Annual Report 2018/19
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The 2018-19 Audited Annual Accounts and Annual Governance Statement are presented in a separate supporting document to this Annual Report as Appendix A and B.
Welcome from our Chief Executive and Chair

We are proud to introduce Leicestershire Partnership NHS Trust (LPT) and our vision: “Providing high quality, integrated physical and mental health care pathways”

Running throughout everything we do is our four values of how we treat each other and our patients, service users and others: with compassion, respect, trust and integrity.

We have four overarching strategic objectives:

- Deliver safe, effective, patient centred care
- Partner with others to deliver the right care in the right place at the right time
- Staff will be proud to work here, and we will attract and retain the best people
- Ensure sustainability

External scrutiny of our services is important in helping us achieve the high standards of patient care that we aspire to and in November 2018 the Care Quality Commission (CQC) assessed five of our services. Their findings were a fair judgement of the pace of our improvement journey as a Trust. Our overall rating remains as ‘requires improvement’. Eight of our 15 services are now rated as good, five as requires improvement and two as inadequate.

We are pleased that the CQC recognised improvement in our mental health services for older people, which was given an improved rating of ‘good’. It was disappointing to receive ratings of inadequate for our acute adult mental health services and our rehabilitation services. We acknowledge that there are improvements to be made, in areas including the quality of our buildings and the environments in which we provide care, to ensure they are as safe as possible. The safety of our patients is paramount and we have already begun to increase pace and take urgent action to implement further improvements. This includes addressing waiting times, particularly in our CAMHS services, improving seclusion practices, medicines management, support with our no smoking policy and ensuring patients are involved in their care plans.

We have also been undertaking significant transformation work, including our all age transformation of mental health and learning disability services, our CAMHS improvement programme and community health services redesign. Their aim is to improve the way we deliver care for a better experience for all.

Some of our highlights over the last year include the securing of £460,000 from NHS England to double the size of our specialist perinatal mental health service; the 20th anniversary of our Diana Children’s Community Service for children with life-limiting or end of life conditions; and receiving the Royal College of Psychiatrists prestigious accreditation for two older people’s wards at the Bennion Centre. We have also received awards for various innovations including the use of remote monitoring technology to help improve the health of patients with chronic lung conditions; and a national award for developing an
innovative wound care technique. We are proud of the care and commitment our staff show every day to improving our services.

As a Trust Board, we have developed a set of key priorities based on the feedback we have received and things we know we must deliver over the next year, so that everyone is clearer about our vision and direction of travel, and where we all need to focus our time and energy.

Our ‘Step up to Great’ priorities focus on delivering high standards of care, transforming our services, having safe, clean environments, involving our patients, being well-governed and sustainable, bringing together a single electronic patient record, improving access to our services and having a trust wide approach to quality improvement. Running throughout this is the importance of getting our culture, leadership and inclusion right, so that all our staff have an equal chance to grow, develop and contribute. These priorities will be the focus of the Trust Board and Executive Directors over the coming year.

This is alongside balancing our top risks as a Trust, which are around financial sustainability, the recruitment and retention of staff, demand and capacity pressures in our acute mental health pathway and the need to reduce out of area placements, and to have robust information systems to monitor our progress.

The NHS Ten Year Plan published at the end of last year, talks about the importance of mental health and community services, and of the importance of primary care being at the centre of the NHS. We need to respond by improving our offer and linking more closely to primary care. Connected to this will be a new workforce strategy later this year, outlining
how we are to fill vacancies and new roles, and how we will invest in training to make sure
that we have enough staff to deliver the services we want to provide over the coming
years.

We are responding to this as a local health and social care system, by producing a plan by
Autumn, in line with our new contracts: about how we are going to develop more
integrated locality based offers, and how we are going to develop our community services
and mental health services to respond to those increasing demands, working closely with
GPs and social care colleagues.

Finally, the Summary Financial Accounts for 2018/19 are presented with this Annual
Report in Appendix A and we are pleased to confirm we achieved all our statutory and
planned financial duties. In the current context of NHS finances, this is an excellent
achievement and we would like to thank all our teams. With the support of £2.3m provider
sustainability funding (PSF) from NHS Improvement our planned revenue surplus of £3.3m
was delivered and as a result of this the Trust received incentive PSF of £2.244m. This
funding was included in our final out-turn of £5.525m surplus (excluding impairments and
other technical adjustments).

Thank you to all of our staff and volunteers, and to those service users and stakeholders
who have contributed their thoughts and reflections on our services this year. As we
celebrated 70 years of the NHS in 2018, we are firmly committed to listening to each other
and working together to ensure our NHS continues to remain fit for the future.

Dr Peter Miller,
Chief Executive

Cathy Ellis,
Chair 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 lives from cradle to grave (from health visiting to end of life care), from head to foot (from mental health to podiatry) and everything in between.

We have 5,500 staff who provide this care through three clinical directorates:

- Adult mental health and learning disability services
- Families, children and young people’s services
- Community health services

Their work would not be possible without our enabling and corporate services staff, alongside our hosted service providers and 400 volunteers. During 2018/19 we provided and/or subcontracted 102 NHS services. Mental health and learning disabilities account for 59 services and 43 were for community health services.

LPT In Numbers

- 5.5k staff (including bank staff)
- 429,999 active caseload
- 1.8m community contacts
- 125 premises
- 400 volunteers
- 197k bed days
- 2,469 members representing the population we serve
- 96.9% of patients recommend our service
- £278m income
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, outpatient clinics, day services, GP surgeries, children’s centres, schools, health centres, people’s own homes, and care homes.

The population of LLR is currently estimated to be just over 1 million according to 2016 Public Health Report meaning that LPT serves more people than the average community and mental health NHS Trust.

Just under two thirds of the population live in Leicestershire County, and just under one-third living in Leicester City. The balance of approximately four per cent of the population lives in Rutland. A number of services are also provided to service users from wider geographical areas, primarily areas of the East Midlands adjacent to Leicestershire, for example our Adult Eating Disorders and Huntington’s Disease Services

Demographics

Five Year Population Growth and Demand Forecast

Our services are designed and delivered to meet the diverse needs of the area. Leicester is a diverse city, with a significant numbers of residents of south Asian Eastern European
and Somalian origin. There is also a growing younger population in both Leicester and Leicestershire.

Over the next five years, demand for children’s services in the region is forecast to increase by 4.4% in Leicester City, by 3.2% in Leicestershire and by 1.2% in Rutland. The demand for older people’s services is likely to grow more significantly – up 11.7% in Leicester City, up 10.8% in Leicestershire and up 12% in Rutland. A rise of 1.7% is predicted for adult services.


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<th>Leicester</th>
<th>Leicestershire</th>
<th>Rutland</th>
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<td>Giving children the best start in life</td>
<td>Tackling wider determinants of health by influencing others</td>
<td>Giving children the best start in life</td>
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<td>Reducing early deaths and health inequalities</td>
<td>Getting it right from childhood</td>
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<td>3rd Priority</td>
<td>Improving mental health and well-being</td>
<td>Improving mental health and wellbeing, and services for people with learning disabilities</td>
<td>Helping people to live longer and healthier lives</td>
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Demographics of the population we serve
Our local health economy

The Trust operates in a mixed health economy comprising NHS acute and community trusts, local authorities, independent and third sector providers. This requires a considered, proactive engagement model which allows for collaboration and competition, sometimes between the same organisations.

Key collaborators and competitors include:
- University Hospitals of Leicester (UHL)
- Neighbouring acute, community and mental health trusts
- NHS trusts with national ambitions
- Private sector providers
- Third sector organisations

Our commissioners
- Leicester City CCG
- West Leicestershire CCG
- East Leicestershire & Rutland CCG.
- Leicester, Leicestershire and Rutland councils
- NNS England

The three CCGs accounted for the majority of our health care revenues in 2018-19, with the balance from other commissioners including NHS England, local authorities, out-of-area commissioners and University Hospitals of Leicester.
Sustainability and Transformation Partnership – Better care together

We are a partner of Better Care Together (BCT), our local NHS sustainability and transformation partnership (STP). Together we want to ensure we deliver the best care for local people, whilst remaining clinically and financially sustainable in the face of increasing demand. Key priorities for our local STP plan are:

- Keep more people well and out of hospital
- More care closer to home
- Improving care in a crisis
- High quality specialist care (including mental health, learning disabilities, dementia, and children and young people)

For more information, visit [www.bettercare.leicester.nhs.uk](http://www.bettercare.leicester.nhs.uk)
Our year in review (performance summary)

All Age Transformation of mental health and learning disability services

Overview

We are undertaking a five-year Transformation Programme of our mental health and learning disability services. The programme involves building on the things we are doing well and redesigning the things that need improvement. We want to add value to service users, remove the things that get in the way of care and make the processes and systems work well. The ultimate aim of the programme is to have all our mental health and learning disability services delivering excellent, high-quality integrated care and a better experience for all.

We are extremely grateful to the hundreds of staff, service users, carers and stakeholders who have already been involved in the programme. We’re absolutely committed to ensuring people have the opportunity to learn more about the programme at every stage and feel they’re able to contribute in some way.

The journey so far

We are now more than 18 months into the programme and it has been a very busy year! Between March and April 2018, the Transformation Team facilitated four week-long workshops around access, assessment, treatment and discharge. Hundreds of people – including staff, service users, carers and stakeholders - got involved across the four weeks and more than 50 different features were developed as a result.

Some of the transformation’s key features are soon to be trialled in our Trust, including:

- New peer support worker roles
- Better information and support for frontline workers on supporting other needs (e.g. benefits, housing, etc.).

At the end of May 2019 we will be moving into stage 4 of the programme – testing and publishing. This phase is about testing the newly co-designed model against the likely demand, the amount of resource available and different scenarios. It will also see more engagement with staff and the public and trials of different changes.

In the autumn, we will move into stage 5 of the programme – phased implementation - that will continue to 2022. Visit www.leicspart.nhs.uk/AllAgeTransformation for more details.
Adult Mental Health and Learning Disability Services

Our inpatient adult mental health services include recovery-focused general psychiatric care and psychiatric intensive care and care in a low secure environment. In the community, we provide general and forensic community mental health teams, crisis intervention, assertive outreach, psychological and personality disorder therapies, perinatal mental health care, care for people with Huntington’s Disease and a psychiatric liaison service. We also provide a criminal liaison and diversion service working closely with partners within the justice system. Adults with a learning disability can access support from multi-disciplinary community based teams, inpatient treatment and short-break services.

Community welcome for people with learning disabilities

April 2018 saw the launch of a ‘Safe, Well, Happy’ group in Charnwood for people with learning disabilities.

This was the third Safe Well, Happy group launched through a multi-agency partnership of individuals and health, charity, church and community organisations to create safe, welcoming places for people with learning disabilities in the heart of their local community. The groups provide the chance for people to meet up, make new friends, try new activities and learn about keeping safe and well.

In February 2019 supermarket giant Waitrose, through its Community Matters scheme, donated £400 to Charnwood group, which now meets in a new venue - the Old School House in Quorn.

Anyone with a learning disability is welcome to go along to group meetings with their friends and family, for free activities. Sessions are also open to anyone interested in making the community a better place for people with learning disabilities.

Recovery College ‘at forefront’ of mental health recovery

Leicestershire Recovery College, which provides free courses for people with experience of mental illness, was hailed as being ‘at the forefront of a global wave’ that could transform mental health recovery. That’s according to Mike Slade, chair of the European Network for Mental Health Service. Professor Slade, Professor of Mental Health Recovery and Social Inclusion at University of Nottingham was guest speaker at a special Recovery College celebration event for tutors, volunteers and partners. He worked with the college as part of a one-year pilot study called RECOLLECT, and shared key findings from the project with the audience.
Recovery College co-manager Kate Hamill said: “Thanks to our supporters we can celebrate how the college is making a difference to people’s lives, as the evidence from the research study and a Trust evaluation of our work last year also confirms.”

**Arts roadshow celebrates NHS 70-year history**

A unique arts exhibition of work celebrating the NHS at 70 was unveiled at Attenborough Arts Centre before embarking on a county-wide NHS roadshow.

The work was created by mental health service user artists who attend the ArtSpace arts project, delivered by LPT in collaboration with BrightSparks: Arts in Mental Health Group. Paintings, sketches and poetry feature among more than 60 pieces of work created with participatory artist Scott Bridgwood.

The art was displayed as a ‘walk-round timeline’ celebrating key highlights of the 70-year NHS story. The roadshow moved on to the Bradgate Unit, Westcotes Health Centre, with a satellite exhibition at the Evington Centre before transferring to UHL as a permanent exhibition in March 2019.

Tim Sayers, one of LPT’s arts in mental health co-ordinators, said: “We’re proud of the quality of the work on display and the positive perception of mental health that the exhibition will inspire in visitors at different venues.”

**Perinatal service secures £460,000 to expand service**

Our specialist perinatal mental health service successfully secured £460,000 from NHS England to double the size of the team. The team provides support at or close to home for more than 400 mothers a year with moderate to serious mental health needs. It also offers support for families and training for midwives and health visitors to help them identify women who need psychiatric care.

The new funding came from the second wave of a £365 million national package of additional funding from NHS England to improve access to mental health care; enabling LPT to enhance the service.
even further, to meet national staffing standards fully, taking the size of the team, from 9.5 to 19.75 full-time roles.

And in February 2019 the service launched the country’s first dedicated mental health ChatHealth confidential text messaging service called Mum’s Mind, providing specialist advice and information to support the mental health of mothers during pregnancy and baby’s first year. The new service supports mothers and their families across Leicester, Leicestershire and Rutland via a dedicated text line – 07507 330 026 which operates from 9am-4pm on weekdays.

140 years of healthcare history

Two history projects sharing milestones from Leicester’s mental health and learning disabilities healthcare heritage were unveiled at the Bradgate Unit.

One showcases the 140-year history of The Towers Hospital, with a walk-through exhibition of stunning display boards, and the other takes a pictorial journey through a 100-year era of learning disabilities services at Mansion House, on the Glenfield Hospital site.

Female PICU unit marks first year

Our specialist mental health unit for women experiencing severe and complex mental illness celebrated its first birthday with a party for staff and patients. The six-bedroomed Griffin Ward provides psychiatric intensive care for women needing the highest level of psychiatric care from a multi-disciplinary team of nursing, medical, psychology and occupational therapy staff for women who would previously have had to travel to other parts of the country.

Ward sister Beth Francomb said: “For our patients, being treated near to home has allowed them to maintain contact with friends and family. It has also meant that community links and relationships with community teams have been maintained…”

Quality improvement showcased at national Royal College of Psychiatrists conference

A quality improvement programme championed in our North West Leicestershire adult community mental health team was showcased at a Royal College of Psychiatrists Conference.
Consultant psychiatrist, Prof Mohammed Al-Uzri and adult mental health and learning disabilities pharmacist Azra Sumar presented on the ‘PINMED’ project at a conference focusing on successful quality improvement work in mental health services. The PINMED tool is used to encourage shared decision making about medication between service users and healthcare professionals. Following work testing it out with patients the team was planning to look at how to incorporate PINMED into routine clinical practice.

**LPT ‘psychology on streets’ aiding rough sleepers across UK**

Innovative LPT work that takes psychology onto Leicester streets to support homeless people is being featured in a new national training programme.

Dr Suzanne Elliott, clinical psychologist with our homeless mental health team, was filmed with Joseph Murphy who manages Leicester City Council’s street outreach team for a free UK-wide online training programme focusing on the mental health needs of people who are sleeping rough.

