

Annual Report 2023/24

Creating high quality, compassionate care and wellbeing for all



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Introduction

Our annual report is a review our activity during the past financial year, which begins 1 April 2023 and ends 31 March 2024. It includes information our performance, from clinical to financial. It describes our organisation, governance and leadership, and reviews the care we provided.

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



**Welcome to our
Annual Report
and Accounts
2023-24.**

Reading this report

This annual report is divided into four sections.

Part one: Performance report

In this section, we share our history, purpose and model, along with our strategy, mission and objectives. It also analyses our performance and activities.

Part two: Sustainability report

Part three: Staff engagement

Part four: 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 what we were organisationally focused on this year.

Our performance report

Welcome from our chief executive and chair



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

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

It has been a challenging year with regards to pressures across our system, particularly in the urgent and emergency care (UEC) and mental health pathways. In addition, with financial pressures across the NHS, increasing waiting lists and continued recovery following the Covid pandemic, it has never been more important to work as active partners across Leicester, Leicestershire and Rutland, our Group and our region. Throughout this, our staff have continued to ensure that patient safety and quality remain our number one priority, and we are grateful for their hard work and commitment.

Our Step up to Great strategy has continued to play a central role in our continuous improvement journey. Our focus has remained on creating great health outcomes, through great care, a great place to work and being an important part of our community. Among the many achievements, highlights have included:

- continued transformation of mental health services through a shadow mental health collaborative, widening our community support through a new voluntary sector alliance, more neighbourhood mental health cafes and a new community mental health neighbourhood model;
- building on our successful learning disabilities and autism collaborative, which has been nationally recognised for our collective partnership work around improving rates in health checks and reducing hospital admissions;
- launch of the Healthy Together helpline, which has further widened access to advice and support from our health visiting service, and received thousands of calls supporting parents and carers;
- a significant rise in flu vaccination rates through our schools immunisation programme following the introduction and promotion of an injectable option for under-vaccinated communities;
- increasing capacity in our community hospitals with a further 52 beds across new and existing wards; and supporting public consultations into healthcare in Hinckley and Lutterworth;

- the opening of a new mental health urgent care hub at the Bradgate Unit, supporting people to be assessed quickly when in crisis; and a refurbished CAMHS outpatient unit at Westcotes Lodge.
- the launch of our Social Value charter to widen our support and outreach into local communities
- a number of system-wide careers and recruitment events, the last one of which attracted over 2000 people to find out about jobs in health and social care.
- delivery of our financial plan and our statutory duties, which is a huge achievement thanks to the hard work and support of all staff across enabling and clinical teams.

We have continued to update the CQC through regular relationship meetings, outlining not only the improvements we have made since their 2019 inspection, but our sustained focus on quality and safety through strengthened governance and assurance processes, the dormitory re-provision programme, and spotlighting outstanding practice and innovation across the Trust. You will read about some of these new quality improvements, service innovations and awards and accreditations within this report.

We were pleased to welcome a visit from the CQC in January 2024 to our acute and psychiatric care inpatient settings for adults of working age and community nursing services. Although the reports for these inspections are not yet published, we are confident that we are making progress in our Step up to Great journey.

We continue to see positive improvements in our annual NHS staff survey results. Not only was our 54% response rate above the national average (52%) but our results improved across all 9 NHS People Promise indicators, with 6 of the 9 areas now above the national average. This is an important measure of how staff feel about working for LPT, and how engaged and motivated they are. There were significant improvements across the majority of questions, with more staff recommending LPT as a place to work and more staff saying patient care is LPT's top priority (which is now above the national average). Creating a compassionate, inclusive leadership culture has remained a focus in the last year and with the support of our change leaders, it has been central to ensuring LPT is a great place to work and receive care.

We continue to build on our strong relationship with Northamptonshire Healthcare Foundation Trust (NHFT) through our Group, sharing learning and good practice, and maximising opportunities for mutual benefit for our staff and those we care for. Priority areas that our teams are working together on include a focus on quality improvement and our Together Against Racism commitment. We are pleased to have become an Associate University Group in December 2023, entering a formal partnership with the University of Leicester to build on the current relationship between the organisations and further develop the medical teaching, training, and health sciences research we provide to health professionals.

We are an active member of the ICS partnership board, executive and design groups transforming LLR. LPT is taking significant leadership within the LLR transformation programmes for Mental Health, Learning Disabilities and Autism, and Digital. We are also a pro-active strong partner in the East Midlands Alliance of Mental Health providers, including our lead role for adult eating disorders across the region.

Our summary Financial Accounts for 2023/24 are presented with this Annual Report in Appendix A. As with the rest of the NHS, it has been a challenging year, particularly in relation to finances and we close our annual accounts with an £8k surplus (this excludes impairments and other technical adjustments which do not form part of our financial control total basis). We thank all of our staff for their continued and significant efforts to deliver high quality care whilst making efficiencies. Our value for money approach will continue to be a focus in the coming financial year.

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



Crishni Waring

Crishni Waring, Chair of LPT



Angela Hillery

Angela Hillery, CEO of LPT

About us

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

We provide community health and mental health support to over 1 million people living in Leicester, Leicestershire and Rutland. Our services touch the lives of all ages (from health visiting to end of life care), from head to foot (from mental health to podiatry) and everything in between. We have 7880 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 around 300 volunteers.

During 2023-24 LPT provided and/or subcontracted 126 relevant health services. Mental health and learning disabilities account for 79 services and community health services make up the remaining 47.

LPT in numbers



7.8k

staff

(including bank staff)



238k

active caseloads



1.4m

community contacts



100+

premises



179k

bed days



87%

positive FFT ratings



£416.5m

income



222

active volunteers

Our population and the community we serve

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

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

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

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



Our health

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

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

Although Leicestershire and Rutland are not particularly deprived there are some small pockets of significant deprivation for a proportion of the population, particularly in parts of Loughborough and Coalville.

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

LLR Health and Wellbeing Partnership

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

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

Our local health economy

The Trust operates in a mixed health economy with the NHS acute and community trusts, local authorities, independent and third sector providers all delivering services. This mixed economy is supported by a considered, proactive engagement model which acts as an enabler for the Leicester, Leicestershire and Rutland (LLR) Integrated Care System (ICS) which came into place on 1 July 2022. The Trust is an active member of the ICS partnership board, executive and the supporting partnerships and collaboratives, which are all working together to transform health and care services in LLR - to tackle inequalities in health and improve the health, wellbeing and life experiences of our local population. LPT is leading the LLR

transformation programmes for Mental Health, Learning Disabilities and Autism, and Digital, on behalf of the ICS.

As an integrated care partnership (known as the LLR Health and Wellbeing Partnership) we are committed collectively to our goals of: 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.

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

Our key collaborators include:

- University Hospitals of Leicester (UHL)
- Primary Care Networks (PCNs) in LLR
- Neighbouring acute, community and mental health trusts
- National NHS providers
- Private sector providers
- Third sector organisations
- East Midlands Ambulance Service
- Leicester, Leicestershire and Rutland councils

Our commissioners:

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

Our Group – Leicestershire Partnership and Northamptonshire Healthcare Associate University Group

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

The Associate University partnership with Leicester University will build on the current relationship between the organisations to further develop the medical teaching, training, and health sciences research they provide to health professionals.



Crishni Waring became the new chair of LPT in September 2023. She takes over from Cathy Ellis, who stood down after the maximum eight years in the role, and we thank her for her significant contribution to our improvement journey. Crishni has been chair of NHFT since 2016 and continues in that position as joint Chair of both organisations across the Group.

Crishni has a diverse industry background including working in healthcare, education, retail and logistics. She is a Fellow of the Chartered Institute of People and Development. She is also a Trustee of Warwickshire Wildlife Trust, a charity with a mission to protect local wildlife and wild places. She was named by the Health Service Journal (HSJ) as being one of the top 100 most influential BAME figures in health.

The work of the Group for 2023/2024 has been centred on a number of joint improvement priorities, which serve both trusts and enhance their own individual strategic ambitions. The priorities are agreed by the NHFT and LPT Board of Directors annually, though subject to regular scrutiny through the year by a Joint Working Committee drawn from each Trust Board. This comprises the joint Chief Executive, both Chairs, an

equal number of nominated non-executive directors from each trust Board and the directors with identified Group Model responsibilities. Since Crishni Waring became the joint Chair of LPT and NHFT, she has chaired the Joint Working Group. Previously to this the Trust Board Chairs of LPT and NHFT chaired this meeting on a rotational basis.

Supporting Angela Hillery in an executive capacity with the Group work during 2023-24 were:

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

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

Our areas of focus for 2023/4 have been:

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

In October 2023 we published a [social value charter](#), highlighting our commitment to social, environmental, and economic improvements in the communities across our Leicestershire Partnership and Northamptonshire Healthcare Group.

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

Working as a system partner

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

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

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

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

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

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

Working with local authorities and other partners we are supporting children, young people and their families. Working together to provide universal services, school aged immunisations, advice and guidance through school nursing and our ChatHealth digital tool. The work of our mental health support teams in schools continues to go from strength to strength. Supporting the health and care for young people with special education needs and disabilities (SEND) is a joint focus for local authorities and ourselves and we are proud to provide a high level of support with our partners.

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

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

One year in review – adult mental health

Raising awareness of Maternal Mental Health

In May for Maternal Mental Health Awareness Week we encouraged all parents who are struggling with their mental health to reach out and ask for help

Around one in five women experience a perinatal mental health issue during pregnancy or within the early postnatal years, with almost three-quarters of those who have an illness hiding it or underplaying what they are going through.

We provided advice on signs to look out for, whether for yourself, a friend, or a family member – and also details of the range of support available locally.

Mental health quartet conquer the seas and their own fears

Four Leicestershire adults with mental health illness learnt new ways to cope during a week-long sailing trip in the Spring funded by our Raising Health charity.

Anya Vidion, a senior care coordinator for LPT, said: “People who were initially struggling to get out of bed, by the end of the week you could see a difference – they were more confident in putting themselves forward, and supporting and helping each other out.

“They were definite that it had been a really positive experience for them. It was really outstanding to see.”

Adventure therapy aims to treat this by uses a challenging and unfamiliar environment such as sailing to create an intense physical demand, new social interactions, and the learning of new skills.

One of the participants said: “I learned I can face my fears”. Another added: “I found that if you give people a chance they can be really nice!”



Voluntary sector partners take up the challenge to show why it's important to talk about mental health



Charities and community sector partners across Leicester, Leicestershire and Rutland hosted a number of events during mental health awareness week (15 – 21 May 2023) to provide information, raise awareness, offer practical support and help to break down taboos talking about mental health.

The primary focus was on anxiety and how we can stop this lower-level condition becoming more serious, knowing the signs to look out for and then the practical steps we can take.

Tanya Hibbert, LPT’s executive director mental health, said: “It is fantastic to see so many of the voluntary sector partners that are working with us to deliver Better Mental Health for All, hosting events. It demonstrates the importance of community organisations driving the agenda, alongside health and local authority partners, so that information is tailored to all audiences.”

Call to act now on dementia

Health and care organisations across Leicester, Leicestershire and Rutland (LLR) came together in May to raise awareness of dementia to enable the best possible outcomes for patient experience during referral, diagnosis and treatment of the illness.

Information was provided on the help and support available, and those concerned that they, or someone close to them, might be experiencing signs of dementia, were encouraged to ‘Act On Dementia’ and seek out support and an early diagnosis.

There was particular emphasis on people from ethnic minorities, who often have lower rates of diagnosis.

Expansion of Neighbourhood Mental Health Cafés across Leicester, Leicestershire and Rutland



Ten new Neighbourhood Mental Health Cafés opened in May to bring the total of 25 cafés up and running right across Leicester, Leicestershire and Rutland.

Neighbourhood Mental Health Cafés offer local support for people who need immediate help with their mental health. The cafés are drop-in centres for anyone to come and talk about their mental health – no appointment needed.

Transforming mental health through learning - Recovery College celebrates 10-year anniversary

In June we held a special celebration to mark the 10-year anniversary of the opening of LPT's Recovery College. Over 3000 students have benefited from the courses provided by the College which offers a range of recovery-focused educational courses, workshops and resources, for people with lived experience of mental health challenges, as well as their families, friends and carers – alongside staff and volunteers at LPT.

A Student who benefited from courses said: “[The Recovery College] was really important on my journey to recovering and to get to where I want to be, to live the life that I wanted to lead, by learning all these different new skills, different techniques, and learning that I’m not alone.”



Voluntary Mental Health Network event pushes for 'Better Mental Health for All'

More than 100 voluntary sector partners (VCS), in addition to staff from the NHS and the local authority came together to discuss their projects and priorities for mental health at our second voluntary sector network meeting in June. This unique network is helping to us drive the transformation of mental health in Leicester, Leicestershire and Rutland.

New health support service for armed forces community in Leicester, Leicestershire and Rutland

We launched a new service – [Op Community](#) – for members of the armed forces in July 2023. It is one of only six pilots of this service operating in England.

Op Community provides information and signposting for all health-related matters, to help reduce health inequalities and improve health outcomes for the armed forces community. This includes those currently serving, as well as reservists, veterans, their families and carers.

[Op Community](#) is available on telephone: 0116 225 6858 (9am – 5pm weekdays).

Partners across Leicester, Leicestershire and Rutland ask, 'RU OK?' on World Mental Health Day

Twenty organisations in locations across Leicester, Leicestershire and Rutland hosted events to mark World Mental Health Day in October.

This year people were encouraged to have conversations with school friends, family and friends, and colleagues and ask them how they are feeling with the 'RU OK' campaign?

Events took place in cafés, supermarkets, mobile buses as well as on trains between Loughborough, Leicester and Market Harborough stations. Other events included cookery classes, a skipping competition, a sing loud be proud session and arts and crafts events.



LPT consultant receives top accolade from Royal College of Psychiatrists

Professor Mohammed Al-Uzri, a consultant psychiatrist was awarded a prestigious Honorary Fellowship by the Royal College of Psychiatrists in November, for his outstanding contributions to the study, prevention and treatment of mental illness.

Professor Mohammed Al-Uzri, who is also an associate medical director with LPT, was one of only three honoured with the accolade. He said: “This is a great honour for me to be recognised by my peers and one of the most respected professional bodies across the world for mental health.”



LPT rotation wins top psychiatry award

A foundation doctor who worked at one of LPT’s inpatient units and who is championing equality and diversity in medical careers, won a prestigious psychiatry award in November. Dr Jess Speller, who completed a four-month rotation at our Bradgate Mental Health Unit, was recognised as Foundation Doctor of the Year at the Royal College of Psychiatrists RC Psych Awards.

Dr Speller, who says she wants her career to involve her specialising in mental health treatment, said: “I really enjoyed my placement at the Bradgate Unit. It was one of my favourite placements because of the lovely ward team and patients.”

Mental health crisis house to change provider in November 2024

We announced in November that our mental health crisis house will be changing provider from Turning Point to Richmond Fellowship on 1 November 2024. This follows a rigorous tender exercise concluding in September 2023.

We want to thank the existing provider Turning Point for being valued partners in the provision of our current crisis house.

Richmond Fellowship is a national mental health charity whose services have pioneered work with individuals, communities, and families to overcome mental ill health and support people on their recovery journeys, including the managing of crisis houses. We look forward to developing this new partnership over the next year and beyond.

The Crisis House will remain a safe and therapeutic environment for immediate mental health crisis support, focused on on-going recovery, building support networks and preventing future crises.

Science of Male Mental Health webinar

Over 100 people – including staff and representatives from a range of diverse organisations from healthcare to local football clubs – attended our Science of Male Mental Health webinar in February.

Hosted by Ryan Parke – a male mental health TEDx speaker, shared findings from his extensive knowledge-gathering on groundbreaking studies to connect the dots between mental health, wellness, and goal setting in men.

The session looked at why factors such as relationship status and sporting results impact male mental health, the warning signs to be aware of – in ourselves and in the men that we care about, the steps men can take to improve their mental health, physical health, and life expectancy, the misunderstood hormone is vital for male wellbeing and how to naturally increase it and how organisation can sign up to become a Mental Health Friendly Place.

Joy social prescribing website launched

Joy, a free health and wellbeing support website which combines services provided by the NHS, local authorities, and the voluntary and community sector all in one place, was launched in March to support people living and working in Leicester, Leicestershire, and Rutland (LLR).

Joy offers a diverse range of local activities, groups and services in people's community to meet their practical, social and emotional needs that affect their health and wellbeing. From fitness and art classes to carer support, diabetes self-help groups, food banks and counselling, the exciting new website provides a comprehensive array of services.



One year in review – community health services

Community hospitals expand

Our commissioners invested a further £9.5m so that we could provide an extra 52 beds, helping increase the capacity and flow across the local NHS.

The extra wards were at Coalville Community Hospital and at Loughborough Hospital.

Sam Leak, director of LPT's community health services, said: "This is great news for patients and their families.

"It will help the NHS across Leicester, Leicestershire and Rutland to support patients in the most appropriate locations and maximise their potential to get home."



The expansion involved the creation of an extra 225 posts for nurses, physiotherapists, occupational therapists and others. We worked across the year to fill these posts, although some of the extra bed capacity was opened initially thanks to the use of temporary staff.

Community nurse recognised for “amazing” work

Rita Kirkby, one of our community staff nurses, was awarded a Cavell Star Award for her exceptional care to local patients.

The Cavell Star Award is an award which recognises outstanding commitment and dedication in nursing across the country.

Rita was nominated for the award by Victoria Jewell, community staff nurse, who said: "I am delighted in presenting this Cavell Star Award to Rita Kirkby. Rita is a passionate community staff nurse and is well known by our local GP services, specialist nurses and has a world of knowledge.

"Rita shows exceptional care to all our local patients, has given lots of extra hours to nursing, to support patients who are coming to their last days of life. She offers a shoulder to cry on, a listening ear and support for patients who need urgent care.

"Not only does Rita do an amazing job at being there for our patients, but she also supports our staff too. As a community nurse with many years of experience, Rita often offers a guiding hand to many newly qualified nurses, health care assistants and students."

Rita was presented the coveted Cavell Star medal and pin badge alongside her colleagues at the North West Leicestershire District Nurses' hub.

She said: "I was surprised to receive the Cavell Star Award. Being a nurse is a privilege. Going into clients' homes to give care and support is the most rewarding job that anyone could wish for. It is humbling to realise that my colleagues value my professional opinions and experience."



Future shape of health services in Lutterworth

LPT took part in a public consultation on the future of health services in Lutterworth. Between October 2023 and January 2024, patients and residents were asked for their views on a proposal to stop providing inpatient care at the town's Feilding Palmer Hospital to make space for more outpatient and diagnostic facilities.

The hospital building is more than 120 years old and did not meet Health and Safety requirements to accommodate inpatient services during and after the Covid-19 pandemic.

The results of the consultation were published in March 2024, with the overwhelming majority of those respondents agreeing to the change. The findings will form part of a decision-making business case which will be considered formally by the Integrated Care Board for Leicester, Leicestershire and Rutland. See details at: leicesterleicestershireandrutland.icb.nhs.uk/be-involved/maximising-access-in-lutterworth/



PM meets member of Hinckley nursing team

A member of the nursing team from Hinckley and Bosworth Community Hospital got to meet the prime minister at a Downing Street reception to mark the NHS's 75 birthday.

Kayleanne Payne represented the NHS across Leicester, Leicestershire and Rutland at the event.

She started working as a healthcare support worker at the hospital eight years ago. Since then she has completed a nursing degree through the Open University, and qualified as a registered nurse.

Kayleanne said: "The PM was really happy I had done the top up course and said that he wants to fund more staff to progress this way in the NHS. It was a really nice afternoon and I'm very grateful for the experience because I know it was once in a lifetime. It was a surprise to be nominated and even more to get invited. I met some really nice people from all over the country who work in the NHS."



Kayleanne had no care experience when she started at Hinckley and Bosworth Community Hospital. She said: "I really liked it, I really enjoyed it. The opportunity came up for further training. It was hard work, you definitely need to be focussed and have your mind set on the end goal. You will get there in the end if that's what you want to do."

"Working in a community hospital is exciting, it's hard work, and I work with really nice people. You get a good general knowledge of patients with a lot of different backgrounds and different conditions as opposed to more specialist wards."

Care at home wins national award

LPT was part of consortium which won a national award for work to deliver care in people's homes.

Our virtual wards project was the best entry in the Replicating Digital Best Practice category at the first ever HSJ Digital Awards.

LPT has been working with Leicester-based technology company Spirit Digital since 2016 on virtual ward projects, connecting patients with their clinical teams remotely, helping to shift care safely from hospitals into homes. With published results showing improved outcomes for people with COPD, heart failure and Covid-19, the technology has now been scaled up to deliver an ambitious virtual ward rollout across 12 digital pathways – including pneumonia and colorectal surgery – and including colleagues in the ICB and University Hospitals of Leicester.

Queen's Nurses triumph over challenges to lead in nursing excellence

Two more of our community staff have earned the accolade of "Queen's Nurse".

Rebecca McGlone and Jaimini Amin join an elite of just 1,700 nurses across the country.

Both of them have had lengthy careers in community nursing, and both now work for our clinical education team, teaching the next generation of nurses how to provide excellent care.

Rebecca said: "Nursing was what I always wanted to do; I felt like I had found my home."

Jaimini added: "Community is the heart of my passion; it is very patient-centred."



Insulin safety project

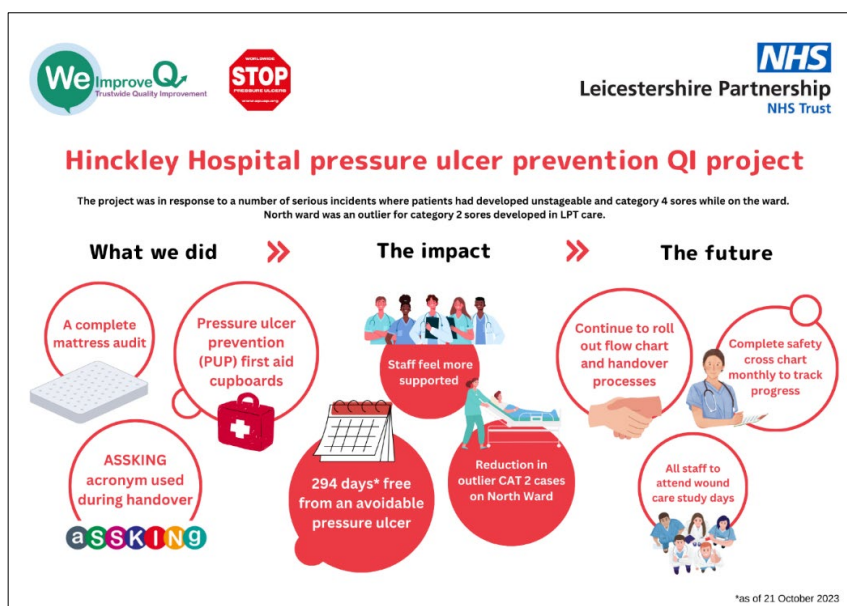
Our community nursing teams have been working since 2020 on a project to improve the safety of patients who depend on insulin injections. A baseline analysis showed there were widespread inconsistencies in insulin management across the system. We have worked with patients, carers, GPs and others to have more consistent practices, simpler paperwork, and clearer authorisations for insulin administration.

In the past year we have looked at ways to help more patients administer their own insulin. This has included developing new information resources with a patient and testing this with other patients.

During 2024-25 we will be working to embed this across our service, with a particular focus on patients in care homes.

'Stop the pressure' campaign

Pressure ulcers can be incredibly distressing and painful for a patient and in some cases can lead to death if they become infected. Here at LPT, we believe that pressure ulcer prevention is everyone's responsibility. We launched an extensive campaign during Stop The Pressure Week, during November 2023. The aim of the campaign was to raise awareness about pressure ulcers amongst colleagues and our patients and service users. A range of resources, support, digital and printed materials were made available to staff, service users and managers to use in team meetings throughout the week. Here is the playlist for all videos created through our communications team: [youtube.com/playlist?list=PLi3PNMNSwuUUzCrKHZKP-CsxUPN5RUS9H&si=L1QDabj17UfK7spJ](https://www.youtube.com/playlist?list=PLi3PNMNSwuUUzCrKHZKP-CsxUPN5RUS9H&si=L1QDabj17UfK7spJ)



One year in review – families, young people’s and children’s services and learning disability and autism services

Healthy Together shortlisted for 2023 HSJ Digital Award and Nursing Times Award

The year started off with a bang as the Healthy Together health visiting and school nursing service announced it had been shortlisted for the Generating Impact In Population Health Through Digital Award at the inaugural HSJ Digital Awards.

The nomination recognised the digital health and wellbeing forms, which are used to assess the needs of children and young people in schools and colleges. Once completed, form results are used to help health and education professionals to plan ways to support children and young people. This includes targeted assemblies, teacher training, articles on the local Health for Kids and Health for Teens websites, and face-to-face support for children and young people who need it. On completion, the forms also produce personalised care plans for children and young people, with links to articles and videos developed by clinicians.

Award-winning specialist Covid-19 vaccination clinics for people with learning disabilities

In April, we put on our final three specialist Covid-19 vaccination clinics for people with a learning disability, and their family and carers.

The sessions were the last in a series of 28-award-winning, bespoke community Covid-19 vaccination sessions, offering first, second and booster doses to more than 660 patients with a learning disability - who would otherwise not have been able to have the vaccine.

Refurbished mental health outpatient unit for young people opens

In May, the Trust opened its new clinical spaces at Westcotes Lodge, following work to convert the former offices into seven new, purpose-built areas to carry out mental health assessments and treatment for children and young people, aged up to 18.

The investment of over half a million pounds to carry out the refurbishment of the building has resulted in a supportive environment and has provided capacity for CAMHS to carry out additional face-to-face appointments.

Great progress on annual health checks for people with learning disabilities across LLR

As part of the Trust’s work with the Learning Disability and Autism Collaborative across Leicester, Leicestershire and Rutland (LLR), there was a significant increase in the number of people with learning disabilities receiving their annual health checks, helping to reduce health inequalities and improve access to care.

LLR was ranked as the second highest in the whole of the Midlands (and in the top ten in England) in terms of the number of annual health checks completed. Two years ago, LLR was one of the lowest performing areas in the country. Regular support and training events on annual health checks for GPs and social care partners, carried out by the Trust’s Primary Care Liaison Nurses (PCLNs), were cited as one of the key reasons for the improvements.

‘Move it Boom Monster Hunt’ gets school kids active

Our award-winning Move it Boom annual movement competition for schools got an upgrade this year, with a redeveloped website and exciting new storyline. 3585 children from 214 schools across LLR joined in the fun and went on a monster hunt to be in with a chance of winning a prize for their school.

New Healthy Together Helpline launches to support parents, carers and young people

In 2023 the Healthy Together health visiting and school nursing service set up, recruited to and launched the Healthy Together Helpline, to enable parents, carers and eligible young people easy and swift access to support.

The helpline is open to all parents and carers of babies and primary school aged children in Leicestershire and Rutland and babies, children and young people aged 0-19 in Leicester city.

Callers can get easy to access, safe, free and confidential advice, support and signposting on a range of health, developmental and mental and emotional wellbeing topics affecting families.

Since the service launched in October 2023, calls have been continuously rising, with over 2,100 calls taken in December 2023 and more than 3,100 calls taken in January 2024, with consistent positive praise for the service.



SAIS deliver flu vaccinations to children and young people across LLR

In October, the School Aged Immunisation Service (SAIS), began the flu immunisation programme across Leicester, Leicestershire and Rutland, offering the vaccine to more than 160,000 children and young people, to keep the virus at bay throughout the winter.

In order to encourage the take-up of the flu vaccination, particularly in areas of low response rates and under-vaccinated communities, the service implemented two changes to the programme. They were:

- Allowing eligible young people to self-consent to vaccinations, where parental or carer consent was not provided
- Making information about injectable flu vaccines (porcine-free) more prominent, so people were clear there was an alternative if the nasal spray vaccination was not suitable.

As a result of the changes there was an increased demand for the injectable vaccines with more than 6,500 given in 2023, compared to just over 1,300 in the previous year. Of the 6,500 injectable vaccines given, over 1,300 were given to children and young people who had never had a flu vaccination before. In addition, the service saw a 3.8 percentage point increase in flu vaccination rates compared to 2022 in Leicester and a 7.9 percentage point increase in Leicestershire and Rutland.

High standard accreditation for the Agnes Unit

In December, the Agnes Unit was awarded a QNLD (Quality Network for Learning Disability Services) accreditation by the Royal College of Psychiatrists for the period 11 December 2023— 20 February 2026, confirming the high standards adhered to at the unit.

ChatHealth partnered with SAPHNA to launch new national school nursing podcasts

The FYPCLDA Digital Health Transformation Service (DHTS) and the School and Public Health Nurses Association (SAPHNA) joined forces to launch the new podcast series, School Nursing Uncovered.

Featuring school nurses from across the NHS, the podcast includes episodes on the challenges and issues affecting children, young people and families including the role of the school nurse, mental health, vaping, gender identity, safeguarding and healthy lifestyles, while also celebrating the huge value and impact school nursing has in supporting the health and wellbeing of children and young people.

Children's Mental Health Week

Our Mental Health Support Teams in Schools (MHST) teamed up with a number of schools and two community radio stations to deliver "studio in a box" sessions for Children's Mental Health Week in February.

As part of the My Voice Matters theme, students were invited to speak about what was important to them, which was later turned into a podcast style soundtrack. Children, young people and their parents, carers and teachers were also sent resources to support them during the week and beyond.

Continued promotion and growth of LPT's digital autism support

Throughout the year, there was further promotion and take-up of Autism Space and ChatAutism. Since launching, Autism Space has seen over 13,000 users viewing pages almost 30,000 times.

ChatAutism also saw a 124% increase in conversations compared to last year, with 673 conversations taking place between March 2023 and February 2024.

New neurodiversity videos launched

Three new animations to support neurodiverse young people were launched LPT's Autism Space website.

The videos, which covered the topics: waiting for an autism assessment, maintaining and strengthening friendships and social understanding, were created by clinicians with input from the Youth Advisory Board (YAB).

The videos formed part of the ongoing work of the Neurodevelopment Transformation Programme, which collaborates with neurodiverse young people and parents and carers to draw on their experience to drive service improvements.

Young people's access to mental health support strengthened

From the extension of CAMHS opening times, the expansion of the Mental Health Support Teams in schools to collaborative working with Leicester City Football Club, the directorate has used various methods to provide children and young people with more access to mental health support this year.

One of the key projects to improve access was the Advantage Programme, which was developed as a partnership between CAMHS and Leicester City in the Community – the charitable arm of Leicester City FC. The programme provided six months of one-to-one mentoring, delivered by Leicester City in the Community. The project supported young people with low to moderate mental health conditions from diverse backgrounds, who may not have engaged in more traditional mental health support.

DECODE research project recognised for work to help create better health outcomes for people with learning disabilities

The DECODE research project, which aims to use artificial intelligence (AI) to help people with learning disabilities that have multiple long-term conditions have better healthcare, took home a gong at the Trust's Celebrating Excellence Awards for the Excellence in Research category.

The DECODE research team were also finalists at the NIHR (National Institute for Health and Care Research) Clinical Research Network East Midlands Research Awards in the Putting People First category, for 'putting patients, carers and stakeholders at the heart of everything they seek to achieve'.

STOMP-STAMP programme reduced almost all psychotropic medication use in LD patients in LLR

Over 2023, a range of teams from FYPCLDA joined forces with primary care, services for people with a learning disability and services for autistic people, to reduce almost all psychotropic medication use in patients with learning disabilities.

As part of the **STOMP** (Stopping Over Medication of People with a learning disability, autism or both) and **STAMP** (Supporting Treatment and Appropriate Medication in Paediatrics) projects, prescribing in LLR is lower than the national average for anti-psychotics and anti-depressants, and against the national trend of increased anti-depressant prescribing for people with learning disabilities. This work is helping to ensure that people only receive medication that effectively improves their lives.

Over 1250 families and professionals enrol on free specialist online courses

More than 1250 local families and professionals have enrolled on a range of free, expertly-designed online courses from The Solihull Approach, provided by LPT.

Nearly all parents and carers (99%) said they would recommend these courses to others.

Topics covered include physical and mental health, understanding feelings, how to build better relationships and the understanding your child with additional needs course.

Best Start for Life

The Best Start for Life pilot was launched in Leicester city, following a successful allocation of Government funding to be one of five pilot areas to work in collaboration with partners to improve the outcomes for children in their first 1001 critical days.

The pilot, funded until March 2025, is offering supplementary support to vulnerable families across the city, in addition to the Healthy Child Programme. The Healthy Together Leicester Best Start for Life team works in collaboration with Leicester City Council, UHL, Leicester Mammias and Heads Up to provide easily accessible, joined-up services for families.

CAMHS outpatient team awarded Valuing High Standards Accreditation (VHSA)

The CAMHS outpatient team was presented with a Silver Valuing High Standards Accreditation (VHSA) by LPT's Director of Nursing, Anne Scott at Westcotes Lodge in December.

The award was given due to their 'exceptional commitment to providing high-quality child and young people-centred care', with accreditors highlighting their collaborative leadership, innovative approach to engagement, and unwavering dedication to improving the lives of children and families.



One year in review – enabling services

LLR Care Record reaches a milestone

The LLR Care Record is joining up people's health and care records across the NHS and local authorities. It means information recorded about someone's health and care such as illnesses, treatments and hospital admissions can be accessed by different people who are directly involved in their care. Hospitals, GPs and other health and care workers have always tended to have separate records - the LLR Care Record is allowing key information from these to be seen in one place.



