NHS
Leicestershire Partnership
NHS Trust

Annual Report
2021/22





creating high quality, compassionate care and wellbeing for all

www.leicspart.nhs.uk

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The 2021/22 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

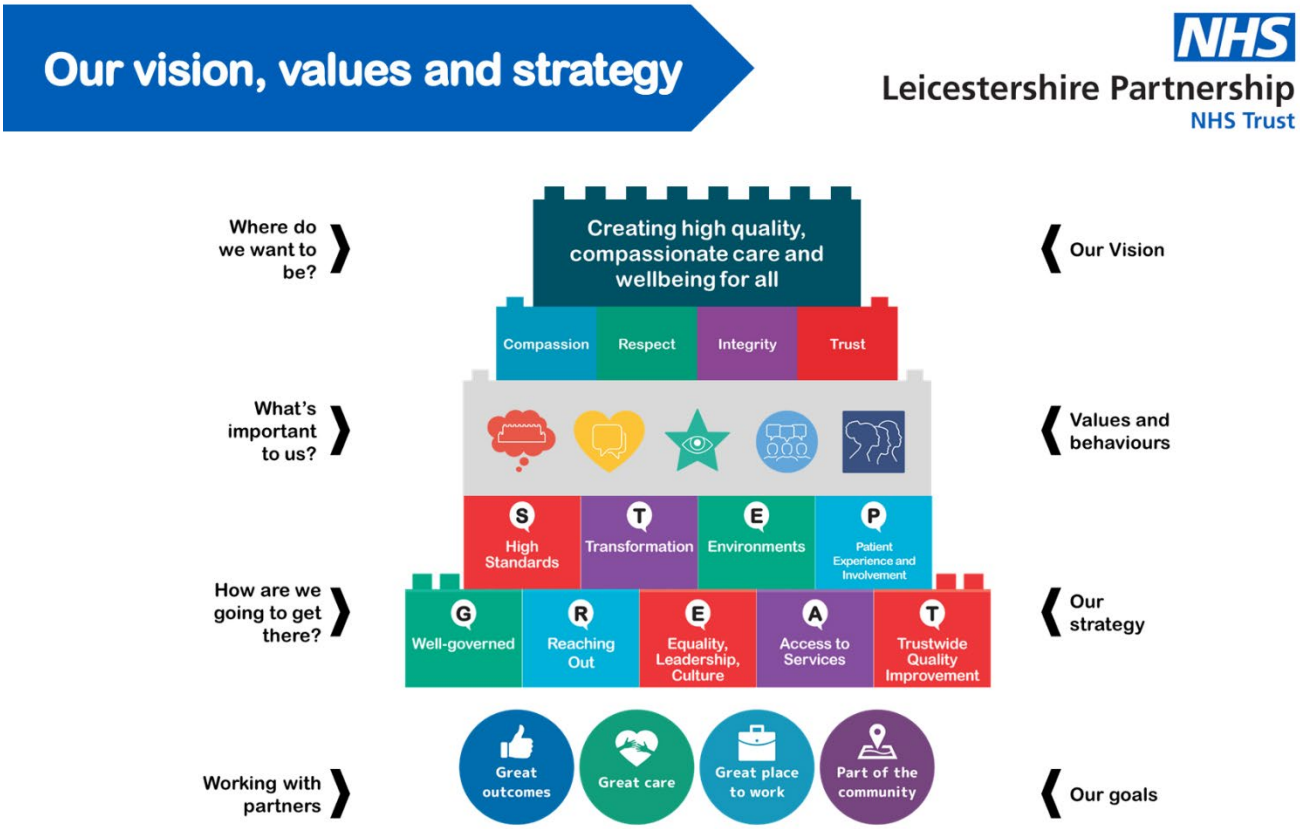
Welcome from our chief executive and chair

The Covid pandemic has put enormous pressures and challenges on the NHS over the last two years, however we are proud of our staff and the way they have continued to step up to great towards our Trust's vision:

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

From working together in new and different ways to support our service users, to being rapidly responsive to care for Covid-positive patients, they have worked alongside our system partners, as a key player in the local NHS crisis response. Our staff have been nothing short of phenomenal and we are grateful for this.

During the course of this year we have taken some time out to reflect on and refreshed our Step up to Great strategy, building on the solid foundation we have created since we introduced it in 2019. Our updated Step up to Great strategy is a culmination of our collective learning, achievements, feedback and national and local priorities, bringing together our focus for the next three years. We have retained eight of our nine original Step up to Great bricks and refocused the remaining brick from 'Single Electronic Patient Record' (implemented in November 2020) to 'Reaching Out.' You will also see the four goals of how Step Up to Great will help us to fulfil our Trust's vision as an active player in our system. Through our Step Up to Great strategy we will focus together on Great Health Outcomes, through Great Care, a Great Place to Work and being an important Part of Our Community. We are all leaders at LPT and can all make a difference.



November 2021

Despite the pandemic, our LPT family has continued to make improvements against our last Care Quality Commission (CQC) inspection in 2019. The CQC carried out a planned unannounced inspection of LPT between May and July 2021. The inspectors visited three of our 15 core services: two of our mental health services previously rated as inadequate and one learning disability service rated requires improvement. They also inspected our Trust against the well-led domain, previously rated as inadequate.

Whilst only three of our 15 core services were visited in the inspection and our overall rating as a Trust remains at 'requires improvement', we are proud that we no longer have any core services rated as inadequate, our staff remain rated as 'good' for caring – reflecting our commitment to our values of compassion, respect, integrity and trust, and our well-led review has progressed from 'Inadequate' to 'Requires Improvement'. In particular the strength of the executive team was commented upon with markedly improved governance processes, vision and strategy, and an improved safety culture.

At the end of February 2022 we received a follow up unannounced visited by the CQC at the Bradgate Unit to review some areas since their last inspection. We are pleased that the CQC has recognised the progress we have made towards the elimination of dormitory accommodation for patients and improved privacy and dignity with signage and storage for patients. They were also pleased to see that the work had been undertaken to strengthen patient call alarms in our wards, though consistency needs strengthening in some parts and embedding this will be key. We will continue to build upon our improvements and are confident in our staff who have been amazing in responding to a Covid pandemic during this time. We have outlined further details about our CQC report on page 33.

We have had many highlights over the last year that we are proud to share. We draw your attention to some of these below; read more details in the Year in Review section:

- In late November 2021, as part of showcasing our Home First model, NHS England and Improvement Chief Executive, Amanda Pritchard visited our urgent care response accelerator site in Leicester, Leicestershire and Rutland and praised the work of the integrated health and social care teams.
- Two of our health tech innovations were visited by Matt Whitty, NHS England's director of innovation and life sciences, to learn how they have been adopted by NHS Trusts across the country to benefit millions of people. He visited the ADHD service to see a demonstration of a new digital test that is significantly reducing the time parents have to wait for their child to be diagnosed with ADHD. He also visited the award-winning ChatHealth - a safe and secure health messaging service developed by LPT staff, that allows users to have conversations with health professionals via their mobile devices about issues including mental health, sexual health and general health concerns. Originally available to 65,000 teens in Leicester, Leicestershire and Rutland, the service is now available to over 6 million people nationwide.
- Our remote monitoring scheme supporting patients with a variety of heart or lung conditions, or who had been in hospital with Covid-19, was shortlisted for national HSJ Awards and Nursing Times Awards. The virtual ward initiative has helped hundreds of Leicester, Leicestershire and Rutland patients be cared for in their own homes, avoiding unnecessary hospital appointments and allowing them to be discharged back to their own home early.
- We were asked to share exemplary work we have undertaken with NHS England across the country around our digital wards work and our mental health urgent care hub. We have also recently been asked to share our success in significantly reducing our mental health out of area placements to zero, so that other mental health trusts in the country can learn from our approach.
- Our staff and volunteers have worked on the LLR wide vaccination programme throughout the pandemic, through the mass vaccination centre, hospital hubs, pop up clinics and through our schools programme, delivering hundreds of thousands of vaccinations to protect our local population. This included exemplary work in running special clinics for people with learning disabilities, which has received national recognition by NHS England and been shortlisted for a Nursing Times Award.

- Our Youth Advisory Board were shortlisted in the national Children and Young Peoples Now Awards in the Partnership Working category. The young group have been involved in co-designing many improvement initiatives and are jointly supported by LPT and Leicester City Council. The YAB, which was set up two years ago, is made up of young people, aged 13-21, who have used our services - as well as representatives from the Leicester City Council's Youth Council.
- Alongside the Clinical Commissioning Group, we undertook a successful public consultation exercise engaging 6,650 people across Leicester, Leicestershire and Rutland in proposed investment to improve urgent and emergency mental health services and mental health care closer to where people live. We thank everyone who shared their views. We will now work hand in hand with our communities as we implement these improvements to services, to ensure that services are truly responsive and meet the needs of our local population, so people can access urgent care easily and receive more co-ordinated planned care. Find out more here: https://greatmentalhealthllr.nhs.uk/
- A total of 48 primary and secondary schools across Leicester, Leicestershire and Rutland now have a dedicated educational mental health practitioner (EMHP) working with them to support their students' mental wellbeing and emotional resilience, as part of our new Mental Health Support Teams (MHST) in Schools programme.
- We recognised over 100 individuals and teams for their outstanding commitment to the NHS and our values through two awards ceremonies during this period - our Celebrating Excellence awards and our Covid Heroes awards. The virtual awards were enjoyed by hundreds of staff and volunteers from across the Trust as we paid tribute to their fantastic work.

Following a successful buddy relationship with Northamptonshire Healthcare NHS Foundation Trust (NHFT) which started with Angela Hillery becoming the joint Chief Executive of both LPT and NHFT 2019 – at the end of 2020/21, the Boards of Directors at LPT and NHFT agreed to enter into a Group Model arrangement. This came into effect from April 2021 as the Leicestershire Partnership and Northamptonshire Healthcare Group.

This arrangement does not mean our trusts are merging, or that we will become one organisation. For us, this evolution means that we have a unique and valuable opportunity to continue our strong relationship through an agreed formal way of working and one that allows the best of what we both do to continue to benefit our staff and those we care for. The work of the Group is centred on a number of joint improvement priorities, which serve both trusts and enhance their own individual strategic ambitions. In 2021/22, we identified our first eight Group priorities, and have been working closely with NHFT to deliver these together. You can read more about this later.

One of the eight joint transformation priorities with NHFT is our commitment to being Together Against Racism. We have identified joint objectives to help us progress this work, and as a Trust Board we have each declared our personal pledges which we have shared with our staff to open dialogues and support culture change. There has been a focus on ensuring diverse interview panels, reverse mentoring, cultural awareness and competence conversations, and joint inclusive leadership masterclasses. Many of our services have connected for mutual benefit and learning.

Our staff support networks across NHFT and LPT have increasingly worked together to hold virtual celebration events throughout the year including LGBTQ history month, Black History Month, International Women's Day, South Asian Heritage Month, Eid and Diwali to name a few, promoting learning amongst our diverse staff.

We were pleased that 52% of staff, like last year and in line with the national response rate, took the opportunity to share their views and thoughts with us through the annual NHS survey. The results are an important way for us to hear staff views on how it feels to work in LPT, what they think works well and what they think needs to improve. The results showed that LPT is viewed as a compassionate and inclusive organisation by staff, and our staff experience against the new NHS People Promise is in line with the national average. In particular, we are pleased that compared to last year, staff have reported a more positive experience around health, wellbeing and safety at LPT. With our commitment to 'safety first' at LPT we were also pleased to see 82% of colleagues, a significant increase from last year, would feel

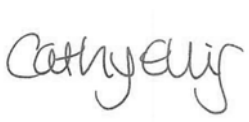
comfortable speaking up and raising concerns around unsafe clinical practices. We particularly welcomed that more staff have felt safe, listened to and supported by managers, and the proportion of staff who have had an annual appraisal is above the national average. As a Trust, we have fared well against other NHS Trusts of our type however there is still more work to do to ensure LPT is a great place to work and receive care. Like staff across the NHS, our staff have raised concerns around work pressures and burnout, not feeling able to make local change and staffing shortages. We will focus on improving these areas through our Reset and Rebuild work, supporting recovery, quality improvement and service transformations, as well as building on our work around equality, leadership and culture.

Working in collaboration with system partners is a central focus of our vision for creating high quality, compassionate care and wellbeing for all. We welcome that there will be an Integrated Care System across Leicester, Leicestershire and Rutland by July 2022. This is great news for LLR and we welcome the opportunity this brings for all of us in LPT to build further upon our work with partners to improve outcomes for our patients and services users and reduce health inequalities. We are an active member of the ICS Partnership Board, executive and design groups transforming LLR. LPT is also leading the LLR transformation programmes for Mental Health, Learning Disabilities & Autism and Digital. We are proud that the learning disabilities collaborative has already successfully reduced hospital stays by 25%, working together to improve health outcomes and reduce health inequalities for this vulnerable group.

We are also pleased to have formed an alliance with five community and mental health NHS Trusts across the East Midlands to collaborate on quality improvement. We are leading improvements for the adult eating disorders pathway across the region on behalf of this collaborative. We are also providing quality improvement support to St Andrews Healthcare. The mental health charity, based in Northamptonshire, have buddied up with NHS Trusts from Derbyshire, Leicestershire, Lincolnshire, Nottinghamshire and Northamptonshire to receive targeted support following their recent CQC report. LPT are part of this alliance to provide buddy support to improve the quality of care at St Andrew's, with specific workstream leadership support for the culture workstream and communications workstream.

Finally, thank you to everyone who makes up the WeAreLPT family – our staff, volunteers, service users and partners. You have each played a significant part in our journey over the last year, whether that is in relation to service improvements or in our continued response to the pandemic. Working in partnership, listening to and engaging you, will remain our focus, as we continue to Step up to Great.

Our summary Financial Accounts for 2021/22 are presented with this Annual Report in Appendix A and we are pleased to confirm that we achieved all our statutory and planned financial duties. We would like to thank all our staff for their continued commitment and support to providing high quality compassionate care and wellbeing for all.



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.

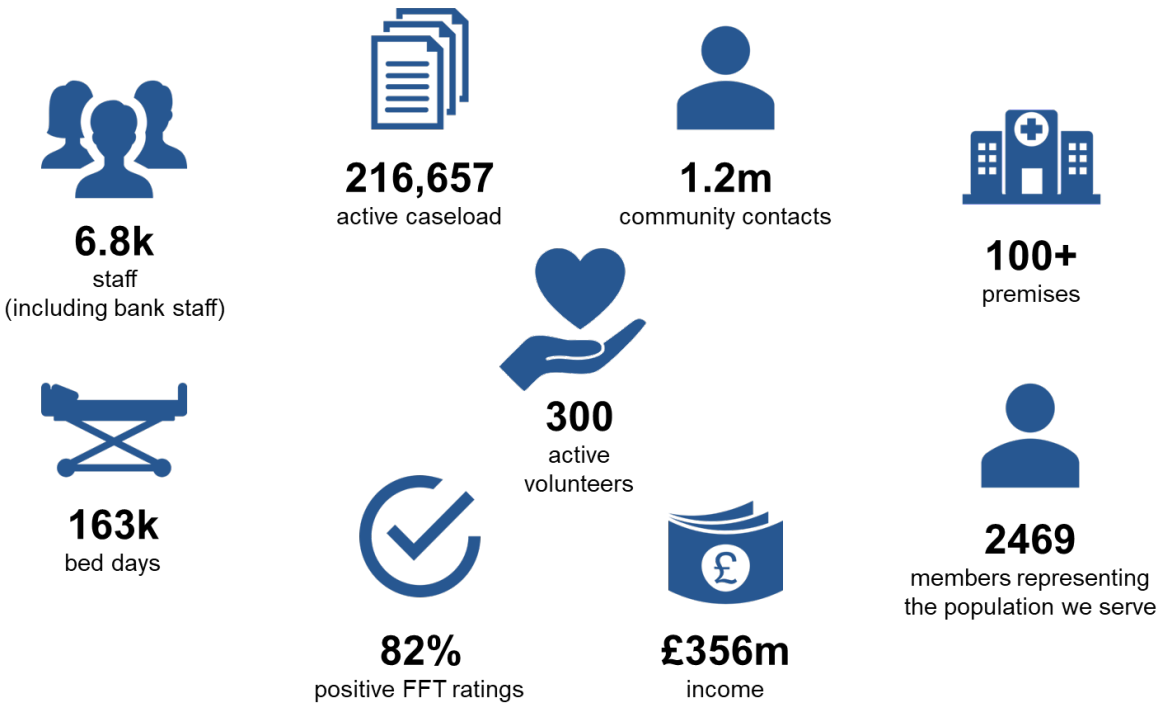
We provide community health and mental health support to over 1 million people living in Leicester, Leicestershire and Rutland. Our services touch the lives of all ages (from health visiting to end of life care), from head to foot (from mental health to podiatry) and everything in between. We have 6,800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

- 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 300 volunteers.

During 2021-22, LPT provided and/or subcontracted 105 relevant health services. Mental Health and Learning Disabilities account for 62 services and Community Health Services make up the remaining 43. It should be noted that in addition to the services above LPT has been a key provider in the rollout of the Covid 19 vaccination programme to the population of LLR, runs the workforce bureau for staffing LLR vaccination sites, and runs the LLR staff mental health and wellbeing hub on behalf of the system.

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, community centres, schools, health centres, people's own homes, and care homes.

The population of LLR is currently estimated at 1.1m according to 2019 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 creation of a Leicester, Leicestershire and Rutland (LLR) Integrated Care System (ICS) from July 2022; this will enable all partners to work collaboratively to meet the stated priorities for our communities delivering to a common agenda. We are an active member of the ICS partnership board, executive and design groups transforming LLR. LPT is leading the LLR transformation programmes for Mental Health, Learning Disabilities & Autism and Digital.

Key collaborators include:

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

Our commissioners:

- Leicester City, West Leicestershire and East Leicestershire & Rutland CCGs (merging into one).
- Leicester, Leicestershire and Rutland councils
- NHS England & Improvement

10 LLR NHS system expectations:

1. Safety First
2. Equitable Care for All
3. Involve our patients and public
4. Have a virtual by default approach
5. Arrange care in local settings
6. Provide excellent care
7. Enhanced care in the community
8. Have an enabling culture
9. Drive technology, innovation and sustainability
10. Work as one system with a system workforce

Other significant partners

- **NHFT (Northamptonshire Healthcare Foundation Trust)** – our Group model

Leicestershire Partnership and Northamptonshire Healthcare Group

Following a successful buddy relationship with NHFT – which started with Angela Hillery becoming the joint Chief Executive of both NHFT and LPT in 2019 – at the end of 2020/21, the Boards of Directors at NHFT and LPT agreed to enter into a Group Model arrangement. This came into effect from April 2021 as the Leicestershire Partnership and Northamptonshire Healthcare Group.

The work of the Group is centred on a number of joint improvement priorities, which serve both trusts and enhance their own individual strategic ambitions. In 2021/22, we identified our first eight Group priorities, and have been working closely with LPT to deliver these together.

The priorities are agreed by the NHFT and LPT Board of Directors annually, though subject to regular scrutiny through the year by a Committee in Common drawn from each Trust Board. This comprises the joint Chief Executive, both Chairs, an equal number of nominated non-executive directors from each trust Board and the directors with identified Group Model responsibilities. When they meet together, the Committees in Common are called the Joint Working Group and the Trust Board Chair of LPT and NHFT chairs this meeting on a rotational basis.

Supporting Angela in an executive capacity with the Group work during 2021-22 were:

- David Williams who operates as the Director responsible for strategy, development and partnerships in both LPT and NHFT.
- Chris Oakes, whose portfolio differs in both Trusts but plays an important role at a Group level, supporting the CEO. In NHFT, Chris is responsible for HR&OD (including training), Communications, Governance and Risk, whereas his LPT responsibilities are Governance and Risk and Health and Safety.
- Richard Wheeler took a secondment from his Executive Director of Finance role in NHFT to support Angela with Group finance matters during the majority of 2021-22. He was succeeded in this role on a secondment basis by Paul Sheldon for the final month of 2021-22 while the Group recruits to this role on an ongoing basis.

There are plans to enhance the Group management and leadership structure further in 2022/23.

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

We are focused on sharing learning and leadership between both Trusts to add value, and have identified some key joint priorities that we will work together on as pictured.

- **East Midlands Mental Health Alliance** – a collaboration between NHS mental health provider Trusts in the East Midlands, working together on new regional care models. LPT is leading on improving the Adult Eating Disorders care pathway across the region through this provider collaborative. We are also working jointly to support St Andrews Healthcare, an East Midlands charity healthcare provider, with a buddying arrangement for their organisational improvement; LPT are offering targeted support around communications and culture work.

Working as a system partner

Throughout 2021/22 our focus has continued to be on working with people, communities and our partners to respond to the COVID-19 pandemic. There are some communities who have been disproportionately affected by the virus and this has been an area we have been very conscious of. As with many organisations we have adapted rapidly to deliver engagement activities online, while being mindful of digital exclusion. We have worked through new and existing networks and partnerships with communities, the voluntary and community sector and government departments. By working collaboratively in this way, we have been able to adapt and respond rapidly and engaged with communities, aiming to mitigate any further disadvantage.

A key success has been creating new networks across organisations to support the COVID-19 response and enabling shared learning from good practice across the country. An example of this was the Mental Health System Cell which was developed as part of our emergency response and enabled us to quickly test and implement new initiatives to support people with urgent mental health needs.

Our learning disability team is also an example where we have facilitated the development of new connections between the VCSE sector and public sector, to respond quickly and effectively to issues such as vaccine hesitancy and vaccine accessibility for people with a learning disability or autism.

We have also continued our commitment to working in partnership with the local community in Lutterworth and our statutory and primary care partners to develop and deliver the Lutterworth plan. Most recently this has included the mobilisation planning for the new community mental health offer which builds on place-based community working, getting support for people in the places they live and from the communities they live with.

We are also hugely proud of the work we have been doing with system partners to develop the first LLR Collaborative for Learning Disability and Autism (LD&A). The aim of the collaborative is to develop joined up personalised care for people living with learning disabilities, autism their carers and families. There is opportunity for sharing and focusing the skills and resources from all partners, including local authority, voluntary services and the NHS, on the needs of the things that matter most to families. We will build on the LLR TCP (Transforming Care Programme) Collaborative's improvements achieved for families so far in this new operating model. Our LLR LD&A collaborative's vision and immediate priorities for our LLR integrate care board in 2022/23 will focus on reducing inequalities, improving access for people and families, more efficient and effective joined-up team working and continuing our focus on personalised care and quality improvement.

What families have told us about our Learning Disability and Autism work:

"This doesn't feel like a tick box exercise anymore." "You are really listening to what we are saying." "This is really encouraging and exciting."

"Thank you so much for today. K never smiles like that and I'm so proud of her. When you left, she said to me; 'that is the first person ever, that has done what they said they would'."

"Parents are left to carry the load of the process. We are enjoying the conversations we are having across the board."