Dr Elliott was invited to take part because of her involvement in Leicester’s street outreach service, which has increased the outreach support already offered by the LPT team - and her expertise in ‘psychologically informed environments’  This is an approach that helps to provide services based on a strong understanding of the psychological and social issues behind homelessness.

Through their street outreach work, Dr Elliott and LPT homeless service mental health practitioners are going out onto the streets every week with the city council’s street outreach team.

**Soccer teams’ NHS donation a winner for mental wellbeing**

Cricket and football players from Coalville united in a charity soccer match to raise £600 for our adult community mental health service. The players from Broomleys FC and Broomleys Cricket Club donated half the proceeds to the North West County Adult Community Mental Health Team.
Families, Young People and Children’s Services

We provide universal and specialist support including child and adolescent mental health services, 0-19 public health nursing (health visiting and school nursing), paediatric medicine, nutrition and dietetics services, eating disorder services, speech and language therapy, occupational therapy and physiotherapy.

Diana 20th Anniversary Appeal

2019 marks the 20th anniversary of our Diana Children’s Community Service, which was set up with money from the memorial fund of the late Princess Diana. Ahead of this, a special appeal was launched to raise money for specific resources and equipment to enhance the care the service provides throughout a child’s illness and at the end of life.

Local attraction, Wistow Maze, kindly supported the appeal by displaying the appeal banners in their grounds, and by giving free tickets to seven year old service user Elliott Raynor (whose photo features on the campaign banner) and his family. Children from the Madrassah Hanif Islamic faith group made a generous donation to the appeal, and an intrepid team of runners took part in the rain-soaked 2018 Leicester half and full marathon, raising more than £7,000.

Move it Boom gets kids active once again!

We ran our successful Move it Boom initiative over summer 2018, encouraging school children to be more physically active. Pupils at the winning school, Millfield L.E.A.D Academy in Leicester, are now enjoying their prize – £1000 worth of bespoke playground equipment generously gifted by specialists Red Monkey Play, just one of a number of local sports partners to donate prizes.

During the competition, 51,926 different activities were logged via the Health for Kids website by children from 110 primary schools across Leicester, Leicestershire and Rutland. By logging the physical activities they had completed, they not only won points for their school, but had an opportunity to build and upgrade a virtual robot. The website offered lots of ideas for fun ways to get fit and healthy. The runners-up were Sacred Heart Catholic Voluntary Academy and Mayflower Primary School.

Our very own East Midlands health hero

Karen Ellames, an assistant practitioner in children’s occupational therapy and physiotherapy, was named the winner of the Clinical Support Worker of the Year 2018 for the East Midlands at the national Our Health Heroes Awards, which are supported by NHS
Health Education England. The awards recognise the hard work and dedication of healthcare staff and acknowledge teams and individuals who go above and beyond and who are creative and innovative in their roles.

Karen was nominated by children’s therapy team leader, Kirsty Gosling who said “Karen’s so skilled at building relationships with children with challenging behaviour and complex needs, especially those who don’t initially comply with therapeutic intervention. She creates games to engage them themed around their interests.”

**Art project brightens lives as well as walls**

Between July and October 2018, ten service users being supported by the Young People’s Team (part of our child and adolescent mental health service), worked with local charity Soft Touch Arts to create art work to brighten up the clinical spaces at Westcotes House in Leicester. Their work was celebrated at a special ‘unveiling’ event.

The Young People’s Team works particularly with vulnerable young people in care and those who are involved with the youth offending service. The art works created were loosely themed around ‘diversity’ and ‘difference’. Emily Cumberpatch, the community psychiatric nurse who co-ordinated the project said: “The young people really enjoyed getting involved. They talked about how much they valued being trusted to work on the pieces, as they don’t often have the opportunity to use specialist art equipment such as spray paints and craft knives. It’s had a really positive effect on their self-esteem.” The project was cited by the CQC as an example of outstanding practice.

**Working on Wards**

Ward 3 at Coalville Community Hospital is our specialist Child and Adolescent Mental Health (CAMHS) inpatient unit which supports young people aged 13 – 18 with conditions including psychosis, depression, anxiety related disorders, behavioural disturbances, eating disorders and learning disability associated with mental health. Staff from Ward 3 have worked alongside the hospital school to set up the Working on Wards or ‘WoW’ project in partnership with meaningful activity co-ordinators from Wards 1 and 2. Many of the patients on these wards are older people recovering from stroke.

Through the project, the young inpatients visit the other wards for ‘tea and chats’, to join in with reminiscence groups or to take part in gardening activities. Danica Izycki, Ward 3 sister said: “The WoW project has really helped build the young people’s confidence in relation to social anxiety. It enables them to take small steps to prepare for life after discharge from hospital. In particular, they love looking at old photos with the older patients and learning about their lives. It’s often the highlight of their week.”
Health fair targets families experiencing homelessness

Specialist public health nurse (health visitor) for homeless families, Maxine Jenkins, working with staff from the STAR family support team, organised a free health and wellbeing event in Leicester in January 2019 for homeless and low-income families, and for the professionals working with them.

It provided information about the range of services available locally, with a focus on improving health and wellbeing. Families feedback that it was helpful to be able to access all the information they needed in one place.

Maxine has worked as a public health nurse for homeless families for nearly 20 years. She is also a Queen’s Nurse, and recently contributed to a [film](#) produced by the Queen’s Nursing Institute (QNI) about this specialist role.

Breastfeeding Boost for new mums in Leicestershire

Our infant feeding team has celebrated the graduation of many more newly-trained breastfeeding peer supporters this year. These ladies are now volunteering at local breastfeeding groups ‘Breast Friends’ in Melton Mowbray, ‘Bosom Babies’ (which covers Blaby, Oadby and Wigston), ‘Up Front’ (which covers Hinckley and Bosworth) and ‘Magic Milk’ (which covers North West Leicestershire).

The volunteers have all completed our intensive training programme, which ensures they are equipped with the necessary skills and knowledge to support new mums throughout their breastfeeding journeys. Working closely with public health nursing teams, they will help to champion breastfeeding as the best choice, where possible, for parents and babies.

Our health visiting service has recently been re-accredited, and continues to hold the prestigious international UNICEF ‘Baby Friendly’ accreditation in recognition of high quality infant feeding support, provided as part of Healthy Together – 0-19 services for children, young people and families.
60% of local children vaccinated against flu

Our community immunisations service has worked incredibly hard in recent months to stop the flu virus in its tracks, administering the nasal flu vaccination to 60% of primary school children across Leicester, Leicestershire and Rutland, which included offering it in school to Reception age pupils.

Between October and the end of January 2019 the free nasal flu vaccination was offered to 89,821 healthy and ‘at risk’ children (such as those with an underlying long term condition like asthma, or a weakened immune system) across 361 schools and units in Leicester, Leicestershire and Rutland.

CAMHS improvement programme

The year-long programme of improvement within CAMHS started in May 2018, with a particular emphasis on our city and county community teams. It set out objectives in five main areas:

- Establishing a sustainable service model
- Establishing quality standards
- Making the best use of our resources
- Enabling our staff to achieve their best
- Providing suitable environments for care

Considerable work was carried out to understand the extent to which clinical capacity within the service is able to meet the needs of children and young people going forward, and to provide a detailed picture of the requirements of clinical spaces to inform future estates planning and strategy.

Improvements were made to the electronic patient record, SystmOne to support more efficient administration around appointment bookings, and to align it with new clinical pathways. New standard operating guidance has also been written, describing operational and clinical expectations for the service, to ensure greater consistency for service users.

The CAMHS community improvement programme is now being aligned with our wider All Age Transformation programme, and new improvement programmes are getting underway within the CAMHS specialist teams.
Community Health Services

Community health services, for adults and older people, include inpatient services in seven county community hospitals and the Evington Centre in the city, district nursing, community based rehabilitation and rapid response services, specialist palliative and end of life care, specialist long term condition services, adult nursing and therapy services, mental health and wellbeing services for older people, adult podiatry, speech and language therapy, occupational therapy and physiotherapy.

Mental health wards gain top accolade
The Royal College of Psychiatrists has awarded its prestigious accreditation to the two older people’s wards at the Bennion Centre.

Staff provided evidence to demonstrate they met or exceeded 225 different standards, including having good quality information available to patients and relatives/carers about each condition and treatment option, having private areas available for patients to make phone calls or receive visits, support for their spiritual needs, and support for those detained under the Mental Health Act.

The inspectors praised special initiatives available for Bennion Centre patients. These included access to drama therapy including animal assisted therapy; having an electronic medicine administration system instead of using paper-based lists; and having dedicated ward-based pharmacy technicians.

Lung patients benefit from daily monitoring
We have launched a project using remote monitoring technology to help improve the health of patients with the lung condition COPD (chronic obstructive pulmonary disease). The joint project with Leicester-based Spirit Digital, involves providing patients with equipment which helps them monitor their condition 24/7, and gives advice on how to stay as healthy as possible.

Patients across Leicester, Leicestershire and Rutland have benefitted, and the project has saved the NHS an estimated £64,519 so far, through the reduction in emergency admissions.

Rutland palliative care suite reopens after refurbishment
In February 2019, the Karen Ball Suite at Rutland Memorial Hospital was refurbished for the first time since it opened. The £8,241 cost was met by the League of Friends at the hospital. Gates Garden Centre near Oakham, donated paintings, soft furnishings and a vase for the room.

The Karen Ball Fund charity was set up in 1988 to provide improved facilities for the care of the terminally ill in Rutland. It was named after 21-
year-old Karen, who died of cancer that year. It has since passed on responsibility for the suite, and the adjoining courtyard garden, to the league of friends.

Carla Yaxley, deputy ward sister at Rutland Memorial Hospital, said: “Having it makes a massive difference because the relatives can just go in there and spend as much time as they want with the patient.”

**WI members create quilts for dementia patients**

Members of Long Clawson Women’s Institute (WI) delivered 14 twiddle quilts for our dementia patients. Each one an individual creation, with brightly coloured fabric, buttons and a variety of textures, aims to soothe and stimulate dementia patients by giving them something to do with their hands.

Christine Smith, Long Clawson WI vice-president, said: “Making quilts for people with dementia fits very well with the WI’s ethos: doing something for other people in a creative way.”

**‘Making Christmas Special’ for older people spending Christmas day in hospital**

Age UK supporters - including some LPT staff - donated 176 presents so that every older person in our hospital beds had a present on Christmas day 2018. The generous donations covered all of our wards in community and mental health services for older people, and extended to all of University Hospitals of Leicester wards for older people as well.

**Initiative keeps Hinckley patients moving**

A pioneering initiative designed to keep inpatients active and motivated was extended to Hinckley and Bosworth Community Hospital in October 2018. Three Meaningful Activity Coordinators started working with patients in a variety of ways to add exercise, stimulation and fun to their days. The project is based on evidence elsewhere that shows that patients who stay active are more likely to have shorter stays in hospital, and are less likely to be readmitted later on. They are also less likely to develop painful pressure sores.
New technique helps team heal long lasting wounds

A project we have developed to heal long term wounds was highly commended in a set of international awards in May 2018. It was beaten only by entries from the USA and Austria in the Journal of Wound Care awards.

The project – or pathway – was developed by LPT’s Anita Kilroy-Findley with implementation led by Vicky Forknall with medical supplies company B Braun and L&R Healthcare. It centres on wounds that have failed to heal with traditional healthcare. These can include surgical wounds, foot injuries for people with diabetes and pressure sores or ulcers, but most are leg ulcers in older people.

The project was also shortlisted in the Nursing Times Awards, under the Innovation in Chronic Wound Management category.

Elaine Liquorish is made Queen’s Nurse

Nurse Elaine Liquorish was elevated to healthcare royalty in July 2018 when she was made a Queen’s Nurse, an honour reserved for experienced nurses, health visitors and midwives. Elaine, who started working as a community nurse in 1994, has been a clinical education lead for seven years, developing the next generation of community nurses.

There are just 1,100 Queen’s Nurses across the country. Each pledges to continue their professional development, to network with other Queen’s Nurses, and to promote the work of the Queen’s Nurse Institute.

600 care home staff given boost

The Integrated Care Home Training Team, part of our community mental health team, have helped train more than 600 care home staff to give better health care to their residents.

During the first 12 months of this project, they have trained 631 care home staff in avoiding pressure ulcers, falls prevention, speech and language therapy, and continence. The team’s work builds on an award-winning project focussing on tissue viability (preventing pressure ulcers), which worked mainly with residential homes and nursing homes in West Leicestershire. It has reduced the number of care home residents suffering pressure ulcers from 34 a month to three a month.
Community health services redesign

The three Clinical Commissioning Groups in Leicester, Leicestershire and Rutland (LLR) - NHS Leicester City, NHS East Leicestershire and Rutland CCG and NHS West Leicestershire CCG – have been working with patients, clinicians and healthcare staff to develop proposals that will improve the way health and social care services work to support patients at home and in local communities.

A number of existing community healthcare services are being reviewed and redesigned. As the main provider of these services, LPT has been working closely as active partners to help improve co-ordination and integration of care around patients. It involves looking at integrated neighbourhood teams that work alongside social care and GP practices, a home crisis and reablement service, and a single decision unit where health and care teams work together to decide on the right care for local patients.

The redesign is the next step in building on existing work being carried out across health and social care under Better Care Together - Leicester, Leicestershire and Rutland’s Sustainability and Transformation Partnership (STP) in the Home First and Integrated Locality Team workstreams (which involve LPT, other health organisations and local authorities), to deliver short term care in people’s homes. Community hospital beds will be considered and consulted after this community health services model is finalised.
Enabling Services

Our enabling services provide support across our Trust and include the chief executive office, finance, estates, quality and patient experience, research and development, human resources, business development, health and safety, equalities, information and performance, communications, and the medical directorate. Hosted services include Health Informatics Services (HIS) and 360 Assurance (counter fraud).

A landmark 70th birthday for the NHS

National celebrating events

Six LPT staff, with a total of 231 years NHS long service between them, were selected to attend two prestigious national celebrations – at Westminster Abbey and York Minster - to mark the 70th birthday of the NHS. The celebrations, which took place on the NHS’s birthday on 5 July, paid tribute to NHS staff and patients who have contributed to the health service over the last 70 years.

York attendees were:
- **Avril Archibald**, Diana Childrens community Service Operational Lead Nurse, with 45 years’ NHS service.
- **Catriona Walker**, Consultant Adult Psychotherapist, with 36 years’ NHS service.
- **Lynne Hartwell**, a Research bank nurse and retired health visitor, with 48 years’ NHS service and shares her 70th birthday with the NHS.

Westminster attendees were:
- **Susan Deakin**, moving and handling advisor and former acute nurse, with 35 years NHS service.
- **Lucy Akam**, community hospital staff nurse, who has worked as an NHS nurse for 32 years.
- **Susan Lyons**, speech and language therapy clinical lead in learning disability services with 35 years’ NHS service.

NHS Big70Tea parties held across LPT

On 5 July 2018, the NHS celebrated its 70th birthday. Our staff joined in the celebrations by holding their own ‘7Tea’ parties. Dozens of parties were thrown across the trust, from simple tea and cake during lunch breaks, to larger events – such as at Rutland Memorial Hospital, where there was a choir singalong, food and fancy dress outfits.
Long Service Awards for staff and volunteers

Staff and volunteers with long service to the NHS were celebrated at a special event on 10 September, a fitting tribute to the year that the NHS celebrated its 70th birthday.