The LLR Care Record is being progressed by the LLR Integrated Care Board, Leicestershire Partnership Trust, University Hospitals of Leicester, GP services, East Midlands Ambulance Service, the three upper tier local authorities (Leicester City Council, Leicestershire County Council and Rutland County Council), LOROS Hospice and other partners including community pharmacy and DHU.

To date, around 1,000 staff across health and social care have been trained to use the system and this number is increasing every week, with several LPT services acting as pilot areas.

More than a million people's records are now accessible on the LLR Care Record to professionals directly involved in their care. To find out more about the LLR Care Record, visit the LLR Integrated Care Board website: leicesterleicestershireandrutland.icb.nhs.uk/your-care-record/

NHS jobs and careers events were a success

In March 2023 and 2024, we provided a unique opportunity for members of the public to talk to people who work for the NHS and healthcare organisations is happening at a special careers and jobs event.

More than 3000 attendees across both events learnt about our vast range of careers, both patient-caring - including for nurses, healthcare support workers and therapists – alongside vital non-patient facing support roles, such as administration, IT and finance.



There were interactive displays, alongside information about work experience opportunities and how to access courses, including apprenticeships. We provided details about staff benefits and how we look after our staff's health and wellbeing. Experts were also available to help support attendees to apply for jobs and there will even be a chance to book interviews for some vacancies.

LPT celebrated colleagues' NHS long service at special ceremony

Over 100 LPT staff members and volunteers, from various NHS careers and backgrounds, came together at a special ceremony to celebrate their dedication and many years of service on the NHS's 75th birthday.

In 2023 the Trust celebrated 385 staff members and 95 volunteers who dedicated 11,600 years' worth of service to the NHS, achieved between 2020 - 2022, with one person with 47 years of service alone.



The ceremony took place on 14 July at the Holiday Inn in Wigston, to celebrate staff who have worked for the NHS for 25, 30 or 40 years. Volunteers were also recognised for their 5, 10 and 20 years of service to LPT. Those who had achieved or exceeded a long service milestone during the Covid-19 pandemic were also invited to attend the celebration, which included afternoon tea and a presentation, with gifts kindly donated by the event's sponsor, Dunelm.

Chief executive named number one in the country and named in Birthday Honours List

Angela Hillery, who has led NHFT since 2013 and LPT since 2019, was named top NHS chief executive in the annual rankings collated by the Health Service Journal (HSJ) in 2023. Angela was placed in the top 50 every year since 2018, and has moved up to top spot for the first time this year.



The HSJ recognised Angela as a 'pioneer' for her work leading two Trusts since 2019, a trend which is being replicated in other parts of the country. Closer collaboration and partnership working was a key reason for the move up the ranking. During 2022, working with NHS Trusts across the East Midlands region Angela led NHS support for independent mental healthcare provider St Andrew's, helping them on their quality improvement journey. NHFT and LPT are lead providers for regional CAMHS and adult eating disorder collaboratives, and a key part of the East Midlands Alliance for mental health and learning disabilities.

Angela also received 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. She was recognised in the King's Birthday Honours List for her contribution to healthcare in Northamptonshire and Leicestershire.

As the NHS approached its milestone 75th birthday in July, the 2023 Birthday Honours were awarded to a wide range of NHS doctors, nurses and other staff who have made a significant contribution to healthcare.

New partnership is exciting step forward for NHS Trusts and University of Leicester

LPT and Northamptonshire Healthcare NHS Foundation Trust entered into a formal partnership with the University of Leicester to help deliver more benefits to their local health populations.

The partnership will build on the current relationship between the organisations to further develop the medical teaching, training, and health sciences research they provide to health professionals.

LPT and Northamptonshire Healthcare NHS Foundation Trust have worked in a group arrangement since 2021 and worked together on a range of initiatives and quality improvement work, including working with the University of Leicester on various teaching programmes.

The new partnership with the University will strengthen their existing relationship, and the Trusts will become Associate University Trusts, the first step towards the two Trusts acquiring University Teaching Hospital status in the future.

LPT partnered with international organisation to launch a new recognition scheme for registered nurses

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

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

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

Each month a registered nurse is honoured with a DAISY Award, chosen by a an LPT panel following a thorough review of all nominations. Each honouree will be celebrated and receive a certificate, a DAISY Award pin and a beautiful and meaningful sculpture called A Healer's Touch, hand-carved by artists of the Shona Tribe in Zimbabwe.



Estates and Facilities were in the awards spotlight

The Estates and Facilities team were recognised and shortlisted as “frontline heroes” in a national awards ceremony hosted in London.

This was in recognition of the complexity, pace and magnitude of the work to bring in-house more than 350 staff from an out-sourced provider to create our own specialist teams to meet the needs of the Trust and help ensure clinicians can deliver excellent care to patients.

These teams comprised colleagues from cleaning, catering, portering, reception teams, mechanical and electrical engineering technicians, building fabric technicians, grounds and gardeners, along with senior leaders as vital members of the newly created in-house estates and facilities team.

The awards by the Institute of Workplace and Facilities Management (IWFM) recognise and promote excellence in the workplace and empower industry professionals to share best practice.

Ground-breaking research and outstanding colleague-support earned LPT nurses spots on national diversity awards shortlist

Two nurses who work for LPT were shortlisted for national awards celebrating their fantastic efforts as BAME role models in health and social care.

The National BAME Health and Care Awards celebrate BAME staff and networks across British health and social care who are making significant improvements in BAME career development support and forging better healthcare initiatives for their communities.

Asha Day was shortlisted for BAME Nurse of the Year, while specialist palliative care nurse Pretty Manyimo, is in the running for the Ground-breaking Researcher Award as part of the National BAME Health and Care Awards 2023.

Asha, who works as LPT's international recruitment lead, was nominated for BAME Nurse of the Year partly due to her ongoing work voicing issues affecting both BAME patients and staff.

Meanwhile, Pretty's research, completed during her part-time secondment with LPT and De Montfort University (DMU), explored the experiences of nursing staff delivering palliative care in the homes of patients from a BAME background across Leicester, Leicestershire and Rutland.

Pretty's findings are helping to inform service improvements to facilitate individualising end-of-life-care for the diverse ethnic minority population in the region.

International nurses received acclaim

A second group of LPT's internationally educated nurses received their competency certificates at a special ceremony in August 2023.

They were presented with their OSCE paperwork by Duncan Burton, NHSE's deputy chief nurse and head of international recruitment, at Leicester's City Hall.

He also presented the LPT international recruitment team with a certificate recognising the pastoral support given to our recent recruits from overseas.



LPT stars celebrated for their excellence at annual awards

Outstanding individuals and exceptional teams working and volunteering across LPT were recognised for their efforts at a glittering awards ceremony in September 2023.

The annual Celebrating Excellence Awards, held at the Athena in Leicester, brought some of the brightest stars of the Trust together to shine a light on their achievements over the last 12-months.

Hosted by Leicester poet Rob Gee, who also banks as a mental health nurse with LPT, the evening saw staff and teams presented with awards celebrating their extraordinary contribution to providing high quality care and wellbeing for all, after being nominated by the public, patients, service-users, carers, and colleagues.

LPT stars nominated from 13 categories took to the stage to pick up trophies reflecting their commitment to the Trust's values of compassion, respect, integrity and trust.



Read about all the finalists on our website: www.leicspart.nhs.uk/news/lpt-announces-finalists-of-celebrating-excellence-staff-awards/

Veteran Aware Re-accreditation and special Service of Remembrance

Armed Forces Networks from LPT and University Hospitals of Leicester NHS Trust (UHL) came together on 10 November to host a Service of Remembrance for veterans, NHS staff and partners, and members of the public.

Wreaths were laid by representatives from LPT, UHL and the Leicestershire Integrated Care Board (ICB) at the Secret Garden on the Glenfield Hospital site.

Veterans were joined by NHS staff who took time out of their day to remember the service and sacrifice of all those who have lost their lives defending our democratic freedoms. The joint service between LPT and UHL was delivered by Lead Chaplain of both Trusts', Kartar Singh Bring.

A military parade consisting of serving and ex-serving armed forces personnel was led by UHL's Vincent Smith who also laid a wreath on behalf of the Royal Artillery Association for whom he served in the 103 Regiment.

A total of eight wreaths were laid, including one by LPT's chief executive, Angela Hillery and another by Armed Forces Lead Brendan Daly, who also chairs LPT's military staff network.

We are pleased to have been re-accredited as a Veteran Aware Trust in February 2024. Our Trust was first accredited as Veteran Aware in June 2019 and was then re-accredited again in July 2022. Since its initial review, the VCHA commented it was "evident there has been significant work undertaken," by the Trust to improve its offer to those from military backgrounds who receive support from their services.

In addition to this, the Trust has pledged its support for the armed forces community by signing the [Armed Forces Covenant](#) and is one of the only in the country to offer new and unique therapies to veterans, such as the chance to [swim with emotional support dogs](#) and get support from its [Buddy2Buddy service](#).

To find out more about mental health support available serving and ex-service personnel visit: www.leicspart.nhs.uk/about/corporate-responsibilities/supporting-serving-and-ex-service-personnel/

LPT staff member receives award for Finance Professional of the Year

Jackie Moore, LPT's Financial Controller received the Healthcare Financial Management Association East Midlands Branch Finance Professional of the Year Award for her ongoing contribution to financial services within the Trust.

The HFMA Awards programme recognises the work of finance teams and individuals from across the UK. The awards cover the fundamental aspects of the finance team role: including the production of the accounts, costing, governance, training and development, as well as the vital area of innovation.



LPT shortlisted for five awards at prestigious digital healthcare Oscars

A LPT programme manager, the team behind a new transformative patient record system and a health visiting text messaging service were all shortlisted for a HSJ Digital Award.

Laura Godtschalk, programme manager from LPT's Leicestershire Health Informatics Service (LHIS), is up for the Digital Leader of the Year Award. Laura spearheaded the development of the LLR (Leicester, Leicestershire and Rutland) Care Record, which has completely revamped the way patient health information is shared with partner services to enhance and improve care.

The wider team behind the new patient record system is also up for the Digital Team of the Year Award, as well as the LLR Care Record being shortlisted for the Connecting Health and Social Care through Digital Award.

Also up for two awards is LPT's ChatHealth text messaging service. The easy, safe and secure software, which allows people to speak to a qualified health professional, has been shortlisted for the Generating Impact in Population Health through Digital Award and the Empowering Patients through Digital Award. Both entries are for the work the team behind ChatHealth have done to enhance access to health visiting services for parents and carers of 0-5 year-olds through upscaling the messaging service to be used nationally and adopted by other NHS Trusts.

University of Leicester Media students join forces with communications team to produce mental health film for CAMHS service users

Final year media students from Media and Communications at University of Leicester have produced a short film for LPT's Child and Adolescent Mental Health Services (CAMHS) as part of their Client Led Media Production Module.

Students worked with LPT's communications team and CAMHS service to design and deliver a film to introduce the CAMHS service to potential service users to ease their anxieties.

At the same time, the students have had the opportunity to work with our media and communications team, giving them experience in NHS communications and hopefully enticing some of them to think about a career with us.



You can view the film here: youtu.be/7xyIQRfvIFU

One year in review – fundraising



Leicestershire and Rutland's
Community and Mental Health Charity

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

We would like to thank the community of Leicester, Leicestershire and Rutland for their generosity and support. Our supporters, which included individuals, community groups and businesses made sure that our patients, staff and volunteers were in their thoughts. Here are some of our achievements throughout the year.

Beacon Appeal

We have raised over £16,500 towards a new sensory room at The Beacon and will continue fundraising until we reach our target of £25,000 for our inpatient unit for children and young people with severe mental health conditions. Sensory rooms have been proven to aid with the delivery of a variety of different psychological therapies and will assist with long-term and sustainable recovery.

To support our appeal, please head to:
www.raisinghealth.org.uk/appeals/beaconappeal



We were also fortunate to have the support of Leicester College art and design students who created an outdoor mural on our garden fence at the Beacon unit.

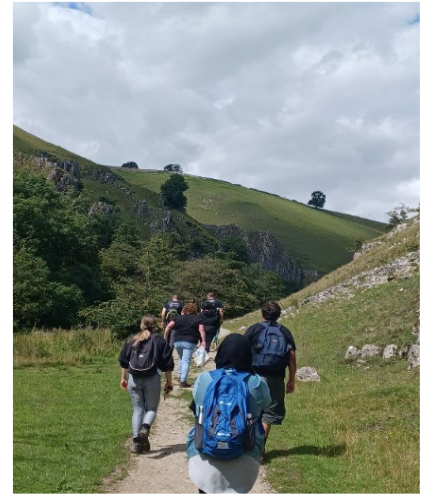
Let's Get Gardening Appeal

Raising Health once again supported this year's Let's Get Gardening Competition which was rolled out to all 22 mental health wards. After stiff competition, Mill Lodge in Enderby were our well-deserved winners. Their courtyard garden was full of colourful flowers and memorabilia, providing an outdoor sanctuary and activity area for our patients.



Carlton Hayes Mental Health Charity

We received a grant of £55,000 from the Carlton Hayes Mental Health Charity (www.carltonhayes.co.uk). We used this to deliver some amazing projects to support our patients with mental health conditions. Projects included photography sessions, a patient therapy kitchen and cooking activities, murals in patient areas, musical instruments, animal therapy visits, gardening, arts and crafts, sensory equipment and books to help with recovery to name but a few. Projects also included a three-day trip to the Peak District for a group of young mental health patients, a three-day sailing trip on the south coast for young people experiencing episodes of psychosis and a trip to West Midlands Safari Park for our older patients who are struggling with their mental health.



NHS Charities Together



We applied for and were awarded £30,000 in grants in 2023/4 from NHS Charities Together to develop our charity.

We have invested this in the development of our applications to trusts and foundations.

Veteran's Appeal

A grant from Leicestershire County Council's Shires Community Grant enabled us to extend our 2022 project into 2023 for our Veteran's service to run four more sessions of swimming with Newfoundland rescue dogs at Stanton Lakes.



Diana Service

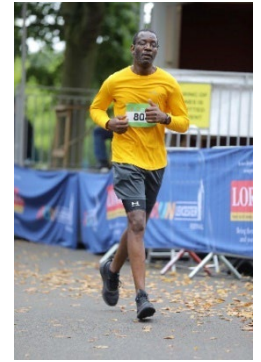
We were awarded two grants from Amazon to provide items to support our children in the care of the Diana Service.

The Diana Service supports young people with life-limiting conditions and these items help with the treatment of some quite invasive and potentially frightening treatments. This included friendly-looking dolls where nurses could demonstrate canular insertion and self-care to young people.



Our fundraising achievements

Our supporters continued their marvellous efforts to take up challenges throughout the year in aid of Raising Health appeals. We would like to thank those supporters who took part in the Leicester Marathon and Ride London in aid of their favourite appeals and others such as the DHL employee for their sponsored squats and star jumps to support one of our older person's wards.



Christmas time

For the third year running, we ran our "Raising a Smile for Christmas" appeal to provide Christmas presents for all our inpatients. We raised an amazing £4,760 to provide patient gifts for Christmas morning.

We would like to express our thanks to the many people who supported this, including our corporate partners Amazon, Novotel, Dunelm, Tilbury Douglas, Acorn MPS, Brown & Shaw, Fusion Electrics, Highcross Building Services, T J Hall, Thomas Cassie & Sons, Tusker Direct and GMP Driver Care who sponsored our Christmas Trees on the wards.



Local Amazon distribution warehouses donated over 100 Christmas gifts for patients in our community hospitals. Leicester City Football Club donated gifts for young people who were inpatients at the CAMHS Beacon Unit and in the care of our Diana Service.

An online raffle also supported our LPT volunteers, with gifts donated by local businesses.



Looking after the health and wellbeing of our staff



This year, Raising Health funded Team Time Out Tesco vouchers to support staff health and wellbeing so that they could spend time together to recharge.

We celebrated the NHS' 75th Birthday with the NHS Big Tea, providing gift bags of picnic items for staff teams to enjoy together. We realigned our staff lottery to reflect this milestone Birthday with four quarterly super draws of £750 alongside our usual weekly draw.

For the second year running, Raising Health has joined up with our Health and Wellbeing team to deliver 12 roadshows across our sites to ensure that our staff are aware of the activities to support them physically, emotionally and financially and how the charity supports their working lives.

Pictured left is a photo from one of the roadshows with our Chair Crishni Waring (centre) with members of our Fundraising Team, Health and wellbeing team, staff engagement lead and Freedom to Speak Up Guardian.



Thank you to our corporate partners

We continue to benefit from the generosity of our corporate partners both large and small. Thank you for your continued support throughout the year, some with financial donations and others with donations of products or sponsorship. Examples include the sponsorship of our on-site Christmas trees to help fund our patient gifts and sponsorship of our annual staff awards and long service awards.

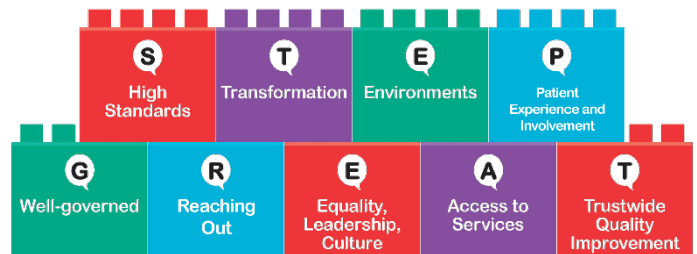
We are truly grateful, thank you.

Performance analysis

Our vision is 'creating high quality, compassionate care and wellbeing for all'. This is underpinned by ensuring the quality and safety of all our services. Our staff continue to work hard to make significant positive progress in these areas, with some really outstanding practice. There is more we want to do.

Step up to Great

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



We have proudly seen over this time our staff fully embrace and identify with the strategy and its goals. The four goals are:

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

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

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

- ✓ meet the needs of our diverse and culturally rich communities;
- ✓ improve our accessibility and reach for all that need our support and care; and,
- ✓ improve as an inclusive and compassionate healthcare provider and employer.

We have made significant strides forward on all of the above and 2023/24 has been no exception to this. It has been another year where we have been able to evidence and demonstrate both impactful and sustainable improvements across our Trust, for our patients and our staff.

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

A summary of key strategic achievements over the last year:

High Standards

- Our CAMHS Outpatient service was the first LPT service to be assessed for Valuing High Standards Accreditation (VHSA) and has achieved a silver award. Through this assessment and accreditation our services are better able to self-identify areas for quality improvement. This in turn is enabling the teams to reduce variation in care and creating the right conditions for quality care.
- We have developed and launched the Foundations for Great Nursing Care Standards this year. The standards have been codesigned with patients and reflect their expectations of care. These standards inform and set expectations across the Trust, and create a shared accountability for care and improved experience and outcomes.
- Significant work has been in development to improve our clinical process measures for mental health observation, deteriorating patient and pressure ulcer prevention to improve associated patient outcomes and reduce harm. As a result we have been able to share learning and spread innovation and ideas for improvement Trustwide.

Transformation

- It has been another ambitious year for our Transformation priority with a strong focus on enhancing our community bed provision and accessible community support for children and young people, in addition to integrating our neighbourhood teams in readiness for the national four-week access target.
- There has been significant progress made within the a pathway redesign programme for neuro diversity across LLR, with a key focus on our new Integrated Neighbourhood model and SEND integration.

Equality, leadership and culture

- Over the year we have continued our interactive and collaborative Health and Wellbeing roadshows for all LPT family. These have been well attended and have provided a valuable space and opportunity for staff to influence change and improve our culture.
- Our culture improvement programme Our Future Our Way has been relaunched with over 80 change leaders who have engaged staff and volunteers to understand and build upon our successful staff survey results. They have picked four priority areas to further improve our culture at LPT, so that it is a great place to work for all. The priorities focus on managing expectations, psychological safety, health and wellbieng and career progression. Culture cafes have been embedded into regular Feedback into Action communications.
- Providing further learning and culture change across the organisation has been our successful reverse mentoring programme, in addition to cultural learning sets and diverse intelligence. These have sought to include the views and experience of our staff, focusing on parity and equality for the whole of the workforce and those using our services. The Together Against Racism programme has been able to pull some of this learning together along with significant codesign with staff to shape both the expectations and our approach to tackling racism.

Patient experience and involvement

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

Governance

- We have continued to build on our governance leadership and capability across all functions within LPT supported through the development and implementation of our Well Led framework. We have instigated an independent external reviews to support our learning and improve further.
- We have made significant strides in the development and delivery of our new Data Quality Plan and Data Protection Framework.

Reaching out

- Our work with NHS partners, local authorities and wider stakeholders has continued to identify areas where LPT can support sustainable communities through the development of Anchor Organisations and Social Value. This year has seen the key and exciting development of a roadmap for University Hospital Status. This roadmap supported by the University of Leicester paves the way for our Group to gain prestigious Teaching Hospital Status alongside the development of a joint Research Strategy.
- Our connections with Leicester College has seen an extremely successful Sector Based Work Programme supporting unemployed people in Leicester to gain NHS employment. This has led to 12 successful recruitments in the last 12 months and we were proud to be presented with the 2023-24 Employer Appreciation Award by Leicester College in recognition for this collaboration. Plans are in

place to expand this programme in 2024/25 which will see a wider network of vulnerable communities gain support to employment.

- Our Social Value programme has gained significant traction this year with key milestones being achieved, including engagement around a new Group Social Value Procurement Policy and work with Manchester University to profile our impact as an Anchor organisation.
- Another milestone for our Group has been the development of a Health Inequalities Framework, with LPT piloting seven very successful projects identifying health inequalities within current services and DNAs (did not attend). All seven services are undertaking further thematic reviews which will lead to action plans and codesign solutions with patients.

Environments

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

Access to services

- Ensuring access to our services is a core priority for our Trust and we have continued our to develop and implement measures to ensure people get the right care in the right place at the right time, and that they are safe whilst waiting for care. In support of this work we have embedded governance process to effectively performance manage waiting times/access targets providing a feedback loop to and from Executive Performance meetings.
- We have sustained high performance in relation to one of the lowest out of area mental health placements in the country and CAMHS performances rated exemplary by the NHSE children's commission report.



Trust wide Quality Improvement

- As a trust we have ensured we have a robust data driven approach to ensuring our improvement activities are focused in the right place whilst enabling us to respond to variation appropriately. Operational support has been embedded across the Trust which has increased our teams' data analytical skills and knowledge.
- We continue to develop strong partnership links between NHFT and University of Leicester which support a shared resource and improved collaboration potential for research and teaching. We are proud to announce this year that we signed an agreement to cover primarily teaching as well as research.

Through our Step Up to Great strategy we will continue to focus together on Great Health Outcomes, through Great Care, a great place to work and being an important part of our community. We are all leaders at LPT and we all make a difference.

Quality Account - summary

Quality and safety remain at the heart of what we do and we are proud of the many achievements our LPT family has delivered over the last year.

We started to roll out our new quality accreditation programme across our teams to help them celebrate their successes and identify where they need to focus their attention to improve further. This has resulted in many of our teams receiving accreditation awards, in particular our first outpatient team, the CAMHS outpatient team, received a silver award of which they were rightly incredibly proud. Accreditation helps teams achieve the recognition for the quality of care they provide as well as ensuring accountability is shared and owned at team level.

We have continued to ensure that we have sustained our improvements following our previous Care Quality Commission (CQC) inspection and we have also seen the ongoing progress with the dormitory re-provision. In January 2024, we had an unannounced visit from the CQC to our acute and psychiatric care inpatient settings for adults of working age and community nursing services. We thank everybody who supported this inspection and provided information, supported staff, and enabled our service users to share their voice. As the CQC move to a new single assessment framework we look forward to having opportunities to continue to share our progress in improving quality of care for the population of LLR.

In 2023 we completed a detailed quality and safety review of our services to ensure that our inpatient areas have the right culture in place to deliver high quality, safe, compassionate care. This was following concerns raised through national media coverage of inpatient mental health units outside of Leicester, Leicestershire, and Rutland. We took the opportunity to learn from this and to deliver on identified actions relating to this review, monitoring progress through our governance framework.

We are proud of our work to strengthen the voice of service users across the organisation, as we introduce and recruit patient partners to help shape our priorities and ensure we are focusing attention on the things that matter most to the people who use our services. We have also introduced a new Triangle of Care approach which will form a key priority for us next year. This is recognising the essential partnership between professionals, the person being cared for and carers, which is fundamental in ensuring good outcomes and experience.

In November, we launched the new national Patient Safety Incident Response Framework. This has been heavily shaped by our service users as well as staff to ensure we learn from when things go wrong in a way that is fair and just. This will form an important part of our work in 2024/25. Patient safety is always essential, and this new framework will be important in strengthening how we learn together. We are also proud that following a thorough assessment we achieved accreditation with the Safety Incident Response Accreditation Network (SIRAN). This recognises the standards and approach to investigation and is another important reflection on our improvement journey.

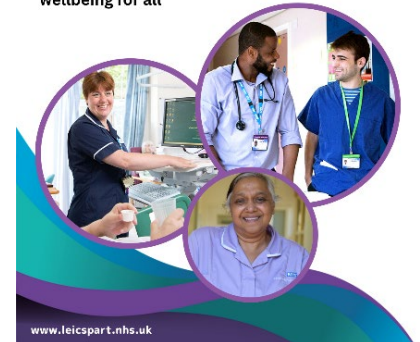
To deliver great care we need great staff, which requires a good approach to recruitment and retention. The WelImproveQ team have been supporting a quality improvement approach to recruitment so that we can get people started into post quicker and reduce our reliance on agency staff. We have also received the National Quality Mark for Nursing Preceptorship. This is important as good preceptorship helps ensure we give our newly qualified nurses the best possible start in LPT and in their professional career, so that they will stay with us and flourish.

Staff health and wellbeing continues to remain a key priority and once again we have carried out celebrations for Black History Month, South Asian Heritage Month and Lesbian, Gay, Bisexual and Transgender (LGBT) month, International Nurses' Day and Allied Health Professionals' Day. Additionally, we have celebrated International Women's Day and International Men's Day with a series of virtual webinars. We have also launched our Anti Racism Strategy along with our partners in Northamptonshire Healthcare NHS Foundation Trust (NHFT) so that we make sure we have an inclusive, compassionate, and psychologically safe place to work for everybody.

Our partnership working across our Group with NHFT has continued to go from strength to strength. We have designed and are delivering on three joint QI programmes focused on pressure ulcer prevention, supporting patients safely and well if they deteriorate in our care and also mental health observations. By taking a joint approach this provides an opportunity for learning, sharing ideas for change and improvement

Quality Account 2023/24

Creating high quality, compassionate care and wellbeing for all



and sharing of expertise and resource. We will look forward to sharing more information on this going forward.

We have continued to nurture our clinical leaders. This has included the delivery of the Ashton Compassionate Leadership Programme to staff from varying professional groups to ensure we have strong local clinical leadership for the future. We have also seen a further eight staff graduate from the Director of Nursing, AHPs and Quality Fellowship Programme.

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

Care Quality Commission (CQC) ratings

LPT is required to maintain registration with the Care Quality Commission (CQC), the independent regulator of health and adult social care in England. The CQC monitors, inspects, and regulates services, and publishes ratings based on what they find. LPT is registered with the CQC with no conditions attached to registration. LPT has not participated in any special reviews or investigations by the CQC during 2023/24. The CQC has not taken enforcement action against LPT during 2023/24.

Between 9 and 12 January 2024, the CQC carried out an unannounced inspection of our acute mental health and psychiatric intensive care unit (PICU) core services, and community district nursing services. As part of this, they observed care and spoke to staff, patients, families, and carers. We also provided over 250 pieces of information as evidence as part of the inspection. At the time of publishing this report, publication of the CQC's report is still awaited and therefore our ratings remain, as shown below, based on inspection in 2021 and 2022.

Further information about the CQC's reviews of LPT can be found at: www.cqc.org.uk/provider/RT5



Last rated
22 June 2022

Leicestershire Partnership NHS Trust



Are services



Overall rating

Inadequate

Requires improvement

Good

Outstanding

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good	Good	Good	Good	Requires Improvement	Good
Community health services for children, young people and families	Good	Good	Outstanding ★	Good	Good	Good
Community health inpatient services	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
Community end of life care	Good	Requires Improvement	Good	Good	Good	Good
Child and adolescent mental health wards	Good	Good	Good	Good	Good	Good
Specialist community mental health services for children and young people	Requires Improvement	Good	Good	Inadequate	Requires Improvement	Requires Improvement
Community mental health services with learning disabilities or autism	Good	Good	Good	Requires Improvement	Good	Good
Community-based mental health services for older people	Good	Good	Good	Good	Good	Good
Mental health crisis services and health-based places of safety	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement	Requires Improvement
Wards for people with a learning disability or autism	Requires Improvement	Good	Good	Good	Requires Improvement	Requires Improvement
Forensic inpatient or secure wards	Good	Requires Improvement	Good	Good	Good	Good
Long stay or rehabilitation mental health wards for working age adults	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement
Wards for older people with mental health problems	Good	Requires Improvement	Good	Good	Good	Good
Acute wards for adults of working age and psychiatric intensive care units	Requires Improvement	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement
Substance misuse services	Not rated	Not rated	Not rated	Not rated	Not rated	Not rated
Community-based mental health services for adults of working age	Requires Improvement	Requires Improvement	Good	Requires Improvement	Good	Requires Improvement

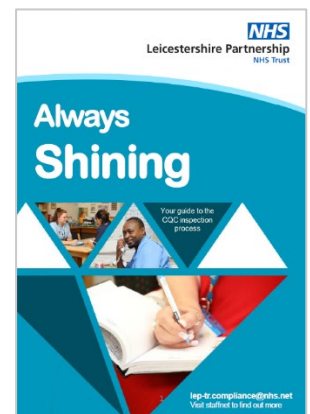
Continual focus on quality

The quality, compliance, and regulation (QCR) team acts as the central point of contact for organisations that check how well we are doing such as the CQC and supports trust staff to meet regulatory and best practice standards, as well as identify areas for improvement. Members of the team provide mentoring for staff, support induction of new staff, including clinical staff undergoing preceptorship, and host a monthly Foundations for Great Patient Care learning and sharing forum to spread good practice across the Trust. Topics discussed in the last year include the short observational framework for inspection (SOFI), a tool used by the CQC to capture the experiences of people who use services who may not be able to express this for themselves; plans to transform inpatient catering services; and culture of candour. Other key work of the team is described below.

Working with the CQC

In summer 2023, the trust welcomed a new CQC inspection team to Leicester, Leicestershire and Rutland, and in February 2024 the CQC's new Single Assessment Framework was introduced in our area. This has shifted the emphasis from rating services based on unannounced inspection to continuous monitoring of services through regular collection of data and information, with a particular focus on the experience of people who use services and their families. The CQC no longer needs to inspect a service to form a judgement or rate it. The QCR team has therefore had to adjust to new ways of working and, as the new approach is rolled out fully, will continue to help staff to understand the changes and prepare to evidence the quality of care that they provide.

The team helps services to be ready for inspection in several ways. For example, during July and August 2023 we visited 11 community hospital wards to carry out CQC-like inspections (see quality visits below) to help our community health services directorate identify any areas where improvement might be required, and good practice which could be shared and celebrated. We also refreshed our guidance for staff and delivered a number of 'Always shining' sessions to help staff to understand what the CQC expects and what we need to do to be ready when inspectors arrive.



Quality Visits

Our programme of unannounced quality visits to services continues with the aim of proactively ensuring that standards are being met and improvements are being sustained. These visits look at the environment and consider whether in our daily practice we are meeting Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which focus on areas such as safe care and treatment, safeguarding, dignity and respect and person-centred care.

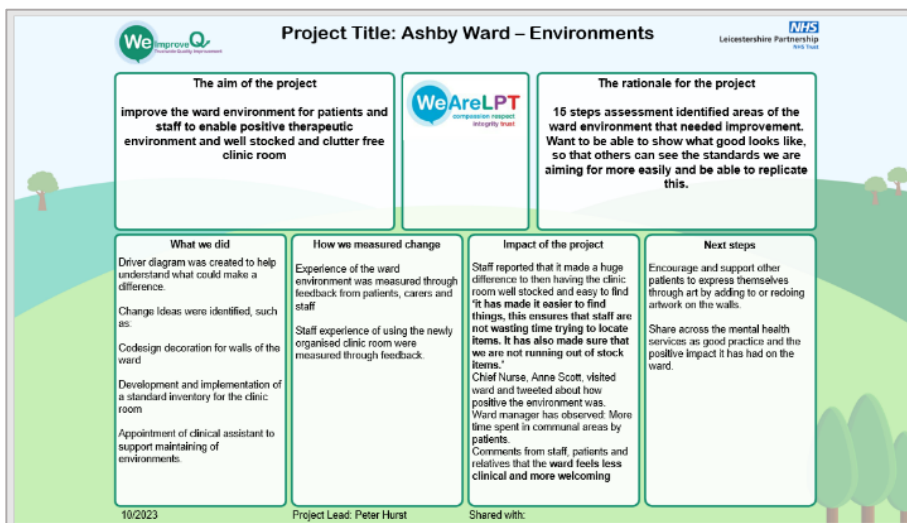
30 such visits were carried out in 2023/24, and in December we trialled a new, more focused approach which involved scrutinising ward data and patient documented care in advance which we were then able to observe once on the ward. This was successful in drawing out issues to consider and is an approach that will be continued in the future.

Following each quality visit we hold a 'huddle,' which includes staff from the directorate as well as any other relevant staff such as those representing estates, safeguarding, health and safety and pharmacy. This makes feedback timely, collaborative and provides clarity on ownership of action. Whilst visits can feel challenging for services, the team is witnessing service leaders' confidence in requesting support and is increasingly being invited in to be a fresh pair of eyes on an issue or area.

