Leicestershire Partnership
NHS Trust

Annual Report

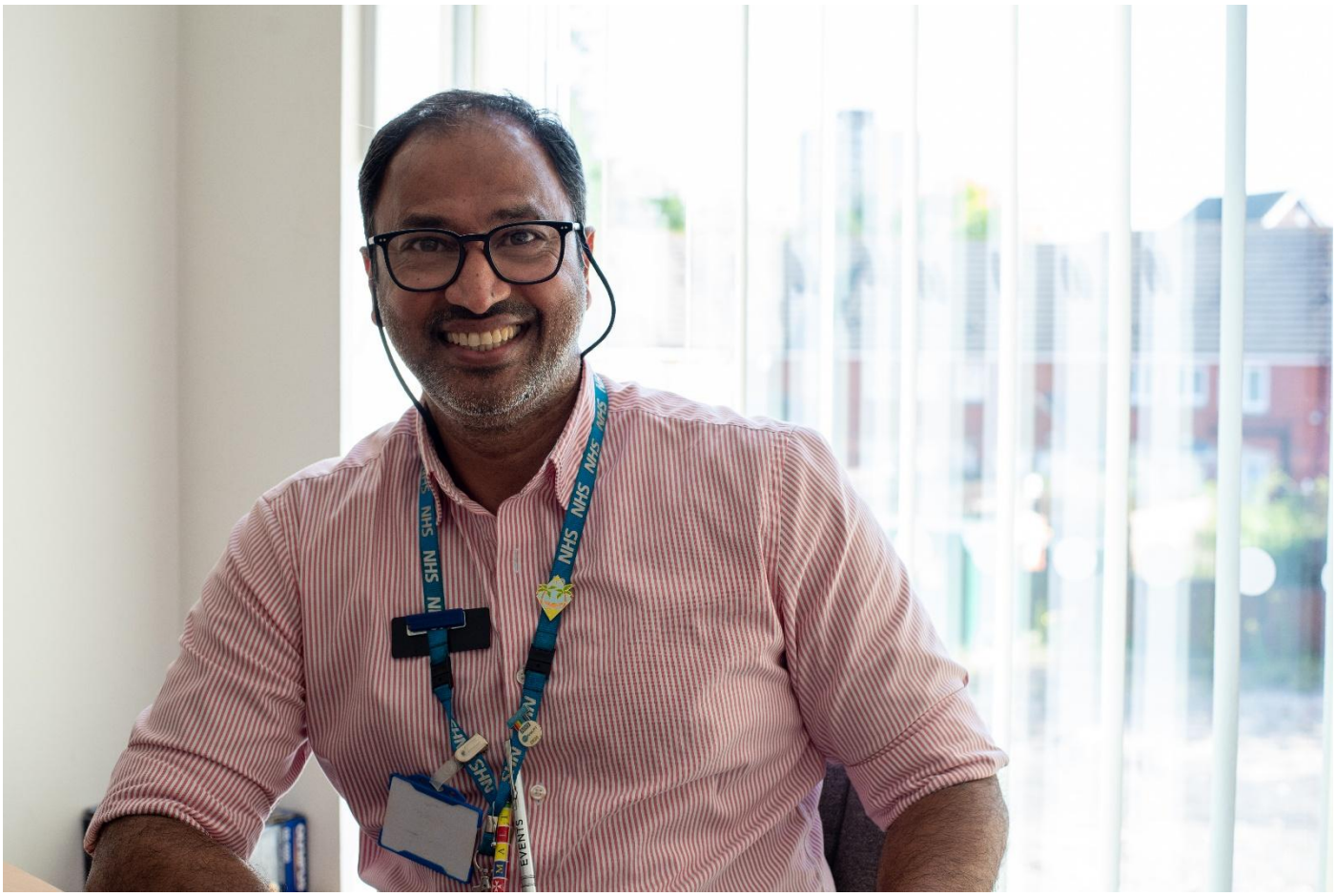
2025-26

www.leicspart.nhs.uk

Introduction

Our annual report is a review of our activity during the past financial year - 1 April 2025 until 31 March 2026. It includes information on our performance, from clinical to financial. It describes our organisation, governance and leadership, and reviews the care we provided.

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



Reading this report

This annual report is divided into three sections.

Part one:

Performance report

In this section, we share our history, purpose and model, along with our strategy, vision, mission, values and delivery against our priorities. It analyses our performance and activities. It also includes our sustainability report, how we've performed against our social responsibility commitments and how we involve our patients and service users.

- **Sustainability report**
  In this, we share our commitment to having a positive impact on both the planet and our local communities.
- **Social responsibility and involvement**
  Here we share how we place patients, carers and their families at the centre of everything we do.
- **Engaging our staff and service users**
  In this section, we share how we focus on our people, ensuring excellence in staff and patient experience.

Part two:

Accountability report

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

Part three:

Finance report

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

Contents

Our performance report

Welcome from our chief executive and interim chair

We are pleased to introduce this year's Annual Report for Leicestershire Partnership NHS Trust (LPT). It reflects a year of strong delivery, shared purpose and meaningful progress. In a changing national context, our colleagues have continued to provide high quality, compassionate care while strengthening the foundations for our future.

Before we start, we wanted to extend our thanks to Crishni Waring who completed her term as Chair of LPT in October 2025. Crishni was a passionate advocate for improving care across all communities and helped us achieve Associate University Group status, and we will continue to build on this together across our Group

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.

We are proud of our staff and their commitment to living our values of compassion, respect, integrity and trust. Our continuous focus on providing **safe, high-quality services** - in partnership with our patients, services users, carers, and partners – remains at the heart of everything we do.

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).
- 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 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 a 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 bidding 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.

Our summary Financial Accounts for 2025/26 are presented with this Annual Report in Appendix A. As with the rest of the NHS, it has been another challenging year, particularly in relation to finances and we close our annual accounts with an in-year surplus of £313k (excluding impairments and other uncontrollable adjustments) which resulted in the achievement of our in-year break even duty. We thank all of our staff for their continued and significant efforts to deliver high quality care whilst making efficiencies. This will remain a focus in the new financial year.

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.

Angela Hillery

Chief Executive

Faisal Hussain

Interim Group Chair

About us

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

We provide community health and mental health support to over 1 million people living in Leicester, Leicestershire and Rutland. Our services touch the lives of all ages (from health visiting to end of life care), from head to foot (from mental health to podiatry) and everything in between. We have 8433 staff (including bank staff) who provide this care through three clinical directorates:

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

Their work would not be possible without our enabling and corporate services staff, alongside our hosted service providers and over 220 volunteers.

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 of the Trust's clinical portfolio.

LPT in numbers

- Staff (including bank staff): **8.4k**
- Community contacts: **1,951,874**
- Premises: **101**
- Bed days: **186,964**
- Active caseloads (on 31 March 2026)**: 218,829**
- Appointments across LLR: **1.5m**
- Positive FFT ratings: **91%**
- Income: **£465.8m**
- Active volunteers: **220**

Our population and the community we serve

Our Trust provides a range of community and mental health services from many different locations across Leicester, Leicestershire and Rutland (LLR), including in hospitals, longer term recovery units, community and outpatient clinics, day services, GP surgeries, community centres, schools, health centres, people's homes, and care homes. A small number of specialist services are also provided to wider geographical areas, primarily in the East Midlands adjacent to Leicestershire, this includes our Adult Eating Disorders, Low Secure and Huntington's Disease Services.

The population of Leicester, Leicestershire and Rutland is over 1.1 million people and continues to grow, reflecting national trends of population growth and demographic change. Just under two thirds of the population live in Leicestershire, just under one-third in Leicester city and the remaining four per cent in Rutland. With a population of this size, our Trust serves more people

than the average community and mental health NHS Trust. In some wards within the city up to 80% of residents are from ethnic minority groups.

In addition to overall growth, the population profile is changing.

Leicester is a growing city with a younger than average population, this is in part due to its two universities and high levels of migration into the city. Leicestershire and Rutland are less diverse, with around 10 per cent and three per cent respectively belonging to ethnic minority groups. Rutland has an older population, than the average, with nearly 24 per cent aged over 65.

The number of people aged over 65 is projected to increase significantly across Leicestershire and Rutland in the coming years; reflecting national trends. This is associated with increasing prevalence of long-term health conditions, greater demand for community health services and increased complexity of care needs. At the same time, Leicester city has a younger population profile when compared with the national average.

This demographic diversity means that services across Leicester, Leicestershire and Rutland must respond to the needs of a growing younger population in the city and an increasing older population in surrounding rural areas.

Around three-in-five (59 per cent) of Leicester's residents identify with an ethnic minority group; with Asian, Black African, Caribbean, Middle Eastern and Eastern European communities all represented. Leicestershire and Rutland are less diverse, with around ten and three per cent, respectively, belonging to ethnic minority groups.

In Leicester we serve some of the poorest areas of the country with the city ranked as the 32nd most deprived local authority area in the country (out of 317). Just over a third (35 per cent) of the city's residents live in an area classified as within the most deprived 20 per cent nationally. Although Leicestershire is not identified as deprived there are some pockets of significant deprivation, particularly in parts of Loughborough and Coalville. Rutland meanwhile is more affluent than England as a whole, but its rurality creates different forms of inequality, with challenges in access to healthcare services and transport for those living in dispersed communities.

These differences in deprivation, ethnicity, rurality and age structure contribute to variation in health outcomes, long-term conditions and access to care, reinforcing the importance of targeted prevention and community-based services.

Key population health challenges

In Leicester we serve some of the poorest areas of the country alongside some of the most affluent; with Rutland being more affluent than England as a whole. However, issues regarding rurality and access contribute to inequalities of other kinds.

Leicester is ranked as the 32nd most deprived local authority area in the country (out of 317). Just over a third (35 per cent) of the city's residents living in an area classified as the most deprived 20per cent nationally, particularly in parts of Loughborough and Coalville.

The primary healthcare needs in Leicestershire and Rutland (LLR) revolve around tackling significant health inequalities, managing the challenges of an ageing population, addressing rising mental health demand, and the integration of health and social care services. Stark differences do exist in health outcomes across LLR, with a man in the most deprived areas expected to live 6.8 years less than a man in the least deprived areas (8.1 years for women). Such key needs include:

- Addressing wider determinants of health: housing, employment, education, and the cost-of-living crisis are major drivers of ill health.
- Preventing illness: Focusing on primary prevention of conditions such as cancer, cardiovascular disease, and respiratory disorders, which are the most common causes of preventable deaths in LLR.
- Targeted interventions: Providing support proportionate to need for specific vulnerable groups, including people with disabilities, LGBTQ+ communities, ethnic minorities, rough sleepers, and those experiencing severe multiple disadvantage (homelessness, substance use, crime, mental health issues).
- The population is changing increasing the prevalence of long-term conditions and complex comorbidities.
- Obesity and physical inactivity are important public health challenges, particularly among children and young people. These factors increase the risk of long-term conditions such as cardiovascular disease, type 2 diabetes and respiratory illness.

Demand for community and mental health services

Demand for community health and mental health services continues to grow, reflecting population growth, increasing numbers of people living with long-term conditions and rising awareness of mental health needs.

Community services play an increasingly important role in supporting people to remain independent and well at home, helping to prevent hospital admissions and supporting earlier discharge from hospital. This includes services such as community nursing, rehabilitation, therapy services and support for people with complex long-term conditions.

Mental health services are also experiencing sustained growth in demand across all age groups. National policy has prioritised improving access to mental health services, including expanding services for children and young people and improving support for people experiencing severe mental illness.

Working in partnership across the Leicester, Leicestershire and Rutland Integrated Care System, the Trust has continued to develop community-based and preventative services at neighbourhood level that support earlier intervention and help people receive care closer to home wherever possible.

Our local health economy

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

LLR Health and Wellbeing Partnership

As an integrated care partnership (known as the LLR Health and Wellbeing Partnership) we are committed, collectively, to our goals: patients will experience quicker diagnosis, care closer to home in improved facilities, higher quality services, earlier intervention in long-term conditions, improved wellbeing, more digital healthcare options where appropriate, and greater integration between healthcare providers so patients have seamless care between organisations.

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

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

Visit the Health and Wellbeing Partnership website at:
leicesterleicestershireandrutlandhwp.uk/about/

Our key collaborators include:

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

Our commissioners:

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

Our Group– Leicestershire Partnership and Northamptonshire Healthcare Associate University Group

We continue to work together with Northamptonshire Healthcare NHS Foundation Trust (NHFT) through our Group model, known as the Leicestershire Partnership and Northamptonshire Healthcare Associate University Group. This partnership enables us to share learning, align strategy and strengthen collaboration where it brings clear benefits for patients, communities and our workforce, while each trust retains its own identity and accountability.

Our ambition as an Associate University Group, in collaboration with the University of Leicester, is to reach Group University Hospital status and an action plan is in place to help us achieve this.

Across the Group, we operate with robust governance and scrutiny, including joint oversight through our Boards and a Joint Working Committee. These arrangements ensure that Group priorities are agreed collectively, progress is monitored consistently and learning is shared openly.

For 2025/26, the Group Boards agreed a focused set of priorities, aligned to our new THRIVE strategy (which we launched on 1 April 2025) and to national and system expectations.

For 2025/26, the Group Boards agreed a focused set of priorities, aligned to our THRIVE strategy and to national and system expectations. These priorities were:

- Together Against Racism
- Talent management and organisational development
- Provider collaboratives
- Research and innovation
- Quality improvement
- Social value
- Group value

- Joint governance

Significant progress has been made against priorities through our Group level activity.

Joint governance

Building on the governance structures and reporting mechanisms in place, the Leicestershire Partnership and Northamptonshire Healthcare Associate University Group Joint Board met in public three times throughout the year.

Working as a system partner

We are an active system partner and lead on several system collaboratives, and we continue to build on our commitment to being an Anchor Organisation through our social value work.

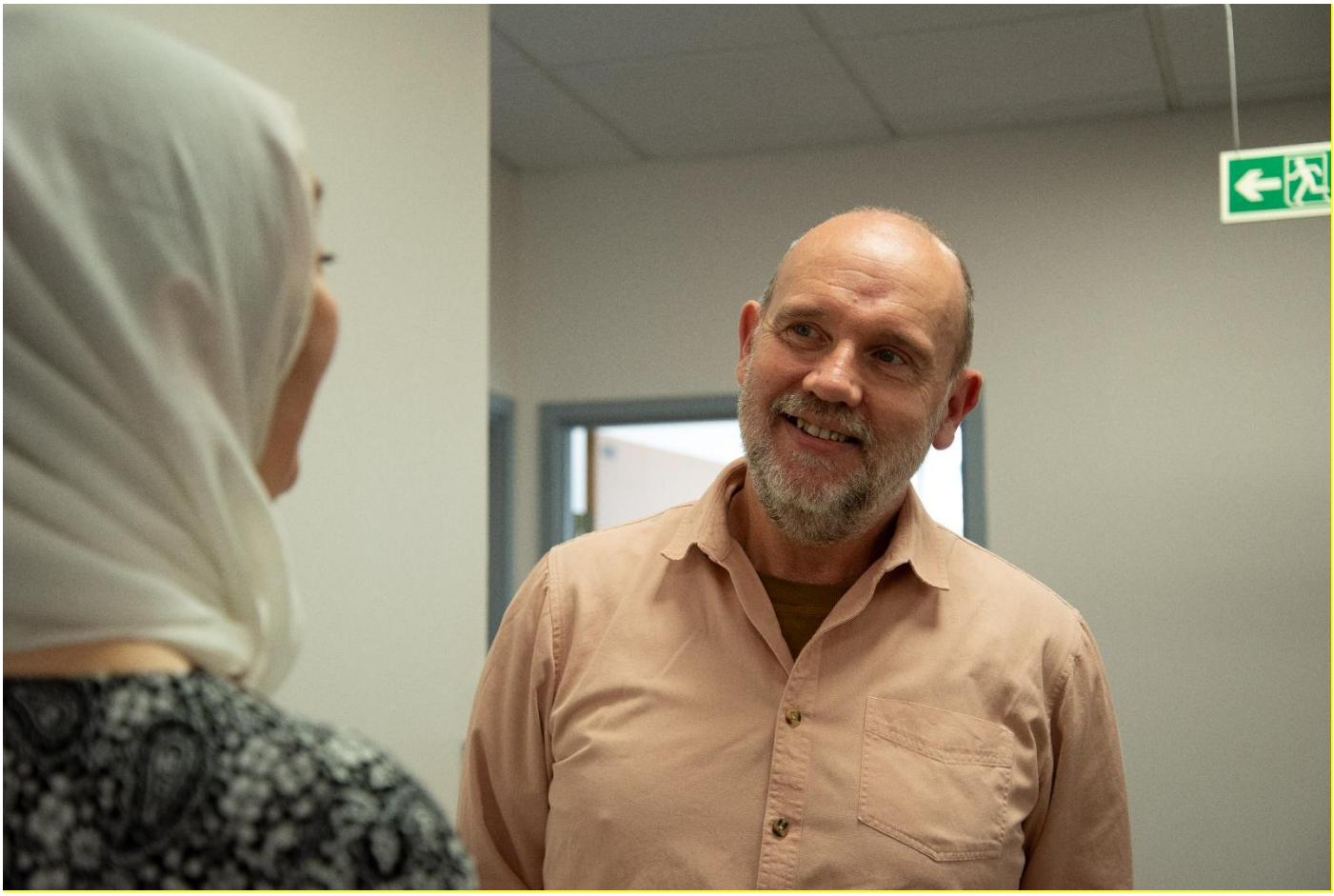
We are hugely proud of the work we have been doing with system partners to develop the first LLR Collaborative for Learning Disability and Autism (LD&A). The aim of the collaborative is to develop joined up personalised care for people living with learning disabilities and autism, their carers and families.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

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

Working with local authorities and other partners we are supporting children, young people and their families. Working together to provide universal services, school aged immunisations, advice and guidance through school nursing and our ChatHealth digital tool.

The work of our mental health support teams in schools continues to go from strength to strength. Supporting the health and care for young people with special education needs and disabilities (SEND) is a joint focus for local authorities and ourselves and we are proud to provide a high level of support with our partners through the SEND Alliance.

East Midlands Alliance – as a collaboration between NHS mental health provider Trusts in the East Midlands, we continue to work together on new regional care models. For example, we are leading on improving the adult eating disorders care pathway across the region through this provider collaborative. We were proud that the Waterlily digital eating disorder programme won the HSJ Patient Safety Award for Community Care Initiative of the Year. Our work has also included the appointment of a shared role to focus on identifying shared research and innovation, working in partnership with Health Innovation East Midlands.



Our values, strategy and mission

Our values of compassion, respect, integrity and trust underpin the positive and inclusive culture we strive to maintain.

Our leadership behaviours for all emphasize how we are all leaders at LPT and can make a difference, together:

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

As set out in our 2024/25 Annual Report and Accounts, both NHFT and LPT reached the end of their previous strategies. This presented both organisations with the perfect opportunity to work together to develop and implement a shared vision, mission and strategy, strengthening our partnership and shared learning across both organisations.

Launching on 1 April 2025, this period marked the first full year of our new vision, mission and THRIVE strategy, which sets out how, through our Group model, we will respond to changing population needs, national NHS reform and local priorities through 2025 to 2030.

Our vision is: “Together we thrive; building compassionate care and wellbeing for all.”

This means we want everyone who uses our services, and everyone who works for us, to feel supported, included and cared for – now and in the future.

Our mission is: "Making a difference, together."
This reflects how we work every day: improving lives through kind, responsive and evidence-based care, delivered together with our communities, partners and our colleagues.

Our strategy

Shaped by feedback from our colleagues, patients, carers and partners, our THRIVE strategy reflects what matters most locally. The strategy also aligns with the government's 10 Year Health Plan for England, which sets out clear recommendations on how the NHS can strengthen services and deliver more sustainable, high-quality care.

THRIVE is organised around six connected themes which provides a framework for our ambitions up to 2030. These are**: technology, healthy communities, responsive, including everyone, valuing our people, and efficient and effective**. See the performance section for details of our performance against our THRIVE strategy over the last year.

As we continue to deliver THRIVE through 2026/27 and beyond, our focus remains on turning strategy into practical action, learning from feedback and working together across LPT, the Group and with our wider partners to improve care, experience and wellbeing for the communities we serve.

See our website for our full Together We Thrive strategy in the About Us section.

Clinical plan

The development of our new Clinical plan sets out how, together, we will deliver the ambitions of our THRIVE strategy through safe, high-quality and compassionate care. The strategy was shaped by staff, stakeholders and service-users and supports our wider work on social value and healthy communities; ensuring care is inclusive, responsive and sustainable for the future. The clinical strategy sets out to:

- Improve outcomes by strengthening multidisciplinary working.
- Reduce differences in care that should not exist.
- Use digital and data-enabled approaches to support clinicians and patients.
- Embed quality improvement, research and innovation into everyday practice.

See our website for our full clinical strategy in the About Us section.

Leicestershire Partnership and Northamptonshire Healthcare Associate University Group

NHS

Our vision, strategy and mission

Our vision what we are aiming for

Together we thrive, building compassionate care and wellbeing for all.

Our strategy how we will get there

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

Our mission why we do what we do everyday

Making a difference, together

Find out more at
www.leicspart.nhs.uk/thrive

Year in review – mental health services

CQC rates LPT's mental health crisis services and health-based places of safety as 'Good'

In March, the Care Quality Commission published its report into the Trust's mental health crises services and health-based places of safety, rating them as 'Good' following an inspection in May 2025. Executive director of mental health, Tanya Hibbert, said: "We are delighted not only to be rated to rated good overall but to be rated as 'good' in all categories. I would like to recognise the hard work of our staff who have achieved this through the attention to detail and patient care that they bring to their roles every day."

Waiting list initiative sees a significant reduction

Therapy Services for People with Personality Disorder (TSPPD) introduced a waitlist initiative to reduce the number of people waiting for its service. This innovative scheme saw a reduction of 52% of patients in just five months. The project included streamlining the treatment needs process, prioritising according to clinical need, whole team collaboration and capacity planning, and a new digital offer for patients.

Let's Meet Loneliness Together

As part of Loneliness Awareness Week in June, local organisations in Charnwood set up a "let's meet loneliness together" stall at Loughborough Market. They spoke with more than 50 local people, offering support, advice, and friendly chats. The aim was to reach people going about their daily routines who might not know what help is available.

Meg Bezzano-Griffiths, manager of Fearon Hall, explained: "Loneliness is a normal feeling, and we shouldn't be embarrassed to talk about it. Events like this help us break the stigma and build connections."

Stewart House Gym Opening

Staff, patients and supporters came together at Stewart House in Narborough to celebrate the opening of its newly improved gym. The space has been upgraded thanks to over £12,000 raised by our charity Raising Health through community fundraising, families and dedicated LPT staff. Stewart House provides specialist care for adults with severe and long-term mental illness, and the gym will support people with their recovery and wellbeing.

Mental Health Awareness Week celebrates importance of community

In May, organisations from across Hinckley and Bosworth came together to run a drop-in wellbeing event at the Britannia Shopping Centre. The aim was to help local people find out about new support services and activities during Mental Health Awareness Week (12–18 May), which focused on the theme of community. Feeling part of a safe and supportive community is an important part of good mental health.

The event was organised by LPT's Neighbourhood Leads for Hinckley and Bosworth and supported by local voluntary organisations, GP practices, NHS staff, and Hinckley and Bosworth Borough Council.

Neighbourhood Mental Health Cafes are excellent partners

At LPT's Celebrating Excellence awards in September, the Neighbourhood Mental Health Cafes came away with the Excellence in Partnership Award**.** The scheme has 25 cafes that provide direct

support to more than 8,000 people in the last year. People are able to drop-in to get help without the need to book an appointment, potentially avoiding the need to go to the emergency department. LPT's project lead for the cafes, Sarah Jones said: "To win this award is a testimony to our voluntary sector partners who the run cafes. They provide an outstanding level of support for when people need it most."

Getting Help in Neighbourhoods – celebrating three years

The Getting Help in Neighbourhoods (GHIN) programme celebrated three years of improving mental health support closer to where people live.

GHIN works with 44 voluntary and community partners who, over the last year alone, have supported over 15,000 people. Activities include help for people living with cancer, support for new parents experiencing post-natal depression, and nature-based activities for reducing anxiety and depression.

Belvoir Ward Upgrade

Belvoir Ward, a psychiatric ward within LPT, reopened following a £1.6 million upgrade. The improvements created a safe, more comfortable and modern space for patients receiving mental health care.

Pioneering mental health response vehicle – supporting hundreds of people

It has been over one year since LPT launched the mental health response vehicle (MHRV). This specialist vehicle offers on-scene mental health support for adults in crisis and works in partnership with the ambulance service, NHS 111, police, and social care.

In its first year, it responded to over 260 referrals, helping people avoid unnecessary emergency department visits and receive care in a calmer, more appropriate setting.

Flow headset – innovative pilot expands

More patients with severe depression and suicidal thoughts will be offered pioneering brain-stimulation treatment as LPT expands its pilot using Flow headsets, funded by £40,000 raised by our charity Raising Health.

LPT was the first NHS mental health crisis service to trial the devices, which use gentle tDCS stimulation to improve mood, sleep and motivation. More than160 patients have been treated, with nearly three-in-four (71%) reporting reduced depressive symptoms and significant drops in suicidal ideation. The funding is enabling wider use trials across crisis services, eating disorder services and adult community mental health teams. Clinicians say the technology offers new hope when traditional treatments are unsuitable or ineffective.

Garden at the Bradgate

In November, LPT's charity, Raising Health, proudly unveiled a new therapeutic sensory garden at the Bradgate Mental Health Unit. This transformative space was made possible thanks to the success of the Let's Get Gardening appeal, which raised an impressive £25,000. The funds have helped turn an underused outdoor area into a vibrant, calming environment designed to support healing and wellbeing for patients.

Samantha Wood, head of service for mental health inpatients, said:
"The creation of our new sensory garden represents an important step in enhancing the wellbeing

of our mental health inpatients. Every element has been carefully designed to offer a calming, restorative space where patients can reconnect with nature, find moments of peace, and support their recovery journey. We are incredibly proud to provide a therapeutic resource that truly reflects our commitment to holistic, person-centred care."

Fitness boost for mental health inpatients

Mental health inpatients across LPT benefited from new sports equipment thanks to an £11,000 grant from Sport England's National Lottery funding.

The donation has been shared across all 19 inpatient mental health wards - including the Bradgate Mental Health Unit, Herschel Prins Unit, The Willows, and Stewart House - providing items such as hula hoops, swingballs, and equipment for table tennis, cricket, football, bowls, and more.

We are incredibly grateful to Sport England for this generous support. Access to physical activity plays a vital role in recovery and wellbeing, and this equipment will help our patients enjoy the benefits of exercise in a safe, supportive environment.

Loughborough's Fearon Hall set for transformation thanks to £925,000 NHS Investment

LPT successfully secured £925,000 in mental health capital investment to create a new neighbourhood mental health centre at Fearon Hall in Loughborough, known as the Hello Help Hub**.** This development will make the building more accessible and provide a welcoming, local space where local people, in an area of high need, can receive timely care and support.

Tanya Hibbert, executive director for mental health at LPT, said:
"Our new neighbourhood model will transform how people experiencing mental health challenges access help close to home. This pioneering approach aligns with the NHS Long-Term Plan, and we're delighted to be part of the pilot programme—one of only nine areas chosen nationally."

Responding to trauma with postvention plan launched

A collaborative community post-trauma response plan has been developed. LPT's Neighbourhood Leads, the Samaritans, the LLR Local Resilience Forum and Leicestershire Police have worked together to create a framework and supporting guidance to help communities develop trauma-informed response plans following serious incidents.

This coordinated approach—known as postvention—is designed to provide structured, compassionate support to individuals and communities in the aftermath of traumatic events, helping them to recover, connect with appropriate services, and reduce the long-term impact of trauma.

Chat Mental Health finalist in prestigious HSJ Digital Award

Our Chat Mental Health service was shortlisted in the Improving Mental Health through Digital category at the HSJ Digital Awards 2026.

The service launched in 2025 to improve access to crisis support for anyone who is unable to talk on a telephone. The text messaging platform, developed by LPT, enables service users to send a text message to qualified mental health practitioners 24 hours a day, 7 days a week, to access urgent mental health support, which aligns with NHS England's guidance to deliver a more inclusive, digitally enabled experience.

While You Wait web area launched

This year we launched While You Wait, a new section of our Trust website designed to support people who are waiting for a mental health, ADHD or CAMHS assessment or appointment. Developed in direct response to patient feedback and national priorities on waiting times, the content brings together clinically approved advice from our expert teams.

The area provides practical guidance on understanding conditions and staying well, helping patients, families and carers access trusted support earlier. This digital resource improves patient experience, supports self-care and demonstrates our commitment to innovation, prevention and more efficient use of NHS services.

We will continue to expand the While You Wait area to include advice and guidance for other services with significant waiting lists, ensuring more people can access timely and trusted support whilst they wait for care.

Here to help: new mental health self-help guides

We've created a series of self-help guides on topics including depression, anxiety and stress. They explain common causes of mental health difficulties and offer practical tools to help people to understand and manage feelings.

We are delighted to have launched these guides on the LPT website so that everyone can find and use them. All of the guides are written by NHS Clinical Psychologists, with contributions from service users, healthcare and voluntary sector staff.

Year in review – community health services

Praise for community hospital wards

In March 2026 Healthwatch Leicester and Leicestershire published a report following an inspection at four of our community hospital wards. The team visited one ward each at Loughborough Hospital and Coalville Community Hospital, and two wards at the Evington Centre (which is on the Leicester General Hospital site). All are run by LPT.

Healthwatch recognised our staff's hard work and high standards at all these community hospital wards. We are particularly pleased that 100 per cent of patients they spoke to were either 'happy' or 'very happy' with the care they received. We would like to thank Healthwatch for their diligence in compiling the report.

From hospital cleaner to Queen's Nurse

Former hospital cleaner Pretty Manyimo has achieved Queen's Nurse status, recognising excellence and leadership in community nursing. Inspired by colleagues while working as a cleaner, she retrained and qualified as a nurse in 2012, later specialising in end-of-life care. Now part of LPT's Integrated Specialist Palliative Care Team, she combines clinical work with research to improve care for marginalised groups and is studying for a PhD. Pretty says her journey shows what determination and resilience can achieve.

COPD initiative to reduce emergency admissions

LPT's respiratory team launched a proactive winter initiative to prevent emergency hospital admissions for people with COPD. The team contacted high-risk patients to review medication, provide self-management advice and offer holistic assessments at clinics or in patients' homes. Initially supporting up to 140 people in North-West Leicestershire, the programme aims to expand across the region. Patients can self-refer for further support, while annual GP reviews remain key to managing the condition.

Family fundraiser supporting head injury rehabilitation

Steve Taylor sustained a traumatic head injury and, after a month in hospital, received home-based rehabilitation from LPT's Community Integrated Neurology and Stroke Service (CINSS). In gratitude, his wife and daughter ran the Windsor Half Marathon, raising £1,000 for Raising Health, LPT's in-house charity. They praised CINSS for providing constant reassurance, practical rehabilitation support and empowering Steve to return to daily activities, work and driving. The donation will help enhance future patient care.

International DAISY Award for heart failure nurse

Heart failure nurse Gemma Slack received the international DAISY Award following a nomination from a patient's granddaughter. Gemma was recognised for exceptional, personalised care delivered over several years, supporting the family through complex health challenges and advocating strongly for the patient's needs. Her proactive, compassionate approach helped avoid hospital admissions and ensured high-quality end-of-life care. Gemma says the award reflects the dedication of the wider team and the privilege of supporting patients in their homes.

Sybil Musarurwa named Queen's Nurse

Coalville nurse Sybil Musarurwa was awarded the Queen's Nurse title for her leadership and commitment to community nursing. Initially planning a different career, she entered nursing on a relative's suggestion and later discovered her passion for community care at LPT. Sybil became Coalville's first black district nurse, progressing into senior roles including matron at Loughborough Hospital. She is a strong advocate for colleagues and continues to shape high-quality local care.

Third ward eases winter pressures

A third inpatient ward was opened at Loughborough Hospital between December 2025 and March 2026, to help ease winter pressures. The 18 beds on Gracedieu Ward helped with improved patient flow, reduced ambulance handover delays, and ensured patients were cared for in the most appropriate community setting. There are two additional permanent wards at the hospital, along with a range of outpatient clinics. The hospital also provides a base for a number of teams who visit patients in their own homes.

Photo app aids quicker and more accurate wound care

Following a successful pilot, the photo imaging app Isla was rolled out to all our adult community nursing teams. The app integrates with our electronic patient record, and makes it easy to see and compare multiple photos at the same time. This is particularly helpful for wound care photos, allowing the clinician to spot and therefore treat any early signs of deterioration. It can also be used by patients to submit photos from home in between scheduled outpatient clinic appointments, saving them time and travel. The app is now being expanded to all our community hospitals, the podiatry service, and speech and language teams.

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

Healthy living toolkits launched to reduce health inequalities for people with learning disabilities

The LLR Learning Disabilities and Autism Collaborative, led by LPT, launched new healthy living toolkits designed to tackle long-standing health inequalities experienced by people with learning disabilities. Developed by LPT dietitian Noor Al-Refae, the toolkits brought together accessible information on nutrition, hydration and physical activity for individuals, carers, GPs and providers. They were made freely available online.

Thousands of children vaccinated against serious diseases

LPT's School Aged Immunisation Service delivered an extensive vaccination programme across LLR, offering HPV, flu, MMR, MenACWY and the 3-in-1 teenage booster vaccinations to eligible children and young people. Throughout the year, the service ran sessions in primary and secondary schools across LLR, winter flu clinics and dedicated summer and Christmas catch-up clinics to ensure those who missed vaccinations could still be protected.

Healthy Together Helpline marked its second birthday with record call volumes

LPT's Healthy Together Helpline celebrated its second anniversary, with the service fielding around 4,000 calls each month from parents and carers across LLR. Staffed by nurses, health visitors and administrative professionals, the helpline offers support on child development, feeding, emotional wellbeing and behaviour. It helps to reduce pressure on GPs and emergency services by managing non-urgent concerns – while signposting families to emergency services when necessary. Parents have consistently praised the service's speed, clarity and reassurance.

Digital CAMHS waiting list innovation shortlisted for a national award

LPT was named a finalist in the Nursing Times Awards 2025 for its digital improvements to CAMHS waiting lists. The Trust introduced an online questionnaire for young people to update clinicians about their mental health while awaiting treatment, reducing the need for face-to-face review appointments. The digital process generated personalised care plans, improved accessibility for families and saved more than 250 hours of clinician time. Feedback from families about the questionnaire was highly positive.

Waterlily digital eating disorder service won national patient safety award

LPT's Waterlily digital eating disorder programme won the HSJ Patient Safety Award for Community Care Initiative of the Year. The service provides intensive, structured remote therapy for individuals, enabling them to receive treatment at home with family support. Operating five days a week across the East Midlands, the Waterlily programme offers combined supervised meals and therapy sessions. Since launching, many patients who have engaged with the programme have reported significant improvements to their mental and physical health.

NHS winter wellness hubs supported families during seasonal illness peaks

LPT, alongside the LLR ICB and University Hospitals Leicester, created online Winter Wellness hubs on the Health for Kids and Health for Under 5s platforms. The hubs provided parents and carers with NHS advice on common winter illnesses such as asthma, RSV, flu, norovirus and infections in babies. The online hubs supported parents and carers in understanding when to manage symptoms at home and when to seek further medical help, helping reduce unnecessary demand on primary and emergency care. The hubs also promoted preventive steps such as hand hygiene and vaccinations.

Leicester City FC delivered Christmas presents to Beacon Unit patients

Leicester City FC brought festive cheer to young people at LPT's Beacon Unit by delivering sacks of Christmas gifts as part of the Raising a Smile for Christmas appeal. Former player Matt Elliott and staff member Jamie Brewin supported the delivery, responding to wish lists created by patients. Young people shared heartfelt messages expressing how much the gesture meant to them during a difficult time. The visit formed part of the football club's ongoing support for LPT and its charity Raising Health.

Frenotomy pilot service launched to support babies with tongue-tie

This year LPT launched a pilot frenotomy service offering local assessment, treatment and aftercare for babies experiencing feeding difficulties due to tongue-tie. The service, run by the Healthy Together infant feeding team and funded by LLR ICB and Leicester City Council, provides timely support for families, and reduces the reliance on private providers. Families whose babies have had the procedure through the service reported improvements in breastfeeding comfort, reduced pain and better weight gain. Weekly clinics are held at Beaumont Leys Family Centre, with referrals accepted from health visitors, midwives, GPs and neonatal teams.

MHST supported Children's Mental Health Week with focus on belonging

During Children's Mental Health Week 2026, our Mental Health Support Teams in schools (MHSTs) encouraged schools to explore the theme "This is my place," helping children and young people to understand how the feeling of belonging can support their emotional wellbeing. The MHST provided a toolkit to every school in Leicester, Leicestershire and Rutland to help teachers have conversations with children and young people about mental health and signpost them to where they can get help. MHSTs and Healthy Together school nurses also launched a new webpage for patents and carers to bring together all the local support available to help them.

Young Carers Pack launched to support young carers across LLR

We launched a new co-designed young carers pack, developed with young carers, CAMHS and the Youth Advisory Board, following our Trust's commitment to the Carers Trust's Triangle of Care programme. The pack includes practical tools, local support information, lived-experience insights, and creative contributions, such as an animated video and poem. It aims to help young carers feel recognised and supported while equipping professionals and families to better understand their needs.

