NHS
Leicestershire Partnership
NHS Trust

Annual Report 2019/20

Creating high quality, compassionate care and wellbeing for all.

www.leicspart.nhs.uk

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The 2019/20 audited annual accounts and annual governance statement are presented in a separate supporting document to this annual report as Appendix A and B.

Our performance report

Welcome from our chief executive and chair

We are very pleased to share that we have created a new vision with our staff and refocused our strategy, **Step up to Great,** enabling us to strengthen and clarify our key areas of focus. Our staff have worked very hard to make significant positive progress in these areas, with some really outstanding practice. We know we have more to do, but we are pleased to have achieved 100% of our CQC action plan, and plans are now in place to address the longer term solutions we would like to carry out. This includes an outline business case for a purpose-built mental health unit for adults and older people.

Our new vision, co-designed by our staff, patients and volunteers, is keeping us on track: ***creating high quality, compassionate care and wellbeing for all.*** Our values of Compassion, Respect, Integrity and Trust remain at the centre of everything we do. Building on this, we have co-produced a leadership behaviours framework to empower staff as leaders in achieving our vision – because everyone is a leader within LPT and has the power to make a difference and take care of each other along the way:

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

We are delighted to have also launched our trust-wide quality improvement framework - WeImproveQ - in November last year, which has been co-designed following staff feedback. It reflects our collective ambition to embed learning within and across the organisation, where we are all empowered to make improvements. I am proud of all of our staff undertaking quality improvements within their teams and services.

Our Step up to Great strategy has brought together feedback from staff, service users and stakeholders to focus our key priorities of quality and safety. It is about making a real and sustainable difference for our patients and supporting our staff to deliver high standards of care every day. We have introduced a robust governance framework to support this, and a sustained focus on quality improvement and culture.

Some of the key highlights include:

Objective	Mission	Highlights
	Improve standards of safety and quality.	• Completed all of our CQC actions • Accreditation developments
	Transform our mental health and community services	• Integrated Home First community nursing teams launched • Selected as Ageing Well accelerator Trust • Step up to Great Mental Health business plan launched in mental health services • Supporting the local Transforming Care Partnership to reduce hospital beds for LD

	Environments will be welcoming, clean and safe	• New build CAMHS unit by summer 2020 • Improving facilities management oversight and response times • Strategic outline business case for purpose-build acute mental health inpatient unit for adults and older people
	Involve our patients, carers and families	• New co-produced patient involvement strategy, using volunteers to gather feedback, a collaborative care planning offer, and a quality improvement framework for patient involvement.
	Be well-governed and sustainable	• Revised and strengthened corporate governance arrangements and structures • Delivery of a financial turnaround plan • Active system partner to deliver the NHS long term plan
	Implement single electronic patient record	• A robust project plan to implement SystmOne as a replacement for the current RiO Electronic Patient Record by June 2020
	Improve culture, equality and inclusion	• Implementation of WRES improvement programme co-designed by BAME staff • Creating a culture of collective leadership through Our Future Our Way culture change programme with over 80 change champions
	Make it easy for people to access our services	• Significant reductions in our CAMHS waiting lists, • Our demand and capacity management model was cited as an example of national good practice.
	Implement a trust wide approach to quality improvement	• WeImproveQ co-designed and launched to support local improvements, including tools, training and a hub of advisors.

We are pleased to have won numerous awards this year, which are highlighted in the Year in Review section. Notably, our partnership work with LHIS and SystmOne providers TPP to introduce Autoplanner in our community nursing teams was awarded the National HSJ Partnerships Award for Workforce Innovation, as well as being a finalist in the Nursing Times Awards and the HTN (High Tech Newspaper) awards for work undertaken on Autoplanner in the adult continence service. We were also awarded Gold status for our work with Veterans – being one of the only a few mental health Trusts in the country. You will read about many of our other highlights in the Year in Review section.

We know we have much to do. We are focused on the safety and quality of our services, and continue to work on improving our waiting times in our mental health services and sustaining improvements we've made in decreasing out of area placements for our acutely unwell mental health patients so that they can be treated closer to home. We are also committed to creating a learning organisation, supporting our staff to learn and share from incidents and lessons across the Trust, to enable us to continuously improve. The priority for safe, clean environments is also a top one – and we have begun to review the management of hard and soft facilities management within our estate.

We continue to be a proactive partner in the local health and social care system, developing a local plan that responds to the NHS Long Term Plan. We are operating a number of system roles to support the long term plan. Health leaders from UHL, LPT and CCGs have agreed to a system approach to contracting, through an aligned incentive contract.

Finally, the Summary Financial Accounts for 2019/20 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 in-year £2.15m provider sustainability funding (PSF) from NHS Improvement and other non-recurrent support, our revenue surplus of £2.8m was delivered. This surplus helped boost our cash reserves and resulted in a closing cash balance of £15.4m at the end of the financial year.

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. We are firmly committed to listening to each other and working together to ensure our NHS continues to thrive as it – "touches our lives at times of basic human need, when care and compassion are what matter most" (NHS constitution, 2015).

Cathy Ellis, Chair of LPT

Angela Hillery, CEO of LPT

About us

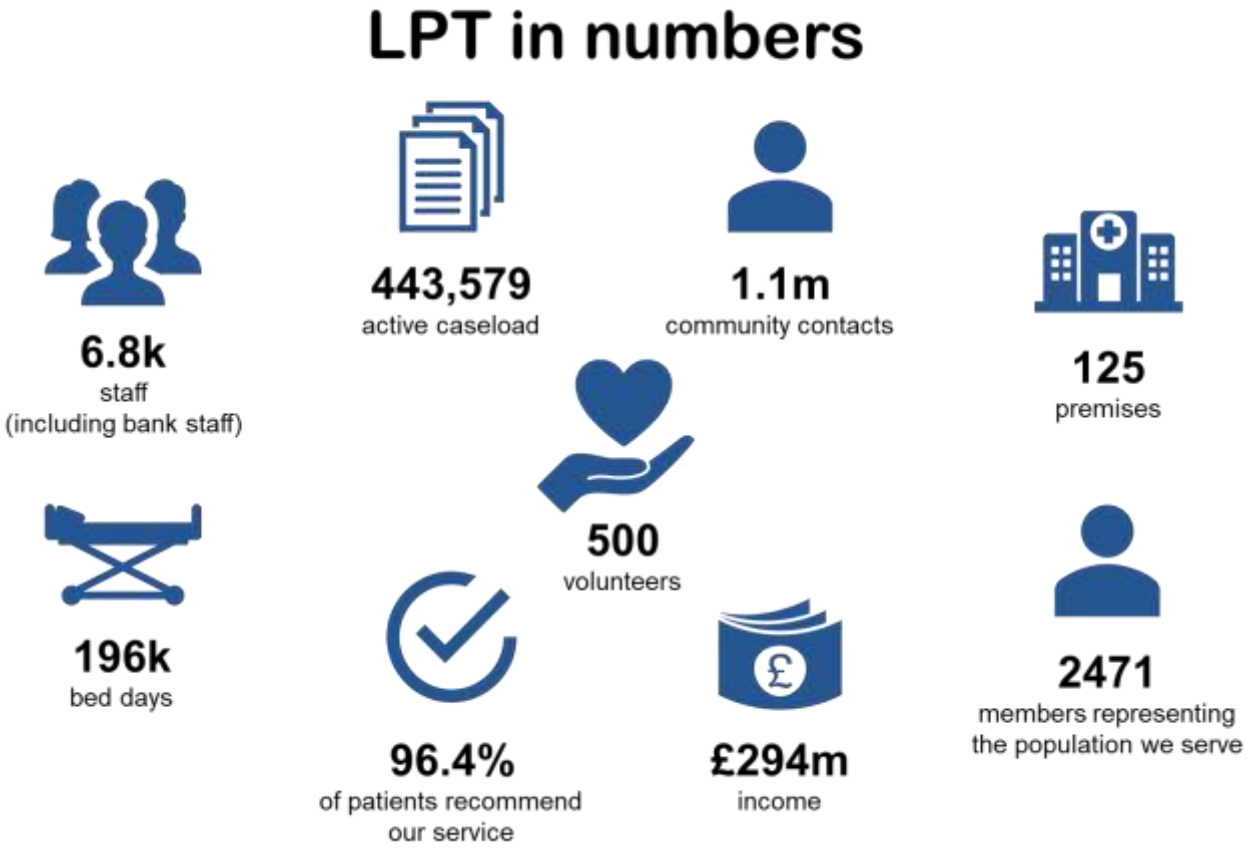
In April 2011, mental health and learning disability services in Leicester, Leicestershire and Rutland were brought together with local community services and families, children and young people's services to create Leicestershire Partnership NHS Trust as we know it today.

We provide community health and mental health support to over 1 million people living in Leicester, Leicestershire and Rutland. Our services touch the lives of all ages (from health visiting to end of life care), from head to foot (from mental health to podiatry) and everything in between. We have 6,800 staff (including bank staff) who provide this care through three clinical directorates:

- Adult mental health services
- Families, young people and children's services and adult learning disabilities services
- Community health services

Their work would not be possible without our enabling and corporate services staff, alongside our hosted service providers and around 500 volunteers. During 2019-20 LPT provided and/or subcontracted 98 relevant health services. Mental Health and Learning Disabilities account for 57 services and Community Health Services make up the remaining 41.

LPT in numbers



Our population and the community we serve

Our Trust provides a range of community and mental health services from many different locations across the Leicester, Leicestershire and Rutland (LLR) region, including hospitals, longer term recovery units, community and outpatient clinics, day services, GP surgeries, children's centres, schools, health centres, people's own homes, and care homes.

The population of LLR is currently estimated at 1m according to 2018 ONS Mid-Year Estimates. This means 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 with the balancing four per cent of the population living in Rutland. A small number of specialist services are also provided to service users from wider geographical areas, primarily areas of the East Midlands adjacent to Leicestershire, for example our Adult Eating Disorders, Low Secure and Huntington's Disease Services.

Our local health economy

The Trust operates in a mixed health economy with NHS acute and community trusts, local authorities, independent and third sector providers all delivering services. This requires a considered, proactive engagement model providing a strong foundation for the development of a Leicester, Leicestershire and Rutland Integrated Care System; this will enable all partners to work collaboratively to meet the stated priorities for our communities delivering to a common agenda.

Key collaborators include:

- University Hospitals of Leicester (UHL)
- Neighbouring acute, community and mental health trusts
- National NHS providers
- Private sector providers
- Third sector organisations

Our commissioners:

- Leicester City CCG
- West Leicestershire CCG
- East Leicestershire & Rutland CCG.
- Leicester, Leicestershire and Rutland councils
- NHS England

The three CCGs accounted for the majority of our health care revenues in 2019/20, with the balance from NHS England, local authorities, out-of-area commissioners and University Hospitals of Leicester.

Sustainability and Transformation Partnership: Better Care Together

Better care together
Leicester, Leicestershire & Rutland health and social care

We are a partner of Better Care Together (BCT), our local NHS sustainability and transformation partnership (STP).

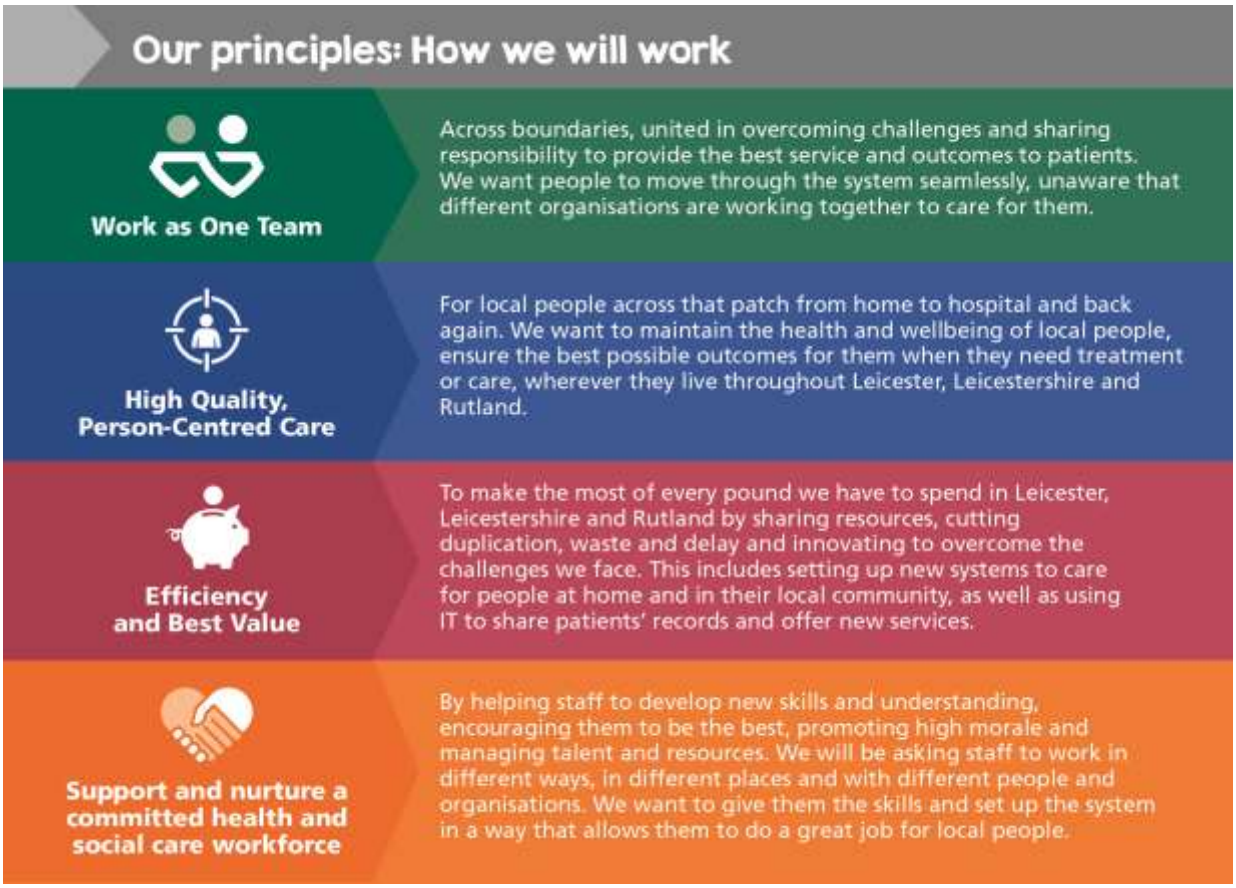
Better Care Together partners are improving the way in which health and care in Leicester, Leicestershire and Rutland are delivered in response to increasing demand for services created by a growing and ageing population with more long-term and complex conditions.

By working together in partnership with other local NHS organisations and social care we are ensuring we deliver the best care for local people, whilst remaining clinically and financial sustainable.

The key priorities for our local STP partners 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)

How we work together:



Our 2019/20 Highlights

Here's our journey so far to Step up to Great. How have you contributed?

NHS
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Our Future Our Way

WeImproveQ
Trustwide Quality Improvement

1. A new strategy and vision

We have a strengthened strategy – 'Step up to Great' and a new co-produced vision:

"Creating high quality, compassionate care and wellbeing for all."

2. Good governance

Strengthened governance frameworks to support delivery of our strategy.

3. Our Future Our Way

Recruited 'Change Champions' who helped identify nine priorities to improve culture, leadership and inclusion.

4. Single EPR

We are moving to a single electronic patient record, SystmOne, for mental health and physical needs.

5. Quality Accreditations

All wards have moved from self-regulation to quality accreditations.

6. Environments

Reviewed facilities management and escalation. Agreed a business case to eliminate dormitory accommodation.

7. Involving You

New co-produced patient involvement strategy includes staff champions and involving those with lived experience.

8. Transformation

We've progressed transformation in community and mental health services through for example 'Home First' and 'Step up to Great Mental Health'.

9. WeImproveQ

A new 'WeImproveQ' quality improvement approach, supporting staff with an improvement knowledge hub of advisors.

Our year in review – adult mental health

ECT cafés at the Bradgate mental health unit

Our Acute Recovery Team (ART) has developed ECT (electro-convulsive therapy) 'cafés' with patients, carers, medics, nursing and therapy staff to demystify the therapy for patients whose severe mental illness proves 'resistant' to other forms of treatment. The ECT service treats between 60 and 70 people each year and the treatment has been shown to be a highly effective way of treating people with debilitating and resistant illness such as severe depression, mania and catatonia, producing improvement in more than seven out of 10 people who undergo the treatment.

ART team lead Andy Thompson explains: "Our new ECT cafes are for new and existing patients who can have a look around the ECT suite before starting treatment or for people who want information or reassurance on ECT for themselves or members of their family. "We're also offering open invitations to colleagues in mental health services who are looking to refer people to the service, so they can talk to the team and we can signpost people to the ECT app developed by our service in 2016, which provides information for patients and referrers."

Launched in June and held fortnightly, the drop-in sessions are a place where people can eat, drink, relax and learn about ECT at first-hand from people like former patient Karen Peckover, who now volunteers with the ECT service and has addressed the Royal College of Psychiatrists' ECT Accreditation Service about her experiences.

Mum of three Karen says: "ECT was life-saving for me. Since becoming ill in 2010 I've undergone two courses of ECT for severe depression, PTSD and anxiety. The first course followed many courses of medication for an underlying problem of trauma which hadn't been successful. By the time I was offered ECT I had stopped eating and drinking or engaging in therapy. I was discharged about six months later but I became very ill again in 2014 and was sectioned for a year. I started self-harming for the first time and became psychotic but was too ill to continue with the eye movement desensitisation and reprocessing (EMDR) treatment I was receiving and my family asked that I receive ECT again. It helped me to become well enough to access the therapies I needed and I believe it saved my life."

Tim's arts paper is a 2019 Emerald Literati Awards winner

Congratulations go to LPT arts in mental health co-ordinator Tim Sayers who has earned accolades for a joint paper on arts and mental health. Tim co-published the article 'Participatory arts, recovery and social inclusion' with Dr Theo Stickley from the University of Nottingham. Based on an edited version from an MSc dissertation by Tim, the article is a review of evidence around the part played by participatory arts in mental health recovery. It has now been published in Mental Health and Social Inclusion after being highly commended in the 2019 Emerald Literati Awards. The article is freely available to read for the next six months.

New physical health nursing team enhancing care on Bradgate wards

A new dedicated team of physical healthcare specialists have been brought together to improve the physical health outcomes of patients on our adult acute mental health wards. Jackie Moore, senior physical health nurse for the Bradgate Unit wards, will introduce her new physical healthcare line-up to colleagues at an introductory event on 28 October 2019.

The team, some of whom are pictured here, will provide seven-day cover, working across the wards to identify patients' physical health needs at an early stage and work proactively to reduce the risk.

The team also includes a GP, working on site for the first time for two days a week. Dr Rebecca Hall, a HEEM clinical fellow with our trust, will be supporting the new physical health care approach at the Bradgate. She will provide formal, structured medical support, deliver a weekly physical health clinic for Bradgate patients and continuously evaluate the impact on the wards.

Jackie explained: "Each of the Band 6 nurses will work on three allocated wards each, working on a rota. We'll be providing a stepped approach to care, with training and advice for ward staff to increase their knowledge and confidence around physical health needs and the Band 6 nurses triaging and dealing with patients whose physical health needs are more complex. We are hoping to introduce a programme of ward-based education sessions to support this.

"By working as a team with dedicated staff we can provide early interventions and reduce the risk of patients' physical health deteriorating and potentially preventing early deaths as unmet physical health needs is one of the leading causes of death in detained patients."

LPT launches first perinatal mental health text message support service

The dedicated perinatal mental health ChatHealth text messaging service – called Mum's Mind - offers expert advice and information to support mothers across Leicester, Leicestershire and Rutland who struggle with mental health issues during pregnancy and baby's first year. It is provided via a dedicated text line – 07507 330 026. The new service, believed to be the UK's first NHS perinatal mental health text messaging support, was developed with service users by the Trust's specialist perinatal mental health team.

Operating from 9am to 4pm on weekdays, the Mum's Mind line can provide advice on a range of issues ranging from sleep problems, anxiety management and panic attacks to depression, psychosis, OCD and medication concerns. The service can signpost service users to other support from GPs, midwives and health visitors, psychological therapies, benefits advisers, social care providers and birth reflections. It can also help with practical advice on issues such as mums who might be experiencing bonding and attachment issues in pregnancy and after the birth of their baby.

Donna Stafford, the perinatal team manager, explains: “Every year our team provides support in the community for more than 400 women who experience mental illness during pregnancy and in the months following birth. “Our ambition has always been to ensure that women who need access to perinatal mental health support or expertise can access it. And with technology such an integral part of day to day life for so many families today, we hope that the launch of the Mum’s Mind ChatHealth text messaging service will be a step change in expanding that access.”

The new service was made possible after LPT secured £460,000 from NHS England last year to double the size of the perinatal mental health team.

Trust’s national accolade for ‘gold standard’ Armed Forces support

We are pleased to have been awarded ‘gold standard’ status by the Ministry of Defence’s Employer Recognition Scheme (ERS) in recognition of their support for the Armed Forces community.

LPT has worked closely with the Armed Forces community to improve the understanding of the needs and priorities of Forces families and service leavers across the region and is one of just two gold ERS award winners from Leicestershire this year. LPT chair Cathy Ellis commented: “It was a great moment to see Brendan pick up the award and recognise the hard work that has gone into the last two and half years both within LPT and externally with local partners.”

The gold standard award comes two years after LPT signed up to the Armed Forces Covenant – pledging to support military personnel past and present. LPT was awarded the ERS silver award in 2018. For further information about the Armed Forces Covenant or the support available please contact Brendan.Daly@leicspart.nhs.uk

£900,000-plus boost for mental health crisis care

Mental health crisis care for adults is to benefit from an annual boost of more than £900,000, thanks to a successful funding bid by the local clinical commissioning groups and LPT. The money, from NHS England’s community crisis care transformation fund, will be used to expand the size and scope of LPT’s crisis and home treatment support for adults.

Better care together
Leicester, Leicestershire & Rutland health and social care

The aim is to provide better access to urgent and emergency mental health assessments and intensive home treatment. This will help more people to have the support they need in their own home, helping to avoid the need for hospital stays and reducing pressures on emergency departments.

The service enhancements that LPT aims to achieve over the coming months include:

- An increase in the number of registered mental health practitioners (including mental health nurses and social workers) and support workers in the crisis service. A recruitment drive* is underway with vacancies detailed on NHS Jobs and through LPT’s social media channels.

- Increasing the availability of dedicated medical support for the crisis team
- The introduction of a psychologist in the team, providing additional expertise to the service.
- Daily reviews of patients' care by a multi-disciplinary team.
- Helping carers and signposting them to sources of support
- Providing intensive mental health care at home to allow people to safely leave hospital earlier than might otherwise be possible
- Working towards a system of self-referral over the next 12 – 18 months, providing people with direct access to assessment and signposting individuals to support.
- Provision, through LPT's partners at Turning Point, of a city-based drop-in 'crisis café' services, expected to be operating over three nights a week by 2020

LPT service manager for adult mental health inpatient, crisis and liaison services, Chris Crane commented: "We are delighted to have successfully obtained extra funding for the crisis team. We are expanding the team significantly, with more registered mental health professionals, additional support workers, increased medical staffing and, for the first time, introducing a psychologist in the team. It means we will be able to increase the support we can offer people in Leicester, Leicestershire and Rutland who experience mental health crisis. This will enable the team to offer an enhanced home treatment package for people needing extra support whilst in the community and for people who are leaving hospital after an acute mental health admission, This much-needed boost will benefit adults suffering from mental health issues by improving access and care across Leicester, Leicestershire and Rutland."

Soccer teams' NHS donation a winner for mental wellbeing

'Rival' cricket and football players from Coalville have united in a charity soccer match to raise £600 for a local NHS mental health team. The players from Broomleys FC and Broomleys Cricket Club donated half the proceeds from a festive friendly to LPT's North West County Adult Community Mental Health Team.

The team, based at The Hawthorn Centre on the site of Coalville Community Hospital, provides treatment and support for adults with a range of mental health needs, ranging from anxiety and depression to bipolar disorder and schizophrenia.

The fund-raising match was the idea of Broomleys FC founder Matthew Clarke, who is also a long-time member of the cricket club. He said: "The club is only a year old and a charity match was the perfect way to end our first season. We all agreed it was important to give back to a local service and mental health is close to my heart and to others in the football team, who include a number of my fellow cricketers from Broomleys CC."

Club members talk openly on their Facebook page about mental health issues and Matthew added: "Mental health has been in the spotlight more and more in recent times, and for good reason".

"The players and their friends and families really rose to the challenge to support our first charity event and we raised a total of £1,203, half of which will be used for the club, including new kit. We now will endeavour to make this an annual event and continue to support the service."

The money will be used by the team of specialist nurses, psychiatrists, occupational therapists, social workers and psychologists to enhance patient care beyond the service they are commissioned to provide.

Team manager Janine Hammersley said “It was a lovely surprise to be included as beneficiaries in this fundraising event. The amount raised by the teams and the generosity of people has been fantastic and we are grateful and humbled by this thoughtful gesture. The staff at the Hawthorn Centre are dedicated to providing care for 900 people across North West Leicestershire. This includes assessments and treatment plans which are focused on recovery, enhancing wellbeing and people’s potential. Activities such as sports and involvement in community pursuits which this club represents are a fantastic way to enhance health and wellbeing.”

Mental wellbeing courses open to more people than ever

Leicestershire Recovery College, providing free recovery-focused educational and wellbeing courses, is offering them at more sites than ever across Leicester, Leicestershire and Rutland.

This year, for the first time, the college is offering at least one recovery-focused course in every district. With its main base on the Glenfield Hospital site in Leicester, the college now delivers in 12 ‘satellite’ venues. The newest is at Phoenix House in Melton Mowbray which launches with a two-part mindfulness course on Friday 29 March and 5 April. Courses are open to people with lived experience of mental illness who access LPT mental health services, their friends and family and Trust staff. The college launched in May 2013 to give people the opportunity to gain new insights into their mental wellbeing, develop their knowledge and skills around mental and physical wellbeing and boost their recovery and resilience.

Step up to Great mental health

We recognise that mental health services need significant improvements within Leicester, Leicestershire and Rutland. In 2017 we started the All Age Transformation programme to bring together evidence, data and the views of staff, service users, carers and stakeholders to rethink our services. The programme looked to build on the things we are doing well and redesigning the things that need improvement. We focused on what would add value to service users, remove the things that get in the way of care and make the processes and systems work well.

Over the last two years around thousand people have contributed to surveys, workshops and other design work. In the summer of 2019, the designs that they helped create were tested against best practice across the country and specific evidence base. This helped refine aspects of the design which were then combined with other national initiatives that had been concurrently started in LPT.

These have all now been brought together into one complete business plan at the end of 2019 that sets out the future of adult and older people’s mental health services; our plan to Step up to Great Mental Health.

Step up to Great Mental Health

This next chapter of transformation will see us

The following have already been put in place:

- First cohort of peer support workers trained and started in January 2020
- Community Knowledge Service (helping services to connect service users to community groups , voluntary sector support and charities) better supporting service users’ recovery and saving hundreds of staff hours that can then be spent supporting service users
- First four teams using BigHand digital dictation (instead of typing notes) saving hundreds of hours that can instead be spent supporting service users

putting the great design into practice and start to make adult and older people MH services great for the people who need them and work within them. Step up to Great Mental Health was launched in February 2020 with the commencement of 8 work-streams:
These are focused on making many different changes across the next few years.

In some of the changes that you can expect in 2020 include:

- Creating self-referrals for urgent support
- Much quicker response for crisis assessment and more intensive treatment
- 24/7 mental health support for people who attend the emergency department or the UHL wards
- Changing community services into Planned Treatment and Recovery Teams that will be stronger and able to see people quicker
- Stronger mental health services that work directly with GPs in primary care networks

Our year in review – community health services

Community Services Redesign

In December there was a major transformation in the way adult nursing and therapy services were delivered by LPT.

Different teams delivering planned nursing, therapy, and Intensive Community Support (which combined nursing and therapy) were brought together into Integrated Neighbourhood Teams, based in eight geographical areas across Leicester, Leicestershire and Rutland. This meant a change of job description, base, or team for around 600 of our staff.

The new service has facilitated better internal communication, and closer working with our social care and primary care colleagues. This has included joint triaging of urgent referrals.

Ageing Well accelerator

Building upon the Community Services Redesign, the Leicester, Leicestershire and Rutland health and social care system was named as the Midlands regional accelerator site for the Ageing Well programme in January.

This means we will be developing integrated care pathways to ensure the whole of the NHS can deliver urgent care to adults at home within two hours, and rehabilitation therapy within two days. The aim is to ensure more older people can remain safely at home instead of being admitted to hospital.

Nationally, accelerator sites will receive additional funding which is being used to recruit more community staff and improve reporting systems.

Studies show reablement services – provided by teams made up of a range of professionals such as physiotherapists, occupational therapists and nurses – are highly effective in helping people regain or maintain their independence.

As well as being better for the individuals involved, it's more cost-effective for the NHS than providing care in hospital, and also means beds can be made available more quickly for patients who need them.

Award for innovation in community nursing project

During the year we won accolades for a previous transformation involving what was then the planned community nursing service. Working with a range of partners enabled the Trust to pioneer the use of Autoplanner, a new module of a widely used electronic patient record system, to create efficient visit lists for our registered nurses and healthcare assistants. Autoplanner balances a range of factors including geography, patient need and staff skills.

In February we were named winner of the Workforce Innovation category in the Health Service Journal's Partnership awards for this work, along with our partners: software developer TPP, consultants Newton Europe, and NHS Leicestershire Health Informatics Service (LHIS).

The same project was shortlisted in the "Technology and Data in Nursing" category of the Nursing Times Awards, held in November.

Following the community nursing transformation, Autoplanner has been extended to several of our other community services. Its application to our adult continence service led to us being highly commended (runner up) in the HTN (The Health Tech Newspaper)'s "Excellence in Implementation" category.

Melton ward refurbishment

The inpatient ward at Melton Mowbray Hospital reopened in October after an extensive refurbishment.

The flooring was replaced, walls painted, light bulbs replaced, new patient and staff information boards installed, and heating and plumbing systems improved.

Jane Howden, matron for the 17-bed ward, said: "It is absolutely superb. It is going to make a really fresh, wonderful environment for patients.

"It is very calming, it is light. I am hoping patients appreciate the work that has gone in to making their stay with us as comfortable as possible.

"The flooring is absolutely beautiful – it is amazing how much difference it has made to the whole atmosphere of the ward, as well as making it safer for patients, visitors and staff."

