- David Williams who operates as the Group Director for Strategy and Partnerships across both LPT and NHFT.
- Paul Sheldon is the Group Chief Finance Officer, the estates and sustainability lead in both trusts.
- During the year we have also identified and increased the number of other shared roles across the Group; this enables us to share knowledge and skills across organisations, improve our outcomes and make great use of our people.

As a Group, we continue to strive for excellence and believe we can create significant benefits that increase our scope of influence, strengthen our resilience, and drive best practice. We recognise that by doing some things in collaboration we will be able to achieve more. This will benefit our workforce and our population and enable better outcomes for everyone. Both organisations retain their own identities and have agreed to work together on some key priorities. Our areas of focus for 2024/5 have been:

- Together Against Racism – our anti-racism strategy
- Talent Management
- Leadership and Organisational Development
- Innovation and Research
- Quality Improvement
- Governance
- Strategic Finance
- Strategic Estates

We have also continued to progress our role as Anchor organisations and the commitments we made in our [social value charter](#), increasing our commitment to social, environmental, and economic improvements in the communities across Leicestershire Partnership and Northamptonshire Healthcare Associate University Group.

For 2025/26 the following priorities have been agreed:

- Together against racism

- Talent Management and Organisational Development
- Provider Collaboratives
- Research and Innovation
- Quality Improvement
- Social Value
- Group Value
- Joint Governance

The Joint Working Group has also agreed that we will now transition to the next phase of our evolving collaboration and partnership with NHFT and from April 2025 a new Joint Board will be established and convene in public. This is an exciting development and will ensure that both Trusts benefit from shared learning which in turn benefits our patients and improved productivity by only having to do things once.

**East Midlands Mental Health, Learning Disability and Autism Alliance** – as a collaboration between NHS mental health provider Trusts in the East Midlands, we continue to work together on new regional care models. We are leading on improving the Adult Eating Disorders care pathway across the region through this provider collaborative. Our work has also included the appointment of a shared role to focus on identifying shared research and innovation working in partnership with Health Innovation East Midlands.

## Working as a system partner

We are hugely proud of the work we have been doing with system partners to develop the first **LLR Collaborative for Learning Disability and Autism (LD&A)**. The aim of the collaborative is to develop joined up personalised care for people living with learning disabilities and autism, their carers and families. There is opportunity for sharing and focusing the skills and resources from all partners, including local authority, voluntary services and the NHS, on the needs of the things that matter most to families. The collaborative has gone from strength to strength and is now recognised nationally for the success it has achieved.

NHS England have created and published a new case study which illustrates how collaborative working has transformed the lives of people with a learning disability, autism or both, in Leicester, Leicestershire and Rutland.

Through work led by the Learning Disability and Autism (LDA) Collaborative, the case study details how local learning disability services are now in the top third for performance in the country, achieving all targets set. These include carrying out more health checks than ever before – delivering to more than two-in-three (71%) local people with a learning disability, and reducing by one-in-four the number of people having long-term stays in hospital since 2019.

The case study also notes that the ‘success can be attributed towards the system’s commitment to delivering a full cultural change and recognising the valuable insight that different system partners bring when coming together to design and deliver solutions for their local population’.



Read the case study on the NHS England website here: [www.england.nhs.uk/long-read/case-study-collaborative-working-transforms-the-lives-of-people-with-a-learning-disability-autism-or-both-in-leicester-leicestershire-and-rutland-integrated-care-system/](https://www.england.nhs.uk/long-read/case-study-collaborative-working-transforms-the-lives-of-people-with-a-learning-disability-autism-or-both-in-leicester-leicestershire-and-rutland-integrated-care-system/)

The demand for **urgent and emergency care services** is very high; LPT provides urgent mental health care services, we support University Hospitals of Leicester through rapid response community services, virtual wards, enabling people to leave hospital earlier and be at home while receiving care.

Working with local authorities and other partners we are **supporting children, young people and their families**. Working together to provide universal services, school aged immunisations, advice and guidance through school nursing and our ChatHealth digital tool. The work of our mental health support teams in schools continues to go from strength to strength.

Supporting the health and care for **young people with special education needs and disabilities** (SEND) is a joint focus for local authorities and ourselves and we are proud to provide a high level of support with our partners.

A key success in our **Better Mental Health for All transformation programme** has been creating new networks across organisations to support our communities in Leicestershire, Leicester City and Rutland. It has been part of our LLR shadow mental health collaborative, developing system partnership working to deliver the outcomes of the public consultation we held in 2021. Grants to the local voluntary sector have enabled innovative and new services to develop and help our communities, including a range of 25 mental health neighbourhood cafes and other bespoke support, which is now all outlined on a new social prescribing website called Joy ([www.LLRjoy.com](http://www.LLRjoy.com)).

As part of our Step Up to Great Strategy we committed to **reaching out to our local communities**. During this year we implemented several initiatives; from relaunching our WeCitizen project where staff are encouraged to volunteer with partner organisations and building on the SWAP Programme with local colleges and the DWP to share information on employment opportunities in the NHS. This work is being expanded to include opportunities for the homeless and veterans. We have continued to build on our commitment to being an **Anchor Organisation** through our social value work in 2023/24.

# Year in review – mental health services

## **Visiting hours extended at our wards and units**

In April we extended visiting times to support patients' and service-users' health, wellbeing and care. Visiting hours were increased to between 11am and 7pm at our adult mental health inpatient wards and families and carers can request to visit outside of these hours by talking to the nurse in charge.

## **Football stars launched new gym equipment**

In April stars from Leicester City Football Club launched new gym equipment to help mental health patients with their physical health.

The Vichai Srivaddhanaprabha Foundation, which was set up in memory of the club's late owner, donated towards the £5,000 new multi-gym at our Bradgate mental health unit, with the remainder of the funding coming from our charity Raising Health.

Players Patson Daka and Harry Souttar joined club ambassador Alan Birchenall to try out the equipment.

Patson Daka said: "This is an amazing facility. The staff here do things that make a huge difference to people's lives."

Mark Shenton, the gym's instructor, said: "This is going to make a vast difference...exercise is very important. It helps your motivation, your confidence, it helps you to be happier."

## **Mental health crisis support now available by calling 111 option 2**

From April, people across Leicester, Leicestershire and Rutland were able to call NHS 111 option 2 for urgent mental health support. This was an alternative number to reach our Central Access Point, which provides 24-hour support, every day of the year for people in mental health crisis.

The 111 number is already well known and more importantly, easier for people to remember than the previously used 0800 number.

Our staff received a significant increase in calls but have worked very hard and shown great dedication to provide support.

## **Maternal Mental Health Awareness Week**

During the week we provided details of signs to look out for and the wide range of support available for parents of babies and toddlers struggling with their mental health.

Around one in four women are affected by perinatal mental illness during pregnancy or within the first year after birth – and more than two-in-three (around 70%) will hide or underplay maternal mental health difficulties.

Tanya Hibbert, executive director of mental health services, said: “Many new parents find having a baby impacts their emotional wellbeing and mental health. Although it is often a very special time, it can also be stressful and exhausting – and for some, it can have a significant impact on their mental wellbeing.”

### **Get moving more for your mental health**

During Mental Health Awareness Week in May we encouraged people of all ages across Leicester, Leicestershire and Rutland to get moving for their mental health.

Physical activity has huge potential to enhance our wellbeing and can play a vital role in both preventing mental health issues occurring and improving the quality of life for people who are experiencing poor mental health.

Many events were held for all ages and abilities including walks, dancing, sports, gardening, Pilates, music and movement, and even a treasure hunt! We also produced a mental health and activity poster – full of advice on the key benefits of moving and tips on doing what is right for you.

### **Leicestershire Recovery College continues to grow**

Leicestershire Recovery College held an open day in June at their new city centre location for prospective students and those who care for them. The college offers a range of free, recovery-focussed educational courses and resources for people who have experienced mental health challenges. The wide range of courses – including ‘humour for recovery’, managing anxiety’ and ‘gardening for wellbeing’ - have provided skills and confidence to support over 3000 students over the past 11 years.

College staff also provide at least one course per term across Leicestershire and Rutland, including in Coalville, Hinckley, Loughborough, Market Harborough, Melton Mowbray and Oakham.

### **Mental Health Triage Car service shortlisted for HSJ award**

Our Mental Health Triage Car service – which we run with Leicestershire Police - was shortlisted for the Seni Lewis Award 2024 at the national HSJ Patient Safety Awards - which recognises safety, culture and positive experience in patient care.

The Mental Health Triage Car service provides ‘on-the-scene’ assistance from our mental health specialists to individuals potentially experiencing a mental health crisis in public places, whilst reducing demands on valuable police time.

Where individuals are deemed at significant risk to themselves and/or others, the Triage Car service works with other healthcare and support services to ensure they are helped to a therapeutic and health-based facility rather than being taken to police custody.

Leicestershire Police report the service has effectively halved the number of individuals detained on emergency police powers under the Mental Health Act.

## **Better Mental Health for All event focuses on future key priorities**

One hundred partners from across the voluntary sector, NHS and local authorities came together in October to focus on future key priorities, as part of the Leicester, Leicestershire and Rutland (LLR) mental health collaborative; The Better Mental Health for All Partnership Network.

The conference focused on three key areas of mental health transformation: children and young people's mental health, personality difficulties and suicide prevention - to support earlier intervention and prevention so that if people start to feel unwell or unable to cope, they get the support and treatment much more quickly and from the right services.

## **Leicester College artists brighten mental health centre**

Students helped brighten up a mental health therapy unit - the Hawthorn Centre, at Coalville Community Hospital - with a giant wall mural at the start of the new learning year.

Natalie Ventrone, work experience co-ordinator, led the group of BTEC art and design students, who worked with professional artist Indre Rimselyte - using staff and patients' views on the design.

Natalie said: "They were keen to give the space a less clinical feel and create a more relaxed and inviting environment. We came up with the concept of The Secret Garden – bringing the outside in."

The artwork was funded by Broom Leys Cricket Club and Broom Leys Football Club, who held a charity football match last year.



## **World Mental Health Day urges us to prioritise mental health in the workplace.**

We worked with a number of organisations across Leicester, Leicestershire and Rutland to promote a wide range of events and activities for World Mental Health Day (10 October).

### **Bridging Barriers with Men: the difference in communication**

The event, sponsored by LPT and Leicester City Council, raised awareness of male mental health. The 90-minute webinar provided valuable insights, and fostered meaningful conversations demonstrating the community's strong commitment to improving male mental health.

## **Oadby and Wigston Mental Health and Wellbeing event**

This event included a variety of practical sessions and information stalls such as *Keep Your Cool: Coping Strategies to Build Your Resilience* by Turning Point Mental Health Service, *Healthy Workplaces* from Public Health and *Mindful Movement and Self-Care* by Buddhi to Buddhi encouraged self-care practices.

## **Headsets to treat patients with severe depression**

Patients with depression in Leicester, Leicestershire and Rutland have reported significant improvements in their symptoms after using a new brain stimulation headset used by our crisis

mental health team. The 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 during a pilot project.

For the majority of patients, their feedback showed the headsets made a significant improvement. Around 80% reported a decrease in their depression symptoms, with some patients experiencing a drop in suicidal ideation by up to 75%, compared to how they reported feeling at the beginning of the pilot.

# Year in review – community health services

## **Rutland has party of the century**

Staff at Rutland Memorial Hospital held a family fun day to mark the hospital's 100<sup>th</sup> birthday.

The event took place in the hospital grounds during August 2025.

The hospital was built to commemorate those who died in battle during the First World War. A plaque at the hospital says: "The Rutland County Hospital. Opened 1924. Erected to the honoured and loved memory of the men who in the terrible years of war 1914-1918 gave their lives for their country and their souls to God."

In 2023 the hospital underwent a £1.5m refurbishment programme to repair leaks, replace ageing boilers, make patient areas more comfortable, and to introduce more efficient lighting.

## **Two of our senior community nurses have joined the ranks of nursing royalty**

Karen Watkins and Tracy Yole were each made Queen's Nurses by the Queen's Nursing Institute.

The title Queen's Nurse is awarded by the Queen's Nursing Institute to nurses who work in the community and have proved their dedication to the role. It offers opportunities to network with peers and further study.

Karen is the senior nurse for complex care, leading the clinical care for nurses who cover Rutland, Melton, and much of Charnwood.

Tracy currently works as deputy head of nursing for our community health services. That means she is the professional lead for around 700 community nurses and healthcare assistants who work across Leicester, Leicestershire and Rutland, delivering care to patients in their own homes.

## **A brighter, updated, ward has reopened at St Luke's Hospital, Market Harborough**

Ward 3 had a three-month closure to replace its roof, and install new fire doors which meet current safety standards.

Contractors also took the opportunity to "box in" pipework in the patient areas, install dementia-friendly markings, and give the place a thorough redecoration.

The 14-bed ward provides care for sub-acute patients, including many who need an intermediate stay between treatment at Leicester's acute hospitals and a return home.

St Luke's other inpatient ward provides care for those who have experienced a stroke.



## **Solar panels turn Loughborough Hospital green**

Loughborough Hospital will benefit 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% of the hospital's electricity costs, or about £50,000 per year. It will mean around 56 tonnes less CO2 will be released into the atmosphere.

Loughborough Hospital needs electricity 24 hours a week, 365 days a year. It currently has three 24-hour inpatient wards, as well as an urgent treatment centre and a wide range of outpatient clinics.

Our Trust currently also has solar arrays at two other seven-day-a-week units – the Beacon Unit for young people, and Watermead ward at the Bradgate Mental Health Unit.

## **‘All movement matters’ on Stop the Pressure Day**

During last year's Stop the Pressure Day, our tissue viability service shared public messages of how all movement matters when it comes to pressure ulcer prevention.

They shared some of their top tips to help reduce pressure ulcers in a new social media reel.

Pressure ulcers, sometimes known as bed or pressure sores, can be incredibly distressing and painful – and can become life-threatening if they become infected. They usually develop gradually on bony parts of the body, such as the heels, elbows, hips and tailbone. We are committed to ensuring pressure ulcer prevention in our community health services.

## **Community nurse shortlisted for a Nursing Times' Nursing in the Community Award**

Community nurse, Natalie Leggatt was shortlisted for a Nursing Times' Nursing in the Community Award for her work helping to improve the support for adults with type 2 diabetes to become independent with insulin administration,

Natalie, who was a student district nurse at the time, led a project to identify the barriers preventing people from managing their insulin. She then addressed these by working with community nurses and people with type 2 diabetes to design new solutions and resources.

The project resulted in the development of new information leaflets, featuring pictorial and Easy Read content, and the introduction of new care plans and an insulin guidance checklist.

The results were so successful, the materials were introduced in other teams across the Trust and the wider LLR care system, including social care, GPs and hospitals.

# Year in review – families, young people's and children's services and learning disability and autism services

## **Health equity champions across LLR recruited to tackle health inequalities for autistic people and people with learning disabilities**

Around 70 people working at local football clubs, cafes, care providers and other venues across Leicester, Leicestershire and Rutland (LLR) committed to make physical health services more equitable for autistic people and people with learning disabilities by becoming health equity champions, as part of a programme run by the LLR Learning Disability and Autism (LDA) Collaborative. As part of their role, the health equity champions, including representatives from Leicester Tigers, pledged to provide more inclusive and accessible information, review recruitment processes and look to empower policy changes.

## **Cervical screening videos for people with learning disabilities**

As part of Learning Disability Week and Cervical Screening Week the LLR LDA Collaborative launched two new videos to encourage people with learning disabilities to come forward for cervical screening.

The videos, which aimed to dispel myths and provide reassurance, featured people with learning disabilities. Since launching the videos have had over 1,000 views. The first [cervical screening video published on YouTube](#) aimed to separate facts and myths around cervical screening. The [second video](#) shared an experience of a cervical screening appointment through Cali's story. The videos have been shared across the Midlands for other Trusts to use by NHS England.

## **LLR took the top spot in the Midlands for annual health checks for people with a learning disability**

A project run by the LLR LDA Collaborative to boost the rate of physical health checks completed for people with learning disabilities was announced as being the most successful in the Midlands. LLR was also found to be one of England's top five best performing areas for this work, with 82.6% of annual health checks being completed during 2023/24.

## **Two projects shortlisted for a Nursing Times Award**

Learning disability nurse and clinical research delivery nurse, Sarah Rabbitte, was shortlisted in the Clinical Research Nursing category for her work supporting meaningful patient and public involvement in the DECODE (Data-driven machine-learning aided stratification and management of multiple long-term COnditions in adults with intellectual disabiliTiEs) research study.

The team behind the Healthy Together Helpline, which offers families same-day support from health visitors and school nurses, was shortlisted in the Public Health Nursing category at the Nursing Times Awards 2024. Since the launch of the helpline in July 2023, the team answer around 4,000 calls a month on topics affecting babies, children and young people.

### **Recruitment drive for student health visitors and school nurses up for top healthcare award**

The Healthy Together service was nominated for a Nursing Times Workforce Award for its work to recruit new school nurses and health visitors. The team was a finalist in the Best Recruitment Experience category, which recognised organisations with the best strategic approach to recruitment. Despite a competitive environment in nursing recruitment, the Healthy Together service managed to fill all 11 vacancies for student health visiting and school nursing roles.

### **The school aged immunisation service ran their annual school vaccination drive**

The school aged immunisation service annual school vaccination programme included offering more than 160,000 children and young people across Leicester, Leicestershire and Rutland (LLR) the flu vaccine, to help keep the virus at bay throughout the winter. Following the flu vaccine campaign, the team also offered eligible young people the three-in-one teenage booster vaccine and the HPV vaccine.

### **The Diana service celebrated their 25<sup>th</sup> anniversary**

Members of the Diana service gathered for a special event to celebrate 25 years since the launch of the service, which provides end of life care and specialist support for children and young people with life-limiting, ongoing and complex needs. The celebration saw the team welcome past and present patients, and their families, for an afternoon tea in the Secret Garden marquee at Glenfield Hospital. While at the event, a [special commemorative video was played](#).

The milestone anniversary was also recognised through the installation of a new bench at Bradgate Park, to provide a dedicated, reflective space for those touched by the service, including staff, patients, and families. Additionally, all patients of the service were given limited-edition anniversary bears, donated by the Build-a-Bear Foundation thanks to our charity, Raising Health.

### **‘Keeping Kids Well Over Winter’ campaign**

To help tackle winter pressures across the local health system, the Healthy Together and Healthy Together Helpline services joined forces with the LPT communications team and FYPCLDA digital team to run a winter wellness campaign, aimed at parents and carers of local babies and children.

From November to March, the services raised awareness of how to keep kids healthy over the winter period by sharing information flyers, posting online articles, running a social media campaign and by making every contact count when talking to parents and carers.

## **Health visitor Emma scooped a coveted Cavell Star Award**

Emma McAneny, who works in the Hinckley and Bosworth health visiting service, which helps families with babies and children aged up to five-years-old, was nominated by her team for being an 'exceptional team leader'.

In their nomination, Emma's team wrote: "Emma's ability to foster a nurturing and positive environment has allowed each of us to thrive and deliver the best care we can. Her leadership has not only strengthened our team, but also touched the countless lives of the families in our area by helping us be the best we can be."

## **Dr Ghafoor is recognised as one of the country's top psychiatrists**

Dr Rahat Ghafoor was recognised as one of the country's top psychiatrists by her professional body. Dr Ghafoor, who specialises in working with children and adolescents, was awarded a prestigious fellowship of the Royal College of Psychiatrists.

## **Sensory bags for patients and service users with a learning disability and autism**

Thanks to our charity, Raising Health, sensory bags were launched across our community and mental health inpatient wards and services in a bid to further support autistic people and people with a learning disability. The bags 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 leaflet.

## **Childrens Mental Health Week creates big impact**

As part of the week, the Mental Health Support Teams in Schools (MHSTs) held special assemblies and workshops, school nurses shared top tips and schools were sent resource packs with input from CAMHS and the Mental Health Collaborative, which signposted to local support available.

The MHST assemblies and workshops reached 23,116 children and young people across 58 schools in LLR. In addition, the social media campaign received 15,130 views over the week, the TellMi app received 158 new registrations and the Health for Kids CMHW collection on online articles had 1407 views during the week.

## **Accreditation programme launched for learning disability friendly GP practices across Leicester, Leicestershire and Rutland**

A new programme was launched by the LLR LDA Collaborative to help GP practices to become more accessible and welcoming for people with a learning disability.

The Learning Disability Friendly GP Practice accreditation programme was developed by working alongside people with lived experience. To achieve the recognition, GPs need to show how they have made reasonable adjustments and support annual health checks for people who are aged 14 and over with a learning disability.

## **New whole family approach resources launched**

This year the service produced series of Whole Family Approach resources to upskill staff and ensure they consider the needs of the family unit, as well as the patient or service user they are there to see. Evidence shows doing so can lead to improved outcomes for all family members who need care, treatment, and support.

The resources specifically focus on the role FYPCLDA's care navigation service plays in supporting services across the Trust to support adults and children as a family.

## **Improvements made to support children and young people attending acute hospitals for their mental health**

The CAMHS service has worked in collaboration with staff at the University Hospitals of Leicester NHS Trust (UHL) to make improvements when children and young people present at acute hospitals due to their mental health.

The improvements include appointing a paediatrician with interest in eating disorders, and specialist eating disorders dietician, the appointment of a children and young people mental health matron, weekly meetings to enable more joined up services and an improved call back services for those experiencing lower-level mental health concerns, amongst others.

## **Best Start for Life (BSFL) – a collaborative approach to public health**

Since April 2024 Healthy Together have been working with Leicester City Council, the University Hospitals of Leicester (UHL), Heads Up Leicester and Leicester Mammias as part of the Department of Health and Social Care BSFL workforce pilot. The service works in partnership to deliver a wide range of support and interventions, such as infant feeding peer support in hospitals, antenatal and postnatal group sessions, an additional universal contact at three to four months and practitioners using a new trauma informed intervention, Practice Elements, which explores parents' beliefs and experiences prior to the commencing any public health intervention. Early indications show the work is having a positive impact on parents and their children, with some evidence that developmental outcomes at age one have improved.

## **New pathway supports early language and communication for children**

The Early Language, Speech and Communication for Every Child (ELSEC) pathway, launched in June 2024, is dedicated to improving outcomes for young children by strengthening support for speech, language and communication (SLC) development, reducing inappropriate referrals, and increasing access to timely interventions.

Through collaboration with early years settings, schools, health services and community partners, the workstream creates a joined-up approach to ensure that every child receives the support they need to develop strong communication skills. Since launching, over 190 children have received at least one ELSEC intervention, with 400 children accessing assessment and support through ELSEC rather than waiting for core Speech and Language Therapy. In addition, therapy support workers have been recruited, increasing capacity in early years and school settings and online speech, language and communication toolkits have been developed,

providing accessible resources for parents, practitioners and schools to sustain progress post-intervention.

## **Change Programme for Special Educational Needs and Disabilities (SEND) and Alternative Provision**

Since September 2023, LPT has played a key role within the East Midlands [SEND and Alternative Provision Change Programme](#) for the LLR site, piloting and testing intended reforms. LPT sits within the central delivery team, leads the Early Language Support for Every Child (ELSEC) work and contributes to many other aspects of the test and learn programme.

The LLR site is one of nine across England; due to conclude in August 2025. The programme will contribute to the impending SEND and Alternative Provision White Paper.



# Year in review – enabling services

## **Trust moves headquarters and staff**

Leicestershire Partnership NHS Trust has moved its headquarters from Thurmaston to County Hall in Glenfield. The move took place in stages during July.

It has brought together more of the Trust's staff in one location than ever before, locating them next to clinical colleagues on the Glenfield Hospital site, including those who work at the Bradgate Mental Health Unit. The location also enables closer working with system partners.

Around ten per cent of LPT's 6,500 staff are now based at County Hall. This includes the immunisation and vaccination team, our school nurse and health visitor helpline, community paediatric doctors, and administrative and support staff.

## **Health and care careers and jobs event**

In March 2025, we provided a unique opportunity for members of the public to talk to people who work for the NHS and healthcare organisations at a special careers and jobs event.

More than 2000 attendees learnt about our vast range of careers, both patient-caring - including for nurses, healthcare support workers and therapists – alongside vital non-patient facing support roles, such as administration and technology.

There were interactive displays, alongside information about work experience opportunities and how to access courses, including apprenticeships. We provided details about staff benefits and how we look after our staff's health and wellbeing. Experts were also available to provide top tips on how to apply for jobs.

## **Refurbishment project at Coalville provides better environment for patients**

A £400,000 refurbishment will transform the experience of patients who visit our outpatient mental health centre in Coalville.

The upgrade has improved all patient and staff rooms in the Hawthorn Centre, which is situated within the grounds of Coalville Community Hospital. It provides individual and group therapy for patients from across North West Leicestershire, and a base for staff who visit patients in their own homes. The centre was opened in 1995, and this is the first time it has been refurbished.

## **NHS workers celebrated for long service at special ceremony**

Over 120 staff members and volunteers from across LPT came together at a special awards ceremony to celebrate their dedication and outstanding commitment to the NHS at the LPT Long Service Awards during September 2024. On the day, those in the room had collectively racked up over 3,415 years' worth of service to the NHS.

The awards ceremony celebrated staff who have worked for the NHS for either 25, 30 or 40 years between 1 April 2022 and 31 March 2024. Volunteers were also recognised for their five, 10 or 20 years of service to LPT, with everyone in attendance enjoying afternoon tea and a presentation ceremony where each person received a certificate and thank you card.



### **LPT stars celebrated for their excellence at annual staff awards**

We celebrated staff members, teams and volunteers from across LPT for their outstanding achievements at a glittering awards ceremony during October 2024.

The annual Celebrating Excellence Awards were sponsored by headline sponsor Tilbury Douglas and award category sponsors, HCRG and Browne Jacobson.

Hosted by Leicester presenter, singer and mental health advocate, Andy Pearce, the evening saw staff, teams and volunteers presented through 13 awards celebrating their extraordinary contribution to providing high quality, compassionate care and wellbeing for all – following nominations by members of the public, patients and service-users, carers, and colleagues.

[Read about all the 2024 Celebrating Excellence finalists on our website.](#)



## Ten registered nurses awarded with international recognition

From 1 June 2023, registered nurses at LPT could be nominated for a prestigious and internationally renowned DAISY Award for Extraordinary Nurses.

The DAISY Award, established by the DAISY Foundation, recognises extraordinary nurses who demonstrate excellence in practice and compassionate care every day.

The DAISY Foundation is a not-for-profit international organisation, established in memory of American, J. Patrick Barnes by members of his family. Patrick died at the age of 33 in late 1999 from complications of Idiopathic Thrombocytopenic Purpura (ITP), a little known but not uncommon auto-immune disease. DAISY is an acronym for Diseases Attacking the Immune System. The care Patrick and his family received from nurses while he was ill inspired the DAISY Award to thank nurses for making a profound difference to the lives of their patients and patients' families.

In the last twelve months ten registered nurses have been honoured with a DAISY Award, chosen by an LPT panel following a thorough review of all nominations. Each honouree is celebrated and receives a certificate, a DAISY Award pin and a beautiful and meaningful sculpture called A Healer's Touch, hand-carved by artists of the Shona Tribe in Zimbabwe.

[Find out more about our DAISY Award winners on our website.](#)



## Awards for doctors in training

LPT honoured the medical leaders of the future. Awards and certificates were handed out to the highest achievers at our annual Medical Trainee Awards.

We have around 120 resident doctors (formerly known as junior doctors) who work on our wards, and in clinics in both psychiatry and paediatrics.

Bhanu Chadalavada, LPT's medical director, said it had been heart-warming to read how many of the nominations had referred to the trainees' compassion.





# One year in review – fundraising



Leicestershire and Rutland's  
Community and Mental Health Charity

Our registered charity, Raising Health, plays an important part in improving the experience, care and wellbeing of our patients, service users and our staff. Our aim is to raise funds and spend them on the extras that are not covered by core NHS funding. If you would like to support or raise money for any of our current projects, please visit our website: [www.raisinghealth.org.uk](http://www.raisinghealth.org.uk), email [LPT.RaisingHealth@nhs.net](mailto:LPT.RaisingHealth@nhs.net) or call 0116 295 0889.

The Charity's aims include:

1. Enhancing the care LPT services can offer through the purchase of **new equipment and building improvements** to deliver better care facilities;
2. Funding **innovations in practice** and therapeutic activities which enhance the care given to our patients and service users;
3. Funding **medical research** to understand better the diseases affecting our population today so that we can develop the treatments and therapies of tomorrow.
4. Improving staff facilities, services that **promote staff wellbeing**, and education of staff over and above what would normally be provided by the NHS.

Our heartfelt thank you to our amazing supporters for all the kindness and generosity we receive. Without your continued commitment we would not be able to achieve significant milestones which we are so very proud to share. Our appreciation goes to the community of Leicester, Leicestershire and Rutland including individuals, community groups, businesses, trusts and foundations. Please see below some highlights from our [Impact Report 2024-2025](#).

## New equipment and building improvements

We have reached fundraising targets for two of our flagship appeals:

**Let's Get Gardening appeal** raised £25,000 enabling us to develop a **therapeutic garden space** created to help adults with severe mental health conditions as part of their treatment at the Bradgate Mental Health Unit. The garden was developed in March 2025. We would like to give our sincere thank to generous donors for making this project possible: Himat Tanna Charitable Fund; Asda Foundation; Barkby Seekers; Starbucks, Next Charitable Giving, Leicestershire and Rutland Masonic Association, OneStop Community Fund, Clockwise Credit Union, Maud Elkington Trust and members of the public. This project would not



be possible without the commitment of our contractor Leicestershire Trading Centre who helped the donations go above and beyond by keeping the costs down.

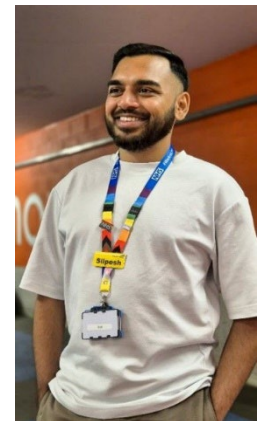
**Bring Light to the Beacon appeal** raised £25,000 to create a sensory room at the CAMHS Beacon Unit. We would like to thank all amazing contributors for making it possible: Anand and Sethi Family Trust, Pukka, Glenfield Parish Council, Amazon, Maud Elkington Trust, Fleckney Parish Council, Bradgate Rotary Club, Inner Wheel Club of Blaby Meridian Rotary Club, Florence Turner Trust, Leicester College, number of venues collecting donations for us and individual donors.

## Innovation in practice

We are proud to have delivered **500 sensory self-care bags to our patients with learning difficulties and autism**. The initiative has been designed to offer comfort and reduce stress for autistic people and people with a learning disability when they are accessing LPT's services. These communities often have sensory needs and find louder healthcare environments overwhelming causing them heightened anxiety and stress. The bags are developed with the experienced team at Personal Care Bags. If you would like to help us continue this initiative, please don't hesitate to donate towards this particular project visit [our appeals page](#) on our website.



We secured the funding to purchase over 500 **LGBTQ+ progress lanyards**. By providing staff with these lanyards, we are able to help our patients identify staff they can speak to about issues they may have, signpost patients to resources and fundamentally, break down barriers LGBTQ+ people face when accessing healthcare. These lanyards include the LPT logo and are all inclusive, with stripes of those from the trans and intersex communities. They also have a three-point break to be worn in secure settings, ensuring that inclusivity can be supported in all our mental health settings. We would like to take the opportunity to thank the two amazing funders that made this possible: The Attitude Foundation and the Paul Cottingham Trust.



## Medical research

Following a successful pilot project led by LPT's mental health crisis response team, using **Flow Neuroscience headsets** as an innovative alternative treatment to depression, our charity reached out to funders to ensure the sustainability of this project. With the generosity of E H Smith Charitable Trust, Westfield Health, Morrison's Foundation, Hobson Charity, Forterra Community Fund, Hospital Saturday Fund, Duncan and Toplis Foundation and Blaby District Council we were able to secure 90+ headsets to treat patients with depression and further research the impact on suicide rates. Our sincere thank you goes to the Flow team for their generosity and support whilst working with us on the pricing, making sure that donations we receive go even further supporting more patients.

## Improving staff facilities, services, and wellbeing programmes

We joined forces with LPT's Health and Wellbeing team to provide various successful initiatives to support staff and volunteers. The initiatives are mostly funded through the Staff Lottery scheme and this year included activities like **Team Time Out**, **Myles app** and **improvements to the staff rooms**. We are also heavily involved in **Celebrating Excellence Awards** and **Long Service Awards** for staff, making both events possible through sponsorship and gifts in kind.

## Other initiatives – celebrating achievements together

We couldn't be prouder to have supported and been a part of the Diana Service 25th Anniversary celebrations. This beautiful event saw the gathering of Diana staff, patients and families to celebrate 25 years of the Diana service, supporting specialist and end of life care to children and young people who need the help most.

In addition to the event, charitable funds covered the cost of an in-memory bench at Bradgate Park. The bench not only offers a quiet space to sit and reflect but also is a peaceful space for families to remember their loved ones.



## Raising a Smile for Christmas campaign

Through the collective generosity of donors, sponsors, and volunteers, this year's [Christmas appeal](#) achieved remarkable results: 600 Christmas gifts were delivered to 37 inpatient units across the Trust; contributions totalled an incredible £19,137, including gifts-in-kind and financial donations. These gifts made a difference, bringing a festive cheer to our patients.

The success of this initiative would not have been possible without the outstanding support from organisations, businesses, and individuals:



- Giving World donated luxurious toiletry sets.
- Dunelm contributed cozy blankets, toys, and wrapping paper.
- Amazon's Hinckley and Rugby distribution centres provided colouring books and coloured pencils, puzzle books and a dedicated team of volunteer gift-wrappers.
- Leicester City Football Club (LCFC) provided sports equipment and games for young patients at the Beacon Unit.
- Generous financial support was also received from Tilbury Douglas, Fusion Electrics, Thomas Cassie & Sons, who are our Christmas Tree competition sponsors, and many individual donors.



To all who donated, wrapped, helped organising, and delivered: your generosity and kindness have made a profound difference. Contact us to join the cheer this year!

## Mind-fit Workforce - our new offer for business partners

We invested our time and expertise in bringing something unique for our keen business partners. Our new Mind-fit Workforce initiative brought two networking events for business leaders interested in wellbeing. The first one was part of the Leicester Business Festival and took place at the Involvement Centre at Bradgate Mental Health Unit, tackling the topic of 5 Steps towards Wellbeing. The second one was delivered online and focused on Seasonal Affective Disorder.

[To see our full offer for business partners please visit our webpage.](#)

## Our team and brand

Our charity is evolving. We continue to enable amazing initiatives to happen across LPT's services but we also develop our own resources and assets: including a new offer to businesses, a case for support brochure, refreshed sponsorship opportunities and our the first ever [Impact Report 2023-2024](#) presented at an information meeting for supporters. We are now excited to launch our second [Impact Report](#) in line with the Trust's Annual Report.

Please follow us on our social media to see regular updates of the work we do alongside important developments, achievements and appeals.



## Thank you for your support

We are very grateful for the continued support we receive from **Carlton Hayes Mental Health Charity** ([www.carltonhayes.co.uk](http://www.carltonhayes.co.uk)). Their bi-annual contribution totalling to £55,000 allows our mental health teams across LPT to go above and beyond in their service offers. They have made many projects happen: local and national trips including a sailing trip for people with mental health conditions, cultural celebrations, artworks, creative and musical activities, sensory items and many more.



We worked alongside **NHS Charities Together** through the successful Development Grant (£30,000) which we invested in strengthening our partnerships with **trusts and foundations**. The success in this area saw a significant increase in our income generation in this area as well as further gift in kind support towards our services. [To read full report and offer please visit our webpage.](#)

Our **individual supporters** are not stopping to amaze us with their commitment to raise funds for our services. From in-memory donations and legacies through to sport challenges and activities; they keep bringing these so much needed funds to help us make the difference. Thank you so much.

**Local businesses** are also joining forces with us to ensure we can make a difference. Alongside continued sponsorship and corporate donations, we also welcomed for the first-time corporate volunteers to help us on-site and during campaigns.

[If you want to get involved visit our webpage to learn more.](#)



# Performance analysis

In this section, we share our history, purpose and model, along with our strategy, mission and objectives. It analyses our performance and activities, and also includes our sustainability report, information on our approach to social responsibility and detail of our staff engagement.

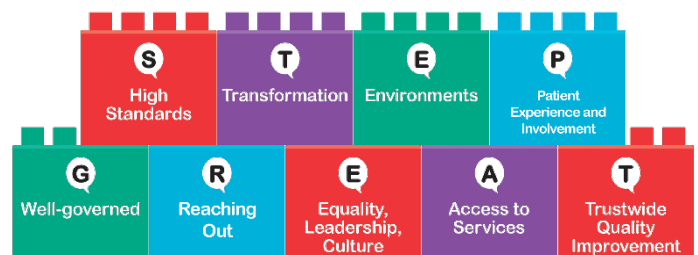
LPT sets out its key performance measures in our monthly Board Performance Report. We use a range of metrics to assess performance against national and local targets, using Statistical Process Control charts to assess performance across the long term. The report is presented to executive level meetings as well as to Finance & Performance Committee and the Public Trust Board meetings. The report includes waiting time metrics for priority areas, ensuring that there is oversight on the access to services risk which is outlined in the Board Assurance Framework. The report includes narrative for key areas of concern to ensure clarity on assumptions and actions. We use our Board Assurance Framework (BAF) to capture our ongoing assessment of each of the risks to the delivery of our strategic objectives. We also use it to develop risk management plans. As described in our Annual Governance Statement, the BAF provides the Board with key assurance on how we manage the risks to our performance and delivery.

The Board performance report and separate finance reports include key financial metrics to enable triangulation of financial with other performance data e.g. agency usage.

**Our vision is ‘creating high quality, compassionate care and wellbeing for all’. This is underpinned by ensuring the quality and safety of all our services. Our staff continue to work hard to make significant positive progress in these areas, with some outstanding practice. We are committed to continuous improvement.**

## Step up to Great

Our Trust’s strategy, Step up to Great, was first published in 2019. It outlines our priorities for achieving our vision, and has provided a clear focus and framework for our teams and staff since its publication. Our nine ‘bricks’ within Step up to Great have supported and guided both the prioritisation and enablement of important service design and operational delivery which has led to key improvements in patient care and experience.



Over this time our staff have fully embraced and identified with the strategy and its goals. The four goals are:

### Great outcomes. Great care. Great place to work. Part of the community

These goals are important for our staff and for us as an organisation, and are weaved throughout the Step up to Great strategy.

As an organisation we are passionate and committed to continually improving our patients’ experience and their health outcomes. We are proud to be a Trust that constantly seeks to continually improve how we can:

- ✓ meet the needs of our diverse and culturally rich communities;

- ✓ be as accessible as we can to reach all who need our support and care; and,
- ✓ be an inclusive and compassionate healthcare provider and employer.

We have continued to make significant strides forward on all of the above during 2024/25. It has been another year where we have been able to evidence and demonstrate both impactful and sustainable improvements across our Trust, for our patients and our staff.

Working in a patient centred manner has been important for our staff. It helps us in addressing health inequalities, improving both the quality and safety of all care across the Trust, and in becoming a high performing healthcare organisation.

Here we outline a summary of key strategic achievements over the last year.

### **High Standards**

- Our CAMHS Outpatient service was the first LPT service to be assessed for Valuing High Standards Accreditation (VHSA) and has achieved a silver award. Through this assessment and accreditation our services are better able to self-identify areas for quality improvement, which is enabling the teams to reduce variation in care and create the right conditions for quality care.
- We have further developed and implemented the Foundations for Great Nursing Care Standards. The standards have been codesigned with patients and reflect their expectations of care. These standards inform and set expectations across the Trust; they create a shared accountability for care and improved experience and outcomes.
- As part of our continuous improvement journey, we built the Trust's commitment to strengthening Quality Improvement (QI) capacity and capability through implementation of the Service Improvement and Redesign package.

### **Transformation**

- We remain ambitious with our transformation priority. This year we've had a strong focus on enhancing our community bed provision and building on accessible community support for children and young people. We have also integrated our neighbourhood teams in readiness for the national four-week access target.
- There has been significant progress made within the a pathway redesign programme for neuro diversity across LLR, with a key focus on our new Integrated Neighbourhood model and SEND integration.

### **Equality, leadership and culture**

- We continue to run interactive and collaborative Health and Wellbeing roadshows across our sites, to ensure our offer is accessible for all. They have been well attended and have provided a valuable space and opportunity for staff to gain support and provide feedback.
- Our culture improvement programme Our Future Our Way was relaunched with over 80 change leaders who have engaged staff and volunteers to understand and build upon our successful staff survey results. They have worked on four priority areas during the year to further improve our culture at LPT, so that it is a great place to work for all. The priorities focused on managing expectations, psychological safety, health and wellbeing and career progression. Culture cafes are run regularly, and actions shared through regular Feedback into Action communications. We are pleased to say that all four areas have seen

improvements in the latest staff survey results and are now performing above the national average.

- Providing further learning and culture change across the organisation has been our successful reverse mentoring programme, in addition to cultural learning sets. These have sought to include the views and experience of our staff, focusing on parity and equality for the whole of the workforce and those using our services. The Together Against Racism programme has been able to pull some of this learning together along with significant codesign with staff to shape both the expectations and our approach to being an anti-racism Trust.