Year in review – enabling services

Solar panels turn Loughborough Hospital green

Loughborough Hospital benefitted from greener electricity after 375 solar panels were fitted on its roofs. The panels were paid for from a £180,000 sustainability grant from NHS England.

The system will save around 11 per cent of the hospital's electricity costs, or about £50,000 per year. It will mean around 56 tonnes less CO2 will be released into the atmosphere.

LPT long service awards

Over 230 staff members and volunteers from LPT were celebrated at special events to commemorate their dedication and many years of service to the NHS.

The award ceremonies, which took place at the NSPCC National Training Centre in Leicester, celebrated staff who have worked for the NHS for either 15, 20, 25, 30 or 40 years. Volunteers were also recognised for their five, 10 or 20 years of service with LPT and the NHS.

NHS stars step up to be celebrated at annual excellence awards

Inspirational individuals, dedicated teams and passionate volunteers from LPT were honoured for their exceptional contributions at a fully-sponsored awards ceremony held on 26 September 2025 at The Grand Hotel in Leicester.

Award winners, nominated from 13 categories, took to the stage to pick up trophies for embodying the Trust's values of compassion, respect, integrity and trust.

Improved facilities for patients in Hinckley

Patients, staff and guests gathered on 8 October 2025 to officially open a £1.1m NHS facility in the centre of Hinckley.

We created a new base within the Hinckley Hub on Rugby Road, which has ten treatment rooms and two large treatment gyms. Together they offer space to treat children and adults with physiotherapy and occupational therapy.

Two LPT leaders named in UK 50 Leading Lights

Two LPT leaders were listed amongst 50 Kindness and Leadership “Leading Lights” in the UK. The Kindness and Leadership, 50 Leading Lights campaign seeks to shine a spotlight on leaders who are impacting others through kindness.

Haseeb Ahmad, head of equality, diversity and inclusion, and Sarah Ward, family service group manager, were nominated by their colleagues for their compassionate leadership both within their teams but also across the whole organisation and wider NHS in Leicester, Leicestershire and Rutland.

Top marks for cleaning at LPT premises

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 an amazing 99.97 per cent for condition, appearance and maintenance, and 98.7 per cent for privacy, dignity and wellbeing.


One year in review – fundraising

Raising Health is the registered charity of Leicestershire Partnership NHS Trust. The mission of the team is to generate income to support excellent care initiatives, equipment and innovations which go above and beyond core NHS provision to enhance the experience of existing and future patients, service users and staff at LPT.

If you would like to support us or raise money for any of our current projects, please visit our website: www.raisinghealth.org.uk, email: LPT.RaisingHealth@nhs.net or call: 07769 248620.

The Charity’s aims include supporting Trust in:

1. Enhancing the care LPT services can offer through the purchase of **new equipment and building improvements** to deliver better care facilities;

2. Funding **innovations in practice** and therapeutic activities which enhance the care given to our patients and service users;

3. Funding **medical research** to better understand the diseases affecting our population today so that we can develop the treatments and therapies of tomorrow.

4. Improving staff facilities, services that **enhance staff wellbeing**, and education of staff over and above what would normally be provided by the NHS;

The generosity of our supporters continues to be the driving force behind everything we achieve. Your kindness enables projects, comforts patients, and strengthens services in ways that truly matter. Across Leicester, Leicestershire and Rutland, individuals, community groups, businesses, trusts and foundations all play a part in making meaningful change happen. Please see below some highlights from our Impact Report 2025-2026.

New equipment and building improvements

New gym at Stewart House - the upgraded facilities, shaped by patient feedback, include a treadmill, multi-gym, punch bag, and a variety of smaller fitness tools. These new resources are supporting patients to build motivation, explore new interests, and develop healthier routines during their stay; while also preparing them to access community gyms with greater confidence in the future. Stewart House provides specialist inpatient care for adults with severe and enduring mental illness. The gym has been enhanced with modern equipment thanks to more than £12,000 raised through community efforts, families, and dedicated LPT staff.

Treatment rooms at Hinckley Hub - we have supported the transformation of the new children's therapy area, creating a brighter and more comforting environment for young patients. Funding from *Wooden Spoon* (£7.5k) and our *Tea Bar Volunteers* (£9k) equipped a calming sensory room, while the Next Giving team improved five therapy rooms with themed feature walls to inspire imagination. Next Giving also funded a memorial plaque honouring physiotherapist Jenny Saunders. These improvements create a nurturing space for the 550 children expected to access therapy each year and demonstrate the power of patients, staff, volunteers, donors, and partners working together.

Innovation in practice - examples

Thanks to a generous £11,000 grant from Sport England, patients across our 19 mental health inpatient wards now have access to a wide range of **sports equipment**, including table tennis, cricket, football, bowls, and swingball. These activities boost wellbeing, encourage movement, and help patients connect with others; with staff joining in to create shared, positive experiences. Patients tell us the new equipment lifts spirits, supports focus, and improves mental health. It has also helped our meaningful activities coordinators to introduce regular sports sessions on wards.

Our long-standing partnership with the Leicestershire and Rutland Masonic Foundation continues to make a meaningful difference across our services. The Foundation donated **300 teddy bears** through the Teddies for Loving Care charity for our Children's Services. These bears are now offering comfort and reassurance to children in phlebotomy, children's mental health, community paediatrics, and our homeless families' service.

Medical research - example

We continued our fundraising to support **Flow Neuroscience headsets appeal,** reaching £40,000 in total raised so far through multiple funders. This innovative and alternative treatment to depression supports not only patients receiving care from the mental health Crisis Team but also at the inpatients eating disorders unit.

We remain grateful to all trusts and foundations who contributed to the appeal: Blaby District Council, Carlton Hayes Charity, Duncan and Toplis Foundation, E H Smith Charitable Trust, Forterra Community Fund, Hobson Charity, Hospital Saturday Fund, Morrison's Foundation, Westfield Health.

Improving staff facilities, services, and wellbeing programmes

The charity plays an important role in supporting the Trust in staff recognition and wellbeing initiatives. From co-organising **Celebrating Excellence Awards and Long Service Awards** for staff, making both events possible through sponsorship and gifts in kind, through to supporting the Health and Wellbeing team to provide successful initiatives for our colleagues. The initiatives are mostly funded through the Staff Lottery scheme and include activities like **Team Time Out and improvements to staff rooms and wellbeing spaces.**

Other initiatives – collaboration work with voluntary services sector

A successful NHS Charities Together Innovation Grant is enabling a £150,000 project to better support children and young people waiting for **CAMHS** treatment by strengthening the network around them. With £35,000 match funding from Raising Health, the project will create accessible online resources on LPT's Guidance platform, offering tailored digital content for families. A co-developed resource library and a VCS-based Community Care Navigator will provide culturally relevant materials, workshops, and community links, reducing inequalities during long waits.

Working alongside colleagues in the Homeless Mental Health Services - and supported by £2,000 of ICB funding plus additional help from Vodafone's Digital Inclusion Programme, who generously donated 40 SIM cards with data, calls and texts limits provided - we delivered a series of outreach events for families living in temporary accommodation across Leicester. By collaborating with voluntary-sector partners, we created a welcoming one-stop space where children could enjoy fun, engaging activities while parents and carers accessed practical advice, digital support and meaningful connections to wider services.

This collaborative approach strengthened community links and ensured families facing homelessness were able to connect with services in a way that felt accessible, supportive, and responsive to their needs.

Raising a Smile for Christmas campaign

Last year's Christmas appeal delivered 600 gifts to 37 LPT inpatient wards and units, made possible through the generosity of donors, sponsors, and volunteers. The appeal was worth £20,000 in financial and in-kind contributions, helping bring festive cheer to those spending Christmas in our care.

Key supporters included Giving World, Dunelm, Leicester City Football Club, and Tilbury Douglas, whose contributions ensured every gift was thoughtful and meaningful. Thank you to everyone who donated, wrapped, organised, and delivered! Your kindness keeps making a real difference to patients during the festive season.

Thank-you for your support

Thank-you to the continued generosity of the **Carlton Hayes Mental Health Charity**, whose annual funding of £55,000 is helping enhance experiences for patients across Mental Health, Young People and Families, Learning Disabilities and Autism services. This support has enabled a wide range of meaningful activities, including both local and national trips that offer patients cultural celebrations, creative and musical sessions, artwork projects, sensory resources and more. Their ongoing commitment continues to enrich lives across our services.

We are incredibly grateful to **trusts and foundations** who have chosen to support our mission and vision. Their support is making a vital work happen. **To read full 2025 report and offer please visit our webpage.**

Our **individual supporters** continue to inspire us with their dedication to raising funds for our services. From heartfelt in-memory donations and legacy gifts to community activities and sporting challenges, their commitment shines through. A special thank-you goes to our incredible half-marathon runners, whose energy and determination help drive vital projects forward.

Local businesses also played a key role this year, not only through sponsorship and corporate donations but through hands-on involvement. For the first time, corporate volunteers joined us on-site and during campaigns, bringing skills, enthusiasm, and practical support that made a real difference to our work and the people we serve.

If you want to get involved, please visit our webpage to learn more.

Our team and direction

This year our charity entered an exciting new chapter, strengthening our focus and aligning our work with our Group new THRIVE strategy to ensure every appeal and project directly reflects our corporate trustee's priorities. Alongside enabling impactful initiatives across LPT, we have been developing our own resources and voice.

This year saw us share our learning nationally, joining a panel with the Directory of Social Change and Mental Health UK at the Chartered Institute of Fundraising conference.

We were also proud to celebrate sector recognition, with our Fundraising Manager reaching the finals of the Women's Awards and being Highly Commended in the Outstanding Woman with Community Impact category.

Follow us on social media for updates on our progress, achievements, and upcoming appeals. We look forward to continuing this journey with you, making a lasting difference for patients and service users across LPT's community and mental health services.

Performance analysis

This section analyses our performance and activities against our strategy and priorities, and also includes our sustainability report, information on our approach to social responsibility and detail of our staff and patient engagement.

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

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

Our vision: 'Together we thrive; building compassionate care and wellbeing for all', is underpinned by ensuring the quality and safety of all our services. Our staff continue to work hard to make significant positive progress in these areas, with some outstanding practice. We are committed to continuous improvement.

Together we thrive –our strategy in practice

Over the last year we made progress against our action plan to support each of the priority themes in our Together We Thrive Strategy. Some highlights are included below.

Technology

We have improved how information is shared and used, helping teams to understand performance, identify issues earlier and improve care. Colleague feedback has helped us simplify reporting to ensure it is useful and meaningful, and further improve our electronic patient recording systems. The use of AI and development of a Group digital plan are key areas of focus to further improve patient care and staff experience. See the digital strategy section below for details.

Healthy communities

We have worked with partners across our local integrated care system to support prevention, early intervention and fair access to services. This includes focusing on communities with higher levels of need and using local insight and health inequalities data to plan and improve services that make a real difference.

Responsive

We have continued to improve how services work together by focusing on care pathways rather than organisational boundaries. Staff feedback has shown the importance of visible leadership and timely decision-making and this has shaped how leaders work with teams across the Trust.

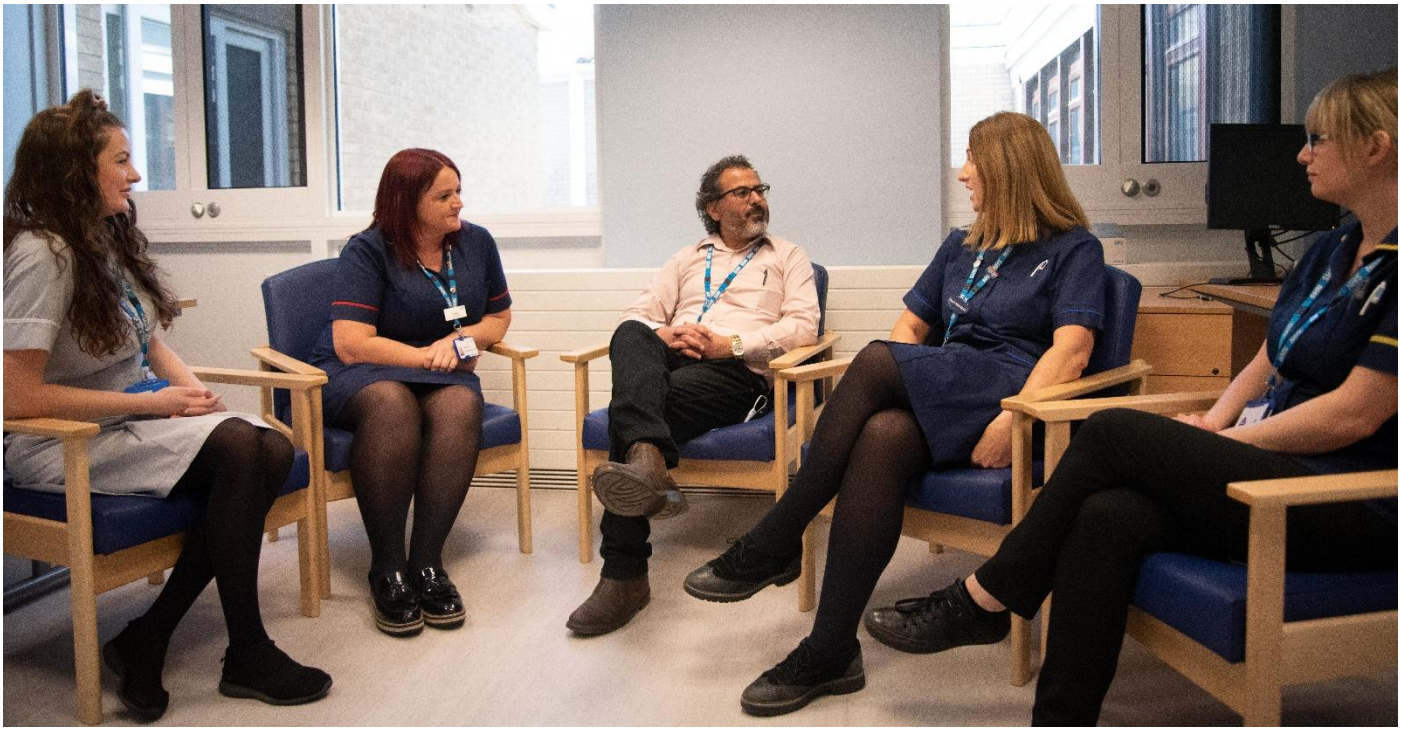
Neighbourhood health and the NHS 10-year plan have been key drivers in continuous improvements at a local level with our partners and collaboratives.

Including everyone
Our Together Against Racism work has continued to evolve, with a continued focus on workforce, communities and health inequalities. Working across the Group on these priorities, we have introduced a stronger focus on support and resources for zero tolerance against abuse of our staff, talent management of ethnic and culture minority (ECM) leaders, inclusive recruitment and cultural competence. We have also further implemented PCREF (patient and carer race equality framework) and undertaken targeted engagement with under-represented community groups. See our patient involvement section for more details.

Valuing our people
We have a strong focus on compassionate inclusive leadership development, workforce wellbeing and ensuring colleague feedback leads to action. Through the Our Future Our Way culture improvement programme, led by staff who have volunteered as change leaders, they have engaged staff extensively through surveys, conversations and engagement activity, to co-design improvements in staff experience. Our staff survey results reflect steady and improved positive progress, evidencing staff satisfaction and advocacy as now above the national average in all NHS People Promise indicators. Our culture work has been showcased in an NHS Employers' case study and was a finalist in the HSJ Awards under the Staff Wellbeing category.

Efficient and effective
Working across the Group with NHFT enables us to provide value, for example, to share expertise, reduce duplication and make the best use of skills and funding, while improving the quality of care for patients and service users. Productivity and efficiency have been key focus areas of the NHS reforms in the last year which has shaped our financial cost improvement programmes.

These themes do not sit in isolation. They work together and are supported by our values and leadership behaviours, which guide how we lead, make decisions and improve services – keeping safety and quality at the heart of everything.



Social value and our role as anchor organisations

Social value is a core part of how our Group delivers THRIVE. As large NHS organisations, LPT and NHFT act as anchor institutions, using our size, influence and resources productively to support economic, social and environmental wellbeing in the communities we serve.

The Group has developed a five-year Social Value Impact Plan (2026-2030), which sets out shared priorities across:

- Climate change and environmental impact
- Economic equality
- Equality of opportunity
- Organisational resilience and employment
- Volunteering and community engagement

Social value is embedded into our Group strategy, procurement, workforce planning and our work to reduce health inequalities; ensuring it is part of everyday decision-making rather than a standalone initiative. You can read our Social Value Impact Plan on our website.

Digital strategy and enabling delivery

This year, we continued to align digital priorities with care delivery, workforce needs and system working. Our Digital strategy sets out how technology will support a digitally enabled workforce, improved efficiency and innovation, safe and secure digital foundations, and empowered patients and carers.

The strategy also recognises the importance of our Group working with NHFT, ensuring developments support shared pathways and avoid duplication.

Key progress in 2025/26 include:

- Strengthened digital foundations

  - Improved system reliability and reduced legacy technology.
  - Continued rollout of proactive cyber security aligned to the Data Security and Protection Toolkit.
- More digitally enabled workforce
  - Optimised existing systems to reduce duplication and move toward a more consistent experience.
  - Began a Group-wide review of Electronic Patient Record systems using a Quality Improvement approach.
- Enhanced support for patients and carers
  - Progressed work on NHS App integration and remote monitoring tools.
  - Continued focus on digital inclusion and tackling digital poverty.
- Innovation and future technology
  - Strengthened governance for adopting artificial intelligence (AI), automation and robotic process automation.
  - Developed a coordinated AI and automation programme for safe, consistent rollout.
- Stronger digital leadership and culture
  - Ongoing Group-wide collaboration on digital maturity, governance and alignment with national frameworks, such as the digital maturity assessment and What Good Looks Like.
  - Increased contribution to regional and national digital networks and strengthened support for research and innovation.

Joint governance

Building on the governance structures and reporting mechanisms in place, the Leicestershire Partnership and Northamptonshire Healthcare Associate University Group has introduced a joint Board in May 2025 which met in public three times throughout this period to focus on Group priorities. This is in addition to the LPT statutory public board meetings. This evolution means that we have a unique and valuable opportunity to continue our strong relationship with NHFT through an agreed formal way of working and one that allows the best of what we both do to continue to benefit our staff and those we care for.

Quality Account - summary

In addition to this Annual Report, the Trust produces an annual Quality Account.

An NHS Quality Account is a yearly report that every NHS trust publishes to show how well it is delivering safe, effective, high-quality care. It explains what the organisation has achieved over the past year, where it needs to improve, and what its priorities are for the year ahead. The aim is to give patients, families and the public clear, honest information about the quality of services so they can understand how the trust is performing and how it is working to continually improve care.

Our Quality Account priorities focus on making care safer, more effective and a better experience for patients. We choose these priorities by looking closely at our quality data and by listening to the views of our staff, partners, patients and carers. In 2025/26, the Trust's Quality Account priorities were:

- roll out of triangle of care;
- implementation of the Patient and Carer Race Equality Framework (PCREF) through Together Against Racism work; and
- improving assessment and prevention of moisture associated skin damage (MASD) for patients in community hospitals.

Impact and progress against these priorities are outlined in the full Quality Account, available on our website.

The Quality Account also presents:

- reflections from our chair, chief executive, medical director and chief nurse;
- some of the many quality improvements that our staff, patients, families and carers have achieved;
- mandatory information that we are required to publish, such as information about the audits that we take part in and information about learning from incidents and deaths; and
- a look ahead to next year's quality priorities.

Quality of services is measured in many ways, including by looking at patient safety, the effectiveness of treatments that patients receive, the environment that care is provided in and, vitally, what the people who use our services - alongside their carers and families - say about the care and support that we provide.

Care Quality Commission (CQC) assessments of LPT services

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.

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. In November 2025 the CQC inspected our community mental health services for children and young people.

Community mental health services for working age adults' inspection

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 need to make further improvements. Comparison of the rating for each key question is given below.

	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 times. By the time the CQC re-visited us in January 2026 we had reduced the average wait for all outpatients from 133 days to 71 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 May 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, including community connectors, as well as 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 we have improved the information that we give to people to help them to stay 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 have made the improvements they have called for in their report. As at the end of March 2026 we await their findings.

Mental health crisis team and health-based place of safety inspection

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 are pleased that the latest report found the services to be rated 'good' overall, with no regulatory breaches identified** and upgraded ratings in the safe, responsive, and well-led domains. Comparison of the rating for each key question is given below.

	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 our specialist community mental health services for children and young people. At the end of March 2026, we look forward to receiving 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 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 do this 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.

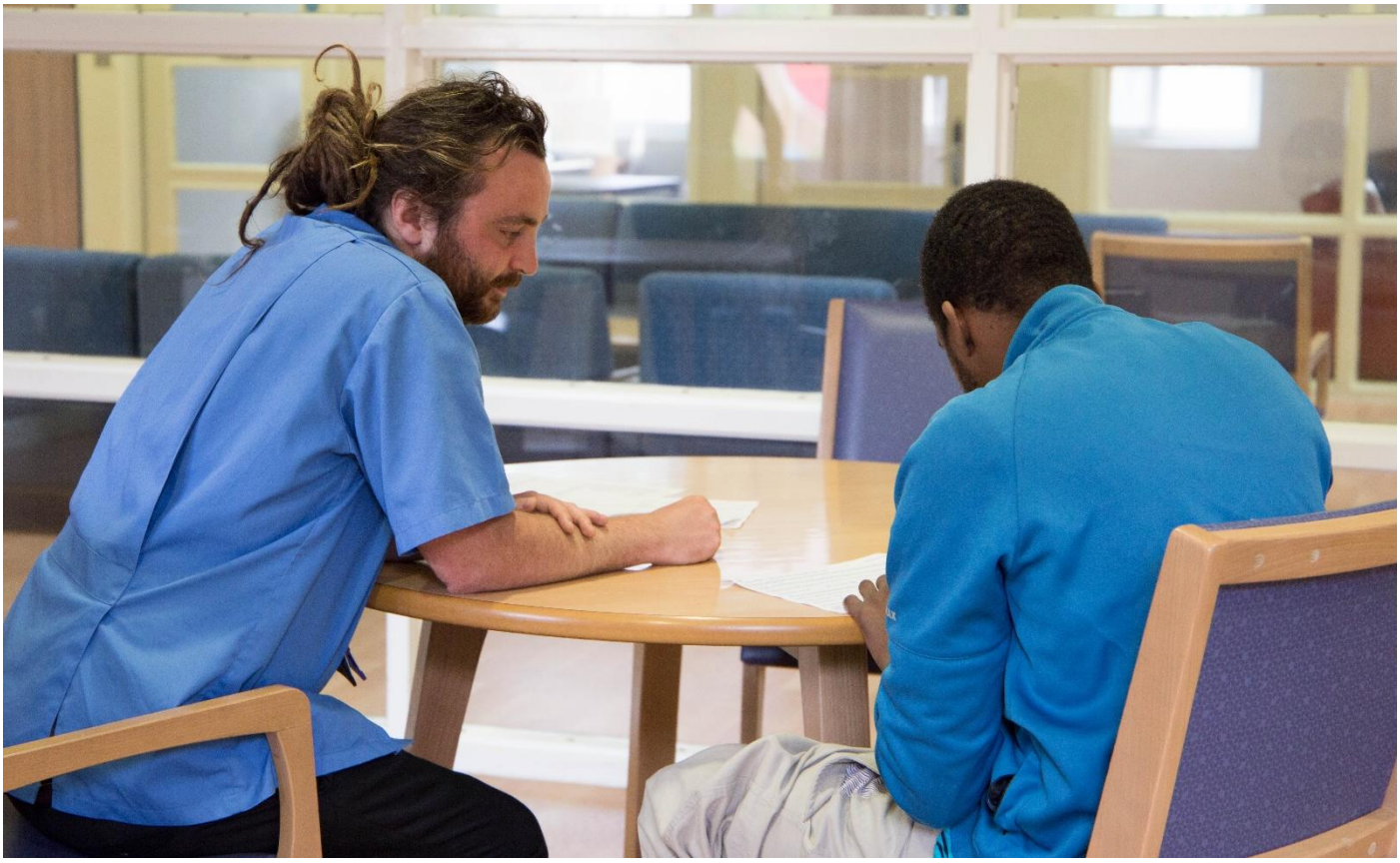
We welcomed reviewers on unannounced visits to nine of our mental health wards this year. The reports of these visits found good practice in relation to our application of the MHA. They also helped us to identify areas for improvement, which included making sure gardens can be accessed and have appropriate 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.

In September 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 due to 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 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**.



A research-active Trust

Nearly 400 patients were recruited to participate in research (approved by the Health Research Authority) in 2025/26. All were receiving relevant health services provided or subcontracted by LPT.

Our Research

In LPT we believe that research is core business in the NHS and should be part of everyone's working life. As such, we are committed to the development of a vibrant research culture. The best health outcomes are driven by the best evidence that arises from supporting and conducting high quality research.

We are committed to excellence in research in all our services, offering the maximum opportunity for patients, service users, carers, and staff to take part in research relevant to them. We are committed to supporting national and international research efforts derived from the National Institute for Health and Care Research (NIHR) Research Delivery Network (RDN) Portfolio, supported by our talented Research Delivery team and clinical staff at all levels.

We support smaller scale non-portfolio research studies which may include research undertaken as part of doctoral studies. We help our staff to design and lead their own research and fulfil our role as a Health Research Authority (HRA)-accredited sponsor. We promote opportunities for patients, service users, carers and staff to “Be Part of Research” through our partnerships with academic and commercial organisations, enabling access to cutting edge treatments. As of October 2025, LPT is a Category A Delivery Organisation within the new NIHR Regional Research Delivery Network with a new funding and performance model. From April 2025, LPT is proud to be part of the NIHR Leicestershire and Northamptonshire Commercial Research Delivery Centre operating on a hub and spoke model. As part of this collaboration we have secured a further contract with NIHR to procure a mobile research unit to take research to people 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 below promoting “Red for Research”) supporting every Trust directorate and wider services across the LLR System such as care homes.

Some examples of our research includes:

- **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.
- **FAST:** This researches the feasibility and costs of collecting blood from participants and to analyse the blood samples to determine blood biomarkers. The results will reflect on the feasibility of a study on a larger number of participants to assess the relationship between blood biomarkers and signs of cognitive decline over time.
- **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. ‘My Medicines Journey,’ 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 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 identifies effective practices in community intellectual disability services for mental health care, reducing inpatient admissions.
- **PAC-MAN:** This research study focuses 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.

- **RESTORE-LIFE** assesses whether vagal nerve stimulation (VNS) via surgical implant is as effective as adjunctive therapy in patients that have treatment resistant depression. Now extended to 2029.

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), shared with us: "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."

A complete breakdown of all portfolio and non-portfolio research from 2025/26 is available by emailing: **lpt.research@nhs.net** and you can also **view our current studies on our website.**

Research capacity building

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.

This year we were delighted to appoint our first research ambassadors - a group of nurses and allied health professionals committed to inspiring a culture of research by raising awareness and educating staff.

We're delighted to report that a staff member was accepted onto the NIHR East Midlands Health and Care Professional Internship Programme for 2025–26, starting in November 2025. This prestigious programme supports aspiring clinical academics to develop their research skills and networks.

WeImproveQ

Our Quality Improvement (QI) programme, WeImproveQ, fosters and supports a culture of continuous improvement that ensures our vision of 'Together we thrive; building compassionate care and wellbeing for all'**.** Our QI approach uses a systematic approach to improvement which empowers all staff to be able to identify the necessary change, to develop skills needed to make meaningful change to impact patient care and outcomes.

WeImproveQ is the home of clinical audit, NICE, monitoring audits, service evaluation and a comprehensive programme of work-based quality improvement. Our focus in 2025/26 has been on embedding the six stages of improvement through the application of our audit monitoring and tracking system (AMaT) and the testing of our new approach to training in WeImproveQ Fundamentals.

The WeImproveQ team provide support for a range of methodologies for integrated quality control, assurance and improvement, as well as training to enable and build QI capacity and capabilities. Ongoing work across the Group has progressed principles for continuous improvement which will be embedded during 2026/7.

WeImproveQ key deliverables in 2025/26

- The LLR and Northampton improvement symposium - September 2025 - provided an opportunity to showcase improvement across the system. The LPT Lived Experience Leadership Framework showcased the benefits of lived experience partners in improving care
- LPT participated in the NHS Impact Operational Excellence Training with 18 staff attending core module events to enhance their practical tools for dealing with day-to-day challenges and understanding operational essentials and how to use data to drive change.
- This year, **eight** staff completed the quality, service improvement and redesign (QSIR) Programme, and **99** staff have attended our internal QI workshops covering various elements of QI, clinical audit and quality monitoring. The new WeImproveQ Fundamentals programme has been developed and tested with a small cohort of staff and **one** expert by experience; focusing on key QI tools and enabling translation of new knowledge and skills into practice by initiating improvement work in their areas of work.
- **218** staff completed AMaT monitoring workshops to utilise the platform to monitor quality and safety.
- We delivered **14** 'QI in box' sessions– these one-hour sessions help staff use quality and improvement knowledge and skills in their roles.
- We supported **11** staff to undertake their own QI journey as part of the Director of Nursing and Allied Health Professions Fellowship.
- **141** 'conversation starters' were discussed in QI design huddles held in directorates. These bring together knowledge and skills of people from within the service who are closest to the challenge, with support from specialists, including those with lived experience, to encourage and support improvement ideas.
- LPT successfully transitioned from LifeQI to AMaT as a single platform for all improvement activity in September 2025
- LPT's participation in system wide improvement has continued along the stroke pathway with stroke rehabilitation bed capacity increasing and a re-design of the MSK System pathway to deliver a single point of access benefitting patients and carers.
- **18** Story boards were completed and shared across the Trust. Story boards summarise and present improvement projects on a single page so that they are accessible, and learning can easily be shared.

Below are some examples of the impact of this improvement activity.

A structured waiting list and a daily inpatient status review process led by healthcare support workers have been put in place for patients following hospital admission.

Patients are listed on SystmOne and tracked daily instead of being discharged and potentially losing them whilst waiting for them to come home from hospital. This is now adopted across all virtual wards.

Individual placement team supporting out of area placements and repatriation has seen:

- 24 people discharged or repatriated reducing the caseload by 65%
- Savings to the system estimated at £2.7 million
- 24 patients diverted to existing services and two sent to an alternative hospital placement.

Weight management groups for Mental Health Inpatient service has seen:

- Almost two-in-three (63.5%) patients reporting an increase in their knowledge of nutrition to manage or lose weight.
- Nearly two-in-five (38%) patients lost weight.

Healthy Together Helpline shortlisted for the Excellence in Quality Improvement or Innovation Award

Over the past year, the Healthy Together Helpline (HTH) has refined, expanded and developed various pathways and processes. The integration of Chat Health from local teams into the HTH has led to a **50%** reduction in reliance on bank staff, while enhancing oversight and utilisation. The commitment to continuous innovation is evident in the introduction of skill mix within the team, optimising resources and strengthening expertise.

Improving services for patients with heel pain

Patients referred with heel pain were added to the waiting list for a routine appointment, seeing long wait times. These patients can be seen remotely with information (including a video guide) on how to self-manage their pain provided. The service has seen a **reduction** in waiting time for intervention for patients, a **reduction** in waiting list numbers, fewer patients returning for follow-up appointments and increased clinic capacity for urgent care.

Exploring the benefit of sensory informed approaches in mental health clinics

This project considered how sensory informed approaches to outpatient mental health clinic environments can enhance patient experience, emotional regulation and accessibility, particularly for neurodivergent individuals with co-occurring mental health needs. Key findings include sensory overload and navigation challenges, lighting and visual comfort, clutter and spatial organisation, and noise and smell sensitivities.

As a result of the findings an Occupational Therapy Sensory Regulation Group in collaboration with psychology to address sensory needs and emotional regulation was launched in October 2025 and individual sensory kits are under evaluation with service users. Further funding is being sought to embed sustainable sensory friendly improvements.

Implementing and disseminating *Body Rhymes* People Play, with children with Profound and Multiple Learning Disabilities (PMLD).

This project built on original work as part of the Director of Nursing Fellowship with Phase 2 taking place October 2023 to December 2025 for wider dissemination and saw:

- The creation of adult demonstration videos for each rhyme, including guidance on adapting or creating new activities, with examples in home languages added shortly after launch.
- All written materials were rewritten using health-literacy principles, and webpage content was produced. Rights agreements were secured for two copyrighted rhymes.
- An open-access webpage was developed within the Healthy Communication section of the *Health for Kids* website to maximise accessibility for parents, carers, and education staff. The webpage went live in September 2025.

A parent commented that a Body Rhymes session was the best therapy session they had ever had. *Body Rhymes* is in regular use in several special schools, and hospital school play therapists are keen to use the activities.

Health inequalities

LPT is committed to reducing health inequalities and improving equitable access, experience and outcomes for all communities we serve. In line with NHS England requirements, the Trust has reviewed the extent to which it has exercised its functions consistently with NHS England's statement on health inequalities, including how inequalities data has been used to inform decision-making, service delivery and improvement.

Reducing health inequalities remain a core strategic priority for LPT, embedded within our organisational strategy (Together we Thrive), governance structures and service transformation programmes.

Understanding our population and inequalities

LPT serves a diverse population across Leicester, Leicestershire and Rutland, with significant variation in:

- Deprivation
- Ethnicity
- Rurality and access to services
- Health outcomes and life expectancy

We have continued to strengthen our approach to identifying inequalities through improved use of data and insight. Our approach includes:

1) Routine analysis of service data by:
    a. Ethnicity

    b. Index of Multiple Deprivation (IMD)
    c. Age
    d. Gender
2) Development of tools and dashboards to identify unwarranted variation
3) Increasing completeness and quality of demographic data

Key findings this year include:

1. Variation in access by deprivation quintile
2. Differences in appointment attendance across ethnic groups
3. Higher did not attend (DNA) rates in specific communities

Our strategic approach

Our work is aligned to the national NHS England framework Core20PLUS5, targeting:

1. The most deprived one-fifth (20 per cent) of the population (Core20)
2. Locally identified PLUS groups
3. Five national clinical priority areas

We have ensured over the reporting year to make this a Trust-wide commitment with all of our service directorates. Each directorate owns their bespoke programmes and initial priorities which identify and aim to tackle potential health inequalities. Some of the priority groups include severe mental illness, learning disability and inclusion health communities, but this is not exclusive.

Our approach is structured around:

1. Data and insight – identifying inequalities
2. Targeted action – designing interventions
3. Evaluation – measuring impact and improvement

Action taken to address inequalities

a) Improving access

We have taken targeted action to improve equitable access to services, including:

1. Identifying the best time of appointment for the patient/carer
2. Promoting the reasonable adjustment flag on SystmOne
3. Understanding the barriers to accessing appointments for different communities
4. Considering communication needs and requirements of patients and services users, as well as their carers and family members to support attendance

b) Improving experience

We have worked to ensure services are inclusive and responsive by:

1. Co-production
2. Ensuring services are culturally competent
3. Ensuring translation services are readily available and notes on reasonable adjustments flags and markers
4. Commitment to patient and carer race equality framework (PCREF) across our Trust

c) Improving outcomes

We have focused on reducing variation in clinical outcomes:

1. Targeting interventions
2. Ensuring we offer personalised care approaches
3. Within our Collaboratives sought and defined pathway improvements

Mental health inequalities and race equity

As a mental health and community provider, LPT has continued to prioritise reducing inequalities in mental health care. This is the fabric and centrepiece of our strategy, mission and vision as a Trust, and in our Group.

This includes implementation of the Patient and Carer Race Equality Framework (PCREF), with a focus on:

1. Improving access, experience and outcomes for racially minoritised communities
2. Strengthening community engagement and co-production
3. Increasing transparency and accountability

We routinely capture and report on high quality health inequality data across all services in the Trust, which helps us identify health inequality trends within our communities. The data enables our service teams to stratify and produce local action plans, working with patients and communities to codesign solutions to tackle health inequalities.

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

NHSE Statement of Health Inequality datasets

The following data summarises three indicators:

- Detentions under the Mental Health Act
- Restrictive Interventions
- Access for Children and Young People (CYP)

All figures are presented as rates (as shown in the original chart).

Detentions

Number of patients detained under the Mental Health Act 1983, per 100,000 population.

Gender

- Female: approximately 100
- Male: approximately 100

Ethnicity

- White (English, Welsh, Scottish): approximately 110
- Asian / Asian British / Asian Welsh: approximately 100

- White (Other): approximately 140
- Black / Black British / Black Welsh: approximately 300 (highest)
- Mixed or Multiple Ethnic Groups: approximately 260
- Other Ethnic Group: approximately 160

Deprivation

- Core 20 (most deprived): approximately 160
- Other: approximately 90

Age

- 18–24: approximately 80
- 25–34: approximately 110
- 35–44: approximately 90
- 45–54: approximately 80
- 55–64: approximately 70
- 65+: approximately 120

Restrictive Interventions

Number of restrictive interventions per 1,000 occupied bed days.