There were 108 staff and 23 volunteers who were celebrated, having clocked up an impressive 3,300 years of service within the NHS.

We recognized an impressive 40 years of service given by several members of staff in attendance. One of these was Jenny Hollier, who started working as a nursing auxiliary in March 1978 at Market Harborough Cottage Hospital, before moving on to work in the community for 12 years, moving to work at St Luke’s Hospital when it opened in 2006.

A special recognition was also awarded to Lynne Hartwell, bank research nurse at LPT. Lynne has worked for the NHS for over 50 years, first as a general nurse and then a midwife, before moving on to establish the travelling families’ health visiting service as we know it today. Lynne retired for a short while, but soon returned as a bank member of staff in the research team.

Celebrating our volunteers

On national Volunteers Week (1-7 June) we said “thank you” to our 425 volunteers who help our services to go above and beyond to give patients and service users the best experience.

Our volunteers do more than 50 different roles in locations across Leicester, Leicestershire and Rutland, ranging from volunteer drivers who help patients get to and from appointments, to dietetic assistants, breastfeeding peer supporters, pet owners who provide pet therapy and bread-making sessions for mental health.

Between them, the volunteers contribute around 70,000 hours per year, which is the equivalent of approximately £600,000. A big thank you to you all!
Mental health project offers fresh future for bread making in NHS

We launched a breadmaking project in partnership with local social enterprise Planet Leicester Bakers, with the aim of supporting people with their mental health and wellbeing. Staff and patients volunteered to be trained from across Leicester and Leicestershire, in simple bread making and conversation management skills. ‘Bread and Chat’ sessions have taken place in the community and in inpatient units across the Trust including the Bradgate Mental Health inpatient unit.

Medical trainees celebrated at a dedicated awards event

In July 2018, we celebrated the achievements of our trainee medical staff. The Core Trainee/Fellow Award was presented by Cathy Ellis, our Chair, and given jointly to Kristian Roberts and Lesley Thoms. The Speciality Trainee Award, presented by Dr Peter Miller, our chief executive, was given jointly to Hannah Bosker and Samuel Tromans.

The final presentation led by Dr Judith West, the Foundation Year 1 Award, was awarded to Shiraz Iqbal, foundation doctor. Praised in his nomination for showing ‘excellent leadership skills’ and for being ‘pro-active (and having) a good relationship with patients’, Shiraz said: “I feel like I’m at The Oscars! I’d like to thank all the staff on the ward. It’s been a great journey and I’ve had a brilliant time.”

Single electronic patient record is underway

In May 2018 our Trust Board announced their decision to approve plans for a single electronic patient record (EPR) across our Trust. It was agreed that SystmOne will become the Trust-wide EPR system.

A number of operational working groups were mobilised to plan and deliver the changes, which will see services across our Trust working from a single patient record system, bringing us into line with primary care providers across Leicester, Leicestershire and Rutland, where nearly 86% of patients are on SystmOne.

This development will bring many benefits including real-time access to information about patients, continuity of care and a better patient experience for local people.

The functions and roll-out of the new Trust-wide system are being informed by and will run alongside the detailed design of our All-Age Mental Health and Learning Disabilities Transformation programme.
Support for the Armed Forces Community is recognised

In 2017, we signed the Armed Forces Covenant as a public declaration of our commitment to support the Armed Forces Community. We are also committed to supporting and increasing the numbers of veterans and reservists in our workforce, through initiatives such as an Armed Forces staff network group, launched in 2017.

In 2018, we were awarded the Ministry of Defence’s Employer Recognition scheme silver award in recognition of our work. John Wilson, the Ministry of Defence’s regional employer engagement director, said: “This is a well-deserved award that reflects the Trust’s commitment to the Armed Forces community and I hope they will continue to be an important example to other employers that wish to support the Armed Forces.”

LPT staff awarded Honorary Appointments at the University of Leicester

Four of our team were awarded Honorary Appointments at the University of Leicester last year, to recognise their contribution to health services, leadership and education. They were awarded as follows (pictured left to right):

- Sandip Ghosh, consultant community paediatrician, for an honorary lecturer post in medical education for Leicester Medical School
- Mohammed Abbas, consultant psychiatrist, recognised for contribution to health services and leadership
- Satheesh Kumar, consultant psychiatrist, recognised for contribution to health services and leadership
- Alison O'Donnell, head of education, training and development, recognised for contribution to health services and education.

Valuing our apprentices

In the last year, we have welcomed 51 apprentices into our Trust, across several areas including finance, clinical placements (health care support workers), speech and language therapy and pharmacy.

We want to attract the best and the brightest to work for us. We will continue to use apprenticeships to support staff development, and use apprenticeship education standards to ‘grow our own’ and reduce reliance on agency recruitment, nurturing our future workforce.

Email us to find out more at apprenticeships@leicspart.nhs.uk
Raising Health: Fundraising

Our registered charity, Raising Health, plays an important part in improving the experience, care and wellbeing of our patients, service users and our staff - with the key aim being to raise funds and spend them to make these areas even better. If you would like to support or raise money for any of our current projects, please visit our website www.raisinghealth.org.uk, email RaisingHealth@leicspart.nhs.uk or call 0116 295 0889.

Diana Children’s Community Service launches anniversary appeal

Prior to 1998, specialist children's nurses were only available in hospitals. We were lucky to be selected as one of 10 counties to have Diana nurses, so named after Princess Diana, and the teams were set up as her legacy. Over the past 20 years the team has grown to include physiotherapists, phlebotomists and play specialists to provide holistic care for children with life-limiting and life-threatening illnesses (including end of life care) in their homes and community settings. The team also provide support to the parents and siblings of the poorly child.

Our 20th anniversary appeal aims to boost the equipment and activities available to support poorly children and their families, keeping them together at home. With your help we can make a real difference to the lives of local people at a really difficult time.

In October 2018, 27 runners competed in the Leicester Marathon, raising £7,405 for the Diana appeal. We were also delighted to recently receive a grant of £10,000 from The Bailey Will Trust which will allow us to buy two Clearway machines, iPads for children to use during phlebotomy (blood testing) appointments, trips out for children we are looking after as part of their respite care and for arts and crafts materials for play therapy.

Ward opens patient ‘Sanctuary’

A calming ‘Sanctuary’ opened for acutely unwell women on Bradgate mental health ward, thanks to a fundraising drive by staff and the support of a city legal firm.

The new sensory room on Aston Ward provides a therapeutic relaxation environment for patients, going above and beyond the core service provided for the ward’s 19 female patients.
It was refurbished and equipped thanks to a fundraising drive led by staff from the ward, with a £5,000 boost from a fundraising event organised by Thaliwal and Veja solicitors in Leicester, who have a long tradition of supporting mental health causes.

On-ward gym to help patients on their Road to Recovery

Patients at Stewart House in Narborough have severe and enduring mental illnesses which impact on every aspect of their lives.

We don’t currently have any exercise equipment at Stewart House. Having an on-ward ‘mini gym’ area will go above and beyond core NHS provision to boost motivation, confidence and provide the chance to experience all the other awesome benefits of physical activity.

We have identified a room which overlooks the pretty courtyard garden at Stewart House. To make this room suitable for a gym we need to level the floor and change the doors to accommodate the levelled out floor. Just a few key pieces will make a huge difference – a recumbent exercise bike, multi-gym, some gym mats and resistance bands.

Currently, £4,106 has been raised through bake sales, collection tins, a 100 mile cycling challenge and grants from Clockwise Credit Union and The central England Co-Op. The total amount required is £18,000.

Space to create a place to grow

We want to transform the outdoor spaces at the Bradgate Mental Health Unit to include a sensory garden, plant nursery and vegetable plot for patients to learn how to grow and care for plants and to use what is grown to improve the ward gardens.

The Bradgate Mental Health Unit has a number of garden spaces which are unloved and not suitable for patients to use. We also have ward gardens, but we don’t have the funds to maximise their therapeutic potential. We want to change this by:

1. Developing a therapeutic sensory garden off the wards

2. Creating a plant nursery in one of the spaces to show patients the skills to grow plants and make plants from plants to use in the ward gardens

3. Show patients the skills to grow fresh produce in small spaces so that they can learn to manage their money, eat healthily, have an occupational identity, a purpose, and a routine.

www.raisinghealth.org.uk
Performance analysis

There are four levels in our performance management and accountability framework.

**Service level performance management**
Each Directorate has in place a formalised, written and approved Performance Management Framework. Wherever possible the Trust encourages the development of existing fora and governance structures over establishing additional and disparate groups with a sole performance focus.

**Corporate performance oversight**
At the highest level within our organisation, our Trust Board receives performance information each month in the form of the Integrated Quality and Performance Report (IQPR), the summary risk register report and any associated exception reporting.

Detailed scrutiny and review of performance is delegated by the Board to the **Finance and Performance Committee (FPC)**. FPC receives the IQPR alongside a Waiting Times Report each month ahead of Trust Board and will undertake a thorough examination of the retrospective performance information.

**Accountable Officer Performance and Accountability (P&A) Review:** Every six months, an accountability review is carried out for all services, at which the level of escalation and autonomy is agreed. The clear focus is always on the quality of the patient experience, their health outcomes and safety. However, it is important that alongside this focus on quality, is an assurance of financial discipline and value for money. Hence FPC will receive and monitor the outputs of the Performance and Accountability Reviews, triangulating this with the IQPR and Waiting Times report for assurance. This model works alongside the self-regulation quality framework, drawing on all available and appropriate elements of quality assurance.

Areas deemed to be in special measures will be subject to a set of specific interventions designed to rapidly improve the quality of care and/or financial balance. Operational areas deemed to be in special measures will be required to develop a clear improvement plan and review operational capacity and capability.

Following each six-monthly review, the Chief Executive will formally write to each director outlining the overall oversight category the directorate has been placed within and the agreed priorities of focus, and actions the director is expected to take in response, along with timescales.
Performance against our objectives

We measure our performance against four key trust-wide objectives.

1. **Deliver safe, effective, patient centred care**

   - A quality improvement collaborative approach has been adopted to deliver the 2019/20 clinical priorities.
   - The Bennion Centre received full accreditation by the Royal College of Psychiatrists.
   - Since the development of auto planner the district nursing teams have had fewer missed visits and all active patients have an up to date care plan on the system.
   - Working in partnership with UHL, LPT completed a two year CQUIN project to reduce the number of attendances at Accident & Emergency (A&E) by service users with mental health needs. Two cohorts were selected and monitored over the course of the 2 year project. In year one, the first cohort (12 patients) reduced their A&E attendance by 46%. In year two, this same cohort of 12 patients reduced their attendance bringing their total reduction in A&E attendances to 58% from their 2016-17 baseline attendances.
   - 81% of patients on the caseload with wounds that have failed to heal for 4 weeks or more have had a full wound care assessment completed.
   - 97% of those who completed our Friends and Families Test (FFT) said they would recommend our services to their friends and family.
   - Engagement with local universities to attract students to join the organisation.
   - Development and launch of sepsis pathway with guidance for all staff.
   - Safeguarding considerations now form part of all serious incident investigations and are part of the standardised Terms of Reference.
   - Our Clinical Audit Team supported 194 audits, achieving a 56% re-audit rate.

**Staff will be proud to work here, and we will attract and retain the best people**

The recruitment and retention of staff remains both a national and local challenge. Workforce recruitment remains. During 2018/19 we have continued to explore further avenues of candidate attraction and develop our employment proposition to attract new staff through developing a range of incentives for services to use to help attract candidates. Work programmes are ongoing to support recruitment and retention, sickness absence management and continuous review of workforce including new roles to enhance skill mix and increase patient facing time.

- In partnership with the University of Leicester and University Hospitals of Leicester we launched the first UK undergraduate nursing programme with a focus on leadership and with dual registration (mental health and adult nursing and mental health and children’s nursing).
- Educational visits to local schools and colleges to promote and engage young people with NHS and in particular nursing careers.
• Recruited 39 trainee Nursing Associates, the first cohort of trainees are due to complete their qualification and register in May 2019
• Engagement with local universities and surrounding trusts to review workforce strategies in respect of future recruitment and retention
• An ongoing recruitment programme and a professional development programme to enable us to maintain safer staffing levels
• Review and introduction of new roles such as assistant practitioners, medicines administration technicians, physician associates, advanced clinical practitioners and meaningful activity co-ordinators to work as part of the multi-disciplinary team.
• Recruited clinical apprentices
• Rotational posts across our services.
• Frail Older Person graduate rotational post with University Hospitals of Leicester
• Launched a Career Development Framework for Nursing

We have also continued to implement our people strategy and are planning to embark on a Trust-wide change programme to improve our culture, leadership and inclusion.

• Enhanced leadership development offer for all our staff
• Staff survey results have seen improvements in response (51%) and in engagement levels. We were the most improved Trust in the region.
• Work with the national Workforce Race Equality Service team to involve our Black, Asian and Minority Ethnic staff in improving their experience
• Listening into Action has supported 86 teams with local improvement.
• Monthly ‘Speak to Pete’ webchats and team briefs, new weekly screensavers, and increased use of social media, including the introduction of a closed staff Facebook group
• Monthly Valued Star Awards, annual Staff Excellence Awards and Long Service Awards recognise and reward staff
• Increased focus on staff health and wellbeing through local initiatives and the introduction of around 100 health and wellbeing champions, and staff lottery which raises funds for staff health initiatives.
• Agile working roll-out to support staff to work in the most productive ways

3. **Ensure Sustainability**

It is important that we remain financial sustainability. We continued our 5-year all-age mental health and learning disability transformation programme, to co-design sustainable improvements with staff and service users. At the same time we are participating in a community health services review with health and social care, to ensure we work together to deliver care at the right time and place for older people. Other highlights:

• Opening of a crisis house facility to enable patients to leave hospital sooner
• Embarking on a CAMHS Transformation Programme to deliver reduced waiting times and an enhanced experience for children and young people.
• Continued delivery of contracts for the 0-19 healthy child programme through our Healthy Together service
• £8m NHS England investment for a purpose-built CAMHS acute inpatient unit on the Glenfield site, enabling us to move from our temporary unit at Coalville Hospital to a permanent, more accessible base in the city, with new local provision for young people with eating disorders.
• £70k mental health winter pressures funding
• Commencement of ward refurbishment programme on four of the wards in the Bradgate unit
• Commencement of a project to introduce a single patient record system
• Successful fundraising initiatives through our charity Raising Health
• Introduction of a new online portal called WARP-it, with the aim of reducing waste, disposal costs and carbon emissions across the Trust
• Achieving all four of our statutory financial duties

4. Partner with others to deliver the right care in the right place at the right time

• An active partner in the STP (sustainability and transformation partnership) for Leicester, Leicestershire and Rutland
• Signatory to the Armed Forces Covenant
• Healthy Together delivered in partnership with Barnardo’s and Mammas
• Enhance Crisis House service delivered by Turning Point
• Mental health triage scheme with the police
• Community health services working in integrated locality teams as part of a Home First model with health and social care partners.
• Research partnerships with CRN, CLAHRC and AHSN East Midlands.
• Education and training in Leicester University and De Montfort University.