### **Patient experience and involvement**

- We are really proud to announce the implementation of the Trust's Lived Experience Leadership Framework. Our lived experience partners have completed a recruitment process and have been matched to roles across LPT's clinical directorates, in addition to Patient Safety, Peoples Council, and within our corporate functions for training.
- Development of a community of practice across the Trust whereby our staff can now benefit from a patient experience and involvement training package.
- We have also successfully launched a codesigned Carers Promise. This includes carer awareness training for staff supported by a lived experience patient partner.

### **Governance**

- We have continued to develop and grow our collaboration with NHFT agreeing new Group priorities:
  - Together Against Racism
  - Talent management and organisational development
  - Provider collaboratives
  - Research and innovation
  - Quality improvement
  - Social value
  - Group value
  - Joint governance

We have also reviewed our governance and agreed to convene a new Group Board meeting in public that will start to meet in 2025 to further increase our shared learning and outcomes for our patients as well as increasing productivity by only doing things once.

We have developed and published our new Group Strategy. This has been produced through extensive collaboration with our partner NHFT and through extensive engagement with our patients, carers and our workforce. Other key stakeholders including our respective ICB's and acute providers have also contributed to its development.

### **Reaching out**

- 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 have continued to evolve and roll out our exciting roadmap for University Hospital status agreeing three key areas of work - improving

our knowledge, education and the care we deliver. We have also started to explore the concept of multi-professional training which will be a first nationally if we are successful.

- Our connections with Leicester College continue to be extremely successful with a Sector Based Work Programme supporting unemployed people in Leicester to gain NHS employment. We have expanded this programme in 2024/25 to enable a wider network of vulnerable communities to gain support to employment. For example veterans, ex-offenders and the homeless.
- Our Social Value programme has continued to make significant traction with further key milestones being achieved. We are now planning a joint Anchor Network Conference in collaboration with partners across the system to celebrate our success including the pending Bronze level accreditation that recognises our progress as an Anchor organisation. We will be working towards silver in 2025/6.
- Another milestone for our Group has been the development of a Health Inequalities Framework, and LPT have piloted seven very successful projects identifying health inequalities within current services and DNAs (did not attend). All seven services are undertaking further thematic reviews which will lead to action plans and codesign solutions with patients.

## **Environments**

- Providing high-quality estate enables us to deliver a better quality of care to our patients and good working environments for staff morale. We have driven a programme of improvements throughout this last year and consulted upon a new estates strategy. We also continue to develop initiatives to improve public health, sustainability and reduce climate change risks across the Trust, which have been well received.

## **Access to services**

- Ensuring access to our services is a core priority for our Trust and we have continued to develop and implement measures to ensure people get the right care in the right place at the right time, and that they are safe whilst waiting for care. In support of this work we continue to ensure our governance processes effectively performance manage waiting times/access targets and provide a feedback loop to and from Executive Performance meetings.

## **Trust wide Quality Improvement**

- We have a robust data driven approach to ensuring our improvement activities are focused in the right place whilst enabling us to respond to variation appropriately. Operational support has been embedded across the Trust which has increased our teams' data analytical skills and knowledge.
- As part of our continuous improvement journey, we have strengthened Quality Improvement (QI) capacity and capability through the implementation of a Service Improvement and Redesign package.
- We continue to develop strong partnership links between NHFT and University of Leicester which support a shared resource and improved collaboration potential for research and teaching.

## Our new Group vision and strategy

The development of our new Group strategy as Leicestershire Partnership and Northamptonshire Healthcare Associate University Group began in 2024. It has progressed as our environment and context have changed. Shaping the strategy required deep engagement and careful consideration of national and local priorities.

We listened to and heard from thousands of people, including patients, staff, and carers, staff, Board and senior leaders, governors and members, partner organisations, stakeholders and community to understand what was important to them. They shared with us that their top five priorities are:

1. Responding to patients', service users', carers' and family needs.
2. Providing accessible and inclusive services for all.
3. Delivering safe, compassionate care.
4. Collaborating with our communities and partners.
5. Listening to, valuing, supporting and caring for our workforce.

Our new vision is: **Together we thrive, building compassionate care and wellbeing for all.** This describes where we want to be in 2030 and helps us to make decisions. It means we want our focus to be inclusive of all, working together and in partnership to enable self-care and prevention, innovation and creating a thriving culture – with a continuous emphasis on compassion in our services and for our people.

## Strategy implementation

*Together we thrive* is a five-year Group strategy for 2025-2030 and will be underpinned by annual operational plans to enable us to achieve our mission and vision. We have developed strategic priorities that align with the work of our partners in health, social care and beyond. These priorities explain how we will achieve our vision.

- Technology
- Health communities
- Responsive
- Including everyone
- Valuing our people
- Efficient and effective

We identified ambitions for 2030 against each of these THRIVE priorities. You can read more about these online at [Vision, values and strategy - Leicestershire Partnership NHS Trust](#)

To help us achieve our vision, our Group mission, why we do what we do each day, is **Making a difference, together**. This means continuously improving lives with responsive, person-centred and evidence-based care, working in partnership for the benefit of all.

**Our values of compassion, respect, integrity and trust** underpin the positive and inclusive culture we strive to maintain. Our leadership behaviours for all emphasize how we are all leaders at LPT and can make a difference.

Our Leadership behaviours:

- Valuing one another
- Recognising and valuing differences
- Working together
- Taking personal responsibility
- Always learning and improving

Our leadership behaviours are:



Valuing one another



Recognising and valuing people's differences



Working together



Taking personal responsibility



Always learning and improving



## Quality Account - summary

We are committed to ensuring that patient safety and quality of care is at the heart of what we do. Our annual Quality Account recognises the incredible work of our staff and partners across LPT.

We are proud of the work our staff carry out day in day out to deliver high standards of care to the population of LLR. 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.

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

We have embedded our Valuing High Standards Accreditation Programme with our first service achieving the first 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 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 voice of people who use our services are being heard. We have successfully completed the Triangle of Care programme for our inpatients and will look to extend this further for community services next year.

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 improvement. 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 partner NHFT on our Together Against Racism Programme to ensure LPT is inclusive, anti-racist and champions diversity.

For more information about the progress we have made against our Quality priorities over the last year and our focus for the year ahead, please read our Quality Account, available on our website.



**Dr Bhanu Chadalavada**  
Medical Director



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

## Care Quality Commission (CQC) ratings

LPT is required to maintain registration with the Care Quality Commission (CQC), the independent regulator of health and adult social care in England. LPT is registered with the CQC with no conditions attached to registration.

The CQC monitors, inspects, and regulates services, and publishes ratings based on what they find. In January 2024, the CQC carried out an unannounced inspection 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 report 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 they 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. Twenty 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 £1.32m 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 May 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'.

LPT did not participate in any special reviews or investigations by the CQC during 2024/25. The CQC did not take any enforcement action against LPT during 2024/25.

Further information about the CQC's reviews of LPT can be found at:

[www.cqc.org.uk/provider/RT5](http://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: [www.cqc.org.uk/provider/RT5/posters/download/p2/A4](http://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 deliver sessions to help staff prepare for inspection by the CQC. They also host a monthly Foundations for Great Patient Care Learning and Sharing Forum to spread good practice across the Trust. Topics discussed in the last year included the work of our Mental Health Support Team in schools. The team also used the forum 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 undertook at least 66 visits as part of regular visits to our wards and services to meet staff and gain a better understanding of the care that each of the service provides, as well as the issues that they face. This is just 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 standard operating procedure to standardise arrangements for executive and non-executive 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.

## 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 any 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. Reports previously focused only on areas requiring improvement. They did not acknowledge the many examples of good practice observed, so this year we began including positive observations. We also shared themes from CQC MHA reviews with our colleagues in Northamptonshire Healthcare NHS Trust 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. Going through the accreditation process 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 2024 we were delighted to award our Older People's Community Mental Health team in Charnwood '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. We are extremely proud of the passion and commitment of our team members. I feel we have reached the gold standard because the interventions we've undertaken have been successful in improving the standard of care that we provide, reducing waiting lists and working well together as colleagues for the benefit of patients".





## A research-active Trust

We are committed to the continuing development of a vibrant research culture at our Trust. 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. It is our belief as an organisation that research should be part of everyone's working life. Research is about knowing why we do what we do, developing new knowledge and designing service provision around the best research-derived evidence available through continuous improvement.

As a Trust, we are committed to excellence in research in all of our services, involving staff at all levels, to the benefit of those we serve. We play our part in the national and international research efforts whenever it is possible to do so 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 Centre formally commencing in 2025.

As of 28 February 2025, over 2024/2025 LPT have supported 507 participants (335 in NIHR Portfolio Studies) to participate in research studies approved by the Health Research Authority. Our recruitment is in line with 80% time and target metrics. 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 integrated Research Office and NIHR RDN Delivery Team (see team photo supporting "Red for Research") supporting each Directorate and our wider services across the LLR System (including care homes).



### Select highlighted portfolio research

- **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:** 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 overtime.
- **VISION-QUEST:** One in three people with psychosis experience distressing visual hallucinations (VH) – 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 via surgical implant is effective as an adjunctive therapy in patients that have treatment resistant depression.

A complete breakdown of all portfolio and non-portfolio research from 2024/25 is available from [lpt.research@nhs.net](mailto: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. The team are developing and delivering research workshops to support staff to be research engaged. In November 2024 we launched a Research Capacity Funding call through Research Charitable Funds (via Raising Health) to support LPT staff to apply for small amounts of funding to support them to access research training opportunities. The R&D Team work closely alongside the Clinical Academic Careers team to provide a research teaching element to the Director of Nursing Fellowships and to support the clinical academic career pathway.

## WeImproveQ

Our Quality Improvement (QI) programme, WeImproveQ fosters and supports a culture of continuous improvement that enables the creation of high-quality compassionate care and well-being for all.

Our QI approach ensures the use of a systematic approach to improvement which empowers all staff to be able to identify the necessary change, to develop the skills needed to make meaningful change and to lead that change to impact patient care and outcomes. WeImproveQ is the home of clinical audit, NICE, service evaluation and a comprehensive programme of work-based quality improvement. This has been based on the six key principles of QI developed in co-production with LPT staff.



1. One shared approach
2. Knowledge and skills
3. Working in partnership
4. Continued improvement
5. Sharing good practice
6. Data for measurement

The WeImproveQ team provide support for a range of methodologies for integrated quality control, assurance and improvement. To further strengthen this, LPT has continued to work jointly on QI priorities with NHFT as part of our Group approach to improvement.

WeImproveQ has delivered the following outcomes:

- **345** staff were trained and supported in year to acquire QI knowledge through our internal training sessions and the quality, service improvement and redesign (QSIR) programme. Our total number of staff trained now exceeds **1,371**.
- Continued delivery of our 1-hour quality improvement work-based learning training series - QI in a Box across the group with **43 sessions** delivered in 2024/25
- Provided training and support around QI for our preceptees, Junior Doctors, Director of Nursing & AHP Fellowship and HCSW development programme.
- Highly commended in the Audit Management and Tracking Conference poster competition with 'A Wait off Your Mind' reducing waiting times for specialist stroke and neurology rehabilitation in May 2024.
- **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 organisation, including clinical audit, research, patient involvement, lived experience, equality and diversity and clinical practice, to encourage and support new ideas for improvement, applying the right approach to the area identified.
- **160** projects were supported (**47** of which have completed) and recorded on LifeQI, our web-based platform for supporting QI projects.
- We have continued to strengthen relationships with our system partners, UHL and the ICB and have worked collaboratively to consider discharge across the stroke pathway.

As a result of improvement activity in year we have seen:

- 'Time to hire' in days as a monthly average reducing from 63 days to 40 days
- CRISIS reduction in caseload by 35% (194 in April 2023 to 126 in December 2024).
- Using Digital Health Contacts to review young people on the CAMHS duty waiting list saw a release of 226 hours of clinical time and 247 hours of face-to-face contacts positively impacting on the waiting list and patient experience. The digital contact now part of the CAMHS duty service offer. The project was submitted under two categories at the Health Service Journal Digital Awards. Digital contact being piloted for SALT team and one in development for Community Paediatrics.
- Reduction in the number of data quality errors in the long-term conditions SystmOne unit that clinical staff were needing to correct from 20-40 every other week to zero in four months.

## Health inequalities

### Identifying and tackling health inequalities

Identifying and tackling Health Inequalities is a Group and Trust priority. As a compassionate Trust and a Trust that seeks to maximise our productivity as an organisation identifying and tackling health inequalities has never been so important. Our new Group strategy Together we THRIVE embeds health inequalities and sits strongly within the 'Healthy Communities' as a strategic priority.

As a Trust, we are committed to ensuring that all communities across LLR can access the services they need, as and when they need them.

Health inequalities can affect a disproportionate number of people from socially deprived neighbourhoods, minority ethnic communities, vulnerable groups such as older people, people

who are pregnant, disabled communities, homelessness, to people in the criminal justice system. This may mean that people who need our support find it a challenge to do so (and there may be many reasons for this).

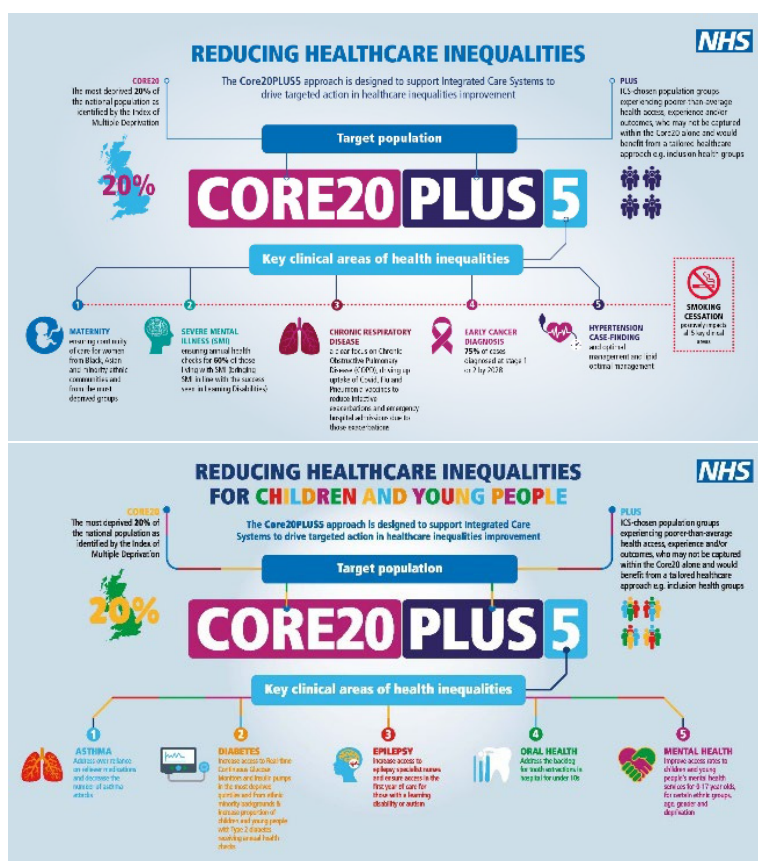
We have spearheaded programmes of work which help us identify, understand and address health inequalities within the communities we are here to support. We continue to make significant strides with the development of our Patient and Carer Race Equality Framework; a Framework which monitors at Trust Board core patient measures, such as Mental Health Act detentions, application of Community Treatment Orders, restrictive practice. The Framework shapes a strong leadership and governance culture, organisational competencies and ensures we have heard and have acted on our patient and carer feedback.

Coupled with this our Group Together Against Racism programme has provided a framework which proactively tackles racism; providing support to our workforce to embedding inclusive recruitment practice; setting standards for the Group to engage with all of our Ethnic Cultural Minority communities so we can listen, learn and act; whilst setting high expectations with our external stakeholders on being anti-racist.

## Health Inequality Framework

We continue to promote equality, diversity and inclusion in all that we do to improve the experiences of our patients and our staff. Our bespoke health inequality framework was endorsed by our Trust Board in November 2024 and has started to shape some important pieces of work as we look to identify and tackle health inequalities in our communities and in our services.

The framework builds on NHS England's Core20PLUS5 model which identifies how deprivation can negatively affect health inequalities; and focuses on five additional groups of society for adults, and children and young people (as seen here).





## **Working in partnership with Services, Business Intelligence and Strategy and Partnerships**

Following a successful pilot of our new Health Inequality App which LPT's Business Intelligence and Strategy and Partnerships Teams developed alongside seven services, the App is now being used across all Directorates within the Trust – enabling services to look at disaggregated data within DNAs and Was Not Brought to Appointments to identify trends by ethnicity, postcode, gender and age; in addition to day and time of appointment.

We have successfully mapped respective access and DNA data within these services to better inform and help shape a service approach to tackling health inequalities. The objective is to understand what our data can tell us about health inequalities within our services, provide services with the information they need to create local strategies and action plans to tackle health inequalities; and to create a measurable framework.

Key successes in 2023/24:

- We are now sharing disaggregated access data across our services in LPT. This equates to 1.8million appointments a year.
- We have codesigned an App for service leads providing easy access to disaggregated data, directly designed to support the evolution of strategies and transformation action plans to tackle health inequalities.
- This access data is disaggregated by ethnicity, language, LDA, gender, 20% most deprived postcodes within LLR, and day and time of appointment; and shown in an easy to use and accessible app.
- Our services are increasing their local knowledge of health inequality and community needs; and a growth in professional curiosity for how we can identify and address health inequalities.

This work is essential in identifying and tackling health inequalities and also ensuring we maximise our productivity as an organisation.

### **Health inequalities data**

We capture high quality health inequality data across all services in the Trust. This data is important and is used to identify health inequality trends within our communities. The data in turn enables our service teams to stratify and produce local action plans, working with patients and communities to codesign solutions to tackle health inequalities.

As a Trust we have full regard to all statutory duties for community services in regard to health inequalities. We are working to ensure data is readily available for health inequalities to enable us to exercise our duties to the greatest extent. This information enables us to feed into local JSNAs and help shape focus wider strategic intent; as well as support and inform Population Health Management approaches across LLR.

Table: NHSE Statement of Health Inequality datasets:

## Leicestershire Partnership Trust : Health Inequalities Summary 2024/25



Activity and progress on targeted actions to address identified health inequalities for Detentions, Restrictive Interventions and CYP access:

### Detentions:

- ✓ Continued constant review of detentions for patients from 'Black, Black British', 'Mixed or Multiple', 'Other' and 'White Other' ethnic groups and those from deprived areas of LLR. We conduct ongoing deep dives into missed opportunities to identify areas for action.
- ✓ We work passionately with community group-run crisis cafes to ensure outreach work is touching these communities and identifying opportunities for earlier intervention.
- ✓ Children and Young People services identify opportunities for improved transition into adult services. We have introduced AARMS and continue to work closely with universities to identify opportunities to raise mental health awareness and build on services for younger adults experiencing first episode psychosis.

### Restrictive Interventions:

- ✓ We continued to reduce restrictive interventions with children and young people through a dedicated commissioned de-escalation suite.
- ✓ We continue to reduce restrictive interventions for adults with learning disabilities working through the decommissioning of the Unit's seclusion room and improving de-escalation practice.
- ✓ Increased use of SALTO access system in eating disorder inpatients to dramatically reduce 'blanket' restrictions.

## **Children and Young People access activity and progress:**

- ✓ We continually map and monitor referral rates to specialist CAMHS highlighting where expected demand is different to uptake of service. This has enabled us to provide targeted support in those areas.
- ✓ We have a transformation plan for implementing a new DNA App that enables services to better understand their DNA/WNB rates and take actions to reduce health inequalities identified.
- ✓ Our Looked After Children service has implemented a new proactive additional 6-month review for Looked After Children to ensure continuous sight of potential vulnerabilities or inequalities.
- ✓ We have committed to the delivery of Mental Health Support in Schools service across LLR by 2030, with maximisation of specific neurodevelopmental roles and pathways.
- ✓ Implementation of enhanced safe whilst waiting processes to ensure targeted focus on vulnerable cohorts. For example, digital innovation in CAMHS Duty.
- ✓ Continued delivery of pop-up “chill out zones” held in community centres and schools across LLR where children and young people have a safe space to talk about mental health. These pop-ups are also places where children and young people can learn practical ways to improve low mood and manage anxiety or be triaged to other support if their mental health needs are more acute.
- ✓ We have further invested in our digital offers across services to support access, including online parenting courses, online peer support and counselling, targeted mental health content on digital platforms, such as Health4 websites, MyGuidance, and the Solihull Approach (for neurodevelopmental conditions).
- ✓ Our CAMHS service continues to work closely with Leicester City in the Community (official charity of Leicester City Football Club) via the Play On project to provide mentoring for young people who are deemed to be at risk of mental health difficulties due to vulnerabilities, adverse childhood experiences or social disadvantage. In addition, assertive outreach programmes are also in place, such as YOS-ACEs delivered by the CAMHS Young People’s team to young people known to Youth justice services. The programme is delivered to young people who are at risk of mental health difficulties due to significant adverse childhood experiences. This is an early intervention and prevention programme.
- ✓ We have established a dedicated pathway for Young People identified as having gender dysphoria and mental health needs via CAMHS and Community Paediatrics, leading to the national GIDS.
- ✓ We have been a national pathway leader in the SEND Change Programme, delivering a wide range of initiatives in the SEND space, such as implementing the ELSEC pathway for SALT and optimisation of health information in EHCPs.
- ✓ Our School Aged Immunisation Service has completed extensive health inequalities transformation to increase uptake in targeted communities where vaccination hesitancy is high – for example, by ensuring all patient facing documents and information are available in a variety of languages, by using alternative vaccines that meet cultural and religious needs (such as porcine free flu nasal sprays), and through close working with local communities and community organisations.
- ✓ The Best Start For Life Programme has received funding for another year.
- ✓ Our LD services have implemented early behaviour intervention pathway to provide specific support for CYP that do not meet the criteria for LD services or CAMHS.

## Financial performance

Our summary Financial Accounts for 2024/25 are presented in Appendix A. These accounts cover the financial year 2024/25 and provide figures for 2023/24 for comparison where required. They include the following financial statements and information:

- Statement of comprehensive income (SoCI)
- Statement of financial position
- Statement of changes in taxpayers' equity
- Statement of cash flows
- Notes to accounts

Accounting policies for pensions and other retirement benefits are set out in the notes to the Accounts, and details of senior managers' remuneration can be found in the Remuneration Report.

# Sustainability report

## Green plan

LPT produced a [Green Plan](#) which was approved at Trust Board in January 2022. This outlines our response to the updated NHS standard contract, NHS ambitions, policy and planning guidance and sets out how the Trust will support the transition to a Net Zero NHS and help achieve the ambitious Net Zero targets.

Sustainability in healthcare is changing and we are committed to having a positive impact on both the planet and our local communities. We recognise the importance of environmental sustainability and the role it must play in reducing the impacts of climate change. The Delivering a Net Zero NHS report established two new targets for the NHS.

1. To reach Net Zero for emissions it can directly control by 2040.
2. To reach Net Zero for indirect emissions it can influence by 2045.

Our Green Plan sets out the steps we have already taken and our future plans and is available on our website.

Development of data to support the plan is one key aspect as we only have limited historic data available. Section 5 of the Green Plan lays out the Trust's nine areas of focus. Each sub-section details the purpose and proposed actions for the Trust to reduce carbon emissions. These cover:

- workforce and system leadership,
- sustainable models of care,
- digital transformation,
- travel and transport,
- estate and facilities,
- medicines management,
- supply chain and equipment,
- food and nutrition
- adaptation to climate change.

### Addressing climate-related issues

We recognise that we have a responsibility to minimise negative impacts of our work on the environment. Our green plan describes the actions we are taking to address climate change and to contribute to the delivery of a Net Zero NHS. In delivering our plan, we work closely with both our local partners within the Northamptonshire care economy and regional partners across the East Midlands area.

The Board receives assurance from our Performance Committee on the progress we are making with our green plan. The Performance Committee scrutinises progress reports and considers the risks to successful delivery as part of its discussion on the Board Assurance Framework (BAF). For each focus area in our plan, we have determined measures of success to support the committee in monitoring the progress we are making against goals and targets for addressing climate-related issues.

A cornerstone of our approach is what we describe as 'social value' the approach through which to secure wider social, economic and environmental benefits from the way we spend our money. Examples of the things we are progressing through our social value approach include the use of green spaces for local communities and as therapeutic environments, the creation of warm areas to support people during the winter period and reducing food suppliers' mileage. We now routinely consider the potential for social value as part of our procurement and business development processes.

We are currently preparing our new Green Plan that will set out our actions through to 2028.

## Task Force on Climate Related Financial Disclosures (TCFD)

The Department of Health and Social Care group accounting manual has adopted a phased approach to incorporating the TCFD recommended disclosures as part of sustainability annual reporting requirements for NHS bodies, stemming from HM Treasury's TCFD aligned disclosure guidance for public sector annual reports. TCFD recommended disclosures as interpreted and adapted for the public sector by the HM Treasury TCFD aligned disclosure application guidance, will be implemented in sustainability reporting requirements on a phased basis up to the 2025/26 financial year. Local NHS bodies are not required to disclose scope 1, 2 and 3 greenhouse gas emissions under TCFD requirements as these are computed nationally by NHS England.

The phased approach incorporates the disclosure requirements of the governance, risk management and metrics and targets pillars for 2024/25. The governance and risk management pillar disclosures are covered in the Trust's green plan, which can be accessed using the link within the Sustainability Report section on the previous page.

LPT does not currently produce metrics to assess climate-related risks and opportunities and will be developing them during 2025/26.

## Procurement

The Procurement Department's senior team are all Chartered Institute of Purchasing and Supply (CIPS) qualified or studying for full membership and uphold the CIPS' code of professional conduct and practice relating to procurement and supply. All members of the Procurement team have an objective within their Personal Development plans to undertake a level of training commensurate with their role and grade.

The Procurement category management teams have all undertaken relevant training for the procurement act 2023 and are implementing this throughout the Trust.

Social value and environmental considerations continue to be a factor in what we do, and we work with various key stakeholders to develop a more sustainable approach to purchasing goods and services, bringing benefits for the environment, society and the economy. Guidance on procurement of services and goods is set out to ensure we meet the requirements of the 2012

Public Services (Social Value) Act and The Social Value Model. Our sustainable approach is part of the work underpinning our Social Value Charter.

We remained committed to reducing the amount of domestic waste being generated by the Trust and redirecting it into the dry mixed recycle waste stream. We are also sourcing non-plastic alternatives to reduce the amount of plastic that we send to landfill.

## Anti-fraud, bribery and corruption

NHS Counter Fraud Authority (NHSCFA) and the Trust's Counter Fraud Specialist (CFS) are responsible for tackling all types of fraud and corruption in the NHS and protecting resources so that they can be used to provide the best possible patient care. Our anti-fraud, bribery and corruption service provider, 360 Assurance, provides us with qualified and accredited CFS support.

Our Trust's strategic approach is that there is a zero tolerance to fraud, bribery, and corruption. Our aim is to eliminate fraud, bribery, and corruption as far as possible as they ultimately lead to a reduction in the resources available for patient care.

The Trust is required to self-assess against the requirements of the Functional Standard annually by completing and submitting the Trust's Counter Fraud Functional Standard Return (CFFSR). This requires prior sign off by the Trust's Director of Finance and Performance, and Audit and Risk Committee Chair. Further detail of the Trust's submission is reported in the Trust's Counter Fraud Annual Report.

Counter Fraud activities undertaken during 2024/25 included:

- Procurement – due diligence and contract management (NHSCFA-led national exercise)
- Continuing our participation with the National Fraud Initiative.
- Attendance on site, promoting International Fraud Awareness
- Issuing local warnings, fraud prevention notices and intelligence bulletins relating to new frauds or methods of attack.
- Providing awareness training and materials to staff across the Trust.
- Investigating allegations of fraud, bribery and corruption.

The Trust has a Counter Fraud Bribery and Corruption Policy in place, which is designed to make all staff aware of their responsibilities, should they suspect offences being committed. When economic crime is suspected, it is fully investigated in line with legislation, with appropriate action taken, which can result in criminal, disciplinary and civil sanctions being applied.

# Social responsibility and involvement

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'.

## Participation, Coproduction and Patient and Carer Experience

We are pleased to highlight the successes that have been achieved over the last 12 months, working in partnership with our staff, patients and carers to improve the experience of those who use or who are impacted by the services we deliver and to increase the number of patients and carers who participate with us, either through their own individual care or through their collective involvement in partnership with our Trust.

We would like to thank everyone who has worked with us over the year. This includes the patients and family members who have brought their fresh eyes, insights, and challenge to our work, as well as our colleagues across the Trust who have worked with us to co-design, test and question our thinking and approach to patient experience and involvement.

Our driving ambition is to put patients and carers at the heart of services. We aim to listen to patient, carer, and family needs, and then bring together the skills and expertise of both clinicians and patients to design the experience to meet those needs. That is what using patient experience information is all about. If we consistently ask people whether they are receiving the care that they need, and then improve things based on what they tell us, we will help patients to feel more supported and better cared for.

Over the last 12 months we have continued to embed our Lived Experience Leadership Framework and grow our Lived Experience Partner workforce. We have increased the number of Partners recruited to the Trust to 27 with Partners embedded across all directorates. In addition to the Partners, we have our Youth Advisory Board and People's Council plus our Patient and Carer Involvement Network with over 300 members. Find out more on our website at [www.leicspart.nhs.uk/involving-you/involving-you/](http://www.leicspart.nhs.uk/involving-you/involving-you/)

## Principles for Co-Production

Building on the work delivered through our Step up to Great Strategy a set of principles for coproduction and collaboration have been coproduced with patients, carers, and staff. These principles set out the key factors for successful coproduction and collaboration for improvement:

**We are striving towards equal partnership** - Equal partnership is sharing the power, to feel acceptance, and knowing what you bring means something.

**We respect difference** - We all bring different experiences. Being creative and challenging group thinking is a strength that we get from our difference.

**We hear everyone's voice** - By actively listening to everyone's voice, we will be informed and have a better understanding – a light bulb moment produces change.

**We are prepared to learn from each other** - Because of the act of coming together with a common goal, being open, and sharing different perspectives and power differences brings the energy needed for change.

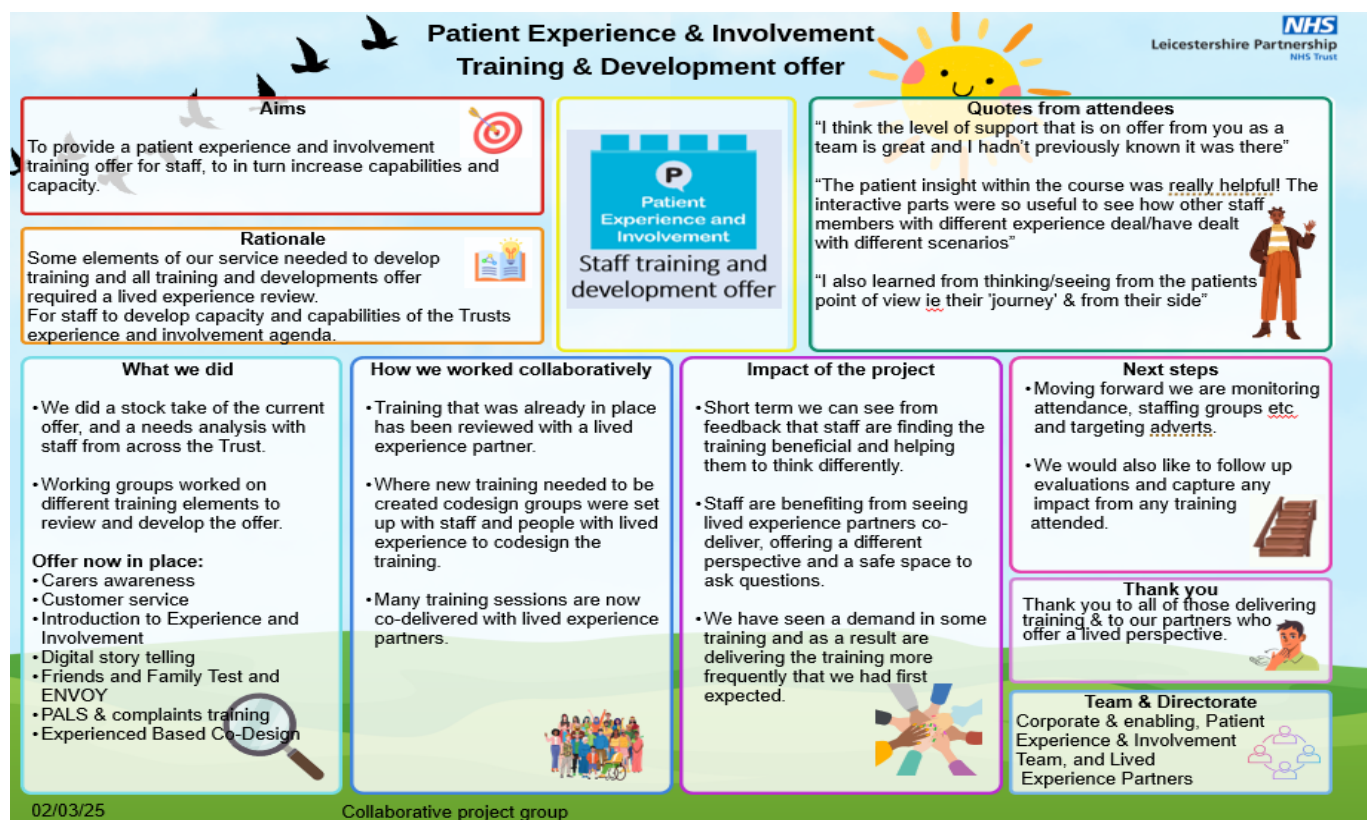


**We are inclusive** - We believe everyone's voice matters and we work hard to find out how we can help people to feel included and that their contribution is valued.

**We feel psychologically safe** - Psychological safety means people feel safe in a supportive and inclusive environment, where people are treated with kindness, trust, respect, compassion.

You can watch our short film on the principles [here](#).

Working with our Lived Experience Partners a new approach to share the impact of coproduction has been developed, through the creation of story boards. The aim of the boards is to provide a summary of a project or programme of work and the impact it has had. Here is the storyboard developed for the Patient Experience and Involvement training and development offer.



## Patient and Carer Involvement in Quality Improvement (QI)

Several of our Patient and Carer network members have been involved in supporting staff on their fellowship programme with their quality improvement projects. This resulted in a celebration day looking at the achievements of the fellows, along with an overview of their projects and the impact collaborative working made with those with lived experiences. Azar, our Quality Improvement Lived Experience Partner gave an inspirational talk on the importance of shared decision making, no decision about us without us, and sharing the impact this work has on his own and others recovery. It was evident throughout the day the impact those involved made not only on these projects but on the organisation, and we want to say a massive thank you to those that give up their time to support the fellowship projects.

[You can hear/watch some of those involved reflections via this short film.](#)



### **DAISY (Diseases Attacking the Immune System) Award Panel**

The Trust formed a partnership with the DAISY foundation to offer the internationally renowned DAISY award recognition scheme for nurses and is now in its second year. As part of the second year a new award panel was formed, and two service users/carers recruited to ensure patient voice is represented and reflected in the decisions made by the panel.

### **Patient-Led Assessments of Care Environments (PLACE) visits**

This is our third year of PLACE Assessments in partnership with patients and staff. A team of patients, carers and staff judged the scores based on non-clinical aspects of the trust environment. The Trust was the top mental health trust for cleanliness and privacy, dignity, and wellbeing. Our Trust is once again leading the way for mental health trusts in cleanliness and privacy, dignity, and wellbeing according to the latest national assessment of care environments. 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.

### **Talk and Listen Group**

The Talk and Listen group are a group of adults with learning disabilities who meet monthly to conduct various group work looking to improve services. During the year, the group have met and collaborated with staff on several topics including:

- Feedback for the Bigger Picture consultation regarding the LPT/NHFT Strategy framework. The group fed back their ideas on what is important to them about Access, Communication, Care and Compassion.
- They looked at the 'Top tips to help you stay well this winter' and gave suggestions for how this could be better.

The Group have worked with a Learning Disability Psychiatrist and Learning Disability Speech and Language Therapist to co-produce visual resources for Learning Disability Mental Health clinics. The Group gave their views on which pictures were helpful, how they could be laid out and what topics should be included in an appointment. They talked about their experiences of mental health appointments, what has been good and what has been bad and how good communication is key.



### **Implementing the Triangle of Care (ToC)**

The Triangle of Care was created to improve engagement between carer and health professional for the benefit of the patient (service user). It aims to ensure appropriate carer inclusion - "Carers Included" – throughout the patient's care journey.

The framework recognises providers who have committed to change through self-assessment of their existing services, and by implementation of the programme according to the Six Key Principles. The Triangle of Care is seen by the CQC as good evidence of a well-led organisation that values involvement and engagement.

The support, commitment, and appetite to the ToC across the Trust has been shown in many ways. For example three services have joined the first year roll out, Palliative Care (Community

Health Services), Care Navigation Service and Occupational Therapy in the directorate of Families, Young People and Children and Learning Disabilities and Autism. These areas felt it important to engage with ToC earlier than required due to the value they felt their carers and patients would gain from working towards this framework.

Several key priorities have been achieved within the last 18 months.

### **Carers – our promise to you**

Staff and carers worked together to develop a promise to carers, this is displayed, shared, and promoted across all areas of the Trust.

### **Carers Dashboard**

A carer's dashboard has been developed on the Trust's clinical system, co-designed with carers and staff. The dashboard was launched in March 2025 and will support staff to keep carers' information up to date, send relevant signposting information and refer for carers assessments.

### **Carers Awareness Training**

In Carers Week June 2024 we launched a revitalised carers awareness training to all staff. This training, delivered in partnership with Carer Lived Experience Partners, replaces a former virtual module that was over ten years old. The new training has been co-designed with carers, staff and leads in different clinical areas and specialities including patient safety, psychology, and nursing. The training is delivered through various methods to ensure that it is accessible for staff to access and for TOC leads to support staff to attend. During February and March 2024 over 20 TOC leads were trained using a train the trainer model to enable leads to deliver the training in their areas if this was suitable and appropriate. Over 400 staff have accessed the training since launch and the number of sessions for 2025 has increased due to the demand.

Further to this training a series of bespoke young carers training sessions are offered to Trust staff on a quarterly basis, co-delivered by young carers and the Local Authority Young Carer Leads for Leicester, Leicestershire, and Rutland.

### **LPT Caring and Confidentiality**

In the early stages of ToC discussions across the Trust it was evident from both carers and staff perspective that understanding of confidentiality and conversations around this with families was not always clear. The Trust Patient Safety and Psychology leads have led the development of an information leaflet alongside carers and staff through the ToC leads monthly meetings. This has been an ongoing piece of work and an example of where support and engagement from ToC leads and other professionals have resulted in a positive outcome for carers and staff. Learning from patient safety incidents and investigations has also informed the development of this vital resource and opened conversations through training and ToC forums to support navigating the issues around confidentiality.

### **LPT Youth Advisory Board (YAB)**

Over the last year our amazing YAB has continued their great work supporting the services provided by the Trust and wider health and care system as a critical friend representing children and young people. During the year, one of our YAB members Georgina who is also a Peer Support Worker within our CAMHS Team has taken over as chair of the Group and is doing a great job in leading the group and ensuring they continue to have an input and impact to what we do. Below are some examples of local and wider system partnership projects they have been involved with over the last 12 months include:

**Self-harm Imagery project** – One of our YAB members has been an essential part in creating self-harm imagery to spread awareness internally for CAMHS staff, please see one of her pieces opposite.

**MHST Winter wellbeing booklet** – The Mental Health in Schools Team (MHST) engaged with the YAB, for support in shaping their new winter wellbeing booklet to ensure young people stay healthy and well over the winter months. Following previous engagement with the summer version and ideas and suggestions from YAB the team have found it valuable to engage with the group to ensure the information is accessible and relevant to young people.

**CAMHS Neurodevelopmental Team** have collaborated with the YAB on multiple occasions as part of ongoing work, through partnering with the CAMHS Digital Development Team to develop awareness videos, including showcasing the collaborative work between the service and YAB. [Included in this video are personal accounts from two current YAB members and Georgia, Chair of the YAB as a Lived Experience Partner \(LEP\).](#)

**Leicester, Leicestershire, and Rutland (LLR) Youth Summit** – Our YAB chair and a YAB member attended the LLR Youth Summit in October half term, they presented information on the YAB, and helped to shape new initiatives across Health and the local authority.

## People's Council

Our People's Council has gone from strength to strength over the last year. The Council has had a focus on building relationships across the Trust through actively listening and implementing impactful feedback loops with one another, with LPT colleagues, with the leadership team and our external partners.



Providing an independent voice to  
make LPT services great for all

The Council have developed a new model of Receive, Review, and Recommend to undertake its role as an independent forum advising Trust Board. Over the last year the Council has:

- Provided advice on the next stages to the roll out of shared decision-making at LPT and have said that it would like to take on an assurance role in the delivery of this
- Reviewed the high number of complaints about communication and made recommendations for how the organisation could address these
- Planned how the Council can be a partner in the delivery of tackling health inequalities, through for example, delivery of the Patient and Carer Race Equality Framework and building on the Trust's Together Against Racism commitment.
- Facilitated a Trust Board Development session focusing on how the Council and Trust Board can work together, moving toward a 'We said, We Did' way of working by ensuring that lived experience is part of design, delivery, governance, and assurance.

Following the Board Development session, the Council has also been looking at how it can provide an independent lens to how the Trust is listening and responding to its patients and carers. Through a review of the quarterly Patient Experience and Involvement reports, which cover all aspects of patient and carer feedback, participation and coproduction, the Council have introduced their own section providing a view on what the report is showing and recommending actions for the Trust.