Gender

- Female: approximately 35
- Male: approximately 15

Ethnicity

- White: approximately 30
- Asian: approximately 15
- White (Other): approximately 40 (highest)
- Black: approximately 30
- Mixed: approximately 35
- Other: approximately 10

Deprivation

- Core 20 (most deprived): approximately 15
- Other: approximately 25

Age

- 18–24: approximately 35

- 25–34: approximately 30
- 35–44: approximately 10
- 45–54: approximately 10
- 55–64: approximately 15
- 65+: approximately 35

CYP Access

Number of children and young people accessing NHS-funded secondary mental health services, per 1,000 population.

Gender

- Female: approximately 50
- Male: approximately 45

Ethnicity

- White: approximately 30
- Asian: approximately 10
- Black: approximately 10
- Mixed: approximately 35
- Other: approximately 20

Deprivation

- Core 20 (most deprived): approximately 55 (highest)
- Other: approximately 50

Key observations

- Detention rates are significantly higher for Black and Mixed ethnic groups.
- Restrictive interventions are highest for White (Other) and Mixed groups, and higher for females.
- CYP access is highest among more deprived populations.
- Younger adults (18–34) tend to experience higher rates of restrictive interventions.

Examples of how we are tackling health inequalities within our Children, Young People and Learning Disability and Autism services:

- We are routinely mapping referral rates to specialist CAMHS, identifying gaps between expected demand and service uptake to target support where it is most needed.

- The rollout of LPT's Thinking AHEAD dashboard across the Directorate has strengthened understanding of DNA/ was not brought (WNB) rates and enabled targeted action to reduce inequalities.
- Our Looked After Children service provides an additional proactive six-month review to maintain oversight of vulnerability and emerging inequalities.
- We are progressing delivery of Mental Health Support in Schools across LLR by 2030, including enhanced neurodevelopmental roles and pathways.
- Enhanced "safe whilst waiting" processes have been implemented, including digital innovation within CAMHS Duty, to better support vulnerable cohorts.
- Investment in digital offers has expanded access, including online parenting programmes, peer support, counselling, and targeted digital content (e.g. Health4 websites, MyGuidance, Solihull Approach, now known as Togetherness).
- Targeted early intervention programmes are delivered in partnership with community organisations, including the Play On project with Leicester City in the Community and YOS-ACEs, for young people at risk due to adverse childhood experiences.
- A dedicated pathway has been established for young people with gender dysphoria and co-occurring mental health needs, linking CAMHS and Community Paediatrics with national services.
- As a national pathway leader in the SEND Change Programme, we have delivered key initiatives including the ELSEC pathway for SALT and improved health input into EHCPs.
- Our School Aged Immunisation Service is piloting an online booking system, with early indications of increased consent and uptake; further improvements are planned in 2026/27.
- The Best Start for Life Programme (to Dec 2025) demonstrated positive health and economic benefits for local communities.
- Learning disability services have introduced an early behaviour intervention pathway to support children and young people who do not meet thresholds for learning disabilities or CAMHS services.
- We have developed "Guidance", a self-directed psychoeducational offer supporting autistic people and their families to better understand autism.
- System improvements in coding, data quality and pathway design have enhanced identification of young people with learning disabilities, supporting improved access to annual health checks, preparation for adulthood, and reduction in inequalities.

Partnership and community engagement

Reducing health inequalities requires strong partnership working. We have worked collaboratively with:

- ✓ Local authorities and Public Health
- ✓ Primary Care Networks (PCNs)
- ✓ Voluntary, Community and Social Enterprise (VCSE) partners

This has supported:

1. Co-designed services
2. Improved reach into underserved communities
3. More joined-up, place-based care

From working with grass roots organisations, such as the African Heritage Alliance in Leicester, to support and strengthen access to mental health services in the city; to working alongside our Public Health partners and offering blood pressure checks for our staff – supporting our staff and supporting Public Health outcomes. Such partnerships are vital to not only identifying and tackling health inequalities but also for prevention.

Impact and Outcomes

We are committed to moving beyond activity to demonstrating impact. Examples of progress include:

From…

- ✓ working in partnership with our Integrated Care Board, Inclusion Health and the homeless community we are putting in place a tailored approach to support access to mental health services, starting with coding that enables us to track homeless communities through our services and working with Inclusion Health to provide additional support to access if needed.

To …

- ✓ contacting patients within our Memory Services closer to the appointment as a reminder and check that they can attend their appointment. And working with GPs to strengthen and join up the pathway for breathlessness services.

These are just some of the changes we have made to ensure we make our services more accessible to our communities. We are starting to see a pattern in some services of a reduction trend in DNA rates and are monitoring this through SPC charts. This also feeds into our Transformation and Quality Improvement (TXQI) committee, as well as directorate management teams. Where measurable impact is still emerging, we have established evaluation frameworks to track improvement over time.

Governance and oversight:

Health inequalities are embedded within LPT's governance structures, including:

1. Board oversight of inequalities metrics and priorities
2. Integration into quality and performance reporting
3. Alignment with transformation and improvement programmes

Regular reporting ensures that inequalities remain a core organisational focus and are acted upon systematically.

Challenges and next steps

We recognise that significant challenges remain, including:

- Data quality and completeness
- Persistent inequalities in access and outcomes
- Wider determinants of health beyond NHS services

In the coming year, we will work with our services to ensure we:

1. Strengthen data quality and analytical capability
2. Scale interventions that have demonstrated impact
3. Deepen partnership working with communities and system partners
4. Further embed inequalities into service design and delivery

Conclusion:

LPT remains committed to addressing health inequalities and ensuring that all individuals and communities receive equitable, high-quality care. We will continue to build on our progress, using data, insight and partnership to drive meaningful and sustained improvement.

Social value

Social value is the positive environmental, social and economic impact we create for the communities we serve. As an NHS Trust and anchor institution, we use our role as a major employer, alongside our estates and our purchasing power to improve wellbeing, tackle inequalities and support better population health outcomes.

We are proud and committed to being an anchor organisation working in the heart of our community. Anchor institutions are large public organisations that have an active and significant stake in their local areas. We are one of the largest local employers across Leicester, Leicestershire and Rutland, directly employing around 8400 people and working through extensive

partnerships and supply chains. Through our membership of local anchor networks, we collaborate with partners across health, local government, education, policing and the voluntary, community, faith and social enterprise sectors to maximise our positive social impact.

Our Group Social Value Charter, aligned to the United Nations Sustainable Development Goals and our THRIVE strategy, sets out our long-term ambition for social impact and sustainability to 2030. This focuses on:

- Using our anchor status to continuously create positive social impact and benefit in the communities we serve.
- Identifying and tackling inequalities in our neighbourhoods and building prevention of ill health into everything we do.
- Empowering our communities to live with greater independence; avoiding unnecessary hospital stays.
- Providing high quality sustainable healthcare whilst minimising any negative impacts on the environment from our activities and our suppliers.

How we deliver social value

Social value is embedded across our everyday operations and ways of working, including:

- Workforce priorities, inclusive employment and progression.
- Our Green Plan and environmental sustainability.
- The Together Against Racism programme and equality action plans.
- Volunteering, apprenticeships and routes into employment.
- Partnership working through local anchor institution networks.

This approach supports population health improvement and contributes to NHS oversight and value-for-money expectations.

Tackling economic inequality

Addressing economic inequality is a core commitment of our Social Value Charter. We focus on improving equality of opportunity through inclusive employment, skills development and digital inclusion, particularly for disadvantaged and under-represented communities.

Key areas of delivery include:

- Creating jobs, apprenticeships and training pathways for local people, including care leavers, people with disabilities and those from ethnic and cultural minority backgrounds.
- Apprenticeship, taster and sector-based work academy programmes.
- Volunteering pathways that support access to employment.
- Workforce equality programmes, including Together Against Racism, Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) action plans and staff networks, helping to build an inclusive culture and address inequalities in experience and progression (see Engaging our staff section).

- Digital inclusion initiatives improving equal access to care, information and monitoring for people facing geographic, mobility or digital barriers.

Measuring impact and assurance

We continue to strengthen how we measure and evidence the impact of our social value and health inequalities work. This includes:

- Group social value and sustainability dashboards.
- Trust-level Green Plan delivery monitoring and carbon reporting.
- Workforce and culture dashboards aligned to THRIVE.
- A developing health inequalities dashboard showing service-level insight on access, 'did not attend' patterns, outcomes and experience by key characteristics. This dashboard supports teams to design targeted interventions and monitor whether gaps are closing over time.

These insights, alongside staff survey data, WRES and WDES metrics, patient experience and case studies, enable the Board and its committees to monitor progress and target resources where they will have the greatest impact on equality and population health outcomes.

Corporate governance

The Trust has policies and controls in place to manage social, community, anti-bribery, and corruption risks, helping to keep the organisation secure and focused on delivering high-quality patient care. These include:

- A **local antifraud, bribery and corruption policy**, which sets out how suspected fraud is addressed and provides guidance on investigations.
- A **conflicts of interest policy**, which provides a clear framework for declaring and managing conflicts of interest, supporting sound judgement, transparency and accountability in the use of NHS resources.
- A new social value and sustainable procurement policy and toolkit.

The effectiveness of these policies is supported through ongoing assurance activity, and relevant committees, as well as being embedded within day-to-day practice. In line with meeting the aims of these policies we have also:

- Carried out an assessment against the Government Functional Standards (GFS) and submitted our results to the NHS Counter Fraud Authority in line with processes and scrutiny arrangements.
- Worked closely with our counter fraud provider 360 Assurance to raise awareness among colleagues through targeted communications, advice and guidance on recognising and preventing fraud.

Financial performance

Our summary Financial Accounts for 2025/26 are presented in Appendix A. These accounts cover the financial year 2025/26 and provide figures for 2024/25 for comparison where required. They include the following financial statements and information:

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

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

Sustainability report

Green Plan

LPT's refreshed three year **Green Plan** was approved at Trust Board in September 2025. This outlines our response to the updated NHS England Green Plan Implementation Guidance, inclusion of sustainability in the CQC assessment framework, NHS standard contract, NHS ambitions, policy and planning guidance and sets out how the Trust will support the transition to a Net Zero NHS and help achieve the ambitious Net Zero targets.

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

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

This national ambition resonates with our Group vision for 2030 which is: Together we thrive; building compassionate care and wellbeing for all'.

Our Group THRIVE sustainability ambitions set the strategic focus, and our Green plans are how we are delivering a net zero Leicestershire Partnership and Northamptonshire Healthcare Associate University Group and Trust Green plan projects.

We have strengthened our sustainability governance in line with 2025 NHS England and CQC guidance and to reflect our commitment to delivering high quality, companionate, low carbon care. Sustainability and Green plan delivery is now firmly embedded in our leadership model.

Our Group level Sustainability Programme, is chaired and overseen by our net zero lead and chief finance officer, and brings together green plan leaders from each Trust, representing the nine green plan chapters plus enabling workstream representatives.

This new Group level forum is where the sustainability thinking and innovation can take place, and through collaboration and shared learning, drives delivery tailored to the Trust.
Our Group Sustainability Programme also oversees our environmental carbon emissions performance and works to embed sustainable thinking in our everyday decision making.

Our **Green Plan** sets out the steps we have already taken and our future plans and is available on our website in the About Us vision values and strategy section.

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

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

Addressing climate-related issues

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

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

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

Procurement

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

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

Social value and environmental considerations continue to be a factor in what we do, and we work with various key stakeholders to develop a more sustainable approach to purchasing goods and services, bringing benefits for the environment, society and the economy. Guidance on procurement of services and goods is to ensure we meet the requirements of the 2012 Public Services (Social Value) Act and The Social Value Model. Our sustainable approach is part of the work underpinning our Social Value Charter.

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

The Procurement team are part of the group sustainability committee and working with key personnel towards an internal review of switching from single use to re-usable items where possible.

Anti-fraud, bribery and corruption

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

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

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

Counter Fraud activities undertaken during 2025/26 included:

- Procurement – due diligence and contract management (NHSCFA-led national exercise)
- Continuing our participation with the National Fraud Initiative.
- Attendance on site, including promoting International Fraud Awareness Week (IFAW)
- Issuing local warnings, fraud prevention notices and intelligence bulletins relating to new frauds or methods of attack.

- Providing awareness training and materials to staff across the Trust.
- Investigating allegations of fraud, bribery and corruption.

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

Social responsibility and involvement

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 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.
- 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 Wait CAMHS web area, 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 - co-producing 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 improve:

- 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,"

"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 next Trust strategy, and creating more secure long-term roles for lived experience partners.

Friends and Family Test (FFT)

The NHS Friends and Family Test (FFT) is an important tool to help people who use NHS services have the opportunity to provide feedback on their experience.

During 2025-26, 91% of all those who responded reported a positive experience of care, 4% reported a negative experience of care and overall response rate for the year was 15%.

The top three themes for positive experience of care were:

- Staff Attitude
- Implementation of Care
- Communication

You can find out more about our involvement work on the **Get Involved page of our website**.

Volunteering

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

The aim in volunteering is to:

Promote Volunteering

Recruit and retain Volunteers

Support volunteers

We have aligned our plan to Investors in Volunteers to work towards a gold standard offer.

We aim to enable individuals to contribute their time as volunteers within a framework which is safe for all and in line with Trust and national guidelines.

Volunteer data

We are so proud to have over 250 volunteers supporting at LPT, and over the last year we recruited 80 volunteers. Turnover of volunteers is high with 83 volunteers leaving their role, therefore recruitment is constant with 34 applicants currently being recruited.

We have around 30 active volunteer roles and the number of volunteers per each directorate:

- DMH: 38 volunteers
- CHS: 96 volunteers
- Enabling Services: 34 volunteers
- FYPC.LDA: 55 volunteers

The number of roles in each directorate varies:

- **DMH/LD**: 17 roles
- **CHS**: 11 roles
- **Enabling Services**: 6 roles
- **FYPC.LDA**: 2 roles

The age range of volunteers is:

- **16–25**: 48

- **26–35**: 42
- **36–45**: 49
- **46–55**: 23
- **56–65**: 25
- **66–75**: 20
- **76+**: 22

Recruiting volunteers

We work with services to create new and interesting roles. We attend various meetings within each Directorate to highlight volunteers and develop new opportunities with them.

We advertise volunteering roles mainly on our website, some harder to recruit to roles are advertised with Voluntary Action Leicester and other places within Leicester, Leicestershire and Rutland. We continue to make links in the community attending recruitment events.

The volunteer recruitment standard operating procedure (SOP) was approved in the year.

Voluntary transport

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

We have increased the number of volunteer drivers who support the service based on their availability. Over the year:

- Volunteer drivers covered over 71,058 miles.
- They made 3,845 journeys
- The drivers also collect incontinence alarms when required which has saved the Trust money on alarms not being returned.
- All drivers have achieved 100% compliance with their mandatory training and their records are all in date.

Celebrations in Volunteering

Valued Star Award nominations for volunteers increased over the year with many being successful, including a group of Therapy Pet volunteers who supported the Flu Clinics during November 2025.

Two volunteers were able to take advantage of Room to Reward in 2025 where supervisors were given the opportunity to nominate their volunteers.

The winner of the Celebrating Excellence - Volunteer of the Year 2025 award was Caroline Love and her lovely dog Hugo, who visit many of our sites to bring much-needed smiles to the faces of our patients and staff. They helped support an inpatient who felt unable to leave their room to engage with therapy.

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

- Volunteers’ Week
- International Volunteer Day
- Long Service Awards afternoon tea - where volunteers were celebrated for 5, 10, 15 and 20 years’ service.
- Easter and Christmas get togethers

Volunteer hampers were created as prizes for volunteer games over the Christmas and Easter festivities.

Networking and joint working

We continue to meet regularly to share best practice and collaborate on ideas with our Group partners NHFT through monthly meetings. We also undertake this sharing practice with the University Hospitals of Leicester's (UHL) volunteering service.

We have actively participated in Q&A sessions with NHS England, which increases our awareness of national activities and funding opportunities. We were pleased to be asked to share our voluntary transport SOP as an example of good practice with other Trusts who would like to set up a similar service.

We also have an active relationship with Voluntary Action Leicestershire (VAL), attending their network meetings and advertising some volunteer roles through their networks.

Training

Mandatory Training compliance across all of our volunteers remains high with targets met for most of the modules.

Volunteers have the opportunity to complete other modules on our elearning platform ULearn should they want to. Disengagement training is being considered for many of our roles in DMH.

Developing Healthcare Talent is available for volunteers which some volunteers have signed up to.

We have systems in place to review the Volunteer Handbook annually and other documents that have been created to continually enhance the experience of our volunteers.

Communication

Communication with volunteers is good, we have moved to using online newsletter software SWAY for all our communications. An edited version of the weekly staff e-comms is sent to volunteers as well as other communications, including the Trust's Health and Wellbeing monthly update.

By using SWAY, we are able to monitor volunteer engagement which remains high.

Surveys

We will begin to provide quarterly statistics to NHS England. The database that holds our volunteer information is being reviewed so that we can capture additional information as required.

Engaging our staff

NHS Annual Staff Survey

Over the past three years, the Trust has developed a clear and robust approach to staff engagement, investing in support and development for local services to make greater use of staff feedback, and particularly data from the National Staff Survey. Managers and leaders have been provided with support from the staff engagement lead to understand local survey results, which have been shared through directorate management meetings, team briefs, staff networks, and through culture cafes at sites across the Trust throughout the year using our Feedback into Action approach. This has run alongside our culture change programme Our Future Our Way, whereby change leaders have focused on improving low performing areas in the staff survey. This staff engagement approach and its impact was recognised as a finalist in the HSJ Awards 2025 and highlighted as a good practice case study by the NHS Employers in February 2026.

A robust governance process is in place, with all directorates engaged in activities to develop objectives based on the staff survey data and local needs which inform localised action plans. These are then held to account through a multi layered governance process.

We have a comprehensive Feedback into Action programme, which puts information, transparency and responsiveness at the centre of our activities to ensure all staff are able to find out more about what their feedback was, and what the Trust is doing in response. This includes regular staff newsletters and culture cafes on how feedback has been put into action, not only from the staff survey, but also other mechanisms such as health and wellbeing roadshows, culture cafes and staff networks. This is integrated with our leadership and culture programme, ensuring a responsive feedback loop.

This approach has helped to achieve above average results across all People Promise indicators and a response rate that is four per cent above the national average, against a backdrop of lower results and response rates nationally.

Summary results and statistical significance change

Overall, the Trust continues to demonstrate a strong position relative to our benchmark group and remains above the national average in all nine People Promise elements and themes, against the backdrop of trusts of our type across the country seeing declines in their scores for seven out of the nine People Promise Indicators.

The national results show an overall decline in staff experience however LPT's results have remained statistically stable and above the national average, with several sub-domains moving up where the trend has gone down.

Around 4000 staff, that's 56 per cent of our LPT family, shared their views. Despite this being slightly lower (two per cent less) than 2024, our response rate is four per cent above the national average response rate of 52 per cent.

Summary headlines

Staff recommendations of LPT as a place to work and receive care remain above the national average.

- Recommend LPT as a place to work – 66.1 per cent (67.8 per cent in 2024; national average 64 per cent)
- Recommend LPT as a place to receive care – 68 per cent (67.7 per cent in 2024; national average 64.5 per cent)
- Care of patients/service users is my organisation's top priority – 79.6 per cent (81.5 per cent in 2024; national average 75.9 per cent)

We are above the national average in numerous areas, with some areas now nearing the best in the country, particularly in relation to:

- flexible working;
- manager support and relationships;
- team effectiveness;
- feeling your role makes a difference; and
- confidence in raising and being treated fairly.

It is reassuring to see that four in every five (80 per cent) of our staff felt safe to raise concerns, (against a nationally declining picture). This is an important part of our commitment to ensuring everyone feels psychologically safe to speak up at our Trust.

This reflects the extensive work we have done in the last year around promotion of health and wellbeing support, particularly through the culture, leadership and inclusion programme, our enhanced leadership development approach, and profiling of raising concerns through roadshows.

National and cohort group benchmarking

Within our cohort group of 50 providers, LPT continues to perform well, and has improved in overall ranking:

- LPT remains in the upper quartile among the cohort of 50 providers
- LPT's overall ranking (sum of People Promise and Theme scores) has moved from 9th place in 2024 to 5th place in 2025
- LPT's response rate was at 21st place out of 50 providers
- Ranking for LPT's People Promise indicators in each area have improved, with highest performing rankings as: third for flexible working, fifth for We are a Team, and fifth for We are always learning and sixth for We each have a voice.

Detailed analysis

LPT's full results of this year's survey can be found on the NHS England website here: **2025 NHS Staff Survey Benchmark Report**. From analysis of this year's results, the following areas are highlighted to provide further detail for consideration

Statistically significant changes from last year's results are:

- **Improvements in these areas:**
    - Recommending LPT as a place to receive care (remains above national average),

- Flexible working (amongst best in the country)
- A reduction in experience of violence and aggression from patients, and improvement in reporting bullying and harassment.
- Team working and team effectiveness
- Reporting of incidents and being treated fairly
- Having an annual appraisal

- **Decreases in these areas:**
  - Safe and healthy (burnout, work pressures and support)
  - Recommending LPT as a place to work, however remains above the national average
  - Care being my organisation's top priority (remains above national average)
  - Opportunities to develop career and equitable career progression (but is amongst the best in the country)

Areas where LPT is significantly above the national average in staff experience:

- **Kindness and respect**, which is above the national average against a declining picture nationally. Our staff also feel more **valued and appreciated** than the national average. We enhanced our leadership behaviours for all campaign through OFOW over the last year.
- Our **staff morale** has remained fairly stable and amongst the best compared to the national average which has dipped.
- **Line manager support** is improving and we are seeing numbers close to the best results in the country, showing managers are encouraging, giving clear feedback and taking an interest in individual wellbeing. We have put significant emphasis on leadership development over the last year through conferences, webinars, Extended Leadership Team and Senior Leadership Forum sessions.
- Confidence in **raising concerns** remains one of the highest in the country and significantly above the national average. Confidence that concerns will be addressed has increased whereas the national average has decreased. There has been continuous awareness raising over the last year for this, including health and wellbeing and FTSU roadshows.
- **Work-life balance and flexible working** questions have not only improved, but they are significantly above the national average and have gone against the national trend. They are performing near the best in the country.
- There are opportunities for me to **develop my career** in this organisation +4.84 per cent above the national average, and only 0.84 per cent away from the highest result. This has been a focus area of our culture improvement programme and will be built on further.
- More staff feel they have **choice in deciding how to do their** work +2.9 per cent above the national average, also increased going against the national trend which declined**.**
- More of our staff feel their **role makes a difference** compared to the national average.
- Staff sharing they have had **appraisals** is 94.35 per cent (+5.75 per cent above average, and only one per cent away from the highest result) and **clinical supervision** is declared at

83.5 per cent: an increase from the previous year, going against the national trend which stayed the same, and among some of the best results in our grouping.

We need to do more to help people feel they can make improvement in their own areas and involved in change. Although in line with the national average these are areas of decrease.

Reporting racism and discrimination has improved and is now above the national average which is a good reflection of our Together Against Racism and Zero Tolerance campaigns. However, experience of racism and discrimination, and related to religion remain below the national average.

Workforce Race Equality Standards

- Experience for our white staff has worsened slightly in terms of experiencing harassment bullying and abuse from staff, but this has improved for ethnic and culture minority (ECM) staff.
- Experience for our white staff has decreased in relation to feelings of fairness of progression and promotion, but improved slightly for ECM staff.
- Staff experiences have improved when looking at abuse from the public, and discrimination from staff – this is positive given the focus of Together Against Racism
- Despite improvements, there is still a considerable gap between ECM and white staff experience on these metrics, so a continued focus remains important.

Across the Group we have been running programmes to address, understand and tackle violent, aggressive and discriminatory behaviours and these results reflect some positive impact. We remain committed as a Group in standing Together Against Racism and to be free from discrimination We will continue to focus on improving experiences for all, so that everyone feels valued, safe and supported at work. We will also have continued focus on improving inclusion in our recruitment processes and positive action programmes to support development of talent, having undertaken our Developing Diverse Leaders programme and our first Group ‘Talent Matters’ programme launching in May 2026.

Workforce Disability Equality Standards

- Harassment, bullying and all forms of abuse have reduced for all staff from members of the public, but we have seen a slight increase in non-disabled individuals experiencing harassment, bullying and abuse from other colleagues
- Colleagues are increasingly reporting their incidents of abuse
- There is a reduction in all members of staff feeling the organisation acts fairly with regards to career progression or promotion
- Fewer staff have felt pressure from their managers to come to work when unwell
- Non-disabled staff members feel the organisation values their work slightly less than the previous year
- A very slight reduction in disabled staff feeling supported with reasonable adjustments

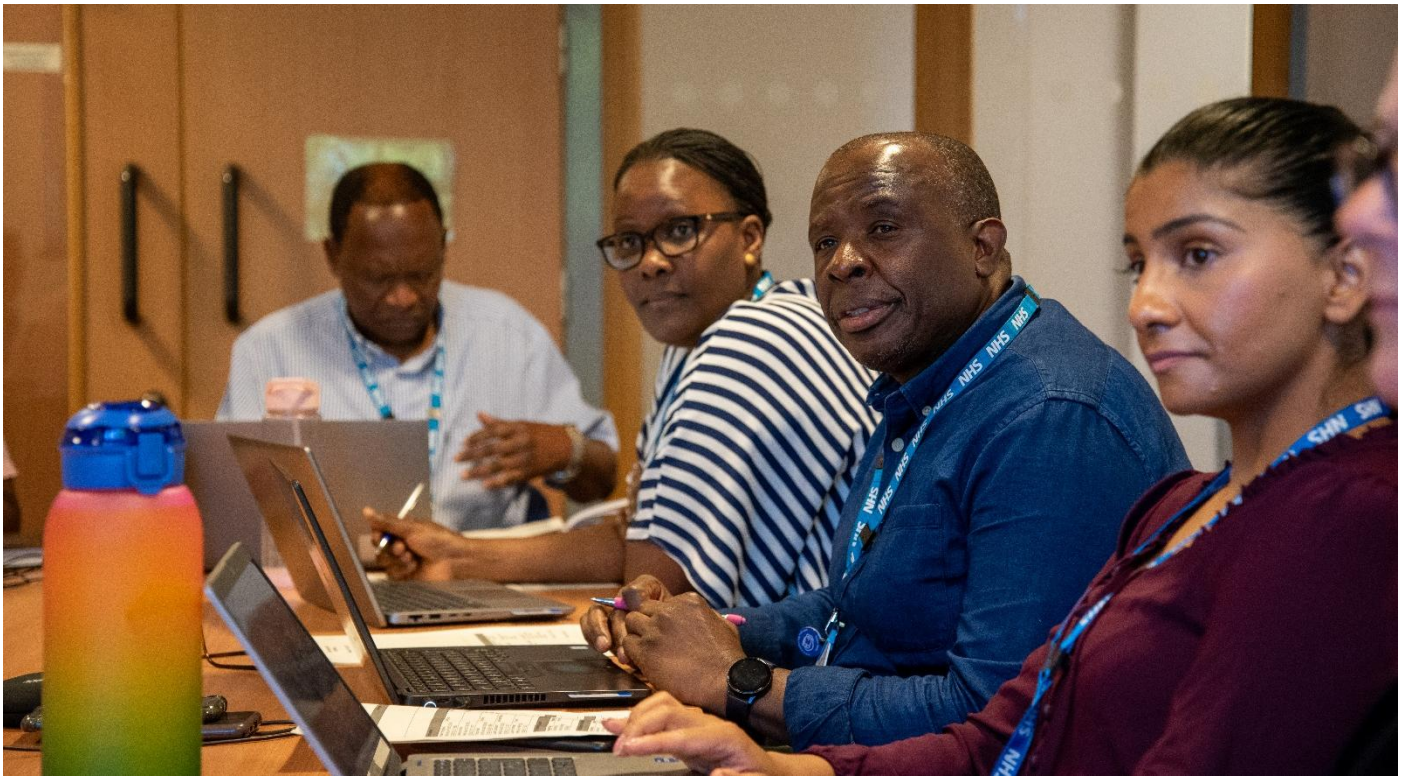
We will continue our focus on improving inclusion in our recruitment processes and embedding improvements in support for reasonable adjustments, alongside our staff support networks.

Our results clearly show a positive progress against the national picture, however there are still areas for further improvement against last year's results.

Whilst opportunities to develop career and equitable career progression remain amongst the best in the country, equitable experience among staff groups has declined further.

Whilst staff experiences have improved when looking at abuse from the public, and discrimination from staff, there is still a considerable gap between ECM and white staff experience in relation to abuse and harassment.

We are committed to taking clear and visible action. Our culture change programme Our Future Our Way, will continue with its current focus areas as they align with the above.



Our Future Our Way

Our Future Our Way (OFOW) is LPT's culture improvement programme, designed to create an inclusive, supportive, and compassionate workplace where every member of staff can thrive and make a difference.

Led by our team of dedicated change leaders, who are colleagues from diverse backgrounds and roles across the Trust, this programme is about shaping the future of how we work, together. It was an HSJ award finalist 2025.

How does the programme work? The programme focuses on the areas that staff have told us are important through the: NHS Staff Survey, People Pulse survey and other feedback mechanisms, including our culture cafes and health and wellbeing roadshows. It is delivered through three key phases: **Phase 1: the discovery phase** This is where change leaders review

feedback, identify key themes and engage staff to get a deeper understanding of those issues. **Phase 2: the design phase** Change leaders use feedback to develop and co-design actions for change. **Phase 3: the delivery phase** Change leaders work with subject experts carry out actions and embed changes and improvements.

Our Future, Our Way has been in place since 2018 (based on the NHS England methodology) and has supported sustained cultural development across LPT, reflected in positive staff survey outcomes in 2024 and 2025. Impact has included introducing health and wellbeing spaces for staff, the Team Time Out initiative, a new co-designed definition of what psychological safety means at LPT, an improved staff directory, and improved new induction process for new starters to support their career development at LPT.

During 2025/26, LPT has completed a further cycle of 'Discovery' with focus groups, surveys and executive interviews completed by the 'Change Leaders' with support from the OD team. The activity has highlighted two priority themes for focus:

- Equitable access to career development and support – fair, transparent, accessible career development that build confidence in all staff
- Experiences of racism and discrimination – trusted reporting with timely, transparent follow-up, proactive prevention, cultural competence and visible accountability.

The findings align with existing areas of focus in the 'Together Against Racism' programme, with opportunities for collaborative sub-groups to be established to support this work.

The 'Discovery' work also identified two 'golden threads' that underpin the wider culture across the organisation:

1. Values and leadership behaviours – Some staff highlighted confusion over the new THRIVE strategy and their alignment with the existing leadership behaviours and values of the organisation
2. Leadership capability and support – further support is required to build leadership capability, particularly around accountability and developing psychological safe spaces and teams.

These findings are consistent with NHFT, and provide an opportunity for the coming year to align approaches to culture and leadership as part of the Group OD and staff engagement function which have come together this year.

Together Against Racism

Together Against Racism (TAR) remained a major Group priority this year. Our aim is simple: everyone should feel safe, respected and able to belong. We know racism still affects people's experiences, and we're committed to tackling it across our services and workplaces.

We made progress across all three TAR pillars: our workforce, our communities, and our patients and carers.

- Across our **workforce**, we expanded inclusive recruitment training, strengthened support for colleagues facing racist behaviour, and invested in leadership development for staff from ethnic and cultural minority backgrounds. We also widened cultural learning opportunities, such as Cultural Conversations and Culture of Care workshops.
- Within **communities**, we improved our understanding of local inequalities through new neighbourhood level insight, strengthened inclusive research processes and advanced our Social Value and Sustainable Procurement Policy. These steps are helping us use data and partnerships to deliver fairer outcomes.

- For **patients and carers**, we continued to embed the Patient and Carer Race Equality Framework (PCREF) with strong board oversight. Community partners and people with lived experience helped shape improvements, while culturally informed and trauma aware approaches continued to grow across teams.

Looking ahead, we remain committed to building organisations where racism and discrimination have no place. Our focus next year is to embed shared standards, strengthen the use of data to understand inequality and work even more closely with communities to shape change.

Further detail on this work is set out in the Equalities section of this Annual Report.

Consultation with staff

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

During 2025/26 we continued to actively involve staff across all services through engagement and consultation linked to service transformation, development initiatives and associated change management programmes, including the culture change programme mentioned above.

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

Our staff intranet, StaffNet, includes the latest news and events. We also use text and WhatsApp messages, as well as regular screensavers to keep staff informed and engaged. The chief executive delivers a monthly online Team Brief alongside a Q&A with the executive team. This is recorded and shared with staff who cannot attend. Each directorate also holds their own staff briefing and listening sessions to engage staff in their areas. Additional engagement activity for leaders include a bimonthly senior leadership forum (online information exchange and Q&A) and extended leadership team meeting (face to face meeting for discussion of hot topic areas to improve engagement and ownership of our senior leadership community).We have also introduced Spotlight Talks over the last year, which host short talks from services, to showcase their success and help others learn from it to enable spread and learning.

We also hold regular health and wellbeing roadshows and culture cafes to continually listen to and engage staff. Regular check-ins are also undertaken through participation in the Quarterly NHS People Pulse Survey, so that we can regularly monitor staff experience and feedback. These sessions are supported by teams across health and wellbeing, staff engagement, freedom to speak up guardians, equality diversity and inclusion and staff network reps.

We have an active StaffSide group who have increased in numbers during 2025/26 who work in partnership with managers and HR. We also engage with our staff support networks to seek feedback and input where appropriate

Support and advisory services

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

- Occupational Health Service available to all staff
- Confidential counselling and psychological support services (Amica)

- NHS Talking Therapies Service which staff can self-refer to
- Professional organisations and trade unions
- Disabled staff support group (MAPLE)
- Interfaith forum
- REACH (Race Equality and cultural Heritage) staff network
- Carers support group
- Spectrum (lesbian, gay, bisexual, transgender members of staff) support network
- Women's Network
- Men's Health Network
- Neurodiversity staff network
- Anti-bullying and harassment advice service (ABHAS)
- Access to mediation for resolving workplace conflict
- Listening Ear service provided by Chaplaincy services
- Access to Freedom to Speak Up Guardians
- Specialist wellbeing development events including menopause awareness events, financial wellbeing workshops, Schwartz Rounds, Culture Cafes, Active Bystander Training, Making Every Contact Count training, reflective space groups and more
- Physical health support through our physio team and Active Together partner
- Charitable funded Team Time Out sessions to promote staff connectivity
- Monthly Health and wellbeing roadshows with our charity Raising Health across sites

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

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

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

Freedom to Speak Up

The safety of LPT staff and patients is a Trust priority. Key to providing a safe environment lies in giving strong focus to its Freedom to Speak Up (FTSU) programme and the embedding of a speaking up culture; driven by our FTSU Guardians, supported by the Board, and underpinned by the FTSU Champions.

LPTs vision, mission and strategy ‘Together we THRIVE’; provides synergy and alignment to the embedding of a speaking up culture.

We want every colleague to feel confident that when they speak up, they will be listened to without judgement, supported without fear of detriment, and updated on what actions are taken as a result.

Our commitment to a Speaking Up Culture

Our chief executive acts as the lead executive director for FTSU, clearly signaling how seriously the organisation takes speaking up—whether it relates to patient care, service improvement, or workplace issues.

Staff are encouraged to speak up or raise concerns:

- With their line manager
- With another member of their leadership team
- Directly with a Freedom to Speak Up Guardian.

These routes are regularly promoted through regular communications to staff, including our weekly newsletter, staff intranet, screensavers, posters on noticeboards and awareness campaigns.

Our Freedom to Speak Up: **Speak Up, Listen Up, Follow Up** policy reflects current NHS England and National Guardian’s Office guidance. It offers assurance that harassment, victimisation, or any form of detriment against someone who speaks up is unacceptable and may lead to disciplinary action.

In addition to managers and FTSU Guardians, staff may also speak up through:

- Chaplaincy “Listening Ear” service
- AMICA counselling
- Occupational Health
- Human Resources and Staff-side
- The Non-Executive Director with FTSU responsibility
- External bodies such as the CQC, professional regulators, and the National Whistleblowing Helpline.

This list is not exhaustive.

The importance of feedback

Providing feedback to people who speak up is a vital part of our process. Staff should always know:

- Who is handling their concern
- What has been found
- What actions are being taken
- Whether wider learning or improvements have been identified.

This approach builds trust and reinforces psychological safety across teams. We monitor the question *“Given your experience, would you speak up again?”* as a key measure of our organisational culture, and this is included in our quarterly submissions to the National Guardian’s Office.

Freedom to Speak Up Guardians

Our Guardians offer impartial, confidential advice and practical support, whilst continuing to champion a restorative and learning-focused approach when staff speak up. Through presentations, Trust communications, induction sessions and engagement with teams across all services, the Guardians:

- Promote speaking up as “business as usual”
- Provide confidential, impartial support
- Reach out to seldom-heard workforce groups
- Share consistent and clear messaging about how to speak up.

Freedom to Speak Up Champions

The Trust’s Champions network has representatives from staff support networks and from a variety of services and disciplines including physical health and mental health teams (both registered and unregistered clinicians), Allied Health Professionals and administrative roles across the breadth of the workforce.

Our 24 volunteer Champions play a vital role in widening the reach of the FTSU agenda. They:

- Promote key messages
- Support colleagues to speak up
- Signpost to relevant services.

Engagement activity

This year we have been developing a Freedom to Speak Up reporting tool utilising Ulysses, the Trust's established safety and risk management system. Launching on 1 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.