Quality improvement

Improving quality is about making healthcare safer, more effective, patient centred, timely, efficient and equitable. Our central purpose is to provide the highest quality healthcare and promote recovery and hope to our patients. We are committed to improving the quality of our care and the services we provide. Our patients value clinical outcomes together with their overall experience of our services. We want to provide the very best experience for every person using our services. Our priorities for 2019/2020 will focus on four key areas:

• **Engagement Listening and involvement with patients and carers.**
• **Care Planning**
• **Reducing avoidable harm**
• **Discharge and flow**

We continue to strengthen our approach to quality improvement (QI). The Director of Nursing and Medical Director are working together collaboratively to provide executive leadership to embed the Trust quality improvement approach. The Trust is currently in the consultation phase of developing the approach with clear timescales for each phase. Much quality improvement work has been undertaken within the organisation already and we are
implementing a consistent approach and framework to support quality improvement and facilitate shared learning and finally for quality improvement to become business as usual in all of our functions.

Our Quality Account, which details our progress in more detail, is published separately alongside the Annual Report. **Key highlights from the last year include:**

- 97% of those who completed our Friends and Families Test (FFT) said they would recommend our services to their friends and family
- Engagement with local universities to attract students to join the organisation completing their pre-registration programmes. In partnership with University of Leicester and University Hospitals of Leicester launched the first UK undergraduate nursing programme with a focus on leadership with dual registration.
- Recruited 39 trainee nursing associates. The first cohort are due to complete their qualification and register in May 2019.
- Launched a career development framework for nursing.
- We reported zero cases of MRSA bacteraemia attributed to our care delivery and 4 cases of clostridium difficile against a trajectory of 12 cases. None of the cases were attributable to our care and a review has demonstrated that improvements made within the previous year have been embedded and sustained.
- We supported 194 audits and achieved a 56% re-audit rate.
- 100% of MHSOP shift-to-shift handover sheets were updated immediately prior to the handover meeting. 44% improvement
- 99% of CT brain request forms in Memory Services East had an indication of urgency. 35% improvement
- 100% of looked-after children were offered the opportunity to be seen alone. 14% improvement.
- There have been numerous actions and learning points gleaned from investigating serious incidents these include;
  - Escort bags devised for staff, that contain all the necessary paperwork when a patient is transferred to acute services with a mental health professional.
  - Standard Operating Procedure developed for patient observation when in an acute hospital,
  - All young people have a named professional contact when waiting for an access visit.
  - Forensic Community Mental Health Team screens all cases for those needing Safeguarding advice / referral.
- The Trust has now established a Suicide Prevention Group which reports directly to the Mortality Surveillance Group.
- STORM® training is currently being reviewed by the Suicide Prevention Group and the need for training for all staff is being considered in suicide awareness
- The Learning from deaths policy is being reviewed and updated to incorporate the learnings since the policy was launched.

**Financial performance** - The Summary Financial Accounts are presented with the Annual Report in Appendix A and we are pleased to have achieved all our Statutory Financial Duties for 2018-19. Our planned revenue surplus of £3.3m was delivered and as a result of this the Trust received incentive performance sustainability funding (PSF) of £2.244m from NHS Improvement. This funding was included in our final out-turn of
£5.525m surplus (excluding impairments and other technical adjustments). Read our full financial statement from our director of finance, Dani Cecchini, on page 81.

**CQC report February 2019**

Leicestershire Partnership NHS Trust is required to register with the Care Quality Commission and it is currently registered to provide the following conditions on registration: Accommodation for persons who require nursing or personal care; and Assessment or medical treatment for persons detained under the Mental Health Act 1983:

- Diagnostic and screening procedures
- Family planning
- Surgical procedures
- Treatment of disease, disorder or injury

The Care Quality Commission (CQC) report published in February 2019 relates to the inspection dated 19 November 2018 to 13 December 2018. The report describes the CQC’s judgement of the quality of care provided with respect to the Trust’s well led framework and the following five core services;

- Acute wards for adults of working age and psychiatric intensive care units
- Community-based mental health services for older people
- Specialist community mental health services for children and young people
- Long stay / rehabilitation mental health wards for working age adults
- Wards for people with a learning disability or autism.

Overall, the rating stayed the same as Requires Improvement and for Caring the rating was good however the majority of services inspected the ratings were Requires Improvement and there was a decline in the rating for Well-Led from Requires Improvement to Inadequate.

There were a number of positives included within the report, such as the community based mental health service for older people which achieved a Good rating for all 5 CQC domains; the report also highlights areas that exhibited examples of outstanding practice. However, the Trust was disappointed by the number of issues and concerns identified.

There are nine areas where systems and processes are not operated effectively across the Trust to ensure that the risk to patients is assessed, monitored, mitigated and the quality of healthcare improved. These relate to:

- Access to treatment for specialist community mental health services for children and young people.
- Maintaining the privacy and dignity of patients and concordance with mixed sex accommodation.
- Environmental Issues
- Fire safety issues
- Medicines Management
- Seclusion environments and seclusion paperwork
- Risk assessment of patients
- Physical healthcare
- Governance and learning from incidents

We have responded to all of the concerns identified with an immediate improvement plan and have adopted a long-term quality improvement programme to address each of the areas highlighted above to ensure sustainability. This has been compiled in consultation with the services and key stakeholders.

Figure 4: Positive findings reported by the CQC included:

- Caring attitudes of all staff, often in challenging circumstances with complex patients
- Positive examples of teamwork and multidisciplinary working within most teams/services
- The number of incidents reported has decreased
- Clear development programme for leaders and career development framework for nursing
- Improvements to prescribing of medication and successful e-prescribing processes

Figure 5: Areas for improvement following the CQC findings included:

- Poor management of seclusion documentation
- Lack of staff engagement with directors or not feeling connected to the wider trust
- Lack of a co-ordinated approach to equality and diversity
- Limited evidence of collaborative working between wards, learning from incidents and sharing of best practice between wards
- Limited patient involvement in service improvement or delivery
- Risk management in services requires improvement in three of the five services inspected
- Pockets of bullying within some teams

CQC inspection reports can be accessed at http://www.cqc.org.uk/provider/RT5
Sustainability report

Good corporate citizenship and sustainable development

We are committed to sustainable development – achieving improvements that meet present and future needs through the efficient use of resources, while preserving the environment. Sustainability is part of the wider corporate social responsibility we have as individuals and as a major public organisation. We all want to make a difference, and our staff and service users alike need to be confident in our Trust’s commitment to supporting and adding value to our local communities.

The Trust Board has a five-year Corporate Social Responsibility (CSR) strategy with four themes: transport, community building, procurement and estate.

Community Building

We have developed a staff volunteering scheme called ‘WeCitizen’. This provides staff with up to two days pro rata a year to give something back to our local communities by offering to volunteer their skills or services to local community capacity building projects. Some examples over the last year have been staff teaching bread baking to service users at the Bradgate Inpatient Mental Health Unit and at our Crisis House, staff spending time with the Canals and Rivers Trust picking up plastic and other types of litter, and staff supporting our multi-agency partnership mental health campaign ‘RUOK?’ event in Leicester City centre.

![Community Building Images]

Procurement

We work with the Government Procurement Service 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. Our sustainable approach is part of the work underpinning the CSR strategy.
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 also have an online physical asset re-cycle database ('Warp-it') for use by all staff so as to minimise disposals of unwanted but fit for purpose office and medical physical assets.

**Reducing energy use and costs**

The total gas and electricity cost comparison for LPT has increased from £1,847,238 for the year 2017-18 to £2,023,045 for year 2018-19 (excluding water costs and NHSPS Charges). This equates to a 9.5% increase in cost overall, based in a slightly reduced electricity consumption along with a slight overall reduction in gas consumption.

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<tr>
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<th>2015-16</th>
<th>2016-17</th>
<th>2017-18</th>
<th>2018-19</th>
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<tbody>
<tr>
<td><strong>Electricity consumption (KWH)</strong></td>
<td>14,162,031</td>
<td>14,182,656</td>
<td>9,792,422</td>
<td>9,624,629</td>
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<tr>
<td><strong>Gas consumption (KWH)</strong></td>
<td>35,272,885</td>
<td>32,425,733</td>
<td>24,647,572</td>
<td>24,073,490</td>
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Although typically, the price per kilowatt hour of energy has been rising during the period, there has been a number of changes to the property portfolio which has overall resulted in a stabilised trend of energy consumption.

**Reducing CO2 emissions and waste**

Our commitment to reduce CO₂ emissions follows on from the 2008 Climate Change Act that set legally binding targets for UK to reduce carbon emissions by 80% by 2050 compared to levels in 1990. The National Carbon Plan set interim targets that the UK will reduce carbon emissions by 34% by 2020 compared to levels in 1990. All our designated premises display energy certificates and introduced automatic meter reading, the centralisation of printers on sites and during 2019 four of our Community Hospitals will receive energy efficient LED lighting upgrades.

*This table shows our carbon emissions over the last few years:*

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<th>2017-18</th>
<th>2018-19</th>
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</thead>
<tbody>
<tr>
<td><strong>Carbon emissions as a result of electricity consumption (tonnes)</strong></td>
<td>7.706</td>
<td>7,733</td>
<td>4035</td>
<td>3928</td>
</tr>
<tr>
<td><strong>Carbon emissions as a result of gas consumption (tonnes)</strong></td>
<td>6,532</td>
<td>6,005</td>
<td>4535</td>
<td>4430</td>
</tr>
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*The table below shows m3 water consumption over the last few years:*

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<th>2018-19</th>
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<tbody>
<tr>
<td><strong>Water consumption</strong></td>
<td>114,118</td>
<td>100,453</td>
<td>68,869</td>
<td>102,078</td>
</tr>
</tbody>
</table>
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 and Local Counter Fraud Specialist (LCFS) staff 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 LCFS support. Activity highlights over the last year:

- investigated allegations of fraud, bribery and corruption as required
- delivered fraud, bribery and corruption awareness training to all new staff
- developed new training tools to maximise the efficiency of training
- carried out specific prevention activities, particularly in relation to agency staffing and supplier accounts
- continued the Trust’s participation with the National Fraud Initiative
- reviewed and ‘fraud-proofed’ Trust policies where required
- issued fraud and scam warnings to reduce the risk of loss to both the Trust and its staff.

All work has been carried out with the intention of ensuring the Trust’s continued compliance with the Standards for Providers: fraud, bribery and corruption, published by NHS Counter Fraud Authority.
Social responsibility and involvement

The patient voice is central to our continuous improvement journey across the Trust. There are many ways, like those below, that we engage and listen to our patients and service users in creating, developing and improving our services and the quality of care we provide.

The NHS Friends and Family Test: What do our patients say?

During 2018-19 the Trust continue to promote the Friends and Family Test (FFT) via an app for IPads across all appropriate commissioned services. Paper and easy read versions of the survey are also available.

The FFT app asks patients “how likely are you to recommend our ward/service to friends and family if they needed similar care or treatment”, and invites them to score the service using a five point range from ‘extremely likely’ to ‘extremely unlikely’. Some services have also developed further Patient Experience surveys for service users to complete after they have completed the FFT questions.

In 2018/19 97% of service users who responded would be extremely likely or likely to recommend our services. The most valuable part of the feedback is the comments that service users leave. The majority of these are compliments (1200 in total) however where service users give comments about things that do not go so well (750 concerns) this gives us the opportunities to put things right.

Examples of improvements made prompted by feedback comments include:
<table>
<thead>
<tr>
<th>Service</th>
<th>Comment or Theme</th>
<th>Action taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMH/LD Bradgate Unit</td>
<td>Two comments were received from patients regarding lack of activities available on the ward.</td>
<td>Ashby ward has received money from a Carlton Hayes bid, which they have purchased a new pool table, books, and a bingo machine.</td>
</tr>
<tr>
<td>AMH/LD Ashby Ward</td>
<td>Comments were received in regards to patients being unhappy with the food on offer.</td>
<td>Stewart House now hosts monthly food focus group meetings, for patients to discuss concerns around food, new food options, and tasting sessions.</td>
</tr>
<tr>
<td>CHS Musculoskeletal service</td>
<td>Various comments received in regards to concerns of telephone assessments.</td>
<td>Directorate governance team working with the service to determine actions to be taken to improve the patient’s experience.</td>
</tr>
<tr>
<td>FYPC Speech and language therapy</td>
<td>Comments were received stating that the groups were too big at the group SALT.</td>
<td>The service has now reduced the numbers in attendance at these sessions.</td>
</tr>
</tbody>
</table>

Some services are not considered appropriate for the FFT questionnaire. They are:

- End of life care
- Community psychiatric nurse led services at police stations, magistrate’s courts and the mental health police triage car
- Assessments on looked after children (LAC)

**Involving patients, carers and the community**

We are committed to involving our patients, their relatives, carers and the local community to improve patient experience. In 2018 with the involvement of staff and patients the Trust refreshed its *Patient and Carer Experience and Involvement Strategy*, and our three promises remained the same:

- We will listen and learn from our patients, their carers and families about their experiences and ask for their suggestions about how services will be improved.
- We will do this by using various ways to gather feedback from patients and carers. We will find out what we need to improve, how to improve it and then check to see if it has been improved.
- We will involve people that use and are affected by our services, especially those who find it hard to be heard and aren’t often listened to. We will also show how we have listened to and involved people and what action we have taken.

The strategy gives us a clear focus which we have consolidated by undertaking activities to extend the way patients and carers are involved in improving services. The Patient Experience Team has launched Always Events across the Trust, after a successful pilot throughout 2018/19. Always Events is a quality improvement tool which
was developed in the United States, and is now being rolled out across the UK by NHS England. Always Events® are defined as ‘those aspects of the care experience that should always occur when patients, their family members or other care partners, and service users interact with health care professionals and the health care system’. Always Events® should have reliable processes or behaviours that ensure optimal patient experiences of care, co-designed with patients, and integrated in person centred care strategies.

The Always ambition is to create a ‘six in six’ rolling programme of activity. This is an aim to have six teams engaged at different stages with a view that each Always event programme is completed within six months. The team are currently working with staff on wards, as well as teams in the community to review the benefits to patient experience of Always Events®.

Principles for Remedy

Compliments, complaints and how we learn from them
Our patient experience team, made up of the complaints team and patient advice and liaison service (PALS), helps patients, carers and members of the public with any compliments, comments, concerns, complaints or enquiries they have about our services. We aim to resolve any issues raised as quickly as possible by working with service staff, and are committed to capturing all patient and carer feedback to ensure that lessons are learnt.

In 2018/19 the Trust continued to monitor the effectiveness of the revised processes, focusing on the quality of the investigation response and improving the number of investigations completed in the agreed timeframes.

During 2018-19 we received 3,197 contacts, an increase of 1.5% compared to the previous year. The contacts include general patient and public enquiries, such as signposting to different services and providing information, to compliments, concerns and complaints which required a formal investigation.

Compliments demonstrate to us when we have got it right from the perspective of our patients, services users and carers. Here are a few of the compliments we’ve received: 1,235 compliments.

“Thank you for all your help and support over the last few weeks! I’m really hoping I now can achieve the life I would like”.

“Thanks for support. Thanks for helping me express my emotions. Thanks for being that place -person for me to go to. I really appreciate all the work we have done”.

“Thank you for being such lovely bright and friendly ladies, for remembering me and making a difficult situation much warmer and brighter. It means such a lot”.

“The doctor I saw helped me more in one Outpatient session than I’ve ever been helped before”.

Patients relative complimenting the ward team, including Dr and nursing staff of the care and communication for their family member.
This year we received 497 complaints, and in addition we provided input to 38 complaints which were led by other organisations. This is a 7% increase compared to the 466 received last year.