Non-executive director (NED) **Boardwalks** to wards and services also continued. 29 visits took place in 2023/24 giving existing and new NEDs the opportunity to experience LPT services from the perspective of staff, patients, and carers, and to identify and share challenges as well as celebrate good practice and success. The NEDs also have an opportunity to provide feedback on their visit with services which can be used to identify successes and areas for improvement.

Similarly, our **15 Steps visit programme** continued with service users and non-clinical staff joining us on 20 visits to look at services with fresh eyes from a 'first impressions' point of view. This year we are pleased to have welcomed and trained more people with lived experience and non-clinical staff, enabling us to reach more services next year. We've also started work on an e-learning module to help more staff to understand the value and impact of these visits.

After a 15 Steps visit highlighted that the ward environment needed improvement, Ashby Ward took up the challenge to make it happen. They used quality improvement methodology with the help of the WelimproveQ team. They created a diagram to help them to understand what could make a difference, worked with patients to codesign decoration of the walls, developed a standard inventory system for consumables in the clinic room and appointed a clinical assistant to support maintenance of the environment. Staff now always have stock, find it easier and less time consuming to locate items, and patients and relatives feel that the ward is less clinical and more welcoming. Next they intend to encourage more patients to get involved in expressing themselves through artwork and have written up their success on a story board to share it across mental health services as good practice.



Early warning systems

In September 2023 a new monthly lead surveillance meeting was established to act as an early warning process, strengthen triangulation of internal information or warning markers and enable the trust to ‘horizon scan’ for emerging risks or concerns in relation to the quality and safety of patient care.

Monthly meetings bring together leads from quality and compliance, patient safety, safeguarding, infection prevention and control, patient involvement and engagement, freedom to speak up, nursing, and health and safety to discuss topics on their radar, to help identify and escalate any potential emerging issues so that they can be understood and managed in a timely way.

This year we also introduced another way to highlight issues which may require attention. Feedback from the visits described above, along with feedback from Mental Health Act Inspections, correspondence from the CQC and any other external accreditation bodies are reviewed and themed. We are also beginning to align the feedback to CQC quality regulations so that we can easily see which CQC domains should be the focus of our attention.

Valuing High Standards Accreditation

Our Valuing High Standards Accreditation (VHSA) programme continued to develop. VHSA is the trust-wide tool that teams can use to showcase their achievements and diverse ways of working by reflecting on their performance against accreditation standards and then collecting supporting evidence.

Through accreditation, teams self-assess against the standards that are most important to them and our service users and colleagues. These include LPT’s Step up to Great (SUTG) strategy, CQC standards and other core regulatory or professional standards. Going through the accreditation process helps teams to consider their strengths, areas for improvement and how they are being or could be addressed, and what evidence they have to support their viewpoint. Evidence could include service outcome measures, patient/staff feedback and surveys, clinical audit results, quality improvement projects and awards and recognition received.



We reflected on early learning and capacity within services to take part in accreditation and moved to a two-phase approach for the roll out of the programme, with efforts this year focused on embedding formal accreditation with a small number of core teams who will then become ambassadors for adoption across their directorates.

We strengthened our support for the programme with the appointment of a new clinical quality lead in October, and publication of a new easy-to-read leaflet and staff intranet pages about VHSA. In December

we also began to host monthly Virtual VHSA cafes, which staff can join to discuss accreditation, share updates, and ask questions.

The child and adolescent mental health service (CAMHS) outpatient team were the first to use the new accreditation tool and proudly received their silver award in December 2023. Assessors said they showed *'exceptional commitment to providing high quality child and young people-centred care.'* Outpatient mental health practitioner Michelle Gamble explained how positive the accreditation process had been for the team. *"We've seen such a morale boost"*, she said. *"It has been great for the service and colleagues to be involved in the process. I really enjoyed showcasing the work of the outpatient team and being part of the VHSA."*



Rutland SEND provision commended

In May 2023 the CQC and Ofsted carried out a joint area inspection of special educational needs and disabilities (SEND) provision for children and young people aged 0-25 and their families in Rutland. LPT's FYPCLDA directorate play a large part in the provision of this support, including our health visiting, healthy child programme, child and adolescent mental health services, community paediatrics, physiotherapy, occupational therapy and speech and language therapy services.

The area was awarded the highest possible grading for local services, with inspectors saying: ***"The local area partnership's arrangements typically lead to positive experiences and outcomes for children and young people with special educational needs and/or disabilities. Children's and young people's voices are heard and acted on."*** Inspectors felt that the voice of the child, young person and family are more strongly evidenced in education, health and care plans (EHCPs), and there is effective early identification of additional needs.

Areas for improvement were also highlighted, including the need to set measurable targets to reduce waiting times and provide effective support for those waiting for neurodevelopment and mental health assessments. Meeting the needs of children in military families and ensuring that leaders work together to improve planning and oversight also require more focus.

A research-active Trust

LPT recognises that involvement in and conducting high quality research to produce the best evidence, is fundamental to the continual improvement of services locally, nationally, and internationally. We are committed to the creation of a vibrant research culture as embedded core business of the Trust that creates opportunities to attract and retain staff and drive forward positive innovations and developments.

As a Trust and system partner, we are committed to enabling and promoting excellence in research at all levels and for all staff. We will play our part whenever it is possible to do so by actively participating in research, by leading research as sponsor, and by promoting opportunities for staff and supporting service-user/carer involvement to "Be Part of Research".

We are committed to developing, hosting and collaborating with local, national and international research through our partnerships with academic and commercial institutions enabling access to cutting edge treatments. Most importantly, the Trust is a "Category A" partner organisation of the UK Clinical Research Network (CRN), through the CRN East Midlands as part of the National Institute of Health and Care Research (NIHR). We are also collaborating in other elements of the NIHR, including:

- NIHR Applied Research Collaborative: East Midlands (ARC: EM)
- NIHR Health Innovation (East Midlands).
- Leicester NIHR Patient Recruitment Centre (Late Phase Clinical Trials) and
- NIHR Research Support Service East Midlands

Research is or should be part of everyone’s working life. Research is about knowing why we do what we do and designing service provision around the best research-derived evidence available through continuous improvement.

The number of patients and other participants (including staff) receiving NHS services provided or sub-contracted by LPT in 2023/24 that were recruited to participate in research approved by a research ethics committee as of 29 February 2024 was 592 (364 Portfolio). Especially in respect of Portfolio research this reflects a 50% increase year-on-year and excludes large-scale data-extraction studies (e.g. RECAP. APHID).

This work is routed through our integrated Research Office and NIHR-funded Delivery Team which works across every Directorate in the Trust and across the LLR System to encourage research of national importance to be hosted within LPT. This collaborative approach encompasses:

- Digital Health Innovations
- Mental Health across all ages and ethnicities:
 - Child & Adolescent Mental Health
 - Assertive Outreach
 - Eating Disorders
 - Psychosis (First Episode and Recovery)
 - Depression and Anxiety, and Treatment Resistant Depression
- Neurodegenerative Disease
- The Care Home Interface
- Cardiovascular Disease (incl. Stroke), Heart Failure and Rehabilitation
- Respiratory Rehabilitation
- Nutrition & Dietetics
- Child Health
- Intellectual Disabilities/Autism

This table provides a selected sub-set of continued and new hosted NIHR portfolio research from 2023/24.

Study	LPT Directorate	Purpose
DECODE	FYPC-LD	Data-driven machine-learning aided stratification and management of multiple long-term conditions in adults with intellectual disabilities
RESTORE-LIFE	DMH	Study to assess the effectiveness and efficiency of vagal nerve stimulation therapy as adjunctive therapy for treatment resistant depression
ADEPP	DMH	Trial of sertraline for depression in first episode psychosis
STRATA	DMH	A multicentre double-blind placebo-controlled randomised trial of sertraline for anxiety in adults with a diagnosis of autism
GLAD	All	Exploring the genetic risk factors for depression and/or anxiety
GUIDE-HD	DMH	Guided self-help for anxiety among Huntington’s disease gene expansion carriers compared to treatment as usual: a randomised controlled feasibility trial
EDGI	DMH	Eating Disorders Genetics Initiative
ENROLL-HD	DMH	Enroll-HD is a clinical research platform and the world’s largest observational study for Huntington’s disease families
REACH HFpEF	CHS	Randomised controlled trial of a facilitated home-based rehabilitation intervention in patients with heart failure with preserved ejection fraction and their caregivers

NCISH	DMH	National Confidential Inquiry Into Suicides and Homicides: This work has collected in-depth information on all suicides in the UK since 1996. Sub-studies include “Middle-aged Suicide”; “Addiction and Abuse and Suicide”
IMID	CHS & Primary Care	(Immune-Mediated Inflammatory Diseases) BioResource
iMARK-HD	DMH	In vivo longitudinal imaging of HD pathology
HEALTH-RND	DMH	European ehealth care model for rare neurodegenerative diseases: Development of HD-specific outcome measures
ZYNERBA - RECONNECT	DMH (with UHL)	A randomised, double-blind, placebo-controlled multiple-centre, efficacy and safety study of ZYN002 administered as a transdermal gel to children and adolescents with Fragile X Syndrome
ADEPT-2:	DMH	The feasibility of Guided Self-Help for depression in adults with Autism
VESPAR	DMH/CHS	Vascular mechanisms in, Stroke, depression, Dementia, and delirium
The ImPreSs-Care Study	DMH/Primary Care/Care Homes	Improving physical health care in older people in mental health settings
LIRO	DMH	Leicestershire Inpatient Rehabilitation Outcomes
TRAUMA-AID	FYPC-LD	Eye movement desensitisation and reprocessing for symptoms of post-traumatic stress disorder in adults with intellectual disabilities
PRESIDE 2024	CHS/DMH/Care Home	Preliminary Randomised Evaluation of Singing in Dementia
AFRI-c	Care Home	A cluster randomised controlled trial of Air Filtration to prevent symptomatic winter Respiratory Infections (including COVID-19) in care homes
RECAP	DMH	Older people with intellectual disabilities and epilepsy – Recognising and Correcting Anti-cholinergic inducing Polypharmacy
MAINTAIN	CHS/Care Homes	Maintaining Independence in People with Dementia who had a fall: a pilot cluster randomised controlled trial
DREAMS	DMH	Detecting and Responding Effectively to domestic Abuse in Mental health Settings
APHID	FYPC-LD	A novel way to understand and communicate the burden of Antipsychotic Prescribing for Adults across Specialist Intellectual Disability Services in England and Wales
ESCAPE-O	DMH/VitaHealth	Integrating Smoking Cessation Treatment into usual online Psychological care for people with common mental illness: an Online randomised feasibility and pilot study

Research Workshops and Forums

The Research and Development Team hosts monthly research workshops and/or forums where research related issues and findings are shared. Researchers from across the Trust as well as the UK have been invited to present their research. Over 2023/24 the following research forums and workshops were hosted:

Title/synopsis
Forum: Psychological impact of COVID-19
Forum: An exploration of factors associated with the diagnosis and treatment of obstructive sleep apnoea in chronic heart failure: a mixed methods study
Forum: The SIREN Study. Understanding COVID infections and immunity in healthcare workers
Workshop: Finding high quality information
Workshop: Literature searching
Forum: Rapidly formed COVID teams in the NHS
Forum: Psychological research in the Huntington's Disease service
Workshop: Writing for publication
Forum: End of life care in the patient's home: An exploration of nursing staffs' experiences of caring for patients from BAME backgrounds
Workshop: NIHR-HEE Integrated clinical academic career pathways
Forum: Time use, meaningful activity and recovery: is there an association for patients in a community hospital?
Workshop: The IRAS Application: Applying for Health Research Authority (HRA) and NHS research ethics committee approval
Workshop: What is a clinical academic and do I want to be one?
Forum: Breaking the boundaries: improving access to research for people with intellectual disabilities

The Research Partners Collaborative

Patient and public involvement (PPI) in research ensures that research within the NHS is driven by and focused on the needs of patients, service users, families and carers. In LPT we work with patient and public involvement representatives to determine research priorities, define research questions, establish methodology and disseminate results at the close of a project.

The LPT Research Partners Collaborative (RPC) is a collaboration between the RD team, clinicians and experts by experience (PPI representatives). The vision of the RPC steering group is to embed and support service users, carers, and the public in the consultation, collaboration, co-design and co-production of research within LPT.

Research Charitable Funds

The RD team offer funding opportunities via charitable funds to increase the profile of research within the Trust. These range from ad hoc funds of £500 to larger projects and pilots funding. In 2022, for example, the following two projects were successfully awarded £10,000 of funding by LPT's charity Raising Health:

- Examining challenges encountered in the transition from child and adolescent to adult mental health services for young people with complex needs: Experiences and views of young people, professionals supporting them, and parents and carers.
- Developing and evaluating a mental imagery-based assessment tool for clinicians and a novel imagery-based intervention for young people who self-harm.

In 2023 an element of project funding will be prioritised for research relating to health inequalities and physical and mental health multi-morbidities.

A full list of all project level research activity can be accessed via our webpages:

www.leicspart.nhs.uk/involving-you/research-and-development/research_lpt/.

WelImproveQ

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



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

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

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

WelImproveQ has delivered the following outcomes:

- **395** staff were trained and supported in year to acquire QI knowledge through our internal training sessions and the quality, service improvement and redesign (QSIR) programme, with two staff members gaining QSIR Associate status. Our total number of staff trained now exceeds **1100**.
- Continued delivery of our 1-hour quality improvement work-based learning training series - QI in a Box with **50 sessions** delivered in 2023/24
- Provided training and support around QI for our preceptees, Junior Doctors, Director of Nursing & AHP Fellowship and HCSW development programme.
- WelImproveQ were winners of the Celebrating Excellence Group Excellence Award in September 2023
- Winners and highly commended in the Audit Management and Tracking Conference poster competition for **Reducing Insulin Errors in a Community Nursing Service**, and Healthy Together's **Reintroduction of the 3-4 Month Contact** in May 2023
- **122** 'conversation starters' were discussed in one of our weekly QI Design Huddles. These bring together the knowledge and skills of people from across the organisation, including clinical audit, research, patient involvement, lived experience, equality and diversity and clinical practice, to encourage and support new ideas for improvement, applying the right approach to the area identified.
- **159** projects were supported (**43** of which were completed) and recorded on LifeQI, our web-based platform for supporting QI projects.
- We have continued to strengthen relationships with our system partners, UHL and the ICB and have worked collaboratively to deliver training capacity across the space and are working jointly on some wicked issues

The aim of the project

Are participants (care home staff) achieving the learning outcomes that have been set for the five-training topics?

- On average participants taking part should achieve 75% of learning outcomes.

Establish if participants (care home staff) are utilising the learning outcomes into their practice?

- 4 weeks following delivery of training, evaluation sent out to care home managers to establish implementation of learning in practice.



The rationale for the project

Enhanced Health in Care Homes (EHCH) 2020, service moves towards proactive care that is centred on the needs of individual residents, their families and care home staff. We support care home staff to develop their confidence and skills in providing health care.

Review of evaluation questionnaire following training, suggested that participants learning had not improved following training.

Looking at a 3-month period prior to project it was established that only 27% participants identified that their knowledge had improved.

What we did

- We identified 3 core key learning outcomes for each of the 5 topics
- Placed the key learning outcomes into a pre and post questionnaire.
- Evaluated the before and after answers to the key learning outcomes.
- Sent out a questionnaire with 3 questions, to managers 4 weeks after the training to identify if learning had been implemented in practice.
- We used the PDSA cycle for support and to evaluate any changes needed during the project.
- We changed the questionnaire to paper format for learners.
- Included learners' own self-assessment of their knowledge pre and post.

How we measured change



The learners were asked to rate their knowledge of the subject pre- and post-course. The average % increase was 36.6%, with the greatest improvement being in catheter care.



We assessed the average scores for the post course learning check questions and these all showed improvement and achieved our target of 75%.

Impact of the project

- Improved quality of care given.
- Reduction in the risk of harm.
- Aligning our training to other areas within the Trust facilitates towards shared outcomes furthering quality improvement.

Next steps

- Following the outcomes we will develop a more robust evaluation sheet, to establish learning has taken place following the training session.
- On booking the training, managers will be informed that following the training a questionnaire will be sent out to establish how learning is being put into practice.
- Working more closely with other areas to focus on joint outcomes.
- Look at the mediums we use to present our training. Face to Face/Microsoft Teams. Does one produce better learning than another?

February 2024

Annette Powell, Clinical Trainer, LPT Care Home Training Team

Health inequalities

Identifying and tackling health inequalities

Identifying and tackling health inequalities within the communities we serve across Leicester, Leicestershire and Rutland (LLR) is an important strategic priority in helping us achieve our vision for creating high quality compassionate care and wellbeing for all.

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

Health inequalities can affect a disproportionate number of people from socially deprived neighbourhoods, minority ethnic communities, vulnerable groups such as older people, people who are pregnant, disabled communities, homelessness, to people in the criminal justice system. This may mean that people who need our support find it a challenge to do so (and there may be many reasons for this).

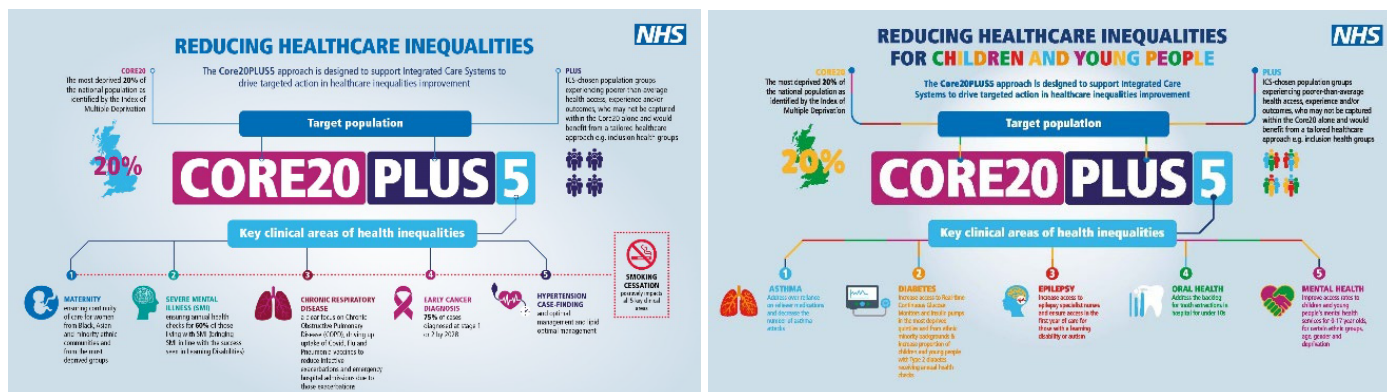
We have spearheaded programmes of work which help us identify, understand and address health inequalities within the communities we are here to support. We have made significant strides with the development of our Patient and Carer Race Equality Framework; a Framework which monitors at Trust Board core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

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

New LPT Health Inequality Framework for 2023/24

As a Trust we continue to promote equality, diversity and inclusion in all that we do to improve the experiences of our patients and our staff; and within 2023/24 have launched a dedicated Health Inequality Framework programme specifically focused on identifying and tackling health inequality using service access and DNA data.

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



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

To support the launch of our Health Inequality Framework, the Strategy and Partnerships Team have collaborated closely with seven service areas and Business Intelligence leads to understand what service information we need to identify and challenge health inequalities. We have successfully mapped respective access and DNA data within these services to better inform and help shape a service approach to tackling health inequalities. The objective is to understand what our data can tell us about health inequalities within our services, provide services with the information they need to create local strategies and action plans to tackle health inequalities; and to create a measurable framework.

Key successes in 2023/24:

- We are now sharing disaggregated access data with the service teams that have been involved with the co-creation of this Framework, data which specifically highlights potential health inequality as well as shining a light on areas of good practice. This equates to 160,000 appointments a year.
- We have codesigned an App for service leads providing easy access to disaggregated data, directly designed to support the evolution of strategies and action plans to tackle health inequalities.
- Service leads within the Framework now have access to DNA and access profiles within their services by ethnicity, language, LDA, gender, 20% most deprived postcodes within LLR, and day and time of appointment.
- The Services involved in this Framework to date have an increased local knowledge of health inequality and community needs; and a growth in professional curiosity for how we can identify and address health inequalities.

The services involved in this initial part of the Framework programme are:

- Memory Service
- Mental Health Crisis and Home Treatment team
- Learning Disability Community Team
- Specialist Autism team
- Podiatry team
- Lymphoedema team
- Psychosis Intervention and Early Recovery team

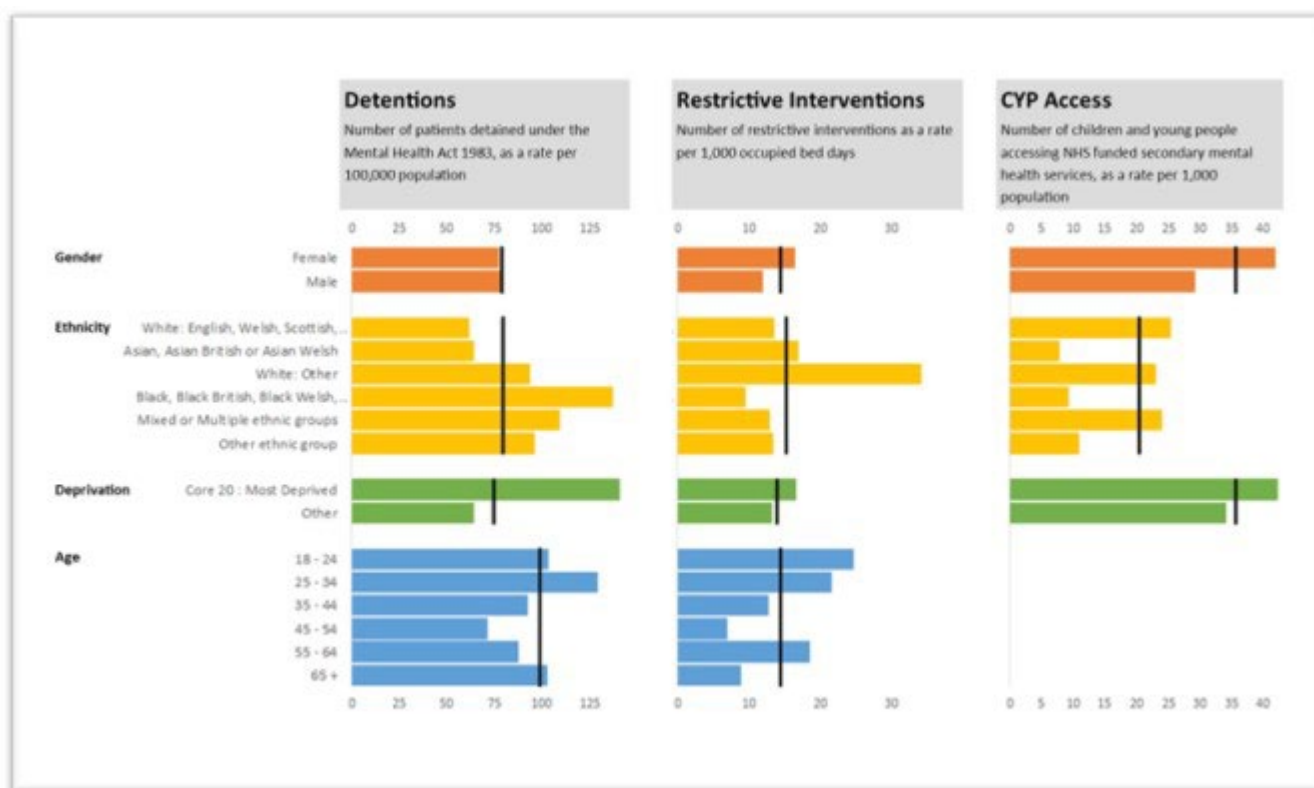
We will continue to monitor this progress of this important work and build upon it.

Health inequalities data

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

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

Table: NHSE Statement of Health Inequality datasets:



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

Detentions:

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

Restrictive Interventions:

- ✓ We continue with a strong focus on building on the great achievements already made in reducing restrictive practice. We have successfully seen over a 50% reduction in seclusions within adult inpatient services.

Children and Young People access activity and progress:

- ✓ We continually map and monitor referral rates to specialist CAMHS highlighting where expected demand is different to uptake of service. This has enabled us to provide targeted support in those areas.
- ✓ As a result we have initiated many initiatives such as a roll out of the Mental Health Support Teams in schools; introduction of self-referrals; Pop-up “chill out zones” held in community centres and schools across LLR where children and young people have a safe space to talk about mental health. These pop-ups are also places where children and young people can learn practical ways to improve low mood and manage anxiety or be triaged to other support if their mental health needs are more acute.
- ✓ We have successfully invested in the digital offer to support access including online parenting courses, online peer support and counselling, targeted mental health content on digital platforms, such as Health4 websites and MyGuidance.
- ✓ From developing our Community Partnerships including our CAMHS service working closely with Leicester City in the Community (official charity of Leicester city Football Club) mentoring young people who are deemed to be at risk of mental health difficulties due to vulnerabilities, adverse childhood experiences or social disadvantage; to, assertive outreach programmes- such as YOS-ACEs delivered by the CAMHS Young People’s team to young people known to Youth justice services. The programme is delivered to young people who are at risk of mental health difficulties due to significant adverse childhood experiences. This is an early intervention and prevention programme.

Financial performance

Information on our financial performance is included in the appendices.

Sustainability report

Green plan

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

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

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

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

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

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

Addressing climate-related issues

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

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

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

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.

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

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

Anti-fraud, bribery and corruption

While the majority of people who work in and use the NHS are honest, a minority continue to defraud it of its valuable resources. 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.

The Trust is required to comply with Government Functional Standard 013: Counter Fraud, which sets out the activities that should be undertaken to counter fraud, bribery and corruption. The Trust is required to provide an annual return to the NHSCFA detailing its compliance with the Government Functional Standard in May each year. In May 2023 our submission confirmed compliance with each and every component of the Government Functional Standard. We have met the counter fraud standard for 2023/24.

Counter Fraud activities undertaken during 2023/24 included:

- CFS-led fraud risk workshops with risk owners across the Trust to identify and assess fraud risks and determine any further mitigations that could be implemented.
- Continuing the Trust's participation with the National Fraud Initiative.
- Undertaking detection activities to highlight instances of potential fraud and understand new risks.
- 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.
- Engagement with the NHSCFA on a wide range of issues to support development of the NHS counter fraud initiative.

Social responsibility and involvement

Placing patients, carers and their families at the centre of everything we do is key to ‘creating high quality, compassionate care and wellbeing for all’.

Patient experience and involvement

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

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

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

The last 12 months has seen a real step forward in terms of integrating our patient and carer voice across the Trust. This has included the recruitment of 20 Lived Experience Partners into the Trust (some of whom are pictured here). The Lived Experience Partner role is a key part of our Lived Experience Leadership Framework. Our Lived Experience Partners will work alongside clinical and non-clinical staff, patients, and carers, drawing upon personal experience and expertise to provide insight into the design, improvement and delivery of the services provided by the Trust.



Partners will be undertaking a range of roles across the Trust, including:

- Cochairing coproduction groups in the Directorate of Mental Health
- Working with Senior Responsible Officers as part of the Community Health Services Transformation Programme
- Working with Group leads in Families, Young People and Children and Learning Disabilities and Autism Service Groups
- Members of our Peoples Council
- Delivering and designing training and development across the Trust
- Patient Safety Partners supporting the implementation of the new Patient Safety Incident Reporting Framework

In addition to the Partners our Patient and Carer Involvement Network continues to grow. We now have over 200 people with lived experience of our services registered on the network and working with us at various levels of involvement to improve services. Find out more on our website at

www.leicspart.nhs.uk/involving-you/involving-you/

Patient and Carer Involvement in Quality Improvement (QI)

Several of our network members have been working collaboratively with staff on QI projects that staff have taken on as part of their Director of Nursing (DoN) and Allied Health Professional (AHP) Fellowship.

This has been a fantastic piece of work, and as we move into the third year of the Fellowship programme the third cohort of staff has doubled to 14 members. This is a great achievement, and we are excited to again be supporting the Fellows with any patient experience and involvement element of their projects, and we shall be aiming to match patients and carers to again work collaboratively with project leads.

Projects:

- Grant Paton and Anita Watts – LD Team - Supporting patients into voluntary or paid employment.
- Azar Richardson and Kathrine Hawker – Increase the use of the Body Rhymes Resource Bank, across schools by Speech and Language Therapy.
- Azar Richardson and Melissa Smith – Explore the role of Occupational Therapist in Community Hospitals within LPT.
- David Batchelor and Arun Sikhan – Reduce delay in equipment provision for the Patient's above the weight limit of 270 Kilograms.
- Andy Murtha and Natalie Leggatt – Improving the transition of adults with type 2 diabetes to become independent with their insulin administration.
- Sherry Palmer and Vanessa Nkonda – Improving 1:1 Therapeutic Engagement between Nurse and Patients on PICU.
- Helen Rawlinson and Emma Smith – Agnes Unit - Improvements to training on Trauma informed care.

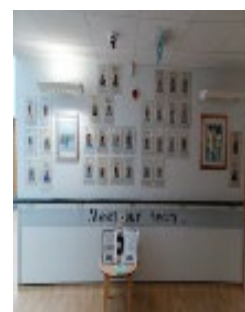
Developing Nursing Principles for the Trust

We have undertaken engagement and co-design workshops throughout the year with staff, patients and carers who have come together to review and create a new set of nursing principles for the Trust. The aim of the work is to create principles that will underpin all aspects of nursing care, along with a range of 'I' Statements for patients and carers and 'We' Commitments for staff. The 'I' Statements created by patients and carers, will be used to measure the impact of the principles. Outputs from this work are also feeding into the work on Shared Decision Making and the Trust's Our Future Our Way culture change programme.



Patient-Led Assessments of Care Environments (PLACE) visits

The second year of PLACE Assessments in partnership with patients and staff commenced in early September with a cohort of Patients and Carer assessors. However, the programme has been impacted this year by Covid and restrictions to accessing of wards. As a result, we have not been able to fulfil the full programme of visits. A member from the Youth Advisory Board has joined the assessors' team for this year.



Talk and Listen Group

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

- How we can collaborate better with the Patient experience and involvement team to involve people with learning disabilities
- What training do both staff and patients need or could give to others to improve the voice of those with learning disabilities?
- Providing advice and support on Quality Improvement Projects including reviewing a survey aimed at people with learning disabilities about voluntary or paid employment.
- The group also has an opportunity to gain experience about projects. The “My Diabetes and Me,” was of interest to some of the group who have diabetes and were keen to get involved in the research project looking at an education programme to help people with learning disabilities to manage their diabetes better.



The Group have returned to face-to-face meetings, and they undertook a review of what they have enjoyed and the things that they have done well over the year.

Carers – Developing our strategic approach through the Triangle of Care

During the year the Executive Management Board approved the adoption of the Triangle of Care (TOC) for Carers. The Triangle of Care was created to improve engagement between carer and health professional for the benefit of the patient (service user). It aims to ensure appropriate carer inclusion - “Carers Included” – throughout the patient’s care journey.

The framework recognises providers who have committed to change through self-assessment of their existing services, and by implementation of the programme according to the Six Key Principles. The Triangle of Care is seen by the CQC as good evidence of an organisation in terms of well led and how they value the involvement and engagement with patients, carers, and service users.

Although the assessment process will not commence until 2024/25 there has been a range of initiatives implemented during the year, including the coproduction of a Carer Promise which was designed by staff with lived experience of being a carer as well as Carer Lived Experience Partners.

Carers Awareness training has been codesigned and will focus on identifying carers, supporting working together and enabling supportive conversations and referrals to local services. The training has further been supported by the Patient Safety team ensuring that consent and confidentiality is included. The training will be delivered by Carer Lived Experience Partners.

Triangle of Care will form part of our Quality Account for 2024/25.

LPT Youth Advisory Board (YAB)

The YAB continued its great work throughout the year and it was fabulous to see this work recognised through the YAB being nominated in this year’s celebrating excellence awards, and winning within the category of Excellence in Patient or Service User Involvement (pictured). The board continue to support and work on projects impacting young people across Leicester, Leicestershire, and Rutland (LLR). Examples of local and wider system partnership projects they have been involved with over the last 12 months include:



- **Neurodevelopmental Project, Patient Animation Videos** - YAB have been involved in co-designing a series of videos that have been created to support young people who are on the

Neurodevelopmental pathway. The YAB have been regularly reviewing content and watching the video animations as they are being developed to ensure they met the needs of young people. The videos include “making and maintaining friendships” “social understanding” and “waiting for an assessment”. As a result of the YAB’s involvement the videos and scripts have been adapted to improve accessibility, imagery and understanding, and their involvement is ongoing.

- **LLR World Patient Safety Day event** - Three YAB members supported by the YAB leads attended the LLR world patient safety event, contributing to tabletop discussions and supporting LPTs’ patient safety lead presentation highlighting the work of YAB to LLR partners and the public.
- **Social Understanding, Patient animation video** - YAB have signed off and agreed the final version of this patient animation video, supporting young people who are accessing pathways. The YAB has fed back that they are pleased to see how this has developed from the initial plan and ideas and have been encouraged by all their feedback and suggestions that have been included and taken on board as part of this ongoing work.

People’s Council

Following a review the People’s Council relaunched during the year, which included the recruitment of Lived Experience Partner members to the Council to strengthen patient and carer voice.