Psychological safety means people feel safe in an open, supportive and inclusive environment, people are treated with kindness, trust, respect, compassion and integrity; they feel they belong and are valued when they speak up. Psychological safety remained a central focus of the Our Future Our Way cultural programme during 2025 - 2026. 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.

During Speak Up Month in October, 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.

Board members were also asked to evidence their FTSU pledge, which were uploaded to our staff intranet, StaffNet, as a reminder of their personal commitment to encouraging 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 and encouraging staff, reinforcing the FTSU message that speaking up is everyone's responsibility.

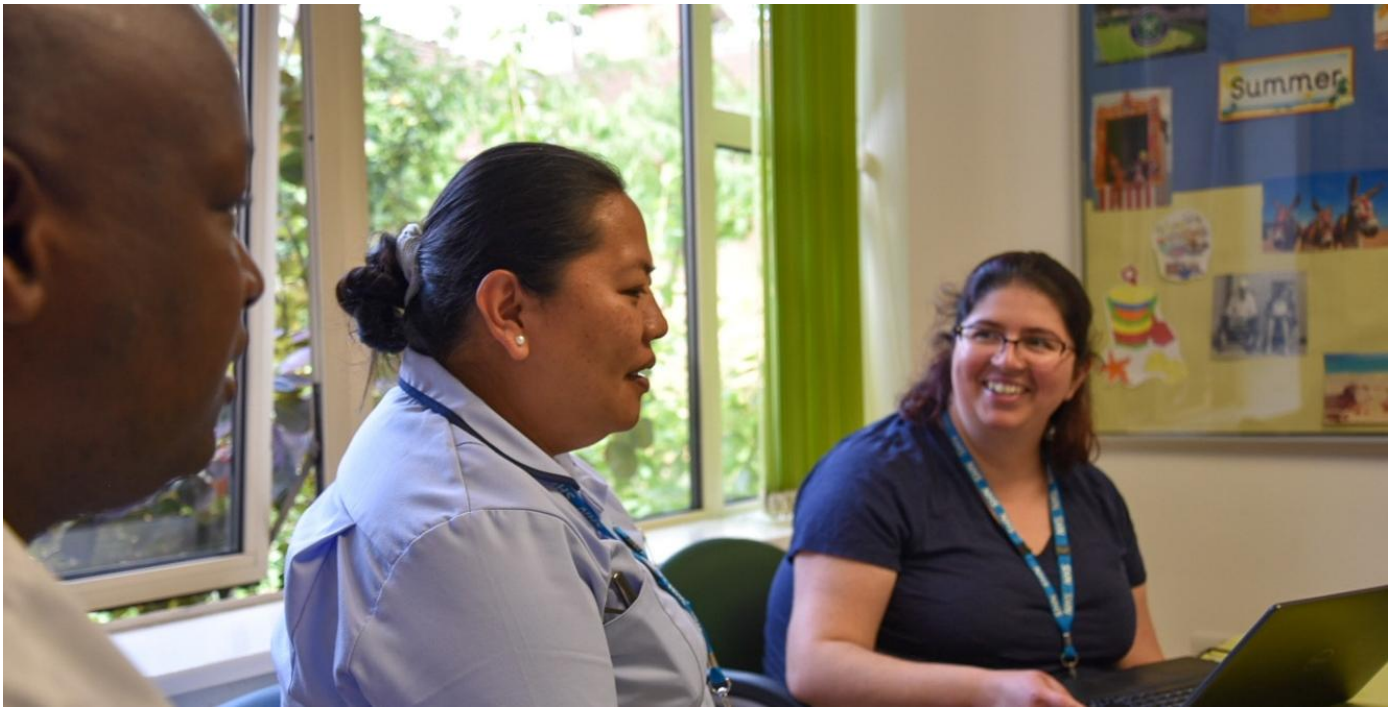
Nearly four in every five (80%) of our staff reported feeling secure raising concerns about unsafe clinical practice in the 2025 national NHS staff survey. This is one of the best results in the country.

Freedom to Speak Up Training

There are eLearning training modules **Speak Up**, **Listen Up**, **Follow Up** that were developed in partnership by National Guardians Office and Health Education England. These are available through the Trust's local learning platform uLearn.

The Speak Up training for all healthcare workers was introduced as a role essential module across our workforce in April 2025; achieving a 98% compliance rate at the time of reporting.

The Listen Up and Follow Up modules are used as reference points across the Organisational Development programmes specifically highlighted to our managers and senior leaders to support their professional development.



Developing our staff

Organisational Development

We have an established Organisational Development (OD) team which is dedicated to supporting LPT to be a great place to work; and enabling our Trust THRIVE strategy, through the Valuing our People priority and our People Plan 2026 – 2028.

Sarah Willis was appointed Group Chief People Officer for the Group in October 2025 and the Head of OD in NHFT has been leading the Group OD function, whilst ongoing work to align functions to transition the People Directorate into a Group Corporate Service take place.

We are committed to valuing our workforce and supporting our colleagues to develop and progress so that they feel supported, skilled and confident in their roles, both now and in the future.

During 2025/26, we continued to refresh and grow our OD and talent activity for colleagues with a range of programmes, courses and development workshops. Some of our key programmes for this year are included in this section.

Our OD work enables all staff within LPT to learn, grow and develop through our:

- leadership training, development and conferences,
- career development programmes,
- support for teams and services, with a wide range of resources and support for managers to develop their own teams,
- coaching offer and talent development for all staff,
- culture work which enables improvements for staff year on year.

Career Development

This Change Leaders OFOW sub-group worked with the OD team to update induction processes and track new employees' first 90 days within the organisation. This was introduced in May 2025 and initial feedback from HR is positive for new clinical starters.

During July 2025 the Welcome Onboard Competency on uLearn was introduced for new starters. This replaced a face-to-face induction session with introductory films.

A new LPT Induction buddy scheme has been launched, aligned to the Integrated Care Board Pilot Scheme, which links up new employees to a workplace buddy for pastoral support in their first 90 days (aligned to our First 90 Days toolkit).

A Career Development Workshop was held on 24 September 2025 by NHFT as a pilot and has been used to inform and enhance our existing offer at LPT to support staff with Career and Talent Development, linking into our Group talent management and career conversations and pathways work.

In May 2025, responsibility for Interview Preparation Skills was transferred to the HR Recruitment Team.

New Vision, Group Strategy and Mission

The OD team supported the launch of our new Group vision, mission and strategy in April 2025, by showcasing and engaging staff in the six Group strategic THRIVE priorities through the delivery of a series of masterclasses (July 2025), and leadership conferences (see below).

We will continue to embed our vision, strategy and mission throughout everything we do and engage staff in how they play a role in delivering it, supporting culture work that relates to our strategy and making LPT a great place to work for all.

Leadership conferences

Leadership conferences remain an important part of the OD team's work in bringing together leaders in the organisation to learn and engage together. Throughout the year, we expanded our leadership engagement offer, delivering leadership conferences and the first Group leadership conference, aligned to the launch of the Group Strategy. These events focused on:

- **"THRIVE" conference:** introduced the THRIVE strategy, helped leaders understand strategic priorities and translate them into practical, values-led service delivery.
- **"Where I Belong: Every Voice Matters" conferences:** joint NHFT and LPT events focused on belonging, psychological safety and inclusive leadership, supporting open conversations and action on health inequalities.

Long Service Awards 2025

LPT's Long Service awards took place in June 2025. The 185 staff and volunteers who registered to attend the events, with between 15- and 40-years' service, collectively racked up over 4,765 years in the NHS, achieved between 1 April 2024 and 31 March 2025.

Other key highlights from this year include:

- We continue to support our leadership community in providing updates to key cultural and strategic priorities through Senior Leadership Forums and Extended Leadership Team meetings for very senior managers.
- We welcome new starters through our corporate induction programme, led by the HR Recruitment Team from May 2025, and the implementation of the First 90 Days and induction buddy scheme.
- Through the development of training resources and support we continue to ensure all staff have meaningful annual appraisals, one-to-one meetings and other touchpoints with managers through various training opportunities that lend themselves to compassionate, inclusive and psychologically safe conversations. This has included introducing a range of self-help support for our leaders and staff.
- We are delighted to continue our leadership sessional support for the Director of Nursing Fellows programme and the Ashton Compassionate Leadership Development Programme for Nurses and Allied Health Professionals.
- We have continued to run our WeNurture programme and have been instrumental in developing our new Group Talent Matters programme to improve equitable career progression for ethnic and cultural minorities.

Looking forward to 2026:

- We will continue to work with our Group partners Northamptonshire Healthcare Foundation Trust on joint initiatives including:
    - Embedding of our new joint strategy, mission, and vision.
    - Design and implementation of a talent and succession plan.
    - Our leadership development offer to support all leaders.

Learning and Development

We remain committed to supporting the development and career progression of all our staff. Providing colleagues with the right skills and knowledge is essential to delivering safe and effective care.

Our multi-professional Learning and Development service offers a broad range of training and education, including mandatory and statutory programmes, as well as specialist learning that supports colleagues in their roles. We also continue to help staff explore career pathways that align their aspirations with organisational needs.

We support our future workforce through student and learner placements, work-experience opportunities, and an expanding apprenticeship offer across both clinical and non-clinical areas. These activities help us attract and develop people who want to build their careers with LPT.

Together, this work reflects our commitment to maintaining a positive learning culture. The following are just a selection of our achievements and celebrations from the past year:

- 45 staff completed long academic programmes and invited to Awards for Education event
- 850+ new staff welcomed on clinical induction training
- Launched Perform - a technical recording solution for competencies; 15 already live
- Third Medical Education Conference with 220 attendees from LPT and NHFT
- 950+ study leave requests supported
- 120 physio student placements

- 150 newly qualified nurses/RNAs completed preceptorship programme.
- 153 different clinical areas supporting multi-professional students.
- 12,500+ staff training places for clinical mandatory training.
- 151 work experience placements offered.
- 550+ medical student placements.
- 700+ nursing student placements.

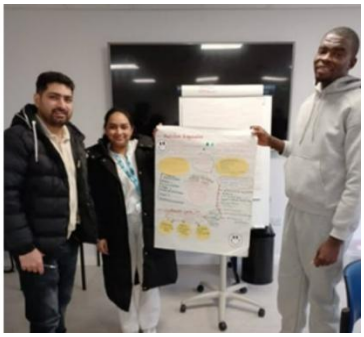
Celebrating achievement in learning

Preceptorship (nursing) celebration: In February, we celebrated cohort 25 completing their Nurse and Nursing Associate Preceptorship programme

Awards for Education: We celebrated the academic achievements of our staff at our Awards for Education event during national careers week in March.

Healthcare support workers (HCSWs) new starter programme: we welcomed our February cohort of new HCSWs where they explore all aspects of the Care Certificate and knowledge required to start in their new roles.





Health and wellbeing

Workforce health and wellbeing

Prioritising the health and wellbeing of all our staff remains a top priority within our organisation. Supporting colleagues to feel well, connected, and able to thrive is essential to creating a healthy workplace and delivering high-quality patient care.

Our Workforce Health and Wellbeing service provides a comprehensive offer that supports colleagues' mental, emotional, social, physical, and financial wellbeing. Through trust-wide communications, events, initiatives, guidance, and targeted team-level support, we continue to strengthen awareness, accessibility, and engagement with the resources available.

Together, this work reflects our commitment to promoting a compassionate, supportive, and inclusive wellbeing culture where our people feel valued and equipped to look after their wellbeing.

Below we have summarised some key highlights of the work delivered through the last year.

The "Our Future, Our Way" culture change programme was nationally recognised in 2025:

- Finalist in the **HSJ Awards 2025 – Staff Wellbeing Award**

- **NHS Employers case study**

In-service support

We lead our advocates to help create a healthier, more supportive workplace by promoting wellbeing initiatives, having supportive conversations, and signposting colleagues to available resources.

- Over 50 Health and wellbeing champions across the Trust
- 300 Mental health first aiders on-roll
- Five Henpicked trained menopause advocates offering specialist support
- 23 registered Professional Nursing Advocates providing reflective supervision

Team Time Out Initiative

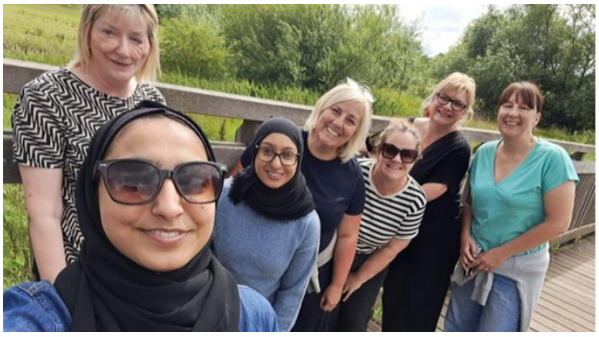
Over 326 Team Time Out sessions took place, giving teams dedicated time to focus on their health and wellbeing. These sessions have helped strengthen connections, enhance team wellbeing, and provide access to essential information and resources.

Health and wellbeing events

- **Health and Wellbeing with Raising Health roadshows** Our face-to-face roadshows brought wellbeing directly to staff in a variety of locations across our Trust, 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 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.



Championing equality, diversity and inclusion

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

Outlined below are some highlights of activity and achievements across the last year.

Month	What we did
April 2025	• Sixth cohort Reverse Mentoring for Inclusion Programme commenced. • Together Against Racism conference held with keynote speaker Roger Klein in attendance. • New priorities set for 2025/6. • In person Eid celebration event delivered. • LGBTQ+ Equality Learning set delivered.
May 2025	• Active Bystander Programme delivered. • Prayer spaces Guidance including location of reflective spaces published on Staffnet. • Relaunched Zero Tolerance Resources including refreshed posters, videos of colleague's experiences and Zero Tolerance badges for community Teams • PALS incorporated a Zero Tolerance message to telephone system • Training delivered to a number of teams
June 2025	• Active Bystander Programme delivered. • Reasonable adjustments Clinics run weekly on Thursdays. • BSL 3rd Cohort Training delivered. • Inclusive Decision Making Framework training delivered to DDSL participants.
July 2025	• Reverse Mentoring Cohort 6 midway reflections for mentees held. • Developing Diverse Leadership (DDL) cohort 3 Programme launched for nurses, midwives and AHPs from ethnic and minority cultural backgrounds. • Zero tolerance videos produced and shared with taskforce. • Race and Cultural Intelligence Learning Set delivered. • South Asian Heritage Month celebrated in person. • LGBTQ+ Equality Learning set delivered.

August 2025	• Race Equality and Cultural Intelligence Training being delivered with excellent feedback. • Carers staff network chairs across LPT and NHFT have met to hold a joint Carers week event in November. • Neurodiversity staff network nominated for Apna award for work on Reasonable Adjustments Clinics. • MAPLE staff network commence work on applying for Disability Confident level 3 accreditation.
September 2025	• Interview skills and coaching for ECM staff successfully run with positive feedback/impact. • Race Equality and Cultural Intelligence Learning set delivered. • Active Bystander Programme celebration event held with LPT colleagues receiving their certificate of participation. • Targeted ECM WeNurture programme delivered. • Disability Equality Learning set delivered.
October 2025	• Publication of our Workforce Race and Disability Equality Standard reports and action plans. • Black History Month and Diwali in person event celebrated by our REACH Staff Support Network. • Race Equality and Cultural Intelligence Learning set delivered.
November 2025	• Delivered “BRAVE” Model to Leadership conferences in LPT and NHFT to create psychologically safe spaces to talk about race. Evaluation showed an improved confidence to have conversations from a score of 3.2/5 to 3.8/5 • Islamophobia History Month joint event held across NHFT and LPT. • The carers network held an online event for carers rights day on the 20 November. Forty staff attended across LPT and NHFT. Information on Trust policy was shared as well as local organisations and personal experiences of what it means to be a carer. • LGBTQ+ Equality Learning set delivered.
December 2025	• Disability History Month event organised by MAPLE and the neurodiversity networks. • Spectrum staff network organised a talk for World AIDS Day with external speakers including Trade sexual health; considering the impact on not just LGBTQ+ community but also global majority and women, who are becoming increasingly overrepresented in HIV rates. • Disability Equality Learning Set took place. • Annual Workforce Equality report, and Gender and Ethnicity Pay Gaps published. • LGBTQ+ Equality Learning set delivered.
January 2026	• Celebration event marking the successful completion of the Developing Diverse Senior Leadership Programme. • Celebration of cohort sixth of the Reverse Mentoring Programme and the launch of the seventh cohort programme.
February 2026	• LGBTQ joint History Month event held between LPT and NHFT celebrating historical figures and their positive contribution to society. • Joint Ramadan event held. • REACH staff network organised an Iftar (breaking of the fast) meal. • Hate crime presentation to Group Trust Board Development Day. • LGBTQ+ Learning set delivered.

March 2026	• Joint carers network held to promote the needs and support to young carers. • International Women's Day Event held. • Race Equality and Cultural Intelligence Learning set held. • Bespoke Cultural Competency Learning sets delivered to service areas. • Disability Confident Level 3 (Leader) accreditation achieved. • Over 140 Reasonable Adjustments clinics run in past 12 months. • Annual Service User Equality report published. • Disability Equality Learning set delivered.

Throughout the year – cultural competency/EDI/zero tolerance training and information sessions were delivered to various teams.

Our equality objectives 2021 – 2025

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

Workforce Race Equality Standard (WRES)

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

Gender Pay Gap

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

Workforce Disability Equality Standard (WDES)

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

Due Regard

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

Equality and diversity training

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

Accessible Information Standard and Reasonable Adjustment Digital Flag

The Trust continues to build on the implementation of the Accessible Information Standard (AIS) action plan produced in 2020 and has an Inclusive Communications Working Group. Free training has been arranged on deaf awareness and basic British Sign Language Training for front line staff. This training has been evaluated and proved to be very useful. The accessible information standard will change to the Reasonable Adjustment Flag. More work will be carried out during 2026 to raise awareness of the change and how it can be used to improve access to services for those with disabilities and their carers.

Supporting disabled staff

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

LPT has set up a Reasonable Adjustments Working group chaired by the executive director of human resources and organisational development and holds regular reasonable adjustments clinics to address concerns that staff have had/are having in respect of any issues they are facing. We have reviewed and developed guidance for reasonable adjustments that will be made available to all staff. We will be providing more training to line managers, and streamlining processes to ensure that those needing reasonable adjustments have them in place in a timely way.

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

Sickness absence

The Department of Health and Social Care (DHSC) has provided the Trust's sickness absence data for inclusion in this year's annual report. For the calendar year 1 January 2025 to 31 December 2025, an average of 12.4 days (5.51%) per full time member of staff was lost due to sickness absence.

Workforce size

- **Average FTE for 2025: 6,206**
    - This means the organisation has the equivalent of **6,206 full-time staff on average**.

Sickness absence (converted estimates)

- **Adjusted FTE days lost (Cabinet Office definitions): 76,901 days**
    - Total working days lost due to sickness, adjusted using standard government definitions.
- **Average sick days per FTE: 12.4 days**
    - On average, each staff member was absent for **12.4 days** due to sickness over the year.

NHS Digital ESR data

- **FTE-days available: 2,265,293 days**
    - Total number of working days available across all staff.
- **FTE-days lost to sickness: 124,751 days**
    - Total recorded days lost due to sickness absence.
- **% Days Lost: 5.51%**
    - This means **5.51% of all available working time was lost to sickness**.

Source: **NHS Sickness Absence Rates, December 2025 - NHS England Digital**

Staff composition

As of 31st March 2026, LPT employed 7,113 staff, 5,754 were female and 1,359 were male. There were 13 directors employed by LPT, 9 were female and 4 were male.

Staff turnover

The Trust's monthly staff turnover target is less than 10%. The Trust turnover rate is 9.2%, but when normalised (adjusted for unusual or nonrecurring leavers e.g. medical trainees on rotation, psychology students on placement and transfers of staff to other employers (TUPEs)) the turnover for 2025/26 rate is 7.6%. The normalised turnover rate is reported to Trust Board in the Board performance report.

Accountability report

Introduction

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

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

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

Directors' report

Growing for the future requires strong, capable and inspiring leadership. Our Directors' Report shares details about our leadership team and structure. Our people remain our greatest asset. Aligning to the NHS People Plan and People Promise; this year we continued to support our staff to grow and develop. Our New THRIVE strategy was launched in April 2025 replacing the Step Up to Great strategy. How we are led is crucial to our effectiveness and how well we can provide services to our communities. There are different leadership roles, teams and committees that help us to be well-led and some of these are described below.

Our Board of directors

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

As our group model arrangement continues to evolve, we are maturing our approach to group governance. Our strategy is shared across both Trusts, and this year we have introduced a Group Board and Group Strategic Executive Board to oversee our group priority workstreams. More recently, we have introduced two joint committees, one for people and culture, and one for nominations and remuneration. Whilst this Board of directors' report focuses on the LPT Board only, we make reference to our Group arrangement and those shared board level positions where appropriate throughout the report.

Responsibilities and duties

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

All directors are required to declare their interests, including company directorships, upon taking up appointment and (as appropriate) at each Board of directors' meetings to ensure that there are no conflicts of interest with respect to items on the agenda. The Trust confirms that there are no material conflicts of interest in the Board of directors. The Trust has an up-to-date register of interests published on its website, including gifts and hospitality, for decision-making staff.

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

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

Trust Board members

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

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

We are required by the Fit and Proper Persons Test to ensure that our directors are fit and proper for their roles. To fulfil this responsibility, the Trust has undertaken appropriate Fit and Proper Persons checks for all directors during 2025-26 in accordance with the framework.

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

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

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

Executive Directors - Voting

There are five voting executive directors comprising the chief executive, the deputy chief executive officer/managing director, executive director of finance and performance, medical director and the chief nurse/executive director of nursing, allied health professionals and quality.

Executive directors with voting rights

Angela Hillery, chief executive officer

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

Jean Knight, deputy chief executive officer / managing director

Jean has been working for 20 years in the NHS in the acute, mental health and community sectors. Her experience has been predominantly in operational management where she has managed a variety of services. In 2017 Jean was appointed as the deputy director for adult and children's services in NHFT, progressing to chief operating officer in 2020 and, in April 2023, joined LPT as the managing director and DCEO; she is also the AEO for the Trust. Jean has a master's in healthcare leadership, is committed to the values of LPT and supporting colleagues to have a positive working life and is passionate about collaborative working to improve outcomes for our population.

Bhanu Chadalavada, medical director

Bhanu is a consultant in perinatal psychiatry and established the Perinatal Service in Northamptonshire before returning to Leicestershire as LPT's medical director. Having completed undergraduate medical training in India before moving to the UK, he undertook psychiatric training at Mersey Care,

Stafford and LPT. Bhanu is keen to provide high quality, evidence-based care and particularly interested in addressing health inequalities and differential access, using principles of co-production. He is passionate about supporting doctors at all levels to progress in their careers and in seeking opportunities for them to develop.

Linda Chibuzor, group chief nurse / executive director of nursing, allied health professionals and quality from November 2025

Linda Chibuzor is the group chief nurse and executive director of nursing, allied health professionals and quality for LPT and NHFT. A registered me ntal health nurse, specialist dementia nurse and best interest assessor, she has extensive experience across mental health, learning disabilities, forensic services and older adult care, alongside senior leadership roles in both commissioning and provider organisations, including NHS Milton Keynes CCG and Nottinghamshire Healthcare NHS Foundation Trust.

James Mullins, acting director of nursing, AHPs and quality – to Oct 2025

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

Sharon Murphy, executive director of finance and performance

Sharon started working in the NHS on the national Finance Graduate training scheme over 25 years ago, initially working in Fosse Health (a predecessor organisation of LPT) and has since worked in a number of senior finance roles in a national body, commissioner, CSU and acute organisations, all within the LLR system. Sharon returned to LPT in 2014 as deputy director of finance and has undertaken the executive director of finance role since January 2021.

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

Directors in attendance; without voting rights

Directors – non-voting

There are seven directors in attendance (non-voting):

- Executive Directors of each of the three clinical directorates.
- Group chief people officer
- Director of governance and risk
- Group director of strategy and partnerships
- Group chief finance officer

Sarah Willis, group chief people officer

Sarah is an experienced, MCIPD qualified HR Director with over 27 years of experience working across the public and private sector in senior HR roles. She is currently group chief people officer and holds board level responsibility for a wide-ranging workforce portfolio.

Sarah commenced her career in HR in the utilities sector working for various large multi-national energy providers before moving to the public sector in 2007. Since then, she has held various senior leadership roles with a portfolio which covers HR, equalities, training, recruitment, workforce planning and information, workforce systems, medical staffing, employee resourcing and attraction, OD and learning and development. Sarah was appointed as LPT's director of human resources and organisational development in 2017.

Sam Leak, executive director of community health services and in addition (from September 2025) interim director of families, young people and children's and learning disabilities and autism services

Sam has a wealth of healthcare experience with over 30 years in the NHS, starting her career as a physiotherapist and then moving into management roles.
Having worked at Leicester University Hospitals for eight years, including as director of urgent care and then director of operational improvement, Sam joined LPT in 2021. She is passionate about working with teams and system partners to improve patient care and enabling equality of health care outcomes.

Sam is also the executive sponsor for the LPT LGBTQ+ staff support network - an area she is dedicated to giving her full support.

Paul Williams, acting director of families, young people and children's and learning disabilities and autism services – until September 2025

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

Tanya Hibbert, executive director of mental health

Tanya has been the director of mental health at LPT since October 2022. She was a very senior manager in mental health and community services for eight years previously in a mental health and community Trust in the north-west of England and worked in senior leadership roles in a number of acute trusts. Tanya originally qualified as a physiotherapist in Australia in the 1990s but moved to the UK in 1997 and has lived here ever since.

Her passion is to provide, commission and deliver services that impact positively on patients, service users, carers and our communities. Tanya has extensive experience and success in delivering transformation and quality improvement programmes in a financially sustainable way. She has

significant experience in co-producing and delivering care through partnerships with voluntary and third sector organisations.

Kate Dyer, director of governance and risk

Following a career within the Audit Commission's Trust Practice where Kate held positions of performance specialist and advice and assistance lead, Kate worked with 360 Assurance (an internal audit consortium) as assistant director with a focus on governance and performance. From 2018, Kate has worked for LPT in a variety of positions including head of assurance, company secretary and deputy director of governance and risk. In 2023 Kate was appointed as director of governance and risk. In this role, Kate manages legal and corporate affairs, corporate governance, risk, and transformation. This includes delivery of a well-led framework, compliance and regulation, and the day-to-day management of internal audit.

Paul Sheldon, group chief finance officer

Paul worked at South Warwickshire Clinical Commissioning Group (CCG) as chief finance officer from 2017 and was also the sustainable transformation partnership (STP) finance lead for Coventry and Warwickshire. Paul has worked in the public sector for over 32 years, beginning his career in social care finance, before spending the last 25 years working in the NHS. He has a long and successful track record in various commissioning organisations, from health authorities to primary care trusts to CCGs.

Paul initially joined NHFT as director of finance before moving to become of chief finance officer across Leicestershire Partnership and Northamptonshire Healthcare Associate University Group. While Paul retains the responsibility of director of finance at NHFT, he also has executive director responsibility for estates and digital services across the Group, as well as being the Group lead director for sustainability. Paul is the senior responsible officer for the CAMHS collaborative (hosted by NHFT) and adult eating disorder collaborative (hosted by LPT) which commission services on behalf of the people of the East Midlands.

David Williams, group director of strategy and partnerships

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

David has been working across LPT and NHFT as director of strategy and partnerships since 2020.

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

- Paul Williams retired as acting director of FYPCLDA in September 2025
- Sam Leak became the interim director of families, young people and children's and learning disabilities and autism services from September 2025

- James Mullins ceased the role of acting director of nursing in October 2025
- Linda Chibuzor was appointed as the group chief nurse in November 2025
- Sarah Willis became the group chief people officer in November 2025

Non-executive directors

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

Crishni Waring, group chair of the Trust and chair of the remuneration committee – until October 2025

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

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

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

Faisal Hussain, interim group chair of the trust (from November 2025), chair of the Charitable Funds Committee, Peoples Council guardian

Faisal Hussain served as deputy chair of Leicestershire Partnership NHS Trust until 31 October 2025 and became interim group chair for both LPT and NHFT from 1 November 2025. He continues to chair the Charitable Funds Committee at LPT, drawing on more than 30 years of leadership experience across the private, public, and charitable sectors.

Since beginning his non-executive career in 2017, following a substantive career in local government, Faisal has brought expertise in strategic planning, business transformation, commissioning, and community development. During his time at LPT, he has chaired a wide range of committees, including those overseeing finance, performance, audit, and mental health legislation. He also previously served as the People's Council non-executive Board link until 31 October 2025 and co-chair of the Joint Working Group with NHFT.

Beyond his NHS roles, Faisal is Chair of the national charity, the Spinal Injuries Association, further strengthening his experience in governance, risk, workforce, culture, and stakeholder engagement.

Hetal Parmar, chair of the Audit and Risk Committee and Security NED Guardian

Hetal has 23 years' experience of working in financial services, having held a number of leadership roles including being the head of banking, savings and cahoot at Santander UK. Hetal is currently chief operating officer within the UK education sector with responsibility over finance, operations, estates, risk and governance. He also works directly with the Department for Education. He has extensive experience of customer centric strategy development, business transformation, financial and risk governance, performance oversight and ensuring integrity in decision making. Hetal is passionate about creating an inclusive culture, supported 'Women in Business' and 'Adoption & Fostering' networks, and provides coaching and mentoring to help people develop their leadership skills and their career. He has over 15 years' experience as a non-executive director across different sectors, including housing, education, and healthcare. Hetal joined LPT's Board as a non-executive director in 2022 and is the chair of the Board's Audit and Risk Committee.

Josie Spencer chair of the Quality and Safety Committee, and interim deputy chair (from November 2025)

Josie's clinical background is as a registered nurse and registered nurse tutor. She has a master's degree from the University of Warwick and has studied as a Postgraduate at the University of Nottingham. When working clinically in her early career Josie worked in urgent care and haematology in the Coventry and Warwickshire area. Her managerial experience includes director of nursing, director of operations and managing director roles in several Trusts in the Midlands and South Yorkshire. Josie's final role was chief executive of Norfolk Community Health and Care Trust. Since leaving in 2021 Josie has undertaken a number of non-executive roles.

Manjit Darby, chair of the People and Culture Committee and Disciplinaries NED Guardian – until November 2025

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

Manjit has worked with NHS Leadership Academy and the Regional Nursing Team on the development of aspirant leaders, particularly focussed on addressing barriers to equality of opportunity and tackling racism in the NHS. She is an experienced non-executive director who has previously held the role of FTSU NED and senior independent director in another large community and mental health trust.

Manjit has also worked as a registrant panel member for the Nursing and Midwifery Council and currently sits as a lay member on the fitness to practice panel of the General Osteopathic Council. She is also a member of the Chief Nursing Officers Exceptional Leaders network supporting the chief nurse for England on policy and practice issues. She is a magistrate in Leicester and independent member of a Local Authority Foster Panel.

Manjit was awarded the Queens Nurse title in 2014, the Chief Nursing Officers Gold Award and an MBE for services to nursing in 2020.

Prof. Liz Anderson

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

Alexander Carpenter, chair of the Finance and Performance Committee and Wellbeing NED guardian – until May 2025

Alexander works in commercial and institutional banking for the NatWest Group and has held several positions in areas including retail banking, risk and commercial coverage. Alexander is passionate about diversity, equity and inclusion and is a great advocate of cross-function collaboration to achieve a shared a vision and objectives. As part of his current role as head of business delivery, Alexander has gained extensive experience of strategic planning, driving performance improvement and achieving sustainable results. Alexander joined NatWest over a decade ago and he has a strong record of delivering transformational change in a large, complex, and federated organisation. Alexander is the staff health and wellbeing guardian.

Melanie Hall – senior interim independent director (from November 2025), Freedom to Speak Up NED lead (from November 2025), Disciplinaries lead (from November 2025)

Melanie has over 20 years of Board experience within the life sciences and healthcare sector. She has held roles as a service provider to the NHS, pharmaceutical and medical device sector, covering supply chain, procurement, service development, in-hospital logistics, patient transport and clinical trials. Latterly, she has held roles as a non-executive director and as an independent Chair of Pathology Services in Mid and South Essex.

Having worked as a partner with the NHS for much of her career, Melanie has a wealth of experience in business and service transformation, and an excellent understanding of the challenges and strategic direction of the NHS. She also brings knowledge and high standards of quality assurance and governance levels in CQC standards and audits.

Melanie started her first term as a non-executive director at LPT in May 2025, and has served as a non-executive director in our group partner, NHFT since early 2018. She is the Trust's interim senior independent

director and Freedom to Speak Up lead and chairs the Finance and Performa nce Committee

Tim Harrison – Group NED from December 2025

Tim has been the chief executive officer of Granta Medical Practices in South Cambridgeshire for six years. He has executive responsibility for the largest general practice in East of England. Prior to the NHS, he worked for 23 years for the John Lewis Partnership where he was development director.

Tim has broad experience of commercial operations and delivering transformational change at an industrial scale. Having been a director in the UK's largest employee-owned organisation, he has deep experience of leadership excellence and focussed delivery.

His experience growing an organisation within the NHS has given him insight into the changing nature and demands of the modern NHS. Growing up in Leicestershire, he is a keen supporter of local services and their improvement.

Chris Skelton – wellbeing guardian – from Jan 2026

Chris joined LPT as a NED in January 2026. He has worked at ExtraCare since 2004 initially as finance director, becoming executive director corporate resources in 2017. He currently leads the corporate functions of finance, p eople, property sales, marketing and the retail subsidiary.

Chris, originally from Lancashire, graduated from Sheffield University in 1982 with a degree in accounting and financial management. He joined Reed Elsevier plc accounting training scheme and on becoming a qualified accountant, moved into their regional newspaper division. He remained in the newspaper industry for 20 years, working on the launch of Europe's first daily free newspaper in Birmingham and the management buy-out of Yorkshire Post Newspaper Group.

He held several senior positions including group finance director and then managing director for the last ten years, most latterly at Lancaster and Morecambe Newspapers Limited where he also had responsibility for TMX magazine.

There were a number of changes to non-executive directors during the reporting period. These are as follows:

- Alexander Carpenter left the Trust in May 2025
- Crishni Waring left the Trust in October 2025
- Faisal Hussain became interim chair of the Trust from October 2025
- Manjit Darby left the Trust in November 2025
- Melanie Hall joined the Trust in May 2025
- Tim Harrison joined the Trust as a Group NED in December 2025
- Chris Skelton joined the Trust as an Associate NED in January 2026

Governance structure

Trust Boards

- Group Trust Board
- LPT Trust Board

Committees reporting to Group Trust Board

- Joint Nominations and Remuneration Committee
- Joint People and Culture Committee

Committees reporting to LPT Trust Board

Quality and safety

- LPT Quality and Safety Committee

Finance and performance

- LPT Finance and Performance Committee

Charitable funds

- LPT Charitable Funds Committee

Governance and assurance

- LPT Audit and Risk Committee

Our Board Meetings

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

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

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

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

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

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

Bi-monthly development meetings also take place. Our Board Development Programme for the year comprised of 7 workshops, 4 of which we held with our partners at NHFT on common topics. In addition to the core topics, we cover every year (such as health and safety training, infection prevention and control training, risk management and risk appetite, Board and committee effectiveness), this year's programme provided the Board with the opportunity to focus on several areas of development for the Trust.

Public and Confidential Trust Board member attendance 2025/26

Member	Role	Attendance
Crishni Waring	Chair (last meeting Oct 25)	4 of 4
Faisal Hussain	NED & Deputy Chair. Interim Group Chair from Nov25	7 of 7
Hetal Parmar	NED	7 of 7
Alexander Carpenter	NED (last meeting May 25)	1 of 1
Melanie Hall	NED	7 of 7
Manjit Darby	NED	2 of 5
Josie Spencer	NED	7 of 7
Elizabeth Anderson	NED	6 of 7
Angela Hillery	CEO	5 of 7
Jean Knight	Managing Director	7 of 7
Sharon Murphy	Director of Finance	7 of 7
Bhanu Chadalavada	Medical Director	6 of 7
James Mullins	Acting Director of Nursing (last meeting Oct 25)	3 of 4
Linda Chibuzor	Group Chief Nurse (from Nov 25)	3 of 3
Kate Dyer	Director of Governance & Risk	7 of 7
Samantha Leak	Director of Community Health Services (and FYPCLDA)	7 of 7
Tanya Hibbert	Director of Mental Health	7 of 7
Paul Williams	Acting Director of FYPCLDA (last meeting Aug 25)	2 of 3
Sarah Willis	Director of HR & OD/Group Chief People Officer	7 of 7
Paul Sheldon	Chief Finance Officer	5 of 7
David Williams	Director of Strategy & Partnerships	6 of 7
Tim Harrison	NED (first meeting Jan 26)	1 of 2
Chris Skelton	NED (first meeting Jan 26)	2 of 2

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

Audit and Risk Committee (ARC)

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

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

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

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

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

ARC board member attendance 2025/26

Member	Role	ARC Attendance
Hetal Parmar	NED & Chair	4 of 4
Faisal Hussain (until Dec 2025)	NED	3 of 3
Manjit Darby (until November 2025)	NED	2 of 2
Josie Spencer (from Jan 2026)	NED	1 of 1
Tim Harrison (December 2025 only)	NED	1 of 1
Sharon Murphy	Director of Finance	4 of 4
Kate Dyer	Director of Governance & Risk	4 of 4

Nominations and Remuneration Committee (NRC)

NRC has non-executive director membership, and the Chief Executive Officer is in attendance; the committee is advised by the Chief People Officer. It meets as required, but at least twice a year, to ensure there is a fair and transparent procedure for developing and maintaining policy on executive remuneration and for fixing the remuneration packages of individual directors. It also receives assurance on executive and senior directors' performance and advises on contractual arrangements. The committee's functions also include ensuring that there are formal, rigorous, and transparent procedures for the appointment of executive directors, including the Chief Executive Officer. The committee has a key responsibility for considering succession planning, the future challenges, risks and opportunities facing the Trust, and the skills and expertise required within the Board to meet them. The Joint NRC started in January 2026 and 2 Joint NRC meetings have taken place.

