

Quality Account

2025/26



Introducing our Quality Account

Leicestershire Partnership NHS Trust (LPT) provides mental health, learning disability, and community health services across Leicester, Leicestershire and Rutland.

Patients, carers and families want to feel confident that they are receiving the very best quality care. This Quality Account aims to show some of the great work our staff do every day to deliver safe, high quality, compassionate care. It also highlights how important continuous quality improvement is to us, and how we are always learning, evaluating and improving to make things better for the people we support.

We also explain some of the challenges we face as demand and expectations continue to rise, and how we monitor and manage the factors that affect quality across the organisation.

The structure of the Quality Account follows NHS England guidance, but we have tried to make it as easy to read and navigate as possible. Section headers and page numbers are colour coded - **purple for Part One**, **green for Part Two**, and **blue for Part Three** - and we've included a glossary on page 68 to help explain NHS terminology.

- **Part One** features messages from our Chair, Chief Executive and Chief Nurse. They reflect on our achievements throughout 2025/26 and share some of the challenges we face in delivering care.
- **Part Two** reviews our quality priorities for 2025/26, looks ahead to our priorities for next year (2026/27), and presents the required statements of assurance.
- **Part Three** describes how we monitor quality at LPT and just some of the improvements our staff, patients, families and carers have helped drive forward this year. These examples are presented under the Care Quality Commission's five quality domains: Safe, Effective, Caring, Responsive and Well Led.

Throughout this document, the word *patient* refers to anyone receiving our care, and *carer* refers to a friend, family member or companion who supports them. We use the term *LPT* to refer to Leicestershire Partnership NHS Trust.

When we refer to our '*Group*', we mean LPT and Northamptonshire Healthcare NHS Foundation Trust (NHFT). We are two separate organisations providing community and mental health services, but we work together as the Leicestershire Partnership and Northamptonshire Healthcare Associate University Group. By sharing a mission, vision and core priorities, we combine our strengths, improve quality of care, and make the best use of our resources. This includes having some staff who work across both organisations.

Further information

We have included signposts to further information wherever possible. If you would like to know more about anything in this document, or if you have ideas for future reports, please get in touch at LPT.feedback@nhs.net. A shorter summary version is also available on the [what we do page of the LPT website](#).

You may also be interested in our 2025/26 Annual Report, which provides more detail about how our Trust works, the communities we serve, and the many achievements we've celebrated this year. This can also be found on our website.

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Part 1: Statements on Quality

Statement on Quality from our Chief Executive and Chair

We are pleased to introduce this year's Quality Account for Leicestershire Partnership NHS Trust (LPT). We are proud of our staff and their commitment to living our values of compassion, respect, integrity and trust in everything they do. Our continuous focus on providing safe, high quality services, in partnership with our patients, services users, carers, and partner organisations, has been captured in this Quality Account.

This year marked the **first full year of delivering our THRIVE strategy**, developed with Northamptonshire Healthcare Foundation Trust (NHFT). It has been about turning ambition into action. Across the organisation, THRIVE's six priorities; technology, healthy communities, responsive care, inclusion, valuing our people, and being efficient and effective, have been embedded into everyday practice, shaping how we plan, lead and deliver care.

Our strategy reflects the ambitions of the NHS Ten Year Plan, "Fit for the Future," published in July 2025. The NHS Ten Year Plan aims to modernise healthcare in England, improve health outcomes and tackle health inequalities in access and care. It focuses on three strategic shifts: from hospital to neighbourhood health services, from analogue to digital transformation, and from sickness to prevention.

We have made significant progress against our THRIVE priorities over the last year and below are just some of the highlights of our achievements.

- Following the introduction of the new **NHS National Oversight Framework (NOF)**, referred to as the 'NHS league tables', LPT are in the second of four segments, and have retained this for the first three quarters it has been issued. As part of the NOF 2025/26 process, NHSE introduced an annual provider capability assessment, for which we are proud to have achieved a 'green' rating. This is a good position to be in to enable our ambition to apply for Advanced Foundation Trust, demonstrating our commitment to being **efficient and effective**.
- The **CQC rated LPT's mental health crisis services and health-based places of safety as 'Good'**, following an inspection in May 2025, with no regulatory breaches, improving the previous rating of Requires Improvement from 2017. We await the outcome of two other inspections (outlined in the CQC section).



Angela Hillery
Chief Executive



Faisal Hussain
Interim Group Chair

- LPT achieved **full marks for cleanliness in a national survey of health providers led by patients**. We scored 100 per cent for the third year running in the 2025 Patient-Led Assessments of the Care Environment. We also had excellent scores for other categories, including 99.97 per cent for condition, appearance and maintenance, and 98.7 per cent for privacy, dignity and wellbeing. This is a great example of providing a **responsive** service.
- Following **Healthwatch visits to our wards** at Loughborough Hospital, Coalville Community Hospital, and the Evington Centre, their report recognised our staff's hard work and high standards at all these community hospital wards, and we welcome their feedback.

We continue to focus on continuous improvement and innovation to improve care, examples of which include innovative **technology** around wound care through the ISLA app and ChatHealth text app expansion to support mental health. More patients with severe depression and suicidal thoughts have been offered pioneering brain stimulation treatment this year by our mental health crisis team, expanding their pilot using Flow headsets, through funds raised by our charity Raising Health. We have also strengthened our digital strategy, including the development of a coordinated AI and automation programme for safe, consistent rollout.

We are proud to have obtained national recognition for the quality of our care through various awards:

- our Waterlily digital eating disorder programme won the HSJ Patient Safety Award for Community Care Initiative of the Year;
- our digital improvements to CAMHS waiting lists were a finalist in the Nursing Times Awards 2025;
- the Our Future Our Way culture improvement programme was a finalist in the HSJ's Staff Wellbeing Award;
- the ChatMentalHealth confidential text messaging app was a finalist in the HSJ Digital Awards; and
- recognition for individual staff through two Queen's Nurse awards, a Cavell award, and two leaders recognised in the top 50 leading lights of kindness awards.

Our annual NHS staff survey results show an improved ranking from ninth to fifth amongst our 50 peer NHS Trusts. We remained better than the national average in all nine People Promise indicators in the 2025 NHS Staff Survey, with many areas - such as line manager support, team effectiveness, raising concerns and appraisals - being amongst the best in the country within our peer group. This is reassuring to see against the backdrop of pressures felt across the NHS in the last year. **Valuing our people** remains a key priority through our culture, leadership and inclusion programmes.

We have also maintained our firm commitment to tackling inequality and addressing racism through our Together Against Racism programme and our **healthy communities** work focusing on best use of **technology** and improving data and insights. This work remains central to our values and our ambition to build inclusive organisations where everyone feels safe, respected and able to belong.

The collaboratives we lead continue to go from strength to strength, and we are proud of the success of this **partnership working**. In particular, we are pleased that the learning disabilities and autism collaborative is now recognised as one of the highest performing in the country, particularly due to the high rates of health checks undertaken. The mental health collaborative has continued to strengthen its partnership with the voluntary and community sector, introduced more mental health neighbourhood cafes, and successfully bid for the development of a new mental health neighbourhood centre at Fearon Hall.

Participation, coproduction and patient and carer experience remain at the heart of our priority around **including everyone**. This year we have made great progress in working more closely with the people who use our services, their families, and our communities. More people with lived experience took on leadership roles, and new ways of working together began to take shape.

Across the Trust, more teams adopted co-production - designing and improving services **with** patients and carers, not just **for** them. This helped strengthen our partnerships and ensured that the voices of young people, patients, carers, and communities were heard and acted on in everything we do.

We know we have more to do, but we are proud of our achievements in this last year. We have several transformation programmes in place to continue making that positive progress in building **healthy communities**, particularly in relation to clinical models of care, wait times, and making our systems and processes more efficient and effective. Aligned to this is a robust staff engagement and health and wellbeing plan, and partnership working with our service users and stakeholders.

Thank you to everyone who makes up our LPT family – our staff, volunteers, service users and partners. We are all focused on **making a difference together**, continuing to deliver **THRIVE in action** and supporting our colleagues to provide outstanding care, because when our people thrive, so do our communities.



Statement on Quality from our Group Chief Nurse/Executive Director of Nursing, Allied Health Professionals and Quality



Linda Chibuzor
Group Chief Nurse/ Executive Director
of Nursing, Allied Health Professionals
and Quality

I am delighted to have this opportunity to reflect on 2025/26 and to recognise the incredible work of our staff and partners across LPT in our Quality Account. It is our mission to make a difference together and I hope that you will be able to see how we are doing this through this account.

In November 2025, I had the privilege of becoming the new Group Chief Nurse and Executive Director for Nursing, Allied Health Professions and Quality across both Leicestershire Partnership NHS Trust and Northamptonshire Healthcare NHS Foundation Trust. Over these past months, it has been inspiring to get to know the services within LPT and to see first-hand the compassion, professionalism and dedication that our teams demonstrate every single day for the people of Leicester, Leicestershire and Rutland.

As Chief Nurse, my priority is to ensure that our patients, carers and families feel confident that the care and interventions that they receive are safe, timely and of the highest possible standard. This Quality Account reflects the commitment of our teams to delivering safe, compassionate and consistently high-quality care. It also showcases our ambitions and continual drive for improvement - we are an organisation that learns, reflects and adapts, always seeking opportunities to strengthen outcomes and experiences for those we support.

We are equally open about the pressures we face. Rising demand and evolving expectations present challenges. This report outlines how we monitor quality across our services, how we respond to risks, and the systematic approaches we use to maintain and improve standards in a changing environment.

I am pleased that this year we have continued to make progress in compliance and regulation as assessed by the Care Quality Commission (CQC). Our crisis and health-based place of safety services achieved a 'Good' rating across all domains, recognising compassionate care and strong clinical leadership. Following inspection of our community mental health services, I am proud that the CQC highlighted the kindness, respect and compassion our staff show every day, and their commitment to involving patients in decisions about their care. Inspectors also noted strong teamwork both within our services and with partners, a culture where staff feel supported to raise concerns, and clear learning from incidents that drives improvement. Patients receive holistic assessments that support healthier lives, and our teams remain focused on understanding the diverse communities we serve and reducing health inequalities.

I also fully acknowledge the areas where the CQC asked us to strengthen. One key concern was the need to significantly improve outpatient waiting times. We were already working hard to address this, and by the time the CQC revisited us in January 2026, we had reduced the average wait for an initial assessment to 51 days across the services reviewed - demonstrating the impact of our neighbourhood transformation work and improvements in data quality.

We are particularly proud of our achievements in research and continuous quality improvement, which you will see highlighted throughout this Quality Account. Our ambitions to achieve University Hospital Trust status with the University of Leicester and Northamptonshire Healthcare NHS Foundation Trust remain central to our strategy - strengthening our ability to attract and retain the best workforce, deliver evidence-based care and contribute to research that benefits local communities and beyond.

I am also pleased to reflect on the progress we have made in supporting carers. When we wrote last year's Quality Account, we were awaiting the outcome of our submission for Star 1 accreditation from the Carers Trust for our mental health inpatient and crisis services, alongside palliative care, children's therapy and care navigation services. In April 2025, we were delighted to achieve this milestone. The Carers Trust commended our excellent submission and our strong Trust-wide commitment to the Triangle of Care standards, reinforcing that carer involvement is truly "everybody's business" at LPT. This report also highlights progress on the Patient and Carer Race Equality Framework (PCREF) and our continued work to reduce pressure ulcers related to moisture-associated skin damage.

I remain deeply committed to ensuring we create the best conditions for staff to deliver the best care possible. I am incredibly proud that this year's NHS Staff Survey shows our colleagues continue to have strong confidence in LPT. We remain above the national average for staff recommending LPT both as a place to work and as a place to receive care - a powerful endorsement of the quality of care we deliver and the pride our colleagues feel.

We also remain above the national average for staff feeling that they have a voice that counts. This is a vital indicator because a culture where people feel safe and empowered to speak up is fundamental to patient safety. When colleagues feel heard, respected and confident that raising concerns makes a difference, the quality and safety of care improves across all our services. These results reflect the progress we are making in building a compassionate, inclusive and open culture.

Our 'Our Future, Our Way' culture programme and our Group Together Against Racism work will continue to be central to making LPT a great place to deliver care — inclusive, anti-racist and focused on valuing diversity.

My new role as Group chief nurse provides an important opportunity to deepen learning and share expertise across our Group, and we are already seeing the benefits of this closer collaboration many of which you will read about in this Quality Account. As we look ahead to 2026/27, my ambition is to continue strengthening this shared approach so that, together, we can make an even greater difference and deliver the best possible outcomes for our diverse communities.

Thank you for taking the time to read our 2025/26 Quality Account. We are incredibly proud of what our staff and partners have achieved, and we look forward to continuing our improvement journey together in the year ahead.



Our Trust Board

Our Trust Board play a vital role in ensuring high quality care. Together members set a clear focus on safety, effectiveness and patient experience. They help create an open and learning culture. They ensure strong governance and accountability, and they closely monitor performance, so care keeps improving and patients remain protected. There were several changes to our Board throughout the year. You can read about these in our Annual Report 2025/26. Below are our Board members as at March 2026. Find out more about their work on the [Trust Board page of our website](#).



Faisal Hussain
Interim Group chair*



Angela Hillery
Chief executive*



Jean Knight
Managing executive
director/deputy chief
executive



Josie Spencer
Interim deputy
chair



Hetal Parmar
Non-executive
director



Prof. Elizabeth
Anderson
Non-executive director



Tim Harrison
Non-executive
director*



Melanie Hall
Non-executive
director



Sharon Murphy
Executive director
of finance and
performance



Dr. Bhanu
Chadalavada
Medical executive
director



Linda Chibuzor
Group chief nurse*



Chris Skelton
Associate non-
executive director



Kate Dyer
Director of
governance and
risk



Tanya Hibbert
Executive director
of mental health



Sarah Willis
Group chief people
officer*



Paul Sheldon
Group chief finance
officer*



David Williams
Group director of
strategy
and partnerships*



Samantha Leak
Executive director of community
health services and interim
executive director of families,
young people and children's
services, learning disabilities and
autism

* Indicates joint role with NHFT as part of group model arrangement

With voting rights Without voting rights

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

In this section of the Quality Account, we reflect on progress against last year's Quality Account priorities (2025/26) and share our priorities for the year ahead (2026/27). This section also includes a series of mandatory assurance statements from our Board.

Our Quality Account priorities are centred on the principles of addressing safety, effectiveness and/or patient experience. They were developed following a review of our existing quality data and identified themes.

Our priorities are guided by our THRIVE strategy, which launched in April 2025. At the heart of this strategy is our belief that *“Together we thrive; building compassionate care and wellbeing for all.”* This shows our commitment to welcoming everyone, working closely with our local communities, and making compassion a part of everything we do - for the people who use our services and for the staff who care for them. To support our vision, we have a simple mission that shapes our daily work: *Making a difference, together.*

THRIVE sets out six key strategic priority areas:

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

You can find out more about THRIVE and where we aim to be by 2030 in each of the above areas on the [vision, values and strategy page of our website](#).