A decision was taken to close the ward while the work was done, because of the noise and dust it would generate. Extra beds were opened at Leicestershire Partnership NHS Trust's other community hospitals in the meantime.

Sue joins nursing elite

Sue Swanson was elevated to nursing royalty in July, when she was made a Queen's Nurse.

There are just over 1,000 Queen's Nurses in England, recognised for their commitment to high standards of community nursing by the Queen's Nursing Institute.

Sue has worked for Leicestershire Partnership NHS Trust for the past 13 of her 35-year health career.

She said: "It is a fantastic career.

"If you are a people person and have a caring persona, there is no better place to be than nursing in the community. You are making a difference in people's lives."

For the past four years Sue has worked as a clinical education lead based at LPT's offices in Barrow-upon-Soar, training the next generation of community nurses and nurse leaders. Before that she worked as a community nurse and sister in various locations including Market Harborough, Wigston and Blaby.

Making Christmas special

In December we again teamed up with Age UK Leicester Shire and Rutland and University Hospitals of Leicester for the Making Christmas Special campaign.

In recent years the charity has helped its supporters ensure that every patient in a hospital bed on Christmas Day has a gift to open.

More than 300 LPT patients and another 1,500 UHL patients received these gifts.

Nikki Beacher, LPT's head of service for community hospitals, said: "It made a big difference to their experience of being in hospital at this time of year. We would like to thank all those who made donations. It really is appreciated by our patients."

Tony Donovan, executive director at Age UK Leicester Shire and Rutland said: "This campaign makes an enormous difference to older patients who have to spend Christmas in hospital and the generosity of the community always brings a smile to their face."

Mental Health Services for Older People (MHSOP) care planning with patients and carers

Progress is being made in improving the experience of patients and carers in collaborating with their care plans. This is being led through an established action learning set within inpatient services, and through the senior (Band 7) community mental health leads.

Five key practice changes are being embedded:

1) Having collaborative conversations about care planning with each service user;
2) Developing a collaborative care plan with the service user's voice clearly demonstrated within it;
3) Ensuring the patient/carer has a copy of the plan;
4) Undertaking peer review to improve the quality of the plans; and
5) Piloting a patient-rated outcome score to get an understanding of the experience of the service user.

Improving specialist end of life care

Work to improve the service provided to complex palliative and end of life patients in LLR took a significant step forward in February.

Staff from LPT and the hospice charity LOROS began working side-by-side from a coordination centre at New Parks Health Centre.

They assess and triage referrals, and then decide who is best placed to provide that care.

At some point in the future both LOROS and LPT palliative care staff will be based at LPT's eight community nursing and therapy hubs to deliver care in the new Integrated Community Specialist Palliative Care Service.

Staff employed by the charity Marie Curie have already been helping to deliver end of life care as part of LPT teams for the past two years.

The moves towards integrated teams is part of work to deliver better, more timely and more consistent services for complex palliative and end of life patients.

LPT's community nurses will continue to provide most non-specialist palliative end of life care – to those patients whose pain can be managed easily, and who do not have complex medical conditions.

Redundant equipment and supplies given new life overseas

LPT continued working with charities to ensure items we can no longer use are given a fresh lease of life abroad.

In July we donated a lorry-load of beds to International Medical Education Trust (2000), and in March we sent supplies including walking sticks and crutches to National Police Aid Convoys.

The items went to a variety of health projects in Africa.

Kerry Palmer, LPT's medical devices asset manager, said: "The beds were at the end of their life, and no longer supported by the manufacturer so we needed to replace them.

"We try to make donations two or three times a year, depending on when we are replacing older stock with new.

"All the equipment has been serviced free of charge by our commercial partners, Avensys and Medstrom.

"We try wherever we can to donate to a good cause. Otherwise, we would have had to have paid a disposal fee under electrical waste regulations, and the equipment could have ended up in landfill."

LPT hosts part of a cutting-edge arts festival

One installation from the Art AI (Artificial Intelligence) Festival was placed in the reception area of the Neville Centre for a month.

The exhibit by artist Gene Kogan was called "Neural Synthesis". It featured constantly changing psychedelic images shown on a 55-inch plasma screen. One aim was to see whether people

with memory problems have a different reaction to those without.

It was commissioned specially for the Art AI Festival to consider the effects on older people including those with dementia.

The Neville Centre, on the Leicester General Hospital site, is home for many of LPT's memory clinics.

Elizabeta Mukaetova-Ladinska (on the left), professor in old age psychiatry (University of Leicester) and LPT consultant, worked in collaboration with Tracy Harwood (on the right of the photo), professor of digital culture at the Institute of Creative Technologies (De Montfort University), on the installation at LPT. Prof Mukaetova-Ladinska said: "We know conventional art can improve the mood and anxiety levels of people with dementia, we don't know if art produced through Artificial Intelligence can do the same."

Prof Harwood said they planned to return to the Neville Centre with another installation later in 2020. She added: "Overall, we felt patients, carers and staff really enjoyed having the opportunity to see the work."

Putting their best leg forward

LPT's tissue viability nurses took part in the first ever Legs Matter Week in June.

The week was designated by eight healthcare charities, including the Tissue Viability Society, to promote healthy legs and feet.

Staff posed in compression bandages, and used the week to launch a new wound care and compression formulary – a document containing all the dressings and bandaging for legs that are available to LPT staff.

Over the past year, new dressing/therapies have been made available to our patients with a variety of conditions, including leg ulcers. These new dressings/therapies are more comfortable, have less waste, and make it easier for patients to care for themselves.

Excelling in external accreditation…

After two years of hard work, in December 2018 Kirby and Welford Ward at the Bennion Centre achieved accreditation from the Royal College of Psychiatrists to the 'Quality Network for Older Adults Mental Health Services'.

This achievement is continually reviewed in line with standards with interim questionnaires and periodic peer review visits.

We are pleased to say that we have maintained the accreditation following the first annual re-evaluation, towards the end of 2019.

The team shared the importance of having all staff on board in changing practice and remaining focused and always ensuring that patient care and carers are at the centre of clinical improvements and changes to practice.

…And creating our own

We have found that nationally recognised external accreditation schemes have been valuable in helping our mental health wards improve and sustain excellence.

We wanted to apply this approach to our community hospitals, but found there was no suitable national accreditation scheme. So we devised our own, building on Salford Royal Hospital's Patient First project and others.

We also wanted to ensure the process looked at all aspects of care, not just nursing.

This has been implemented initially in 12 community hospital wards, but will soon be extended across all our services. The project has helped usher in a culture of quality continuous improvement, giving staff a framework to analyse what they do and what impact it has.

Moving Inwards

We have continued the programme of live music for patients on our four MHSOP (Mental Health for Older People) wards. The band Refuge have entertained patients, staff and visitors on regular occasions throughout the year.

Our year in review – families, young people's and children's services

LPT proudly co-hosts the #ItsNormal infant feeding conference

In partnership with the University of Leicester, our infant feeding team hosted the #ItsNormal conference in April 2019, bringing together local volunteer breastfeeding peer supporters, student midwives, researchers in the field of infant feeding and health professionals, to explore how families can be better supported with their infant feeding choices.

The one day conference, attended by some 200 delegates, was officially opened by our chair, Cathy Ellis, who is also the Unicef Baby Friendly Guardian for the Trust. Keynote speakers included Dr Amy Brown, Associate Professor in Child Public Health at Swansea University, whose presentation covered the complex psychological, social and cultural factors that negatively impact women's ability to breastfeed in the UK, and Lactation Consultant Emma Pickett IBCLC, who chairs the Association of Breastfeeding Mothers, and spoke about responsive feeding.

The conference was an opportunity to recognise and celebrate the contribution of the growing network of local volunteer breastfeeding peer supporters. The peer supporter training that our infant feeding team provides, is one of the reasons we have held the prestigious Unicef UK Baby Friendly Award since 2015. To date more than 500 volunteers have been trained as peer supporters with nearly 200 currently active. They work alongside other breastfeeding organisations, health professionals and children's centre staff to speak at ante-natal workshops, run support groups and provide on-the-spot advice to families via phone and social media.

Learning from when young people take their lives

In May 2019, LPT hosted a multi-agency event for professionals entitled 'Learning from when young people take their lives' with De Montfort University in Leicester.

Speakers at the event included LPT consultant psychiatrists Dr Mohammed Abbas and Dr Khalid Karim, who explored the motivations behind suicidal behaviour and the extent to which the factors around suicide in children and young people are different to those affecting adults. In addition, Dr Rob Howard and Dr Mike McHugh from Leicestershire County Council's public health team discussed key learning points emerging from audits undertaken locally by the Child Death Overview Panel. The headline address was given by Cathryn Rodway, programme manager for the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH), a UK-wide study that aims to improve the safety of mental health care.

Practical workshop sessions explored the importance of resilience work in schools and of early intervention support, for example through school nursing. They also looked at effective support for schools following a traumatic incident or bereavement, signs of safety and the impact of the internet and social media on young people's mental health.

It is hoped that this conference will be the first of many, providing ongoing opportunities for professionals supporting children, young people and families locally to review existing systems and explore new approaches to protecting young people's mental health, ensuring that they do not get to the point where they wish to take their own lives.

Work gets underway on our new mental health inpatient facility for young people, The Beacon

Construction work is now underway at Glenfield Hospital in Leicester on our new £8 million purpose-built specialist mental health inpatient facility for young people, which is set to open in late summer 2020.

The design of the new 15-bed facility is based on a clinical model developed through engagement with staff, service users and families. It is an increase on the current, temporary, 10-bed provision at Coalville Community Hospital, and includes provision for children and young people with eating disorders. Young people have previously had to go out of area for this specialist care.

In June, our chair, Cathy Ellis, was joined Child and Adolescent Mental Health Services (CAMHS) colleagues, former service users and representatives from Interserve Construction Ltd for a symbolic 'cutting of the first sod' in June. Despite the impending rain, everyone was all smiles as they 'dug deep' to mark the official start of the build.

Then, in September, we marked a further milestone. This time Cathy was pictured in a cherry picker symbolically fixing the last bolt into the building's steel frame, in front of an audience of key stakeholders, including the Lord Mayor of Leicester, local MPs and councillors), service users and local residents.

At the event, the name for the new unit was announced. It will be called 'The Beacon', a name that was agreed with young people on our current inpatient ward, their families and staff. It reflects the unit's position in Leicester and hope for a bright future.

Glenfield Parish Council, who attended the event, generously donated £5,000 towards the Beacon Appeal – a fundraising appeal for sensory and sporting equipment that will enhance the care that can be provided on the unit.

Celebrating our shining stars!

This year we have celebrated two Cavell Star nursing award winners within families, young people and children's services.

Hinckley-based public health nurse (health visitor) Chantelle Smith was nominated for the award by her colleague and fellow health visitor Jess Hames. Jess said: "Chantelle has always been so supportive, both to me and to others in our team. She's always smiling and has such a positive influence on everyone she meets. I wanted her to be recognised for the difference she makes."

Traci Jarvis, another of our public health nurses, was given the award for her work in some of Leicester city's most deprived areas. Over the last three

years, Traci has taken on an additional role in the Early Help programme, working in partnership with local authority colleagues to improve holistic assessment for parents who need extra support. Her commitment and passion have also led her to drive forward the 'Signs of Safety' approach to safeguarding practice, creating improved outcomes for some of the most vulnerable children and young people.

In addition, Claire Hands, senior clinical secretary for children's therapies and specialist nursing, was named Operational Services Support Worker of the Year 2019 for the East Midlands region at the national Our Health Heroes awards ceremony which took place at the Science Museum in London on Wednesday 20 November. She was nominated in recognition of the incredible support she offers families as their first point of contact with the Trust.

The Our Health Heroes Awards are supported by NHS Health Education England, and recognise the hard work and dedication of NHS staff, acknowledging teams and individuals who go above and beyond, and who are creative and innovative in their roles.

Kirsty Gosling, team leader for children's therapy who nominated Claire, said: "Claire is often the first contact a family has when they call in asking for support. This can be an anxious time for them, and Claire is able to ensure their needs are met. She is professional, organised and, most importantly, kind."

Boys as well as girls receive the HPV vaccination

For the first time this year, boys as well as girls in Year 8 received the Human Papilloma Virus (HPV) vaccination, and our school age immunisations team were very busy visiting secondary schools across the region.

There are more than 200 strains of HPV, but the vaccine protects against the four most dangerous of these, which can cause various cancers, including cervical cancer, penile and anal cancer and some throat cancers.

The school age immunisations service also created a myth-busting advice video for young people, 'HPV: Your Questions Answered' which features on our Health for Teens website (www.healthforteens.co.uk/health/immunisation). The team were featured on BBC East Midlands Today.

Monkeying around for the Move it Boom! physical activity competition

This year's Move it Boom! physical activity competition for primary schools, now in its fourth year, was launched in September, hosted on the Health for Kids website. 136 primary schools across Leicester, Leicestershire and Rutland took part, with children logging 114,629 physical activities. The most popular of these were running, jumping and playing games at home.

The winning school was Buswells Lodge Primary School in Leicester, with The Hall Primary School in second place and Leicester Islamic Academy in third place. Once

again, we teamed up with local sports partners, including Red Monkey Play whose monkey mascot is pictured above. They generously donated some fantastic prizes including wooden playground equipment, training sessions in school and stadium tours.

Diana 20th Anniversary Appeal was Charity of the Year at the Leicestershire and Rutland Construction Dinner

The Diana 20th Anniversary appeal, raising funds for resources and equipment that will enhance the care provided to poorly local children in the community, featured as the charity of the year at the Leicestershire and Rutland Construction Dinner in October 2019.

This annual event, where the Craftsmanship Awards are presented, recognises and celebrates excellence in local building and construction projects. More than 100 representatives from the local construction industry attend, along with their clients and guests. Each year, the event chooses a local (often smaller and less well-known) charity to support, and this year it was the turn of The Diana Children's Community Service.

The Diana Service is named after the late Princess Diana, and offers care and support to children and young people with acute and ongoing nursing needs, including those with life-limiting and life-threatening conditions, in their own homes.

The fundraising appeal was launched to mark the service's 20th anniversary, and the money raised will go to buy equipment and resources above and beyond core NHS provision in order to enhance care, particularly at the end of life.

Palliative care lead nurse Julie Potts, and operational team lead Corinne Hutton were invited to speak at the dinner, and outlined the team's specialist, holistic approach and the impact it has on families at the most difficult time in their lives. Thanks to the extremely generous donations on the night, Julie and Corinne were able to accept a cheque for £1,400 from Mike Coles, chair of the Local Joint Consultative Committee which hosts the dinner.

Accreditation for our eating disorders ward in recognition of the high quality of patient care

Langley Ward, our inpatient and day care unit which provides specialist support for adults with eating disorders, maintained its accreditation status from the Royal College of Psychiatrists.

Every three years a full review of wards is carried out on behalf of the Royal College by the Quality Network for Eating Disorders (QED), with an interim review after 18 months. LPT was delighted to receive confirmation from the QED in November 2019 that the high standards of patient care identified during the previous full visit in 2015 continue to be maintained, and the ward accreditation can remain in place.

The accreditation programme involves assessment against some 300 standards categorised into five sections, with themes including safety,

timely and purposeful admission, the environment and facilities and therapies and activities on offer.

The service is staffed by a number of highly skilled health professionals including psychiatrists, specialist nurses, health care support workers, occupational therapists, clinical psychologists, psychotherapists, administrative staff, researchers and a dietitian.

Celebrating 100 years of learning disability nursing

Our learning disability service within child and adolescent mental health services (CAMHS) held an open afternoon in November 2019 to celebrate 100 years of learning disability nursing.

The CAMHS learning disability team, based on London Road in Leicester, supports young people with a moderate to profound learning disability who are also experiencing mental health difficulties and/or associated behaviours. The team offers specialist outpatient workshops for parents and carers, and also works on an individual basis with families. This support sometimes includes short-term intensive work within the home, helping parents and carers to implement strategies to help their child or young person. As well as nurses and nursing assistants, the team comprises specialist behavioural therapists, systemic practitioners, cognitive behaviour therapists, psychologists, psychiatrists and administrators.

Learning disability nursing has come a long way over the past century - the first designated training course for nurses working in the specialty was launched in 1919 - and the service wanted to mark the anniversary by showcasing its work with children, young people and families.

Members of the public, alongside service users past and present, attended the drop in event to find out more about learning disability services and this specialist branch of nursing. Also in attendance was a special guest: consultant psychiatrist Dr Agnes Hauck who gives her name to our learning disabilities centre, the ‘Agnes Unit’.

Dietitian Jessica stars in ‘Your Healthy Kitchen’

One of our community dietitians, Jessica Mhesuria, is the face of a new resource, Your Healthy Kitchen, which seeks to help south Asian families lower their risk of diabetes, as they are six times more likely to develop type 2 diabetes than the population in general.

Your Healthy Kitchen was developed by our local clinical commissioning group partners, and comprises a series of short videos with an accompanying recipe booklet. It shows families how to cook traditional south Asian meals with a healthy twist, and without compromising on flavour. There are plans to expand the Healthy Kitchen approach to other world cuisines in the future.

Jessica said: “Change doesn’t have to mean not eating the things you enjoy, just making them a little healthier. Our videos are packed with simple recipe tips! There are many festivals, family and community gatherings in the south Asian community, and cooking for each other is an act of love. Why not show people how much you care by making simple tweaks to the food you prepare – by cooking in a healthier way you are helping them to live a healthier and longer life.”

The recipe booklet and an information leaflet are now available in GP practices, pharmacies, libraries and community centres across Leicester.

Mark was on a measles mission

Advanced Nurse Practitioner within our community paediatrics service, Mark Randell, spent two weeks in the run up to Christmas providing emergency relief in Samoa as part of a 13-strong UK-Med team responding to a Measles epidemic.

Mark’s background is in acute paediatric medicine, and alongside his day job at LPT, he is part of UK-Med, one of the partners that make up the UK’s Emergency Medical Team (UK EMT) which is funded by UK aid and which is called upon by the World Health Organisation (WHO) to respond to humanitarian crises around the world.

The UK-Med team worked alongside AUSMAT, the Australian emergency team. They were based in a temporary field ward constructed outside the main hospital, increasing its capacity significantly. At the height of the outbreak, there were more than 200 new cases of measles each day, with the majority being children under the age of four. A state of emergency was declared with local schools closed. The Red Cross and WHO were vaccinating as many children as possible in an attempt to halt the spread of the disease.

Mark said: “I joined UK-Med as a way of maintaining my skills in emergency paediatrics. It’s certainly challenging working in these kinds of environments, but also hugely rewarding to know you are making a real difference not just in terms of relieving local clinicians, but also helping patients. These deployments certainly make you appreciate the NHS and our vaccination programmes.”

Digital developments within Healthy Together

Healthy Together, our 0-19 service (health visiting and school nursing), is supported by three public health websites: Health for Under 5s (www.healthforunder5s.co.uk), Health for Kids (www.healthforkids.co.uk) and Health for Teens (www.healthforteens.co.uk). In response to feedback from service users, commissioners and practitioners, we constantly update the sites with new and innovative content to ensure they are a valuable first source of advice and support. Here are some of the developments we have put in place over the last year:

- A four-part series of animations on Health for teens relating to the new sex and relationships education curriculum. These were developed in consultation with the Leicestershire County Council public health team, and cover the following themes: Controlling behaviour, Making friends, Cyber bullying, Consent. Schools were sent a series of lesson plans to help them use the resources in class.

- With pupils from Roundhill Academy, we also created a short film for Year 6 pupils to ease fears about the transition to secondary school.

- For the first time. the Human Papilloma Virus (HPV) vaccination was offered to boys as well as girls in 2019 as part of the school age immunisation programme. To support this, we created a short, informative video with nurses from the community immunisations team: myth busting around HPV.
- The Health for kids website, aimed at primary school children, now has a special 'grown-ups' area, providing advice for parents and carers to help them look after the physical and emotional health of their children, and signposting to further sources of support. This area of the site will be further developed over the next year. Aligned to the local 'Routes to Resilience' programme in Leicestershire, the website also now features a series of animations designed to help children recognise their unique strengths and understand how they can take steps to further develop their character. These cover resilience, self-esteem and friendships.

- New on the Health for Under 5s website this year was an animation and downloadable supporting guide around portion size. This was developed on the back of a research study carried out with parents of young children by one of our community dietitians.

- To increase the accessibility of the websites, each now features the 'Browsealoud' plug-in. This translates text for those for whom English is an additional language, and also provides content in different formats to meet the needs of those with visual or other sensory impairments.
- ChatHealth, Healthy Together's secure text messaging service was originally created to enable young people to contact a school nurse in confidence for health advice and support. Since the end of 2016, the service has also been available to enable parents and carers to contact a public health nurse (health visitor or school nurse) in relation to their child's health and wellbeing. During 2019, the service responded to more than 3,700 messages across Leicester, Leicestershire and Rutland.
- Our school nursing service also offers secondary schools the option of a digital emotional health and wellbeing questionnaire which pupils in Years 7, 9 or 11 can complete. The responses allow a detailed health profile to be created for a cohort, so that targeted support can be provided around recurrent health and wellbeing themes. Where a pupil's response triggers a 'red flag', that young person is offered a follow-up contact. A pilot is underway, inviting young people to record a mobile phone number with their questionnaire. This will make it even easier to provide timely interventions via ChatHealth.

Healthy Together

Our year in review – adult learning disabilities

100 good reasons to celebrate learning disability nurses

Nursing colleagues from across our adult learning disabilities community service gathered in large numbers earlier this week for a special celebration of LD nursing's centenary.

Organised and chaired by AMH.LD head of nursing Michelle Churchard-Smith the event included a look at the local history of learning disability nursing, with a showing of a film by LPT and assistant LD librarian Wendy Pell telling the story of Mansion House, which Wendy researched and compiled after our learning disabilities team moved from the site in 2016.

As well as looking back, the offered the opportunity to look at the present and the future, with the spotlight on work to drive forward improvements in the nursing support for people with learning disabilities across Leicester, Leicestershire and Rutland

Presentations included partnership work with Turning Point to support people with learning disabilities and substance misuse, and a spotlight on the role of the Agnes Unit discharge nurse.

The celebrations included balloons, birthday cake, a photographic display and refreshments.

Therapeutics in Learning Disability Symposium is a great success

Once again, Leicestershire Partnership NHS Trust (LPT) was proud to host the national Therapeutics in Intellectual Disability Symposium on 15 November, bringing together more than 100 specialist clinicians from a range of disciplines and backgrounds from across the UK to discuss the latest advances, research and service developments in the area of learning disabilities.

The event opened with a dedication to the man who started this conference over 20 years ago, Professor Sabysachi Bhaumik OBE who sadly passed away a week prior to the conference. Dr Satheesh Kumar,consultant psychiatrist at LPT, spoke about Professor Bhaumik's huge contribution as an inspiring role model, not only within the Trust, but also to the Royal College of Psychiatrists and internationally.

Cathy Ellis, chair of LPT, then shared a powerful patient story which highlighted the importance of the patient's voice and patient-centred care. This was followed by keynote speeches on topics including mental health in autism, risk assessment in the community, and assessment and management of ADHD in intellectual disability. Speakers and chairs from around the country included Dr Sue Elcock, Medical Director LPT, Dr Regi Alexander from Hertfordshire NHS Trust, and Dr Pancho Ghatak from Elysium Healthcare.

As well as a series of workshops, the event also featured a ceremony to formally celebrate outstanding contributions to services for people with intellectual disability. The 'Outstanding Contribution Award', now named the 'Professor S Bhaumik Memorial Award' was presented by LPT's chief executive Angela Hillery to two services: Firstly, the Community Dental Team in Leicester, whose accommodating and adaptable approach has led to a number of successful procedures for patients with intellectual disability, which would have otherwise been highly challenging to complete, and secondly Dr Kathryn Fickling of Welton Family Health Centre. She has provided high quality physical health care for patients with intellectual disability, and was praised for her special interest and approach to care for this patient group.

Dr Rohit Gumber, consultant in psychiatry of learning disability at LPT co-organiser of the symposium, said: "The annual symposium is an opportunity to for delegates to share best practice, learn from each other and explore how we can enhance patient care. We hope that each clinician can take something away from the conference that will improve clinical practice in their area"

LPT's Agnes Unit wins quality stamp from Royal College - again

The Agnes Unit, on Anstey Lane in Leicester, is part of Leicestershire Partnership NHS Trust (LPT) and provides inpatient care for adults with learning disabilities whose mental health, behaviour and risk cannot be supported in the community.

It has been accredited by the Royal College of Psychiatry, the professional body responsible for raising and setting standards in psychiatry, until February 2022. This follows a stringent independent assessment by external reviewers under its Accreditation for Inpatient Mental Health Services (AIMS) programme.

This is the fifth successive two-year stamp of quality approval for the unit, which offers person-centred care for patients from a multi-disciplinary team. Accreditation provides assurance for patients, carers, commissioners, regulators, staff and the wider public about the quality of inpatient services for adults who have both learning disability and mental health needs.

AIMS accreditation also supports the Agnes Unit team to work with patients and carers on further improvements to the quality of care it provides.

Team manager Francine Bailey said: "We are proud and delighted to reconfirm our AIMS accreditation, which reflects high standards and the knowledge, skills and compassion of our staff who work hard to provide the best care possible. We are committed to continuing our programme of quality improvements at the unit, which most recently have included the strengthening of processes for physical health checks and improving our care plans.

Now we're looking to work even closer with patients and carers. We have recently introduced a patient-carer facilitator into post and her focus will be on listening to their views and incorporating them into future improvements. For example, we hope soon to launch quarterly advocacy clinics and will be working closely with partner organisations from the community."

Facilities at the Agnes Unit are made up of homely living area 'pods', each with four en-suite bedrooms. The unit has a therapy suite, two bathrooms, lounge, dining room, kitchen and office as well as a courtyard and access to a very large garden.

Our year in review – enabling services

Buddy-up arrangement with NHFT

In February 2019, LPT was rated overall as 'Requires Improvement' by the Care Quality Commission (CQC), including an 'Inadequate' rating for the Well-Led domain. At this time LPT received a package of support from NHS Improvement, including a buddy relationship with neighbouring 'Outstanding' mental health and community trust, Northamptonshire Healthcare NHS Foundation Trust. The appointment of Angela Hillery as chief executive is an extension of this buddy relationship.

Angela Hillery said; "This in an innovative opportunity to share, learn together and continue to make a positive difference for the people we serve.

"Undoubtedly LPT have been on a journey as they focus on improving care, areas of development and building on their areas of good practice such as innovation and compassionate patient care. I look forward to working with the team at LPT on the next steps of this journey, with a continued focus on the health and wellbeing of those who we provide services to and the colleagues who work as part of the team.

Cathy Ellis, chair of LPT, said: "I am very pleased that Angela Hillery and NHFT have agreed to a shared Chief Executive role. I believe that Angela's expertise and leadership, brings a timely and high quality response to the chief executive vacancy which will focus on the turnaround and recovery of LPT.

"Following our recent CQC inspection, it was identified that LPT would particularly benefit from strengthening our leadership and governance arrangements. Angela comes with an impressive track record and this appointment is a positive step in our improvement journey.

"To be clear, this is not a precursor to a merger between our Trusts, but a focus on improving care for patients and service users, to which Angela brings significant and relevant experience. LPT and NHFT follow in the footsteps of several other Trusts in the country who have a shared chief executive, including three trusts in South Warwickshire, three trusts in Essex, and Colchester and Ipswich.

"I would also like to take this opportunity to thank our previous chief executive, Dr Peter Miller, for his values-based leadership of LPT over the last five years. I wish him all the very best in his retirement."

Celebrating Excellence at Leicestershire Partnership NHS Trust

At a special awards ceremony on Friday 17 May, Leicestershire Partnership NHS Trust (LPT) recognised the outstanding achievements of staff and volunteers.

This year, almost 200 nominations were received from members of staff, service users and the wider public across 11 award categories, from which 34 were shortlisted. The winners were selected by a judging panel comprising directors, staff representatives, Trust members and service users.

Chief executive at the time, Dr Peter Miller said “Our staff and volunteers are our greatest asset, demonstrating care and compassion on a daily basis. These annual awards are our opportunity to say thank you for that outstanding commitment - to our service users, to the Trust, and to the NHS.

It’s been a challenging and busy year, but our staff have continued to work hard, despite challenges and pressures, to provide the best possible care. We have a lot to be proud of, and our staff are a credit to our Trust and the NHS.”

Some 130 guests attended the event, which was held at the Mercure Grand Hotel in Leicester, to celebrate the fantastic achievements of the 34 shortlisted individuals.

Some examples of excellence from our winners:

- **Voluntary Drivers –** our team of voluntary drivers are seriously committed to the job, racking up 137,369 miles last year to ensure our service users could attend appointments and access treatments. One service user has been attending sessions, thanks to the Voluntary Drivers, for the last 10 years. The team also have a combined 200 years of service in the NHS!
- **Emily Cumberpatch,** community psychiatric nurse who worked with teenage service users – many of whom have experienced abuse, neglect or trauma and find it difficult to engage with mainstream services - to create artwork representing their feelings, which then went on to feature in an art exhibition. The message from the artwork was clear – acceptance of difference, not judging on first impressions and recognising vulnerability beneath the surface.
- **Helen Dell**, healthcare assistant, recognised for her exceptional dedication to patients on Dalgleish Ward, Melton Mowbray Hospital. Helen creates therapeutic activities for patients to support their recovery and to enhance their experiences whilst on the ward. This has included creating ‘What matters to me posters’ which patients stick above their beds so that every member of staff knows a little more about them as a person. She has also created ward displays on dementia, nutrition and hand hygiene to help visitors have a better understanding of these areas..

Nursing and midwifery with leadership courses

We welcomed our second cohort of students onto their unique ‘Nursing with Leadership’ course, developed in partnership with the University of Leicester and University Hospitals of Leicester NHS Trust. The course is specially designed to equip graduates with the technical and leadership skills required for critical positions within the NHS – such as matrons, wards managers, district nurses, and sister and charge nurses.

21 midwifery students and 23 nursing students have embarked on the two courses, compared to 17 students in total last year.

Students will complete an undergraduate Masters course in either nursing or midwifery, combined with leadership studies. These are the first courses of their kind in the UK and will guarantee graduates jobs within the NHS, with fast-track career development opportunities to strategic leadership positions.

The outcome of this programme is three first-class courses including dual registration in nursing with the Nursing and Midwifery Council and one in midwifery. It combines significant hands-on clinical experience, with teaching about change and innovation and ensuring the students graduate with a range of management and leadership skills necessary for today’s and the future NHS..