## Community Mental Health Survey

The 2024 Community Mental Health Survey involved 53 providers of NHS mental health services in England. People aged 16 and over were eligible for the survey if they had received specialist care or treatment for a mental health condition, had at least one contact between 1 April and 31 May 2024, as well as at least one other contact either before, during or after the sampling period, and were not a current inpatient.

Nationally the response rate was 20%. The 185 LPT users who responded to the survey provided a response rate of 15%.

Benchmarking results for the Trust showed that:

- The trust's results were about the same as most trusts for 32 questions.
- The trust's results were worse than most trusts for 1 question.
  - In the last 12 months, have you had a care review meeting with your NHS mental health team to discuss how your care is working?
- The trust's results were somewhat worse than most trusts for 2 questions.
  - To what extent did your NHS mental health team involve you in agreeing your care plan?
  - Did you have to repeat your mental health history to your NHS mental health team?

Overall, the trust's results were categorised as about the same for all sections of the survey as with 2024.

The survey results will be formally published by the CQC in early April 2025.

The CQC will use results from the survey to build an understanding of the risk and quality of services and those who organise care across an area. Where survey findings provide evidence of a change to the level of risk or quality in a service, provider, or system, the CQC will use the results alongside other sources of people's experience data to inform targeted assessment activities.

## Volunteering

Our vision for volunteering is to promote, recruit and support a diverse group of volunteers in making a positive difference to enhance patient experience and the quality of our services.



We are so proud to have around 235 volunteers supporting at LPT, and over the last year we have recruited 138 volunteers. The service received around 480 volunteering enquiries.

We aligned the volunteer plan to Investors in Volunteers; we are now at a position to apply for the accreditation should funding be available.

Our Volunteering strategy links into LPT's People Plan for 2023 to 2025, which sits within LPT's Step Up To Great strategy and we will be working on updating the strategy to align our new Group THRIVE priorities in 2025/26.

We aim to enable individuals to contribute their time as volunteers within a framework which is safe for all and in line with Trust and national guidelines. It is also important that volunteers have opportunities to progress into careers at LPT and the wider NHS.

## Volunteer recruitment

We work with services to create new and exciting roles, and over the year we recruited volunteers to numerous roles which included:

- SALT service – chatting matters
- Gym Support Volunteer
- Increased the number of PET Therapy volunteers
- Cardiopulmonary Rehab Volunteer - Oadby
- Physio Support Rehab Volunteer
- Wednesday WORD's Support Volunteer – writers' group
- Arty Social Support Volunteer
- Arts Cafe Arts Group Volunteer
- Smoke Free Support Volunteer
- Peer support volunteer
- Meet and Greet Volunteer role at Coalville Health Centre

We advertise volunteering roles on our website, and some roles are advertised with Voluntary Action Leicester and at De Montfort University. Demand for volunteering at the Trust is high.

We continue to work with each directorate to increase and diversify volunteer roles to enhance services.

We have an online learning module for staff "Working with Volunteers" which is currently being updated. New volunteers complete online training when they start or an induction workbook if they are unable to complete modules online.

All role descriptions have been reviewed and appropriate DBS levels have been amended following updated NHS guidance on DBS checks for volunteers.

## Group volunteering

Following the update of LPT's VIP and celebrity visitor policy, we have introduced group volunteering. In May 2024 a group of staff from Amazon supported Hinckley and Bosworth Community Hospital by painting outside fence panels and cleaning the front spaces, they bought their own painting equipment and sourced a power wash which was left for the hospital. We continue to engage with services and organisations to enable group volunteering.

Hinckley Tea Bar volunteers – Although this service ceased in 2023, the volunteers had raised a





considerable amount of money which is held in the Raising Health fund. The volunteers have agreed for these funds to go towards development of a sensory room at the new Hinckley Hub.

## Voluntary transport

Our volunteer drivers continue to play a vital role in supporting our patients and service user to get to their appointments.

We currently have 12 volunteer drivers who are available at different times of the week and different times of the year:



**54,485 miles**

covered by volunteer drivers



**2470**

journeys made



**40**

journeys made outside of LLR



**100%**

mandatory training compliance

All our drivers are given a copy of the LPT volunteer driver handbook and a transport Standard Operating Procedure is in place.

All drivers have feedback cards to share and gain feedback from users. Over the year we received 44 responses. When asked what they like about the service, the positive comments speak for themselves.

The directorate of mental health have created a monthly transport group meeting in which voluntary transport is now regularly discussed.

***"It's free of charge"***

***"The drivers are helpful"***

***"It reduces my anxiety about my appointment"***

***"Couldn't attend without the service"***

***"The drivers know exactly where to go"***

***"It is door to door"***

## Celebrating our volunteers

In 2024 we nominated two volunteers to Room to Reward, both were successful. Room to Reward is a charity that supports volunteers in taking a weekend away to hotel rooms around the country.

There was an increase in nominations to the Celebrating Excellence - Volunteer of the Year award. Congratulations to the winner, Jean Denyer who is such an asset to the volunteering service and to the Trust.



Other celebrations over the year valuing the support that is provided by volunteers included:

- Volunteers' Week - which included a whole week of volunteer recognitions.
- Artwork for the Volunteer Thank you cards were created by the Arts in Mental Health team.
- International Volunteer Day

- Long Service Awards afternoon tea
- Easter quiz and Christmas get togethers

Raffles were created at Christmas and Easter. 30 volunteers participated in a bid to win the raffle for Christmas and 19 for the Easter 2024 game.

All volunteers were included in the Team Time Out initiative to support the health and wellbeing of all teams in LPT for 2024 and again in 2025. The volunteering service is part of the Team Time Out Project group which has allowed for any volunteering concerns to be addressed.

Volunteers were part of the centenary celebrations at Rutland Hospital where volunteer Jean Denyer contributed so much to the success of the day.

## Networking

We have actively participated in Q&A sessions with NHS England, which enables us to be aware of activities nationally and also about funding opportunities. We were pleased to be asked to share our voluntary transport SOP (standard operating procedure) as an example of good practice with other Trusts who would like to set up a similar service.

We input in the MHS VSM Peer Network group linking up with 30 other trusts, sharing thoughts, ideas and concerns.

We meet regularly to share our practice and collaborate on ideas with our Group partners NHFT through monthly meetings. We also undertake this sharing practice with UHL's volunteering service.

We also have an active relationship with Voluntary Action Leicestershire (VAL), attending network meetings and continuing to advertise for some of the volunteer roles using their networks.

We are committed to growing the diversity of our volunteers and have attended the Careers event at the Job Centre.

The Voluntary Service Manager conference took place in Birmingham this year, the first one after the Covid Pandemic where VSMs were able to network and share good practices.

## Training

The NHS England e-learning for Health Volunteering modules have now become well embedded.

We continue to encourage our volunteers to maintain compliance on their training, compliance has gradually increased over the year and this is reported into the training, education and development (TED) governance meeting each month.

	Volunteer Compliance											Compliance Subject
	Target	Mar-25	Feb-25	Jan-25	Dec-24	Nov-24	Oct-24	Sep-24	Aug-24	Jul-24	Jun-24	
Core Mandatory Training	85%	91%	90%	90%	89%	87%	86%	87%	83%	85%	76%	Conflict Resolution
	95%	79%	77%	81%	80%	79%	80%	79%	77%	82%	73%	Data Security Awareness
	85%	93%	91%	95%	89%	95%	96%	97%	96%	95%	94%	Equality, Diversity and Human Rights
	85%	79%	76%	82%	80%	80%	80%	80%	77%	77%	72%	Fire Safety Awareness
	85%	92%	91%	95%	94%	94%	96%	97%	96%	90%	94%	Health, Safety and Welfare
	85%	91%	91%	95%	94%	94%	95%	96%	96%	94%	93%	Infection Prevention and Control Level 1
	85%	91%	90%	95%	93%	93%	95%	96%	89%	94%	92%	Safeguarding Adults Level 1
	85%	90%	89%	95%	93%	92%	94%	95%	93%	93%	91%	Safeguarding Children Level 1
	85%	73%	67%	64%	59%	54%	50%	43%	35%	19%		Moving & Handling Level1

The NVC (National Volunteer Certificate) ceased in April 2024, volunteers who had started the course were allowed to complete.

We have introduced the Developing Healthcare Talent to volunteers. One volunteer has successfully completed the course and a further four volunteers have signed up for the next cohort.

## Communication

Weekly enews communications are sent to volunteers, aligned to the Trust's weekly staff e-newsletter and access to the weekly jobs bulletin. Volunteers also receive a quarterly eVision Newsletter which shares more volunteers-related content. We are enhancing our communications plan to include the sharing of more volunteer stories. We are working closely with the communications team to further market the Voluntary Driver role to recruit more drivers.

## Surveys

Equality, Diversity and Inclusion surveys are now in place enabling us to capture equality information from when volunteers apply for roles. We will begin to provide statistics to NHS England (as per guidance) from April 2024. The database that holds our volunteer information is being reviewed so that we can capture additional information as required.

Volunteer Starter Surveys are shared with new starters in the first six months of them commencing. Feedback received was positive with some ideas to give volunteers an even better experience.

Our Future our Way surveys were also sent to volunteers which enabled us to address areas of focus in volunteers' experience of working at LPT. These have been included in our new volunteering strategy.

## NHS ten-year health planning

NHS England had created workshops for volunteers as part of the consultation and two of our volunteers had been successful in attending.



# Engaging our staff


## Our Future Our Way

We have been running the Our Future Our Way culture, leadership and inclusion programme since November 2022 with the aim of building on the improvements reflected in staff and patient experience in our Annual Staff Survey. The programme uses an evidence-based methodology of discover, design and deliver and over the last two years, our change leaders have focused on four priority areas as a result of their deep dive.

Underpinned by the golden threads of Leadership and Feedback, the four priorities for which solutions have been coproduced with staff are:

- 1) Career development
- 2) Psychological safety
- 3) Managing expectations (staff and patients)
- 4) Commitment to prioritise health and wellbeing





## Our Future Our Way priorities

We want LPT to be a great place for you to work and deliver care. We are putting your feedback into action to improve these areas with you.

### Priority one: Career Development

Staff want continual and supportive professional development, opportunities to use their skills, and clear career progression pathways to encourage retention and a welcoming onboarding experience for new starters.

### Priority two: Psychological Safety

Colleagues want a culture where there is a shared understanding of what it is to be psychologically safe, where everyone can be a leader and speak up about ideas or concerns without fear, and where human factors are considered as part of the work we do.

### Priority three: Managing Expectations

Staff told us they want a culture where patients, service users, and staff are more informed. They said they want to see clear transparent information about care, pathways, and wait times communicated between service users and services, even if there are no updates, to help manage expectations and to ensure individuals receive personalised care by services working together. They also said they want clearer guidance and expectations on workload priorities and delivery against strategic organisational goals.

### Priority four: Commitment to prioritise health and wellbeing


Colleagues want a culture where health and wellbeing is prioritised for all. This includes: working in safe and clean environments, being empowered to access support, a culture where conversations about health and wellbeing are commonplace, and colleagues' time and work capacity is respected and supported by healthy work boundaries/ habits/practices.

### Feedback

Giving and receiving feedback (positive and constructive) from service users and staff at all levels should be accessible to help staff understand their impact, and to learn, share and celebrate success.

### Leadership

LPTs leadership behaviours and Trust values are important and should be demonstrated by staff at all levels.



The four priorities have been taken forward through subgroups made up of our change leaders alongside key stakeholders and subject matter experts to introduce solutions. Below is a summary of the actions:

- i) **Career Development** – to ensure our new starters gain the best experience of their career at LPT, we have strengthened the embedding of our First 90-Days toolkit. We have reviewed, updated and are implementing a new process that will enable tracking of a new employee's first 90 days within the organisation through Ulearn. To further support new starters, we have participated in a pilot of the LLR induction buddy scheme, linking up new employees to a buddy for pastoral support in their first 90 days. The evaluation took place end of March and was extremely positive so we will now be rolling this out as a good practice framework across the Trust. The next step will be to review and strengthen career conversations at LPT and link to the talent development priority across the Group.
- ii) **Managing Expectations** – to support colleagues to better connect with each other to manage service users' expectations. Having worked with LHS on a new online form that updates various staff directories, a Guess Who campaign was launched to enable staff to update their Outlook / staff directory account details. The campaign has been successful and is being evaluated. The next steps will be connect to existing work taking place around supporting staff to support patients in waiting well where needed.
- iii) **Psychological Safety** – we have co-designed and launched a definition of what psychological safety means for us at LPT – to support staff to feel safe to speak up. This is now being embedded into OD leadership courses and team development interventions. A leadership masterclass took place in March 2025 to enable our leaders to take this forward in their own areas.
- iv) **Commitment to Health and Wellbeing** – to further embed health and wellbeing practice into the every day at LPT, we have successfully launched and now relaunched 'team time out' – enabling teams to connect and support their team's health and wellbeing. This has evaluated as a success so far and is now being funded by our charity on an annual basis. We have also created various staff wellbeing spaces, and this priority continues with our health and wellbeing champions. We have also reviewed and relaunched a 'healthy working day' guidance to support all of our staff to have a healthier practices at work.

### **Leadership Conferences**

Embedding our leadership behaviours was an important golden thread running through the Our Future Our Way programme. We have run a series of Compassionate and Inclusive Leadership Conferences over the last year on key topics, supported by our chief executive Angela Hillery.

We commenced in December 2023 with a short series of conferences focussed on compassionate and inclusive leadership – then followed by a year-long series under the same banner. See OD section for more details.

We are pleased to share that in the NHS Staff Survey 2024, areas related to the four priorities and the golden thread of compassionate leadership and feedback have all improved and are now performing above the national average. This includes line manager support, compassionate leadership, team connectivity, confidence in raising concerns, feeling that staff have a voice, and that the organisation takes their health and wellbeing seriously. Less staff are looking to leave LPT and more staff (increasing by nearly 5%) would recommend LPT as a place to work.

We know we have more to do, and we are now reviewing the next phase of the programme, bringing successful area into business as usual, and the Change Leaders focus will change to outcomes of the most up to date staff survey results.



# NHS Annual Staff Survey

The results of the NHS staff survey are aligned to the [NHS People Promise](#). We want LPT to be a great place to work and deliver care for all. We were pleased to see that the 2024 results indicate a positive picture of clear improvements in staff experience, building on the improvements we made in 2023, with significant rises above the national average in several areas.

Around 4000 staff, that's 58.4% of our LPT family shared their views in the NHS Staff Survey 2024, which was significantly above the national average response rate (50% for all Trusts and 54% for community and mental health trusts like ours). The response rate from our Bank staff was 34.4% - an increase of 4.4% from last year. Thank you to all colleagues who took the time to share their views, this is our highest ever response and has made our data richer in understanding how it feels to work for our Trust.

With regards to the national People Promise indicators, all nine are now above the national average, and seven of the People Promise indicators have increased from the previous year's results.

We are particularly pleased that there has been a significant increase in colleagues saying they would recommend LPT as a place to work and receive care – both of which are now above the national average. This is great news as it shows that, overall, staff experience of working at LPT continues to improve.

There were 108 questions asked in the NHS staff survey. It is pleasing to see that results for 82 of these questions have gone up, and when looking at significant differences ie. more than a 2% change only two have dropped. Several areas are now above the national average.

In summary, most staff who responded to the survey feel that LPT is an inclusive and compassionate place to work, have a good sense of team work, feel supported by their line managers and feel engaged overall – this is a positive reflection of our values and leadership behaviours for all, and areas where we are performing above the national average.

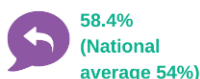
Out of our peer group of 50 Mental health/community health/combined Trusts, we have benchmarked as the second most improved Trust in the country. We have ranked 9<sup>th</sup> in relation to



## NHS Staff Survey 2024

Your Feedback into Action

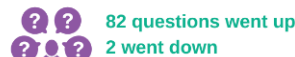
Response rate



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

### What happens next?

- These results will feed into the work our change leaders are doing as part of the Our Future Our Way culture improvement programme
- The communications and culture team will be making site visits throughout Spring to discuss the staff survey data in more detail with all colleagues
- The reports will be reviewed in further detail at directorate level to identify additional support
- Specific targeted action plans for low performing areas and staff groups

Visit: [staffnet.leicspart.nhs.uk/nhs-staff-survey-2024-the-results/](https://staffnet.leicspart.nhs.uk/nhs-staff-survey-2024-the-results/) to find out more about our NHS Staff Survey 2024 results

recommended place to work, and 3<sup>rd</sup> in People Promise indicators amongst East Midlands peer trusts.

## What have we done well?

Our staff are feeling happier, more valued and more supported at work. Nearly 89% feel their role makes a difference. There is better work-life balance and they feel more supported with their health and wellbeing. Experience of line manager support has improved. All of these areas are above average.

Nearly 80% of staff now feel safer to raise concerns, and there has been improvements in confidence that these will be addressed. There are also significant improvements in feeling safe to report bullying, harassment and abuse. Again these are above average now.

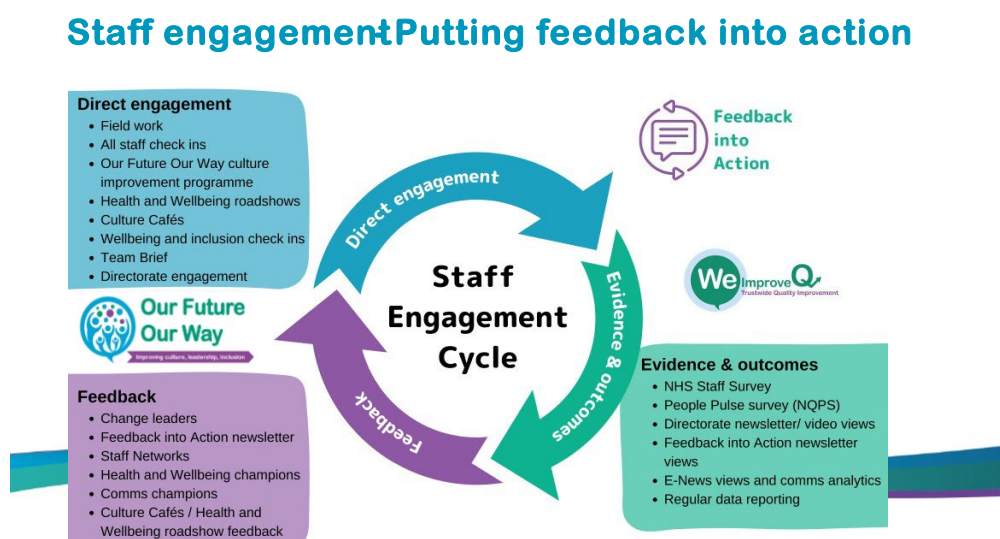
The Our Future Our Way culture programme focus areas of career progression, psychological safety, health and wellbeing and managing expectations have each seen improvements this year. Our Zero Tolerance to Abuse campaign is making some impact and more staff are reporting abuse.

More staff with a long-term health condition or illness say LPT has made reasonable adjustment(s) to enable them to carry out their work – this is above national average.

Even with these good results, we want to continue to improve. Our results where we are below the national average, which require further focus are around reporting physical abuse and experience of discrimination due to ethnic background, religion and disability. This is disappointing and unacceptable; it will be important this year to build on our Zero Tolerance to Abuse and Together Against Racism Group objectives to ensure improvements are being made.

There are variations in the results across our directorates and staff groups, as well as our Bank staff, and variable experiences for our staff from minority ethnic backgrounds and with disabilities. We are looking at this in more detail in directorate meetings and staff group forums, to agree what more can be done specifically to improve in these areas, in addition to our trust wide Our Future Our Way culture improvement programme.

Our staff survey results reflect a positive journey of improvement in our LPT family culture and we will continue to build on the positive progress made.





## Consultation with staff

Effective staff involvement and engagement is essential for us to shape and improve service delivery.

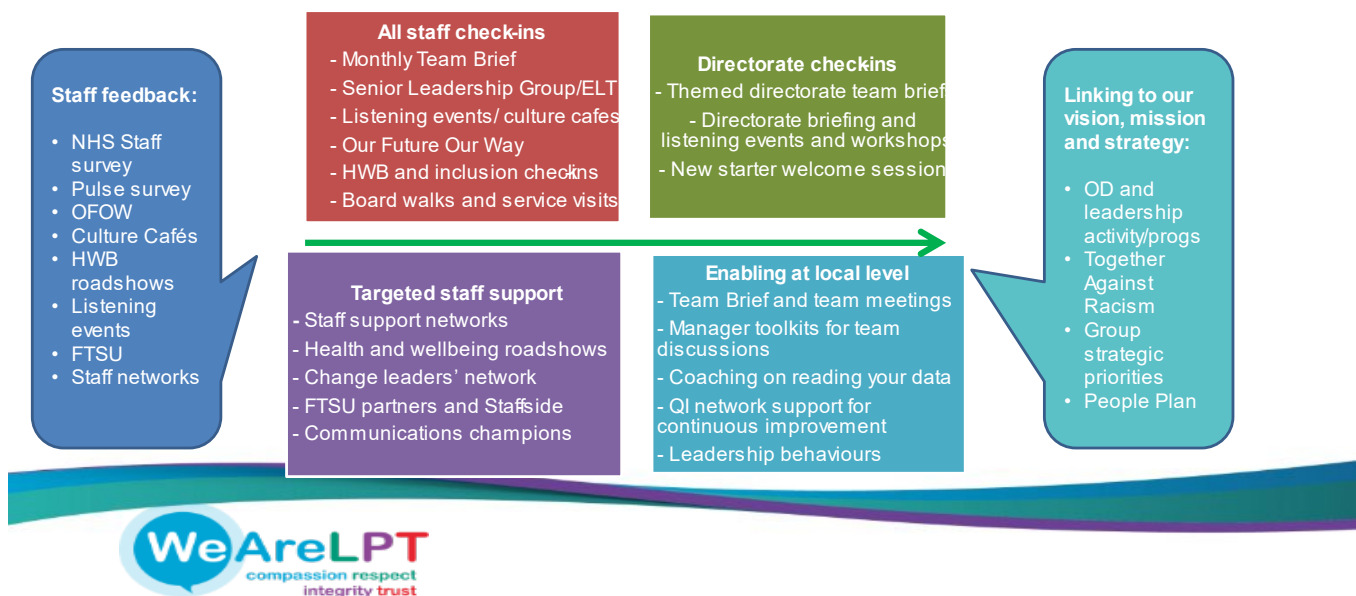
During 2024/25 we have continued to actively involve staff across all services through engagement and consultation linked to service transformation and development initiatives and associated change management programmes.

We produce a weekly Trust e-newsletter and encourage the use of social media, in line with the Trust's social media policy, as a forum for staff to share their views. Our closed staff Facebook group (which has over 3900 members) is an effective forum for staff to share their views, find answers to questions and gain support from colleagues.

Our staff intranet, StaffNet, includes the latest news and events. Increasingly the use of text messages has been used to keep staff informed and engaged. The Chief Executive delivers a monthly Team Brief alongside a Q&A with the executive team. This is filmed and shared with staff. Each directorate also holds their own staff briefing and listening sessions to engage staff in their areas.

We also hold regular health and wellbeing roadshows and listening events to continually listen to staff. Regular check ins are also undertaken through participation in the Quarterly NHS People Pulse Survey, so that we can regularly monitor staff experience and feedback.

## Staff engagement framework



## Support and advisory services

Our staff have access to a wide range of support and advisory services:

- Occupational Health Service available to all staff
- Confidential counselling and psychological support services (Amica)
- NHS Talking Therapies Service which staff can self-refer to
- Professional organisations and trade unions

- Disabled staff support group (MAPLE)
- Interfaith forum
- REACH (Race Equality and cultural Heritage) staff network
- Carers support group
- Spectrum (lesbian, gay, bisexual, transgender members of staff) support network
- Women's Network
- Men's Health Network
- Anti-bullying and harassment advice service (ABHAS)
- Access to mediation for resolving workplace conflict
- Listening Ear service provided by Chaplaincy services
- Access to Freedom to Speak Up Guardian
- Specialist wellbeing development events including: menopause awareness training, financial wellbeing workshops, Schwartz Rounds, Culture Cafes, Active Bystander Training, Wellbeing festivals, Making Every Contact Count training and more
- Physical health support through our physio team and Myles Wellbeing app
- Charitable funded Team Time Out sessions to promote staff connectivity
- Monthly Health and wellbeing roadshows with our charity Raising Health across sites

We want to create a wellbeing culture, where staff feel supported and not afraid to raise concerns. Just some of the ways we are enabling this are:

- Our Future Our Way culture change programme as outlined earlier.
- Regular Inclusive, Compassionate Culture Leadership Conference for leaders across the organisation.
- A monthly Team Brief with our Chief Executive or deputy, which includes a question-and-answer session with our executive team on current themes.
- A bi-monthly senior leadership group forum – for senior leaders to not only hear about our direction of travel, but contribute, share views and concerns, and take ownership.
- A bi-monthly extended leadership team meeting – for senior leaders to discuss and take forward important areas for the Trust to work on together.
- Regular Inclusion and Wellbeing events for staff to offer a space for staff to feedback.
- Regular communications to ensure that each staff group has access to support when they need it.
- If a member of staff has concerns about an issue that affects the delivery of services or patient care, they are encouraged to speak to their line manager, head of service or director.
- They can also contact the Trust's Freedom to Speak Up Guardian for advice – referring to the 'Freedom to Speak Up: Raising Concerns (Whistleblowing) Policy for further sources of advice.
- If staff have concerns about a work issue, they can contact their trade union / professional organisation representative or a member of our human resources team.
- An e-learning package for staff and managers to increase awareness of raising concerns.
- Our Leadership Behaviours For All framework enables us to hold each other to account, including a feedback model.

- We support Duty of Candour and have raised the profile of the importance of this through various forums and communications, including a community of learning and implementation of PSIRF.
- Staff listening events on key themes or hot topics and monthly staff support networks.
- Our appraisal process includes a section on health and wellbeing, our leadership behaviours and EDI.
- Our anti racism commitment is being led through Together Against Racism programme.
- Directorate staff drop ins which give staff a safe space to voice their thoughts.
- Zero Tolerance campaign shared to empower staff against abuse in their day-to-day.
- Culture and wellbeing advocates offer support to frontline staff including Newly appointed Equality, Diversity and Inclusion ambassadors, Health and Wellbeing Champions, Professional Nursing Advocates, Mental Health First Aiders, Menopause Advocates, change leaders and Freedom to Speak Up champions.

## Freedom to Speak Up

### **Together we are making speaking up business as usual**

The safety of our patients and workforce is a significant priority. Key to providing that safe environment lies in giving strong focus to our Freedom to Speak Up (FTSU) programme and the embedding of a speaking up culture. Whether staff witness something that has not gone to plan, potential for harm which could be prevented or indeed good practice that could be improved upon identified, we value the importance of speaking up with the assurance of confidentiality, safety and without detriment.



LPT is committed to underpinning a speaking up culture with open and transparent routes by which colleagues feel safe to speak up, confidence in their voices being heard and concerns/suggestions acknowledged and acted upon and evidenced through a robust system of reporting and learning.

Our Chief Executive is the lead Director for Freedom to Speak Up, which signals to staff the importance the organisation places on speaking up about patient care, quality improvement and resolving work related issues. Staff are encouraged initially, to speak up and raise concerns with their line manager, with another member of the leadership teams or directly with a Freedom to Speak Up (FTSU) Guardian. The FTSU Guardian's provide confidential and impartial advice, or practical support where requested. The Trust regularly reinforces these lines of communication to all staff through staff e-news, whilst also highlighting and encouraging the other varied avenues of how to speak up.

The local Freedom to Speak Up: Speak Up, Listen Up, Follow Up policy is published in line with current guidance from NHS England and the National Guardian's Office. The policy provides assurance to staff and explicitly states that harassment or victimisation or indeed any form of detriment towards anyone speaking up and raising a concern will not be tolerated and could be dealt with through disciplinary procedures.

The Policy identifies a variety of ways in which staff can speak up within the Trust in addition to the FTSU Guardian or a manager, for example, the Chaplaincy 'Listening Ear' service, AMICA counselling services, Occupational Health service, Human Resources and Staff-side services. In addition, the policy also identifies the non-executive director with responsibility for FTSU, and other external mechanisms such as Care Quality Commission, professional bodies and the National Whistleblowing helpline.

An essential part of the Freedom to Speak Up process is to ensure that the people who speak up receive feedback on how their issue is being managed or addressed - who is responding to the matter, what they have found, is there any wider learning or opportunities for service improvements and what specific actions are being taken (recognising confidentiality issues as appropriate). Feedback is seen as a significant phase of a learning and improving culture and therefore the ongoing response when someone speaks up supports the development of trusting relationships, builds confidence in the speaking up process and promotes a positive speaking up culture. Encouraging speaking up and supporting colleagues who do speak up is a common thread through all five of the Trust's Leadership Behaviours and a cornerstone to strengthening psychologically safe and healthy teams.

The Trust prioritised 'psychological safety' as one of the key features of the 'Our Future, Our Way' culture programme. Freedom to Speak Up Team have been active stakeholders in this programme working collaboratively with Patient Safety teams, Equality, Diversity and Inclusion service, Health and Wellbeing team, Organisational Development service, Human Resources and wider staff support networks to develop a local definition, create accessible resources and embed key messages across the organisation. This programme is facilitated by the designated Change Leaders and supported through the named Executive and Non- Executive sponsors. An agreed definition and diagram has been developed and shared across the Trust.

## Psychological Safety: What it means for our LPT family



Ensuring that people who speak up do not experience detriment is a significant commitment of the Guardian's role and staff are regularly reminded that they should not tolerate any negative consequences of their speaking up. The local policy, with reference to guidance published by the National Guardians Office, provides assurance to staff and explicitly states that harassment or victimisation of anyone raising a concern, or any form of reprisal will not be tolerated and could be dealt with through disciplinary procedures. When a case has been closed, workers are given the opportunity to feedback on their experience of the speaking up process to identify where there are opportunities for learning and improvement. The question 'Given your experience, would you 'speak up' again' is recognised as an indicator of the speak up culture and this specific data set is included in the quarterly data submissions to the National Guardians Office.

## **Freedom to Speak Up Guardians**

Freedom to Speak Up Guardians continue to assist the Trust in developing a restorative and forward-thinking approach to addressing staff concerns based on reflective learning. They aspire to weave a strong speaking up culture across the organisation and truly make 'speaking up business as usual'. In this regard, the service is well aligned with the trust's vision of "creating high-quality, compassionate care and wellbeing for all".

The FTSU team is tasked with raising awareness about speaking up and supporting the development of an open and transparent culture. The role of the FTSU Guardian is widely promoted through internal communication routes including the Trust's weekly eNews, monthly Team Brief and social media, Trust-wide emails, posters across Trust sites, screensavers, face to face meetings and team presentations. The Trust's commitment to 'making speaking up business as usual' is also highlighted at all induction sessions for new staff. Bespoke presentations are also delivered to medical trainees and students, nursing associates, apprentices, preceptors, international recruits and other Allied Health Professionals. The Guardians actively promote inclusive FTSU approaches, targeting seldom heard groups within the workforce, as identified by research; these include but are not limited to, those with protected characteristics, night workers, students, medical trainees and offsite workers.

In addition to raising awareness and embedding key speak up messages, FTSU Guardian's provide an alternative route for workers who want to speak up about 'anything that is getting in the way of them doing their job'. They offer a confidential and impartial service taking time to listen with curiosity, advise and direct to other services or escalate matters through the speak up process.

New resources, including a comprehensive schematic and easy read schematic have been developed which is intended to support all workers understanding of the speak up process through various scenarios and these are to be communicated through a comprehensive communications plan. This coincides with the introduction of an updated reporting and recording system using a stand-alone module within the existing Ulysses data collection system. Utilising this system will improve interoperability and enable better data triangulation, data reporting and National Guardian's Office compliance while maintaining high levels of confidentiality.





Throughout FTSU month in October the Guardians, along with the non-executive director and CEO 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 which was subsequently shared via appropriate media platforms. A leadership conference was held in October for colleagues across the Trust, where the importance of speaking up and listening up was also emphasised. Each non-executive and executive director shared their FTSU pledges to reiterate to colleagues the commitment.

## **Freedom to Speak Up Champions**

There are 25 volunteer Freedom to Speak Up Champions who play an important role in positively promoting the key messages about speaking up and widening the reach of the FTSU agenda. They can offer support and signpost colleagues to appropriate services as required.

Given the national acknowledgment of additional barriers for speaking up on certain groups of staff, great care has been taken to ensure the Champions network is representative of the workforce in terms of equality, diversity and inclusion and professional groups. The Trust's Champions network has representatives from staff support networks and from a variety of services and disciplines including physical health and mental health teams (both registered and unregistered clinicians), Allied Health Professionals and administrative roles across the breadth of the workforce.

## **Freedom to Speak Up Training.**

There are eLearning training modules [Speak Up](#), [Listen Up](#), [Follow Up](#) that were developed in partnership by National Guardians Office and Health Education England. These are available through the Trust's e-learning platform and are used as reference points across the Organisational Development programmes. The Speak Up training module will be role-essential for all healthcare workers going forward.

## **Developing our staff**

### **Learning and Development**

We are committed to supporting our LPT family with their career progression. We have a dedicated Learning and Development service which delivers, facilitates and provides a comprehensive range of opportunities for staff to improve and enhance their skills and knowledge, to enable them to deliver a quality service to our patients. We ensure that learning is available to meet staff and patient safety requirements including mandatory training. We support and encourage staff to develop and pursue their careers aligned to organisational need and personal aspiration. We also support our future workforce through student/learner placements, access to work experience, and apprenticeships.

Here are some of our learning developments and achievements from the last year.

Training and development	Learners in practice	Support workers	Grow our own
<ul style="list-style-type: none"> <li>Doubled clinical new starter training capacity to accommodate recruitment increases.</li> <li>Supported medics to undertake master's in education courses.</li> <li>Embedded both Tier 1 and Tier 2 of Oliver McGowan Mandatory training.</li> <li>Re-aligned with NHSE Core Skills Training Framework requirements for Mandatory training.</li> <li>Supported over 137 estates and facilities staff to complete 422 mandatory training courses</li> </ul>	<ul style="list-style-type: none"> <li>Launched quarterly practice learning newsletter.</li> <li>Set up student forums for all our learners on professional programmes.</li> <li>Developed Research Ambassadors to support the embedding of evidence-based practice.</li> <li>Provided specialist psychiatrists to enhance medical student examinations.</li> <li>Nursing Preceptorship programme supported 111 new starters.</li> </ul>	<ul style="list-style-type: none"> <li>Increased Healthcare Support Worker (HCSW) Ambassadors within local teams from 1 to 11.</li> <li>HCSW Ambassadors support retention of new starters.</li> <li>Successful Healthcare assistant Taster Session for the public supporting recruitment in to HCSW posts.</li> <li>Welcomed our first T Level students.</li> <li>Introduced a Vital Signs course for new and existing clinical support workers.</li> </ul>	<ul style="list-style-type: none"> <li>Supported over 750 individual CPD and study leave activities.</li> <li>Started over 86 staff on new apprenticeships.</li> <li>Increased number of administrative professionals undertaking further study including 46 onto apprenticeships</li> <li>Increased the number of HCSWs to train to be Nursing Associates</li> <li>Expanded professional development within AHPs including podiatry and dietetic apprenticeships.</li> </ul>

This year has continued to be challenging due to the increasing recruitment and expansion of learners in practice. The team of practice development staff, educators and trainers have been innovative and creative to ensure that staff and learners continue to receive high quality learning and development opportunities. We have been particularly keen to recognise excellence in education and training and promoting opportunities in our organisations for personal and professional development.

## Events

Awards in Education Inagural event (6 Feb)	Resident Doctor Awards (28 Feb)	LLR Careers and Jobs Event (8 March)
Celebration and recognition of 70 staff who have completed programmes of study leading to a qualification whilst working in the organisation. This included apprenticeships, newly qualified Nurses and therapists, leaders and estates staff.	At this event we recognised excellence in our 120 medical trainees from all grades for their clinical skills, teaching, professional standards and research.	We organised an event to share healthcare careers and jobs opportunities, which was attended by 1500 members of the public. There were over 50 exhibitors sharing opportunities in the NHS and from all healthcare providers in our system.



## Organisational Development

We have an established Organisational Development team which is dedicated to ensuring LPT is a great place to work; supporting our Trust strategy, by embedding our values and behaviours, through our People Plan and Promise 2023 – 2025.

Our work enables all staff within LPT to learn, grow and develop through our leadership training and conferences, our career development programmes, our support for teams and services who require development opportunities and our culture work which enables improvements for staff year on year. All this is supported by our coaching and mentoring offer available to all staff.

The culture work is embedded through the Our Future Our Way programme, where we work alongside our Change Leaders, staff from across all services in the Trust. In the last twelve months they have been pivotal in improving the culture within LPT by working together to improve areas highlighted in the discovery phase of this programme. This has enabled us to see improvements in key areas in our staff survey results for 2024, for example improving the experience of our new starters through embedding of our First 90 Days toolkit, which enable new staff to have a quality experience when they join the Trust.

The Change Leaders were instrumental in co-designing our definition of psychological safety, which supports staff to feel safe to speak up when they are concerned about any workplace issues.

As part of the Our Future Our Way programme we ran a series of Compassionate and Inclusive Leadership Conferences over the last year on key topics.

We commenced in December 2023 with a short series of conferences focussed on compassionate and inclusive leadership – then followed by a year-long series under the same banner, which included:

- a. Authentic leadership
- b. Inclusive leadership
- c. Celebrating leadership – our one-day conference shone a light on freedom to speak up month, included 4 workshops on: psychological safety, zero tolerance, power of listening and QI in leadership.
- d. Great teamwork

### Other key highlights this year include:

- We continue to support our leadership community in providing updates to key cultural and strategic priorities through Senior Leadership Forums and Extended Leadership Team meetings for very senior managers.
- We welcome new starters through our corporate induction programme and the implementation of the First 90 Days and induction buddy scheme.
- Through training and support we continue to ensure all staff have meaningful annual appraisals, one to one's and other touchpoints with managers through various training opportunities that lend themselves to compassionate, inclusive conversations.

### Looking forward to 2025:

- We will continue to work with our Group partners Northamptonshire Healthcare Foundation Trust on joint initiatives including:
  - Embedding of our new joint strategy, mission, and vision.

- Design and implementation of a talent and succession plan.
- Leadership conferences to support all leaders.

## Staff health and wellbeing

The health and wellbeing of our staff continues to be a priority within our organisation, as it is essential for creating a healthy workplace and ensuring the delivery of quality patient care.

As part of our "Our Future, Our Way" culture change programme and health and wellbeing operational plan, we have implemented the following initiatives:

- **Team Time Out Initiative:** This programme encourages all teams to take dedicated time for their health and wellbeing, facilitating connections, enhancing team wellbeing, and providing access to essential information and resources.
- **Refreshed Healthy Working Day Guidance:** We have updated our guidance to embed a wellbeing culture, create healthy habits, and access support when needed.
- **Improved staff spaces:** Enhancements have been made to staff rooms and kitchens, the development of wellbeing spaces, and the effective use of available green spaces.
- **Occupational Health Service improvements:** We have streamlined processes and aligned our services with the NHS England Growing Occupational Health and Wellbeing Strategy.
- **Reasonable Adjustment Clinics:** These clinics have been established to support staff in accessing timely assistance, helping them maintain their wellbeing at work.
- **Training and Development:** We continue to train, develop, and promote our network of Mental Health First Aiders, Professional Nursing Advocates, Henpicked Menopause Advocates, and Health and Wellbeing Champions. Together, these groups provide vital support to staff across the Trust, promote initiatives, and organise events. They also meet regularly to gather feedback, which is incorporated into our operational plans to effectively address staff wellbeing needs.
- **Myles Wellbeing App:** This app has been introduced to improve staff physical and mental health, motivating them to lead healthier lifestyles and stay connected with colleagues.
- **Wellbeing events:** We have continued to deliver a range of wellbeing events across the Trust at various sites, offering both in-person and online events to ensure accessibility and inclusivity. These included: regular health and wellbeing with Raising Health roadshows, Schwartz Rounds, awareness days, drop-in sessions, bereavement sessions, and more.
- **Collaborative Partnerships:** We have worked more closely with the AMICA staff counselling service, Occupational Health Service, Active Together, NHS England wellbeing networks, and our LLR ICB and ICS partners to incorporate our staff voice, promote available services and initiatives, and share best practices.
- **Post-Incident Pathway:** We have supported the co-design and delivery of the post-incident support pathway to ensure our teams receive standardised and coordinated support when incidents occur. [Please find the policy here.](#)

- **360 Assurance Audit:** Our workforce health and wellbeing team underwent a 360 Assurance audit, receiving significant assurance that the Trust's strategic approach to health and wellbeing aligns with the NHS England Health and Wellbeing Framework. This work was highlighted at a national NHS England wellbeing session to showcase excellent practice.

## Championing equality, diversity and inclusion

Equality, Diversity and Inclusion runs through all of our Leadership Behaviours. We expect all staff to be inclusive leaders in managing relationships with other colleagues and with our patients, service users and the public. The Trust Board is committed to creating an anti-racist organisation and it continues to be a key priority for us through our Together Against Racism initiative since June 2020. There has been much progress and a great deal to celebrate. However, we acknowledge there is still more to do and we are therefore far from complacent.