During the year Council members met with the Trust Board at their Board Development Session in August 2023. During the session discussions were had in terms of how the Council can support the work of the Trust, particularly in relation to the Step up to Great Priority for Patient Experience and Involvement as well as supporting work around health inequalities. In addition to this the Council have met with the Deputy Chief Executive and Trust Chair to consider how the Council can align with the Trust Board.

The People’s Council has agreed its revised terms of reference and key priorities. These are:

- We will support LPT by being a critical friend.
- We support LPT to involve, engage and co-produce.
- We support LPT to shape strategy and policy.
- We support LPT to deliver on its equality, diversity, and inclusion commitments and to tackle health inequalities.

The Council also agreed to have two areas of focus which will be to receive, review and make recommendations in relation to themes and trends related to Patient Experience through review of the Quarterly reports as well as having a health inequalities focus, specifically in relation to the newly launched Patient and Carer Race Equality Framework.

The Council agreed that their priority area in relation to poor experience reported through complaints and concerns would be to focus on those related to communication. The Council held a Communication Summit where they reviewed patient experience data along with presentations on several programmes of work underway towards addressing the theme of communication.

Adopting an approach of Receive, Review and Recommend the Council has now commenced its work in relation to patient experience and involvement taking forward the theme of communication through a dive into the management of Complaints within the Trust.

Improving patient involvement and experience - how did we do?

Priorities	We said we would	What we did
We will make it easy and straight forward for people to	Using patient experience and involvement insight to inform service and quality improvement	<ul style="list-style-type: none"> • Patients and Carers became part of PLACE assessments • Programme of 15 Step Challenge reviews undertaken with patients and carers • Delivery against recommendations of the Closed Culture Review recommendations:

share their experiences	and to continually improve the experience of those who use our services.	<ul style="list-style-type: none"> Griffin PICU Ward (Psychiatric Intensive Care Unit) – improving 1:1 therapeutic engagement between nurses and patients. Agnes Unit (inpatient Adult Learning Disability) - supporting staff to use therapeutic engagement during supportive observations with patients. MHSOP non-verbal patients – Short Observational Framework for Inspection (SOFI observation tool) – being tested to capture experiences of people who are experiencing dementia. CINNS Neurological patients – co-design event being planned with patients and carers to co create tools to capture feedback for people with communication, neurological needs. Mental Health in Schools Team – testing new collection methods to make it more Young Person friendly.
We will increase the numbers of people who are positively participating in their care and in service improvement	Deliver continuous development of patient/carer participation and involvement, both through volunteering and paid employment, to better enable co-production of services	<p>Implementation of the Trust's Lived Experience Leadership Framework:</p> <ul style="list-style-type: none"> Recruitment of 20 Lived Experience Partners Recruitment of 2 Patient Safety Partners Established a recruitment pathway for lived experience including Peer Support Workers Relaunched People's Council Established Patient and Carer Experience Groups in each directorate and Coproduction groups in Directorate of Mental Health Lived Experience QI Partners supporting Director of Nursing Fellows in their QI projects
We will improve the experience of people who use or who are impacted by our services:	To capture and use the learning from patient feedback and engagement to inform and influence how the Trust delivers and designs its services.	<ul style="list-style-type: none"> Delivery of programme of Complaints Peer Review Programme including Duty of Candour Codesign of Principles for Great Nursing Care with patients, carers, and staff Review, revise and embed carers training package for staff Cocreation of Carers' Charter across the Trust Joined Triangle of Care Assessment Framework for Carers

Community Mental Health Survey

The 2023 survey of people who use community mental health services involved 53 providers of NHS mental health services in England. For the first time this year the lower age limit was reduced from 18 to include 16- and 17-year-olds. People were eligible for the survey if they had:

- Received specialist care or treatment for a mental health condition.
- At least one contact between 1 April and 31 May 2023, as well as at least one other contact either before, during or after the sampling period.
- Were not a current inpatient.

Nationally the response rate was 20%. The 253 LPT users who responded to the survey provided a response rate of 17.42%.

Benchmarking results for the Trust showed that:

- For the question “Was the support offered appropriate for your mental health needs?” The trust scored somewhat better than most trusts.
- For the questions: “Were you given enough time to discuss your needs and treatment?” and “Do you feel in control of your care?”, the trust score was worse than most trusts.

- For the question “In the last 12 months, did your NHS mental health team give you any help or advice with finding support for the cost of living?” the trust scored somewhat worse than most trusts.
- The Trust’s results were about the same as the national average for the remaining 29 questions.

The survey results will be formally published by the CQC in late April 2024.

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

Volunteering

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



We are so proud to have around 220 volunteers supporting at LPT, and over the last year we have recruited 78 volunteers and 35 volunteers are going through recruitment.

The Volunteer Strategy/Delivery Plan was approved in December 2023 and is a key part of our People Plan. We want to provide the best experience for our volunteers and maximise the potential of having volunteers in our Trust. The volunteering strategy aims to ensure volunteering opportunities continue to add quality to the Trust services and volunteers, as well as improving patient and service user experience and outcomes. We have aligned the plan to Investors in Volunteers to work towards a gold standard offer.

This plan directly links to the Trust’s People Plan for 2023 to 2025, which sits within LPT’s Step Up To Great strategy.

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

Recruiting volunteers

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

- Patient Experience Volunteers – This has included Talk&Listen and Patient Capture Volunteering.
- Volunteer Drivers
- Meet and Greet Volunteers
- Ward Assistants Volunteers
- Mealtime Assistant Volunteer
- Pharmacy Volunteers
- Meaningful Activity Volunteers

We advertise volunteering roles mainly on our website, and some roles are advertised with Voluntary Action Leicester and at De Montfort University. We continue to make links in the community attending colleges like Gateway College and being part of organisational and system careers and recruitment events. There was also a Volunteering presence at the Trust’s Summer School in August 2023

We continue to work with each directorate to increase and diversify Volunteer Roles to enhance services.

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 12 volunteer drivers who are available at different times of the week. During the last year:

- Volunteer drivers covered over 57,912 miles.
- They made 1,627 journeys
- We have started to support the International Nurses team providing volunteer transport where possible.
- All drivers have achieved 100% compliance with their mandatory training.



Celebrations in Volunteering

In 2023 we were allowed to nominate more than two volunteers to Room to Reward, and as a result eight of our volunteers were successful recipients of the Room to Reward scheme. Room to Reward is a charity that supports volunteers in taking a weekend away to hotel rooms around the country – their theme last year was 'hidden heroes'.

There was an increase in nominations to the Celebrating Excellence - Volunteer of the Year award. Congratulations to the winner, our lived experience volunteer Azar Richardson. Azar sits on a Quality Improvement Design Huddle as an expert by experience, and enables discussions around the benefits and opportunities of meaningful service-user involvement in quality improvement initiatives across LPT services.

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

- Volunteers' Week
- International Volunteer Day
- Long Service Awards afternoon tea (pictured)
- Easter and Christmas get togethers

Money was raised with raffles created at Christmas and Easter which was used to say thank you to our lovely volunteers in Volunteer Week through cards and treats.



Networking

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

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

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

We are committed to growing the diversity of our volunteers and have been actively seeking links with local community groups over the last year. For example we have held discussions with the Somali Community Centre and also with the Careers Job Centre.

Training

We are pleased to have introduced the NHS England ELearning for Health Volunteering modules in place of our staff elearning, which is much more targeted for volunteers and has become well embedded.

The volunteering uLearn platform better mirrors that of the staff platform making it easier for volunteers to see their own training. Data has been refined so that it shows accurate information. The current compliance for Volunteer Mandatory Training is over 73%, our aim is to get this percentage even higher.

Volunteer Inductions were introduced by the volunteering team to allow those volunteers who were unable to attend the corporate induction. The team work closely with Organisational Development to ensure the information is up to date.

We introduced the NVC (National Volunteer Certificate) to help our volunteers gain an accreditation for their volunteering and move into careers should they wish to. Unfortunately NHS England have announced that they are stopping this from April 2024.

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 now streamlined so that our volunteers receive weekly communications that are aligned to the Trust's weekly staff newsletter and access to the weekly jobs bulletin. They also receive a quarterly eVision Newsletter which shares more volunteers-related content. We are enhancing our communications plan to include the sharing of more volunteer stories, and more opportunities for volunteers to share their voice with us.

Statistics

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

Volunteer Surveys are in place for when volunteers commence into their roles and also when they leave.

- A total of 18 new volunteers completed the Starter Survey
- A total of 5 volunteers completed the leaver survey on leaving their role

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

Trust Membership

Members of the public have an opportunity to join us 'members'. Our members are interested in what is happening in the NHS and specifically LPT. We aim to keep our members informed and connected to developments in the Trust's services and invite them as often as possible to contribute their views and join in with events. We have 2,469 members who we keep informed with updates and invitations. Our Membership Charter is a simple guide to two-way engagement with our members.

What we will do:

- Keep you informed of changes to services
- Send you surveys for your opinion on possible developments to services
- Send you information about the Trust and invitations to events of interest
- Ensure membership is representative of our local population

What you can do:

Feedback your views and your interests in services

- Participate in surveys if you have an interest
- Attend events if possible
- Keep us up to date about your contact details by emailing us at lpt.patient.experience@nhs.net stating your name and current postal address

We want our services to be shaped with input from those that receive them. During the year the management of the Trust membership has moved across to the Trust's Patients and Partnerships Team. The Team will be connecting with Trust members to invite and offer opportunities for members to get involved in working with the Trust by sharing their experiences and contribute to improving the services that we offer and how we offer them. For those who are interested in becoming involved they will be invited to join the Trust's Patient and Carer Involvement Network. Our Involvement Network is to anyone over the age of 16 who lives in Leicester Leicestershire and Rutland, and for those who are under the age of 16 are invited to join your Youth Advisory Board.

For anyone interested in joining our membership, Patient and Carer Involvement Network or our Youth Advisory Board can do so by visiting www.leicspart.nhs.uk/involvingyou

Engaging our staff

Our Future Our Way

We saw great improvements in our 2022 NHS staff survey. We relaunched the Our Future Our Way culture, leadership and inclusion programme in November 2022 with 75 newly recruited change leaders– with the aim of building on the improvements made in staff and patient experience -using the discover, design and deliver methodology that has worked before. LPT's discovery phase took place between March to June 2023, digging deeper into the five lower performing areas in the NHS Staff Survey, and received just under 800 pieces of feedback from staff members and LPT volunteers (which is about 11% of our workforce).

Four priorities emerged from synthesis, underpinned by the golden threads of Leadership and Feedback, for which solutions are being coproduced with staff:

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





Our Future Our Way priorities

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

Priority one: Career Development

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

Priority two: Psychological Safety

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

Priority three: Managing Expectations

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

Priority four: Commitment to prioritise health and wellbeing

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

Feedback

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

Leadership

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



Several actions have been implemented in response already including Team Time Out sessions – which all teams were asked to undertake to improve team health and wellbeing and connectivity – with additional resources and a voucher; and a series of compassionate leadership conferences to support our middle managers in enhancing their leadership in creating a compassionate, inclusive culture at LPT.

NHS Annual Staff Survey

The results of the NHS staff survey are aligned to the [NHS People Promise](#). We want LPT to be a great place to work and deliver care for all. We were pleased to see that the 2023 results indicate a positive picture of clear improvements in staff experience, building on the improvements we made in 2022, with significant rises above the national average in several areas.

Around 3400 staff, that's 54% of our LPT family shared their views, which is above the national average response rate of 52%. The response rate from our Bank staff was 30% - an increase of 10% from last year. We thank all those who took the time to share your views, it has made our data richer and gives us a more informed understanding of how it feels to work for our Trust.

With regards to the national People Promise indicators, we have seen all of our indicators rise from last year, with six out of the nine being above the national average. This is great news as it shows that, overall, staff experience of working at LPT continues to improve. This was echoed in a significant increase (nearly 3%) in staff saying they would recommend LPT as a place to work.

What have we done well

Overall, our scores have improved across the questions compared to last year, and several results are higher than the national average. Most staff who responded to the survey feel that LPT is an inclusive and compassionate place to work – a positive reflection of our values and leadership behaviours for all, and an area where we are performing above the national average. Improvements in staff engagement and staff morale are the highest they have been in the last five years.

Compared to last year, more of our staff feel that LPT's top priority is care of patients/service users – which has risen a further 2.5% (from 76.9% to 79.49%), bringing this up in line with the national average. More staff feel empowered to improve and access learning opportunities; they feel more about to meet the conflicting demands on their time, more enthusiastic about their job and that they are making a difference. More staff feel that if they are involved in an error, near miss or incident they are treated fairly (62.6% compared to 58.9% last year) and that if they raised a concern that it would be addressed. Confidence in raising concerns remains better than the national average. Experience in relation to equality, diversity and inclusion and career progression regardless of background are near one of the best in the country.

Further focus areas

Areas that remain below the national average include meeting the demands of work pressures, burnout and staffing. We will continue to build on the work we are doing on transformation of services, demand and capacity work, recruitment and support for staff health and wellbeing.

It is positive that more staff have shared that they have not experienced bullying or harassment over the last year from managers or colleagues – our rates are one of the best in the country. However there is still some work to do to ensure no group of staff experiences abuse and discrimination. We will build on addressing this through our Together Against Racism commitments, and our zero tolerance to abuse work.

All directorates will focus on three key areas to improve in their own areas, with regular Feedback into Action shared with staff through communications activity and culture cafes throughout the year.



NHS Staff Survey 2023

Your Feedback into Action

Response rate 54% (National average 52%)

Staff engagement 7.1 out of 10

101 questions asked 79 improved
Significant changes (2% or more):
40 improved
1 decreased

People Promise	National average 23	Trust score 22	Trust score 23
We are compassionate and inclusive	7.6	7.6	7.6
We are recognised and rewarded	6.4	6.3	6.5 ↑
We each have a voice that counts	7.0	7.0	7.0
We are safe and healthy	6.4	6.2	6.4 ↑
We are always learning	5.9	5.9 ↑	6.2 ↑
We work flexibly	6.8	6.9 ↑	7.0 ↑
We are a team	7.2	7.2	7.2
Staff engagement	7.1	7.0	7.1 ↑
Morale	6.2	6.0	6.2 ↑
Recommending LPT as a place to work	65.59%	60.76%	63.25% ↑
Recommending LPT as a place to receive care	65.18%	62.44%	63.03% ↑

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

Our strengths

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

Areas for improvement

- ↘ Work pressures
- ↘ Psychological safety
- ↘ Bullying and harassment

What happens next?

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

Visit <https://staffnet.leicpart.nhs.uk/nhs-staff-survey-2023-the-results/> to find out more about our NHS Staff Survey 2023 results

Consultation with staff

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

During 2023/24 we have continued to actively involve staff across all services through engagement and consultation linked to service transformation and development initiatives and associated change management programmes.

We produce a weekly Trust e-newsletter and encourage the use of social media, in line with the Trust's social media policy, as a forum for staff to share their views. Our closed staff Facebook group (which has over 3600 members) is an effective forum for staff to share their views, find answers to questions and gain support from colleagues.

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

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

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)
- 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
- LPT Young Voices staff network
- Women's Network
- Men's Health Network
- Anti-bullying and harassment advice service (ABHAS)
- Access to mediation for resolving workplace conflict
- Listening Ear service provided by Chaplaincy services
- Access to Freedom to Speak Up Guardian
- Wellbeing Wednesday active sessions and mindfulness sessions for staff
- Monthly Health and wellbeing roadshows with our charity Raising Health across sites

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

- A monthly Team Brief with our Chief Executive, which includes a question-and-answer session with our executive team on current themes.
- A 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.
- If a member of staff has concerns about an issue that affects the delivery of services or patient care, they are encouraged to speak to their line manager, head of service or director.
- They can also contact the Trust's Freedom to Speak Up Guardian for advice – referring to the 'Freedom to Speak Up: Raising Concerns (Whistleblowing) Policy for further sources of advice.

- If staff have concerns about a work issue, they can contact their trade union / professional organisation representative or a member of our human resources team.
- An e-learning package for staff and managers to increase awareness of raising concerns.
- Our Leadership Behaviours for all provides a framework 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 and also a focus on our leadership behaviours. We have included an EDI objective to the system in the last year.
- Directorate staff drop ins which give staff within the directorates a safe space to voice their thoughts

Freedom to Speak Up

Together we are making speaking up business as usual

When things go wrong, we need to make sure that lessons are learnt, and things are improved. If we think something might go wrong, it's important that we all feel able to speak up to stop potential harm. Even when things are good, but could be even better, we should feel able to say something and be confident that our suggestion will be used as an opportunity for improvement. Making Speaking Up Business as Usual (National Guardians Office 2020).



We are committed to creating high quality, compassionate care and wellbeing for all. Our Chief Executive is the lead Director for Freedom to Speak Up, which signals to staff the importance the organisation places on speaking up about patient care, quality improvement and resolving work related issues. Staff are encouraged initially, to speak up and raise concerns with their line manager, with another member of the leadership teams or directly with a Freedom to Speak Up (FTSU) Guardian. The FTSU Guardian's provide confidential and impartial advice, or practical support where requested.

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

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

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

The Trust has prioritised 'psychological safety' as one of the key features of the 'Our Future, Our Way' culture programme. Freedom to Speak Up Team are active stakeholders in this programme working collaboratively with Patient Safety teams, Equality, Diversity and Inclusion service, Health and Wellbeing team, Organisational Development service, Human Resources and wider staff support networks. This programme

is facilitated by the designated Change Leaders and supported through the named Executive and Non-Executive sponsors.

Ensuring that people who speak up do not experience detriment is a significant commitment of the Guardian's role and staff are regularly reminded that they should not tolerate any negative consequences of their speaking up. The policy provides assurance to staff and explicitly states that harassment or victimisation of anyone raising a concern, or any form of reprisal will not be tolerated and could be dealt with through disciplinary procedures. When a case has been closed, we take the opportunity to ensure that the staff member does not feel they had suffered any disadvantageous or demeaning treatment as a result of speaking up, and we asked them - 'Given your experience, would you 'speak up' again'. This information is included in the quarterly data submissions to the National Guardians Office.

Freedom to Speak Up Guardians

Freedom to Speak Up Guardians continue to assist the Trust in developing a restorative and forward-thinking approach to addressing staff concerns based on reflective learning. In this regard, the service is well aligned with the trust's vision of "creating high-quality, compassionate care and wellbeing for all".

The FTSU team is tasked with raising awareness about speaking up and supporting the development of an open and transparent culture. The role of the FTSU Guardian is widely promoted through internal communication routes including the Trust's weekly eNews, monthly Team Brief and social media, Trust-wide emails, posters across Trust sites, computer screen savers, face to face meetings and team presentations. The Trust's commitment to 'making speaking up business as usual' is also highlighted at all induction sessions for new staff, including corporate induction specifically for qualified and non-qualified staff, bank staff and volunteers. Bespoke presentations are delivered to medical trainees and students, nursing associates, apprentices, preceptors, international recruits and other Allied Health Professionals.



Freedom to Speak Up Champions

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

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

Freedom to Speak Up Training.

There are additional eLearning training modules [Speak Up](#), [Listen Up](#), [Follow Up](#) that were developed in partnership by National Guardians Office and Health Education England. These are available through the Trust's e-learning platform and are used as reference points across the Organisational Development programmes.

Developing our staff

Learning and Development

We have a dedicated Learning and Development service which provides opportunities for staff to improve and enhance their skills and knowledge, to enable them to deliver a quality service to our patients. We support and encourage staff to develop and pursue their careers aligned to organisational need and personal aspiration. We also support our future workforce through student/learner placements, access to work experience, and apprenticeships. Our learning and development year has been busy and here are some of our developments and achievements.

Training and development	Expanding student placements	Healthcare support workers	Grow our own
<ul style="list-style-type: none"> Supported over 900 staff to attend CPD activities. Increased clinical new starter training capacity by 65% from start to end of year. Supported medics undertake master's in education courses. Delivered in partnership with De Montfort University a successful 'LLR Advancing Practice Talent' programme. Embedded the next level of Oliver McGowan training for all clinical. 	<ul style="list-style-type: none"> Increased student capacity within nursing child health and mental health programmes. Adopted a new electronic system of auditing clinical placements with De Montfort University Increased number of clinical psychology placements for learners from University of Leicester Increased number of doctors in training places within psychiatry 	<ul style="list-style-type: none"> Developed an ambassador role for HCSWs - they have enhanced the training and support offer to all HCSWs. Produced a new annual programme of learning called WeLearn for all new HCSWs. Provided 175 new starters with new to healthcare skills and knowledge. Started a new HCA Taster Session for general public considering a job as a HCSW. 	<ul style="list-style-type: none"> Started over 80 staff on new apprenticeships. Supported staff to undertake new training to become learning disability and autism Advanced Clinical Practitioners. Expanded the places available to become non-medical practitioners across AHP and Pharmacist posts. Increased the number of HCSWs to train to be Nursing Associates

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

Events

<p>Summer School (7-11 August)</p>	<p>National Apprenticeship Week Showcase Market Place (6 Feb)</p>	<p>Medical Trainee Awards (19 Feb)</p>	<p>LLR Careers and Jobs Event (9 March)</p>
<p>We ran a new successful weeklong summer school for young people from a local school, to come and learn about careers in the NHS and the Trust. Children visited practice and heard from experienced staff about their job roles and how they got there.</p>	<p>We ran this event for staff in the Trust to find out more about apprenticeships, study leave and funding opportunities. It included partner education providers and routes in to healthcare qualifications. Over 250 staff attended.</p>	<p>At this event we recognised excellence in our 100 medical trainees from all grades for their clinical skills, teaching, professional standards and research.</p>	<p>Organised this event where 2000 members of the public attended. There were over 70 exhibitors sharing careers and job opportunities in the NHS and from all healthcare providers in our system.</p>

Organisational Development

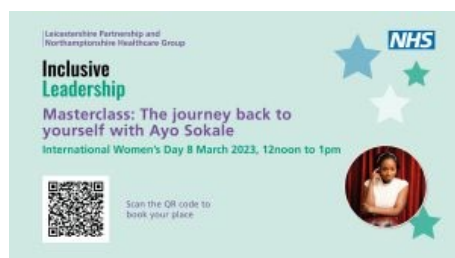
This year we launched our new three-year [People Plan](#) for 2023 – 2025 that demonstrates our dedication to making LPT a great place to work and receive care and our commitment to lead with compassion and inclusivity, with the health and wellbeing of our staff at the heart. The plan is reflective of the national NHS People Plan and People Promise as well as the ongoing feedback of our LPT family over the last year which we continue to take forward in our culture and leadership programmes of work.



Our work supports the Trust's strategy and values, leading the culture and leadership programme and developing the abilities of our leaders. You will have read previously about our Change Leaders as part of 'Our Future, Our Way', which officially relaunched in November 2022 and continued through to the discovery and design phase in 2023.



We continue to strengthen our collaborative working with our colleagues at Northamptonshire Healthcare Foundation Trust; sharing benefits of both of our offers for all our staff, including the 'Inclusive Leadership Masterclasses'. We have continued to work in partnership across the Leicester, Leicestershire and



Rutland (LLR) integrated care system and have implemented many of the system programmes of work with great success.

Here are a few of our highlights this year:

- We delivered training sessions to over 4200 LPT staff with our portfolio of training programmes and courses. We also had 1248 places taken up on our Leadership / Line Manager Pathway Programmes.
- We supported managers through 2023 with a series of **Leadership Masterclasses** sessions in conjunction with the Group Partnership. Speakers included: Katies Neeves, Trans Ambassador and founder of Cool2BTrans, Ayo Solake, TV presenter, deputy mayor and former beauty queen, Jonathan Peach from Art of Brilliance and Dr Jane Chidgey-Clark, registered nurse and National Freedom to Speak Up Guardian and we received some great feedback from these sessions.
- We continue to support the **Director of Nursing / Allied Health Professionals Fellowship Programme**. This year's third cohort is bigger than ever, and welcomed 14 talented clinicians, with a series of three leadership sessions including leading self, leading teams as well as systems leadership and managing change.
- Our **Appraisal** form continues to be well-received after having been adapted to include Equality, Diversity and Inclusion objectives, as well as a Disclosure Barring Service (DBS) declaration and additional information on We Nurture to make it easier for staff to decide whether they wish to access our careers aspiration programme.
- **The Supportive Leader** and **Compassionate & Inclusive Leadership** have been fully refreshed delivered internally by the OD Team with feedback being very positive.



Staff health and wellbeing

Looking after staff **health and wellbeing** is crucial to enabling them to provide the best care for our service-users.

- We took part in the **LLR Winter Wellbeing Festival** in November bringing together professionals from health and social care, emergency services, local authority and the voluntary and community sector to celebrate and explore how we can support our health and wellbeing in Leicester, Leicestershire and Rutland
- We continue to expand our offer which this year included financial well-being, health and wellbeing events across the city and county, menopause support and also team time outs to enable teams to take time out of their working day together, with the aim of deepening team connections, improving morale and providing space to focus on health and wellbeing.
- We led the delivery of the **menopause toolkit** with the help from our Henpicked Menopause Advocates, supported the delivery of the Vita Health Group: **Embrace your menopause journey service**, and connected with the AMICA team to support staff referrals to the counselling service. which featured an NHSE case study, see the [NHSE case study here](#).
- Developed and coordinated the **financial wellbeing offer** to support staff which has seen increasing uptake of Vivup and the Wagestream app.
- **Healthy Workplace Accreditation** partner, where we have committed to the accreditation two-year programme, which aligns our offers against the workforce health needs.

12 Menopause Awareness Training sessions

165 members of staff became Menopause Aware

6 Menopause Wellbeing Drop-ins

'Employer with Heart' chartermark

We are proud to have been awarded with 'The Smallest Things Employer with Heart' Chartermark in recognition of our updated policies supporting the needs of our staff with babies born prematurely. We've pledged to:

1. Extend leave for parents and partners who have a premature baby (before 37 weeks' gestation) by the number of days a baby was born prior to their due date. This extended leave will be at full pay.
2. Support parents returning to work following the birth of a premature baby. We understand that returning to work can be a difficult time for parents of premature babies and that babies born too soon can have ongoing medical needs, requiring regular hospital appointments and check-ups. We'll therefore consider requests for formal and informal flexible working patterns and additional paid or unpaid leave.

Read the new Pregnancy, Maternity, Paternity, Adoption, Shared Parental Leave and Parental Leave Policy and Procedure (including loss during or after pregnancy) on: www.leicspart.nhs.uk/about/policies/.

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 since June 2020 and it continues to be a key priority for us through our Together Against Racism initiative. There has been much progress and a great deal to celebrate. However, we acknowledge there is still more to do and we are therefore far from complacent.

Month	What we did
April 2023	Interview skills session targeted at Cultural and Minority Ethnic staff was delivered and positively evaluated. Monthly Race Equality and Cultural Intelligence Learning Sets being delivered to colleagues continue to receive very positive feedback. REACH staff support network held a face to face celebration and learning event. The successful conference engaged 60 delegates in interactive cross cultural workshops and inspirational speakers including the first black Lord Mayor of Leicester and Saskya Falope (Head of Nursing). Improvements in WRES and WDES metrics across most indicators. Michael West delivered an Inclusive Masterclass. Fourth cohort of Reverse Mentoring Programme.
May 2023	Inclusive Decision-Making framework launched and incorporated in to LPT Due Regard Framework. A new 6-Step supportive guidance built in to Zero Tolerance approach. Language of race incorporated in to Race Equality and Cultural Intelligence Learning Sets as part of the Together Against Racism plan.
June 2023	Armed Forces Day events delivered on 20 June across three LPT sites. Carers week event delivered on 6 June successful with 30 attendees. WRES and WDES action plans signed off at EDI workforce Group. Interview Panels continue to have increased diversity of panel members approaching 80% consistently.
July 2023	WRES and WDES data produced and action plans refreshed taking into account the national Race Equality and Inclusion strategy 6 High Impact Actions. Collaboration with the LLR EDI Taskforce ongoing and leading on 3 of the 7 system priority programmes. South Asian History Month celebrated in conjunction with NHFT.
August 2023	LLR Active Bystander Programme being delivered and accessed by LPT staff. BSL 10- week course underway, fully booked and waiting list for future courses. Reverse mentoring relationships being successfully managed with monthly peer support meetings. Developing diverse Leadership Programme for Cultural and Ethnic Minority nurses and AHPs being delivered. Listening events for culture and ethnic minority staff held and actions being undertaken.
September 2023	Directorate EDI Groups meeting on a regular basis. Race Equality and Cultural Intelligence Learning sets continue to be run for leadership with good attendance. Zero Tolerance against abuse and violence learning sets being delivered to service areas. Disability Learning Sets created and being delivered. Trans gender training delivered. LPT attend Pride celebrations in Leicester city centre.

October 2023	Successful Black History Month events delivered in partnership with NHFT. Fourth cohort Reverse Mentoring programme comes to an end with LPT participants successfully completing their learning journeys. Developing Me Developing You (for cultural and Ethnic Minority staff in clinical roles, bands 8a and 8b) launched.
November 2023	Fifth cohort Reverse Mentoring programme launched. EDS Grading carried out. Disability and Race equality Learning sets continue to be delivered. Zero Tolerance training rolled out. A Remembrance Day parade at the secret garden on the Glenfield Hospital site for staff and members of the public was held on 10 November. Mens Network held an event for international Men's Day. It is continuing monthly coping skills workshop.
December 2023	Reverse Mentoring celebration event held for fourth cohort delegates. LPT Carers Promise developed and launched/shared. The Reasonable Adjustment task and finish group continues, with plans for increased communication around reasonable adjustment information and guidance including a flowchart to help staff understand the process. Agreed that this group should continue on a permanent basis.
January 2024	Together Against Racism Group Workshop held and led by CEO. Three pillars of the programme launched (Workforce, Communities and Patients/Service Users). EDI Ambassadors piloted in our FYPCLDA directorate and proving to be very successful. Neurodiversity Talent Management project funded by NHS England launched and sessions being delivered. Second BSL course underway.
February 2024	Patient registration form to capture protected characteristics being considered for introduction across service areas. Pilot proved to be successful in increasing capture across the two pilot service areas. Gender Pay gap statement updated with improvements in both mean and median pay and published on the Trust website.
March 2024	International Women's Day celebrated on 8 March. Zero Tolerance videos being produced to assist with completion of incident referral forms and encourage reporting of hate incidents. Neurodiversity conference held on 11 March.

Our equality objectives 2021 – 2025

The Trust has developed its EDI strategy to cover 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 the trust's website: www.leicspart.nhs.uk/wp-content/uploads/2022/06/EDI-strategy-2021-to-2025.pdf

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 black, Asian and minority ethnic (BAME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace. We have developed a prioritised WRES action plan. We are pleased that our WRES work has been recognised nationally. For detailed information see our website here: www.leicspart.nhs.uk/about/equality-diversity-and-inclusion/.

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: www.leicspart.nhs.uk/about/equality-diversity-and-inclusion/publication-of-equality-information/.

Workforce Disability Equality Standard (WDES)

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

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.

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.

Accessible Information Standard

The Trust continues to build on the implementation of the Accessible Information Standard (AIS) action plan produced in 2020 and has an Inclusive Communications Working Group. Free training has been arranged on Deaf Awareness and basic British Sign Language Training for front line staff. This training has been evaluated and proved to be very useful.

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.

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 management of ill-health 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 2023 to 31 December 2023, an average of 11.7 days (5.20%) per full time member of staff was lost due to sickness absence.

Figures Converted by DH to Best Estimates of Required Data Items			Statistics Published by NHS Digital from ESR Data Warehouse		
Average FTE for 2023	Adjusted FTE days lost to Cabinet Office definitions	Average Sick Days per FTE	FTE-Days Available	FTE-Days recorded Sickness Absence	% Days Lost
5,523	64,597	11.7	2,016,040	104,791	5.20%

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

Accountability report

Introduction

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

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

This report provides an overview of our governance processes that help us to maintain a compassionate and inclusive environment. It also ensures we offer safe, quality care for all our service users. In this report we share 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. In this Directors' Report, we share details about our leadership team and structure. Our people remain our greatest asset. Aligning to the NHS People Plan and People Promise, this year we continued to support our staff to grow and develop our Step Up to Great Strategy. How we are led is crucial to our effectiveness and how well we can provide services to our communities. There are different leadership roles, teams and committees that help us to be well-led and some of these are described below.

Our Board of Directors

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

Responsibilities and Duties

The Board of Directors is legally responsible for the day-to-day management of the Trust. Executive directors are responsible for the day-to-day management of the Trust, while 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.

The Board is accountable for the operational delivery of services, targets and performance, and responsible for setting our strategy and future direction. Our Board has a duty to 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, monitoring progress and leading strategic projects. The Board is satisfied that each director is appropriately qualified to carry out key functions, including setting strategy, monitoring and managing performance, and ensuring management capacity and capability. The finance director, medical director and director of nursing, AHP's and quality are professionally qualified, with relevant and substantial experience. They also maintain their registration in accordance with the requirements of their professional bodies. All other Board members have the appropriate qualifications, skills or experience to support the services we provide.

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

We are required by the Fit and Proper Persons Test to ensure that our directors are fit and proper for their roles. To fulfil this responsibility, the Trust has undertaken appropriate Fit and Proper Persons checks for all directors during 2023/24 in accordance with the framework.

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

The Board Structure

The Trust Board of Directors comprises of a Chair, six non-executive directors, a chief executive officer, deputy chief executive officer / managing director and three other voting executive directors. In addition to this, the Trust has seven directors in attendance (non-voting) as detailed below:

Executive Directors - Voting

There are five voting Executive Directors comprising the Chief Executive, Deputy Chief Executive / Managing Director, Director of Finance, Medical Director and the Director of Nursing, AHPs and Quality.