Staff and volunteers celebrated for a collective 3,875 years of NHS service

Staff and volunteers with long service to the NHS were celebrated at a special event on 4 October. The annual Leicestershire Partnership NHS Trust (LPT) long service awards are an opportunity to recognise the fantastic dedication of staff and volunteers. This year, 123 staff and 23 volunteers were celebrated, having clocked up an impressive 3,875 years of service within the NHS.

The awards ceremony, held at Leicester Racecourse in Oadby, celebrated staff who have worked for the NHS for 25, 30 or 40 years. Volunteers were also recognised for their 5, 10 and 20 years of service to LPT.

In welcoming staff to the event, chief executive Angela Hillery thanked the staff and volunteers: “Thank you for all of your hard work and dedication you have given to the NHS. Your contribution to the NHS and patient care has touched thousands of lives, supporting people when they were at their most vulnerable, and we applaud your dedication and resilience. The NHS is indebted to you, and future generations have a lot to be thankful to you for.”

The annual Long Service awards are just one of the ways LPT recognises the care and commitment shown by its staff and volunteers.

Our equalities chief is one of the most influential disabled people in the UK

Haseeb Ahmad, Equality, Diversity and Inclusion Lead at Leicestershire Partnership NHS Trust was announced as one of the most influential people with a disability in the UK.

The Shaw Trust Disability Power List 100 is an annual publication of the 100 most influential disabled people in the UK. The Disability Power List 100 is compiled by an independent judging panel, chaired by Kate Nash OBE. Kate is the world's leading authority in 'Networkology' - the science behind the growth of workplace networks and resource groups. In 2007 she was awarded an OBE for services to disabled people. In 2013 she was appointed Ambassador to Disability Rights UK.

Haseeb, who was nominated by a friend, said: “I thought nothing of it until I got an email in August informing me that I had made the top 100 most influential disabled people in the UK. I was completely shocked. I know that the process is extremely competitive and the judging is carried out by an independent panel.” Haseeb was honoured at a reception at the House of Lords on Tuesday 8 October.

Haseeb lost his sight from the age of 10 years old due to an eye condition called Retinitis Pigmentosa. He was diagnosed with the eye disease and registered blind at 17 years old.

Haseeb has written about his personal journey, and challenges he has faced throughout life in his book: “From blind Man to Ironman”. The book is aimed at inspiring and motivating every one of all ages and backgrounds. It is about overcoming blindness, refusing to give up, discovering his beautiful Guide Dogs, picking up a dead bird on a tandem ride and setting the world record for the fastest Blind Ironman.

Haseeb fronts the Trust’s equality, diversity and inclusion agenda, which ensures that our services are inclusive, and that they meet the diverse needs of our local population and workforce. It aims to create fair and equal access to goods, services, facilities and employment opportunities for all, and is about reducing disadvantage experienced by some groups in comparison to others. LPT is committed to creating a culture where everyone has equal chances to improve their health and welfare in an environment free from any unlawful discrimination, harassment and bullying; and strives to value and respect the diversity of its service users, patients, carers, staff and the public.

Malcolm’s innovative bread-making project rises to the top

A ground-breaking mental health project, run by volunteers at Leicestershire Partnership NHS Trust, has been shortlisted for a national patient experience award. ‘Knead to Chat’ uses the art of bread-making to help patients tackle mental health challenges, helping them to develop a social network to support and enrich their lives, and to give them time to reflect on what matters to them.

Malcolm Heaven, project lead, said: “Through general conversation we encourage the sharing of stories, experiences, and challenges, and of course it’s also an opportunity to engage the senses - touch, smell, taste, vision and hearing. For some, baking bread is something new, for others; it’s rediscovering an enjoyable activity and using dormant skills. Either way, it’s a fun way to learn and build confidence, and home-baked bread is a wonderful gift to share with family, friends, colleagues, neighbours and strangers.”

The Knead to Chat project is aimed at people who already have existing mental health challenges, and also people looking to bring a sense of wellbeing into their lives as a way of dealing with the stress and strains of living in todays modern world. From April 2018 to February 2020, 1000 loaves, rolls, pitta and pizza have been baked, encouraging 250 hours of conversation between almost 300 participants.

Feedback from one service user at the Bradgate Mental Health Unit was: “This is the best I’ve felt since coming into the hospital. I’ve never tasted anything so good. It was definitely worth missing dinner for!”

The Knead to Chat project originated through a partnership bid between LPT and Planet Leicester Bakers for a small grant from the Leicester ‘Time to Change’ fund. The original funding was aimed at training local volunteers to be able to host bread making sessions in their community to bring people together to talk and make new connections. Malcolm attended one of the courses and was enthusiastic to grow the project, which has been very successful and reached lots of people.

The winner of the award will be announced at the Patient Experience Network Awards in Birmingham.

Our year in review - fundraising

LeicesterShire and Rutland's
Community and Mental Health Charity

Our registered charity, Raising Health, plays an important part in improving the experience, care and wellbeing of our patients, service users and our staff - 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.

Breast feeding peer supporters fundraising successes

LPT has volunteer-run breast feeding peer supporter groups across the county and Rutland. The groups support local parents and have had a great year fundraising to buy equipment and materials to promote their groups. Successes include a £500 grant to Bosom Babies (Oadby & Wigston and Blaby district) from Blaby District Council, a £600 Leicestershire County Council SHIRE grant for Upfont (Hinckley), Magic Milk (North West Leicestershire) received £2000 from the Leicestershire Masonic Charity and Charnwood BRAS charity run at Clumber Park raised more than £400 for their group.

The #BeaconAppeal

'The Beacon', our new 15-bed inpatient facility for young people, is due to open in August 2020. It will include provision for young people with eating disorders, who currently have to travel out of county if they need inpatient care. Young people can be inpatients for a variety of reasons and usually stay with us for 6-8 weeks. Depending on their individual circumstances and risk factors they may be able to leave the ward to take part in activities, but many will be on the ward for the majority of their stay. As you can imagine, this is a considerable amount of time to fill. The ward team are passionate about finding activities that will help the young person to feel motivated, manage their frustrations or anxiety, relax, or build confidence and skills - whatever they need at that particular time.

CAMHS
BRIGHTENING THE FUTURE

Physical activity is something we want to offer more of, as well as more provision for our patients' sensory needs. With this in mind we launched the #BeaconAppeal in September 2019 to raise funds needed for sports and exercise equipment and to buy interactive projectors for the sensory rooms. Find out more about the appeal and the impact we know these items will make here:

https://www.raisinghealth.org.uk/appeals/beaconappeal

Let's Get Gardening at the Bradgate Unit

Gardening activity supports mental health and wellbeing. 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, and have an occupational identity, a purpose, and a routine.

The inter-ward gardening competition in August 2019 was incredibly popular with Phoenix Ward at Hershel Prins Centre taking the top prize on the day:

The Let's Get Gardening appeal launched on 24 March 2019. You can find out how to get involved here: **https://www.raisinghealth.org.uk/appeals/lets-get-gardening**

Performance analysis

Quality and safety for all is our number one priority. Our staff are working hard to make significant positive progress in these areas, with some really outstanding practice. We know we have more to do.

We have strengthened our vision and strategy, to make our direction of travel as clear as possible for everyone. This has been brought together using feedback from staff, service users and stakeholders to evolve our work so far into a clearer trust-wide strategy for all areas: Step up to Great.

Through Step up to Great we have identified key priority areas to focus on together. And we are clear that by doing this it will help us achieve improvements in the quality and safety of our services. It is about making a real and sustainable difference for our patients and supporting our staff to deliver high standards of care every day.

Through this collaborative working we are also building a culture of continuous improvement and learning, supported by a robust governance framework and more sustainable and efficient use of resources. Each priority within our approach is being led by an executive team member and progress is being monitored through our new quality governance framework (more information further in the report).

WeImproveQ

We will build on our foundations for quality improvement and Step up to Great, continuously improving the experience of the people who use our services. We want everyone to feel that they are a leader at LPT. Everyone has the power to make a difference and take responsibility for continuous improvement. We are already doing some fantastic work across the Trust. Our new quality improvement approach – WeImproveQ – gives staff the skills, resources and support to make it as easy as possible for them to make improvements and share them to help others to learn from their success.

There are six key principles to our WeImproveQ approach, alongside a dedicated improvement knowledge hub of advisors to support staff with their quality improvement ideas.

- One shared approach
- Knowledge and skills
- Working in partnership
- Continued improvement
- Share good practice
- Data for measurement

We Improve Q
Trustwide Quality Improvement

We are committed to embedding continuous quality improvement, learning and action in the quality and safety of our services and to showing how this is making a difference to Step up to Great.

www.leicspart.nhs.uk/WeImproveQ

Quality account

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. The clinical priorities identified for 2020/21 are centred on the three areas of quality; including safety, effectiveness and patient experience. The indicators also coincide with the CQC findings and action plan and will formulate the KPI structure to monitor progress throughout the year:

	Descriptor	Measurement of improvement	Quality Domain	Link to STEP up to GREAT
1.	Reducing Ligature Risk	We will reduce our non-fixed ligature point incidents by 10% by the end of March 2021	Patient Safety	
2.	Improving hand hygiene	Audits of health care workers adherence to recommended hand hygiene procedures will be maintained at an 85% compliance rate. We will increase the number of audits taking place and recorded on to the Hand Hygiene application; from a baseline of 37% to increase to 60%.	Patient Safety	
3.	Reducing length of stay in hospital	We will meet or improve on the benchmarked average length of stay for both community inpatient and mental health acute inpatient wards	Effectiveness	
4.	Improving how we manage complaints	We will maintain a 90% 25 day response rate and reduce our clinical complaints by 10%	Patient Experience	
5.	Improving service user feedback with Friends and Family Test (FFT)	We will increase response rate in line with baseline (Q4 19/20) improvement plan.	Patient Experience	

Our Quality Account, which details our progress in more detail, is published separately alongside the Annual Report. Here are some achievements from the last year which we have not yet covered:

- Our pioneering ChatHealth digital development team have been shortlisted for an IT and Digital Innovation award at the HSJ Value Awards 2020
- An enormous amount of work has been undertaken to co-design our new patient experience and patient involvement strategy, focusing on putting our service users at the heart of everything we do. We really value the continued dedication of our patients, service users, carers, family and friends, and staff and welcome feedback to improve the quality of our care and services.
- During 2019/20, the Trust's Clinical Audit Team supported 145 clinical audits. Around 500 audit criteria have been used to re-audit whether standards have been applied to practice, for the benefit of patients in our care.
- The research team launched the Research Envoy Scheme which is providing training to nursing and allied health professional staff to enable them to raise the visibility of research within their services.
- In 2019 University Hospitals of Leicester NHS Trust, Leicestershire Partnership NHS Trust and the University of Leicester announced the creation of a new partnership to link excellence in research, education and health service delivery across the county
- We have recently held a 'Compassion in Healthcare' event which has been well received across the Trust. This event focused on the importance of empathy and its impact on well-being in complaints and serious incidents

Financial performance

Information on our financial performance is included as an appendix.

Care Quality Commission

The latest Care Quality Commission (CQC) inspection report for the Trust relates to 2018/19 and 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.

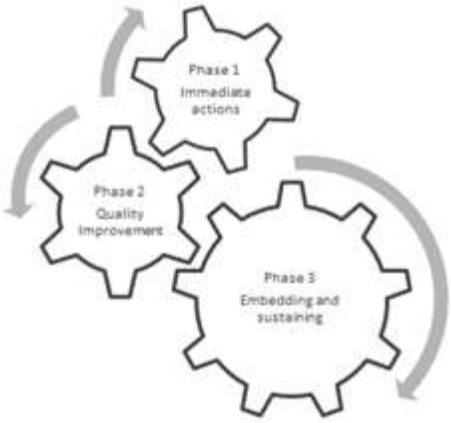
Overall, the ratings stayed the same for the majority of services inspected, and there was a decline in the rating for Well-Led.

The CQC issued a Warning Notice to the Trust on the 30 January 2019. This was served under section 29A of the Health and Social Care Act 2008. An immediate improvement plan was developed in response to weaknesses identified during the inspection, and in particular the nine key improvement areas highlighted within the warning notice;

- Access to treatment
- Mixed Sex Accommodation
- Environmental issues
- Risk assessments
- Fire safety
- Medicines management
- Seclusion environments and paperwork
- Physical healthcare
- Governance

This has led to significant progress and embedded change across the Trust. We also have an action plan to build on our governance; this has resulted in a revised governance framework and a strengthened approach to managing risk.

The Trust introduced a three-phased methodology for responding to feedback from the CQC. This is a robust approach to addressing recommendations in a systemic way which incorporates quality improvement. It also reviews and measures the impact of change to ensure that it is sustainable, embedded and has ultimately addressed any weakness identified.



- **Phase 1;** the immediate actions phase is the initial response taken by the Trust to protect the safety of our patients and complete any urgent actions quickly.
- **Phase 2;** the sustainable response to the weaknesses identified. This involves a systemic response, which integrates with our quality improvement work streams. This includes consideration of Trust wide development and the sharing of learning across into different aspects of our services which the CQC had not identified in the 2018/19 inspection.
- **Phase 3;** the embedding phase is the process by which any changes made in the previous phases are supported to be future proof. This will involve a closing of the loop in terms of auditing and assessing impact and outcomes.

The CQC carried out a re-inspection in June 2019. We welcomed their report which recognised the significant progress and improvements we have made this year, including:

- Significant improvements to the environments at most wards. “It was clear to see the difference the investment and improvements had made”, as the majority of maintenance issues have been fixed or resolved as part of our ongoing maintenance programme and new system of reporting.
- Improvements in ligature risks, including thorough risk assessments by our staff
- Improvements in assessing and monitoring the physical healthcare of mental health patients, including the recruitment of dedicated physical healthcare nurses at Stewart House and the Willows, and improved privacy and dignity when undertaking physical assessments at Bradgate unit.
- Improved medicines management in all areas
- Improvements in fire safety and the no smoking policy at Bradgate unit, including smoking cessation support and alternatives being offered
- Improvements in seclusion documentation and seclusion environments
- Improved patient privacy and dignity at the learning disability short breaks homes, ceasing missed-sex accommodation
- Significant reduction in waiting times and the total numbers of children and young people waiting for mental health assessments.
- An improved vision and priorities have been defined through our Step up to Great approach, and improved approach to sharing learning. We have also conducted two external governance reviews to improve governance processes and structures within the Trust.

However there were some areas that had not progressed sufficiently and these were in relation to:

- Continued improvements of our environments at the Bradgate Unit, including refining our new process of reporting maintenance issues. As a long term plan, we are also drafting an outline business case to apply for funding for a new purpose-build mental health unit for older people and adult mental health services.

- Further roll out of our medicines administration technicians and link nurses to continue to support our medicines management oversight approach
- Continuing the roll out of our smoke-free wards at Bradgate to address ongoing issues of mental health patients wanting to smoke outside the unit.
- Continuing to improve the way we record seclusion in line with the Mental Health Act code of practice including changes to our documentation
- Seeing through our improvement plans to address the long waiting lists for children and young people requiring our CAMHS support, which have already had a positive impact.

We acknowledge the further work required to continue to address the weakness identified in the original inspection report dated 20 February 2019, and the subsequent report issued on the 6 August 2019 in which further recommendations were made. We have a Foundation for Great Patient Care group which meets fortnightly to learn lessons and drive on-going improvement.

Public reports which detail the full findings of inspections made to Leicestershire Partnership NHS Trust can be accessed via the CQC website.

Our new vision ‘creating high quality, compassionate care and wellbeing’ and our Step up to Great strategy has become well embedded within our Trust governance framework and with the support of our system partners, we have seen significant improvements in key areas such as our CAMHS waiting lists and adult mental health out of area placements. We also have a plan in place to address dormitory accommodation in our mental health units, and our new CAMHS unit will open in early autumn. We have made positive improvements and addressed 100% of our CQC action plan. We are committed to continuous quality improvement and improving the culture of our Trust to support our staff to Step up to Great.

Ratings for the whole trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community	Good → ← Jan 2018	Requires improvement → ← Jan 2018	Good → ← Jan 2018	Good → ← Jan 2018	Requires improvement → ← Jan 2018	Requires improvement → ← Jan 2018
Mental health	Requires improvement → ← Feb 2019	Requires improvement → ← Feb 2019	Good → ← Feb 2019	Requires improvement → ← Feb 2019	Inadequate ↓ Feb 2019	Requires improvement → ← Feb 2019
Overall trust	Requires improvement → ← Feb 2019	Requires improvement → ← Feb 2019	Good → ← Feb 2019	Requires improvement → ← Feb 2019	Inadequate ↓ Feb 2019	Requires improvement → ← Feb 2019

Ratings for Mental Health Services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Inadequate ↓ Feb 2019	Requires improvement ↓ Feb 2019	Requires improvement ↓ Feb 2019	Requires improvement →← Feb 2019	Inadequate ↓ Feb 2019	Inadequate ↓ Feb 2019
Long-stay or rehabilitation mental health wards for working age adults	Inadequate ↓ Feb 2019	Inadequate ↓ Feb 2019	Requires improvement ↓ Feb 2019	Good ↑ Feb 2019	Inadequate ↓ Feb 2019	Inadequate ↓ Feb 2019
Forensic inpatient or secure wards	Good Nov 2016	Requires improvement Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016
Child and adolescent mental health wards	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016
Wards for older people with mental health problems	Good Nov 2016	Requires improvement Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016
Wards for people with a learning disability or autism	Requires improvement →← Feb 2019	Good ↑ Feb 2019	Good →← Feb 2019	Good →← Feb 2019	Requires improvement →← Feb 2019	Requires improvement →← Feb 2019
Community-based mental health services for adults of working age	Requires improvement →← Jan 2018	Requires improvement →← Jan 2018	Good ↑ Jan 2018	Requires improvement →← Jan 2018	Good ↑ Jan 2018	Requires improvement →← Jan 2018
Mental health crisis services and health-based places of safety	Requires improvement →← Jan 2018	Good ↑ Jan 2018	Good →← Jan 2018	Requires improvement →← Jan 2018	Requires improvement →← Jan 2018	Requires improvement →← Jan 2018
Specialist community mental health services for children and young people	Requires improvement →← Feb 2019	Good ↑ Feb 2019	Good →← Feb 2019	Inadequate ↓ Feb 2019	Requires improvement →← Feb 2019	Requires improvement →← Feb 2019
Community-based mental health services for older people	Good ↑ Feb 2019	Good ↑ Feb 2019	Good ↑ Feb 2019	Good ↑ Feb 2019	Good ↑ Feb 2019	Good ↑ Feb 2019
Community mental health services for people with a learning disability or autism	Good Nov 2016	Good Nov 2016	Good Nov 2016	Requires improvement Nov 2016	Good Nov 2016	Good Nov 2016
Overall	Requires improvement →← Feb 2019	Requires improvement →← Feb 2019	Good →← Feb 2019	Requires improvement →← Feb 2019	Inadequate ↓ Feb 2019	Requires improvement →← Feb 2019

Ratings for Community Health Services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good →← Jan 2018	Good →← Jan 2018	Good →← Jan 2018	Good ↑ Jan 2018	Requires improvement →← Jan 2018	Good ↑ Jan 2018
Community health services for children and young people	Good Nov 2016	Good Nov 2016	Outstanding Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016
Community health inpatient services	Requires improvement Nov 2016	Requires improvement Nov 2016	Good Nov 2016	Good Nov 2016	Requires improvement Nov 2016	Requires improvement Nov 2016
Community end of life care	Good Nov 2016	Requires improvement Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016
Overall*	Good →← Jan 2018	Requires improvement →← Jan 2018	Good →← Jan 2018	Good →← Jan 2018	Requires improvement →← Jan 2018	Requires improvement →← Jan 2018

Key to tables

Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	→←	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

Mental Health Act Inspections

The CQC undertook twenty one Mental Health Act focused visits between January 2019 and January 2020. These visits were unannounced and covered all mental health inpatient settings across all services.

MHA focused visits result in individual actions plans reporting compliance with MHA Code of Practice requirements. There were a number of recurring themes identified during these visits requiring a Trust response, namely:

- **Section 17 Leave of Absence** – although the mechanisms in place for recording were positively received, the CQC identified a number of instances where patients had not been given copies of this record.
- **Section 132 Information for Patients, Relatives and Carers** – the processes in place for recording were again commended, however the CQC identified a number of instances where the process in place had not been followed.
- **Care Planning** – evidence of inclusion of the patient, relative and carers in the care planning process remained a recurring theme for the CQC.
- **Environmental issues** also remain high on the CQC agenda.

The Senior MHA Administrator was recently invited to attend a national reform project group looking at HM Tribunal and Court Services, specifically the Mental Health Tribunal Service. The processes in place at Leicestershire Partnership Trust for monitoring and reporting the Act were noted as ‘exceptional’ and ‘gold standard’, and suggested setting a benchmark for other Organisations

Sustainability report

Community Building

There have been a number of different projects supporting various communities across Leicester, Leicestershire and Rutland.

The 'Knead to Chat' project has worked with adults, older people, young people and people with disabilities in the last year and made an astounding 1,000 loaves in 2019-20. The project has run sessions with local people and organisations including: One Roof Leicester (homelessness organisation), Menphys, Leicestershire Recovery College and also with patients being supported by LPT.

The Trust was recognised for its support to the armed forces this year, being awarded with the Armed Forces Covenant Employment Recognition Scheme Gold Award. It was also successful in being accredited with Veteran Aware status. Support is offered to service users and families by a veteran of the forces who helps to identify appropriate support from force charities, local authorities and other organisations.

The Trust has also worked with local volunteers to develop a community group for people with learning disabilities and carers called Safe, Well, Happy. The sessions happen monthly and are aimed at supporting people with learning disabilities to socialise and to feel more connected to the community.

Staff continue to utilise the 'WeCitizen' volunteering programme. 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.

Procurement

We work with Crown Commercial Services and other key stakeholders to develop a more sustainable approach to purchasing goods and services, bringing benefits for the environment, society and the economy. Guidance on procurement of services and goods is set out to ensure we meet the requirements of the 2012 Public Services (Social Value) Act. 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 are also sourcing non-plastic alternatives to reduce the amount of plastic that we send to landfill. We 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.

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 the Trust's Counter Fraud Specialist (CFS) are

responsible for tackling all types of fraud and corruption in the NHS and protecting resources so that they can be used to provide the best possible patient care.

Our anti-fraud, bribery and corruption service provider, 360 Assurance, provides us with qualified and accredited CFS support. 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
- Began the process of transferring ownership of individual fraud, bribery and corruption risks to individual risk owners
- 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

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

It is essential to ensure that service users, carers and the public are able to inform and influence how we deliver our services and how future services are designed. In order to achieve this ambition the Trust has co-designed its three year delivery plan for patient experience and involvement with our patients, carers, partners and staff.

Our plan sets out three key objectives:

1. We will increase the numbers of people who are positively participating in their care and service improvement

Over the last year patients and carers have been involved in lots of ways, both individually in relation to their own care, and collectively working in partnership with services to influence and improve how we deliver and design our services. Here are a few examples of how we did this.

In our Adult Mental Health and Older Peoples Mental Health Services every service user would be introduced to the concept of recovery and living well with their condition, using various resources at their care planning assessments. The Trust has produced a range of patient perspective films to share with new patients that are referred to the service. Recovery prompt sheets co-designed with patients have been introduced and are being used to support collaborative conversations using the CHIME Framework - Connectedness, Hope and Optimism, Identity, Meaning and Empowerment.

Recovery and Collaborative Care Planning Cafes have been run every month for the last 24 months. During 2019/20 85 patients and carers and 139 staff have attended the cafes. Each Café is based on the CHIME conceptual framework for personal recovery in mental health, having hope and optimism that recovery is possible and relationships that support this characterised by:

- Motivation to change;
- Positive thinking and valuing success;
- Having dreams and aspirations.

At each café a service user or carer talks to the café members about their experience of mental health using the CHIME model, followed up by collaborative conversations between service users and carers and health professionals. Service users deliver masterclasses based on their experiences; they develop their presentations and co-deliver and facilitate the cafes. A number of Trust priorities have also been discussed at the Café including our Trust vision. Each Café is evaluated here are some of the comments received:

"I hope to see this approach adopted by the wider LPT teams, the connection and focus an emotion and focusing on identity is absolutely key to giving effective and supportive care"

"Let's start sharing the power and treat each other with respect, very meaningful"

Hynca Lodge community mental health team, were struggling to gather feedback from patients and carers, and FFT results were minimal. The team has been using the Always Event method in order to work with patients and carers to make improvements to the service together. The team created a survey for both staff and service users/carers, and staff had a 4-week period of collecting feedback when out on visits with patients. The team also used their day centre to have a market place afternoon where local support services showcased what was on offer to staff, service users and carers, and this also provided a space for staff and service users/carers to come together for a cup of tea and biscuit in order to discuss experiences of the service.

The team collected a host of feedback from the surveys and the market place and was able to highlight that what mattered most to patients and carers was being involved in decisions about them and in care planning, and feedback was that the team did this really well. Feedback also shown that the team was not so good at providing real life examples, stories and learning about recovery and this was another area that mattered to patients and carers. The team also discovered that the concept of 'recovery' was a difficult concept for staff, service users and carers and they did not really know what this meant.

Therefore the team conducted an Always event to focus on care planning and ensuring everyone was involved in collaborative care planning, along with introducing the concept of recovery and a toolkit of patient stories. They used this to form vision and aim statement as created by staff and service users/carers.

Vision statement (in the words of a patient): *I will always be introduced to the concept of recovery and what this means to my journey of living well with my condition.*

Aim statement: *By November 2019, every service user will be introduced to the concept of 'recovery and living well with their condition' using various resources at their care planning assessments.*

The team are using PDSA (plan, do, study, act) cycles to test the process at the care planning assessments before finalising a process to share across the whole team. They have already completed mini PDSA cycles on resources developed to support the creation of patient stories in care planning assessment, and powerful quotes for a booklet to leave with patients and carers after assessments and appointments.

Our **Immunisation team** gathered feedback from schools, children and families to inform changes in process to consent and opting out. As a result a new opt-out consent form was introduced which has lead to a dramatic increase in the uptake of immunisations with the new process that has been introduced. The Trust has worked with targeted schools, including a majority BAME school in the City which had low uptake of immunisations and as a result of that work the uptake has improved.

The **CAMHS Service** has introduced drop-in sessions aimed at children, young people and families. Their aim is to enable families to talk to clinicians, school nurses, care navigators, patient experience team and mental health professionals to share views about the emotional wellbeing of the child, feedback on any services received and any concerns.

2. We will make it easy and straight forward for people to share their experiences

Feedback on experience of care is provided in a range of ways ranging from Friends and Family Test, patient surveys, complaints and PALS to deliberative feedback through involvement activities such as recovery cafes, focus groups and café conversations. Patient perspectives are key to understanding the lived experienced of those who are impacted by our services. Perspectives are provided through stories which are recorded and used to open every Trust Board meeting.

The Trust continued to promote the Friends and Family Test (FFT). Over the last year 96% of patients and carers who responded would be extremely likely or like to recommend our services. FFT data is available to local teams and services through our Envoy system which allows services to download and discuss patient feedback within teams. Many inpatient wards also use this system to create 'You said, we did' posters and to use the themes from the FFT data to discuss within their own patient groups/meetings. These include community forums within our mental health inpatient wards and through activities such as breakfast clubs within our community inpatient wards.

Valuable patient experience feedback is also captured through our concerns, complaints and compliments. Over the last year 2354 individual pieces of feedback were received. Of this 45% were in relation to positive experiences of care received though compliments and of the 46% of negative feedback received the key themes that patients had a poor experience of included staff attitude, poor communication and delays in appointments.

In 2018/19 we registered 497 complaints all of which were acknowledged within 3 working days. 74% of complaints were responded to within the agreed timeframe and 60% were upheld. One complaint was referred to the Parliamentary and Health Service Ombudsman.

Tailoring opportunities to provide feedback is essential. In order to ensure some of our harder to reach communities are able to provide feedback some services have developed different ways to collect experience of care:

- To improve the gathering of feedback from young people the Immunisation Team introduced coloured counters, green for a positive experience and red for negative experiences resulting in a wealth of counters on a regular basis.
- Learning Disability Services introduced a patient and carer facilitator to facilitate regular communications with carers of patients in inpatient and community services. Feedback on experience is discussed at multi-disciplinary team meetings and actions/outcomes are fed back to carers.

The Trust has introduced co-designed Patient Related Experience Measures (PREMS). These PREMS are used to evaluate the experience of collaborative care planning within Adult Mental Health and Older Peoples Mental Health Services. Service users and carers with lived experience of accessing LPT services, and colleagues from Turning Point have been trained to deliver PREM's Patient Related Experience Measures, in order to gather the experience of those who have been involved in collaborative care plans.

3. We will improve the experience of people who use or who are impacted by our services

The experience and involvement of patients and carers has made a difference at different levels across the organisation. For those patients involved in their care planning through the Collaborative Care Planning conversations they are taking part in shared decisions about their own care. Patients and carers who take part in engagement activities with services or through our transformation work are making a difference in how services are designed and delivered. Here are some examples.

- The Falls Prevention Service have been working with patient representatives over the past 12 months in developing prevention material currently being used for both service users and the wider community;
- The CAMHS Team has been working with young people to develop a workbook to support young people with ending therapeutic treatment. We know that this is an anxiety provoking time that can sometimes result in relapse, and they were keen to develop a resource which helped young people reflect on their experiences, develop resilience to support recovery and connect them to sources of

support. The young people have been involved in all parts of the planning and development of the end product, clearly demonstrating a compassion and collaborative approach in their leadership of this project. The workbook is soon to be published and will be used across CAMHS services.

- The Occupational Therapy team has undertaken a review of their service delivery, incorporating the voices of our service users and colleagues to ensure they can provide the best possible service for our patients. The team has altered their delivery holding breakfast groups on the ward. These not only promote independence, but ensure that patients continue to engage in every day ADL tasks, instilling a sense of ownership for their own recovery, but also supporting towards a sustainable discharge. The team has also been responsive by developing more psychological educational groups, due to high demand and popularity. The department now offers these intervention sessions, including a variety of anxiety management, coping skills and self soothe groups, on and off the wards, being inclusive to all. In addition, the off ward time table is centred around the patients core occupational therapy needs, and skill development in the core areas of daily living. These support our patients and teach them the vital skills to manage themselves and their mental health condition. The team strives to further develop their interventions for our patients, they actively collect feedback from sessions and this is beginning to form our department 'recovery tree'.