No complaints were referred to the Parliamentary and Health Service Ombudsman (PHSO) in 2018/19, however one complaint referred to the PHSO in 2017/18 was returned following investigation and was upheld.

**Mental Health Surveys**

**The Care Quality Commission National Community Mental Health Survey 2018**

The CQC published the results of the 2018 national community mental health survey in November 2018. This survey invites patients aged 18 years or older who received specialist care or treatment for a mental health condition and had been seen during 1 September – 30 November 2017 to share their experiences of care.

There were 243 completed surveys received from the usable cohort of 803 surveys, giving a Trust response rate of 30%. The response rate of all Trusts was 28%.

The results were compared with the Trust’s results from the 2017 survey alongside the results of the other 56 trusts who participated in the survey. The results indicated that the Trust had more work to do to improve patients experience in particular in relation to -

- Knowing who to contact out of office hours if in crisis
- Support and wellbeing

The Trust has put in place an action plan to drive improvement of patients experience informed by the results of this survey.
Volunteering

The Trust benefits from the invaluable support of around 400 local people volunteering their time and skills for our patients and service users. There are around 50 different volunteer roles spread across a wide range of Trust sites and departments.

The financial value of this contribution is over £700,000 per year.

Highlights from 2018 include:

- 134 new volunteers during the last year.
- New roles developed over this year include yoga volunteer offering sessions for staff health and wellbeing, volunteer assistant psychologist at the Willows and Stewart House, and volunteer in Children’s Occupational Therapy and Physiotherapy in three locations.
- A café conversation was held with staff in Community Health Services to explore the development of new volunteer roles.
- An e-learning module for staff called Working with Volunteers was developed.
- Our team of 22 volunteer drivers completed 3,020 journeys this year, enabling patients and service users to access our services.
- Chaplaincy volunteers held 62 services for community hospital patients, including harvest and carol services, and visited 2,683 patients this year.
- Information and training sessions to promote volunteering with the Trust were held at the Recovery College, Leicester University and QEII College.
- The Volunteering Team led a fundraising project, raising £1,177 to support planned future developments for volunteers.
- Volunteer long service was celebrated with 23 volunteers who have volunteered either 5, 10 or 15 years for LPT.
- Volunteers were given access to eLearning through uLearn for the first time.
Our Trust membership

Our public membership scheme is moving into its tenth anniversary in 2019. Our members are people who 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.

Over the past year we contacted all our members having consideration to the General Data Protection Regulations that came into effect on 25 May 2018, to confirm the lawful basis on which we process their information.

In order to ensure we are cost effective with our communications, we informed our members that we would now only be sending information to them by email. We have 2,469 members who we can regularly contact with updates and invitations.

Our Membership Charter is a simple guide to two-way engagement with 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 membership@leicspart.nhs.uk stating your name and current postal address

Membership strengthens the links between healthcare services and the local community. We want our services to be shaped with input from those that receive them. We have worked with others in the Trust and our stakeholders to find ways of reaching a range of communities. We have continued to recruit new members with consideration given to the balance between quantity and quality of engagement.

All our members were invited to attend the Trust’s Annual General Meeting on 17 September 2018 after which was an opportunity for members to feed in their views on LPT’s major improvement programmes by participating in a number of ‘café’ conversations. Our membership is open to anyone over the age of 16 who lives in Leicester Leicestershire and Rutland, and other parts of England.

Further information about becoming a member and opportunities to engage with the Trust visit [www.leicspart.nhs.uk](http://www.leicspart.nhs.uk), by ringing the membership free-phone number 0800 0132 530, or by emailing membership@leicspart.nhs.uk.
Engaging our staff

Engaging our staff

“We are LPT; a values-based Trust that delivers high quality integrated health and social care developed around the needs of our local people, families and communities. We want LPT to be a great place to work, where we have a culture of continuous improvement and recognition and where collective leadership empowers high performing, innovative teams.” - Dr Peter Miller, Chief Executive

Our staff are our greatest asset. There are many ways in which we ensure that we listen to and respond to them. Our national NHS staff survey results for 2018 had the best results and highest response rate since the Trust was established, providing evidence of some real progress, including an improved staff engagement score.

We continue to focus on collective leadership and staff health and wellbeing. We are also addressing race inequality in the Trust with support from the national Workforce Race Equality Standard team (WRES) team. We held a number of focus groups with BAME staff to understand the issues they are facing and a workshop with BAME staff and managers to work on solutions together. We are launching a programme of work to improve our culture, leadership and inclusion at LPT, addressing barriers and co-designing solutions together, with the support of NHS Improvement. Finally, we are reviewing our approach to quality improvement across the Trust, to support and empower staff to make local improvements, to share these with colleagues and learn from each other.

Staff experience

We value our staff, and want to ensure that they feel valued and motivated. We are committed to engaging our workforce and are working to ensure that every employee feels well informed and involved in developing the future of LPT.

Some common themes emerging from the feedback from our staff, and on which we have taken action, include:

- staff wanting us to take more positive action on health and wellbeing
- staff feeling pressure at work due to staffing levels and recruitment difficulties
- staff wanting more development opportunities within the Trust
- staff wanting a supportive line manager
- staff saying we could improve communication
The annual staff survey is one of the ways we measure how well we are doing in improving the experience of staff. In November, 2600 staff, that's 51% of our staff, took the time to complete the 2018 NHS Staff Survey. This is around 7% more than last year and 6% above the average for the 31 Trusts that are similar to our Trust and who we are benchmarked against.

We are really encouraged by the results of the 2018 survey. They show that we are beginning to make some real progress with improving staff experience of working at LPT and that we have improved on how we compare with other similar Trusts too. Our overall staff engagement has improved – bringing it up to the average for similar Trusts. **5.1% more staff said this year that they would recommend the Trust as a place to work.**

Responses show that we have made a significant improvement from last year in relation to some of the key themes:

- supporting your health and wellbeing
- support from immediate managers
- the quality of your appraisals
- the quality of care you feel able to deliver
- providing you with a safe environment to deal with violence and an improved safety culture
- staff engagement.

Our position hasn’t changed from last year in relation to the following two key themes: equality, diversity and inclusion and safe environment around bullying and harassment. We are committed to ensuring these important priorities are focused on over the coming year as part of our forthcoming culture work and race equality work supported by the national WRES (workforce race equality standard) team.

**Responses to the survey - top ten themes:**

<table>
<thead>
<tr>
<th>Theme</th>
<th>2017 score</th>
<th>2017 respondents</th>
<th>2018 score</th>
<th>2018 respondents</th>
<th>Statistically significant change?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equality, diversity &amp; inclusion</td>
<td>9.1</td>
<td>2220</td>
<td>9.2</td>
<td>2557</td>
<td>Not significant</td>
</tr>
<tr>
<td>Health &amp; wellbeing</td>
<td>6.0</td>
<td>2224</td>
<td>6.3</td>
<td>2565</td>
<td>Up</td>
</tr>
<tr>
<td>Immediate managers</td>
<td>7.0</td>
<td>2229</td>
<td>7.2</td>
<td>2573</td>
<td>Up</td>
</tr>
<tr>
<td>Morale</td>
<td>0.0</td>
<td>0</td>
<td>6.2</td>
<td>2551</td>
<td>N/A</td>
</tr>
<tr>
<td>Quality of appraisals</td>
<td>5.5</td>
<td>2072</td>
<td>5.7</td>
<td>2391</td>
<td>Up</td>
</tr>
<tr>
<td>Quality of care</td>
<td>6.9</td>
<td>1833</td>
<td>7.0</td>
<td>2135</td>
<td>Up</td>
</tr>
<tr>
<td>Safe environment - Bullying &amp; harassment</td>
<td>8.3</td>
<td>2214</td>
<td>8.4</td>
<td>2556</td>
<td>Not significant</td>
</tr>
<tr>
<td>Safe environment - Violence</td>
<td>9.5</td>
<td>2208</td>
<td>9.6</td>
<td>2556</td>
<td>Up</td>
</tr>
<tr>
<td>Safety culture</td>
<td>6.7</td>
<td>2225</td>
<td>6.8</td>
<td>2561</td>
<td>Up</td>
</tr>
<tr>
<td>Staff engagement</td>
<td>6.8</td>
<td>2243</td>
<td>7.0</td>
<td>2596</td>
<td>Up</td>
</tr>
</tbody>
</table>
In terms of how we compare with similar Trusts, we are the same or better than our peer Trusts on nine of the 10 themes but remain below average in relation to the quality of care you feel you can provide (see p7 of the report).

**How we compare with other similar Trusts:**

![Comparison Chart]

We continually review all survey results – both the annual survey and our local Staff Friends and Family Test/Pulse Survey - to ensure that our programmes of activity focus on the issues that matter to, and make a difference to staff. Our areas for focus during the year fell under the key themes of: **effective local leadership, line manager development, communication and engagement, health and wellbeing, bullying and harassment.** Focus following the 2018 survey will still fall under these main themes with a focus also on quality of care and quality improvement.

For the first time we have also undertaken a bank staff survey. The information gathered from this survey gives our Trust a high level insight of how we can further improve the experience of our bank staff, and ensure they feel valued as an important part of our workforce (see chart overleaf).

In March 2018 we launched a culture, leadership and inclusion programme with support from NHS Improvement. The programme – Our Future Our Way – will engage with staff to build a culture where everyone will feel more valued, supported and empowered.
Consultation with staff

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

During 2018 - 19 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 which is opened by over 60% of staff, 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. We have introduced a closed Facebook change which has over 1,500 users. Live monthly web chats continue and the Chief Executive delivers Team Brief ‘on the road’ which is filmed and shared with staff.

The Trust’s formal Joint Staff Consultation and Negotiating Committee (JSCNC) meet bi-monthly. The committee acts as:

- a central forum through which we can consult staff representatives
- an opportunity for staff side representative to comment on and influence our business
- a regular opportunity to identify and discuss other issues relevant to the general interest and welfare of our employees.

In addition to the JSCNC meeting, an active medical local negotiating committee operates within the Trust and there are joint staff consultative forums for the three main clinical directorates. These meet regularly to address local issues.

**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
- black, asian and minority ethnic staff support group (BAME)
- carers support group
- Spectrum (lesbian, gay, bisexual, transgender group)
- LPT Young Voices
- anti-bullying and harassment advice service (ABHAS)
- access to mediation for resolving workplace conflict
- Listening Ear service provided by department of spiritual and pastoral care
- Access to Freedom to Speak Up Guardian

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:

- An ‘Ask the Boss’ monthly web chat giving staff a direct line to the chief executive who answers all queries and shares responses across the Trust.
- 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 is available for staff to increase awareness of how to raise concerns.

**Freedom to Speak up**

We are committed to creating an open and transparent culture where colleagues feel safe to speak up and raise concerns in the knowledge that they will be listened to without prejudice. Our Freedom to Speak Up guardian (recruited in December 2016) and The Freedom to Speak Up: Raising Concerns (Whistleblowing) policy support this. The FTSU Guardian provides confidential and impartial advice, or practical support where requested, to those that want to speak up. In addition the Guardian is tasked with raising awareness about speaking up and developing an open and transparent culture where ‘speaking up is business as usual’. Currently there are 15 Freedom to speak up partners in the Trust. 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.

There are a variety of ways in which staff can speak up within the Trust in addition to the FTSU Guardian for example, to their line manager, senior managers and Directors, Chaplaincy ‘Listening Ear’, AMICA counselling services, Occupational Health and HR services. However, the policy also identifies the specific non-executive director with responsibility for FTSU, and other external mechanisms such as CQC, Public Concern at Work and the National Whistleblowing help-line. The responsible person is tasked with providing support and staying in touch with the individual raising concerns.

**Listening into Action (LiA)**

We introduced Listening into Action (LiA) to our staff in May 2013. It has seen 130 traditional teams use the approach of a 20-week programme and is now one of the key ways that the Trust empowers staff to make changes that improve their working life and patient care.

To increase accessibility to using the approach teams are now able to join at any point, meaning that they don’t have to wait to join a cohort in either March or September. This has resulted in an increase in team applications over the past 6 months. The Pass it on event has also been rebranded to help staff to understand the benefits in attending. The ‘ideas bank’ is an event that any member of staff can attend to come and see what has been achieved by using LiA and take away ideas/improvements to their own areas, thus improving sharing of quality improvements in the Trust. Cohort 9 and 10 have had some significant successes that have improved the environment and experiences for service users and staff alike.
<table>
<thead>
<tr>
<th>Cohort 9</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leicestershire Recovery College</td>
<td>Set out to understand the barriers people face when accessing their courses and to find out how they could raise the profile of the college. As a result of their Big Conversation they have made more connections with both internal and external services and have set up a Facebook group to promote their courses. Through LiA funding they have been able to buy new signage for the college so that they are more visible and are looking to develop a promotional film which inspires new students to attend.</td>
</tr>
<tr>
<td>Diana Team</td>
<td>Wanted to understand and improve the transition between children and adult services. LiA helped them to open up conversations with adult services and through shadowing they have a better understanding of departmental roles and have developed personal handovers. Emma from the Diana team said: “If a conversation is worth having, be persistent.”</td>
</tr>
<tr>
<td>Qlikview</td>
<td>Increased understanding of how to improve recording errors in QlikView, so that the data accurately reflected their team’s contacts. Their Big Conversation helped them to gain feedback from a number of staff members on how they can improve their processes. LiA also gave them the protected time to look at their data in detail and they have devised a reference booklet on the back of this to give out to all public health nurses to ensure data is accurately recorded moving forwards. They have already seen an increase in the percentage of universal contacts recorded in QlikView.</td>
</tr>
<tr>
<td>Privacy and Dignity Team</td>
<td>Ensuring that LPT was taking proactive steps to improve the privacy and dignity of our service users under our care was this team’s aim. Their Big Conversation incorporated a mix of service users, carers, staff and stakeholders who shared their experiences and thoughts on how this could be improved. They have updated the Privacy and Dignity Policy and created information resources for staff and patients. In addition, through LiA funding they have produced an awareness film which will be embedded into Trust induction.</td>
</tr>
<tr>
<td>Medical Devices Team</td>
<td>To review the process of how medical devices are serviced across the Trust in a timely manner, that doesn't interrupt care. Four LiA roadshows identified the need for a consistent approach, but also highlighted a couple of areas of good practice which have been replicated across LPT. A ‘swap out’ service has also been implemented so that staff are not without their device when they are being serviced.</td>
</tr>
<tr>
<td>Bradgate MHU recreation room</td>
<td>Explored how they could make better use of the recreation room for both staff and service users. Their Big Conversation identified some common themes of changes that could be made and small task groups were assigned ‘next steps’ to get the ball rolling. New chairs and tables were bought and funding went towards new flooring and solar films for the windows to ensure that the room is fit for purpose. A co-ordinator is now in charge of taking bookings,</td>
</tr>
</tbody>
</table>
which has led to an increase in its use for patient groups to be held
in the day time and more staff health and wellbeing events being
provided in the evenings.

**Adult Mental Health & Crisis Team**

Wanted to understand how they could improve recruitment and
retention in their services. Their Big Conversation helped them to
identify the reasons that staff move roles and the changes they
could make to encourage staff to stay. The sponsor group looked
at the key comments such as the need for more team days,
investment in equipment and a collective leadership approach.
They made some ‘quick win’ improvements such as ensuring the
mental health triage team have the appropriate resources for them
to do their daily job and they held a team away day for which staff
were involved in setting the agenda.