Priorities for improvement in 2025/26

Priority one: Roll out of Triangle of Care



Why this is important

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

The Triangle of Care (TOC) is a national programme that helps health and social care services work closely with carers, so they feel informed, included and supported.



By introducing and becoming accredited with TOC, we will make sure staff have the right training and tools to involve and support unpaid carers, and to give them the information they need.

At the time of writing last year's Quality Account, we were waiting to hear whether we had achieved Star 1 status for our mental health inpatient and crisis services, along with other areas who were early adopter of the programme (these included palliative care, children's therapy and care navigation services). Star 1 is the first level of accreditation awarded by the Carers Trust to organisations that demonstrate strong progress in involving, supporting and valuing carers.

We were delighted to be notified of our success in April 2025. The Carers Trust felt that our submission was excellent, demonstrated a clear Trust-wide commitment to achieving the TOC standards, and that carer involvement is 'everybody's business' in LPT.



What we said we would do in 2025/26

- **Expand TOC.** We said we would build on great work already started by expanding TOC assessment and accreditation to our community mental health and learning disability services. By the end of 2025/26 we wanted all these services to have undertaken self-assessment against national TOC standards and for the Carers Trust to have signed those self-assessments off. We were aiming to achieve TOC Star 2 status, to ensure that staff are carer aware and trained in carer engagement strategies.
- **Launch a carer dashboard.** We wanted 80% of all services which had undertaken TOC to be completing the TOC dashboard on our electronic patient record, SystemOne.
- **Train more staff.** We aimed for 40% of all LPT staff to have received carers awareness training.



What we did

- **Expanded TOC across the Trust.** 38 community mental health and learning disability services undertook self-assessments. A report of our progress was prepared and submitted to the Carers Trust in March 2026, and they had an opportunity to talk with some of our TOC leads and lived experience partners at a presentation session. At the end of 2025/26 we are awaiting the outcome of their assessment, to find out whether we have achieved Star 2 status.
- **Launched a carer dashboard.** We launched a carer dashboard in our electronic care record system called SystemOne. The dashboard includes two helpful sections: “People that care for me” and “Support for my carer”. Completing these sections allows staff to clearly identify who provides support in a person’s life and to understand their wishes about what information can be shared with those people. It also makes it easy for staff to offer carers the support they may need. The dashboard helps services check that carer details are up to date and that carers are being directed to the right services.

All services currently linked to TOC now have access to the dashboard and many are using it consistently at first contact. Some are not yet using it consistently and we are taking action to improve this, including making carer identification mandatory and introducing prompts onto the system. We are also tweaking the system to support identification of young carers in our child and adolescent mental health services.

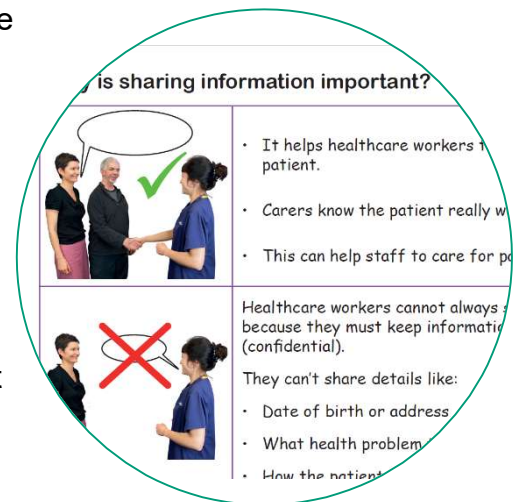
- **Trained more staff.** 1578 staff have now received carer awareness training with some services reporting over 90% compliance. This means they now understand the vital insight that carers have and the fundamental role they play in supporting and aiding recovery of the person they care for. They also now know how to identify carers and can proactively provide them with support and information to help with their caring needs.

Training is co-produced and co-delivered with carer lived experience partners. A lived experience partner is someone who uses their own real-life experience of a health condition, service, or situation to help improve services, support others, or guide decisions. We have included carer awareness training in mandatory induction for all new staff in our directorate of mental health.

And so much more

- **Introduced training for carers.** As well as training staff we are supporting carers with training. A new Recovery College course co-delivered with Voluntary Action South Leicestershire (VASL), launched in late 2025. These sessions help carers to be informed and aware of their own needs along with those of the person they care for. Evaluation showed that those who attended would recommend the course to others. One participant said: *“I liked the community feel of the course. The information was clear and simple, and involvement was encouraged. It highlighted ups and downs and solutions to a care role.”*

- **Introduced new and improved resources.** We have created an Easy Read version of the caring confidentiality leaflet, and our Child and Adolescent Mental Health Service (CAMHS), the Youth Advisory Board, and young carers from Leicestershire Young Carers have worked together to create an all new Young Carers Pack. This is designed by young carers, for young carers and brings together practical guidance, local support information and real insights from young people who understand what caring responsibilities are like. It's designed to help young carers, family members and professionals, feel informed, supported and connected.



- **Improved support for carers of people admitted to our adult mental health wards.** In January we launched a pilot weekly group for carers. The group was run by a team of professionals, including psychology and psychiatry leads, nurses, and people with lived experience. It was designed together with people who have used our services, to make sure it meets real needs, each week exploring different topics. Sessions have taken place at the Bradgate Unit, making it easy for carers to attend while visiting the person they care for. We are currently reviewing the offer and feedback to shape what this support for carers looks like moving forward.

We have also worked with carers to create a welcome letter which will be given to carers of people who stay on our adult mental health inpatient wards to help them to understand our services and access the support that they need. This is due to be launched shortly.

Impact



Overall, this work has strengthened how we identify, support, and involve carers. By expanding TOC activity, launching the new carer dashboard, increasing staff training, and coproducing new resources and groups with carers and people with lived experience, services are now better able to recognise carers' roles, share information appropriately, and offer more consistent, accessible support. These improvements help carers feel informed, valued, and included which in turn supports better experiences and outcomes for the people they care for.

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



Why this is important

The Patient and Carer Race Equality Framework (PCREF) is a new approach that all NHS mental health services are now using to help make care fairer, improve experiences, and ensure better outcomes for patients and carers from diverse backgrounds.

This compulsory framework is helping our Trust become actively anti-racist by working together with patients, carers, and communities to create real, practical actions that reduce racial inequalities in our services. Through this work, we aim to make sure that people from racialised, ethnic, and culturally diverse backgrounds have better access to our services, better experiences of care, and better health outcomes.



What we said we would do in 2025/26

We wanted to build on the work already underway across the Trust. For 2025/26 we said we would focus on four key areas of work: workforce and cultural awareness, partnership working, co-production and lived experience, and data Improvement.

We said we would:

- **Assess and improve** our ability to deliver culturally responsive mental health services to diverse communities.
- **Undertake ward-based quality improvement projects** with support from the Culture of Care change improvement programme.
- **Deliver a programme of community activities** to increase awareness of mental health and wellbeing.
- **Improve data collection** around ethnicity and other demographics.



What we did

- **Assessed and improved** our ability to deliver culturally responsive mental health services to diverse communities. Some examples of this are given below.

We recruited Lived Experience Partners from diverse communities to co-lead the implementation of the PCREF and Culture of Care programmes.

We brought key stakeholders together for a grading workshop to review our progress on the Equality Delivery System. The Equality Delivery System is a tool the NHS uses to check how fair, inclusive, and accessible its services and workplaces are.

We improved or maintained our results in Domain 1, which looks at services for local communities. We also completed detailed analysis for Domains 2 (staff health and wellbeing) and 3 (inclusive leadership), with around 60 people contributing their views.

We established an Active Bystander Programme Community of Practice and delivered the programme across the LLR system, with positive uptake from LPT colleagues. An Active Bystander Programme teaches people how to safely challenge inappropriate behaviour when they see it happening. It gives practical skills and confidence to speak up, step in, or report concerns in a respectful and constructive way. For LPT, this helps to:

- create a safer, kinder workplace by encouraging everyone to challenge poor behaviour early.
 - build confidence across teams so colleagues feel supported to speak up.
 - reduce bullying, harassment, and discrimination by promoting a culture where harmful behaviour is not ignored.
 - strengthen our culture of care by showing that everyone has a role in protecting a positive work environment.
- **Undertook ward-based quality improvement projects** with support from the Culture of Care change improvement programme. The Culture of Care improvement programme is led nationally by NHS England and focuses on improving ward culture and care quality.

In one example, Welford Ward – our inpatient ward for adults with eating disorders - has been working on several improvements to make the environment more calming, welcoming and supportive. Two of the key projects involve redesigning the garden to reflect trauma informed and autism informed care and increasing access to meaningful activities in line with the Therapeutic Care Standard.

Patients told us they wanted the ward to feel brighter and more comfortable. They asked for colourful murals, furniture that feels less clinical and can be moved around, and a cosy space where they can meet friends, family and carers. They also said they would like an area that feels calm and allows them to explore different senses.

Patients also shared that they wanted more things to do on the ward. The team gathered suggestions, held a vote, and the ward now offers new activities such as movie nights and cultural celebration events. These changes were shaped directly by patient feedback.



The team also made other improvements, including ensuring there were no blanket restrictions such as the rule that meals must only be eaten in the dining room. A sensory room has been created, and sensory supports like ear defenders are now available. These changes help us provide more personalised care that responds to what patients say they need to feel safe and supported.

- **Delivered a programme of community activities** to increase awareness of mental health and wellbeing. We delivered the Live Well Programme by working closely with three communities to better understand their needs. In one example we built strong relationships with the Bangladeshi community through engagement and support from respected community leaders.

We held four workshops with local faith leaders, Healthwatch, NHS staff and community women, which helped build early trust and interest. We created Ashar Alo, a culturally tailored guide to make sure future workshops are culturally sensitive, easy to understand and supportive, and added short mental health awareness sessions to make them even more helpful. Community co-facilitators have now been identified to support sessions going forward. Our partnership has grown and now includes Equality Action, Healthwatch, GSC Friendship Group, LPT, Jamila's Legacy, Dara Salaam Masjid and the Bangladeshi Action Resource Centre.

We worked with the African Heritage Alliance to run a series of appreciative inquiry workshops across Leicester, asking Black communities what it looks and feels like to be truly safe, respected and thriving when using mental health services. Participants said: ***“We need therapy that feels like us, that speaks our language, that honours our ways of knowing. When our cultural practices are respected and integrated, we feel we belong.”***

We listened to young people, faith groups, people with long term conditions, care leavers, and others with or without lived experience. From these conversations, we co-created a Manifesto for Black Safety, Healing and Belonging in Mental Health, which describes a shared vision of care that is holistic, culturally relevant, informative, and compassionate.



- **Improved data collection.** Our work in this area included collaboration with NHFT to create a shared PCREF annual dashboard using standard measures for areas like Mental Health Act detentions, restrictive practices, and children and young people’s access to mental health service. A dashboard helps because it brings all the key information together in one clear place, making it easier to spot trends, compare services, and quickly see where improvements are needed or where progress is being made.

We’ve started to create neighbourhood risk profiles that show key health needs and risks across different communities, breaking the information down by ethnicity and location to help us better understand where support is most needed. These risk profiles help improve care by showing where different communities face higher health needs or barriers, so services can target support earlier, tailor care more effectively, and reduce inequalities in access and outcomes.

We have expanded our data tools to look at neighbourhoods to spot where non-attendance at appointments was highest, identified patients in the most deprived areas with upcoming appointments, and began planning targeted support - such as early contact and improved admin processes—to help reduce missed appointments.



Impact

This work is helping create more equal, compassionate and culturally responsive mental health services, so patients feel safer, more understood, and more able to get the support they need. Patients are already benefiting from more welcoming ward environments, more meaningful activities, and care that reflects their cultural identity and personal preferences.

Communities who have historically felt unheard are now leading the conversation, shaping how services improve, and building stronger trust with the NHS. Staff are also gaining greater confidence and skills to challenge discrimination, provide more personalised care, and work in a kinder, more inclusive environment. By improving how we understand inequalities through better data, we can now spot problems earlier and target support where it will have the greatest impact - leading to better access, better experiences, and better outcomes for everyone.

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



Why this is important

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

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

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



What we said we would do in 2025/26

- **Set up a MASD community hospital community of practice** group which incorporates nursing, allied health professionals, continence, and tissue viability expertise.
- **Share learning** from our hospital pressure ulcer prevention and MASD project Group work with colleagues in NHFT.
- **Establish our baseline measures and reduce the number of patient incidents of MASD developed in our care**, in community hospitals.
- **Increase staff confidence** in the management of MASD.
- **Reduce the number of Category 2 pressure ulcers developed in our care**, in community hospitals.



What we did

- **Established a community of practice** – a group of key staff from our continence, ward and tissue viability teams who link regularly. A community of practice is helpful because it gives people a simple, supportive space to share learning, build confidence, and develop consistent, high quality approaches that improve care for patients and strengthen teamwork for staff.

We reintroduced the role of continence link nurse with a mix of nurses and healthcare support workers fulfilling the role. A lead from the continence service is now designated for each ward to support with complex patients, and their details are displayed on posters in wards, so they are easily contactable.

- **Shared learning with NHFT.** Through our Group arrangement we continue to regularly discuss and explore opportunities to learn in relation to MASD and pressure damage.
- **Established our baseline measures and identified the number of patient incidents of MASD developed in our care.** We agreed that our measures would be incident reports by ward of MASD developed in LPT care, and improvement in staff confidence in their own competency before and after interventions.

One audit of 65 patients showed that 31 of them had MASD to some extent and all 31 were admitted with MASD.

Initially three community hospital wards were identified as sites to focus improvement, however as it was identified that all wards were receiving patients who already had MASD when they arrived the project was widened to all 12 community hospital wards.

We used a questionnaire to find out about staff knowledge and confidence in treating MASD. Findings included:

- staff keen to develop new knowledge and request further education. For example, staff on several wards felt that they needed help to more easily differentiate between moisture and pressure damage to skin, and to improve their knowledge about when to use the various continence products available.
- many staff had developed resource folders and were keen to share.
- wards were keen to develop space in their pressure ulcer cupboards for continence products to be in one place.
- continence products not on the continence formulary were sometimes being used on wards.

The deputy head of nursing and quality for community hospitals or the clinical lead for the adult continence service visited all 12 wards. They spoke to staff and patients, looked at care records and reviewed the equipment and products such as dressings, wipes and creams available to help ward staff manage MASD. These visits were positively received by ward staff.

The results of the staff confidence questionnaire and findings of ward visits is being used to:

- make sure equipment and products are consistent across all wards
- improve the training provided to staff

- update staff guidance and operating procedures with the involvement of the tissue viability team
- inform a new information leaflet to help patients and carers make informed decisions and play their part in reducing MASD when they are in hospital and after they leave.