Directors – Non-Voting

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

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

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

- Jean Knight was appointed as Deputy CEO and Managing Director interim in April 2023 and substantively from October 2023
- Kate Dyer was appointed as Acting Director of Governance in April 2023
- Josie Spencer was appointed as Non-Executive Director in May 2023
- Crishni Waring was appointed as Chair of the Trust in September 2023
- Professor Elizabeth Anderson was appointed as Non-Executive Director in September 2023
- Bhanu Chadalavda was appointed as Medical Director in November 2023
- James Mullins as Acting Director of Nursing (from 18.3.24) ahead of the retirement of Dr Anne Scott

Executive directors with voting rights



Angela Hillery, Chief Executive

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



Jean Knight, Deputy Chief Executive and Managing Director

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



Dr Saquib Muhammed, Interim Medical Director (April - October 2023)

Saquib has been in mental health for 30 years and completed all his training in Leicester. He has been a consultant in general adult psychiatry in Leicester for nearly 20 years and has a special interest in mental health law. Saquib stepped down from the interim role in October 2023 and remains working with our Trust.



Bhanu Chadalavada, Medical Director – From November 2023

Bhanu is a consultant in perinatal psychiatry and established the Perinatal Service in Northamptonshire before returning to Leicestershire Partnership Trust as Medical Director. Having completed undergraduate medical training in India before moving to the UK, he undertook psychiatric training at Mersey care, Stafford and LPT.

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



Dr. Anne Scott, Director of Nursing, AHPs and Quality

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



Sharon Murphy, Director of Finance

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

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

Sharon is passionate about supporting women to progress and succeed, particularly in the areas of finance & procurement, where women leaders are traditionally underrepresented. Sharon is the executive lead 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



Sarah Willis, Director of Human Resources and Organisational Development

Sarah is an experienced, MCIPD qualified HR Director with over 27 years of experience working across the public and private sector in Senior HR roles. She is currently the Director of HR & OD at Leicestershire Partnership NHS Trust 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 and Medical staffing, Employee Resourcing and Attraction, OD and Learning and Development. In 2017 Sarah was appointed to Director of Human Resources and Organisational Development.



Sam Leak, Director of Community Health Services

Sam has a wealth of healthcare experience with over 30 years in the NHS, starting her career as a Physiotherapist and then moving into management roles. Having worked at Leicester University Hospitals for 8 years her most recent roles being Director of Urgent Care and then Director of Operational Improvement Sam joined LPT in 2021 and is passionate about working with teams and system partners to improve patient care and enabling equality of health care outcomes Sam is also the Executive sponsor for the LPT LGBTQ+ network an area she is dedicated to and will be giving her full support.



Helen Thompson, Director of Families, Young People and Children's and Learning Disabilities Services

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

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

Tanya Hibbert, Director of Mental Health



Tanya has been the Director of Mental Health at LPT since October 2022. She was a very senior manager in mental health and community services for 8 years previously in a Mental Health and Community Trust in the NorthWest of England and worked in senior leadership roles in a number of Acute Trusts. Tanya originally qualified as a physiotherapist in Australia in the 1990s but moved to the UK in 1997 and has lived here ever since.

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

Kate Dyer Acting Director of Governance



Following a career within the NHS and the Audit Commission, Kate has worked in the Trust since 2011, initially with 360 Assurance (a service hosted by LPT) where she held positions including Chief Internal Auditor and Assistant Director with a focus on governance and performance. From 2018, Kate worked for the Trust as the Head of Assurance. In 2020 Kate was appointed as the interim company secretary and in 2021 was appointed as the Deputy Director of Governance and Risk. Kate is currently acting in the role of Director of Corporate Governance. In this role, Kate manages Legal and Corporate Affairs, Corporate Governance and Risk, and Transformation. This includes delivery of a well-led framework, compliance and regulation, and the day-to-day management of internal audit.



Paul Sheldon, Chief Finance Officer

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



David Williams, Executive Director of Strategy and Partnerships

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

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

Non-executive directors

Our non-executive directors share their independent judgement, experience and expertise with the Trust. They apply the experience they have gained outside the Trust to benefit our organisation, its stakeholders and the wider community. There are no relationships or circumstances that are likely to affect, or appear to affect, any director's independent judgement. For these reasons, the Board of Directors considers all non-executive directors to be independent.

Our Chair is responsible for non-executive director appointment and termination. The normal appointment term is three years. Non-executive directors can be reappointed, though usually only for one further period of three years. The Trust has seven non-executive director roles (including the chair).



Cathy Ellis, Chair of the Trust (April – August 2023)

Cathy was chair of Leicestershire Partnership NHS Trust and our charity Raising Health until her term ended in September 2023. She was the Health and Wellbeing Guardian for LPT and an active champion for staff wellbeing.



Crishni Waring, Chair of the Trust (from September 2023)

In September 2023, we welcomed Crishni Waring as Chair of our Trust. Crishni is passionate about great patient care, looking after our people and equality, diversity and inclusion.

Crishni has been the Chair of Northamptonshire Healthcare NHS Foundation Trust since 2016 and now in line with our well-established commitment to partnership working between both Trusts, she is operating as joint Chair of the Leicestershire Partnership and Northamptonshire Healthcare Associate University Group.

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

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



Faisal Hussain, Deputy Chair of the Trust and Chair of the Charitable Funds Committee (from September 2023)

Faisal has extensive experience in strategic planning, business transformation, commissioning, and community development working in local government. During his near 35 years he has worked across the private, public and not-for-profit sectors holding various roles in senior management, operational and Board level.

Since finishing his substantive career in 2016 he has focused his time on non-executive roles. Faisal has been a non-executive director with LPT since October 2017 along with being a trustee of the Spinal Injuries Association. Faisal is passionate about tackling health inequalities through multi agency collaborations and partnerships.



Hetal Parmar, Chair of the Audit and Assurance Committee

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



Moira Ingham, Chair of the Quality Assurance Committee (April to May 2023)

A registered nurse, Moira has worked in several NHS trusts in the south and east of England, specialising in critical, high-dependency care, including the management of a 35-bed respiratory medicine unit. Moira was a clinical Non-Exec Director at NHFT for over 6 years before joining LPT. Moira stood down from the role in May 2023.



Josie Spencer Chair of the Quality and Safety Committee (from May 2023)

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



Ruth Marchington, Chair of the People and Culture Committee

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

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



Prof. Kevin Paterson (April – August 2023)

Kevin is a Professor of Psychology at the University of Leicester, where he is also interim Head of the Department of Psychology. He has over 20 years of experience in higher education teaching and research. His research interests are in areas of cognitive ageing, especially in relation to changes in visual, language and thinking abilities in older age and as a consequence of dementia and other neurodegenerative conditions. He was a NED at LPT from January 2022 until August 2023.



Prof. Liz Anderson (from September 2023)

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

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

Alexander has been the staff health and wellbeing guardian since Cathy Ellis left.

What our directors deliver

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.

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. Board meetings were held face to face until November 2023 when they moved to Microsoft Teams.

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, and the ARC considers each report at one of its meetings, with the chair and executive lead of the Board committee in attendance. The final report is then submitted to the Trust Board.

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

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

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

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

Attendance at Public & Confidential Trust Board meetings 1 April 2023 to 31 March 2024:

P = present, NA = not applicable, X = non-attendance, X – initials = nominated representative

Member	Role	30.05.23	20.6.23 EGM	25.7.23	26.9.23	28.11.23	30.1.24	26.3.24
Cathy Ellis	Chair (to August 2023)	P	P	P	NA	NA	NA	NA
Crishni Waring	Chair (from Sept 2023)	NA	NA	NA	P	P	P	P
Hetal Parmar	NED	P	P	P	P	P	P	P
Alexander Carpenter	NED	P	X	P	P	P	P	P
Ruth Marchington	NED	X	P	P	P	P	P	P
Moira Ingham	NED (to May 2023)	NA	NA	NA	NA	NA	NA	NA
Josie Spencer	NED (from May 2023)	P	P	P	P	X	P	P
Faisal Hussain	NED	P	P	P	P	P	X	P
Kevin Paterson	NED (to August 2023)	P	X	P	NA	NA	NA	NA
Elizabeth Anderson	NED (from Sept 2023)	NA	NA	NA	P	X	P	X
Angela Hillery	CEO	P	P	P	P	P	P	P
Jean Knight	DCEO	P	P	P	P	P	P	P
Sharon Murphy	Director of Finance	P	P	P	P	P	P	P
Saquib Muhammad	Interim Medical Director (to Sept 2023)	P	P	P	P	NA	NA	NA
Bhanu Chadalavada	Medical Director (from October 2023)	NA	NA	NA	NA	P	X - HS	P
Anne Scott	Director of Nursing	P	P	P	P	P	X - EW	P
Kate Dyer	Acting Director of Governance	P	P	P	P	P	P	P
Samantha Leak	Director of Community Health Services	P	P	P	P	P	X	P
Tanya Hibbert	Director of Mental Health	P	P	X - AP	P	P	P	P
Helen Thompson	Director of FYPCLDA	P	P	P	P	P	P	X – MR
Sarah Willis	Director of HR & OD	P	P	P	P	X - DN	P	P
Paul Sheldon	Chief Finance Officer	X	P	P	P	P	P	X
David Williams	Director of Strategy & Partnerships	X - AG	P	X	P	P	P	P

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

Audit and Risk Committee (ARC)

The ARC is responsible for the Trust's systems of internal governance and control. It is made up of four non-executive directors (NED), including the ARC Chair. The committee is supported by the Director of

Finance, who is the Lead Executive, and the Acting Director of Governance. Representatives from the Trust's Internal Auditor, External Auditor and the Local Counter Fraud Specialist attend when required too.

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

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

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

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

Attendance at ARC meetings 1 April 2023 to 31 March 2024:

P = present, NA = not applicable, X = non-attendance, X – initials = nominated representative

Member	Role	21.4.23 (ext)	9.6.23	8.9.23	8.12.23	8.3.24
Hetal Parmar	NED & Chair	X	P	P	P	P
Alexander Carpenter	NED	P	P	P	P	P
Faisal Hussain	NED	P - chair	NA	NA	NA	NA
Moira Ingham	NED (to May 23)	P	NA	NA	NA	NA
Josie Spencer	NED (from May 23)	NA	P	P	X	P
Kevin Paterson	NED (to August 23)	NA	NA	NA	NA	NA
Elizabeth Anderson	NED (from Sept 23)	NA	NA	NA	NA	NA
Sharon Murphy	Director of Finance	P	P	P	P	P
Kate Dyer	Acting Director of Governance	P	P	P	P	P

Remuneration committee (REMCOM)

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

Attendance at Remcom meetings 1 April 2023 to 31 March 2024:

P = present, NA = not applicable, X = non-attendance, X – initials = nominated representative

Member	Role	20.06.23	24.10.23	26.03.24
Cathy Ellis	Chair (to August 2023)	P	NA	NA
Crishni Waring	Chair (from Sept 23)	NA	X	P
Faisal Hussain	NED	P	P	P
Ruth Marchington	NED	P	P	P
Josie Spencer	NED	P	P	P
Kevin Paterson	NED (to August 23)	X	NA	NA
Elizabeth Anderson	NED (from Sept 23)	NA	P	X
Alexander Carpenter	NED	X	P	P
Angela Hillery	CEO	P	P	P
Sarah Willis	Director of HR & OD	P	P	X

Quality and Safety Committee (QSC)

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

Attendance at QSC meetings 1 April 2023 to 31 March 2024:

P = present, NA = not applicable, X = non-attendance, X – initials = nominated representative

Name:	Role:	25.4.23	27.6.23	29.8.23	31.10.23	19.12.23	20.2.24
Moira Ingham	NED & Chair (until May 23)	P	NA	NA	NA	NA	NA
Josie Spencer	NED & Chair (from May 23)	P	P	P	P	P	P
Ruth Marchington	NED	P	P	P	P	P	P
Kevin Paterson	NED (until August 23)	P	X	X	NA	NA	NA
Elizabeth Anderson	NED (from Sept 23)	NA	NA	NA	P	X	P
Anne Scott	Director of Nursing	P	X – EW & MC	P	P	P	P
Saquib Muhammad	Interim Medical Director (until Sept 23)	P	P	P	P	NA	NA
Bhanu Chadalavada	Medical Director (from October 23)	NA	NA	NA	NA	P	P
Kate Dyer	Acting Director of Governance	P	P	P	P	P	P
Sam Leak	Director of Community Health Services	P	P	X - SL	P	P	P
Helen Thompson	Director of FYPC LDA	X – ZS	X – ZS	P	P	P	P
Tanya Hibbert	Director of Mental health	X - AP	P	P	X - AP	P	P
Jean Knight	Deputy CEO & Managing Director	X	P	P	P	P	P
Sarah Willis	Director of HR	X	X	X	X	X	X

Finance and Performance Committee (FPC)

FPC 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. It is tasked with undertaking financial reviews, 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.

Attendance at FPC meetings 1 April 2023 to 31 March 2024:

P = present, NA = not applicable, X = non-attendance, X – initials = nominated representative

Name:	Role:	25.4.23	27.6.23	29.8.23	31.10.23	19.12.23	20.2.24
Alexander Carpenter	NED & Chair	P	X	P	P	P	P
Faisal Hussain	NED	P	P - chair	P	P	P	P
Ruth Marchington	NED	P	NA	NA	NA	P	P
Moira Ingham	NED (to May 23)	NA	NA	NA	NA	NA	NA
Josie Spencer	NED (from May 23)	NA	P	P	P	NA	NA
Sharon Murphy	Director of Finance	P	P	P	P	P	P
Saquib Muhammad	Interim Medical Director (to Sept 23)	X - HS	X - HS	X - HS	NA	NA	NA
Bhanu Chadalavada	Medical Director (from Oct 2023)	NA	NA	NA	X - HS	X	P
Helen Thompson	Director of FYPCLDA	P	P	P	P	P	P
Sam Leak	Director of Community Health Services	P	P	X - NB	P	P	P
Tanya Hibbert	Director of Mental Health	P	P	P	X - AP	P	P
Kate Dyer	Acting Director of Governance	P	P	P	P	P	P
David Williams	Director of Strategy & Partnerships	P	X - AG	P	X - AG	X - AG	P

People and Culture Committee

The People and Culture Committee (PCC) has the principal purpose being the provision of assurance to the Trust Board on the mitigation of risks relating to people and culture. It meets no less than six times a year and its membership the Director of HR & OD as the exec lead, and two other non-executive directors. It is chaired by NED Ruth Marchington. Statutory reports required as subgroup of the Trust board including Guardian for Safer Working six monthly report, staff side facilities statement annual report, and Safe and Effective Staffing Review six monthly report.

Attendance at PCC meetings 1 April 2023 to 31 March 2024:

P = present, NA = not applicable, X = non-attendance, X – initials = nominated representative

Member	Role	25.4.23	27.6.23	29.8.23	31.10.23	19.12.23	20.2.24
Ruth Marchington	NED & Chair	P	P	P	P	P	P
Alexander Carpenter	NED	P	X	P	P	P	P
Faisal Hussain	NED	P	P	P	P	P	P
Moira Ingham	NED (to May 23)	X	NA	NA	NA	NA	NA
Josie Spencer	NED (from May 23)	NA	X	P	X	X	X
Kevin Paterson	NED (to August 23)	X	X	NA	NA	NA	NA
Elizabeth Anderson	NED (from Sept 23)	NA	NA	NA	X	X	X
Anne Scott	Director of Nursing	P	X EW	P	P	P	P
Saquib Muhammad	Interim Medical Director (to Oct 23)	P	P	P	P	NA	NA
Bhanu Chadalavada	Medical Director (from Nov 23)	NA	NA	NA	NA	P	P
Sharon Murphy	Director of Finance	P	X	P	X	X	X
Sarah Willis	Director of HR & OD	P	X	P	P	P	X
Helen Thompson	Director of FYPCLD	P	P	P	P	P	P

Sam Leak	Director of Community Health Services	P	P	X NB	P	P	P
Tanya Hibbert	Director of Mental Health	P	X	P	X AP	P	P
Kate Dyer	Acting Director of Governance	P	P	P	P	P	P
Dan Norbury	Deputy Director of HR & OD	P	P	X	P	P	X
Kamy Basra	Associate Director of Communication	P	P	X	P	P	X
Claire Taylor	Head of Operational HR	X	P	P	X	P	P
Alison O'Donnell	Head of Education, Training, Development	P	P	X	P	P	P
Haseeb Ahmad	Head of EDI	X	X	X	P	X	X
Nicola Ward	Head of Workforce Planning	P	P	P	P	P	P

Governance Report

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

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

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

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

Our Group Model

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

East Midlands collaboratives

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

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

Our auditors

Internal Audit and Local Counter Fraud Service

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

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

The Trust's Local Counter Fraud Specialist (LCFS) reports directly into the Director of Finance and provides regular updates to the Audit and Assurance Committee.

Our Acting Director of Governance is our Trust Counter Fraud Champion, this role provides a senior strategic voice within the organisation to champion the counter fraud agenda and support the counter fraud programme of work.

External Audit

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

During 2023/24 the Trust did not commission any non-audit services from KPMG.

Reporting on auditing

The Audit Committee meets quarterly to review audit reports and provide assurance to the board. While preparing and reviewing the annual accounts 2023/24, the Audit Committee considered accounting policies, accounting estimates and material judgements and the main changes as listed in the DH Group Accounting Manual (GAM) 2023/24.

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.

Attendance at CFC April 2023 - March 2024:

P = present, NA = not applicable, X = non-attendance, X – initials = nominated representative

Member	Role	13.06.23	27.09.23	06.12.23	19.3.24
Cathy Ellis	Chair (to August 23)	P	NA	NA	NA
Crishni Waring	Chair (September 23 – December 23)	NA	P	P	P
Faisal Hussain	NED – (Chair from September 2023)	P	P	P	P
Sharon Murphy	Director of Finance	P	P	P	P
David Williams	Director of Strategy and Partnerships	P	P	P	P
Kate Dyer	Acting Director of Governance	NA	NA	P	P
Carolyn Pascoe	Charity Manager	P	P	P	P
Jackie Moore	Financial Controller	X	P	P	P
Kamy Basra	Associate Director of Communications & Culture	P	P	P	P
Amy Crayfourd	Finance Officer (to June 23)	P	NA	NA	NA
Lorraine Newstead	Assistant Finance Manager (September 23 onwards)	NA	P	P	P

Risk Management

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

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. There is ongoing review of new risk during the year, which includes monthly Director level review of risk and feedback from governance groups via highlight reports with escalations for areas of concern. This also includes an ongoing assessment of risk with our Local Counter Fraud Specialist. There can also be escalation from directorate level risks. In addition, the risk team undertakes on-going horizon scanning to consider any areas of emerging risk.

Risk scoring is undertaken in line with the Trust Board approved risk appetite statement and matrix to ensure that risks are mitigated to an acceptable level. The risk appetite statement describes what level of risk the Trust Board is willing or unwilling to accept to achieve its strategic objectives. This acknowledges that the Trust has a low tolerance for all risks that have the potential to expose patients, staff, visitors, and other stakeholders to harm; that compromise the Trust's ability to deliver operational services; that adversely impact the reputation of the Trust; have severe financial consequences or result in non-compliance with law and regulation. It also seeks to ensure that the assets, business systems and income of the Trust are protected, and where possible opportunities for innovation and quality are maximised.

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

A summary of the strategic risk profile on the organisational risk register has been provided below and maps each ORR number and brief title to the current risk score as at the end of March 2024.

Current Strategic Risk Profile

Consequence	5					
	4		61 Staff Skills	59 Incident Mgt 68 Data Reporting 72 Reaching Out 88 Closed Cultures 90 Financial Position 92 LAC capacity	75 Waiting Lists 79 Cyber Threat 83 Technology 89 Cleaning Standards	86 CMHT Capacity 91 Waits for ND Services 94 Vacancy Rate 95 Recruitment Pipeline
	3			64 Business Opportunity 73 Inclusive Culture 74 Staff Wellbeing	67 Net Zero	

			93 Emergency preparedness		
	2				
	1				
	1	2	3	4	5
	Likelihood				

Information Management

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

Policies and procedures

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

Improvements in Information Governance during 2023/24

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 2023-24 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 985 subject access and access to health records requests during 2023-24, and 445 as Freedom of Information and Environmental Information Regulation requests.

The Trust continued to progress its information and cyber security and the Trust assesses itself annually against the 10 National Data Guardian Standards through the NHS England Data Security and Protection Toolkit and the Trust anticipates reporting 'Standards Met' for the national submission on 30 June 2024.

Data losses

During 2023-24 we had 1276 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. As a result of this, there have been changes to policy and creation of guidance for staff, targeted messages to staff and shared learning across the Trust.

Emergency preparedness, resilience and response (EPRR)

EPRR compliance

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

In 2023/24 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.

NHSE agreed that LPT are Substantially Compliant against the applicable Core Standards for EPRR with an agreed overall compliancy rate of 93%, broken down into 54 Standards fully compliant and 04 Standards partially compliant.

Substantially Compliant - *The organisation is fully compliant against 89-99% of the relevant NHS EPRR Core Standards*

This is a positive change in the overall compliancy rate moving from partially compliant (2022/23) to substantially compliant (2023/24). This demonstrates a 9% annual improvement in delivery of the trusts EPRR obligations in 2023/24.

The national assurance process was supplemented with a Deep Dive section containing 10 Standards applicable to EPRR Training.

It was agreed by NHSE that LPT were 100% - Fully Compliant against the Deep Dive standards for 2023/24. The Deep Dive score had no bearing on the overall compliancy rating for the organisation but gives a strong indication how the trust is performing in that area.

Business Continuity and Emergency Planning

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

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

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

LPT have been an active participant in LLR Preparedness Exercises throughout 2023/24. We have continued to deliver trust wide EPRR exercises in preparedness to Lockdown or Evacuate an inpatient facility, this demonstrates that we continue to deliver our legislative obligations for EPRR.

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

Modern Slavery Act 2015 Statement

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

Statement of directors' responsibilities in respect of the accounts

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

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

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

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

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

By order of the Board



Angela Hillery, Chief Executive
25th June 2024



Sharon Murphy, Director of Finance
25th June 2024

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

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

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

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

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



Angela Hillery, Chief Executive
25th June 2024

Annual Governance Statement

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

A handwritten signature in cursive script, appearing to read 'A Hillery'.

Angela Hillery, Chief Executive

Board remuneration and staff report

Remuneration

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

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

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

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

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

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

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



Angela Hillery, Chief Executive

Salaries and allowances of senior managers

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

Name and Title	2023/24					2022/23				
	Salary (bands of £5,000)	Expense Payments (taxable) total to nearest £100*	Performance Pay and Bonuses (bands of £5,000)	All Pension related benefits (bands of £2,500)	Total (bands of £5,000)	Salary (bands of £5,000)	Expense Payments (taxable) total to nearest £100	Performance Pay and Bonuses (bands of £5,000)	All Pension related benefits (bands of £2,500)	Total (bands of £5,000)
	£000	£00	£000	£000	£000	£000	£00	£000	£000	£000
Professor Elizabeth Anderson, Non-Executive Director (wef 01/09/23)	5-10	0	0	0	5-10					
Alexander Carpenter, Non-Executive Director (wef 01/06/22)	10-15	0	0	0	10-15	10-15	0	0	0	10-15
Dr Bhanu Chadalavada, Medical Director (wef 01/11/23)	45-50	0	30-35	87.5-90	170-175					
Kate Dyer, Interim Director of Corporate Governance & Company Secretary (wef 01/04/23)	105-110	0	0	165-167.5	265-270					
Cathy Ellis, Chair (upto 31/08/23)	15-20	0	0	0	15-20	45-50	0	0	0	45-50
Tanya Hibbert, Director of Mental Health (wef 01/10/2022)	125-130	0	0	0	125-130	55-60	0	0	32.5-35	90-95
Darren Hickman, Non-Executive Director (upto 30/06/22)						0-5	0	0	0	0-5

Name and Title	2023/24					2022/23				
	Salary (bands of £5,000)	Expense Payments (taxable) total to nearest £100*	Performance Pay and Bonuses (bands of £5,000)	All Pension related benefits (bands of £2,500)	Total (bands of £5,000)	Salary (bands of £5,000)	Expense Payments (taxable) total to nearest £100	Performance Pay and Bonuses (bands of £5,000)	All Pension related benefits (bands of £2,500)	Total (bands of £5,000)
	£000	£00	£000	£000	£000	£000	£00	£000	£000	£000
Angela Hillery, Chief Executive (Employed by NHFT - see Note 1)	135-140	0	0		135-140					
Dr Avinash Hiremath, Medical Director (upto 30/11/2022)						70-75	0	25-30	32.5-35	135-140
Faisal Hussain, Non-Executive Director	15-20	0	0	0	15-20	10-15	1	0	0	10-15
Moira Ingham, Non-Executive Director (upto 30/04/23)	0-5	0	0	0	0-5	10-15	0	0	0	10-15
Jean Knight, Deputy CEO & Managing Director	150-155	0	0	25-27.5	180-185					
Dr Girish Kunigiri, Acting Medical Director (wef 01/09/22 to 13/10/2022)						15-20	0	5-10	7.5-10	35-40
Samantha Leak, Director of Community Health Services	120-125	0	0	0	120-125	115-120	0	0	45-50	165-170
Ruth Marchington, Non-Executive Director	10-15	0	0	0	10-15	10-15	0	0	0	10-15
Dr Saquib Muhammad, Acting Medical Director (upto 30/09/23)	60-65	0	50-55	80-82.5	200-205	60-65	0	40-45	20-22.5	130-135

Name and Title	2023/24					2022/23				
	Salary (bands of £5,000)	Expense Payments (taxable) total to nearest £100*	Performance Pay and Bonuses (bands of £5,000)	All Pension related benefits (bands of £2,500)	Total (bands of £5,000)	Salary (bands of £5,000)	Expense Payments (taxable) total to nearest £100	Performance Pay and Bonuses (bands of £5,000)	All Pension related benefits (bands of £2,500)	Total (bands of £5,000)
	£000	£00	£000	£000	£000	£000	£00	£000	£000	£000
Sharon Murphy, Director of Finance	135-140	0	0	0	135-140	130-135	0	0	122.5-125	255-260
Fiona Myers, Interim Director of Mental Health (upto 30/09/2022)						60-65	0	0	0	60-65
Hetal Parmar, Non-Executive Director (wef 01/06/22)	10-15	0	0	0	10-15	10-15	0	0	0	10-15
Professor Kevin Paterson, Non-Executive Director (upto 31/08/23)	5-10	0	0	0	5-10	10-15	0	0	0	10-15
Mark Powell, Deputy Chief Executive (upto 31/03/23)						145-150	95	0	65-67.5	225-230
Dr Anne Scott, Director of Nursing, AHPs	130-135	0	0	0	130-135	120-125	0	0	27.5-30	150-155
Paul Sheldon, Chief Finance Officer (Employed by NHFT - see Note 1)	65-70	0	0	0	65-70					
Josie Spencer, Non-Executive Director (wef 01/05/23)	10-15	0	0	0	10-15					
Helen Thompson, Director of FYPC	120-125	0	0	0	120-125	115-120	0	0	27.5-30	145-150

Name and Title	2023/24					2022/23				
	Salary (bands of £5,000)	Expense Payments (taxable) total to nearest £100*	Performance Pay and Bonuses (bands of £5,000)	All Pension related benefits (bands of £2,500)	Total (bands of £5,000)	Salary (bands of £5,000)	Expense Payments (taxable) total to nearest £100	Performance Pay and Bonuses (bands of £5,000)	All Pension related benefits (bands of £2,500)	Total (bands of £5,000)
	£000	£00	£000	£000	£000	£000	£00	£000	£000	£000
Crishni Waring, Chair (wef 01/09/23) (Employed by NHFT - see Note 1)	15-20	0	0	0	15-20					
David Williams, Director of Strategy & Partnerships (Employed by NHFT - see Note 1)	80-85	0	0	0	80-85					
Sarah Willis, Director of HR & Organisational Development	120-125	0	0	0	120-125	115-120	0	0	30-32.50	150-155

* 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, Crishni Waring, David Williams and Paul Sheldon are employed by Northamptonshire Healthcare Foundation Trust (NHFT). The salary recharge figures are shown; however their pension figures are disclosed in NHFT's remuneration report.

2) The implications of the Public Service Pensions Remedy (as a result of the McCloud judgement) has resulted in negative in-year pension movements for some directors. Sharon Murphy, Helen Thompson, Sarah Willis, Anne Scott, Samantha Leak and Tanya Hibbert are affected by this remedy, and their membership between the 1st of April 2015 and the 31st of March 2022 was moved back into the 1995/2008 Scheme on the 1st of October 2023. Negative values are not disclosed in this table but are substituted with a zero.

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

Name and Title	Real increase in pension at pension age (bands of £2,500)	Real increase in lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31 March 2024 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2024 (bands of £5,000)	Cash Equivalent Transfer Value at 1 April 2024	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2023
	£000	£000	£000	£000	£000	£000	£000
Dr Bhanu Chadalavada, Medical Director	2.5-5	7.5-10	40-45	116	983	82	758
Kate Dyer Interim Director of Corporate Governance & Company Secretary (Note 1)	7.5-10	0	45-50	0	752	131	606
Tanya Hibbert, Director of Mental Health	0-2.5	30-32.5	30-35	80-85	717	117	583
Jean Knight, Deputy CEO & Managing Director	0-2.5	20-22.5	30-35	70-75	628	93	422
Samantha Leak, Director of Community Health Services	0-2.5	25-27.5	45-50	125-130	1090	121	953
Dr Saquib Muhammad, Acting Medical Director (upto 30/09/23)	2.5-5	35-37.5	65-70	185-190	1668	220	1230
Sharon Murphy, Director of Finance	0-2.5	30-32.5	45-50	120-125	1127	162	946
Dr Anne Scott, Director of Nursing, AHPs and Quality	0-2.5	5-7.5	55-60	155-160	1369	83	1269
Helen Thompson, Director of FYPC	0-2.5	15-17.5	55-60	150-155	1390	83	1290
Sarah Willis, Director of HR & Organisational Development	0-2.5	30-32.5	25-30	65-70	577	105	455

Real increase/decrease in CETV is subject to rounding.

Pay Ratio Disclosure – Subject to Audit

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 banded remuneration of the highest paid director in Leicestershire Partnership NHS Trust in the financial year 2023/24 was £150,000 - £155,000 (2022/23, £145,000 - £150,000). The relationship to the remuneration of the organisation's workforce is disclosed in the below table, which is subject to audit.

2023/24	25th Percentile	Median	75th Percentile
Total remuneration (£)	22,383	28,407	42,618
Salary component of total remuneration (£)	22,383	28,407	42,618
Annual % change in remuneration (note 1)	-10%	-19%	-1%
Pay ratio information (note 2)	6.81	5.37	3.58
2022/23			
Total remuneration (£)	24,938	35,098	42,902
Salary component of total remuneration (£)	24,938	35,098	42,902
Pay ratio information	5.91	4.20	3.44

Note 1: The 2022/23 remuneration includes the NHS bonus payment which was a one-off nationally driven payment to all staff, and is one reason for the annual % reduction in 2023/24.

Note 2: In previous years only agency workers were included under the temporary workers category, however from 2023/24 bank staff are also included in this category. This has contributed to the remuneration reduction within the 25th percentile and median ranges.

Note 3: In addition to remuneration levels being lower in 2023/24, the mid-point of the highest paid director's remuneration increased in year, from £147,500 to £152,500. The increase in the highest paid director's remuneration is due to the previously highest paid director vacating their role. These three factors have resulted in all pay ratios increasing in 2023/24.

In 2023/24 14 medical staff received remuneration in excess of the highest-paid director (2022/23, 16 medical staff). Trust remuneration ranged from £10,325 to £222,953 (2022/23 £9,406 to £324,355). The lowest remuneration related to apprenticeship posts and the highest remuneration related to a medical agency consultant.

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 that the Trust considers expenditure on consultancy to be the most cost appropriate course of action. Over the 2023/24 financial period, the Trust spent £277,000 with various consultancies (2022/23: £872,000). The majority of this spend relates to IT consultancy. The spend has reduced in-year due to a decrease in IT consultancy spend and decrease in General Management Consultancy which related to Mental Health Services and the Adult Eating Disorder Collaboration.

Exit Packages

Exit packages totalling £22,000 were agreed during 2023/24 for staff leaving the Trust. These related to contractual payments in lieu of notice. More details are shown at Table 4: Exit Packages.

Off-payroll Engagements

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

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

For all highly paid off-payroll engagements as of 31 March 2024, greater than £245 per day:

	Number
No. of existing engagements as of 31 March 2024	25
<i>Of which:</i>	
No. that have existed for less than one year at time of reporting	6
No. that have existed for between one & two years at time of reporting	10
No. that have existed for between two and three years at time of reporting	5
No. that have existed for between three and four years at time of reporting	1
No. that have existed for four or more years at time of reporting	3

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 2023 and 31 March 2024, greater than £245 per day:

	Number
No. of temporary off-payroll workers engaged between April 2023 and March 2023	43
<i>Of which:</i>	
No. not subject to off-payroll legislation *	43
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 2023 and 31 March 2024

	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 3 board members (including Chief Executive) who are also employed by Northamptonshire Healthcare Foundation Trust (NHFT).