Month	What we did
Apr-24	<ul style="list-style-type: none"> <li>• Face-to-face Active Bystander Programme for our staff.</li> <li>• Reverse Mentoring for Inclusion Programme commenced.</li> <li>• Inclusive recruitment training demonstration by Group partners NHFT as a precursor to rollout similar training to hiring managers in 2025.</li> <li>• Neurodiversity Webinar Series delivered: The Asset of Neurodiversity in the Workplace.</li> <li>• Disability Equality Learning Set delivered.</li> <li>• Carers network met with Vita Health to share support for carers in the workplace. The carers network has also supported the Triangle of Care.</li> <li>• Spectrum Staff Network supported FYPCLDA staff in developing an educational video to support trans service users.</li> </ul>
May-24	<ul style="list-style-type: none"> <li>• Neurodiversity Leadership workshop hosted by Genius Within.</li> <li>• Results of zero tolerance survey presented to Zero Tolerance Taskforce.</li> <li>• National Day of Staff Networks event held.</li> <li>• International Nurses Day LPT event held.</li> <li>• First task and finish group established for Reasonable Adjustments with MAPLE (Mental and Physical Lived Experience Staff Network) - staff shared peer experience in reviewing the reasonable adjustment policy.</li> <li>• Equality Delivery System grading completed and LPT's overall grading of achieving was published on our website.</li> <li>• Deaf awareness sessions held. Spectrum Staff Network had a guest from Break the Silence to discuss LGBTQ+ Domestic Abuse, safeguarding advice, and information on chemsex.</li> </ul>
Jun-24	<ul style="list-style-type: none"> <li>• Face-to-face Active Bystander Programme delivered</li> <li>• Review of accessible information on our external Trust website conducted.</li> <li>• Perinatal Mental Health Service EDS (Equality Delivery System) grading.</li> <li>• Reverse Mentoring (RM) Peer Support Meeting held.</li> <li>• Development of prayer spaces guidance commences.</li> <li>• Inclusive Decision-Making Framework uploaded to LLR Academy webpage.</li> <li>• Armed Forces Staff Network held events to commemorate Reserves Day and Armed Forces Day.</li> <li>• The Carers Staff Network had guests from the University of Leicester to share an opportunity for staff - "iACT4CARERS" an online psychological training programme to support family carers of people living with dementia.</li> </ul>

	<ul style="list-style-type: none"> <li>• A session for managers on supporting neurodiverse staff members</li> <li>• The REACH (Race Equality and Cultural Heritage) staff network shared opportunities including the Developing Diverse Leaders Programme and fully funded masters study opportunities.</li> <li>• MAPLE hosted a feedback meeting to discuss the results of the staff survey and develop WDES (Workforce Disability Equality Standard) action plan.</li> </ul>
Jul-24	<ul style="list-style-type: none"> <li>• Inclusive Leadership Conference delivered to 300 delegates.</li> <li>• Reverse Mentoring Cohort 5 midway reflections for mentees held.</li> <li>• Developing Diverse Leadership (DDL) Programme launched for nurses, midwives and AHPs from ethnic and minority cultural backgrounds.</li> <li>• Zero tolerance videos produced and shared with taskforce.</li> <li>• Race and Cultural Intelligence Learning Set delivered.</li> <li>• Inclusion workshops delivered to Beacon Unit by EDI team and chair of REACH staff support network.</li> <li>• South Asian Heritage Month commemorated.</li> <li>• Umaymah Dakri held a talk for the Trust of her experience as a wheelchair user, and her manager shared information on how managers can support reasonable adjustments.</li> <li>• South Asian Heritage Month was commemorated by the REACH staff network with an online talk with staff sharing their experiences and stories.</li> <li>• Spectrum Staff Network secured charity funds for Progress Pride lanyards, for staff who pledge to act as an ally to the LGBTQ+ community.</li> <li>• The carers staff network shared staff stories to commemorate national Carers week. The Triangle of Care programme saw the launch of carers awareness training, bookable through our online learning facility, uLearn.</li> </ul>
Aug-24	<ul style="list-style-type: none"> <li>• Training on inclusion and sense of belonging delivered to CAMHS Team. Reverse Mentoring Peer Support meeting for Reverse Mentors held.</li> <li>• Staff listening event following summer riots held.</li> <li>• Carers network discussed how staff can use lived carers experience to support ward accreditation.</li> <li>• Spectrum staff network attended Leicester Pride with NHS England and University Hospitals Leicester.</li> <li>• REACH and EDI staff attended Culture Cafes to support Our Future Our Way work across the Trust and in areas with limited access to emails.</li> <li>• The REACH staff network also supported staff following a serious racial incident, holding bespoke training sessions and helping to put long term support in place.</li> <li>• Spectrum staff network shared thoughts on the Trust's trans employee policy, ensuring the policy was fair and supportive to trans staff.</li> </ul>
Sep-24	<ul style="list-style-type: none"> <li>• Developing Diverse Leaders Train the Trainer recruitment event.</li> <li>• APNA (Asian Professionals National Alliance) Award highly commended for the Reverse Mentoring Programme.</li> <li>• Shortlisted for B.A.M.E. Health and Care awards for Reverse Mentoring for Inclusion Programme.</li> <li>• All staff networks worked with the Our Future Our Way team to develop a definition of psychological safety.</li> <li>• Disability Equality Learning Set took place.</li> <li>• Men's network started regular series of men's health coping skills sessions.</li> </ul>

Oct-24	<ul style="list-style-type: none"> <li>• Publication of our Workforce Race and Disability Equality Standards.</li> <li>• Black History Month online event celebrated by our REACH Staff Support Network and NHFT on topics such as celebrating changemakers, tackling domestic violence in the black community, and black LGBTQ+ figures. Disability Equality Learning Set took place.</li> <li>• Highly commended in the HPMA Mills &amp; Reeves category for Equality Diversity and Inclusion for the Reverse Mentoring for Inclusion programme.</li> <li>• Zero tolerance workshops delivered to the quarterly leadership conference.</li> </ul>
Nov-24	<ul style="list-style-type: none"> <li>• Reverse Mentoring celebration event held.</li> <li>• Armistice Day event at the Secret Garden.</li> <li>• Delivered inclusion session to the CAMHS staff engagement away day.</li> <li>• Islamophobia Awareness Month event held jointly with NHFT.</li> <li>• Zero tolerance - the lived experience of staff videos launched.</li> <li>• FYPCLDA disability awareness event held for staff and managers.</li> <li>• Perinatal mental health EDS grading workshops undertaken.</li> <li>• Reasonable adjustment clinics were launched to support staff who experience barriers with getting reasonable adjustments put into place.</li> <li>• The first LGBTQ+ equality learning set took place, three hour training made in collaboration with Spectrum staff network.</li> </ul>
Dec-24	<ul style="list-style-type: none"> <li>• Disability History Month event celebrated by MAPLE Awards.</li> <li>• Spectrum staff network organised a talk for World AIDS Day with external speakers including Trade sexual health, considering the impact on not just LGBTQ+ community but also global majority and women, who are becoming increasingly overrepresented in HIV rates.</li> <li>• Disability Equality Learning Set took place.</li> </ul>
Jan-25	<ul style="list-style-type: none"> <li>• Inclusive recruitment training delivered to key HR, OD and recruitment staff and planning commenced for LPT training rollout (Summer 2025).</li> <li>• New zero tolerance posters and screensavers launched.</li> <li>• Equality Delivery System (EDS) domains two and three grading workshops held hearing feedback on LPT's health and wellbeing and inclusive leadership work from over 100 attendees.</li> <li>• The carers network were supported by a local legal firm to offer advice to staff members on issues relating to caring, e.g. power of attorney, setting up trusts, etc.</li> <li>• British Sign Language training cohort three began, teaching healthcare-related basic BSL skills to some patient-facing colleagues.</li> </ul>
Feb-25	<ul style="list-style-type: none"> <li>• Race Equality and Cultural intelligence learning set delivered.</li> <li>• The carers network held an in-person psychological support session for staff to reflect on more difficult feelings that are part of being a carer. Staff gave very positive feedback around this.</li> <li>• REACH staff network held an online event for Race Equality Week</li> <li>• Spectrum held an in person event for LGBTQ+ history month with external trainers providing trans healthcare information. Local Leicester LGBTQ+ organisations also attended to share information about local support.</li> <li>• Zero tolerance presentation delivered to our Senior Leadership Forum and a session delivered to the Mental Health Central Access Point team.</li> </ul>

Mar-25	<ul style="list-style-type: none"> <li>• Publication of our 2023/24 Gender Pay Gap, Annual Workforce Equality Report, and Annual Service User Equality Report.</li> <li>• Prayer spaces guidance produced and shared on staff intranet and with staff networks.</li> <li>• Third Active Bystander Programme delivered.</li> <li>• Zero tolerance message placed on PALS (Patient Advice and Liaison Service) voicemail. Zero tolerance badges pilot in community teams.</li> <li>• The neurodiversity network held an event discussing the female experience of autism as well as a talk on supporting staff with dyslexia and dyspraxia.</li> <li>• REACH staff network held an online event for Ramadhan, celebrating and educating for staff. The network also supported the release of guidance for managers considering staff celebrating Ramadhan and on prayer spaces.</li> <li>• For International Women's Day, the Women's network had a talk from the organisation Surviving in Scrubs to discuss issues affecting women in the workplace that can affect their career. We also had a talk about women leaders with international speakers discussing their experience, as well as a session on safety in the workplace including the sexual safety charter.</li> <li>• Disability Equality Learning set took place.</li> </ul>
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## Our equality objectives 2021 – 2025

The Trust's EDI strategy covers the period 2021-2025. This is aimed at improving services and employment practices for the workforce and communities accessing or trying to access services. [Five objectives have been set within the Strategy which can be found on our website.](#)

## Workforce Race Equality Standard (WRES)

We report against the nine indicators of the Workforce Race Equality Standard (WRES) on an annual basis and act where there is evidence of disadvantage and inequality. The WRES gauges how well the Trust is performing to ensure employees from Ethnic and Cultural Minority Backgrounds (ECM) backgrounds have equal access to career opportunities and receive fair treatment in the workplace. We have developed a prioritised WRES action plan. We are pleased that our WRES work has been recognised nationally. For detailed information see our website here: [www.leicspart.nhs.uk/about/equality-diversity-and-inclusion/](http://www.leicspart.nhs.uk/about/equality-diversity-and-inclusion/).

## Gender Pay Gap

The Gender Pay Gap Regulations (a 2017 update to the Equality Act 2010) introduced a requirement for listed public authorities and private sector organisations with 250 or more employees to publish information relating to the difference between the pay of female and male employees. For public authorities, reporting on the Gender Pay Gap took place for the first time on 30 March 2018. This information is being used alongside other equality monitoring information to inform initiatives to promote gender equality in pay and career progression. [See our website for our latest report.](#)



## Workforce Disability Equality Standard (WDES)

The Workforce Disability Equality Standard (WDES) aims to promote and inform initiatives to address the national finding that disabled people in the workforce often have poorer experiences of employment than their colleagues who are not disabled. LPT reported against the metrics of the WDES for the first time in August 2019. An action plan has been produced and progress is reported to the EDI Workforce Group. Our equality information reports are published on our website here: [www.leicspart.nhs.uk/about/equality-diversity-and-inclusion/](http://www.leicspart.nhs.uk/about/equality-diversity-and-inclusion/).

## Due Regard

LPT has a process for carrying out the 'Due Regard' (equality analysis) to ensure that its functions, policies, processes and practices do not have an adverse impact on any person described in the Equality Act 2010 in terms of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) and sexual orientation. [The process we use for this is explained in our Inclusive Decision Making Framework approach which can be found here.](#)

## Equality and diversity training

Equality and diversity training is mandatory for all staff. Training is available through an e-learning module. It looks at our legal duties in relation to the Equality Act as well as giving insight into meeting the needs of different people and communities. The programme has a focus on the needs of, and difficulties faced by, lesbian, gay, bisexual and transgender (LGBT) people. Unconscious bias training has also been developed for staff and is being delivered virtually where required. In addition, in support of the WRES and WDES work, Race Equality and Cultural Intelligence and Disability Equality Learning sets have been developed with the assistance of Cultural and Ethnic Minority and disabled colleagues and is required for all our leaders. 'Recognising and valuing people's differences' is one of the Trust's five leadership behaviours for all; monitored and discussed at annual appraisals. All staff must include an EDI objective within their appraisal. We also deliver disability equality learning sets, half day training which support staff in reducing barriers to staff and service users with health conditions.

## Accessible Information Standard

The Trust continues to build on the implementation of the Accessible Information Standard (AIS) action plan produced in 2020 and has an Inclusive Communications Working Group. Free training has been arranged on Deaf Awareness and basic British Sign Language Training for front line staff. This training has been evaluated and proved to be very useful. The accessible information standard will change to the Reasonable Adjustment Flag. More work will be carried out during 2025 to raise awareness of the change and how it can be used to improve access to services for those with disabilities and their carers.

## Supporting disabled staff

The Trust meets all requirements to use the 'Disability Confident' symbol. Applicants with a disability who meet essential requirements for posts are guaranteed an interview.

LPT have set up a Reasonable Adjustments Working group chaired by the Director of Human Resources and Organisational Development and regular reasonable adjustments clinics to address concerns that

staff have had/are having in respect of any issues they are facing. We have reviewed and developed guidance for reasonable adjustments that will be made available to all staff. We will be providing more training to line managers, and we will be streamlining processes to ensure that those needing reasonable adjustments will have them in place as quickly as possible.

We also have a reasonable adjustments policy to ensure that appropriate measures are put in place for staff who either have a disability on appointment or develop a disability during employment. We work closely with Access to Work and our Occupational Health department who provide advice and support, and our Attendance Management and Wellbeing Policy and associated training ensures that managers are aware of the steps to be taken to retain staff with disabilities in employment.

## Sickness absence

The Department of Health and Social Care (DHSC) has provided the Trust's sickness absence data for inclusion in this year's annual report. For the calendar year 1 January 2024 to 31 December 2024, an average of 11.9 days (5.30%) per full time member of staff was lost due to sickness absence.

Figures Converted by DH to Best Estimates of Required Data Items			Statistics Published by NHS Digital from ESR Data Warehouse		
Average FTE for 2024	Adjusted FTE days lost to Cabinet Office definitions	Average Sick Days per FTE	FTE-Days Available	FTE-Days recorded Sickness Absence	% Days Lost
5,984	71,338	11.9	2,184,230	115,726	5.30%

Source: NHS Digital - Sickness Absence and Workforce Publications - based on data from the ESR Data Warehouse.

## Staff composition

As at 31st March 2025, LPT employed 7,063 staff, 5,727 were female and 1,336 were male. There were 17 directors employed by LPT, 12 were female and 5 were male.

## Staff turnover

The Trust's monthly staff turnover target is less than 10%. The Trust turnover rate is 10.2%, but when normalised (adjusted for unusual or nonrecurring leavers e.g. medical trainees on rotation, psychology students on placement and transfers of staff to other employers (TUPEs)) the turnover for 2024/25 rate is 7.4%. The normalised turnover rate is reported to Trust Board in the Board performance report.

[Standard staff turnover data can be accessed here.](#)

## Trade Union Facility Time Reporting Requirements

The national reporting submission date for this data is 31 July 2025, so this data is not available yet for the year 2024/2025. [The corresponding data for 2023/2024 can be found on our public website here.](#) The 2024/2025 data will also be published to that page once it is available.

# Accountability report

## Introduction

The NHS continues to face unique and challenging times, and it is more important than ever that the care we provide continues to be delivered through a culture of compassion, safety, and equality. To achieve this, we remain committed to keeping our service users at the heart of everything we do and strive to ensure that our staff are listened to and involved in the development of our services.

To maintain these high standards and support effective transformation, good governance is essential. Good governance supports the collaborative leadership, continuous improvement and local accountability necessary to deliver better health, better quality services and long-term sustainability. This Accountability Report provides information on the Trust's leadership and governance structures, and how they supported the achievement of our objectives this year.

This report provides an overview of our governance processes that help us to maintain a compassionate and inclusive environment. It also ensures we offer safe, quality care for all our service users. We have outlined how we govern our Trust, and how we maintain good oversight of our processes for ensuring that we are Well-Led and meet our strategic priorities.

## Directors' Report

Growing for the future requires strong, capable and inspiring leadership. Our Directors' Report shares details about our leadership team and structure. Our people remain our greatest asset. Aligning to the NHS People Plan and People Promise, this year we continued to support our staff to grow and develop our Step Up to Great Strategy. How we are led is crucial to our effectiveness and how well we can provide services to our communities. There are different leadership roles, teams and committees that help us to be well-led and some of these are described below.

## Our Board of Directors

We have a culture of involvement, collaboration and engagement which is led by our Board of directors. The Board ensures that we are balancing safety and quality efficiently and effectively, with the right governance. Our directors' specialist skills, knowledge and experience are critical to the Trust's delivery of a high standard of care. These skills, together with our collaborative culture, enable us to continue to contribute to and support our Integrated Care System (ICS) for Leicester, Leicestershire and Rutland. They have also allowed us to continue to work in collaboration within the Group model arrangement between LPT and Northamptonshire Healthcare Foundation Trust.

### Responsibilities and Duties

The Board of Directors is responsible for the day-to-day management of the Trust. Executive directors are responsible for the day-to-day management of the Trust, whilst the non-executive directors provide independent oversight and challenge to the executive directors. Board members have a wide range of skills and bring a wealth of experience to their roles gained from other NHS bodies, as well as public, private and voluntary sector organisations. Their relationship with the local community is also considered when they are appointed. The Board of Directors has a balanced and diverse membership with a clear division of responsibility between the Chair and the Chief Executive.

All Directors are required to declare their interests, including company directorships, upon taking up appointment and (as appropriate) at each Board of Directors meetings to ensure that there are no conflicts of interest with respect to items on the agenda. The Trust confirms that there are

no material conflicts of interest in the Board of Directors. The Trust has an up-to-date register of interests published on its website, including gifts and hospitality, for decision-making staff.

The Board has a duty to ensure that we provide safe and effective services and robust financial stewardship. It must also govern the Trust in a way that ensures safe, quality healthcare for patients, service users, families and carers – as well as service partners and stakeholders. The Board's purpose, tasks and duties include:

- Formulating strategy for our Trust.
- Ensuring accountability for the delivery of our strategy and seeking assurance that systems of control are robust and reliable.
- Shaping a positive culture for the Board and organisation.
- Regularly holding meetings in public as part of its commitment to be accountable to the public and other stakeholders.

## **Trust Board Members**

Our Board of Directors is accountable for and committed to the development and implementation of our strategy and the oversight of progress in delivering our strategic objectives. The Board is satisfied that each director is appropriately qualified to carry out key functions, including setting strategy, monitoring and managing performance, and ensuring management capacity and capability. The finance director, medical director and director of nursing, AHP's and quality are professionally qualified, with relevant and substantial experience. They also maintain their registration in accordance with the requirements of their professional bodies. All other Board members have the appropriate qualifications, skills or experience to support the services we provide.

The Chair is responsible for ensuring the Board of Directors focuses on the strategic development of the Trust and that robust governance and accountability arrangements are in place. The Chair of the Trust chairs the Trust Board meetings.

We are required by the Fit and Proper Persons Test to ensure that our directors are fit and proper for their roles. To fulfil this responsibility, the Trust has undertaken appropriate Fit and Proper Persons checks for all directors during 2024-25 in accordance with the framework.

Our directors are committed to ensuring that the Board operates effectively as a team, and that this commitment is supported by ongoing board development activity. Board members regularly visit clinical service areas to directly gain insight and feedback from our staff and patients, as well as to identify areas of positive practice and issues requiring further attention.

The purpose of our Board of Directors is to govern the trust effectively, so that our patients, service users, families and carers, as well as service partners and stakeholders, are assured of safe, quality healthcare.

Our board of directors follow the trust's constitution and scheme of delegation. The constitution sets out the duties of the Board, and the scheme of delegation sets out the type of decisions that should be taken by the full Board and/or the Executive Board and individual directors.

## **Executive directors - voting**

There are five voting executive directors comprising the Chief Executive, Managing Director, Director of Finance, Medical Director and the Director of Nursing, AHPs and Quality.

## Executive directors with voting rights



### **Angela Hillery, Chief Executive**

Angela has worked in the NHS for over 30 years and has a clinical background as a speech and language therapist. She is LPT's Chief Executive who consistently ranks in the Health Service Journal's Top 50 rated NHS Chief Executives – ranking at number one in 2023. Angela brings to the Board a strong belief in developing compassionate cultures. She prioritises co-production and involvement with patients, service users and carers. She was awarded a CBE (Commander of the Order of the British Empire) – the highest-ranking Order of the British Empire award, other than a knighthood or damehood - in the King's 75<sup>th</sup> Birthday Honours List for her contribution to healthcare in Northamptonshire and Leicestershire.



### **Jean Knight, Deputy Chief Executive and Managing Director**

Jean has been working for nearly 20 years in the NHS in both in the Acute and Mental Health and Community Sector. Her experience has been predominantly in operational management where she has managed a variety of services. In 2017 she was appointed as the Deputy Director for Adult and Children's Services in NHFT and then progressed to become Chief Operating Officer in 2020. Jean joined LPT in April 2023 as the Managing Director and DCEO she is also the AEO for the Trust. Jean is committed to the values of LPT and supporting colleagues to have a positive working life. She is passionate about collaborative working to improve outcomes for our population. Jean also has a master's in healthcare leadership.



### **Bhanu Chadalavada, Medical Director**

Bhanu is a consultant in perinatal psychiatry and established the Perinatal Service in Northamptonshire before returning to Leicestershire as LPT's Medical Director. Having completed undergraduate medical training in India before moving to the UK, he undertook psychiatric training at Mersey care, Stafford and LPT. Bhanu is keen to provide high quality, evidence-based care and particularly interested in addressing health inequalities and differential access, using principles of co-production. He is passionate about supporting doctors at all levels to progress in their careers and in seeking opportunities for them to develop.



### **Dr. Anne Scott, Director of Nursing, AHPs and Quality – retired from June 2024**

Anne has a wealth of nursing and academic experience, with a 35-year career working in the NHS and has studied academically to doctoral level. As a registered general nurse, she has extensive operational, leadership and managerial experience across the NHS in a variety of settings, within both Primary and Secondary Care sectors.



**James Mullins, Acting Director of Nursing, AHPs and Quality – from July 2024**

James has a wealth of nursing and leadership experience, with a 31-year career working in the NHS, Independent Sector and Regulation. As a registered mental health and adult nurse, he has extensive clinical, operational, leadership and managerial experience across the NHS in a variety of settings, within both acute and mental health settings.



**Sharon Murphy, Director of Finance**

Sharon started working in the NHS on the national Finance Graduate training scheme over 25 years ago, initially working in Fosse Health (a predecessor organisation of LPT) and has since worked in a number of senior finance roles in a national body, commissioner, CSU and acute organisations, all within the LLR system.

Sharon returned to LPT 9 years ago as Deputy Director of Finance and was the Acting Director of Finance from January 2021 to January 2022. Sharon was appointed to the permanent Director of Finance role in February 2022.

Sharon is passionate about supporting women to progress and succeed, particularly in the areas of finance and procurement, where women leaders are traditionally underrepresented. Sharon is executive sponsor for the LPT Women's network and is a member of regional and national networking groups on this topic.

**Directors in attendance; without voting rights**

**Directors – non-voting**

There are seven Directors in Attendance (non-voting):

- Directors of each of the three clinical directorates.
- Director of Human Resources and Organisational Development.
- Director of Governance and Risk
- Under the Group Model in place with Northamptonshire Healthcare NHS Foundation Trust, there are two Group Directors including a Director of Strategy and Partnerships and a Chief Finance Officer across both trusts.



**Sarah Willis, Director of Human Resources and Organisational Development**

Sarah is an experienced, MCIPD qualified HR Director with over 27 years of experience working across the public and private sector in Senior HR roles. She is currently LPT's Director of HR & OD and holds board level responsibility for a wide-ranging workforce portfolio.

Sarah commenced her career in HR in the utilities sector working for various large multi-national energy providers before moving to the public sector in 2007. Since then, she has held various senior leadership roles with a portfolio which covers HR, Equalities, Training, Recruitment, Workforce Planning and Information, Workforce Systems, Medical staffing, Employee Resourcing and Attraction, OD and Learning and Development. In 2017 Sarah was appointed to Director of Human Resources and Organisational Development.





### **Sam Leak, Director of Community Health Services**

Sam has a wealth of healthcare experience with over 30 years in the NHS, starting her career as a Physiotherapist and then moving into management roles. Having worked at Leicester University Hospitals for eight years including Director of Urgent Care and then Director of Operational Improvement.

Sam joined LPT in 2021 and is passionate about working with teams and system partners to improve patient care and enabling equality of health care outcomes. Sam is also the Executive sponsor for the LPT LGBTQ+ staff support network - an area she is dedicated to giving her full support.



### **Helen Thompson, Director of Families, Young People and Children's and Learning Disabilities Services – retired June 2024**

Helen has more than 35 years of NHS experience, working initially as an Occupational Therapist before moving into operational leadership roles. Previously Helen was Managing Director of Community Health Services across Leicestershire and Rutland, before joining LPT in 2011, as part of the transforming community services programme. Helen was appointed to the role of Director of FYPC services in 2012, bringing together public health and specialist services for children and families. In recent years she has integrated learning disability and autism services into the directorate.

Helen has an MSc in leadership in health and social care and together with leaders across the system, has worked on joining up services through place-based, whole family working to achieve the outcomes that are most important to our local children, young people, adults and their families.



### **Paul Williams, Acting Director of Families, Young People and Children's and Learning Disabilities Services – from June 2024**

Paul has more than 35 years of NHS experience, working initially in support worker roles before becoming a registered Mental Health Nurse and then moving into clinical and operational leadership roles. Paul has been acting into the Director of FYPCLDA role since July 2024. Paul has an MSc in Advanced Health and Professional Practice. He works in partnership with system leaders to improve co-ordinated whole family working at place and neighbourhood level for the best outcomes for families, young people and children along with those with a Learning Disability or autism.



### **Tanya Hibbert, Director of Mental Health**

Tanya has been the Director of Mental Health at LPT since October 2022. She was a very senior manager in mental health and community services for eight years previously in a Mental Health and Community Trust in the NorthWest of England and worked in senior leadership roles in a number of Acute Trusts. Tanya originally qualified as a physiotherapist in Australia in the 1990s but moved to the UK in 1997 and has lived here ever since.

Her passion is to provide, commission and deliver services that impact positively on patients, service users, carers and our communities. Tanya has extensive experience and success in delivering transformation and quality improvement programmes in a financially sustainable way. She has significant experience in co-producing and delivering care through partnerships with voluntary and third sector organisations.



**Kate Dyer, Director of Governance and Risk**

Following a career within the Audit Commission's Trust Practice where Kate held positions of Performance Specialist and Advice and Assistance Lead, Kate worked with 360 Assurance (an internal audit consortium) as Assistant Director with a focus on governance and performance. From 2018, Kate has worked for the Trust in a variety of positions including Head of Assurance, Company Secretary and Deputy Director of Governance and Risk. In 2023 Kate was appointed as Director of Governance and Risk, on an interim basis for the first year, then substantively. In this role, Kate manages Legal and Corporate Affairs, Corporate Governance, Risk, and Transformation. This includes delivery of a well-led framework, compliance and regulation, and the day-to-day management of internal audit.



**Paul Sheldon, Chief Finance Officer**

Paul joined NHFT from South Warwickshire Clinical Commissioning Group (CCG) where he was Chief Finance Officer since 2017 and also the Sustainable Transformation Partnership (STP) Finance Lead for Coventry and Warwickshire. Paul has worked in the public sector for over 26 years, beginning his career in social services finance, before spending the last 20 years working in the NHS. He has a long and successful track record in various commissioning organisations; from Health Authorities to Primary Care Trusts to CCGs. Paul became the fully accountable Director of Finance for NHFT from 1 April 2021. On 1 February 2022, Paul took on the interim role of Chief Finance Officer for Leicestershire Partnership and Northamptonshire Healthcare Associate University Group.



**David Williams, Executive Director of Strategy and Partnerships**

David was previously a Locality Director for NHS England in the West Midlands. His responsibilities included commissioning primary care, dentistry and public health services, as well as supporting a number of Sustainability Transformation Partnerships (STPs). David was also the Accountable Emergency Officer for the West Midlands with responsibility for ensure the NHS was prepared and able to respond to major incident situations. David has extensive experience in education, the voluntary healthcare sectors, as well as experience in partnership working and developing ways to work differently.

David has been working across Northamptonshire Healthcare NHS Trust and Leicestershire Partnership NHS Trust as director of strategy and partnerships since 2020.

There were a number of changes to Executive Directors during the reporting period. These are as follows:

- Kate Dyer was appointed as Director of Governance & Risk in April 2024.
- Helen Thompson retired as Director of FYPCLDA in June 2024
- Paul Williams was appointed as acting Director of FYPCLDA in June 2024
- Anne Scott retired as the Director of Nursing in June 2024; James Mullins was in post as Acting Director of Nursing from March 2024 ahead of the retirement of Dr Anne Scott.

## Non-executive directors

Our non-executive directors share their independent judgement, experience and expertise gained outside the Trust to benefit our organisation, its stakeholders and the wider community.



### **Crishni Waring, Chair of the Trust and Chair of the Remuneration Committee**

Crishni has been the Chair of Northamptonshire Healthcare NHS Foundation Trust since 2016 and joint Chair of the Leicestershire Partnership and Northamptonshire Healthcare Associate University Group since September 2023.

Crishni has a wealth of experience in change management, organisational development and leadership at senior level, both executive and non-executive, and has worked across all sectors in diverse industries including healthcare, education, retail and logistics. She is a Fellow of the Chartered Institute of Personnel and Development.

In 2020 Crishni was invited to chair the newly established NHS Midlands Regional People Board which oversaw the implementation of the People Plan in the Midlands Region and now focuses on the strategic workforce agenda associated with the Long-Term Workforce Plan. In 2022, Crishni was appointed as the Chair for the Herefordshire and Worcestershire Integrated Care Board.



### **Faisal Hussain, Deputy Chair of the Trust, Chair of the Charitable Funds Committee, Co-Chair of Joint Working Group with Northamptonshire Healthcare NHS Foundation Trust and Peoples Council NED Guardian**

Faisal is an experienced board-level leader with over 30 years of experience across the private, public, and charitable sectors, which he brings to his role at Leicestershire Partnership NHS Trust. After finishing his substantive career in local government, he began his non-executive career in 2017, bringing expertise in strategic planning, business transformation, commissioning, and community development. He has been a Non-Executive Director at Leicestershire Partnership NHS Trust for several years and is now Deputy Chair and Chair of the Charitable Funds Committee. Over his tenure, he has chaired a number of committees, including those focused on finance, performance, audit, and mental health legislation. Faisal is also Chair of the national charity, the Spinal Injuries Association, and has extensive experience in governance, financial and risk management, workforce and culture, operational performance, and stakeholder engagement.

A values-driven leader, Faisal takes a servant leadership approach - empowering people, fostering accountability, and ensuring high standards to

maximise the impact for the communities that we serve. He is committed to tackling health inequalities and improving patient care and safety, while also being a strong advocate and champion for creating an inclusive culture where all staff are valued.



**Hetal Parmar, Chair of the Audit and Assurance Committee and Security NED Guardian**

Hetal has over 22 years' experience of working in financial services, having held a number of leadership roles including being the Director of Banking, Savings and Cahoot at Santander UK. Hetal is currently Chief Operating Officer at The Mead Educational Trust. He has extensive experience of customer centric strategy development, business transformation, financial and risk governance, performance oversight and ensuring integrity in decision making. Hetal is passionate about creating an inclusive culture, supports 'Women in Business' and 'Adoption & Fostering' networks, and provides coaching and mentoring to help people develop their leadership skills. He has over 13 years' experience as a Non-Executive Director across different sectors, including housing, education and healthcare. Hetal joined LPT's Board as a Non-Executive Director in 2022 and is the Chair of the Board's Audit and Risk Committee.



**Josie Spencer Chair of the Quality and Safety Committee, Senior Independent Director (SID) and Freedom to Speak Up NED Guardian**

Josie's clinical background is as a registered nurse and registered nurse tutor. She has a master's degree from the University of Warwick and has studied as a Postgraduate at the University of Nottingham. When working clinically in her early career Josie worked in Urgent Care and Haematology in the Coventry and Warwickshire area. Her managerial experience includes roles Director of Nursing, Director of Operations and Managing Director roles in several Trusts in the Midlands and South Yorkshire. Josie's final role was Chief Executive of Norfolk Community Health and Care Trust. Since leaving in 2021 Josie has undertaken a number of Non-Executive roles. In addition to her role here at LPT, she is Chair of the Safety and Quality Committee at Staffordshire and Stoke on Trent ICB.



**Ruth Marchington, Chair of the People and Culture Committee (up to April 2024)**

Ruth is an HR and OD professional by background with extensive experience in the private and public sector including with an NHS hospital in Nottingham many years ago. She has done considerable work on equalities and diversity for staff and in service delivery removing blockages to opportunities for all. Before joining the Trust Ruth was an Executive Director with a National Park Authority responsible for business support services, governance, performance, risk and strategy development working with partners on a place-based plan for the area. In recent years Ruth has also been an external member on the Audit Committee of the National Lottery Community Fund, a Parish Councillor and hospice volunteer.

Ruth is NED Champion for Freedom to Speak Up and sits on various LPT committees including as Chair of the Trust's People and Culture Committee. Ruth has also held the position of Senior Independent Director (SID) since April 2022.





**Manjit Darby, Chair of the People and Culture Committee (From July 2024) and Disciplinaries NED Guardian**

Manjit is a dual qualified Nurse with a master's degree in health service management. She has a broad experience of working clinically and managerially in a variety of settings including medicine, terminal care, mental health and primary care. She was a Regional Director of Nursing at NHS England before retiring in 2000.

Manjit has worked with NHS leadership Academy and the Regional Nursing Team on the development of aspirant leaders, particularly focussed on addressing barriers to equality of opportunity and tackling racism in the NHS. She is an experienced Non-Executive Director who has previously held the role of FTSU NED and Senior Independent Director in another large Community and Mental Health Trust.

Manjit has also worked as a Registrant panel member for the Nursing and Midwifery Council and currently sits as a lay member on the fitness to practice panel of the General Osteopathic Council. She is also a member of the Chief Nursing Officers Exceptional Leaders network supporting the Chief Nurse for England on policy and practice issues. She is a Magistrate in Leicester and Independent Member of a Local Authority Foster Panel. Manjit was awarded the Queens Nurse title in 2014, the Chief Nursing Officers Gold Award and an MBE for services to Nursing in 2020.



**Prof. Liz Anderson**

Elizabeth Anderson is a Professor at Leicester Medical School at the University of Leicester where she leads on interprofessional education, patient safety and patient involvement. She trained as a nurse at St Bartholomew's Hospital London and went onto work in Leicester as a Midwife and Health Visitor. Her clinical research was in poverty and disadvantage, and she now focusses on pedagogic research with a plethora of work on interprofessional learning. She was recognised as a National Teaching Fellow by the Higher Education Academy for her excellence in education in 2007. She is Joint Chair of the UK Centre for the Advancement of Interprofessional Education. She was appointed as the NED for LPT by the University of Leicester in September 2023.



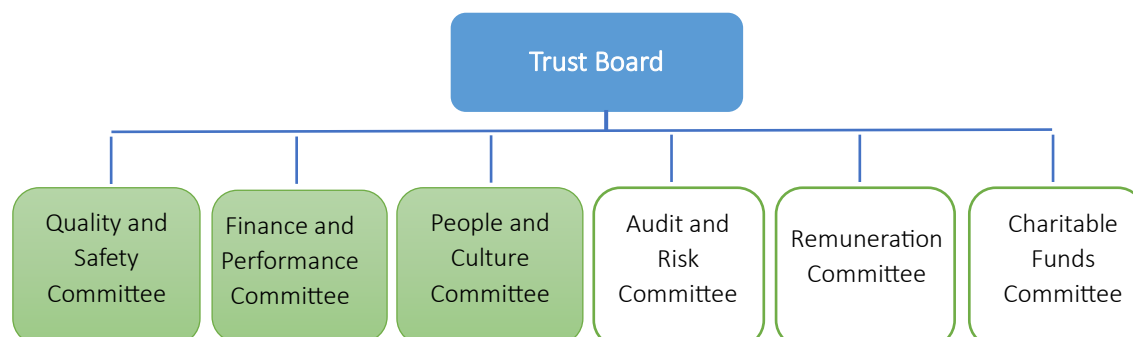
**Alexander Carpenter, Chair of the Finance and Performance Committee and Wellbeing NED Guardian**

Alexander currently works in Commercial and Institutional Banking for the NatWest Group and has held several positions in areas including Retail Banking, Risk and Commercial Coverage. Alexander is passionate about Diversity, Equity and Inclusion and is a great advocate of cross-function collaboration to achieve a shared vision and objectives. As part of his current role as Head of Business Delivery, Alexander has gained extensive experience of strategic planning, driving performance improvement and achieving sustainable results. Alexander joined NatWest over a decade ago and he has a strong record of delivering transformational change in large, complex, and federated organisation. Alexander is the staff health and wellbeing guardian.

There were a number of changes to Non-Executive Directors during the reporting period. These are as follows:

- Ruth Marchington retired as a NED in May 2024
- Manjit Darby joined the trust as a NED in June 2024

## Governance structure



## Our board meetings

Our Board agendas have a service-related theme for each meeting which are focused on the quality of patient safety and treatment experience, strategic developments, operational and financial performance trend analysis and exception reporting, staffing and organisational developments, and key risks. Public & Confidential Board meetings are held on Microsoft Teams and live streamed; Board development sessions are held face to face.

The attendance at all of the board committees is recorded, and terms of reference state a requirement of 75% attendance for all formal members. Attendance is reported within the annual reports of committees to Trust Board, as well as when the work of the committees is reviewed annually by the Audit and Risk Committee (ARC). Triple A highlight reports from Board committees are presented to the next available Trust Board meeting, and reporting back is led by the non-executive chair of the meeting.

Performance assessment of committees is on an annual basis. Committees reflect on their own achievements and challenges with the chair and executive lead of the Board committee in attendance. The final report is then submitted to the Trust Board.

There is an annual review of standing orders and standing financial orders, along with the board's scheme of reservation and delegation.

The Board reviews its commitment to the codes of conduct and accountability for NHS Boards annually and is compliant with the codes of good practice for Boards, as applicable to a provider service NHS Trust, of the HM Treasury/Cabinet Office Corporate governance code.

All Directors meet bi-monthly, at both public and confidential sessions. Additional meetings are arranged when urgent items require immediate decision-making.

Bi-monthly development meetings also take place. Our Board Development Programme for the year comprised of 6 workshops, two of which we held with our partners at NHFT on common topics. In addition to the core topics, we cover every year (such as health and safety training, infection prevention and control training, risk management and risk appetite, Board and



committee effectiveness), this year's programme provided the Board with the opportunity to focus on several areas of development for the Trust.

#### **Public and Confidential Trust Board member attendance 2024/25**

Member	Role	Meeting attendance
Crishni Waring	Chair	6 of 7
Faisal Hussain	NED & Deputy Chair	7 of 7
Hetal Parmar	NED	5 of 7
Alexander Carpenter	NED	5 of 7
Manjit Darby	NED	5 of 6
Josie Spencer	NED	7 of 7
Ruth Marchington	NED (until May 2024)	1 of 1
Elizabeth Anderson	NED	4 of 7
Angela Hillery	CEO	7 of 7
Jean Knight	Managing Director	4 of 7
Sharon Murphy	Director of Finance	7 of 7
Bhanu Chadavada	Medical Director	7 of 7
Anne Scott	Director of Nursing (until June 2024)	1 of 2
James Mullins	Acting Director of Nursing	6 of 7
Kate Dyer	Director of Governance & Risk	6 of 7
Samantha Leak	Director of Community Health Services	6 of 7
Tanya Hibbert	Director of Mental Health	7 of 7
Helen Thompson	Director of FYPCLDA (until June 2024)	2 of 2
Paul Williams	Acting Director of FYPCLDA (from June 2024)	4 of 5
Sarah Willis	Director of HR & OD	5 of 7
Paul Sheldon	Chief Finance Officer	4 of 7
David Williams	Director of Strategy & Partnerships	5 of 7

The Board delegates some of its duties to its committees including the Audit & Risk Committee, the Nominations & Remuneration Committee, the Quality and Safety Committee, the Finance & Performance Committee and the People & Culture Committee. All the board sub-committees are chaired by a non-executive director and have supplementary NED and director attendance.

#### **Audit and Risk Committee (ARC)**

The ARC is responsible for the Trust's systems of internal governance and control. It is made up of three non-executive directors (NED), including the ARC Chair. The committee is supported by the Director of Finance, who is the Lead Executive, and the Director of Governance & Risk. Representatives from the Trust's Internal Auditor, External Auditor and the Local Counter Fraud Specialist attend when required too.

The ARC has a key role in making sure our Trust is well governed. It provides the Board with an independent and objective review of financial and corporate governance, and risk management, as well as areas of the Trust's business targeted by the Committee through its annual internal audit programme and any external audit findings. Throughout the year, the committee worked to ensure the Trust's internal control and operating framework remained strong and effective.

The Audit & Risk Committee is authorised by the Board of Directors to investigate any activity within its terms of reference. This includes:

- Reviewing the maintenance of an effective system of integrated governance, risk management and internal control across the whole of LPT's activities (both clinical and nonclinical) to help us achieve our objectives.
- Ensuring there is an effective internal audit function in place which meets mandatory NHS Internal Audit Standards and provides appropriate independent assurance to the ARC, Chief Executive and Board.
- Reviewing the work and findings of the external auditors and considering the implications and management's responses to their work.
- Ensuring our Trust has adequate arrangements in place for countering fraud and reviewing outcomes of counter fraud work.
- Ensuring an effective speaking up is in place.