NRC board member attendance 2025/26

Member	Role	LPT NRC attendance	Joint NRC attendance
Crishni Waring	Chair	2 of 2	NA
Faisal Hussain	NED	2 of 2	3 of 3
Josie Spencer	NED	2 of 2	3 of 3
Manjit Darby	NED	1 of 2	NA
Elizabeth Anderson	NED	1 of 2	0 of 3

Melanie Hall	NED	2 of 2	0 of 1
Hetal Parmar	NED	1 of 2	3 of 3
Angela Hillery	CEO	2 of 2	3 of 3
Sarah Willis	Chief People Officer	1 of 2	1 of 3

Quality and Safety Committee (QSC)

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

QSC board member attendance 2025/26

Name:	Role:	QSC attendance
Josie Spencer	NED & Chair	7 of 7
Linda Chibuzor	Group Chief Nurse	1 of 2
Elizabeth Anderson	NED	5 of 7
Manjit Darby	NED	4 of 5
Melanie Hall	NED	0 of 1
James Mullins	Acting Director of Nursing	4 of 5
Bhanu Chadalavada	Medical Director	6 of 7
Kate Dyer	Director of Governance & Risk	7 of 7
Sam Leak	Director of Community Health Services & FYPCLDA	6 of 7
Paul Williams	Acting Director of FYPCLDA	4 of 4
Tanya Hibbert	Director of Mental health	4 of 7
Jean Knight	Managing Director	6 of 7

Finance and Performance Committee (FPC)

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

Member attendance at FPC 2025/26

Name:	Role:	FPC Attendance
Alexander Carpenter (until May 2025)	NED & Chair	1 of 1
Melanie Hall (from June 2025)	NED & Chair	5 of 5
Faisal Hussain	NED	2 of 6
Josie Spencer	NED	6 of 6
Hetal Parmar (from Dec 2025)	NED	2 of 2
Chris Skelton (From Jan 2026)	ANED	1 of 1
Sharon Murphy	Director of Finance	6 of 6
Bhanu Chadalavada	Medical Director	6 of 6
James Mullins (until Oct 2025)	Interim Director of Nursing	4 of 4
Linda Chibuzor (from Nov 2025)	Group Chief Nurse	2 of 2
Jean Knight	DCEO & Managing Director	4 of 6

Paul Williams (until Sept 2025)	Acting Director of FYPCLDA (From June 2024)	3 of 4
Sam Leak	Director of Community Health Services & Interim Director of FYPCLDA	5 of 6
Tanya Hibbert	Director of Mental Health	6 of 6
Kate Dyer	Director of Governance & Risk	5 of 6
David Williams	Director of Strategy & Partnerships	4 of 6
Paul Sheldon	Chief Finance Officer	6 of 6

Joint People and Culture Committee

The People and Culture Committee (PCC) has the principal purpose being the provision of assurance to the Trust Board on the mitigation of risks relating to people and culture. It meets no less than six times a year and its membership includes the Group People Officer as the exec lead, and two other non-executive directors. It is chaired by Tim Harrison (NED). It receives statutory reports required as subgroup of the Trust board including the Guardian for Safer Working six monthly report. The committee matured from an LPT Committee to a Joint People and Culture committee with NHFT in December 2025.

Member attendance at PCC/JPPC 2025/26

Member	Role	PCC/JPCC attendance
Manjit Darby	NED & Chair (until October 2025)	4 of 4
Alexander Carpenter	NED (until May 25)	1 of 1
Melanie Hall	NED (member from May 25)	5 of 5
Elizabeth Anderson	NED	5 of 6
Josie Spencer	NED (member until 31 October 2025)	3 of 3
Tim Harrison	Group Non-Executive Director and Chair of Committee (From December 2025)	2 of 2
Jean Knight	Deputy Chief Executive Officer /Managing Director	6 of 6
James Mullins	Acting Director of Nursing (until October 2025)	4 of 4
Bhanu Chadalavada	Medical Director	2 of 6
Sarah Willis	Group Chief People Officer	6 of 6
Paul Williams	Acting Director of FYPCLD (until Sept 2025)	3 of 3
Sam Leak	Director of Community Health Services/FYPCLDA	5 of 6
Tanya Hibbert	Director of Mental Health	5 of 6
Kate Dyer	Director of Governance & Risk	4 of 6

Governance Report

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

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

Under the code of governance, we strive to ensure that we are well-led by an experienced leadership team and balanced Board with the skills, abilities, and commitment to provide high

quality services. We govern the quality of what we do with careful monitoring of services and care, through internal reviews, self-assessment and audits. We question and investigate data routinely as part of our internal triangulation process. We identify areas for quality improvement from national initiatives and best practice guidance such as The National Institute for Health and Care Excellence (NICE). Outside of the Trust, we work closely with commissioners. This helps us develop and maintain quality-driven services that respond to the needs of our communities. To measure our performance against targets, we focus on service user and patient needs, service development and the effectiveness of care delivery. Our transformation programmes are linked to these key factors. Patient, carer and staff feedback are invaluable in understanding our progress.

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

Read our full Annual Governance Statement in Appendix B.

Our Group Model

The Trust has a partnership agreement in place with Northamptonshire Healthcare NHS Foundation Trust, outlining the Group model approach which continues to grow and mature. The trusts have a strategy in common, with joint programmes of work for priority programmes and key strategic risks in common which feed into a Group Strategic Executive Board and a Group Board. The Group model continues to maximise opportunities in economies of scale and value for money, strategic advantage, the sharing of best practice and learning, pooling of resources, mutual aid and the benefits of a blended approach between the two organisations.

East Midlands collaboratives

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

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

Our auditors

Internal audit and Local Counter Fraud Service

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

Our internal audit plan is developed with director and non-executive director input and is cross referenced with our Counter Fraud Plan. It reflects our objectives, risks and priorities, provides independent assurance and supports improvement. The plan is fully compliant with Global Internal

Audit Standards and provides for a robust Head of Internal Audit Opinion at year end. The plan is approved at both Executive Management Board and the Audit and Risk Committee.

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

External audit

Our external audit service is provided by KPMG. The risk based external audit plan includes an enhanced value for money (VFM) risk assessment as required by the Code of Audit practice, which highlights a potential risk of significant weakness in arrangements regarding financial sustainability and improving economy, efficiency and effectiveness. During 2025/26 the Trust did not commission any non-audit services from KPMG.

Reporting on auditing

The Audit and Risk Committee meets quarterly to review audit reports and provide assurance to the Board. While preparing and reviewing the annual accounts 2025/26, the Audit and Risk Committee considered accounting policies, accounting estimates and material judgements and the main changes as listed in the DH Group Accounting Manual (GAM).

Charitable Funds Committee (CFC)

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

Member attendance at CFC 2025/26

Member	Role	CFC Attendance
Faisal Hussain	NED & Chair	5 of 5
Crishni Waring (until October 2025)	NED	3 of 3
Sharon Murphy	Director of Finance & Performance	4 of 5
David Williams	Group Director of Strategy & Partnerships	4 of 5

Risk management

The management of risk in the Trust is based upon the support and leadership offered by the Trust Board, underpinned by a robust governance framework. The framework for risk management describes the structure and accountabilities for risk at a senior leadership level, and the responsibility for all staff to know and understand the risk management systems within the Trust and to follow the Trust’s policies, guidelines, and procedures.

The framework also describes the principal committees with a responsibility for the governance and oversight of risk within the Trust, and the reporting hierarchy to provide assurance to the Board that risk management processes are in place and remain effective, as detailed below.

Risk levels

Strategic risk

- Source: Board Assurance Framework
- Description: Risks determined by strategic objectives and the wider strategic risk profile.

Corporate risk

- Source: Corporate Risk Register

Operational risk (Directorate Level)

- Source: Directorate Risk Register

Operational risk (Local Level)

- Source: Local Risk Register

Additional notes

- Risks are determined by strategic objectives and the wider strategic risk profile.
- Risks can move up and down between levels depending on severity and impact.

Oversight structure

Strategic and corporate level oversight

- Trust Board / Group Trust Board
- Level 1 Board Sub-Committees
- Strategic Executive Board (SEB)
- Executive Management Board
- Level 2 Delivery Groups

Operational oversight (Directorate and Organisational Level)

- Accountability Framework Meeting
    - Reports to Level 1 Committees and SEB
- Level 2 Delivery Groups
- Directorate Management Teams

Local and team-level oversight

- Directorate Management Teams
- Service Team Meetings
- Individual Team Meetings

The responsibility for managing risk across the Trust has been delegated by the Board to four level 1 committees: the Audit and Risk Committee (ARC), the Quality and Safety Committee (QSC), the Finance and Performance Committee (FPC) and the Joint People and Culture Committee (JPCC).

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

Strategic risk is identified in several ways. Annually, the Board considers any risk relating to the latest set of strategic objectives. During 2025/26 our strategic risks were aligned to our THRIVE strategic objectives;

- T - Technology [Finance and Performance Committee Oversight]
- H - Healthy Communities [Finance and Performance Committee Oversight]
- R - Responsive [Quality and Safety Committee Oversight]
- I - Including Everyone [Joint People and Culture Committee Oversight]
- V - Valuing People [Joint People and Culture Committee Oversight]
- E - Efficient and Effective [Finance and Performance Committee Oversight]

Strategic risk can also be identified by the process of ongoing review of risk during the year, which includes monthly Director level review of risk and feedback from governance groups via escalation reports (‘triple A’) with escalations for areas of concern.

The summary below outlines the strategic risks identified during 2025/26 and shows how risk ratings have changed over time. It provides a clear overview of the organisation’s key challenges, the severity of each issue, and the areas where improvement is needed to achieve organisational goals.

Digital equity and access

Area	Current Status	Target	Summary
Digital inclusion	High risk	On track	Some groups may not access digital services
Access inequalities	Moderate	On track	Needs improvement to reduce inequality

Workforce and leadership

Area	Current Status	Target	Summary
Digital capability	High risk	On track	Staff lack digital skills
Workforce planning	High risk	High risk	Recruitment and retention challenges

Patient care and safety

Area	Current Status	Target	Summary
Service delivery	High risk	Moderate	Inefficient pathways
Emergency preparedness	High risk	On track	Gaps in contingency planning

Governance

Area	Current Status	Target	Summary
Digital governance	Moderate	On track	Roles need strengthening
Info governance	Moderate	On track	Policies improving

Infrastructure

Area	Current Status	Target	Summary
System integration	High risk	Moderate	Systems not fully connected
IT resilience	High risk	Moderate	Improving uptime/recovery

Financial sustainability

Area	Current Status	Target	Summary
Financial position	Improving	On track	Progress made but still a risk

What do the ratings mean?

Each area is given a simple rating:

- **High risk** → Needs urgent attention
- **Moderate risk** → Needs improvement
- **On track** → Working well or improving

The goal is for all areas to become “on track”.

What is going well

- Some areas are improving, especially finance and IT resilience
- Governance is stable in places

What needs attention

- Many areas are still high risk
- Biggest challenges are:
    - Workforce capacity
    - Digital access and inequality
    - System integration
    - Emergency preparedness

Risk appetite

Risk appetite is the amount and type of risk that an organisation is willing to take to meet their strategic objectives. Our Trust Board determines its level of risk appetite each year; this is applied to the Board Assurance Framework and is utilised during decision making discussions as part of our approach to managing risk.

The Trust Board has agreed an open appetite for risk. This means that we have a willingness to make decisions which may impact on our current business as usual for longer term reward and improvement - if appropriate controls are in place. This is applied to all areas of risk type and across all strategic goal areas as detailed below;

Risk Level Risk Type	None	Minimal	Cautious	Open	Eager
Quality and Safety	Zero appetite for any decisions with a high chance of an adverse or uncertain impact on patient safety, quality of care and outcomes for the patient.	Appetite for taking very limited clinical risks if essential to patient care and outcomes. Such risks are properly assessed with mitigating controls in place. Avoid innovation unless established	Appetite for taking moderate, clinical risks where there is a low degree of inherent risk and the possibility of improved outcomes, and appropriate controls are in place.	We will pursue innovation where there is potential for significant longer-term rewards and improvement on quality and safety outcomes.	We seek to lead the way and will prioritise new innovations, even in emerging fields. We consistently challenge current working practices in order to drive improvement in quality and safety outcomes.

		and proven to be effective.			
Finance	No appetite for decisions or actions which may result in financial loss.	Only prepared to accept minimal possibility of material financial impacts or losses, or reporting misstatements if essential to safe and effective patient care and outcomes.	Limited financial impacts or losses are accepted if they yield upside opportunities elsewhere within the Trust. Value for money is a key focus.	Prepared to invest and/or accept financial impacts or losses for the benefit of improved patient care and outcomes if appropriate controls are in place and value for money is delivered.	Proactively invest and/or accept financial impacts or losses for the benefit of patient care and outcomes, recognising that the potential for substantial gain outweighs inherent risks.
Performance	No appetite for action which may impact on operational service delivery. Focus on capability to protect services and maintain tight control.	Limited action may be taken which may impact on operational service delivery only where it is essential to deliver safe and effective patient care and outcomes. Decision making authority held by senior management.	Appetite for taking moderate risks relating to service delivery where there is a low degree of inherent risk and the possibility of improved outcomes, and appropriate controls are in place. Robust performance oversight processes in place.	Willing to take decisions that will impact on the business-as-usual delivery of services to deliver transformation and secure longer term quality improvement.	Appetite to take investment and transformation decisions in areas which are likely to impact on the delivery and accessibility of services in the short term in order to deliver significant improvement for the long term.
People and Culture	Avoidance of any workforce risks that threaten the delivery of safe and effective patient care and outcomes.	Only prepared to accept the possibility of very limited workforce risk impacts if essential to safe and effective patient care and outcomes. Innovation is not a priority.	Prepared to take limited risk with regards to workforce as long as this could yield opportunities elsewhere within the Trust for improvements in workforce, cultural and	Appetite to take workforce management decisions which may have short term implications for our workforce for potential longer-term gains.	Seek to lead the way in terms of workforce and cultural innovation, accepting that this may be disruptive in the short term, but would be outweighed by the opportunity

			leadership development.		to drive improvement.
External	Zero appetite for any decisions that present risks to the Trust maintaining its CQC registration, complying with the law and its policies.	Only prepared to accept the possibility of minor regulatory observations if related actions are essential to the safe and effective patient care and outcomes.	Accept possibility of moderate regulatory observations / judgements as long as appropriate controls are in place and there is a potential for improvement outcomes.	Willing to take decisions that are likely to bring additional scrutiny to outwardly promote new ideas and innovations where potential benefits outweigh the risks.	Comfortable to take decisions that may expose the Trust to significant additional scrutiny or judgement as long as there is commensurate opportunity for improvement outcomes for our stakeholders.

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

The Board recognises that there have been appropriate times when a more cautious, or indeed a more eager appetite to risk taking has been applied to decision making. However these are the exception to the rule and have a clear rationale. On balance, when predetermining the level of risk, we align on an open approach.

To apply an open appetite to risk, we will require a focus on assurance over the strength of our existing internal control framework, as well as identifying and embedding any new controls. We continue to monitor these through mechanisms such as the annual Head of Internal Audit Opinion and the delivery of audit programmes which continue to provide us with significant assurance over our controls; these are detailed in more detail in our Annual Governance Statement.

Information management

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

Policies and procedures

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

Improvements in Information Governance during 2025/26

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

We take our legal obligations very seriously and therefore during 2025-26 work continued to review the management and handling of information and information requests working pro-actively to deliver improvements and meet our statutory obligations and adopt guidance issued by the Information Commissioner's Office (ICO). In terms of information requests the Trust received 1601 subject access and access to health records requests during 2025-26, and 422 Freedom of Information and Environmental Information Regulation requests.

The Trust continued to progress its information and cyber security and assesses itself annually through the NHS England Data Security and Protection Toolkit. LPT anticipates meeting the expected targets for the national submission on 30 June 2026.

Data losses

During 2025-26 we had 1377 incidents in relation to the mishandling of personal identifiable data classified as a 'personal data breach' under the guidance issued by the Information Commissioners Office (ICO) and NHS Digital. The learning from these incidents has been shared across the Trust and has led to changes to policy, creation of guidance and targeted communication messages to staff.

Emergency preparedness, resilience and response (EPRR)

EPRR Core Standards Compliance

The Civil Contingencies Act 2004 (CCA 2004) states that; as an NHS funded organisation, LPT is required to have robust emergency and business continuity plans in place. This is to ensure that we continue to be adequately prepared to respond to an emergency or major incident that may pose a significant disruption to service delivery, or that has the potential to seriously damage the wider community's welfare, environment, or security.

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

LPT reported full compliance against the applicable Core Standards for EPRR:
Fully Compliant - The organisation is fully compliant against the relevant NHS EPRR Core Standards.

Business continuity and emergency planning

LPT's Business Continuity Management System (BCMS) continues to be developed and maintained in accordance with ISO 22301 and the NHS England Business Continuity Management Toolkit. Each directorate is required to maintain site- and service-specific Business Continuity Plans (BCPs) to ensure the protection and continuity of critical services during disruptive events. The Trust currently maintains over ninety live BCPs, which are reviewed annually and updated following incidents, lessons identified, or exercises.

The Major Incident Plan, alongside all other LPT emergency plans, are reviewed annually and provides the framework for initiating and coordinating the Trust's response to incidents. The plans outline the arrangements for working with local healthcare partners and wider multi-agency responders through the Local Resilience Forum (LRF), ensuring an integrated and effective emergency response.

Next Steps:

In 2026, EPRR will prioritise strengthening business continuity resilience across all services. This will include embedding learning from recent training and exercising, improving the consistency and maturity of BCPs, and enhancing assurance processes to ensure plans are robust, tested, and aligned to recognised standards.

Modern Slavery Act 2015 statement

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

Statement of directors' responsibilities in respect of the accounts

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

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

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

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

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

By order of the Board

Angela Hillery,
Group Chief Executive
24th June 2026

Sharon Murphy
Chief Finance Officer
24th June 2026

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

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

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

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

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

Angela Hillery
Group Chief Executive
24th June 2026

Annual Governance Statement

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

Angela Hillery, Group Chief Executive

Board remuneration and staff report

Remuneration

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

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

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

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

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

- Executive Directors are on permanent employment contracts. The notice period that the Trust is required to give the Executive Directors is six months. The notice period the Executive Directors are required to give the Trust is three months.

- Non-Executive Directors are appointed by NHS England to serve an initial tenure of three or four years, with an extension subject to performance review by NHS England (Appointments Commission up to 30 September 2012). There is no provision for compensation due to early termination of contracts.

The salaries, performance arrangements and remuneration packages for the joint posts with NHFT, which include the Interim Group Trust Chair, Group Chief Executive Officer, Group Chief Finance Officer, Group Director of Strategy & Partnerships, Group Chief Nurse, and Group Chief People Officer are determined by the joint Remuneration Committee.

Angela Hillery, Group Chief Executive

Salaries and allowances of senior managers

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

Name and Title	2025/26					2024/25				
	Salary (bands of £5,000)	Expense Payments (taxable) total to nearest £100*	Performance Pay and Bonuses (bands of £5,000)	All Pension related benefits (bands of £2,500) (Note 4)	Total (bands of £5,000)	Salary (bands of £5,000)	Expense Payments (taxable) total to nearest £100	Performance Pay and Bonuses (bands of £5,000)	All Pension related benefits (bands of £2,500)	Total (bands of £5,000)
	£000	£00	£000	£000	£000	£000	£00	£000	£000	£000
Professor Elizabeth Anderson, Non-Executive Director	10-15	0	0	0	10-15	10-15	0	0	0	10-15
Alexander Carpenter, Non-Executive Director (upto 30/06/25)	0-5	0	0	0	0-5	10-15	0	0	0	10-15
Dr Bhanu Chadalavada, Medical Director	215-220	0	10-15	75-77.5	305-310	210-215	0	10-15	277.5-280	505-510
Linda Chibuzor, Group Chief Nurse (with effect from 01/11/25) (Employed by NHFT - see Note 1)	30-35	0	0	0	30-35					
Manjit Darby, Non-Executive Director (upto Nov 2025)	5-10	0	0	0	5-10	10-15	0	0	0	10-15
Kate Dyer, Director of Corporate Governance & Risk	125-130	0	0	15-17.5	140-145	120-125	0	0	90-92.5	215-220
Melanie Hall, Non-Executive Director (with effect from 01/05/25)	10-15	0	0	0	10-15					
Tim Harrison, Non-Executive Director (with effect from 01/10/25) (Employed by NHFT - see Note 1)	0-5	0	0	0	0-5					

Name and Title	2025/26					2024/25				
	Salary (bands of £5,000)	Expense Payments (taxable) total to nearest £100*	Performance Pay and Bonuses (bands of £5,000)	All Pension related benefits (bands of £2,500) (Note 4)	Total (bands of £5,000)	Salary (bands of £5,000)	Expense Payments (taxable) total to nearest £100	Performance Pay and Bonuses (bands of £5,000)	All Pension related benefits (bands of £2,500)	Total (bands of £5,000)
	£000	£00	£000	£000	£000	£000	£00	£000	£000	£000
Tanya Hibbert, Director of Mental Health	135-140	0	0	45-47.5	180-185	130-135	0	0	20-22.5	155-160
Angela Hillery, Chief Executive (Employed by NHFT - see Note 1)	130-135	0	5-10	0	135-140	125-130	0	5-10	0	135-140
Faisal Hussain, Interim Group Chair (see Note 2)	20-25	0	0	0	20-25	20-25	0	0	0	20-25
Jean Knight, Deputy CEO & Managing Director	165-170	0	0	52.5-55	220-225	160-165	0	0	45-47.5	210-215
Samantha Leak, Executive Director of Community Health Services & Interim Executive Director of FYPCLDA	135-140	0	0	92.5-95	230-235	125-130	0	0	15-17.5	145-150
Ruth Marchington, Non-Executive Director (upto 30/06/24)						0-5	0	0	0	0-5
James Mullins, Interim Director of Nursing & AHPs (upto 30/10/25) (Employed by NHFT - see Note 1)	70-75	0	0	0	70-75	120-125	0	0	0	120-125
Sharon Murphy, Executive Director of Finance and Performance	150-155	0	0	32.5-35	185-190	145-150	0	0	20-22.5	170-175

Name and Title	2025/26					2024/25				
	Salary (bands of £5,000)	Expense Payments (taxable) total to nearest £100*	Performance Pay and Bonuses (bands of £5,000)	All Pension related benefits (bands of £2,500) (Note 4)	Total (bands of £5,000)	Salary (bands of £5,000)	Expense Payments (taxable) total to nearest £100	Performance Pay and Bonuses (bands of £5,000)	All Pension related benefits (bands of £2,500)	Total (bands of £5,000)
	£000	£00	£000	£000	£000	£000	£00	£000	£000	£000
Hetal Parmar, Non-Executive Director	10-15	0	0	0	10-15	10-15	0	0	0	10-15
Dr Anne Scott, Director of Nursing, AHPs (upto 30/06/24)						30-35	0	0	0	30-35
Paul Sheldon, Group Chief Finance Officer (Employed by NHFT - see Note 1)	65-70	0	0-5	0	65-70	60-65	0	0-5	0	65-70
Christopher Skelton, Non-Executive Director (with effect from 01/01/26)	0-5	0	0	0	0-5					
Josie Spencer, Non-Executive Director	15-20	0	0	0	15-20	10-15	0	0	0	10-15
Helen Thompson, Director of FYPC (upto 31/07/24)						30-35	0	0	0	30-35
Crishni Waring, Group Chair (upto 30/10/25) (Employed by NHFT - see Note 1)	15-20	0	0	0	15-20	25-30	0	0	0	20-35
David Williams, Group Executive Director of Strategy & Partnerships (Employed by NHFT - see Note 1)	75-80	0	0-5	0	80-85	75-80	0	0-5	0	80-85

Name and Title	2025/26					2024/25				
	Salary (bands of £5,000)	Expense Payments (taxable) total to nearest £100*	Performance Pay and Bonuses (bands of £5,000)	All Pension related benefits (bands of £2,500) (Note 4)	Total (bands of £5,000)	Salary (bands of £5,000)	Expense Payments (taxable) total to nearest £100	Performance Pay and Bonuses (bands of £5,000)	All Pension related benefits (bands of £2,500)	Total (bands of £5,000)
	£000	£00	£000	£000	£000	£000	£00	£000	£000	£000
Paul Williams, Acting Director of FYPC (upto 30/09/25) (see Note 3)	55-60	0	0	0	55-60	110-115	0	0	172.5-175	285-290
Sarah Willis, Group Chief People Officer (see Note 2)	100-105	0	0	57.5-60	155-160	130-135	0	0	22.5-25	155-160

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

Note:

1) Angela Hillery, Linda Chibuzor, Tim Harrison, Crishni Waring*, James Mullins*, David Williams and Paul Sheldon are / were* employed by NHFT. The salary recharge figures are shown; however their pension figures are disclosed in NHFT's remuneration report.

2) With effect from the 01/11/2025 Faisal Hussain and Sarah Willis are Group Directors. Salary recharge costs are reflected in the salary figures. Full pension figures are disclosed for Sarah Willis.

3) No pension figures are disclosed for Paul Williams due to his retirement on the 30/09/2025, when he claimed his pension.

4) Performance bonuses are only applicable for the NHFT shared directors. Performance measures are set and assessed by NHFT. The LPT Medical Director's bonus relates to a clinical excellence award.

TABLE 2: Full Salary Costs for Group Directors – subject to audit

Name and Title	2025/26			
	Salary (bands of £5,000)	Expense Payments (taxable) total	Performance Pay and Bonuses (bands	Total (bands of £5,000)
	£000	£00	£000	£000
Angela Hillery, Chief Executive	260-265	0	15-20	275-80
Paul Sheldon, Group Chief Finance Officer	170-175	0	5-10	175-180
David Williams, Group Executive Director of Strategy & Partnerships	155-160	0	5-10	160-165
Linda Chibuzor, Group Chief Nurse	145-150	0	5-10	150-155
Crishni Waring, Group Chair (upto 30/10/25)	30-35	0	0	30-35
Sarah Willis, Group Chief People Officer	140-145	0	0	140-145
Tim Harrison, Non-Executive Director	15-20	0	0	15-20
Faisal Hussain, Interim Group Chair	30-35	0	0	30-35

This table represents the total remuneration for group directors that work for both organisations.

TABLE 3: PENSION ENTITLEMENTS OF SENIOR MANAGERS – subject to audit

Name and Title	Real increase in pension at pension age (bands of £2,500)	Real increase in lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31 March 2026 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2026 (bands of £5,000)	Cash Equivalent Transfer Value at 1 April 2026	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2025
	£000	£000	£000	£000	£000	£000	£000
Dr Bhanu Chadalavada, Medical Director	5-7.5	2.5-5	65-70	155-160	1499	77	1388
Kate Dyer, Director of Corporate Governance & Risk (Note 1)	0-2.5	0	60-65	0	944	19	910
Tanya Hibbert, Director of Mental Health	2.5-5	0-2.5	40-45	90-95	877	46	814

Name and Title	Real increase in pension at pension age (bands of £2,500)	Real increase in lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31 March 2026 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2026 (bands of £5,000)	Cash Equivalent Transfer Value at 1 April 2026	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2025
	£000	£000	£000	£000	£000	£000	£000
Jean Knight, Deputy CEO & Managing Director	2.5-5	0-2.5	35-40	80-85	810	48	742
Samantha Leak, Director of Community Health Services	5-7.5	7.5-10	55-60	145-150	1344	106	1221
Sharon Murphy, Director of Finance	2.5-5	0	55-60	130-135	1332	43	1270
Sarah Willis, Group Chief People Officer	2.5-5	2.5-5	35-40	70-75	736	54	664

Real increase/decrease in CETV is subject to rounding.

Note:

1. The lump sum figures are not available for Kate Dyer.

2) The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less the contributions made by the individual. The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights. This value does not represent an amount that will be received by the individual. It is a calculation that is intended to convey to the reader of the accounts an estimation of the benefit that being a member of the pension scheme could provide. The pension benefit table provides further information on the pension benefits accruing to the individual.

TABLE 4: Pension Table for Group Directors – subject to audit

Name and Title	Real increase in pension at pension age (bands of £2,500)	Real increase in lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31 March 2026 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2026 (bands of £5,000)	Cash Equivalent Transfer Value at 1 April 2026	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2025
	£000	£000	£000	£000	£000	£000	£000
Angela Hillery, Chief Executive and Accountable Officer	10-12.5	15-17.5	115-120	300-305	2567	236	2876
Paul Sheldon, Chief Finance Officer, Executive Director of Finance	2.5-5	0	65-70	165-170	1407	37	1489
David Williams, Group Director of Strategy & Partnerships	2.5-5	0-2.5	40-45	95-100	859	51	944
Linda Chibuzor, Group Chief Nurse	2.5-5	2.5-5	35-40	80-85	658	66	754

Note:

1) Pension benefits for Sarah Willis is shown in LPT's table.
2) Group directors' job titles in the pension table above are as disclosed in NHFT's Annual Report.

Fair Pay Disclosure (subject to audit)

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

Percentage change in remuneration of highest paid director

The banded remuneration of the highest paid director in Leicestershire Partnership NHS Trust in the financial year 2025/26 was £227,500 (being the mid-point of £225,000 to £230,000). In 2024/25 it was £222,500 (being the midpoint of £220,000 to £225,000). The increase is due to annual pay inflation.

	Salary and allowances (2025/26)	**Performance pay and bonuses (2025/26)**
The percentage change from the previous financial year in respect of the highest paid director	2.35%	See Note 1
The average percentage change from the previous financial year in respect of employees of the entity, taken as a whole	0.34%	0.00%

Note – There were no changes in performances pay and bonuses compared to 2024/25.

Pay Ratio Disclosure

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

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

2025/26	25th Percentile	Median	75th Percentile
Total remuneration (£)	26,598	31,049	46,580
Salary component of total remuneration (£)	26,598	31,049	46,580
Annual % change in remuneration	4%	4%	4%
Pay ratio information	8.55	7.33	4.88
2024/25			
Total remuneration (£)	25,674	29,970	44,962
Salary component of total remuneration (£)	25,674	29,970	44,962
Pay ratio information	8.67	7.42	4.95

Note - Prior year disclosures include Non-Executive Directors.

Remuneration have increased in line with the average national pay-ward uplift for 2025/26.

In 2025/26 no staff received remuneration in excess of the highest-paid director (2024/25, no staff). Remuneration ranged from £3,558 to £227,500 (2024/25 £12,515 to £227,500). The lowest remuneration related to an agency Healthcare Support worker and the highest remuneration related to the highest paid director.

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

Consultancy

There are occasions when the Trust considers expenditure on consultancy to be the most cost appropriate course of action. Over the 2025/26 financial period, £639,000 was spent with various consultancies (2024/25: £936,000). The majority of spend relates to investment in Information Technology development.

Exit Packages

Exit packages totalling £503,000 were agreed during 2025/26 for staff leaving the Trust. These related to contractual payments in lieu of notice, redundancy costs and mutually agreed resignation scheme (MARS) payments. More details are shown at Table 4: Exit Packages.

Off-payroll Engagements

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

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

For all highly paid off-payroll engagements as of 31 March 2026, greater than £245 per day:

	Number
No. of existing engagements as of 31 March 2026	11
Of which:	
No. that have existed for less than one year at time of reporting	4
No. that have existed for between one & two years at time of reporting	2
No. that have existed for between two and three years at time of reporting	1
No. that have existed for between three and four years at time of reporting	2
No. that have existed for four or more years at time of reporting	2

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

For all off-payroll appointments engaged at any point between 1 April 2025 and 31 March 2026, greater than £245 per day:

	Number
No. of temporary off-payroll workers engaged between April 2024 and March 2025	31
Of which:	
No. not subject to off-payroll legislation *	31
No. subject to off-payroll legislation and determined as in-scope of IR35	0
No. subject to off-payroll legislation and determined as out of scope of IR35	0
No. of engagements reassessed for compliance or assurance purposes during the year	0
Of which: no. of engagements that saw a change to IR35 status following review	0

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

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

For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2025 and 31 March 2026.

	Number
No. of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	0
No. of individuals that have been deemed “board members, and/or, senior officials with significant financial responsibility”, during the financial year. This figure should include both off-payroll and on-payroll engagements *	13

* This number includes 5 board members (including Chief Executive) who also work for Northamptonshire Healthcare Foundation Trust (NHFT).

Table 4: Exit Packages – subject to audit

Exit package cost band (including any special payment element)	Number of compulsory redundancies	Cost of compulsory redundancies	*Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of departures where special payments have been made	Cost of special payment element included in exit packages
	Number	£0s	Number	£0s	Number	£0s	Number	£0s
Less than £10,000	1	6,000	20	71,000	**21**	**77,000**	0	0
£10,000 - £25,000	0	0	6	103,000	**6**	**103,000**	0	0
£25,001 - £50,000	0	0	5	231,000	**5**	**231,000**	0	0
£50,001 - £100,000	1	92,000	0	0	**1**	**92,000**	0	0
£100,001 - £150,000	0	0	0	0	**0**	**0**	0	0
£150,001 - £200,000	0	0	0	0	**0**	**0**	0	0
>£200,000	0	0	0	0	**0**	**0**	0	0
Total	**2**	**98,000**	**31**	**405,000**	**33**	**503,000**	**0**	**0**

Table 5: Exit Package - Analysis of Other Departures

	Payments agreed	Total value of agreements
	Number	£000
Mutually agreed resignations (MARS) contractual costs	15	315
Contractual payments in lieu of notice	16	90
Total	**31**	**405**

Table 6: Staff costs – subject to audit

	Permanent £000	Other £000	2025/26 Total £000	2024/25 Total £000
Salaries and wages	258,533	23,312	281,845	269,633
Social security costs	33,697	0	33,697	25,308
Apprenticeship levy	1,360	0	1,360	1,300
Employer's contributions to NHS pensions	58,349	0	58,349	54,602
Pension cost - other	82	0	82	90
Other post employment benefits	4	0	4	49
Termination benefits	873	0	873	0
Temporary staff - Agency	0	9,383	9,383	20,996
Total Gross staff costs	**352,898**	**32,695**	**385,593**	**371,978**
Recoveries from other bodies in respect of staff cost netted off expenditure	(910)	0	(910)	(927)
Total Staff Costs	**351,988**	**32,695**	**384,683**	**371,051**
Of which costs capitalised as part of assets	1,301	0	1,301	1,224

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

	Permanent Number	Other Number	2025/26 Total Number	2024/25 Total Number
Medical and dental	227	15	242	239
Administration and estates	1,325	63	1,388	1,441
Healthcare assistants and other support staff	1,331	256	1,587	1,614
Nursing, midwifery and health visiting staff	1,856	183	2,039	1,997
Scientific, therapeutic and technical staff	1,495	17	1,512	1,437
Total average numbers	**6,234**	**534**	**6,768**	**6,728**
Of which: Number of employees (WTE) engaged on capital projects	32	0	32	32

Bank and agency workers are included in ‘Other’.

Other financial information

Better Payment Practice Code

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

Parliamentary accountability and audit report

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

Audit Fee

The Trust's external auditor for the period 1 April 2025 to 31 March 2026 was KPMG. The 2025/26 audit fee of £143.5k relates to the annual statutory audit of the Trust's financial accounts.

Independent auditor's report to the board of directors of Leicestershire Partnership NHS Trust

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

Opinion

We have audited the financial statements of Leicestershire Partnership NHS Trust ("the Trust") for the year ended 31 March 2026 which comprise the Statement of Comprehensive Income, Statement of Financial Position, Statement of Changes in Taxpayers' Equity and Statement of Cash Flows, and the related notes, including the accounting policies in note 1.

In our opinion the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2026 and of its income and expenditure for the year then ended; and
- have been properly prepared in accordance with the accounting policies directed by the Secretary of State for Health and Social Care with the consent of HM Treasury on 23 June 2022 as being relevant to NHS Trusts in England and included in the Department of Health and Social Care Group Accounting Manual 2025/26; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006 (as amended).

Basis for opinion

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

Going concern

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

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

Our conclusions based on this work:

- we consider that the directors' use of the going concern basis of accounting in the preparation of the financial statements is appropriate; and
- we have not identified, and concur with the directors' assessment that there is not, a material uncertainty related to events or conditions that, individually or collectively, may cast significant doubt on the Trust's ability to continue as a going concern for the going concern period.