Mental Health Surveys

The Care Quality Commission National Community Mental Health Survey 2019

The results from the 2019 annual Community Mental Health Survey were published by the CQC in November 2019. The survey was undertaken between February and June 2019 and the sample for the survey was generated at random on the agreed national protocol from all clients on the CPA and Non-CPA Register seen between 1st September and 30th November 2018. A small number of people were included in some samples who said that they had not been in contact with mental health services for a number of years, or that they had never been in contact with these services. In Leicestershire Partnership NHS Trust, 2% of respondents said that they had never seen anyone from NHS mental health services.

The response rate was 32% (259 usable responses from a usable sample of 815).

There has been a general improvement in results since 2018, although many scores are still in the lower range of Trusts surveyed by Quality Health. Older People's Mental Health (OPMH) generally scores better than Adult Mental Health (AMH). The overall rating of care has improved, but is still just in the lower range of Trusts surveyed by Quality Health. The lowest score was for agreement of care taking service users' personal circumstances into account.

The results highlight several areas that require improvement. The majority of questions fell into the bottom-20% range of scores for Trusts surveyed by Quality Health, and there were no scores in the top-20% range. Based on the scores for this year and following discussion with service leads it has been agreed that the focus for improvement for the next year will be:

- Support and Wellbeing
- Crisis care
- Planning your care

What will we continue to do for 2020/2021?

Our three year delivery plan sets out our ambition for 2020 and beyond. Over the next year we will be actively recruiting new patients and carers to get involved with the Trust. This will include a new Welcome to Involvement Induction programme for patients and carers and a training and development programme which will provide those wanting to get involved with a range of skills and opportunities building on their

lived experience. We will launch our Peoples Council in April 2020. The Council will have membership from both patients and carers with lived experience as well as local voluntary groups and organisations. The Council will act as a critical friend to the Trust when planning and delivering patient involvement across our quality improvement projects and working with our front line services.

We will continue to ensure that providing feedback on our services is easy and accessible. This will involve a re-launch of our Friends and Family Test, with a year- long programme of training and support for staff to enable them to capture, analyse, improve and measure improvement in patient experience.

Our focus on improving the learning from complaints and concerns will see the introduction of a complaints peer review programme where patients, carers and staff will come together and discuss and review the learning from complaints.

Trust Membership

Our public membership scheme is moving into its 11th anniversary in 2020. 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.

We have 2,471 members who we keep informed with updates and invitations. Our Membership Charter is a simple guide to two-way engagement with our members:

What we will do:

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

What you can do:

- Feedback your views and your interests in services
- Participate in surveys if you have an interest
- Attend events if possible
- Keep us up to date about your contact details by emailing us at 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.

Our membership is open to anyone over the age of 16 who lives in Leicester Leicestershire and Rutland, and other parts of England.

You can find further information about becoming a member and opportunities to engage with the Trust at: www.leicspart.nhs.uk or via email at: membership@leicspart.nhs.uk.

Volunteering

The Trust benefits from the invaluable support of around 500 local people volunteering their time and skills for our patients and service users. There are 64 different volunteer roles spread across a wide range of Trust sites and departments.

The financial value of this contribution is over one million pounds per year.

Highlights include:

- 147 new volunteers were recruited. The total number of active volunteers in the Trust is now the highest ever recorded.
- New roles developed over this year include a service user volunteer role in clinical audit, family lifestyle club role in Nutrition and Dietetics, gardening club role in Child and Adolescent Mental Health Services, Support role with the Immunisation team and support role in the Speech and Language Therapy Service.
- Over 120 members of staff have completed the Working with Volunteers e-learning module and feedback has been positive.
- Our team of 25 volunteer drivers completed around 5,000 journeys this year, enabling patients and service users to access our services. The contribution this service makes was formally recognised when the volunteer drivers were awarded the Volunteer of the Year Award at the Trust's Celebrating Excellence event.
- The team of 22 chaplaincy volunteers held 57 services for community hospital patients, including harvest and carol services, and visited 2,850 patients this year.
- The Knead to Chat volunteer led project demonstrates the potential of therapeutic bread making activities to improve the well-being of individuals and social groups within communities. Over 20 workshops were facilitated in venues throughout the Trust and across the county and were very positively evaluated by participants.
- Information and training sessions to promote volunteering with the Trust were held at the Recovery College, Rutland Volunteer Fayre and the Mett Centre.
- The Volunteering Team led a fundraising project, raising £880 to support planned future developments for volunteers.
- Volunteer long service was celebrated with 34 volunteers who have volunteered either 5, 10, 15 or 20 years for LPT and with a total of 270 years' service.

To find out more about our volunteering opportunities visit our website: www.leicspart.nhs.uk/volunteering

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." – Angela Hillery, chief executive

Our Future Our Way

Our staff are our greatest asset and we have many ways of ensuring that we listen and respond to them. In March 2019 we launched a culture, leadership and inclusion programme with support from NHS Improvement.

The programme – Our Future Our Way – has engaged staff with a view to us building a culture where everyone will feel more valued, supported and empowered. 92 staff came forward to take on the role of Change Champion and within this role they interviewed our Board, staff, stakeholders, volunteers and patients asking them what they felt and thought about the current culture.

Our Future Our Way
Improving culture, leadership, inclusion

9 areas of improvement were highlighted:

- **A clear vision**
- **Leadership**
- **Valuing one another**
- **No bullying**
- **Blame-free culture**
- **Supportive appraisals**
- **Compassionate policies**
- **Meaningful data**
- **Remove silo working**

As a result we have co-designed a clearer and more focused vision for the Trust. We have also created a Leadership Behaviour Framework for all staff to work with and to hold each other to account. The themes for these behaviours are; Recognising and valuing people's differences, Working together, Always learning and improving, Taking personal responsibility and Valuing one Another. These behaviours will become embedded in everything that we do, leading to improved working relationships and improved patient care. In addition to the behaviours work we have started some more focused work around tackling bullying and harassment in the Trust. We will continue on our journey of improving and making LPT a great place to work and receive care.

NHS Annual Staff Survey

The annual staff survey is one of the ways we measure how well we are doing in improving the experience of staff. In November 2019, 2422 staff (46%) took the time to complete the 2019 NHS Staff Survey. This is just 2% below the average for the 31 Trusts that are similar to our Trust and who we are benchmarked against.

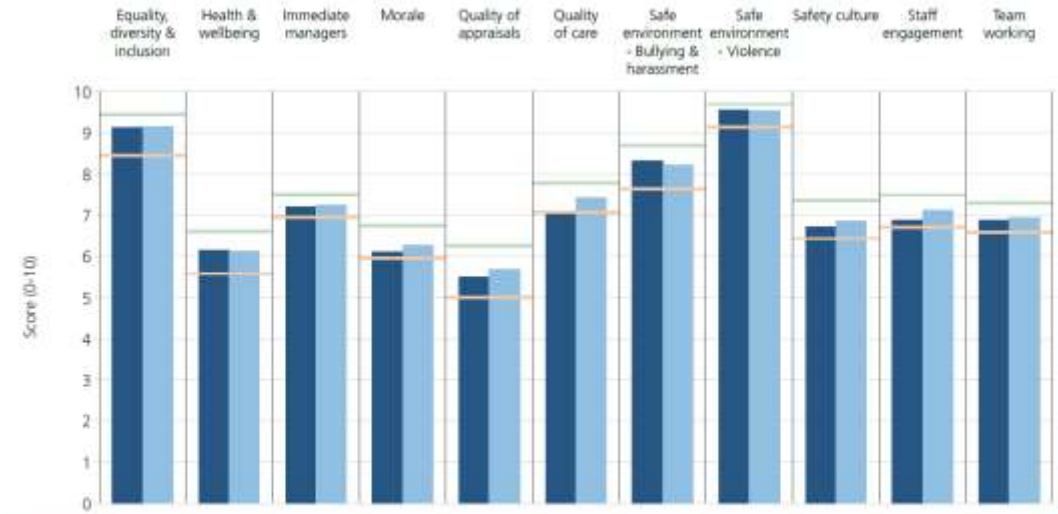
2019/20 was a period of significant change for LPT and the results of the 2019 survey reflect this as well as replicating some of the themes highlighted through the Our Future Our Way programme. We were pleased to maintain our position against 8 of the 11 themes in the staff survey including equality and diversity, health and wellbeing and the quality of care.

Responses to the survey – top 11 themes:

Theme	2018 score	2018 respondents	2019 score	2019 respondents	Statistically significant change?
Equality, diversity & inclusion	**9.2**	2557	**9.1**	2383	Not significant
Health & wellbeing	**6.3**	2565	**6.1**	2397	Not significant
Immediate managers	**7.2**	2573	**7.2**	2402	Not significant
Morale	**6.2**	2551	**6.1**	2384	↓
Quality of appraisals	**5.7**	2391	**5.5**	2286	↓
Quality of care	**7.0**	2135	**7.1**	1970	Not significant
Safe environment - Bullying & harassment	**8.4**	2556	**8.3**	2388	Not significant
Safe environment - Violence	**9.6**	2556	**9.5**	2387	Not significant
Safety culture	**6.8**	2561	**6.7**	2389	Not significant
Staff engagement	**7.0**	2596	**6.9**	2418	↓
Team working	**7.0**	2542	**6.9**	2371	Not significant

How we compare with other similar trusts

In terms of our comparison with similar Trusts, we remain the same or better than our comparators on 6 of the 11 themes but are below the benchmark average for the remaining 5.



	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of appraisals	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement	Team working
Best	9.4	6.6	7.5	6.7	6.3	7.8	8.7	9.7	7.4	7.5	7.3
Your org	9.1	6.1	7.2	6.1	5.5	7.1	8.3	9.5	6.7	6.9	6.9
Average	9.1	6.1	7.2	6.3	5.7	7.4	8.2	9.5	6.8	7.1	6.9
Worst	8.5	5.6	6.9	6.0	5.0	7.1	7.6	9.1	6.4	6.7	6.6
Responses	2,383	2,397	2,402	2,384	2,286	1,970	2,388	2,387	2,389	2,418	2,371

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. We continue to work towards continuous improvement in effective local leadership, line manager development, communication and engagement, health and wellbeing, bullying and harassment, quality of care and quality improvement.

We undertook a bank staff survey in 2019 and more than doubled the response rate to 49% (475 respondents). The survey is currently being analysed.

Consultation with staff

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

During 2019/20 we have continued to actively involve staff, across all services, through engagement and consultation linked to service transformation and development initiatives and associated change management programmes. We produce a weekly Trust e-newsletter and encourage the use of social media, in line with the Trust's social media policy, as a forum for staff to share their views. Our closed staff Facebook group (which has over 2,000 members) is proving to be a good forum for staff to share their views, find answers to questions and gain support from colleagues. 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 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 members of staff)
- LPT Young Voices
- anti-bullying and harassment advice service (ABHAS)
- access to mediation for resolving workplace conflict
- Listening Ear service provided by Chaplaincy services
- Access to Freedom to Speak Up Guardian

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 Angela' 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

Freedom to Speak Up – 'Together we are making speaking up business as usual'

"The Freedom to Speak Up Guardian works alongside the trust leadership team to support the organisation in becoming a more open and transparent place to work, where all staff are actively encouraged and enabled to speak up safely" – National Guardians Office

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. Here at Leicestershire Partnership NHS Trust the Chief Executive is the lead Director for Freedom to Speak Up, which signals to staff the importance the organisation places on speaking up about patient care, quality improvement and resolving work related issues. Staff are encouraged to speak up and raise concerns with their line manager, with another member of the leadership teams or directly with the Freedom to Speak Up (FTSU) Guardian.

The FTSU Guardian provides confidential and impartial advice, or practical support where requested, to those who want to speak up about patient care, quality improvement or to resolve work related issues.

In 2019, the Freedom to Speak Up: Raising Concerns (Whistleblowing) Policy was reviewed and updated in line with current guidance from NHS Improvement & NHS England. The policy provides assurance to staff and explicitly states that harassment or victimisation, of anyone speaking up and raising a concern, or any form of reprisal will not be tolerated and could be dealt with through disciplinary procedures.

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

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

Freedom to Speak Up Partners

In addition to the FTSU Guardian, the Trust has introduced the role of Freedom to Speak Up Partners. In 2019, the Trust delivered the National Guardian's Office's (NGO) foundation training to all partners from our Trust and to Guardians from several other Trusts in the East Midlands region. The introduction of the partner role has increased the reach of the FTSU agenda and helps to embed the key messages. The Trust now has 18 volunteer partners across the organisation with representatives from a wide cross section of the work force and includes members from each of the Trust's five staff support groups.

Listening into Action

We introduced Listening into Action (LiA) to our staff in May 2013. It has seen 142 teams use the approach of a 20-week programme and is 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. The 'Pass it On' event is now part of the annual Quality Improvement event, helping staff to understand that LiA is one of the methodologies they can use when making quality improvements. Teams are still expected to display their LiA achievements in order to share successes with other teams.

Cohorts 11 and 12 have had some significant successes that have improved the environment and experiences for service users and staff alike:

Cohort 11	Outcomes
ECT Follow Up Clinic	*The Acute Recovery Team wanted to develop a clinic within the electroconvulsive therapy department at the Bradgate Mental Health Unit that would follow up on patients who had completed treatment, and to complete the required assessments. Following joint service-user and staff engagement at their Big Conversation, their idea developed and a bi-weekly café style support group has been set up. Here, patients can meet and find out more about the department and get support and information.*
Communications Team	*The communications team wanted to use LiA to review the current communications strategy so that it could be refreshed and also to help the team find out what more could be done to help staff at LPT feel as informed and engaged as possible. The team used lots of methods to engage staff and as a result this informed their strategy. They were also able to secure funds to go towards the new staff intranet newsletter functionality. This will enable them to send targeted communications to staff, in a mobile friendly way.*
Newly Qualified Nurses	*Newly qualified nurse Mia Maxwell wanted to improve the emotional and psychological support of newly qualified nurses coming into the Trust. At the Big Conversation, the idea of making newly qualified nurses identifiable with a green lanyard came out as a simple solution. When senior management see the lanyard, they now check-in with the nurse to make sure they are feel supported. Line managers also make regular contact with nurses on duty to provide some extra support, The lanyard helps others to recognise newly qualified nurses and highlights that they are still learning.*
This is Me	*Thomas wanted to establish a system of capturing each service-user's*

	likes / dislikes, preferences / needs, fears / wishes, for a personalised level of care at Mill Lodge, with input from families and members of staff within three weeks of admission. After a joint service-user and carer event, LiA funds enabled the team to create bespoke boxes for service-users, containing items such as favourite music, jewellery and personal belongings. Improvements were also made to the environment itself, such as aromatherapy solutions and modifications to the End of Life room.
Values Culture	*The team wanted to explore how the Trust Values and Pledge could be embedded within the culture at LPT through the co-design of a new induction and recruitment film, showcasing different teams in the Trust and the great work of our staff. Following their Big Conversation, the production of a film was commissioned to replace the existing one shown at induction. This was also supported through a range of other communications materials, as well as a new culture, leadership and inclusion programme called Our Future Our Way.*
Welcome to the Bradgate MHU	*The team wanted to improve the experience of patients, carers, staff and visitors when they arrive at the reception of the Bradgate Mental Health Unit. Following their joint service-user and staff Big Conversation, modifications were made to the reception desk at the unit to make it more friendly and inviting. New artwork was put up around the unit to make the general environment more visually appealing.*
Whole Family Approach at the Bradgate MHU	*The team wanted to embed the Whole Family Approach at the Bradgate Mental Health Unit by having a dedicated space to support maintained family contact for patients and families at the unit, improving patient recovery and also enabling carers and young carers to be more involved with the day-to-day support of family members. Following a number of roadshows, where patients, carers and staff could share their thoughts, a room on the unit was redecorated and fitted with furniture and equipment, especially toys and craft items for children, to make the space family-focused.*
Charnwood CMHT waiting area	*The team wanted to create an area where staff within the team could be able to take an uninterrupted break away from their desk. Following a Big Conversation, LiA supported them by providing them with the funds to buy a fridge – releasing space for a table and chairs. This means that staff are now able to have a break away from their working environment, supporting their health and wellbeing.*
Working with Independent SLTs	*The team wanted to explore how independent and NHS speech and language therapists could improve communication and work together more effectively for the benefit of children and families. Following the LiA, a document was produced to outline better practices. For example, independent therapists now ring the speech and language administrators at Leicestershire Partnership NHS Trust to advise them that they are involved with a child so that clinical records can be updated and details recorded appropriately.*

Cohort 12	**Outcomes**
Keeping you Informed	*Staff at the Willows wanted to address how they could provide information better to their patients on the ward whilst complying with the necessary standards and requirements of the Trust. A Big Conversation helped them understand their patients' needs better through consultation with them*

	and they have standardised their information boards.
Let's Get Gardening	*Work continues to create a therapeutic garden for patients at the Bradgate MHU, with different areas being introduced to the area to meet different needs of service users, along with raised beds, purchased through LiA funding. A launch event is planned for 24 March 2020.*
What a Waste!	*Kelly Arthurs, deputy nurse in charge on North Ward at Hinckley and Bosworth Community Hospital recognised there was a lot of waste of medication on the ward. Holding a Big Conversation which involved staff from pharmacy enabled them to come up with some actions which included a two week audit of medications returned from north ward. They have also purchased two small medicine trolleys, which has helped reduce ordering unnecessary stock. Pharmacy and nurses undertook some shadowing and are exploring how pharmacy can further support their improvements.*
Recording Outcomes in FYPC	*Our FYPC directorate looked at how they could standardise capturing their outcomes to better report and describe the way they impact on outcomes for children and families. Many services within the directorate do capture outcomes but it is not consistent and learning and innovation is not always shared. Following the event they reviewed quality improvement actions and projects that came out of the session and shared them with the attendees, completed thematic analysis and included them in a report to teams and directorate with recommendations and embedded next steps for their QI network meetings.*
Recycling at the Bradgate Mental Health Unit	*Following the Big Conversation the team has now linked with the Sustainability group and procurement are currently sourcing alternatives to plastic cups. It had been estimated that one ward used 1,000 cups a month!*
Voluntary Transport	*A Big Conversation helped the Voluntary Drivers to implement a new information pack (with updated referral form) as well as an email confirmation to referrers the day before the journey, which has helped to reduce the number of wasted journeys. A new publicity push helped recruit six new drivers and LiA funds helped them purchase a configured SystmOne auto-planner unit.*
The Patient Experience Team	*The team used LiA to improve how, as an organisation, we involved patients, carers and their families in their own care and how we could use the experience of patients and carers to improve how we deliver care and services. Following their Big Conversation they have been auditing on various feedback methods and are now determining which approach to test further in service user groups. They are also considering piloting a Listen and Talk Volunteer within services to obtain feedback from service users*

Cohort 13 is also underway with their LiA journeys, advertising and planning for their Big Conversations:

Cohort 13	Missions
No-Bullying in LPT	*To involve everyone in working together to have a zero tolerance approach to bullying in LPT. They will be using a Big Conversation event, feedback slips distributed by our culture change champions and an online survey to capture feedback on their 3 questions.*

Improving Mental Health Knowledge in Community Nursing	*Increase the awareness of physical health nurses recognising the mental health needs of patients and where to signpost them for support.*
Ward Rotation at the Bradgate Mental Health Unit	*To introduce rotation of nurses, with the aim of increasing team cohesion, encouraging sharing of good practice across wards, improving confidence, competence and experience of nurses and increasing job satisfaction.*

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.

Areas of development this year:

- Grow Our Own
- Work experience
- Online resources
- Culture and leadership

We've really focused this year on growing our own staff and also bringing young people into the NHS. We're pleased our motivation and hard work has been recognised and rewarded: with a grant to be AHP faculty test bed; and our LLR partnership work experience project receiving funding from Health Education England. Also this year our first cohort of Nursing Associates graduated from DeMontfort University joining over 300 other nursing associates to be the first registered with the NMC.

The AHP faculty testbed is leading on the expansion of development opportunities in AHPs in particular expanding work experience opportunities and professional apprenticeships. We were successful in recruiting staff onto both physiotherapy and occupational therapy apprenticeships at Coventry University in 2019, and have plans to expand this offer to other AHPs professions next year.

Picture of Sue Wyburn and Katie Crowfoot with OT and Physio apprentices:

The LLR work experience project is a partnership between UHL and LPT aimed at improving access to work experience for young people within our healthcare organisations. The project's success includes a workshop with over 50 young people from local schools. They listened to inspiring talks from healthcare professionals and learnt about the human body through simulations and technology.

We've invested in improving our online learning resources this year. There is now a dedicated site on the Trust's learning management system for online resources and our elearning offer has doubled this year. We have a dedicated technology enhanced learning team who support trainers and staff in the trust to provide a range of technology based offers to meet all learning needs. They also ensure we have a web presence to enable staff off site to access materials, and can be found on twitter as @lptlearning.

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 welcome all of our new starters to the Trust on day one of their employment. 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. The Team have led a large scale cultural programme training over 90 staff as Change Champions to help make improvements within the organisation, with the aim of making LPT a great place to work.

Embracing equality, diversity and inclusion

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. It is important that all our staff are supported to grow.

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:

April 2019	**May 2019**	**June 2019**
Refreshed WRES action Plan. First cohort of Reverse Mentoring matching commenced.	Zero Tolerance campaign developed. LPT participated in Reach Society's Employability Day on the 29th May 2019 at Leicester University. Recruitment and Selection policy review commenced, including strengthening of approach to fair recruitment processes (diverse panels).	Race and Cultural Understanding training co-produced with BME employees. Interview Skills training course delivered to BME staff. LGBT and rainbow badge presentation to Leicester City PLT.
July 2019	**August 2019**	**September 2019**
Rainbow badge initiative launched with a high demand	We reported against the Workforce Race Equality	Race and Cultural Understanding

from staff for 3000 badges. Sponsorship sought and successfully procured from external private sector partners. WRES and WDES data gathering and analysis carried out and respective action plans produced and published.	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 Workforce Disability Equality standards published with action plans to address the issues identified. Good representation of LPT staff at Leicester Pride festival.	training delivered to FYPC SMT. Internal Unconscious Bias training commenced. Head of EDI co-chaired third module of NHS Employers Equality and Diversity Partners Programme.
October 2019 3 very successful Black History month drop in sessions organized with accompanying publicity. Mid-way evaluation of reverse mentoring Programme undertaken with mentees and mentors reporting excellent progress. Race and Cultural Understanding Training pilot delivered to EDI Group.	**November 2019** 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 Carer's and LPT Young voices network. Reviewed EDS2 evidence in preparation for grading. Purple Tuesday celebrated. EDI Workforce Group met.	**December 2019** Diverse panel mandated and communications sent to all directorates. Race and Cultural Understanding delivered to Adult Mental Health and Community Health directorates. Unconscious Bias training delivered. International Day for Disabled People celebrated. Support Networks meeting held. First meeting of EDI Group for patient involvement.
January 2020 Race and Cultural Understanding Training rolled out to Leadership cohort. Unconscious bias training run and reverse Mentoring Celebration took place on 3 February. Mandatory diverse panels introduced Equality monitoring information was published on service users, in line with Public Sector Equality	**February 2020** First set of data available for identifying which interview panels are diverse. Second Race and Cultural Understanding Training session run. Unconscious Bias Training delivered to teams in CHS.	

Duty. LLR system wide EDI Conference publicized. LPT joined one of 6 Trusts on the WRES Culture Change Programme. 27 January EDI workforce Group met.	

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 2020.

Workforce Race Equality Standard (WRES)

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. The Trust has developed a prioritised WRES action plan which it is implementing. The Trust's work has been recognised nationally and will be one of 6 Trusts working with the WRES National Team on its innovative Culture change programme.

Gender Pay Gap

The Gender Pay Gap Regulations (a 2017 update to the Equality Act 2010) introduced a requirement for listed public authorities and private sector organisations with 250 or more employees to publish information relating to the difference between the pay of female and male employees. For public authorities, reporting on the Gender Pay Gap took place for the first time on 30 March 2018. This information is being used alongside other equality monitoring information to inform initiatives to promote gender equality in pay and career progression. See our website for our latest report: https://www.leicspart.nhs.uk/wp-content/uploads/2020/02/LPT-Gender-Pay-Gap-Report-2018-19-FOR_PUBLICATION.pdf

Workforce Disability Equality Standard (WDES)

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

equality information reports are published on our website here: https://www.leicspart.nhs.uk/about/equality-and-human-rights/publication-of-equality-information/

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, bisexual and transgender (LGBT) people. Unconscious bias training has also been developed for staff and is being delivered as a face to face course. In addition, in support of the WRES work, Race and Cultural Understanding Training has been developed with the assistance of BME colleagues and is role essential for all of LPT's leadership.

Looking ahead: 2020 Activity

Activity 1:	To comply with the Equality Act 2010 and the Public Sector Equality Duty (PSED).
Activity 2:	To report and develop actions to address issues identified in the course of the equality monitoring of the workforce and service users.
Activity 3:	To embed and mainstream the Equality Delivery System 3 (EDS3) into all service and enabling activity.
Activity 4:	To report and implement action plans to address gaps identified against the Workforce Race Equality Standard, Workforce Disability Equality Standard, and Gender Pay Gap reporting metrics.
Activity 5:	To work in partnership locally, regionally and nationally to share best practice and develop inclusive initiatives that improve outcomes for staff and patients.
Activity 6:	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.

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.

Sickness absence

The Trust's average rate of sickness absence in 2019/20 was 5.02%, a slight decrease from the 2018/19 rate of 5.1%. 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
- mindfulness for menopause programmes
- provision of yoga and dance classes
- encouraging staff to 'take a break'
- introduction of 'going home' checklist
- 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
- mental health first aid (MHFA) training for staff
- resource for 'positively supporting your mental health' developed
- 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 into Action, will contribute to our ambition of improving staff experience and have a positive impact on staff health and wellbeing.

NHS sickness absence rates are available at:

https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates

Accountability report

Director's report – how we govern

There are seven non-executive directors (including the chair) at the Board. There were no changes to non-executive directors during the annual report period.

There have been a number of changes amongst the executive directors. The chief executive Dr Peter Miller retired from his role and was succeeded by Ms Angela Hillery on 08 July 2019. Ms Hillery has remained as Chief Executive of Northamptonshire Healthcare NHS Foundation Trust and shares her time equally between the two Trusts. Dr Anne Scott was our interim chief nurse from 1 April to 31 May 2019. Ms Anne-Maria Newham became our Director of Nursing from 1 June 2019 to 31 December 2019 and replaced again by Dr Anne Scott as Acting Director of Nursing from 1 January 2020. Mr Gordon King became our Interim Director Mental Health Services (from 23 September 2019) and subsequently confirmed in post. Mr Chris Oakes became our Director of Corporate Governance and Risk from 1st January 2020 and Mr David Williams our Director of Strategy and Business Development also from 1st January 2020. Both these roles are part-time and new executive positions for strengthening key functions and Mr Oakes and Mr Williams fulfil similar roles in Northamptonshire Healthcare NHS Foundation Trust.

Members of the Trust board at 31 March 2020 are shown below:

From Board to ward

We run an established programme of Board Walks every month where non-executive 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. Executive directors are visiting service areas frequently to support them as part of their duties.

During 2019/20, Board members completed 90 visits to our services of which: FYPC received 21, CHS received 30, AMH/LD received 37 and 2 in corporate services

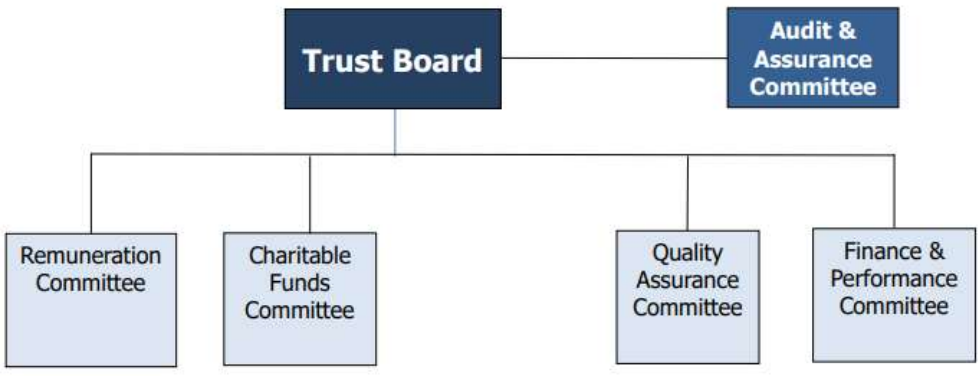
Providing assurance

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. A major review of our governance structure was undertaken following the outcome of the CQC Well-Led inspection in 2018. It resulted in a strengthening of the support to our Quality Assurance and Finance and Performance committees and a rationalisation of the direct reporting into our Trust Board and the new arrangements were approved at our Trust Board in October 2019. We now have a Legislative Committee that considers in one forum Safeguarding and Mental Health and Capacity Act matters. We have also introduced a Quality Forum to reduce the more operational detail scrutiny of quality assurance matters previously received at our Quality Assurance committee. A Transformation committee is now in place attended by the executive directors to have oversight of all the major transformation and programme critical issues in the Trust. As workforce is a critical matter our forum for workforce assurances now reports directly to our Quality Assurance committee.

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, risk management arrangements, 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 moving to bi-monthly. 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 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 moving next reporting year to a bi-monthly basis. Its membership has key executive directors and one other non-executive director (increasing to two from March 2020). 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 2019/20.
- 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 2019/20 were as follows:

Remuneration Committee	• Ruth Marchington (Chair) • Faisal Hussain • Liz Rowbotham • Geoff Rowbotham • Kevin Harris • Cathy Ellis
Charitable Funds Committee	• Cathy Ellis (Chair) • Geoff Rowbotham until 31 August 2019 • Ruth Marchington from 1 September 2019
Quality Assurance Committee	• Liz Rowbotham (Chair) • Kevin Harris • Ruth Marchington
Finance and Performance Committee	• Geoff Rowbotham (Chair) • Faisal Hussain • Liz Rowbotham from March 2020
Audit and Assurance Committee	• Darren Hickman (Chair) • Liz Rowbotham • Geoff Rowbotham

Risk management

The risk management structure at Leicestershire Partnership NHS Trust is detailed within its risk management strategy. It describes the responsibilities and accountabilities of all directors, managers and staff, including the duty to identify and report risks of all kinds, and the duty to act upon these using their own skills and competencies in the management of risk. The Trust ensures, through our management structure, that we provide training and support on the delivery of risk management activities, and provides a structure for the on-going review of new and existing risk.

The components of the framework and the characteristics of effective and efficient risk management have been customised to enable the Trust to manage the effects of uncertainty pertaining to COVID-19 on its objectives.