Table 4: Exit Package – subject to audit

Exit package cost band (including any special payment element)	Number of compulsory redundancies	Cost of compulsory redundancies	*Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of departures where special payments have been made	Cost of special payment element included in exit packages
	Number	£0s	Number	£0s	Number	£0s	Number	£0s
Less than £10,000	0	0	7	22,000	7	22,000	0	0
£10,000 - £25,000	0	0	0	0	0	0	0	0
£25,001 - £50,000	0	0	0	0	0	0	0	0
£50,001 - £100,000	0	0	0	0	0	0	0	0
£100,001 - £150,000	0	0	0	0	0	0	0	0
£150,001 - £200,000	0	0	0	0	0	0	0	0
>£200,000	0	0	0	0	0	0	0	0
Total	0	0	7	22,000	7	22,000	0	0

Table 5: Staff costs – subject to audit

	Permanent	Other	2023/24	2022/23
	£000	£000	Total	Total
			£000	£000
Salaries and wages	210,105	26,245	236,350	223,587
Social security costs	23,461	0	23,461	20,274
Apprenticeship levy	1,197	0	1,197	1,019
Employer's contributions to NHS pensions	41,708	0	41,708	37,363
Pension cost - other	131		131	140
Other post employment benefits	0	86	86	0
Termination benefits	118		118	203
Temporary staff - Agency	0	31,098	31,098	32,898
Total Gross staff costs	276,720	57,429	334,149	315,484
Recoveries from other bodies in respect of staff cost netted off expenditure	(912)	0	(912)	(1,044)
Total Staff Costs	275,808	57,429	333,237	314,440
Of which costs capitalised as part of assets	1,434	0	1,434	1,403

Table 6: Average number of employees (WTE basis) – subject to audit

	Permanent	Other	2023/24	2022/23
	Number	Number	Total	Total
			Number	Number
Medical and dental	210	27	237	228
Administration and estates	1,364	83	1,447	1,308
Healthcare assistants and other support staff	1,134	379	1,513	1,362
Nursing, midwifery and health visiting staff	1,576	316	1,892	1,829
Scientific, therapeutic and technical staff	1,331	23	1,354	1,262
Total average numbers	5,615	828	6,443	5,989
Of which:				
Number of employees (WTE) engaged on capital projects	39	0	39	40

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

Other financial information

Better Payment Practice Code

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

Parliamentary accountability and audit report

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

Audit Fee

The Trust's external auditor for the period 1 April 2023 to 31 March 2024 was KPMG. The 2023/24 audit fee of £105k 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 2024 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 2024 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 2023/24; 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 and inspection of policy documentation 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 Improvement.
- 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.

In line with the guidance set out in Practice Note 10 Audit of Financial Statements of Public

Sector Bodies in the United Kingdom we also recognized a fraud risk related to expenditure recognition, particularly in relation to year-end accruals.

We also performed procedures including:

- Identifying journal entries and other adjustments to test based on risk criteria and comparing the identified entries to supporting documentation. These included unusual entries to cash, unusual entries to revenue and entries posted by infrequent users.
- Assessing whether the judgements made in making accounting estimates are indicative of a potential bias.
- Inspecting transactions in the period prior to and following 31 March 2024 to verify revenue had been recognised in the correct accounting period;
- Inspecting transactions in the period after 31 March 2024 to verify expenditure had been recognised in the correct accounting period; and
- Assessing the completeness of disclosed related party transactions and verifying they had been accurately recorded within the financial statements.

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 did not identify any others where the consequences of non-compliance alone could have a material effect on amounts or disclosures in the financial statements.

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.

Annual Governance Statement

We are required by the Code of Audit Practice published by the National Audit Office in April 2020 on behalf of the Comptroller and Auditor General (the "Code of Audit Practice") to report to you if the Annual Governance Statement has not been prepared in accordance with the requirements of the Department of Health and Social Care Group Accounting Manual 2023/24. We have nothing to report in this respect.

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 2023/24.

Directors' and Accountable Officer's responsibilities

As explained more fully in the statement set out on page 92, 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 91 the Accountable Officer is responsible for ensuring that annual statutory accounts are prepared in a format directed by the Secretary of State.

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 92, 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 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 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 this respect.

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.

CERTIFICATE OF COMPLETION OF THE AUDIT

We certify that we have completed the audit of the accounts of Leicestershire Partnership NHS Trust for the year ended 31 March 2024 in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.



Andrew Cardoza
for and on behalf of KPMG LLP
Chartered Accountants
One Snowhill
Snow Hill Queensway
Birmingham
B4 6GH

28 June 2024

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 2023/24.



Angela Hillery, Chief Executive
25th June 2024

Financial statements

Summary of financial statements

The Financial Accounts for 2023/24 are presented with the Annual Report in Appendix A. The accounts show that we have delivered an in-year surplus of £8k (excluding impairments and other uncontrollable adjustments), and as such, we have achieved our in-year break even duty. We have also delivered our statutory cash and capital duties.

The financial year has been another challenging year for both LPT and the wider NHS. There were material financial challenges in year relating to industrial action, pay awards, high inflation costs and 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 to ensure delivery, including reductions in agency costs for the first time since 2019/20.

As we look forward to the 2024/25 financial year, there is continuing focus across the NHS on the efficiency and productivity of our services, and we have programmes in place within the Trust to take those themes forwards. We are also working closely with our LLR ICS partners to ensure that the financial plans for all organisations and the ICS are deliverable.

The Trust submitted a plan at the start of May 2024 for 2024/25 for a breakeven position, despite continuing inflationary and other pressures. The plan will be challenging to deliver and relies on higher levels of financial efficiency being delivered than the Trust has delivered in the past. We have robust plans in place to deliver the financial plan but will need to continue with our recovery plan approach to financial delivery.

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
Director of Finance



Angela Hillery
Chief Executive

Contact us

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

Comments should be sent to:

Chief Executive
Leicestershire Partnership NHS Trust
Pen Lloyd Building, County Hall,
Leicester, LE3 8TH

Telephone: 0116 295 0030
Email: LPT.feedback@nhs.net

You can also follow the Trust on social media:

X (formerly known as Twitter) [@LPTnhs](https://twitter.com/LPTnhs)
Facebook/[LPTnhs](https://www.facebook.com/LPTnhs)
YouTube/[LPTnhs](https://www.youtube.com/LPTnhs)
Website www.leicspart.nhs.uk

Quality Account

You may also be interested to read our Quality Account for 2023-24, 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 في حاجة إلى قراءة هذه المعلومات بلغة أخرى أو بتنسيق مختلف، يرجى الاتصال بهاتف رقم 0116 295 0903 أو إرسال بريد إلكتروني إلى: Patient.Information@leicspart.nhs.uk

Bengali

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

Traditional Chinese

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

Gujarati

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

Hindi

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

Polish

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

Punjabi

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

Somali

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

Urdu

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

Appendix A

Leicestershire Partnership NHS Trust

Annual accounts for the year ended 31 March 2024

Statement of Comprehensive Income

		2023/24	2022/23
	Note	£000	£000
Operating income from patient care activities	3	372,392	348,419
Other operating income	4	42,093	46,434
Operating expenses	7, 9	<u>(452,205)</u>	<u>(392,712)</u>
Operating surplus/(deficit) from continuing operations		<u>(37,720)</u>	<u>2,141</u>
Finance income	11	1,998	861
Finance expenses	12	(2,890)	(1,490)
PDC dividends payable		(4,114)	(5,569)
Other gains / (losses)	13	10	(10)
Surplus / (deficit) for the year		<u>(42,716)</u>	<u>(4,067)</u>
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	8	(40,542)	(2,048)
Revaluations	18	<u>970</u>	<u>8,339</u>
Total comprehensive income / (expense) for the period		<u>(82,288)</u>	<u>2,224</u>

Adjusted financial performance (control total basis):

Surplus / (deficit) for the period	(42,716)	(4,067)
Remove net impairments not scoring to the Departmental expenditure limit	41,514	1,198
Remove I&E impact of capital grants and donations	(17)	(10)
Remove impact of IFRS 16 on IFRIC 12 schemes	1,200	-
Remove net impact of inventories received from DHSC group bodies for COVID response	<u>27</u>	<u>19</u>
Adjusted financial performance surplus / (deficit)	<u>8</u>	<u>(2,860)</u>

The in-year financial control total is NHS England's primary mechanism to monitor a Trust's revenue financial performance. It excludes any transactions that are not under the Trust's control e.g., impairments. Before these exclusions the accounting deficit for the year is £42.716m. The adjusted performance is £8k surplus.

The inclusion of this note is voluntary and not with the audit remit.

Statement of Financial Position

		31 March 2024	31 March 2023
	Note	£000	£000
Non-current assets			
Intangible assets	15	5,298	6,420
Property, plant and equipment	16	140,495	204,393
Right of use assets	19	17,235	42,333
Receivables	25	918	989
Total non-current assets		163,946	254,135
Current assets			
Inventories	24	509	381
Receivables	25	10,665	21,209
Other assets	27	-	-
Cash and cash equivalents	29	28,106	29,935
Total current assets		39,280	51,525
Current liabilities			
Trade and other payables	30	(31,849)	(40,873)
Borrowings	32	(3,652)	(3,848)
Provisions	34	(5,229)	(3,928)
Other liabilities	31	(7,525)	(5,698)
Total current liabilities		(48,255)	(54,347)
Total assets less current liabilities		154,971	251,313
Non-current liabilities			
Borrowings	32	(38,688)	(48,907)
Provisions	34	(899)	(1,005)
Total non-current liabilities		(39,587)	(49,912)
Total assets employed		115,384	201,401
Financed by			
Public dividend capital		106,745	106,698
Revaluation reserve		20,140	59,712
Income and expenditure reserve		(11,501)	34,991
Total taxpayers' equity		115,384	201,401

The accompanying notes form part of these accounts.

Signature
Name
Position
Date



Angela Hillery
Chief Executive
25 June 2024

Statement of Changes in Equity for the year ended 31 March 2024

	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2023 - brought forward	106,698	59,712	34,991	201,401
Application of IFRS 16 measurement principles to PFI liability on 1 April 2023	-	-	(3,776)	(3,776)
Surplus/(deficit) for the year	-	-	(42,716)	(42,716)
Impairments	-	(40,542)	-	(40,542)
Revaluations	-	970	-	970
Public dividend capital received	47	-	-	47
Taxpayers' and others' equity at 31 March 2024	106,745	20,140	(11,501)	115,384

Statement of Changes in Equity for the year ended 31 March 2023

	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2022 - brought forward	101,831	53,421	39,058	194,310
Surplus/(deficit) for the year	-	-	(4,067)	(4,067)
Impairments	-	(2,048)	-	(2,048)
Revaluations	-	8,339	-	8,339
Public dividend capital received	4,867	-	-	4,867
Taxpayers' and others' equity at 31 March 2023	106,698	59,712	34,991	201,401

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	2023/24 £000	2022/23 £000
Cash flows from operating activities			
Operating surplus / (deficit)		(37,720)	2,141
Non-cash income and expense:			
Depreciation and amortisation	7.1	13,099	14,018
Net impairments	8	41,514	1,198
Income recognised in respect of capital donations	4	(34)	(27)
(Increase) / decrease in receivables and other assets		12,231	(13,169)
(Increase) / decrease in inventories		(128)	37
Increase / (decrease) in payables and other liabilities		(8,939)	17,782
Increase / (decrease) in provisions		1,183	102
Other movements in operating cash flows		(186)	(18)
Net cash flows from / (used in) operating activities		<u>21,020</u>	<u>22,064</u>
Cash flows from investing activities			
Interest received		1,998	861
Purchase of intangible assets		(208)	(2,166)
Purchase of PPE and investment property		(13,407)	(16,845)
Receipt of cash donations to purchase assets		34	27
Net cash flows from / (used in) investing activities		<u>(11,583)</u>	<u>(18,123)</u>
Cash flows from financing activities			
Public dividend capital received		47	4,867
Movement on loans from DHSC		(163)	(163)
Capital element of finance lease rental payments		(3,538)	(3,412)
Capital element of PFI, LIFT and other service concession payments		(443)	(285)
Interest on loans		(61)	(63)
Interest paid on finance lease liabilities		(334)	(433)
Interest paid on PFI, LIFT and other service concession obligations		(937)	(1,009)
PDC dividend (paid) / refunded		(5,837)	(5,499)
Net cash flows from / (used in) financing activities		<u>(11,266)</u>	<u>(5,997)</u>
Increase / (decrease) in cash and cash equivalents		(1,829)	(2,056)
Cash and cash equivalents at 1 April - brought forward		29,935	31,991
Cash and cash equivalents at 31 March	29.1	<u>28,106</u>	<u>29,935</u>

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 2023/24 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) which replaced the National Tariff Payment System on 1 April 2023. 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. In 2023/24 API contracts contain both a fixed and variable element. Under the variable element, providers earn income for elective activity (both ordinary and day case), out-patient procedures, out-patient first attendances, diagnostic imaging and nuclear medicine, and chemotherapy delivery activity. The precise definition of these activities is given in the NHSPS. Income is earned at NHSPS prices based on actual activity. The fixed element includes income for all other services covered by the NHSPS assuming an agreed level of activity with 'fixed' in this context meaning not varying based on units of activity. Elements within this are accounted for as variable consideration under IFRS 15 as explained below.

The Trust also receives income from commissioners under Commissioning for Quality Innovation (CQUIN) and Best Practice Tariff (BPT) schemes. Delivery under these schemes is part of how care is provided to patients. As such CQUIN and BPT payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the overall contract with the commissioner and accounted for as variable consideration under IFRS 15. Payment for CQUIN and BPT on non-elective services is included in the fixed element of API contracts with adjustments for actual achievement being made at the end of the year. BPT earned on elective activity is included in the variable element of API contracts and paid in line with actual activity performed.

Where the relationship with a particular integrated care board is expected to be a low volume of activity (annual value below £0.5m), an annual fixed payment is received by the provider as determined in the NHSPS documentation. Such income is classified as 'other clinical income' in these accounts.

Elective recovery funding provides additional funding to integrated care boards to fund the commissioning of elective services within their systems. In 2023/24, trusts do not directly earn elective recovery funding, instead earning income for actual activity performed under API contract arrangements as explained above. The level of activity delivered by the trust contributes to system performance and therefore the availability of funding to the trust's commissioners. In 2022/23 elective recovery funding for providers was separately identified within the aligned payment and incentive contracts.

Mental health provider collaboratives

NHS led provider collaboratives for specialised mental health, learning disability and autism services involve a lead NHS provider taking responsibility for managing services, care pathways and specialised commissioning budgets for a population. As lead provider for [specify collaborative name], the Trust is accountable to NHS England and as such recognises the income and expenditure associated with the commissioning of services from other providers in these accounts. Where the trust is the provider of commissioned services, this element of income is recognised in respect of the provision of services, after eliminating internal transactions.

Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract. Some research income alternatively falls within the provisions of IAS 20 for government grants.

NHS injury cost recovery scheme

The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when performance obligations are satisfied. In practical terms this means that treatment has been given, it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

Note 1.5 Other forms of income

Grants and donations

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grants is used to fund capital expenditure, it is credited to the Statement of Comprehensive Income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Apprenticeship service income

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) 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 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 Whole of Government Accounts are 'machinery of government changes' and treated as continuing operations.

Note 1.9 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes
- it is probable that future economic benefits will flow to, or service potential be provided to, the trust
- it is expected to be used for more than one financial year
- the cost of the item can be measured reliably
- the item has cost of at least £5,000, or
- collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided. Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements.

Valuation guidance issued by the Royal Institute of Chartered Surveyors states that valuations are performed net of VAT where the VAT is recoverable by the entity. This basis has been applied to the trust's Private Finance Initiative (PFI) scheme where the construction is completed by a special purpose vehicle and the costs have recoverable VAT for the trust.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'held for sale' cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the trust, respectively.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised. Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition

Assets intended for disposal are reclassified as 'held for sale' once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition. Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met. The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

Private Finance Initiative (PFI) and Local Improvement Finance Trust (LIFT) transactions

PFI and LIFT transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's *FReM*, are accounted for as 'on-Statement of Financial Position' by the trust. Annual contract payments to the operator (the unitary charge) are apportioned between the repayment of the liability including the finance cost, the charges for services and lifecycle replacement of components of the asset.

Initial recognition

In accordance with HM Treasury's *FReM*, the underlying assets are recognised as property, plant and equipment, together with an equivalent liability. Initial measurement of the asset and liability are in accordance with the initial measurement principles of IFRS 16 (see leases accounting policy).

Subsequent measurement

Assets are subsequently accounted for as property, plant and equipment and/or intangible assets as appropriate.

The liability is subsequently reduced by the portion of the unitary charge allocated as payment for the asset and increased by the annual finance cost. The finance cost is calculated by applying the implicit interest rate to the opening liability and is charged to finance costs in the Statement of Comprehensive Income. The element of the unitary charge allocated as payment for the asset is split between payment of the finance cost and repayment of the net liability.

Where there are changes in future payments for the asset resulting from indexation of the unitary charge, the Trust remeasures the PFI liability by determining the revised payments for the remainder of the contract once the change in cash flows takes effect. The remeasurement adjustment is charged to finance costs in the Statement of Comprehensive Income. The service charge is recognised in operating expenses in the Statement of Comprehensive Income.

Initial application of IFRS 16 liability measurement principles to PFI and LIFT liabilities

IFRS 16 liability measurement principles have been applied to PFI, LIFT and other service concession arrangement liabilities in these financial statements from 1 April 2023. The change in measurement basis has been applied using a modified retrospective approach with the cumulative impact of remeasuring the liability on 1 April 2023 recognised in the income and expenditure reserve.

Comparatives for PFI, LIFT and other service concession arrangement liabilities have not been restated on an IFRS 16 basis, as required by the DHSC Group Accounting Manual. Under IAS 17 measurement principles which applied in 2022/23 and earlier, movements in the liability were limited to repayments of the liability and the annual finance cost arising from application of the implicit interest rate. The cumulative impact of indexation on payments for the asset was charged to finance costs as contingent rent as incurred.

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	30	60
Plant & machinery	5	10
Information technology	2	10
Furniture & fittings	5	10

Note 1.10 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the trust's business or which arise from contractual or other legal rights. They 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.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Intangible assets held for sale are measured at the lower of their carrying amount or fair value less costs to sell.

Amortisation

Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

Useful lives of intangible assets

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life	Max life
	Years	Years
Information technology	2	10
Development expenditure	2	5
Websites	2	5
Software licences	2	10

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 [or] the weighted average cost method.

The Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

Note 1.12 Investment properties

Investment properties are measured at fair value. Changes in fair value are recognised as gains or losses in income/expenditure.

Only those assets which are held solely to generate a commercial return are considered to be investment properties. Where an asset is held, in part, for support service delivery objectives, then it is considered to be an item of property, plant and equipment. Properties occupied by employees, whether or not they pay rent at market rates, are not classified as investment properties.

Note 1.13 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

Note 1.14 Financial assets and financial liabilities**Recognition**

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by the Office of National Statistics (ONS).

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through leasing arrangements are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets and financial liabilities are classified as subsequently measured at amortised cost.

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets 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 3.51% applied to new leases commencing in 2023 and 4.72% to new leases commencing in 2024.

The Trust does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight-line basis over the lease term. Irrecoverable VAT on lease payments is expensed as it falls due.

Subsequent measurement

As required by a HM Treasury interpretation of the accounting standard for the public sector, the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

The Trust as a lessor

The Trust assesses each of its leases and classifies them as either a finance lease or an operating lease. Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Where the Trust is an intermediate lessor, classification of the sublease is determined with reference to the right of use asset arising from the headlease.

Finance leases

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Operating leases

Income from operating leases is recognised on a straight-line basis or another systematic basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Initial application of IFRS 16 in 2022/23

IFRS 16 Leases as adapted and interpreted for the public sector by HM Treasury was applied to these financial statements with an initial application date of 1 April 2022. IFRS 16 replaced *IAS 17 Leases*, *IFRIC 4 Determining whether an arrangement contains a lease* and other interpretations.

The standard was applied using a modified retrospective approach with the cumulative impact recognised in the income and expenditure reserve on 1 April 2022. Upon initial application, the provisions of IFRS 16 were only applied to existing contracts where they were previously deemed to be a lease or contain a lease under IAS 17 and IFRIC 4. Where existing contracts were previously assessed not to be or contain a lease, these assessments were not revisited.

The Trust as lessee

For continuing leases previously classified as operating leases, a lease liability was established on 1 April 2022 equal to the present value of future lease payments discounted at the Trust's incremental borrowing rate of 0.95%. A right of use asset was created equal to the lease liability and adjusted for prepaid and accrued lease payments and deferred lease incentives recognised in the Statement of Financial Position immediately prior to initial application. Hindsight was used in determining the lease term where lease arrangements contained options for extension or earlier termination.

No adjustments were made on initial application in respect of leases with a remaining term of 12 months or less from 1 April 2022 or for leases where the underlying assets had a value below £5,000. No adjustments were made in respect of leases previously classified as finance leases.

The Trust as lessor

Leases of owned assets where the Trust was lessor were unaffected by initial application of IFRS 16. For existing arrangements where the Trust was an intermediate lessor, classification of all continuing sublease arrangements was been reassessed with reference to the right of use asset.

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 2024:

		Nominal rate	Prior year rate
Short-term	Up to 5 years	4.26%	3.27%
Medium-term	After 5 years up to 10 years	4.03%	3.20%
Long-term	After 10 years up to 40 years	4.72%	3.51%
Very long-term	Exceeding 40 years	4.40%	3.00%

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 2024:

	Inflation rate	Prior year rate
Year 1	3.60%	7.40%
Year 2	1.80%	0.60%
Into perpetuity	2.00%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's post-employment benefits discount rate of 2.45% in real terms (prior year: 1.70%).

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the trust is disclosed at Note 34.2 but is not recognised in the Trust's accounts.

Non-clinical risk pooling

The trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

Note 1.17 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in Note 35 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in Note 35, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.18 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined by the Department of Health and Social Care.

This policy is available at <https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts>.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.19 Value added tax

Most of the activities of the trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

Note 1.20 Corporation tax

The Trust has determined that it has no corporation tax liability due to the structure of the organisation and the services it provides.

Note 1.21 Climate change levy

Expenditure on the climate change levy is recognised in the Statement of Comprehensive Income as incurred, based on the prevailing chargeable rates for energy consumption.

Note 1.22 Foreign exchange

The functional and presentational currency of the trust is sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

Where the trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:

- monetary items are translated at the spot exchange rate on 31 March
- non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction and
- non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

Note 1.23 Third party assets

Assets belonging to third parties in which the Trust has no beneficial interest (such as money held on behalf of patients) are not recognised in the accounts. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's *FReM*.

Note 1.24 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis.

The losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 1.25 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

Note 1.26 Transfers of functions [to / from] [other NHS bodies / local government bodies]

This note is not relevant to the Trust for 2023/24 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 2023/24.

Note 1.28 Standards, amendments and interpretations in issue but not yet effective or adopted

There are no standards, amendments and interpretations that have been issued but are not yet effective or adopted by the Trust.

Note 1.29 Critical judgements in applying accounting policies

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

(i) Private Finance Initiative (PFI)

During the 2009/10 IFRS restatement process the Trust reviewed the details of its PFI contract and concluded that it fell within the scope of International Financial Reporting Interpretations Committee (IFRIC) 12: Service Concession Arrangements. This conclusion was based on the fact that the Trust controls and regulates the services that the asset provides, to whom it is provided to, and retains entitlement to the building at the end of the lease term. The PFI asset was brought onto the balance sheet and is being depreciated over its useful life.

(ii) Local Improvement Finance Trust (LIFT)

During 2010/11 the Trust's LIFT asset was brought onto balance sheet. The Trust occupies 22.9% of St Peters Health Centre and under the arrangements of IFRIC 12: Service Concession Arrangements, the Trust has recognised both the asset and liability on the balance sheet.

Note 1.30 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

1) Land and Buildings

The value of land and buildings is £114.938m (2022/23 £181.748m). This is the most significant estimate in the accounts and is based on the professional judgement of the Trust's independent valuer; Cushman & Wakefield, who have extensive knowledge of the physical estate and market factors.

Two valuations were undertaken by Cushman & Wakefield during 2023/24: Internal and external physical inspections were completed to inform the 1st of April 2023 valuation on a modern equivalent asset (MEA) basis. The MEA valuation is based on the assumption that replacement hospitals and other specialist buildings would be built on alternative sites within the surrounding area of Leicestershire and Rutland. A follow-up desktop update valuation was performed as at the 31st of March 2024. This incorporated in-year indexation, depreciation, alterations and improvements, and any functional and external obsolescence.

The valuation does not take into account potential future changes in market value which cannot be predicted with any certainty. The majority of the Trusts estate is considered to be specialised assets as there is no open market for community and mental health hospitals.

The MEA model was developed by Trust Finance and Estates staff, working with NTW Solutions Management, which is a limited company established by Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust. Trust health and safety, business support and clinical representatives were also involved in the initial stages of the model design. The hypothetical model 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 have been appraised to determine what efficiencies, if any, can be applied in determining the optimal site. The model is designed to be flexed/adapted for any future changes to service delivery or modifications to accounting practices.

Updated MEA Revisions to accounting estimates are recognised in the period in which the estimate is revised.

2) Property Leases

In line with the accounting policy for Property, Plant and Equipment (PPE), the Trust employs a revaluation model for subsequent measurement of right of use assets unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets.

Due to a number of NHS Property Services and Community Health Partnership leases having long lease terms, these leases have been revalued by Cushman & Wakefield, as at 31st March 2024. This has resulted impairments of £9.85m.

In addition to this, under IAS 8: Accounting Policies, Changes in Accounting Estimates and Errors, the Trust changed its accounting estimate basis for lease terms, and remeasured its leases to align with contractual lease terms instead of anticipated occupation, as was previously applied upon transition to IFRS16 in April 2022. This has resulted in property lease remeasurement reductions of £12.88m. A corresponding reduction of £12.88m in ROU asset values has resulted in no overall impact on total net assets employed on the Statement of Financial Position.

Other lease liability remeasurement increases of £1.01m for inflation uplifts have also occurred during the year, resulting in overall lease remeasurement reduction of £11.872m, as shown in Notes 19.1 and 19.4.

Note 1.31 Accounting standards issued but not yet adopted

IFRS 18 was issued in April 2024 and applies to periods beginning on or after 1 January 2027. The standard has not yet been adopted by FRAB for inclusion within the FREM and therefore it is not yet possible to confirm how this will impact on our accounts in the future.

Note 2 Operating Segments

The segment table below represent the management and financial reporting structure for the Trust.

Directorate	2023/24 Total Expenditure £000s	%	2022/23 Total Expenditure £000s	%
Directorate of Mental Health	110,623	24%	104,753	26%
Community Health Services	92,678	20%	80,988	20%
Families, Young People and Children Services	67,432	15%	63,300	16%
Enabling Services	47,023	10%	42,855	11%
Hosted Services & Estates	70,406	15%	64,353	16%
Trust Central Reserves	55,081	12%	28,509	7%
Learning Disabilities	13,968	3%	14,167	4%
Total expenditure	457,211	100%	398,925	100%

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)	2023/24	2022/23
	£000	£000
Mental health services		
Income from commissioners under API contracts *	172,367	151,155
Services delivered under a mental health collaborative	6,932	8,028
Income for commissioning services in a mental health collaborative	2,292	1,940
Clinical partnerships providing mandatory services (including S75 agreements)	-	296
Other clinical income from mandatory services	2,362	1,568
Community services		
Income from commissioners under API contracts*	158,936	143,062
Income from other sources (e.g. local authorities)	16,777	18,401
All services		
National pay award central funding***	89	11,429
Additional pension contribution central funding**	12,637	11,344
Other clinical income	-	1,196
Total income from activities	372,392	348,419

*Aligned payment and incentive contracts are the main form of contracting between NHS providers and their commissioners. More information can be found in the 2023/25 NHS Payment Scheme documentation.

<https://www.england.nhs.uk/pay-syst/nhs-payment-scheme/>

**The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS providers have continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

*** Additional funding was made available by NHS England in 2023/24 and 2022/23 for implementing the backdated element of pay awards where government offers were made at the end of the financial year. 2023/24: In March 2024, the government announced a revised pay offer for consultants, reforming consultant pay scales with an effective date of 1 March 2024. Trade Unions representing consultant doctors accepted the offer in April 2024. 2022/23: In March 2023, the government made a pay offer for staff on agenda for change terms and conditions which was later confirmed in May 2023. The additional pay for 2022/23 was based on individuals in employment at 31 March 2023.

Note 3.2 Income from patient care activities (by source)

Note 3.2 Income from patient care activities (by source)	2023/24	2022/23
Income from patient care activities received from:	£000	£000
NHS England	23,363	29,467
Clinical commissioning groups	-	70,644
Integrated care boards	322,831	222,665
Other NHS providers	7,902	7,228
Local authorities	17,038	17,219
Non NHS: other	1,258	1,196
Total income from activities	372,392	348,419
Of which:		
Related to continuing operations	372,392	348,419

Note 3.3 Overseas visitors (relating to patients charged directly by the provider)

No income was recognised in the accounts for Overseas Visitors charges (for 2023/24 or 2022/23)

Note 4 Other operating income

	2023/24			2022/23		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	559	-	559	788	-	788
Education and training	13,654	949	14,603	13,223	733	13,956
Non-patient care services to other bodies	16,299	-	16,299	20,727	-	20,727
Reimbursement and top up funding	-	-	-	1,698	-	1,698
Income in respect of employee benefits accounted on a gross basis	912	-	912	1,044	-	1,044
Receipt of capital grants and donations and peppercorn leases	-	34	34	-	27	27
Charitable and other contributions to expenditure	-	48	48	-	407	407
Revenue from operating leases	-	618	618	-	584	584
Other income *	9,020	-	9,020	7,203	-	7,203
Total other operating income	40,444	1,649	42,093	44,683	1,751	46,434
Of which:						
Related to continuing operations			42,093			46,434

* The increase in other income mainly relates to ICB funding to support increased drug costs and IT support for the Secure Data Environments project.

Note 5 Additional information on revenue from contracts with customers recognised in the period

Because the Trust's revenue relates to contracts with an expected duration of one year or less, and contracts where the trust recognises revenue directly corresponding to work done to date (i.e. all performance obligations have been satisfied), no further IFRS15 disclosure notes are required.

Note 6 Operating leases - Leicestershire Partnership NHS Trust as lessor

This note discloses income generated in operating lease agreements where Leicestershire Partnership NHS Trust is the lessor.

Note 6.1 Operating lease income

	2023/24	2022/23
	£000	£000
Lease receipts recognised as income in year:		
Minimum lease receipts	618	584
Total in-year operating lease income	618	584

Note 6.2 Future lease receipts

	31 March	31 March
	2024	2023
	£000	£000
Future minimum lease receipts due in:		
- not later than one year	229	229
- later than one year and not later than two years	144	144
- later than two years and not later than three years	145	144
- later than three years and not later than four years	123	123
- later than four years and not later than five years	58	58
- later than five years	177	176
Total	876	874

Note 7.1 Operating expenses

	2023/24	2022/23
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	2,150	2,919
Purchase of healthcare from non-NHS and non-DHSC bodies	3,207	3,567
Staff and executive directors costs	329,446	310,826
Remuneration of non-executive directors	140	132
Supplies and services - clinical (excluding drugs costs)	4,681	4,650
Supplies and services - general	6,745	4,912
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	4,203	4,030
Inventories written down	12	18
Consultancy costs	277	872
Establishment	5,111	4,826
Premises	27,552	29,026
Transport (including patient travel)	3,124	3,031
Depreciation on property, plant and equipment	11,769	13,454
Amortisation on intangible assets	1,330	564
Net impairments - note 1	41,514	1,198
Movement in credit loss allowance: contract receivables / contract assets	70	42
Change in provisions discount rate(s)	(39)	(203)
Fees payable to the external auditor		
audit services- statutory audit	105	89
Internal audit costs	136	153
Clinical negligence	2,263	1,711
Legal fees	745	530
Insurance	3	219
Research and development	816	707
Education and training	3,664	2,991
Expenditure on short term leases	1,557	-
Expenditure on low value leases - note 2	-	1,125
Early retirements	57	-
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT)	551	608
Other services, eg external payroll	425	454
Other	586	261
Total	452,205	392,712
Of which:		
Related to continuing operations	452,205	392,712

Notes

1 - Note 8 provides more details on the nature of the impairments.

2 - £1.125m of 2022/23 low value leases actually relate to short term leases

Note 7.2 Other auditor remuneration

During 2023/24 there were no other auditor remuneration costs (2022/23: £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 2023/24 or 2022/23.

Note 8 Impairment of assets

	2023/24 £000	2022/23 £000
from:		
Changes in market price	-	1,198
Other	41,514	-
Total net impairments charged to operating surplus / deficit	41,514	1,198
Impairments charged to the revaluation reserve	40,542	2,048
Total net impairments	82,056	3,246

The table below provides a breakdown by impairment type:

	Impairments charged to Operating Expenditure £000	Impairments charged to Revaluation Reserve £000	Impairments Total £000
Impairment due to owned-asset property valuations			
Land	4,164	3,568	7,732
Buildings	27,500	36,974	64,474
	31,664	40,542	72,206
Impairment due to leased property valuations			
Non-commercial leases	9,850	0	9,850
Total	41,514	40,542	82,056

The Trust adopted a new valuation approach from the 1st April 2023 which involved valuing land and buildings under the Modern Equivalent Asset (MEA) method, using a hypothetical/alternative site approach. This is the main reason for the £72.206m land and buildings impairment.

The valuation of the Trust's non-commercial property leases (including hospital sites and health centres) resulted in a £9.85m impairment.