An event is planned for April 2026 where ward staff, continence leads, and tissue viability experts will come together to discuss progress to date and next steps.

- **Reduced the number of Category 2 pressure ulcers developed in our care.** By December we noted a reduction in Category 2 pressure ulcers for people receiving care from LPT, supported by the work we've been doing around preventing MASD. In January and February 2026, we noted a rise in Category 2 pressure ulcers attributed to one hospital site. Our teams reviewed each case to understand what happened and identify any learning that will help us continue improving into 2026/27. We remain committed to keeping patients safe and comfortable, and this careful review will help us strengthen our prevention work even further.



Impact

We know that MASD can be painful, unpleasant, and slow to heal, so reducing the number of people who develop it while in our care is important to us. Although this project has taken longer to move forward than we originally planned - mainly because we expanded the project to cover 12 wards rather than three - we have still made meaningful progress.

We created a community of practice bringing together continence, tissue viability, and ward teams so staff can learn together and improve care. We reintroduced continence link nurses, increased support for complex cases, and listened to staff and patients on every ward to understand what they need to prevent and manage MASD more confidently. This work is now helping us make equipment and products consistent across all wards, strengthen staff training, update our guidance, and develop clearer information for patients and carers.

All these improvements will help us give safer, more comfortable care, reduce the risk of skin damage, and support better healing for everyone. Given that many patients already have MASD when they come to us, we intend reach out to the teams and other care providers who refer patients to our community hospitals to discuss the possibility of joint work for further improvement.

Priorities for improvement next year (in 2026/27)

Priority one: Personalised care planning



Why this is important

We want every person staying in our inpatient services to have a care plan that is clear, personalised, and created *with* them, not just *for* them.

This is important because inspections and patient feedback have shown that care planning is not always consistent. Improving this will help ensure patients feel listened to, involved, and supported throughout their stay.



What we intend to do

By March 2027, we will improve the consistency and quality of inpatient care plans by ensuring they clearly show meaningful patient involvement and meet high quality care standards.

We want to make care plans easier to understand and more meaningful for patients. To do this, we will:

- make sure all wards follow the same clear principles for care planning.
- improve the training and education staff receive about writing high quality, person-centred care plans.
- create simple measures that help us check we are doing this well.
- develop a more user friendly, patient accessible care plan template.



How we will know if we have been successful

By the end of the year:

- a clear, printable, patient friendly care plan template will be in use across inpatient wards.
- patients will have personalised care plans that reflect their needs and preferences.
- patients will feel more involved in decisions about their care, improving safety, experience and outcomes.
- staff will feel more confident and skilled in creating high quality care plans.
- staff will have completed care planning training.
- audits will show improved consistency and quality.

We will measure success by checking:

- the percentage of staff who complete the training.
- how many wards are using the new template.
- how well wards meet the new care planning standards.
- improvements in patient feedback about being involved in their care.
- a reduction in incidents linked to unclear or incomplete care plans.

Priority two: Continuation of Triangle of Care



Why this is important

Carers play a vital role in supporting people who use our services, so it is essential that they feel informed, involved, and valued. Over the last two years, the Triangle of Care (TOC) programme has helped us improve how we identify carers and work with them across our inpatient, community, and specialist services. Introducing TOC to the rest of the Trust's services will help us build on what we have already learned, make sure good practice is used everywhere, and ensure that supporting carers becomes a routine part of how we deliver care every day.



What we intend to do

We will complete the Star 3 self-accreditation for all remaining services so that every area is working towards the six national TOC standards. Star 3 is the final and highest stage of the TOC programme. It shows that a Trust has not only put good support for carers in place but has fully embedded it into everyday practice across all services.

This includes making sure carers are identified early, involved in care where appropriate, offered clear information and support, and that staff have the right training. We will embed these standards into our everyday systems, paperwork, and governance so that the improvements made through Stars 1 and 2 continue and become standard practice across the Trust.



How we will know if we have been successful

By the end of the year, the Trust will have completed the full Triangle of Care programme, with all eligible services finishing their self-assessments and putting action plans in place. Carers will experience more consistent support - such as being identified promptly, included in care discussions (where appropriate), and offered information and referrals to support services. Staff will have access to carer awareness training, and our clinical systems, including the SystemOne dashboard, will clearly show how carer involvement is being recorded and monitored. This will confirm that carer involvement is fully embedded in everyday clinical practice across the Trust.

Priority three: Reasonable adjustments digital flag to support access and experience and support



Why this is important

Everyone has the right to fair and equal access to healthcare. Some people need small changes - called *reasonable adjustments* - to help them use services safely and comfortably.

This might include things like longer appointments, accessible rooms, or information in an Easy Read format. The Reasonable Adjustment Digital Flag (RADF) helps staff record these needs clearly so that they can be met every time a patient uses our services. It is now a national requirement, and making sure we use it properly helps the Trust meet its legal duties under the Equality Act 2010 and ensures everyone receives the support they need.



What we intend to do

We want to make the use of the RADF a normal part of everyday practice across all LPT services. To do this, we will:

- make sure staff receive the right training and support to use the RADF with confidence.
- create a clear dashboard so we can see how well services are using the RADF.
- improve staff understanding by sharing clear information and guidance.
- make it easier for staff to record when a reasonable adjustment has been offered or used.



How we will know if we have been successful

By the end of the year:

- the RADF will be fully embedded in everyday practice across all LPT services.
- staff will be more confident in asking about reasonable adjustments and recording them.
- services will routinely monitor their training and compliance. A new dashboard will show how many people have reasonable adjustments recorded, what types of adjustments are needed, which services are using the RADF and whether adjustments are being reviewed regularly.
- A new tick box will be in place to record when an adjustment has been applied (for example, a longer appointment or wheelchair accessible space).

These changes will help ensure that every patient's needs are recognised, respected, and acted upon.

Statements of assurance from the Board

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

Our services

During 2025/26 LPT provided and/or subcontracted 118 relevant health services. Mental health and learning disabilities account for 69 services and community health services 46 with a further 3 services supporting across all the Trust's clinical portfolio.

LPT has reviewed all the data available on the quality of care in all 118 of these relevant health services, both for services directly provided and for those services subcontracted. Robust monitoring both externally with commissioners (via contractual requirements to monitor agreed clinical quality performance indicators) and internally (via performance reviews and quality reports) ensures the highest standards are adhered to in the areas of infection control, patient safety, service user and carer experience, safeguarding, clinical effectiveness and compliance with regulatory requirements.

CQC registration

LPT is required to register with the Care Quality Commission, and its registration is current. Changes were made this year to reflect a change of Nominated Individual due to the appointment of a new Group Chief Nurse/ Executive Director of Nursing, Allied Health Professionals and Quality. LPT has no conditions on registration. Care Quality Commission inspectors have visited several of our services this year. Further details about these visits can be found on page 31.

Our information governance

The Trust is required to complete the NHS Digital Data Security and Protection Toolkit annually. This toolkit is a self-assessment tool that requires organisations to provide assurance against the health and care overlaid Cyber Assurance Framework.

In 2024/25 LPT was set 47 information governance and security requirements to be met. Our overall score for the 2024/25 toolkit submission was 'standards met' with the submission made before the national deadline of 30 June 2025. We are currently working towards the national deadline for the 2025/26 submission which is 30 June 2026.

Our income (CQUINS)

The income generated by LPT in 2025/26 represents 100% of the total income generated from the provision of relevant health services by LPT for 2025/26. LPT income in 2025/26 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation (CQUIN) payment framework as CQUINS were paused nationally. As part of the statutory consultation notice for the 2026/27 NHS Payment Scheme (NHSPS) the pause will be maintained for the nationally mandated CQUIN scheme for 2026/27. This means there will be no variable payments relating to achievement of CQUIN criteria.

Our records

LPT submitted records during 2025/26 to the secondary uses service for inclusion in the hospital episode statistics which are included in the latest published data.

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

The percentage of records in the published data which included the patient's valid General Medical Practice Code was 99.9%* for admitted patient care and 100%* for outpatient care

**Figures reflect the month 12 position. Finalised end-of-year figures were not available from NHSE at the time of finalising this Quality Account (15 June 2026).*

Our research

The number of patients receiving relevant health services provided or subcontracted by LPT in 2025/26 that were recruited during that period to participate in research approved by the Health Research Authority was 387. You can read more about our commitment to research on page 46.

Our clinical audits

During 2025/26 eight national clinical audits covered relevant health services that LPT provides. During that period LPT participated in 100% of the national clinical audits and 100% of the national confidential enquiries which it was eligible to participate in.

The national clinical audits that LPT participated in during 2025/26 are listed below. 100% of registered cases were submitted in each case, as required.

- Learning disability and autism Programme – Learning from lives and deaths – People with a learning disability and autistic people (LeDeR)
- National Audit of Eating Disorders (NAED)
- National Clinical Audit of Psychosis (NCAP) - 2025 EIP audit (routine data) (EIP Routine)
- National Respiratory Audit Programme (NRAP) - Pulmonary Rehabilitation (PR)
- POMH Topic 17C - Use of antipsychotic medication for relapse prevention in schizophrenia
- POMH Topic 20C - Valproate prescribing in adult mental health
- POMH topic 22B - Use of anticholinergic medicines in older people's mental health services
- Sentinel Stroke National Audit Programme (SSNAP)

The reports of two national clinical audits were received during 2025/26 and are under review. The audits were:

- National Audit of Eating Disorders (NAED)
- POMH Topic 21B - Use of Melatonin

The reports of four national clinical audits were received during 2025/26 for which no actions were deemed necessary. The audits were:

- 24A Prescribing Observatory for Mental Health (POMH) - The use of opioids in mental health services
- Prescribing Observatory for Mental Health - Rapid Tranquilisation
- National Audit of Care at the End of Life (NACEL)
- Spotlight audit in community-based memory assessment services

The reports of 12 local clinical audits were reviewed by LPT in 2025/26 and LPT intends to take the following actions to improve the quality of healthcare provided.

Audit title	Actions to be taken
Clozapine Induced Constipation in Rehab	Bowel chart and instructions to be included in clozapine guidance. Addition of a leaflet to the prescription bag of all posted clozapine prescriptions highlighting the risks and to speak to a healthcare professional.
Micronutrients in ED	Add a stop date of 14 days to Thiamine in the re-feeding protocol on Wellsky.
Benzodiazepine prescribing at discharge from Bradgate mental health unit	Add a standardised question to ICE discharge letters: 1. "Is the intention for this patient to remain on benzodiazepines long term?" 2. Include prompts for duration and tapering plans. This will help ensure clarity for GPs and community teams. Development of mandatory MDT template for use across wards. Include prompts for: 1. Reviewing PRN usage. 2. Planning benzodiazepine tapering. 3. Discharge readiness and medication review.
Buprenorphine patch prescribing	Add prompts/question to standard discharge letter template. Training session for ANPs and joint teaching session with lead consultant for CHS on opiate prescribing.

Audit title	Actions to be taken
CHS Integrated Community Specialist Palliative Care (ICSPC) team ReSPECT forms re-audit	Video of how to complete/generate ReSPECT form on SystmOne to be sent to all team members. Face-to-face training on how to complete/generate ReSPECT form (on SystmOne) for new starters following ReSPECT/ advance care planning study day at Loros. Further training to all team members on annual ICSPC practice development day on how to complete ReSPECT forms.
Follow up of referral from CMHT	Introduce a “task-based” function in SystmOne that admin staff can use to remind clinicians to complete actions and care plan.
Insomnia prescribing audit (MELATONIN)	Sleep hygiene / sleep hygiene workshop before initiation of melatonin - Work with CAMHS LD on the sleep pathway QI project. Update melatonin guidelines to emphasise trial of treatment breaks. Where feasible, incorporate prompt to enquire about medication break in SystmOne templates.
Management of clozapine-induced gastrointestinal hypomotility in the adult acute inpatient setting (BMHU, LPT)	Add PRN macrogol to clozapine titration protocol in WellSky. Add bowel assessment to clozapine titration protocol checklist. Implement a nursing workflow prompt to start LPT bowel chart when clozapine prescribed. Introduce numeric Bristol Stool Scale and bowel movement frequency entry in Brigid.
Melatonin Prescribing in patients with Intellectual disability 2024/706	Liaise with CAMHS, CNLD and SALT to produce an Easy Read on sleep hygiene for patients and carers. Liaise with the pharmacy team to formulate a guidance for the use of Melatonin for the Learning Disability service.
Monitoring physical health assessment and post admission work up on Mental health wards 2025/756	Roll out Medical Admissions Physical Health Visualisation to DMH inpatient wards
Non-Medical Prescribing 2024/705	Develop compliance monitoring system within uLearn to automate alerts, evidence uploads, and assurance reporting, and standardise compliance management trust-wide.
Urine drug screening practice on inpatient wards 2024/707	Change request to be submitted to add urine screening to the physical health template.

The reports of four local clinical audits were reviewed by LPT in 2025/26 and LPT has taken the following actions to improve the quality of healthcare provided.

Audit title	Actions taken
Best practice seating	Sought funding, bought and distributed chairs. Post intervention survey on whether these chairs have improved the situations of patients and staff showed a significant improvement.
Care Plans and Risk Assessments in AO	Created AO care plan template, Staff received training on how to use new AO care plan template.
Reducing delays in discharge letters submission in Watermead Ward	Implemented daily/weekly reminders (handover sheets, Excel tracker). Assigned a team member to focus on backlog, if present. Standardised documentation during pre-MDT reviews to support timely summaries.
Sleep history in core assessments 2025/755	Produced a guide for trainees to refer to which has a summary of sleep assessments skills in psychiatric practice.

Learning from deaths

We are committed to an open, transparent, and continuous learning culture. We ensure that deaths are appropriately reviewed. We have a trust wide Learning from Deaths Governance, Quality and Assurance Co-ordinator supporting all three directorates in this endeavour and are about to appoint a Learning from Deaths Lead.

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

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

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

During 2025/26, we identified 1082 patients under the care of LPT who died (as recorded on the national SPINE) and were considered 'in scope' according to national guidance. This comprised:

- 401 patients in the first quarter
- 443 patients in the second quarter

- 112 patients in the third quarter
- 126 patients in the fourth quarter.

From quarter three, automated screening was introduced. As a result, figures are not directly comparable with previous quarters. The automated process excludes cases that would previously have been reviewed and excluded through manual screening, leading to lower reported numbers. This reflects improved data quality and consistency rather than a true reduction in underlying activity.

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

Quarter	Incident Review and Learning Meeting (IRLM)	Outcomes from IRLM meeting			
		Local Directorate Review	Patient Safety Incident requiring Investigation (PSII)	Onward to Learning from Deaths (LfD)	No further action appropriate
1	21	8	3	9	1
2	26	9	3	13	1
3	9	5	1	3	0
4	11	2	0	2	7

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

Learning impact and actions

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

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

We have carried out thematic analysis that has identified areas of good practice such as excellent compassionate end of life care, as well as opportunities to develop in areas including communication pathways with system partners and assessment and care planning practice. Themes for potential learning and improvement are reported into directorate governance processes for triangulation with other information sources and to inform quality improvement work.