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

Fraud and breaches of laws and regulations – ability to detect

Identifying and responding to risks of material misstatement due to fraud

To identify risks of material misstatement due to fraud ("fraud risks") we assessed events or conditions that could indicate an incentive or pressure to commit fraud or provide an opportunity to commit fraud. Our risk assessment procedures included:

- Enquiring of management, the Audit Committee and internal audit as to the Trust's high-level policies and procedures to prevent and detect fraud ,including the internal audit function, and the Trust's channel for "whistleblowing", as well as whether they have knowledge of any actual, suspected, or alleged fraud.

- Assessing the incentives for management to manipulate reported financial performance as a result of the need to achieve financial performance targets delegated to the Trust by NHS England.
- Reading Board and Audit Committee minutes.
- Using analytical procedures to identify any unusual or unexpected relationships.
- Reading the Trust's accounting policies.

We communicated identified fraud risks throughout the audit team and remained alert to any indications of fraud throughout the audit.

As required by auditing standards, and taking into account possible pressures to meet delegated targets, we performed procedures to address the risk of management override of controls in particular the risk that Trust management may be in a position to make inappropriate accounting entries. On this audit we did not identify a fraud risk related to revenue recognition due to the block nature of the funding provided to the Trust during the year. We therefore assessed that there was limited opportunity for the Trust to manipulate the income that was reported.

We did not identify any additional fraud risks.

We also performed procedures including:

- Identifying journal entries and other adjustments to test based on risk criteria and comparing the identified entries to supporting documentation. These included unusual entries to cash, and entries posted to reduce expenditure after 31 March 2026.
- Assessing whether the judgements made in making accounting estimates are indicative of a potential bias.

Identifying and responding to risks of material misstatement related to compliance with laws and regulations

We identified areas of laws and regulations that could reasonably be expected to have a material effect on the financial statements from our general sector experience and through discussion with the directors and other management (as required by auditing standards), and from inspection of the Trust's regulatory and legal correspondence and discussed with the directors and other management the policies and procedures regarding compliance with laws and regulations.

We communicated identified laws and regulations throughout our team and remained alert to any indications of non-compliance throughout the audit.

The potential effect of these laws and regulations on the financial statements varies considerably.

Firstly, the Trust is subject to laws and regulations that directly affect the financial statements, including the financial reporting aspects of NHS legislation. We assessed the extent of compliance with these laws and regulations as part of our procedures on the related financial statement items.

Secondly, the Trust is subject to many other laws and regulations where the consequences of non-compliance could have a material effect on amounts or disclosures in the financial statements, for instance through the imposition of fines or litigation. We identified the following areas as those most likely to have such an effect: health and safety, data protection laws, anti-bribery, employment law, recognising the nature of the Trust's activities. Auditing standards limit the required audit procedures to identify non-compliance with these laws and regulations to enquiry of the directors and other management and inspection of regulatory and legal correspondence, if any. Therefore if a breach of operational regulations is not disclosed to us or evident from relevant correspondence, an audit will not detect that breach.

Context of the ability of the audit to detect fraud or breaches of law or regulation

Owing to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely the inherently limited procedures required by auditing standards would identify it.

In addition, as with any audit, there remained a higher risk of non-detection of fraud, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. Our audit procedures are designed to detect material misstatement. We are not responsible for preventing non-compliance or fraud and cannot be expected to detect non-compliance with all laws and regulations.

Other information in the Annual Report

The directors are responsible for the other information, which comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work:

- we have not identified material misstatements in the other information; and
- in our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements.

Remuneration and Staff Reports

In our opinion the parts of the Remuneration and Staff Reports subject to audit have been properly prepared in all material respects, in accordance with the Department of Health and Social Care Group Accounting Manual 2025/26.

Directors' and Accountable Officer's responsibilities

As explained more fully in the statement set out on page 107, the directors are responsible for the preparation of financial statements that give a true and fair view. They are also responsible for: such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to either cease the services provided by the Trust or dissolve the Trust without the transfer of its services to another public sector entity. As explained more fully in the statement of the Chief Executive's responsibilities, as the Accountable Officer of the Trust, on page 108, the Accountable Officer is responsible for ensuring that annual statutory accounts are prepared in a format directed by the Secretary of State.

The Audit Committee is responsible for overseeing the Trust's financial reporting process.

Auditor's responsibilities

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue our opinion in an auditor's report. Reasonable assurance is a high level of assurance, but does not guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

A fuller description of our responsibilities is provided on the FRC's website at www.frc.org.uk/auditorsresponsibilities.

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

Report on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report if we identify any significant weaknesses in the arrangements that have been made by the Trust to secure economy, efficiency and effectiveness in its use of resources.

We have nothing to report in this respect.

Respective responsibilities in respect of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources

As explained in the statement set out on page 107, the Chief Executive, as the Accountable Officer, is responsible for ensuring that value for money is achieved from the resources available to the Trust. We are required under section 21(2A) of the Local Audit and Accountability Act 2014 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively. We are also not required to satisfy ourselves that the Trust has achieved value for money during the year.

We planned our work and undertook our review in accordance with the Code of Audit Practice and related statutory guidance, having regard to whether the Trust had proper arrangements in place to ensure financial sustainability, proper governance and to use information about costs and performance to improve the way it manages and delivers its services. Based on our risk assessment, we undertook such work as we considered necessary.

Statutory reporting matters

We are required by Schedule 2 to the Code of Audit Practice to report to you if:

- we issue a report in the public interest under section 24 and Schedule 7 of the Local Audit and Accountability Act 2014; or

- we make written recommendations to the Trust under Section 24 and Schedule 7 of the Local Audit and Accountability Act 2014; or
- we refer a matter to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.

We have nothing to report in these respects.

THE PURPOSE OF OUR AUDIT WORK AND TO WHOM WE OWE OUR RESPONSIBILITIES

This report is made solely to the Board of Directors of Leicestershire Partnership NHS Trust, as a body, in accordance with Part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state to the Board of Directors of the Trust, as a body, those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Board of Directors of the Trust, as a body, for our audit work, for this report or for the opinions we have formed.

DELAY IN CERTIFICATION OF COMPLETION OF THE AUDIT

As at the date of this audit report, we are unable to confirm that we have completed our work in respect of the trust accounts consolidation pack of the Trust for the year ended 31 March 2026 because we have not received confirmation from the NAO that the NAO's audit of the Department of Health and Social Care accounts is complete.

Until we have completed this work, we are unable to certify that we have completed the audit of Leicestershire Partnership NHS Trust for the year ended 31 March 2026 in accordance with the requirements of the Local Audit and Accountability Act 2014 and the NAO Code of Audit Practice.

Duncan Laird

for and on behalf of KPMG LLP

Chartered Accountants

66 Queen Square
Bristol
BS1 4BE

26 June 2026

Accountability Statement

The purpose of the accountability section of the annual report is to meet key accountability requirements to Parliament. I confirm that the information contained in this report meet those requirements stipulated in the Department of Health and Social Care Group Accounting Manual 2025/26.

Angela Hillery, Group Chief Executive
24th June 2026

Financial statements

Summary of financial statements

The Financial Accounts for 2025/26 are presented with the Annual Report in Appendix A. The accounts show that we have delivered an in-year surplus of £313k (excluding impairments and other uncontrollable adjustments), and as such, we have achieved our in-year break even duty. We have also delivered our statutory capital duty.

The financial year has been another challenging year for both LPT and the wider NHS. There were material financial challenges in year relating to continuing high inflation costs in addition to a significant cost improvement plan. To mitigate these pressures and ensure we could deliver our break even plan, we needed to deliver a significant financial recovery plan. The Trust has pulled together again to ensure delivery, including material reductions in agency costs, building on the great work our teams did to reduce costs in 2024/25.

As we look forward to the 2026/27 financial year, there is continuing focus across the NHS on the efficiency and productivity of our services, and we have programmes in place within the Trust to take those themes forwards.

The Trust submitted a financial plan in February 2026 for 2026/27 showing a breakeven position. This position is required to ensure ongoing delivery of our statutory duty. The financial plan will be challenging to deliver and relies on significant levels of financial efficiency being delivered. We have robust plans in place to deliver the financial plan but we all need to remain focussed on efficiency, reducing costs and demonstrating value for money while we deliver safe services.

After considering all information available, the directors have a reasonable expectation that the Trust has adequate resources to continue operating for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the Trust's accounts.

Copies of the full accounts are available free of charge, from feedback@leicspart.nhs.uk

Sharon Murphy
Chief Finance Officer

Angela Hillery
Group Chief Executive

Contact us

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

Comments should be sent to:

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

Telephone: **0116 225 6000**
Email: **LPT.feedback@nhs.net**

You can also follow the Trust on social media:

Facebook/LPTnhs
YouTube/LPTnhs
LinkedIn/Leicestershire Partnership NHS Trust
Website www.leicspart.nhs.uk

Quality Account

You may also be interested to read our Quality Account for 2025-26, which complements this Annual Report and Summary Accounts. Copies of the Quality Account, and extra copies of this document are available from the communications team at the above address.

These documents, alongside a shorter summary of the annual report, are also available on our website at www.leicspart.nhs.uk

Need this report in a different language?

If you need this information in another language or format, please telephone 0116 295 0903 or email: lpt.patientinformation@nhs.net.

Arabic

إذا كنت بحاجة إلى هذه المعلومات بلغة أو تنسيق آخر، يرجى إرسال بريد إلكتروني إلى: lpt.patientinformation@nhs.net.

Bengali

আপনার যদি এই তথ্য অন্য কোনো ভাষা বা ফরম্যাটে প্রয়োজন হয়, অনুগ্রহ করে 0116 295 0903 নম্বরে ফোন করুন অথবা ইমেইল করুন: lpt.patientinformation@nhs.net.

Traditional Chinese

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Gujarati

જો તમને આ માહિતી બીજી ભાષા અથવા ફોર્મેટમાં જોઈએ હોય, તો કૃપા કરીને 0116 295 0903 પર ફોન કરો અથવા ઇમેઇલ કરો: lpt.patientinformation@nhs.net.

Hindi

यदि आपको यह जानकारी किसी अन्य भाषा या प्रारूप में चाहिए, तो कृपया 0116 295 0903 पर फोन करें या ईमेल करें: lpt.patientinformation@nhs.net

Polish

Jeśli potrzebujesz tych informacji w innym języku lub formacie, zadzwoń pod numer 0116 295 0903 lub wyślij e-mail na adres: lpt.patientinformation@nhs.net.

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਜਾਂ ਫਾਰਮੈਟ ਵਿੱਚ ਚਾਹੀਦੀ ਹੋਵੇ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ 0116 295 0903 'ਤੇ ਫ਼ੋਨ ਕਰੋ ਜਾਂ ਈਮੇਲ ਕਰੋ: lpt.patientinformation@nhs.net

Somali

Haddii aad u baahan tahay macluumaadkan luqad kale ama qaab kale, fadlan wac 0116 295 0903 ama iimayl u dir: lpt.patientinformation@nhs.net.

Urdu

اگر آپ کو یہ معلومات کسی اور زبان یا فارمیٹ میں درکار ہوں، تو براہ کرم ای میل کریں: lpt.patientinformation@nhs.net

Appendix A

Leicestershire Partnership NHS Trust
Annual accounts for the year ended 31 March 2026

Statement of Comprehensive Income

	Note	2025/26 £000	2024/25 £000
Operating income from patient care activities	3	424,731	407,137
Other operating income	4	41,023	46,136
Operating expenses	7,9	(466,127)	(463,854)
Operating surplus/(deficit) from continuing operations		**(373)**	**(10,581)**
Finance income	11	1,211	1,547
Finance expenses	12	(2,004)	(2,010)
PDC dividends payable		(2,481)	(2,625)
Net finance costs		**(3,274)**	**(3,088)**
Other gains / (losses)	13	(204)	425
Surplus / (deficit) for the year from continuing operations		**(3,851)**	**(13,244)**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	8	(877)	(2,225)
Revaluations	18	1,439	42
Total other comprehensive income for the period		**562**	**(2,183)**
Total comprehensive income / (expense) for the period		**(3,289)**	**(15,427)**

See Note 51 for the Trust's adjusted financial performance. This metric is NHS England's primary mechanism to monitor a Trust's revenue financial performance. It excludes any transactions that are not under the Trust's control e.g., impairments. Before these exclusions the accounting deficit for the year is £3.851m. The adjusted performance is £313k surplus.

Statement of Financial Position

	Note	31 March 2026 £000	31 March 2025 £000
Non-current assets			
Intangible assets	15	3,308	4,421
Property, plant and equipment	16	135,012	132,332
Right of use assets	19	19,421	18,538
Receivables	25	821	920
Total non-current assets		**158,562**	**156,211**
Current assets			
Inventories	24	461	436
Receivables	25	7,146	8,746
Cash and cash equivalents	29	20,941	19,547
Total current assets		**28,548**	**28,729**
Current liabilities			
Trade and other payables	30	(26,919)	(28,129)
Borrowings	32	(4,959)	(4,480)
Provisions	34	(5,032)	(3,331)
Other liabilities	31	(7,700)	(6,755)
Total current liabilities		**(44,610)**	**(42,695)**
Total assets less current liabilities		**142,500**	**142,245**
Non-current liabilities			
Borrowings	32	(39,038)	(39,938)
Provisions	34	(704)	(866)
Total non-current liabilities		**(39,742)**	**(40,804)**
Total assets employed		**102,758**	**101,441**
Financed by			
Public dividend capital		112,835	108,229
Revaluation reserve		18,519	17,957
Income and expenditure reserve		(28,596)	(24,745)
Total taxpayers' equity		**102,758**	**101,441**

The notes on pages 6 to 54 form part of these accounts.

Signature 

Name Angela Hillery
Position Chief Executive
Date 24th of June 2026

Statement of Changes in Taxpayers' Equity for the year ended 31 March 2026

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' equity at 1 April 2025 - brought forward	**108,229**	**17,957**	**(24,745)**	**101,441**
Surplus/(deficit) for the year	-	-	(3,851)	**(3,851)**
Impairments	-	(877)	-	**(877)**
Revaluations	-	1,439	-	**1,439**
Public dividend capital received	4,606	-	-	**4,606**
Taxpayers' equity at 31 March 2026	**112,835**	**18,519**	**(28,596)**	**102,758**

Statement of Changes in Taxpayers' Equity for the year ended 31 March 2025

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' equity at 1 April 2024 - brought forward	**106,745**	**20,140**	**(11,501)**	**115,384**
Surplus/(deficit) for the year	-	-	(13,244)	**(13,244)**
Impairments	-	(2,225)	-	**(2,225)**
Revaluations	-	42	-	**42**
Public dividend capital received	1,484	-	-	**1,484**
Taxpayers' equity at 31 March 2025	**108,229**	**17,957**	**(24,745)**	**101,441**

Public dividend capital (PDC): PDC is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation Reserve: Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Income and expenditure reserve: The balance of this reserve is the accumulated surpluses and deficits of the trust.

Statement of Cash Flows

	Note	2025/26 £000	2024/25 £000
Cash flows from operating activities			
Operating surplus / (deficit)		(373)	(10,581)
Non-cash income and expense:			
Depreciation and amortisation	7.1	12,190	11,939
Net impairments	8	4,880	13,556
(Increase) / decrease in receivables and other assets		1,553	486
(Increase) / decrease in inventories		(25)	73
Increase / (decrease) in payables and other liabilities		317	(3,180)
Increase / (decrease) in provisions		1,521	(1,948)
Net cash flows from / (used in) operating activities		**20,063**	**10,345**
Cash flows from investing activities			
Interest received		1,211	1,547
Purchase of intangible assets		(530)	(546)
Purchase of PPE and investment property		(15,940)	(15,303)
Net cash flows from / (used in) investing activities		**(15,259)**	**(14,302)**
Cash flows from financing activities			
Public dividend capital received		4,606	1,484
Movement on loans from DHSC		(163)	(163)
Capital element of lease rental payments		(3,283)	(2,809)
Capital element of PFI, LIFT and other service concession payments		(614)	(481)
Interest on loans		(53)	(56)
Interest paid on lease liability repayments		(598)	(441)
Interest paid on PFI, LIFT and other service concession obligations		(931)	(942)
PDC dividend (paid) / refunded		(2,374)	(1,194)
Net cash flows from / (used in) financing activities		**(3,410)**	**(4,602)**
Increase / (decrease) in cash and cash equivalents		**1,394**	**(8,559)**
Cash and cash equivalents at 1 April - brought forward		**19,547**	**28,106**
Cash and cash equivalents at 31 March	29.1	**20,941**	**19,547**

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

The Department of Health and Social Care has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2025/26 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Note 1.2 Going concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

Note 1.3 Interests in other entities

The Trust does not have any interests in other entities, including Associates, Joint Ventures and Joint Operations.

Note 1.4 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's NHS income is earned from NHS commissioners under the NHS Payment Scheme (NHSPS). The NHSPS sets out rules to establish the amount payable to trusts for NHS-funded secondary healthcare.

Aligned payment and incentive contracts form the main payment mechanism under the NHSPS. API contracts contain both a fixed and variable element. Under the variable element, providers earn income for elective activity (both ordinary and day case), out-patient procedures, out-patient first attendances, diagnostic imaging and nuclear medicine, and chemotherapy delivery activity. The precise definition of these activities is given in the NHSPS. Income is earned at NHSPS prices based on actual activity. The fixed element includes income for all other services covered by the NHSPS assuming an agreed level of activity with 'fixed' in this context meaning not varying based on units of activity. Elements within this are accounted for as variable consideration under IFRS 15 as explained below.

The Trust also receives income from commissioners under the Best Practice Tariff (BPT) scheme. Delivery under the scheme is part of how care is provided to patients. As such BPT payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the overall contract with the commissioner and are accounted for as variable consideration under IFRS 15. Payment for BPT on non-elective services is included in the fixed element of API contracts with adjustments for actual achievement being made at the end of the year. BPT earned on elective activity is included in the variable element of API contracts and paid in line with actual activity performed.

Where the relationship with a particular integrated care board is expected to be a low volume of activity (annual value below £0.5m), an annual fixed payment is received by the provider as determined in the NHSPS documentation. Such income is classified as 'other clinical income' in these accounts.

Mental health provider collaboratives
NHS led provider collaboratives for specialised mental health, learning disability and autism services involve a lead NHS provider taking responsibility for managing services, care pathways and specialised commissioning budgets for a population. As lead provider for the Leicester, Leicestershire and Rutland (LLR) Mental Health Collaborative, the Trust is accountable to NHS England and as such recognises the income and expenditure associated with the commissioning of services from other providers in these accounts. Where the trust is the provider of commissioned services, this element of income is recognised in respect of the provision of services, after eliminating internal transactions.

Revenue from research contracts
Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract. Some research income alternatively falls within the provisions of IAS 20 for government grants.

NHS injury cost recovery scheme
The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when performance obligations are satisfied. In practical terms this means that treatment has been given, it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

Note 1.5 Other forms of income

Grants and donations
Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grants is used to fund capital expenditure, it is credited to the Statement of Comprehensive Income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Apprenticeship service income
The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's apprenticeship service account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Note 1.6 Expenditure on employee benefits

Short-term employee benefits
Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs - NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as and when they become due. Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

Note 1.7 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

Note 1.8 Discontinued operations

Discontinued operations occur where activities either cease without transfer to another entity, or transfer to an entity outside of the boundary of the Whole of Government Accounts, such as private or voluntary sectors. Such activities are accounted for in accordance with IFRS 5. Activities that are transferred to other bodies within the boundary of the Whole of Government Accounts are ‘machinery of government changes’ and treated as continuing operations.

Note 1.9 Property, plant and equipment

Recognition
Property, plant and equipment is capitalised where:

• it is held for use in delivering services or for administrative purposes
• it is probable that future economic benefits will flow to, or service potential be provided to, the trust
• it is expected to be used for more than one financial year
• the cost of the item can be measured reliably
• the item has cost of at least £5,000, or
• collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

Subsequent expenditure
Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Measurement
Valuation:

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of land and buildings

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current value in existing use is defined as market value except where a building is so specialised in nature no active market exists from which to draw satisfactory transactional evidence. In this case a valuer will adopt a depreciated replacement cost (DRC) model on a modern equivalent asset (MEA) basis.

Land and buildings are stated at current value using valuations undertaken by external professionally qualified valuers, Cushman & Wakefield (C&W), who have been carrying out the Trust's valuations since April 2023. The Trust's policy is to undertake a full valuation at least every three years, with interim updates in non-revaluation years using appropriate indices, including those published by the Building Cost Information Service (BCIS).

A full revaluation of the Trust's land and buildings was undertaken as at 31 March 2026. Valuations of specialised assets are undertaken using a Depreciated Replacement Cost (DRC) methodology, reflecting the current cost of replacing the asset with a modern equivalent asset, adjusted for physical deterioration and obsolescence. Non-specialised assets are valued at fair value. The valuation of land is based on the size of the modern equivalent asset, and not on the actual site area currently occupied.

The revaluation of land and buildings undertaken by C&W in 2025/26 resulted in a net reduction in carrying value of £3.768m (from £121.085m to £117.317m). The Trust does have other buildings not included in the revaluation, including capital enhancements made to leased properties (£2,145m).

Refer to Notes 1.29 and 1.30 which detail the critical judgements and estimates underpinning these valuations, including sensitivity analysis.

Valuation guidance issued by the Royal Institute of Chartered Surveyors states that valuations are performed net of VAT where the VAT is recoverable by the entity. This basis has been applied to the trust's Private Finance Initiative (PFI) scheme where the construction is completed by a special purpose vehicle and the costs have recoverable VAT for the trust.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

Depreciation
Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'held for sale' cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the trust, respectively.

Revaluation gains and losses
Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses. Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments
In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised. Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition
Assets intended for disposal are reclassified as 'held for sale' once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated and grant funded assets
Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

Private Finance Initiative (PFI) and Local Improvement Finance Trust (LIFT) transactions

PFI and LIFT transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's *FReM*, are accounted for as 'on-Statement of Financial Position' by the trust. Annual contract payments to the operator (the unitary charge) are apportioned between the repayment of the liability including the finance cost, the charges for services and lifecycle replacement of components of the asset.

Initial recognition
In accordance with HM Treasury's FReM, the underlying assets are recognised as property, plant and equipment, together with an equivalent liability. Initial measurement of the asset and liability are in accordance with the initial measurement principles of IFRS 16 (see leases accounting policy).

Subsequent measurement
Assets are subsequently accounted for as property, plant and equipment and/or intangible assets as appropriate.

The liability is subsequently reduced by the portion of the unitary charge allocated as payment for the asset and increased by the annual finance cost. The finance cost is calculated by applying the implicit interest rate to the opening liability and is charged to finance costs in the Statement of Comprehensive Income. The element of the unitary charge allocated as payment for the asset is split between payment of the finance cost and repayment of the net liability.

Where there are changes in future payments for the asset resulting from indexation of the unitary charge, the Trust remeasures the PFI liability by determining the revised payments for the remainder of the contract once the change in cash flows takes effect. The remeasurement adjustment is charged to finance costs in the Statement of Comprehensive Income.

The service charge is recognised in operating expenses in the Statement of Comprehensive Income.

Useful lives of property, plant and equipment

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	**Max life Years**
Buildings, excluding dwellings	45	78
Plant & machinery	10	10
Transport equipment	7	7
Information technology	5	5
Furniture & fittings	10	10

Note 1.10 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance controlled by the Trust. They are capable of being sold separately from the rest of the trust's business or arise from contractual or other legal rights. Intangible assets are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets
Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised. Expenditure on development is capitalised where it meets the requirements set out in IAS 38.

Software
Software which is integral to the operation of hardware, eg an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, eg application software, is capitalised as an intangible asset where it meets recognition criteria.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management. From 1 April 2025, subsequent measurement of intangible assets is at cost less amortisation.

Prior to 1 April 2025, intangible assets were held under a revaluation approach reflecting current value in existing use. Revaluation gains and losses and impairments were treated in the same manner as for property, plant and equipment. On 1 April 2025, the carrying value of these assets was carried forward as 'deemed cost' and any related revaluation surpluses in the revaluation reserve were transferred to the I&E reserve.

Intangible assets held for sale are measured at the lower of their carrying amount or fair value less costs to sell.

Impairments

Where indicators of impairment exist, the recoverable amount is assessed as the higher of its fair value and the cost to replace the service capacity. Where this is lower than the carrying value an impairment is recognised in expenditure. The recoverable amount of intangible assets under construction is assessed annually, irrespective of indicators of impairment.

Amortisation

Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

Useful lives of intangible assets

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	**Max life Years**
Information technology	5	5
Development expenditure	5	5
Websites	5	5
Software licences	5	5

Note 1.11 Inventories
Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) method.

Note 1.12 Investment properties
Investment properties are measured at fair value. Changes in fair value are recognised as gains or losses in income/expenditure.

Only those assets which are held solely to generate a commercial return are considered to be investment properties. Where an asset is held, in part, for support service delivery objectives, then it is considered to be an item of property, plant and equipment. Properties occupied by employees, whether or not they pay rent at market rates, are not classified as investment properties.

Note 1.13 Cash and cash equivalents
Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

Note 1.14 Financial assets and financial liabilities

Recognition
Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Classification and measurement
Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through leasing arrangements are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets and financial liabilities are classified as subsequently measured at amortised cost.

Financial assets and financial liabilities at amortised cost
Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

Impairment of financial assets
For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

Derecognition
Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Note 1.15 Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The trust does not apply lease accounting to new contracts for the use of intangible assets.

The Trust determines the term of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise.

The Trust as a lessee

Recognition and initial measurement

At the commencement date of the lease, being when the asset is made available for use, the Trust recognises a right of use asset and a lease liability.

The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 4.81% applied to new leases commencing in 2025 and 5.32% to new leases commencing in 2026.

The Trust does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight-line basis over the lease term or other systematic basis [explain if relevant]. Irrecoverable VAT on lease payments is expensed as it falls due.

Subsequent measurement

As required by a HM Treasury interpretation of the accounting standard for the public sector, the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

The Trust as a lessor

The Trust assesses each of its leases and classifies them as either a finance lease or an operating lease. Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Where the Trust is an intermediate lessor, classification of the sublease is determined with reference to the right of use asset arising from the headlease.

Finance leases

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Operating leases

Income from operating leases is recognised on a straight-line basis or another systematic basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Note 1.16 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective from 31 March 2026:

		Nominal rate	Prior year rate
Short-term	Up to 5 years	3.64%	4.03%
Medium-term	After 5 years up to 10 years	4.22%	4.07%
Long-term	After 10 years up to 40 years	5.32%	4.81%
Very long-term	Exceeding 40 years	5.07%	4.55%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective from 31 March 2026:

	Inflation rate	Prior year rate
Year 1	2.5%	2.60%
Year 2	2.0%	2.30%
Into perpetuity	2.0%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's post-employment benefits discount rate of 2.95% in real terms (prior year: 2.40%).

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the trust is disclosed at Note 34.2 but is not recognised in the Trust's accounts.

Non-clinical risk pooling

The trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

Note 1.17 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in Note 35 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in Note 35.

Contingent liabilities are defined as:

• possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or

• present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.18 Public dividend capital
Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined by the Department of Health and Social Care.

This policy is available at https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.19 Value added tax
Most of the activities of the trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

Note 1.20 Corporation tax
The Trust has determined that it is has no corporation tax liability due to the structure of the organisation and the services it provides.

Note 1.21 Climate change levy
Expenditure on the climate change levy is recognised in the Statement of Comprehensive Income as incurred, based on the prevailing chargeable rates for energy consumption.

Note 1.22 Foreign exchange
The functional and presentational currency of the trust is sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

Where the trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:

• monetary items are translated at the spot exchange rate on 31 March
• non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction and
• non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

Note 1.23 Third party assets
Assets belonging to third parties in which the Trust has no beneficial interest (such as money held on behalf of patients) are not recognised in the accounts. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's *FReM*.

Note 1.24 Losses and special payments
Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis.

The losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 1.25 Gifts
Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

Note 1.26 Transfers of functions [to / from] [other NHS bodies / local government bodies]
This note is not relevant to the Trust for 2025/26 as it did not participate in any transfer of functions to or from other NHS or local government bodies.

Note 1.27 Early adoption of standards, amendments and interpretations
No new accounting standards or revisions to existing standards have been early adopted in 2025/26.

Note 1.28 Standards, amendments and interpretations in issue but not yet effective or adopted
There are no standards, amendments and interpretations that have been issued but are not yet effective or adopted by the Trust.

Note 1.29 Critical judgements in applying accounting policies
The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

(i) Private Finance Initiative (PFI)
During the 2009/10 IFRS restatement process the Trust reviewed the details of its PFI contract and concluded that it fell within the scope of International Financial Reporting Interpretations Committee (IFRIC) 12: Service Concession Arrangements. This conclusion was based on the fact that the Trust controls and regulates the services that the asset provides, to whom it is provided to, and retains entitlement to the building at the end of the lease term. The PFI asset was brought onto the balance sheet and is being depreciated over its useful life.

(ii) Local Improvement Finance Trust (LIFT)
During 2010/11 the Trust's LIFT asset was brought onto balance sheet. The Trust occupies 22.9% of St Peters Health Centre and under the arrangements of IFRIC 12: Service Concession Arrangements, the Trust has recognised both the asset and liability on the balance sheet.

(iii) Land and Buildings Revaluations
The Trust applies judgement in determining the appropriate basis and inputs for the valuation of land and buildings. In particular, judgement is exercised in selecting the depreciated replacement cost (DRC) methodology for specialised assets where active market evidence is limited. The valuation is performed on a modern equivalent asset (MEA) basis and is based on the hypothetical assumption that replacement hospitals and other specialist buildings are built on alternative sites within the surrounding area of Leicestershire and Rutland.

The alternative site MEA model was developed in 2023/24. It combines the Trust's main hospitals and other buildings and replaces them on four geographical sites: City, North, South, and East of Leicestershire. The key driver in establishing the building size is the use of commissioned bed numbers, with a standard size applied for ward space using dimensions based on patient group. All other clinical and support services are appraised to determine what efficiencies, if any, can be applied in determining the optimal site. The model is flexed/adapted each year to reflect changes to service delivery or modifications to accounting practices.

Key judgements include the interpretation and application of building costs indices, location factors, asset condition assessments, remaining useful economic lives, and the specification of modern equivalent assets used within the valuation process. Land values are assessed having regard to existing use and available market evidence.

The Trust maintains estate information using the Invida database system, which incorporates Computer Aided Design (CAD) plans. Floor areas used in valuations are derived from as-built drawings or site surveys and are provided to the valuer at the outset of each valuation. The Trust exercises judgement in ensuring the completeness and accuracy of this information, including investigating and resolving any differences identified between Trust records and valuer measurements.

Note 1.30 Sources of estimation uncertainty
The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

	Baseline Value Before Valuation £000	Value After Valuation £000	Valuation Impact (Diff) £000
Land	9,732	9,712	(20)
Buildings	111,353	107,605	(3,748)
Total	**121,085**	**117,317**	**(3,768)**

Sensitivity Analysis

The valuation of land and buildings is subject to estimation uncertainty due to the use of professional judgement and significant assumptions inherent in the application of the depreciated replacement cost (DRC) methodology. This is particularly relevant for specialised properties, where there is no active market and valuations are therefore not directly observable. The carrying value of land and buildings is sensitive to changes in key assumptions, including:

- building construction cost rates and location factors;
- modern equivalent asset specifications;
- asset condition and functional obsolescence; and
- remaining useful economic lives.

A sensitivity analysis of these assumptions allows the Trust to understand the impact on materiality, given the estimated uncertainty implicit in the valuation, as shown in the table below:

Sensitivity factor applied to baseline book value before valuation *		Buildings Baseline Value Before Valuation	Buildings Value After Valuation	Buildings Valuation Impact (Diff)	Variance v Actual Valuation Impact
		£000	£000	£000	£000
Actual	**-3.37%**	**111,353**	**107,605**	**(3,748)**	**0**
Sensitivity factor	+1.00%	111,353	112,467	1,114	4,862
Sensitivity factor	+3.00%	111,353	114,694	3,341	7,089
Sensitivity factor	+5.00%	111,353	116,921	5,568	9,316
Sensitivity factor	-1.00%	111,353	110,240	(1,114)	2,635
Sensitivity factor	-3.00%	111,353	108,013	(3,341)	408
Sensitivity factor	-5.00%	111,353	105,786	(5,568)	(1,819)

* The sensitivity factor reflects hypothetical movements applied to the pre-valuation carrying value. The different percentages reflect the combined effect of changes in multiple key valuation assumptions, including construction cost rates, asset condition, remaining useful economic lives and obsolescence adjustments. The 'Variance versus Actual Valuation' column shows the impact on valuation outcomes relative to the actual valuation loss of £3.748m. Sensitivity analysis has been limited to buildings due to higher estimation uncertainty, with land excluded due to static valuation movements.

2) Property Leases

In line with the accounting policy for owned land and buildings, the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value. The value of Right of Use (ROU) property leases is £19.421m (2024/25 £18.538m); this includes any new leases, lease remeasurements or lease disposals. The revaluation policy stipulates formal revaluations will be performed by the Trust's valuers every three years. The previous formal revaluation was undertaken in 2023/24, with the next revaluation due to take place in 2026/27.

Note 2 Operating Segments

The segment table below represents the management and financial reporting structure for the Trust.

Directorate	2025/26 Total Expenditure £000	%	2024/25 Total Expenditure £000	%
Directorate of Mental Health	126,782	27%	122,864	26%
Community Health Services	100,818	21%	102,066	22%
Families, Young People and Children Services	77,003	16%	73,994	16%
Enabling Services	53,656	11%	51,006	11%
Hosted Services & Estates	66,479	14%	69,860	15%
Trust Central Reserves	28,851	6%	31,947	7%
Learning Disabilities	16,016	3%	14,780	3%
Total expenditure	**469,605**	**100%**	**466,517**	**100%**

Total expenditure incorporates operating expenditure, net finance costs and any other gains or losses.

Note 3 Operating income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy 1.4

Note 3.1 Income from patient care activities (by nature)	2025/26 £000	2024/25 £000
Mental health services		
Income from commissioners under API contracts*	196,299	182,220
Services delivered under a mental health collaborative	6,658	7,764
Income for commissioning services in a mental health collaborative	3,289	4,739
Other clinical income from mandatory services	4,129	4,842
Community services		
Income from commissioners under API contracts*	170,565	165,730
Income from other sources (e.g. local authorities)	20,725	19,953
All services		
National pay award central funding***	-	334
Additional pension contribution central funding**	23,066	21,555
Total income from activities	**424,731**	**407,137**

*Aligned payment and incentive contracts are the main form of contracting between NHS providers and their commissioners. More information can be found in the 2025/26 NHS Payment Scheme documentation.

https://www.england.nhs.uk/pay-syst/nhs-payment-scheme/

**Increases to the employer contribution rate for NHS pensions since 1 April 2019 have been funded by NHS England. NHS providers continue to pay at the former rate of 14.38% with the additional amount being paid over by NHS England on providers' behalf. The full cost of employer contributions (23.7%) and related NHS England funding (9.4%) have been recognised in these accounts.

***Additional funding was made available directly to providers by NHS England in 2024/25 for implementing the backdated element of pay awards where government offers were finalised after the end of the 2023/24 financial year. NHS Payment Scheme prices and API contracts are updated for the weighted uplift in in-year pay costs when awards are finalised.

Note 3.2 Income from patient care activities (by source)

Income from patient care activities received from:	2025/26 £000	2024/25 £000
NHS England	26,321	31,615
Integrated care boards	365,301	347,950
Other NHS providers	10,766	7,619
Local authorities	20,725	18,566
Non NHS: other	1,618	1,387
Total income from activities	**424,731**	**407,137**
Of which:		
Related to continuing operations	424,731	407,137

Note 3.3 Overseas visitors (relating to patients charged directly by the provider)

Note 4 Other operating income

	2025/26			2024/25		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	649	-	**649**	826	-	**826**
Education and training	15,713	1,317	**17,030**	14,284	1,074	**15,358**
Non-patient care services to other bodies	13,669	-	**13,669**	17,670	-	**17,670**
Income in respect of employee benefits accounted on a gross basis	910	-	**910**	927	-	**927**
Revenue from operating leases	-	822	**822**	-	682	**682**
Other income	7,943	-	**7,943**	10,673	-	**10,673**
Total other operating income	**38,884**	**2,139**	**41,023**	**44,380**	**1,756**	**46,136**
Of which:						
Related to continuing operations			41,023			46,136

The Trust previously hosted 360 Assurance, an internal audit provider supplying services to a number of NHS clients. Hosting arrangements transferred to another NHS organisation in the latter part of 2024/25, resulting in a full year's reduction in non-patient care services to other bodies income. This accounts for the majority of the overall reduction in other operating income.

Note 5 Additional information on contract revenue (IFRS 15) recognised in the period

Because the Trust's revenue relates to contracts with an expected duration of one year or less, and contracts where the trust recognises revenue directly corresponding to work done to date (i.e. all performance obligations have been satisfied), no further IFRS15 disclosure notes are required.

Note 6 Operating leases - Leicestershire Partnership NHS Trust as lessor

This note discloses income generated in operating lease agreements where Leicestershire Partnership NHS Trust is the lessor.