Note 9 Employee benefits

	2023/24	2022/23
	Total	Total
	£000	£000
Salaries and wages	236,350	223,587
Social security costs	23,461	20,274
Apprenticeship levy	1,197	1,019
Employer's contributions to NHS pensions	41,708	37,363
Pension cost - other	131	140
Other post employment benefits	86	-
Termination benefits	118	203
Temporary staff (including agency)	31,098	32,898
Total gross staff costs	334,149	315,484
Recoveries in respect of seconded staff	(912)	(1,044)
Total staff costs	333,237	314,440
Of which		
Costs capitalised as part of assets	1,434	1,403

Note 9.1 Retirements due to ill-health

During 2023/24 there were 6 early retirements from the trust agreed on the grounds of ill-health (3 in the year ended 31 March 2023). The estimated additional pension liabilities of these ill-health retirements is £775k (£213k in 2022/23).

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 2024, is based on valuation data as 31 March 2023, updated to 31 March 2024 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 report of the scheme actuary, which forms part of the annual NHS Pension Scheme 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 (taking into account recent demographic experience), and to recommend contribution rates payable by employees and 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 April 2024. The Department of Health and Social Care has recently laid Scheme Regulations confirming the employer contribution rate will increase to 23.7% of pensionable pay from 1 April 2024 (previously 20.6%). 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.

c) Other Pension Schemes

In 2013/14 the Trust participated in the pensions auto-enrolment exercise. The Trust's preferred pensions provider was the National Employment Savings Trust. (NEST). Staff who previously were not members of the NHS pensions scheme automatically enrolled on to this scheme and they then had the option to opt out of NEST.

Note 11 Finance income

Finance income represents interest received on assets and investments in the period.

	2023/24	2022/23
	£000	£000
Interest on bank accounts	1,998	861
Total finance income	1,998	861

Note 12.1 Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	2023/24	2022/23
	£000	£000
Interest expense:		
Interest on loans from the Department of Health and Social Care	59	62
Interest on lease obligations	334	433
Finance costs on PFI, LIFT and other service concession arrangements:		
Main finance costs	937	557
Contingent finance costs*	-	451
Remeasurement of the liability resulting from change in index or rate*	1,548	-
Total interest expense	2,878	1,503
Unwinding of discount on provisions	12	(13)
Total finance costs	2,890	1,490

* From 1 April 2023, IFRS 16 liability measurement principles are applied to PFI, LIFT and other service concession liabilities. Increases to imputed lease payments arising from inflationary uplifts are now included in the liability, and contingent rent no longer arises. More information is provided in Note 40.

Note 12.2 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015

The Trust did not incur any charges for late payment of commercial debts in 2023/24 or 2022/23.

Note 13 Other gains / (losses)

	2023/24	2022/23
	£000	£000
Gains on disposal of assets	10	-
Losses on disposal of assets	-	(10)
Total gains / (losses) on disposal of assets	10	(10)

The gain on disposal in 2023/24 relates to the termination of three properties leases

Note 14 Discontinued operations

The Trust did not discontinue any of its operations in 2023/24.

Note 15.1 Intangible assets - 2023/24

	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 2023 - brought forward	48	1,066	3,092	196	3,969	8,371
Additions	-	-	208	-	-	208
Reclassifications	-	-	3,969	-	(3,969)	-
Valuation / gross cost at 31 March 2024	48	1,066	7,269	196	-	8,579
Amortisation at 1 April 2023 - brought forward	13	121	1,702	115	-	1,951
Provided during the year	10	213	1,074	33	-	1,330
Amortisation at 31 March 2024	23	334	2,776	148	-	3,281
Net book value at 31 March 2024	25	732	4,493	48	-	5,298
Net book value at 1 April 2023	35	945	1,390	81	3,969	6,420

Note 15.2 Intangible assets - 2022/23

	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 2022 - as previously stated	48	308	2,018	135	3,696	6,205
Additions	-	-	415	-	1,751	2,166
Reclassifications	-	758	659	61	(1,478)	-
Valuation / gross cost at 31 March 2023	48	1,066	3,092	196	3,969	8,371
Amortisation at 1 April 2022 - as previously stated	3	21	1,278	85	-	1,387
Provided during the year	10	100	424	30	-	564
Amortisation at 31 March 2023	13	121	1,702	115	-	1,951
Net book value at 31 March 2023	35	945	1,390	81	3,969	6,420
Net book value at 1 April 2022	45	287	740	50	3,696	4,818

Note 16.1 Property, plant and equipment - 2023/24

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total	
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2023 - brought forward	17,683	164,187	6,558	5,484	27,664	1,891	223,467	
Additions	-	6,166	6,565	233	2,477	-	15,441	
Impairments	(9,904)	(65,476)	-	-	-	-	(75,380)	} (72,206)
Reversals of impairments	2,172	1,002	-	-	-	-	3,174	
Revaluations	93	(2,551)	-	-	-	-	(2,458)	
Reclassifications	-	1,845	(1,845)	-	-	-	-	
Valuation/gross cost at 31 March 2024	10,044	105,173	11,278	5,717	30,141	1,891	164,244	
Accumulated depreciation at 1 April 2023 - brought forward	-	122	-	4,078	13,712	1,162	19,074	
Provided during the year	-	3,585	-	290	4,084	144	8,103	
Revaluations	-	(3,428)	-	-	-	-	(3,428)	
Accumulated depreciation at 31 March 2024	-	279	-	4,368	17,796	1,306	23,749	
Net book value at 31 March 2024	10,044	104,894	11,278	1,349	12,345	585	140,495	
Net book value at 1 April 2023	17,683	164,065	6,558	1,406	13,952	729	204,393	

New valuation approach

The Trust adopted a new valuation approach from the 1st April 2023 which involved valuing land and buildings under the Modern Equivalent Asset (MEA) method, on an alternative site basis. The principle is that the valuation is based on service delivery requirements, not the actual buildings the services are currently being delivered from. This eliminates all obsolete space and maximises footprint efficiency. This new valuation approach is mainly responsible for the net reduction in land and building values of £72.206m.

Where revaluation reserves exist for individual assets, any upward or downward revaluation movements are allocated/charged to this reserve. In the event that the reserve is fully utilised, further downward revaluation movements are charged to the income and expenditure account. Of the overall £72.206m revaluation reduction/impairment charge, £31.664m was charged to I&E and £40.542m was charged to the revaluation reserve. In addition to this, upward revaluations amounted to £0.97m. Depreciation of £3.428m has been written-off against cost following revaluation - this has no impact on the overall net book value of the buildings.

Note 16.2 Property, plant and equipment - 2022/23

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2022 - as previously stated	18,367	148,637	6,281	5,397	24,907	1,712	205,301
Additions	-	7,945	6,111	122	2,757	179	17,114
Impairments	(719)	(3,702)	-	-	-	-	(4,421)
Reversals of impairments	11	1,164	-	-	-	-	1,175
Revaluations	24	4,309	-	-	-	-	4,333
Reclassifications	-	5,834	(5,834)	-	-	-	-
Disposals / derecognition	-	-	-	(35)	-	-	(35)
Valuation/gross cost at 31 March 2023	17,683	164,187	6,558	5,484	27,664	1,891	223,467
Accumulated depreciation at 1 April 2022 - as previously stated	-	-	-	2,506	9,771	987	13,264
Provided during the year	-	4,128	-	1,597	3,941	175	9,841
Revaluations	-	(4,006)	-	-	-	-	(4,006)
Disposals / derecognition	-	-	-	(25)	-	-	(25)
Accumulated depreciation at 31 March 2023	-	122	-	4,078	13,712	1,162	19,074
Net book value at 31 March 2023	17,683	164,065	6,558	1,406	13,952	729	204,393
Net book value at 1 April 2022	18,367	148,637	6,281	2,891	15,136	725	192,037

Note 16.3 Property, plant and equipment financing - 31 March 2024

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	10,044	101,071	11,278	1,349	12,345	585	136,672
On-SoFP PFI contracts and other service concession arrangements	-	3,264	-	-	-	-	3,264
Owned - donated/granted	-	559	-	-	-	-	559
Total net book value at 31 March 2024	10,044	104,894	11,278	1,349	12,345	585	140,495

Note 16.4 Property, plant and equipment financing - 31 March 2023

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	17,683	153,636	6,558	1,406	13,952	729	193,964
On-SoFP PFI contracts and other service concession arrangements	-	9,873	-	-	-	-	9,873
Owned - donated/granted	-	556	-	-	-	-	556
Total net book value at 31 March 2023	17,683	164,065	6,558	1,406	13,952	729	204,393

Note 17 Donations of property, plant and equipment

The Trust received donations of £34k for property plant and equipment in 2023/24, granted from Raising Health (the Trust's charity) to support environmental improvements.

Note 18 Revaluations of property, plant and equipment

Valuations are carried out by professionally qualified valuers in accordance with the Royal Institute of Chartered Surveyors (RICS) Appraisal and Valuation Manual. During 2023/24 a full valuation exercise to update the carrying values of land and buildings as at the 1st of April 2023 was undertaken by Cushman & Wakefield Valuers. This was updated with a desktop valuation as at the 31st of March 2024.

Where revaluation reserves exist for individual assets, any upward or downward revaluation movements are allocated/charged to this reserve. In the event that the reserve is fully utilised, further downward revaluation movements are charged to the income and expenditure account. As a result of the MEA land and buildings revaluation, of the overall £72.206m revaluation reduction/impairment charge, £31.664m was charged to I&E and £40.542m to the revaluation reserve. In addition to this, upward revaluations amounted to £0.97m.

Following a revaluation of buildings, any accumulated depreciation attached to the revalued asset is written-off against cost. For the 2023/24 revaluation this is £3.428m, as shown in Note 16.1 Property, Plant and Equipment.

Note 19 Leases - Leicestershire Partnership NHS Trust as a lessee

This note details information about leases for which the Trust is a lessee. The majority of leases relate to the use of buildings, including hospitals, health centres and office accommodation. Equipment leases relate to network printers.

Note 19.1 Right of use assets - 2023/24

	Property (land and buildings)	Information technology	Total	Of which: leased from DHSC group bodies
	£000	£000	£000	£000
Valuation / gross cost at 1 April 2023 - brought forward	44,394	1,552	45,946	33,206
Additions	1,637	-	1,637	780
Remeasurements of the lease liability	(11,872)	-	(11,872)	(6,887)
Impairments	(9,850)	-	(9,850)	(9,850)
Revaluations	(2,375)	-	(2,375)	(2,375)
Disposals / derecognition	(1,557)	-	(1,557)	(1,505)
Valuation/gross cost at 31 March 2024	20,377	1,552	21,929	13,369
Accumulated depreciation at 1 April 2023 - brought forward	3,341	272	3,613	2,058
Provided during the year	3,394	272	3,666	2,060
Revaluations	(2,375)	-	(2,375)	(2,375)
Disposals / derecognition	(210)	-	(210)	(190)
Accumulated depreciation at 31 March 2024	4,150	544	4,694	1,553
Net book value at 31 March 2024	16,227	1,008	17,235	11,816
Net book value at 1 April 2023	41,053	1,280	42,333	31,148

Net book value of right of use assets leased from other DHSC group bodies

11,816

Note 19.2 Right of use assets - 2022/23

	Property (land and buildings)	Information technology	Total	Of which: leased from DHSC group bodies
	£000	£000	£000	£000
Valuation / gross cost at 1 April 2022 - brought forward	-	-	-	-
IFRS 16 implementation - adjustments for existing operating leases / subleases	43,240	1,552	44,792	32,969
Additions	1,154	-	1,154	237
Valuation/gross cost at 31 March 2023	44,394	1,552	45,946	33,206
Accumulated depreciation at 1 April 2022 - brought forward	-	-	-	-
Provided during the year	3,341	272	3,613	2,058
Accumulated depreciation at 31 March 2023	3,341	272	3,613	2,058
Net book value at 31 March 2023	41,053	1,280	42,333	31,148
Net book value at 1 April 2022	-	-	-	-

Net book value of right of use assets leased from other DHSC group bodies

31,148

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.

Due to a number of NHS Property Services and Community Health Partnership leases having long lease terms, these leases have been revalued as at 31st March 2024. This has resulted impairments of £9.85m. Following a revaluation of leases, any accumulated depreciation attached to the revalued asset is written-off against cost. For the 2023/24 revaluation this is £2.375m, as shown in Note 19.1 Right of Use Assets.

In addition to this, under IAS 8: Accounting Policies, Changes in Accounting Estimates and Errors, the Trust changed its accounting estimate basis for lease terms, and remeasured its leases to align with contractual lease terms instead of anticipated occupation, as was previously applied upon transition to IFRS16 in April 2022. This has resulted in property lease remeasurement reductions of £12.88m. Other lease liability remeasurement increases of £1.01m for inflation uplifts have also occurred during the year, resulting in overall lease remeasurement reduction of £11.872m, as shown in Notes 19.1 and 19.4.

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.

	2023/24	2022/23
	£000	£000
Carrying value at 31 March	42,534	-
IFRS 16 implementation - adjustments for existing operating leases	-	44,792
Lease additions	1,637	1,154
Lease liability remeasurements	(11,872)	-
Interest charge arising in year	334	433
Early terminations	(1,357)	-
Lease payments (cash outflows)	(3,872)	(3,845)
Carrying value at 31 March	27,404	42,534

Lease payments for short term leases, leases of low value underlying assets and variable lease payments not dependent on an index or rate are recognised in operating expenditure.

These payments are disclosed in Note 7.1. Cash outflows in respect of leases recognised on-SoFP are disclosed in the reconciliation above.

Note 19.5 Maturity analysis of future lease payments

	Total	Of which	Total	Of which
	£000	leased from DHSC group bodies: £000	£000	leased from DHSC group bodies: £000
Undiscounted future lease payments payable in:				
- not later than one year;	3,009	1,739	3,412	1,914
- later than one year and not later than five years;	10,066	6,796	13,648	7,656
- later than five years.	16,366	15,186	25,474	21,722
Total gross future lease payments	29,441	23,721	42,534	31,292
Finance charges allocated to future periods	(2,037)	(1,817)	-	-
Net lease liabilities at 31 March 2024	27,404	21,904	42,534	31,292
Of which:				
Leased from other DHSC group bodies		21,904		31,292

Note 20 Investment Property

The Trust did not have any investment property income and expenses in 2023/24 or 2022/23

Note 20.1 Investment property income and expenses

The Trust did not have any investment property income and expenses in 2023/24 or 2022/23

Note 21 Investments in associates and joint ventures

The Trust did not have any investments in associates or joint ventures as at 31st March 2024 or 31st March 2023

Note 22 Other investments / financial assets (non-current)

The Trust did not hold any investments / financial assets (non-current) as at 31st March 2024 or 31st March 2023

Note 22.1 Other investments / financial assets (current)

The Trust did not hold any investments / financial assets (current) as at 31st March 2024 or 31st March 2023

Note 23 Disclosure of interests in other entities

The Trust did not have any interests in other entities in 2023/24

Note 24 Inventories

	31 March 2024 £000	31 March 2023 £000
Drugs	368	235
Consumables	141	146
Total inventories	509	381

Consumables includes incontinence supplies and personal protective equipment.

Inventories recognised in expenses for the year were £5,069k (2022/23: £5,085k). Write-down of inventories recognised as expenses for the year were £12k (2022/23: £18k).

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2023/24 the Trust received £48k of items purchased by DHSC (2022/23: £407k).

These inventories were recognised as additions to inventory at deemed cost with the corresponding benefit recognised in income. The utilisation of these items is included in the expenses disclosed above.

Note 25.1 Receivables

	31 March 2024 £000	31 March 2023 £000
Current		
Contract receivables	5,856	6,099
Contract receivables - payaward *	-	11,430
Capital receivables	-	63
Allowance for impaired contract receivables / assets	(415)	(352)
Prepayments (non-PFI)	1,969	2,142
PDC dividend receivable	1,686	-
VAT receivable	1,434	1,685
Other receivables	135	142
Total current receivables	10,665	21,209
Non-current		
PFI lifecycle prepayments	699	706
Other receivables **	219	283
Total non-current receivables	918	989
Of which receivable from NHS and DHSC group bodies:		
Current	5,814	16,080
Non-current	219	283

* Prior year contract receivables includes £11.43m accrued income relating to the expected 2022/23 bonus pay award.

** Non-current other receivables relates to the clinician pension tax provision reimbursement funding from NHS England.

Note 25.2 Allowances for credit losses

	2023/24 Contract receivables and contract assets £000	2022/23 Contract receivables and contract assets £000
Allowances as at 1 April - brought forward	352	320
New allowances arising	70	42
Utilisation of allowances (write offs)	(7)	(10)
Allowances as at 31 Mar 2024	415	352

Note 25.3 Exposure to credit risk

The Trust has examined its exposure to credit risk and is satisfied that the current allowance of £415k for credit losses is adequate. This covers all Non-NHS debt greater than 12 months.

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 2024.

Note 27 Other assets

The Trust did not hold any other assets in 2023/24 or 2022/23.

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 2023/24 or 2022/23.

Note 28.2 Liabilities in disposal groups

The Trust had no liabilities in disposal groups in 2023/24 or 2022/23.

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.

	2023/24	2022/23
	£000	£000
At 1 April	29,935	31,991
Net change in year	(1,829)	(2,056)
At 31 March	28,106	29,935
Broken down into:		
Cash at commercial banks and in hand	72	84
Cash with the Government Banking Service	28,034	29,851
Total cash and cash equivalents as in SoFP & SOCF	28,106	29,935

Note 29.2 Third party assets held by the trust

Leicestershire Partnership NHS Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties and in which the trust has no beneficial interest. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	31 March	31 March
	2024	2023
	£000	£000
Bank balances	19	23
Total third party assets	19	23

Note 30.1 Trade and other payables

	31 March 2024 £000	31 March 2023 £000
Current		
Trade payables	3,736	2,965
Capital payables	3,133	1,354
Accruals	14,918	15,753
Accruals - payaward *	-	11,830
Social security costs	3,066	2,963
Other taxes payable	2,833	2,306
PDC dividend payable	-	37
Pension contributions payable	4,103	3,605
Other payables	60	60
Total current trade and other payables	<u>31,849</u>	<u>40,873</u>
Of which payables from NHS and DHSC group bodies:		
Current	4,139	3,266

* The previous year's accruals liability included £11.83m for the NHS backlog bonus 2022/23 pay award.

Note 30.2 Early retirements in NHS payables above

The Trust did not have any payables liabilities relating to early retirements in 2023/24 or 2022/23.

Note 31 Other liabilities

	31 March 2024 £000	31 March 2023 £000
Current		
Deferred income: contract liabilities	7,525	5,698
Total other current liabilities	<u>7,525</u>	<u>5,698</u>

Note 32.1 Borrowings

	31 March 2024 £000	31 March 2023 £000
Current		
Loans from DHSC	184	185
Lease liabilities	3,009	3,412
Obligations under PFI, LIFT or other service concession contracts	459	251
Total current borrowings	<u>3,652</u>	<u>3,848</u>
Non-current		
Loans from DHSC	2,694	2,858
Lease liabilities	24,395	39,122
Obligations under PFI, LIFT or other service concession contracts	11,599	6,927
Total non-current borrowings	<u>38,688</u>	<u>48,907</u>

Note 32.2 Reconciliation of liabilities arising from financing activities

	Loans from DHSC £000	Lease Liabilities £000	PFI and LIFT schemes £000	Total £000
Carrying value at 1 April 2023	3,043	42,534	7,178	52,755
Cash movements:				
Financing cash flows - payments and receipts of principal	(163)	(3,538)	(443)	(4,144)
Financing cash flows - payments of interest	(61)	(334)	(937)	(1,332)
Non-cash movements:				
April 2023	-	-	3,776	3,776
Additions	-	1,637	-	1,637
Lease liability remeasurements	-	(11,872)	-	(11,872)
Remeasurement of PFI / other service concession liability resulting from change in index or rate	-	-	1,548	1,548
Application of effective interest rate	59	334	937	1,330
Early terminations	-	(1,357)	-	(1,357)
Other changes	-	-	(1)	(1)
Carrying value at 31 March 2024	2,878	27,404	12,058	42,340

	Loans from DHSC £000	Lease Liabilities £000	PFI and LIFT schemes £000	Total £000
Carrying value at 1 April 2022	3,207	-	7,462	10,669
Cash movements:				
Financing cash flows - payments and receipts of principal	(163)	(3,412)	(285)	(3,860)
Financing cash flows - payments of interest	(63)	(433)	(557)	(1,053)
Non-cash movements:				
Impact of implementing IFRS 16 on 1 April 2022	-	44,792	-	44,792
Additions	-	1,154	-	1,154
Application of effective interest rate	62	433	557	1,052
Other changes	-	-	1	1
Carrying value at 31 March 2023	3,043	42,534	7,178	52,755

Note 33 Other financial liabilities

The Trust does not have any other financial liabilities in 2023/24 or 2022/23

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 2023	98	805	87	203	3,740	4,933
Change in the discount rate	-	(39)	-	-	(48)	(87)
Arising during the year	57	86	33	118	2,465	2,759
Utilised during the year	(76)	(91)	(19)	-	(341)	(527)
Reversed unused	-	-	-	(203)	(773)	(976)
Unwinding of discount	-	12	-	-	14	26
At 31 March 2024	79	773	101	118	5,057	6,128

Expected timing of cash flows:

- not later than one year;	79	93	101	118	4,838	5,229
- later than one year and not later than five years;	-	335	-	-	16	351
- later than five years.	-	345	-	-	203	548
Total	79	773	101	118	5,057	6,128

Other Provisions

	Other £000
Clinical pension tax	223
HR tribunals	776
Contract - early exit fee	497
Computer systems HMRC VAT liability	1,998
Dilapidations	1,239
Band 2 to Band 3 pay alignment	324
	5,057

Note 34.2 Clinical negligence liabilities

At 31 March 2024, £4,485k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Leicestershire Partnership NHS Trust (31 March 2023: £21,058k).

Note 35 Contingent assets and liabilities

	31 March 2024 £000	31 March 2023 £000
Value of contingent liabilities		
NHS Resolution legal claims	(49)	(60)
Other	(1,074)	-
Gross value of contingent liabilities	<u>(1,123)</u>	<u>(60)</u>
Amounts recoverable against liabilities	-	-
Net value of contingent liabilities	<u><u>(1,123)</u></u>	<u><u>(60)</u></u>

Note 36 Contractual capital commitments

	31 March 2024 £000	31 March 2023 £000
Property, plant and equipment	5,854	5,602
Total	<u><u>5,854</u></u>	<u><u>5,602</u></u>

Contractual capital commitments as at 31st March 2024 support existing capital schemes carried forward into 2024/25. A significant amount relates to the Mental Health dormitories elimination scheme which started in 2020/21 and is due for completion in 2024/25.

Note 37 Other financial commitments

The Trust does not have any other financial commitments as at 31st March 2024.

Note 38 Defined benefit pension schemes

The Trust only participates in the two defined pension schemes 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 and also includes 4 high intensive support beds for Learning Disability users. 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 2024 £000	31 March 2023 £000
Gross PFI, LIFT or other service concession liabilities	19,295	11,879
Of which liabilities are due		
- not later than one year;	1,360	785
- later than one year and not later than five years;	6,051	3,370
- later than five years.	11,884	7,724
Finance charges allocated to future periods	(7,236)	(4,701)
Net PFI, LIFT or other service concession arrangement obligation	12,058	7,178
- not later than one year;	459	251
- later than one year and not later than five years;	2,951	1,469
- later than five years.	8,648	5,458
	12,058	7,178

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 2024 £000	31 March 2023 £000
Total future payments committed in respect of the PFI & LIFT	34,348	32,821
Of which payments are due:		
- not later than one year;	2,227	1,949
- later than one year and not later than five years;	9,478	8,296
- later than five years.	22,643	22,576
	34,348	32,821

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:

	2023/24 £000	2022/23 £000
Unitary payment payable to service concession operator	2,172	1,901
Consisting of:		
- Interest charge	937	557
- Repayment of balance sheet obligation	443	285
- Service element and other charges to operating expenditure	551	608
- Contingent rent	-	451
- Addition to lifecycle prepayment	241	-
Total amount paid to service concession operator	2,172	1,901

Note 40 Impact of change in accounting policy for on-SoFP PFI, LIFT and other service concession liabilities

IFRS 16 liability measurement principles have been applied to PFI, LIFT and other service concession arrangement liabilities from 1 April 2023. When payments for the asset are uplifted for inflation, the imputed lease liability recognised on the SoFP is remeasured to reflect the increase in future payments. Such increases were previously recognised as contingent rent as incurred.

The change in measurement basis has been applied retrospectively without restatement of comparatives and with the cumulative impact on 1 April 2023 recognised in the income and expenditure reserve. The incremental impact of applying the new accounting policy on (a) the allocation of the unitary charge in 2023/24 and (b) the primary statements in 2023/24 is set out in the disclosures below.

Note 40.1 Impact of change in accounting policy on the allocation of unitary payment

	IFRS 16 basis (new basis) 2023/24 £000	IAS 17 basis (old basis) 2023/24 £000	Impact of change 2023/24 £000
Unitary payment payable to service concession operator	2,172	2,172	-
Consisting of:			
- Interest charge	937	535	402
- Repayment of balance sheet obligation	443	251	192
- Service element	551	551	-
- Contingent rent	-	594	(594)
- Addition to lifecycle prepayment	241	241	-
	2,172	2,172	-

Note 40.2 Impact of change in accounting policy on primary statements

Impact of change in PFI accounting policy on 31 March 2024 Statement of Financial Position:	£000
Increase in PFI / LIFT and other service concession liabilities	(5,132)
Decrease in PDC dividend payable / increase in PDC dividend receivable	156
Impact on net assets as at 31 March 2024	(4,976)

Impact of change in PFI accounting policy on 2023/24 Statement of Comprehensive Income:	£000
PFI liability remeasurement charged to finance costs	(1,548)
Increase in interest arising on PFI liability	(402)
Reduction in contingent rent	594
Reduction in PDC dividend charge	156
Net impact on surplus / (deficit)	(1,200)

Impact of change in PFI accounting policy on 2023/24 Statement of Changes in Equity:	£000
Adjustment to reserves for the cumulative retrospective impact on 1 April 2023	(3,776)
Net impact on 2023/24 surplus / deficit	(1,200)
Impact on equity as at 31 March 2024	(4,976)

Impact of change in PFI accounting policy on 2023/24 Statement of Cash Flows:	£000
Increase in cash outflows for capital element of PFI / LIFT	(192)
Decrease in cash outflows for financing element of PFI / LIFT	192
Net impact on cash flows from financing activities	-

Note 41 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 42 Financial instruments

Note 42.1 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 42.2 Carrying values of financial assets

	Held at amortised cost £000
Carrying values of financial assets as at 31 March 2024	
Trade and other receivables excluding non financial assets	5,795
Cash and cash equivalents	28,106
Total at 31 March 2024	33,901

	Held at amortised cost £000
Carrying values of financial assets as at 31 March 2023	
Trade and other receivables excluding non financial assets	17,665
Cash and cash equivalents	29,935
Total at 31 March 2023	47,600

Note 42.3 Carrying values of financial liabilities

	Held at amortised cost £000
Carrying values of financial liabilities as at 31 March 2024	
Loans from the Department of Health and Social Care	2,878
Obligations under leases	27,404
Obligations under PFI, LIFT and other service concession contracts	12,058
Trade and other payables excluding non financial liabilities	23,670
Total at 31 March 2024	66,010

	Held at amortised cost £000
Carrying values of financial liabilities as at 31 March 2023	
Loans from the Department of Health and Social Care	3,043
Obligations under leases	42,534
Obligations under PFI, LIFT and other service concession contracts	7,178
Trade and other payables excluding non financial liabilities	33,503
Total at 31 March 2023	86,258

Note 42.4 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.

	31 March 2024 £000	31 March 2023 £000
In one year or less	28,255	38,861
In more than one year but not more than five years	16,948	17,872
In more than five years	30,546	35,714
Total	75,749	92,447

Note 42.5 Fair values of financial assets and liabilities

The Trust deems book value (carrying value) to be a reasonable approximation of fair value.

Note 43 Losses and special payments

	2023/24		2022/23	
	Total number of cases	Total value of cases £000	Total number of cases	Total value of cases £000
Losses				
Cash losses	-	-	4	2
Bad debts and claims abandoned	15	3	6	10
Stores losses and damage to property	12	12	12	18
Total losses	27	15	22	30
Special payments				
Ex-gratia payments	32	26	35	101
Special severance payments	-	-	1	20
Total special payments	32	26	36	121
Total losses and special payments	59	41	58	151

Note 44 Gifts

The Trust did not make any gifts in either 2023/24 or 2022/23.

Note 45 Related parties

During the year the Trust made payments totalling £633,000 to one commercial laundry supplier who had a related party connection with one Trust board member. The Trust entered into a contractual arrangement with the supplier before the Director was employed by the Trust. All transactions have been made on an arm's length transactional basis.

The Trust shares five of its key management staff with Northampton Healthcare Foundation Trust (NHFT), including Trust Chair, Chief Executive, two non-voting directors and a non-Board Director. In 2023/24 the Trust made payments totalling £1.027m. All transactions have been made on an arms length transactional basis.

Other than this, none of the other Trust board members or members of the key management staff, or parties related to any of them, has undertaken any material transactions with Leicestershire Partnership NHS Trust. In addition, the Trust has also not transacted with any entities which have links with Department of Health Ministers.

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 Improvement. 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 (£2.6m), the Trust will follow the same approach as last year and not consolidate its charitable funds into the exchequer accounts for 2023/24.

Note 46 Transfers by absorption

The Trust has not undertaken any transfers by absorption

Note 47 Prior period adjustments

There are no prior period adjustments for 2023/24.

Note 48 Events after the reporting date

No events after the reporting date have been identified.

Note 49 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 50 Better Payment Practice code

	2023/24	2023/24	2022/23	2022/23
Non-NHS Payables	Number	£000	Number	£000
Total non-NHS trade invoices paid in the year	40,234	148,493	34,053	117,949
Total non-NHS trade invoices paid within target	38,843	145,409	33,162	116,760
Percentage of non-NHS trade invoices paid within target	<u>96.5%</u>	<u>97.9%</u>	<u>97.4%</u>	<u>99.0%</u>
NHS Payables				
Total NHS trade invoices paid in the year	1,083	65,739	950	65,465
Total NHS trade invoices paid within target	979	64,408	927	64,446
Percentage of NHS trade invoices paid within target	<u>90.4%</u>	<u>98.0%</u>	<u>97.6%</u>	<u>98.4%</u>

The Better Payment Practice code requires the NHS body to aim to pay all valid invoices by the due date or within 30 days of receipt of valid invoice, whichever is later.

Note 51 External financing limit

The trust is given an external financing limit against which it is permitted to underspend

	2023/24	2022/23
	£000	£000
Cash flow financing	(2,268)	3,063
External financing requirement	<u>(2,268)</u>	<u>3,063</u>
External financing limit (EFL)	(2,268)	3,063
Under / (over) spend against EFL	<u>-</u>	<u>-</u>

Note 52 Capital Resource Limit

	2023/24	2022/23
	£000	£000
Gross capital expenditure	5,414	20,434
Less: Disposals	(1,347)	(10)
Less: Donated and granted capital additions	(34)	(27)
Charge against Capital Resource Limit	<u>4,033</u>	<u>20,397</u>
Capital Resource Limit	4,034	20,397
Under / (over) spend against CRL	<u>1</u>	<u>-</u>

Note 53 Breakeven duty financial performance

	2023/24	2022/23
	£000	£000
Adjusted financial performance surplus / (deficit) (control total basis)	8	(2,860)
Add back incremental impact of IFRS 16 on PFI revenue costs in 2023/24	(1,200)	0
IFRIC 12 breakeven adjustment	898	28
Breakeven duty financial performance surplus / (deficit)	<u>(294)</u>	<u>(2,832)</u>

Note 54 Breakeven duty rolling assessment

	2008/09 £000	2009/10 £000	2010/11 £000	2011/12 £000	2012/13 £000	2013/14 £000	2014/15 £000	2015/16 £000
Breakeven duty in-year financial performance		1,732	1,700	6,562	4,228	2,911	2,626	1,356
Breakeven duty cumulative position	1,080	2,812	4,512	11,074	15,302	18,213	20,839	22,195
Operating income		138,873	138,466	282,464	281,886	267,367	273,950	275,422
Cumulative breakeven position as a percentage of operating income		2.0%	3.3%	3.9%	5.4%	6.8%	7.6%	8.1%
	2016/17 £000	2017/18 £000	2018/19 £000	2019/20 £000	2020/21 £000	2021/22 £000	2022/23 £000	2023/24 £000
Breakeven duty in-year financial performance	2,244	4,742	5,607	2,963	9	79	(2,832)	(294)
Breakeven duty cumulative position	24,439	29,181	34,788	37,751	37,760	37,839	35,007	34,713
Operating income	277,664	274,503	278,322	293,865	326,174	356,387	394,853	414,485
Cumulative breakeven position as a percentage of operating income	8.8%	10.6%	12.5%	12.8%	11.6%	10.6%	8.9%	8.4%

Appendix B

Annual Governance Statement Leicestershire Partnership NHS Trust 2023/24

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*.

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 2024 and up to the date of approval of the annual report and accounts.

3. Capacity to handle risk

3.1 Leadership Arrangements

The Trust Board has overall accountability for the effective and efficient management of the Trust and for ensuring the Trust adheres to the principles of good governance. The Trust continues to collaborate through the partnership arrangement with Northamptonshire Healthcare NHS Foundation Trust (NHFT); this is done through a Group Model. Working in this way provides the opportunity to identify, develop and deliver joint programmes of transformation that are of benefit to both LPT and NHFT. This includes a joint governance programme which during the last year has included the development of a new board assurance framework which goes live from 1 April 2024, and the commissioning of an external review of leadership and governance which has been undertaken concurrently within each trust and is due to report back in May 2024.