The ARC meets no less than four times a year and reports to the Board annually on its work in support of the Annual Governance Statement.

#### **ARC board member attendance 2024/25**

Member	Role	Meeting attendance
Hetal Parmar	NED & Chair	4 of 4
Alexander Carpenter (Until Aug 24)	NED	1 of 1
Faisal Hussain	NED	2 of 4
Manjit Darby (from Aug 24)	NED	3 of 4
Sharon Murphy	Director of Finance	4 of 4
Kate Dyer	Director of Governance & Risk	4 of 4

#### **Nominations and Remuneration Committee (NRC)**

NRC has non-executive director membership, and the Chief Executive is in attendance; the committee is advised by the Director of Human Resources and Organisational Development. It meets as required, but at least twice a year, to ensure there is a fair and transparent procedure for developing and maintaining policy on executive remuneration and for fixing the remuneration packages of individual directors. It also receives assurance on executive and senior directors' performance and advises on contractual arrangements. The committee's functions also include ensuring that there are formal, rigorous and transparent procedures for the appointment of executive directors, including the Chief Executive. The committee has a key responsibility for considering succession planning, the future challenges, risks and opportunities facing the Trust, and the skills and expertise required within the Board to meet them.

#### **NRC board member attendance 2024/25**

Member	Role	Meeting attendance
Crishni Waring	Chair (from Sept 23)	2 of 2
Faisal Hussain	NED	2 of 2
Josie Spencer	NED	2 of 2
Manjit Darby	NED	1 of 2
Elizabeth Anderson	NED	1 of 2
Alexander Carpenter	NED	2 of 2
Hetal Parmar	NED	1 of 2
Angela Hillery	CEO	1 of 2
Sarah Willis	Director of HR & OD	2 of 2

## Quality and Safety Committee (QSC)

QSC is chaired by a non-executive director and meets on bi-monthly basis. Its membership has key executive directors and two other non-executive directors. The principal purpose of QSC is the provision of assurance to the Trust Board over effective arrangements in place for quality, safety, workforce, risk and governance, with a focus on areas related to the Trust's Step Up to Great Strategy and the CQC domains.

### QSC board member attendance 2024/25

Name:	Role:	Meeting attendance
Josie Spencer	NED & Chair	6 of 6
Ruth Marchington	NED (until May 2024)	1 of 1
Elizabeth Anderson	NED	6 of 6
Manjit Darby	NED (From July 24)	2 of 4
Anne Scott	Director of Nursing (until June 24)	2 of 2
James Mullins	Acting Director of Nursing	4 of 6
Bhanu Chadalavada	Medical Director	6 of 6
Kate Dyer	Director of Governance & Risk	5 of 6
Sam Leak	Director of Community Health Services	4 of 6
Helen Thompson	Director of FYPCLDA (until June 2024)	2 of 2
Paul Williams	Acting Director of FYPCLDA (from June 2024)	3 of 4
Tanya Hibbert	Director of Mental health	5 of 6
Jean Knight	Managing Director	5 of 6

## Finance and Performance Committee (FPC)

FPC is chaired by a non-executive director and meets on bi-monthly basis. Membership includes key executive directors and two non-executive directors. It has provided assurance on financial position including capital planning and infrastructure developments, on behalf of the Trust Board, and considers actions to mitigate any major financial risks facing our Trust. Business development opportunities form part of their considerations. The committee's second major role is to provide assurance in relation to our operational performance to the Trust Board.

### Member attendance at FPC 2024/25

Name:	Role:	Meeting attendance
Alexander Carpenter	NED & Chair	6 of 6
Faisal Hussain	NED	6 of 6
Ruth Marchington	NED (until May 24)	1 of 1
Josie Spencer	NED	4 of 5
Sharon Murphy	Director of Finance	6 of 6
Bhanu Chadalavada	Medical Director	5 of 6
Anne Scott	Director of Nursing (until June 2024)	2 of 2
James Mullins	Interim Director of Nursing	2 of 4
Jean Knight	Managing Director	5 of 6
Helen Thompson	Director of FYPCLDA (until June 2024)	2 of 2
Paul Williams	Acting Director of FYPCLDA (From June 2024)	3 of 4
Sam Leak	Director of Community Health Services	4 of 6
Tanya Hibbert	Director of Mental Health	4 of 6
Kate Dyer	Director of Governance & Risk	4 of 6
David Williams	Director of Strategy & Partnerships	3 of 6

Paul Sheldon	Chief Finance Officer	5 of 6
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## People and Culture Committee

The People and Culture Committee (PCC) has the principal purpose being the provision of assurance to the Trust Board on the mitigation of risks relating to people and culture. It meets no less than six times a year and Its membership the Director of HR & OD as the exec lead, and two other non-executive directors. It is chaired by NED Manjit Darby. It receives statutory reports required as subgroup of the Trust board including the Guardian for Safer Working six monthly report.

## Member attendance at PPC 2024/25

Member	Role	Meeting attendance
Manjit Darby	NED & Chair (from July 24)	4 of 4
Ruth Marchington	NED & Chair (until May 24)	1 of 1
Alexander Carpenter	NED	6 of 6
Faisal Hussain	NED (member of PCC until July 24)	2 of 2
Jean Knight	Managing Director (from Dec 24)	2 of 2
Anne Scott	Director of Nursing (until June 24)	2 of 2
James Mullins	Acting Director of Nursing	3 of 4
Bhanu Chadavada	Medical Director	3 of 6
Sarah Willis	Director of HR & OD	4 of 6
Helen Thompson	Director of FYPCLD (until June 2024)	2 of 2
Paul Williams	Acting Director of FYPCLD (from June 2024)	3 of 4
Sam Leak	Director of Community Health Services	5 of 6
Tanya Hibbert	Director of Mental Health	5 of 6
Kate Dyer	Director of Governance & Risk	6 of 6

## Governance Report

As a Trust we comply with the Code of Governance. The purpose of the code is to help trusts improve governance practices. It uses best practice governance to advise, and also requires trusts to disclose practices. Some of the disclosures include:

- Making information publicly available
- Sharing information
- Explaining any reasons for not using the Code's principles

Under the Code of Governance, we make sure that we are well-led. We ensure our trust is well-led by an experienced leadership team and balanced Board with the skills, abilities, and commitment to provide high quality services. We govern the quality of what we do with careful monitoring of services and care, through internal reviews, self-assessment and audits. We question and investigate data routinely as part of our internal triangulation process. We identify areas for quality improvement from national initiatives and best practice guidance such as The National Institute for Health and Care Excellence (NICE). Outside of the Trust, we work closely with commissioners. This helps us develop and maintain quality-driven services that respond to the needs of our communities. To measure our performance against targets, we focus on service user and patient needs, service development and the effectiveness of care delivery. Our

transformation programmes are linked to these key factors. Patient, carer and staff feedback are invaluable in understanding our progress.

Our strategy focuses on being committed to working together and building relationships which improve joined-up care. We recognise the importance of engaging with our stakeholders and maintaining positive relationships with them. Our focus this year has been to continue working with our partners, in the city and county to explore the ways we can continue to shape our Integrated Care System (ICS) and how this can deliver better care for service users. We have also continued developing and evolving our Group Model with NHFT, which enables us to build two stronger and more resilient organisations that strive for excellence for the populations we serve.

Read our full Annual Governance Statement in the appendices.

## Our Group Model

As previously mentioned, this strategic partnership with NHFT continues to grow and mature. It has looked at quality improvement initiatives across both LPT and NHFT and is developing a joint Quality Improvement Strategy, which will aim to benefit people living within both Leicestershire and Northamptonshire. The group work uses opportunities in the following areas: economies of scale, strategic advantage, the sharing of best practice and learning, pooling of resources, mutual aid and the benefits of a blended approach between the two organisations.

## East Midlands collaboratives

Since 2020 we have been working closely with those organisations providing highly specialist mental health, learning disability and autism services across the East Midlands region, to deliver better outcomes to those we serve. To do this, we have formed a 'collaborative' for each of these highly specialist services and coordinate the work of each collaborative through the East Midlands Alliance. Each collaborative is led by a different organisation.

Through the East Midlands Collaboratives, we work together with colleagues and providers across the East Midlands region to join up pathways of care. Working together in this way enables us to deliver national ambitions, share our learning from local engagement and develop an innovative programme of service developments to enhance care for our communities.

## Our auditors

### Internal Audit and Local Counter Fraud Service

Our internal audit service, and our counter fraud, bribery and corruption service are provided by 360 Assurance.

Our internal audit plan is developed with Director and Non-Executive Director input and is cross referenced with our Counter Fraud Plan. It reflects our objectives, risks and priorities, provides independent assurance and supports improvement. The plan is fully compliant with Global Internal Audit Standards and provides for a robust Head of Internal Audit Opinion at year end. The plan is approved at both Executive Management Board and the Audit and Risk Committee.

The Trust's Local Counter Fraud Specialist (LCFS) reports directly into the Director of Finance and provides regular updates to the Audit and Assurance Committee. Our Director of Governance and Risk is our Trust Counter Fraud Champion, this role provides a senior strategic voice within the organisation to champion the counter fraud agenda and support the counter fraud programme of work.

## External Audit

Our external audit service is provided by KPMG. The risk based external audit plan includes an enhanced VFM risk assessment as required by the Code of Audit practice, which highlights a potential risk of significant weakness in arrangements regarding Financial Sustainability and Improving Economy, Efficiency and Effectiveness.

During 2024/25 the Trust did not commission any non-audit services from KPMG.

## Reporting on auditing

The Audit and Risk Committee meets quarterly to review audit reports and provide assurance to the board. While preparing and reviewing the annual accounts 2024/25, the Audit and Risk Committee considered accounting policies, accounting estimates and material judgements and the main changes as listed in the DH Group Accounting Manual (GAM) 2024/25.

## Charitable Funds Committee (CFC)

The role of the CFC is to manage, on behalf of the Trust Board and in accordance with standing orders, charitable funds held; also, to provide assurance to the Trust Board on the effective management of these. It meets four times a year and is chaired by a non-executive director.

### Member attendance at CFC 2024/25

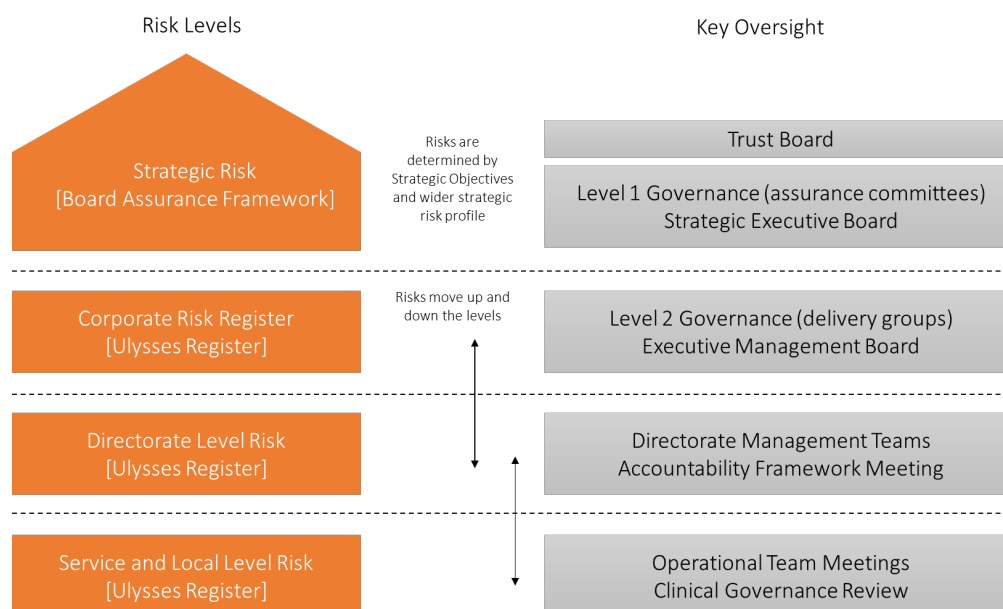
Member	Role	Meeting Attendance
Faisal Hussain	NED & Chair	4 of 4
Crishni Waring	NED	2 of 4
Sharon Murphy	Director of Finance	4 of 4
David Williams	Director of Strategy and Partnerships	3 of 4

## Risk Management

The management of risk in the Trust is based upon the support and leadership offered by the Trust Board, underpinned by a robust governance framework. The framework for risk management describes the structure and accountabilities for risk at a senior leadership level, and the responsibility for all staff to know and understand the risk management systems within the Trust and to follow the Trust's policies, guidelines, and procedures. The framework also describes the principal committees with a responsibility for the governance and oversight of risk within the Trust, and the reporting hierarchy to provide assurance to the Board that risk management processes are in place and remain effective. The responsibility for managing risk across the Trust has been delegated by the Board to four level 1 committees: the Audit and Risk Assurance Committee, the Quality and Safety Committee (QSC), the Finance and Performance Committee (FPC) and the People and Culture Committee (PCC).



## Risk Monitoring



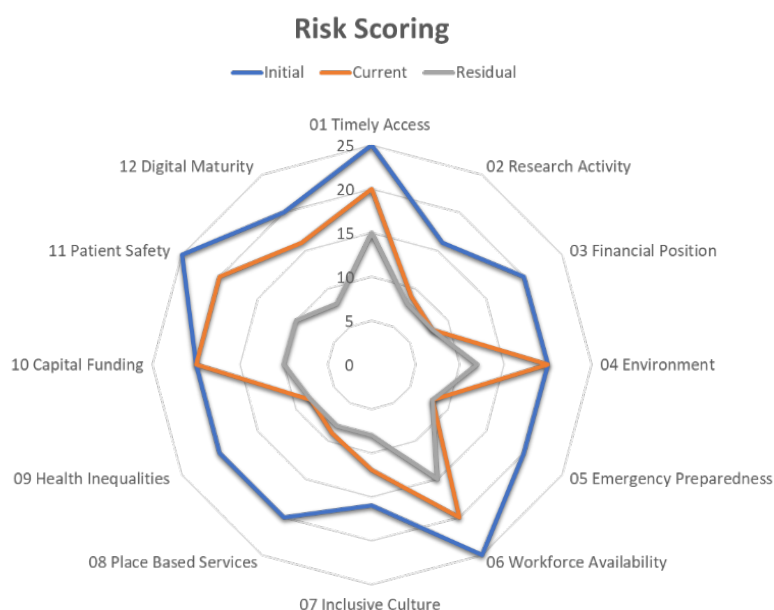
The Trust will always be faced with internal and external factors and influences that make it uncertain whether and when it will achieve its objectives. The Risk Management Policy provides an approach to managing any type of risk; it can be applied to any activity, including decision making at all levels. The components of this framework and the characteristics of effective and efficient risk management (according to BS ISO 31000) have continued to be utilised to support the Trust to manage the effects of uncertainty on its objectives.

Strategic risk is identified in several ways. Annually, the Board considers any risk relating to the latest set of strategic objectives. During 2024/25 our strategic risks were aligned to our 'Step up To Great' strategic objectives, 'Great Outcomes' (these included quality and safety risks overseen by our QSC), 'Great Care' (including finance and performance related risks overseen by our FPC), 'Great Place to Work' (these included people and culture related risks overseen by our PCC), 'Part of the Community' (including the collaborative and partnerships component of our FPC). There is ongoing review of new risk during the year, which includes monthly Director level review of risk and feedback from governance groups via highlight reports with escalations for areas of concern. This also includes an ongoing assessment of risk with our Local Counter Fraud Specialist. There can also be escalation from directorate level risks. In addition, the risk team undertakes on-going horizon scanning to consider any areas of emerging risk.

The full list of strategic risk identified during 2024/25 is indicated in the table below, along with the changes in current risk score as the year progressed:

		Initial	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Trend	Target
01	Without <b>timely access</b> to services, we cannot provide high quality safe care for our patients which will impact on clinical outcomes.	25	20	20	20	20	20	20	20	20	20	20	20	20		15
02	If we do not engage in <b>research and innovation</b> , we will not drive quality improvement which will impact on the quality and design of our services.	16	12	12	12	12	9	9	9	9	9	9	9	9		8
03	Inadequate control, reporting and management of the Trust's 2024/25 <b>financial position</b> could mean we are unable to deliver our financial plan and adequately contribute to the LLR system plan, resulting in a breach of LPT's statutory duties and financial strategy (including LLR strategy).	20	12	12	12	12	12	12	12	16	16	16	16	8		8
04	If we cannot maintain and improve our estate, or respond to maintenance requests in a timely way, there is a risk that our estate will not be fit for purpose, leading to a <b>poor-quality environment</b> for staff and patients.	20	20	20	20	20	20	20	20	20	20	20	20	20		12
05	If we do not have appropriate <b>emergency preparedness</b> , resilience and response controls in place, there is a risk that external factors will impact on the Trust, affecting our ability to maintain continuity of services.	20	12	12	12	12	12	12	12	12	12	12	8	8		8
06	If we do not adequately utilise <b>workforce</b> resourcing strategies, we will have poor recruitment, retention and representation, resulting in high agency usage.	25	20	20	20	20	20	20	20	20	20	20	20	20		15
07	If we do not lead with compassion, we will not promote an <b>inclusive culture</b> , resulting in unwanted behaviours and closed cultures.	16	12	12	12	12	12	12	12	12	12	12	12	12		8
08	If we do not work closely with our community, will not provide <b>sustainable place-based services</b> , which will impact on our ability to contribute to social value, and provide the right care, at the right time in the right place.	20	12	12	12	12	9	9	9	9	9	9	9	9		8
09	If we do not strengthen partnerships and build new ones, we will not deliver joined up services which will impact on our ability to reduce <b>health inequalities</b> across our health economy.	20	12	12	12	12	12	12	12	12	8	8	8	8		8
10	Inadequate <b>capital funding</b> for LLR system will impact on LPT's ability to manage financial, quality & safety risks related to estates and digital investment in 2024/25 and in the medium term	20				20	20	20	20	20	20	20	20	20		10
11	If we do not continue to review and improve our systems and processes for <b>patient safety</b> , we may not be able to provide the best experience and clinical outcomes for our patients and their families.	25						20	20	20	20	20	20	20		10
12	If we do not continue to engage in <b>digital transformation</b> , we will not be digitally mature. This will affect our ability to deliver safe care to our service users.	12							12	12	12	16	16	16		8

Risk scoring is undertaken in line with the Trust Board approved risk appetite statement and matrix to ensure that risks are mitigated to an acceptable level. Scoring is presented as initial (at the time of including the risk on the register), current (based on the score at the time of reporting) and residual (our target score). Below is the profile of scoring (initial, current and residual) at March 2025.



The risk appetite statement describes what level of risk the Trust Board is willing or unwilling to accept to achieve its strategic objectives. This acknowledges that the Trust has a low tolerance for all risks that have the potential to expose patients, staff, visitors, and other stakeholders to harm; that compromise the Trust's ability to deliver operational services; that adversely impact

the reputation of the Trust; have severe financial consequences or result in non-compliance with law and regulation. It also seeks to ensure that the assets, business systems and income of the Trust are protected, and where possible opportunities for innovation and quality are maximised.

In February 2024 the Trust Board undertook the annual review of risk appetite, which was signed off by the Board in March 2024 in readiness for 2024/25.

Risk Level	None	Minimal	Cautious	Open	Eager
Risk Type					
<b>Quality and Safety</b>	Zero appetite for any decisions with a high chance of an adverse or uncertain impact on patient safety, quality of care and outcomes for the patient.	Appetite for taking very limited clinical risks if essential to patient care and outcomes. Such risks are properly assessed with mitigating controls in place. Avoid innovation unless established and proven to be effective.	Appetite for taking moderate clinical risks where there is a low degree of inherent risk and the possibility of improved outcomes, and appropriate controls are in place.	We will pursue innovation where there is potential for significant longer-term rewards and improvement on quality and safety outcomes.	We seek to lead the way and will prioritise new innovations, even in emerging fields. We consistently challenge current working practices in order to drive improvement in quality and safety outcomes.
<b>Finance</b>	No appetite for decisions or actions which may result in financial loss.	Only prepared to accept minimal possibility of material financial impacts or losses or reporting misstatements if essential to safe and effective patient care and outcomes	Limited financial impacts or losses are accepted if they yield upside opportunities elsewhere within the Trust. Value for money is a key focus.	Prepared to invest and/or accept financial impacts or losses for the benefit of improved patient care and outcomes if appropriate controls are in place and value for money is delivered.	Proactively invest and/or accept financial impacts or losses for the benefit of patient care and outcomes, recognising that the potential for substantial gain outweighs inherent risks.
<b>Performance</b>	No appetite for action which may impact on operational service delivery. Focus on	Limited action may be taken which may impact on operational service delivery only where it is	Appetite for taking moderate risks relating to service delivery where there is a low degree	Willing to take decisions that will impact on the business-as-usual delivery of services to deliver	Appetite to take investment and transformation decisions in areas which are likely to

	capability to protect services and maintain tight control.	essential to deliver safe and effective patient care and outcomes. Decision making authority held by senior management.	of inherent risk and the possibility of improved outcomes, and appropriate controls are in place. Robust performance oversight processes in place.	transformation and secure longer term quality improvement.	impact on the delivery and accessibility of services in the short term in order to deliver significant improvement for the long term.
<b>People and Culture</b>	Avoidance of any workforce risks that threaten the delivery of safe and effective patient care and outcomes.	Only prepared to accept the possibility of very limited workforce risk impacts if essential to safe and effective patient care and outcomes. Innovation is not a priority.	Prepared to take limited risk with regards to workforce as long as this could yield opportunities elsewhere within the Trust for improvements in workforce, cultural and leadership development.	Appetite to take workforce management decisions which may have short term implications for our workforce for potential longer-term gains.	Seek to lead the way in terms of workforce and cultural innovation, accepting that this may be disruptive in the short term, but would be outweighed by the opportunity to drive improvement.
<b>External</b>	Zero appetite for any decisions that present risks to the Trust maintaining its CQC registration, complying with the law and its policies.	Only prepared to accept the possibility of minor regulatory observations if related actions are essential to the safe and effective patient care and outcomes.	Accept possibility of moderate regulatory observations / judgements as long as appropriate controls are in place and there is a potential for improvement outcomes.	Willing to take decisions that are likely to bring additional scrutiny to outwardly promote new ideas and innovations where potential benefits outweigh the risks.	Comfortable to take decisions that may expose the trust to significant additional scrutiny or judgement as long as there is commensurate opportunity for improvement outcomes for our stakeholders.

*Based on models produced by the Good Governance Institute 'Risk Appetite for NHS Organisations, A matrix to support better risk sensitivity in decision taking' developed in partnership with the board of Southwark Pathfinder CCG and Southwark BSU January 2012 and the Leeds Teaching Hospitals NHS Trust 'Risk Appetite second edition' March 2023*

Operational risks are identified at a local or directorate level and the risk owner will submit a draft risk on Ulysses for review. This is quality assessed and entered onto the system as live with the risk owner. Regular quality dashboards are presented to the Directorate Management Teams (DMT) which show fields including whether the risk is in date for review if the actions are in date and whether all the fields are complete. If any are due for review or closure this is highlighted to the Directorate Management Team and the risk owner is automatically notified. The Risk Team also follows this up to provide support where needed.

## Information Management

We ensure the effective management of all personal and sensitive information relating to our service users and employees, working to legal requirements, established principles and standards.

### Policies and procedures

We operate rigorous policies and procedures to comply with the legal requirements of the Data Protection Act 2018, UK General Data Protection Regulations, the Common Law Duty of Confidentiality, the Freedom of Information Act 2000 and NHS requirements for safeguarding and sharing information. Policies and procedures are updated where legislation and national guidance changes. There has been a focus for this year on supporting the assessment of information assets, and a focus upon our cyber resilience and the management of legacy records.

### Improvements in Information Governance during 2024/25

As the Trust changes and develops, the opportunity to review the governance arrangements for the management of information, particularly relating to data privacy is an essential activity to ensure that the framework in place meets our needs and can provide assurance to the Board.

We take our legal obligations very seriously and therefore during 2024-25 work continued to review the management and handling of information and information requests working pro-actively to deliver improvements and meet our statutory obligations and adopt guidance issued by the Information Commissioner's Office (ICO). In terms of information requests the Trust received 1400 subject access and access to health records requests during 2024-25, and 442 as Freedom of Information and Environmental Information Regulation requests.

The Trust continued to progress its information and cyber security and assesses itself annually through the NHS England Data Security and Protection Toolkit. LPT anticipates meeting the expected targets for the national submission on 30 June 2025.

### Data losses

During 2024-25 we had 1269 incidents in relation to the mishandling of personal identifiable data classified as a 'personal data breach' under the guidance issued by the Information Commissioners Office (ICO) and NHS Digital. The learning from these incidents has been shared across the Trust and has led to changes to policy and creation of guidance for staff, targeted communication messages to staff.

## Emergency preparedness, resilience and response (EPRR)

### EPRR compliance

The Civil Contingencies Act 2004 (CCA 2004) states that; as an NHS funded organisation, LPT are required to have robust emergency and business continuity plans in place. This is to ensure

that we continue to be adequately prepared to respond to an emergency or major incident that may pose a significant disruption to service delivery, or that has the potential to seriously damage the wider community's welfare, environment, or security.

In 2024/2025 NHSE conducted a national assurance process that reviews organisations preparedness against their legislative obligations for EPRR. LPT are required to report against 58 standards applicable to a Community and Mental Health Trust.

LPT reported full compliance against the applicable Core Standards for EPRR

### **Fully Compliant - *The organisation is fully compliant against the relevant NHS EPRR Core Standards***

This is a positive change in the overall compliancy rate moving from substantially compliant (2023/24) to fully compliant this year.

### **Business Continuity and Emergency Planning**

LPT's Business Continuity Management System (BCMS) has been developed in line with the international standard for Business Continuity Management, (ISO 22301), and the NHS England Business Continuity Management Toolkit. Each directorate within the Trust is required to have site and service specific business continuity plans to protect and maintain critical services in the event of disruptive events. We have over ninety live Business Continuity Plans (BCP) across all directorates; these are reviewed annually and updated post any incident or exercise.

Our Major Incident Plan is reviewed annually and sets out the framework and arrangements for instigating a response to a major incident. The plan sets out a framework for coordinating the Trust 's response with other healthcare partners and other stakeholders through a multi-agency emergency response and working closely with the Local Resilience Forum (LRF).

LPT has supported multiple LRF responses to adverse weather episodes that have resulted in the LRF declaring a Major Incident. LPT continue to develop our preparedness of EPRR systems and processes for periods of industrial action and increasing Operational Pressure Escalation Levels (OPEL).

Next Steps: The focus for EPRR in 2024/25 is to capitalise on the learning accrued from training and exercising to shape the EPRR work plan, and ensuring the trust is fully prepared for the National EPRR Assurance process.

### **Modern Slavery Act 2015 Statement**

The UK Modern Slavery Act became law on the 26 March 2015. It aims to prevent all forms of labour exploitation, and to increase transparency of labour practices in supply chains. Section 54 (Transparency in Supply Chains) of the Modern Slavery Act 2015 requires eligible commercial organisations to make a public statement as to the actions they have taken to detect and deal with forced labour and trafficking in their supply chains. We are committed to meeting the requirements of this Act. You can read our latest progress statement, on our website here:

[www.leicspart.nhs.uk/modern-slavery-act-2015/](http://www.leicspart.nhs.uk/modern-slavery-act-2015/)



# Statement of directors' responsibilities in respect of the accounts

The directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of HM Treasury, directs that these accounts give a true and fair view of the state of affairs of the trust and of the income and expenditure, other items of comprehensive income and cash flows for the year. In preparing those accounts, the directors are required to:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury
- make judgements and estimates which are reasonable and prudent
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts and
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

The directors confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS trust's performance, business model and strategy

By order of the Board



**Angela Hillery, Chief Executive**  
**24<sup>th</sup> June 2025**



**Sharon Murphy, Director of Finance**  
**24<sup>th</sup> June 2025**

# Statement of the chief executive's responsibilities as the accountable officer of the Trust

The Chief Executive of NHS England has designated that the Chief Executive should be the Accountable Officer of the trust. The relevant responsibilities of Accountable Officers are set out in the *NHS Trust Accountable Officer Memorandum*. These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance
- value for money is achieved from the resources available to the trust
- the expenditure and income of the trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them
- effective and sound financial management systems are in place and
- annual statutory accounts are prepared in a format directed by the Secretary of State to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, other items of comprehensive income and cash flows for the year.

As far as I am aware, there is no relevant audit information of which the trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.



**Angela Hillery, Chief Executive**  
**24<sup>th</sup> June 2025**

# Annual Governance Statement

The Board is accountable for internal control. As Accountable Officer, and Chief Executive of this Board, I have responsibility for maintaining a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives. I also have responsibility for safeguarding the public funds and the organisation's assets for which I am personally responsible as set out in the Accountable Officer Memorandum. For the full Annual Governance Statement please see Appendix B.

A handwritten signature in dark ink, appearing to read 'A Hillery'.

**Angela Hillery, Chief Executive**

# Board remuneration and staff report

## Remuneration

Table 1 shows the remuneration (excluding employer's National Insurance contributions) of the Trust's Board of Directors.

The Remuneration Committee, which comprises all of the non-executive directors, other than the Chair of Audit and Assurance Committee, annually reviews the salaries of its most senior managers taking into account market rates and the pay awards determined nationally for all other groups of staff. The policy for the remuneration of the Trust's senior managers for current and future financial years is as follows:

- Executive Directors: pay is based on national guidance and is agreed by the Trust Remuneration Committee.
- Non-Executive Directors: up to 30 September 2012 the appointment and pay of Non-Executive Directors was determined by the Appointments Commission, this responsibility passed to NHS Improvement on 1 October 2012 who have merged with NHS England in 2022.
- Performance of the Executive Directors is assessed through the Trust annual individual performance reviews. Performance related pay is not part of the remuneration package.
- The performance of the Non-executive directors is assessed annually by the Chair using the NHS England appraisal system.

The Trust Board agreed an additional responsibility for the committee to oversee the processes for managing and appointing to joint roles within the Group Model. In line with these new duties, the Committee played an important role in the supporting the Trust with shared director appointments/re-appointments to the Leicestershire Partnership and Northamptonshire Healthcare Group.

The summary and explanation of the Trust policy on the duration of contracts, notice periods and termination payments is as follows:

- Executive Directors are on permanent employment contracts. The notice period that the Trust is required to give the Executive Directors is six months. The notice period the Executive Directors are required to give the Trust is three months.
- Non-Executive Directors are appointed by NHS England to serve an initial tenure of three or four years, with an extension subject to performance review by NHS England (Appointments Commission up to 30 September 2012). There is no provision for compensation due to early termination of contracts.

The salaries, performance arrangements and remuneration packages for the joint posts with NHFT, which include the Trust Chair, Chief Executive Officer, Chief Finance Officer, Director of Strategy & Partnerships, and interim Director of Nursing & AHPs are determined by the Northamptonshire Healthcare Foundation Trust who hold their employment contracts. As part of the secondment arrangement the LPT Remuneration Committee NRC feeds into the NHFT NRC in relation to the performance of these staff.



**Angela Hillery, Chief Executive**

## Salaries and allowances of senior managers

**TABLE 1: SALARIES AND ALLOWANCES OF SENIOR MANAGERS – subject to audit**

Name and Title	2024/25					2023/24				
	Salary (bands of £5,000)	Expense Payments (taxable) total to nearest £100*	Performance Pay and Bonuses (bands of £5,000)	All Pension related benefits (bands of £2,500)	Total (bands of £5,000)	Salary (bands of £5,000)	Expense Payments (taxable) total to nearest £100	Performance Pay and Bonuses (bands of £5,000)	All Pension related benefits (bands of £2,500)	Total (bands of £5,000)
	£000	£00	£000	£000	£000	£000	£00	£000	£000	£000
Professor Elizabeth Anderson, Non-Executive Director (wef 01/09/23)	10-15	0	0	0	10-15	5-10	0	0	0	5-10
Alexander Carpenter, Non-Executive Director	10-15	0	0	0	10-15	10-15	0	0	0	10-15
Dr Bhanu Chadalavada, Medical Director	210-215	0	10-15	277.5-280	505-510	45-50	0	30-35	87.5-90	170-175
Manjit Darby, Non-Executive Director (wef 01/08/2024)	10-15	0	0	0	10-15					
Kate Dyer, Director of Corporate Governance & Company Secretary	120-125	0	0	90-92.5	215-220	105-110	0	0	165-167.5	265-270
Cathy Ellis, Chair (upto 31/08/23)						15-20	0	0	0	15-20
Tanya Hibbert, Director of Mental Health	130-135	0	0	20-22.5	155-160	125-130	0	0	0	125-130
Angela Hillery, Chief Executive (Employed by NHFT - see Note 1)	125-130	0	5-10		135-140	135-140	0	0		135-140

Name and Title	2024/25					2023/24				
	Salary (bands of £5,000)	Expense Payments (taxable) total to nearest £100*	Performance Pay and Bonuses (bands of £5,000)	All Pension related benefits (bands of £2,500)	Total (bands of £5,000)	Salary (bands of £5,000)	Expense Payments (taxable) total to nearest £100	Performance Pay and Bonuses (bands of £5,000)	All Pension related benefits (bands of £2,500)	Total (bands of £5,000)
	£000	£00	£000	£000	£000	£000	£00	£000	£000	£000
Faisal Hussain, Non-Executive Director	20-25	0	0	0	20-25	15-20	0	0	0	15-20
Moira Ingham, Non-Executive Director (upto 30/04/23)						0-5	0	0	0	0-5
Jean Knight, Deputy CEO & Managing Director	160-165	0	0	45-47.5	210-215	150-155	0	0	25-27.5	180-185
Samantha Leak, Director of Community Health Services	125-130	0	0	15-17.5	145-150	120-125	0	0	0	120-125
Ruth Marchington, Non-Executive Director (upto 30/06/24)	0-5	0	0	0	0-5	10-15	0	0	0	10-15
Dr Saquib Muhammad, Acting Medical Director (upto 30/09/23)						60-65	0	50-55	80-82.5	200-205
James Mullins, Interim Director of Nursing & AHPs (wef 01/07/24) (Employed by NHFT - see Note 1)	120-125	0	0	0	120-125					
Sharon Murphy, Director of Finance	145-150	0	0	20-22.5	170-175	135-140	0	0	0	135-140



Name and Title	2024/25					2023/24				
	Salary (bands of £5,000)	Expense Payments (taxable) total to nearest £100*	Performance Pay and Bonuses (bands of £5,000)	All Pension related benefits (bands of £2,500)	Total (bands of £5,000)	Salary (bands of £5,000)	Expense Payments (taxable) total to nearest £100	Performance Pay and Bonuses (bands of £5,000)	All Pension related benefits (bands of £2,500)	Total (bands of £5,000)
	£000	£00	£000	£000	£000	£000	£00	£000	£000	£000
Hetal Parmar, Non-Executive Director	10-15	0	0	0	10-15	10-15	0	0	0	10-15
Professor Kevin Paterson, Non-Executive Director (upto 31/08/23)						5-10	0	0	0	5-10
Dr Anne Scott, Director of Nursing, AHPs (upto 30/06/24)	30-35	0	0	0	30-35	130-135	0	0	0	130-135
Paul Sheldon, Chief Finance Officer (Employed by NHFT - see Note 1)	60-65	0	0-5	0	65-70	65-70	0	0	0	65-70
Josie Spencer, Non- Executive Director	10-15	0	0	0	10-15	10-15	0	0	0	10-15
Helen Thompson, Director of FYPC (upto 31/07/24)	30-35	0	0	0	30-35	120-125	0	0	0	120-125
Crishni Waring, Chair (wef 01/09/23) (Employed by NHFT - see Note 1)	25-30	0	0	0	20-35	15-20	0	0	0	15-20
David Williams, Director of Strategy & Partnerships (Employed by NHFT - see Note 1)	75-80	0	0-5	0	80-85	80-85	0	0	0	80-85

Name and Title	2024/25					2023/24				
	Salary (bands of £5,000)	Expense Payments (taxable) total to nearest £100*	Performance Pay and Bonuses (bands of £5,000)	All Pension related benefits (bands of £2,500)	Total (bands of £5,000)	Salary (bands of £5,000)	Expense Payments (taxable) total to nearest £100	Performance Pay and Bonuses (bands of £5,000)	All Pension related benefits (bands of £2,500)	Total (bands of £5,000)
	£000	£00	£000	£000	£000	£000	£00	£000	£000	£000
Paul Williams, Acting Director of FYPC (wef 01/07/24)	110-115	0	0	172.5-175	285-290					
Sarah Willis, Director of HR & Organisational Development	130-135	0	0	22.5-25	155-160	120-125	0	0	0	120-125

\* Taxable expenses and benefits in kind are expressed to the nearest £100. The values and bands used to disclose sums in this table are prescribed by the Cabinet Office through Employer Pension Notices and replicated in the HM Treasury Financial Reporting Manual.

One director employed by LPT, the Medical Director, is in receipt of a performance payment. The pay and bonuses detailed in the table relate to their retained Clinical Excellence Award.

#### Note

1) Angela Hillery, Crishni Waring, David Williams, Paul Sheldon and James Mullins are employed by Northamptonshire Healthcare Foundation Trust (NHFT). The Trust's share of their salary recharge is shown; however their pension figures are disclosed in NHFT's remuneration report. The NHFT remuneration report includes information on any performance related payments made to directors employed by NHFT.

**TABLE 2: PENSION ENTITLEMENTS OF SENIOR MANAGERS – subject to audit**

Name and Title	Real increase in pension at pension age (bands of £2,500)	Real increase in lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31 March 2025 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2025 (bands of £5,000)	Cash Equivalent Transfer Value at 1 April 2025	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2024
	£000	£000	£000	£000	£000	£000	£000
Dr Bhanu Chadalavada, Medical Director	12.5-15	27.5-30	60-65	150-155	1365	281	1049
Kate Dyer Director of Corporate Governance & Company Secretary (Note 1)	5-7.5	0	55-60	0	895	78	802
Tanya Hibbert, Director of Mental Health	0-2.5	0	35-40	85-90	801	20	765
Jean Knight, Deputy CEO & Managing Director	2.5-5	0-2.5	35-40	75-80	730	39	670
Samantha Leak, Director of Community Health Services	0-2.5	0-2.5	50-55	135-140	1201	21	1163
Sharon Murphy, Director of Finance	0-2.5	0-2.5	50-55	125-130	1249	29	1202
Dr Anne Scott, Director of Nursing, AHPs and Quality	0-2.5	0-2.5	5-10	0	0	0	1461
Helen Thompson, Director of FYPC	0-2.5	0-2.5	55-50	150-155	0	0	1483
Paul Williams, Acting Director of FYPC (wef 01/07/24)	7.5-10	17.5-20	40-45	115-120	1035	179	778
Sarah Willis, Director of HR & Organisational Development	0-2.5	0-2.5	30-35	70-75	653	21	615

Real increase/decrease in CETV is subject to rounding.

NHS Pension scheme rules apply to early retirement. A summary of these is attached here: [NHS Pensions](#)

## Fair Pay Disclosure (subject to audit)

Pay ratio information concerning the highest paid director and all other employees is detailed below.

### Percentage change in remuneration of highest paid director

The banded remuneration of the highest paid director in Leicestershire Partnership NHS Trust in the financial year 2024/25 was £222,500 (being the mid-point of £220,000 to £225,000). In 2023/24 it was £152,500 (being the midpoint of £150,000 to £155,000). The increase is due to the full year effect of a different director who commenced part way through 2023/24.

	Salary and allowances (2024/25)	Performance pay and bonuses (2024/25)
The percentage change from the previous financial year in respect of the highest paid director	34.92%	See Note 1
The average percentage change from the previous financial year in respect of employees of the entity, taken as a whole	6.30%	0.00%

Note 1 – Unlike the highest paid director in 2024/25, the previous year's highest paid director did not receive any performance pay and bonuses, hence no % change in 2024/25.

### Pay Ratio Disclosure

Reporting bodies are required to disclose the relationship between the total remuneration of the highest-paid director in their organisation against the 25th percentile, median and 75th percentile of total remuneration of the organisation's workforce. Total remuneration of the employee at the 25th percentile, median and 75th percentile is further broken down to disclose the salary component.

The relationship to the remuneration of the organisation's workforce is disclosed in the below table. Permanent and temporary staff are included in this disclosure, including bank and agency staff.

2024/25	25th Percentile	Median	75th Percentile
Total remuneration (£)	25,674	29,970	44,962
Salary component of total remuneration (£)	25,674	29,970	44,962
Annual % change in remuneration	15%	6%	6%
Pay ratio information	8.67	7.42	4.95
<b>2023/24</b>			
Total remuneration (£)	22,383	28,407	42,618
Salary component of total remuneration (£)	22,383	28,407	42,618
Pay ratio information	6.81	5.37	3.58

The 25<sup>th</sup> Percentile remuneration increased by 15% in 2024/25. This is mainly due to Band 2 Healthcare Support Workers regraded to Band 3 following a national re-evaluation of their role. As a result, the range of staff paid at Band 2 decreased significantly and was offset by an increase in staff paid at Band 3. This has led to an overall increase in remuneration. Median and 75<sup>th</sup> percentile remuneration have increased in line with the average national pay-ward uplift for 2025/26.

Because the mid-point of the highest paid director's remuneration increased this year, this has resulted in all pay ratios increasing in 2024/25.