The Trust are continuing to work with data analyst colleagues across systems to obtain cause of death data to support improved mortality learning. We have been able to achieve 100% for CHS and this has helped to direct opportunities for learning.

Our data quality

LPT will be taking the following actions to improve data quality in 2026/27 with a focus upon data quality assurance:

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

Reporting against core indicators

NHS Quality Accounts must include information about performance against core indicators. These indicators are national measures that help show whether NHS services are safe, caring, effective and well-run. Different indicators apply to different types of trusts, depending on the services they provide. The table below shows performance against core indicators relevant to LPT.

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

Indicator	Trust score 2023/24	Trust score 2024/25	Trust score 2025/26	National Average 2025/26
The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as gatekeeper.	Q1 99.6% Q2 99.2% Q3 99.2% Q4 97.1%	Q1 98.7% Q2 98.8% Q3 99.1% Q4 100%.	Q1 99.2% Q2 99.5% Q3 98.2% Q4 94.6%	Not available
*The percentage of patients on Care Programme Approach who were followed up within 72 hours after discharge from psychiatric inpatient care.	72 Hour follow up M1 - 85% M2 - 84% M3 - 82% M4 - 79% M5 - 91% M6 - 89% M7 - 85% M8 - 83% M9 - 89% M10 - 85% M11 - 83% M12 - 85%	72 Hour follow up M1 -79% M2 -71% M3 -76% M4 -79% M5 -77% M6 -79% M7 -74% M8 -78% M9 -70% M10-88% M11 - 90% M12 - 87%	72 Hour follow up M1 -90% M2 -91% M3 -91% M4 -92% M5 -88% M6 -86% M7 -93% M8 -90% M9 -93% M10-91% M11 - 98% M12 - 96%	72 Hour follow up M1 -72.3% M2 -73% M3 -73.5% M4 -74% M5 -73.3% M6 -73.3% M7 -75.2% M8 -73.8% M9 -74.8% M10-77.4% M11 - 77.6% M12 - 77.4%
**The Trust's overall experience of community mental health services	6.3 out of 10	6.6 out of 10	6.3 out of 10	About the same

Indicator	Trust score 2023/24	Trust score 2024/25	Trust score 2025/26	National Average
The percentage of staff employed by, or under contract to, the trust who would recommend the trust as a provider of care to their family or friends.	62.7%	67.7%	68%	62.84%
Patients who would recommend the trust to their family or friends.	87%	90%	94%	Not available
The percentage of patients aged: (i) 0 to 15 and (ii) 16 or over readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust.	(i) 0% (ii) 8.6%	(i) 0% (ii) 9.2%	(i) 0% (ii) 8.6%	Not available
The number and, where available rate of patient safety incidents (PSI) reported within the Trust.	15163 PSIs out of 24671 incidents reported	19301 PSIs out of 28371 incidents reported	21079 PSIs out of 31578 incidents reported	Not available
The number and percentage of such patient safety incidents that resulted in severe harm or death	11 major harm and 66 deaths (0.5%)	18 Major harm and 246 deaths (1.37%)	22 Major Harm and 93 Deaths (0.5%)	Not available

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

**The Community Mental Health Service User Survey was updated for 2023. The required metric – the question relating to a patient’s experience of contact with a health or social care worker during the reporting period was removed so we have replaced it with the overall score for experience. [Find all scores on community mental health survey 2025 page of the CQC website.](#)

Part 3: Driving quality improvement

In this part of our Quality Account, we explain how we maintain high standards of **quality, compliance and regulation** across all our services. This includes regular checks of our own, as well as inspections from external organisations like the Care Quality Commission (CQC). These reviews help us understand what is working well and where we need to improve, ensuring that the care we provide is consistently safe, effective and compassionate.

We also focus strongly on **participation, coproduction and patient and carer experience**. This means working closely with patients, families and carers to hear their views and involve them in shaping services. We gather feedback through conversations, surveys, visits and lived experience roles, so improvements reflect what really matters to the people who use our services. Coproduction sees people who use health and care services, their carers, and communities working in partnership with professionals to shape, develop, and evaluate care.

A big part of this work is strengthening quality in all that we do through **WelImproveQ**. Staff use our Quality Improvement (QI) approach to identify opportunities for change, test new ideas and make care better. We also support our workforce through **recruitment and wellbeing initiatives**, helping colleagues feel valued, supported and able to give their best. Alongside this, our **Freedom to Speak Up** service and **Guardian of Safe Working Hours** ensure that staff can raise concerns safely and that doctors in training are protected from unsafe working patterns.

Finally, we highlight the role of **research** in helping us learn and innovate, as well as sharing real examples of **service improvement across LPT**. These improvements, many shaped directly with patients and carers, show how teams across the Trust are continually finding new ways to make care safer, kinder and more responsive. Throughout this section, we group these examples under the five CQC quality domains: Safe, Effective, Caring, Responsive and Well Led.

Quality, compliance and regulation

We welcome scrutiny from external organisations, which includes the Care Quality Commission (CQC), the independent regulator of health and adult social care in England. The CQC monitors, inspects, and regulates services, and publishes ratings based on what they find.

This year we maintained our registration with the CQC, and we welcomed CQC assessors on several unannounced visits to services.



CQC assessment of LPT services

In May 2025 the CQC carried out an assessment of our community mental health services for working age adults and our crisis team and health-based place of safety.

When CQC assessors visit they consider five key questions about a service: is it safe, effective, responsive, caring and well-led? The final report for the community mental health services for working age adults was published in January 2026. The report recognised improvements since the last inspection in 2017 as well as identifying areas where we needed to make further improvements. The safe and effective domains were upgraded to good, and the well-led domain was changed to requires improvement. Caring remained at good and responsive remained at requires improvement.

	Safe	Effective	Caring	Responsive	Well-led	Overall
2017	Requires improvement	Requires improvement	Good	Requires improvement	Good	Requires improvement
2025	Good	Good	Good	Requires improvement	Requires improvement	Requires improvement

The CQC found that our staff were kind, caring and respectful, and they involved patients in decisions about their care. Teams worked well together and with other organisations to keep people safe. Staff felt supported and able to raise any concerns. The service learned from incidents to keep improving. Patients were assessed in a way that looked at all their needs and helped them live healthier lives. The service also understood the different communities it served and worked to reduce unfair differences in health.

The CQC also identified areas where we could make improvements. In particular they wanted significant improvements to waiting times for outpatient appointments and because of this they issued us with a warning notice. We were already working to reduce waiting and by the time the CQC re-visited us in January 2026 we had reduced the average wait between referral and initial assessment across the teams visited to 51 days. We have achieved this through our neighbourhood transformation programme and by making sure that the information we hold about people who are waiting is accurate. And although consultant shortages are a national issue, we are pleased to have appointed two new consultant psychiatrists and three more acting consultants since the inspection.

Our transformation programme is all about making it quicker, easier, and more consistent for people to get the mental health support they need. We've redesigned our community mental health teams so that people no longer have to move between several different services. Instead, everyone comes through one easy 'front door', where a team of professionals works together from the start to find the right support.

New roles like community connectors, daily team huddles, and closer links with community services mean people are contacted earlier, given timely help, and guided smoothly through their care. We've also reviewed and reduced large caseloads, improved systems, and strengthened communication so that care is more personalised, joined up, and responsive, leading to shorter waits and better experiences for patients. In addition to this we have improved the information that we publish and give to people to help them to stay well and live well while they are waiting for an appointment, or after they have been discharged.

Inspectors returned in January 2026 to re-inspect community mental health services for working age adults, to ensure we are complying with this notice and had made the improvements they have called for in their report. As at the end of March 2026, we await their findings.

The report of the CQC's inspection of our mental health crisis teams and health-based place of safety was published in March 2026. This service was last inspected in 2017, at which point it was rated as requires improvement. We were pleased that the latest report found the services to be good overall, with no regulatory breaches identified and upgraded ratings in the safe, responsive, and well-led domains. This brought all domains up to good.

	Safe	Effective	Caring	Responsive	Well-led	Overall
2017	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
2025	Good	Good	Good	Good	Good	Good

The inspection recognised a strong culture of safety, personalised and regularly reviewed care plans, and environments that are clean, safe, and well maintained. Patients consistently reported feeling respected, listened to, and safe, while staff demonstrated kindness, dignity, and collaboration in meeting patient needs. Teams worked effectively with internal and external partners to deliver joined up care, and staff wellbeing was clearly prioritised, with a positive culture that encouraged speaking up. Leadership was commended as skilled, visible, and inclusive, and the organisation was praised for its robust learning culture, timely access to care, and nationally recognised best practice in tackling health inequalities.

Inspectors also highlighted areas for further improvement, particularly in relation to some inconsistencies in medicines management and staff vacancies in some areas, and they acknowledged that we have plans in place that are actively addressing these areas.

In November 2025, CQC assessors also visited to look at our specialist community mental health services for children and young people. At the end of March 2026, we are waiting to receive their final inspection report.

All CQC inspection reports about LPT can be found on the [Leicestershire Partnership NHS Trust \(LPT\) reports page of the CQC's website](#).

Mental Health Act monitoring

The CQC is also required to monitor the use of the Mental Health Act (MHA) 1983. The MHA is the legal framework that provides authority for hospitals to detain and treat people who have a mental illness and need protection for their own health or safety, or the safety of other people. The MHA also provides more limited community-based powers, community treatment orders and guardianship. CQC MHA reviewers monitor use of the Act by interviewing detained patients or those who have their rights restricted under the Act and discussing their experience. They also talk to relatives, carers, staff, advocates and managers, and they review records and documents.

We welcomed reviewers on unannounced visits to nine of our mental health wards this year. The reports of these visits found good practice in relation to application of the MHA. They also helped us to clarify areas for improvement which included making sure gardens can be accessed and have appropriate furniture, care plans are personalised, and patients know their legal rights. An action plan is created after each visit to make sure any issues raised are addressed.

Assessment of multi-agency working

This year we also participated in several reviews of local multi-agency working examples of which are described below.

In September 2025, we participated in a SEND inspection of the Leicester local area partnership, Ofsted found that children and young people in Leicester who have special educational needs and/or disabilities (SEND) are benefiting from a strong multi-agency approach which supports their needs effectively. However, it also found that experiences are inconsistent because recent positive system changes are still settling in and have yet to fully deliver the intended impact. The full findings are available on the [local area SEND inspection page of the Leicester City Council website](#).

In November 2025, we participated in a Joint Area Targeted Inspection (JTAI) on intrafamilial sexual abuse which looked at how well local agencies such as the police, probation and health and social care recognise and respond to child sexual abuse. JTAIs aim to identify learning for all agencies and support good practice. The review found that the partnership in Leicestershire is committed to recognising and responding to child sexual abuse in the family environment. It highlighted strengths and areas for improvement. The full findings are available in the [publications section of His Majesty's Inspectorate of Constabulary and Fire & Rescue Services' website](#).

Monitoring compliance and regulation

Our quality, compliance and regulation team helps make sure we provide safe, high quality care. They work closely with organisations like the CQC and support our staff to meet important standards and improve services.

The team mentors new staff and helps them get ready for inspections. They carry out different types of service visits, including 'mock' CQC inspections, to spot what's working well and where improvements are needed. Some visits involve patients and non-clinical staff to check first impressions, while others are led by clinicians and take a deeper look at care quality. These visits help staff see things from a new perspective and quickly raise issues - like maintenance or medication processes - that need attention.

Board members regularly visit services to hear directly from staff. A tracking process helps show how feedback leads to real action. Visits this year have enabled Board members to gain a better understanding of the care that each service provides. They have helped to resolve issues raised by staff such as problems with technology and equipment, outstanding maintenance, and clarity about policy and procedures. They have also helped to promote the work of teams across the Trust as well as to commissioners so that people have a better understanding of what services offer.

Feedback from all visits is brought together to help us focus on the areas that matter most for good patient care.

Participation, coproduction and patient and carer experience

This year we have made great progress in working more closely with the people who use our services, their families, and our communities. More people with lived experience took on leadership roles, and new ways of working together began to take shape.

Across the Trust, more teams adopted co-production - designing and improving services *with* patients and carers, not just *for* them. This helped strengthen our partnerships and ensured that the voices of young people, patients, carers, and communities were heard and acted on in everything we do.

Below are some examples of how service user engagement and co-production helped improve services this year.



- Recovery College and patient participation teams worked with people using services to update course guides and add more wellbeing and condition specific workshops.
- Our Mental Health Central Access Point (MHCAP) redesigned call scripts, waiting messages, and support for repeat callers alongside people who had used the service. The MHCAP is a telephone helpline available anytime of the day or night for anyone needing mental health support for themselves or others.
- PLACE assessments involved more than 20 people with lived experience to give honest feedback on ward environments and how they affect wellbeing. This includes looking at cleanliness, maintenance, food, signage, dementia-friendliness and disability accessibility. Read more on page 52.
- Our Community Integrated Neurology and Stroke service (CINSS) used patient feedback to create clearer guidance and more personalised support materials on its web pages. Following the work, one user said: ***“It’s great to have information centrally in one place for me to refer to”***.
- The Reader Panel helped rewrite and review leaflets, letters, digital information, and decision aids to make them easier to understand, more inclusive, and more relevant for patients and carers.

Lived experience driving quality improvement

Our lived experience leadership programme continued to grow this year, with more people using their own experiences to guide, influence, and improve the way our services work.

- People with lived experience were actively involved in most quality improvement (QI) projects, helping shape ideas and decisions from the start.

- In the Nursing and Allied Health Professionals Fellowship programme, each fellow was paired with a Lived Experience Improvement Partner, ensuring projects reflected real patient and carer needs.
- Around 15–17 lived experience partners worked across all areas of the Trust, bringing their perspectives into everyday service improvement.
- The Patient and Carer Involvement Network grew to more than 300 members, giving teams access to a wide range of voices and experiences.
- Lived experience partners took part in key governance groups - including the Quality Forum and Complaints Review Group - so that patient and carer perspectives informed important decisions.
- They also helped deliver staff training sessions, supporting teams to better understand what matters most to patients and carers.
- The Lived Experience Communications Group created storyboards that showed, in simple ways, how co-production improves services, helping staff learn and stay connected to patient stories.



One important achievement this year was strengthening the role of people with lived experience in decision-making. Lived experience leaders:

- helped shape student nurse training at the University of Leicester, influencing what is taught, how students are assessed, and how they are supported.
- worked with NHFT to create a shared Co-production Charter, setting out how we will work together as part of the Group THRIVE Strategy.
- built stronger relationships with our executive directors and helped create clearer routes for lived experience voices to be heard in governance.