The Trust is responsible for reviewing the effectiveness of the system of internal control, and for ensuring that the Trust has effective systems and processes in place for risks that threaten the Trust's ability to meet the objectives in its Step Up to Great strategy, and the achievement of its values. Strategic and corporate level risk has been captured throughout the year on the 'Organisational Risk Register' (ORR). Each ORR risk has a link to the relevant Step Up to Great component(s), has an assigned executive director, and refers to the governance route for oversight of the risk.

The Trust's framework for risk management describes the structure and accountabilities for risk at a senior leadership level, and the responsibility for all staff to know and understand the risk management systems within the Trust and to follow the Trust's policies, guidelines, and procedures.

Operational responsibility for risk management sits within clinical and corporate directorates, and our hosted services. Operational risk is captured on local and directorate risk registers held on the Ulysses risk system which allows for risk identification, management, and escalation in line with the Trust's risk management policy.

The risk management framework also describes the principal committees with a responsibility for the governance and oversight of risk within the Trust, and the reporting hierarchy to provide assurance to the Board that risk management processes are in place and remain effective. The responsibility for managing risk across the Trust has been delegated by the Board to the following level 1 committees; the Audit and Risk Committee (ARC), the Quality and Safety Committee (QSC), the Finance and Performance Committee (FPC) and the People and Culture Committee (PCC) which was introduced in February 2023 to focus on workforce as our highest area of risk.

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 third year as the Trust has embedded a process for identifying counter fraud risk and incorporating this into the Trust's risk management framework. 21 low scoring counter fraud risks have been identified on our local risk registers (held on our Ulysses system), these have been identified and reviewed by our Local Counter Fraud Specialist with relevant Trust staff.

The four main assurance committees (ARC, QSC, FPC and PCC) receive regular risk assurance reports relating to their remit (with some areas of risk such as waiting times and agency spend relating to more than one committee). The Joint Working Group, a sub-committee of the Board and a committee in common with NHFT oversees risk relating to joint programmes of work.

The Trust's Strategic Executive Board (SEB) has oversight of strategic level risks on the ORR. 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 Executive Management Board (EMB) has oversight of both the ORR 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 the ORR is updated for each committee/Trust Board meeting.

During 2023/24 risk management and reporting processes have continued to mature. There is a strengthened assurance flow through the three levels of governance groups and committees up to the Trust Board, each providing a level of assurance over the management of risk and an opportunity to escalate any concerns or opportunities.

3.2 Staff training and guidance on the management of risk

Risk management training can be booked by all staff on our automated ULearn system. Full training sessions covering all six risk modules are scheduled in twice a month and module specific training is offered once a month. Ad hoc training is also provided upon request. Health and safety risk assessment training is provided on the Trust's induction programme for all new starters. The frequency and level of risk management training is identified through training need assessments, ensuring that individual members of staff have the relevant training to equip them for their duties and level of responsibility.

In addition, a range of policies are in place and available to staff via the Trust's intranet 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.

Risk is an important tool in identifying and managing learning across the Trust. Risk specialists attend governance groups to facilitate learning and horizon scan for new and emerging risk, which is also informed by external reports (including audit, HealthWatch, feedback from our People's Council and Youth Advisory Board, our regulators and NHSE etc.), and internal reports (such as clinical audit, transformation, assurance reports and serious incident reports).

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, staff 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 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 been customised over the last three years to enable the Trust to manage the effects of uncertainty, for example relating to increasing financial pressures on the achievement of its objectives.

Strategic risk is identified in a number of ways;

- Annually, the Board considers any risk relating to the latest set of strategic objectives.
- The operational risk registers are subject to regular review and where necessary, risks can be escalated from the Directorate Risk Register onto the ORR when corporate oversight is required.
- Monthly review with Directors and with system partners can identify new risk for inclusion onto the ORR during the year.
- Review of risk undertaken at the SEB, EMB, level 1 Committees and the Trust Board can escalate risk for review and potential inclusion on the ORR. Risk is tracked through our governance and this allows for dynamic escalation and de-escalation, and assurance to be provided over key areas of risk.

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 based its risk appetite on the Good Governance Institute risk appetite matrix which accommodates different types of key risk that can be faced within each of our Step Up to Great objectives and areas of escalated corporate risk. A process for applying a risk tolerance is in place to support the practical application of risk appetite.

Operational risks are identified at a local or directorate level and the risk owner will submit an initial risk assessment on Ulysses for review. The risk is quality assessed by a risk specialist and then entered onto the system with the risk owner. Regular quality dashboards are presented to the Directorate Management Teams (DMT) which show fields such as whether the risk is in date for review, whether the actions are in date and whether all the fields are complete. If any are due

for review or closure this is highlighted to the Directorate Management Teams and the risk owner is automatically notified. The Risk Team also follows this up to provide support where needed.

As part of the annual internal audit programme, a core governance and risk audit has been undertaken to support the Head of Internal Audit Opinion for 2023/24. Over the last few years this has focussed on corporate governance and strategic risk management and has provided significant assurance. This year, the focus has been on governance at a directorate level. The audit provided significant assurance that there is generally a sound framework of governance, risk management and control designed to meet the objectives of the system under review, and controls are generally being applied consistently. Five recommendations were made and were confirmed as implemented by the deadline.

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. The development of this continues to embed to ensure that there is an underpinning role culture to support the delivery of an effective and efficient governance framework. Work has continued to;

- Continue to streamline the assurance flow through our committee structure.
- Continue the use of a governance table on all Board and committee reports to capture the following key fields for all papers requiring a decision;
 - STEP up to GREAT strategic alignment
 - Whether the decision required consistent with LPT's risk appetite
 - Any False and Misleading Information (FOMI) considerations
 - Positive confirmation that the content does not risk the safety of patients or the public
 - Equality considerations
- Introduced a new format for escalation reporting based on the AAA format for all groups and committees in the governance structure.
- There is a robust quality performance framework, risk management processes and reporting mechanisms in place to review and challenge performance and variation.
- We have a culture of open and transparent reporting of incidents and risks, supported by a governance structure with three levels of groups and committees to provide specialist oversight and assurance.
- There are 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 Care Quality Commission (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 SEB receives updates on the arrangements in place for maintaining registration and receives a monthly update on CQC related activity.

- The EMB has oversight of any concerns raised by the Quality Forum in its AAA highlight report which is also received by the Quality and Safety Committee.
- The Quality and Safety Committee receives a regular update on CQC related activity and provides an assurance rating to the Trust Board via its AAA highlight report. This highlight report is also discussed at the Strategic Executive Board.
- The Foundation for Great Patient Care forum monitors progress against CQC improvement action and includes deep dive presentations. A highlight report from the Foundation for Great Patient Care is presented to the Quality Forum with the escalation of any concerns.
- 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. In February 2024 we had a joint board development session (with NHFT under our Group Model arrangement) which had a focus on the new CQC inspection framework, with a speaker from the CQC to outline changes taking place to the delivery of inspections across our region.
- The Trust has aligned the Foundations for High Standards Programme as part of a group working arrangement with NHFT on their Crystal Programme. A regular update is provided to SEB.
- During the pandemic we established a trust-wide senior clinical reference group to support key cross Trust clinical decisions in relation to managing the Trust response to COVID-19. This has remained in place as a core clinical decision-making group in the governance structure.

4.3 Data Security

The reporting and management of both data and security risks are supported by ensuring that all staff are reminded of their data security responsibilities through education and awareness. The Data Privacy Team regularly share key messages as reminders or as part of learning from incidents and run awareness campaigns on specific topics. Data security training forms part of mandatory training requirements.

Mandatory staff training is supported by a range of additional measures used to manage and mitigate information risks, including, physical security, data encryption, access controls, audit trail monitoring, departmental checklists and spot checks.

The effectiveness of these measures is reported to the Data Privacy Committee and the Finance and Performance Committee. 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 risk profile in 2023/24 has had a focus on the safety and wellbeing of our patients and staff and has continued to accommodate the additional challenges and opportunities presenting from winter, urgent and emergency care pressures, and system developments as we work within the Leicester, Leicestershire and Rutland Integrated Care System.

Risks are linked to our strategy and are reviewed as part of a dynamic use of our Organisational Risk Register. We also review our risks in terms of the Leicester, Leicestershire and Rutland health system and share our major risks with our partners.

During the year, there have been 13 high risk areas which have covered key clinical risks, staffing and corporate areas a detailed below;

- ORR75 - Increasing numbers of patients on waiting lists and increasing lengths of delay in accessing services will mean that patients may not be able to access the right care at the right time and may lead to poor experience and harm (April 23 to March 24).
- ORR79 - The Cyber threat landscape is currently considered significant due to the geopolitical conflicts, high prevalence of cyber-attack vectors, increase in published vulnerabilities, etc which could lead to a significant impact on IT systems that support patient services and potential data breaches (April 23 to March 24).
- ORR83 - Restricted access and use of electronic patient record systems will result in incomplete electronic patient records including the recording of physical observations. This will impact on the delivery of effective and safe patient care (April 23 to March 24).
- ORR84 - A high vacancy rate for registered nurses, AHPs, HCSWs and medical staff, is leading to high temporary staff usage, which may impact on the quality of patient outcomes, safety, quality and experience (April to October 23).
- ORR85 - High agency usage is resulting in high spend, which may impact on the delivery of our financial targets for 2022/23 (April to September 23).
- ORR86 - A lack of capacity within the workforce model and a high vacancy rate is reducing our ability to assess and follow up patients in community mental health services in a timely way, impacting on the safety of care and the mental wellbeing for our patients (April 23 to March 24).
- ORR87 - Following the establishment of a new FM service, there is a risk of unknown issues based on historical maintenance resulting in the Trust not meeting its quality standards or requirements (April to September 23).
- ORR89 - Following the transfer of soft FM service, there are potential gaps in the sustainability of compliance with national cleaning standards and waste regulation which may impact on healthcare acquired infections and patient outcomes (July 23 to March 24).
- ORR 90 - Inadequate control, reporting and management of the Trust's 2023/24 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 (April to October 23).
- ORR91 - There is a risk that CYP and adults within LLR do not receive timely diagnosis and treatment for neurodevelopmental conditions, specifically autism and ASD. Delays result in failure to meet statutory obligations for SEND, as well as adverse psycho-social outcomes for people, including an increase in morbidity and mortality as well as an increased financial cost to the health, education, social care and criminal justice systems (April 23 to March 24).
- ORR92 - Increasing demand and insufficient staffing in the Looked After Children nursing team is resulting in long wait times for LAC (5-18), which may cause harm to our patients and may prevent us from meeting our statutory responsibilities (May to October 23).
- ORR94 - A high vacancy rate for registered nurses, AHPs, HCSWs and medical staff, is leading to high temporary staff usage, which may impact on the quality of patient outcomes, safety, quality and delivery of our financial targets for this year (October 23 to March 24).
- ORR95 - The backlog in the recruitment pipeline could lead to delays in onboarding new staff, or the withdrawing of candidates during the recruitment process (October 23 to March 24).

As at 31 March 2024 the Trust had the following risk profile;

Summary of the strategic risk profile on the organisational risk register has been provided below and maps each ORR number and brief title to the current risk score as at the end of March 2024.

Current Strategic Risk Profile

Consequence	5					
	4		61 Staff Skills	59 Incident Mgt 68 Data Reporting 72 Reaching Out 88 Closed Cultures 90 Financial Position 92 LAC capacity	75 Waiting Lists 79 Cyber Threat 83 Technology 89 Cleaning Standards	86 CMHT Capacity 91 Waits for ND Services 94 Vacancy Rate 95 Recruitment Pipeline
	3			64 Business Opportunity 73 Inclusive Culture 74 Staff Wellbeing 93 Emergency preparedness	67 Net Zero	
	2					
	1					
		1	2	3	4	5
		Likelihood				

4.5 NHS England's Well Led Framework

The last CQC Well Led inspection of the Trust was in June and July 2021, where it was provided with positive feedback on being patient safety focused, values driven with good governance and leadership and having fostered partnership working. There was improvement attained in the well led domain which has progressed from inadequate to requires improvement, with many good characteristics.

In 2024 the Trust has had an external review of its leadership and governance and feedback is due in May 2024.

Progress against well led is overseen within two ongoing programmes;

- Delivery of the 'Well Governed' objective within our Step Up to Great strategy. This programme is overseen by our Transformation and Quality Improvement Delivery Group.
- Delivery of our joint strategic priorities with NHFT, one of which is dedicated to Governance. This allows for the sharing of learning with NHFT which has a CQC rating of Outstanding for Well Led.

4.6 Compliance with NHS Provider Licence

Whilst the Trust is no longer required to provide a self-assessment of compliance with the NHS provider Licence, and internal review of Condition G6 and FT4 has been undertaken for internal assurance over our compliance.

Condition G6(2) requires NHS providers to have processes and systems that:

- identify risks to compliance with the licence, NHS acts and the NHS Constitution
- guard against those risks occurring.

On the basis that LPT deems itself compliant with its provider licence, 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, it is reasonable for the Trust to confirm it is compliance with Condition G6(3) in its self-certification this year.

Condition FT4 is about systems and processes for good governance. The Trust has based its compliance declarations on evidence received during the year to demonstrate that effective systems and processes are in place to maintain and monitor the following;

- The effectiveness of governance structures, reviewed as part of the Head of Internal Audit Opinion which has provided significant assurance.
- The responsibilities of Directors and Board committees detailed within an Accountability Framework and clear director accountabilities overseen at the Strategic Executive Board.
- Reporting lines and accountabilities between the Board of Directors, its committees and the Trust Executive Group. This is mapped out and a standard operating procedure is in place for the Strategic Executive Board.
- The submission of timely and accurate information to assess risks to compliance with the Trust's licence.
- The Trusts System Oversight Framework rating has been at a level 2 throughout the year, which means 'plans that have the support of system partners in place to address areas of challenge. Targeted support may be required to address specific identified issues.'
- The degree and rigour of oversight the Board of Directors has over the Trust's performance. The Executive Management Board has a dedicated performance meeting (the Accountability Framework Meeting) and a revised board performance report is in place.

The evidence base on which this declaration has been made includes the following;

- The Trust has Standing Orders, Standing Financial Instructions, and a Scheme of Delegation, which together describe how the Board of Directors discharge their duties through the Trust's governance structure.
- A risk management strategy which sets the standards for staff regarding the management and responsibility for risk throughout the Trust. The Trust also has a board determined risk appetite.
- There is an Organisational Risk Register (ORR) and subsidiary risk registers (i.e. local and directorate risk registers). The Audit and Risk Committee, Quality and Safety Committee, Finance & Performance Committee and People and Culture Committee have provided assurance to the Trust Board over the management of risk via the AAA highlight reports.
- A risk based Internal Audit programme has been delivered that includes audits of risk management and governance arrangements.
- The indicative Head of Internal Audit Opinion for 23/24 provides significant assurance on all three elements; audit outturn, follow up rate and strategic risk management.
- Self-assessment of performance against the CQC's 'well-led' domain.

4.7 Embedded Risk Management

Risk is embedded within core Trust business, including processes for major decision making. All business cases require an Equality Impact Assessment and a Quality Impact assessment. The Trust has an EQIA policy and enhanced framework overseen by the Transformation and Quality Improvement Delivery Group. EQIAs are signed off by the Medical Director or Director of Nursing, AHPs and Quality.

A Data Protection Impact Assessment is done where integral to the business case. All business cases must have appropriate review to provide assurance that they are clinically safe, financially sustainable and do not expose the Trust to unmitigated risk. Business cases must use the agreed business case templates (unless an alternative is specifically mandated e.g. by commissioners or for capital bids). If the business case has a clinical model this must be reviewed by the Director of Nursing, AHPs and Quality/ Medical Director; confirmation of review is required before the business case can progress for approval. The Director of Nursing., AHPs and Quality and the Medical Director review the clinical model for all business cases over £50k that directly impact on patients and involve changes to clinical staffing.

The business case is then progressively escalated in accordance with the Trust's Standing Financial Instructions (SFIs).

4.8 Workforce Strategies

In line with NHS Improvement Developing Workforce Safeguards policy and National Quality Board (NQB) standards, monthly and six-month staffing reports are provided to Trust Board to assure that the Trust is deploying sufficient, suitably qualified, competent, skilled, and experienced staff to meet care and treatment needs safely and effectively. This has ensured that NQB standards are embedded in the Trusts safe staffing governance with an agreed local staffing quality dashboard/scorecard that cross-checks comparative data on staffing and skill mix with other efficiency and quality metrics including NICE red flags, planned staffing fill rates, Care Hours Per Patient Day (CHPPD) and quality and safety outcomes for patients, sensitive to nurse staffing (Nurse Sensitive Indicators) and patient experience feedback.

The Trust continues to reflect NQB guidance measures of quality alongside care hours per patient day (CHPPD) to understand how staffing may affect the quality of care within the monthly and six-monthly reports together with learning from patient safety investigations and serious incidents. These measures are considered as 'balancing measures' where the impact of any workforce changes may become visible, and the Trust continues to include all aspects of quality and indicators to provide a rounded view of the overall quality. Where risks associated with staffing continue or increase and mitigations prove insufficient this is escalated to the executive Director of Nursing, AHPs and Quality to the Trust board to maintain safety and care quality.

The risks in relation to staffing, workforce and quality are reflected in the organisational risk register, understanding that not all risks can be fully mitigated, with actions in place to mitigate risks and impact to patient safety, quality, finance, performance and patient and staff experience.

The Trust continues to demonstrate compliance with the National Quality Board (NQB) expectations to publish safe staffing information each month. The safe staffing data is scrutinised for completeness and performance by the Director of Nursing, AHPs and Quality and reported to NHS England (NHSE) via mandatory national returns.

The Trust also demonstrates compliance to ensure it meets staffing governance components in the annual nursing staff establishment reviews that have been completed across all inpatient areas using a triangulated methodology using 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).

In January 2024, the CQC carried out a core service inspection in our acute mental health and PICU (psychiatric intensive care unit) core services, and community district nursing service. In summary, since the last inspection the acute mental health ratings have improved to rating of Good for our caring, effective, and responsive domains. Our ratings for safety and well led remain as Requires Improvement. In our community district nursing services, the CQC provided ratings for three domains, safe effective and well led, these were all rated as Good (safe has stayed the same as Good, effective and well led have improved to Good).

We continue to support system inspections and SEND inspections and review themes and learning from the Mental Health Act inspections.

4.10 Health and Safety Executive

The Trust has not received any enquiries or visits from the Health and Safety Executive during the year. The Trust has not received any intervention from the Health and Safety Executive during the reporting period that resulted in prosecution or enforcement notification. There have been 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 published on its website an up-to-date register of interests, 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 2023, overall compliance for all decision makers is 92%; this exceeds the national NHSE target. 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 are automated processes run by a specialist payroll team to ensure that all staff are assessed and enrolled into the appropriate scheme for their 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. LPT is fully compliant

with (and where appropriate, goes beyond) its legal and regulatory obligations under the Equality Act 2010 and contractual EDI standards. All information is published on its website in accordance with the EHRC's technical guidance on the publication of information on its external webpages. All EDI Reports, including those on compliance, are discussed and approved through the relevant EDI governance committees.

The Trust has an executive lead for diversity and inclusion and as part of the Group model with NHFT there is a priority programme focussed on 'Together Against Racism'. Members of both Trust Boards have pledged commitment to being anti racist. This year, there was a joint workshop on together against racism resulting in an expansion programme of improvement and development. The Trust also delivers a reverse mentoring programme, active bystander programme and delivers innovative Race and disability equality learning sets. Both LPT and NHFT (under the group arrangement) have previously received the outstanding contribution for promoting EDI from the Asian Professionals National Alliance (APNA) NHS National awards. The Trust has been accredited with the NHS pastoral care quality award for supporting the international recruitment of nurses and midwives. In 2024 LLR won the "Most Inclusive Team of the Year" for its developing diverse Leadership Programme that LPT has been involved in shaping, promoting and participating in.

4.14 Net Zero

The Trust has undertaken risk assessments on the effects of climate change and severe weather and has developed a Green Plan following the guidance of the Greener NHS programme. The trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

The Trust has a Green Plan in place and is working with partners in the local health economy, and beyond, to address our responsibilities and commitments to the NHS Long Term Plan, reaching net zero by 2040 and securing a Greener NHS.

The Trust has put an emissions limit on lease cars to ensure that the fleet is as green as possible. Our plans for future new builds conform to the Government's MMC (modern methods of construction) and net zero carbon.

5 Review of Economy, Efficiency and Effectiveness of the Use of Resources

The Trust's Productivity and Efficiency approach relies on embedding a value for money culture within the organisation, through financial training and awareness, multi-professional working, an open and transparent approach around our challenges, advanced partnership working, using research, learning and best practice. The Trust is a member of the HFMA healthcare costing for value institute.

The Trust has a robust process in place for monitoring the efficiency of the use of resources, most evidently through the financial efficiency programme. The efficiency plan is developed by services and peer reviewed in the enhancing value group and overseen by the Transformation Committee and Executive Team. Financial delivery of efficiencies is reported to FPC and Trust Board. All efficiency schemes must have an equality & quality impact assessment which has been approved by the Medical Director and Director of Nursing before they are implemented. A challenging 5% efficiency target has been agreed for the 2024/25 financial plan, supported by a 2-stage recovery plan approach. The short-term plan will support identification and delivery of the outstanding efficiency target for 2024/25. The medium-term recovery plan will focus on the recurrent financial sustainability of the Trust, using a value in healthcare approach to ensure productivity and efficiency is understood and evidenced.

The Trust has a well-established expenditure control process. The requirement to use purchase orders for all applicable spend is also embedded. Both of these processes, together with the use of the authorised delegation limits and procurement requirements in the Trust's Standing

Financial Instructions (SFIs), ensure that the Trust minimises unnecessary spend and ensures that value for money is considered before spend is incurred.

External and Internal Audit undertake a variety of audits on efficient use of resources to help understand any areas of weakness in internal controls.

The Trust submitted a self-assessment of its compliance with *Government Functional Standard 013: Counter Fraud* to the NHS Counter Fraud Authority (NHSCFA). The NHSCFA did not require further engagement with the Trust following consideration of the submission.

6 Information Governance

There are a number of controls in place to mitigate Information Governance (IG) related risk. The reporting and management of both data and security risks is supported by the local and directorate risk registers. Information Governance forms part of the Trust's mandatory training requirements. Regular reminders are provided by the 'ULearn' system, and the importance of Data Security training is communicated to staff through staff communications. There are also a number of measures in place such as physical security, data encryption, access controls, audit trail monitoring, departmental checklists and spot checks. In addition, a comprehensive assessment of information security is taken annually as part of the Data Security and Protection Toolkit and further assurance is provided from internal audit and other reviews.

All Information Governance incidents are scrutinised by the Data Privacy Committee to ascertain any organisational learning, which is shared through the relevant Service Directorate Governance Groups where relevant.

During 2023-24 we had 1276 incidents in relation to the mishandling of personal identifiable data. 11 were classified as a nationally reportable data breach under the revised incident reporting guidance – *Guide to the Notification of Data Security and Protection Incidents* published by NHS Digital in conjunction with the Information Commissioners Office (ICO). Of these, five met the threshold for the ICO, who have determined that the Trust has taken appropriate action and no fines or penalties have been levied towards the Trust.

7 Data quality and governance

To ensure that the quality of data has the appropriate level of oversight at committee level, data quality has been incorporated into the Data Privacy Committee (DPC) with its role in driving and monitoring the information governance agenda and all its activities, of which data quality is an element. The DPC's split agenda has ensured an appropriate focus on data quality and the outputs reported to FPC via the highlight report.

The Data Quality plan has been embedded as a key component of the Trust Strategy under the Well Led domain and the outputs aligned to the Data Quality Policy.

8 Review of effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the information provided in this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the board and the audit and assurance committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

8.1 The Board

The Trust Board of Directors comprises of a Chair, six non-executive directors, a chief executive officer, deputy chief executive officer / managing director and three other voting executive directors. In addition to this, the Trust has seven executive directors in attendance (non-voting) as detailed below:

Executive Directors - Voting

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

Executive Directors – Non-Voting

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

- Operational Directors (one for each of the three clinical directorates)
- Director of Human Resources and Organisational Development.
- Director of Governance and Risk
- Under the Group Model in place with NHFT, there are two Group Directors including a Director of Strategy and Partnerships and a Chief Finance Officer across both trusts.

There were several changes to both Executive and Non-Executive Directors during the reporting period. These are as follows:

- Jean Knight was appointed as Deputy CEO & Managing Director interim in April 2023 and substantively from October 2023
- Kate Dyer was appointed as Acting Director of Governance in April 2023
- Josie Spencer was appointed as Non-Executive Director in May 2023
- Crishni Waring was appointed as Chair of the Trust in September 2023
- Professor Elizabeth Anderson was appointed as Non-Executive Director in September 2023
- Bhanu Chadalavda was appointed as Medical Director in November 2023

The Board meets in public six times a year with a focus on patient voice and service user feedback, questions from the public, staff, student and volunteer voice. It also focuses on finance and performance reports and the Organisational Risk Register. Detailed reports have been received on a broad range of strategic and governance issues during the year.

To support the Board of Directors in fulfilling its duties effectively, level 1 committees are formally established with Board approved terms of reference. The remit and terms of reference of these Committees have been reviewed during the year to ensure continued robust governance and assurance. The importance of the triangulation of understanding, challenge and assurance between committees is recognised and reflected through cross-membership and reporting between committees and through the receipt of highlight reports to the Board of Directors.

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 groups and committees in the corporate governance structure undertake an annual review of effectiveness. The reviews confirmed that all groups and committees have achieved their aims and were deemed effective in the preceding year.

8.2 The level 1 Committees

The Audit and Assurance Committee

The Audit and Risk Committee (ARC) has non-executive director membership. It meets not less

than four times a year and reports to the Board annually on its work in support of the Annual Governance Statement. The primary roles of the committee are to independently monitor and review our internal control systems, risk management arrangements, and provide independent advice and assurance to our Trust Board.

Quality and Safety Committee

The Quality and Safety Committee (QSC) is chaired by a non-executive director, has two other non-executive director members and executive directors in attendance. It meets on a bi-monthly basis for discussion and assurance that quality and safety arrangements are in place throughout the Trust and that they are working effectively. The Committee has oversight of any limited / part limited internal audits. It also receives updates on any quality summits, and assurance from all key areas within its remit.

Finance and Performance Committee

The Finance and Performance Committee (FPC) is chaired by a non-executive director, has two other non-executive director members and executive directors in attendance. It meets on a bi-monthly basis for discussion and assurance over the delivery of key financial strategies, key financial indicators, business development and investment, performance management, estate management and IT management. The Committee has oversight of any limited / part limited internal audits. It also receives assurance from all key areas within its remit.

People and Culture Committee

The People and Culture Committee (PCC) is chaired by a non-executive director, has one other non-executive director member and executive directors in attendance. It meets on a bi-monthly basis for discussion and assurance that arrangements are in place throughout the Trust to mitigate workforce related risk and that they are working effectively.

Remuneration Committee

The Remuneration Committee (RemCom) is chaired by the Chair of the Trust with membership including non-executive directors, the Chief Executive and the Director of Human Resources. The purpose of the Committee is to ensure there is a fair and transparent procedure for developing and maintaining policy on executive remuneration and terms and conditions, and for fixing the remuneration packages of individual Directors. The committee will also receive information for assurance on succession planning and executive objectives/performance.

Charitable Funds Committee

The Charitable Funds Committee (CFC) is chaired by a non-executive director and has one other non-executive director member. It meets quarterly to oversee the Trust's functions as the sole corporate trustee of Leicestershire Partnership NHS Trust's Raising Health Charitable Fund, including all subsidiary funds.

8.3 Clinical Audit

The Trust maximises opportunity to learn from good practice and has a systematic quality improvement approach using the NHS Model for Improvement as its single approach to quality improvement. Clinical audit remains an integral part of the Trust's quality improvement approach. A programme of internal and external clinical audits for clinical quality assurance and control and the implementation of NICE quality standards provides robust mechanisms along with PDSA to ensure change is embedded. The Trust has an annual programme of national and local clinical audits which is presented to the Audit and Assurance Committee, with ongoing oversight of clinical audit outturn at the Clinical Effectiveness Group (CEG) where learning and triangulation also takes place.

During 2023/24 the Trust participated in six national audits and supported 23 local audits. Each clinical audit has an assigned quality improvement practitioner who supports the governance and learning process and each local clinical audit to be undertaken is discussed as part of our quality improvement design huddle to ensure that clinical audit is the most appropriate methodology to lead to improvement. Each clinical audit undertaken is linked to a CQC domain and provides assurance over a level of compliance against associated key lines of enquiry.

The Group programme with NHFT is underpinned by the principles of quality improvement including clinical audit. 'Foundations 4 High Standards' is based on the four foundations of safety, support, self-assessment, and surveillance and aligned to the Step Up to Great strategy.

8.4 Internal Audit

The following internal audit reports have been issued during the 23/24 financial year:

From the 2022/23 plan;

- Agency Staffing (advisory)
- Supporting timely recruitment (limited assurance)
- Divisional Governance (advisory)
- Financial Systems (significant assurance)
- Interim Head of Internal Audit Opinion (significant assurance)
- Final Head of Internal Audit Opinion (significant assurance)

As at 31 March 2024, 8 reports have been issued from the 23/24 plan;

- Data security standards (substantial)
- Freedom to Speak Up (significant assurance)
- Directorate Risk Management (significant assurance)
- Head of Internal Audit Opinion stage 2 memo (advisory)
- Financial Ledger and Reporting (significant assurance)
- Interim Head of Internal Audit Opinion (significant assurance)
- Patient Observations (significant assurance)
- Accounts Receivable (significant assurance)
- Financial Systems – pay expenditure (significant assurance)
- Financial Systems – pay expenditure (LPFT controls) (significant assurance)

An additional audit was procured during the year relating to Charitable Funds (significant assurance).

Any limited or part limited assurance reports received from our internal auditors are reviewed by the lead Director and action owners and presented to the Executive Management Board and the relevant level one committee.

8.5 Head of Internal Audit Opinion

This year's interim Head of Internal Audit Opinion provides Significant Assurance (the highest assurance category) 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.

This opinion relates to all three main areas.

- Organisational Risk Register and strategic risk management. This section has been rated in the indicative Head of Internal Audit Opinion as Significant Assurance due to the maturity and embeddedness of risk management arrangements within the Trust. In part, this was evaluated based on a Trust Board survey which showed that members were positive about the culture of the Board, the ORR being reflective of the actual risks of the Trust and that there is meaningful review and challenge of the ORR.

- Individual assignments. This section has been rated as Significant Assurance. There has only been one limited assurance review issued during the year, this was in April 2023 and related to the risk-based audit on timeliness of recruitment.
- Follow up of actions. We have a strong internal follow up process, with oversight by the Executive Management Board and the Audit and Assurance Committee. The Trust achieved a 96% first follow up rate. This has been rated in the Head of Internal Audit Report as significant assurance. Our overall follow-up rate is 100%.

8.6 External Audit

The Local Audit and Accountability Act 2014 requires auditors of NHS Bodies to be satisfied that the organisation has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. This is supported by the Code of Audit Practice, published by the NAO in April 2015, which requires auditors to take into account their knowledge of the relevant local sector as a whole, and the audited body specifically, to identify any risks that, in the auditor's judgement, have the potential to cause the auditor to reach an inappropriate conclusion on the audited body's arrangements. KPMG, as the Trust's appointed external auditors, is required to provide the Trust with a Value for Money conclusion as part of the annual accounts audit; this is in accordance with changed National Audit Office guidance about these reviews for NHS bodies. The draft external audit year-end report for 2023/24 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 20223/24 value of money report.

8.7 Emergency Preparedness, Resilience and Response (EPRR)

The Trust is discharging its EPRR obligations, aligned to the Trust's EPRR Policy and the Civil Contingencies Act (2004). The Trust provided evidence of compliance against the Emergency Preparedness Resilience and Response (EPRR) core standards to NHS England for 2023/24 with an 93% compliance rate - fully compliant with 54 standards and partially compliant for 4 standards. This has resulted in a positive change in overall compliance rating from partial to substantial for 2023/24. The Trust has an EPRR work plan in place to continue to build on this improvement and support organisational resilience in 24/25.

Our staff have been involved in the following exercises and training over the last year;

- Ex Swift Decant – Evacuation exercise.
- Ex Loughborough Lockdown – Hospital Lockdown exercise
- Ex Clear Communication – Communications Team EPRR Training
- Ex Full House – OPEL / Surge exercise
- Ex Executive Stress – Director on Call continuation training
- Ex Prepared Communications – Out of Hours communications test / exercise.
- Ex Leviathan – Mass Countermeasures exercise
- Principles of Health Command National Training
- EPRR Training for our On Call Strategic Leadership
- On Call Manager Training – EPRR Training for our On Call Tactical Leadership
- Loggist Training
- CBRNE Training

Planning is underway for future exercises including:

- Exercise Bradgate Bounce – an evacuation and shelter exercise of a mental health inpatient site in April 24
- Exercise Dark Day 24 – a trust wide cyber-attack response exercise in May 2024

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. The Trust is committed to the continuous improvement of processes of internal control and assurance and as such may introduce additional controls within the forthcoming financial year (2024/25).



Angela Hillery, Chief Executive
25th June 2024