All significant risks in relation to the Trust's strategic objectives are described in the Trust wide organisational risk register. The Strategic Executive Board regularly considers the ORR, with the Quality Assurance Committee (QAC) and the Finance and Performance Committee (FPC) exercising their delegated responsibility from the Board to review, and gain assurance on their allocated risks. At each meeting the Trust Board receives the summary ORR highlighting any risk changes and updates since the last Board

The Trust has had a number of significant, strategic risks throughout the year (scoring 15-25), the themes of those now closed (or where risk scores are now reduced to below 15) are detailed below, followed by the Trust's live significant risk profile at year end in March 2020.

Themes during 2019/20:

- Implications of non-delivery of contract by an outsourced payroll provider.
- Bed capacity and out of area placements
- Care plans not updated in line with patient's needs and risks could result in patient harm
- Impact of not meeting the 19/20 flu vaccination target (80% end of February 2020) on the safety of front line health care workers and patients.
- Insufficient executive capacity (including Joint Chief Executive role) to cover demand and impacts on LPT ability to achieve its strategic aims

Live significant risks as at March 2020:

- The step up to great mental health strategy does not deliver improved mental health services that meet quality, safety and contractual requirements and are sustainable.
- The transformation plan does not deliver improved outcomes for people with LD and/or autism.
- Failure to implement planned and reactive maintenance of the estate leading to an
- Unacceptable environment for patients to be treated in
- The current estate configuration does not allow for the delivery of high quality healthcare
- The Leicester/Leicestershire / Rutland system is unable to work together to deliver an ICS
- Performance management framework is not fit for purpose
- Information systems and processes are not robust enough to militate against cyber-attacks and information breaches
- Staff do not fully engage and embrace the Trust's culture and collective leadership
- Insufficient staffing levels to meet capacity and demand and provide quality services
- Delayed access to assessment and treatment impacts on patient safety and outcomes
- The quality and availability of data reporting is not sufficiently mature to inform quality decision making
- The Trust cannot ensure all staff adhere to 'Bare Below The Elbow' recommendations
- Unable to deliver the operational plan due to financial pressures from the system and funding settlement
- The ability of the Trust to deliver high quality care may be affected a Coronavirus COVID-19 pandemic

A summary of the full risk profile has been provided below and maps each to the risk score as at March 2020;

Consequence						
	5				38 Financial pressure 40 COVID-19	
	4		23 Electronic Patient Record	1 Harm free care 2 Safeguarding 3 Learning from incidents 4 Safe staffing 5 Regulator standards 9 Hygiene standards 29 Out of area placements 33 Executive capacity 39 CIPs	6 MH strategy 8 Transformation for LD 10 Estates Maintenance 11 Estates configuration 16 LLR Integrated Care 20 Performance Mgt 22 Cyber attack 25 Culture and Leadership 26 Staffing levels 35 Data reporting 36 Bare below the elbow	28 Access to treatment
	3			27 Staff wellbeing	12 Patient experience 24 Equality and diversity	
	2					
	1					
		1	2	3	4	5
		Likelihood				

These risks have been carried forward into 2020/21 and the Trust had put in place controls and action plans to mitigate these risks and these are described in the organisational risk register.

Future risks and associated mitigations are identified in a number of ways, including the Board's regular 'horizon scanning' of the environment in which the Trust is operating, including regular risk focussed board development sessions, as well as through the regular refresh of the organisational risk register following the annual planning process.

The Trust Board is responsible for setting and monitoring a collective appetite for risk when pursuing its 'Step up to Great' strategic objectives. This appetite allows Board members to take a corporate view on each organisational risk, to determine what additional assurance it requires. It reduces the likelihood of any inopportune risk taking which could expose the Trust to any risk it cannot tolerate, or to an overly cautious approach which may stifle growth and development. The level of risk that it is willing to accept is based on what it considers to be justifiable and proportionate to the impact for patients, carers, the public, members of staff, the wider health economy and the sustainability of the Trust.

The Board's approach to and appetite for risk was last reviewed and approved in October 2019 and is summarised below;

- Financial / Value For Money: Moderate Appetite / Cautious
- Compliance / Regulatory: Moderate Appetite / Cautious
- Innovation / Quality / Outcomes / Patient Benefit: Significant Appetite / Seek
- Reputation: Moderate Appetite / Cautious

The system of internal control at Leicestershire Partnership NHS Trust is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies and objectives; it is based on an ongoing process designed to identified and prioritise the risks to the achievement of its policies and objectives and to evaluate the likelihood of those risks being realised, and the impact should they be realised, and to manage them efficiently, effectively and economically. it can therefore only provide reasonable and not absolute assurance of effectiveness.

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 General Data Protection Regulation (EU) 2016/679, Data Protection Act 2018, 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. There has been a focus for this year on supporting the exploitation of technology particularly in relation to communications with patients/service users, as well as our cyber resilience.

Improvements in Information Governance during 2019-20

As the Trust changes and develops, the opportunity to review the governance arrangements for the management of information, particularly relating to data privacy has been undertaken to ensure that it meets our needs and is able to provide assurance to the Board.

We take our legal obligations very seriously and therefore 2019-20 work continued on embedding changes brought about by 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 1,035 requests during 2019-20 as subject access and access to health records requests, and 333 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 preparations for achieving Cyber Essential Plus accreditation and the development of a unified cyber risk framework which has been embedded into the organisation risk register.

Work continued on the Data Security and Protection Toolkit and the Trust anticipates reporting 'Standards Met' for the delayed submission on 30 September 2020 as an outcome of the refocusing of work to support the Trusts' COVID efforts.

Data losses

We take the security and integrity of patient data and confidentiality very seriously. During 2019-20 we had six 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. As a result of this, there have been changes to policy and creation of guidance for staff, targeted messages to staff and shared learning across the Leicestershire Health Informatics Service (LHIS) network with messages and changes in technical solutions.

Emergency preparedness, resilience and response (EPRR)

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 2019, 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 a common set of 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 service specific business continuity plans in order to protect and maintain critical services in the event of a disruptive incident. LPT have over 80 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 latest addition to the Major Incident Plan is the Cyber Attack Response Plan (CARP), this sets out how the trust will respond to a successful cyber-attack / incident. The Major Incident Plan also 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 2019/20 we have a strong focus on developing the directorates command groups at strategic and tactical level, 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). Exercise Jasper was an exercise based on a multi-agency response using Resilience Direct (RD), this exercise provided assurance that the LPT Strategic On Call Framework can access this secure governmental information sharing platform, therefore having the ability to be effective in response. Exercise Handkerchief was a Leicester, Leicestershire and Rutland (LLR) Health and Social

Care Influenza Outbreak exercise, this exercise was planned and facilitated by Public Health England (PHE)

Next Steps

The focus for 2020/21 is to build on the strong base that has been created around command and control, and continue to audit our EPRR work against the NHS England EPRR Core Standards.

Coronavirus (COVID-19) statement

In March 2020, LPT established major incident procedures to best coordinate our response to issues relating to the COVID-19 pandemic.

We have responded to the incident in various ways:

- setting up new services and wards to best meet expected surges in demand
- altering the way we deliver services to minimise face-to-face contact and group based activities
- adjusting our approach to patient contact in line with guidance on isolation and protective approaches
- temporarily closing some services to prioritise delivery of critical services.

Dr Anne Scott, Acting Director of Nursing, Allied Health Professionals and Quality at LPT said: “Firstly, LPT’s main consideration is to ensure that we deliver safe care to all our patients while also maximising the safety of all of our staff. This is an exceptionally challenging time for us all, and we are extremely proud of all our staff for stepping up to meet the unprecedented challenges we are facing.

“We have been reviewing and adjusting our approach to services in line with the national guidance, and the latest position for each service is being described on our website.

“This is focused on maintaining the delivery of critical services, and enables the Trust to safely staff and rapidly implement additional surge plans in critical service areas, in order to respond to expected increased demand. This has included preparing extra capacity, recruiting new staff and volunteers, and redeploying existing staff. We are creating extra capacity to deal with patients who have or who are strongly suspected of having the virus, and who are in need of hospital care.”

Modern Slavery Act 2015 Statement

The UK Modern Slavery Act became law on the 26 March 2015. It aims to prevent all forms of labour exploitation, and to increase transparency of labour practices in supply chains. Section 54 (Transparency in Supply Chains) of the Modern Slavery Act 2015 requires eligible commercial organisations to make a public statement as to the actions they have taken to detect and deal with forced labour and trafficking in their supply chains. We are committed to meeting the requirements of this Act. You can read our latest progress statement, republished in March 2019, on our website here:

https://www.leicspart.nhs.uk/modern-slavery-act-2015/

Statement on EU Exit

Following the vote at second reading of the Withdrawal Agreement Bill on 20 December 2019, the government has stepped down preparations for a no-deal exit from the European Union. The Department of Health and Social Care has informed NHS England and NHS Improvement that for the health and care system this means that no-deal preparations should cease for all organisations. There has been useful learning from LPT's no deal preparations which will be included in our normal business continuity processes.

Statement of directors' responsibilities in respect of the accounts

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

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

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

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

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

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

By order of the Board

Angela Hillery, Chief Executive **Danielle Cecchini, Director of Finance**

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, other items of comprehensive income and cash flows for the year.

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

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

Angela Hillery, Chief Executive

Annual Governance Statement

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

Angela Hillery, Chief Executive

Board remuneration and staff report

Remuneration

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

The Remuneration Committee, which comprises all of the non-executive directors, other than the 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.

Angela Hillery, Chief Executive

Salaries and allowances of senior managers

TABLE 1: SALARIES AND ALLOWANCES OF SENIOR MANAGERS

Name and Title	2019/20					2018/19				
	Salary (bands of £5,000)	Expense Payments (taxable) total to nearest £100	Performance Pay and Bonuses (bands of £5,000)	All Pension related benefits (bands of £2,500)	Total (bands of £5,000)	Salary (bands of £5,000)	Expense Payments (taxable) total to nearest £100	Performance Pay and Bonuses (bands of £5,000)	All Pension related benefits (bands of £2,500)	Total (bands of £5,000)
	£000	£00	£000	£000	£000	£000	£00	£000	£000	£000
Rachel Bilsborough, Divisional Director CHS	110-115	0	0	17.5-20	130-135	105-110	0	0	5-7.5	115-120
Daniela Cecchini, Director of Finance/Deputy Chief Executive	125-130	0	0	17.5-20	145-150	100-105	45	0	60-62.5	165-170
Adrian Childs, Chief Nurse/Deputy Chief Executive (Up to 31/12/18)	0	0	0	0	0	95-100	0	0	0	95-100
Dr Sue Elcock, Medical Director	100-105	51	65-70	0	175-180	45-50	22	30-35	132.5-135	220-225
Cathy Ellis, Chair	35-40	0	0	0	35-40	35-40	0	0	0	35-40
Dr Satheesh Kumar Gangadharan, Medical Director (Up to 30/04/18)	0	0	0	0	0	5-10	4	5-10	0	15-20
Dr Claire Gibson, Non-Executive Director (Up to 31/07/18)	0	0	0	0	0	0-5	0	0	0	0-5
Professor Kevin Harris, Non-Executive Director (wef 17/09/18)	5-10	0	0	0	5-10	0-5	0	0	0	0-5

Name and Title	2019/20					2018/19				
	Salary (bands of £5,000)	Expense Payments (taxable) total to nearest £100	Performance Pay and Bonuses (bands of £5,000)	All Pension related benefits (bands of £2,500)	Total (bands of £5,000)	Salary (bands of £5,000)	Expense Payments (taxable) total to nearest £100	Performance Pay and Bonuses (bands of £5,000)	All Pension related benefits (bands of £2,500)	Total (bands of £5,000)
	£000	£00	£000	£000	£000	£000	£00	£000	£000	£000
Darren Hickman, Non-Executive Director	5-10	0	0	0	5-10	5-10	0	0	0	5-10
Angela Hillery, Chief Executive (Employed by NHFT - see Note 1)										
Faisal Hussain, Non-Executive Director	5-10	0	0	0	5-10	5-10	0	0	0	5-10
Gordon King, Director of Adult Mental Health (Employed by NHFT)	60-65	0	0	90-95	155-160	0	0	0	0	0
Ruth Marchington, Non-Executive Director	5-10	0	0	0	5-10	5-10	0	0	0	5-10
Dr Peter Miller, Chief Executive (Up to 31/07/2019)	55-60	0	0	0	55-60	165-170	0	0	25-27.5	195-200
Dr Saquib Muhammad, Interim Medical Director (01/05/18 - 30/09/18)	0	0	0	0	0	40-45	0	30-35	0	75-80
Sharon Murphy, Interim Director of Finance (Up to 31/05/2018)	0	0	0	0	0	15-20	0	0	15-20	30-35

Name and Title	2019/20					2018/19				
	Salary (bands of £5,000)	Expense Payments (taxable) total to nearest £100	Performance Pay and Bonuses (bands of £5,000)	All Pension related benefits (bands of £2,500)	Total (bands of £5,000)	Salary (bands of £5,000)	Expense Payments (taxable) total to nearest £100	Performance Pay and Bonuses (bands of £5,000)	All Pension related benefits (bands of £2,500)	Total (bands of £5,000)
	£000	£00	£000	£000	£000	£000	£00	£000	£000	£000
Anne-Maria Newham, Chief Nurse (01/06/19-19/01/20)	75-80	0	0	195-200	275-280	0	0	0	0	0
Chris Oakes, Director of Corporate Governance and Risk (Employed by NHFT - see Note 1)										
Elizabeth Rowbotham, Non-Executive Director	5-10	0	0	0	5-10	5-10	0	0	0	5-10
Geoff Rowbotham, Non-Executive Director	5-10	0	0	0	5-10	5-10	0	0	0	5-10
Dr Anne Scott, Interim Chief Nurse (wef 1/1/19)	85-90	0	0	0	85-90	25-30	0	0	0	25-30
Helen Thompson, Divisional Director FYPC	110-115	0	0	5-7.5	120-125	105-110	0	0	25-27.5	135-140
David Williams, Director of Business Strategy & Business Development (Employed by NHFT - see Note 1)										
Sarah Willis, Director of HR & Organisational Development	105-110	0	0	17.5-20	125-130	100-105	0	0	27.5-30	135-140

Notes

1. Angela Hillery, Chris Oakes and David Williams are also employed by Northamptonshire Healthcare Foundation Trust (NHFT); their full salary and pension disclosures are included within NHFT's remuneration report
2. Dr Anne Scott was acting Chief Nurse 01/04/2019 to 01/06/2019 then from 20/01/2020
3. Dr Peter Miller took voluntary early retirement on 31/07/2019

TABLE 2: PENSION ENTITLEMENTS OF SENIOR MANAGERS

Name and Title	Real increase in pension at pension age (bands of £2,500)	Real increase in lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31 March 2020 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2020 (bands of £5,000)	Cash Equivalent Transfer Value at 1 April 2020	Cash Equivalent Transfer Value at 31 March 2019	Real increase in Cash Equivalent Transfer Value
	£000	£000	£000	£000	£000	£000	£000
Rachel Bilsborough, Divisional Director CHS	0-2.5	0	40-45	115-120	954	892	25
Daniela Cecchini, Director of Finance	0-2.5	0	40-45	115-120	923	878	27
Dr Sue Elcock, Medical Director	0	0	35-40	65-70	549	591	0
Gordon King, Director of Adult Mental Health	0-2.5	5-7.5	45-50	145-150	108	979	39
Dr Peter Miller, Chief Executive	0	0	50-55	180-185	0	1606	0
Anne-Maria Newham, Chief Nurse (01/06/19-19/01/20)	5-7.5	17.5-20	50-55	155-160	1185	957	131
Dr Anne Scott, Chief Nurse	0	0	30-35	85-90	634	641	0
Helen Thompson, Divisional Director FYPC	0-2.5	0	40-45	115-120	949	919	15
Sarah Willis, Director of HR & Organisational Development	0-2.5	0	15-20	25-30	275	252	9

Notes:

1. Pension benefits and related CETVs do not allow for any potential future adjustments arising from the McCloud judgement (this is a legal case concerning age discrimination associated with the 2015 public sector pension reforms). Following legal proceedings, any future implications to pension benefits are still to be quantified.

2. With effect from August 2019 the method used by NHS Pensions to calculate CETV values was updated. The Guaranteed Minimum Pension (GMP) is now fully indexed; however before August 2019 this was not the case. Therefore any real increase in CETV in 2019/20 also includes the impact of the change in methodology.

3. Real increase/decrease in CETV is subject to rounding

Pay Multiples

Table 3: Pay Multiples

	2019-20	2018-19
Mid band of highest paid director's total remuneration (£)	172,500	172,500
Median total remuneration (£)	30,112	28,800
Ratio	5.73	5.99

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 director in Leicestershire Partnership NHS Trust in the financial year 2019/20 was £172,500 (2018/19: £172,500). This was 5.73 times the median remuneration of the workforce (2018/19: 5.99 times). The median remuneration of the workforce was £30,112 in 2019/20 and £28,800 in 2018/19.

In 2019/20 one employee received remuneration in excess of the highest-paid director/member (2018/19: also one). Remuneration ranged from £7,600 to £191,000 (2018/19 £7,300 to £174,000).

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 2019/20 financial period, the Trust spent £356,000 with various consultancies (2018/19: £339,000). 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 £283,000 were agreed during 2019/20 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 2020, for more than £245 per day and that last longer than six months:

	Number
No. of existing engagements as of 31 March 2020	5
Of which:	
No. that have existed for less than one year at time of reporting	1
No. that have existed for between one & two years at time of reporting	3
No. that have existed for between two and three years at time of reporting	0
No. that have existed for between three and four years at time of reporting	0
No. that have existed for four or more years at time of reporting	1

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 2019 and March 2020, for more than £245 per day and last for longer than six months

	Number
No. of new engagements, or those that reached six months in duration, between 1 April 2019 and 31 March 2020	3
Of which:	
No. assessed as caught by IR35	3
No. assessed as not caught by IR35	0
No. engaged directly (via PSC contracted to department) and are on the departmental payroll	0
No. of engagements reassessed for consistency / assurance purposes during the year	0
No. of engagements that saw a change to IR35 status following the consistency review	0

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 2019 and 31 March 2020

	Number
No. of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	0
No. of individuals that have been deemed “board members, and/or, senior officials with significant financial responsibility”, during the financial year. This figure should include both off-payroll and on-payroll engagements *	12

* This number includes 3 board members (including Chief Executive) who are also employed by Northamptonshire Healthcare Foundation Trust (NHFT) and whose salary details are fully disclosed within NHFT’s remuneration report.

Table 4: Exit Packages

Exit package cost band (including any special payment element)	*Number of compulsory redundancies	Cost of compulsory redundancies	**Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of departures where special payments have been made	Cost of special payment element included in exit packages
	Number	£0s	Number	£0s	Number	£0s	Number	£0s
Less than £10,000	0	0	12	41,000	12	41,000	0	0
£10,000 - £25,000	2	35,000	0	0	2	35,000	0	0
£25,001 - £50,000	1	31,000	0	0	1	31,000	0	0
£50,001 - £100,000	1	69,000	0	0	1	69,000	0	0
£100,001 - £150,000	1	107,000	0	0	1	107,000	0	0
£150,001 - £200,000	0	0	0	0	0	0	0	0
>£200,000	0	0	0	0	0	0	0	0
Total	**5**	**242,000**	**12**	**41,000**	**17**	**283,000**	**0**	**0**

* 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 pension's scheme. Ill-health retirement costs are met by the NHS pension's scheme and are not included in the table.

** All of the other departures agreed outside of compulsory redundancies (12 in total) relate to contractual payments in lieu of notice (£41,000).

Table 5: Staff costs

	Permanent £000	Other £000	2019/20 Total £000	2018/19 total £000
Salaries and wages	154,013	15,543	169,556	162,948
Social security costs	15,221	0	15,221	14,618
Apprenticeship levy	817	0	817	785
Employer's contributions to NHS pensions	21,189	0	21,189	20,326
Pension cost - employer contributions paid by NHSE on provider's behalf (6.3%)	9,282	0	9,282	0
Pension cost - other	71	0	71	26
Termination benefits	295	0	295	603
Temporary staff - Agency	0	10,193	10,193	8,946
Total Gross staff costs	**200,888**	**25,736**	**226,624**	**208,252**
Recoveries from other bodies in respect of staff cost netted off expenditure	(313)	0	(313)	(250)
Total Staff Costs	**200,575**	**25,736**	**226,311**	**208,002**
Of which costs capitalised as part of assets	1,962	0	1,962	1,284

Table 6: Average number of employees (WTE basis)

	Permanent Number	Other Number	2019/20 Total Number	2018/19 Total Number
Medical and dental	177	7	184	185
Administration and estates	1,128	86	1,214	1,215
Healthcare assistants and other support staff	878	325	1,203	1,209
Nursing, midwifery and health visiting staff	1,549	201	1,750	1,743
Scientific, therapeutic and technical staff	909	26	935	916
Social care staff	0	0	0	4
Total average numbers	**4,641**	**645**	**5,286**	**5,272**
Of which:				
Number of employees (WTE) engaged on capital projects	45	0	45	28

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 2019 to 31 March 2020 was KPMG. The 2019/20 audit fee of £68k relates to services provided by external audit, including the annual statutory audit of the Trust's financial accounts (£64k) and the planning work undertaken for the preparation of the quality accounts audit (£4k).

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

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

Opinion

We have audited the financial statements of Leicestershire Partnership NHS Trust ("the Trust") for the year ended 31 March 2020 which comprise the Statement of Comprehensive Income, Statement of Financial Position, Statement of Changes in Taxpayers Equity and Statement of Cash Flows, and the related notes, including the accounting policies in note 1.

In our opinion the financial statements:

- give a true and fair view of the state of the Trust's affairs as at 31 March 2020 and of its income and expenditure for the year then ended; and
- have been properly prepared in accordance with the accounting policies directed by the Secretary of State with the consent of the Treasury as being relevant to NHS Trusts in England and included in the Department of Health and Social Care Group Accounting Manual 2019/20.

Basis for opinion

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

Going concern

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

We are required to report to you if we have concluded that the use of the going concern basis of accounting is inappropriate or there is an undisclosed material uncertainty that may cast significant doubt over the use of that basis for a period of at least a year from the date of approval of the financial statements. In our evaluation of the Director's conclusions we considered the inherent risks to the Trust's operations and analysed how these risks might affect the Trust's financial resources, or ability to continue its operations over the going concern period. We have nothing to report in these respects.

However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the absence of reference to a material uncertainty in this auditor's report is not a guarantee that the Trust will continue in operation.

Other information in the Annual Report

The Accountable Officer is responsible for the other information presented in the Annual Report together with the financial statements. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work we have not identified material misstatements in the other information. In our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements.

Annual Governance Statement

We are required to report to you if the Annual Governance Statement has not been prepared in accordance with the requirements of the Department of Health and Social Care Group Accounting Manual 2019/20. We have nothing to report in this respect.

Remuneration and Staff Report

In our opinion the parts of the Remuneration and Staff Report subject to audit have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2019/20.

Directors' and Accountable Officer's responsibilities

As explained more fully in the statement set out on page 74, the directors are responsible for the preparation of financial statements that give a true and fair view. They are also responsible for: such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity. As explained more fully in the statement of the Chief Executive's responsibilities, as the Accountable Officer of the Trust, on Page 75 the Accountable Officer is responsible for ensuring that annual statutory accounts are prepared in a format directed by the Secretary of State.

Auditor's responsibilities

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

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

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

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

Under the Code of Audit Practice we are required to report to you if the Trust has not made proper arrangement for securing economy, efficiency and effectiveness in its use of resources.

Qualified conclusion

Subject to the matters outlined in the basis for qualified conclusion paragraph below we are satisfied that in all significant respects Leicestershire Partnership NHS Trust put in place proper arrangements for securing economy, efficiency and effectiveness in the use of resources for the year ended 31 March 2020.

Basis for qualified conclusion

In considering the adequacy of the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources and specifically in terms of informed decision making, we identified the points below relating to the concerns raised by the CQC and NHSI in relation to the Trust failing to demonstrate adequate governance arrangements and quality management. In coming to our conclusion we have considered the following factors:

- Following the CQC inspection in November/December 2018, the Trust was rated overall, 'Requires Improvement' with an 'inadequate' rating given on the Well Led Criteria. This is a deterioration against the previous rating. The Trust was served under Section 29a a Warning Notice from the CQC on 30 January 2019. The notice notified the Trust that the CQC had formed a view that the quality of health care required significant improvement over nine areas.

- NHSi subsequently in early May 2019 moved the Trust to Segment 3 under the NHSI Operating Framework. Segment Level 3 means Providers receive mandated support for significant concerns as there is a breach of the licence.

- In May 2019, the Trust was issued with an undertaking from NHSI due to concerns with quality and performance. The letter stated concerns that the Trust has provided and is providing health services whilst failing to comply with certain conditions of its licence.

- The Trust has not received a revised CQC rating in 2019/20 as no CQC inspection has taken place. As a result the undertaking issued in May 2019 remains in place.

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

As explained in the statement set out on page 75, the Chief Executive, as the Accountable Officer, is responsible for ensuring that value for money is achieved from the resources available to the Trust. We are required under section 21(3)(c), as amended by schedule 13 paragraph 10(a), of the Local Audit and Accountability Act 2014 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the specified criterion issued by the Comptroller and Auditor General (C&AG) in December 2019 and updated in April 2020 as to whether the Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. We planned our work in accordance with the Code of Audit Practice and related guidance. Based on our risk assessment, we undertook such work as we considered necessary.

Statutory reporting matters

We are required by Schedule 2 to the Code of Audit Practice issued by the Comptroller and Auditor General ('the Code of Audit Practice') to report to you if:

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

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

- we make a written recommendation to the Trust under section 24 of the Local Audit and Accountability Act 2014.

We have nothing to report in these respects.

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

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

CERTIFICATE OF COMPLETION OF THE AUDIT

We certify that we have completed the audit of the accounts of Leicestershire Partnership NHS Trust for the year ended 31 March 2020 in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

Andrew Bostock
for and on behalf of KPMG LLP
Chartered Accountants
One Snowhill, Queensway, Birmingham. B4 6GH.

24 June 2020

Accountability Statement

The purpose of the accountability section of the annual report is to meet key accountability requirements to Parliament. I confirm that the information contained in pages 65 to 90 of this report meet those requirements stipulated in the Department of Health and Social Care Group Accounting Manual 2019-20.

Angela Hillery, Chief Executive

Financial statements

Summary of financial statements

The Financial Accounts for 2019/20 are presented with the Annual Report in Appendix A and I am pleased to confirm that we have achieved all of 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 £2.15m provider sustainability funding (PSF) from NHS Improvement and other non-recurrent support, our revenue surplus of £2.8m was delivered. This surplus helped boost our cash reserves and resulted in a closing cash balance of £15.4m at the end of the financial year.

For 2020/21, the NHS response to the Covid-19 pandemic has included a temporary simplification of the finance/funding regime. This is primarily to ensure that providers have immediate access to adequate funding in order to properly respond to the many challenges that the pandemic brings. From April until October 2020, NHS Trusts have been instructed to deliver a break-even financial position, and will be funded to do so. As the financial year progresses, NHS Improvement will inform us of our financial obligations for the remaining months up until 31st March 2021.

We are currently working in unprecedented circumstances, however the Trust has a proven track record of financial delivery and I am confident that with the continued hard work, dedication and commitment of all of our staff we will achieve our financial duties throughout 2020/21.

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

Director of Finance, Business and Estates

Angela Hillery

Chief Executive

Contact us

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

Comments should be sent to:

Chief Executive
Leicestershire Partnership NHS Trust
Unit 2
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
Facebook/LPTnhs
YouTube/LPTnhs
Website www.leicspart.nhs.uk

Quality Account

You may also be interested to read our Quality Account for 2019-20, which complements this Annual Report and Summary Accounts. Copies of the Quality Account, and extra copies of this document are available from the communications team at the above address.

These documents, alongside a shorter summary of the annual report, are also available on our website at www.leicspart.nhs.uk

Need this report in a different language?

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

Arabic

إذا كنت في حاجة إلى قراءة هذه المعلومات بلغة أخرى أو بتنسيق مختلف، يرجى الاتصال بهاتف رقم0903 295 0116أو إرسال بريد إلكتروني إلى: Patient.Information@leicspart.nhs.uk

Bengali

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

Traditional Chinese

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Gujarati

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

Hindi

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

Polish

Jeżeli są Państwo zainteresowani otrzymaniem niniejszych informacji w innym języku lub 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

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

Somali

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

Urdu

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

AUDITED

Leicestershire Partnership NHS Trust

Annual accounts for the year ended 31 March 2020

25 June 2020

Statement of Comprehensive Income

	Note	2019/20 £000	2018/19 £000
Operating income from patient care activities	3	262,238	247,141
Other operating income	4	31,627	31,181
Operating expenses	7.1	(296,794)	(267,899)
Operating surplus/(deficit) from continuing operations		**(2,929)**	**10,423**
Finance income	12	140	114
Finance expenses	13	(1,002)	(1,006)
PDC dividends payable		(5,268)	(6,116)
Net finance costs		**(6,130)**	**(7,008)**
Other gains / (losses)	14	-	(197)
Surplus / (deficit) for the year from continuing operations		**(9,059)**	**3,218**
Surplus / (deficit) on discontinued operations and the gain / (loss) on disposal of discontinued operations	15	**-**	**-**
Surplus / (deficit) for the year		**(9,059)**	**3,218**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	8	(14,847)	(5,045)
Revaluations	19	154	-
Total comprehensive income / (expense) for the period		**(23,752)**	**(1,827)**
Adjusted financial performance (control total basis):			
Surplus / (deficit) for the period		(9,059)	3,218
Remove net impairments not scoring to the Departmental expenditure limit		12,001	2,324
Remove I&E impact of capital grants and donations		15	(17)
Remove 2018/19 post audit PSF reallocation (2019/20 only)		(114)	-
Adjusted financial performance surplus / (deficit)		**2,843**	**5,525**

Statement of Financial Position

	Note	31 March 2020 £000	31 March 2019 £000
Non-current assets			
Intangible assets	16.1	2,473	1,911
Property, plant and equipment	17.1	179,834	200,260
Receivables	25.1	1,037	653
Total non-current assets		**183,344**	**202,824**
Current assets			
Inventories	24	433	320
Receivables	25.1	12,162	13,803
Cash and cash equivalents	28	15,433	8,356
Total current assets		**28,028**	**22,479**
Current liabilities			
Trade and other payables	29	(19,537)	(14,431)
Borrowings	31.1	(451)	(410)
Provisions	34.1	(423)	(1,202)
Other liabilities	30	(250)	(428)
Total current liabilities		**(20,661)**	**(16,471)**
Total assets less current liabilities		**190,711**	**208,832**
Non-current liabilities			
Borrowings	31.1	(11,107)	(11,535)
Provisions	34.1	(1,410)	(1,129)
Total non-current liabilities		**(12,517)**	**(12,664)**
Total assets employed		**178,194**	**196,168**
Financed by			
Public dividend capital		89,453	83,675
Revaluation reserve		49,512	64,205
Income and expenditure reserve		39,229	48,288
Total taxpayers' equity		**178,194**	**196,168**

The notes on pages 15 to 39 form part of these accounts.