These developments showed that lived experience leadership is not an extra but a vital part of how we lead and improve our services.

Youth Advisory Board - shaping better services

This year, the Youth Advisory Board (YAB) played a bigger role than ever in helping improve services for children and young people. They worked with teams across LPT and NHFT to make sure young people's voices guided how services are designed, delivered, and communicated. The YAB helped improve:

- digital information – re-designing the “While You’re Waiting” CAMHS website, improved self-referral pages, reviewed social media content, and helped make CAMHS information packs more friendly, clear, and hopeful.
- care pathways - suggesting better ways to present CAMHS care plans, including audio/video options and simpler language. They also worked on improving support for young adults aged 16–25 who can fall between services.

- support for young carers – helping to develop clearer messages and tools so that young carers can be identified and supported earlier.
- creative projects - coproducing a recruitment video for schools, helping shape healthy weight resources, and contributing to a national framework for evaluating digital projects for children and young people.

Reflecting on the YAB support for the 2025-2030 Group Strategy, one participant said: ***“Thank you for this evening. Such a great session in terms of rich feedback, how amazing are they. Utterly brilliant feedback. (So glad I was able to do this.)”***

People’s Council - strengthening voice, challenge, and accountability

The People’s Council continued to play a vital role this year, providing honest challenge and insight to help the Trust improve. Their work matters because it ensures that the real experiences of patients, carers, and communities directly shape decisions at every level of the organisation. The People’s Council helped enable:

- stronger links with leaders - members met regularly with executive directors, building open and constructive partnerships.
- greater influence in decision making - the Council contributed to Board discussions, Quality Forum agendas, and key reviews, helping make sure lived experience guided priorities and improvements.
- better communication and accessibility - they used storyboards to clearly share patient perspectives and pushed for clearer reports, more accessible information, and improved patient facing materials.
- improved complaints and feedback processes - the Council challenged how learning from complaints was measured and encouraged more involvement from patients and carers in shaping solutions.

Reflecting on the development of the People’s Council, people said: ***“We’re making change happen,” “We’re a bridge between patients, carers and staff,” and “This is real co-creation, not just a tick box.”***

The Council agreed that future work should focus on showing the impact of lived experience, clarifying governance roles, embedding lived experience in the new Trust strategy, and creating more secure long-term roles for lived experience partners.

You can find out more about our involvement work in our Annual Report and on the [Get Involved page of our website](#)



Quality in all that we do

At LPT, everyone has a role to play in making our services better. Our quality improvement (QI) programme, *WeImproveQ*, gives staff the tools and confidence to spot when something could be improved and to make positive changes that benefit patient care.

This year staff across the Trust continued to build their skills, learn new ways to solve problems, and strengthen our culture of *always learning and improving*.



- 18 staff took part in national improvement training, building practical skills to solve everyday challenges.
- 8 staff completed the Quality, Service Improvement and Redesign (QSIR) programme, and 99 staff joined our internal QI workshops. *WeImproveQ* were proud to be finalists in the Group Excellence Award, recognising the 8 QSIR Associates who delivered improvement training to over 80 staff across the Group.
- We developed and tested a new internal 'WeImproveQ' Fundamentals' programme with 8 staff and 1 expert by experience. This support will help staff confidently start their own improvement projects, put their learning into practice, and make lasting changes. Building this confidence and capability will remain a key focus in 2026/27. One matron who took part said: ***'The combination of theory and practical application was invaluable. I found this really helped to embed my knowledge and significantly improved my confidence.'***
- We have 225 regular audits on AMaT (Audit Management and Tracking), helping wards and teams track quality each month, especially around recordkeeping and safety. Some audits also support Trust wide checks, such as how we manage medicines. During the year, staff were involved in 43 clinical audits, 12 national audits, and 71 service evaluations, giving us a clear and ongoing picture of how we are performing and where we can improve. 218 staff were trained to use our online AMaT platform to monitor quality and safety. As a result, we've seen an improvement in action planning and compliance with audit targets. All improvement work has now seen moved onto the AMaT platform.

We delivered 14 "QI in a Box" sessions and supported 11 staff starting improvement projects through the Nursing and Allied Health Professions Fellowship. Topics they looked at included promoting smoking cessation in adult mental health rehabilitation patients using free rechargeable vape devices. This matters because people with serious mental health difficulties often smoke heavily, which can cause problems on smokefree NHS premises and lead to more smoking related incidents for staff to manage. We also want to help people make healthier lifestyle choices that support their overall wellbeing. The potential to introduce free vapes for use on these wards is now being considered.

Another member of staff explored the benefits of sensory informed approaches in mental health clinics. This is important because more people using our services have both mental health needs and neurodevelopmental conditions, like autism. Some people experience sensory overload from lights, noise, or busy spaces in clinics, which can make it harder to stay calm, feel comfortable, or fully engage in their care. This work aimed to understand these challenges and make our environments easier and more supportive for everyone. Next steps include piloting an occupational therapy sensory regulation group and evaluating the use of individual sensory kits in outpatient clinics.

- We continue to include QI learning in many of our induction, training and development programmes so staff can understand how quality improvement works and feel confident using it to make a positive difference in their roles.
- Our QI huddles generated 141 ideas from staff and people with lived experience via 'conversation starters'. A 'conversation starter' is a short idea or question that brings together the people closest to the problem and the specialists who support them, so they can work together to spark improvements from the ground up.
- QI contributed to wider whole health community pathway improvements, including stroke rehabilitation and musculoskeletal services which help people with problems affecting their muscles, bones, and joints.
- 18 storyboards were created to share learning from improvement projects across the Trust. Storyboards are helpful because they show the whole improvement journey on one easy to understand page, making it simple for staff, patients, and carers to see what was changed, why it mattered, and what difference it made.
- We continued to work closely with NHFT as a Group, sharing learning and best practice. In 2025/26 we focused on building improvement skills and creating shared continuous improvement principles that will be launched and put into practice soon.



Recruitment and workforce wellbeing

Recruitment

During 2025/26 we continued to focus on recruiting and keeping great staff. We successfully reduced and maintained a lower vacancy rate and welcomed around 850 new colleagues. Our staff turnover has also gone down. Together, these improvements have meant we can rely less on agency workers, giving patients more consistency and helping the Trust use its resources more effectively.



We've kept our clinical support staff numbers stable and continued to grow our registered nursing workforce, adding 85 full-time equivalent nurses this year. We've also made real progress in filling medical posts, with 25 more permanent medical staff in place and almost half the previous level of medical agency use.

We've continued to improve the experience for new applicants by keeping our recruitment time to around four weeks. We've also refreshed our induction process so new starters get what they need on day one but can join their teams sooner, helping them settle into their roles more quickly.

Workforce health and wellbeing

Looking after the health and wellbeing of our staff continues to be one of our top priorities. We know that when colleagues feel well, supported, and connected, they are better able to thrive at work and provide high quality care for our patients.

Our Workforce Health and Wellbeing Service offers a wide range of support for colleagues' mental, emotional, social, physical, and financial wellbeing. Through Trust wide communication, events, practical guidance, and targeted team support, we are making it easier for staff to find and access the help they need.

Together, these efforts reflect our commitment to creating a compassionate, inclusive, and supportive workplace where people feel valued and equipped to look after themselves.

Our "Our Future, Our Way" culture change programme gained national recognition in 2025, including being a finalist in the HSJ Staff Wellbeing Award 2025 and featuring as a case study with NHS Employers.

Support within our services

We continue to build a network of colleagues who champion wellbeing across the Trust, helping promote support options, encourage open conversations, and signpost people to resources when needed. This now includes:

- Over 50 Health and Wellbeing Champions
- 300 Mental Health First Aiders
- 5 trained Menopause Advocates offering specialist support
- 23 Professional Nursing Advocates providing reflective supervision

Team Time Out Initiative

Over 326 Team Time Out sessions have taken place, giving teams dedicated time to focus on their health and wellbeing. These sessions have helped strengthen connections, enhance team wellbeing, and provide access to essential information and resources.

Health and wellbeing events

- Health and Wellbeing with Raising Health Roadshows - our face to- face roadshows brought wellbeing directly to staff, offering immediate access to support and enabling us to identify- areas where charitable funding could further enhance staff wellbeing and improve staff spaces.
- Schwartz Rounds - these CPD accredited sessions provided a reflective space for staff to explore the emotional impact of working in healthcare, supporting psychological safety and compassionate culture
- Online workshops and webinars - we delivered a range of awareness events designed to provide education, insight, and practical tools to help staff improve their own wellbeing and support their teams. Many of these sessions were coordinated in collaboration with subject matter experts and trusted partners, ensuring staff had access to high quality, evidence informed guidance.
- Competitions and challenges - to strengthen connection and encourage healthy lifestyle habits across the Trust, we coordinated a variety of challenges focused on physical activity, communications, gardening, and photography.



Commitments

We are proud to be recognised as both a Mindful Employer and a Healthy Workplace Committed Employer. These accreditations reflect our commitment to creating a supportive, inclusive, and health enhancing working environment. They also provide a clear framework that helps us align our health and wellbeing provision with the needs of our workforce. By using the standards, guidance, and evidence based principles within these accreditations, we ensure our initiatives remain responsive, targeted, and focused on supporting staff to thrive at work.

Staff survey

Around 4,000 staff (56%) completed the 2025 NHS Staff Survey- slightly fewer than last year but still above the national average. The survey helps us understand how staff are feeling, what's working well, and where we need to improve. The NHS People Promise covers the things staff say matter most to their working lives, such as feeling safe, valued, supported, included, able to learn, and part of a strong team. Despite national declines in most scores this year, LPT scored better than the national average in all nine People Promise indicators, showing that staff experience here remains stronger than in many other NHS Trusts. You can read more about staff survey results in our Annual Report or at on the [national staff survey website](#).

Freedom to speak up

At LPT patient and staff safety remains our highest priority. In April 2025 LPT launched its vision, “Together we thrive; building compassionate care and wellbeing for all”, which drives everything we do. A vital part of this vision is ensuring that each member of staff feels able to speak up confidently, safely and without fear of detriment.

Creating a Culture Where Every Voice Matters

We are committed to maintaining transparent routes for staff to raise concerns or share ideas for improvement. Whether an issue involves patient safety, staff wellbeing, or everyday ways we could do better, we want our colleagues to know they will be listened to, supported, and taken seriously.



Throughout 2025/26 we have been developing a Freedom to Speak Up (FTSU) reporting tool using Ulysses, the Trust’s established safety and risk management system. On track to launch in April 2026, this tool will provide opportunities for richer triangulation of data at a local level, consistency in data reporting mechanisms and efficient reporting to the National Guardian’s Office.

Speak Up training for all healthcare workers was introduced as a role essential eLearning module across our workforce and we have achieved 98% compliance.

Psychological safety remained a central focus of the Our Future Our Way cultural programme over the last year. Our Trust values - respect, integrity, compassion and trust - and our leadership behaviours were brought to life through a collaboratively created definition of psychological safety. Our aim is simple; everyone should feel safe raising concerns and contributing ideas in a respectful, inclusive, environment.

In addition, our FTSU Guardians supported a leadership conference entitled *Where I Belong: Every Voice Matters*. The conference was all about championing the courage to speak up, fostering psychological safety, and building inclusive, healthy communities where every voice truly matters. Feedback from delegates has been used to develop practical resources to support our colleagues, managers and leaders.

During Speak Up Month in October 2025, our FTSU Guardians - alongside members of the Trust Board, FTSU Champions, Health and Wellbeing Team, Equality Diversity and Inclusion Team and Staff Engagement team - visited 29 clinical and non-clinical sites, meeting staff, raising awareness, and offering face-to-face support.

Our Trust Board undertook an interactive review of the Freedom to Speak Up Reflection and Planning tool. This provides evidence of activities that are impacting on the organisation’s speaking up culture and is used to identify any gaps or potential barriers. This has been used to create the FTSU Team action plan, helping the organisation to embed a consistent, high-quality approach to speaking up.

Board members were also asked to evidence their FTSU pledge. These were uploaded to our internal facing intranet, StaffNet, as a reminder of their personal commitment to encourage speaking up, the importance of listening, following up and responding to speaking up matters and highlighting opportunities for learning.

These engagement activities are aimed at empowering staff and reinforcing the FTSU message that speaking up is everyone's responsibility.

Our FTSU network includes two part-time FTSU Guardians and 24 FTSU Champions. Together they offer a responsive, visible and resilient speaking up service, working closely with staff networks and other key stakeholders to embed key messages and support colleagues across the organisation.



What staff are telling us

A total of 178 cases were recorded during the year. This was an increase of nine on the previous year. The upward trend not only shows a growing confidence in the FTSUG service but also reflects the impact of our enhanced visibility and wider engagement work.

The themes raised remain consistent and include staff safety and wellbeing, management styles, leadership behaviours, psychological safety, information governance and patient safety concerns, including staffing levels and waiting lists.

How speaking up leads to positive change

We remain deeply committed to listening and learning from every case; with one concern raised around inpatient staffing protocols resulting in a new, standardised, process for requesting additional staff being developed and shared across all directorates. This is a powerful reminder that one person's voice can create meaningful change.

National Guardian's Office (NGO)

As responsibility for the NGO transitions to NHS England in 2026. LPT will continue to prioritise visibility, responsiveness and continuous improvement.

Guardian of safe working hours

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



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

Exception reporting is used when a resident doctor's day to day work varies significantly and/or regularly from the agreed work schedule. Between May and December 2025, 45 exception reports were logged. This is a decrease compared to the previous year. No immediate safety concerns were reported or identified via the exception reporting system. Reports related mainly to appropriateness of overnight on-call reviews or doctors having to stay late or miss breaks. It was noted that a significant proportion of the reports related to one particular site rota with people not having up to five hours of rest. A review looking into the issues that have arisen at this site impacting the on-call rota is ongoing.

Next day compensatory rest is provided to any trainee that is unable to take the required rest overnight and accommodation is provided to any trainee that feels unsafe to travel home after an on-call duty.

Financial penalties can be incurred by the Trust in some circumstances and fines amounting to £9,785.51 were incurred this year. This is lower than the £10,464.72 incurred in 2024. A proportion of this was paid to doctors and a proportion was used to support wellbeing events and working conditions for resident doctors.

At the end of March 2025 NHS Employers announced plans to reform exception reporting for resident doctors in England. This has now been fully implemented with a new system which has been in place since February 2026. Key changes include, rolling fines for employers who fail to onboard residents onto an exception system within seven days of starting work, removing clinical and educational supervisors from the sign-off process for additional hours worked and financial penalties for employers who breach new confidentiality processes for Exception report data. Processing timeframes increased to 10 days and from August 2026 it will be 7 days (previously 28 days).

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

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

There are regular meetings to review and manage vacancies and the utilisation of agency and bank usage. Work continues to support the career development of our trainees and substantive medical workforce colleagues.