**CAMHS SystmOne Team**

Helping staff to better understand how to use SystmOne and how
they could achieve gold standard training on the system was this
team’s mission. Their Big Conversation highlighted a few different
areas where support could be improved and as a result they have
introduced SystmOne champions across the service and now hold
hands-on training sessions for staff. Changes to the system are
now communicated in a timely manner and a two-screen hot desk
area to make data inputting easier has been set up.

<table>
<thead>
<tr>
<th>Cohort 10</th>
<th>Outcomes</th>
</tr>
</thead>
</table>
| **The Mett Centre** | Aimed to look at how mental health nurses could be more proficient in
                    comprehensive screening in order to identify clients at risk of
                    physical health conditions and manage them effectively. Clients are
                    involved with the planning and development of the clinic at all
                    stages. The clinic supports LPTs physical health initiatives &
                    involved many of the staff from the physical health steering group. |
| **Social Prescribing** | This team wanted to explore the potential for the development of
                        social prescribing within practice and are now implementing a
                        social prescribing tool kit for the Trust.                        |
| **Quality Improvement in Clinical Audit** | Held roadshows in order to better understand the support that
                                              front-line staff need for delivering quality improvement projects. |
| **Menopause Awareness** | A well-attended big conversation has led to menopause awareness leaflets
                          being developed, along with two drop in clinics being held
                          for staff. The team have also purchased hand held fans for staff
                          requiring them. There is now a Whatsapp group for staff to share
                          experiences and information. In order to support the raising
                          awareness of staff experiencing menopause symptoms a month
                          has been dedicated to the topic in the Health and Wellbeing
                          calendar.                                      |
| **Flu Fighters**   | Roadshows explored the reasons why staff did and didn’t have
                    their flu vaccination which has helped to inform the flu campaign.
                    Equipment was purchased to support vaccinators to carry out
                    clinics and incentives bought to encourage staff to attend clinics. |
| **Make in, Not Take** | With drive and passion from staff on Bosworth ward a new group to |
Out
promote healthier choices for patients at supper time has been started. Patients on the ward are now able to make evening snacks in the group, with a focus on healthy choices.

Tracking Syringe Drivers
New systems to improve the process of tracking syringe drivers and reduce the loss of these devices was implemented across the Trust as a result of a number of roadshows to look at what contributed to them being lost and how systems could support the tracking of them.

Cohort 11 are well underway with their Lia Journey, some having held their big Conversations and moving forward their actions to celebrate at the next Ideas Bank event (formerly Pass it on) in March.

<table>
<thead>
<tr>
<th>Cohort 10</th>
<th>Mission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charnwood CMHT Breaks</td>
<td>We would like to create a space for staff to take their breaks, so that we can improve their wellbeing at work and help to build better working relationships. Improvements to their kitchen area to include a table and chairs for staff to take a break away from their desks. Funding has been agreed to buy a new fridge to release some space.</td>
</tr>
<tr>
<td>Values and Culture</td>
<td>Involve staff in helping to co-design a film to communicate our values and pledge and show what a great place LPT is to work. Staff have contributed to how this will look and filming is due to start soon. The end result will be a film which is shown to all new and existing staff.</td>
</tr>
<tr>
<td>ECT follow up clinic</td>
<td>This team’s initial mission was to develop a clinic in ECT to follow-up on patients that have completed treatments. Having held a big conversation and heard the voices of both staff and service users a follow up clinic is being set up but will have more of an emphasis on support and information sharing by service users in attendance, as this was what was identified as being needed at the big conversation.</td>
</tr>
<tr>
<td>NICE guidelines</td>
<td>Raise the profile of the National Institute for Health &amp; Care Excellence (NICE) guidance, by improving communication and engagement of staff. This team are collating replies from questionnaires to formulate their actions.</td>
</tr>
<tr>
<td>Communications team</td>
<td>Review our Trust’s communications strategy, and find out what more we can do to help staff feel as informed and engaged as possible. Big Conversation has identified what staff want and find useful, and more engagement work is to follow to help form the new strategy.</td>
</tr>
<tr>
<td>This is Me</td>
<td>Creation of a system of capturing the lives of each individual on our ward - their likes, dislikes, preferences, needs, fears and wishes. Personalised boxes will now be created for each patient on this ward.</td>
</tr>
<tr>
<td>Whole Family Approach at Bradgate MHU</td>
<td>To develop a dedicated family focused space at the Bradgate Mental Health Unit. This team have applied for LiA funding to improve an area which will be used for families visiting the unit, providing a safe and therapeutic area for the people who use it.</td>
</tr>
<tr>
<td>Incident Debriefing</td>
<td>To improve post incident support /debrief to ensure that all involved in incidents feel valued and supported by the Trust. Links throughout LPT have been established to address the changes that are required</td>
</tr>
</tbody>
</table>
not only in AMH/LD but across other directorates.

<table>
<thead>
<tr>
<th>Problem</th>
<th>Solution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working with independent SLTs</td>
<td>To improve communication between independent Speech and language therapists (SLTs) and NHS therapists to improve the quality of patient care. Work is underway to improve communication between both parties and sharing of information.</td>
</tr>
<tr>
<td>Welcome to Bradgate MHU</td>
<td>We want to improve the experience of patients, carers, staff and visitors when they arrive at the reception of the Bradgate Mental Health Unit. Alterations to the reception area are being planned to make it more welcoming.</td>
</tr>
<tr>
<td>Supporting Newly Qualified Nurses</td>
<td>Improving the emotional and psychological support of newly qualified nurses coming in to LPT. Following an engaging Big Conversation, plans are afoot to help better support newly qualified and raise awareness of the issues they face.</td>
</tr>
<tr>
<td>CAMHS System One</td>
<td>Following an initial LiA big Conversation last year and through the CAMHS improvement work, changes were made to SystmOne. A series of further events were set up to understand what was and wasn’t working for staff following initial changes from the first LiA.</td>
</tr>
<tr>
<td>One Revelation at a time</td>
<td>To encourage more people to cycle to and from the Bradgate unit, by improving cycling facilities, and busting some myths about cycling. Planning is underway for a Big conversation to hear what would encourage staff to cycle to the Bradgate mental health unit.</td>
</tr>
<tr>
<td>BPP- How we use our space</td>
<td>The Agile programme board plan to carry out a Listen in Action event allowing staff an opportunity to be involved in shaping the future state of LPT’s workspaces. This event will support the re-design of LPT estate to enable reduction, and provide a vision for the future of workspaces across the Trust to support activity-based working (ABW) providing a workspace suited to the technology-enabled, Agile workforce of the future.</td>
</tr>
</tbody>
</table>

**Developing our staff**

We have a dedicated Learning and Development service which provides opportunities for staff to develop their skills and knowledge, and 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 placements, access to work experience, internships and apprenticeships.

Our Learning and Development Plan for 2018/19 focused on:

- induction and welcoming new starters
- leadership and organisational development
- support for undergraduate and postgraduate learners
- apprenticeships
- Growing our own staff
Leadership Development training continues to be a high priority to support high quality leadership and patient care. Coaching is available to all our staff, and we have a solid community of qualified trainers from all areas within the Trust to provide help and support.

Our Organisational Development team implemented a new induction and welcome for all of our new starters to the Trust. Team Development support is made available to Leaders, to enable high performing and cohesive team work. Our Appraisal training supports leaders and staff to have a quality conversation about their performance, and we are also concentrating on supporting staff to enable career progression through the organisation when they are ready to advance their career.

Our new Values film will be released in the summer of 2019 and will showcase what a great place LPT is to work at – emphasising Trust, Compassion, Integrity and Respect for all. The Team are leading a large scale cultural programme and our staff will be trained as Change Champions to help make improvements within the organisation, making LPT a great place to work.

Growing our own staff into new roles with the Trust is something we value and this year we saw over 80 staff undertake education programmes that will lead to new posts and improve the quality and range of the patient care we can offer. We have also seen the recruitment of our third cohort of trainee nursing associates and the graduation of our first cohort of Registered Nursing Associates this year.

Our programme in Leicester is unique, as it is delivered as a partnership between De Montfort University and healthcare providers. We have also seen our partnership with the University of Leicester develop a new dual-registration nursing programme with our first cohort of students starting in September.

**Embracing equality and diversity**

Over the last twelve months, we have continued to make progress with mainstreaming the diversity and inclusion agenda into the day-to-day work of LPT.

Being an inclusive employer is key to ensuring that we have a workforce with the skills and knowledge to provide the best service possible to the people of Leicester, Leicestershire, and Rutland; delivering on our vision and values. Inclusive services ensure that the local community receive the right care at the right time.

**Key achievements for equality and diversity:**

<table>
<thead>
<tr>
<th>April 2018</th>
<th>May 2018</th>
<th>June 2018</th>
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</thead>
<tbody>
<tr>
<td>Provided support to LiA menopause sponsor group.</td>
<td>LLR Partnership Diversity and Inclusion Conference held for health and social care National Staff network day 9th May 2018, Vlog published on LPT You Tube channel</td>
<td>Staff support networks met. Reasonable adjustment policy review. 4 staff attended Cultural Ambassador training</td>
</tr>
<tr>
<td>July 2018</td>
<td>August 2018</td>
<td>September 2018</td>
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<tr>
<td>Celebrated 70 years of NHS by engaging with staff and supporting Trust-wide events. WRES National team met with Executive Team The Annual Workforce Equality Monitoring Report was completed and shared with senior leaders to inform equality action plans.</td>
<td>Attended the EDS3 workshop We reported against the Workforce Race Equality Standard aimed at identifying gaps for minority ethnic groups in employment and putting in place appropriate actions that address those gaps. Equality monitoring metrics, the Workforce Race Equality Standard and the Gender Pay Gap, were published with action plans to address the issues identified.</td>
<td>Attendance at Leicester Pride 2018 event to raise awareness of mental health services for LGBTQ community. Celebrated Inclusive communications week with a drop in session for staff.</td>
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<tr>
<td>October 2018</td>
<td>November 2018</td>
<td>December 2018</td>
</tr>
<tr>
<td>Raised awareness via comms to help celebrate black history month. Attended LPT Collaborative Café Conversation for staff and service users and delivered a presentation alongside lead advocate of Spectrum (LGBTQ+ staff network) raising the profile of our recent trans ally top tips that are included in the newly reviewed Gender Reassignment policy.</td>
<td>Attended the WRES Expert Programme launch in London. Supported developments and attended this year’s health and wellbeing event. Raising awareness of all our current staff networks and recruiting a new lead to our Carers and LPT Young voices network. Interviews for and appointment of Equality Diversity and Inclusion (EDI) Lead Reviewed EDS2 evidence in preparation for grading</td>
<td>Anti-Bullying and Harassment Survey developed to review service. Staff engagement work commenced for EDI team to meet teams across the trust to raise awareness of staff networks and any up to date news from the team. Completed EDS2 grading LLR Reverse Mentoring launched</td>
</tr>
<tr>
<td>January 2019</td>
<td>February 2019</td>
<td>March 2019</td>
</tr>
<tr>
<td>WRES National team Focus Groups with BAME staff. EDI Coordinators attended Freedom to Speak up partners training Equality monitoring information was published on our workforce and service users, in line with Public Sector Equality Duty.</td>
<td>WRES feedback workshop with national team. Focus for action plan identified New lead advocate for Carers staff network group appointed.</td>
<td>Carers policy review renewal. EMLA Empowering BAME Leadership Conference EDI Lead started in post</td>
</tr>
</tbody>
</table>
Our equality objectives 2017 - 2021

The Trust has an agreed Diversity and Inclusion Approach to cover the period 2017 - 2021. This is aimed at improving services and employment practices for target groups.

The Equality Delivery System 2

The Trust is required by NHS England to embed the Equality Delivery System 2 (EDS2) standard into all service delivery and employment practices. This process is designed to ensure that all relevant equality considerations are reflected in both the delivery of services and in the implementation of employment practices. The Equality Diversity and Inclusion team are engaging with services to improve how evidence is gathered to help us prove that we are progressing against the EDS2 standard. EDS2 will be replaced by EDS3 in 2019.

Workforce Race Equality Standard

The Trust reports against the nine indicators of the Workforce Race Equality Standard (WRES) on an annual basis and acts 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. As a result of feedback from staff we invited the national Workforce Race Equality Standard (WRES) team in to work with us to identify how we can improve the experience at work of our Black Asian and Minority Ethnic (BAME) staff. This work will continue into 2019/20.

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.

Workforce Disability Equality Standard

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. NHS Trusts are required to report against the metrics of the WDES for the first time in August 2019. Having taken part in a pilot study on reporting against the WDES in 2017, LPT is ready to report against this metric and to act upon the associated findings. The WDES will complement the Trust’s ongoing workforce equality monitoring scheme, which looks at equality within the workforce across protected characteristics including disability, based upon the requirements of the Public Sector Equality Duty.
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.

A toolkit and templates are available to support staff in ensuring that they have due regard to the aims of the Equality Act, ensuring that we meet our equality duty and moral obligations. Where there is a need, the Equality Diversity and Inclusion team offers bespoke training on undertaking “due regard” and ensuring that the requirements of the Equality Act are embedded into the day-to-day work of the Trust.

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, bi-sexual and transgender (LGBT) people. Unconscious bias training is being developed for staff.

Looking ahead: 2019 Activity

<table>
<thead>
<tr>
<th>Activity 1:</th>
<th>To comply with the Equality Act 2010 and the Public Sector Equality Duty (PSED).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity 2:</td>
<td>To report and develop actions to address issues identified in the course of the equality monitoring of the workforce and service users.</td>
</tr>
<tr>
<td>Activity 3:</td>
<td>To embed and mainstream the Equality Delivery System 3 (EDS3) into all service and enabling activity.</td>
</tr>
<tr>
<td>Activity 4:</td>
<td>To report and develop actions to address gaps identified against the Workforce Race Equality Standard, Workforce Disability Equality Standard, and Gender Pay Gap reporting metrics.</td>
</tr>
<tr>
<td>Activity 5:</td>
<td>To work in partnership locally, regionally and nationally to share best practice and develop inclusive initiatives that improve outcomes for staff and patients.</td>
</tr>
<tr>
<td>Activity 6:</td>
<td>To design, develop and deliver training programmes that help staff and managers to foster positive working relationships that lead to a higher quality of care.</td>
</tr>
</tbody>
</table>
Reducing staff sickness and absence levels

Sickness absence

The Trust’s average rate of sickness absence in 2018/19 was 5.1%, a slight increase from the 2017/18 rate of 4.8%. The main reasons for sickness absence are linked to mental health issues including stress and anxiety (whether home or work related) and musculoskeletal (MSK) problems.

Steps taken during the year to reduce staff sickness and absence and improve health and wellbeing include:

- emotional resilience workshops and bespoke programmes for staff groups
- access to mindfulness half day and 8 week programmes
- provision of yoga and dance classes
- encouraging staff to ‘take a break’
- provision of a Trust-wide staff physiotherapy service to enable early access to physiotherapy and keep staff at work
- delivery of monthly training sessions jointly with occupational health to assist managers in managing ill-health
- continued promotion of the ‘Wellbeing Zone’ – a web based resource and smartphone app to educate staff on health and wellbeing issues and enable them to manage their own health and wellbeing goals
- delivery of a comprehensive health and wellbeing programme with a specific monthly focus
- local health and wellbeing groups
- health and wellbeing champions across the Trust
- delivery of annual health and wellbeing event
- provision of volunteering opportunities for staff

In addition, the Trust has continued to deliver a programme of essential training for all new line managers including supportive management behaviour, Essential HR and Healthy Conversations. This, coupled with programmes of work around improving our leadership, culture and inclusion, and quality improvement framework, including Listening in to Action, will contribute to our ambition of improving staff experience and have a positive impact on staff health and wellbeing.