"As parents we love coming on board with your projects, so parents' voices come through."

"It's great for parents' voices to be heard in developing referral forms. Previously we have never been able to see these, but they have affected us."

NHS England and NHS Improvement have said “The closer working between health and social care is evident and I would ask you to extend my personal thanks to the wider team for their commitment to the programme. In summary we recognise that the system continues to make great strides to improve the support and choices available to people living in LLR to live fulfilling lives at home rather than in hospital.”

We have also celebrated reaching our first-year anniversary of being the lead provider in the East Midlands for adult eating disorders. Our service helps adults aged 18 or over who have eating disorders such as anorexia nervosa, bulimia nervosa, binge eating disorder and other diagnosable eating disorders. As the lead providers for this NHS Collaborative, we are bringing a much-needed focus on tackling inequalities for our local population and increasing the voice of people with lived experience in improving the quality of care we provide.

What the CQC said about our partnership working

“The Step up to Great strategy identified key priority areas of focus which were linked to the trust’s vision. Engagement with external stakeholders had significantly improved since our last inspection. The trust had key roles in the development of health and social care system working, and collaboration with other care providers to improve provision of mental health services. The trust ensured that people who used services, the public, staff and external partners were engaged and involved in the design of services.”

Our year in review – adult mental health

Elimination of dormitory accommodation for patients at Bradgate Unit

The trust has completed major environmental works to eliminate shared sleeping arrangements (dormitories) over the last year. All wards at the Bradgate Mental Health Unit (BMHU) are now single occupancy.

This is part of a £9m project to eliminate dormitory accommodation on all our inpatient mental health wards, in line with national guidance.

As well as providing patients with single rooms, a number of other enhancements are being included. These include anti-barricade doors, new wet-rooms in some wards, redecoration, and additional storage for patient's belongings.

Since the main wards were built in the 1980s, national standards have come into force to ensure patients have better privacy and dignity, to aid their recovery These changes reflect our commitment to the continued improvement of our services for patients' privacy, dignity and recovery.

Helping patients recover sooner by reducing agitation

Mental health inpatients are being provided with new ways to reduce agitation in a project which it is hoped will reduce violence and aggression, and speed recovery times.

Four wards with more than 60 patients at our Bradgate Mental Health Unit, are being provided with outdoor gym equipment, weighted blankets and other items that the patients will be able to make use of whenever they feel the need.

There will also be at least one quiet area created on each ward. Staff and professionals who visit the wards regularly are also receiving special training on sensory systems and how these affect the individual's mood.

The £82,000 cost is being met by a NHS England grant, topped up with a contribution from LPT's charity, Raising Health.

The outdoor gyms consist of fixed bikes, cross trainers, hammocks and garden swings. Previously the only gym equipment for patients was in the Bradgate's sole indoor gym, which could only be used with staff supervision.

The package also includes weighted blankets, which have been found to have a calming effect. There will also be "squeeze vests" which the wearer can pressurize when they are feeling anxious, and depressurize when they are feeling better.

LPT has already installed soft-closing doors, echo-free flooring and improved lighting at the Bradgate to improve the impact on patients' senses.

Employing specialist mental health support for service users

The Trust's Employment Support Service (ESS) helped more than 50 people into paid employment in 12 months. It provides vital advice, information and support to individuals who are seeking work and receiving care from LPT mental health services.

Securing paid work for service users, especially during a period of job uncertainty for many, has really helped to improve the wellbeing and recovery of the people we work with.

One service user, Jonathan Hurley, was supported to obtain work with a Third Sector supported housing provider to help residents live independently. Jonathan says his own experience of mental illness enables him to provide care and emotional support for residents with a mental health condition and/or learning disability.

He said: "In the past I have gone from job to job, but the employment support service helped me to find a more rewarding and long-term career path, where I can make use of my own lived experience and interest in social care and mental health."

Project to improve physical health shortlisted in the Oscars of healthcare

A project to improve the physical health care of patients with severe mental illness in Leicester, Leicestershire and Rutland was shortlisted in Britain's most prestigious healthcare awards.

It is hoped the project could improve the quality of life, and length of life, for hundreds of patients. It was one of just five in the final of the Mental Health Team section of the BMJ Awards.

Patients with severe mental illness are likely to die up to 20 years earlier than the population as a whole. They are at risk of a number of physical health conditions, such as being up to three times more likely to have a heart condition.

The introduction of this initiative has improved the consistency and support for physical health risk factors – smoking, high blood pressure, being overweight or obese, and so on.

Over five years, a multidisciplinary team increased the screening rate for patients in Leicester, Leicestershire and Rutland from 26 per cent to 96 per cent.

This important but neglected area of healthcare is now business as usual in LPT.

Support launched for ex-service personnel

An innovative method of mental health support for veterans was launched by the armed forces service at LPT.

The Buddy2Buddy café-style virtual drop-ins aim to connect, support and empower veterans and their families, creating a safe space where people can relax and share experiences to support their emotional wellbeing. The project recognises the additional risk of social isolation through the pandemic and the disproportionate impact this has on the mental wellbeing of armed forces veterans, many of whom struggle to cope with the emotional impact of their experiences.

The year-long pilot project follows a successful £16,000 funding bid from the Armed Forces Covenant Fund, supported by LPT's charity Raising Health.

We have an active network of armed forces champions across the Trust, many of whom have served in the armed forces or have loved ones continuing to serve.

New crisis cafes provide mental health supported in Market Harborough

A new crisis café was opened in Market Harborough during September, providing mental health crisis support to local people. This brings the total to four cafes that are up and running across LLR, ahead of a wider expansion in 2022 and 2023 that will see the total number of cafes rise to 25.

A Crisis Café is open to anyone who feels they would benefit from some mental health support, whether they are feeling lonely, anxious, or are finding it hard to manage difficult feelings. It's a drop-in service that offers a safe space for those who are struggling as well as one-to-one sessions where they can learn practical coping strategies.

Provided in partnership between Turning Point and LPT, the crisis café is open without appointments from 12 noon – 8pm every Wednesday at The Symington Building, on Adam and Eve Street in Market Harborough.

Quartet tackle their anxieties on high seas voyage

Four mental health patients had the trip of the lifetime when they set sail on a large sailing ship, with thanks to funding from our charity Raising Health.

The quartet, accompanied by two staff from LPT's psychosis intervention and early recovery team, spent a week learning how to sail, cook and clean along the Southeast coast. They docked at Dover and within sight of Tower Bridge on the River Thames, saw dolphins and seals, and experienced some spectacular sunsets.

One of the patients said: "I learnt to develop new skills like talking to new people and felt more comfortable."

Another added: "It's probably a pivotal moment in my life so I'm very grateful for this experience. I would definitely do it again."

A third added: "I learnt how to be a team player and look after each other. I feel grateful to be part of the voyage and a brilliant team"

The trip was hosted by the Cirdan Sailing Trust, a non-profit charity which enables young people, particularly those who are disadvantaged in some way, to experience the challenge and adventure of life at sea on large sailing vessels.

The patients, all in their twenties, took turns to set the 22-metre boat's sails, steer, keep watch, and cater.

They were each recovering from a first episode of psychosis with LPT's psychosis intervention and early recovery team.

The team hope to organise further confidence-building ventures for patients, including more sailing, and possibly hiking and mountaineering.

Online group therapy is a success

Nine patients with obsessive compulsive disorder (OCD) completed an innovative form of group treatment with LPT's cognitive behavioural therapy (CBT) department. Due to the restrictions of Covid-19, a team of three experienced therapists moved the delivery of this face-to-face group online.

The group sessions support education of OCD, treatment methods and strategies. Smaller groups and one-to-one discussions were also held to maximise patient engagement and individualised treatment. Despite complex OCD, all nine patients were able to be discharged due to their positive response to treatment. Each patient was given a collaboratively-developed, individualised plan of how to prevent and respond to relapse and crisis.

Step up to Great Mental Health public consultation

In May 2021, we unveiled our plans to invest in and improve the way adult and older people's mental health care is delivered across Leicester, Leicestershire and Rutland – and asked everyone to have their say as part of a public consultation.

The consultation, Step up to Great Mental Health, was led by the Clinical Commissioning Groups, and ran from 24 May – 15 August 2021.

Our proposals for improvement were created following a series of conversations, meetings and workshops with service users, public, staff, and voluntary organisations about their experiences of services. This feedback was used to develop the proposals to improve adult mental health services and we went out to public consultation on two of the areas: care provided when it is urgent and planned treatment that is delivered closer to where people live.

More than 6,500 people responded to the consultation, a hugely successful level of response from all communities across Leicestershire, Leicester and Rutland, with each proposal receiving an approval rating of 70% or higher.

Much of this success was due to the level of engagement with organisations across the whole community and their genuine interest in working with us to make services better for everyone. We held 139 partner events, worked with 40 voluntary and community sector partners and their networks and received support from a large cross section of the community, including sports clubs and hairdressers.

After independent analysis of all the responses during the autumn, we revised our proposals and produced a final report that was signed off in December 2021.

Angela Hillery said: "We received feedback from a truly diverse range of people and one in four responses came from carers, whose views often do not get heard. We will now work hand in hand with our communities as we implement these improvements to services, to ensure that services are truly responsive and meet the needs of our local population, so people can access urgent care easily and receive more co-ordinated care closer to where they live.

The improvements to mental health services will be wide ranging and will include establishing a permanent Central Access Point, where people needing support with their mental health can contact services 24 hours a day, seven days a week, by phone, text message or using British Sign Language or interpretation facilities. This service was first introduced as a short-term measure in April 2020, during the first wave of the Covid-19 pandemic, but this service will now be made permanent. The introduction of more crisis cafes and working with the voluntary sector through grant funded local activity are other parts of the plans.

Community enhanced rehabilitation team (CERT)

Our new community enhanced rehabilitation team delivers time-limited, rehabilitation interventions within a community setting for service users who have severe and enduring mental health difficulties.

It offers service users and carers a greater choice over their care and recovery, ensuring interventions are delivered in the least restrictive setting. It also reduces the risk of institutionalisation and meets both local and national objectives for care to be provided in the community where possible and appropriate

One service user's reaction was: "Making me feel as though my mental illness is not going to define me and the rest of my life." Another said: "They helped me get through a crisis without me going back into hospital."

The team's innovation has included arranging outdoor therapy sessions for patients, which has helped them take more exercise and connect nature, which in turn help their recovery.

Supporting primary care

During the year we have increased the number of our mental health practitioners working in local GP surgeries. Most Primary Care Networks (groups of around four GP practices) have at least one of these workers. They are able to work with patients at the "front door" of NHS services, and if necessary help them on the transitions into and out of secondary mental health care. We plan to recruit to more of these posts in the coming year.

We have also taken on more staff carrying out specialist roles within the year. These include pharmacy technicians, psychologists, psychology therapists, occupational therapists, health support workers, and peer support workers.

Launch of the Neuromodulation Centre

LPT launched the Neuromodulation Centre for treatment resistant depression in October 2021 which is one of the few centres in UK. The service offers the latest evidence-based treatments in psychiatry which includes rTMS (repetitive transcranial magnetic stimulation), VNS (Vagus Nerve Stimulation) alongside ECT (Electroconvulsive Therapy). VNS involves surgically implanting a devise on left side of chest that is connected to (vagus) nerve in the neck to continuously stimulate the brain producing positive results. There is a plan to expand the service to include Esketamine nasal spray for such patients.

rTMS is a specialised treatment that involves stimulating certain parts of the brain using high intense magnetic field. The main advantage unlike ECT is no requirement of anaesthesia and patients report no memory problems; the patient is comfortably sitting on the rTMS chair and is fully alert while treatment is offered. The rTMS service is a nurse lead service with input from doctors who are trained in this treatment.

Our year in review – community health services

Ageing Well accelerator

As one of seven national accelerator sites for urgent community response, we have spent the second full year developing our clinical and operational model while informing the development of a brand new national standard.

This has continued to involve close working with our social care partners to deliver a two-hour response to people when they have a health or social care crisis. We have used specific funding to recruit new members of staff to our community nursing and therapy teams to support this.

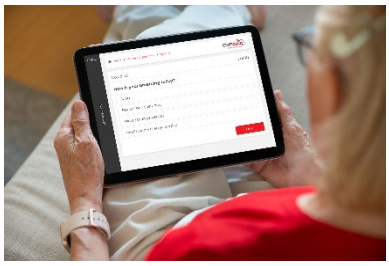
We have passed on our learning to other NHS and social care organisations through various methods – individual meetings, webinars, case studies and sharing of other documents.

Together these measures should ensure health and social care organisations across England can provide a reliable two-hour response from April 2022, supporting patients who experience a crisis at home to avoid hospital admissions.

We were privileged to host a visit from Amanda Pritchard, Chief Executive Officer at NHS England on Tuesday 23 November to the Neville Centre, where she was able to meet colleagues working in the Leicester City two-hour crisis response service – an integrated health and social care model used across the city and county. Amanda expressed how impressed she was by the dedication and commitment of our teams in working collaboratively to support patient's receive exemplary care.

She sent this video message about our service to others across the country: https://youtu.be/LdOmY4_8x7o

Community wards and virtual wards help tackle the pandemic



All of our community hospitals and community staff were impacted by the pandemic. Hinckley and Bosworth Community Hospital and The Evington Centre were our primary locations for Covid-positive patients. Hinckley and Bosworth continues to be the site for Covid-positive patients, and has varied the number of beds allocated for these patients to meet the changing flow and capacity needs of the system.

Specialist teams have worked flexibly across service boundaries to support patients in the community during times of high demand due to Covid surges. This has led to new ways of working and improved clinical practice as we have been able to share skills and develop new clinical pathways across services.

We also pioneered work to treat Covid-positive patients successfully in their own home. We worked closely with University Hospitals of Leicester and local technology company Spirit Health on a remote monitoring project. This enabled a number of patients who required oxygen to be discharged early from hospital, and monitored electronically while they were gradually given lower and lower doses of oxygen. The "virtual wards" project was shortlisted for a number of national awards.

Similar technology enabled long term heart and lung patients to be monitored from home, decreasing their risk of exposure to the virus.

Lasting memorial to pandemic care

Members of the business community have created a lasting reminder to the role Loughborough Hospital played during the pandemic.

They have provided a brightly coloured all-weather bench via our charity Raising Health, which will be available for patients, visitors and staff at the hospital for years to come.

The bench, which would have cost £1,000 to buy, was the idea of Derby-based Eggleston Steel, supported by Little Eaton Smithy who did the fabrication, and The Gate Maker who did the powder coating.

Richard Hewitt, managing director of Eggleston Steel, said: “It is to show our support and appreciation for everything they have gone through in the last 18 months. It is nice to show the NHS some support from the local community.

“We are very proud of what you have done.”

The bench includes a back panel which was laser-cut and hand painted. It features designs showing nursing and medical staff, an ambulance, a rainbow, the NHS logo and the word “Loughborough”.

Loughborough treated inpatients with Covid-19 from the early days of the pandemic. In January 2021 it opened a dedicated 18-bed ward just for Covid-positive patients, and it has been a vaccination centre for NHS staff and the public since February 2021.

Roshnee Gill, sister for the permanent inpatient ward at Loughborough, thanked Eggleston Steel for the donation. She said: “It will be nice now that we can sit out and have lunch in a bit of sun because we have been through a hard time in the past year.

“I would also like to thank the whole community for their support – it is nice to be recognised and appreciated.”

Following this donation, another ten similar benches have been installed at our other community hospitals and units, funded by NHS Charities Together via our inhouse charity, Raising Health. They formed part of a commemoration event held in March 2022 for our staff and service users in recognition of all that we have been through in the pandemic and in hope for the future.

Refurbishment at community hospitals

Ward 1 at St Luke's Hospital had a short closure for roof repairs, redecoration and minor alterations. The specialist stroke unit shut for three weeks in the summer to allow the work to be completed without disturbing patients.

The main project was a comprehensive repair to stop roof leaks. Contractors managed by NHS Property Services also created extra storage space, replaced roof lights to make the ward cooler on hot summer days, repainted the wards, and fitted new blinds.

Ward manager Nicola Utting said: "The redecoration has made it a better environment for patients."

The roof at Coalville Community Hospital was also repaired, and staff were relocated to other sites while this was taking place to support patient care and share positive learning experiences.

Supporting discharge

We have supported the development of a system discharge hub that supports integrated triage and allocation of patients from Leicester, Leicestershire and Rutland. We have developed and refined a tracker that is used by acute, community and adult social care colleagues to monitor discharge progress and streamlined communication across all those partner organisations.

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

100,000 Covid-19 vaccine doses given at the Peepul Centre

Celebrations were had at the Peepul Centre on Sunday 23 May as the number of Covid-19 vaccinations administered at the venue hit the 100,000 milestone.

The Peepul Centre has been operating as a Leicester vaccination site since Monday 25 January 2021, when it first opened its doors for patients to receive their Covid-19 AstraZeneca vaccination - and it is still open for people to get their vaccinations today.

More than 500 nurses, vaccinators and admin staff and 4,735 volunteers have worked at the site and have delivered more than 178,000 vaccinations so far (at the time of writing).

The learning disability services' Quality improvement plan

Colleagues working in Learning Disability services started off year two of the Learning Disability Quality Improvement Plan celebrating Learning Disability Awareness Week in June 21.

The Trust highlighted its commitment to improving care for people with learning disabilities across Leicester, Leicestershire and Rutland, and set out it's objectives for the second year of the QIP.

The theme of the week was art and creativity and the service ran an art competition for patients and service users to showcase their talents.

A social media campaign also ran throughout the week to provide tips and advice to service users and their families – as well as learning disability nurses supporting online talks on the topics of managing anxiety and managing transition.

School vaccination catch-up clinics were a big success over school summer holidays

The Trust's community immunisation service held catch-up immunisation clinics for pupils who missed out on their original school vaccination appointments for HPV, flu or teenage booster and meningitis ACWY vaccines - due to Covid-19 or other issues such as illness - were held over the summer holidays at five venues across Leicester, Leicestershire and Rutland, including at schools and community halls.

In total more than 1,220 young people received an immunisation through the catch-up sessions, with 810 of those getting their HPV vaccine.

Specialist learning disability vaccination clinics shortlisted in healthcare Oscars

Our specialist learning disability Covid-19 vaccination clinics were shortlisted for a Nursing Times Award in the Learning Disability Nursing category in July 2021.

The first set of clinics, held at the Peepul Centre in Leicester, ran from the end of February to May and helped protect over 350 people with learning disabilities and autism from Covid-19, who couldn't be vaccinated in the normal way, by providing patients with a comfortable, specially adapted and safe environment to get their vaccine.

They were one of the first Covid-19 vaccine clinics of its type to be set up in England, even attracting the attention of national BBC radio and TV presenter Jo Whiley.

The sessions were staffed with a variety of learning disability nurses, support workers, doctors, volunteers and administration support staff, all of whom went out of their way to make it as easy as possible for people to be vaccinated. Some examples of this included doctors shining shoes and tap dancing, nurses doing flash mobs and administration staff dressing up as superheroes.

Since then, more clinics have been put on throughout the year and they have been used as best practice examples for other NHS Trusts and regions.

A short video clip of some of the staff and patients who had their vaccine at the learning disability clinics is available on YouTube: www.youtube.com/watch?v=hxp2-Gnhu1Y

The School Age Immunisation Service (SAIS) commenced COVID-19 vaccinations in school in September

Following a government announcement that succeeded the JCVI's original decision not to offer all young people a COVID-19 vaccination, the SAIS team mobilised at speed to offer Pfizer COVID-19 vaccinations to all eligible young people in schools across Leicester, Leicestershire and Rutland.

Despite huge staffing pressures and some initial scheduling issues, the team have delivered over 20,000 vaccines to young people with consent in the first phase of the programme, equating to 38% of the eligible cohort.

The team worked closely with the CCGs and were part of the LLR Children and Young People Vaccination Programme group, which helped to ensure the robustness of the programme by enlisting the support of local pharmacies to help keep the programme on schedule.

From October, the service also began offering the nasal flu vaccine to all children and young people from year reception to year 11. From January, school COVID-19 revisits commenced to offer young people their second doses, resulting in over 11,000 more vaccinations so far (as at March 2022).

As well as delivering the vaccines, the service worked hard to communicate relevant information to schools and parents, as well as holding education and information webinars for parents and young people. The team produced various documents, letters and leaflets, took part in media and radio packages, ensured

information was available on the Health for Teens webpages and produced several information videos in various languages, including this animation: www.youtube.com/watch?v=qNeEMgf7zSA&t

Move it Boom! returned for 2021 and broke records despite the pandemic

The latest edition of the competition, which has been running for six years, saw more primary schools involved and more physical activities logged than ever before.

Pupils from 152 primary schools took part in the competition which ran from Monday 4 October until Friday 17 December, with over 155,000 physical activities, ranging from ball games and dancing to playing at the park, yoga and running, being logged during this time.

Latimer Primary School in Anstey finished top of the leader board and won Move it Boom 2021.

The school was presented with the winner's shield and also won a 'Leicester City Day' of fun physical activities from Leicester City in the Community and up to £1000 to spend on thermoplastic playground markings from All Play Solutions.

Launch of the Access pathway, as part of the Learning Disability QIP

In January, after a year's worth of work, the new adult learning disability access pathway was launched, as part of one of the key components of the LD Quality Improvement Programme (QIP).

The newly established team now manages the referral process for individuals accessing services, giving a holistic person-centred approach that is consistent across all locality teams and services.

Key changes in service delivery included: implementing a single waiting list for all learning disability services, core assessments and health checks for all patients at the point of access and patient reviews every six weeks until they receive clinical intervention, to ensure any risks are monitored and correctly prioritised.

Launch of the Mental Health in Schools Teams

In February, as part of Children's Mental Health Week 2022, LPT publicly launched its new Mental Health Support Teams (MHST) in Schools programme, celebrating our newly qualified practitioners, who completed their training following an initiation phase of the programme last year.

A total of 48 primary and secondary schools across Leicester, Leicestershire and Rutland now have a dedicated educational mental health practitioner (EMHP) working with them to support their students' mental wellbeing and emotional resilience, with a focus on providing early intervention support before problems start to build up or become severe. To find out more about the service, watch this animation: https://youtu.be/9rBmYzGf30o

COVID-19 vaccination clinics for most at risk 5-11-year-olds

LPT's vaccination programme leads organised on a series of COVID-19 vaccination clinics for 5-11-year-olds most at risk of COVID-19, beginning in the February half term holidays. Further clinics continue to be held at Loughborough Hospital and the Peepul Centre in Leicester.

Eating Disorders Awareness Week 2022

In March both our CAMHS and adult eating disorders services supported the national Eating Disorders Awareness Week campaign to raise awareness of eating disorders, and encourage GP partners to spot the early warning signs and know where to find further advice. In Leicestershire we are seeing increasing numbers of people of all ages and backgrounds needing support for conditions such as anorexia, bulimia or binge eating disorder (BED).