Research

Research helps us keep improving the care we provide. It means asking questions about why we do things the way we do, and using new knowledge to make services safer, more effective, and more responsive to people's needs.

At LPT, we believe research should be part of everyday NHS work. We are working to build a strong research culture because the best care comes from the best evidence. To support this, we are working with the University of Leicester to become a University Hospital Association Trust in the future along with NHFT. This would help us attract and keep talented research active staff and bring more innovation, education, and service improvements to our patients.

We are committed to making research a routine part of care across all our services. This means giving patients, service users, carers, and staff as many opportunities as possible to take part in studies that matter to them.

We support large national and international research projects through the National Institute for Health and Care Research (NIHR), as well as smaller local studies, including those led by staff completing doctoral work. Our research delivery team and clinical colleagues help run these studies safely and effectively, and as an accredited research sponsor, we also support staff to design and lead their own research.

From 2025, LPT became a Category A Delivery Organisation within the new NIHR Regional Research Delivery Network (RDN), and we also joined the NIHR Leicestershire and Northamptonshire Commercial Research Delivery Centre. As part of this collaboration, we have secured a contract for a mobile research unit, which will bring research opportunities directly into communities across the region.

Over 2025/26 LPT have supported 387 participants (266 in NIHR RDN Portfolio Studies) to take part in research studies approved by the HRA. Currently we have 27 open NIHR Portfolio studies and have completed 12 major multi-centre studies in year. This work is coordinated through our lean and efficient integrated research office and NIHR RDN Delivery Team (seen above promoting "Red for Research") supporting every Trust directorate and wider services across the LLR System such as care homes.

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

- **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.



- **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.
- **My Medicines Journey:** Better-managed medicines will optimise health and quality of life and reduce adverse outcomes. This, in turn, should reduce avoidable hospital readmissions and delay requirements for assisted living. The intervention, called 'My Medicines Journey,' is pharmacy-led. It promotes continuity of medicine-related care for older people living with long-term conditions through better-quality medicine conversations, increased knowledge, skills, and self-management.
- **SPELL and ROBUST:** Cerebral palsy (CP) is caused when babies around the time of their birth suffer brain injury from lack of oxygen in the brain. The SPELL and ROBUST studies aim to assess if a dynamic stretching exercise programme for children with cerebral palsy (SPELL) or an exercise programme to strengthen the muscles of young people with cerebral palsy (ROBUST) is better than their usual physiotherapy treatment.
- **Unlocking Excellence:** This research aims to identify effective practices in community intellectual disability services for mental health care, reducing inpatient admissions.
- **PAC-MAN:** This research study is focused on developing and evaluating strategies to support patients with indwelling pleural catheters (IPCs) in managing their care independently.
- **Enroll-HD** is a worldwide observational study open to people with, or at risk of, Huntington's disease (HD). It aims to understand the experience of those living with HD and how the disease changes over time. LPT recruited our 200th participant this year.

In LPT we believe that it is important to offer the choice to take part in research which is relevant to them. A family who are long-term participants in Enroll-HD and have recently seen a number of potential treatment trials coming to the UK for Huntington's disease, said: ***“Research may not be for us, in the present day, but it offers the hope for a better future for those who come after. We have to understand our condition, what we can do, and what the future holds.”***

We have a number of schemes aimed at enhancing the research culture across the Trust, including the continuing Research Envoy Scheme and Clinical Research Associate Programme offering early steps in the research career pathway. Our team are developing and delivering research workshops, which are a series of skills-based sessions, to support staff to be research engaged and to get their work published.

A complete breakdown of all portfolio and non-portfolio research from 2025/26 is available by emailing lpt.research@nhs.net.

Service improvement across LPT

Over the next few pages, we share examples of some of the many service improvements that our staff, patients, families and carers have made happen in 2025/26.

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

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



We aim to answer yes to all these questions and our examples are presented under these headings.

Recognising and supporting care leavers

This year we introduced a new care leavers icon in SystemOne, added with the young person's consent when they turn 18 and leave care. This simple marker helps health professionals understand that the person may have additional health needs linked to their experiences in care, without the young person having to repeat their story. It supports more compassionate, trauma informed care by prompting staff to consider any extra time, support or adjustments that may help, so that care leavers receive the most appropriate and sensitive support across all services.

Enriched model of dementia care helping patients and staff

We introduced the enriched model of dementia care on our mental health service for older people inpatient wards to improve understanding and support for people living with dementia. This model helps staff see the whole person, not just their dementia symptoms. To do this, nurses and speech and language therapists deliver training sessions using videos, examples from practice, and group reflections.

Training gives a shared language to understand patients better and work more confidently as a team. The model helps staff recognise patients' needs earlier and provide more meaningful support, which can reduce the need for 1:1 observation. Overall, this approach helps create a calmer, more person centred environment where patients feel understood and staff feel more skilled and connected in their care.

The right support is just a few clicks away

We are using the Joy App to help people get quicker and easier access to local wellbeing support without always needing to see a GP or use urgent care services. By simply typing in their postcode Joy helps connect patients to the right community services in minutes, encourages people to attend, and gives the public clear information so they can find help for themselves when it isn't a medical issue. For example, this might include support with loneliness and isolation, managing a long-term condition, help with a housing problem, bereavement support, groups, sports and social activities. There are over 900 offers available in Leicester, Leicestershire and Rutland. The app also provides useful data to show what works and where support is most needed, helping us focus on prevention and tackle health inequalities more effectively.

Easy Read 'Carers and Confidentiality' leaflet

We have introduced an Easy Read version of our *Carers and Confidentiality* leaflet to help carers, family members and friends understand how information can be shared in a kind and respectful way. Easy Read is important because it uses simple words and clear pictures, making information easier to understand for people with learning disabilities, people who prefer visual communication, or anyone who may find standard leaflets difficult to read. The leaflet is helping carers understand the limits staff must follow - especially when a patient asks for certain information to be kept private. It is also helping staff recognise that confidentiality should never be used as a reason to ignore carers' views, and that carers still play an essential role in supporting the person's care journey.

Responsive

Transforming access to community mental health support

Our transformation programme is redesigning adult community mental health services to make access quicker, simpler and more consistent. A single “front door” approach means people no longer move between multiple services; instead, multidisciplinary teams work together from the outset to identify the right support. Community Connectors play a central role in this model, acting as the first point of contact for people referred into the service. They spend time early on understanding individual needs, gathering key information, explaining what will happen next, and helping people access local community and voluntary support where this can meet their needs. Community Connectors also support people to move smoothly into the right clinical care when needed, reducing delays, repetition and uncertainty. Alongside daily team huddles, reduced caseloads and improved systems, this approach enables earlier contact, more personalised and joined-up care, shorter waits, and better experiences, while also improving the information and support available to help people stay well while waiting or after discharge.



Neighbourhood Mental Health Cafés

We continued to expand the number of Neighbourhood Mental Health Cafés across Leicester, Leicestershire and Rutland offer safe, welcoming spaces for anyone aged 18+ who is struggling with their mental health. Trained staff are on hand to listen, provide practical support and coping strategies, and help people feel safer by guiding them to the right support in their community. Anyone can simply walk in - no appointment, no judgement, and no pressure. There are currently mental health cafes in 26 locations, with a new café set to open in May 2026 in Rutland provided by the Rural Community Council.

New liver health fibro-scanning clinic ward patients

We have launched a new Fibro-scanning clinic on our adult mental health inpatient wards to make it easier for people with both mental health and substance use needs to get their liver health checked. Fibro-scanning is a quick, painless test that helps spot early signs of liver disease, meaning patients can get the right support sooner. By offering this service on the ward, patients no longer need to travel for appointments, helping reduce barriers to care and supporting a more joined-up approach to physical and mental health. The Co-Occurring Mental Health, Alcohol and Drug team worked collaboratively with the University Hospitals of Leicester NHS Trust Community Liver Health Checks team to make sure patients who may be at risk are assessed and referred smoothly, helping improve health outcomes and support recovery.

New hearing testing facility at Beaumont Leys

We opened a new diagnostic hearing testing facility at Beaumont Leys Health Centre to replace outdated spaces and ensure children and young people could receive safe, accurate hearing tests in a specialist environment. As the second site to benefit from this investment, it supports our progress toward national UKAS IQIPS accreditation standards. The fully soundproofed room and separate observation suite now provide a gold standard testing setting, while our audiology staff also gained a significantly improved place to work.

New frenotomy service for local families

We launched a new pilot service offering frenotomy, a simple procedure that cuts the small tight piece of skin under a baby's tongue to help it move more freely. This can make feeding easier, improve weight gain, and reduce pain and stress for parents. The service provides local, specialist support for babies aged 8 days to 18 weeks, helping families avoid long waits or the need to seek private treatment. Each family also receives guidance after the procedure, such as tongue exercises and breastfeeding support, to help feeding improve safely and comfortably.

Improving communication for deaf patients

This year we introduced instant access to British Sign Language (BSL) interpreters through SignLive, helping Deaf patients communicate with staff quickly and safely. By scanning a Trust specific QR code, patients can connect straight away with a qualified interpreter when they arrive, and staff can also use the service during appointments to ensure information is understood clearly. This improves safety, reduces delays and ensures Deaf patients receive fair, equal access to healthcare. Clear guidance has been provided to staff, so the service is used appropriately and consistently.

Improving autism and neurodevelopmental support for young children

We have improved how we assess and diagnose autism in children under five, making the process quicker and clearer for families. Over the last few months, around 70 children have received a timely diagnosis through this streamlined approach. We have also introduced new clinical and administrative procedures to support our Paediatric Autism Assessment team. In addition, we are working with national partners to develop a local service for Fetal Alcohol Spectrum Disorder (FASD), with team clinicians beginning specialist training to offer this support soon.

Top marks for cleanliness at LPT

LPT has again achieved outstanding results in the 2025 Patient Led Assessments of the Care Environment, scoring 100% for cleanliness for the third year in a row, 99.97% for condition, appearance and maintenance, and 98.7% for privacy, dignity and wellbeing. These inspections are carried out by assessment teams made up of at least 50% patient representatives, who review key areas such as cleanliness, safety, the condition of buildings, and how well patients' privacy and dignity are protected. LPT was one of only five out of 54 community and mental health trusts to receive full marks for cleanliness, and ranked second for both condition and privacy measures, showing our continued commitment to providing a clean, safe and welcoming environment for patients.

Effective

Improving physical health care for people with learning disabilities

This year we launched a new Physical Health Competency Framework to help ensure people with learning disabilities receive safer, more consistent and proactive physical healthcare. The framework strengthens staff knowledge and skills so they can spot physical health problems earlier, respond more confidently, and provide care that meets each person's unique needs. This means patients can benefit from faster access to the right support, more regular health monitoring, and better prevention of avoidable health issues. By reducing health inequalities and encouraging truly holistic care, the framework helps improve long term health outcomes and ensures that people with learning disabilities receive high quality care that supports their wellbeing at every stage.



Improving efficiency in phlebotomy

Our phlebotomy services (the dedicated team who take blood samples from people) who visit patients in their own homes worked with the Health Informatics Service to introduce a new system for labelling blood sample bottles. Previously these were handwritten but staff are now able to print labels, saving time, improving accuracy and reducing rejections from the pathology service when labels are difficult to read.

Hinckley Hub now open to patients

Our new LPT base inside the Hinckley Hub is now open to patients. The Hinckley Hub is a shared public sector building that brings together local services - including Hinckley and Bosworth Borough Council and other organisations - making it easier for people to access support in one place. From our new space, patients can now attend adult and children's physiotherapy, children's occupational therapy, and speech and language therapy in a modern, welcoming environment. The LPT area includes ten treatment rooms, two gyms and new staff workspaces, replacing an old 30-year-old portacabin.

Better, safer chairs to support patient comfort and recovery

We reviewed bedside chairs on our community hospital wards after staff and patients highlighted the need for improvement. An audit showed some chairs were old, some not meeting safety or infection control standards, and only a small number offering proper adjustment or pressure relief. We worked with manufacturers, tested options, and chose a chair that can be tailored to each patient's needs. The new chairs improve comfort, posture and rehabilitation, reduce falls risk, are easier to clean, and allow cushions to be replaced without needing a whole new chair—making care safer and more consistent for everyone.

New data apprenticeship

This year we launched a new data apprenticeship which is helping staff across LPT build stronger digital and data skills so they can work more efficiently and make better informed decisions. By learning how to use data more confidently, staff can spend less time on manual tasks and more time focusing on patient care. It also helps teams understand trends, improve services more quickly and use resources wisely. Overall, this programme strengthens our workforce and supports safer, more effective care for patients.

Helping everyone communicate better in clinic

Our adult learning disability psychiatry outpatient service worked to improve communication during clinic appointments. Many people with a learning disability find communication difficult. Around 60% can use pictures, symbols, signs or simple speech to help them communicate. At the start of the project, there were no visual tools to help people communicate during their clinic appointments. The aim of the project was to make communication easier by giving patients simple, clear visual aids to help them understand information and take part in their appointments. The tools were designed together with patients, carers and staff. They are now used every day in the clinic and shared with other services. Early feedback showed that people liked the tools, felt more involved, and found it easier to make decisions about their care.

More affordable chest therapy for children

Our Diana Community Respiratory Physiotherapy team switched to a new chest therapy vest to help children clear mucus more easily at home. The vest gently creates small vibrations - like “mini coughs” - that loosen mucus and help breathing. Because the previous supplier had significantly increased costs, we moved to a more affordable alternative which is allowing us to continue delivering high quality care in the most cost effective way. These vests are loaned to unwell children who need help managing their condition at home, helping to prevent hospital admissions. One parent said the device **“changed my life over the last six months.”** Switching is also expected to save £195,525 over the next five years, supporting both families and the long term sustainability of the service.

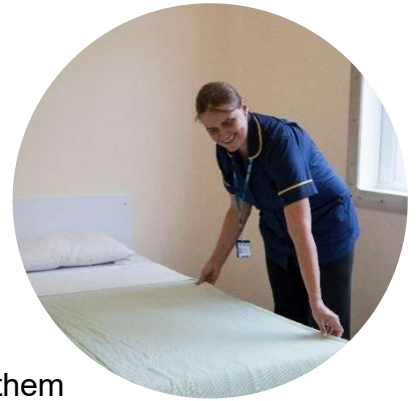
Using Artificial Intelligence (AI) to work more effectively

Our Trust has introduced Microsoft Copilot to help staff work more efficiently by automating simple administrative tasks. Copilot is an AI chat service that can understand questions and requests, generating answers to support staff. This gives teams more time to focus on delivering high quality care. Copilot is the only approved AI tool for Trust use. We continue to prioritise safety, privacy and good judgement, with people—not technology—remaining at the heart of what we do.