In 2024/25 no staff received remuneration in excess of the highest-paid director (2023/24, 14 medical staff). Remuneration ranged from £12,515 to £222,500 (2023/24 £10,325 to £222,953). The lowest remuneration related to apprenticeship posts and the highest remuneration related to the highest paid director.

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in kind, as well as severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions. Remuneration also includes any costs associated with temporary staff, including bank and agency workers, but excluding agency fees.

### Consultancy

There are occasions when the Trust considers expenditure on consultancy to be the most cost appropriate course of action. Over the 2024/25 financial period, £936,000 was spent with various consultancies (2023/24: £277,000). The increase in spend relates to more IT investment in the shared care records and secure data environment network programmes.

### Exit Packages

Exit packages totalling £117,000 were agreed during 2024/25 for staff leaving the Trust. These related to contractual payments in lieu of notice. More details are shown at Table 4: Exit Packages.

### Off-payroll Engagements

The Treasury instructs all NHS bodies to disclose in their annual report details of any off-payroll engagements that have a cost of more than £245 per day.

#### Table 1: Length of all highly paid off-payroll engagements - subject to audit

For all highly paid off-payroll engagements as of 31 March 2025, greater than £245 per day:

	Number
No. of existing engagements as of 31 March 2025	25
<i>Of which:</i>	
No. that have existed for less than one year at time of reporting	9
No. that have existed for between one & two years at time of reporting	3
No. that have existed for between two and three years at time of reporting	6
No. that have existed for between three and four years at time of reporting	5
No. that have existed for four or more years at time of reporting	2

**Table 2: Off-payroll workers engaged at any point during the financial year – subject to audit**

For all off-payroll appointments engaged at any point between 1 April 2024 and 31 March 2025, greater than £245 per day:

	Number
No. of temporary off-payroll workers engaged between April 2024 and March 2025	39
<b><i>Of which:</i></b>	
No. not subject to off-payroll legislation *	39
No. subject to off-payroll legislation and determined as in-scope of IR35	0
No. subject to off-payroll legislation and determined as out of scope of IR35	0
No. of engagements reassessed for compliance or assurance purposes during the year	0
Of which: no. of engagements that saw a change to IR35 status following review	0

\* Off-payroll legislation does not apply to sole traders or workers that are employed by and on the payroll of an umbrella company, agency or other organisation in the supply chain.

**Table 3: Off-payroll board member/senior official engagements – subject to audit**

For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2024 and 31 March 2025.

	Number
No. of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	0
No. of individuals that have been deemed “board members, and/or, senior officials with significant financial responsibility”, during the financial year. This figure should include both off-payroll and on-payroll engagements *	14

\* This number includes 4 board members (including Chief Executive) who are also employed by Northamptonshire Healthcare Foundation Trust (NHFT).



**Table 4: Exit Packages – subject to audit**

Exit package cost band (including any special payment element)	Number of compulsory redundancies	Cost of compulsory redundancies	*Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of departures where special payments have been made	Cost of special payment element included in exit packages
	Number	£0s	Number	£0s	Number	£0s	Number	£0s
Less than £10,000	0	0	38	101,000	38	101,000	0	0
£10,000 - £25,000	0	0	1	16,000	1	16,000	0	0
£25,001 - £50,000	0	0	0	0	0	0	0	0
£50,001 - £100,000	0	0	0	0	0	0	0	0
£100,001 - £150,000	0	0	0	0	0	0	0	0
£150,001 - £200,000	0	0	0	0	0	0	0	0
>£200,000	0	0	0	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>39</b>	<b>117,000</b>	<b>39</b>	<b>117,000</b>	<b>0</b>	<b>0</b>

**Table 5: Exit Package - Analysis of Other Departures**

	Payments agreed	Total value of agreements
	Number	£000
Contractual payments in lieu of notice	39	117
<b>Total</b>	<b>39</b>	<b>117</b>

**Table 6: Staff costs – subject to audit**

	<b>Permanent</b>	<b>Other</b>	<b>2024/25 Total</b>	<b>2023/24 Total</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
Salaries and wages	241,452	28,181	269,633	236,350
Social security costs	25,308	0	25,308	23,461
Apprenticeship levy	1,300	0	1,300	1,197
Employer's contributions to NHS pensions	54,602	0	54,602	41,708
Pension cost - other	90		90	131
Other post employment benefits		49	49	86
Termination benefits	0		0	118
Temporary staff - Agency	0	20,996	20,996	31,098
<b>Total Gross staff costs</b>	<b>322,752</b>	<b>49,226</b>	<b>371,978</b>	<b>334,149</b>
Recoveries from other bodies in respect of staff cost netted off expenditure	(927)	0	(927)	(912)
<b>Total Staff Costs</b>	<b>321,825</b>	<b>49,226</b>	<b>371,051</b>	<b>333,237</b>
Of which costs capitalised as part of assets	1,224	0	1,224	1,434

**Table 7: Average number of employees (WTE basis) – subject to audit**

	<b>Permanent</b>	<b>Other</b>	<b>2024/25 Total</b>	<b>2023/24 Total</b>
	<b>Number</b>	<b>Number</b>	<b>Number</b>	<b>Number</b>
Medical and dental	215	24	239	237
Administration and estates	1,373	68	1,441	1,447
Healthcare assistants and other support staff	1,307	307	1,614	1,513
Nursing, midwifery and health visiting staff	1,724	273	1,997	1,892
Scientific, therapeutic and technical staff	1,416	21	1,437	1,354
<b>Total average numbers</b>	<b>6,035</b>	<b>693</b>	<b>6,728</b>	<b>6,443</b>
Of which:				
Number of employees (WTE) engaged on capital projects	32	0	32	39

Note - Bank and agency workers are included in 'Other'.

## Other financial information

### **Better Payment Practice Code**

The Late Payment of Commercial Debts (Interest) Act 1988 gives effect to the Government's commitment to introduce a statutory right for businesses to claim interest on the late payment of commercial debts. Unless other agreed terms apply, all undisputed bills are to be paid within 30 days of receipt of goods/services or a valid invoice, whichever comes later. The Trust has signed up to the Better Payment Practice Code. Measure of compliance against the Better Payment Practice Code is available in our financial accounts.

### **Parliamentary accountability and audit report**

Leicestershire Partnership NHS Trust is exempt from providing this report as we do not directly report to parliament.

### **Audit Fee**

The Trust's external auditor for the period 1 April 2024 to 31 March 2025 was KPMG. The 2024/25 audit fee of £116k relates to the annual statutory audit of the Trust's financial accounts.

# **INDEPENDENT AUDITOR'S REPORT TO THE BOARD OF DIRECTORS OF LEICESTERSHIRE PARTNERSHIP NHS TRUST**

## **REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS**

### **Opinion**

We have audited the financial statements of Leicestershire Partnership NHS Trust ("the Trust") for the year ended 31 March 2025 which comprise the Statement of Comprehensive Income, Statement of Financial Position, Statement of Changes in Taxpayers' Equity and Statement of Cash Flows, and the related notes, including the accounting policies in note 1.

In our opinion the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2025 and of its income and expenditure for the year then ended; and
- have been properly prepared in accordance with the accounting policies directed by the Secretary of State for Health and Social Care with the consent of HM Treasury on 23 June 2022 as being relevant to NHS Trusts in England and included in the Department of Health and Social Care Group Accounting Manual 2024/25; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006 (as amended).

### **Basis for opinion**

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities are described below. We have fulfilled our ethical responsibilities under, and are independent of the Trust in accordance with, UK ethical requirements including the FRC Ethical Standard. We believe that the audit evidence we have obtained is a sufficient and appropriate basis for our opinion.

### **Going concern**

The directors have prepared the financial statements on the going concern basis as they have not been informed by the relevant national body of the intention to either cease the Trust's services or dissolve the Trust without the transfer of its services to another public sector entity. They have also concluded that there are no material uncertainties that could have cast significant doubt over its ability to continue as a going concern for at least a year from the date of approval of the financial statements ("the going concern period").

In our evaluation of the directors' conclusions, we considered the inherent risks associated with the continuity of services provided by the Trust over the going concern period.

Our conclusions based on this work:

- we consider that the directors' use of the going concern basis of accounting in the preparation of the financial statements is appropriate; and
- we have not identified, and concur with the directors' assessment that there is not, a material uncertainty related to events or conditions that, individually or collectively,

may cast significant doubt on the Trust's ability to continue as a going concern for the going concern period.

However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the above conclusions are not a guarantee that the Trust will continue in operation.

## **Fraud and breaches of laws and regulations – ability to detect**

### *Identifying and responding to risks of material misstatement due to fraud*

To identify risks of material misstatement due to fraud ("fraud risks") we assessed events or conditions that could indicate an incentive or pressure to commit fraud or provide an opportunity to commit fraud. Our risk assessment procedures included:

- Enquiring of management, the Audit Committee and internal audit as to the Trust's high-level policies and procedures to prevent and detect fraud, including the internal audit function, and the Trust's channel for "whistleblowing", as well as whether they have knowledge of any actual, suspected, or alleged fraud.
- Assessing the incentives for management to manipulate reported financial performance as a result of the need to achieve financial performance targets delegated to the Trust by NHS England.
- Reading Board and Audit Committee minutes.
- Using analytical procedures to identify any unusual or unexpected relationships.
- Reading the Trust's accounting policies.

We communicated identified fraud risks throughout the audit team and remained alert to any indications of fraud throughout the audit.

As required by auditing standards and taking into account possible pressures to meet delegated targets, we performed procedures to address the risk of management override of controls in particular the risk that Trust management may be in a position to make inappropriate accounting entries. On this audit we did not identify a fraud risk related to revenue recognition due to the block nature of the funding provided to the Trust during the year. We therefore assessed that there was limited opportunity for the Trust to manipulate the income that was reported.

We did not identify any additional fraud risks.

We also performed procedures including:

- Identifying journal entries and other adjustments to test based on risk criteria and comparing the identified entries to supporting documentation. These included unusual entries to cash, unusual entries to revenue, entries posted to reduce expenditure post 31 March 2025 and entries posted by infrequent users.
- Assessing whether the judgements made in making accounting estimates are indicative of a potential bias.

## **Identifying and responding to risks of material misstatement related to compliance with laws and regulations**

We identified areas of laws and regulations that could reasonably be expected to have a material effect on the financial statements from our general sector experience and through discussion with the directors and other management (as required by auditing standards), and from inspection of the Trust's regulatory and legal correspondence and discussed with the directors and other management the policies and procedures regarding compliance with laws and regulations.

We communicated identified laws and regulations throughout our team and remained alert to any indications of non-compliance throughout the audit.

The potential effect of these laws and regulations on the financial statements varies considerably.

Firstly, the Trust is subject to laws and regulations that directly affect the financial statements, including the financial reporting aspects of NHS legislation. We assessed the extent of compliance with these laws and regulations as part of our procedures on the related financial statement items.

Secondly, the Trust is subject to many other laws and regulations where the consequences of non-compliance could have a material effect on amounts or disclosures in the financial statements, for instance through the imposition of fines or litigation. We identified the following areas as those most likely to have such an effect: health and safety, data protection laws, anti-bribery, employment law, recognising the nature of the Trust's activities. Auditing standards

limit the required audit procedures to identify non-compliance with these laws and regulations to enquiry of the directors and other management and inspection of regulatory and legal correspondence, if any. Therefore if a breach of operational regulations is not disclosed to us or evident from relevant correspondence, an audit will not detect that breach.

## **Context of the ability of the audit to detect fraud or breaches of law or regulation**

Owing to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely the inherently limited procedures required by auditing standards would identify it.

In addition, as with any audit, there remained a higher risk of non-detection of fraud, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. Our audit procedures are designed to detect material misstatement. We are not responsible for preventing non-compliance or fraud and cannot be expected to detect non-compliance with all laws and regulations.



## **Other information in the Annual Report**

The directors are responsible for the other information, which comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work:

- we have not identified material misstatements in the other information; and
- in our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements.

## **Remuneration and Staff Reports**

In our opinion the parts of the Remuneration and Staff Reports subject to audit have been properly prepared in all material respects, in accordance with the Department of Health and Social Care Group Accounting Manual 2024/25.

## **Directors' and Accountable Officer's responsibilities**

As explained more fully in the statement set out on page 109, the directors are responsible for the preparation of financial statements that give a true and fair view. They are also responsible for: such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to either cease the services provided by the Trust or dissolve the Trust without the transfer of its services to another public sector entity. As explained more fully in the statement of the Chief Executive's responsibilities, as the Accountable Officer of the Trust, on Page 110 the Accountable Officer is responsible for ensuring that annual statutory accounts are prepared in a format directed by the Secretary of State.

The Audit Committee is responsible for overseeing the Trust's financial reporting process.

## **Auditor's responsibilities**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue our opinion in an auditor's report. Reasonable assurance is a high level of assurance, but does not guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material

misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

A fuller description of our responsibilities is provided on the FRC's website at [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities).

## **REPORT ON OTHER LEGAL AND REGULATORY MATTERS**

### **Report on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources**

Under the Code of Audit Practice, we are required to report if we identify any significant weaknesses in the arrangements that have been made by the Trust to secure economy, efficiency and effectiveness in its use of resources.

We have nothing to report in this respect.

### **Respective responsibilities in respect of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources**

As explained in the statement set out on page 110, the Chief Executive, as the Accountable Officer, is responsible for ensuring that value for money is achieved from the resources available to the Trust. We are required under section 21(2A) of the Local Audit and Accountability Act 2014 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively. We are also not required to satisfy ourselves that the Trust has achieved value for money during the year.

We planned our work and undertook our review in accordance with the Code of Audit Practice and related statutory guidance, having regard to whether the Trust had proper arrangements in place to ensure financial sustainability, proper governance and to use information about costs and performance to improve the way it manages and delivers its services. Based on our risk assessment, we undertook such work as we considered necessary.

### **Statutory reporting matters**

We are required by Schedule 2 to the Code of Audit Practice to report to you if:

- we issue a report in the public interest under section 24 and Schedule 7 of the Local Audit and Accountability Act 2014; or
- we make written recommendations to the Trust under Section 24 and Schedule 7 of the Local Audit and Accountability Act 2014; or

- we refer a matter to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.

We have nothing to report in these respects.

## **THE PURPOSE OF OUR AUDIT WORK AND TO WHOM WE OWE OUR RESPONSIBILITIES**

This report is made solely to the Board of Directors of Leicestershire Partnership NHS Trust, as a body, in accordance with Part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state to the Board of Directors of the Trust, as a body, those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Board of Directors of the Trust, as a body, for our audit work, for this report or for the opinions we have formed.

## **DELAY IN CERTIFICATION OF COMPLETION OF THE AUDIT**

As at the date of this audit report, we are unable to confirm that we have completed our work in respect of the trust accounts consolidation pack of the Trust for the year ended 31 March 2025 because we have not received confirmation from the NAO that the NAO's audit of the Department of Health and Social Care accounts is complete.

Until we have completed this work, we are unable to certify that we have completed the audit of Leicestershire Partnership NHS Trust for the year ended 31 March 2025 in accordance with the requirements of the Local Audit and Accountability Act 2014 and the NAO Code of Audit Practice.



**Catherine Henry**  
**for and on behalf of KPMG LLP**  
*Chartered Accountants*  
One Snow Hill  
Birmingham  
B4 6GH  
26 June 2025

## Accountability Statement

The purpose of the accountability section of the annual report is to meet key accountability requirements to Parliament. I confirm that the information contained in this report meet those requirements stipulated in the Department of Health and Social Care Group Accounting Manual 2024/25.



**Angela Hillery, Chief Executive**  
**24 June 2025**

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## Financial statements

### Summary of financial statements

The Financial Accounts for 2024/25 are presented with the Annual Report in Appendix A. The accounts show that we have delivered an in-year surplus of £11k (excluding impairments and other uncontrollable adjustments), and as such, we have achieved our in-year break even duty. We have also delivered our statutory capital duty.

The financial year has been another challenging year for both LPT and the wider NHS. There were material financial challenges in year relating to continuing high inflation costs, a significant cost improvement plan and a challenging financial position across the LLR system. To mitigate these pressures and ensure we could deliver our break even plan, we needed to deliver a significant financial recovery plan. The Trust has pulled together to ensure delivery, including material reductions in agency costs, building on the great work our teams did to reduce costs in 2023/24..

As we look forward to the 2025/26 financial year, there is continuing focus across the NHS on the efficiency and productivity of our services, and we have programmes in place within the Trust to take those themes forwards. We are also working closely with our LLR ICS partners to ensure that the financial plans for all organisations and the ICS are deliverable.

The Trust submitted a plan at the start of May 2025 for 2025/26 showing a £311k surplus. This small surplus is required to ensure ongoing delivery of our statutory duty. The financial plan will be challenging to deliver and relies on higher levels of financial efficiency being delivered than the Trust has delivered in the past. We have robust plans in place to deliver the financial plan but we all need to remain focussed on efficiency, reducing costs and demonstrating value for money while we deliver safe services.

After considering all information available, the directors have a reasonable expectation that the Trust has adequate resources to continue operating for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the Trust's accounts.

Copies of the full accounts are available free of charge, from [feedback@leicspart.nhs.uk](mailto:feedback@leicspart.nhs.uk).



**Sharon Murphy**  
**Director of Finance**



**Angela Hillery**  
**Chief Executive**

# 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,  
Glenfield  
Leicestershire, LE3 8RA**

**Telephone: 0116 225 6000  
Email: [LPT.feedback@nhs.net](mailto:LPT.feedback@nhs.net)**

**You can also follow the Trust on social media:**

Facebook/LPTnhs  
YouTube/LPTnhs  
Website [www.leicspart.nhs.uk](http://www.leicspart.nhs.uk)

## Quality Account

You may also be interested to read our Quality Account for 2024-25, which complements this Annual Report and Summary Accounts. Copies of the Quality Account, and extra copies of this document are available from the communications team at the above address.

These documents, alongside a shorter summary of the annual report, are also available on our website at [www.leicspart.nhs.uk](http://www.leicspart.nhs.uk)



# Need this report in a different language?

If you need this information in another language or format, please telephone 0116 295 0903 or email: [lpt.patientinformation@nhs.net](mailto:lpt.patientinformation@nhs.net).

## Arabic

إذا كنت بحاجة إلى هذه المعلومات بلغة أو تنسيق آخر، يرجى إرسال بريد إلكتروني إلى: [lpt.patientinformation@nhs.net](mailto:lpt.patientinformation@nhs.net).

## Bengali

আপনার যদি এই তথ্য অন্য কোনো ভাষা বা ফরম্যাটে প্রয়োজন হয়, অনুগ্রহ করে 0116 295 0903 নম্বরে ফোন করুন অথবা ইমেইল করুন: [lpt.patientinformation@nhs.net](mailto:lpt.patientinformation@nhs.net).

## Traditional Chinese

如果您需要以其他語言或格式獲取此資訊，請致電 0116 295 0903 或發送電子郵件至：  
[lpt.patientinformation@nhs.net](mailto:lpt.patientinformation@nhs.net).

## Gujarati

જો તમને આ માહિતી બીજી ભાષા અથવા ફોર્મેટમાં જોઈએ હોય, તો કૃપા કરીને 0116 295 0903 પર ફોન કરો અથવા ઇમેઇલ કરો: [lpt.patientinformation@nhs.net](mailto:lpt.patientinformation@nhs.net).

## Hindi

यदि आपको यह जानकारी किसी अन्य भाषा या प्रारूप में चाहिए, तो कृपया 0116 295 0903 पर फोन करें या ईमेल करें: [lpt.patientinformation@nhs.net](mailto:lpt.patientinformation@nhs.net)

## Polish

Jeśli potrzebujesz tych informacji w innym języku lub formacie, zadzwoń pod numer 0116 295 0903 lub wyślij e-mail na adres: [lpt.patientinformation@nhs.net](mailto:lpt.patientinformation@nhs.net).

## Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਜਾਂ ਫਾਰਮੈਟ ਵਿੱਚ ਚਾਹੀਦੀ ਹੋਵੇ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ 0116 295 0903 'ਤੇ ਫੋਨ ਕਰੋ ਜਾਂ ਈਮੇਲ ਕਰੋ: [lpt.patientinformation@nhs.net](mailto:lpt.patientinformation@nhs.net)



## Somali

Haddii aad u baahan tahay macluumaadkan luqad kale ama qaab kale, fadlan wac 0116 295 0903 ama iimayl u dir: [lpt.patientinformation@nhs.net](mailto:lpt.patientinformation@nhs.net).

## Urdu

اگر آپ کو یہ معلومات کسی اور زبان یا فارمیٹ میں درکار ہوں، تو براہ کرم ای میل کریں: [lpt.patientinformation@nhs.net](mailto:lpt.patientinformation@nhs.net).

## Appendix A

**Leicestershire Partnership NHS Trust**  
**Annual accounts for the year ended 31 March 2025**

## Statement of Comprehensive Income

		2024/25	2023/24
	Note	£000	£000
Operating income from patient care activities	3	407,137	372,392
Other operating income	4	46,136	42,093
Operating expenses	7,9	(463,854)	(452,205)
<b>Operating surplus/(deficit) from continuing operations</b>		<b>(10,581)</b>	<b>(37,720)</b>
Finance income	11	1,547	1,998
Finance expenses	12	(2,010)	(2,890)
PDC dividends payable		(2,625)	(4,114)
<b>Net finance costs</b>		<b>(3,088)</b>	<b>(5,006)</b>
Other gains / (losses)	13	425	10
<b>Surplus / (deficit) for the year</b>		<b>(13,244)</b>	<b>(42,716)</b>
<b>Other comprehensive income</b>			
<b>Will not be reclassified to income and expenditure:</b>			
Impairments	8	(2,225)	(40,542)
Revaluations	18	42	970
<b>Total comprehensive income / (expense) for the period</b>		<b>(15,427)</b>	<b>(82,288)</b>

### Adjusted financial performance (control total basis):

Surplus / (deficit) for the period	(13,244)	(42,716)
Remove net impairments not scoring to the Departmental expenditure limit	13,556	41,514
Remove I&E impact of capital grants and donations	18	(17)
Remove I&E impact of IFRIC 12 schemes on an IFRS 16 basis	1,872	2,485
Add back I&E impact of IFRIC 12 schemes on former UK GAAP basis	(2,209)	-
Add back I&E impact of IFRIC 12 schemes on an IAS 17 basis	-	(1,285)
Remove net impact of DHSC centrally procured inventories	18	27
<b>Adjusted financial performance surplus / (deficit)</b>	<b>11</b>	<b>8</b>

The in-year financial control total is NHS England's primary mechanism to monitor a Trust's revenue financial performance. It excludes any transactions that are not under the Trust's control e.g., impairments. Before these exclusions the accounting deficit for the year is £13.244m. The adjusted performance is £11k surplus.

The inclusion of this note is voluntary and not within the audit remit.

## Statement of Financial Position

		31 March 2025 £000	31 March 2024 £000
	Note		
<b>Non-current assets</b>			
Intangible assets	15	4,421	5,298
Property, plant and equipment	16	132,332	140,495
Right of use assets	19	18,538	17,235
Receivables	25	920	918
<b>Total non-current assets</b>		<b>156,211</b>	<b>163,946</b>
<b>Current assets</b>			
Inventories	24	436	509
Receivables	25	8,746	10,665
Cash and cash equivalents	29	19,547	28,106
<b>Total current assets</b>		<b>28,729</b>	<b>39,280</b>
<b>Current liabilities</b>			
Trade and other payables	30	(28,129)	(31,849)
Borrowings	32	(4,480)	(3,652)
Provisions	34	(3,331)	(5,229)
Other liabilities	31	(6,755)	(7,525)
<b>Total current liabilities</b>		<b>(42,695)</b>	<b>(48,255)</b>
<b>Total assets less current liabilities</b>		<b>142,245</b>	<b>154,971</b>
<b>Non-current liabilities</b>			
Borrowings	32	(39,938)	(38,688)
Provisions	34	(866)	(899)
<b>Total non-current liabilities</b>		<b>(40,804)</b>	<b>(39,587)</b>
<b>Total assets employed</b>		<b>101,441</b>	<b>115,384</b>
<b>Financed by</b>			
Public dividend capital		108,229	106,745
Revaluation reserve		17,957	20,140
Income and expenditure reserve		(24,745)	(11,501)
<b>Total taxpayers' equity</b>		<b>101,441</b>	<b>115,384</b>

The notes on pages 6 to 48 form part of these accounts.

Signature  
Name  
Position  
Date

  
Angela Hillery  
Chief Executive  
24 June 2025

## Statement of Changes in Taxpayers Equity for the year ended 31 March 2025

	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
<b>Taxpayers' and others' equity at 1 April 2024 - brought forward</b>	<b>106,745</b>	<b>20,140</b>	<b>(11,501)</b>	<b>115,384</b>
Surplus/(deficit) for the year	-	-	(13,244)	<b>(13,244)</b>
Impairments	-	(2,225)	-	<b>(2,225)</b>
Revaluations	-	42	-	<b>42</b>
Public dividend capital received	1,484	-	-	<b>1,484</b>
<b>Taxpayers' and others' equity at 31 March 2025</b>	<b>108,229</b>	<b>17,957</b>	<b>(24,745)</b>	<b>101,441</b>

## Statement of Changes in Taxpayers Equity for the year ended 31 March 2024

	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
<b>Taxpayers' and others' equity at 1 April 2023 - brought forward</b>	<b>106,698</b>	<b>59,712</b>	<b>34,991</b>	<b>201,401</b>
Application of IFRS 16 measurement principles to PFI liability on 1 April 2023	-	-	(3,776)	<b>(3,776)</b>
Surplus/(deficit) for the year	-	-	(42,716)	<b>(42,716)</b>
Impairments	-	(40,542)	-	<b>(40,542)</b>
Revaluations	-	970	-	<b>970</b>
Public dividend capital received	47	-	-	<b>47</b>
<b>Taxpayers' and others' equity at 31 March 2024</b>	<b>106,745</b>	<b>20,140</b>	<b>(11,501)</b>	<b>115,384</b>

**Public dividend capital (PDC):** PDC is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health as the public dividend capital dividend.

**Revaluation Reserve:** Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

**Income and expenditure reserve:** The balance of this reserve is the accumulated surpluses and deficits of the trust.



# Statement of Cash Flows

		2024/25	2023/24
	Note	£000	£000
<b>Cash flows from operating activities</b>			
Operating surplus / (deficit)		(10,581)	(37,720)
<b>Non-cash income and expense:</b>			
Depreciation and amortisation	7.1	11,939	13,099
Net impairments	8	13,556	41,514
Income recognised in respect of capital donations	4	-	(34)
(Increase) / decrease in receivables and other assets		486	12,231
(Increase) / decrease in inventories		73	(128)
Increase / (decrease) in payables and other liabilities		(3,180)	(8,939)
Increase / (decrease) in provisions		(1,948)	1,183
Other movements in operating cash flows		-	(186)
<b>Net cash flows from / (used in) operating activities</b>		<b>10,345</b>	<b>21,020</b>
<b>Cash flows from investing activities</b>			
Interest received		1,547	1,998
Purchase of intangible assets		(546)	(208)
Purchase of PPE and investment property		(15,303)	(13,407)
Receipt of cash donations to purchase assets		-	34
<b>Net cash flows from / (used in) investing activities</b>		<b>(14,302)</b>	<b>(11,583)</b>
<b>Cash flows from financing activities</b>			
Public dividend capital received		1,484	47
Movement on loans from DHSC		(163)	(163)
Capital element of lease rental payments		(2,809)	(3,538)
Capital element of PFI, LIFT and other service concession payments		(481)	(443)
Interest on loans		(56)	(61)
Interest paid on lease liability repayments		(441)	(334)
Interest paid on PFI, LIFT and other service concession obligations		(942)	(937)
PDC dividend (paid) / refunded		(1,194)	(5,837)
<b>Net cash flows from / (used in) financing activities</b>		<b>(4,602)</b>	<b>(11,266)</b>
 <b>Increase / (decrease) in cash and cash equivalents</b>		 <b>(8,559)</b>	 <b>(1,829)</b>
 <b>Cash and cash equivalents at 1 April - brought forward</b>		 <b>28,106</b>	 <b>29,935</b>
 <b>Cash and cash equivalents at 31 March</b>	29.1	 <b>19,547</b>	 <b>28,106</b>

## **Notes to the Accounts**

### **Note 1 Accounting policies and other information**

#### **Note 1.1 Basis of preparation**

The Department of Health and Social Care has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2024/25 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

#### **Accounting convention**

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

#### **Note 1.2 Going concern**

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

#### **Note 1.3 Interests in other entities**

The Trust does not have any interests in other entities, including Associates, Joint Ventures and Joint Operations.

#### **Note 1.4 Revenue from contracts with customers**

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

#### **Revenue from NHS contracts**

The main source of income for the Trust is contracts with commissioners for health care services. Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's NHS income is earned from NHS commissioners under the NHS Payment Scheme (NHSPS). The NHSPS sets out rules to establish the amount payable to trusts for NHS-funded secondary healthcare.

Aligned payment and incentive contracts form the main payment mechanism under the NHSPS. API contracts contain both a fixed and variable element. Under the variable element, providers earn income for elective activity (both ordinary and day case), out-patient procedures, out-patient first attendances, diagnostic imaging and nuclear medicine, and chemotherapy delivery activity. The precise definition of these activities is given in the NHSPS. Income is earned at NHSPS prices based on actual activity. The fixed element includes income for all other services covered by the NHSPS

assuming an agreed level of activity with 'fixed' in this context meaning not varying based on units of activity. Elements within this are accounted for as variable consideration under IFRS 15 as explained below

The Trust also receives income from commissioners under Commissioning for Quality Innovation (CQUIN) and Best Practice Tariff (BPT) schemes. Delivery under these schemes is part of how care is provided to patients. As such CQUIN and BPT payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the overall contract with the commissioner and are accounted for as variable consideration under IFRS 15. Payment for CQUIN and BPT on non-elective services is included in the fixed element of API contracts with adjustments for actual achievement being made at the end of the year. BPT earned on elective activity is included in the variable element of API contracts and paid in line with actual activity performed.

Where the relationship with a particular integrated care board is expected to be a low volume of activity (annual value below £0.5m), an annual fixed payment is received by the provider as determined in the NHSPS documentation. Such income is classified as 'other clinical income' in these accounts.

Elective recovery funding provides additional funding to integrated care boards to fund the commissioning of elective services within their systems. Trusts do not directly earn elective recovery funding, instead earning income for actual activity performed under API contract arrangements as explained above. The level of activity delivered by the trust contributes to system performance and therefore the availability of funding to the trust's commissioners.

### **Mental health provider collaboratives**

NHS led provider collaboratives for specialised mental health, learning disability and autism services involve a lead NHS provider taking responsibility for managing services, care pathways and specialised commissioning budgets for a population. As lead provider for [specify collaborative name], the Trust is accountable to NHS England and as such recognises the income and expenditure associated with the commissioning of services from other providers in these accounts. Where the trust is the provider of commissioned services, this element of income is recognised in respect of the provision of services, after eliminating internal transactions.

### **Revenue from research contracts**

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract. Some research income alternatively falls within the provisions of IAS 20 for government grants.

### **NHS injury cost recovery scheme**

The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when performance obligations are satisfied. In practical terms this means that treatment has been given, it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

## **Note 1.5 Other forms of income**

### **Grants and donations**

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grants is used to fund capital expenditure, it is credited to the Statement of Comprehensive Income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

**Apprenticeship service income**

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's apprenticeship service account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

**Note 1.6 Expenditure on employee benefits****Short-term employee benefits**

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

**Pension costs - NHS Pension Scheme**

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

**Note 1.7 Expenditure on other goods and services**

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

**Note 1.8 Discontinued operations**

Discontinued operations occur where activities either cease without transfer to another entity, or transfer to an entity outside of the boundary of the Whole of Government Accounts, such as private or voluntary sectors. Such activities are accounted for in accordance with IFRS 5. Activities that are transferred to other bodies within the boundary of the Whole of Government Accounts are 'machinery of government changes' and treated as continuing operations.

## **Note 1.9 Property, plant and equipment**

### **Recognition**

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes
- it is probable that future economic benefits will flow to, or service potential be provided to, the trust
- it is expected to be used for more than one financial year
- the cost of the item can be measured reliably
- the item has cost of at least £5,000, or
- collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250. where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

### **Subsequent expenditure**

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

### **Measurement**

#### **Valuation:**

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided. Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements.

Valuation guidance issued by the Royal Institute of Chartered Surveyors states that valuations are performed net of VAT where the VAT is recoverable by the entity. This basis has been applied to the trust's Private Finance Initiative (PFI) scheme where the construction is completed by a special purpose vehicle and the costs have recoverable VAT for the trust.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

### **Depreciation**

Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'held for sale' cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the trust, respectively.

### **Revaluation gains and losses**

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

### **Impairments**

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised. Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

### **De-recognition**

Assets intended for disposal are reclassified as 'held for sale' once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

### Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

### Private Finance Initiative (PFI) and Local Improvement Finance Trust (LIFT) transactions

PFI and LIFT transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's *FReM*, are accounted for as 'on-Statement of Financial Position' by the trust. Annual contract payments to the operator (the unitary charge) are apportioned between the repayment of the liability including the finance cost, the charges for services and lifecycle replacement of components of the asset.

### Initial recognition

In accordance with HM Treasury's *FReM*, the underlying assets are recognised as property, plant and equipment, together with an equivalent liability. Initial measurement of the asset and liability are in accordance with the initial measurement principles of IFRS 16 (see leases accounting policy).

### Subsequent measurement

Assets are subsequently accounted for as property, plant and equipment and/or intangible assets as appropriate.

The liability is subsequently reduced by the portion of the unitary charge allocated as payment for the asset and increased by the annual finance cost. The finance cost is calculated by applying the implicit interest rate to the opening liability and is charged to finance costs in the Statement of Comprehensive Income. The element of the unitary charge allocated as payment for the asset is split between payment of the finance cost and repayment of the net liability.

Where there are changes in future payments for the asset resulting from indexation of the unitary charge, the Trust remeasures the PFI liability by determining the revised payments for the remainder of the contract once the change in cash flows takes effect. The remeasurement adjustment is charged to finance costs in the Statement of Comprehensive Income.

The service charge is recognised in operating expenses in the Statement of Comprehensive Income.

### Initial application of IFRS 16 liability measurement principles to PFI and LIFT liabilities in 2023/24

IFRS 16 liability measurement principles were applied to PFI, LIFT and other service concession arrangement liabilities in these financial statements from 1 April 2023. The change in measurement basis was applied using a modified retrospective approach with the cumulative impact of remeasuring the liability on 1 April 2023 recognised in the income and expenditure reserve.

### Useful lives of property, plant and equipment

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	Max life Years
Buildings, excluding dwellings	7	50
Plant & machinery	1	10
Information technology	1	5
Furniture & fittings	1	9

### Note 1.10 Intangible assets

#### Recognition



Intangible assets are non-monetary assets without physical substance controlled by the Trust. They are capable of being sold separately from the rest of the trust's business or arise from contractual or other legal rights. Intangible assets are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the trust and where the cost of the asset can be measured reliably.

#### **Internally generated intangible assets**

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised. Expenditure on development is capitalised where it meets the requirements set out in IAS 38.

#### **Software**

Software which is integral to the operation of hardware, eg an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, eg application software, is capitalised as an intangible asset where it meets recognition criteria.

#### **Measurement**

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Intangible assets held for sale are measured at the lower of their carrying amount or fair value less costs to sell.

#### **Amortisation**

Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

#### **Useful lives of intangible assets**

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	<b>Min life Years</b>	<b>Max life Years</b>
Information technology	1	3
Development expenditure	1	4
Websites	1	3
Software licences	1	1

**Note 1.11 Inventories**

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) method.

Between 2020/21 and 2023/24 the Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department. Distribution of inventories by the Department ceased in March 2024.

**Note 1.12 Investment properties**

Investment properties are measured at fair value. Changes in fair value are recognised as gains or losses in income/expenditure.

Only those assets which are held solely to generate a commercial return are considered to be investment properties. Where an asset is held, in part, for support service delivery objectives, then it is considered to be an item of property, plant and equipment. Properties occupied by employees, whether or not they pay rent at market rates, are not classified as investment properties.

**Note 1.13 Cash and cash equivalents**

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

**Note 1.14 Financial assets and financial liabilities****Recognition**

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by the Office of National Statistics (ONS).

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

**Classification and measurement**

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through leasing arrangements are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets and financial liabilities are classified as subsequently measured at amortised cost.

**Financial assets and financial liabilities at amortised cost**

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

**Impairment of financial assets**

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets or assets measured at fair value through other comprehensive income, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

**Derecognition**

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

**Note 1.15 Leases**

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The trust does not apply lease accounting to new contracts for the use of intangible assets.

The Trust determines the term of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise.

## **The Trust as a lessee**

### **Recognition and initial measurement**

At the commencement date of the lease, being when the asset is made available for use, the Trust recognises a right of use asset and a lease liability.

The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 4.72% applied to new leases commencing in 2024 and 4.81% to new leases commencing in 2025.

The Trust does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight-line basis over the lease term. Irrecoverable VAT on lease payments is expensed as it falls due.

### **Subsequent measurement**

As required by a HM Treasury interpretation of the accounting standard for the public sector, the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

## **The Trust as a lessor**

The Trust assesses each of its leases and classifies them as either a finance lease or an operating lease. Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Where the Trust is an intermediate lessor, classification of the sublease is determined with reference to the right of use asset arising from the headlease.

### **Finance Leases**

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

### **Operating leases**

Income from operating leases is recognised on a straight-line basis or another systematic basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

**Note 1.16 Provisions**

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective from 31 March 2025:

		Nominal rate	Prior year rate
Short-term	Up to 5 years	4.03%	4.26%
Medium-term	After 5 years up to 10 years	4.07%	4.03%
Long-term	After 10 years up to 40 years	4.81%	4.72%
Very long-term	Exceeding 40 years	4.55%	4.40%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective from 31 March 2025:

	Inflation rate	Prior year rate
Year 1	2.60%	3.60%
Year 2	2.30%	1.80%
Into perpetuity	2.00%	2.00%

**Clinical negligence costs**

NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the trust is disclosed at Note 34.2 but is not recognised in the Trust's accounts.

**Non-clinical risk pooling**

The trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

**Note 1.17 Contingencies**

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in Note 35 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in Note 35, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

**Note 1.18 Public dividend capital**

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined by the Department of Health and Social Care.

This policy is available at <https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts>.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

**Note 1.19 Value added tax**

Most of the activities of the trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

**Note 1.20 Corporation tax**

The Trust has determined that it has no corporation tax liability due to the structure of the organisation and the services it provides.

**Note 1.21 Climate change levy**

Expenditure on the climate change levy is recognised in the Statement of Comprehensive Income as incurred, based on the prevailing chargeable rates for energy consumption.

**Note 1.22 Foreign exchange**

The functional and presentational currency of the trust is sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

Where the trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:

- monetary items are translated at the spot exchange rate on 31 March
- non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction and
- non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

**Note 1.23 Third party assets**

Assets belonging to third parties in which the Trust has no beneficial interest (such as money held on behalf of patients) are not recognised in the accounts. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's *FReM*.

**Note 1.24 Losses and special payments**

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis.

The losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

**Note 1.25 Gifts**

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

**Note 1.26 Transfers of functions [to / from] [other NHS bodies / local government bodies]**

This note is not relevant to the Trust for 2024/25 as it did not participate in any transfer of functions to or from other NHS or local government bodies.

**Note 1.27 Early adoption of standards, amendments and interpretations**

No new accounting standards or revisions to existing standards have been early adopted in 2024/25.

**Note 1.28 Standards, amendments and interpretations in issue but not yet effective or adopted**

There are no standards, amendments and interpretations that have been issued but are not yet effective or adopted by the Trust.

**Note 1.29 Critical judgements in applying accounting policies**

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

**(i) Private Finance Initiative (PFI)**

During the 2009/10 IFRS restatement process the Trust reviewed the details of its PFI contract and concluded that it fell within the scope of International Financial Reporting Interpretations Committee (IFRIC) 12: Service Concession Arrangements. This conclusion was based on the fact that the Trust controls and regulates the services that the asset provides, to whom it is provided to, and retains entitlement to the building at the end of the lease term. The PFI asset was brought onto the balance sheet and is being depreciated over its useful life.

**(ii) Local Improvement Finance Trust (LIFT)**

During 2010/11 the Trust's LIFT asset was brought onto balance sheet. The Trust occupies 22.9% of St Peters Health Centre and under the arrangements of IFRIC 12: Service Concession Arrangements, the Trust has recognised both the asset and liability on the balance sheet.

**Note 1.30 Sources of estimation uncertainty**

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:



## 1) Land and Buildings

The value of land and buildings is £115.824m (2023/24 £114.938m). This is the most significant estimate in the accounts and is based on the professional judgement of the Trust's independent valuer; Cushman & Wakefield, who has extensive knowledge of the physical estate and market factors.

The valuation is performed on a modern equivalent asset (MEA) basis. The MEA valuation is based on the hypothetical assumption that replacement hospitals and other specialist buildings are built on alternative sites within the surrounding area of Leicestershire and Rutland. In-year indexation, depreciation, capital investment, and any functional and external obsolescence are also incorporated into the valuation.