We developed a short guide which sets out more information about our adult and CAMHS eating disorders services and links to other support networks and charities. It was produced for GPs and health professionals, to help them feel equipped and know who to turn to if they need further advice. As well as the guide, colleagues from the CAMHS eating disorders service produced a series of informative conversation-style videos on key topics in detail. You can watch them all at the playlist here: https://youtube.com/playlist?list=PLi3PNMNSwuUX-M_LtySdEp8T-f7IYbj32

CAMHS 'Crisis Plus' offer

The CAMHS service has been hard at work this year expanding its Crisis Plus offer, to help young people in mental health crisis who attend A&E. As of 21 March, the offer expanded to run for seven days a week at the Leicester Royal Infirmary to ensure patients have the right support when it is most needed. The improvements, which are part of the mental health investment standard for the children and young people services across the CAMHS portfolio, will also allow for better collaboration with other services and enable the team to provide training to UHL and LPT colleagues involved in this care pathway.

Children and young people key worker development programme

The Learning Disability and Autism Collaborative launched the children and young people key worker development programme in November 21, in partnership with Barnardos.

The programme works in collaboration with education, health and social services and sees keyworkers helping children and young people, aged 11-18, who have a diagnosis of Autism and/or a learning disability and their parents, carers and extended family. They provide personalised plans and tools to help young people to reach their aspirations and look after their mental wellbeing.

Barnardo's

The bid was co-produced with Leicester, Leicestershire and Rutland Parent Carer Forum representatives and once the funding had been confirmed, they were a key partner in the mobilisation of the service.

Our year in review – enabling services

Malcolm Heaven serves up a year-long 'Hug in a Mug' for staff

While physical hugs were not allowed with social distancing rules still in place, volunteer Malcolm Heaven had been serving up 'Hugs in Mugs' to LPT staff since the Covid-19 pandemic began in March 2020.

Over the past 12 months, Malcolm had been busy cooking up a storm making freshly made soup for staff at LPT's Bradgate mental health unit twice a week equating to approximately 240 cups of soup each week. Malcolm came up with the concept because he wanted to be able thank staff especially when pressures were rising. Malcolm said:

"The idea of Hug In A Mug was simple – I wanted to give staff a break from the pressures of their busy working day by providing delicious freshly made soup. Alongside that, it is a great opportunity to share conversations, smiles and the occasional treat.

In some ways we will never know the true impact that a 'Hug In A Mug' has on individuals but there is no doubt it brings people together. A simple cup of soup boosts energy and morale when it is needed most."

Celebrating Excellence (virtually!)

We recognised the outstanding achievements of staff, teams and volunteers at a special virtual awards ceremony on Friday 16 April. Our annual Celebrating Excellence awards are an opportunity to highlight and celebrate examples of innovation and excellence across the Trust, recognising the huge contribution made by staff and volunteers to ensure the highest standards of care.

Celebrating Excellence 2020

The awards ceremony was due to take place in April 2020 and was unfortunately postponed due to the pressures of Covid-19. Over 200 nominations were received for the awards, from members of staff, service users and the wider public across 13 award categories, from which 41 were shortlisted and invited to attend the ceremony. The winners were selected by a judging panel comprising directors, staff representatives, partners and service users.

Chief executive, Angela Hillery said "Our annual Celebrating Excellence Awards are an important opportunity to recognise the amazing work carried out every day by individuals and teams across LPT. We are pleased to finally celebrate those who were shortlisted for the 2019/20 awards' year and look forward to celebrating everyone's outstanding contribution during the Covid-19 pandemic in our Covid Heroes awards later this year.

Over 200 guests attended the sponsored ceremony, which was held on a virtual awards platform, to celebrate the fantastic achievements of the 41 shortlisted nominees. You can meet them all here: https://www.leicspart.nhs.uk/news/celebrating-excellence-virtually-at-lpt/

National recognition for two patient involvement initiatives

Two of our patient involvement initiatives achieved national recognition as finalists in the annual Patient Experience Network (PEN) Awards 2021.

Our Recovery and Collaborative Care Planning Cafes was shortlisted in the ‘Strengthening the Foundation’ award category and the Mental Health and Wellbeing Workbook made the ‘Support for Caregivers’ award category.

The Recovery Cafes are a shared space for patients, carers, health professionals and partners to come together to have collaborative conversations around care planning and recovery. They were developed alongside patients who share their lived experience of recovery and why it matters to them. We also use supportive groups to recruit participants to engage in other projects, such as the co-production of collaborative care planning guidance and the development of a five-week Recovery College course open to both staff and patients. Some service users are also involved in a quality improvement project within mental health services.

The Mental Health and Wellbeing Workbook was co-produced in response to the challenges of the Covid-19 pandemic, and the impact of lockdown on the mental health and wellbeing of our service users. The workbook provides clear support, advice and activities for carers, friends, family members, service users and the public. It can be downloaded in four different languages from our website: https://www.leicspart.nhs.uk/involving-you/involving-you/

66 Covid Heroes recognised in virtual awards ceremony

At a special virtual awards ceremony on Friday 1 October, we celebrated the outstanding achievements of 66 Covid Heroes, comprised of staff, teams and volunteers from healthcare services across the trust.

Covid Heroes
ordinary people doing extraordinary things

The Covid Heroes awards aimed to highlight and celebrate ‘ordinary people doing extraordinary things’ – examples of commitment and dedication from across the Trust, and to recognise the huge contribution made by staff and volunteers to ensure the highest standards of care throughout the Covid-19 pandemic.

220 nominations were received for the awards, from members of staff, service users and the wider public from which 66 were shortlisted and invited to attend the ceremony. The winners were selected by a judging panel of directors, staff representatives, partners and service users.

Chief executive, Angela Hillery said “The last year has been like no other, and all of our staff and volunteers have gone above and beyond to Step up to Great. You are all heroes and I am so proud to be your chief executive. Tonight is our opportunity to recognise some of those outstanding examples. And a chance to say thank you to everyone for your outstanding commitment to our patients and service users, to our Trust, and to the NHS throughout the Covid pandemic. You are shining examples of our Trust values of compassion, integrity, trust and respect.”

Over 200 guests were invited to attend the sponsored ceremony, held on a virtual awards platform, to celebrate the fantastic achievements of the 66 shortlisted nominees. Meet the winners: https://www.leicspart.nhs.uk/news/66-covid-heroes-recognised-in-virtual-awards-ceremony/

LPT is led by one of the “most influential” NHS figures

LPT was pleased to announce that Angela Hillery, joint chief executive of LPT and Northamptonshire Healthcare NHS Foundation Trust (NHFT), was featured in the Health Service Journal (HSJ) 100 2021. This list features the some of the country’s most accomplished leaders, all of whom have been selected as

those who will ‘exercise the most power and/or influence on the English NHS and health policy over the coming 12 months.’ Only the top 20 have been ranked, with the 20 – 80 ranked alphabetically.

The list features influential health leaders, including Simon Bolton, chief executive of NHS Digital, Andy Burnham, mayor of Greater Manchester, Amanda Pritchard, chief executive for NHS England and Professor Chris Whitty, chief medical officer for England and chief medical adviser to the UK government.

Upon the announcement, Angela said: “I am delighted to have been featured in the HSJ 100, alongside key influential leaders across the country. I am passionate about the NHS and supporting the people who work within it to provide compassionate and quality care to those who need it.

“I am proud to be chief executive of two Trusts, who are made up of hard-working and dedicated colleagues who make a difference every day. Together, we will continue to work in partnership and provide care for our communities.”

Six nurses recruited to new fellowship programme

Six nurses from across a range of services have been recruited to a new Director of Nursing fellowship programme and are being supported to develop leadership, quality improvement and clinical academic awareness and skills at an early stage of their careers.

The Director of Nursing (DoN) fellowship programme, launched by the Trust in September 2021, offers competitive scholarships which give nurses one day out of direct patient contact to focus on personal development and leading an improvement project in their area of clinical practice. The fellowship comprises 3 elements, including a taught element, shadow ‘insight’ opportunities and an evidence-based Quality Improvement project linked to their area of clinical practice.

Meet the fellows here: https://www.leicspart.nhs.uk/news/six-nurses-recruited-to-fellowship-programme/

NHS national spotlight on two East Midlands health innovations

The NHS national Director of Innovation, Research and Life Sciences, Matt Whitty visited Leicester on 29 November to learn how two initiatives using new technologies, that started in LPT, have been adopted across the NHS and are now benefiting millions of people throughout the country.

Matt Whitty (who is also Chief Executive of the Accelerated Access Collaborative) visited LPT’s ADHD service to see a demonstration of a new digital test that is significantly reducing the time parents have to wait for their child to be diagnosed with ADHD. This AHSN funded initiative has since won a HSJ Partnerships Award in March 2022.

He also visited the award-winning ChatHealth – a safe and secure health messaging service developed by staff at LPT, that allows users to have conversations with health professionals via their mobile devices about issues including mental health, sexual health and general health concerns. Originally available to 65,000 teens in Leicester, Leicestershire and Rutland, the service is now available to over 6 million people nationwide.

LPT re-commits to Armed Forces Covenant

Our trust re-committed itself to the Armed Forces Covenant to demonstrate our support of the armed forces community at a ceremony at County Hall on 16 March. We originally received the Armed Forces Covenant Gold Award in 2019 and the re-resigning will maintain that gold award status.

LPT is currently one of eight organisations in Leicester, Leicestershire and Rutland to hold the Gold Award, which is held with a high level of respect within the military for the support it provides as a civilian organisation.

The covenant is a pledge that local communities, business and public organisations acknowledge and understand that those who serve or who have served in the armed forces, and their families, should be treated with fairness and respect in the communities, economy and society they serve with their lives.

“It is vital that we recognise the commitment that members of the armed services and their families have made to the country, and we are delighted to re-commit to the covenant,” said Cathy Ellis, chair of LPT. “We are a forces friendly health trust that already has a staff Veteran’s Group, dedicated staff training and an induction scheme designed for services personnel that come to work with us.”

LPT workforce came together for a moment of reflection

Colleagues across LPT came together on Tuesday 22 March in an act of reflection, remembrance and respect for all who gave or received care during the Covid-19 pandemic and as a signal of hope for the future.

A service led by chaplains at Loughborough Hospital was livestreamed for the trust’s 6,500 staff to watch, and patients, service-users, carers and the wider public were also invited to watch along.

The service included a commemorative flower-planting ceremony by four members of staff who were nominated to attend the event in person in recognition of their outstanding commitment and dedication. The four flowers represent the trust’s values of compassion, trust, integrity and respect.

At the event Cathy Ellis, chair of LPT said: “Today is all about reflecting on our journey from the last 24 months, recognising the challenges and difficulties, what we have all learned and of course it is a time of remembering those we have lost personally and in our LPT family too.”

The event was recorded and is available to watch on YouTube: https://youtu.be/RMhhPsn9a7s

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. Our aim is to raise funds and spend them on the extras that are not covered by core NHS funding. If you would like to support or raise money for any of our current projects, please visit our website: www.raisinghealth.org.uk, email LPT.RaisingHealth@nhs.net or call 0116 295 0889.

We would like to thank the community of Leicester, Leicestershire and Rutland for their generosity and support throughout the Covid-19 pandemic. Our supporters, which included individuals, community groups and businesses made sure that our patients, staff and volunteers were in their thoughts during such challenging times. Here are some of our achievements throughout the year.

NHS Charities Together

We applied for and were awarded almost £300,000 in grants in 2020/21 from NHS Charities Together and have continued to use this funding throughout 2021/22. Our latest projects include:

- Upgrades to our staff rooms so that they are of a more consistent quality across LPT and are a comfortable space for staff to relax and recharge.
- Reflection gardens and benches, launched as part of a trustwide reflection event.
- First Aid Mental Health Training for over 250 staff.



Veteran's Appeal

The Covenant Fund granted nearly £16,000 to run our Buddy 2 Buddy online café for Veterans to share their story and find peer support for their physical and mental health. This was followed by a grant of £1,000 from Virgin Media O2 Together Fund to establish allotment activity sessions for the veterans.

Following a very successful pilot session of swimming with Newfoundland dogs for our Veterans, Leicestershire County Council's Shire Community Grant awarded us funding to run six more sessions.

Carlton Hayes Mental Health Charity

We continued to receive a grant from the Carlton Hayes Mental Health Charity (www.carltonhayes.co.uk). We delivered some amazing projects to support our patients with mental health conditions. Projects included photography sessions, cooking activities, gardening, arts and crafts, sensory equipment and books to help with recovery to name but a few. One project saw four mental health patients take a trip of the lifetime when they set sail on a sailing ship. One of the patients said: "I learnt to develop new skills like talking to new people and felt more comfortable."

Christmastime

Once again, we set up an appeal to raise money to provide Christmas presents for our inpatients called "Raising a Smile for Christmas". We would like to express our thanks to the many people who supported this. We also had support from our corporate partners Tesco Express who arranged for collections from their customers and Novotel, Tusker Direct and De Montfort University who sponsored our Christmas Trees on the wards. As Santa was a bit busy, our porters stood in to deliver the gifts to patients.

An online raffle supported our LPT volunteers, with gifts donated by colleagues, two Asda stores and Next.

Our Fundraising Achievements

Our supporters continued their marvellous efforts to take up challenges throughout the year in aid of Raising Health appeals. For example, Haseeb Ahmad our head of equalities, diversity and inclusion took part as a blind runner with his guide in the London Marathon. We had six runners in the Leicester Half Marathon and one supporter raised an amazing £9,000 by running in the Rutland Marathon and holding a Ball in aid of St Luke's Hospital to say thank you for the care given to her mother following a stroke.

We continued to support nationwide initiatives like the NHS Big Tea, providing gift bags of picnic items for staff teams to enjoy together and the Captain Tom 100 challenge event.

Our corporate partners

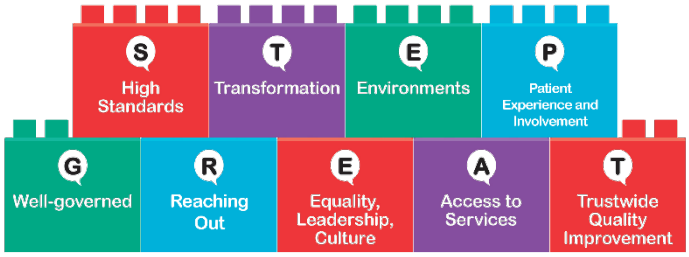
Corporate partners both large and small continued to support us throughout the year, some with financial donations and others with donations of products or sponsorship. Generous donations of faux flower arrangements and gift vouchers were sent by one corporate sponsor to our Covid Heroes award winners.

We are truly grateful for this support. Thank you.

Performance analysis

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

Step up to Great – our strategy refreshed



We are proud of our staff and how they have stepped up to great since the launch of this strategy in 2019. Although initially introduced as an organisational strategy in response to our last CQC inspection, we know that staff have embraced it to focus on nine key improvement areas, which has led to positive changes in quality and safety. We know we have more to do. Our refreshed Step up to Great strategy outlines how we will build on the solid foundation it has created, to help our LPT family deliver our vision of 'creating high quality compassionate care and wellbeing for all' with our partners.

Safety has always remained our number one priority, and never has this been more poignant since the Covid-19 pandemic hit the world in 2020. During the pandemic, alongside the rest of the NHS, we re-focused our strategy to "preserving life." We took elements from our Step Up to Great Strategy that would have the greatest impact on supporting our staff and helping the population through these challenging times. For example, we advanced our digital transformation programme enabling staff to work from home and other locations and to continue to provide great patient care. We provided patients access to our services through on-line and telephone consultation; we supported those experiencing mental health crisis through the introduction of a central access point (in partnership with Turning Point). We were also able to open an urgent mental healthcare hub, avoiding greater attendances in Accident & Emergency, and keep those with long term respiratory conditions safe at home and out of hospital through virtual wards.

During 2021 we took some time to reflect, reset and rebuild our strategy with the learning and experience we have gained during Covid-19. We've had some great engagement through 'BIG conversations' with staff, volunteers service users and feedback from our stakeholders. Staff and patient feedback has helped to inform the recovery of our people and their health and wellbeing, transforming working lives, and transforming our quality of care and service delivery. Our stakeholders have told us that our staff are compassionate and have a positive commitment and leadership behaviours to deliver and improve healthcare. All this feedback has been used to inform the refresh of our Step up to Great strategy.

In 2021 NHS England outlined the establishment of Integrated Care Systems, to give "people the support they need, joined up across local councils, the NHS, and other partners. It removes traditional divisions between hospitals and family doctors, between physical and mental health, and between NHS and council services. In the past, these divisions have meant that too many people experienced disjointed care." The people of Leicester, Leicestershire and Rutland deserve high quality, compassionate care and wellbeing for all, and we are committed to being an active leader in our integrated care system to deliver this.

Our updated Step up to Great strategy is therefore a culmination of our collective learning, achievements, feedback and national and local priorities, bringing together our focus for the next three years. We have retained eight of our nine original Step up to Great bricks and refocused the remaining brick from 'Single

Electronic Patient Record' (implemented in November 2020) to 'reaching out.' You will also see the four goals of how Step Up to Great will help us to fulfil our Trust's vision as an active player in our system. Through Step Up to Great strategy we will focus together on Great Health Outcomes, through Great Care, a great place to work and being an important part of our community. We are all leaders at LPT and can make a difference.

We are proud of our LPT family and look forward to continuing to work together with our staff, volunteers, partners and patients to Step up to Great.

Care Quality Commission (CQC) ratings

The Care Quality Commission (CQC) carried out a planned unannounced inspection of Leicestershire Partnership NHS Trust (LPT), between May and July 2021.

The inspectors visited three of our 15 core services: two of our mental health services previously rated as inadequate and one mental health service rated requires improvement (2019). They also inspected our Trust against the well-led domain, previously rated as inadequate.

Findings showed and improvement in the Well-led domain which has progressed from 'Inadequate' to 'Requires Improvement' with many 'Good' characteristics including significant improvements in leadership, governance and oversight of performance and risk, and an improved culture and engagement with staff and people using services. We also retained the overall rating of 'Requires Improvement' and the 'Good' rating for 'Caring'.

Safety is our number one priority, so we are pleased that the CQC report has recognised "an improved safety culture" at LPT.

"There was an improved safety culture in the organisation. Safety first was a common theme in trust board meetings and committees. Improvements had been made in screening serious incidents, ensuring lessons were learnt from incidents and action plans included embedded evidence to demonstrate learning. Safety was not compromised by finance."

Other recognised improvements consisted of:

- Out of area placements for people requiring Mental Health beds in crisis have drastically decreased
- Staff manage risks better and have reduced ligature risks to keep our inpatients safe, an area previously highlighted for improvement.
- Elimination of mixed sex accommodation
- Improved seclusion environments
- Significantly improved medicines management
- Improved patient involvement in planning care and service improvements
- Mental health patients have good access to physical healthcare and support to live healthier lives
- Practice good infection prevention control
- Complaints are taken seriously, and lessons shared with staff to keep improving.
- A positive culture and staff morale
- Improved engagement with stakeholders
- Our active role with partner organisations to improve the health and wellbeing of people in Leicester, Leicestershire and Rutland.
- Commitment to improving equality, diversity and inclusion
- Significant support for staff health and wellbeing and their career progression
- Involvement in the design of services with patients/service users, staff, partners, the public.

- Outstanding practice in patient and carer involvement and engagement with inpatients in our adult learning disabilities mental health unit.

We are committed to eliminating dormitory and shared sleeping accommodation to ensure better privacy and dignity for our patients. We have been successful in gaining national funding to eliminate dormitory accommodation. The first phase of the works has been completed and a rolling programme is in place to complete the remaining mental health wards by 2023.

Alongside the dormitory work significant investment has been made with new signage designed with our patients to remind staff to knock before entering and we have also included new signage on our observational panels. Additionally, we have checked and replaced missing or damaged curtains to ensure patients privacy and dignity is maintained. We have also implemented a new fast track system whereby any damaged or broken curtains are prioritised within maintenance jobs. Since the inspection we have implemented a robust process to ensure monitoring of maintenance issues.

In line with new national guidance, we have also invested in updating our patient call alarms and systems needed for all areas to ensure patients can call for help. Within mental health wards patients are individually risk assessed an issued a personal safety alarm or ‘wrist pit’ that allows a patient to alert staff when they need support or any assistance.

Furthermore since the last inspection and following a successful trial and feedback from patients and staff, we have introduced new storage facilities for patients, which has now been implemented across mental health wards. This allows patients easy access to their belongings.

We recognise work will be ongoing and as such we regularly update our CQC colleagues on the progress of works, respond to any queries or concerns and celebrate our success stories.

Public reports which detail the full findings of inspections made to Leicestershire Partnership NHS Trust can be accessed via the CQC website. https://www.cqc.org.uk/provider/RT5

Update following focused unannounced inspection in February 2022

In May 2022, the Care Quality Commission (CQC) published a report following a focused unannounced inspection of the acute wards for adults of working age and psychiatric intensive care units in February 2022. The unannounced inspection took place to check whether specific improvements had been made following the previous inspections in May to July 2021.

It has been a consistent part of our Step up to Great improvement journey to put improved patient experiences and safety as our highest priority, and we are pleased that the CQC has recognised that significant progress continues to be made by our staff and leaders.

The CQC have moved up our ratings in this core service in recognition of these improvements in the two key domains they inspected – Safety and Responsiveness. The Safety domain of the service has moved up from Inadequate to Requires Improvement. The Responsive domain has moved up from Requires Improvement to Good for this service.

The CQC did not inspect the other domains of Effective, Caring and Well-led hence our overall rating for these domains remain the same and the overall core service rating remains Requires Improvement.

The CQC report concludes that we have met all actions required in the enforcement action issued at the last inspection.

More information: https://www.leicspart.nhs.uk/news/cqc-recognises-further-improvements-in-acute-wards-for-adults-of-working-age-and-psychiatric-intensive-care-units-at-leicestershire-partnership-nhs-trust/

Current CQC ratings

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

WeImproveQ

‘WeImproveQ’ is the Trust wide Quality Improvement Programme which was launched in November 2019. It is aimed at continuing to improve the quality and experience of those people who use our services. This has been developed and implemented as part of our ‘Step Up to Great Strategy’. ‘WeImproveQ’ has been co designed and developed with staff and resulted in a programme based on 6 key principles:

1. One Shared Approach
2. Knowledge and Skills
3. Working in Partnership
4. Sharing Good Practice
5. Continuous Improvement
6. Using data for measurement

To further strengthen this LPT is in a buddy relationship with NHFT who are rated as outstanding and there is a programme of group work being undertaken. WeImproveQ is a critical part of the enabling function bringing together QI, Clinical Audit and NICE and establishing a comprehensive programme of work based quality improvement.