Safe

More accurate medication documentation

After a CQC inspection of our community mental health teams highlighted a potential risk, we moved from paper depot medication charts to a new digital system in SystmOne. Digital charts reduce the risk of errors by ensuring medication changes are recorded clearly and consistently in one place, without missing information. Staff can see up-to-date details instantly, which helps them monitor treatment more accurately and make safer clinical decisions. It also improves communication between teams, as everyone involved in a patient's care can access the same information at the right time.



Lifelong infection alert

To help keep everyone safe, SystmOne – our electronic patient record system - now shows a helpful alert when a patient has a lifelong infection. This pop-up reminds staff to pause and think about infection prevention and control (IPC) so they can use the right precautions during care. An icon ⚠️ will also appear in the patient's record and clicking it will show which infection is present.

New quality and safety dashboard

We have developed a new automated inpatient quality and safety dashboard to help staff easily track how well we were performing in key areas of patient care. The dashboard brings together important measures - such as restrictive interventions, patient experience (complaints, concerns and compliments) into one dashboard. New measures such as incidents, pressure ulcers, medication errors, staffing and are now being included. It allows teams to view information at Trust, directorate, unit or ward level, compare different measures side by side, and explore the data in more detail. A small group of staff tested an early version of the dashboard, and their feedback helped shape the system before it was shared more widely across the Trust. It continues to develop and will be used as a proof of concept for further framework development

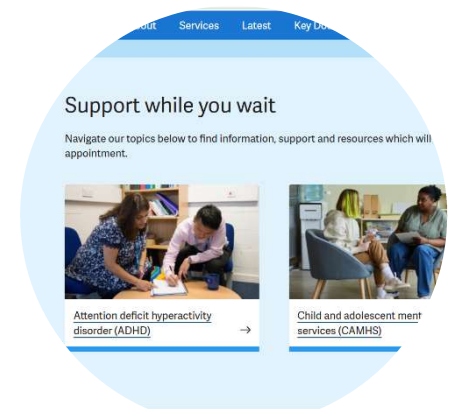
Using safety huddles to keep patients safe

We are using safety huddles to help our teams work together and spot any risks that could affect patient care. A safety huddle is a short, focused meeting where staff pause to review what happened recently, discuss any concerns for the day, and agree actions to keep patients safe. This helps everyone share important information, improve communication, and stay aware of any early signs that a patient may need extra support. By bringing the team together regularly, safety huddles strengthen our safety culture and help us provide consistent, high quality care across our inpatient and community services. Board members discuss the effectiveness of safety huddles and any barriers to them taking place with service leads when they visit wards, services and teams.

Helping people stay well while they wait

We know that some patients are still waiting longer than we would like for assessments or treatment, so we created a new 'While You Wait' section on our Trust website to give people safe, clinically approved information and support while they wait.

This online area focuses on three priority areas where waits are longer - attention deficit hyperactivity disorder, child and adolescent mental health services and mental health. It provides clear advice about conditions, practical tips for daily life, and ways to stay well while waiting for an appointment. Although it doesn't replace a full assessment, it helps people understand their symptoms, find reliable guidance sooner, and feel more supported. The pages will continue to grow, with plans for videos from clinicians and Easy Read or translated leaflets, helping make information accessible for everyone. You can see the resources on the [support while you wait page of our website](#).



New medication training framework to keep patients safe

We introduced a new, standardised framework to make sure all staff who give medication have the up-to-date skills and knowledge they need to do this safely. The framework includes a workbook and an assessment tool that all newly registered practitioners, new starters and bank staff must complete, usually within their first six weeks. It replaces older training materials and ensures everyone is assessed in the same way across the Trust. Staff must also be trained in the specific electronic prescribing and administration systems used in their area. This updated process helps reduce medication errors, supports learning when mistakes do occur, and makes sure patients receive safe and consistent care from well-trained professionals.

Using SBAR to improve how we learn from incidents

In June 2025 we published a new Standard Operating Procedure (SOP) to guide staff in using the SBAR method - *Situation, Background, Assessment, Recommendation* - when reporting any type of incident. SBAR gives a clear and consistent structure for sharing important information, which helps teams quickly understand what happened and what needs attention. By using SBAR for all incident reporting across the Trust, we can spot issues earlier, learn from them more effectively, and improve patient safety and overall care.

STORM Suicide Prevention Training

We introduced STORM training for our staff - an evidence based programme that teaches staff the best ways to talk about and respond to self harm and suicide concerns. STORM gives teams practical skills in engagement, holistic assessment, risk formulation and personalised safety planning, all based on research, best practice and lived experience. Because conversations about suicide can be challenging, this face to face training helps staff feel more confident and better equipped to support people safely. It is delivered by our experienced practice development nurses and runs monthly.

Well-led

NHS Oversight Framework

NHS England launched the NHS Oversight Framework in June 2025 with the aim of providing a consistent and transparent way to assess NHS trusts and integrated care boards, strengthen public accountability and drive improvement across the NHS. The results are shown on a public dashboard that is updated every three months. LPT has been rated in Segment 2 since the framework's launch, meaning we are doing well in most areas, with some things to keep improving. The ratings look at things like quality of care, leadership, staff experience, access to services, value for money, and financial performance. As at 31 March 2026 (when quarter three information is available) LPT ranks 27 out of 61 similar trusts. This is a good position and reflects the hard work of staff. To find out more visit the [NHS Oversight Framework Website](#).



Our Future Our Way new focus areas

Our Future Our Way, LPT's culture improvement programme, continues to make good progress. Led by change leaders across the organisation, the programme aims to build a more inclusive, supportive and compassionate workplace. Early in 2026 the programme progressed to focus on tackling experiences of racism and discrimination and improving fair and equal career progression for everyone. Staff feedback is helping shape this work, and change leaders are gathering insights so they can design and deliver meaningful improvements that support colleagues and strengthen the care we provide to patients.

Our new plan for better psychological care

This year we launched our new Strategic Plan for Psychological Professions (2025–2030), which sets out how we will strengthen and expand psychological support. The plan highlights the vital role psychological professionals play in prevention, digital care, and working more closely with local neighbourhood teams. It focuses on improving patient outcomes, developing new and innovative services, and working in partnership with people with lived experience, voluntary sector organisations and other health partners. The strategy gives our teams a clear direction for the future so we can maximise our impact on the wellbeing of our local communities.

Quality improvement in the spotlight

This year we launched our new Spotlight Talks; a series designed to share and celebrate the great improvement work happening across our services. Staff come together to showcase projects that are making a real difference for patients, carers and colleagues, helping others learn from their ideas and successes. These short sessions highlight practical innovations—such as new digital tools and ways of working—that support safer, more effective and more personalised care for our communities. 120 staff took part in the first session which focused on digital innovation - including how digital contacts are improving support in CAMHS and how a new digital platform is helping clinicians monitor wound care more effectively in community health services.

Promoting safety and respect

We are committed to keeping our Trust a safe and respectful place for everyone - patients, families, staff, volunteers and learners. As part of this, we signed NHS England's Sexual Safety in Healthcare Charter and take a zero-tolerance approach to any unwanted or inappropriate sexual behaviour. To support this, all our staff are completing specialist training on understanding and addressing sexual misconduct. This helps us build a safer, more supportive environment for everyone who uses or works in our services.

Our commitment to safe, respectful and high quality care

This year, LPT was awarded affiliation with the Bild Association of Certified Training (ACT), recognising our commitment to delivering safe and compassionate approaches when supporting people in distress. This means our staff are trained to the Restraint Reduction Network Standards, which focus on preventing crisis, reducing the use of restraint, and ensuring any intervention is always safe, respectful and appropriate to each person's needs. Being an affiliated organisation ensures that training is delivered by skilled professionals and supports our ongoing work to provide care that protects people's dignity, wellbeing and human rights.

Building a stronger culture of care

This year we continued to embed our Culture of Care programme, which aims to make our inpatient mental health, learning disability and autism wards safe, supportive and therapeutic places for both patients and staff. Our programme is strengthened by a lived experience leadership approach, demonstrating meaningful involvement and leadership from people with lived experience, as recognised by external partners. Using national Culture of Care Standards, we have already seen positive improvements on wards such as Belvoir, Welford and Langley, where teams are creating calmer, more compassionate environments. We are now expanding this work across the whole Trust. By involving colleagues in learning, coproduction and equity sessions, we are building a more caring, connected and consistent approach to delivering high quality care.

Zero Tolerance video series

We do not tolerate any form of abuse against our staff from anyone who comes in to contact with our services. We enhanced our zero tolerance offer with some powerful Zero Tolerance videos to empower staff to have the confidence to address and report abuse. They include real stories – things that have happened to staff and the support they have received leading to positive outcomes. [You can watch the most recent video describing the support available from our Police Mental Health Partnership Officer on our You Tube channel.](#)

LPT re-accredited as a veteran aware trust

LPT has been re-accredited as a Veteran Aware Trust, recognising our strong commitment to providing high quality, compassionate care for veterans, serving personnel and their families. This national accreditation, awarded by the Veteran Covenant Healthcare Alliance, highlights our leadership in promoting best practice for the Armed Forces community and acknowledges the continued support of our regional lead as we prepare for future reviews.

Promoting sustainability

Working Together to Improve Our Green Plan

LPT has a [Green Plan for 2025/26 – 2027/28](#) which sets out its vision for improvement in relation to workforce and leadership, net zero clinical transformation, digital transformation, medicines, travel and transport, estates and facilities supply chain and procurement and food and nutrition.

Across our group, teams are working together to reduce our environmental impact and make our services more sustainable. For LPT, this includes expanding electric vehicle charging, developing a Trust-wide travel plan, establishing our carbon footprint, and planting new trees to improve green spaces at our sites. Staff are also helping shape greener ways of working through local initiatives like the LPT Green Group. These shared efforts are helping us cut waste, lower emissions and create healthier environments for our patients, communities and staff.

We are working to cut down the use of single use plastics across our services. Staff and service users are helping to test and develop simple, practical ideas—such as:

- reviewing the use of procedure packs. A procedure pack is a sealed, sterile kit that contains everything needed for a specific clinical task - such as dressings, sterile gloves, a sterile field, swabs, or waste bags. Because all the items are brought together in one sterile pack, it helps staff work more efficiently and reduces the risk of infection by keeping the environment as clean and safe as possible. A full procedure pack is not necessary for all procedures. In some cases, just disposable gloves would be clinically appropriate.
- scoping the potential to rationalise the uniform range and source from sustainable suppliers
- looking at phlebotomy supplies, how blood tests are carried out, from the equipment we use to how samples travel - so we can reduce waste and cut down on carbon emissions. This might include re-usable tourniquets, for example. A tourniquet is a simple band or strap that is gently tightened around a patient's arm during a blood test or other procedure.

By looking closely at what we order and how we work, we can make environmentally friendly changes that improve sustainability while still delivering safe, high-quality care.

Expanding Solar Power Across Our Sites

In early 2026 we will be installing new solar panels at several of our buildings, including Coalville Community Hospital, the Herschel Prins Centre, Gwendolen House and the Evington Centre. This work will help us generate cleaner, greener energy and reduce our environmental impact.



Summary

Thank you for reading our Quality Account for 2025/26. This year, we have continued to focus on providing safe, kind and effective care, while listening closely to the people who use our services and the staff who deliver them. Across our mental health, learning disability and community health services, we have made improvements that help people access support more easily, feel better informed and more involved in their care, and receive high quality treatment that meets their individual needs.



We have also strengthened our safety culture through better communication, new digital tools and regular safety huddles, and continued to reduce health inequalities by working closely with our diverse communities. Our teams, patients, carers and partners have all played a vital role in shaping positive change, from developing new resources and therapeutic spaces to co-producing improvements in services across the Trust.

At the same time, we are planning for the future - investing in greener, more sustainable ways of working, supporting our staff's wellbeing, and building stronger research, training and leadership so we can keep improving year after year.

Although challenges remain, we are proud of the progress we have made together. We remain committed to learning, listening and working in partnership with our communities to make sure our services continue to improve and everyone receives compassionate, high quality care when they need it.

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

LEICESTERSHIRE COUNTY COUNCIL

HEALTH AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE

COMMENTS ON THE LEICESTERSHIRE PARTNERSHIP NHS TRUST QUALITY ACCOUNT FOR 2025-26

MAY 2026

The Health and Communities Overview and Scrutiny Committee welcomes the opportunity to comment on the Leicestershire Partnership NHS Trust (LPT) Quality Account for 2025-26. The Committee has scrutinised the work of LPT at three Committee meetings during the 2025-26 year and been concerned about the rising demand for LPT services and the causes of the demand.

At our November 2025 meeting the Committee received a presentation on LPT's THRIVE Strategy. The Committee learnt that a key part of the Strategy is the move from analogue to digital. Whilst the Committee recognised the positive impact better use of technology could have for LPT and the time it could save, the Committee has raised concerns that a focus on electronic forms of communication could negatively impact some cohorts of patients. Our members also raised concerns about vulnerable people with mental health issues having to engage with Artificial Intelligence rather than a human person. Notwithstanding these concerns, the Committee is pleased to note from the Quality Account that progress has been made against the THRIVE priorities over the last year. It is gratifying to see from the Quality Account that LPT's digital improvements to CAMHS waiting lists were a finalist in the Nursing Times Awards 2025.

At the Committee's September 2025 meeting we received a report about mental health and early intervention services available locally. Members welcomed that the number of people waiting for Talking Therapy was falling and that the therapy appears to be having a positive effect, but we expressed concerns about the wait times for the more specialist therapy. The 2025/26 Quality Account rightfully acknowledges the need to significantly improve outpatient waiting times and helpfully sets out the improvements that have been made.

The Committee has learnt that a new version of the Talking Therapy service is being developed specifically for people with ADHD and looks forward to hearing more about this in future reports.

The Committee has raised concerns about the number of patients failing to attend appointments with LPT but received reassurances from LPT that there is a robust process in place for managing DNAs and assessing whether immediate action needed

to be taken, such as contacting relatives. The Committee would welcome this issue being addressed by LPT in a public document such as the Quality Account.

At our September 2025 meeting the Committee raised concerns that people having a mental health crisis might feel unsure about where to go for help. Therefore, the continued development of the Central Access Point (CAP) is welcomed as it provides a simple starting point for patients to access a wide range of invaluable support. Though perhaps the Quality Account could have included more data about the numbers of people using the CAP and where they were referred onto.

In the past year the Committee learnt about the Chat Health confidential text messaging service which enables people to have a text conversation with a nurse, mental health professional or health visitor. The Committee is pleased to note from the Quality Account that the Chat Mental Health confidential text messaging app was a finalist in the HSJ Digital Awards.

The Committee is aware that isolation can be a contributing factor to mental health problems. The Committee has been informed that the Joy mobile phone app is available for the public to use which offers social prescribing amongst other options. The Committee is pleased to learn from the Quality Account that the app now provides over 900 offers of support and activities in LLR.