A full internal and external physical inspection was undertaken in 2023/24. Therefore, as per the Trust's revaluation policy of physical inspections every 3-years, a desktop valuation was undertaken by Cushman & Wakefield valuers to update the carrying values of land and buildings as at the 31st of March 2025. For those sites which had significant in- year capital investment (Bradgate and Bennion buildings), a physical inspection was also performed. The revaluation exercise resulted in impairments of £13.793m. Valuations do not take into account potential future changes in market value which cannot be predicted with any certainty. The majority of the Trusts estate is considered to be specialised assets as there is no open market for community and mental health hospitals.

The alternative site MEA model was developed in 2023/24. It combines the Trust's main hospitals and other buildings and replaces them on four geographical sites: City, North, South, and East of Leicestershire. The key driver in establishing the building size is the use of commissioned bed numbers, with a standard size applied for ward space using dimensions based on patient group. All other clinical and support services are appraised to determine what efficiencies, if any, can be applied in determining the optimal site. The model is flexed/adapted each year to reflect changes to service delivery or modifications to accounting practices.

## 2) Property Leases

In line with the accounting policy for Property, Plant and Equipment (PPE), the Trust employs a revaluation model for subsequent measurement of right of use assets unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. The value of Right of Use (ROU) property leases is £18.007m; this includes any new leases or lease disposals (2023/24 £16.227m) . Due to a number of NHS Property Services and Community Health Partnership lease renewals/modifications, these leases have been revalued by Cushman & Wakefield, as at the 31st of March 2025. This resulted in impairments of £1.988m.

## Note 2 Operating Segments

The segment table below represents the management and financial reporting structure for the Trust.

Directorate	2024/25 Total Expenditure £000s	%	2023/24 Total Expenditure £000s	%
Directorate of Mental Health	122,864	26%	110,623	24%
Community Health Services	102,066	22%	92,678	20%
Families, Young People and Children Services	73,994	16%	67,432	15%
Enabling Services	51,006	11%	47,023	10%
Hosted Services & Estates	69,860	15%	70,406	15%
Trust Central Reserves	31,947	7%	55,081	12%
Learning Disabilities	14,780	3%	13,968	3%
<b>Total expenditure</b>	<b>466,517</b>	<b>100%</b>	<b>457,211</b>	<b>100%</b>

Total expenditure incorporates operating expenditure, net finance costs and any other gains or losses.

**Note 3 Operating income from patient care activities**

All income from patient care activities relates to contract income recognised in line with accounting policy 1.4

<b>Note 3.1 Income from patient care activities (by nature)</b>	<b>2024/25</b>	<b>2023/24</b>
	<b>£000</b>	<b>£000</b>
<b>Mental health services</b>		
Income from commissioners under API contracts*	182,220	172,367
Services delivered under a mental health collaborative	7,764	6,932
Income for commissioning services in a mental health collaborative	4,739	2,292
Other clinical income from mandatory services	4,842	2,362
<b>Community services</b>		
Income from commissioners under API contracts*	165,730	158,936
Income from other sources (e.g. local authorities)	19,953	16,777
<b>All services</b>		
National pay award central funding***	334	89
Additional pension contribution central funding**	21,555	12,637
<b>Total income from activities</b>	<b>407,137</b>	<b>372,392</b>

\*Aligned payment and incentive contracts are the main form of contracting between NHS providers and their commissioners. More information can be found in the 2023/25 NHS Payment Scheme documentation.

<https://www.england.nhs.uk/pay-syst/nhs-payment-scheme/>

\*\*Increases to the employer contribution rate for NHS pensions since 1 April 2019 have been funded by NHS England. NHS providers continue to pay at the former rate of 14.3% with the additional amount being paid over by NHS England on providers' behalf. The full cost of employer contributions (23.7%, 2023/24: 20.6%) and related NHS England funding (9.4%, 2023/24: 6.3%) have been recognised in these accounts.

\*\*\*Additional funding was made available directly to providers by NHS England in 2024/25 and 2023/24 for implementing the backdated element of pay awards where government offers were finalised after the end of the financial year. NHS Payment Scheme prices and API contracts are updated for the weighted uplift in in-year pay costs when awards are finalised.

**Note 3.2 Income from patient care activities (by source)**

	<b>2024/25</b>	<b>2023/24</b>
<b>Income from patient care activities received from:</b>	<b>£000</b>	<b>£000</b>
NHS England	31,615	23,363
Integrated care boards	347,950	322,831
Other NHS providers	7,619	7,902
Local authorities	18,566	17,038
Non NHS: other	1,387	1,258
<b>Total income from activities</b>	<b>407,137</b>	<b>372,392</b>
<b>Of which:</b>		
Related to continuing operations	407,137	372,392

**Note 3.3 Overseas visitors (relating to patients charged directly by the provider)**

No income was recognised in the accounts for Overseas Visitors charges (for 2024/25 or 2023/24)

**Note 4 Other operating income**

	2024/25			2023/24		
	Contract	Non-contract	Total	Contract	Non-contract	Total
	income	income		income	income	
	£000	£000	£000	£000	£000	£000
Research and development	826	-	826	559	-	559
Education and training	14,284	1,074	15,358	13,654	949	14,603
Non-patient care services to other bodies	17,670	-	17,670	16,299	-	16,299
Income in respect of employee benefits accounted on a gross basis	927	-	927	912	-	912
Receipt of capital grants and donations and peppercorn leases	-	-	-	-	34	34
Charitable and other contributions to expenditure	-	-	-	-	48	48
Revenue from operating leases	-	682	682	-	618	618
Other income	10,673	-	10,673	9,020	-	9,020
<b>Total other operating income</b>	<b>44,380</b>	<b>1,756</b>	<b>46,136</b>	<b>40,444</b>	<b>1,649</b>	<b>42,093</b>
<b>Of which:</b>						
Related to continuing operations			46,136			42,093

**Note 5 Additional information on revenue from contracts with customers recognised in the period**

Because the Trust's revenue relates to contracts with an expected duration of one year or less, and contracts where the trust recognises revenue directly corresponding to work done to date (i.e. all performance obligations have been satisfied), no further IFRS15 disclosure notes are required.

**Note 6 Operating leases - Leicestershire Partnership NHS Trust as lessor**

This note discloses income generated in operating lease agreements where Leicestershire Partnership NHS Trust is the lessor.

**Note 6.1 Operating lease income**

	<b>2024/25</b>	<b>2023/24</b>
	<b>£000</b>	<b>£000</b>
<b>Lease receipts recognised as income in year:</b>		
Minimum lease receipts	682	618
<b>Total in-year operating lease income</b>	<b>682</b>	<b>618</b>

**Note 6.2 Future lease receipts**

	<b>31 March 2025</b>	<b>31 March 2024</b>
- not later than one year	234	229
- later than one year and not later than two years	144	144
- later than two years and not later than three years	112	145
- later than three years and not later than four years	73	123
- later than four years and not later than five years	58	58
- later than five years	189	177
<b>Total</b>	<b>810</b>	<b>876</b>

## Note 7.1 Operating expenses

	2024/25 £000	2023/24 £000
Purchase of healthcare from NHS and DHSC bodies	2,139	2,150
Purchase of healthcare from non-NHS and non-DHSC bodies	5,856	3,207
Staff and executive directors costs	367,159	329,446
Remuneration of non-executive directors	117	140
Supplies and services - clinical (excluding drugs costs)	4,324	4,681
Supplies and services - general	8,342	6,745
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	4,726	4,203
Inventories written down	15	12
Consultancy costs	936	277
Establishment	5,246	5,111
Premises	23,498	27,552
Transport (including patient travel)	3,064	3,124
Depreciation on property, plant and equipment	10,516	11,769
Amortisation on intangible assets	1,423	1,330
Net impairments	13,556	41,514
Movement in credit loss allowance: contract receivables / contract assets	64	70
Change in provisions discount rate(s)	2	(39)
Fees payable to the external auditor		
audit services- statutory audit	116	105
Internal audit costs	130	136
Clinical negligence	1,857	2,263
Legal fees	1,167	745
Insurance	3	3
Research and development	920	816
Education and training	4,322	3,664
Expenditure on short term leases	1,614	1,557
Early retirements	128	57
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT)	585	551
Hospitality	-	5
Other services, eg external payroll	423	425
Other	1,606	586
<b>Total</b>	<b>463,854</b>	<b>452,205</b>
<b>Of which:</b>		
Related to continuing operations	463,854	452,205

**Note 7.2 Other auditor remuneration**

During 2024/25 there were no other auditor remuneration costs (2023/24: £0k).

**Note 8 Impairment of assets**

	2024/25 £000	2023/24 £000
<b>Net impairments charged to operating surplus / deficit resulting from:</b>		
Other	13,556	41,514
<b>Total net impairments charged to operating surplus / deficit</b>	<b>13,556</b>	<b>41,514</b>
Impairments charged to the revaluation reserve	2,225	40,542
<b>Total net impairments</b>	<b>15,781</b>	<b>82,056</b>

The table below provides a breakdown by impairment type:

	Impairments Charged to Operating Expenditure £000	Impairments Charged to Revaluation Reserve £000	Impairments Total £000
<b>Impairment due to owned-asset property valuations</b>			
Land	252	60	312
Buildings	11,316	2,165	13,481
	11,568	2,225	13,793
<b>Impairment due to leased property valuations</b>			
Non-commercial leases	1,988	0	1,988
<b>Total</b>	<b>13,556</b>	<b>2,225</b>	<b>15,781</b>

The Trust adopted a new valuation approach from the 1st April 2023 which involved valuing land and buildings under the Modern Equivalent Asset (MEA) method, using a hypothetical/alternative site approach. This year's updated revaluation, including in-year capital investment, resulted in an annual impairment of £13.793m.

The valuation of the Trust's non-commercial property leases (including hospital sites and health centres) resulted in a £1.99m impairment.

## Note 9 Employee benefits

	2024/25	2023/24
	Total	Total
	£000	£000
Salaries and wages	269,633	236,350
Social security costs	25,308	23,461
Apprenticeship levy	1,300	1,197
Employer's contributions to NHS pensions	54,602	41,708
Pension cost - other	90	131
Other post employment benefits	49	86
Other employment benefits	-	-
Termination benefits	-	118
Temporary staff (including agency)	20,996	31,098
<b>Total gross staff costs</b>	<b>371,978</b>	<b>334,149</b>
Recoveries in respect of seconded staff	(927)	(912)
<b>Total staff costs</b>	<b>371,051</b>	<b>333,237</b>
<b>Of which</b>		
Costs capitalised as part of assets	1,224	1,434

### Note 9.1 Retirements due to ill-health

During 2024/25 there were 4 early retirements from the trust agreed on the grounds of ill-health (6 in the year ended 31 March 2024). The estimated additional pension liabilities of these ill-health retirements is £474k (£775k in 2023/24).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.



#### **Note 10 Pension costs**

Past and present employees are covered by the provisions of the NHS Pension Schemes. Details of the benefits payable and rules of the schemes can be found on the NHS Pensions website at [www.nhsbsa.nhs.uk/pensions](http://www.nhsbsa.nhs.uk/pensions). Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”.

An outline of these follows:

##### **a) Accounting valuation**

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2025, is based on valuation data as at 31 March 2023, updated to 31 March 2025 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the Statement by the Actuary, which forms part of the annual NHS Pension Scheme Annual Report and Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

##### **b) Full actuarial (funding) valuation**

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (considering recent demographic experience), and to recommend the contribution rate payable by employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from 1 April 2024 to 23.7% of pensionable pay. The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

The 2024 actuarial valuation is currently being prepared and will be published before new contribution rates are implemented from April 2027.

**Note 11 Finance income**

Finance income represents interest received on assets and investments in the period.

	2024/25	2023/24
	£000	£000
Interest on bank accounts	1,547	1,998
<b>Total finance income</b>	<b>1,547</b>	<b>1,998</b>

**Note 12.1 Finance expenditure**

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	2024/25	2023/24
	£000	£000
<b>Interest expense:</b>		
Interest on loans from the Department of Health and Social Care	55	59
Interest on lease obligations	441	334
<b>Finance costs on PFI, LIFT and other service concession arrangements:</b>		
Main finance costs	942	937
Remeasurement of the liability resulting from change in index or rate	555	1,548
<b>Total interest expense</b>	<b>1,993</b>	<b>2,878</b>
Unwinding of discount on provisions	17	12
<b>Total finance costs</b>	<b>2,010</b>	<b>2,890</b>

**Note 12.2 The late payment of commercial debts (interest) Act 1998**

The Trust did not incur any charges for late payment of commercial debts in 2024/25 or 2023/24.

**Note 13 Other gains / (losses)**

	2024/25	2023/24
	£000	£000
Gains on disposal of assets	466	10
Losses on disposal of assets	(41)	-
<b>Total gains / (losses) on disposal of assets</b>	<b>425</b>	<b>10</b>

The gain on disposal in 2024/25 relates to the termination of a property lease

**Note 14 Discontinued operations**

The Trust did not discontinue any of its operations in 2024/25.

**Note 15.1 Intangible assets - 2024/25**

	Software licences	Internally generated information technology	Development expenditure	Websites	Intangible assets under construction	Total
	£000	£000	£000	£000	£000	£000
<b>Valuation / gross cost at 1 April 2024 - brought forward</b>	<b>48</b>	<b>1,066</b>	<b>7,269</b>	<b>196</b>	<b>-</b>	<b>8,579</b>
Additions	546	-	-	-	-	<b>546</b>
Disposals / derecognition	-	(18)	(1,774)	(134)	-	<b>(1,926)</b>
<b>Valuation / gross cost at 31 March 2025</b>	<b>594</b>	<b>1,048</b>	<b>5,495</b>	<b>62</b>	<b>-</b>	<b>7,199</b>
<b>Amortisation at 1 April 2024 - brought forward</b>	<b>23</b>	<b>334</b>	<b>2,776</b>	<b>148</b>		<b>3,281</b>
Provided during the year	9	213	1,186	15	-	<b>1,423</b>
Disposals / derecognition	-	(18)	(1,774)	(134)	-	<b>(1,926)</b>
<b>Amortisation at 31 March 2025</b>	<b>32</b>	<b>529</b>	<b>2,188</b>	<b>29</b>	<b>-</b>	<b>2,778</b>
<b>Net book value at 31 March 2025</b>	<b>562</b>	<b>519</b>	<b>3,307</b>	<b>33</b>	<b>-</b>	<b>4,421</b>
<b>Net book value at 1 April 2024</b>	<b>25</b>	<b>732</b>	<b>4,493</b>	<b>48</b>	<b>-</b>	<b>5,298</b>

**Note 15.2 Intangible assets - 2023/24**

	Software licences	Internally generated information technology	Development expenditure	Websites	Intangible assets under construction	Total
	£000	£000	£000	£000	£000	£000
<b>Valuation / gross cost at 1 April 2023 - as previously stated</b>	<b>48</b>	<b>1,066</b>	<b>3,092</b>	<b>196</b>	<b>3,969</b>	<b>8,371</b>
Additions	-	-	208	-	-	<b>208</b>
Reclassifications	-	-	3,969	-	(3,969)	<b>-</b>
<b>Valuation / gross cost at 31 March 2024</b>	<b>48</b>	<b>1,066</b>	<b>7,269</b>	<b>196</b>	<b>-</b>	<b>8,579</b>

**Amortisation at 1 April 2023 - as previously stated**

Provided during the year

**Amortisation at 31 March 2024**

**Net book value at 31 March 2024**

**Net book value at 1 April 2023**

<b>13</b>	<b>121</b>	<b>1,702</b>	<b>115</b>	<b>-</b>	<b>1,951</b>
10	213	1,074	33	-	<b>1,330</b>
<b>23</b>	<b>334</b>	<b>2,776</b>	<b>148</b>	<b>-</b>	<b>3,281</b>
<b>25</b>	<b>732</b>	<b>4,493</b>	<b>48</b>	<b>-</b>	<b>5,298</b>
<b>35</b>	<b>945</b>	<b>1,390</b>	<b>81</b>	<b>3,969</b>	<b>6,420</b>

**Note 16.1 Property, plant and equipment - 2024/25**

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
<b>Valuation/gross cost at 1 April 2024 - brought forward</b>	<b>10,044</b>	<b>105,173</b>	<b>11,278</b>	<b>5,717</b>	<b>30,141</b>	<b>1,891</b>	<b>164,244</b>
Additions	-	9,208	1,953	607	1,962	263	13,993
Impairments	(364)	(14,482)	-	-	-	-	(14,846)
Reversals of impairments	52	1,001	-	-	-	-	1,053
Revaluations	-	(3,531)	-	-	-	-	(3,531)
Reclassifications	-	9,163	(9,163)	-	-	-	-
Disposals / derecognition	-	-	-	(2,451)	(7,329)	(949)	(10,729)
<b>Valuation/gross cost at 31 March 2025</b>	<b>9,732</b>	<b>106,532</b>	<b>4,068</b>	<b>3,873</b>	<b>24,774</b>	<b>1,205</b>	<b>150,184</b>
<b>Accumulated depreciation at 1 April 2024 - brought forward</b>	-	279	-	4,368	17,796	1,306	23,749
Provided during the year	-	3,734	-	257	4,259	114	8,364
Revaluations	-	(3,573)	-	-	-	-	(3,573)
Disposals / derecognition	-	-	-	(2,451)	(7,288)	(949)	(10,688)
<b>Accumulated depreciation at 31 March 2025</b>	-	<b>440</b>	-	<b>2,174</b>	<b>14,767</b>	<b>471</b>	<b>17,852</b>
<b>Net book value at 31 March 2025</b>	<b>9,732</b>	<b>106,092</b>	<b>4,068</b>	<b>1,699</b>	<b>10,007</b>	<b>734</b>	<b>132,332</b>
<b>Net book value at 1 April 2024</b>	<b>10,044</b>	<b>104,894</b>	<b>11,278</b>	<b>1,349</b>	<b>12,345</b>	<b>585</b>	<b>140,495</b>

**Note 16.2 Property, plant and equipment - 2023/24**

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
<b>Valuation / gross cost at 1 April 2023 - as previously stated</b>	<b>17,683</b>	<b>164,187</b>	<b>6,558</b>	<b>5,484</b>	<b>27,664</b>	<b>1,891</b>	<b>223,467</b>
Additions	-	6,166	6,565	233	2,477	-	15,441
Impairments	(9,904)	(65,476)	-	-	-	-	(75,380)
Reversals of impairments	2,172	1,002	-	-	-	-	3,174
Revaluations	93	(2,551)	-	-	-	-	(2,458)
Reclassifications	-	1,845	(1,845)	-	-	-	-
<b>Valuation/gross cost at 31 March 2024</b>	<b>10,044</b>	<b>105,173</b>	<b>11,278</b>	<b>5,717</b>	<b>30,141</b>	<b>1,891</b>	<b>164,244</b>
<b>Accumulated depreciation at 1 April 2023 - as previously stated</b>	<b>-</b>	<b>122</b>	<b>-</b>	<b>4,078</b>	<b>13,712</b>	<b>1,162</b>	<b>19,074</b>
Provided during the year	-	3,585	-	290	4,084	144	8,103
Revaluations	-	(3,428)	-	-	-	-	(3,428)
<b>Accumulated depreciation at 31 March 2024</b>	<b>-</b>	<b>279</b>	<b>-</b>	<b>4,368</b>	<b>17,796</b>	<b>1,306</b>	<b>23,749</b>
<b>Net book value at 31 March 2024</b>	<b>10,044</b>	<b>104,894</b>	<b>11,278</b>	<b>1,349</b>	<b>12,345</b>	<b>585</b>	<b>140,495</b>
<b>Net book value at 1 April 2023</b>	<b>17,683</b>	<b>164,065</b>	<b>6,558</b>	<b>1,406</b>	<b>13,952</b>	<b>729</b>	<b>204,393</b>



**Note 16.3 Property, plant and equipment financing - 31 March 2025**

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	9,732	102,035	4,068	1,699	10,007	734	<b>128,275</b>
On-SoFP PFI contracts and other service concession arrangements	-	3,516	-	-	-	-	<b>3,516</b>
Owned - donated/granted	-	541	-	-	-	-	<b>541</b>
<b>Total net book value at 31 March 2025</b>	<b>9,732</b>	<b>106,092</b>	<b>4,068</b>	<b>1,699</b>	<b>10,007</b>	<b>734</b>	<b>132,332</b>

**Note 16.4 Property, plant and equipment financing - 31 March 2024**

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	10,044	101,071	11,278	1,349	12,345	585	<b>136,672</b>
On-SoFP PFI contracts and other service concession arrangements	-	3,264	-	-	-	-	<b>3,264</b>
Owned - donated/granted	-	559	-	-	-	-	<b>559</b>
	<b>10,044</b>	<b>104,894</b>	<b>11,278</b>	<b>1,349</b>	<b>12,345</b>	<b>585</b>	<b>140,495</b>

**Note 17 Donations of property, plant and equipment**

In previous years the Trust has received donations for property plant and equipment , granted from Raising Health (the Trust's charity) to support environmental improvements. The net book value of these grants is £541k (£559k in 2023/24). No new grants were received during 2024/25.

**Note 18 Revaluations of property, plant and equipment**

Valuations are carried out by professionally qualified valuers in accordance with the Royal Institute of Chartered Surveyors (RICS) Appraisal and Valuation Manual. During 2024/25 a desktop valuation was undertaken by Cushman & Wakefield valuers to update the carrying values of land and buildings as at the 31st of March 2025. For those sites which had significant in-year capital investment (Bradgate and Bennion buildings), a physical inspection was also performed.

Where revaluation reserves exist for individual assets, any upward or downward revaluation movements are allocated/charged to this reserve. In the event that the reserve is fully utilised, further downward revaluation movements are charged to the income and expenditure account.

Following a revaluation of buildings, any accumulated depreciation attached to the revalued asset is written-off against cost, as shown in Note 16.1 Property, Plant and Equipment.

**Note 19 Leases - Leicestershire Partnership NHS Trust as a lessee**

This note details information about leases for which the Trust is a lessee. The majority of leases relate to the use of buildings, including hospitals, health centres and office accommodation. Equipment leases relate to network printers.

**Note 19.1 Right of use assets - 2024/25**

	Property (land and buildings)	Information technology	Total	Of which: leased from DHSC group bodies
	£000	£000	£000	£000
<b>Valuation / gross cost at 1 April 2024 - brought forward</b>	<b>20,377</b>	<b>1,552</b>	<b>21,929</b>	<b>13,369</b>
Additions	5,350	-	<b>5,350</b>	2,205
Remeasurements of the lease liability	496	(280)	<b>216</b>	598
Impairments	(1,988)	-	<b>(1,988)</b>	(1,988)
Revaluations	(2,305)	-	<b>(2,305)</b>	(994)
Disposals / derecognition	(272)	-	<b>(272)</b>	(68)
<b>Valuation/gross cost at 31 March 2025</b>	<b>21,658</b>	<b>1,272</b>	<b>22,930</b>	<b>13,122</b>
<b>Accumulated depreciation at 1 April 2024 - brought forward</b>	<b>4,150</b>	<b>544</b>	<b>4,694</b>	<b>1,553</b>
Provided during the year	1,955	197	<b>2,152</b>	838
Revaluations	(2,305)	-	<b>(2,305)</b>	(994)
Disposals / derecognition	(149)	-	<b>(149)</b>	(14)
<b>Accumulated depreciation at 31 March 2025</b>	<b>3,651</b>	<b>741</b>	<b>4,392</b>	<b>1,383</b>
<b>Net book value at 31 March 2025</b>	<b>18,007</b>	<b>531</b>	<b>18,538</b>	<b>11,739</b>
<b>Net book value at 1 April 2024</b>	<b>16,227</b>	<b>1,008</b>	<b>17,235</b>	<b>11,816</b>

Net book value of right of use assets leased from other DHSC group bodies

11,739

**Note 19.2 Right of use assets - 2023/24**

	Property (land and buildings)	Information technology	Total	Of which: leased from DHSC group bodies
	£000	£000	£000	£000
<b>Valuation / gross cost at 1 April 2023 - brought forward</b>	<b>44,394</b>	<b>1,552</b>	<b>45,946</b>	<b>33,206</b>
Additions	1,637	-	<b>1,637</b>	780
Remeasurements of the lease liability	(11,872)	-	<b>(11,872)</b>	(6,887)
Impairments	(9,850)	-	<b>(9,850)</b>	(9,850)
Revaluations	(2,375)	-	<b>(2,375)</b>	(2,375)
Disposals / derecognition	(1,557)	-	<b>(1,557)</b>	(1,505)
<b>Valuation/gross cost at 31 March 2024</b>	<b>20,377</b>	<b>1,552</b>	<b>21,929</b>	<b>13,369</b>
<b>Accumulated depreciation at 1 April 2023 - brought forward</b>	<b>3,341</b>	<b>272</b>	<b>3,613</b>	<b>2,058</b>
Provided during the year	3,394	272	<b>3,666</b>	2,060
Revaluations	(2,375)	-	<b>(2,375)</b>	(2,375)
Disposals / derecognition	(210)	-	<b>(210)</b>	(190)
<b>Accumulated depreciation at 31 March 2024</b>	<b>4,150</b>	<b>544</b>	<b>4,694</b>	<b>1,553</b>
<b>Net book value at 31 March 2024</b>	<b>16,227</b>	<b>1,008</b>	<b>17,235</b>	<b>11,816</b>
<b>Net book value at 1 April 2023</b>	<b>41,053</b>	<b>1,280</b>	<b>42,333</b>	<b>31,148</b>

Net book value of right of use assets leased from other DHSC group bodies

11,816

**Note 19.3 Revaluations of right of use assets**

In line with the accounting policy for Property, Plant and Equipment (PPE), the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets.

A desktop revaluation as at the 31st of March 2025 has been undertaken this year for those leases that have been remeasured or modified. A physical valuation was performed for an early lease termination, to accurately calculate the gain on disposal.

**Note 19.4 Reconciliation of the carrying value of lease liabilities**

Lease liabilities are included within borrowings in the statement of financial position. A breakdown of borrowings is disclosed in note 32.1.

	2024/25	2023/24
	£000	£000
<b>Carrying value at 1 April</b>	<b>27,404</b>	<b>42,534</b>
Lease additions	5,350	1,637
Lease liability remeasurements	216	(11,872)
Interest charge arising in year	441	334
Early terminations	(589)	(1,357)
Lease payments (cash outflows)	(3,250)	(3,872)
<b>Carrying value at 31 March</b>	<b>29,572</b>	<b>27,404</b>

Lease payments for short term leases, leases of low value underlying assets and variable lease payments not dependent on an index or rate are recognised in operating expenditure.

These payments are disclosed in Note 7.1. Cash outflows in respect of leases recognised on-SoFP are disclosed in the reconciliation above.

**Note 19.5 Maturity analysis of future lease payments**

	Total	Of which leased from	Total	Of which leased from
		bodies:		bodies:
	31 March	31 March	31 March	31 March
	2025	2025	2024	2024
	£000	£000	£000	£000
<b>Undiscounted future lease payments payable in:</b>				
- not later than one year;	3,703	2,215	3,009	1,739
- later than one year and not later than five years;	12,443	8,499	10,066	6,796
- later than five years.	15,939	13,830	16,366	15,186
<b>Total gross future lease payments</b>	<b>32,085</b>	<b>24,544</b>	<b>29,441</b>	<b>23,721</b>
Finance charges allocated to future periods	(2,513)	(1,936)	(2,037)	(1,817)
<b>Net lease liabilities at 31 March 2025</b>	<b>29,572</b>	<b>22,608</b>	<b>27,404</b>	<b>21,904</b>
<b>Of which:</b>				
Leased from other DHSC group bodies		22,608		21,904

## Note 20 Investment Property

### Note 20.1 Investment property income and expenses

The Trust did not have any investment property income and expenses in 2024/25 or 2023/24

### Note 21 Investments in associates and joint ventures

The Trust did not have any investments in associates or joint ventures as at 31st March 2025 or 31st March 2024

### Note 22 Other investments / financial assets (non-current)

The Trust did not hold any investments / financial assets (non-current) as at 31st March 2025 or 31st March 2024

### Note 22.1 Other investments / financial assets (current)

The Trust did not hold any investments / financial assets (current) as at 31st March 2025 or 31st March 2024

### Note 23 Disclosure of interests in other entities

The Trust did not have any interests in other entities in 2024/25

## Note 24 Inventories

	31 March 2025 £000	31 March 2024 £000
Drugs	326	368
Consumables	110	141
<b>Total inventories</b>	<b>436</b>	<b>509</b>

Consumables includes incontinence supplies and personal protective equipment.

Inventories recognised in expenses for the year were £5.154m (2023/24: £5.069m). Write-down of inventories recognised as expenses for the year were £15k. (2023/24: £12k).

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2023/24 the Trust received £48k of items purchased by DHSC. Distribution of inventory by the Department ceased in March 2024.

These inventories were recognised as additions to inventory at deemed cost with the corresponding benefit recognised in income. The utilisation of these items is included in the expenses disclosed above.



**Note 25.1 Receivables**

	<b>31 March 2025 £000</b>	<b>31 March 2024 £000</b>
<b>Current</b>		
Contract receivables	5,770	5,856
Allowance for impaired contract receivables / assets	(411)	(415)
Prepayments (non-PFI)	1,716	1,969
PDC dividend receivable	255	1,686
VAT receivable	1,392	1,434
Other receivables	24	135
<b>Total current receivables</b>	<b>8,746</b>	<b>10,665</b>
<b>Non-current</b>		
PFI lifecycle prepayments	699	699
Other receivables *	221	219
<b>Total non-current receivables</b>	<b>920</b>	<b>918</b>
<b>Of which receivable from NHS and DHSC group bodies:</b>		
Current	3,635	5,814
Non-current	221	219

\* Non-current other receivables relates to the clinician pension tax provision reimbursement funding from NHS England.

**Note 25.2 Allowances for credit losses**

	<b>2024/25 Contract receivables and contract assets £000</b>	<b>2023/24 Contract receivables and contract assets £000</b>
<b>Allowances as at 1 April - brought forward</b>	<b>415</b>	<b>352</b>
New allowances arising	64	70
Utilisation of allowances (write offs)	(68)	(7)
<b>Allowances as at 31 Mar 2025</b>	<b>411</b>	<b>415</b>

**Note 26 Finance leases (Leicestershire Partnership NHS Trust as a lessor)**

The Trust did not have any finance leases as a lessor as at the 31st of March 2025.

**Note 27 Other assets**

The Trust did not hold any other assets in 2024/25 or 2023/24.

**Note 28.1 Non-current assets held for sale and assets in disposal groups**

The Trust did not dispose of any assets for sale in 2024/25 or 2023/24.

**Note 28.2 Liabilities in disposal groups**

The Trust had no liabilities in disposal groups in 2024/25 or 2023/24.

**Note 29.1 Cash and cash equivalents movements**

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2024/25	2023/24
	£000	£000
<b>At 1 April</b>	<b>28,106</b>	<b>29,935</b>
Net change in year	(8,559)	(1,829)
<b>At 31 March</b>	<b>19,547</b>	<b>28,106</b>
<b>Broken down into:</b>		
Cash at commercial banks and in hand	57	72
Cash with the Government Banking Service	19,490	28,034
<b>Total cash and cash equivalents as in SoCF</b>	<b>19,547</b>	<b>28,106</b>

**Note 29.2 Third party assets held by the trust**

Leicestershire Partnership NHS Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties and in which the trust has no beneficial interest. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	31 March	31 March
	2025	2024
	£000	£000
Bank balances	41	19
<b>Total third party assets</b>	<b>41</b>	<b>19</b>

**Note 30.1 Trade and other payables**

	<b>31 March 2025 £000</b>	<b>31 March 2024 £000</b>
<b>Current</b>		
Trade payables	2,035	3,736
Capital payables	1,823	3,133
Accruals	13,343	14,918
Social security costs	3,114	3,066
Other taxes payable	3,217	2,833
Pension contributions payable	4,520	4,103
Other payables	77	60
<b>Total non-current trade and other payables</b>	<b>28,129</b>	<b>31,849</b>
<b>Of which payables from NHS and DHSC group bodies:</b>		
Current	2,334	4,139

**Note 30.2 Early retirements in NHS payables above**

The Trust did not have any payables liabilities relating to early retirements in 2024/25 or 2023/24.

**Note 31 Other liabilities**

	31 March 2025 £000	31 March 2024 £000
<b>Current</b>		
Deferred income: contract liabilities	6,755	7,525
<b>Total other current liabilities</b>	<b><u>6,755</u></b>	<b><u>7,525</u></b>

**Note 32.1 Borrowings**

	31 March 2025 £000	31 March 2024 £000
<b>Current</b>		
Loans from DHSC	183	184
Lease liabilities	3,703	3,009
Obligations under PFI, LIFT or other service concession contracts	<u>594</u>	<u>459</u>
<b>Total current borrowings</b>	<b><u>4,480</u></b>	<b><u>3,652</u></b>
<b>Non-current</b>		
Loans from DHSC	2,531	2,694
Lease liabilities	25,869	24,395
Obligations under PFI, LIFT or other service concession contracts	<u>11,538</u>	<u>11,599</u>
<b>Total non-current borrowings</b>	<b><u>39,938</u></b>	<b><u>38,688</u></b>

## Note 32.2 Reconciliation of liabilities arising from financing activities

	Loans from DHSC £000	Lease Liabilities £000	PFI and LIFT schemes £000	Total £000
<b>Carrying value at 1 April 2024</b>	<b>2,878</b>	<b>27,404</b>	<b>12,058</b>	<b>42,340</b>
<b>Cash movements:</b>				
Financing cash flows - payments and receipts of principal	(163)	(2,809)	(481)	<b>(3,453)</b>
Financing cash flows - payments of interest	(56)	(441)	(942)	<b>(1,439)</b>
<b>Non-cash movements:</b>				
Additions	-	5,350	-	<b>5,350</b>
Lease liability remeasurements	-	216	-	<b>216</b>
Remeasurement of PFI / other service concession liability resulting from change in index or rate	-	-	555	<b>555</b>
Application of effective interest rate	55	441	942	<b>1,438</b>
Early terminations	-	(589)	-	<b>(589)</b>
<b>Carrying value at 31 March 2025</b>	<b>2,714</b>	<b>29,572</b>	<b>12,132</b>	<b>44,418</b>

	Loans from DHSC £000	Lease Liabilities £000	PFI and LIFT schemes £000	Total £000
<b>Carrying value at 1 April 2023</b>	<b>3,043</b>	<b>42,534</b>	<b>7,178</b>	<b>52,755</b>
<b>Cash movements:</b>				
Financing cash flows - payments and receipts of principal	(163)	(3,538)	(443)	<b>(4,144)</b>
Financing cash flows - payments of interest	(61)	(334)	(937)	<b>(1,332)</b>
<b>Non-cash movements:</b>				
Application of IFRS 16 measurement principles to PFI liability on 1 April 2023	-	-	3,776	<b>3,776</b>
Additions	-	1,637	-	<b>1,637</b>
Lease liability remeasurements	-	(11,872)	-	<b>(11,872)</b>
Remeasurement of PFI / other service concession liability resulting from change in index or rate	-	-	1,548	<b>1,548</b>
Application of effective interest rate	59	334	937	<b>1,330</b>
Early terminations	-	(1,357)	-	<b>(1,357)</b>
Other changes	-	-	(1)	<b>(1)</b>
<b>Carrying value at 31 March 2024</b>	<b>2,878</b>	<b>27,404</b>	<b>12,058</b>	<b>42,340</b>

## Note 33 Other financial liabilities

The Trust does not have any other financial liabilities in 2024/25 or 2023/24

**Note 34.1 Provisions for liabilities and charges analysis**

	<b>Pensions: early departure costs</b>	<b>Pensions: injury benefits</b>	<b>Legal claims</b>	<b>Redundancy</b>	<b>Other</b>	<b>Total</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
<b>At 1 April 2024</b>	<b>79</b>	<b>773</b>	<b>101</b>	<b>118</b>	<b>5,057</b>	<b>6,128</b>
Change in the discount rate	-	2	-	-	(2)	-
Arising during the year	128	49	25	-	1,510	<b>1,712</b>
Utilised during the year	(101)	(98)	(13)	(118)	(1,142)	<b>(1,472)</b>
Reversed unused	-	-	-	-	(2,199)	<b>(2,199)</b>
Unwinding of discount	-	17	-	-	11	<b>28</b>
<b>At 31 March 2025</b>	<b>106</b>	<b>743</b>	<b>113</b>	<b>-</b>	<b>3,235</b>	<b>4,197</b>

**Expected timing of cash flows:**

- not later than one year;	106	98	113	0	3,014	<b>3,331</b>
- later than one year and not later than five years;	0	329	0	0	25	<b>354</b>
- later than five years.	0	316	0	0	196	<b>512</b>
<b>Total</b>	<b>106</b>	<b>743</b>	<b>113</b>	<b>0</b>	<b>3,235</b>	<b>4,197</b>

**Other Provisions**

HR Tribunals	1,384
Dilapidations	1,473
Clinical Pension Tax	227
Contract - early exit fee	151
	<b>3,235</b>

**Note 34.2 Clinical negligence liabilities**

At 31 March 2025, £13,408k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Leicestershire Partnership NHS Trust (31 March 2024: £4,485k).

**Note 35 Contingent assets and liabilities**

	31 March 2025 £000	31 March 2024 £000
<b>Value of contingent liabilities</b>		
NHS Resolution legal claims	(61)	(49)
Other	-	(1,074)
<b>Gross value of contingent liabilities</b>	<b>(61)</b>	<b>(1,123)</b>
Amounts recoverable against liabilities	-	-
<b>Net value of contingent liabilities</b>	<b>(61)</b>	<b>(1,123)</b>

**Note 36 Contractual capital commitments**

	31 March 2025 £000	31 March 2024 £000
Property, plant and equipment	1,847	5,854
<b>Total</b>	<b>1,847</b>	<b>5,854</b>

Contractual capital commitments as at the 31st of March 2025 support existing capital schemes carried forward into 2025/26. It mostly relates to capital investment on the Glenfield hospital sites and the environmental conversion costs for a new property lease, commencing in 2025/26.

**Note 37 Other financial commitments**

The Trust does not have any other financial commitments as at 31st March 2025

**Note 38 Defined benefit pension schemes**

The Trust only participates in the defined pension scheme as disclosed at Note 10.

**Note 39 On-SoFP PFI, LIFT or other service concession arrangements**

The PFI building, the Agnes Unit, was handed over to the Trust for operational use from 18th September 2008. The Agnes Unit is used as an Assessment and Treatment facility for people with a Learning Disability. At the end of the 30 year concession period the Trust will own the asset.

The Trust's LIFT asset was brought onto balance sheet in 2010/11, in line with International Financial Reporting Standards requirements. The Trust occupies 22.9% of St Peters Health Centre. The Trust will not own the asset at the end of the 25 year lease term.

**Note 39.1 On-SoFP PFI, LIFT or other service concession arrangement obligations**

The following obligations in respect of the PFI, LIFT or other service concession arrangements are recognised in the statement of financial position:

	31 March 2025 £000	31 March 2024 £000
<b>Gross PFI, LIFT or other service concession liabilities</b>	<b>18,759</b>	<b>19,295</b>
<b>Of which liabilities are due</b>		
- not later than one year;	1,496	1,360
- later than one year and not later than five years;	6,406	6,051
- later than five years.	10,857	11,884
Finance charges allocated to future periods	(6,627)	(7,236)
<b>Net PFI, LIFT or other service concession arrangement obligation</b>	<b>12,132</b>	<b>12,058</b>
- not later than one year;	594	459
- later than one year and not later than five years;	3,423	2,951
- later than five years.	8,115	8,648
	<b>12,132</b>	<b>12,058</b>

**Note 39.2 Total on-SoFP PFI, LIFT and other service concession arrangement commitments**

Total future commitments under these on-SoFP schemes are as follows:

	31 March 2025 £000	31 March 2024 £000
<b>Total future payments committed in respect of the PFI and LIFT</b>	<b>32,773</b>	<b>34,348</b>
<b>Of which payments are due:</b>		
- not later than one year;	2,330	2,227
- later than one year and not later than five years;	9,918	9,478
- later than five years.	20,525	22,643
	<b>32,773</b>	<b>34,348</b>

**Note 39.3 Analysis of amounts payable to service concession operator**

This note provides an analysis of the unitary payments made to the service concession operator:

	2024/25 £000	2023/24 £000
<b>Unitary payment payable to service concession operator Consisting of:</b>	<b>2,272</b>	<b>2,172</b>
- Interest charge	942	937
- Repayment of balance sheet obligation	481	443
- Service element and other charges to operating expenditure	585	551
- Addition to lifecycle prepayment	264	241
	<b>2,272</b>	<b>2,172</b>



**Total amount paid to service concession operator**

**Note 40 Off-SoFP PFI, LIFT and other service concession arrangements**

The Trust does not have any Off-SoFP PFI, LIFT and other service concession arrangements

## Note 41 Financial instruments

### Note 41.1 Financial risk management

In accordance with IFRS 7, the Trust has evaluated the extent of any risks arising from financial instruments to which it may be exposed to at the end of the reporting period. These include currency, interest rate, credit and liquidity risks. No risks have been identified.