WeImproveQ has delivered the following outcomes:

- Identified and started to embed an agreed QI methodology across the Trust.
- Trained and supported over 200 staff in acquiring QI knowledge through our internal training sessions and the QSIR programme.
- We have continued our 1-hour quality improvement work-based learning training sessions, QI in a Box. We currently have 13 ‘boxes’ covering the basics of quality improvement and have more in development.
- Provided training and support around QI for our preceptees and Director of Nursing Fellowship.
- Provided an introduction to QI at the junior doctors inductions and the Step Up to Great Leading for High Standards and Compassionate Care Programme.
- An established ‘virtual QI Faculty’ in the improvement knowledge hub, supporting a weekly design huddle utilising the skills of staff within the organisation and linking with partners across the system including research, patient experience, staff experience and lived experience.
- Supported 204 projects including 28 completed - as recorded on Life QI, our web-based platform for supporting QI projects.
- 328 users registered on Life QI.

Reducing insulin incidents in the community

One example of a successful project aimed to reduce insulin incidents in the community setting. Insulin therapy accounts for around 100,800 visits from community nurses each year within LPT Community Health Services. Patients on insulin therapy who cannot manage their own treatment independently must be confident that clinicians are working within the safest framework possible to reduce errors. Clinicians told us that they did not feel existing systems supported this and incident data corroborated this view. Following discussions between a clinical educator and staff a pilot set of notes and draft process sheets were produced. A single team in a single hub was chosen as a pilot site for changes. The initial pilot site showed zero incidents following the introduction of the new notes and process. The process and notes are being rolled out to other sites.

On our audit management and tracking software (AMAT) we have 64 ward and area audits – audits with regular (usually monthly) data collection that give a continuous picture of performance. The majority of these are used by individual teams and wards as part of their own local quality control for high standards. Some form part of the Trusts' wider assurance and governance process, for example around medicines management.

Lead, Connect, Care Festival 2021

During the latter half of 2021 we were part of the team organising the quality improvement aspects of the LLR Academy's Lead, Connect and Care Festival held in November. This was a joint effort between LPT, University Hospitals of Leicester NHS Trust, Northamptonshire Healthcare NHS Foundation Trust, Nottinghamshire Healthcare Trust, and LOROS. The festival brought together professionals from the health, social care, emergency services workforce and the charity sector to celebrate and explore the very best in leadership development, quality improvement and health and Wellbeing. The week-long virtual event opened on World Kindness Day on the 13th of November. The event included sessions from expert speakers, world-café style meetings showcasing improvement initiatives from across LLR, Nottinghamshire and Northamptonshire and wellbeing sessions designed to improve physical and mental health. Over 600 people attended during the week.

The next phase of the QI journey is being developed and during January to March 2022 the offer is being refreshed to enable effective prioritisation of resources to achieve trust wide priorities and to continue to grow capacity and capabilities within the workforce.

Financial performance

Information on our financial performance is included in the appendices.

Sustainability report

Green plan

In response to the updated NHS standard contract, NHS ambitions, policy and planning guidance LPT has produced a Green Plan, approved at Trust Board in January 2022. The Plan sets out how the Trust will support the transition to a Net Zero NHS and help achieve the ambitious Net Zero targets.

We recognise the importance of environmental sustainability and the role it must play in reducing the impacts of climate change. The Delivering a Net Zero NHS report established two new targets for the NHS.

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

Service providers are expected to contribute to the achievement of these goals, as such this Green Plan sets out the steps already taken by the Trust and its future plans.

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

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

There has been limited time to engage fully in the development of this plan and agreement of timescales and measures of success for the proposed actions will form the next step of the plan's development.

Procurement

The Procurement Department's senior team are all Chartered Institute of Purchasing and Supply (CIPS) qualified and uphold the CIPS' code of professional conduct and practice relating to procurement and supply.

We work with various key stakeholders (including Crown Commercial Services) 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.

A widely acknowledged pressure point for NHS trusts from the outset of the pandemic was the provision of suitable equipment to support safety for staff and patients. The Trust introduced measures to respond rapidly to emerging national guidance on infection control and took steps to supplement NHS Supply Chain provision of equipment (from medical devices through to Personal Protective Equipment such as masks). Importantly, we worked collaboratively across the Midlands, and with the independent sector, to ensure we could create essential capacity and provide mutual aid so that staff and patients always had the equipment they needed for safe care.

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.

2021/22 saw Government Functional Standard 013: Counter Fraud introduced to the NHS. This standard sets out the activities that the Trust should undertake to counter fraud, bribery and corruption. The Trust and its CFS have completed a range of activities to support the Trust in moving to a position of full compliance. This included:

- Establishing a new fraud risk assessment, based on our latest understanding of fraud risk affecting the Trust, and aligned with the Government Counter Fraud Profession's methodology.
- Nominating a Counter Fraud Champion to support the work of the CFS.
- Continuing the Trust's participation with the National Fraud Initiative.
- Undertaking detection activities to highlight instances of potential fraud and understand new risks.
- Issuing local warnings, fraud prevention notices and intelligence bulletins relating to new frauds or methods of attack.
- Providing awareness training and materials to staff across the Trust.

Investigating allegations of fraud, bribery and corruption.

Social responsibility and involvement

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

Patient involvement, feedback and complaints

The ongoing impact of the pandemic saw demands of staff capacity within our frontline services. This was reflected in the investigation and management of complaints. The Trust made a carefully considered decision to extend its investigation timeframes from 25 working days to 45 working days or a date agreed with the complainant. This extension has continued throughout the year. The Complaints Team have continued to work with anyone wishing to raise concerns to try and seek informal resolution in the first instance and, where this was not possible, their concerns are formally registered.

During the quarter of the year 51 complaints were managed through the informal concerns process. This is 50% of all initial complaints that were received into the Trust. When a complaint or concern is received into the Team the first action taken is to speak with the complainant and to provide them with a range of options as to how their concerns can be managed. This approach continues to have a positive impact on the number of formal complaints that are managed informally which provide a quicker and less formal approach to responding to concerns and provides a better experience for the individual. All complainants are offered the option to progress their concerns through the complaints route if they are not satisfied with their informal concern response.

Throughout the pandemic the Trust continued to collect feedback via the Friends and Family Test (FFT). The focus of collection moved from face to face to using SMS/Text messaging, QR codes and via iPads in our inpatient areas. The collection of FFT has increased from an average response rate of between 1% and 2% to between 7% and 10% over the last year. The ongoing collection has been important for services to continually understand the experience of their patients during throughout the pandemic.

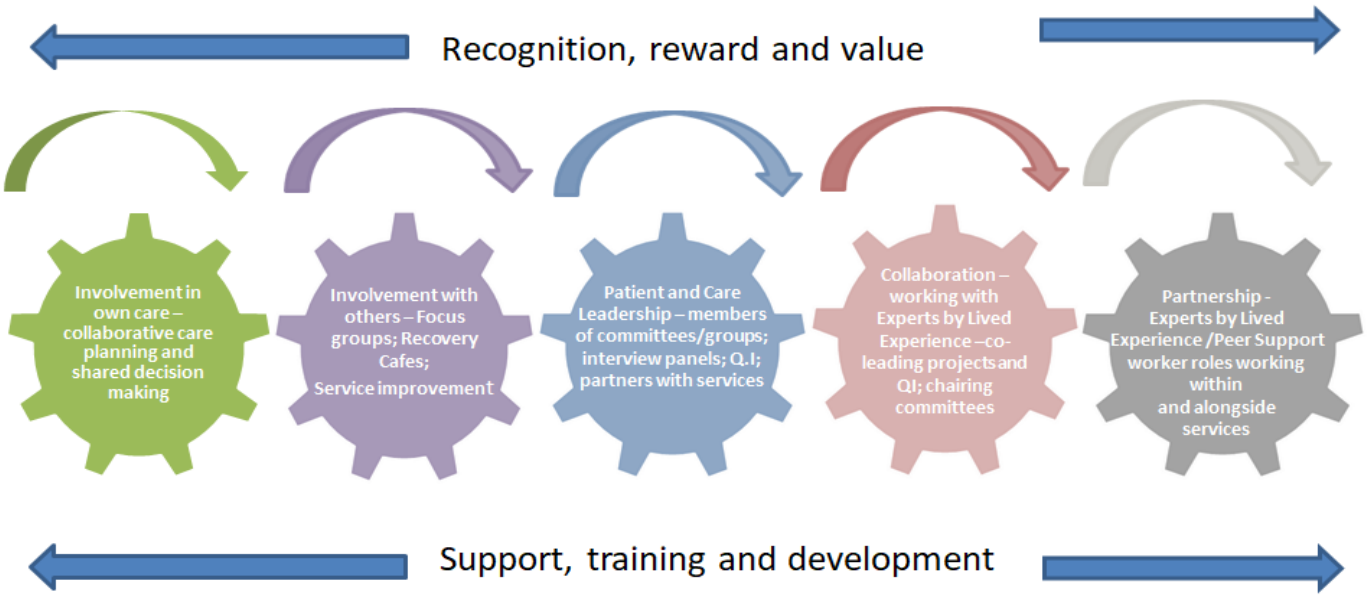
Our involvement activities have mainly moved to virtual opportunities where involvement has taken place via MS Teams and online meetings. However following feedback from members of the Patient and Carer Involvement Network the trust introduced Walk and Talk involvement sessions. The sessions are an opportunity for a small number of members from the involvement network to come together for a walk and to talk about involvement opportunities as well as being an opportunity to have a face-to-face connection with each other. All walks were fully compliant with the relevant Covid 19 regulations at the time and took place in a range of locations across the City and County to ensure that members could attend a session in their local community.

What did we do and achieve?

Over the last 18 months, through the delivery of the Step up to Great Patient Involvement Delivery Plan we have established a robust framework for involvement. This has enabled the Trust to reduce variation in the way service users and carers are involved in both decisions about their own care, through the introduction of collaborative care planning and in service improvement through the involvement framework (set out below).

Our service user and carer network continued to grow over the year and we now have over 140 people registered on the network working with us at various levels of involvement in order to improve services.

We launched our first Involvement Prospectus which included all our training and development opportunities for the involvement network members, in order to better support and equip people to be able to get involved at various levels across the Trust. This also included the opening up of our staff Health and Wellbeing sessions to include our volunteers, and those working on involvement projects with us. Our



second cohort of patient leaders also successfully completed Patient Leadership training which included the below modules;

- Understanding patient involvement and leadership in practice
- Diversity in patient involvement and leadership
- Influencing people in meetings
- Sharing patient experiences

We also launched an introduction session on what it means to get involved in partnership with the Recovery College, the session is co-delivered with someone with lived experience who talks about their involvement journey with us. The sessions have been very well received and have been a great approach in registering people to the involvement network, and then matching them to projects.

Two patient involvement initiatives achieved national recognition as finalists in the annual Patient Experience Network (PENNA) Awards 2021. The Recovery and Collaborative Care Planning Cafes were shortlisted in the “Strengthening the Foundation” award category and the Mental Health and Wellbeing Workbook in the “Support for Caregivers” award category. The Recovery and Collaborative Care Planning Cafes were runners up in their category.

Patient and Carer Involvement in Quality Improvement

Over the year around 50 Quality Improvement projects registered onto the Life QI system identified with some level of patient involvement including gaining patient/carer insight or patient and carer leaders working collaboratively with staff as part of the project team.

The Trust has a series of QI training called ‘QI in a box’ and we have worked with a patient leader to co-design an introduction to involvement in order to support staff when they are looking to involve in their QI projects. This session is also co-delivered with the patient leader and is now offered as part of the QI in a box series, and we have also delivered a few bespoke sessions to teams/services.

The session includes meaningful involvement of patients, service users and carers in QI projects, explores the different approaches to involvement and introduces resources and tools available to support projects, the session also includes;

- Introduction to what we mean by patient and carer involvement
- Different levels of involvement

- LPT's Involvement Framework – Big I and Little I
- Why involve patients and carers
- Explore our engagement zones
- An introduction to the Engagement Planning Tool
- An introduction to resources and support available; ie LPT's Service User/Carer network, Arm Chair Involvement

Developing a Lived Experience Framework

A small group of people with lived experience are working with the Trust to develop a Lived Experience Framework. The aim of the Framework is to set out how the Trust may work with people with lived experience as equal partners to improve services. The Leadership Framework is based on the Patient Leadership Triangle which was developed at Sussex Musculoskeletal (MSK) Partnership (Central). It represents the roles of, and relationships between, Patient Director (executive level), Patient and Carer Forum (governance level) and Patient & Carer Partners (improvement level).

Involvement of those with Lived Experience in recruitment

Over 20 patients, service users and carers, including members from our Youth Advisory Board, have now received training in recruitment to enable them to get involved in staff recruitment. This includes the development of values- based questions which can be used in interviews where we have not been able to involve patients, service users and/or carers directly. During the year several recruitments have taken place with patients, service users and carers taking part in panels, these include Mental Health Practitioner roles, Quality Improvement Clinical Lead, Complex Trauma Pathway Lead and Peer Support Workers.

Examples of Involvement from across the Trust

Involvement in the directorate of mental health

For world suicide prevention day in September the Safety Planning service user group, working alongside the LPT Suicide Prevention lead, held a patient led creative workshop focusing on Creating Hope Through Action which was opened up to anyone to attend. It was a great session with many great discussions on what Hope looked and felt like to different people. Many creative pieces were made, along with poems of Hope which have been sent into the team who have used the poems to feed into resources to support personal safety planning. Two people with lived experience that attended the workshop have now also registered for involvement and joined the patient safety working group

Involvement in community health services

The Single Point of Access Team (SPA) has made improvements to the telephone options following feedback from patients and carers. This has resulted in a reduction in the number of options provided, making selection much easier for the caller.

The directorate has recruited its first patient leader who has been working collaboratively with the Cardi-Respiratory team on the award-winning quality improvement project improving access and uptake of digital technology to support the care of adults with long term conditions in the Cardi-Respiratory services. The patient leader is now working on a collaborative project with the Trust and UHL developing a new integrated asthma pathway. They are also attending various training and development and would like to offer peer support to other service users, as well as offer a peer led education session.

Involvement in families, children and young people and learning disabilities

Adult Eating Disorders - Patients and carers have provided input to the Quality Network for Eating Disorders (QED) as part of the outpatient service accreditation process. Involvement was sought from past inpatients, day patients and their families/carers to be part of a working party looking at models of care as part of the East Midlands Provider Collaborative and have had a great response

A programme of 8 engagement sessions took place at the Beacon Unit on Tuesday evenings. The interactive creative sessions have involved both staff and young people taking part in group poems, short story telling and other group work word games. Feedback received on the sessions is being used to form the evaluation of the 8-week intervention. Feedback from staff and the young people involved has been 100% positive, with young people engaging well with the sessions.

Learning Disabilities - Agnes Unit

The Phoenix Charity visited the Agnes with George the Reindeer and Chester the Dog over the festive period and patients enjoyed the visit along with turkey and stuffing cobs, hot chocolates, non-alcoholic mulled wine, and mince pies.

The Unit now have new user-friendly signage up, which supports patients and families to navigate the building.

Every patient is having a review of their timetables which includes evening and weekend activities for them to support their needs and preferences in engaging with meaningful activities

LPT Youth Advisory Board (YAB)

The YAB continue to meet each week virtually on MS Teams as they have since March 2020. The group have continued to support and work on projects impacting young people across LLR over the last year. Wider partnership projects involved with include:

- Supporting and championing the LLR Better hospitals Leicester consultation, shaping solutions for improved environmentally friendly hospitals
- Supporting and promoting the Step up to Great Mental Health consultation with other young people.
- The group also links in nationally to the wider NHS Youth Forum programme across the country.
- Locally within and across LPT the group continue to be an active part of recruitment for new staff across FYPCLD including head of nursing, mental health in schools teams, CAMHS and paediatrics.
- The group have worked interactively throughout the year and supported co-designing the Covid-19 vaccine digital video to support covid hesitancy amongst YP along with an information pack and presentation to support LLR partners working with CYP on covid related projects.
- The YAB have continued to shape local services including access and promotion of public health school nursing services, evaluating CAMHS eating disorder services, youth proofing patient information for SALT and CAMHS service including being part of overseeing care planning and strengthening the voice of CYP within mental health services.
- In November 2021 the group had an “away day” at Leicester Outdoor pursuits centre, this enabled the group to physically meet safely and plan for the months ahead which included planning a successful Christmas campaign which provided over 50 packages to vulnerable CYP who accessed CAMHS services over Christmas.

The People’s Council

Since its establishment in September 2020 the work of the People’s Council, made up of patient and carer leaders and Voluntary and Community Sector representatives continued throughout the year. The Council worked with an external facilitator and the communications team to help them establish their core purpose, which is to provide an independent voice to make LPT services great for all. They worked with the external facilitator to create the objectives of:

1. Represent and be an independent voice of patients, carers and their families, especially for people more likely to experience inequity.
2. Contribute to the development of Leicestershire Partnership NHS Trust services and policies for example, Step Up to Great for Mental Health, and operate as a constructive check and balance to the LPT Executive Team and the Board of LPT.
3. Work to ensure that people with mental and physical health needs can access services and that access is continually improving.
4. Ensure that we are equal partners with the Executive Team and Board using our regular joint development sessions to ensure that there is an element of co-production on key strategic matters.
5. Ensure that Patient and Carer Leaders and Voluntary and Community Sector representatives are equally valued.
6. Developing patients, carers and their family's knowledge of how to work with professionals in the management of their health.
7. Work towards helping equity in access, experience and outcomes of services for those more likely to experience inequity.

In addition to this a set of principles on how the Council will work with the trust Board were agreed and twice-yearly joint development sessions established.

The Council agreed to focus on several priorities, which were Step Up to Great for Mental Health, the personalisation of care and equality, diversity and inclusion. They provided comprehensive feedback on the Step Up To Great Mental Health consultation carried out by the combined Clinical Commissioning Group for Leicester, Leicestershire and Rutland and inputted into the refresh of the Trust's Step Up To Great Strategy.

The Council's leadership team held bi-weekly meetings to co-ordinate the work of the group and to be a conduit between Trust Board and the Council.

As the Council approached its first-year anniversary an independent review has been undertaken looking at the activity of the Council over the last year and included interviews with members of the Council and a review of the Terms of Reference. The review recommended that:

- Expanding the membership of The People's Council to provide a wider viewpoint of LPT services
- Consider moving to face to face meetings to ensure better interaction with members
- Improve the impact of the Council

Reform the Council to:

- Speed up decision making
- Provide more welfare support to members of the Council

The Council is working to address the recommendations, with new arrangements for the Council coming into place by May 2022.

The Council's Communications Sub-Group has been working to create a presence on social media and now have their own Twitter account @LPTCouncil and also an email account where members of the public can contact them directly lpt.peoples.council@nhs.net They have produced further information about the Council on our internal Intranet and our public facing website.

Improving patient involvement and experience - how did we do?

Did we achieve what we set out to do in this priority?	GREEN	The Trust feels that it did achieve the priority during the year. The Trust will continue to seek methods of improving the communication with service users, carers as required by the strategy that has been introduced
Priorities	**We said we would**	**What we did**
We will make is easy and straight forward for people to share their experiences	Using the feedback collected through the Friends and Family Test to inform service and quality improvement and to continually improve the experience of those who use our services.	• 100% of all inpatient services collecting patient feedback via FFT • 90% of all community-based services collecting patient feedback via FFT • Volunteers recruited to support the collection of feedback by telephone conversations • Implemented a new survey system Envoy which has delivered over 150 patient experience surveys • Introduced Digital Story Telling programme for staff to use patient stories for improvement
We will increase the numbers of people who are positively participating in their care and in service improvement	Deliver continuous development of patient/carer participation and involvement, both through volunteering and paid employment, to better enable co-production of services	• Increased the members of our Patient and Carer Involvement Network to over 140 members • Further growth of our Experts by Experience, through the development of role descriptions and opportunities for providing paid contracts • Enhanced the training and development offer for our Involvement Network including the Patient and Carer Leadership Programmes and developing roles for Experts by Experience to deliver this training • Introduction of Walk and Talk involvement session in line with the lessening of Covid 19 restrictions • Launch of QI Involvement in a box, forming part of the Quality Improvement offer, supporting staff to think about patient and carer involvement in their improvement projects, this is being co-delivered with one of our Experts by Experience
We will improve the experience of people who use or who are impacted by our services:	To capture and use the learning from patient feedback and engagement to inform and influence how the Trust delivers and designs its services	• Improved the quality of our complaint responses and the timescales taken to investigate complaints • Through our QI approach we are using the experience of patients and carers and the feedback provided through our engagement activities to improve patient experience of those who use or are impacted by our services. • Increased the number of lived experience and peer support work roles within the Trust • Regularly using the patient experience insight captured through our surveys and engagement with service users and carers to inform service design and delivery.

Community Mental Health Survey

The National Service User Survey (NPS) programme was introduced in 2001 by the Department of Health, and subsequently moved to the Healthcare Commission, and then to the Care Quality Commission.

The question content of the National Service User Surveys is determined nationally, as is the content of the covering letters that are sent to service users. Send-out is normally undertaken on the organisation's behalf by their approved contractor under Data Security Agreements made between the contractor and the organisation. Quality Health undertakes the survey on behalf of the Trust.

The survey is run on paper only. Survey fieldwork took place between February and June 2021. 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 2020.

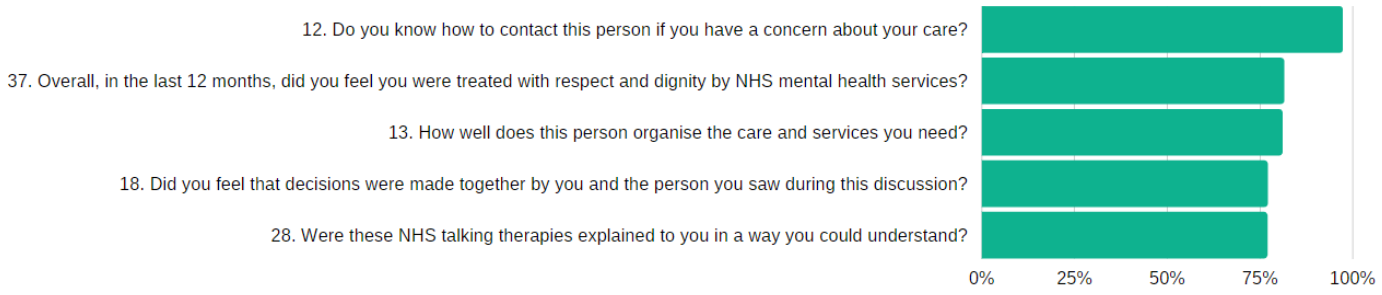
A small number of people were included in some samples who said that they had not been in contact with mental health services for a number of years, or that they had never been in contact with these services. In Leicestershire Partnership NHS Trust, 3% of respondents said that they had never seen anyone from NHS mental health services.

The response rate was 31% (371 usable responses from a usable sample of 1205).