At our March 2026 Committee meeting we received a report regarding the CQC inspection in May 2025 of the Trust's adult community mental health services and the Warning Notice the CQC issued in relation to outpatient waiting times. The CQC inspection results are recorded in the Quality Account in some detail, but the Warning Notice could have been highlighted more, at the very least with its own heading in the Quality Account. Outpatient waiting times are a very serious issue of great concern to the Committee, though it is pleasing to note waiting times have improved since the CQC inspection.

One of our Committee members has raised concerns that the adult community mental health services were not the only services provided by LPT that in the last few years the CQC rated as 'requires improvement' and queried whether there was a more systemic problem in LPT. It is therefore pleasing to see that the CQC have recently carried out follow-up inspections of LPT in relation to various mental health workstreams and the CQC ratings for those domains are on an improving trajectory and some are now rated as 'good'.

The Committee enjoys receiving regular reports about the work of the Learning Disabilities and Autism Collaborative increasing the number of health checks being undertaken. This is a positive story and it is pleasing to see from the Quality Account that the Collaborative is now recognised as one of the highest performing in the country. We intend to look at this topic again at our next meeting and help further publicise the issue.

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

Leicester, Leicestershire and Rutland Integrated Care Board (LLR ICB) Chief Nursing Officer Statement on LPT's Quality Account 2025–26

LLR ICBs welcome Leicestershire Partnership NHS Trust's Quality Account for 2025–26 and thank the Trust for the opportunity to comment. The account provides a clear and comprehensive overview of the quality of care delivered across mental health, learning disability and community services, and reflects the Trust's continued commitment to safe, effective and compassionate care for the populations we serve.

We note the progress made during the first full year of the THRIVE strategy and the alignment with wider system priorities, including prevention, neighbourhood-based care and digital transformation. The account demonstrates a mature approach to quality governance, with transparent reporting, strong clinical leadership and a clear focus on learning and improvement.

We particularly welcome the Trust's continued emphasis on patient and carer involvement. The expansion of the Triangle of Care initiative, alongside strengthened approaches to co-production, provides assurance that carers are recognised as key partners in care and that their insight is being embedded more consistently across services. This is an important component of safe, person-centred practice and aligns well with system ambitions for inclusive, relationship-based care.

We recognise the achievements highlighted, including strengthened regulatory compliance, improvements in patient and carer involvement, and continued investment in workforce wellbeing, culture and inclusion. The Trust's work to address waiting times, enhance digital capability and embed co-production is particularly welcome, reflecting a sustained focus on improving outcomes and experiences for local people.

We also acknowledge the challenges described, including rising demand and operational pressures across key pathways. The account provides assurance that LPT is actively addressing these through systematic quality oversight, partnership working and a commitment to continuous improvement across the Group model.

We commend LPT's priorities for 2026/27, which set a clear and practical direction for the year ahead. The focus on improving access and reducing waiting times across key pathways is essential, and we are encouraged by the continued work to strengthen the consistency of clinical models across services. The expansion of the Triangle of Care reinforces the Trust's commitment to involving and supporting carers as partners in care. Alongside this, the emphasis on digital development, inclusion and tackling inequalities provides confidence that the Trust is continuing to build the foundations for safer, more responsive and more equitable care. Together, these priorities offer a steady and realistic plan for improving outcomes and experiences for the people of Leicester, Leicestershire and Rutland, and we look forward to seeing these come to fruition through 2026–27.



Maria Laffan, Chief Nursing Officer LNR ICB

Healthwatch Rutland Statement on the LPT Quality Account 2025/26

Healthwatch Rutland welcomes the opportunity to comment on Leicestershire Partnership NHS Trust's (LPT) Quality Account for 2025/26. We appreciate the openness with which the Trust describes both achievements and areas requiring further improvement. We also recognise the significant pressures facing mental health, learning disability and community services across Leicester, Leicestershire and Rutland.

We are pleased to see strong progress in several areas that matter to patients, families and carers:

- *Carer involvement:* The Trust's achievement of Triangle of Care (TOC) Star 1 accreditation and the expansion of TOC across community mental health and learning disability services is encouraging. The new carer dashboard in SystemOne and the coproduced Young Carers Pack demonstrate the commitment to improving identification and support for carers. The Quality Account notes that the staff training is co-delivered with lived experience partners, an approach we strongly support.
- *Patient and Carer Race Equality Framework:* We welcome the Trust's active work to reduce inequalities, including community-led engagement with Bangladeshi and Black communities and the development of the Manifesto for Black Safety, Healing and Belonging, highlighting the importance of culturally responsive care.
- *Improvements in community mental health services:* We note the CQC's recognition of kind, respectful care and improved ratings for safety and effectiveness. The reduction of average waiting times to 51 days following the warning notice is positive, though continued improvement and monitoring is essential.
- *Quality improvement and patient experience:* We welcome the expansion of coproduction, including the Youth Advisory Board, the People's Council, and lived experience partners embedded in governance and QI projects. We feel that it is important to be clear however, on where true coproduction is in operation and where the Trust is engaging with patients and carers to simply codesign existing patient-facing materials (Recovery College Course Guides) and call scripts (Mental Health Access Point). We would also like to see how lived experience input is changing Trust services in addition to how it is contributing to them.

However, despite some progress, long waits remain a significant concern for people in Rutland, particularly in CAMHS, ADHD pathways and community mental health. The new “While You Wait” resources are helpful, but they cannot replace timely access to assessment and treatment.

The Quality Account acknowledges that care planning is not yet consistent across inpatient services. We support the new priority for 2026/27 to ensure personalised, accessible care plans and hope to see evidence of improvement in the next year.

Overall, the Quality Account reflects a Trust that is committed to improvement, transparent about challenges and increasingly shaped by the voices of patients, carers and communities. Healthwatch Rutland looks forward to continuing to work with LPT this year to ensure that people across Rutland receive safe, timely, compassionate and equitable care.

A handwritten signature in black ink, appearing to read 'T. Allan-Jones', with a horizontal line above the first few letters.

Tracey Allan-Jones
Manager, Healthwatch Rutland

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

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

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

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

- the content of the quality report meets the requirements set out in the *NHS foundation trust annual reporting manual 2025/26* and supporting guidance *Detailed requirements for quality reports*.
- the content of the quality report is not inconsistent with internal and external sources of information including:
 - board minutes and papers for the period April 2025 to March 2026
 - papers relating to quality reported to the board over the period April 2025 to March 2026
 - feedback from commissioners received May 2026
 - feedback from local Healthwatch organisations dated May 2026
 - feedback from overview and scrutiny committee dated May 2026
 - the Trust's complaints report published under Regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009
 - the latest national patient survey published 2026
 - the latest national staff survey published 2026
 - CQC inspection reports dated 2025/2026
- the quality report presents a balanced picture of the NHS trust's performance over the period covered.
- the performance information reported in the quality report is reliable and accurate.

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

By order of the board



Date 24 June 2026Chairman



Date 24 June 2026Chief Executive

Glossary of Terms

Active Bystander Programme – Training that helps staff safely challenge unkind or inappropriate behaviour.

AMaT (Audit Management and Tracking) – A digital tool that helps staff check and improve the quality and safety of care.

Anchor organisation – A large public organisation, like an NHS Trust, that supports the local community through jobs and services.

Aseptic technique – A very clean way of carrying out procedures to reduce infection risk.

Audiology – The area of healthcare that deals with hearing and balance.

Autism-informed care – Care that supports the sensory and communication needs of autistic people.

Bowel chart / Bristol Stool Chart – A simple way of recording bowel movements to spot problems early.

CAMHS (Child and Adolescent Mental Health Services) – Mental health services for children and young people up to age 18.

CAP (Central Access Point) – A 24/7 phone line for urgent mental health support.

Carer dashboard – Part of the patient record showing who cares for someone and what support they need.

Care Programme Approach (CPA) – A previous national system for coordinating care for people with serious mental illness.

Category 2 pressure ulcer – A small open wound caused by pressure or friction that needs quick treatment.

CHS (Community Health Services) – Physical health services provided in the community or in community hospitals.

CINSS – A team supporting people after stroke or with neurological conditions.

Clinical audit – A check to make sure care meets expected standards.

Co-production – A way of working that involves people who use health and care services, carers and communities in equal partnership; and which engages groups of people at the earliest stages of service design, development and evaluation.

Co-production acknowledges that people with 'lived experience' of a particular condition are often best placed to advise on what support and services will make a positive difference to their lives. Done well, co-production helps to ground discussions in reality, and to maintain a person-centred perspective. Co-production is part of a range of approaches that includes citizen involvement, participation, engagement & consultation.

Commissioners – NHS bodies that plan services and fund healthcare for local communities.

Continence link nurse – A staff member trained to support people with bladder or bowel problems.

CPD (Continuing Professional Development) - Ongoing learning and training that helps professionals keep their knowledge and skills up to date throughout their career.

CQC (Care Quality Commission) – The organisation that inspects and rates health and social care services.

CQUIN – A national scheme rewarding improvements in patient care (currently paused).

CRN (Clinical Research Network) – Supports research happening across the NHS.

Culture of Care Programme – Work to improve teamwork and ward environments so they feel safer and more supportive.

Decarbonisation plan – A plan to reduce carbon emissions and support a greener NHS.

DIALOG – A short questionnaire that helps patients and staff discuss and review how someone is doing.

Depot medication– injectable medicines.

DMH (Directorate of Mental Health) – Adult and older people’s mental health services.

Easy Read materials – Information written in simple words with pictures for easier understanding.

EBNI – Evidence-based non-drug treatments used in care.

EIP (Early Intervention in Psychosis) – A service supporting people experiencing psychosis for the first time.

Equality Delivery System (EDS) – A way the NHS checks that its services are fair for everyone.

Equality Impact Assessment – Checks whether a policy or service affects any groups unfairly.

EV chargers – Charging points for electric vehicles.

Fibro-scanning – A painless test that checks liver health.

FFT (Friends and Family Test) – A quick way for patients to say whether they would recommend a service.

Frenotomy – A simple procedure to divide a baby’s tongue-tie and help with feeding.

FTSU (Freedom to Speak Up) – Support for staff to raise concerns safely.

FTSU Guardians / Champions – Staff who help colleagues speak up about concerns.

FYPC/LDA – Children’s services and learning disability/autism services at LPT.

Green Plan – The Trust’s plan for reducing waste and environmental impact.

Guardian of Safe Working Hours – A doctor who ensures resident doctors work safe hours.

Health Research Authority (HRA) – The national body that approves health research.

Healthwatch – The independent organisation that listens to patient views and helps improve services.

ICB (Integrated Care Board) – NHS body planning and funding local health services.

ICE - ICE is an NHS computer system that lets healthcare staff quickly order tests like blood tests or scans and view the results electronically in one place.

ICSPC – A team providing specialist palliative care in the community.

ICS (Integrated Care System) – Local organisations working together to improve health.

Information Governance Toolkit – The NHS’s way of checking information is handled safely.

LeDeR – Reviews deaths of people with learning disabilities or autism to improve care.

LFPSE – The national system for recording and learning from patient safety events.

LLR – Leicester, Leicestershire and Rutland (our local health area).

Lived Experience Leaders / Partners – People who use their experiences of care to improve services.

MASD (Moisture-Associated Skin Damage) – Sore or damaged skin caused by too much moisture.

MDT (Multidisciplinary Team) – Different professionals working together to plan care.

Medical Examiner – A doctor who checks patient deaths and supports families.

MHCAP – A 24/7 helpline offering immediate mental health support.

MHSOP – Mental health services for older people.

Microsoft Copilot – A safe, Trust-approved AI tool that helps staff with simple tasks.

Neighbourhood Mental Health Cafés – Walk-in cafés offering mental health support with no appointment.

NEWS2 – A quick scoring system to spot if someone is becoming more unwell.

NHFT – Our partner Trust in Northamptonshire.

NHS Oversight Framework – A national way of checking how well NHS trusts are performing.

NHS number – A unique number identifying each patient.

NICE – National guidance to improve health and care.

NIHR – The national body that funds and supports research.

NIHR Research Delivery Network – Helps run research studies in the NHS.

NRLS – The previous national system for reporting patient safety incidents.

OFOW (Our Future, Our Way) – LPT’s programme to build an inclusive, supportive culture.

PDSA – A simple cycle used to test and improve changes in care.

People’s Council – Patients, carers and community members who help shape Trust decisions.

People Promise Indicators – Measures showing what matters most to NHS staff.

PHQ (Patient Health Questionnaire) – A set of questions used to assess mood and depression.

PLACE assessments – Visits by patients and carers to review hospital environments.

POMH – National audits that check mental health medication safety.

Portfolio / non-portfolio research – Nationally supported studies and local research projects.

PPI – Patients and public involved in improvement and research.

PRN medication – Medicine taken “as needed”.

Procedure pack – A sterile pack with all items needed for a procedure.

Protected characteristics – Groups protected by equality law (e.g., disability, race).

PSIRF – The NHS approach to learning from patient safety incidents.

QI (Quality Improvement) – Ways of working that help staff make care better.

QSIR – Training that teaches staff how to redesign and improve services.

Quality and Safety Dashboard – A digital tool showing key safety and quality measures.

R&DT – The Trust’s research and development team.

Reasonable Adjustment Digital Flag – A digital alert showing what support someone needs to access care fairly.

Recovery College – Provides free courses to help people understand and manage their mental health.

Resident doctor - A doctor who has graduated from medical school and is now completing specialist training while working in a hospital or clinical setting.

Restraint Reduction Network Standards – National rules ensuring any restraint is safe and respectful.

Restorative supervision – Support for staff that focuses on wellbeing and resilience.

SBAR – A simple four-step way for staff to share important information.

Sensory room / sensory supports – Calming spaces or items to help people feel relaxed.

SOP (Standard Operating Procedure) – Step by step guidance for staff.

SPINE – NHS digital system linking patient information across services.

STORM training – Training that helps staff talk safely with people experiencing self harm or suicidal thoughts.

Therapeutic Care Standard – Guidance for creating calm, meaningful, recovery focused ward environments.

Therapy vests – Vests that help loosen mucus to make breathing easier.

THRIVE Strategy – The Trust’s long term plan for compassionate, high quality care.

Tourniquet – A band used during blood tests to make veins easier to see.

Triangle of Care – A national approach to involving carers in mental health care. Triangle of Care is a quality improvement scheme for health and social care providers that promotes safety, recovery and wellbeing by including and supporting unpaid carers.

Trauma informed care – Care that recognises how past trauma affects someone.

UKAS IQIPS - An accreditation scheme run by UKAS that checks physiological services (like audiology or cardiac tests) meet high, safe, and consistent quality standards for patients

uLearn - an online training platform used by Leicestershire Partnership NHS Trust that helps staff and volunteers book courses, complete e-learning, and keep track of their mandatory training.

WeImproveQ – Our programme that supports staff to make improvements.

Youth Advisory Board – Young people who help shape and improve children's services.

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

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Somali

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Urdu

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