Note 6.1 Operating lease income

	2025/26	2024/25
	£000	£000
Lease receipts recognised as income in year:		
Minimum lease receipts	822	682
Total in-year operating lease income	**822**	**682**

Note 6.2 Future lease receipts

	31 March 2026	31 March 2025
	£000	£000
Future minimum lease receipts due in:		
- not later than one year	822	234
- later than one year and not later than two years	112	144
- later than two years and not later than three years	74	112
- later than three years and not later than four years	58	73
- later than four years and not later than five years	50	58
- later than five years	176	189
Total	**1,292**	**810**

Note 7.1 Operating expenses

	2025/26	2024/25
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	2,207	2,139
Purchase of healthcare from non-NHS and non-DHSC bodies	4,283	5,856
Staff and executive directors costs	380,547	367,159
Remuneration of non-executive directors	128	117
Supplies and services - clinical (excluding drugs costs)	4,143	4,324
Supplies and services - general	8,106	8,342
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	5,012	4,726
Inventories written down	30	15
Consultancy costs	639	936
Establishment	2,924	5,246
Premises	25,018	23,498
Transport (including patient travel)	3,113	3,064
Depreciation on property, plant and equipment	10,748	10,516
Amortisation on intangible assets	1,442	1,423
Net impairments	4,880	13,556
Movement in credit loss allowance: contract receivables / contract assets	(57)	64
Change in provisions discount rate(s)	(24)	2
Fees payable to the external auditor		
audit services- statutory audit	144	116
Internal audit costs	123	130
Clinical negligence	1,742	1,857
Legal fees	888	1,167
Insurance (as a policy holder)	-	3
Research and development	864	920
Education and training	5,252	4,322
Expenditure on short term leases	-	1,614
Early retirements	91	128
Redundancy	98	-
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT)	601	585
Hospitality	3	-
Other services, eg external payroll	446	423
Other	2,736	1,606
Total	**466,127**	**463,854**
Of which:		
Related to continuing operations	466,127	463,854

Note 7.2 Other auditor remuneration

During 2025/26 there were no other auditor remuneration costs (2024/25: £0k).

Note 7.3 Limitation on auditor's liability

There is no limitation on auditor's liability for external audit work carried out for the financial years 2025/26 or 2024/25.

Note 8 Impairment of assets

	2025/26	2024/25
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Abandonment of assets in course of construction *	197	-
Other **	4,683	13,556
Total net impairments charged to operating surplus / deficit	**4,880**	**13,556**
Impairments charged to the revaluation reserve ***	877	2,225
Total net impairments	**5,757**	**15,781**

* £197k of assets abandoned in the course of construction were impaired during the year. They were associated with a discontinued clinical pilot project. As the project has ceased and no future service potential will be realised, the assets have been written down to nil and disclosed as abandonment of assets in the course of construction.

** Other impairments of £4.684m impacting on operating expenditure mainly relate to the formal valuation exercise undertaken by the Trust's valuers as at the 31st of March 2026 (in line with the Trust's revaluation policy of performing physical site inspections on its land and buildings every 3 years). This year's revaluation, incorporating in-year capital investments, resulted in an operating expenditure impairment of £4.447m. In addition, £237k of aging donated asset elements of buildings that cannot be verified separately from the formal valuation, have been impaired down to nil value.

*** Where revaluation reserves exist for impaired assets, the impairment charge is shown against the Revaluation Reserve in the Statement of Financial Position (SOFP).

Note 9 Employee benefits

	2025/26 Total £000	2024/25 Total £000
Salaries and wages	281,845	269,633
Social security costs	33,697	25,308
Apprenticeship levy	1,360	1,300
Employer's contributions to NHS pensions	58,349	54,602
Pension cost - other	82	90
Other post employment benefits	4	49
Termination benefits	873	-
Temporary staff (including agency)	9,383	20,996
Total gross staff costs	**385,593**	**371,978**
Recoveries in respect of seconded staff	(910)	(927)
Total staff costs	**384,683**	**371,051**
Of which		
Costs capitalised as part of assets	1,301	1,224

Total staffing costs have increased primarily due to nationally agreed pay award uplifts.

Note 9.1 Retirements due to ill-health

During 2025/26 there were 2 early retirements from the trust agreed on the grounds of ill-health (4 in the year ended 31 March 2025). The estimated additional pension liabilities of these ill-health retirements is £178k (£474k in 2024/25).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

Note 10 Pension costs

Past and present employees are covered by the provisions of the NHS Pension Schemes. Details of the benefits payable and rules of the schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2026, is based on valuation data as at 31 March 2024, updated to 31 March 2026 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the Statement by the Actuary, which forms part of the annual NHS Pension Scheme Annual Report and Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (considering recent demographic experience), and to recommend the contribution rate payable by employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from 1 April 2024 to 23.7% of pensionable pay. The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

The 2024 actuarial valuation is currently being prepared and will be published before new contribution rates are implemented from April 2027

Note 11 Finance income

Finance income represents interest received on assets and investments in the period.

	2025/26	2024/25
	£000	£000
Interest on bank accounts	1,211	1,547
Total finance income	**1,211**	**1,547**

Note 12.1 Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	2025/26	2024/25
	£000	£000
Interest expense:		
Interest on loans from the Department of Health and Social Care	52	55
Interest on lease obligations	598	441
Finance costs on PFI, LIFT and other service concession arrangements:		
Main finance costs	931	942
Remeasurement of the liability resulting from change in index or rate	405	555
Total interest expense	**1,986**	**1,993**
Unwinding of discount on provisions	18	17
Total finance costs	**2,004**	**2,010**

Note 12.2 The late payment of commercial debts (interest) Act 1998

The Trust did not incur any charges for late payment of commercial debts in 2025/26 or 2024/25.

Note 13 Other gains / (losses)

	2025/26	2024/25
	£000	£000
Gains on disposal of assets	14	466
Losses on disposal of assets	(218)	(41)
Total gains / (losses) on disposal of assets	**(204)**	**425**

The gain on disposal in 2025/26 relates to the termination of a property lease. The disposal loss is due to a small number of equipment and intangible assets disposed of during the year due to not being able to be verified as at the 31st of March 2026.

Note 14 Discontinued operations

The Trust did not discontinue any of its operations in 2025/26.

Note 15.1 Intangible assets - 2025/26

	Software licences	Internally generated information technology	Development expenditure	Websites	Intangible assets under construction	Total
	£000	£000	£000	£000	£000	£000
Cost at 1 April 2025 - brought forward *	**594**	**1,048**	**5,495**	**62**	**-**	**7,199**
Additions	254	-	-	-	276	**530**
Disposals / derecognition	-	(94)	(533)	-	-	**(627)**
Cost at 31 March 2026	**848**	**954**	**4,962**	**62**	**276**	**7,102**
Amortisation at 1 April 2025 - brought forward	**32**	**529**	**2,188**	**29**	**-**	**2,778**
Provided during the year	125	210	1,095	12	-	**1,442**
Disposals / derecognition	-	(80)	(346)	-	-	**(426)**
Amortisation at 31 March 2026	**157**	**659**	**2,937**	**41**	**-**	**3,794**
Net book value at 31 March 2026	**691**	**295**	**2,025**	**21**	**276**	**3,308**
Net book value at 1 April 2025	**562**	**519**	**3,307**	**33**	**-**	**4,421**

* From 1 April 2025, the option to apply the revaluation model in IAS 38 to intangible assets has been withdrawn prospectively. Where assets were previously revalued, the carrying value at the transition date was carried forward as 'deemed cost'.

Note 15.2 Intangible assets - 2024/25

	Software licences	Internally generated information technology	Development expenditure	Websites	Intangible assets under construction	Total
	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2024 - as previously stated	**48**	**1,066**	**7,269**	**196**	**-**	**8,579**
Additions	546	-	-	-	-	**546**
Disposals / derecognition	-	(18)	(1,774)	(134)	-	**(1,926)**
Valuation / gross cost at 31 March 2025	**594**	**1,048**	**5,495**	**62**	**-**	**7,199**
Amortisation at 1 April 2024 - as previously stated	**23**	**334**	**2,776**	**148**	**-**	**3,281**
Provided during the year	9	213	1,186	15	-	**1,423**
Disposals / derecognition	-	(18)	(1,774)	(134)	-	**(1,926)**
Amortisation at 31 March 2025	**32**	**529**	**2,188**	**29**	**-**	**2,778**
Net book value at 31 March 2025	**562**	**519**	**3,307**	**33**	**-**	**4,421**
Net book value at 1 April 2024	**25**	**732**	**4,493**	**48**	**-**	**5,298**

Note 16.1 Property, plant and equipment - 2025/26

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2025 - brought forward	**9,732**	**106,532**	**4,068**	**3,873**	**-**	**24,774**	**1,205**	**150,184**
Additions	-	9,563	2,710	121	62	2,857	84	**15,397**
Impairments	(66)	(6,466)	(197)	-	-	-	-	**(6,729)**
Reversals of impairments	43	929	-	-	-	-	-	**972**
Revaluations	2	(2,197)	-	-	-	-	-	**(2,195)**
Reclassifications	-	2,050	(2,126)	76	-	-	-	**-**
Disposals / derecognition	-	-	-	(279)	-	-	-	**(279)**
Valuation/gross cost at 31 March 2026	**9,711**	**110,411**	**4,455**	**3,791**	**62**	**27,631**	**1,289**	**157,350**
Accumulated depreciation at 1 April 2025 - brought forward	**-**	**440**	**-**	**2,174**	**-**	**14,767**	**471**	**17,852**
Provided during the year	-	3,851	-	283	-	4,123	125	**8,382**
Revaluations	-	(3,634)	-	-	-	-	-	**(3,634)**
Disposals / derecognition	-	-	-	(262)	-	-	-	**(262)**
Accumulated depreciation at 31 March 2026	**-**	**657**	**-**	**2,195**	**-**	**18,890**	**596**	**22,338**
Net book value at 31 March 2026	**9,711**	**109,754**	**4,455**	**1,596**	**62**	**8,741**	**693**	**135,012**
Net book value at 1 April 2025	**9,732**	**106,092**	**4,068**	**1,699**	**-**	**10,007**	**734**	**132,332**

Note 16.2 Property, plant and equipment - 2024/25

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2024 - as previously stated	**10,044**	**105,173**	**11,278**	**5,717**	**-**	**30,141**	**1,891**	**164,244**
Additions	-	9,208	1,953	607	-	1,962	263	**13,993**
Impairments	(364)	(14,482)	-	-	-	-	-	**(14,846)**
Reversals of impairments	52	1,001	-	-	-	-	-	**1,053**
Revaluations	-	(3,531)	-	-	-	-	-	**(3,531)**
Reclassifications	-	9,163	(9,163)	-	-	-	-	**-**
Disposals / derecognition	-	-	-	(2,451)	-	(7,329)	(949)	**(10,729)**
Valuation/gross cost at 31 March 2025	**9,732**	**106,532**	**4,068**	**3,873**	**-**	**24,774**	**1,205**	**150,184**
Accumulated depreciation at 1 April 2024 - as previously stated	**-**	**279**	**-**	**4,368**	**-**	**17,796**	**1,306**	**23,749**
Provided during the year	-	3,734	-	257	-	4,259	114	**8,364**
Revaluations	-	(3,573)	-	-	-	-	-	**(3,573)**
Disposals / derecognition	-	-	-	(2,451)	-	(7,288)	(949)	**(10,688)**
Accumulated depreciation at 31 March 2025	**-**	**440**	**-**	**2,174**	**-**	**14,767**	**471**	**17,852**
Net book value at 31 March 2025	**9,732**	**106,092**	**4,068**	**1,699**	**-**	**10,007**	**734**	**132,332**
Net book value at 1 April 2024	**10,044**	**104,894**	**11,278**	**1,349**	**-**	**12,345**	**585**	**140,495**

Note 16.3 Property, plant and equipment financing - 31 March 2026

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	9,711	105,859	4,455	1,596	62	8,741	693	**131,117**
On-SoFP PFI contracts and other service concession arrangements	-	3,728	-	-	-	-	-	**3,728**
Owned - donated/granted	-	167	-	-	-	-	-	**167**
Total net book value at 31 March 2026	**9,711**	**109,754**	**4,455**	**1,596**	**62**	**8,741**	**693**	**135,012**

Note 16.4 Property, plant and equipment financing - 31 March 2025

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	9,732	102,035	4,068	1,699	-	10,007	734	**128,275**
On-SoFP PFI contracts and other service concession arrangements	-	3,516	-	-	-	-	-	**3,516**
Owned - donated/granted	-	541	-	-	-	-	-	**541**
Total net book value at 31 March 2025	**9,732**	**106,092**	**4,068**	**1,699**	**-**	**10,007**	**734**	**132,332**

Note 17 Donations of property, plant and equipment

In previous years the Trust has received donations for property plant and equipment, granted from Raising Health (the Trust's charity) to support environmental improvements. The net book value of these grants is £167k (£541k in 2024/25). The in-year reduction relates to the impairment of donated building assets as these could not be separately verified as at the 31st of March 2026. No new grants were received during 2025/26.

Note 18 Revaluations of property, plant and equipment

Valuations are carried out by professionally qualified valuers in accordance with the Royal Institute of Chartered Surveyors (RICS) Appraisal and Valuation Manual. A full revaluation of land and buildings was undertaken by Cushman & Wakefield as at 31 March 2026. The valuers are independent and appropriately qualified. Land is valued at existing use value, while specialised buildings are valued using depreciated replacement cost on a modern equivalent asset basis.

Revaluation gains and losses are recognised in accordance with IAS 16, with movements taken to the revaluation reserve or operating expenditure as appropriate. Valuations are based on assumptions including construction cost rates, asset condition and useful economic lives. As outlined in the estimation uncertainty disclosures at Note 1.30, changes in these assumptions could affect carrying values; however, no changes have been identified that would materially impact values in the next financial year.

Following a revaluation of buildings, any accumulated depreciation attached to the revalued asset is written-off against cost, as shown in Note 16.1 Property, Plant and Equipment.

Note 19 Leases - Leicestershire Partnership NHS Trust as a lessee

This note details information about leases for which the Trust is a lessee. The majority of leases relate to the use of buildings, including hospitals, health centres and office accommodation. Equipment leases relate to network printers, and transport equipment relates to trust use only vehicles.

Note 19.1 Right of use assets - 2025/26

	Property (land and buildings)	Transport equipment	Information technology	Total	Of which: leased from DHSC group bodies	Disposals
	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2025 - brought forward	**21,658**	**-**	**1,272**	**22,930**	**13,122**	
Additions *	1,415	123	-	**1,538**	-	
Remeasurements of the lease liability **	2,460	-	(7)	**2,453**	2,341	
Disposals / derecognition ***	(1,162)	-	-	**(1,162)**	(1,109)	(1,162)
Valuation/gross cost at 31 March 2026	**24,371**	**123**	**1,265**	**25,759**	**14,354**	**(1,162)**
Accumulated depreciation at 1 April 2025 - brought forward	**3,651**	**-**	**741**	**4,392**	**1,383**	
Provided during the year	2,129	43	194	**2,366**	935	
Disposals / derecognition ***	(420)	-	-	**(420)**	(374)	(420)
Accumulated depreciation at 31 March 2026	**5,360**	**43**	**935**	**6,338**	**1,944**	**(420)**
Net book value at 31 March 2026	**19,011**	**80**	**330**	**19,421**	**12,410**	**(742)**
Net book value at 1 April 2025	**18,007**	**-**	**531**	**18,538**	**11,739**	
Net book value of right of use assets leased from other DHSC group bodies					12,410	

* Property lease additions of £1.415m relates to the commencement of the new Hinckley Hub lease in July 2025. Transport equipment additions of £123k relate to trust-use only vehicle leases.

** Remeasurement of the lease liability amounts to £2.453m. This includes periodic rent reviews, Retail Price Increase (RPI) uplifts, and any other lease modifications including the review of lease terms, in accordance with International Financial Reporting Standard 16 (IFRS 16) - Leases.

*** £735k of the £742k disposals net book value relates to the lease termination of Charnwood Mill, which was terminated in November 2025. This termination generated a disposals gain of £14k,which is shown in Note 13 - Other gains/(losses).

Note 19.2 Right of use assets - 2024/25

	Property (land and buildings)	Transport equipment	Information technology	Total	Of which: leased from DHSC group bodies
	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2024 - brought forward	**20,377**	**-**	**1,552**	**21,929**	**13,369**
Additions	5,350	-	-	**5,350**	2,205
Remeasurements of the lease liability	496	-	(280)	**216**	598
Impairments	(1,988)	-	-	**(1,988)**	(1,988)
Revaluations	(2,305)	-	-	**(2,305)**	(994)
Disposals / derecognition	(272)	-	-	**(272)**	(68)
Valuation/gross cost at 31 March 2025	**21,658**	**-**	**1,272**	**22,930**	**13,122**
Accumulated depreciation at 1 April 2024 - brought forward	4,150	-	544	**4,694**	1,553
Provided during the year	1,955	-	197	**2,152**	838
Revaluations	(2,305)	-	-	**(2,305)**	(994)
Disposals / derecognition	(149)	-	-	**(149)**	(14)
Accumulated depreciation at 31 March 2025	**3,651**	**-**	**741**	**4,392**	**1,383**
Net book value at 31 March 2025	**18,007**	**-**	**531**	**18,538**	**11,739**
Net book value at 1 April 2024	**16,227**	**-**	**1,008**	**17,235**	**11,816**
Net book value of right of use assets leased from other DHSC group bodies					11,739

Note 19.3 Revaluations of right of use assets

In line with the accounting policy for Property, Plant and Equipment (PPE), the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets.

The last formal revaluation was undertaken as at the 31st of March 2024. In line with the Trust's revaluation policy of formal revaluations to be performed every 3 years, the next formal revaluation will be in 2026/27.

Note 19.4 Reconciliation of the carrying value of lease liabilities

Lease liabilities are included within borrowings in the statement of financial position. A breakdown of borrowings is disclosed in note 32.1.

	2025/26	2024/25
	£000	£000
Carrying value at 1 April	**29,572**	**27,404**
Lease additions	1,538	5,350
Lease liability remeasurements	2,453	216
Interest charge arising in year	598	441
Early terminations	(756)	(589)
Lease payments (cash outflows)	(3,881)	(3,250)
Carrying value at 31 March	**29,524**	**29,572**

If applicable, lease payments for short term leases, leases of low value underlying assets and variable lease payments not dependent on an index or rate are recognised in operating expenditure.

These payments are disclosed in Note 7.1. Cash outflows in respect of leases recognised on-SoFP are disclosed in the reconciliation above.

Note 19.5 Maturity analysis of future lease payments

	Total 31 March 2026 £000	Of which leased from DHSC group bodies: 31 March 2026 £000	Total 31 March 2025 £000	Of which leased from DHSC group bodies: 31 March 2025 £000
Undiscounted future lease payments payable in:				
- not later than one year;	3,985	2,375	3,703	2,215
- later than one year and not later than five years;	11,981	8,348	12,443	8,499
- later than five years.	16,966	13,436	15,939	13,830
Total gross future lease payments	**32,932**	**24,159**	**32,085**	**24,544**
Finance charges allocated to future periods	(3,408)	(1,909)	(2,513)	(1,936)
Net lease liabilities at 31 March 2026	**29,524**	**22,250**	**29,572**	**22,608**
Of which:				
Leased from other DHSC group bodies		22,250		22,608

Note 20 Investment Property

Note 20.1 Investment property income and expenses

The Trust did not have any investment property income and expenses in 2025/26 or 2024/25.

Note 21 Investments in associates and joint ventures

The Trust did not have any investments in associates or joint ventures as at 31st March 2026 or 31st March 2025.

Note 22 Other investments / financial assets (non-current)

The Trust did not hold any investments / financial assets (non-current) as at 31st March 2026 or 31st March 2025.

Note 22.1 Other investments / financial assets (current)

The Trust did not hold any investments / financial assets (current) as at 31st March 2026 or 31st March 2025.

Note 23 Disclosure of interests in other entities

The Trust did not have any interests in other entities in 2025/26.

Note 24 Inventories

	31 March 2026 £000	31 March 2025 £000
Drugs	342	326
Consumables	119	110
Total inventories	**461**	**436**
of which:		

Inventories recognised in expenses for the year were £5,353k (2024/25: £5,154k). Write-down of inventories recognised as expenses for the year were £30k (2024/25: £15k).

Note 25.1 Receivables

	31 March 2026 £000	31 March 2025 £000
Current		
Contract receivables	4,322	5,770
Allowance for impaired contract receivables / assets	(186)	(411)
Prepayments (non-PFI)	1,911	1,716
PDC dividend receivable	148	255
VAT receivable	940	1,392
Other receivables	11	24
Total current receivables	**7,146**	**8,746**
Non-current		
PFI lifecycle prepayments	660	699
Other receivables	161	221
Total non-current receivables	**821**	**920**
Of which receivable from NHS and DHSC group bodies:		
Current	3,553	3,635
Non-current	161	221

Note 25.2 Allowances for credit losses

	2025/26 Contract receivables and contract assets £000	2024/25 Contract receivables and contract assets £000
Allowances as at 1 April - brought forward	**411**	**415**
New allowances arising	-	64
Reversals of allowances	(57)	-
Utilisation of allowances (write offs)	(168)	(68)
Allowances as at 31 Mar 2026	**186**	**411**

In line with the Trust's accounting policy, an allowance for expected credit losses is recognised in respect of all Non-NHS receivables aged over 12 months. The allowance at the beginning of the year was £411k. During the year, £57k was reversed and £168k was utilised in respect of debts written off, resulting in a closing allowance of £186k.

Note 26 Finance leases (Leicestershire Partnership NHS Trust as a lessor)

The Trust did not have any finance leases as a lessor as at the 31st of March 2026.

Note 27 Other assets

The Trust did not hold any other assets in 2025/26 or 2024/25.

Note 28.1 Non-current assets held for sale and assets in disposal groups

The Trust did not dispose of any assets for sale in 2025/26 or 2024/25.

Note 28.2 Liabilities in disposal groups

The Trust had no liabilities in disposal groups in 2025/26 or 2024/25.

Note 29.1 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2025/26	2024/25
	£000	£000
At 1 April	**19,547**	**28,106**
Net change in year	1,394	(8,559)
At 31 March	**20,941**	**19,547**
Broken down into:		
Cash at commercial banks and in hand	57	57
Cash with the Government Banking Service	20,884	19,490
Total cash and cash equivalents as in SoCF	**20,941**	**19,547**

Note 29.2 Third party assets held by the trust

Leicestershire Partnership NHS Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties and in which the trust has no beneficial interest. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	31 March 2026	31 March 2025
	£000	£000
Bank balances	31	41
Total third party assets	**31**	**41**

Note 30.1 Trade and other payables

	31 March 2026 £000	31 March 2025 £000
Current		
Trade payables	1,709	2,035
Capital payables	1,241	1,823
Accruals	11,989	13,343
Social security costs	3,848	3,114
Other taxes payable	3,317	3,217
Pension contributions payable	4,758	4,520
Other payables	57	77
Total current trade and other payables	**26,919**	**28,129**
Of which payables from NHS and DHSC group bodies:		
Current	1,006	2,334

Note 30.2 Early retirements in NHS payables above

The Trust did not have any payables liabilities relating to early retirements in 2025/26 or 2024/25.

Note 31 Other liabilities

	31 March 2026 £000	31 March 2025 £000
Current		
Deferred income: contract liabilities	7,700	6,755
Total other current liabilities	**7,700**	**6,755**

Note 32.1 Borrowings

	31 March 2026 £000	31 March 2025 £000
Current		
Loans from DHSC	182	183
Lease liabilities	3,985	3,703
Obligations under PFI, LIFT or other service concession contracts	792	594
Total current borrowings	**4,959**	**4,480**
Non-current		
Loans from DHSC	2,368	2,531
Lease liabilities	25,539	25,869
Obligations under PFI, LIFT or other service concession contracts	11,131	11,538
Total non-current borrowings	**39,038**	**39,938**

Note 32.2 Reconciliation of liabilities arising from financing activities

	Loans from DHSC	Lease Liabilities	PFI and LIFT schemes	Total
	£000	£000	£000	£000
Carrying value at 1 April 2025	**2,714**	**29,572**	**12,132**	**44,418**
Cash movements:				
Financing cash flows - payments and receipts of principal	(163)	(3,283)	(614)	**(4,060)**
Financing cash flows - payments of interest	(53)	(598)	(931)	**(1,582)**
Non-cash movements:				
Additions	-	1,538	-	**1,538**
Lease liability remeasurements	-	2,453	-	**2,453**
Remeasurement of PFI / other service concession liability resulting from change in index or rate			405	**405**
Application of effective interest rate	52	598	931	**1,581**
Early terminations	-	(756)	-	**(756)**
Carrying value at 31 March 2026	**2,550**	**29,524**	**11,923**	**43,997**

	Loans from DHSC	Lease Liabilities	PFI and LIFT schemes	Total
	£000	£000	£000	£000
Carrying value at 1 April 2024	**2,878**	**27,404**	**12,058**	**42,340**
Cash movements:				
Financing cash flows - payments and receipts of principal	(163)	(2,809)	(481)	**(3,453)**
Financing cash flows - payments of interest	(56)	(441)	(942)	**(1,439)**
Non-cash movements:				
Additions	-	5,350	-	**5,350**
Lease liability remeasurements	-	216	-	**216**
Remeasurement of PFI / other service concession liability resulting from change in index or rate			555	**555**
Application of effective interest rate	55	441	942	**1,438**
Early terminations	-	(589)	-	**(589)**
Carrying value at 31 March 2025	**2,714**	**29,572**	**12,132**	**44,418**

Note 33 Other financial liabilities

The Trust does not have any other financial liabilities in 2025/26 or 2024/25

Note 34.1 Provisions for liabilities and charges analysis

	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Redundancy	Other	Total
	£000	£000	£000	£000	£000	£000
At 1 April 2025	**106**	**743**	**113**	**-**	**3,235**	**4,197**
Change in the discount rate	-	(24)	-	-	(13)	**(37)**
Arising during the year	90	4	42	460	1,963	**2,559**
Utilised during the year	(98)	(99)	(64)	-	(409)	**(670)**
Reversed unused	-	-	-	-	(342)	**(342)**
Unwinding of discount	-	18	-	-	11	**29**
At 31 March 2026	**98**	**642**	**91**	**460**	**4,445**	**5,736**
Expected timing of cash flows:						
- not later than one year;	98	99	91	460	4,284	**5,032**
- later than one year and not later than five years;	-	310	-	-	24	**334**
- later than five years.	-	233	-	-	137	**370**
Total	**98**	**642**	**91**	**460**	**4,445**	**5,736**

	Other
	£000
Other Provisions	
HR Tribunals	1,091
Dilapidations	1,524
Clinical Pension Tax	172
Contract - early exit fee	93
VAT liability on Local Authority income	1,565
	4,445

Note 34.2 Clinical negligence liabilities

At 31 March 2026, £13,733k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Leicestershire Partnership NHS Trust (31 March 2025: £13,408k).

Note 35 Contingent assets and liabilities

	31 March 2026 £000	31 March 2025 £000
Value of contingent liabilities		
NHS Resolution legal claims	(75)	(61)
Gross value of contingent liabilities	**(75)**	**(61)**
Amounts recoverable against liabilities	-	-
Net value of contingent liabilities	**(75)**	**(61)**
Net value of contingent assets *	**3,000**	**-**

* Following the Isle of Wight NHS Trust v HMRC VAT Tribunal case, NHS trusts may be able to reclaim VAT on certain outsourced medical locum services. The Trust has identified a potential £3m reclaim; however, under IAS 37, income can only be recognised where receipt is virtually certain. Any claim must be submitted by the locum agencies, and recovery is dependent on HMRC agreement and the agencies reimbursing the Trust, with uncertainty over the final amounts recoverable. As these matters were unresolved at the reporting date, the criteria for recognising accrued income is not met and the amount has been disclosed as a contingent asset.

Note 36 Contractual capital commitments

	31 March 2026 £000	31 March 2025 £000
Property, plant and equipment	218	1,847
Total	**218**	**1,847**

Contractual capital commitments as at the 31st of March 2026 support those capital schemes carried forward into 2026/27, where purchase orders have been raised with suppliers.

Note 37 Other financial commitments

The Trust does not have any other financial commitments as at 31st March 2026

Note 38 Defined benefit pension schemes

The Trust only participates in the defined pension scheme as disclosed at Note 10.

Note 39 On-SoFP PFI, LIFT or other service concession arrangements

The PFI building, the Agnes Unit, was handed over to the Trust for operational use from 18th September 2008. The Agnes Unit is used as an Assessment and Treatment facility for people with a Learning Disability. At the end of the 30 year concession period the Trust will own the asset.

The Trust's LIFT asset was brought onto balance sheet in 2010/11, in line with International Financial Reporting Standards requirements. The Trust occupies 22.9% of St Peters Health Centre. The Trust will not own the asset at the end of the 25 year lease term.

Note 39.1 On-SoFP PFI, LIFT or other service concession arrangement obligations

The following obligations in respect of the PFI, LIFT or other service concession arrangements are recognised in the statement of financial position:

	31 March 2026	31 March 2025
	£000	£000
Gross PFI, LIFT or other service concession liabilities	**17,842**	**18,759**
Of which liabilities are due		
- not later than one year;	1,669	1,496
- later than one year and not later than five years;	6,584	6,406
- later than five years.	9,589	10,857
Finance charges allocated to future periods	(5,919)	(6,627)
Net PFI, LIFT or other service concession arrangement obligation	**11,923**	**12,132**
- not later than one year;	792	594
- later than one year and not later than five years;	3,796	3,423
- later than five years.	7,335	8,115
	11,923	**12,132**

Note 39.2 Total on-SoFP PFI, LIFT and other service concession arrangement commitments

Total future commitments under these on-SoFP schemes are as follows:

	31 March 2026	31 March 2025
	£000	£000
Total future payments committed in respect of the PFI and LIFT	**30,699**	**32,773**
Of which payments are due:		
- not later than one year;	2,407	2,330
- later than one year and not later than five years;	10,245	9,918
- later than five years.	18,047	20,525
	30,699	**32,773**

Note 39.3 Analysis of amounts payable to service concession operator

This note provides an analysis of the unitary payments made to the service concession operator:

	2025/26	2024/25
	£000	£000
Unitary payment payable to service concession operator	**2,348**	**2,272**
Consisting of:		
- Interest charge	931	942
- Repayment of balance sheet obligation	614	481
- Service element and other charges to operating expenditure	601	585
- Addition to lifecycle prepayment	202	264
Total amount paid to service concession operator	**2,348**	**2,272**

Note 40 Off-SoFP PFI, LIFT and other service concession arrangements

The Trust does not have any Off-SoFP PFI, LIFT and other service concession arrangements

Note 41 Financial instruments

Note 41.1 Financial risk management

In accordance with IFRS 7, the Trust has evaluated the extent of any risks arising from financial instruments to which it may be exposed to at the end of the reporting period. These include currency, interest rate, credit and liquidity risks. No risks have been identified.

Note 41.2 Carrying values of financial assets

Carrying values of financial assets as at 31 March 2026	Held at amortised cost £000
Trade and other receivables excluding non financial assets	4,300
Cash and cash equivalents	20,941
Total at 31 March 2026	**25,241**

Carrying values of financial assets as at 31 March 2025	Held at amortised cost £000
Trade and other receivables excluding non financial assets	5,604
Cash and cash equivalents	19,547
Total at 31 March 2025	**25,151**

Note 41.3 Carrying values of financial liabilities

Carrying values of financial liabilities as at 31 March 2026	Held at amortised cost £000
Loans from the Department of Health and Social Care	2,550
Obligations under leases	29,524
Obligations under PFI, LIFT and other service concession contracts	11,923
Trade and other payables excluding non financial liabilities	12,678
Total at 31 March 2026	**56,675**

Carrying values of financial liabilities as at 31 March 2025	Held at amortised cost £000
Loans from the Department of Health and Social Care	2,714
Obligations under leases	29,572
Obligations under PFI, LIFT and other service concession contracts	12,132
Trade and other payables excluding non financial liabilities	15,266
Total at 31 March 2025	**59,684**

Note 41.4 Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	2026	2025
	£000	£000
In one year or less	18,797	20,681
In more than one year but not more than five years	19,385	19,680
In more than five years	28,459	28,909
Total	**66,641**	**69,270**

Note 41.5 Fair values of financial assets and liabilities

The Trust deems book value (carrying value) to be a reasonable approximation of fair value.

Note 42 Losses and special payments

	2025/26		2024/25	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses				
Cash losses	1	-	3	0
Fruitless payments and constructive losses	1	50	-	-
Bad debts and claims abandoned	22	167	60	68
Stores losses and damage to property	12	30	12	15
Total losses	**36**	**247**	**75**	**83**
Special payments				
Ex-gratia payments	22	53	28	38
Total special payments	**22**	**53**	**28**	**38**
Total losses and special payments	**58**	**300**	**103**	**122**
Compensation payments received				

Note 43 Gifts

The Trust did not make any gifts in either 2025/26 or 2024/25.

Note 44 Related parties

During the year the Trust made payments totalling £700k to one commercial laundry supplier who had a related party connection with one Trust board member. The Trust entered into a contractual arrangement with the supplier before the Director was employed by the Trust. All transactions have been made on an arm's length transactional basis.

In 2025/26 the Trust shared eight of its key management staff with Northampton Healthcare Foundation Trust (NHFT), including Trust Chair, Chief Executive, Board Directors, a Non-Executive Director and a Non-Board Director. In 2025/26 the Trust made salary related payments to NHFT totalling £622k. All transactions have been made on an arms length transactional basis.

Payments have been made to the following organisations where the directors have had loyalty and/or other interests, however all payments related to Trust operational activites and not linked to individual directors:

- Leicester University
- Northampton Healthcare Foundation Trust
- Rutland County Council
- Care Quality Commission

Other than the above, no other Trust board members, members of the key management staff, or parties related to any of them, have undertaken any material transactions with Leicestershire Partnership NHS Trust.

During the year the Trust transacted with the following entity which had links with Department of Health Ministers:

- NHS Confederation

The Department of Health and Social Care is regarded as a related party. During the year Leicestershire Partnership NHS Trust has had a significant number of material transactions with the Department, and with other entities for which the Department of Health and Social Care is regarded as the parent Department. These entities are:

Integrated Care Boards (ICBs)
NHS Foundation Trusts
NHS Trusts
NHS Resolution
NHS England
NHS Business Services Authority
NHS Supply Chain
Other Government Departments
Local Authorities
NHS Providers
Medicines and Healthcare Products Regulatory Agency

The Trust may also borrow from government for revenue financing subject to approval by NHS England. Interest rates are confirmed by the Department of Health (the lender) at the point borrowing is undertaken.

The Trust manages the administrative arrangements for its charitable funds and is the corporate Trustee of 'Raising Health'. Because the value of the Trust's charitable funds is not material to the accounts (£2.67m), the Trust will follow the same approach as last year and not consolidate its charitable funds into the exchequer accounts for 2025/26.

Note 45 Transfers by absorption

The Trust has not undertaken any transfers by absorption during 2022/23.

Note 46 Prior period adjustments

There are no prior period adjustments for 2025/26.

Note 47 Events after the reporting date

No events after the reporting date have been identified.

Note 48 Final period of operation as a trust providing NHS healthcare

This note does not apply to the Trust as it is a continuing Trust providing NHS healthcare.

Note 49 Better Payment Practice code

	2025/26 Number	2025/26 £000	2024/25 Number	2024/25 £000
Non-NHS Payables				
Total non-NHS trade invoices paid in the year	40,137	124,582	41,123	111,846
Total non-NHS trade invoices paid within target	38,252	121,775	38,749	107,484
Percentage of non-NHS trade invoices paid within target	95.3%	97.7%	94.2%	96.1%
NHS Payables				
Total NHS trade invoices paid in the year	1,035	77,434	1,029	74,722
Total NHS trade invoices paid within target	968	75,582	933	73,874
Percentage of NHS trade invoices paid within target	93.5%	97.6%	90.7%	98.9%
Total				
Total invoices paid in the year	41,172	202,016	42,152	186,568
Total invoices paid within target	39,220	197,357	39,682	181,358
Percentage of invoices paid within target	95.3%	97.7%	94.1%	97.2%

The Better Payment Practice (BPP) requirement is to pay suppliers promptly in line with government policy. The standard target is to pay valid, correctly-presented invoices within 30 days of receipt, with a performance expectation that at least 95% of invoices are paid on time.