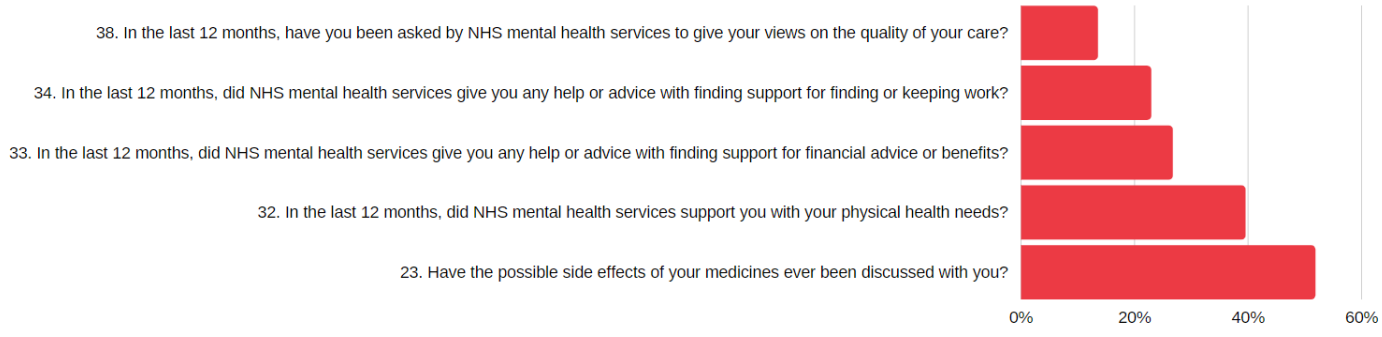
The majority of scores within LPT sit in the bottom 20% of the Trusts surveyed by Quality Health. There are 7 scores in the intermediate 60% range and no scores in the top 20% range. Despite this, the Trust does perform fairly well on the score for service users knowing how to contact the person in charge of organising their care if they have a concern.

Despite improvements in some scores, overall, there has been a downward trend in results across the survey between 2020 and 2021 with an **average drop of 2%** across all questions apart from **Crisis Care** which has seen an **increase in satisfaction of 4%**. However, the unique nature of care provision during the Covid-19 pandemic will have significantly affected scores and the Trust should take this into account. LPT has been identified as performing '**worse than expected**'. This is because the proportion of respondents who answered negatively to questions about their care, across the entire survey, was significantly above the trust average.

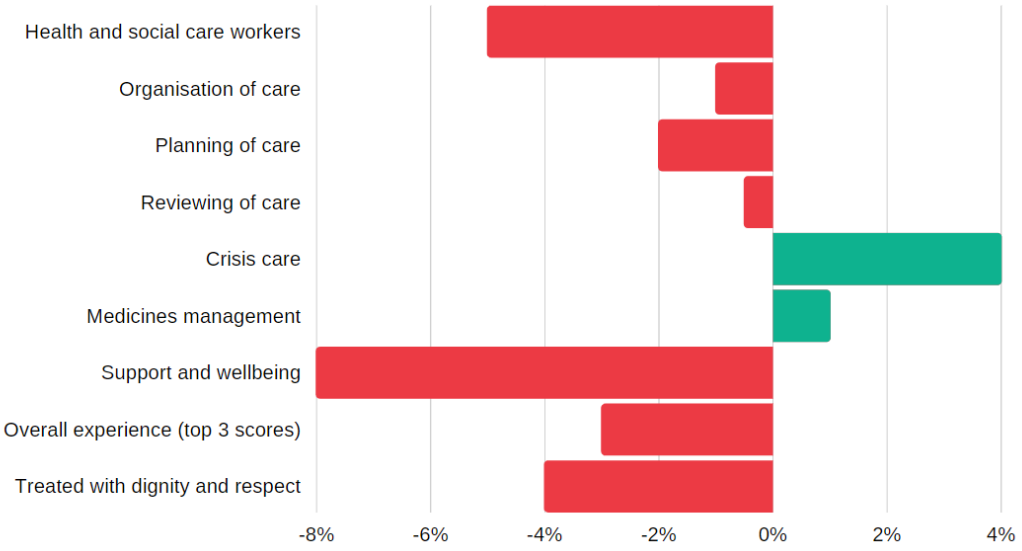
Top 5 questions



Bottom 5 questions



Summary of responses (average score of all questions in each category from 2020 to 2021):



The results of the survey have been shared with both the Service Leads and the Directorate Management Team. Areas for improvement have been identified and will be delivered through the implementation of the Step up to Great Mental Health transformation programme. Oversight of the improvements will be provided by the Directorate Management Team through regular reports.

Trust Membership

Our public membership scheme is in its 13th year. 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 2,469 members who we keep informed with updates and invitations. Our Membership Charter is a simple guide to two-way engagement with our members:

What we will do:

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

What you can do:

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

Volunteering

We are so proud to have around 300 volunteers supporting at LPT, and as we emerge from the pandemic, we are now actively recruiting in many areas, as well as getting our volunteers back in their roles. There are also many volunteering roles that have changed the way they function and are now supporting the Trust in a virtual way.

Volunteers supported to return

As volunteers returned, we ensured that each one was safe and ensured that Covid Risk Assessments and Volunteer agreements were in place, all returning volunteers also ensured their training was current.

- Throughout the year, and since restarting our Patient Transport service, we have been successful in carrying out 614 patient transport journeys and as the demand for patient transport increased, we also recruited more volunteer drivers.
- Volunteer Drivers covered 35,870 miles, taking patients to their appointments, and delivering medications.
- Our pharmacy delivery service has also gone from strength to strength – delivering 2,352 medicines/prescriptions since July 2021.

Volunteer recruitment

Recruitment of volunteers over the last year included a range of new roles :

- Mental health transformation peer support volunteers
- Raising Health fundraising support volunteers
- Patient experience volunteers
- Recovery College tutor volunteers as “Expert by Experience” roles
- Volunteer drivers
- Meet and greet volunteers
- Ward assistants

We advertise volunteering roles on our website, we also advertise some roles at Voluntary Action Leicester and at De Montfort University, we continue to make links in the community to try and engage a representative audience. Over the last year we have successfully recruited 24 volunteers, had around 90 volunteering/placement enquiries and currently have 35 volunteers going through the recruitment process.

Launch of Welfare Caller service

We now have a bespoke Welfare Caller Service. This is a service where volunteers will chat with the Trust’s service users to help them with isolation. We are now working with services to increase the usage of this fantastic new service.

Celebrations in volunteering

- Voluntary Transport won an LPT Covid Heroes Award
- We have signed up to Room to Reward – this charity allows us to send selected volunteers away for a weekend break to hotels around the country
- Celebrations of the year included Volunteer Week, Student Volunteer Week, Volunteers were invited to the Big NHS Tea Party, we took part in the Sir Thomas Moore 100yr celebration
- We held quizzes for our volunteers on Volunteer Week and at Christmas.
- The Volunteering Team network with various agencies including VAL, NHS England, NHFT, NCVO, community and Hospices, and De Montfort University
- We continue to regularly communicate with our volunteers through newsletters, and have introduced virtual meetings such as this one for the chaplaincy volunteers:

- We have been successful in obtaining £20,000 funding from NHS England, which has supported us in returning and recruiting volunteers. With the funding we were able to market our wonderful service and recruit two staff for a short period, it's great that one of the new staff members is an LPT volunteer.

Engaging our staff

Our Future Our Way

Our culture, inclusion and leadership programme Our Future Our Way goes from strength to strength to support our staff and to make LPT a great place to work.

Whilst the pandemic has slowed down our progress slightly, we have seen further alignment of our Leadership Behaviours for all, with an increased uptake of our training and more conversations taking place about them, as part of staff appraisals.

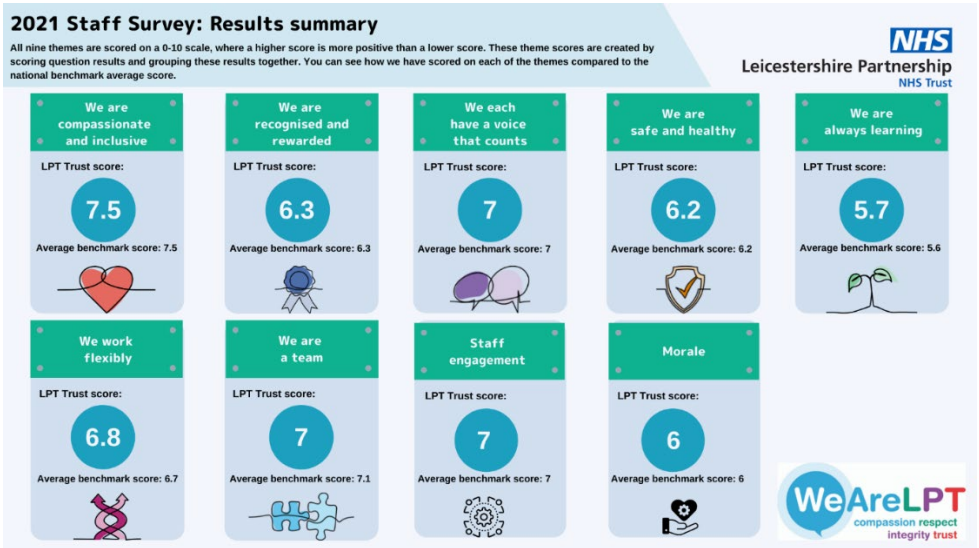
We have also responded to a request from our Change Champions to introduce a new improvement workstream to support our Administrative and Clerical colleagues. This group are now increasing awareness of this professional group of staff, have already put on new Record Keeping training for themselves and intend to increase the number of available training courses and career development opportunities for this valued group of staff.

We have also delivered on actions within our People Plan, to design and deliver a new Compassionate and Inclusive leadership programme along with Coaching Skills for Managers programme, which will further embed our ambition of collective leadership, where all staff at LPT feel valued, have a voice, are able to contribute to decisions and be innovative to improve our services to our patients.

NHS Annual Staff Survey

Thank you to all our staff who took the time out to complete the annual NHS Staff Survey between October and November 2021. We had an excellent response rate with 52% – that's 2,863 staff. The results are an important way for us to hear staff views on how it feels to work in LPT, what they think works well and what they think needs to improve.

This year's survey was based around the new NHS People Promise. The themes and words that make up our People Promise have come from thousands of staff working across the NHS, reflecting what would make the greatest difference in improving their experience in the workplace. Here's a summary that illustrates our top line results based on the People Promise themes:



We are pleased to share that our NHS staff survey results show that the majority of staff who responded felt that LPT is an inclusive and compassionate place to work. All of our People Promise indicators are in line with the national average for NHS trusts, and staff engagement levels with the Trust have remained stable.

We are really pleased that compared to last year, colleagues have reported a more positive experience of support for their health and wellbeing at LPT. Health and wellbeing is LPT's top priority and is always available as outlined on staff intranet and via the LLR staff mental health and wellbeing hub.

We believe in 'safety first' at LPT and it is good to see that 82% of colleagues would feel comfortable speaking up and raising concerns around unsafe clinical practices. This was well above the national average of NHS Trusts, and we are reassured to see that many colleagues feel confident in raising concerns and confident that action will be taken as a result.

We particularly welcomed that more colleagues felt safe, listened to and supported by managers. Compared to last year, more staff have shared that they feel LPT offers flexible working and work life balance. Our appraisal rates are also higher than the national average, which is great to see. Most colleagues across LPT will now have completed our new appraisal process ensuring they get a chance to discuss personal development, health and wellbeing, career aspirations and how these can be nurtured and as well as reflecting on our five leadership behaviours.

As a Trust, we have fared well against other NHS Trusts of our type (Mental Health and Learning Disability and Mental Health, Learning Disability and Community Trusts) however there is still more work to do to ensure we continue on our journey to Step up to Great.

We are pleased to see an above average score for BAME colleagues feeling that LPT respects individual differences and acts fairly with regards to supporting career progress. It has been great to see that more of our staff have told us that adjustments were made at work ensuring inclusivity. However we still have more work to do to ensure staff do not feel discriminated against because of their ethnic background. We are committed to being an anti-racist Trust and will continue to take steps to address this. Over the last year we have focused on inclusive compassionate conversations, reverse mentoring, diverse interview panels, and targeted training and development programmes.

The 2021 survey focussed on working through the pandemic and there were responses which reflects the pressures colleagues have been under due to reduced capacity, higher workloads, and staffing shortages. The slight decline in 'Recommendation of LPT as a place to work or receive care' reflects this staff experience across the NHS. We are committed to ensuring our staff feel able to make local changes, to lead quality improvement on the ground, and that they feel recognised and valued for this.

Our Staff Surveys and Pulse Surveys give us an opportunity to reflect and look at further ways to support colleagues. We are committed to continuing to engage staff in making sure LPT is the best place to work and deliver care.

Consultation with staff

Effective staff involvement is essential for us to shape and improve service delivery.
During 2020/21 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.
During the Covid pandemic we have produced additional weekly Covid updates and have held listening events with staff on a variety of topics including covid risk assessments and covid vaccinations as well as BIG conversations to consult staff on our recovery from the pandemic. Our closed staff Facebook group

(which has over 3600 members) is an effective forum for staff to share their views, find answers to questions and gain support from colleagues. Live monthly web chats continue through our new staff intranet StaffNet, which also includes the latest news and events. Increasingly the use of text messages have been used to keep staff informed and engaged. The Chief Executive delivers a monthly Team Brief alongside a Q&A with the executive team. This is filmed and shared with staff. Each directorate also holds their own staff briefing and listening sessions to engage staff in their areas.

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
- Women's Network
- Anti-bullying and harassment advice service (ABHAS)
- Access to mediation for resolving workplace conflict
- Listening Ear service provided by Chaplaincy services
- Access to Freedom to Speak Up Guardian
- LLR Mental Health and Wellbeing Hub
- Wellbeing Wednesday active sessions
- Mindfulness sessions for staff

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

- A monthly Team Brief with our Chief Executive, which includes a question-and-answer session with our executive team on current themes.
- A monthly senior leadership group forum – for senior leaders to not only hear about our direction of travel, but contribute, share views and concerns, and take ownership.
- If a member of staff has concerns about an issue that affects the delivery of services or patient care, they are encouraged to speak to their line manager, head of service or director.
- They can also contact the Trust's Freedom to Speak Up Guardian for advice – referring to the 'Freedom to Speak Up: Raising Concerns (Whistleblowing) Policy for further sources of advice
- If staff have concerns about a work issue, they can contact their trade union / professional organisation representative or a member of our human resources team.
- An e-learning package is available for staff to increase awareness of how to raise concerns.
- Our new Leadership Behaviours for all provides a framework to hold each other to account, including a feedback model.
- We support Duty of Candour, and have raised the profile of the importance of this through various forums and communications, including the set up a learning lessons exchange to improve culture.
- Staff listening events on key themes or hot topics and monthly staff support networks

- Our new appraisal process which includes a section on health and wellbeing and also a focus on our leadership behaviours
- Directorate staff surgeries which give staff within the directorates a safe space to voice their thoughts

Freedom to Speak Up

Together we are making speaking up business as usual

We are committed to creating high quality, compassionate care and wellbeing for all. Our Chief Executive is the lead Director for Freedom to Speak Up, which signals to staff the importance the organisation places on speaking up about patient care, quality improvement and resolving work related issues. Staff are encouraged initially, to speak up and raise concerns with their line manager, with another member of the leadership teams or directly with 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 and raise concerns about patient care or the way a concern has been handled, suggestions for quality improvement or to resolve work related issues.

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

The Policy identifies a variety of ways in which staff can speak up within the Trust in addition to the FTSU Guardian or manager, for example, the Chaplaincy 'Listening Ear' service, AMICA counselling services, Occupational Health service, Human Resources and Staff-side services. In addition, the policy also identifies the 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.

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

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

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

Freedom to Speak Up in Healthcare in England
Speak Up, Listen Up, Follow Up

National Guardian
Freedom to Speak Up

Freedom to Speak Up Champions

The Trust now has over 20 volunteer Freedom to Speak Up Champions who play an important role in positively promoting the key messages about speaking up and widening the reach of the FTSU agenda. They can offer support and signpost colleagues to appropriate services as required.
Given the national acknowledgment of additional barriers for speaking up on certain groups of staff, great care has been taken to ensure the Champions network is representative of the workforce in terms of equality, diversity and inclusion and professional groups. The Trust Champions network has representatives from all staff support networks and from a variety of services and disciplines including physical health and mental health teams (nurses and Health Care Support Workers), Allied Health Professionals and administrative roles across the breadth of the workforce.

Developing our staff

We have a dedicated Learning and Development service which provides opportunities for staff to improve and enhance their skills and knowledge, to enable them to deliver a quality service to our patients. We support and encourage staff to develop and pursue their careers aligned to organisational need and personal aspiration. We also support our future workforce through student placements, access to work experience, and apprenticeships. Our Learning and Development Plan focused this year on:

Continuing professional development (CPD)	Expanding Student Placements	Healthcare Support Workers
• **Providing over 230 CPD events to over 200 staff across all professional groups**	• Increased student capacity within nursing, physiotherapy and medicine. • Developed technology support for students to remote access clinics/patient contacts • Provide all clinical mandatory training for University of Leicester nursing students	• Rolled out HCSW development programme as a permanent offer for those staff new to health 

Increasing use of Technology Enhanced Learning	Grow our own	Apprenticeships
• **A new Learning Management System took over in July 2021. This provides managers and staff with instant information about their training records** • **Expanded the elearning portfolio to over 300 courses** 	• New roles including Children's Wellbeing Practitioner started this year with 5 individuals being trained • New Advanced Clinical Practitioners started in Mental Health Services with 6 staff on the course	• Developed new 'top up' nursing degree apprenticeship route. Offering 11 staff this opportunity. • New Clinical Associate Psychologist course developed • 13 staff were supported to undertake non-clinical courses ranging from level 3 to level 7.

Although this year has been challenging for us all due to the continued restrictions on training face to face. The team of educators and trainers have been innovative and creative to ensure that staff and students continue to receive high quality learning and development opportunities.

Championing equality, diversity and inclusion

Over the last twelve months, we have continued to make progress with the equality, diversity and inclusion agenda in the backdrop of a continuing global pandemic which has impacted upon LPT staff and service users. For LPT the challenge of keeping staff, volunteers, patients and service users physically and mentally safe has been a huge challenge. However, LPT has continued to ensure that it has offered support and advice to colleagues and patients/service users with protected characteristics. The support offered has been available in a variety of ways including targeted listening events, Staff Support Networks, telephone advice lines, health and well-being apps, regular health and well-being sessions, signposting to appropriate specialist support groups and organisations. In addition the EDI Service works very closely with the Chairs of the Staff support Network, Freedom to Speak Up Guardian, the Organisational Development Team, the Patient experience Team as well as other colleagues to maximise the effective coordination and provision of help and support over the past 12 months.

Equality, Diversity and Inclusion run through all of LPT's Leadership Behaviours. We expect all our staff to be inclusive leaders in managing relationships with other colleagues and with our patients, service users and the public. Being inclusive is at the heart of all we do. Creating an anti-racist organisation is something which the Trust has committed to achieve since June 2020. There has been much progress and a great deal to celebrate. However, we acknowledge there is still much to do.

April 2021 Chair of BAME Staff Support Network (SSN) continuing with monthly meetings to support staff in relation to ongoing concerns regarding covid, vaccination take-up and the risk assessment process. Together Against Racism strategy developed and project team established. BAME SSN led on Vaisakhi festival celebrations.	**May 2021** LPT working collaboratively with NHSEI on Deaf awareness campaign. Series of training workshops run starting in May with good take up by LPT staff. Together Against Racism Group Strategic Priority established with a 10-point action plan developed. May meeting of EDI Workforce Group held.	**June 2021** Transgender training delivered by Katie Neeves of "Cool 2 B Trans". Employee Transgender policy completely refreshed with input from the Spectrum (LGBTQ+) Staff Support Network.
July 2021 EDI Workforce Group meeting held. WRES and WDES data produced and action plans refreshed taking into account the national Race Equality and Inclusion strategy 6 High Impact Actions. Collaboration with the LLR EDI Taskforce ongoing and leading on 3 of the 7 system priority programmes. South Asian History Month celebrated with weekly on-line sessions (over 50 regular attendees).	**August 2021** WRES and WDES published with action plans to address the issues identified. Mental health public consultation over the summer has identified issues of access that has fed into the EIA for the Mental Health Transformation programme. LPT Anti-racism Group meet monthly. CAMS BAME Strategy Group meet to develop approach to improving access for under-represented minority ethnic patients and increase workforce representation. Targeted BAME interview skills training delivered.	**September 2021** Directorate EDI Groups meeting on a regular basis. Race Equality and cultural Intelligence Learning sets continue to be run for leadership with good attendance. Latter include lived experience of BAME workforce. John Amaechi anti-racism Masterclass held with over 250 delegates.
October 2021 Successful Black History Month events delivered in partnership with NHFT. Second cohort Reverse Mentoring programme comes to an end with over 28 LPT participants successfully completing their journey.	**November 2021** EDI Workforce Group meeting takes place. Diverse panels increasing as well as representation at senior levels from 13.4% to 14.2% at bands 8a and above that takes the Trust closer to the model employer target. Reverse Mentoring celebration took place as part of the LLR Lead, Connect and care Festival. Compassionate conversations and understanding BAME communities session held. Thirdcohort of reverse mentoring programme launched.	**December 2021** Three sessions held across the month to mark International Day of Disabled People and Disabled History Month. Sessions were recorded and available from the Trust's webpages. Lived experience was shared and a session raising awareness of the Accessible Information Standard and use of the SystemOne template to record AIS needs was shared. Together against Racism Exec Pledges shared with the BAME Staff Support Network with directors starting a conversation with the SSN on ways of bringing to life their commitments.
January 2022 Eighth cohort targeted BAME We Nurture Programme launched. John Amaechi follow up learning session held with good engagement from LPT.	**February 2022** Successful LGBT History Month joint event held with NHFT. LPT supporting LLR wide development of Cultural Competency programme and	**March 2022** International Women's Day celebration on 8 March. EDI service providing a session on Unconscious Bias. Race Equality

Application for reverse mentoring third cohort programme increasing. EDI Service welcome two new starters following the departure of previous team over the summer and autumn of 2021. Gender Pay Gap Report published. ALL meetings stepped down due to level 4 incidents. Provision of targeted psychological support to staff from BAME backgrounds including NHS app, coaching support and holding a Listening event.	continuing to work with EDI Taskforce across a range of EDI priorities. Head of EDI representing LPT at National Regional and local meetings and events. Inclusive communications Working Group held to continue work to embed the AIS Standard across the Trust.	and Cultural Intelligence Learning set delivered.

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. This Strategy has been reviewed and will be presented to Trust Board in 2022.

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.

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 virtually where required. In addition, in support of the WRES work, Race Equality and Cultural Intelligence Learning sets have been developed with the assistance of BME colleagues and is required for all of LPT’s leadership. ‘Recognising and valuing people’s differences’ is one of the Trust’s five leadership behaviours for all; monitored and discussed at annual appraisals.