Name Angela Hillery
Position Chief Executive
Date 24th June 2020

Statement of Changes in Equity for the year ended 31 March 2020

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2019 - brought forward	**83,675**	**64,205**	**48,288**	**196,168**
Surplus/(deficit) for the year	-	-	(9,059)	**(9,059)**
Impairments	-	(14,847)	-	**(14,847)**
Revaluations	-	154	-	**154**
Public dividend capital received	5,778	-	-	**5,778**
Taxpayers' and others' equity at 31 March 2020	**89,453**	**49,512**	**39,229**	**178,194**

Statement of Changes in Equity for the year ended 31 March 2019

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2018 - brought forward	**83,048**	**69,250**	**45,230**	**197,528**
Impact of implementing IFRS 9 on 1 April 2018	-	-	(160)	**(160)**
Surplus/(deficit) for the year	-	-	3,218	**3,218**
Impairments	-	(5,045)	-	**(5,045)**
Public dividend capital received	627	-	-	**627**
Taxpayers' and others' equity at 31 March 2019	**83,675**	**64,205**	**48,288**	**196,168**

Notes

1) Public dividend capital
Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to Trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the Trust, is payable to the Department of Health as the public dividend capital dividend.

2) Revaluation reserve
Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

3) Income and expenditure reserve
The balance of this reserve is the accumulated surpluses and deficits of the Trust.

Statement of Cash Flows

	Note	2019/20 £000	2018/19 £000
Cash flows from operating activities			
Operating surplus / (deficit)		(2,929)	10,423
Non-cash income and expense:			
Depreciation and amortisation	7.1	7,729	7,575
Net impairments	8	12,001	2,324
Income recognised in respect of capital donations	4	-	(31)
(Increase) / decrease in receivables and other assets		1,898	401
(Increase) / decrease in inventories		(113)	(14)
Increase / (decrease) in payables and other liabilities		4,314	(1,030)
Increase / (decrease) in provisions		(501)	473
Net cash flows from / (used in) operating activities		**22,399**	**20,121**
Cash flows from investing activities			
Interest received		140	114
Purchase of intangible assets		(891)	(398)
Purchase of PPE and investment property		(13,085)	(8,232)
Receipt of cash donations to purchase assets		-	100
Net cash flows from / (used in) investing activities		**(13,836)**	**(8,416)**
Cash flows from financing activities			
Public dividend capital received		5,778	627
Movement on loans from DHSC		(163)	(163)
Capital element of PFI, LIFT and other service concession payments		(221)	(231)
Interest on loans		(72)	(76)
Interest paid on PFI, LIFT and other service concession obligations		(933)	(930)
PDC dividend (paid) / refunded		(5,875)	(6,299)
Net cash flows from / (used in) financing activities		**(1,486)**	**(7,072)**
Increase / (decrease) in cash and cash equivalents		**7,077**	**4,633**
Cash and cash equivalents at 1 April - brought forward		**8,356**	**3,723**
Cash and cash equivalents at 1 April - restated		**8,356**	**3,723**
Cash and cash equivalents at 31 March	28	**15,433**	**8,356**

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation
The Department of Health and Social Care has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2019/20 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention
These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Note 1.2 Going concern
These accounts have been prepared on a going concern basis. Following an assessment of the organisation, the Trust Board believes it has the resources in place to remain viable for the foreseeable future, and will be able to realise its assets and discharge its liabilities in the normal course of business.

Note 1.3 Interests in other entities
The Trust does not have any interests in other entities, including Associates, Joint Ventures and Joint Operations.

Note 1.4 Revenue from contracts with customers
Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

(i) Revenue from NHS contracts
The main source of income for the Trust is contracts with commissioners for health care services. A performance obligation relating to delivery of a spell of health care is generally satisfied over time as healthcare is received and consumed simultaneously by the customer as the Trust performs it. The customer in such a contract is the commissioner, but the customer benefits as services are provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligns with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that are substantially the same and have a similar pattern of transfer. At the year end, the Trust accrues income relating to activity delivered in that year, where a patient care spell is incomplete. This accrual is disclosed as a contract receivable as entitlement to payment for work completed is usually only dependent on the passage of time. Due to the nature of the Trust's contract arrangements, it does not have any partially completed patient care spells as at 31st March 2020. Where income has been received for future service delivery, it is deferred into the following financial year.

(ii) Revenue from research contracts

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

(iii) NHS injury cost recovery scheme

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

Note 1.5 Other forms of income

Grants and donations

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

Apprenticeship service income

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Note 1.6 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the NHS Pension Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of Secretary of State, in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme. Employer's pension cost contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

Note 1.7 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

Note 1.8 Discontinued operations
Discontinued operations occur where activities either cease without transfer to another entity, or transfer to an entity outside of the boundary of Whole of Government Accounts, such as private or voluntary sectors. Such activities are accounted for in accordance with IFRS 5. Activities that are transferred to other bodies within the boundary of Whole of Government Accounts are 'machinery of government changes' and treated as continuing operations.

Note 1.9 Property, plant and equipment

Recognition
Property, plant and equipment is capitalised where:

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

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

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

Measurement

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

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

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

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

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

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

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

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

Depreciation

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

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

Revaluation gains and losses

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

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

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

Impairments

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

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

De-recognition

Assets intended for disposal are reclassified as 'held for sale' once all of the following criteria are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met.

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

Donated and grant funded assets

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

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

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

PFI and LIFT transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's *FReM*, are accounted for as 'on-Statement of Financial Position' by the trust. In accordance with HM Treasury's FReM, the underlying assets are recognised as property, plant and equipment, together with an equivalent liability. Subsequently, the assets are accounted for as property, plant and equipment and/or intangible assets as appropriate.

The annual contract payments are apportioned between the repayment of the liability, a finance cost, the charges for services and lifecycle replacement of components of the asset. The element of the annual unitary payment increase due to cumulative indexation is treated as contingent rent and is expensed as incurred.

The service charge is recognised in operating expenses and the finance cost is charged to finance costs in the Statement

Useful lives of property, plant and equipment

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life	**Max life**
	Years	**Years**
Buildings, excluding dwellings	3	64
Plant & machinery	1	13
Information technology	1	8
Furniture & fittings	1	10

Finance-leased assets (including land) are depreciated over the shorter of the useful life or the lease term, unless the trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above.

Note 1.10 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets. Expenditure on research is not capitalised. Expenditure on development is capitalised where it meets the requirements set out in IAS 38.

Software

Software which is integral to the operation of hardware, egg an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, egg application software, is capitalised as an intangible asset.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Intangible assets held for sale are measured at the lower of their carrying amount or fair value less costs to sell.

Amortisation

Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

Useful lives of intangible assets

	Min life Years	Max life Years
Information technology	2	2
Development expenditure	1	4
Websites	5	5

Note 1.11 Inventories

Inventories are valued at the lower of cost and net realisable value using the first-in first-out cost formula. This is considered to be a reasonable approximation to fair value due to the high turnover of stocks.

Note 1.12 Investment properties

Investment properties are measured at fair value. Changes in fair value are recognised as gains or losses in income/expenditure.

Only those assets which are held solely to generate a commercial return are considered to be investment properties. Where an asset is held, in part, for support service delivery objectives, then it is considered to be an item of property, plant and equipment. Properties occupied by employees, whether or not they pay rent at market rates, are not classified as investment properties.

Note 1.13 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

Note 1.14 Carbon Reduction Commitment scheme (CRC)

The CRC scheme is a mandatory cap and trade scheme for non-transport CO2 emissions. The trust is registered with the CRC scheme, and is therefore required to surrender to the Government an allowance for every tonne of CO2 it emits during the financial year. A liability and related expense is recognised in respect of this obligation as CO2 emissions are made.

The carrying amount of the liability at the financial year end will therefore reflect the CO2 emissions that have been made during that financial year, less the allowances (if any) surrendered voluntarily during the financial year in respect of that financial year.

The liability will be measured at the amount expected to be incurred in settling the obligation. This will be the cost of the number of allowances required to settle the obligation.

Note 1.15 Financial assets and financial liabilities

Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, i.e., when receipt or delivery of the goods or services is made.

Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets and liabilities are classified as subsequently measured at amortised cost.

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

Impairment of financial assets

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

Credit losses are only applied to Non-NHS bodies and excludes any expected credit losses in relation to other NHS bodies.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

Derecognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Note 1.16 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

The trust as a lessee

Finance leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease. The implicit interest rate is that which produces a constant periodic rate of interest on the outstanding liability.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for an item of property plant and equipment.

The annual rental charge is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to finance costs in the Statement of Comprehensive Income.

Operating leases

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially in other liabilities on the statement of financial position and subsequently as a reduction of rentals on a straight-line basis over the lease term. Contingent rentals are recognised as an expense in the period in which they are incurred.

Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

The trust as a lessor

Finance leases

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the trust's net investment outstanding in respect of the leases.

Operating leases

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Note 1.17 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective for 31 March 2020.

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the trust is disclosed at note 34.2 but is not recognised in the Trust’s accounts.

Non-clinical risk pooling

The trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

Note 1.18 Contingencies
Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 35 where an inflow of economic benefits is probable. Contingent liabilities are not recognised, but are disclosed in note 35, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

• possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or

• present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.19 Public dividend capital
Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for
(i) donated and grant funded assets,
(ii) average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility, and
(iii) any PDC dividend balance receivable or payable.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.20 Value added tax
Most of the activities of the trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

Note 1.21 Corporation tax
The Trust has determined that it is has no corporation tax liability due to the structure of the organisation and the services it provides.

Note 1.23 Third party assets
Assets belonging to third parties in which the Trust has no beneficial interest (such as money held on behalf of patients) are not recognised in the accounts. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's *FReM* .

Note 1.24 Losses and special payments
Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis.

The losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 1.25 Gifts
Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

Note 1.26 Transfers of functions [to / from] [other NHS bodies / local government bodies]
This note is not relevant to the Trust for 2018/19 as it did not participate in any transfer of functions to or from other NHS or local government bodies.

Note 1.27 Early adoption of standards, amendments and interpretations
No new accounting standards or revisions to existing standards have been early adopted in 2019/20.

Note 1.28 Standards, amendments and interpretations in issue but not yet effective or adopted

IFRS 16 Leases
IFRS 16 Leases will replace IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations and is applicable in the public sector for periods beginning 1 April 2021. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the statement of financial position the standard also requires the remeasurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged.

IFRS 16 changes the definition of a lease compared to IAS 17 and IFRIC 4. The trust will apply this definition to new leases only and will grandfather its assessments made under the old standards of whether existing contracts contain a lease.

On transition to IFRS 16 on 1 April 2021, the trust will apply the standard retrospectively with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the trust's incremental borrowing rate. The trust's incremental borrowing rate will be a rate defined by HM Treasury. Currently this rate is 1.27% but this may change between now and adoption of the standard. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. No adjustments will be made on 1 April 2021 for existing finance leases.

For leases commencing in 2021/22, the trust will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

Following the implementation of IFRS 16 in 2021/22, it is estimated that the Trust's asset base on the balance sheet will increase by £28 million; this will be offset by an increase in liabilities (borrowings).

Note 1.29 Critical judgements in applying accounting policies

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

(i) Private Finance Initiative (PFI)
During the 2009/10 IFRS restatement process the Trust reviewed the details of its PFI contract and concluded that it fell within the scope of International Financial Reporting Interpretations Committee (IFRIC) 12: Service Concession Arrangements. This conclusion was based on the fact that the Trust controls and regulates the services that the asset provides, to whom it is provided to, and retains entitlement to the building at the end of the lease term. The PFI asset was brought onto the balance sheet and is being depreciated over its useful life.

(ii) Local Improvement Finance Trust (LIFT)
During 2010/11 the Trust's LIFT asset was brought onto balance sheet. The Trust occupies 22.9% of St Peters Health Centre and under the arrangements of IFRIC 12: Service Concession Arrangements, the Trust has recognised both the asset and liability on the balance sheet.

Note 1.30 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

(i) Asset Valuation

The Trust instructs the District Valuer to undertake formal revaluations of its buildings every three years, supplemented by an internal annual property review to identify any significant valuation issues in between formal revaluations. The last formal asset valuation was carried out by the District Valuer in 2017/18 hence no requirement for a full asset valuation in 2019/20. This year's annual review comprised of the application of the 2019/20 Building Cost Information Service (BCIS) indices, as advised by the District Valuer, adjusted for the East Midlands location factor (using an 8-year rolling average location factor). The impact of applying these indices on this year's accounts is an increase in buildings of £5,483,000 (4.17%)

The Trust adopted a new approach to its land valuations for 2019/20. As at 1st April 2019 a hypothetical revaluation method had been adopted, as advised by the District Valuer. This valuation method is based on the service potential of a site rather than the actual site in use. The revaluation exercise is being undertaken over two years and split into two phases: the first phase relates to the land revaluations undertaken in 2019/20 and the second phase relates to building revaluations to be undertaken in 2020/21 (this aligns with the 3-year buildings revaluation policy). Using this basis reduces capital charges by eliminating wasted space and reducing building footprints. In 2019/20 land reduced in value by £27,659,000 and generated public dividend capital savings of £968,000.

In making these judgements, the Trust is aware that the Royal Institute of Chartered Surveyors (RICS) has issued a valuation practice notice which gives guidance to valuers where a valuer declares a materiality uncertainty attached to a valuation in light of the impact of COVID-19 on markets. As explained above, the Trust has not obtained a valuation report for 2019/20 but it should be noted that there may now be greater uncertainty in markets on which the valuation obtained in 2017/18 and interim years' indices and reflected in these financial statements is based. Given the judgements explained above in preparing these 2019/20 financial statements, the Trust has not deviated from its existing accounting policy by obtaining an additional valuation to which a materiality uncertainty might be attached.

(ii) Asset Lives

In accordance with IAS 16: Property, Plant and Equipment, the Trust has undertaken a review of the useful life of all asset types. Buildings lives were updated in March 2019 to reflect advice from the Trust's Surveyor. No further adjustments were required in March 2020 following this year's annual review. Changes to asset lives are accounted for as a change in an accounting estimate in accordance with IAS 8: Accounting Policies, Changes in Accounting estimates and Errors.

(iii) Other COVID-19 considerations

As advised by the Department of Health, other accounts disclosures to be considered due to COVID-19 include: credit risk disclosures; liquidity risk disclosures; inventory; income and expenditure; PDC dividend accounting policy and group accounts. At the time of approving these accounts, the Trust does not anticipate any material implications of COVID-19 on these or future accounts.

Note 2 Operating Segments

The Trust's operating segments reflect the organisational structure and align with governance and reporting arrangements

Directorate	2019/20 Total Revenue £000s	%	2018/19 Total Revenue £000s	%
Adult Mental Health & Learning Disabilities	79,607	27%	76,709	28%
Community Health Services	105,341	36%	104,818	38%
Families, Young People and Children Services	58,960	20%	57,514	21%
Enabling Services	13,554	5%	11,478	4%
Hosted Services & Estates	17,714	6%	16,895	6%
Trust Central Reserves	18,689	6%	10,908	4%
Total revenue	**293,865**	**100%**	**278,322**	**100%**

Note 3 Operating income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy 1.4

Note 3.1 Income from patient care activities (by nature)

	2019/20 £000	2018/19 £000
Mental health services		
Cost and volume contract income	9,308	15,253
Block contract income	114,762	102,942
Other clinical income from mandatory services	-	-
Community services		
Community services income from CCGs and NHS England	107,150	103,861
Income from other sources (e.g. local authorities)	18,262	18,491
All services		
Agenda for Change pay award central funding*	-	3,166
Additional pension contribution central funding**	9,282	-
Other clinical income	3,474	3,428
Total income from activities	**262,238**	**247,141**

*Additional costs of the Agenda for Change pay reform in 2018/19 received central funding. From 2019/20 this funding is incorporated into tariff for individual services.

**The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. For 2019/20, NHS providers continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

Note 3.2 Income from patient care activities (by source)

	2019/20 £000	2018/19 £000
Income from patient care activities received from:		
NHS England	18,431	8,406
Clinical commissioning groups	221,643	213,812
Department of Health and Social Care	-	3,166
Other NHS providers	3,474	3,160
NHS other	6	1
Local authorities	18,262	18,491
Non NHS: other	422	105
Total income from activities	**262,238**	**247,141**
Of which:		
Related to continuing operations	262,238	247,141
Related to discontinued operations	-	-

Note 3.3 Overseas visitors (relating to patients charged directly by the provider)

No income was recognised in the accounts for Overseas Visitors charges (for 2019/20 or 2018/19)

Note 4 Other operating income

	2019/20			2018/19		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	538	-	**538**	586	-	**586**
Education and training	9,790	358	**10,148**	9,421	-	**9,421**
Non-patient care services to other bodies	14,984	-	**14,984**	13,469	-	**13,469**
Provider sustainability fund (PSF)	2,262	-	**2,262**	4,592	-	**4,592**
Income in respect of employee benefits accounted on a gross basis	313	-	**313**	250	-	**250**
Receipt of capital grants and donations	-	-	**-**	-	31	**31**
Rental revenue from operating leases	-	551	**551**	-	540	**540**
Other income	2,831	-	**2,831**	2,292	-	**2,292**
Total other operating income	**30,718**	**909**	**31,627**	**30,610**	**571**	**31,181**
Of which:						
Related to continuing operations			**31,627**			**31,181**
Related to discontinued operations			**-**			**-**

Note 5 Additional information on revenue from contracts with customers recognised in the period

Because the Trust's revenue relates to contracts with an expected duration of one year or less, and contracts where the trust recognises revenue directly corresponding to work done to date (i.e. all performance obligations have been satisfied), no further IFRS15 disclosure notes are required.

Note 6 Fees and charges

The Trust did not incur any fees or charges in either 2019/20 or 2018/19

Note 7.1 Operating expenses

	2019/20 £000	2018/19 £000
Purchase of healthcare from NHS and DHSC bodies	1,745	1,615
Purchase of healthcare from non-NHS and non-DHSC bodies	1,827	1,654
Staff and executive directors costs	221,743	203,658
Remuneration of non-executive directors	88	75
Supplies and services - clinical (excluding drugs costs)	3,295	3,339
Supplies and services - general	3,364	3,103
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	3,333	2,713
Inventories written down	19	19
Consultancy costs	356	339
Establishment	4,097	7,247
Premises *	22,809	21,619
Transport (including patient travel)	2,927	285
Depreciation on property, plant and equipment	7,400	7,284
Amortisation on intangible assets	329	291
Net impairments	12,001	2,324
Movement in credit loss allowance: contract receivables / contract assets	146	-
Movement in credit loss allowance: all other receivables and investments	(129)	738
Change in provisions discount rate(s)	143	72
Audit fees payable to the external auditor		
audit services- statutory audit	64	52
other auditor remuneration (external auditor only)	4	10
Internal audit costs	152	135
Clinical negligence	1,035	1,037
Legal fees	319	416
Insurance	32	39
Research and development	595	593
Education and training	2,893	2,721
Rentals under operating leases	4,844	4,849
Redundancy	295	603
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT)	548	495
Hospitality	26	30
Other services, e.g. external payroll	331	144
Other	163	400
Total	**296,794**	**267,899**
Of which:		
Related to continuing operations	296,794	267,899
Related to discontinued operations	-	-

* Premises expenditure mainly relates to utilities, facilities and estates management costs, Information technology equipment, and property rental charges.

Note 7.2 Other auditor remuneration

Other auditor remuneration includes £4k for the Quality Accounts planning work undertaken by KPMG (2018/19: £10k). This year's reduction in audit fee is due to the audit not progressing to final stage following the Department of Health's instruction not to proceed because of the implications of the COVID-19 pandemic.

Note 7.3 Limitation on auditor's liability

There is no limitation on auditor's liability for external audit work carried out for the financial years 2019/20 or 2018/19.

Note 8 Impairment of assets

	2019/20	2018/19
	£000	£000
Changes in market price	(1,255)	1,100
Other	13,256	1,224
Total net impairments charged to operating surplus / deficit	**12,001**	**2,324**
Impairments charged to the revaluation reserve	14,847	5,045
Total net impairments	**26,848**	**7,369**

The following table details the 2019/20 impairment reasons, split between operating surplus and revaluation reserve impairments:

	Impairment Charge	Impairment Reversal	Impairment Net Total
	£000	£000	£000
Net impairments charged to operating surplus			
Land - revaluation to hypothetical model	9,436	0	9,436
Buildings - annual indices uplift 4.17%	0	(1,255)	(1,255)
Buildings - In-year capital additions	2,009	0	2,009
AUC - In-year capital additions	1,811	0	1,811
	13,256	**(1,255)**	**12,001**
Net impairments charged to the revaluation reserve			
Land - revaluation to hypothetical model	18,223	0	18,223
Buildings - annual indices uplift 4.17%	0	(4,073)	(4,073)
Buildings - In-year capital additions	697	0	697
AUC - In-year capital additions	0	0	0
	18,920	**(4,073)**	**14,847**
Total			
Land - revaluation to hypothetical model	27,659	0	27,659
Buildings - annual indices uplift 4.17%	0	(5,328)	(5,328)
Buildings - In-year capital additions	2,706	0	2,706
AUC - In-year capital additions	1,811	0	1,811
Total	**32,176**	**(5,328)**	**26,848**

Impairments are charged to operating expenditure when the related land or building does not have a revaluation reserve attached to the asset

Note 9 Employee benefits

	2019/20 Total £000	2018/19 Total £000
Salaries and wages	169,556	162,948
Social security costs	15,221	14,618
Apprenticeship levy	817	785
Employer's contributions to NHS pensions *	30,471	20,326
Pension cost - other	71	26
Other post employment benefits	-	-
Other employment benefits	-	-
Termination benefits	295	603
Temporary staff (including agency)	10,193	8,946
Total gross staff costs	**226,624**	**208,252**
Recoveries in respect of seconded staff	(313)	(250)
Total staff costs	**226,311**	**208,002**
Of which		
Costs capitalised as part of assets	1,962	1,284

* The employer contribution rate for NHS pensions increased from 14.38% to 20.68% from 1 April 2019, which makes up £9,282k of the £10,145k increase.

Note 9.1 Retirements due to ill-health

During 2019/20 there were 4 early retirements from the trust agreed on the grounds of ill-health (4 in the year ended 31 March 2019). The estimated additional pension liabilities of these ill-health retirements is £240k (£201k in 2018/19).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

Note 10 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2020, is based on valuation data as at 31 March 2019, updated to 31 March 2020 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6%, and the Scheme Regulations were amended accordingly.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

c) Other Pension Schemes

In 2013/14 the Trust participated in the pensions auto-enrolment exercise. The Trust's preferred pensions provider was the National Employment Savings Trust. (NEST). Staff who previously were not members of the NHS pensions scheme automatically enrolled on to this scheme and they then had the option to opt out of NEST. As at 31 March 2020, 95 employees were members of NEST.

Note 11 Operating leases

Note 11.1 Leicestershire Partnership NHS Trust as a lessor

This note discloses income generated in operating lease agreements where Leicestershire Partnership NHS Trust is the lessor.

	2019/20	2018/19
	£000	£000
Operating lease revenue		
Minimum lease receipts	551	540
Total	**551**	**540**

	31 March 2020	31 March 2019
	£000	£000
Future minimum lease receipts due:		
- not later than one year;	1,121	891
- later than one year and not later than five years;	1,802	1,916
- later than five years.	511	726
Total	**3,434**	**3,533**

Note 11.2 Leicestershire Partnership NHS Trust as a lessee

This note discloses costs and commitments incurred in operating lease arrangements where Leicestershire Partnership NHS Trust is the lessee.

	2019/20	2018/19
	£000	£000
Operating lease expense		
Minimum lease payments	4,844	4,849
Total	**4,844**	**4,849**

	31 March 2020	31 March 2019
	£000	£000
Future minimum lease payments due:		
- not later than one year;	4,355	4,218
- later than one year and not later than five years;	13,488	12,116
- later than five years.	6,484	7,023
Total	**24,327**	**23,357**
Future minimum sublease payments to be received	-	-

Note 12 Finance income

Finance income represents interest received on assets and investments in the period.

	2019/20	2018/19
	£000	£000
Interest on bank accounts	140	114
Total finance income	**140**	**114**

Note 13.1 Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	2019/20	2018/19
	£000	£000
Interest expense:		
Loans from the Department of Health and Social Care	69	75
Main finance costs on PFI and LIFT schemes obligations	620	637
Contingent finance costs on PFI and LIFT scheme obligations	310	293
Total interest expense	**999**	**1,005**
Unwinding of discount on provisions	3	1
Total finance costs	**1,002**	**1,006**

Note 13.2 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015

The Trust did not incur any charges for late payment of commercial debts in 2019/20 or 2018/19

Note 14 Other gains / (losses)

	2019/20	2018/19
	£000	£000
Losses on disposal of assets	-	(197)
Total gains / (losses) on disposal of assets	**-**	**(197)**

Note 15 Discontinued operations

The Trust did not discontinue any of its operations in 2019/20

Note 16.1 Intangible assets - 2019/20

	Software licences	Internally generated information technology	Development expenditure	Websites	Intangible assets under construction	Total
	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2019 - brought forward	**6**	**196**	**1,166**	**134**	**939**	**2,441**
Additions	-	17	491	2	381	**891**
Reclassifications	1	-	104	(1)	(104)	**-**
Disposals / derecognition	(7)	(41)	-	-	-	**(48)**
Valuation / gross cost at 31 March 2020	**-**	**172**	**1,761**	**135**	**1,216**	**3,284**
Amortisation at 1 April 2019 - brought forward	**6**	**118**	**391**	**15**	**-**	**530**
Provided during the year	-	39	265	25	-	**329**
Transfers to / from assets held for sale	1	-	8	(9)	-	**-**
Disposals / derecognition	(7)	(41)	-	-	-	**(48)**
Amortisation at 31 March 2020	**-**	**116**	**664**	**31**	**-**	**811**
Net book value at 31 March 2020	**-**	**56**	**1,097**	**104**	**1,216**	**2,473**
Net book value at 1 April 2019	**-**	**78**	**775**	**119**	**939**	**1,911**

Note 16.2 Intangible assets - 2018/19

	Software licences	Internally generated information technology	Development expenditure	Websites	Intangible assets under construction	Total
	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2018 - as previously stated	**131**	**242**	**1,574**	**-**	**658**	**2,605**
Additions	-	-	-	117	281	**398**
Reclassifications	-	-	(17)	17	-	**-**
Disposals / derecognition	(125)	(46)	(391)	-	-	**(562)**
Valuation / gross cost at 31 March 2019	**6**	**196**	**1,166**	**134**	**939**	**2,441**
Amortisation at 1 April 2018 - as previously stated	**127**	**119**	**555**	**-**	**-**	**801**
Provided during the year	4	45	227	15	-	**291**
Disposals / derecognition	(125)	(46)	(391)	-	-	**(562)**
Amortisation at 31 March 2019	**6**	**118**	**391**	**15**	**-**	**530**
Net book value at 31 March 2019	**-**	**78**	**775**	**119**	**939**	**1,911**
Net book value at 1 April 2018	**4**	**123**	**1,019**	**-**	**658**	**1,804**

Note 17.1 Property, plant and equipment - 2019/20

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2019 - brought forward	**45,787**	**139,040**	**2,196**	**5,754**	**24,650**	**2,091**	**219,518**
Additions	-	3,803	6,343	388	3,031	103	**13,668**
Impairments	(27,659)	(2,706)	(1,811)	-	-	-	**(32,176)**
Reversals of impairments	-	5,565	-	-	-	-	**5,565**
Revaluations	-	199	-	-	-	-	**199**
Reclassifications	-	211	(211)	-	-	-	**-**
Disposals / derecognition	-	(76)	-	(659)	(1,453)	(404)	**(2,592)**
Valuation/gross cost at 31 March 2020	**18,128**	**146,036**	**6,517**	**5,483**	**26,228**	**1,790**	**204,182**
Accumulated depreciation at 1 April 2019 - brought forward	**-**	**3,603**	**-**	**2,788**	**11,555**	**1,312**	**19,258**
Provided during the year	-	3,513	-	476	3,240	171	**7,400**
Impairments	-	-	-	-	-	-	**-**
Reversals of impairments	-	237	-	-	-	-	**237**
Revaluations	-	45	-	-	-	-	**45**
Disposals / derecognition	-	(76)	-	(659)	(1,453)	(404)	**(2,592)**
Accumulated depreciation at 31 March 2020	**-**	**7,322**	**-**	**2,605**	**13,342**	**1,079**	**24,348**
Net book value at 31 March 2020	**18,128**	**138,714**	**6,517**	**2,878**	**12,886**	**711**	**179,834**
Net book value at 1 April 2019	**45,787**	**135,437**	**2,196**	**2,966**	**13,095**	**779**	**200,260**

Note 17.2 Property, plant and equipment - 2018/19

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2018 - as previously stated	**45,787**	**143,280**	**1,915**	**5,338**	**20,908**	**2,129**	**219,357**
Additions	-	3,007	1,059	538	3,545	86	**8,235**
Impairments	-	(7,490)	-	-	-	-	**(7,490)**
Reversals of impairments	-	-	-	-	-	-	**-**
Revaluations	-	-	-	-	-	-	**-**
Reclassifications	-	407	(778)	-	371	-	**-**
Disposals / derecognition	-	(164)	-	(122)	(174)	(124)	**(584)**
Valuation/gross cost at 31 March 2019	**45,787**	**139,040**	**2,196**	**5,754**	**24,650**	**2,091**	**219,518**
Accumulated depreciation at 1 April 2018 - as previously stated	**-**	**148**	**-**	**2,390**	**8,756**	**1,188**	**12,482**
Provided during the year	-	3,638	-	474	2,956	216	**7,284**
Impairments	-	(121)	-	-	-	-	**(121)**
Reversals of impairments	-	-	-	-	-	-	**-**
Revaluations	-	-	-	-	-	-	**-**
Reclassifications	-	-	-	-	-	-	**-**
Disposals / derecognition	-	(62)	-	(76)	(157)	(92)	**(387)**
Accumulated depreciation at 31 March 2019	**-**	**3,603**	**-**	**2,788**	**11,555**	**1,312**	**19,258**
Net book value at 31 March 2019	**45,787**	**135,437**	**2,196**	**2,966**	**13,095**	**779**	**200,260**
Net book value at 1 April 2018	**45,787**	**143,132**	**1,915**	**2,948**	**12,152**	**941**	**206,875**

Note 17.3 Property, plant and equipment financing - 2019/20

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2020							
Owned - purchased	18,128	129,254	6,517	2,878	12,886	711	**170,374**
On-SoFP PFI contracts and other service concession arrangements	-	8,953	-	-	-	-	**8,953**
Owned - donated	-	507	-	-	-	-	**507**
NBV total at 31 March 2020	**18,128**	**138,714**	**6,517**	**2,878**	**12,886**	**711**	**179,834**

Note 17.4 Property, plant and equipment financing - 2018/19

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2019							
Owned - purchased	45,787	126,190	2,196	2,966	13,095	779	**191,013**
On-SoFP PFI contracts and other service concession arrangements	-	8,726	-	-	-	-	**8,726**
Owned - donated	-	521	-	-	-	-	**521**
NBV total at 31 March 2019	**45,787**	**135,437**	**2,196**	**2,966**	**13,095**	**779**	**200,260**

Note 18 Donations of property, plant and equipment

The Trust did not receive any donations for property plant and equipment in 2019/20

Note 19 Revaluations of property, plant and equipment

The Trust instructs the District Valuer to undertake formal revaluations of its buildings every three years, supplemented by an internal annual property review to identify any significant valuation issues in between formal revaluations. The last formal asset valuation was carried out by the District Valuer in 2017/18 hence no requirement for a full asset valuation in 2019/20. This year's annual review comprised of the application of the 2019/20 Building Cost Information Service (BCIS) indices, as advised by the District Valuer, adjusted for the East Midlands location factor (using an 8-year rolling average location factor). The impact of applying these indices on this year's accounts is an increase in buildings of £5,483,000. This increase is reflected in the accounts as an impairment reversal of £5,329,000 plus a revaluation increase of £154,000.