Note 50 Capital Resource Limit

	2025/26 £000	2024/25 £000
Gross capital expenditure	19,918	20,105
Less: Disposals	(960)	(164)
Charge against Capital Resource Limit	**18,958**	**19,941**
Capital Resource Limit	18,958	19,941
Under / (over) spend against CRL	**-**	**-**

Note 51 Adjusted financial performance

	2025/26 £000	2024/25 £000
Surplus / (deficit) for the period per SOCI	(3,851)	(13,244)
Remove net impairments not scoring to the departmental expenditure limit	4,683	13,556
Remove I&E impact of capital grants and donations	21	18
Remove I&E impact of IFRIC 12 schemes on an IFRS 16 basis	1,735	1,872
Add back I&E impact of IFRIC 12 schemes on former UK GAAP basis	(2,285)	(2,209)
Remove net impact of DHSC centrally procured inventories	10	18
Adjusted financial performance surplus / (deficit)	**313**	**11**

Note 52 Breakeven duty financial performance

	2025/26 £000	2025/26 £000
Adjusted financial performance surplus / (deficit)	313	11
Remove impairments scoring to Departmental Expenditure Limit	197	-
IFRIC 12 breakeven adjustment	550	337
Breakeven duty financial performance surplus / (deficit)	**1,060**	**348**

Note 53 Breakeven duty rolling assessment

	1997/98 to 2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance		1,732	1,700	6,562	4,228	2,911	2,626	1,356	2,244
Breakeven duty cumulative position	1,080	2,812	4,512	11,074	15,302	18,213	20,839	22,195	24,439
Operating income		138,873	138,466	282,464	281,886	267,367	273,950	275,422	277,664
Cumulative breakeven position as a percentage of operating income		2.0%	3.3%	3.9%	5.4%	6.8%	7.6%	8.1%	8.8%

	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance	4,742	5,607	2,963	9	79	(2,832)	(294)	348	1,060
Breakeven duty cumulative position	29,181	34,788	37,751	37,760	37,839	35,007	34,713	35,061	36,121
Operating income	274,503	278,322	293,865	326,174	356,387	394,853	414,485	453,273	465,754
Cumulative breakeven position as a percentage of operating income	10.6%	12.5%	12.8%	11.6%	10.6%	8.9%	8.4%	7.7%	7.8%

Staff costs

	Permanent £000	Other £000	2025/26 Total £000	2024/25 Total £000
Salaries and wages	258,533	23,312	**281,845**	269,633
Social security costs	33,697	-	**33,697**	25,308
Apprenticeship levy	1,360	-	**1,360**	1,300
Employer's contributions to NHS pension scheme	58,349	-	**58,349**	54,602
Pension cost - other	82	-	**82**	90
Other post employment benefits	4	-	**4**	49
Termination benefits	873	-	**873**	-
Temporary staff	-	9,383	**9,383**	20,996
Total gross staff costs	**352,898**	**32,695**	**385,593**	**371,978**
Recoveries in respect of seconded staff	(910)	-	**(910)**	(927)
Total staff costs	**351,988**	**32,695**	**384,683**	**371,051**
Of which				
Costs capitalised as part of assets	1,301	-	**1,301**	1,224

Average number of employees (WTE basis)

	Permanent Number	Other Number	2025/26 Total Number	2024/25 Total Number
Medical and dental	227	15	**242**	239
Administration and estates	1,325	63	**1,388**	1,441
Healthcare assistants and other support staff	1,331	256	**1,587**	1,614
Nursing, midwifery and health visiting staff	1,856	183	**2,039**	1,997
Scientific, therapeutic and technical staff	1,495	17	**1,512**	1,437
Total average numbers	**6,234**	**534**	**6,768**	**6,728**
Of which:				
Number of employees (WTE) engaged on capital projects	32	-	**32**	32

Reporting of compensation schemes - exit packages 2025/26

	Number of compulsory redundancies Number	Number of other departures agreed Number	Total number of exit packages Number
Exit package cost band (including any special payment element)			
<£10,000	1	20	**21**
£10,000 - £25,000	-	6	**6**
£25,001 - 50,000	-	5	**5**
£50,001 - £100,000	1	-	**1**
Total number of exit packages by type	**2**	**31**	**33**
Total cost (£)	£98,000	£405,000	**£503,000**

Reporting of compensation schemes - exit packages 2024/25

	Number of compulsory redundancies Number	Number of other departures agreed Number	Total number of exit packages Number
Exit package cost band (including any special payment element)			
<£10,000	-	38	**38**
£10,000 - £25,000	-	1	**1**
Total number of exit packages by type	**-**	**39**	**39**
Total resource cost (£)	£0	£117,000	**£117,000**

Exit packages: other (non-compulsory) departure payments

	2025/26		2024/25	
	Payments agreed Number	Total value of agreements £000	Payments agreed Number	Total value of agreements £000
Mutually agreed resignations (MARS) contractual costs	15	315	-	-
Contractual payments in lieu of notice	16	90	39	117
Total	**31**	**405**	**39**	**117**

Appendix B

Annual Governance Statement

Leicestershire Partnership NHS Trust 2025/26

1. Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the *NHS Trust Accountable Officer Memorandum*.

This Annual Governance Statement is an accountability statement from the Board to our stakeholders describing the governance framework and internal controls in place to achieve strategic objectives during the period 1 April 2025 to 31 March 2026.

2. The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Leicestershire Partnership NHS Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively, and economically. The system of internal control has been in place in Leicestershire Partnership NHS Trust for the year ended 31 March 2026 and up to the date of approval of the annual report and accounts.

3. Capacity to handle risk

The Trust Board has accountability for reviewing the effectiveness of the framework for risk management and for the oversight of the principal risks to the achievement of its strategic objectives. As such, the Board at Leicestershire Partnership NHS Trust ('the Trust', 'LPT') is accountable for the Board Assurance Framework (BAF). The Trust Board development programme contains annual sessions aimed at refreshing its appetite for risk, and the ongoing development and use of risk tools such as the BAF.

A refreshed BAF was introduced on 1 April 2025 following an assessment of the global, national, regional, and system risk, and was closely aligned to the Trust's strategic profile (THRIVE) and the objectives for the year. The Trust has a strategy in common with Northamptonshire Healthcare NHS Foundation Trust as part of its group model arrangement. As such, some of the strategic risks identified on the BAF are in common across the Group. These are managed by the Group Strategic Executive Board and Group Board.

The BAF is a live tool which is updated by our executive directors on a monthly basis to reflect any changes and provide an update on any mitigating action taken.

The BAF was reviewed by our internal auditors (360 Assurance) in November 2025 which provided Significant Assurance over the framework of risk management. A board survey undertaken as part of this review which reflected positively on risk management in relation to the clarity of role for the Board and Committees, and assurance in relation to appropriately identified and controlled risks.

Corporate risks are held on the Corporate Risk Register (CRR). These risks are identified, defined, owned, and assessed by the executive team. Risks can be escalated from the Directorate risk registers via our governance route (the Accountability Framework Meeting) to the Executive Management Board (EMB) and deescalated where appropriate. Risks can also be highlighted during the EMB discussions and monthly environmental analysis.

The Trust's framework for risk management describes the structure and accountabilities for risk at a senior leadership level, and the responsibility for all staff to know and understand the risk management systems within the Trust and to follow the Trust's policies, guidelines, and procedures.

Operational responsibility for risk management sits within clinical and corporate directorates, and our hosted services. Operational risk is captured on local and directorate risk registers held on the Ulysses risk system which allows for risk identification, management, and escalation in line with the Trust's risk management policy.

The risk management framework describes the principal committees with a responsibility for the governance and oversight of risk within the Trust, and the reporting hierarchy to provide assurance to the Board that risk management processes are in place and remain effective. The responsibility for managing risk across the Trust has been delegated by the Board to the following level 1 committees; the Audit and Risk Committee (ARC), the Quality and Safety Committee (QSC), the Finance and Performance Committee (FPC) and the People and Culture Committee (PCC), later becoming the Joint People and Culture Committee (JPCC).

With delegated authority from the Trust Board, The ARC has oversight of the system of internal control, governance, and risk. Assurance over the systems and processes in place to support the management of risk is provided to the ARC on a quarterly basis. This includes any relevant updates on policy, training, strategy, and innovation. The ARC also has oversight of the Trust's adherence to the Government Functional Standard 013: Counter Fraud. The score for component 3: Fraud, Bribery and Corruption Risk Assessment has been rated green for a fourth year as the Trust has embedded a process for identifying counter fraud risk and incorporating this into the Trust's risk management framework. 26 low scoring counter fraud risks have been identified on our local risk registers (held on our Ulysses system), these have been identified by our Local Counter Fraud Specialist (CFS) and are managed by relevant Trust staff with CFS support. The number of identified risks has increased due to the new "failure to prevent fraud" offence, introduced by the Economic Crime and Corporate Transparency Act 2023, which came into force on 1 September 2025.

The four main assurance committees receive regular risk assurance reports relating to their remit (with some areas of risk such as waiting times and agency spend relating to more than one committee and have been the subject of Board workshops). The Group Board and Group Strategic Executive Board oversees Group strategic risk and the mitigations arising from joint programmes of work.

The Trust's Strategic Executive Board (SEB) has oversight of strategic level risks on the BAF. Financial pressures and system risks are also discussed at the Strategic Executive Board. This takes account of system pressures, and risk associated with the Integrated Care System and our system partners.

The Trust's EMB has oversight of both the CRR and operational level risks and focuses on the operational delivery of mitigating action to reduce risk.

Individual Executive Directors are responsible for overseeing a programme of risk management activities in their areas of responsibility and individually review risks within their remit at least once a month to ensure that risks are updated for each Committee and Trust Board meeting.

The Head of Internal Audit Opinion for 2025/26 provided by our internal auditors 360 Assurance provides Significant Assurance that the Trust has a sound framework of governance, risk management and control designed to meet the organisation's objectives, and controls are generally being applied consistently.

3.1 Staff training and guidance on the management of risk

Risk management training can be booked by all staff on our automated ULearn system. Full training sessions covering all six risk modules are scheduled in twice a month and module specific training is offered once a month. Ad hoc training is also provided upon request.

Health and safety risk assessment training is provided on the Trust's induction programme for all new starters. The frequency and level of risk management training is identified through training need assessments, ensuring that individual members of staff have the relevant training to equip them for their duties and level of responsibility.

In addition, a range of accessible policies are in place and available to staff via the Trust's website which describe the roles and responsibilities in relation to the identification, management, and control of risk. Staff are made aware of these policies and are actively encouraged to access them to ensure that they understand their own roles and responsibilities.

4. The risk and control framework

4.1 Risk Management Strategy

The Trust's framework for managing risk seeks to ensure that risks in relation to the delivery of services and care to patients are minimised, that the wellbeing of patients, students, staff, volunteers, and visitors is optimised and that the assets, business systems and income of the Trust are protected, and where possible opportunities are maximised.

The Trust's risk strategy for 2025/26 outlines the next steps in our risk maturity, highlights the priorities around system risk and developing the use of risk tools across our Group arrangement.

The Trust has a risk management policy, providing guidance on how risk is identified, evaluated, treated, and managed. Risks are identified at different levels in the Trust and placed on the relevant registers, including local and directorate level (registers on our Ulysses system) and at corporate level; risks can be escalated and de-escalated through the levels to ensure appropriate oversight and support for the mitigation of risk. Where we do not have an appetite to mitigate (treat) a risk, it can be tolerated (monitor but don't act) or transferred (for example covered by insurance). Risks are evaluated and managed at the different levels of governance, including our directorate or corporate management meetings and our EMB where decisions are taken on the management and consolidation of risk.

The policy provides an approach to managing any type of risk; it can be applied to any activity, including decision making at all levels. The components of this framework and the characteristics of effective and efficient risk management (according to BS ISO 31000) have been customised to enable the Trust to manage the effects of uncertainty, for example relating to increasing financial pressures on the achievement of its objectives.

The Trust Board determines the risk appetite which allows our risks to be identified and quantified in a structured way across the Trust's strategic objectives. This is done in development sessions which allow for open discussion and learning around risk, and plan how we aim to manage risks as a united board for the coming year. The Board's understanding and use of risk and a risk appetite allows us to make an informed choice over taking amounts of risk, in line with its overall strategy and in contrast to passive risk-taking. The Trust has tailored the Good Governance Institute risk appetite matrix to accommodate different types of key risk that can be faced within each of our THRIVE objectives and areas of escalated corporate risk. A process for applying a risk tolerance is in place to support the practical application of risk appetite.

4.2 Quality Governance

The Trust's quality governance and leadership structure ensures that the quality and safety of care is being routinely monitored across all services, this is underpinned by an effective governance framework which has the following key components;

- Level 1 committee terms of reference aligned to the Insightful Provider Board guidance
- Utilises a governance table on all Board and committee reports to capture the following key fields for all papers requiring a decision;
    - THRIVE strategic alignment
    - Whether the decision required consistent with LPT's risk appetite
    - Any False and Misleading Information (FOMI) considerations
    - Positive confirmation that the content does not risk the safety of patients or the public
    - Equality considerations
- Includes the use of AAA highlight reports for escalation and assurance reporting through the governance structure.
- Includes a robust quality performance framework, risk management process and reporting mechanisms to review and challenge performance and variation.
- A culture of open and transparent reporting of incidents and risks, supported by a governance structure to provide specialist oversight and assurance.
- Monthly finance and performance reports, presenting SPC charts and exception narrative for national and local performance standards at a Trust and Directorate level.
- Reporting arrangements also include regular monitoring of progress with key performance measures via the quality account, and quarterly updates on incidents, complaints, and risk.

The Trust's risk and performance management arrangements inherently support the monitoring of ongoing compliance with the requirements for registration set by the CQC. Any risk to compliance identified through routine performance monitoring is escalated through the Trust's risk management framework.

A range of mechanisms are in place to monitor compliance with the CQC's five domains of safe, effective, caring, responsive and well-led. In addition to the range of metrics included within the performance report, and other assurances received such as patient safety and clinical effectiveness reporting. There is regular oversight and scrutiny of compliance with registration and the fundamental standards;

- The Trust Board receives an update on key strategic level developments relating to the CQC.
- The Trust Board Development Programme has delivered regular well led and CQC sessions, resulting in an annual well led board narrative and updates on the inspection framework.
- The SEB receives updates on the arrangements in place for maintaining registration and receives updates on CQC related activity. It has oversight of any escalations from the level 1 QSC.
- The EMB has oversight of any concerns raised by the Accountability Framework Meeting and the level 2 delivery groups (including the Quality Forum and the Safety Forum) via their AAA highlight reports.
- The QSC receives a regular update on CQC related activity and provides an assurance rating to the Trust Board via its AAA highlight report. It also receives the AAA escalation reports from the Quality Forum and the Safety Forum.
- The Trust has aligned the Foundations for High Standards Programme as part of a group working arrangement with NHFT on their Crystal Programme this is the Quality Regulation Excellence Group. A regular update is provided to SEB.
- The Quality Compliance and Regulation Team provide mock inspection visits to assess compliance with quality and safety and report into the directorates, quality forum and Strategic Executive Board.

4.3 Data Security

The reporting and management of both data and security risks are supported by ensuring that all staff are reminded of their data security responsibilities through education and awareness. The Information Governance Team regularly share key messages as reminders or as part of learning from incidents and run awareness campaigns on specific topics. Data security training forms part of mandatory training requirements.

Mandatory staff training is supported by a range of additional measures used to manage and mitigate information risks, including, physical security, data encryption, access controls, audit trail monitoring, departmental checklists, and spot checks.

The effectiveness of these measures is reported to the Data Privacy Group. This includes details of any personal data-related Serious Incidents, the Trust's annual Data Security and Protection Toolkit score and reports of other information governance incidents and audit reviews.

4.4 Major Risks

The Trust's BAF sets out the principal risks to delivery of our strategic objectives, and the key controls and assurances available to the Board. As of 31 March 2026, the BAF contains 13 risks detailed below; major areas of clinical risk relate primarily to section 3, including timely access to services, and systems for ensuring patient safety.

BAF No.	Risk Title	Current Score
Section 1 - T Technology [Finance and Performance Committee Oversight]		
GROUP BAF 1	If we do not continue to engage in **digital transformation**, we will not be digitally mature. This will affect our ability to deliver safe care to our service users.	**16**
BAF1.1	If we are not sufficiently prepared, we may be impacted by **digital disruption** which will affect our ability to access our electronic systems and provide safe care to our service users.	**12**

Section 2 - H Healthy Communities [Finance and Performance Committee Oversight]		
GROUP BAF 2	If we fail to evolve our **partnerships and collaboratives**, we will not reduce health inequalities and deliver improved outcomes for our populations	**8**
Section 3 - R Responsive [Quality and Safety Committee Oversight]		
GROUP BAF 3	If we are unable to build a sustainable approach to the continual development our **research, innovation and professional learning capability**, our ability to attract the best people, operate on the leading edge of service delivery and exert influence within the sector will decline over time.	**12**
BAF3.1	Without **timely access** to services, we cannot provide high quality safe care for our patients which will impact on clinical outcomes.	**20**
BAF3.2	If we do not continue to review and improve our systems and processes for **patient safety**, we may not be able to provide the best experience and clinical outcomes for our patients and their families.	**15**
BAF3.3	If we do not have appropriate **emergency preparedness**, resilience and response controls in place, we may be impacted by accidents, disruption and system failures affecting our ability to maintain continuity of services.	**8**
Section 4 – I Including Everyone [Group People and Culture Committee Oversight]		
GROUP BAF 4	If we do not understand our **culture**, staff experiences and grow levels of wellbeing in ways that help us to lead and grow with compassion, we will not maintain an inclusive culture, resulting in unwanted behaviours and closed cultures.	**12**
Section 5 – V Valuing people [Group People and Culture Committee Oversight]		
GROUP BAF 5	If we do not adequately utilise **workforce** resourcing strategies, we will have poor recruitment, retention, and representation, resulting in high agency usage.	**20**
Section 6 – E Efficient and Effective [Finance and Performance Committee Oversight]		
GROUP BAF 6	If we do not continue to strive for **sustainability**, we will be impacted by adverse weather events and environmental factors impacting on the health of our population, resulting in poorer health outcomes.	**12**
BAF 6.1	If we cannot maintain and improve our estate, or respond to maintenance requests in a timely way, there is a risk that our estate will not be fit for purpose, leading to a poor-quality **environment** for staff and patients.	**16**
BAF 6.2	Inadequate **capital funding** for LLR system will impact on LPT's ability to manage financial, quality & safety risks related to estates and digital investment in 2025/26 and in the medium term	**20**
BAF 6.3	Inadequate control, reporting and management of the Trust's **2025/26 financial position** could mean we are unable to deliver our financial plan and adequately contribute to the LLR system plan, resulting in a breach of LPT's statutory duties and financial strategy (including LLR strategy)	**8**

The format of the BAF is based on risk cause and effect, which allows us to see controls, assurances and actions by the cause and effect of each risk, so that we can be sighted on how we are reducing the likelihood and the consequence. Risk descriptors are written using the cause, risk, and effect model to help shape the way we present risk on the BAF. Capturing the multiple causes and effects of each risk helps to identify the mitigating actions needed. The Trust also uses the three lines of assurance model. The assurance provided on the BAF is split by each of the three categories so that we can be clear which part of the organisation is providing assurance and undertaking mitigating action.

4.4.1 In-year risks

In addition to the BAF, significant corporate level risks (scoring 20) were identified throughout the year on the corporate risk register;

CRR No.	Truncated Risk Title / Status at 31 March 2026

CRR06	National shortage of medication for the treatment of ADHD. **CLOSED**
CRR09	Information Team Capacity. **LIVE SCORE 20**
CRR14	A high vacancy rate for registered nurses, AHPs, HCSWs and medical staff. **CLOSED**
CRR17	Racist Behaviour. **LIVE SCORE 20**
CRR28	Autistic adults in escalation **LIVE SCORE 20**
CRR36	SystmOne limitation in whole family approach **LIVE SCORE DECREASE TO 16**
CRR39	Access to diagnostics for ADHD and ASD **LIVE SCORE 20**
CRR52	Inability of services to access UHL ICE **LIVE SCORE 20**
CRR56	GP SystmOne Functionality **LIVE SCORE 20**
CRR63	Capital Allocation **LIVE SCORE 20**

All of the above risks are fully assessed as per the Trust's established risk management processes. The Board oversees the management of its principal (strategic and corporate) risks via its supporting level 1 committees which receive the relevant cut of the BAF and the CRR. The committees also receive escalation reports from the feeder level 2 delivery groups which examine principal corporate risk in detail and provide assurance over the actions in place to mitigate.

4.4.2 Future risks

The Trust will always be faced with internal and external factors and influences that make it uncertain whether and when it will achieve its objectives. The future landscape includes continual challenges in balancing the delivery of high quality, safe care with the need to increase productivity and efficiency. This needs to be delivered against a changing global outlook which may continue to impact on geopolitical, environmental, societal, economic, and technological stability.

The full risk assessment for key strategic risk impacting on the Trust for 2026/27 largely reflect those from the previous year, they also take account of;

- The changing NHS landscape
- The changing global geopolitical landscape
- The future System and Group risk profile
- Alignment to our refreshed strategic objectives for the coming year

The 2026/27 BAF contains the following new areas of future risk

- Enhanced risk profiling around the threat of cyber-attack emergency preparedness and resilience to ensure continuity of services in the event of any damaging events.
- NHS reforms and performance oversight framework

4.5 Care Quality Commission and NHS England Well Led Framework

The last inspection of well led under the CQC and NHSE well led framework was undertaken by the CQC in June and July 2021; the Trust received positive feedback on being patient safety focused, values driven with good governance and leadership and having fostered partnership working. There was improvement attained in the well led domain which progressed from inadequate to requires improvement, with many characteristics of a good rating.

Last year (2024/25), in line with guidance from NHSE, the Trust commissioned an externally facilitated, developmental review of its leadership and governance arrangements using the well-led framework. The review was undertaken by Deloitte, and the report, provided to the Trust in July 2024 concluded the Trust has a unitary board that is open, transparent and sets the tone for the organisation. The Trust is characterised by a strong culture that is values based, with a positive environment that is clearly a priority for the Trust. Trust leaders are valued system players with good profile and strong influence. The Trust has made detailed refinements to strengthen and align governance and risk management arrangements at

board, executive and directorate level. All recommendations were implemented and reported to the Trust Board with a close down report in November 2025. A similar review was undertaken by Deloitte at the same time in NHFT and further opportunities were identified for working together in the group model arrangement. This led to the development of a group strategy and has been the basis for further programmes of work with enhanced learning and sharing of best practice across the group model.

4.6 Compliance with NHS Provider Licence

Whilst the Trust is no longer required to provide an annual self-assessment of compliance with the NHS Provider Licence, it continues to receive information on which it can assess risks to compliance with licence conditions G6 and FT4 throughout the year. These are provided by the following sources of assurance which continue to be positive, with no control issues identified for the Trust in 2025/26;

- The Trust is not subject to any imposed requirements under the NHS Acts, has regard to the NHS Constitution in delivering NHS services and has received positive assurance on its processes and systems from internal auditors.
- In relation to assurance over our systems and processes for good governance, the effectiveness of governance arrangements has been audited by our internal auditors which has informed our Head of Internal Audit Opinion 2025/26. This has included the following audits during the year;
    - Strategic Level Governance – Significant Assurance provided in July 2025
    - Board Assurance Framework – Significant Assurance provided in November 2025
    - Head of Internal Audit Opinion – Significant Assurance provided in April 2026
- The Trusts System Oversight Framework rating has been at a level 2 throughout the year.
- The Trust has received an overall capability rating of Green for 2025/26 following the first provider capability assessment by NHS England.
- The EMB has a dedicated performance meeting (the Accountability Framework Meeting) with an integrated performance report.

The evidence base on which this assurance has been informed includes the following;

- The Trust has Standing Orders, Standing Financial Instructions, and a Scheme of Delegation, which together describe how the Board of Directors discharge their duties through the Trust's governance structure.
- A risk management strategy and policy which set the standards for staff regarding the management and responsibility for risk throughout the Trust. The Trust also has a board determined risk appetite.
- There is a BAF, a CRR and subsidiary risk registers.
- A risk based Internal Audit programme has been delivered that includes audits of risk management and governance arrangements.

4.7 Embedded Risk Management

Risk is embedded within core Trust business, including processes for major decision making. Risk forms a core part of directorate business and is used as a backdrop for the receipt of assurance through our clinical and corporate governance structures.

All business cases require an Equality Impact Assessment (EQIA) and a Quality Impact Assessment. The Trust has an EQIA policy and enhanced framework overseen by the Transformation and Quality Improvement Delivery Group. EQIAs are signed off by the Medical Director or Chief Nurse/Director of Nursing, AHPs and Quality.

All business cases must have appropriate review to provide assurance that they are clinically safe, financially sustainable and do not expose the Trust to unmitigated risk. A Data Protection Impact Assessment is completed where the processing of data is integral to the delivery of a business case. Business cases must use the agreed business case templates (unless an alternative is specifically mandated e.g., by commissioners or for capital bids). If the business case has a clinical model this must be reviewed by the Chief Nurse/Director of Nursing, AHPs and Quality and the Medical Director; confirmation of review is required before the business case can progress for approval. The Chief Nurse/Director of Nursing, AHPs and Quality and the Medical Director review the clinical model for all business cases over

£50k that directly impact on patients and involve changes to clinical staffing. The business case is then progressively escalated in accordance with the Trust's Standing Financial Instructions (SFIs).

4.8 Workforce Strategies

In alignment with NHS Improvement's Developing Workforce Safeguards policy and National Quality Board (NQB) standards, the Trust maintains robust monthly and six-monthly staffing reports, presented to the Trust Board. These reports provide assurance over staffing levels, and whether staff possess the necessary qualifications, competence, skills, and experience to deliver safe and effective care. This ensures the NQB standards are embedded within our safe staffing governance framework, utilising a locally agreed staffing quality dashboard/scorecard. This dashboard cross-references comparative staffing and skill mix data with key efficiency and quality metrics, including NICE red flags, planned staffing fill rates, Care Hours Per Patient Day (CHPPD), Nurse Sensitive Indicators, patient experience feedback, and quality and safety outcomes.

The Trust continues to employ NQB guidance measures of quality alongside CHPPD to assess the impact of staffing on care quality, as reflected in monthly and six-monthly reports and learning from patient safety investigations and serious incidents. These 'balancing measures' provide insights into the effects of workforce changes. Risks associated with staffing, workforce, and quality are documented in the organisational risk register, with mitigation strategies implemented to minimise impacts on patient safety, quality, finance, performance, and patient and staff experience.

The Trust adheres to the National Quality Board (NQB) expectations by publishing safe staffing information monthly. The Director of Nursing, AHPs, and Quality rigorously scrutinises this data for completeness and performance, reporting it to NHSE via mandatory national returns.

Furthermore, the Trust ensures compliance with staffing governance components through annual nursing staff establishment reviews across all inpatient areas. These reviews utilise a triangulated methodology, incorporating national evidence-based tools, professional judgement, and patient outcomes.

4.9 Care Quality Commission

The Trust is fully compliant with the registration requirements of the Care Quality Commission (CQC).

Notifications were submitted to CQC in November 2025 to ensure that a change of Nominated Individual was appropriately reported to ensure compliance with the CQC's regulatory requirements.

In May 2025, the CQC carried out an inspection of our community mental health services for working age adults and our crisis team and health-based place of safety. The final report for our community mental health services for working age adults was published in January 2026 and recognised improvements since the previous inspection in 2017, as well as identifying areas where we needed to make further improvements.

On 27 August 2025, the CQC issued Leicestershire Partnership NHS Trust with a Section 29A Warning Notice served under the Health and Social Care Act 2008. The CQC formed its view on the basis of its findings in respect of the healthcare being delivered at the trust's community based mental health services for adults of working age during the inspection in May 2025.

The CQC carried out a focused re-inspection of the community mental health services for working age adults in January 2026. The Trust received the draft report on 25 March 2026 and is currently undertaking the factual accuracy review process.

Following the May 2025 inspection, the report of the CQC's inspection of our mental health crisis teams and health-based place of safety was published in March 2026 which found our services to be Good overall, with all domains being rated as Good.

In November 2025 the CQC inspected our specialist community mental health services for children and young people. At the end of March 2026, we are awaiting the final inspection report.

We continue to support system inspections, Joint Targeted Area Inspections and SEND inspections and review themes and learning from the Mental Health Act inspections.

4.10 Health and Safety Executive

The Trust has not received any enquiries or visits from the Health and Safety Executive during the year. The Trust has not received any intervention from the Health and Safety Executive during the reporting period that resulted in prosecution or enforcement notification. There have been four visits from the Local Fire Authority, the Leicestershire Fire & Rescue Service. No formal prosecution or enforcement notifications have been received.

4.11 Register of interests

The Trust has an up-to-date register of interests published on its website, including gifts and hospitality, for decision-making staff (as defined by the trust with reference to the guidance) within the past twelve months, as required by the '*Managing Conflicts of Interest in the NHS*' guidance.

The Trust uses an online self-declaration database tool 'Declare' which is recognised as the most effective way of capturing declarations of interest, gifts and hospitality, sponsorship, and other potential conflicts of interests. Declare provides a robust management system and offers Trust wide transparency for business conduct declarations by all staff including our directors.

The Trust's Code of Conduct Policy is aligned to the NHSE model guidance and also includes an extended group of decision makers to include all staff who meet the following criteria: Band 8d or above or equivalent salary, all staff in the Procurement Team, Pharmacy Teams, and Medical Devices Team. As of 31 March 2026, overall compliance for all decision makers is 88%; this exceeds the national NHSE target of 80%. All LPT's decision maker declarations can be publicly viewed: https://lpt.mydeclarations.co.uk/home

4.12 NHS Pension Scheme

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contribution and payments into the Scheme are in accordance with Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

These processes are automated and managed by a specialised payroll team, ensuring that all staff are assessed and enrolled into the appropriate scheme based on their individual circumstances.

4.13 Equality, Diversity and Human Rights

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

The Trust is fully compliant with, and in many cases delivers best practice in relation to its legal and regulatory obligations under the Equality Act 2010 and contractual EDI standards. All relevant information is published on the Trust's website, adhering to the EHRC's technical guidance. All EDI reports, including those related to compliance, are thoroughly discussed, and approved through the appropriate EDI governance committees.

The Trust has a designated executive lead for diversity and inclusion. In collaboration with NHFT under the group model, a priority programme, 'Together Against Racism' is actively pursued. Both Trust Boards have committed to being anti-racist. A joint workshop on 'Together Against Racism', was delivered reviewing progress and agreeing 3 specific areas of focus around Workforce, Communities and for Patients/Service Users. The Trust has launched its 7th cohort award winning reverse mentoring programme across LNR, facilitates an active bystander programme and delivers innovative race and disability equality learning sets to improve cultural competencies of its workforce. In March 2026 LPT achieved the highest level of accreditation of the Disability Confident scheme for its work on supporting candidates and employees with disabilities. This includes the innovative work in establishing Reasonable adjustment clinics bringing together multi-disciplinary teams in HR, IT, procurement, and staff networks to find speedy resolutions to problems encountered by employees with disabilities.

4.14 Net Zero

The Trust has undertaken risk assessments on the effects of climate change and severe weather and has developed a Green Plan following the guidance of the Greener NHS programme. The trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

The Trust has a new Green Plan in place which sets out our ambitions and actions we are taking to ensure the trust is reducing the impact it makes on the environment. The trust is working with partners in the local health economy, and beyond, to address our responsibilities and commitments to the NHS Long Term Plan, reaching net zero by 2040 and securing a Greener NHS.

The Trust has put an emissions limit on lease cars to ensure that the fleet is as green as possible. Our plans for future new builds conform to the Government's MMC (modern methods of construction) and net zero carbon.

5. Review of Economy, Efficiency and Effectiveness of the Use of Resources

The Trust's productivity and efficiency approach relies on embedding a value for money culture within the organisation, through financial training and awareness, multi-professional working and an open and transparent approach around our challenges, advanced partnership working, using research, learning and best practice. The Trust is also a member of the HFMA healthcare costing for value institute, learning & implementing best practice related to value in healthcare from across the NHS.

The Trust has a robust process in place for monitoring the efficiency of the use of resources, most evidently through the Trusts financial efficiency programme. The efficiency plan is developed by services and overseen by the Executive Team. All efficiency schemes must have an equality & quality impact assessment which has been approved by the Medical Director and Director of Nursing before they are implemented. Financial delivery of efficiencies is reported to FPC and Trust Board through the Trust's finance report.

The Trust has a well-established expenditure control process. The requirement to use purchase orders for all applicable spend is embedded. Both of these processes, together with the use of the authorised delegation limits and procurement requirements in the Trust's Standing Financial Instructions (SFIs), ensure that the Trust minimises unnecessary spend and ensures that value for money is considered before spend is incurred.

External and Internal Audit undertake a variety of audits on efficient use of resources and value for money to help understand any areas of weakness in internal controls.

The Trust submitted the annual self-assessment of its compliance with *Government Functional Standard 013: Counter Fraud* to the NHS Counter Fraud Authority (NHSCFA). The NHSCFA did not require further engagement with the Trust following consideration of the submission.

6 Information Governance

There are a number of controls in place to mitigate Information Governance (IG) related risk. The reporting and management of both data and security risks is supported by the local and directorate risk registers. Information Governance forms part of the Trust's mandatory training requirements. Regular reminders are provided by the 'ULearn' system, and the importance of Data Security training is communicated to staff through staff communications. There are also a number of measures in place such as physical security, data encryption, access controls, audit trail monitoring, departmental checklists, and spot checks. In addition, a comprehensive assessment of information and cyber security is taken annually as part of the Data Security and Protection Toolkit and further assurance is provided from internal audit and other reviews.

Information Governance incidents are scrutinised by the Data Privacy Group to ascertain any organisational learning, which is shared through the relevant Service Directorate Governance Groups where relevant.

During 2025-26 we had 1377 incidents in relation to the mishandling of personal identifiable data. Eight were classified as a nationally reportable data breach under incident reporting guidance – *Guide to the Notification of Data Security and Protection Incidents* published by NHS Digital in conjunction with the Information Commissioners Office (ICO). Of these, six met the threshold for the ICO, which has determined that the Trust has taken appropriate action and no fines or penalties have been levied towards the Trust.

7 Data quality and governance

To ensure that the quality of data has the appropriate level of oversight at committee level, data quality is incorporated into the Data Privacy Group (DPG) with its role in driving and monitoring the information governance agenda and all its activities~~,~~ of which data quality is an element. The DPG's split agenda has ensured an appropriate focus on data quality and the outputs reported to FPC via the highlight report.

The Data Quality plan supports the Trust Strategy and sits under the Trust Data Quality Policy.

8 Review of effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the information provided in this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board and the Audit and Risk Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The key considerations of my review of the effectiveness of the system of internal control include the following;

- The Board has been actively involved in reviewing the Trust's risk management processes and the BAF. It undertakes an annual review of risk appetite and risk forms a regular component of the trust board development programme.
- The Board has played a key role in reviewing risks to the delivery of performance objectives through monitoring and discussion of the Integrated Performance Report and the development of tailored data dashboards throughout the year.
- Key board members are involved in the internal audit planning process, to ensure that the audit plan is focussing on our key risk areas.
- The ARC has overseen the effectiveness of the Trust's risk management arrangements, including the on-going development of the BAF and CRR.
- The level 1 committees oversee principal clinical and non-clinical risks at a corporate and strategic level and provide assurance to the Board. The AAA highlight reports across the year indicate a high level of assurance over the processes in place to oversee risk. Where concerns are identified with specific risk areas, these are included as alerts to the Executive Board and Trust Board.
- The ARC has overseen the system of internal control has actively engaged in the oversight of the Trust's key financial challenges.
- The ARC terms of reference is based on best practice recommended by the HFMA, membership comprises three independent non-executive directors.
- The level 1 Committees provide highlight reports to the board after each meeting to summarise any areas of escalation that it wishes to draw to the Board's attention, particular areas of assurance over areas of principal risk, and areas of celebration.
- During the year, the ARC has received 7 reports from our internal auditors; of which one was rated High Confidence (NHSE rating); four provided Significant Assurance and two Moderate Assurance.
- The ARC has oversight of the arrangements for determining a robust clinical audit plan; assurance was provided to the Board that robust arrangements are in place.
- This year's Head of Internal Audit Opinion, provided by our auditors 360 Assurance, provides

Significant Assurance that there is a generally sound framework of governance, risk management and control designed to meet the organisation's objectives, and that controls are generally being applied consistently. The report concludes that the Trust has a robust process and proactive culture on the completion of audit actions and at year end, the Trust had an overall follow up rate of 100%.

- Any limited or weak assurance reports received from our internal auditors are reviewed by the lead Director and action owners and presented to the EMB and the relevant level one committee. There have been no limited or weak assurance reports issued in 2025/26.
- The draft external audit year-end report for 2025/26 identified a significant risk relating to the Trust being able to maintain financial sustainability in the medium term. KPMG confirmed that it did not identify any significant weaknesses in the Trust's arrangements for achieving value for money in relation to this risk. No significant weaknesses have been included within the 2025/26 value of money report.
- The Trust uses the NHS Model for Improvement as its approach to quality improvement. Clinical audit remains an integral part of the Trust's quality improvement approach. A programme of internal and external clinical audits for clinical quality assurance and control and the implementation of NICE quality standards provides robust mechanisms along with testing of improvements utilising PDSA to ensure change is embedded. The Trust has an annual programme of national and local clinical audits which is presented to the Audit and Risk Committee, with ongoing oversight of clinical audit outturn at the Clinical Effectiveness Group where learning and triangulation also takes place. During 2025/26 the Trust participated in 8 national audits in addition to 6 national audits from previous years and supported 72 local audits. All improvement activity including clinical audit is now supported by one audit monitoring and tracking system.

In addition, I gain assurance from the following third-party sources:

- Reports from the internal and external auditors and the local counter fraud specialist.
- Patient and staff voice including (but not limited to) the NHS Staff Survey, friends and family test, board service visits, Trust Board service presentations, staff side feedback and freedom to speak up routes.
- CQC reports. Regular reporting on progress with CQC related actions, MHA inspection outcomes and reviews of peer trust inspection reports for learning.
- Cyclical 3-5 yearly external review of leadership and governance, the most recent of which provided positive assurance over our systems for securing good governance and risk management in July 2024 (provided by Deloitte).

9. Conclusion

My review confirms that **no significant internal control issues have been identified**, and that Leicestershire Partnership NHS Trust has a generally sound system of internal control that supports the achievement of its policies, aims and objectives and minimises exposure to risk.

Signed

Angela Hillery, Group Chief Executive

Date: 24th June 2026