Accessible Information Standard

The Trust has to implement the Accessible Information Standard (AIS). It has produced an action plan in 2020 and has an Inclusive Communications Working Group. Free training has been arranged on Deaf Awareness and basic British Sign Language Training for front line staff between May and August 2021. This training has been evaluated and proved to be very useful.

Looking ahead: 2022 Activity

- Activity 1: To comply with the Equality Act 2010 and the Public Sector Equality Duty (PSED). In this respect the approach to Inclusive Decision Making will be key. Steps have been taken to review LPT’s approach to Equality and quality Impact assessments with a new policy produced to ensure compliance and accountability.
- Activity 2: To report and develop actions to address issues identified in the course of the equality monitoring of the workforce and service users. This will include continuation of increasing the diversity of interview panels, implementation of the 3rd cohort reverse mentoring programme, delivery of Race and Cultural Intelligence Learning Sets, implementation of further training and development associated with the anti-racism agenda and in support of the staff networks and the refresh and relaunch of the Zero Tolerance campaign.
- Activity 3: To embed and mainstream the Equality Delivery System 3 (EDS3) into all service and enabling activity. New guidance has been published in 2022 which requires an ICS led approach.
- 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 Department of Health and Social Care (DHSC) has provided the Trust's sickness absence data for inclusion in this year's annual report. For the calendar year 1 January 2021 to 31 December 2021, an average of 11.2 days (or 4.96%) per full time member of staff was lost due to sickness absence.

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. In addition to the general absence reflected above, staff had periods of Covid-related absence as a result of self-isolation. Where possible and where well enough to do so, staff were enabled to continue working at home during periods of self-isolation and, when guidance allowed, we put in place arrangements for staff who were defined as Covid +ve contacts to safely return to work.

The focus during this second year dominated by Covid was on keeping staff well at work. We continued to deliver a comprehensive local programme of health and wellbeing interventions to complement an expanded national health and wellbeing offer. Support available included:

- delivery of a comprehensive health and wellbeing programme with a specific monthly focus and newsletter – all supported by a dedicated section on the staff intranet
- Wellbeing Wednesdays – a weekly prompt of the importance of taking time out to focus on health and wellbeing
- health and wellbeing lead delivering presentation to teams across the Trust to raise awareness of what is available
- promotion of healthy conversations with resources available for managers
- completion of covid Risk Assessments for all staff
- programme of work to ensure that all staff have pleasant surroundings and facilities to take a break
- access to short and longer course mindfulness programmes
- mindfulness for menopause programme
- free access to a variety of health and wellbeing Apps
- provision of yoga and dance classes
- encouraging staff to 'take a break'
- provision of a Trust-wide staff physiotherapy service to enable early access to physiotherapy and keep staff at work
- mental health first aid (MHFA) awareness and first aider training for staff
- resource for 'positively supporting your mental health'-maintained
- delivery of two LPT HWB events to supplement a system Lead Connect and Care Event
- growth of health and wellbeing champions network
- Health and wellbeing championed by trust chair as the Health and Wellbeing Guardian
- A health and wellbeing printed guide sent to all staff

Additionally, the trust launched a new attendance management and wellbeing policy and procedure, with a greater focus on personal accountability and staff wellbeing in and out of the workplace. The policy provides structure and support for managers to have sensitive wellbeing discussions with staff, to help

identify areas of their life and lifestyle that may benefit from some additional focus to improve wellbeing and thereby improve attendance.

We have continued to deliver online a programme of essential training for all new line managers including supportive management behaviour, Essential HR, management of ill-health and Healthy Conversations.

The trust has continued to develop the nationally funded LLR Mental Health and Wellbeing Hub to provide support to staff in health and social care across Leicester, Leicestershire and Rutland.

NHS sickness absence rates are available at:

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

Accountability report

How we govern

In this report, we share how we govern our trust. Effective governance is key to providing safe, compassionate care; it allows us to maintain good oversight of our processes which ensure that we are Well-Led and meet our Step Up to Great priorities.

Board of directors

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

We are required by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to ensure that our directors are fit and proper for their roles. To fulfil this responsibility, the trust has undertaken appropriate Fit and Proper Persons checks for all directors during 2021/22.

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

They have also created a firm foundation for the Group Model arrangement between LPT and NHFT. This was formalised at the beginning of 2021/22 to help us further align and integrate as two Trusts working together on several joint priorities.

Our directors

The board of directors has responsibility for setting the strategic future of the trust. There are executive directors (employed directly by the trust) who have voting rights on the board, directors (employed directly by the trust) who attend board and do not have voting rights, and non-executive directors (appointed by NHSEI) who sit on the board. At LPT the board of directors comprises of a chair plus seven non-executive directors (NED), a chief executive officer and five voting executive directors. Six non-voting directors (of which, three are joint with NHFT) also attend meetings of the board together with the trust secretary.

Executive directors with voting rights

Angela Hillery, Chief Executive

Angela's career in the NHS spans more than 30 years. She has held many leadership positions during that time, including Director of Operations. Angela has been listed in the HSJ Top 50 rated CEOs twice, in 2017 and 2018. In 2015 she was a finalist for 'Chief Executive of the Year' at the HSJ Awards. Angela is dedicated to upholding the highest values and developing compassionate cultures for those we care for and work with

Co-production and involvement with patients, service users and carers are particularly important to Angela, as they are with the wider Trust. Angela has a clinical background as a Speech and Language therapist. She has served on the National Management Board of the Royal College of Speech and Language Therapy and held a partner role with the Health Professional Council. She is committed to achieving parity of esteem for Mental Health Services and has family experiences that are the foundation stone of her drive for continual improvements. Angela has championed many projects which aim to deliver equalities in local communities. In July 2019, Angela was appointed shared chief executive of Leicestershire Partnership NHS Trust and Northamptonshire Healthcare NHS Foundation Trust.

Mark Powell, Deputy Chief Executive

Mark has over 20 years' experience working in the NHS. Mark started his career working in public health where he oversaw the development and delivery of community health improvement programmes, including on the first NHS community-based childhood obesity programmes.

In 2006 Mark was appointed as Associate Director of Performance for South Staffordshire Primary Care Trust with responsibility for acute, community and mental health commissioning. In 2010 Mark moved to the acute hospital sector working for Burton Hospitals NHS Foundation Trust as associate Director for their Surgery and Women and Children's Division. In 2012 he was appointed to Burton's Board as Executive Director of Operations, with responsibility for all operational services, including two community hospitals.

Mark joined Derbyshire Healthcare NHS Foundation Trust in 2015 as Director of Strategy, leading the Trust's business and transformation functions, partnerships, procurement and contracting, until October 2016 when he was appointed as Chief Operating Officer. As Chief Operating Officer Mark was responsible for operational services, estates and facilities, information management and technology and pharmacy. As the accountable emergency officer Mark also led the Trust's COVID response.

Mark joined LPT in April 2021 as deputy chief executive officer.

Avinash Hiremath, Medical Director

Avinash was inclined towards the care of the vulnerable from a young age and followed his calling to train in medicine, followed by a MD specialisation in Psychiatry in India before training in the UK. He completed his further Psychiatry training in Leicester and specialised in the care of Adults with Learning Disabilities. He is driven by the values of compassion, patient centred care and value-based care.

He takes these values from a clinician's perspective to inform his thinking in his board role. He also has an active interest in the development of clinical leadership, research and education. He has authored and co-authored publications in books and peer-reviewed journals. He has also presented at regional, national and international workshops.

Anne Scott, Director of Nursing, AHPs and Quality

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

She has a wealth of acute nursing experience, primarily working across urgent and emergency care pathways. Previously she was a Divisional Nurse Director in Nottingham University Hospitals NHS Trust, gaining a wealth of experience as a senior nurse in a large acute teaching NHS Trust; and more recently

was the Deputy Chief Nurse within East Leicestershire and Rutland Clinical Commissioning Group, gaining invaluable commissioning and Primary Care experience. She joined Leicestershire Partnership NHS Trust in the summer of 2018 as the deputy chief nurse and had the opportunity to be the acting chief nurse/executive director in early 2019. She was appointed substantively to the executive director of nursing, allied health professions and quality in 2020.

Sharon Murphy, Director of Finance

Sharon started working in the NHS on the national Finance Graduate training scheme 23 years ago, initially working in Fosse Health (a predecessor organisation of LPT) and has since worked in a number of senior finance roles in a national body, commissioner, CSU and acute organisations, all within the LLR system.

Sharon returned to LPT 8 years ago as Deputy Director of Finance and was the Acting Director of Finance from January 2021 to January 2022. Sharon was appointed to the permanent Director of Finance role in February 2022.

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

Directors in attendance; without voting rights

Sarah Willis, Director of Human Resources and Organisational Development

Sarah is an experienced, MCIPD qualified HR Director with over 27 years of experience working across the public and private sector in Senior HR roles. She is currently the Director of HR & OD at Leicestershire Partnership NHS Trust and holds board level responsibility for a wide-ranging workforce portfolio.

Sarah commenced her career in HR in the utilities sector working for various large Multi - National energy providers before moving to the public sector in 2007. Since then, she has held various senior leadership roles with a portfolio which covers HR, Equalities, Training, Recruitment, Workforce Planning and Information, Workforce Systems and Medical staffing, Employee Resourcing and Attraction, OD and Learning and Development. In 2017 Sarah was appointed to Director of Human Resources and Organisational Development

Sam Leak, Director of Community Health Services

Sam has a wealth of healthcare experience with over 30 years in the NHS, starting her career as a Physiotherapist and then moving into management roles.

Having worked at Leicester University Hospitals for 8 years her most recent roles being Director of Urgent Care and then Director of Operational Improvement

Sam joined LPT in 2021 and is passionate about working with teams and system partners to improve patient care and enabling equality of health care outcomes

Sam is also the Executive sponsor for the LPT LGBTQ+ network an area she is dedicated to and will be giving her full support.

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

Helen has more than 35 years of NHS experience, working initially as an Occupational Therapist before moving into operational leadership roles. Previously Helen was Managing Director of Community Health Services across Leicestershire and Rutland, before joining LPT in 2011, as part of the transforming community services programme.

Helen was appointed to the role of Director of FYPC services in 2012, bringing together public health and specialist services for children and families. More recently she has integrated learning disability and autism services into the directorate.

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

Fiona Myers, Interim Director of Mental Health

Fiona is employed as Interim Director of Mental Health whilst recruitment is being undertaken for the substantive director. She joined Leicestershire Partnership NHS Trust in April 2021 initially as Interim Director for Community Health Services and in October 2021, as Interim Director for Mental Health services following retirement of previous incumbent.

Fiona has an acute nursing background and career delivering service innovation and transformation, quality improvement and financial success, that includes overseas experience in North America, the Caribbean and Africa.

Fiona has had significant leadership experience across all health sectors that has included leading an integrated mental health and social care Trust as a CEO. During her tenure as a CEO she worked with partners from social care, the voluntary sector and acute hospital Trusts that together, integrated delivery of improvements for service users to achieve high quality service provision and improved use of resources achieved by effective and collaborative partnership working. Fiona has led significant service transformation with successful outcomes with providers, CCGs and at ICS level.

Chris Oakes, Director of Governance and Risk

Chris has wide experience in healthcare, both in the NHS and the independent sector. He has worked in developing human resources services and leading culture change and organisational development (OD) projects.

Chris was Director of Workforce and OD at the Black Country Partnership NHS Foundation Trust and prior to that was the Director of HR at St Andrew's Healthcare. Chris is a member of the Chartered Institute of Personnel and Development, has an MBA from Bayes Business School part of City University and recently completed a Master of Science in Leadership at the University of Birmingham.

Chris also has extensive experience of corporate governance in a range of organisations and has been the executive lead on governance for NHFT for the last 7 years.

Chris was seconded from NHFT to LPT as the director of corporate governance and risk on a part time basis from January 2020.

Paul Sheldon, Chief Finance Officer

Paul joined NHFT from South Warwickshire Clinical Commissioning Group (CCG) where he was Chief Finance Officer since 2017 and also the Sustainable Transformation Partnership (STP) Finance Lead for Coventry and Warwickshire.

Paul has worked in the public sector for over 26 years, beginning his career in social services finance, before spending the last 20 years working in the NHS. He has a long and successful track record in various commissioning organisations; from Health Authorities to Primary Care Trusts to CCGs. Paul joined NHFT in March 2021 as part of a hand over with Richard Wheeler before moving to fully accountable Director of Finance for NHFT from 1 April 2021.

On 1 February 2022, Paul took on the interim role of Chief Finance Officer for Leicestershire Partnership and Northamptonshire Healthcare Group.

David Williams, Director of Strategy and Partnerships

David was previously a Locality Director for NHS England in the West Midlands. His responsibilities included commissioning primary care, dentistry and public health services, as well as supporting a number of Sustainability Transformation Partnerships (STPs).

David was also the Accountable Emergency Officer for the West Midlands with responsibility for ensure the NHS was prepared and able to respond to major incident situations. David has extensive experience in education, the voluntary healthcare sectors, as well as experience in partnership working and developing ways to work differently.

David works across Northamptonshire Healthcare NHS Trust and Leicestershire Partnership NHS Trust as director of strategy and partnerships.

Non-executive directors

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

Our chair is responsible for non-executive director appointment and termination. The normal appointment term is three years. non-executive directors can be reappointed, though usually only for one further period of three years.

The Trust has seven non-executive director roles (including the chair). We have one vacancy, and our chair of the audit and assurance committee (AAC) Darren Hickman will be leaving for an ICS NED role in June 2022, therefore we are currently recruiting for two positions.

There were a number of changes to non-executive directors during the reporting period;

- The deputy chair and chair of finance and performance committee (FPC) Geoff Rowbotham retired on 30 April 2021. The position of deputy chair was filled by Faisal Hussain who has also stood in as chair of FPC on an interim basis.

- A non-executive director vacancy was filled by Vipal Karavadra between 1 September 2021 and 29 January 2022.
- The chair of quality and quality assurance committee (QAC) Liz Rowbotham retired from the Trust on 31 May 2021. This position was filled by Moira Ingham who started with us on 1 June 2021.
- Professor Kevin Harris retired on 31 December 2021 and was replaced by Professor Kevin Paterson who joined the Trust from 1 January 2022.

Cathy Ellis, Chair

Cathy is chair of Leicestershire Partnership NHS Trust and our charity Raising Health. She is the Health and Wellbeing Guardian for LPT and is an active champion for staff wellbeing.

Prior to joining LPT Cathy was Chair of the Leicester, Leicestershire and Rutland NHS Primary Care Trust which commissioned patient care in acute hospitals, mental health and community services, GP surgeries and Prison healthcare.

LPT is a teaching trust and works closely with De Montfort University and the University of Leicester School of Life Sciences to conduct research and provide placements to students during their degree programmes. Cathy is a lay member of the University of Leicester Council and Finance Committee.

Cathy is a Chartered Accountant and started her career in the audit team of PriceWaterhouseCoopers here in Leicester, auditing many local businesses. Cathy then spent 12 years working for Bass Brewers (now Molson Coors) where she gained broad commercial experience in senior roles in Finance, Strategic Planning, Procurement and Human Resources.

Cathy is the Trust's Wellbeing Guardian.

Faisal Hussain, Deputy Chair and Interim Chair of the Finance and Performance Committee

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

Since finishing his substantive career in 2016 he has focused his time on non-executive roles. Faisal has been a non executive director with LPT since October 2017 along with being a trustee of the Spinal Injures Association.

Faisal was involved in a car accident over 33 years ago in which he sustained serious spinal cord injury and this resulted in him becoming paralysed and a full time wheelchair user.

Faisal is passionate about tackling health inequalities through multi agency collaborations and partnerships.

Darren Hickman, Chair of the Audit and Assurance Committee

Darren was the Finance and Relationship Director for the Insurance Company of Santander Bank, until December 2019. During his 37 years at the bank he gained a broad experience, holding a variety of executive positions including operational management, marketing, IT and change management. He has been proud to serve as a NED and Audit & Risk Chair for the Trust since January 2014.

Since finishing his substantive career he has focused on non-executive and board advisory roles. The majority of these have been centred in the Midlands region, working for the Earl Shilton Building Society and Northampton Children's Trust.

Darren holds the position of Senior Independent Director (SID) the NED Champion for Security Management (Counter Fraud)

In May, Darren will step down as a Trust NED as he nears the end of his term of office. He will continue to work in the NHS LLR system, starting a new role as NED and Audit Chair for ICB.

Moira Ingham, Chair of the Quality Assurance Committee

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

With a Master of Science from Kings College, Moira has held several senior academic roles at the University of Northampton latterly as Dean of the School of Health. Since leaving in 2016, Moira has worked freelance on curriculum design, contributing to post-graduate quality improvement, public health and research methods programmes. Moira is also a clinical assessor for the NMC international test of competence and currently works as a vaccinator. Her research interests are in the field of organisational behaviour, particularly the value of trust in inter-organisational partnerships.

Moira is the nominated Maternity Board Safety Champion, and the NED Champion for Security Management (Violence and Aggression).

Ruth Marchington

Ruth is an HR and OD professional by background with extensive experience in the private and public sector including with an NHS hospital in Nottingham many years ago. She has done considerable work on equalities and diversity for staff and in service delivery removing blockages to opportunities for all. She also brings her experience of fundraising and governance to the Trust's Charitable Funds committee.

Before joining the Trust Ruth was an Executive Director with a National Park Authority responsible for business support services, governance, performance, risk and strategy development working with partners on a place-based plan for the area.

Ruth is also currently an external member on the Audit Committee of the National Lottery Community Fund and in recent years has been a Parish Councillor and hospice volunteer.

Ruth is NED Champion for Freedom to Speak Up and Doctors Disciplinary.

Kevin Paterson

Kevin is a Professor of Psychology at the University of Leicester, where he is also interim Head of the Department of Psychology. He has over 20 years of experience in higher education teaching and research.

His research interests are in areas of cognitive ageing, especially in relation to changes in visual, language and thinking abilities in older age and as a consequence of dementia and other neurodegenerative conditions.

What our directors deliver

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

Our directors' remit includes:

1. Formulating the strategy for our Trust
2. Ensuring accountability for the delivery of our strategy, and seek assurance that systems of control are robust and reliable
3. Shaping a positive culture for the Board and the wider Trust
4. To regularly hold meetings in public as part of its commitment to be accountable to the public and other stakeholders.

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

Our board meetings

Our board agenda continues to have a service-related theme for each meeting which are focused on the quality of patient safety and treatment experience, strategic developments, operational and financial performance trend analysis and exception reporting, staffing and organisational developments, and key risks.

Due to the Covid-19 pandemic, during 2021/22 the board schedule continued to be compressed to refocus on our single strategic objective: to preserve life. Public board agendas remained focused with items on the six priority areas: Covid-19, quality and safety, health and wellbeing of staff, risk, finance and performance, and statutory requirements. Board development sessions were shortened during the pandemic to focus on essential development work relating to service transformation or organisational culture. All board meetings continued to be held using Microsoft Teams.

The attendance at all of the board committees is recorded, and terms of reference state a requirement of 75% attendance for all formal members. Attendance is reported within the annual reports of committees to Trust Board, as well as when the work of the committees is reviewed annually by the Audit and Assurance Committee (AAC). 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 AAC considers each report at one of its meetings, with the chair and executive lead of the Board committee in attendance. The final report is then submitted to the Trust Board.

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

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

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

Attendance at Trust Board meetings 1 April 2021 to 31 March 2022:

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

Member	Role	27.4.21	29.6.21	31.8.21	26.10.21	21.12.21	25.1.22	29.3.22
Cathy Ellis	Chair	P	P	P	P	P	P	P
Geoff Rowbotham	NED	P	NA	NA	NA	NA	NA	NA
Vipal Karavadra	NED	NA	NA	P	P	P	X	NA
Darren Hickman	NED	P	P	P	P	P	P	P
Ruth Marchington	NED	P	P	P	X	P	P	P
Liz Rowbotham	NED	P	P	NA	NA	NA	NA	NA
Moira Ingham	NED	NA	P	P	P	P	P	P
Faisal Hussain	NED	P	P	P	P	P	P	P
Kevin Paterson	NED	NA	NA	NA	NA	NA	P	P
Angela Hillery	CEO	P	P	P	P	P	P	P
Mark Powell	DCEO	P	P	P	X	P	P	P
Sharon Murphy	Director of finance	P	P	P	P	P	P	P
Avinash Hiremath	Medical director	P	P	P	P	P	P	X
Anne Scott	Director of nursing	P	P	P	P	P	P	X

All the board sub-committees are chaired by a non-executive director and have supplementary NED and director attendance.

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

Attendance at QAC meetings 1 April 2021 to 31 March 2022:

Name:	Role:	25.5.21	27.7.21	28.9.21	30.11.21	22.2.22
Liz Rowbotham	Chair	P	NA	NA	NA	NA
Moira Ingham	Chair	NA	P	P	P	P
Ruth Marchington	NED	P	X - FH	P	P	P
Kevin Harris	NED	P	X	X	P	NA
Kevin Paterson	NED	NA	NA	NA	NA	P
Chris Oakes	Director of governance and risk	P	X - KD	X - KD	P	P
Anne Scott	Director of nursing	P	P	X - EW	P	P
Avinash Hiremath	Medical director	P	X	P	P	P
Fiona Myers	Director of CHS	P	P	NA	NA	NA
Sam Leak	Director of CHS	NA	NA	P	P	P
Sarah Willis	Director of HROD	P	P	P	X - KB	X - KB

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

Attendance at FPC meetings 1 April 2021 to 31 March 2022:

Name:	Role:	25.5.21	27.7.21	28.9.21	30.11.21	22.2.22
Faisal Hussain	Chair	P	P	P	P	P
Liz Rowbotham	NED	P	P	NA	NA	NA
Ruth Marchington	NED	NA	NA	X - MI	P	P
Vipal Karavadra	NED	NA	NA	NA	P	X
Sharon Murphy	Director of finance	P	P	P	P	P
Avinash Hiremath	Medical director	P	X	P	P	P
Helen Thompson	Director of FYPCLD	P	X - MR	X - PW	P	P
Fiona Myers	Director of CHS	P	P	NA	NA	NA
Sam Leak	Director of CHS	NA	NA	P	P	P
Chris Oakes	Director of governance & risk	P	X - KD	P	X - KD	P
David Williams	Director of strategy and partnerships	P	P	P	P	P

Remuneration committee (REMCOM)

Remcom has non-executive director membership and the Chief Executive is in attendance; the committee is advised by the Director of Human Resources and Organisational Development. It meets as required, but at least twice a year, to ensure there is a fair and transparent procedure for developing and maintaining policy on executive remuneration and for fixing the remuneration packages of individual directors. It also receives assurance on executive and senior directors' performance and advises on contractual arrangements.