### Note 41.2 Carrying values of financial assets

#### Carrying values of financial assets as at 31 March 2025

Held at  
amortised  
cost  
£000

Trade and other receivables excluding non financial assets	5,604
Cash and cash equivalents	19,547
<b>Total at 31 March 2025</b>	<b>25,151</b>

#### Carrying values of financial assets as at 31 March 2024

Held at  
amortised  
cost  
£000

Trade and other receivables excluding non financial assets	5,795
Cash and cash equivalents	28,106
<b>Total at 31 March 2024</b>	<b>33,901</b>

### Note 41.3 Carrying values of financial liabilities

#### Carrying values of financial liabilities as at 31 March 2025

Held at  
amortised  
cost  
£000

Loans from the Department of Health and Social Care	2,714
Obligations under leases	29,572
Obligations under PFI, LIFT and other service concession contracts	12,132
Trade and other payables excluding non financial liabilities	15,266
<b>Total at 31 March 2025</b>	<b>59,684</b>

#### Carrying values of financial liabilities as at 31 March 2024

Held at  
amortised  
cost  
£000

Loans from the Department of Health and Social Care	2,878
Obligations under leases	27,404
Obligations under PFI, LIFT and other service concession contracts	12,058
Trade and other payables excluding non financial liabilities	23,670
<b>Total at 31 March 2024</b>	<b>66,010</b>

**Note 41.4 Maturity of financial liabilities**

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	<b>31 March 2025 £000</b>	<b>31 March 2024 £000</b>
In one year or less	20,681	28,255
In more than one year but not more than five years	19,680	16,948
In more than five years	28,909	30,546
<b>Total</b>	<b>69,270</b>	<b>75,749</b>

**Note 41.5 Fair values of financial assets and liabilities**

The Trust deems book value (carrying value) to be a reasonable approximation of fair value.

**Note 42 Losses and special payments**

	<b>2024/25</b>		<b>2023/24</b>	
	<b>Total number of cases Number</b>	<b>Total value of cases £000</b>	<b>Total number of cases Number</b>	<b>Total value of cases £000</b>
<b>Losses</b>				
Cash losses	3	0	-	-
Bad debts and claims abandoned	60	68	15	3
Stores losses and damage to property	12	15	12	12
<b>Total losses</b>	<b>75</b>	<b>83</b>	<b>27</b>	<b>15</b>
<b>Special payments</b>				
Ex-gratia payments	28	38	32	26
<b>Total special payments</b>	<b>28</b>	<b>38</b>	<b>32</b>	<b>26</b>
<b>Total losses and special payments</b>	<b>103</b>	<b>122</b>	<b>59</b>	<b>41</b>

**Note 43 Gifts**

The Trust did not make any gifts in either 2024/25 or 2023/24.

**Note 44 Related parties**

During the year the Trust made payments totalling £717k to one commercial laundry supplier who had a related party connection with one Trust board member. The Trust entered into a contractual arrangement with the supplier before the Director was employed by the Trust. All transactions have been made on an arm's length transactional basis.

The Trust shares six of its key management staff with Northampton Healthcare Foundation Trust (NHFT), including Trust Chair, Chief Executive, Board Directors and a non-Board Director. In 2024/25 the Trust made salary related payments totalling £630k. All transactions have been made on an arms length transactional basis.

Other than this, none of the other Trust board members or members of the key management staff, or parties related to any of them, has undertaken any material transactions with Leicestershire Partnership NHS Trust.

During the year the Trust transacted with the following entities which have links with Department of Health Ministers:

- NHS Confederation
- Accurx Ltd

The Department of Health and Social Care is regarded as a related party. During the year Leicestershire Partnership NHS Trust has had a significant number of material transactions with the Department, and with other entities for which the Department of Health and Social Care is regarded as the parent Department. These entities are:

Integrated Care Boards (ICBs)  
NHS Foundation Trusts  
NHS Trusts  
NHS Resolution  
NHS England  
NHS Business Services Authority  
NHS Supply Chain  
Other Government Departments  
Local Authorities  
NHS Providers  
Medicines and Healthcare Products Regulatory Agency

The Trust may also borrow from government for revenue financing subject to approval by NHS England. Interest rates are confirmed by the Department of Health (the lender) at the point borrowing is undertaken.

The Trust manages the administrative arrangements for its charitable funds and is the corporate Trustee of 'Raising Health'. Because the value of the Trust's charitable funds is not material to the accounts (£2.4m), the Trust will follow the same approach as last year and not consolidate its charitable funds into the exchequer accounts for 2024/25.

**Note 45 Transfers by absorption**

The Trust has not undertaken any transfers by absorption

**Note 46 Prior period adjustments**

There are no prior period adjustments for 2024/25.

**Note 47 Events after the reporting date**

No events after the reporting date have been identified.

**Note 48 Final period of operation as a trust providing NHS healthcare**

This note does not apply to the Trust as it is a continuing Trust providing NHS healthcare.

**Note 49 Better Payment Practice code**

	2024/25	2024/25	2023/24	2023/24
	Number	£000	Number	£000
<b>Non-NHS Payables</b>				
Total non-NHS trade invoices paid in the year	41,123	111,846	40,234	148,493
Total non-NHS trade invoices paid within target	38,749	107,484	38,843	145,409
Percentage of non-NHS trade invoices paid within target	94.2%	96.1%	96.5%	97.9%
<b>NHS Payables</b>				
Total NHS trade invoices paid in the year	1,029	74,722	1,083	65,739
Total NHS trade invoices paid within target	933	73,874	979	64,408
Percentage of NHS trade invoices paid within target	90.7%	98.9%	90.4%	98.0%

The Better Payment Practice code requires the NHS body to aim to pay all valid invoices by the due date or within 30 days of receipt of valid invoice, whichever is later.

**Note 50 Capital Resource Limit**

	2024/25	2023/24
	£000	£000
Gross capital expenditure	20,105	5,414
Less: Disposals	(164)	(1,347)
Less: Donated and granted capital additions	-	(34)
<b>Charge against Capital Resource Limit</b>	<b>19,941</b>	<b>4,033</b>
Capital Resource Limit	19,941	4,034
<b>Under / (over) spend against CRL</b>	<b>-</b>	<b>1</b>

**Note 51 Breakeven duty financial performance**

	2024/25
	£000
Adjusted financial performance surplus / (deficit) (control total basis)	11
IFRIC 12 breakeven adjustment	337
<b>Breakeven duty financial performance surplus / (deficit)</b>	<b>348</b>

Note 52 Breakeven duty rolling assessment

	2008/09 £000	2009/10 £000	2010/11 £000	2011/12 £000	2012/13 £000	2013/14 £000	2014/15 £000	2015/16 £000	2016/17 £000
Breakeven duty in-year financial performance		1,732	1,700	6,562	4,228	2,911	2,626	1,356	2,244
Breakeven duty cumulative position	1,080	2,812	4,512	11,074	15,302	18,213	20,839	22,195	24,439
Operating income		138,873	138,466	282,464	281,886	267,367	273,950	275,422	277,664
<b>Cumulative breakeven position as a percentage of operating income</b>		2.0%	3.3%	3.9%	5.4%	6.8%	7.6%	8.1%	8.8%
		<b>2017/18 £000</b>	<b>2018/19 £000</b>	<b>2019/20 £000</b>	<b>2020/21 £000</b>	<b>2021/22 £000</b>	<b>2022/23 £000</b>	<b>2023/24 £000</b>	<b>2024/25 £000</b>
Breakeven duty in-year financial performance		4,742	5,607	2,963	9	79	(2,832)	(294)	348
Breakeven duty cumulative position		29,181	34,788	37,751	37,760	37,839	35,007	34,713	35,061
Operating income		274,503	278,322	293,865	326,174	356,387	394,853	414,485	453,273
<b>Cumulative breakeven position as a percentage of operating income</b>		10.6%	12.5%	12.8%	11.6%	10.6%	8.9%	8.4%	7.7%



## Staff costs

			2024/25	2023/24
	Permanent	Other	Total	Total
	£000	£000	£000	£000
Salaries and wages	241,452	28,181	269,633	236,350
Social security costs	25,308	-	25,308	23,461
Apprenticeship levy	1,300	-	1,300	1,197
Employer's contributions to NHS pension scheme	54,602	-	54,602	41,708
Pension cost - other	90	-	90	131
Other post employment benefits	-	49	49	86
Termination benefits	-	-	-	118
Temporary staff	-	20,996	20,996	31,098
<b>Total gross staff costs</b>	<b>322,752</b>	<b>49,226</b>	<b>371,978</b>	<b>334,149</b>
Recoveries in respect of seconded staff	(927)	-	(927)	(912)
<b>Total staff costs</b>	<b>321,825</b>	<b>49,226</b>	<b>371,051</b>	<b>333,237</b>
<b>Of which</b>				
Costs capitalised as part of assets	1,224	-	1,224	1,434

## Average number of employees (WTE basis)

	Permanent	Other	2024/25	2023/24
	Number	Number	Total	Total
			Number	Number
Medical and dental	215	24	239	237
Administration and estates	1,373	68	1,441	1,447
Healthcare assistants and other support staff	1,307	307	1,614	1,513
Nursing, midwifery and health visiting staff	1,724	273	1,997	1,892
Scientific, therapeutic and technical staff	1,416	21	1,437	1,354
<b>Total average numbers</b>	<b>6,035</b>	<b>693</b>	<b>6,728</b>	<b>6,443</b>
<b>Of which:</b>				
Number of employees (WTE) engaged on capital projects	32	-	32	39

#### Reporting of compensation schemes - exit packages 2024/25

	Number of compulsory redundancies Number	Number of other departures agreed Number	Total number of exit packages Number
<b>Exit package cost band (including any special payment element)</b>			
<£10,000	-	38	38
£10,000 - £25,000	-	1	1
<b>Total number of exit packages by type</b>	-	39	39
Total cost (£)	£0	£117,000	£117,000

#### Reporting of compensation schemes - exit packages 2023/24

	Number of compulsory redundancies Number	Number of other departures agreed Number	Total number of exit packages Number
<b>Exit package cost band (including any special payment element)</b>			
<£10,000	-	7	7
£10,000 - £25,000	-	-	-
<b>Total number of exit packages by type</b>	-	7	7
Total resource cost (£)	£0	£22,000	£22,000

#### Exit packages: other (non-compulsory) departure payments

	2024/25		2023/24	
	Payments agreed Number	Total value of agreements £000	Payments agreed Number	Total value of agreements £000
Contractual payments in lieu of notice	39	117	7	22
<b>Total</b>	<b>39</b>	<b>117</b>	<b>7</b>	<b>22</b>
<b>Of which:</b>				
Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months' of their annual salary	-	-	-	-

# Appendix B

## Annual Governance Statement

### Leicestershire Partnership NHS Trust 2024/25

#### 1. Scope of responsibility

**As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the *NHS Trust Accountable Officer Memorandum*.**

This Annual Governance Statement is an accountability statement from the Board to our stakeholders describing the governance framework and internal controls in place to achieve strategic objectives during the period 1 April 2024 to 31 March 2025.

#### 2. The purpose of the system of internal control

**The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Leicestershire Partnership NHS Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Leicestershire Partnership NHS Trust for the year ended 31 March 2025 and up to the date of approval of the annual report and accounts.**

#### 3. Capacity to handle risk

The Trust Board has accountability for reviewing the effectiveness of the framework for risk management and for the oversight of the principal risks to the achievement of its strategic objectives. As such, the Board at Leicestershire Partnership NHS Trust ('the Trust', 'LPT') is accountable for the Board Assurance Framework (BAF). The Trust Board development programme contains annual sessions aimed at refreshing its appetite for risk, and the ongoing development and use of risk tools such as the BAF.

A new BAF was introduced on 1 April 2024 following an assessment of the global, national, regional, and system risk, and was closely aligned to the Trust's strategic profile (Step Up To Great) and the objectives for the year. This is a live tool which is updated by our executive directors on a monthly basis to reflect any changes and provide an update on any mitigating action taken.

The BAF was reviewed by our internal auditors (360 Assurance) in November 2024 which provided significant assurance over the framework of risk management. In addition, the Trust commissioned an external review of leadership and governance during the year, this included a review of risk under the Care Quality Commission (CQC) and NHS England (NHSE) well-led framework. Findings under the key line of enquiry (5) for risk and performance concluded that the Trust has a dynamic risk management framework including a comprehensively updated BAF with good risk awareness across the Trust. A board survey undertaken as part of this review reflected positively on risk management in relation to the clarity of role for the Board and Committees, and assurance in relation to appropriately identified and controlled risks.

A new corporate risk register (CRR) was also introduced on 1 April 2024, aligned to the BAF and the strategy for the 2024/25 year. Corporate risks are identified, defined, owned and assessed by the executive team. Risks can be escalated from the Directorate risk registers via our governance route (the

Accountability Framework Meeting) to the Executive Management Board (EMB) and deescalated where appropriate. Risks can also be highlighted during the EMB discussions and monthly environmental analysis. Escalations can then be made from the AFM and EMB to the Strategic Executive Board (SEB) where appropriate.

The Trust's framework for risk management describes the structure and accountabilities for risk at a senior leadership level, and the responsibility for all staff to know and understand the risk management systems within the Trust and to follow the Trust's policies, guidelines, and procedures.

Operational responsibility for risk management sits within clinical and corporate directorates, and our hosted services. Operational risk is captured on local and directorate risk registers held on the Ulysses risk system which allows for risk identification, management, and escalation in line with the Trust's risk management policy.

The risk management framework also describes the principal committees with a responsibility for the governance and oversight of risk within the Trust, and the reporting hierarchy to provide assurance to the Board that risk management processes are in place and remain effective. The responsibility for managing risk across the Trust has been delegated by the Board to the following level 1 committees; the Audit and Risk Committee (ARC), the Quality and Safety Committee (QSC), the Finance and Performance Committee (FPC) and the People and Culture Committee (PCC).

With delegated authority from the Trust Board, The ARC has oversight of the system of internal control, governance and risk. Assurance over the systems and processes in place to support the management of risk is provided to the ARC on a quarterly basis. This includes any relevant updates on policy, training, strategy and innovation. The ARC also has oversight of the Trust's adherence to the Government Functional Standard 013: Counter Fraud. The score for component 3: Fraud, Bribery and Corruption Risk Assessment has been rated green for a fourth year as the Trust has embedded a process for identifying counter fraud risk and incorporating this into the Trust's risk management framework. 21 low scoring counter fraud risks have been identified on our local risk registers (held on our Ulysses system), these have been identified by our Local Counter Fraud Specialist (CFS) and are managed by relevant Trust staff with CFS support.

The four main assurance committees (ARC, QSC, FPC and PCC) receive regular risk assurance reports relating to their remit (with some areas of risk such as waiting times and agency spend relating to more than one committee). The Joint Working Group, a sub-committee of the Board and a committee in common with NHFT oversees risk relating to joint programmes of work.

The Trust's Strategic Executive Board (SEB) has oversight of strategic level risks on the BAF. Financial pressures and system risks are also discussed at the Strategic Executive Board. This takes account of system pressures, and risk associated with the Integrated Care System and our system partners.

The Trust's EMB has oversight of both the CRR and operational level risks and focuses on the operational delivery of mitigating action to reduce risk.

Individual Executive Directors are responsible for overseeing a programme of risk management activities in their areas of responsibility and individually review risks within their remit at least once a month to ensure that risks are updated for each Committee and Trust Board meeting.

The Head of Internal Audit Opinion for 2024/25 provided by our internal auditors 360 Assurance provides significant assurance that the Trust has a sound framework of governance, risk management and control designed to meet the organisation's objectives, and controls are generally being applied consistently.

### 3.2 Staff training and guidance on the management of risk

Risk management training can be booked by all staff on our automated ULearn system. Full training sessions covering all six risk modules are scheduled in twice a month and module specific training is offered once a month. Ad hoc training is also provided upon request. Health and safety risk assessment training is provided on the Trust's induction programme for all new starters. The frequency and level of risk management training is identified through training need assessments, ensuring that individual members of staff have the relevant training to equip them for their duties and level of responsibility.

In addition, a range of accessible policies are in place and available to staff via the Trust's website which describe the roles and responsibilities in relation to the identification, management and control of risk. Staff are made aware of these policies and are actively encouraged to access them to ensure that they understand their own roles and responsibilities.

## **4. The risk and control framework**

### **4.1 Risk Management Strategy**

The Trust's framework for managing risk seeks to ensure that risks in relation to the delivery of services and care to patients are minimised, that the wellbeing of patients, students, staff, volunteers and visitors is optimised and that the assets, business systems and income of the Trust are protected, and where possible opportunities are maximised.

The Trust's risk strategy for 2024/25 outlines the next steps in our risk maturity, highlights the priorities around system risk and developing the use of risk tools across our Group arrangement.

The Trust has a risk management policy, providing guidance on how risk is identified, evaluated, treated and managed. Risks are identified at different levels in the Trust and placed on the relevant registers, including service and directorate level (registers on our Ulysses system) and at corporate level; risks can be escalated and de-escalated through the levels to ensure appropriate oversight and support for the mitigation of risk. Where we do not have an appetite to mitigate (treat) a risk, it can be tolerated (monitor but don't act) or transferred (for example covered by insurance). Risks are evaluated and managed at the different levels of governance, including our directorate management team meetings and our EMB where decisions are taken on the management and consolidation of risk.

The policy provides an approach to managing any type of risk; it can be applied to any activity, including decision making at all levels. The components of this framework and the characteristics of effective and efficient risk management (according to BS ISO 31000) have been customised to enable the Trust to manage the effects of uncertainty, for example relating to increasing financial pressures on the achievement of its objectives.

The Trust Board determines the risk appetite which allows our risks to be identified and quantified in a structured way across the Trust's strategic objectives. This is done in development sessions which allow for open discussion and learning around risk, and plan how we aim to manage risks as a united board for the coming year. The Board's understanding and use of risk and a risk appetite allows us to make an informed choice over taking amounts of risk, in line with its overall strategy and in contrast to passive risk-taking. The Trust has tailored the Good Governance Institute risk appetite matrix to accommodate different types of key risk that can be faced within each of our Step Up to Great objectives and areas of escalated corporate risk. A process for applying a risk tolerance is in place to support the practical application of risk appetite.

### **4.2 Quality Governance**

The Trust's quality governance and leadership structure ensures that the quality and safety of care is being routinely monitored across all services, this is underpinned by an effective governance framework which has the following key components;

- Level 1 committee and level 2 and 3 delivery group terms of reference which are updated annually.
- Utilises a governance table on all Board and committee reports to capture the following key fields for all papers requiring a decision;
  - STEP up to GREAT strategic alignment
  - Whether the decision required consistent with LPT's risk appetite
  - Any False and Misleading Information (FOMI) considerations
  - Positive confirmation that the content does not risk the safety of patients or the public
  - Equality considerations
- Includes the use of AAA highlight reports for escalation and assurance reporting through the governance structure.
- Includes a robust quality performance framework, risk management process and reporting mechanisms to review and challenge performance and variation.

- A culture of open and transparent reporting of incidents and risks, supported by a governance structure to provide specialist oversight and assurance.
- Monthly finance and performance reports, presenting SPC charts and exception narrative for national and local performance standards at a Trust and Directorate level.
- Reporting arrangements also include regular monitoring of progress with key performance measures via the quality account, and quarterly updates on incidents, complaints, and risk.

The Trust's risk and performance management arrangements inherently support the monitoring of ongoing compliance with the requirements for registration set by the CQC. Any risk to compliance identified through routine performance monitoring is escalated through the Trust's risk management framework.

A range of mechanisms are in place to monitor compliance with the CQC's five domains of safe, effective, caring, responsive and well-led. In addition to the range of metrics included within the performance report, and other assurances received such as patient safety and clinical effectiveness reporting. There is regular oversight and scrutiny of compliance with registration and the fundamental standards;

- The Trust Board receives an update on key strategic level developments relating to the CQC.
- The Trust Board Development Programme has delivered regular well led and CQC sessions, resulting in an annual well led board narrative and updates on the inspection framework.
- The SEB receives updates on the arrangements in place for maintaining registration and receives a monthly update on CQC related activity. It has oversight of any escalations from the level 1 QSC.
- The SEB receives the Accountability Forum Meeting AAA highlight report and any pertinent escalations from EMB.
- EMB has oversight of any concerns raised by the Accountability Framework Meeting and the level 2 delivery groups (including the Quality Forum and the Safety Forum) via their AAA highlight reports.
- The QSC receives a regular update on CQC related activity and provides an assurance rating to the Trust Board via its AAA highlight report. It also receives the AAA escalation reports from the Quality Forum and the Safety Forum.
- The Trust has aligned the Foundations for High Standards Programme as part of a group working arrangement with NHFT on their Crystal Programme this is the Quality Regulation Excellence Group. A regular update is provided to SEB.
- The Foundation for Great Patient Care learning forum shares learning and includes deep dive presentations.
- The Quality Compliance and Regulation Team provide mock inspection visits to assess compliance with quality and safety and report into the directorates, quality forum and Strategic Executive Board.

#### 4.3 Data Security

The reporting and management of both data and security risks are supported by ensuring that all staff are reminded of their data security responsibilities through education and awareness. The Data Privacy Team regularly share key messages as reminders or as part of learning from incidents and run awareness campaigns on specific topics. Data security training forms part of mandatory training requirements.

Mandatory staff training is supported by a range of additional measures used to manage and mitigate information risks, including, physical security, data encryption, access controls, audit trail monitoring, departmental checklists and spot checks.

The effectiveness of these measures is reported to the Data Privacy Group and the FPC. This includes details of any personal data-related Serious Incidents, the Trust's annual Data Security and Protection Toolkit score and reports of other information governance incidents and audit reviews.

#### 4.4 Major Risks

The Trust's BAF sets out the principal risks to delivery of our strategic objectives, and the key controls and assurances available to the Board. As at March 2025 the BAF contains 12 risks detailed below; major areas of clinical risk relate to timely access to services, and systems for ensuring patient safety.

No.	Risk Title	Current Score
01	Without <b>timely access</b> to services, we cannot provide high quality safe care for our patients which will impact on clinical outcomes.	20
02	If we do not engage in <b>research and innovation</b> , we will not drive quality improvement which will impact on the quality and design of our services.	9
03	Inadequate control, reporting and management of the Trust's 2024/25 <b>financial position</b> could mean we are unable to deliver our financial plan and adequately contribute to the LLR system plan, resulting in a breach of LPT's statutory duties and financial strategy (including LLR strategy).	8
04	If we cannot maintain and improve our estate, or respond to maintenance requests in a timely way, there is a risk that our estate will not be fit for purpose, leading to a <b>poor-quality environment</b> for staff and patients.	20
05	If we do not have appropriate <b>emergency preparedness</b> , resilience and response controls in place, there is a risk that external factors will impact on the Trust, affecting our ability to maintain continuity of services.	8
06	If we do not adequately utilise <b>workforce</b> resourcing strategies, we will have poor recruitment, retention and representation, resulting in high agency usage.	20
07	If we do not lead with compassion, we will not promote an <b>inclusive culture</b> , resulting in unwanted behaviours and closed cultures.	12
08	If we do not work closely with our community, will not provide <b>sustainable place-based services</b> , which will impact on our ability to contribute to social value, and provide the right care, at the right time in the right place.	9
09	If we do not strengthen partnerships and build new ones, we will not deliver joined up services which will impact on our ability to reduce <b>health inequalities</b> across our health economy.	8
10	Inadequate <b>capital funding</b> for LLR system will impact on LPT's ability to manage financial, quality & safety risks related to estates and digital investment in 2024/25 and in the medium term	20
11	If we do not continue to review and improve our systems and processes for <b>patient safety</b> , we may not be able to provide the best experience and clinical outcomes for our patients and their families.	20
12	If we do not continue to engage in <b>digital transformation</b> , we will not be digitally mature. This will affect our ability to deliver safe care to our service users.	16

The format of the BAF is based on risk cause and effect, which allows us to see controls, assurances and actions by the cause and effect of each risk, so that we can be sighted on how we are reducing the likelihood and the consequence. Risk descriptors are written using the cause, risk, and effect model to help shape the way we present risk on the BAF. Capturing the multiple causes and effects of each risk helps to identify the mitigating actions needed. The Trust also uses the three lines of assurance model. The assurance provided on the BAF is split by each of the three categories so that we can be clear which part of the organisation is providing assurance and undertaking mitigating action.

#### In year risks

In addition to the BAF, significant risks were identified including;

- Specific waiting lists, including diagnostic and treatment services for Attention Deficit Hyperactivity Disorder (ADHD) and Autism Spectrum Disorder, and the Crisis Service
- National shortages of medication
- Digital availability and cyber security
- Recruitment challenges
- Racist and violent behaviour
- Specific estates infrastructure risks
- Training compliance in specific areas
- Areas of CQC compliance
- Autistic adults in escalation
- Serious incident review and reporting
- Nasogastric tubes

All of the above risks are fully assessed as per the Trust's established risk management processes. The Board oversees the management of its principal (strategic and corporate) risks via its supporting level 1 committees which receive the BAF and the CRR. The committees also receive escalation reports from the

feeder level 2 delivery groups which examine principal corporate risk in detail and provide assurance over the actions in place to mitigate.

#### Future risks

The Trust will always be faced with internal and external factors and influences that make it uncertain whether and when it will achieve its objectives. The future landscape includes continual challenges in balancing the delivery of high quality, safe care with the need to increase productivity and efficiency. This needs to be delivered against a changing global outlook which may continue to impact on geopolitical, environmental, societal, economic and technological stability.

The full risk assessment for key strategic risk impacting on the Trust for 2025/26 largely reflect those from the previous year, they also take account of;

- The changing NHS landscape
- The future System and Group risk profile
- Alignment to our refreshed strategic objectives for the coming year

The 2025/26 BAF contains the following new areas of future risk

- two separate strategic risks around our digital agenda, one remains focussed on the ongoing requirement for engagement and transformation against a backdrop of limited capital funding, and a new one focussed on the impact of digital disruption on our access to electronic systems.
- a risk around emergency preparedness and resilience to ensure continuity of services in the event of any damaging events.
- The risk of ensuring sustainability against a backdrop of changing environmental factors impacting on the health and wellbeing of our population.

#### 4.5 Care Quality Commission and NHS England Well Led Framework

The last inspection of well led under the CQC and NHSE well led framework was undertaken by the CQC in June and July 2021; the Trust received positive feedback on being patient safety focused, values driven with good governance and leadership and having fostered partnership working. There was improvement attained in the well led domain which has progressed from inadequate to requires improvement, with many characteristics of a good rating.

During the year, in line with guidance from NHSE, the Trust commissioned an externally facilitated, developmental review of its leadership and governance arrangements using the well-led framework. The review was undertaken by Deloitte, and the report, provided to the Trust in July 2024 concluded the Trust has a unitary board that is open, transparent and sets the tone for the organisation. The Trust 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 made detailed refinements to strengthen and align governance and risk management arrangements at board, executive and directorate level.

Alongside areas of corporate governance that follow good practice, Deloitte identified development opportunities including further development of governance and risk to elevate the Trust into 'best in class' in these areas. The Board has received a programme of development across the year aimed at learning from the review, and to have oversight of the Trust's improvement action.

#### 4.6 Compliance with NHS Provider Licence

Whilst the Trust is no longer required to provide an annual self-assessment of compliance with the NHS Provider Licence, it continues to receive information on which it can assess risks to compliance with licence conditions G6 and FT4 throughout the year. These are provided by the following sources of assurance which continue to be positive, with no control issues identified for the Trust in 2024/25;

- The Trust is not subject to any imposed requirements under the NHS Acts, has regard to the NHS Constitution in delivering NHS services and has received positive assurance on its processes and systems from internal auditors.



- In relation to assurance over our systems and processes for good governance, the effectiveness of governance arrangements has been audited by our internal auditors which has informed our Head of Internal Audit Opinion 2024/25. Both reports provide significant assurance.
- The Trusts System Oversight Framework rating has been at a level 2 throughout the year.
- The EMB has a dedicated performance meeting (the Accountability Framework Meeting) with an integrated performance report.

The evidence base on which this assurance has been informed includes the following;

- The Trust has Standing Orders, Standing Financial Instructions, and a Scheme of Delegation, which together describe how the Board of Directors discharge their duties through the Trust's governance structure.
- A risk management strategy which sets the standards for staff regarding the management and responsibility for risk throughout the Trust. The Trust also has a board determined risk appetite.
- There is a BAF, a CRR and subsidiary risk registers.
- A risk based Internal Audit programme has been delivered that includes audits of risk management and governance arrangements.

#### 4.7 Embedded Risk Management

Risk is embedded within core Trust business, including processes for major decision making. Risk forms a core part of directorate business and is used as a backdrop for the receipt of assurance through our clinical and corporate governance.

All business cases require an Equality Impact Assessment (EQIA) and a Quality Impact assessment. The Trust has an EQIA policy and enhanced framework overseen by the Transformation and Quality Improvement Delivery Group. EQIAs are signed off by the Medical Director or Director of Nursing, AHPs and Quality.

A Data Protection Impact Assessment is done where integral to the business case. All business cases must have appropriate review to provide assurance that they are clinically safe, financially sustainable and do not expose the Trust to unmitigated risk. Business cases must use the agreed business case templates (unless an alternative is specifically mandated e.g. by commissioners or for capital bids). If the business case has a clinical model this must be reviewed by the Director of Nursing, AHPs and Quality and the Medical Director; confirmation of review is required before the business case can progress for approval. The Director of Nursing, AHPs and Quality and the Medical Director review the clinical model for all business cases over £50k that directly impact on patients and involve changes to clinical staffing. The business case is then progressively escalated in accordance with the Trust's Standing Financial Instructions (SFIs).

#### 4.8 Workforce Strategies

In alignment with NHS Improvement's Developing Workforce Safeguards policy and National Quality Board (NQB) standards, the Trust maintains robust monthly and six-monthly staffing reports, presented to the Trust Board. These reports assure that staffing levels are adequate, and staff possess the necessary qualifications, competence, skills, and experience to deliver safe and effective care. This ensures the NQB standards are embedded within our safe staffing governance framework, utilising a locally agreed staffing quality dashboard/scorecard. This dashboard cross-references comparative staffing and skill mix data with key efficiency and quality metrics, including NICE red flags, planned staffing fill rates, Care Hours Per Patient Day (CHPPD), Nurse Sensitive Indicators, patient experience feedback, and quality and safety outcomes.

The Trust continues to employ NQB guidance measures of quality alongside CHPPD to assess the impact of staffing on care quality, as reflected in monthly and six-monthly reports and learning from patient safety investigations and serious incidents. These 'balancing measures' provide insights into the effects of workforce changes. Risks associated with staffing, workforce, and quality are documented in the organisational risk register, with mitigation strategies implemented to minimise impacts on patient safety, quality, finance, performance, and patient and staff experience.

The Trust adheres to the National Quality Board (NQB) expectations by publishing safe staffing information monthly. The Director of Nursing, AHPs, and Quality rigorously scrutinises this data for completeness and performance, reporting it to NHSE via mandatory national returns.

Furthermore, the Trust ensures compliance with staffing governance components through annual nursing staff establishment reviews across all inpatient areas. These reviews utilise a triangulated methodology, incorporating national evidence-based tools, professional judgement, and patient outcomes.

#### 4.9 Care Quality Commission

**The Trust is fully compliant with the registration requirements of the Care Quality Commission (CQC).**

Notifications were submitted to CQC in June 2024 to ensure that the appropriate changes to the Trust's Head Office address and a change of Nominated Individual were made.

In January 2024, the CQC carried out a core service inspection in our acute mental health and PICU (psychiatric intensive care unit) core services, and community district nursing service. In summary, since the last inspection the acute mental health domain ratings have improved to Good for caring, effective, and responsive. Our domain ratings for safety and well led remain as Requires Improvement. In our community district nursing services, the CQC provided ratings for three domains, safe effective and well led, these were all rated as Good (safe has stayed the same as Good, effective and well led have improved to Good).

We continue to support system inspections and SEND inspections and review themes and learning from the Mental Health Act inspections.

#### 4.10 Health and Safety Executive

The Trust has not received any enquiries or visits from the Health and Safety Executive during the year. The Trust has not received any intervention from the Health and Safety Executive during the reporting period that resulted in prosecution or enforcement notification. There have been five visits from the Local Fire Authority, the Leicestershire Fire & Rescue Service. No formal prosecution or enforcement notifications have been received.

#### 4.11 Register of interests

**The Trust has an up-to-date register of interests published on its website, including gifts and hospitality, for decision-making staff (as defined by the trust with reference to the guidance) within the past twelve months, as required by the 'Managing Conflicts of Interest in the NHS' guidance.**

The Trust uses an online self-declaration database tool 'Declare' which is recognised as the most effective way of capturing declarations of interest, gifts and hospitality, sponsorship and other potential conflicts of interests. Declare provides a robust management system and offers Trust wide transparency for business conduct declarations by all staff including our directors.

The Trust's Code of Conduct Policy is aligned to the NHSE model guidance and also includes an extended group of decision makers to include all staff who meet the following criteria: Band 8d or above or equivalent salary, all staff in the Procurement Team, Pharmacy Teams and Medical Devices Team. As of 31 March 2025, overall compliance for all decision makers is 88%; this exceeds the national NHSE target of 80%. All LPT's decision maker declarations can be publicly viewed: [lpt.mydeclarations.co.uk/home](https://lpt.mydeclarations.co.uk/home)

#### 4.12 NHS Pension Scheme

**As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contribution and payments into the Scheme are in accordance with Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.**

These processes are automated and managed by a specialised payroll team, ensuring that all staff are assessed and enrolled into the appropriate scheme based on their individual circumstances.

#### 4.13 Equality, Diversity and Human Rights

**Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.**

The Trust is fully compliant with, and in many cases exceeds, its legal and regulatory obligations under the Equality Act 2010 and contractual EDI standards. All relevant information is published on the Trust's website, adhering to the EHRC's technical guidance. All EDI reports, including those related to compliance, are thoroughly discussed and approved through the appropriate EDI governance committees.

The Trust has a designated executive lead for diversity and inclusion. In collaboration with Northamptonshire Healthcare NHS Foundation Trust (NHFT) under the group model, a priority programme, 'Together Against Racism' is actively pursued. Both Trust Boards have committed to being anti-racist. This year featured 3<sup>rd</sup> joint workshop on 'Together Against Racism', resulting in an expanded programme of improvement and development. The Trust also implements a reverse mentoring programme and is on cohort 6 of this and an active bystander programme and delivers innovative race and disability equality learning sets. LPT and NHFT have received the Outstanding Contribution for Promoting EDI from the Asian Professionals National Alliance (APNA) NHS National Awards. The Trust has been accredited with the NHS Pastoral Care Quality Award for supporting the international recruitment of nurses and midwives. In 2024, Leicester, Leicestershire, and Rutland (LLR) won the "Most Inclusive Team of the Year" award for its diverse Leadership Programme, in which LPT has played a key role in shaping, promoting, and participating.

#### 4.14 Net Zero

The Trust has undertaken risk assessments on the effects of climate change and severe weather and has developed a Green Plan following the guidance of the Greener NHS programme. The trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with. The Trust has a Green Plan in place and is working with partners in the local health economy, and beyond, to address our responsibilities and commitments to the NHS Long Term Plan, reaching net zero by 2040 and securing a Greener NHS.

The Trust has put an emissions limit on lease cars to ensure that the fleet is as green as possible. Our plans for future new builds conform to the Government's MMC (modern methods of construction) and net zero carbon.

### 5 Review of Economy, Efficiency and Effectiveness of the Use of Resources

The Trust's productivity and efficiency approach relies on embedding a value for money culture within the organisation, through financial training and awareness, multi-professional working, an open and transparent approach around our challenges, advanced partnership working, using research, learning and best practice. The Trust is a member of the HFMA healthcare costing for value institute.

The Trust has a robust process in place for monitoring the efficiency of the use of resources, most evidently through the Trusts financial efficiency programme. The efficiency plan is developed by services and peer reviewed in the enhancing value group and overseen by the Transformation Committee and Executive Team. Financial delivery of efficiencies is reported to FPC and Trust Board. All efficiency schemes must have an equality & quality impact assessment which has been approved by the Medical Director and Director of Nursing before they are implemented.

The Trust has a well-established expenditure control process. The requirement to use purchase orders for all applicable spend is also embedded. Both of these processes, together with the use of the authorised delegation limits and procurement requirements in the Trust's Standing Financial Instructions (SFIs), ensure that the Trust minimises unnecessary spend and ensures that value for money is considered before spend is incurred.

External and Internal Audit undertake a variety of audits on efficient use of resources to help understand any areas of weakness in internal controls.

The Trust submitted a self-assessment of its compliance with *Government Functional Standard 013: Counter Fraud* to the NHS Counter Fraud Authority (NHSCFA). The NHSCFA did not require further engagement with the Trust following consideration of the submission.

## 6. Information Governance

There are a number of controls in place to mitigate Information Governance (IG) related risk. The reporting and management of both data and security risks is supported by the local and directorate risk registers. Information Governance forms part of the Trust's mandatory training requirements. Regular reminders are provided by the 'ULearn' system, and the importance of Data Security training is communicated to staff through staff communications. There are also a number of measures in place such as physical security, data encryption, access controls, audit trail monitoring, departmental checklists and spot checks. In addition, a comprehensive assessment of information security is taken annually as part of the Data Security and Protection Toolkit and further assurance is provided from internal audit and other reviews.

All Information Governance incidents are scrutinised by the Data Privacy Group to ascertain any organisational learning, which is shared through the relevant Service Directorate Governance Groups where relevant.

During 2024-25 we had 1269 incidents in relation to the mishandling of personal identifiable data. 16 were classified as a nationally reportable data breach under the revised incident reporting guidance – *Guide to the Notification of Data Security and Protection Incidents* published by NHS Digital in conjunction with the Information Commissioners Office (ICO). Of these, eight met the threshold for the ICO, who have determined that the Trust has taken appropriate action and no fines or penalties have been levied towards the Trust.

## 7. Data quality and governance

To ensure that the quality of data has the appropriate level of oversight at committee level, data quality has been incorporated into the Data Privacy Group (DPG) with its role in driving and monitoring the information governance agenda and all its activities, of which data quality is an element. The DPG's split agenda has ensured an appropriate focus on data quality and the outputs reported to FPC via the highlight report.

The Data Quality plan has been embedded as a key component of the Trust Strategy and the outputs aligned to the Data Quality Policy.

## 8. Review of effectiveness

**As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the information provided in this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board and the Audit and Risk Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.**

The key considerations of my review of the effectiveness of the system of internal control include the following;

- The Board has been actively involved in reviewing the Trust's risk management processes and the BAF. It undertakes an annual review of risk appetite and risk forms a regular component of the trust board development programme.
- The Board has played a key role in reviewing risks to the delivery of performance objectives through monitoring and discussion of the Integrated Performance Report and the development of tailored data dashboards throughout the year.

- Key board members are involved in the internal audit planning process, to ensure that the audit plan is focussing on our key risk areas.
- The ARC has overseen the effectiveness of the Trust's risk management arrangements, including the on-going development of the BAF and CRR.
- The level 1 committees oversee principal clinical and non-clinical risks at a corporate and strategic level and provide assurance to the Board. The AAA highlight reports across the year indicate a high level of assurance over the processes in place to oversee risk. Where concerns are identified with specific risk areas, these are included as alerts to the SEB and the Trust Board.
- The ARC has overseen the system of internal control has actively engaged in the oversight of the Trust's key financial challenges.
- The ARC terms of reference is based on best practice recommended by the HFMA, membership comprises three independent non-executive directors.
- The level 1 Committees provide highlight reports to the board after each meeting to summarise any areas of escalation that it wishes to draw to the Board's attention, particular areas of assurance over areas of principal risk, and areas of celebration.
- During the year, the ARC has received 13 reports from our internal auditors; of which two reports are provided with substantial assurance, seven significant assurance, three moderate assurance and system wide review which was advisory.
- The ARC has oversight of the arrangements for determining a robust clinical audit plan; assurance was provided to the Board that robust arrangements are in place.
- This year's Head of Internal Audit Opinion, provided by our auditors 360 Assurance, provides Significant Assurance that there is a generally sound framework of governance, risk management and control designed to meet the organisation's objectives, and that controls are generally being applied consistently. The report concludes that the Trust has a robust process and proactive culture on the completion of audit actions and at year end, the Trust had an overall follow up rate of 100%
- Any limited or weak assurance reports received from our internal auditors are reviewed by the lead Director and action owners and presented to the EMB and the relevant level one committee. There have been no limited or weak assurance reports in 2024/25.
- The draft external audit year-end report for 2024/25 identified a significant risk relating to the Trust being able to maintain financial sustainability in the medium term. KPMG confirmed that it did not identify any significant weaknesses in the Trust's arrangements for achieving value for money in relation to this risk. No significant weaknesses have been included within the 2024/25 value of money report.
- The Trust uses the NHS Model for Improvement as its single approach to quality improvement. Clinical audit remains an integral part of the Trust's quality improvement approach. A programme of internal and external clinical audits for clinical quality assurance and control and the implementation of NICE quality standards provides robust mechanisms along with PDSA to ensure change is embedded. The Trust has an annual programme of national and local clinical audits which is presented to the Audit and Assurance Committee, with ongoing oversight of clinical audit outturn at the Clinical Effectiveness Group (CEG) where learning and triangulation also takes place. During 2024/25 the Trust participated in seven national audits in addition to nine national audits from previous years and supported 35 local audits.

In addition, I gain assurance from the following third-party sources:

- Reports from the internal and external auditors and the local counter fraud specialist.
- Patient and staff surveys including the NHS Staff Survey.
- CQC reports. Regular reporting on progress with CQC surveillance actions and MHA inspection outcomes and reviews of peer trust inspection reports for learning.
- Cyclical 3-5 yearly external review of leadership and governance which this year has provided positive assurance over our systems for securing good governance and risk management.

## 9. Conclusion

My review confirms that **no significant internal control issues have been identified**, and that Leicestershire Partnership NHS Trust has a generally sound system of internal control that supports the achievement of its policies, aims and objectives and minimises exposure to risk.

Signed

A handwritten signature in dark ink, appearing to read 'A Hillery', written in a cursive style.

**Angela Hillery, Chief Executive**

**Date: 24 June 2025**