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. The Trust also has 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.
How we govern - Director’s Report

There are seven non-executive directors (including the chair) at the Board. Dr Claire Gibson left the Trust on 31 July 2018 and was replaced by our university appointed non-executive director, Professor Kevin Harris with effect from 17 September 2018.

There have been a number of changes amongst the three executive directors (which include the chief nurse, director of finance and medical director). On 1 January 2019 Dr Anne Scott became interim chief nurse after Professor Adrian Childs retired from his role in the Trust. Ms Sharon Murphy was interim Director of Finance until 31 May 2018, when Danielle Cecchini joined the Trust on 1 June 2018. The medical director role was held by Dr Satheesh Kumar until 30 April 2018, and in the intervening period before Dr Sue Elcock commenced in post on 1 October 2018, the interim medical director was Dr Saquib Muhammad.

Members of the Trust Board at 31 March 2019 are shown below.
From Ward to Board

We run an established programme of Board Walks every month where Board members visit services to see the day to day activities of frontline staff and meet with patients and staff to hear about their experiences. Board Walks build communication and engagement between the board members and staff whilst highlighting areas of good practice and areas where support for changes may be required.

During 2018/19, Board members completed 84 visits to our services of which: FYPC received 18, CHS received 29, AMH/LD received 32 and 5 in corporate services.

Providing assurance

A number of key sub-committees provide assurance to the Board. Key reports and issues are scrutinised by the appropriate Board committee prior to being submitted for review by our Trust Board. Our Board agenda, which have a service related theme for each meeting, are focused on; 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.

Being accountable

Corporate governance and clinical governance are the terms used in the NHS to describe the framework through which NHS organisations are accountable for improving the quality of their services, safeguarding high standards of care and managing public resources effectively. It also describes the way in which senior managers execute their responsibilities and authority, in relation to the assets and resources entrusted to them, and ensures compliance with statutory legislation.
Our governance structure

Key Board committees

Our **Audit and Assurance Committee** (A&AC) 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, and provide independent advice and assurance to our Trust Board.

- **Our Quality and Assurance Committee** (QAC) is chaired by a non-executive director, has two other non-executive director members, and meets on a monthly basis. It also includes members who are Board executive directors, as well as there being senior clinical directors, senior clinicians, and commissioners in attendance. It is the key forum for discussion and assurance that robust risk management and quality governance arrangements are in place throughout the Trust and that they are working effectively.
- **Our Finance and Performance Committee** (FPC) is chaired by a non-executive director and meets on a monthly basis. Its membership has key executive directors and one other non-executive director. 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, as does the production of both the annual and longer term business plans. The committee’s second major role is to provide assurance in relation to our operational performance to the Trust Board, including performance against the national priorities as set out in the NHS Operational Planning and Contracting Guidance 2018/19.
- **Our Strategic Workforce Group** (SWG) is chaired by the chief executive. It meets bi-monthly, and its membership comprises of one non-executive director, the director of human resources and organisational development, medical director, chief nurse, and a
service director. This is a key forum for discussion and assurance on the development of our workforce and development strategies, plans and associated risks.

- **Our Mental Health Act Assurance Committee** (MHAAC) is chaired by a Non-Executive Director and also has the Medical Director and Chief Nurse Director as members. It provides assurance to the Board for the continued management and monitoring of key aspects of the MHA and the Code of Practice (2015) commensurate with its Terms of Reference.

- **Our Remuneration Committee** (REMCOM) has non-executive director membership and 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 purpose of the Charitable Funds Committee** (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 our Trust chair and a non-executive director attends.

### How the committees work

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 A&AC. 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 A&AC 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.

The Trust Board sets up task and finish groups, with pertinent membership, to consider key issues in more depth. 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.
Non-executive director responsibilities during 2018-19 were as follows:

<table>
<thead>
<tr>
<th>Committee</th>
<th>Chair(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remuneration Committee</td>
<td>Ruth Marchington (Chair)</td>
</tr>
<tr>
<td></td>
<td>Claire Gibson – until July 2018</td>
</tr>
<tr>
<td></td>
<td>Faisal Hussain</td>
</tr>
<tr>
<td></td>
<td>Liz Rowbotham</td>
</tr>
<tr>
<td></td>
<td>Geoff Rowbotham</td>
</tr>
<tr>
<td></td>
<td>Kevin Harris – from September 2018</td>
</tr>
<tr>
<td></td>
<td>Cathy Ellis</td>
</tr>
<tr>
<td>Charitable Funds Committee</td>
<td>Cathy Ellis (Chair)</td>
</tr>
<tr>
<td></td>
<td>Geoff Rowbotham</td>
</tr>
<tr>
<td>Quality Assurance Committee</td>
<td>Liz Rowbotham (Chair)</td>
</tr>
<tr>
<td></td>
<td>Claire Gibson – until July 2018</td>
</tr>
<tr>
<td></td>
<td>Kevin Harris – from September 2018</td>
</tr>
<tr>
<td></td>
<td>Geoff Rowbotham – until August 2018</td>
</tr>
<tr>
<td></td>
<td>Ruth Marchington – from September 2018</td>
</tr>
<tr>
<td>Mental Health Act Assurance</td>
<td>Faisal Hussain (Chair)</td>
</tr>
<tr>
<td>Committee</td>
<td></td>
</tr>
<tr>
<td>Finance and Performance Committee</td>
<td>Geoff Rowbotham (Chair)</td>
</tr>
<tr>
<td></td>
<td>Faisal Hussain</td>
</tr>
<tr>
<td>Audit and Assurance Committee</td>
<td>Darren Hickman (Chair)</td>
</tr>
<tr>
<td></td>
<td>Liz Rowbotham</td>
</tr>
<tr>
<td></td>
<td>Ruth Marchington – until July 2018</td>
</tr>
<tr>
<td></td>
<td>Geoff Rowbotham – from October 2018</td>
</tr>
<tr>
<td>Strategic Workforce Group</td>
<td>Geoff Rowbotham – until July 2018</td>
</tr>
<tr>
<td></td>
<td>Ruth Marchington – from September 2018</td>
</tr>
</tbody>
</table>

**Risk management**

Patient and staff safety remains our top priority, and to ensure we manage strategic and operational risks, we maintain a robust system of internal control. We do this proactively by identifying and responding quickly and efficiently to potential risks.

**Identifying and responding to potential risks**

Healthcare is complex and carries inherent clinical risk. Similarly the healthcare system within which the Trust operates is complex and constantly changing. Risk may be associated with many aspects of the healthcare system, for example buildings, equipment, hazardous substances, medicines, medical interventions and therapies, people, systems, processes and management practices.

Our strategy for managing risk is an integral component of our system of governance, which includes quality, risk, performance and guidance for our staff in effectively managing all aspects of healthcare risk.

Our Board Assurance Framework is a system designed to identify and manage the risk to the delivery of our strategic objectives to an acceptable level. We have a clear structure of
accountability and a rigorous process that identifies and prioritises issues. A clear set of roles, responsibilities and reporting arrangements is in place from Board level down.

**Our risk management strategy and supporting processes enable each of our services to operate and maintain risks using a register held within a centralised, electronic database. Services manage their risk registers directly from this system using a web based interface.**

<table>
<thead>
<tr>
<th>Board</th>
<th>Our Board has ultimate responsibility for risk management, and its members agree the annual governance statement (see Appendix B). As part of the Board Assurance Framework, the Board needs to be satisfied that appropriate policies and strategies are in place and that systems to reduce risk are functioning well.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audit and Assurance Committee</td>
<td>The committee reviews our systems and processes and confirms their effectiveness to the Board.</td>
</tr>
<tr>
<td>Quality Assurance Committee</td>
<td>The lead Risk Management Committee scrutinises the quality of our services using a variety of information including that associated with risk management. Where we are not achieving the required level, they need to be assured that appropriate plans are in place to achieve this within agreed timescales.</td>
</tr>
<tr>
<td>Chief Nurse/Deputy Chief Executive</td>
<td>Our Chief Nurse ensures an effective risk management system is in place, statutory requirements are met and Department of Health guidance is followed.</td>
</tr>
<tr>
<td>Executive directors</td>
<td>Our Executive Directors hold corporate responsibility for the day-to-day management of risk against our strategic objectives. They ensure that systems are in place to manage risks and monitor performance against delivery of planned mitigations.</td>
</tr>
</tbody>
</table>
Information management

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

Policies and procedures

We operate rigorous policies and procedures to comply with the legal requirements of the Data Protection Act 1998, the Common Law Duty of Confidence, the Freedom of Information Act 2000 and NHS requirements for safeguarding and sharing information; updating where legislation and national guidance changes. The focus for this year has been around review to ensure that they reflect new data protection legislation (General Data Protection Regulation (GDPR)) coming into force on 25 May 2018.

Improvements in Information Governance during 2018-19

We are always looking to support the clinical services where service redesign and change occurs, developing new guidance and reviewing existing guidance where the Trust is exploring the exploitation of technology to support the clinical care of service users and be more accessible. The governance arrangements for this are constantly reviewed to ensure that they meet our needs and provide assurance to the Board.

We take our legal obligations very seriously and therefore 2018-19 saw a number of key changes and challenges with the implementation of the General Data Protection Regulation (EU) 2016/679 and Data Protection Act 2018. We continue to review the management and handling of information and information requests ensuring that our processes enable us to meet our statutory obligations. In terms of information requests the Trust received 1,100 requests during 2018-19 as subject access and access to health records requests, and 406 as Freedom of Information and Environmental Information Regulations.

The Trust continued its work on information and cyber security including engagement with NHS Digital on the provision of training for the Trust Board and preparations for achieving Cyber Essential Plus accreditation.

This year was the inaugural year for the Data Security and Protection Toolkit (which replaced the information governance toolkit in April 2019) and the Trust reported ‘Standards Unmet with approved Action Plan’ supported and approved by NHS Digital.

Data losses

We take the security and integrity of patient data and confidentiality very seriously. During 2018-19 we had two incidents in relation to the mishandling of personal identifiable data classified as a ‘personal data breach’ under GDPR and the guidance issued by the Information Commissioners Office (ICO) and NHS Digital.
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 October 2018, NHS England reviewed our compliance against the NHS England, EPRR Core Standards. The purpose of the EPRR Annual Assurance Process is to assess the preparedness of the NHS, both commissioners and providers, against common NHS EPRR Core Standards. NHS England were fully assured that LPT are fully compliant against all applicable NHS EPRR core standards, so by definition;

*LPT’s EPRR arrangements are in place, the organisation is fully compliant with all core standards that the organisation is expected to achieve. The Board has agreed with this position statement.*

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 in order 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. The plan sets out a framework for coordinating the Trust's response with healthcare partners and other stakeholders in a multi-agency emergency response.

We continued to deliver internal training and exercises. During 2018/19 we had a strong focus on developing the directorates command groups at strategic and tactical level, this will continue into 2019/20, culminating in a planned trust wide live exercise during Q4 2019/20. The Trust has also taken part in external exercises as part of the Local Resilience Forum (LRF). These are multi-agency exercises that test the whole system response to potential emergencies in Leicester, Leicestershire and Rutland. These exercises focussed on Counter Terrorism and recovery post a major incident, specific work has been focused around psychosocial support and LPT’s role in the wider recovery picture.

Next Steps

The focus for 2019/20 is to build on the strong base that has been created around command and control, and continue to develop our BCMS and incident response plans, with a strong focus on developing the whole Trust response to a major incident.
Modern Slavery Act Statement 2015

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, republished in March 2019, on our website here: http://www.leicspart.nhs.uk/_Aboutus-ModernSlaveryActStatement.aspx

Preparing for EU exit

An internal working group of key managers has been working together to ensure we have a co-ordinated approach in line with NHS England guidelines, in preparation for Britain exiting the EU. This includes having an overview over our procurement relationships with suppliers and contractors, medical equipment and supplies, our workforce, our data, research trials and our business continuity plans. This is in liaison with our local health and social care system and regional EU exit leads. We currently have no concerns and have a plan in place. More details and advice for the public can be found on the NHS England website at https://www.england.nhs.uk/eu-exit/
Directors’ Statements

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;

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

Chief Executive

Danielle Cecchini, Director of Finance
Statement of Accountable Officer’s responsibilities

Statement of the Chief Executive’s responsibilities as the Accountable Officer of the Trust

The Chief Executive of NHS Improvement, in exercise of powers conferred on the NHS Trust Development Authority, 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, recognised gains and losses and cash flows for the year.

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

Dr Peter Miller, Chief Executive, Leicestershire Partnership NHS Trust

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.

Dr Peter Miller, Chief Executive
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 Trust Chair and 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.

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 Improvement appraisal system.

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 serve tenure of three or four years, appointed by NHS Improvement (Appointments Commission up to 30 September 2012). There is no provision for compensation due to early termination of contracts.