Attendance at Remcom meetings 1 April 2021 to 31 March 2022:

Member	Role	11.8.21	26.10.21	15.2.22
Ruth Marchington	Chair	P	X	P
Cathy Ellis	NED/Chair of trust	P	P	P
Faisal Hussain	NED	P	P	P
Liz Rowbotham	NED	P	NA	NA
Moira Ingham	NED	P	P	P
Kevin Harris	NED	P	X	X
Vipal Karavadra	NED	NA	P	NA
Sarah Willis	Director of HROD	P	P	P
Angela Hillery	CEO	P	P	P

Audit and assurance committee (AAC)

The AAC meets no 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.

Attendance at AAC meetings 1 April 2021 to 31 March 2022:

Member	Role	23.04.21	04.06.21	03.09.21	03.12.21	04.03.22
Darren Hickman	Chair	P	P	P	P	P
Geoff Rowbotham	NED	P	NA	NA	NA	NA
Faisal Hussain	NED	NA	P	P	P	P
Liz Rowbotham	NED	P	NA	NA	NA	NA
Moira Ingham	NED	NA	P	P	P	P
Sharon Murphy/Chris Poyser	Director of Finance	P	P	P	P	P
Kate Dyer/Chris Oakes	Director of Governance & Risk	P	P	P	P	P

Our auditors

Internal Audit and Local Counter Fraud Service

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

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

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

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

External Audit

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

During 2021/22 the Trust did not commission any non-audit services from KPMG.

After a competitive process, KPMG have been re-appointed as the Trust’s external auditors for a further four-year period from 1 April 2022.

Reporting on auditing

The Audit Committee meets quarterly to review audit reports and provide assurance to the board. While preparing and reviewing the annual accounts 2021/22, the Audit Committee considered accounting policies, accounting estimates and material judgements and the main changes as listed in the DH Group Accounting Manual (GAM) 2021/22.

Charitable funds committee (CFC)

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

Attendance at CFC meetings 1 April 2021 to 31 March 2022:

Member	Role	06.07.21	14.09.21	14.12.21	15.03.22
Cathy Ellis	Chair	P	P	P	P
Sharon Murphy	Director of finance	P	P	P	P
David Williams	Director of strategy and partnerships	P	P	P	P
Ruth Marchington	NED	X	P	P	P
Carolyn Pascoe	Charity manager	P	P	P	P
Jackie Moore	Financial controller	P	P	P	P
Kamy Basra	Head of communications	P	P	P	P
Lorraine Newstead	Finance assistant	X	P	P	P

Risk management

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

The Trust will always be faced with internal and external factors and influences that make it uncertain whether and when it will achieve its objectives. The Risk Management Policy provides an approach to managing any type of risk; it can be applied to any activity, including decision making at all levels. The components of this framework and the characteristics of effective and efficient risk management (according to BS ISO 31000) have continued to be utilised to support the Trust to manage the effects of uncertainty pertaining to COVID-19 on its objectives.

Strategic risk is identified in a number of ways. Annually, the Board considers any risk relating to the latest set of strategic objectives. There is ongoing review of new risk during the year, which includes monthly Director level review of risk and feedback from governance groups via highlight reports with escalations for areas of concern. This also includes an ongoing assessment of risk with our Local Counter Fraud Specialist. There can also be escalation from directorate level risks. In addition, the risk team undertakes on-going horizon scanning and also holds a monthly risk review group to consider any areas of emerging risk.

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

Operational risks are identified at a local or directorate level and the risk owner will submit an initial risk assessment on Ulysses for review. This is reviewed by the Risk Review Group (risk specialists, the clinical

governance leads, our Local Counter Fraud Specialist and risk owners where relevant). The risk is quality assessed and then entered onto the system with the risk owner. Regular quality dashboards are presented to the Directorate Management Teams (DMT) which show fields such as whether the risk is in date for review, if the actions are in date and whether all the fields are complete. If any are due for review or closure this is highlighted to the DMT and the risk owner is automatically notified. The Risk Team also follows this up to provide support where needed. The Risk Review Group also supports any escalation or de-escalation to or from the Organisational Risk Register.

A summary of the strategic risk profile on the organisational risk register has been provided below and maps each to the risk score as at the end of March 2022.

Strategic Risk Profile

Consequence	5	70 Financial Position	71 Financial Plan			
	4		69 Performance Mgt	57 Clinical Governance 58 Safeguarding 62 Regulatory Standards 63 Winter Pressures 64 Business Opportunity 66 Estates Strategy 77 Covid Public Inquiry 78 Cleanliness Standards	59 Incident Process 60 Vacancy Rate 61 Skill Mix 65 Facilities Mgt 68 Data Reporting 72 Reaching Out 75 Waiting Lists	
	3			74 Staff Wellbeing	67 Green Plan 73 Inclusive Culture	
	2					
	1					
		1	2	3	4	5
		Likelihood				

Emergency preparedness, resilience and response (EPRR)

EPRR compliance

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

In 2021/22, NHS England and NHS Improvement (NHSE/I), conducted a reduced assurance process. This required LPT to self asses against 37 standards grouped across 09 domains, on review LPT assessed itself to be fully compliant against the applicable standards. Subsequently NHSE/I requested that LPT submit documentary evidence to underpin their self-assessment.

On review of the self-assessment and supporting evidence NHSEI deem LPT to be fully compliant with 36 of the 37 standards therefore awarding the rating of substantially compliant this means

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

Business Continuity and Emergency Planning

LPT's Business Continuity Management System (BCMS) has been developed in line with the international standard for Business Continuity Management, (ISO 22301), and the NHS England Business Continuity

Management Toolkit. Each directorate within the Trust is required to have site and service specific business continuity plans to protect and maintain critical services in the event of disruptive events. We have over ninety live Business Continuity Plans (BCP) across all directorates; these are reviewed annually and updated post any incident or exercise.

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

This year has been a busy period for EPRR, responding to Covid 19, a Level 4, National Major Incident. LPT have supported both the LLR incident response and the internal arrangements with an Incident Coordination Centre (ICC) and have been pivotal in delivering a multi-agency response to the omicron variant of covid 19.

LPT have been an active participant in LLR Preparedness Exercises throughout 2021/22. We have continued to deliver trust wide EPRR exercises at key points throughout 2021/22, these preparedness exercises supported the trust to position itself to be able to manage operational pressures such as Winter preparedness, Surge Planning, disruptive weather and managing daily Operational Pressure Escalation Levels (OPEL), whilst concurrently supporting the covid vaccination programme.

Next Steps: The focus for EPRR in 2022/23 is to Reset and Rebuild, capitalising on the learning accrued from the National Major Incident response, and use it to shape the EPRR work plan, whilst preparing the ICC for transition to a sustainable operations function and ensuring the trust is fully prepared for the National EPRR Assurance process.

Modern Slavery Act 2015 Statement

The UK Modern Slavery Act became law on the 26 March 2015. It aims to prevent all forms of labour exploitation, and to increase transparency of labour practices in supply chains. Section 54 (Transparency in Supply Chains) of the Modern Slavery Act 2015 requires eligible commercial organisations to make a public statement as to the actions they have taken to detect and deal with forced labour and trafficking in their supply chains. We are committed to meeting the requirements of this Act. You can read our latest progress statement, republished in March 2020, on our website here: https://www.leicspart.nhs.uk/modern-slavery-act-2015/

Statement of directors' responsibilities in respect of the accounts

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

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

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

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

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

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 **Sharon Murphy, 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 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 Trust Board agreed an additional responsibility for the committee during 2021/22 to oversee the processes for managing and appointing to joint roles within the Group Model. In line with these new duties, during the year the Committee played an important role in the supporting the Trust with shared director appointments/re-appointments to the Leicestershire Partnership and Northamptonshire Healthcare Group.

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

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

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

Angela Hillery, Chief Executive

Salaries and allowances of senior managers

TABLE 1: SALARIES AND ALLOWANCES OF SENIOR MANAGERS

Name and Title	2021/22					2020/21				
	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	0	110-115
Daniela Cecchini, Director of Finance (upto 31/12/2020)						145-150	0	0	15-17.5	165-170
Dr Sue Elcock, Medical Director (upto 31/05/2020)						15-20	14	15-20	315-317.5	355-360
Cathy Ellis, Chair	40-45	0	0	0	40-45	35-40	0	0	0	35-40
Professor Kevin Harris, Non-Executive Director (upto 31/12/2021)	5-10	0	0	0	5-10	10-15	0	0	0	10-15
Darren Hickman, Non-Executive Director	10-15	0	0	0	10-15	10-15	0	0	0	10-15
Angela Hillery, Chief Executive (Employed by NHFT - see Note 1)										

Name and Title	2021/22					2020/21				
	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
Dr Avinash Hiremath, Medical Director	105-110	0	45-50	42.5-45	200-205	95-100	0	45-50	57.5-60	205-210
Faisal Hussain, Non-Executive Director	10-15	0	0	0	10-15	10-15	0	0	0	10-15
Moira Ingham, Non-Executive Director (wef. 01/06/2021)	10-15	0	0	0	10-15					
Vipal Karavadra, Non-Executive Director (wef. 01/09/2021 to 21/01/2022)	5-10	0	0	0	5-10					
Gordon King, Director of Mental Health (Retired 30/09/2021)	55-60	0	0	0	55-60	110-115	0	0	82.5-85	195-200
Samantha Leak, Director of Community Health Services (wef 02/08/2021)	70-75	0	0	55-57.5	130-135					
Ruth Marchington, Non-Executive Director	10-15	0	0	0	10-15	10-15	0	0	0	5-10
Sharon Murphy, Director of Finance	110-115	0	0	117.5-120	230-235	25-30	0	0	30-32.5	60-65

Name and Title	2021/22					2020/21				
	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
Fiona Myers, Interim Director of Mental Health (wef 05/04/2021) (see Note 2)	135-140	0	0	0	135-140					
Chris Oakes, Director of Corporate Governance and Risk (Employed by NHFT - see Note 1)										
Mark Powell, Deputy Chief Executive (wef 14/04/2021)	115-120	78	0	70-72.50	200-205					
Elizabeth Rowbotham, Non-Executive Director (Retired 31/05/2021)	0-5	0	0	0	0-5	10-15	0	0	0	10-15
Geoff Rowbotham, Non-Executive Director (Retired 30/04/2021)	0-5	0	0	0	0-5	10-15	0	0	0	10-15
Dr Anne Scott, Director of Nursing, AHPs and Quality	120-125	0	0	120-122.5	245-250	120-125	0	0	282.5-285	400-405
Paul Sheldon, Chief Finance Officer (wef 01/02/2022) (Employed by NHFT - see Note 1)										
Helen Thompson, Director of FYPC	110-115	0	0	32.5-35	145-150	110-115	0	0	22.5-25	130-135

Name and Title	2021/22					2020/21				
	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
David Williams, Director of Strategy & Partnerships (Employed by NHFT - see Note 1)										
Sarah Willis, Director of HR & Organisational Development	110-115	0	0	30-32.50	145-150	110-115	0	0	45-47.5	160-165
Richard Wheeler, Interim Chief Finance Officer (wef 01/02/2021) (Employed by NHFT - see Note 1)	10-15	0	0	0	10-15					

Notes

1) Angela Hillery, Chris Oakes, David Williams, Paul Sheldon and Richard Wheeler are employed by Northamptonshire Healthcare Foundation Trust (NHFT) and have stated the full salary and pension figures on their return. LPT has paid a percentage of Richard Wheeler's salary.

2) Fiona Myers and Gordon King were not in the pension scheme during 2021/22.

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 2022 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2022 (bands of £5,000)	Cash Equivalent Transfer Value at 1 April 2022	Cash Equivalent Transfer Value at 31 March 2021	Real increase in Cash Equivalent Transfer Value
	£000	£000	£000	£000	£000	£000	£000
Dr Avinash Hiremath, Medical Director (See Note 1)	2.5-5	0-2.5	20-25	0-5	251	206	21
Samantha Leak, Director of Community Health Servcices (wef 02/08/2021)	0-2.5	0-2.5	40-45	85-90	777	708	32
Sharon Murphy, Director of Finance	5-7.5	10-12.5	35-40	65-70	695	562	115
Mark Powell, Deputy Chief Executive (wef 14/04/2021)	2.5-5	2.5-5	35-40	70-75	614	540	52
Dr Anne Scott, Director of Nursing, AHPs and Quality	5-7.5	10-12.5	50-55	135-140	1064	920	121
Helen Thompson, Director of FYPC	0-2.5	0-2.5	45-50	115-120	1079	1014	44
Sarah Willis, Director of HR & Organisational Development	0-2.5	0-2.5	20-25	30-35	363	326	19

Real increase/decrease in CETV is subject to rounding.

Note

1) There are no lump sum figures available for Avinash Hiremath as he is in the 2008 scheme

Pay Ratio Disclosure

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

The banded remuneration of the highest paid director in Leicestershire Partnership NHS Trust in the financial year 2021/22 was £157,500 (2020/21, £147,500). The relationship to the remuneration of the organisation's workforce is disclosed in the below table.

2021/22	**25th Percentile**	**Median**	**75th Percentile**
Total remuneration (£)	21,777	31,534	40,057
Salary component of total remuneration (£)	21,777	31,534	40,057
Pay ratio information	7.23	4.99	3.93
2020/21			
Total remuneration (£)	21,142	30,615	37,890
Salary component of total remuneration (£)	21,142	30,615	37,890
Pay ratio information	6.98	4.82	3.89

Pay ratios have increased in 2021/22 due to a 6.8% increase in the highest paid director banded remuneration, increasing from £147,500 to £157,500. The median salary has increased by 3% during the year, from £30,615 to £31,534.

In 2021/22, 9 medical staff received remuneration in excess of the highest-paid director (2020/21, 48 medical staff). Remuneration ranged from £2,797 to £201,000 (2020/21 £8,100 to £197,000). The lowest salary of £2,797 relates to annualised agency costs.

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 2021/22 financial period, the Trust spent £1,323,000 with various consultancies (2020/21: £1,685,000). The majority of this spend relates to general management, IT, the impact of Covid-19 (to support extra costs relating to the pandemic and the vaccination programme) and consultancy support for the Facilities Management workstreams, in preparation for the transfer of the Estates and Facilities Management function, transferring back to the trust from United Hospitals of Leicester in 2022/23.

Exit Packages

Exit packages totalling £24,000 were agreed during 2021/22 for staff leaving the Trust. These related to contractual payments in lieu of notice. More details are shown at Table 4: Exit Packages.

Off-payroll Engagements

The Treasury instructs all NHS bodies to disclose in their annual report details of any off-payroll engagements that have a cost of more than £245 per day 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 2022, for more than £245 per day and that last longer than six months:

	Number
No. of existing engagements as of 31 March 2022	9
Of which:	
No. that have existed for less than one year at time of reporting	3
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	1
No. that have existed for between three and four years at time of reporting	1
No. that have existed for four or more years at time of reporting	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 2021 and 31 March 2022, for more than £245 per day and last longer than six months

	Number
No. of new engagements, or those that reached six months in duration, between 1 April 2021 and 31 March 2022	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 2021 and 31 March 2022

	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 *	14

* This number includes 5 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	11	24,000	**11**	**24,000**	0	0
£10,000 - £25,000	0	0	0	0	**0**	**0**	0	0
£25,001 - £50,000	0	0	0	0	**0**	**0**	0	0
£50,001 - £100,000	0	0	0	0	**0**	**0**	0	0
£100,001 - £150,000	0	0	0	0	**0**	**0**	0	0
£150,001 - £200,000	0	0	0	0	**0**	**0**	0	0
>£200,000	0	0	0	0	**0**	**0**	0	0
Total	**0**	**0**	**11**	**24,000**	**11**	**24,000**	**0**	**0**

* All other departures agreed outside of compulsory redundancies (11 in total) relate to contractual payments in lieu of notice (£24,000).

Table 5: Staff costs

	Permanent £000	Other £000	2021/22 Total £000	2020/21 Total £000
Salaries and wages	177,432	19,032	196,464	180,971
Social security costs	17,660	0	17,660	16,310
Apprenticeship levy	933	0	933	859
Employer's contributions to NHS pensions	33,909	0	33,909	31,507
Pension cost - other	114	0	114	88
Termination benefits	0	0	0	48
Temporary staff - Agency	0	26,890	26,890	15,246
Total Gross staff costs	**230,048**	**45,922**	**275,970**	**245,029**
Recoveries from other bodies in respect of staff cost netted off expenditure	(646)	0	(646)	(183)
Total Staff Costs	**229,402**	**45,922**	**275,324**	**244,846**
Of which costs capitalised as part of assets	1,728	0	1,728	1,919

Table 6: Average number of employees (WTE basis)

	Permanent Number	Other Number	2021/22 Total Number	2020/21 Total Number
Medical and dental	188	22	210	200
Administration and estates	1,161	133	1,294	1,213
Healthcare assistants and other support staff	911	372	1,283	1,180
Nursing, midwifery and health visiting staff	1,542	268	1,810	1,743
Scientific, therapeutic and technical staff	1,041	31	1,072	976
Total average numbers	**4,843**	**826**	**5,669**	**5,312**
Of which:				
Number of employees (WTE) engaged on capital projects	44	0	44	41

Other financial information

Better Payment Practice Code

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

Parliamentary accountability and audit report

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

Audit Fee

The Trust's external auditor for the period 1 April 2021 to 31 March 2022 was KPMG. The 2021/22 audit fee of £67k relates to the annual statutory audit of the Trust's financial accounts.

Independent auditor's report

KPMG

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 2022 which comprise the Trust Statement of Comprehensive Income, Trust Statement of Financial Position, Trust Statement of Changes in Taxpayers Equity and Trust 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 2022 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 2021/22.

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").

In our evaluation of the Directors' conclusions, we considered the inherent risks to the Trust's business model and analysed how those risks might affect the Trust's financial resources or ability to continue operations over the going concern period.

Our conclusions based on this work:

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

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

Fraud and breaches of laws and regulations – ability to detect

Identifying and responding to risks of material misstatement due to fraud

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

- Enquiring of management, the Audit and Assurance Committee and internal audit and inspection of policy documentation as to the Trust's high-level policies and procedures to prevent and detect fraud, including the internal audit function, and the Trust's channel for "whistleblowing", as well as whether they have knowledge of any actual, suspected or alleged fraud.
- Assessing the incentives for management to manipulate reported financial performance as a result of the need to achieve statutory break-even duties and/or control totals delegated to the Trust by NHS Improvement.
- Reading Board and Audit and Assurance Committee minutes.
- Using analytical procedures to identify any unusual or unexpected relationships.
- Reviewing the Trust's accounting policies.

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

As required by auditing standards, and taking into account possible pressures to meet delegated targets, we performed procedures to address the risk of management override of controls and the risk that Trust management may be in a position to make inappropriate accounting entries.

In line with the guidance set out in Practice Note 10 Audit of Financial Statements of Public Sector Bodies in the United Kingdom we also recognised a fraud risk related to expenditure recognition, particularly in relation to year-end accruals and provisions.

On this audit we did not identify a fraud risk related to revenue recognition due to the block nature of the funding provided to the Trust during the year. We therefore assessed that there was limited opportunity for the Trust to manipulate the income that was reported.

We did not identify any additional fraud risks.

We also performed procedures including:

- Identifying journal entries and other adjustments to test based on risk criteria and comparing the identified entries to supporting documentation. These included postings containing key words, postings to accounts that contain significant estimates or year-end adjustments, postings by individuals who do not typically post, and postings between unrelated accounts.
- Assessing significant estimates for bias.
- Assessing the completeness of disclosed related party transactions and verifying they had been accurately recorded within the financial statements.

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

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

As the Trust is regulated, our assessment of risks involved gaining an understanding of the control environment including the entity's procedures for complying with regulatory requirements.

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

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

The Trust is subject to laws and regulations that directly affect the financial statements including the National Health Service Act 2006 and financial reporting legislation. We assessed the extent of compliance with these laws and regulations as part of our procedures on the related financial statement items.

Whilst the Trust is subject to many other laws and regulations, we did not identify any others where the consequences of non-compliance alone could have a material effect on amounts or disclosures in the financial statements.

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

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

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

Other information in the Annual Report

The 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; and
- in our opinion the report has been prepared in accordance with the requirements of the Department of Health and Social Care Group Accounting Manual 2021/22.

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 2021/22. 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 2021/22.

Directors' and Accountable Officer's responsibilities

As explained more fully in the statement set out on page 76, 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 77 the Accountable Officer is responsible for ensuring that annual statutory accounts are prepared in a format directed by the Secretary of State.

Auditor's responsibilities

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

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

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

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

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

We have nothing to report in this respect.

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

As explained in the statement set out on page 77, 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, of the Local Audit and Accountability Act 2014 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

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

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

Statutory reporting matters

We are required by Schedule 2 to the Code of Audit Practice 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.

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 2022 in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

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

16 June 2022

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 61 to 92 of this report meet those requirements stipulated in the Department of Health and Social Care Group Accounting Manual 2021/22.

Angela Hillery, Chief Executive
10th June 2022

Financial statements

Summary of financial statements

The Financial Accounts for 2021/22 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 and delivered a £19k surplus.

The financial regime in the NHS continued to follow a simplified approach in 2021/22, with income allocated at system level and organisations funded for the costs they expected to incur. While this was a simplified approach to allocations, the delivery of financial balance while still in the midst of a pandemic is a testament to the hard work and commitment of all of the Trust's teams, for which I am extremely grateful.

As we look forward to the 2022/23 financial year, the NHS has seen a return to more formal contracting arrangements and an increasing requirement to demonstrate efficiency and productivity in the delivery of our services. We are also working closely with our LLR ICS partners to ensure that the financial plans for all organisations and the ICS are appropriate and affordable.

The Trust submitted a plan at the end of April 2022 for 2022/23 that delivered a £1.4m deficit, caused by inflationary pressures which were not evident when the initial NHS allocations were made. The deficit is less than 0.5% of our planned turnover, and is therefore a technical break-even position, taking one year with another. Following the April plan submission, additional allocations have been received into the LLR system, to assist with inflationary pressures, and as such the Trust is working towards a final submission in June which will show a planned break-even position, in accordance with NHSE&I guidance.

After considering all information available, the directors have a reasonable expectation that the Trust has adequate resources to continue operating for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the Trust's accounts.

Copies of the full accounts are available free of charge, from feedback@leicspart.nhs.uk.