The Trust adopted a new approach to its land valuations for 2019/20. As at 1st April 2019 a hypothetical revaluation method had been adopted, as advised by the District Valuer. This valuation method is based on the service potential of a site rather than the actual site in use. The revaluation exercise is being undertaken over two years and split into two phases: the first phase relates to the land revaluations undertaken in 2019/20 and the second phase relates to building revaluations to be undertaken in 2020/21 (this aligns with the 3-year buildings revaluation policy). Using this basis reduces capital charges by eliminating wasted space and reducing building footprints. In 2019/20 land reduced in value by £27,659,000 and generated public dividend capital savings of £968,000.

Note 20 Investment Property

The Trust did not hold any investment property as at 31st March 2020 or 31st March 2019

Note 21 Investments in associates and joint ventures

The Trust did not have any investments in associates or joint ventures as at 31st March 2020 or 31st March 2019

Note 22 Other investments / financial assets (current and non-current)

The Trust did not hold any other investments or financial assets as at 31st March 2020 or 31st March 2019

Note 23 Disclosure of interests in other entities

The Trust did not have any interests in other entities as at 31st March 2020 or 31st March 2019

Note 24 Inventories

	31 March 2020 £000	31 March 2019 £000
Drugs	351	238
Consumables	82	82
Total inventories	**433**	**320**
of which:		
Held at fair value less costs to sell	-	-

Inventories recognised in expenses for the year were £1,961k (2018/19: £2,118k). Write-down of inventories recognised as expenses for the year were £19k (2018/19: £19k).

Note 25.1 Receivables

	31 March 2020 £000	31 March 2019 £000
Current		
Contract receivables *	10,483	12,266
Capital receivables	-	31
Allowance for impaired contract receivables / assets	(391)	(245)
Allowance for other impaired receivables	(732)	(861)
Prepayments (non-PFI)	1,295	1,702
PDC dividend receivable	886	279
VAT receivable	481	452
Other receivables	140	179
Total current receivables	**12,162**	**13,803**
Non-current		
PFI lifecycle prepayments (capital)	718	653
Other receivables **	319	-
Total non-current receivables	**1,037**	**653**
Of which receivable from NHS and DHSC group bodies:		
Current	7,806	9,910
Non-current	319	-

* Following the application of IFRS 15 from 1 April 2018, entitlements to consideration for work performed under contracts with customers are shown separately as contract receivables and contract assets. This replaces the previous analysis into trade receivables and accrued income. The Trust did not have any contract assets as at 31st March 2020 or 31st March 2019.

** Non-current other receivables relates to the clinician pension tax provision reimbursement funding from NHSE

Note 25.2 Allowances for credit losses

	2019/20			2018/19		
	Contract receivables and contract assets	All other receivables	Total	Contract receivables and contract assets	All other receivables	Total
	£000	£000	£000	£000	£000	£000
Allowances as at 1 April - brought forward	**245**	**861**	**1,106**	**-**	**214**	**214**
Impact of implementing IFRS 9 (and IFRS 15) on 1 April 2018	-	-	-	245	(85)	160
New allowances arising	-	-	-	-	745	745
Changes in existing allowances	146	(129)	17	-	-	-
Reversals of allowances	-	-	-	-	(7)	(7)
Utilisation of allowances (write offs)	-	-	-	-	(6)	(6)
Allowances as at 31 Mar 2020	**391**	**732**	**1,123**	**245**	**861**	**1,106**

All other receivables allowance of £732,000 relates to an outstanding VAT capital reclaim with HMRC

Note 25.3 Exposure to credit risk

A historic debt default rate has been calculated based on the actual debt payment activity over a twelve month period. This rate has then been applied to calculate future expected credit losses to the aged debtor balance as at 31st March 2020.

	Amount Outstanding £000	Default rate £000	Expected credit loss £000
Within maturity 1-30 Days	1,598	1%	9
31-60 Days	238	2%	5
61-90 Days	174	5%	9
91-180 Days	129	12%	16
181-360 Days	78	52%	41
361+ Days	311	100%	311
Total	**2,528**		**391**

Note 26 Other assets

The Trust did not hold any other assets in 2019/20 or 2018/19

Note 27.1 Non-current assets held for sale and assets in disposal groups

The Trust did not hold any assets held for sale as at 31st March 2020 or 31st March 2019

Note 27.2 Liabilities in disposal groups

The Trust had no liabilities in disposal groups in 2019/20 or 2018/19

Note 28 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2019/20	2018/19
	£000	£000
At 1 April	**8,356**	**3,723**
Net change in year	7,077	4,633
At 31 March	**15,433**	**8,356**
Broken down into:		
Cash at commercial banks and in hand	68	67
Cash with the Government Banking Service	15,365	8,289
Total cash and cash equivalents as in SoFP	**15,433**	**8,356**
Total cash and cash equivalents as in SoCF	**15,433**	**8,356**

Note 28.1 Third party assets held by the trust

Leicestershire Partnership NHS Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties and in which the trust has no beneficial interest. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	2019/20	2018/19
	£000	£000
Bank balances	47	38
Monies on deposit	42	45
Total third party assets	**89**	**83**

Note 29.1 Trade and other payables

	31 March 2020 £000	31 March 2019 £000
Current		
Trade payables	3,391	868
Capital payables	2,240	1,592
Accruals	6,766	4,984
Social security costs	2,529	2,507
Other taxes payable	1,661	1,665
Other payables	2,950	2,815
Total current trade and other payables	**19,537**	**14,431**
Of which payables from NHS and DHSC group bodies:		
Current	3,713	903
Non-current	-	-

Note 29.2 Early retirements in NHS payables above

The Trust did not have any payables liabilities relating to early retirements in 2019/20 or 2018/19

Note 30 Other liabilities

	2020 £000	2019 £000
Current		
Deferred income: contract liabilities	250	428
Total other current liabilities	**250**	**428**
Non-current		
Deferred income: contract liabilities	-	-
Total other non-current liabilities	**-**	**-**

Note 31.1 Borrowings

	2020 £000	2019 £000
Current		
Loans from DHSC	188	190
concession contracts	263	220
Total current borrowings	**451**	**410**
Non-current		
Loans from DHSC	3,347	3,511
concession contracts	7,760	8,024
Total non-current borrowings	**11,107**	**11,535**

Note 31.2 Reconciliation of liabilities arising from financing activities - 2019/20

	Loans from DHSC £000	PFI and LIFT schemes £000	Total £000
Carrying value at 1 April 2019	**3,701**	**8,244**	**11,945**
Cash movements:			
Financing cash flows - payments and receipts of principal	(163)	(221)	**(384)**
Financing cash flows - payments of interest	(72)	(620)	**(692)**
Non-cash movements:			
Application of effective interest rate	69	620	**689**
Carrying value at 31 March 2020	**3,535**	**8,023**	**11,558**

Note 31.3 Reconciliation of liabilities arising from financing activities - 2018/19

	Loans from DHSC £000	PFI and LIFT schemes £000	Total £000
Carrying value at 1 April 2018	**3,837**	**8,475**	**12,312**
Cash movements:			
Financing cash flows - payments and receipts of principal	(163)	(231)	**(394)**
Financing cash flows - payments of interest	(76)	(637)	**(713)**
Non-cash movements:			
Impact of implementing IFRS 9 on 1 April 2018	28	-	**28**
Application of effective interest rate	75	637	**712**
Carrying value at 31 March 2019	**3,701**	**8,244**	**11,945**

Note 32 Other financial liabilities

The Trust does not have any other financial liabilities in 2019/20 or 2018/19

Note 33 Finance leases

Other than PFI and LIFT schemes, the Trust does not have any finance leases

Note 34.1 Provisions for liabilities and charges analysis

	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Redundancy	Other	Total
	£000	£000	£000	£000	£000	£000
At 1 April 2019	**123**	**1,128**	**71**	**603**	**406**	**2,331**
Change in the discount rate	**70**	**73**	**-**	**-**	**-**	**143**
Arising during the year	**-**	**-**	**51**	**53**	**422**	**526**
Utilised during the year	(109)	(81)	(25)	-	(187)	**(402)**
Reversed unused	**(2)**	**(2)**	**(33)**	**(603)**	**(128)**	**(768)**
Unwinding of discount	**-**	**3**	**-**	**-**	**-**	**3**
At 31 March 2020	**82**	**1,121**	**64**	**53**	**513**	**1,833**
Expected timing of cash flows:						
- not later than one year;	30	82	64	53	**194**	**423**
- later than one year and not later than five years;	52	326	-	-	**-**	**378**
- later than five years.	-	713	-	-	**319**	**1,032**
Total	**82**	**1,121**	**64**	**53**	**513**	**1,833**

Other provisions	**£000**
Clinical pension tax *	319
Annual Leave	110
HR tribunals	32
Dilapidations	52
	513

Clinical pensions tax *

Clinicians who are members of the NHS Pension Scheme and face an annual allowance tax charge for work undertaken in 2019/20 can elect to have this charge paid by the NHS Pension Scheme. The employing trust will make a contractually binding commitment to pay a corresponding compensated amount on retirement, therefore the provider has a future obligation upon the individual's retirement. This payment will be nationally funded therefore any provisions recognised are matched with a receivable from NHS England.

Note 34.2 Clinical negligence liabilities

At 31 March 2020, £12,993k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Leicestershire Partnership NHS Trust (31 March 2019: £14,736k).

Note 35 Contingent assets and liabilities

	31 March 2020 £000	31 March 2019 £000
Value of contingent liabilities		
NHS Resolution legal claims	(26)	(46)
Gross value of contingent liabilities	**(26)**	**(46)**
Amounts recoverable against liabilities	-	-
Net value of contingent liabilities	**(26)**	**(46)**
Net value of contingent assets	**-**	**-**

Note 36 Contractual capital commitments

	31 March 2020 £000	31 March 2019 £000
Property, plant and equipment	2,613	692
Intangible assets	-	-
Total	**2,613**	**692**

Contractual capital commitments as at 31st March 2020 relate to the new Child and Adolescent Mental Health Service unit currently under construction. Completion is planned for 2020/21.

Note 36.1 Other financial commitments

The Trust does not have any other financial commitments as at 31st March 2020

Note 37 Defined benefit pension schemes

The Trust only participates in the two defined pension benefit schemes, as disclosed at Note 10

Note 38 On-SoFP PFI, LIFT or other service concession arrangements

PFI

The PFI building; the Agnes Unit, was handed over to the Trust for commissioning and operational use from 18th September 2008. The Agnes Unit is used as an Assessment and Treatment facility for people with a Learning Disability and also includes 4 high intensive support beds for Learning Disability users.

The unitary payment associated with the building was £1,344,000 for the period to March 2019. The PFI contract is for hard facilities management services only, incorporating the maintenance and life cycling of the building by the PFI contractor for the 30 year concession period. The unitary charge is linked to the Retail Price Index (RPI) and as such the charge should only alter with changes in RPI.

The Trust recognises the asset as an item of property, plant and equipment (PPE), together with a liability to pay for it. The services received under the contract are recorded as operating expenses. The fair value of the PFI building is £7,377,000 as at 31 March 2020, with a corresponding liability of £6,900,000. At the end of the 30 year concession period the Trust will own the asset.

LIFT

During 2010/11 the Trust's LIFT asset was brought onto balance sheet, in line with International Financial Reporting Standards requirements. The Trust's occupies 22.9% of St Peters Health Centre and under the arrangements of IFRIC 12: Service Concession Arrangements, the Trust has recognised both the asset and liability on the balance sheet). The asset value at the end of this year is £1,577,000. The Trust will not own the asset at the end of the 25 year lease term.

Because the Trust is not lead signatory on the head lease agreement, it is not accountable for any obligation changes to the contract (this responsibility transferred to NHS Property Services upon the demise of Leicester City PCT).

Note 38.1 On-SoFP PFI, LIFT or other service concession arrangement obligations

The following obligations in respect of the PFI, LIFT or other service concession arrangements are recognised in the statement of financial position:

	31 March 2020 £000	31 March 2019 £000
Gross PFI, LIFT or other service concession liabilities	**14,464**	**15,304**
Of which liabilities are due		
- not later than one year;	864	840
- later than one year and not later than five years;	3,280	3,370
- later than five years.	10,320	11,094
Finance charges allocated to future periods	(6,441)	(7,060)
Net PFI, LIFT or other service concession arrangement obligation	**8,023**	**8,244**
- not later than one year;	263	220
- later than one year and not later than five years;	1,093	1,097
- later than five years.	6,667	6,927
	8,023	**8,244**

Note 38.2 Total on-SoFP PFI, LIFT and other service concession arrangement commitments

Total future commitments under these on-SoFP schemes are as follows:

	31 March 2020 £000	31 March 2019 £000
Total future payments committed in respect of the PFI, LIFT or other service concession arrangements	**36,866**	**38,571**
Of which payments are due:		
- not later than one year;	1,740	1,699
- later than one year and not later than five years;	7,408	7,228
- later than five years.	27,718	29,644
	36,866	**38,571**

Note 38.3 Analysis of amounts payable to service concession operator

This note provides an analysis of the unitary payments made to the service concession operator:

	31 March 2020 £000	31 March 2019 £000
Unitary payment payable to service concession operator	**1,698**	**1,657**
Consisting of:		
- Interest charge	620	637
- Repayment of balance sheet obligation	220	232
- Service element and other charges to operating expenditure	548	495
- Contingent rent	310	293
Total amount paid to service concession operator	**1,698**	**1,657**

Note 39 Off-SoFP PFI, LIFT and other service concession arrangements

The Trust does not have any Off-SoFP PFI, LIFT and other service concession arrangements

Note 40 Financial instruments

Note 40.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the Trust has with commissioners and the way these commissioners are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the board of directors. Trust treasury activity is subject to review by the Trust's internal auditors.

Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Interest rate risk

The Trust borrows from government for capital expenditure, subject to affordability as confirmed by the Trust Development Authority. The borrowings are for 1–25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The Trust therefore has low exposure to interest rate fluctuations.

The Trust may also borrow from government for revenue financing subject to approval by NHS Improvement. Interest rates are confirmed by the Department of Health (the lender) at the point borrowing is undertaken.

The Trust therefore has low exposure to interest rate fluctuations.

Credit risk

Because the majority of the Trust's revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2019 are in receivables from customers, as disclosed in the trade and other receivables note.

Liquidity risk

The Trust's operating costs are mostly incurred under contracts with Clinical Commissioning Groups, which are financed from resources voted annually by Parliament . The Trust funds its capital expenditure from funds obtained within its prudential borrowing limit. The Trust is not, therefore, exposed to significant liquidity risks.

Note 40.2 Carrying values of financial assets

Carrying values of financial assets as at 31 March 2020	Held at amortised cost £000	Held at fair value through I&E £000	Held at fair value through OCI £000	Total book value £000
Trade and other receivables excluding non financial assets	9,409	-	-	**9,409**
Cash and cash equivalents	15,433	-	-	**15,433**
Total at 31 March 2020	**24,842**	**-**	**-**	**24,842**

Carrying values of financial assets as at 31 March 2019	Held at amortised cost £000	Held at fair value through I&E £000	Held at fair value through OCI £000	Total book value £000
Trade and other receivables excluding non financial assets	11,370	-	-	**11,370**
Cash and cash equivalents	8,356	-	-	**8,356**
Total at 31 March 2019	**19,726**	**-**	**-**	**19,726**

Note 40.3 Carrying values of financial liabilities

Carrying values of financial liabilities as at 31 March 2020	Held at amortised cost £000	Held at fair value through I&E £000	Total book value £000
Loans from the Department of Health and Social Care	3,535	-	**3,535**
Obligations under PFI, LIFT and other service concession contracts	8,023	-	**8,023**
Trade and other payables excluding non financial liabilities	15,292	-	**15,292**
Total at 31 March 2020	**26,850**	**-**	**26,850**

Carrying values of financial liabilities as at 31 March 2019	Held at amortised cost £000	Held at fair value through I&E £000	Total book value £000
Loans from the Department of Health and Social Care	3,701	-	**3,701**
Obligations under PFI, LIFT and other service concession contracts	8,244	-	**8,244**
Trade and other payables excluding non financial liabilities	10,259	-	**10,259**
Total at 31 March 2019	**22,204**	**-**	**22,204**

Note 40.4 Maturity of financial liabilities

	31 March 2020	31 March 2019
	£000	£000
In one year or less	15,718	10,642
In more than one year but not more than two years	426	383
In more than two years but not more than five years	1,319	1,366
In more than five years	9,387	9,813
Total	**26,850**	**22,204**

Note 40.5 Fair values of financial assets and liabilities

The Trust deems book value (carrying value) to be a reasonable approximation of fair value

Note 41 Losses and special payments

	2019/20		2018/19	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses				
Bad debts and claims abandoned	2	1	4	8
Stores losses and damage to property	12	19	12	19
Total losses	**14**	**20**	**16**	**27**
Special payments				
Compensation under court order or legally binding arbitration award	-	-	1	2
Ex-gratia payments *	22	83	31	30
Total special payments	**22**	**83**	**32**	**32**
Total losses and special payments	**36**	**103**	**48**	**59**
Compensation payments received		-		-

* Ex-gratia payments of £83k includes an innovation strategy payment of £54k for an intellectual property invention.

Note 42 Gifts

The Trust did not make any gifts in either 2019/20 or 2018/19

Note 43 Related parties

During the year none of the Department of Health Ministers, Trust board members or members of the key management staff, or parties related to any of them, has undertaken any material transactions with Leicestershire Partnership NHS Trust.

The Department of Health and Social Care is regarded as a related party. During the year Leicestershire Partnership NHS Trust has had a significant number of material transactions with the Department, and with other entities for which the Department of Health and Social Care is regarded as the parent Department. These entities are:

CCGs
NHS Foundation Trusts
NHS Trusts
NHS Litigation Authority
NHS England
NHS Business Services Authority
NHS Supply Chain

The Trust may also borrow from government for revenue financing subject to approval by NHS Improvement. Interest rates are confirmed by the Department of Health (the lender) at the point borrowing is undertaken.

The Trust manages the administrative arrangements for its charitable funds and is the corporate Trustee of 'Raising Health'. Because the value of the Trust's charitable funds is not material to the accounts (£2m), the Trust will follow the same approach as last year and not consolidate its charitable funds into the exchequer accounts for 2019/20.

Note 44 Transfers by absorption

The Trust has not undertaken any transfers by absorption during 2019/20

Note 45 Prior period adjustments

The Trust has not undertaken any prior period adjustment other than the reclassification of prior year comparators as instructed by the Department of Health.

Note 46 Events after the reporting date

No events after the reporting date have been identified

Note 48 Better Payment Practice code

	2019/20 Number	2019/20 £000	2018/19 Number	2018/19 £000
Non-NHS Payables				
Total non-NHS trade invoices paid in the year	29,384	108,112	30,696	99,496
Total non-NHS trade invoices paid within target	28,275	105,255	28,047	96,377
Percentage of non-NHS trade invoices paid within target	96.2%	97.4%	91.4%	96.9%
NHS Payables				
Total NHS trade invoices paid in the year	916	53,583	1,034	57,102
Total NHS trade invoices paid within target	871	53,231	936	56,098
Percentage of NHS trade invoices paid within target	95.1%	99.3%	90.5%	98.2%

The Better Payment Practice code requires the NHS body to aim to pay all valid invoices by the due date or within 30 days of receipt of valid invoice, whichever is later.

Note 49 External financing limit

The trust is given an external financing limit against which it is permitted to underspend

	2019/20 £000	2018/19 £000
Cash flow financing	(1,683)	(4,400)
Finance leases taken out in year	-	-
Other capital receipts	-	-
External financing requirement	**(1,683)**	**(4,400)**
External financing limit (EFL)	5,739	(819)
Under / (over) spend against EFL	**7,422**	**3,581**

Note 50 Capital Resource Limit

	2019/20 £000	2018/19 £000
Gross capital expenditure	14,559	8,633
Less: Disposals	-	(197)
Less: Donated and granted capital additions	-	(31)
Plus: Loss on disposal from capital grants in kind	-	-
Charge against Capital Resource Limit	**14,559**	**8,405**
Capital Resource Limit	14,602	8,622
Under / (over) spend against CRL	**43**	**217**

Note 51 Breakeven duty financial performance

	2019/20 £000
Adjusted financial performance surplus / (deficit) (control total basis)	2,843
Add back income for impact of 2018/19 post-accounts PSF reallocation	114
IFRIC 12 breakeven adjustment	6
Breakeven duty financial performance surplus / (deficit)	**2,963**

Note 52 Breakeven duty rolling assessment

	1997/98 to 2008/09	2009/10	2010/11	2011/12	2012/13	2013/14
	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance		1,732	1,700	6,562	4,228	2,911
Breakeven duty cumulative position	1,080	2,812	4,512	11,074	15,302	18,213
Operating income		138,873	138,466	282,464	281,886	267,367
Cumulative breakeven position as a percentage of operating income		2.0%	3.3%	3.9%	5.4%	6.8%

	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance	2,626	1,356	2,244	4,742	5,607	2,963
Breakeven duty cumulative position	20,839	22,195	24,439	29,181	34,788	37,751
Operating income	273,950	275,422	277,664	274,503	278,322	293,865
Cumulative breakeven position as a percentage of operating income	7.6%	8.1%	8.8%	10.6%	12.5%	12.8%

Leicestershire Partnership NHS Trust (RT5)

Annual Governance Statement

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

The Chief Executive of NHS Improvement (NHSI), 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.

Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the *NHS Trust Accountable Officer Memorandum.*

The Trust has a governance framework in place, consisting of Standing Financial Instructions, Standing Orders and a scheme of delegation of powers, including those powers reserved to the Trust Board and its standing committees. The Trust Board

committees provide scrutiny and assurance. These consist of the Quality Assurance Committee (QAC), Finance and Performance Committee (FPC), Audit and Assurance Committee (A&AC), and Remuneration Committee (REMCOM). Their accountability and responsibilities are defined within their terms of reference.

As Chief Executive, I retain overall responsibility for the effective functioning, operation and oversight of internal control arrangements. Statutory duties upon the Trust are wide ranging covering, inter alia, Trust's quality and financial accounts, financial instruments and regulatory compliance, employment law, and registrations such as with the Care Quality Commission (CQC) and the Information Commissioner. I confirm that arrangements are in place for the discharge of these, and all statutory functions, that they are legally compliant, and that the role of Trust Board Committees and audit functions is ongoing in checking for any irregularities to bring to my attention.

All staff have responsibilities for the systems of risk management as described in the Trust's Risk Management Strategy which is reviewed and approved by the Trust Board annually.

Processes are in place for working closely with partnership organisations such as NHSI. These processes include service provision agreements with local health commissioners, and an integrated approach to the provision of care with local authorities, voluntary sector and commercial partners.

The Governance Framework of the Organisation

Our key Trust Board Committees are:

Finance and Performance Committee (FPC) is chaired by a Non-Executive Director and meets on a monthly basis moving to bimonthly during 2020-2021. Its membership has key Executive Directors and three Non-Executive Directors including a Non-Executive from the Quality Assurance Committee. 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 and performance 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 has a second major role being that of assurance of our operational performance to the Trust Board, which includes performance against the national priorities as set out in the NHS Operational Planning and Contracting Guidance 2019-2020. The COVID-19 finance and performance assurances for Board are led by this committee.

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 monitors and evaluates Executive and Senior Directors' performance and advises on contractual arrangements.

Quality Assurance Committee (QAC) is chaired by a Non-Executive Director, has two other Non-Executive Director members, and meets on a monthly basis moving to bimonthly in 2020-21. It also has Trust Board Executive Directors membership as well as Senior Clinical Directors, senior clinical representation, and commissioners in attendance. It is the key forum for discussion and assurance that quality governance arrangements are in place throughout the Trust and that they are working effectively. It is supported in its work by groups that are responsible for different aspects of quality and clinical governance overview such as patient safety, and experience, and infection control. These groups are scheduled such as to provide timely information to the QAC. The COVID-19 quality assurances for Board is led by this committee.

Audit and Assurance Committee (A&AC) is chaired by a Non-Executive Director with a two further Non-Executive Directors making up committee membership. It meets at least six times a year and reports to the Trust Board annually on its work in support of providing assurance on our governance framework. The primary roles of the committee are to:

- Independently monitor and review our internal control systems.
- Provide independent advice and assurance to our Trust Board.
- Encourage and enhance the effectiveness of the relationships between the Trust Board Committees.
- Oversee corporate governance aspects which cover the public service values of accountability, probity and openness.
- Review the Organisational Risk Register (ORR) processes.
- Receive regular reports on assurance from internal audit, external auditors, and counter fraud.
- Receive and review assurance reports from other Trust Board committees
- Receive and review risk based assurance reports on matters of potential or actual concern to the Committee.

All Trust Board committees' meeting attendances are recorded and Terms of Reference state a requirement of 75% attendance expectation for all formal members. Attendance, achievements, and challenges faced by the Committees are covered within the annual reports of Committees to Trust Board, and prior to this when the work of the Committees is reviewed by the A&AC with the Chair and Executive lead of each Trust Board Committee being in attendance.

Highlight reports from Trust Board Committees are presented to the next available Trust Board meeting and reporting back is led by the Non-Executive Chair of the

meeting. In addition the Trust Board sets up task and finish groups to consider, with pertinent membership, key issues in more depth.

During the reporting period the outcome of external reviews of our governance arrangements were reviewed by the Trust Board and new corporate governance arrangements approved in October 2019 for committees and groups below our Board Committees. Key areas such as complaints, learning lessons, and clinical audit were strengthened and a more streamlined approach to flow of information to Board Committees introduced. Three levels of assurance of corporate governance meetings were introduced to help clarify responsibilities level 1 being Board and its direct reporting-in committees. Corporate governance workshops and consistency in templates and reporting were supporting measures undertaken for staff in support of these changes. In addition the functioning of the weekly Executive team meetings was also considered and operational and strategic issues were separated for specific meetings (Operations Executive and Strategic Executive Board), along with a dedicated meeting around our Quality Improvement agenda which is based upon our new strategy 'Step Up To Great'. This focuses the Trust on improving provision in 9 key areas or bricks that lead us to building a strong platform that lifts the organisation to great.

There is an annual review of Standing Orders and Standing Financial Instructions, along with the Trust Board's Scheme of Reservation and Delegation. The Trust Board also reviews annually its commitment to the Codes of Conduct and Accountability for NHS Boards, and is compliant with the codes of good practice for Boards, as applicable to a provider service NHS Trust i.e. The Professional Standards Authority's "Standards for members of NHS boards and Clinical Commissioning Group governing bodies in England", November 2013. This review includes self-certification checks for Fit and Proper Persons standards along with ongoing compliance work. Annually the Trust Board reviews its self-certification for the Trust's compliance with the NHS Provider licence conditions.

COVID-19 Governance

The overall structure of the annual governance statement is to define the system of internal control and risk management, describe the Trust's major risks, explain the control environment to manage these risks, and cover the effectiveness of the control environment including identifying any significant internal control issues. It is unlikely that the emergence of COVID-19 in 2019/20 would in itself be considered a significant internal control issue.

The Trust moved swiftly to establish interim arrangements for the governance structure with meetings being categorised as critical, high, or partial/low. The critical and high categories meetings were then refocused around six key areas of work:

- COVID-19
- Quality and Safety
- The Health and Wellbeing of staff

- Risk
- Finance and impacts on performance
- Statutory requirements

An Incident Control Centre (ICC) Gold Command was set-up at the earliest possible opportunity following the agreement of the strategic objective of “Preservation of Life”. The ICC is the engine room of the Trust’s response to the COVID pandemic, has a dedicated Director of the Day as Gold Command, and is a key feature of the revised COVID-19 governance framework. It has three pillars that support its management and governance, namely; Action Log, Risk Register, and Decision Log.

Our Strategic Executive Board and Operations Executive meetings were combined with the focus again being on the six key areas of work. The Combined Executive meeting has oversight of the ICC Risk and Decision logs, service changes, and will have major decisions referred-in. We have also constituted a Clinical Senate for clinical/medical ethical issues. The Trust Board receives assurances from the ICC through regular Flash Reports and there is an agreed set of conditions for matters to be escalated to the Board. These are:

- CQC actions required as part of preparing for inspection
- Potential breaches of safe staffing which present a clinical risk
- Financial decision which exceed SFI limits
- Significant changes to the Trust’s strategy

A specific COVID-19 risk has been added to the (ORR), this is reviewed by the risk owner (the Director of Finance, Business and Estates, and Deputy Chief Executive) each week, and an update is provided with the Flash Report. The risk is also received by the Board and its sub-committees. Considerations of the impact of COVID-19 on the organisational risks are an ongoing consideration in addition to the specific ICC Risk Log. A Covid Risk Management Briefing has been approved by the ICC that describes the process for managing COVID related risk and the triangulation between the ORR, the ICC Risk Log and Directorate level risk.