Dr Peter Miller, Chief Executive
## Salaries and allowances of senior managers

### TABLE 1: SALARIES AND ALLOWANCES OF SENIOR MANAGERS

<table>
<thead>
<tr>
<th>Name and Title</th>
<th>2018/19</th>
<th>2017/18</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Salary (bands of £5,000)</td>
<td>Expense Payments (taxable) total to nearest £100</td>
</tr>
<tr>
<td>Rachel Bilsborough, Divisional Director CHS</td>
<td>105-110</td>
<td>0</td>
</tr>
<tr>
<td>Manoj Das, Divisional Director of Finance (w.e.f 01/06/18)</td>
<td>100-105</td>
<td>48</td>
</tr>
<tr>
<td>Alan Duffell, Director of HR &amp; Organisational Development (upto 04/04/17)</td>
<td>100-105</td>
<td>0</td>
</tr>
<tr>
<td>Rachel Bilsborough, Divisional Director CHS</td>
<td>105-110</td>
<td>0</td>
</tr>
<tr>
<td>Daniela Cecchini, Director of Finance (wef 01/06/18)</td>
<td>100-105</td>
<td>45</td>
</tr>
<tr>
<td>Adrian Childs, Chief Nurse/Deputy Chief Executive (Upto 31/12/18)</td>
<td>95-100</td>
<td>0</td>
</tr>
<tr>
<td>Peter Cross, Director of Finance, Business &amp; Estates (upto 07/01/2018)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Dr Sue Elcock, Medical Director (wef 01/10/18)</td>
<td>5-10</td>
<td>0</td>
</tr>
<tr>
<td>Cathy Ellis, Chair</td>
<td>25-30</td>
<td>0</td>
</tr>
<tr>
<td>Ilaria Menegazine, Non-Executive Director (w.e.f 17/03/18)</td>
<td>0-5</td>
<td>0</td>
</tr>
<tr>
<td>Darran Hickman, Non-Executive Director</td>
<td>5-10</td>
<td>0</td>
</tr>
<tr>
<td>Faisal Hussain, Non-Executive Director</td>
<td>5-10</td>
<td>0</td>
</tr>
<tr>
<td>Ruth McEwing, Non-Executive Director (w.e.f 01/06/18)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Elizabeth Rowbotham, Non-Executive Director (wef 1/1/19)</td>
<td>25-30</td>
<td>0</td>
</tr>
<tr>
<td>Dr Susan Kishore, Medical Director (w.e.f. 01/10/18)</td>
<td>105-110</td>
<td>0</td>
</tr>
</tbody>
</table>

**Note:**

- There have been no long term performance pay and bonuses.
- Dr Anne Scott was not in a Director role during 2017/18 therefore, the pension benefits has been left as 0
- Dr Saquib Muhammad was not in a Director role during 2017/18 therefore, the pension benefits has been left as 0
<table>
<thead>
<tr>
<th>Name and Title</th>
<th>Real increase in pension at pension age (bands of £2,500)</th>
<th>Real increase in lump sum at pension age (bands of £2500)</th>
<th>Total accrued pension at pension age at 31 March 2019 (bands of £5,000)</th>
<th>Lump sum at pension age related to accrued pension at 31 March 2019 (bands of £5,000)</th>
<th>Cash Equivalent Transfer Value at 1 April 2019</th>
<th>Cash Equivalent Transfer Value at 31 March 2018</th>
<th>Real increase in Cash Equivalent Transfer Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rachel Bilsborough, Divisional Director CHS</td>
<td>0-2.5</td>
<td>0</td>
<td>40-45</td>
<td>115-120</td>
<td>892</td>
<td>793</td>
<td>99</td>
</tr>
<tr>
<td>Daniela Cecchini, Director of Finance</td>
<td>2.5-3</td>
<td>5-7.5</td>
<td>35-40</td>
<td>110-115</td>
<td>857</td>
<td>711</td>
<td>122</td>
</tr>
<tr>
<td>Adrian Childs, Chief Nurse/Deputy Chief Executive</td>
<td>0</td>
<td>0-2.5</td>
<td>50-55</td>
<td>155-160</td>
<td>0</td>
<td>1133</td>
<td>0</td>
</tr>
<tr>
<td>Dr Sue Elcock, Medical Director</td>
<td>5-7.5</td>
<td>2-5-5</td>
<td>35-40</td>
<td>75-80</td>
<td>577</td>
<td>420</td>
<td>65</td>
</tr>
<tr>
<td>Dr Satheesh Kumar Gangadharan, Medical Director</td>
<td>0</td>
<td>0</td>
<td>10-15</td>
<td>5-10</td>
<td>181</td>
<td>772</td>
<td>0</td>
</tr>
<tr>
<td>Dr Peter Miller, Chief Executive</td>
<td>2.5-3</td>
<td>0</td>
<td>70-75</td>
<td>205-210</td>
<td>1568</td>
<td>1385</td>
<td>183</td>
</tr>
<tr>
<td>Dr Saquib Muhammad, Interim Medical Director</td>
<td>17.5-20</td>
<td>47.5-50</td>
<td>45-50</td>
<td>115-120</td>
<td>905</td>
<td>0</td>
<td>379</td>
</tr>
<tr>
<td>Sharon Murphy, Interim Director of Finance</td>
<td>0-2.5</td>
<td>0</td>
<td>5-10</td>
<td>10-15</td>
<td>141</td>
<td>117</td>
<td>4</td>
</tr>
<tr>
<td>Dr Anne Scott, Interim Chief Nurse</td>
<td>2.5-5</td>
<td>10-12.5</td>
<td>15-20</td>
<td>40-45</td>
<td>298</td>
<td>0</td>
<td>74</td>
</tr>
<tr>
<td>Helen Thompson, Divisional Director FYPC &amp; AMHS</td>
<td>0-2.5</td>
<td>0</td>
<td>40-45</td>
<td>115-120</td>
<td>897</td>
<td>784</td>
<td>113</td>
</tr>
<tr>
<td>Sarah Willis, Director of HR &amp; Organisational Development</td>
<td>0-2.5</td>
<td>0-2.5</td>
<td>15-20</td>
<td>25-30</td>
<td>246</td>
<td>190</td>
<td>56</td>
</tr>
</tbody>
</table>

Real increase/decrease in CETV is subject to rounding.

Note:
Dr Saquib Muhammad was not in a Director role during 2017/18 therefore, there isn't a CETV value for 2017/18
Dr Anne Scott was not in a Director role during 2017/18 therefore, there isn't a CETV value for 2017/18
Pay Multiples

Table 3: Pay Multiples

<table>
<thead>
<tr>
<th></th>
<th>2018-19</th>
<th>2017-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mid band of highest paid staff’s total remuneration (£)</td>
<td>172,500</td>
<td>177,500.00</td>
</tr>
<tr>
<td>Median total remuneration (£)</td>
<td>28,800</td>
<td>28,746.00</td>
</tr>
<tr>
<td>Ratio</td>
<td>5.99</td>
<td>6.17</td>
</tr>
</tbody>
</table>

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation’s workforce.

The mid band of the highest paid member of staff in Leicestershire Partnership NHS Trust in the financial year 2018/19 was £172,500 (2017/18: £177,500 at mid band). This was 5.99 times (2017/18: 6.17 times) the median remuneration of the workforce, which was £28,800 (2017/18: £28,746).

In 2018/19 one employee received remuneration in excess of the highest-paid director/member (2017/18: none). Remuneration ranged from £7,300 to £174,000 (2017/18 £6,500-£179,000).

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 agency workers.
Consultancy
There are occasions that the Trust considers expenditure on consultancy to be the most cost appropriate course of action. Over the 2018-19 financial period, the Trust spent £339,000 with various consultancies. The vast majority of this spend relates to general management and IT consultancy services. Such expense enables the Trust to be best placed to deal with future health care needs of the population that it serves.

Exit Packages
Exit packages totalling £98,000 were agreed during 2018-19 for staff leaving the Trust. These related to compulsory redundancies and 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 and that last longer than six months.

Table 1: Off-payroll engagements longer than 6 months
For all off-payroll engagements as of 31 March 2019, for more than £245 per day and that last longer than six months:

<table>
<thead>
<tr>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of existing engagements as of 31 March 2019</td>
</tr>
<tr>
<td>Of which:</td>
</tr>
<tr>
<td>No. that have existed for less than one year at time of reporting</td>
</tr>
<tr>
<td>No. that have existed for between one &amp; two years at time of reporting</td>
</tr>
<tr>
<td>No. that have existed for between two and three years at time of reporting</td>
</tr>
<tr>
<td>No. that have existed for between three and four years at time of reporting</td>
</tr>
<tr>
<td>No. that have existed for four or more years at time of reporting</td>
</tr>
</tbody>
</table>

All off-payroll engagements are requested to confirm that they are paying the correct amount of tax and national insurance contributions. Assurance is sought for all engagements that meet the criteria laid out by the Treasury.

Table 2: New Off-payroll engagements
For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2018 and March 2019, for more than £245 per day and that last for longer than six months
No. of new engagements, or those that reached six months in duration, between 1 April 2018 and 31 March 2019 | 1

**Of which:**

<table>
<thead>
<tr>
<th>Description</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. assessed as caught by IR35</td>
<td>1</td>
</tr>
<tr>
<td>No. assessed as not caught by IR35</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. engaged directly (via PSC contracted to department) and are on the departmental payroll</td>
<td>0</td>
</tr>
<tr>
<td>No. of engagements reassessed for consistency / assurance purposes during the year</td>
<td>0</td>
</tr>
<tr>
<td>No. of engagements that saw a change to IR35 status following the consistency review</td>
<td>0</td>
</tr>
</tbody>
</table>

**Table 3: Off-payroll board member/senior official engagements**

For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2018 and 31 March 2019

<table>
<thead>
<tr>
<th>Description</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.</td>
<td>0</td>
</tr>
<tr>
<td>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</td>
<td>11</td>
</tr>
</tbody>
</table>
**Table 4: Exit Packages**

* Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Pension Agency. Exit costs in this note are accounted for in full in the year of departure. Where the Trust has agreed early retirements, the additional costs are met by the organisation and not by the NHS pensions scheme. Ill-health retirement costs are met by the NHS pensions scheme and are not included in the table.

** All of the other departures agreed outside of compulsory redundancies (11 in total) relate to contractual payments in lieu of notice (£57,000).
### Table 5: Staff costs

<table>
<thead>
<tr>
<th></th>
<th>Permanent</th>
<th>Other</th>
<th>2018/19 Total</th>
<th>2017/18 Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
</tr>
<tr>
<td>Salaries and wages</td>
<td>147,269</td>
<td>15,709</td>
<td>162,978</td>
<td>159,870</td>
</tr>
<tr>
<td>Social security costs</td>
<td>14,618</td>
<td></td>
<td>14,618</td>
<td>14,186</td>
</tr>
<tr>
<td>Apprenticeship levy</td>
<td>785</td>
<td></td>
<td>785</td>
<td>769</td>
</tr>
<tr>
<td>Employer's contributions to NHS pensions</td>
<td>20,326</td>
<td></td>
<td>20,326</td>
<td>20,080</td>
</tr>
<tr>
<td>Pension cost - other</td>
<td>26</td>
<td></td>
<td>26</td>
<td>107</td>
</tr>
<tr>
<td>Termination benefits</td>
<td>603</td>
<td></td>
<td>603</td>
<td>328</td>
</tr>
<tr>
<td>Temporary staff - Agency</td>
<td></td>
<td>8,916</td>
<td></td>
<td>10,310</td>
</tr>
<tr>
<td><strong>Total Gross staff costs</strong></td>
<td><strong>183,627</strong></td>
<td><strong>24,625</strong></td>
<td><strong>208,252</strong></td>
<td><strong>205,650</strong></td>
</tr>
<tr>
<td>Recoveries from other bodies in respect of staff cost netted off expenditure</td>
<td></td>
<td>-250</td>
<td>-250</td>
<td>-250</td>
</tr>
<tr>
<td><strong>Total Staff Costs</strong></td>
<td><strong>183,627</strong></td>
<td><strong>24,375</strong></td>
<td><strong>208,002</strong></td>
<td><strong>205,650</strong></td>
</tr>
<tr>
<td>Of which costs capitalised as part of assets</td>
<td></td>
<td>1,284</td>
<td></td>
<td>981</td>
</tr>
</tbody>
</table>

### Table 6: Average number of employees (WTE basis)

<table>
<thead>
<tr>
<th></th>
<th>Permanent</th>
<th>Other</th>
<th>2018/19 Total</th>
<th>2017/18 Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Number</td>
<td>Number</td>
<td>Number</td>
</tr>
<tr>
<td>Medical and dental</td>
<td>179</td>
<td>6</td>
<td>185</td>
<td>196</td>
</tr>
<tr>
<td>Administration and estates</td>
<td>1,097</td>
<td>118</td>
<td>1,215</td>
<td>1,212</td>
</tr>
<tr>
<td>Healthcare assistants and other support staff</td>
<td>868</td>
<td>341</td>
<td>1,209</td>
<td>1,103</td>
</tr>
<tr>
<td>Nursing, midwifery and health visiting staff</td>
<td>1,542</td>
<td>201</td>
<td>1,743</td>
<td>1,757</td>
</tr>
<tr>
<td>Scientific, therapeutic and technical staff</td>
<td>890</td>
<td>26</td>
<td>916</td>
<td>911</td>
</tr>
<tr>
<td>Social care staff</td>
<td>4</td>
<td>0</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total average numbers</strong></td>
<td><strong>4,580</strong></td>
<td><strong>692</strong></td>
<td><strong>5,272</strong></td>
<td><strong>5,184</strong></td>
</tr>
<tr>
<td>Of which:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of employees (WTE) engaged on capital projects</td>
<td>28</td>
<td></td>
<td>28</td>
<td>23</td>
</tr>
</tbody>
</table>
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 2018 to 31 March 2019 was KPMG. The 2018/19 audit fee of £62k relates to services provided by external audit, including the annual statutory audit of the Trust’s financial accounts (£52k) and the audit of the quality accounts (£10k).
Financial statement and board remuneration

Summary of financial statements

The Summary Financial Accounts for 2018/19 are presented with the Annual Report in Appendix A and I am pleased to confirm that we have achieved all our statutory and planned financial duties. In the current context of NHS finances, this is an excellent achievement and I would like to thank all our teams who have contributed to balancing the financial and clinical demands of providing healthcare to our local population.

With the support of in-year £2.3m provider sustainability funding (PSF) from NHS Improvement, our planned revenue surplus of £3.3m was delivered. As a result of this achievement, the Trust was notified of additional incentive PSF of £2.2m at the end of the financial year. This funding was included in our final out-turn of £5.525m surplus (excluding impairments and other technical adjustments).

In 2019/20 we will be aiming to maintain our financial position by delivering a £2.6m surplus, in line with national expectations. This position mainly requires the Trust to breakeven against its control total, with any surplus being met from in-year NHS Improvement PSF contributions. This will be a major challenge for the Trust with increasing demand for our services, the need to improve flow through our adult mental health services, the required delivery of approximately £7.5m of cost efficiencies as well as maintaining or improving the quality of patient care.

It is clear this will be another demanding financial year but we have a proven track record of delivery and recognise the need to make some difficult decisions that will influence the sustainability of our services. The continued hard work, dedication and commitment of our staff will remain a key asset for the Trust in maintaining our financial performance throughout 2019/20.

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, including the statement of internal control, are available free of charge, from feedback@leicspart.nhs.uk.

Danielle Cecchini, Dr Peter Miller,
Director of Finance, Business and Estates Chief Executive
How to 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
Riverside House
Bridge Park Plaza
Bridge Park Road
Thurmaston
Leicester LE4 8BL

Telephone: 0116 295 0030
Fax: 0116 225 3684
Email: feedback@leicspart.nhs.uk

You can also follow the Trust on social media
Twitter @LPTnhs
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Website www.leicspart.nhs.uk

Quality Account

You may also be interested to read our Quality Account for 2018-19, 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
Do you need this report in a different format?

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

Arabic
إذا كنت في حاجة إلى قراءة هذه المعلومات بلغة أخرى أو بتنسيق مختلف، يرجى الاتصال بنا عبر البريد الإلكتروني: Patient.Information@leicspart.nhs.uk

Bengali
যদি এই বিষয়ের জন্য আপনার ভাষা বা ফর্ম্যাটের দরকার হয়, তাহলে আমরা আপনার সাথে যোগাযোগ করতে 0116 295 0903 নাম্বার দেশ করবেন বা লিখনী ইয়াইকে করতে।

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
ભે તમારે આ મહત્ત્વનો અનુભવ અધયાય મેન્યુમાં ક્લિક કરો તો 0116 295 0903 પર ટ૆લિફાન્સ કરો અથવા Patient.Information@leicspart.nhs.uk પર ઈ-મેઇલ કરો.

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

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

Punjabi
ਨੇ ਇਕ ਮੰਥੂ ਦੀ ਰੱਖ ਕਰਨੀ ਚਿਸੀ ਵੇਦ ਕਾਰਫ਼ ਤੋਂ ਕਾਸਟ ਦੀਸ਼ ਚਿਸੀ ਤੇ ਉਂਤ ਵਿਕਾਸ ਵਧਾਏ।
0116 295 0903 ਤੋਂ ਟੇਲੀਫ਼ਨ ਕਰੋ ਅਤੇ ਹਿੰਦੀ ਦੀ ਮੈਲ 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
اکرم تے معلومات کسی اورزیان پر صورت میں درکار ہو تو پہلا کر کم اس تیلی فون نمبر 0116 295 0903 پر یا ایم پیلر رابطہ کریں.