The changes to service have been summarised into a log that is held by the ICC, are risk assessed for impact, reviewed by the Medical and Nursing Directors, and signed off by Gold command, and reported the Combined Executive team and Trust Board. Consideration to the restoration of services has begun with the initiation of our COVID-19 Recovery cell.

The Trust’s response has been consistent with its control environment with the adaptions described complementing the risk and governance structure. There have been no notable business continuity issues and the Trust’s business continuity plan has been used as required. As such the COVID-19 has not constituted a significant control issue for the Trust.

The Trust has a robust process in place for monitoring the efficiency of the use of resources, most evidently through the Cost Improvement Programme (CIP). The CIP plan is developed by services and peer reviewed by the Trust's executive team in the Financial Turnaround and Executive Team meetings. Financial delivery of CIPs is reported to FPC and board every month. All CIP schemes must have a quality impact assessment which has been approved by the Medical Director and Director of Nursing. A quarterly review of the quality impact of CIP schemes is undertaken by services and reviewed by the Medical director and Director of Nursing. The output from the quarterly reviews is reported to the joint FPC/QAC meeting and to the CCGs' Clinical Quality Review Group meeting. Internal Audit undertakes a variety of audits on efficient use of resources to help understand any areas of weakness in internal controls, and specifically undertake a CIP review.
The Trust has a well-established expenditure control process whereby any expenditure over £150 needs director level approval. The requirement to use purchase orders for applicable spend is also embedded. Both of these processes, together with the use of the authorised delegation limits and procurement requirements in the Trust's Standing Financial Instructions (SFIs), ensure that the Trust minimises unnecessary spend and ensures that value for money is considered before spend is incurred.

The Trust submitted a self-assessment of its compliance with *standards for providers* covering fraud, bribery and corruption to the NHS Counter Fraud Authority (NHSCFA). The NHSCFA did not seek to inspect the Trust in more detail following consideration of the Trust's submission.

The LPT Finance Strategy (2015/16 – 2019/20) describes the importance of embedding a value for money culture within the organisation, through financial training and awareness, multi-professional working, an open and transparent approach around our challenges, advanced partnership working, using research, learning and best practice. The Trust is a member of the HFMA healthcare costing for value institute.

The Local Audit and Accountability Act 2014 requires auditors of NHS Bodies to be satisfied that the organisation has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. This is supported by the Code of Audit Practice, published by the NAO in April 2015, which requires auditors to take into account their knowledge of the relevant local sector as a whole, and the audited body specifically, to identify any risks that, in the auditor's judgement, have the potential to cause the auditor to reach an inappropriate conclusion on the audited body's arrangements. KPMG, as LPT's external auditors, are required to provide the Trust with a Value For Money conclusion as part of the annual accounts audit.

During the reporting period there were no changes in non-executives and the following changes in personnel of executives were:

Executives:

Leavers: Dr Peter Miller, Chief Executive (7 July 2019), Anne-Maria Newham, Director of Nursing, Quality and AHPs (1 June 2019 to 31 December 2019)

Joiners: Angela Hillery, Chief Executive (from 8 July 2019), Anne Scott, Interim Director of Nursing, Quality and AHPs (from 1 April 2019 to 31 May 2019, and again from 1 January 2020); Mr Gordon King, Director Mental Health Services (from 23 September 2019); Mr Chris Oakes Director of Corporate Governance and Risk (from 1 January 2020); Mr David Williams Director of Strategy and Business Development (from 1 January 2020)

Capacity to Handle Risk

The ORR is presented to the monthly Operational Executive and Strategic Board meetings. A report is also provided to every QAC and FPC before being presented to the Trust Board. There is a monthly business cycle of Executive Director and action owner review to update each risk on the ORR and discuss emerging risk.

The Trust appointed a shared (with Northamptonshire Healthcare NHS Foundation Trust) Director of Governance and Risk in January 2020; this post is new to the Trust and supports the on-going maturity of risk management.

Risk and Board Assurance Training was been given to the Board in October 2019. This included discussion and development of the Trust's risk appetite. The e-learning package is currently undergoing a re-fresh; ad hoc risk training continues to be provided to individuals and teams across the Trust. A flow diagram has been developed to support staff, and the policy and strategy is available for all staff on the intranet.

A new system is being introduced whereby all new local and directorate level risks are discussed at a risk review group before formally being included onto the risk system. This involves risk and governance staff providing quality control by advising on the wording, scoring and treatment of new risk. This group also allows for the validation of existing risk on the system, including timely review of progress against actions; this continues to embed but has further work to do.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an on-going process designed to identify and prioritise the risks to the achievement of the organisation's policies, aims and objectives of the Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in the organisation for the year ended 31 March 2020 and up to the date of approval of the annual report and accounts at the Extraordinary General Meeting of the Trust Board held on 27 May 2020.

The Risk and Control Framework

In February 2019 the CQC judged the governance of the Trust to be inadequate. The Trust immediately commissioned an external governance review which identified that there were some aspects of the risk system that should be reviewed, and found evidence that the governance structure was not as effective as it could be. These recommendations, alongside the CQC feedback fed into a wider overhaul of the governance and risk system which has included;

- A revised risk management strategy and policy which was approved by the Audit and Assurance Committee, and the Trust Board in September 2019.
- A review and update to the current organisational model, directors' roles and accountabilities across both corporate and operational directorates. Strengthening of the committee structures building upon the October 2019 Board approved structures, their focus, role and relationship with the Board and the Executive Team; including the timetabling and processes to support committees and flow of information. This was approved by the Trust Board in March 2020.

This root and branch review of assurance systems and performance measures resulted in revised quality and financial governance structures supported by a new organisational risk management system based on good practice benchmarks. There is now an improving process of clinical audit utilising a trust wide quality improvement methodology and a programme of internal audits related to identified risks. In addition a revised performance management framework is now embedding to ensure Board to Ward alignment. The system is working in partnership to establish a sustainable financial position underpinned by comprehensive Quality Improvement Assessments.

A number of Well Led development sessions have been held with the Trust Board and the senior Leadership Team to assess the Trust against the key lines of enquiry, and formulate and manage a plan of action to drive improvement. We also have a number of improvement projects within our Step Up To Great 'Well-Governed' objective.

There has also been a Trust Board development session to understand the risks to delivery of the Step up to Great plan, including emerging risks, embeddedness and sustainability. This formed the basis of the revised ORR which has been developed to address the Step Up To Great strategic objectives for this year and has had a period of maturity and development over the last 6 months.

The Trust currently has 26 risks on the ORR; of these, sixteen have a high current risk score. Those with the highest current score of 20 include;

- Access to services: Delayed access to assessment and treatment impacts on patient safety and outcomes.
- Well governed: Unable to deliver the operational plan due to financial pressures from the system and funding settlement.
- High standards: The ability of the Trust to deliver high quality care may be affected by the Coronavirus COVID-19 pandemic.

These are monitored by the Executive Team. Each risk has a number of actions to mitigate the likelihood of the risk occurring. These aim to mitigate the risk in line with

the Trust's appetite. The risk review business cycle will ensure that these are monitored at the determined review intervals for each risk; this includes an assessment of the outcomes of actions and the potential closure or de-escalation.

Our approach to determining risk appetite has been strengthened, and a new framework was approved by the Trust Board in October 2019. The key elements are detailed below with the current risk appetite level;

1. Financial / Value for Money (VfM): Moderate appetite

   Risk level 2 Cautious (Prepared to accept possibility of some limited financial loss. VfM still the primary concern but willing to consider other benefits or constraints. Resources generally restricted to existing commitments).
2. Compliance / Regulatory: Moderate appetite

   Risk level 2 Cautious (limited tolerance for exposure to risk. Want to be reasonably sure we would win any challenge.)
3. Innovation / Quality Outcomes / Patient Benefit: Significant appetite

   Risk level 4 Seek (Innovation pursued – desire to 'break the mould' and challenge current working practices. New technologies viewed as a key enabler of operational delivery. High levels of devolved authority – management by trust rather than tight control).
4. Reputation: Moderate appetite

   Risk level 2 Cautious (tolerance for risk taking limited to those events where there is little chance of any significant repercussion for the organisation should there be a failure. Mitigations in place for any undue interest.

The Trust's revised governance framework from October 2019 is leading to a streamlining of information flow throughout the organisation. Assurance and performance reports are received by FPC and QAC and assessed alongside risk identified on the ORR. An assurance rating is applied to each risk to summarise how assured we are based on the evidence from internal and external assurance sources, and how assured we are on the progress of the actions being delivered to mitigate the risks. By way of example;

1. The QAC and the Trust Board receive regular assurance reports on compliance with our CQC registration requirements. These include progress with any on-going actions resulting from CQC feedback. The action plan is shared with the Executive Team meeting, and once it has flowed through our governance, is provided to the CQC and our commissioners (to fulfil our quality schedule requirements). The assurance report is viewed alongside the ORR, in particular our risk for capacity and capability to deliver regulator standards. This risk encompasses the need for timely and accurate information to assess risk to compliance with the conditions of the Trusts licence.

2. The FPC and the Trust Board receive regular updates on reports relating to data security and this is reviewed alongside the ORR, in particular our risk that Information systems and processes are not robust enough to militate against cyber attacks and information breaches.

Risk management is embedded in the activity of the organisation. For instance, our risk based prioritisation of waiting list management, and our approach to risk assessments, for example our new ligature risk boards which have been developed for each in-patient area. The Trust uses an electronic risk management system for assessing and managing risk as follows:

- A common methodology is used to evaluate risks in order that risks and improvements to controls can be appropriately prioritised.
- Risks are identified at local service or directorate level. Strategic risk is identified on the ORR. These are managed at the appropriate level with additional controls being implemented when necessary.
- The system provides for rapid escalation of risks to the next-highest level when it is considered that the risk warrants additional support and assurance or cannot be effectively mitigated at the current level.

Each risk on strategic, directorate and local risk registers are rated according to the impact/likelihood risk assessment matrix identified within the Trust's Risk Management Strategy. This is based on international guidance and best practice.

The Risk Registers identify:-

- The risk to achieving the local, directorate or strategic objectives.
- The current risk rating for each risk (at the point of risk assessment)
- The risk owner
- The controls that are in place to assist in securing delivery of the objective.
- The assurances that enable evidence to be gained that our controls are effective
- The actions that are being taken to reduce the risk.
- The residual risk rating (the predicted risk rating when the planned actions are in place)

In order to ensure that short, medium and long-term workforce strategies and staffing systems are in place which assure the Trust Board that staffing processes are safe, sustainable and effective, and how the Trust complies with the 'Developing Workforce Safeguards' recommendations, the Trust Board Safer Staffing report provides an overview of the nursing safe staffing each month. The report triangulates productivity, workforce metrics, quality and outcomes linked to Nurse Sensitive Indicators (NSIs) and patient experience feedback.

The Trust continues to demonstrate compliance with the National Quality Board (NQB) expectations to publish safe staffing information each month. The safe

staffing data is being regularly monitored and scrutinised for completeness and performance by the Director of Nursing, AHPs and Quality and reported to NHS England (NHSE) via mandatory national returns on a site-by-site basis. Learning from participation in a number of NHS Improvement (NHSI) workforce development programmes is ongoing, including participation in the Chief Nursing Officer's Safe Staffing Fellowship. As a result this has developed peer benchmarks and access to NHS experts view in safe staffing.

Each directorate has a standard operating procedure for the escalation of safe staffing risks and any significant issues are notified to the Director of Nursing, AHPs and Quality on a daily basis and highlighted through the monthly reports. In light of the triangulated review of fill rates, workforce metrics, nurse sensitive indicators and patient feedback, the Director of Nursing, AHPs and Quality is assured that there is sufficient resilience across the Trust not withstanding some areas to note, to ensure that every ward and community team is safely staffed.

The Trust has published on its website an up-to-date register of interests, including gifts and hospitality, for our decision-making staff within the past twelve months, as required by the 'Managing Conflicts of Interest in the NHS' guidance. The Trust utilises on-line self-service system for all staff, where decision makers are identified. This register is available for public view at https://lpt.mydeclarations.co.uk

Review of the Effectiveness of Risk Management and Internal Control

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the organisation that have responsibility for the development and maintenance of the internal control framework. I have drawn on the information provided in this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Trust Board, A&AC, FPC and QAC, and a plan to address weaknesses and ensure continuous improvement of the system is in place thorough our Step Up to Great priorities.

The Head of Internal Audit provides me with an opinion on the overall arrangements for gaining assurance through the ORR and on the controls reviewed as part of Internal Audit's work. The opinion issued has given 'Strong Moderate' assurance that there is a generally sound system of governance, risk management and control but that controls are generally not being applied consistently. The position was seen as much improved across all the areas of investigation examined since July 2019 and reflected in an improved rating to

Significant for the Internal Audit outturns segment of the opinion from 2018/19. The Trust's current position reflected an overall strong moderate assurance accounting for the review taken over the full 12 month reporting period since April 2019. Whilst the risk assessment segment remained moderate the recent risk assurance assessments at FPC and QAC were positive assurance and the outcome of major change to our risk control environment over the last 6 months. The Trust has received positive and supportive feedback from commissioners, regulators and local public/NHS partners that supports the much improved position since June 2019, and most recently in their partnership working for COVID-19 with NHS and private hospital sector organisations.

Executive managers within the organisation who have responsibility for the development and maintenance of the system of internal control provide me with assurance. The ORR provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been reviewed. My review is also informed by a number of sources of assurance: Executive managers within the organisation who have responsibility for the development and maintenance of the system of internal control provide me with assurance. The ORR provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been reviewed. My review is also informed by a number of sources of assurance:

- Maintenance of CQC Unconditional Registration, and the CQC inspection regime, including core service inspection, Well Led and mental health act reviewer visits.
- Inspections from third party regulators including the Health and Safety Executive.
- The Trust's Buddy relationship with Northamptonshire Healthcare NHS Foundation Trust which includes peer review visits.
- Commissioner quality visits.
- Externally commissioned reviews including the Intensive Support Team (NHSI) and independent consultancy reports.
- NHSI observation and feedback of our Trust Board (January 2020) and Board committees (December 2019).
- Assurance meetings with NHSI and our local CCGs around our improvement actions.
- The Trust Board's revised performance report and dashboards.
- Clinical Audit, and local audit and spot check programmes.
- SI Oversight Groups.
- Internal Auditors, a process of internal auditing and reports.
- External auditors.
- The work of the Local Counter Fraud Specialist.
- Complaints, Claims and Serious Incident monitoring and reporting to Account.

- Feedback Commissioners, regulators, and inspectors.
- NHS National annual staff survey and our local Staff Friends and Family Test/Pulse Survey.
- The Information Governance Annual Self-Assessment and audit.
- The development, internal governance scrutiny and assurance, and external review by patient groups and key stakeholder groups, of the accuracy of the Quality from external assessments and reviews eg Healthwatch “Enter and View” visits.
- Feedback from commissioners and local authorities as to our engagement and leadership in local transformation healthcare models and ways of working.
- The Trust’s internal Quality Accreditation process.
- National Accreditation scheme.
- Royal College inspections and visits.
- Trust review of preparations for Brexit.
- Freedom to Speak up Guardian.
- Guardian of Safe Working Hours

I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Trust Board, and its Committees. Plans to address any highlighted weaknesses, and to ensure continuous improvement of the system, are commissioned and monitored.

Internal Audit provides me with further assurance on the processes in place by way of specific audits, as well as through an overall opinion on the system of internal control. The review and maintenance of the effectiveness of the system of internal control is undertaken as follows:

- The Trust Board has the authority and responsibility of the establishment, maintenance, support and evaluation of the action plan to support the system for internal control. The Trust Board owns and receives the ORR and regularly reviews this key assurance document. The Trust Board receives highlight reports from its Committees which highlight immediately issues of assurance for the Trust Board.
- The A&AC oversees the governance and assurance processes on behalf of the Trust so as to ensure that an effective internal control system and risk management system is maintained. This includes regular scrutiny of the ORR governance arrangements, and follow-up actions resulting from internal audit reviews.
- The Trust Board Committees provide assurance of effective control on significant risks and a balanced and integrated approach to clinical focus, engagement and patient/stakeholder involvement through regular scrutiny of their assigned ORR risk report.

- The FPC ensures the effective scrutiny of financial risks and performance matters, and it assures effective control on all financial matters.
- Executive Directors regularly review their portfolio risks covering operational eg workforce vacancies and recruitment, strategic, and financial eg delivery of service financial plans and sustainability.
- NHS Provider Licence Self-Certification report to the Trust Board.

Reports to QAC present a summary of the Trust's performance against key targets for the reporting and management of SIs. The reports also provide a quarterly thematic analysis of SIs reported by the Trust to date, detailing key lessons learnt and action taken in response to mitigating risks.

The QAC has a reporting-in Clinical Effectiveness Group (CEG) that approves the annual Clinical Audit Forward Plan. This Group also oversees the Clinical Audit Policy, and Strategy.

Key areas of work during 2019-20 in support of the Step Up to Great Strategy 9 key areas were:

- High Standards
    - Launched our in-patient accreditation programme to recognise those wards that are providing care to high standards. This will be expanded across all areas in the coming year.
- Transformation
    - Individual transformation programmes, in mental health, learning disabilities, community healthcare, families and children services to address key areas of work to improve outcomes for our patients and service users.
- Environments
    - New CAMHS inpatient unit build and work towards commissioning, opening in Autumn 2020.
    - Strategic Outline Business Case developed to end dormitory accommodation in the Trust
    - NHS England has supported us to improve infection control processes across the Trust.
- Patient Involvement
    - Receiving quarterly reports and assurance of actions following complaints, and PALS activity, learning from patient experience and involvement, and Friends and Family Test feedback.
- Well governed
    - Trust Board development using NHS Improvement resources, external support and time to improve the capacity and quality of leadership in the Trust.
    - Launched Trust Wide Senior Leadership team meetings

- Organisation wide review of the Trust's risk management strategy and our high level risks with detailed scrutiny of specific risks such as quality impact of cost improvement programmes, data quality, Never Events and quality improvement to ensure the organisation is focussed on managing risks and delivering improvements for our population
- Development and delivery of the Trust-wide financial plan.

- Single patient record (EPR)
  - The Trust currently has two EPR systems, and is committed to operating a single EPR called SystmOne. This will enable us to provide joined up mental and physical healthcare, looking after the physical needs and helping everyone have good well-being is very important to us as a provider and will reduce the number of times patients have to tell us their story

    A decision was taken in March 2020 to defer the scheduled go live date of June 2020. This was in response to COVID-19 impacting on the Trust's ability to provide training for all relevant staff in preparedness for the new system. A provisional go live date has been rescheduled for later in 2020/21.

- Equality, Leadership and culture
  - We are committed to supporting our communities, following an internal listening event, we have established workforce champions across the organisation that will help us embed and develop new ways of working. Our listening event told us we need to complete 5 key actions: Implement diverse recruitment panels, delivery unconscious bias and race and equality training, specific support to BAME staff with interview skills and career progression.
- Access to services
  - Improving Delayed Discharge of Care working with all key partners across Leicestershire, Leicester city and Rutland.
  - A programme of work to reduce waiting times across the Trust, and a process to review and minimise the risk of harm whilst waiting.
- Trust wide quality improvement
  - External review of Serious Incidents with a focus upon CQC Inspection actions
  - Focussing on learning from all patient deaths. Our clinical Mortality Surveillance Group has enhanced information systems, local level mortality and morbidity review groups in our directorates to ensure we learn and apply our learning across the organisation.
  - We have launched Quality Service and Improvement redesign training across the organisation, accredited by NHS Improvement.

The Trust assures the quality and effectiveness of elective wait times through the local management of waiting lists and directorate oversight; and executive scrutiny through both the performance framework and at the FPC. Accuracy risks are highlighted using the information assurance framework and formal risks are managed through the Trust's risk register and supported through standard operating procedures.

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year.

The 2019-2020 Quality Accounts will provide assurances about how we have achieved quality outcomes for the year 2019-20, and identify our clinical quality priorities for 2020-21. The clinical priorities identified for 2020-21 are centred on the three areas of quality; including safety, effectiveness and patient experience. The indicators also coincide with the CQC findings and action plan and will formulate the KPI structure to monitor progress throughout the year. The Quality Account includes in its review of quality performance in 2019-20 reporting against the national mandatory requirements and statements of assurance. The Quality Accounts are normally audited by the Trust's external auditors to ensure that it meets with regulatory requirements as stated in the Quality Accounts Toolkit and subsequent updates noted in NHS Improvement's letter to Chief Executives 29 January 2020. In addition two national indicators have been selected for additional scrutiny as part of the assurance and scrutiny process:

- The percentage of patients on Care Programme Approach (CPA) who were followed up within seven days after discharge from psychiatric inpatient care during the reporting period
- The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team (CRHT) acted as a gatekeeper during the reporting period.

While primary legislation continues to require providers of NHS services to prepare a Quality Account for each financial year, the amended regulations mean there is no fixed deadline by which providers must publish their 2019-20 Quality Account. NHS England and NHS Improvement have recommended for NHS providers that a revised deadline of 15 December 2020 would be appropriate, in light of pressures caused by COVID-19. There has not been an external audit undertaken and so we no longer expected to obtain assurance from our external auditor on their quality account/quality report for 2019-20.

A draft Quality Account has been provided to our stakeholders (for 'document assurance' as required by the quality accounts regulations) in good time to allow scrutiny and comment and these will be included in the final publication. Our draft Quality Accounts was presented at our Extraordinary General Meeting 27 May 2020.

The national guidance is now that for finalising Quality accounts by 15 December, a date of 15 October would be reasonable for this. The final Quality Account will be published on the Trust's website and NHS Choices.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

The Trust has undertaken risk assessments and has a sustainable development management plan in place which takes account of UK Climate Projections 2018 (UKCP18). The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with. There is a Sustainability Champion Group and the Sustainability Development Management Plan for the Trust is reviewed in this governance forum.

Significant Issues

During 2019-20 the significant control reportable, regulatory, or reputational issues were:

CQC Inspections

The Care Quality Commission (CQC) report published in February 2019 related to the inspection 19 November 2018 to 13 December 2018. The report described 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 ratings stayed the same for the majority of services inspected, and there was a decline in the rating for Well-Led to Inadequate. The CQC issued a Warning Notice to the Trust on the 30 January 2019. This was served under section 29A of the Health and Social Care Act 2008. An improvement plan was developed in response to the nine key improvement areas. All actions are now complete.

Due to the extant Warning Notice and Head of Internal Audit Moderate Assurance opinion for 2019-20 the Trust has continued to self-certify as not compliant to the

NHS Provider Licence condition G6 – The provider has taken all precautions necessary to comply with the licence, NHS Acts and NHS Constitution, and condition FT4 – The provider has complied with required governance arrangements.

In June 2019 the Trust received a focussed, unannounced inspection by the CQC. This inspection was a follow up on the enforcement action issued after the last inspection in November 2018. The CQC provided recognition of the significant progress and improvements made by the Trust. We remain fully compliant with the registration requirements of the CQC.

NHS Improvement (NHS I) Segment Level

As a result of the 2018 CQC Inspection outcome, the Trust was moved to Segment Level 3 whereby mandated support needs were identified in quality of care, and targeted support needs were identified in operational performance. This led to the introduction of system improvement and assurance meetings with NHSE/I and commissioners. The improvements being made in the Trust are evidenced through these meetings.

HM Coroner

During 2019-20 the Trust received one Prevention of Future Death (PFD) Report under Regulations 28 and 29 of the Coroners (Investigations) Regulations 2013 Coroners and Justice Act 2009 related to our Crisis Team service's operating procedures. The Regulations provide the Coroner with a duty not just to decide how somebody came about their death but also where appropriate to report the death with a view to preventing future deaths. These reports are important and are emphasised by the fact that the new law now makes it a mandatory duty for the Coroner to make a report when a concern is identified.

When concerns are raised by the Coroner at inquests they are considered and responded to by the Chief Executive within the timeline set-out by the Regulation 28. Any emerging themes are also considered for actions to be considered wider than the specific team or service provision. All Regulation 28 letters, and the Chief Executive's responses, are shared with our Trust Board, Clinical Commissioning Groups and the CQC.

Never Event

There were no Never Events in LPT for 2019-20.

Homicides

There were two homicides for patients of the Trust in 2019-20. One was in Adult Mental Health and involved a son who took the life of his father who was also a patient and was open to a District Nursing Team. The second Homicide was

committed by a Young Person who took the life of his best friend. In both cases the trials have concluded and in both cases the Patient was found Guilty of the homicide.

In-patient Deaths

There were four unexpected in-patient deaths reported as Serious Incidents in 2019-20, the details of which follow;

- Community Health Services: Welford Ward, Bennion Centre. Suspected Suicide (whilst on leave from the ward).
- Community Health Services: Coleman Ward, Evington Centre. Unexpected Death. Pulmonary Embolism.
- Community Health Services: Kirby Ward, Bennion Centre. Unexpected Death. Acute deterioration in condition and Hematemesis (investigation in progress).
- Adult Mental Health: The Willows. Unexpected Death. Cardiac related.

In addition to this, we are highlighting the following three deaths which occurred within a short period of transfer to an acute trust;

- Community Health Services: Gwendolen Ward, Evington Centre. Unexpected Death. Died following surgery at acute trust to repair a fracture post fall on the ward.
- Community Health Services: Gwendolen Ward, Evington Centre. Unexpected Death. Died following transfer to the acute trust of pneumonia whilst under section of the mental health act.
- Community Health Services: Kirby Ward, Bennion Centre. Unexpected Death. Died following acute deterioration and transfer to acute trust.

All have been/are being reviewed as Serious Incidents overseen by Directors/Senior Managers/Non-Executive Directors, and submitted to our Commissioners and the NRLS. The final report is taken to our Trust Board for review at the earliest opportunity.

Information Governance

During 2019-20 we had 6 incidents in relation to the mishandling of personal identifiable data classified as a ‘reportable data breach’ under the revised incident reporting guidance – *Guide to the Notification of Data Security and Protection Incidents* published by NHS Digital in conjunction with the Information Commissioners Office. These would have been classified as Level 2 incidents and they were all reported to the Information Commissioner Office (ICO). The ICO confirmed in all cases that no further action was needed.

1. A member of staff set an email rule on their work email account to forward emails to their personal (home) email account.

2. A community mental health team sent out a care plan to a patient with the same first name and surname as another patient.

3. The personal email addresses of six witnesses in a disciplinary case were included in the disciplinary pack of the employee subject to disciplinary action.

4. A service user advised that personal information about them was disclosed to an administrator at their college without their knowledge or agreement, and without the clinician checking the authentication of the person requesting the information.

5. Two letters were placed in the same envelope resulting in confidential information about one patient being disclosed to another.

6. During a major housekeeping exercise at one of the Trust locations, 12 old unencrypted CDs and VHS tapes were put out in black plastic bags and left next to a kitchen bin. It is assumed that they were put out with the domestic waste.

Following investigations and further information coming to light, incident 6) could not be concluded to involve the potential exposure of personal information as they were teaching aids. However all 6 incidents had organisational learning.

All Information Governance incidents are scrutinised by the Trust's Information Governance Steering Group (Data Privacy Committee) in order to ascertain any organisational learning, which is shared through Service Directorate Information Governance and Information Management and Technology Groups. Outcomes have included the sharing of learning with other customers of the Trust IT Shared Service particularly in relation to the practice of forwarding emails, review of some of the technical controls in place and development and review of supporting procedures.

Health and Safety Incidents

The Trust received an inspection from the Health and Safety Executive (HSE) in September 2019 as part of a national programme to review arrangements for the management of manual handling and violence and aggression. The inspection resulted in no prosecution or enforcement notification however advice was received to enhance organisational arrangements for the management of violence and aggression. This culminated in the production of an action plan and targeted audit work. This work was monitored through the health and safety governance routes for completion and final sign off. After reviewing the case notes along with our action plan provided in late 2019 HSE corresponded with the Trust on 22 April 2020 to give the view that we had complied with the Notification of Contravention Letter issued on the 11 October 2019, and that they were confident that the Trust understood and was committed to the measures required to comply with health and safety legislation.

The Trust has not received any intervention from the Health and Safety Executive during the reporting period that resulted in prosecution or enforcement notification.

Leicestershire Fire Authority have visited and audited various sites throughout the period as part of their rolling audit programme. Advice has been communicated to the Trust which has resulted in subtle modifications of premises, environment or

management arrangements for fire safety. No formal prosecution or enforcement notifications have been received.

The Trust has provided evidence of compliance against the Emergency Preparedness Resilience and Response core standards to NHS England and is fully compliant.

Limited Assurance Internal Audit Reports

Whilst the Trust had 1 significant assurance report prior year (2018-19) and 6 significant assurance reports there were 4 limited assurance reports for:

- Estates Maintenance
- Seclusion
- Clinical Audit and NICE
- Waiting Times

There was also split opinion reports for 2018-19 audits of Data Security and Protection Toolkit and Arrangements for the Management of Risk prior year, and one split opinion report for the Risk management section of the Governance and Risk Management report.

Limited assurance and split opinion reports are considered by the Executive lead, lead service manager, and by the pertinent Trust Board corporate governance assurance group. There is an agreed scheduled follow-up from Internal Audit for their assurance of actions taken to complete the risk management recommendations. The A&AC receives regular updates on the overall status of progress for the remaining outstanding actions post the internal audit follow-up review. As a result of receiving feedback from AAC increased Executive oversight has been introduced to the internal audit report process. The Executive team now reviews all draft TORs for the audits and the draft final reports, and the status tracker report for outstanding and prospective risk management actions yet to be followed-up.

Conclusion

My review confirms that Leicestershire Partnership NHS Trust has a generally sound system of internal control that supports the achievement of its policies, aims and objectives. The significant internal control issues identified in the body of the Annual Governance Statement are:

- Segment level 3 for NHSI
- The Trust received one Prevention of Future Death (PFD) Report under Regulations 28 and 29 of the Coroners (Investigations) Regulations 2013 Coroners and Justice Act 2009 and the Chief Executive Officer responded within timescale with assurances for addressing concerns raised.

- Two homicides, four inpatient deaths, and three deaths within a short transfer to an acute Trust were seen. The four inpatient deaths and three deaths following transfer have been the subject of SIs to see what lessons can be learned and shared.
- After investigation there were six confirmed incidents in relation to the mishandling of personal identifiable data and all the incidents were reviewed for organisational learning.
- The Trust was issued with 4 limited assurance and three split assurance internal audit reports with actions and timelines agreed for any risks identified.

Angela Hillery, Chief Executive Officer
Leicestershire Partnership NHS Trust (RT5)

Date: 24th June 2020