Sharon Murphy
Director of Finance
10th June 2022

Angela Hillery
Chief Executive
10th June 2022

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: **LPT.feedback@nhs.net**

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 2021-22, 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

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

Gujarati

જો તમારે આ માહિતી અન્ય ભાષા અથવા ફોર્મેટમાં 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

Appendix 1

Leicestershire Partnership NHS Trust

Annual accounts for the year ended 31 March 2022

Audited Accounts

Statement of Comprehensive Income

	Note	2021/22 £000	2020/21 £000
Operating income from patient care activities	3	317,107	280,244
Other operating income	4	39,280	45,930
Operating expenses	6, 8	(348,302)	(322,655)
Operating surplus/(deficit) from continuing operations		**8,085**	**3,519**
Finance income	11	19	7
Finance expenses	12	(1,010)	(1,014)
PDC dividends payable		(5,139)	(4,686)
Net finance costs		**(6,130)**	**(5,693)**
Other gains / (losses)	13	48	-
Surplus / (deficit) for the year from continuing operations		**2,003**	**(2,174)**
Surplus / (deficit) for the year		**2,003**	**(2,174)**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	7	1,771	(3,900)
Revaluations	18	5,492	546
		7,263	(3,354)
Total comprehensive income / (expense) for the period		**9,266**	**(5,528)**
Adjusted financial performance (System control total basis):			
Surplus / (deficit) for the period		2,003	(2,174)
Remove net impairments not scoring to the Departmental expenditure limit		(2,055)	2,401
Remove I&E impact of capital grants and donations		(28)	15
Remove gross gain on disposal		(60)	-
Remove net impact of inventories received from DHSC group bodies for COVID response		159	(233)
Adjusted financial performance surplus / (deficit) *		**19**	**9**

* The in-year financial control total is NHS England & Improvement's primary mechanism to monitor a Trust's revenue financial performance. It excludes any transactions that are not under the Trust's control e.g. impairments. Before these exclusions the accounting surplus for the year was £2.003m. Including these exclusions, the adjusted financial performance is a surplus of £79k. This year a new control measure has been introduced – adjusted financial performance for the purposes of system achievement. This excludes any property disposal gains, which has resulted in a final adjusted surplus of £19k.

Statement of Financial Position

	Note	31 March 2022 £000	31 March 2021 £000
Non-current assets			
Intangible assets	15	4,818	2,438
Property, plant and equipment	16	192,037	178,757
Receivables	24	932	1,129
Total non-current assets		**197,787**	**182,324**
Current assets			
Inventories	23	418	574
Receivables	24	8,087	8,304
Non-current assets for sale and assets in disposal groups	26.1	-	280
Cash and cash equivalents	27	31,991	24,139
Total current assets		**40,496**	**33,297**
Current liabilities			
Trade and other payables	28	(25,361)	(21,163)
Borrowings	30	(471)	(485)
Provisions	33	(3,588)	(2,851)
Other liabilities	29	(3,099)	(424)
Total current liabilities		**(32,519)**	**(24,923)**
Total assets less current liabilities		**205,764**	**190,698**
Non-current liabilities			
Borrowings	30	(10,198)	(10,647)
Provisions	33	(1,256)	(1,397)
Total non-current liabilities		**(11,454)**	**(12,044)**
Total assets employed		**194,310**	**178,654**
Financed by			
Public dividend capital		101,831	95,441
Revaluation reserve		53,421	46,158
Income and expenditure reserve		39,058	37,055
Total taxpayers' equity		**194,310**	**178,654**

The notes on pages 5 to 43 form part of these accounts.

Name **Angela Hillery**
Position **Chief Executive**
Date **10th June 2022**

Statement of Changes in Equity for the year ended 31 March 2022

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2021 - brought forward	**95,441**	**46,158**	**37,055**	**178,654**
Surplus/(deficit) for the year	-	-	2,003	**2,003**
Impairments	-	1,771	-	**1,771**
Revaluations	-	5,492	-	**5,492**
Public dividend capital received	6,390	-	-	**6,390**
Taxpayers' and others' equity at 31 March 2022	**101,831**	**53,421**	**39,058**	**194,310**

Statement of Changes in Equity for the year ended 31 March 2021

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2020 - brought forward	**89,453**	**49,512**	**39,229**	**178,194**
Prior period adjustment	-	-	-	**-**
Taxpayers' and others' equity at 1 April 2020 - restated	**89,453**	**49,512**	**39,229**	**178,194**
Surplus/(deficit) for the year	-	-	(2,174)	**(2,174)**
Impairments	-	(3,900)	-	**(3,900)**
Revaluations	-	546	-	**546**
Public dividend capital received	5,988	-	-	**5,988**
Taxpayers' and others' equity at 31 March 2021	**95,441**	**46,158**	**37,055**	**178,654**

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	2021/22 £000	2020/21 £000
Cash flows from operating activities			
Operating surplus / (deficit)		8,085	3,519
Non-cash income and expense:			
Depreciation and amortisation	6.1	9,809	9,869
Net impairments	7	(2,055)	2,401
Income recognised in respect of capital donations	4	(43)	-
(Increase) / decrease in receivables and other assets		339	2,996
(Increase) / decrease in inventories		156	(141)
Increase / (decrease) in payables and other liabilities		6,899	2,841
Increase / (decrease) in provisions		605	2,530
Net cash flows from / (used in) operating activities		**23,795**	**24,015**
Cash flows from investing activities			
Interest received		19	7
Purchase of intangible assets		(2,793)	(372)
Purchase of PPE and investment property		(13,347)	(15,586)
Sales of PPE and investment property		340	-
Net cash flows from / (used in) investing activities		**(15,781)**	**(15,951)**
Cash flows from financing activities			
Public dividend capital received		6,390	5,988
Movement on loans from DHSC		(163)	(163)
Capital element of PFI, LIFT and other service concession payments		(297)	(263)
Interest on loans		(66)	(68)
Interest paid on PFI, LIFT and other service concession obligations		(955)	(951)
PDC dividend (paid) / refunded		(5,071)	(3,901)
Net cash flows from / (used in) financing activities		**(162)**	**642**
Increase / (decrease) in cash and cash equivalents		**7,852**	**8,706**
Cash and cash equivalents at 1 April - brought forward		**24,139**	**15,433**
Cash and cash equivalents at 31 March	27.1	**31,991**	**24,139**

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 2021/22 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention

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

Note 1.2 Going concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

Note 1.3 Interests in other entities

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

Note 1.4 Revenue from contracts with customers

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

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

(i) Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. In 2021/22 and 2020/21, the majority of the Trust's income from NHS commissioners was in the form of block contract arrangements. The Trust receives block funding from its commissioners, where funding envelopes are set at an Integrated Care System level. For the first half of the 2020/21 comparative year these blocks were set for individual NHS providers directly, but the revenue recognition principles are the same. The related performance obligation is the delivery of healthcare and related services during the period, with the trust's entitlement to consideration not varying based on the levels of activity performed. The Trust also receives additional income outside of the block payments to reimburse specific costs incurred and other income top-ups to support the delivery of services. Reimbursement and top-up income is accounted for as variable consideration.

(ii) Mental health provider collaboratives

NHS led provider collaboratives for specialised mental health, learning disability and autism services involve a lead NHS provider taking responsibility for managing services, care pathways and specialised commissioning budgets for a population. As lead provider for East Midlands Specialised Mental Health Provider Collaborative (Adult Eating Disorders), the Trust is accountable to NHS England and Improvement and as such recognises the income and expenditure associated with the commissioning of services from other providers in these accounts. Where the Trust is the provider of commissioned services, this element of income is recognised in respect of the provision of services, after eliminating internal transactions.

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

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

Note 1.5 Other forms of income

Grants and donations
Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grants is used to fund capital expenditure, it is credited to the 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 two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as and when they become due.

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

Note 1.7 Expenditure on other goods and services
Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

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

Note 1.9 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

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

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

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

Measurement

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

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

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

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

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

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

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

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

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

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

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

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

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

Impairments
In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.
An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.
Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition
Assets intended for disposal are reclassified as 'held for sale' once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

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

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

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

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

PFI and LIFT transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's *FReM* are accounted for as 'on-Statement of Financial Position' by the trust. 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 of Comprehensive Income.

Useful lives of property, plant and equipment

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

	Min life Years	Max life Years
Buildings, excluding dwellings	2	69
Plant & machinery	1	11
Information technology	1	6
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, eg an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, eg application software, is capitalised as an intangible asset.

Measurement

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

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

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

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

Useful lives of intangible assets

	Min life Years	Max life Years
Information technology	4	5
Development expenditure	1	5
Websites	2	3
Software licences	5	5

Note 1.11 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) method [or] the weighted average cost method.

In 2020/21 and 2021/22, the Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

Note 1.12 Investment properties
Investment properties are measured at fair value. Changes in fair value are recognised as gains or losses in income/expenditure.

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

Note 1.13 Cash and cash equivalents
Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

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

Note 1.14 Financial assets and financial liabilities

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

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

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

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

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

Financial assets and financial liabilities at amortised cost

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

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

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

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets or assets measured at fair value through other comprehensive income, the Trust recognises an allowance for expected credit losses.

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

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 1.15 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 1.16 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective from 31 March 2022:

		Nominal rate	Prior year rate
Short-term	Up to 5 years	0.47%	Minus 0.02%
Medium-term	After 5 years up to 10 years	0.70%	0.18%
Long-term	After 10 years up to 40 years	0.95%	1.99%
Very long-term	Exceeding 40 years	0.66%	1.99%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective from 31 March 2022:

	Inflation rate	Prior year rate
Year 1	4.00%	1.20%
Year 2	2.60%	1.60%
Into perpetuity	2.00%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of minus 1.30% in real terms (prior year: minus 0.95%).

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 33.2 but is not recognised in the Trust's accounts.

Non-clinical risk pooling

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

Note 1.17 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 34 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 34, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

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

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

Note 1.18 Public dividend capital

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

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

A charge, reflecting the cost of capital utilised by the trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined by the Department of Health and Social Care.

This policy is available at https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts.

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

Note 1.19 Value added tax

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

Note 1.20 Corporation tax

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

Note 1.21 Climate change levy

Expenditure on the climate change levy is recognised in the Statement of Comprehensive Income as incurred, based on the prevailing chargeable rates for energy consumption.

Note 1.22 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 1.23 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 1.24 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 1.25 Transfers of functions to / from other NHS bodies / local government bodies

This note is not relevant to the Trust for 2021/22 as it did not participate in any transfer of functions to or from other NHS or local government bodies.

Note 1.26 Early adoption of standards, amendments and interpretations
No new accounting standards or revisions to existing standards have been early adopted in 2021/22.

Note 1.27 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 2022. 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 2022, the trust will apply the standard retrospectively without restatement and 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 defined by HM Treasury. For 2022, this rate is 0.95%. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. For existing peppercorn leases not classified as finance leases, a right of use asset will be measured at current value in existing use or fair value. The difference between the asset value and the calculated lease liability will be recognised in the income and expenditure reserve on transition. No adjustments will be made on 1 April 2022 for existing finance leases.

For leases commencing in 2022/23, 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.

From 1st April 2022 an assessment of all new property and equipment leases will be undertaken to ensure compliance with IFRS16. Estates and Procurements teams have been notified of the change to ensure contract details are reviewed and any right of use assets are identified.

The trust has estimated the impact of applying IFRS 16 in 2022/23 on the opening statement of financial position and the in-year impact on the statement of comprehensive income and capital additions as follows:

	£000
Estimated impact on 1 April 2022 statement of financial position	
Additional right of use assets recognised for existing operating leases	45,430
Additional lease obligations recognised for existing operating leases	(45,430)
Net impact on net assets on 1 April 2022	**-**
Estimated in-year impact in 2022/23	
Additional depreciation on right of use assets	(3,927)
Additional finance costs on lease liabilities	(420)
Lease rentals no longer charged to operating expenditure	4,217
Other impact on income / expenditure	(80)
Estimated impact on surplus / deficit in 2022/23	**(210)**
Estimated increase in capital additions for new leases commencing in 2022/23*	**3,728**

* This relates to 5 new property leases commencing in 2022/23.

From 1 April 2022, the principles of IFRS 16 will also be applied to the Trust's PFI liabilities where future payments are linked to a price index representing the rate of inflation. The PFI liability will be remeasured when a change in the index causes a change in future repayments and that change has taken effect in the cash flow. Under existing accounting practices, amounts relating to changes in the price index are expensed as incurred. This is expected to increase the PFI liability on the statement of financial position upon transition to IFRS 16. The effect of this has not yet been quantified.

Note 1.28 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 1.29 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 the requirement for a full asset valuation in 2020/21. In 2020/21, because of site access issues due to Covid-19, the District Valuer carried out desktop valuations of land and buildings. For 2021/22, due to continuing site access restrictions, the District Valuer provided national indices to be applied to land and building values (land +5%, buildings +8.18%) For buildings, these have been adjusted to take into account the 8-year rolling average location factor. This has resulted in a combined land and buildings valuation increase of £12 million. A formal valuation exercise will take place in 2022/23.

(ii) Asset Lives

In accordance with IAS 16: Property, Plant and Equipment, the Trust has undertaken a review of the useful life of asset types. Buildings lives were reviewed in March 2022 by the Trust Surveyor. Asset lives in relation to property lease modifications have been aligned with the lease information used for the IFRS16 lease transition exercise. One property has been ringfenced for demolition in future years, hence accelerated depreciation has been applied to reduce the asset life down to two years. The findings of the IT equipment asset verification exercise resulted in the application of accelerated depreciation due to IT assets no longer in use as at 31st March 2022. These changes to buildings and IT equipment have resulted in increased depreciation charges of £812,000.

Note 2 Operating Segments

Directorate	2021/22 Total Expenditure £000s	%	2020/21 Total Expenditure £000s	%
Adult Mental Health	93,343	26%	82,033	25%
Community Health Services	73,308	21%	67,693	21%
Families, Young People and Children Services	57,661	16%	52,077	16%
Enabling Services	38,410	11%	37,643	11%
Hosted Services & Estates	65,508	18%	54,384	17%
Trust Central Reserves	12,752	4%	23,619	7%
Learning Disabilities	13,450	4%	10,899	3%
Total expenditure	**354,432**	**100%**	**328,348**	**100%**

The segments represent the management and financial reporting structure for the Trust

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)	2021/22 £000	2020/21 £000
Mental health services		
Block contract / system envelope income	146,092	134,085
Services delivered under a mental health collaborative	6,279	-
Income for commissioning services in a mental health collaborative	1,507	-
Other clinical income from mandatory services	-	223
Community services		
Block contract / system envelope income	129,612	113,908
Income from other sources (e.g. local authorities)	17,634	18,685
All services		
Additional pension contribution central funding*	10,284	9,579
Other clinical income	5,699	3,764
Total income from activities	**317,107**	**280,244**

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

Note 3.2 Income from patient care activities (by source)	2021/22 £000	2020/21 £000
Income from patient care activities received from:		
NHS England	20,166	17,690
Clinical commissioning groups	270,208	240,305
Department of Health and Social Care	-	-
Other NHS providers	7,435	3,764
NHS other	-	-
Local authorities	18,050	17,727
Non NHS: other	1,248	758
Total income from activities	**317,107**	**280,244**
Of which:		
Related to continuing operations	317,107	280,244
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 2021/22 or 2020/21)

Note 4 Other operating income

	2021/22			2020/21		
	Contract income £000	Non-contract income £000	Total £000	Contract income £000	Non-contract income £000	Total £000
Research and development	743	-	**743**	530	-	**530**
Education and training	11,374	363	**11,737**	10,346	416	**10,762**
Non-patient care services to other bodies	15,830	-	**15,830**	15,509	-	**15,509**
Covid reimbursement and top up funding	6,346	-	**6,346**	11,317	-	**11,317**
Income in respect of employee benefits accounted on a gross basis	646	-	**646**	183	-	**183**
Receipt of capital grants and donations	-	43	**43**	-	-	**-**
Contributions to expenditure for Covid-19 personal protective equipment	-	598	**598**	-	4,396	**4,396**
Rental revenue from operating leases	-	547	**547**	-	435	**435**
Other income	2,790	-	**2,790**	2,798	-	**2,798**
Total other operating income	**37,729**	**1,551**	**39,280**	**40,683**	**5,247**	**45,930**
Of which:						
Related to continuing operations			39,280			45,930
Related to discontinued operations			-			-

Other operating income reduced by £6.65m, mainly due to the reduction in funding for Covid-19 support costs. Covid-19 personal protective equipment reduced by £3.798m, and central Covid-19 reimbursement and top up funding reduced by £4.971m. Except for other income (which stayed at a similar level), all other income categories increased in value.

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 6.1 Operating expenses

	2021/22 £000	2020/21 £000
Purchase of healthcare from NHS and DHSC bodies	2,361	2,675
Purchase of healthcare from non-NHS and non-DHSC bodies	3,297	1,380
Staff and executive directors costs - note 1	271,674	240,600
Remuneration of non-executive directors	126	110
Supplies and services - clinical (excluding drugs costs) - note 2	4,259	9,174
Supplies and services - general	3,194	2,919
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	3,543	3,447
Inventories written down	14	106
Consultancy costs	1,323	1,685
Establishment - note 3	5,695	4,691
Premises	30,432	29,993
Transport (including patient travel)	2,085	1,763
Depreciation on property, plant and equipment	9,396	9,462
Amortisation on intangible assets	413	407
Net impairments - see note 7	(2,055)	2,401
Movement in credit loss allowance: all other receivables and investments	-	(732)
Increase/(decrease) in other provisions	-	248
Change in provisions discount rate(s)	31	106
Fees payable to the external auditor		
audit services- statutory audit	67	58
Internal audit costs	162	162
Clinical negligence	1,622	1,387
Legal fees	769	421
Insurance	34	28
Research and development	683	629
Education and training	2,805	3,391
Rentals under operating leases	5,056	5,030
Redundancy	-	48
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT)	515	526
Car parking & security	-	3
Hospitality	-	11
Other services, eg external payroll	354	366
Other	447	160
Total	**348,302**	**322,655**
Of which:		
Related to continuing operations	348,302	322,655

Notes

1) In addition to annual pay inflation uplifts, staff and executive directors costs have risen due to an increase in bank and agency costs, and increased pay expenditure following the receipt of new investment funding to support Mental Health Services.

2) Supplies and services - clinical (excluding drugs costs) have reduced due to the reduction in Covid-19 personal protective equipment (PPE) used in-year.

3) The recruitment costs for international nurses is included in establishment costs this year (none in 2020/21).

Note 6.2 Other auditor remuneration

During 2021/22 there were no other auditor remuneration costs (2020/21: £0k).

Note 6.3 Limitation on auditor's liability

There is no limitation on auditor's liability for external audit work carried out for the financial years 2021/22 or 2020/21.

Note 7 Impairment of assets	**2021/22**	**2020/21**
	£000	**£000**
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	(2,055)	2,401
Total net impairments charged to operating surplus / deficit	**(2,055)**	**2,401**
Impairments charged to the revaluation reserve	(1,771)	3,900
Total net impairments	**(3,826)**	**6,301**

The following table details the 2021/22 impairment reasons, split between operating surplus/ (deficit) and revaluation reserve impairments. It shows both in-year impairments and any reversal of previous years' impairments.

	Revaluation Reserve			I&E Reserve			Grand
Type:	**Land**	**Buildings**	**Total**	**Land**	**Buildings**	**Total**	**Total**
	£000	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**
Annual revaluation							
Land - 5%	549	0	549	326	0	326	875
Buildings - 8.18%	0	8,930	8,930	0	2,195	2,195	11,125
	549	**8,930**	**9,479**	**326**	**2,195**	**2,521**	**12,000**
Impairments							
Capital additions - 60%		(2,216)	(2,216)		(466)	(466)	(2,682)
	0	**(2,216)**	**(2,216)**	**0**	**(466)**	**(466)**	**(2,682)**
Total	**549**	**6,714**	**7,263**	**326**	**1,729**	**2,055**	**9,318**
Impact:							
Annual revaluation							
Revaluation increase	285	5,207	5,492	0	0	0	5,492
	285	**5,207**	**5,492**	**0**	**0**	**0**	**5,492**
Impairments							
Revaluation decrease	0	(2,216)	(2,216)	0	(466)	(466)	(2,682)
Reversal of previous years impairment	264	3,723	3,987	326	2,195	2,521	6,508
	264	**1,507**	**1,771**	**326**	**1,729**	**2,055**	**3,826**
Total	**549**	**6,714**	**7,263**	**326**	**1,729**	**2,055**	**9,318**

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

Note 8 Employee benefits

	2021/22 Total £000	2020/21 Total £000
Salaries and wages - note 1	196,704	180,971
Social security costs	17,660	16,310
Apprenticeship levy	933	859
Employer's contributions to NHS pensions	33,909	31,507
Pension cost - other	114	88
Termination benefits	-	48
Temporary staff (including agency) - note 2	26,890	15,246
Total gross staff costs	**276,210**	**245,029**
Recoveries in respect of seconded staff	(646)	(183)
Total staff costs	**275,564**	**244,846**
Of which		
Costs capitalised as part of assets	1,728	1,919

1) The increase in salaries and wages mainly relates to annual pay inflation uplifts and increased pay expenditure following the receipt of new funding to support Mental Health Services investment, Service Developments, and service review initiatives.

2) Temporary staff has increased due to the requirement to cover staff shortages, mainly as a consequence of the Covid-19 pandemic.

Note 8.1 Retirements due to ill-health

During 2021/22 there were 2 early retirements from the trust agreed on the grounds of ill-health (3 in the year ended 31 March 2021). The estimated additional pension liabilities of these ill-health retirements is £88k (£113k in 2020/21).

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

Note 9 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 2022, is based on valuation data as 31 March 2021, updated to 31 March 2022 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% of pensionable pay.

The 2016 funding valuation also tested the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. There was initially a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

HMT published valuation directions dated 7 October 2021 (see Amending Directions 2021) that set out the technical detail of how the costs of remedy are included in the 2016 valuation process. Following these directions, the scheme actuary has completed the cost control element of the 2016 valuation for the NHS Pension Scheme, which concludes no changes to benefits or member contributions are required. The 2016 valuation reports can be found on the NHS Pensions website at https://www.nhsbsa.nhs.uk/nhs-pension-scheme-accounts-and-valuation-reports.

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 2022, 296 employees were members of NEST.

Note 10 Operating leases

Note 10.1 Leicestershire Partnership NHS Trust as a lessor

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

	2021/22	2020/21
	£000	£000
Operating lease revenue		
Minimum lease receipts	547	435
Total	**547**	**435**

	31 March 2022	31 March 2021
	£000	£000
Future minimum lease receipts due:		
- not later than one year;	815	1,052
- later than one year and not later than five years;	550	1,308
- later than five years.	287	380
Total	**1,652**	**2,740**

Note 10.2 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.

	2021/22	2020/21
	£000	£000
Operating lease expense		
Minimum lease payments	5,056	5,030
Contingent rents	-	-
Less sublease payments received	-	-
Total	**5,056**	**5,030**

	31 March 2022	31 March 2021
	£000	£000
Future minimum lease payments due:		
- not later than one year;	4,396	3,890
- later than one year and not later than five years;	10,687	11,618
- later than five years.	5,451	6,102
Total	**20,534**	**21,610**
Future minimum sublease payments to be received	-	-

Note 11 Finance income

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

	2021/22	2020/21
	£000	£000
Interest on bank accounts	19	7
Total finance income	**19**	**7**

Note 12.1 Finance expenditure

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

	2021/22	2020/21
	£000	£000
Interest expense:		
Loans from the Department of Health and Social Care	64	68
Main finance costs on PFI and LIFT schemes obligations	580	602
Contingent finance costs on PFI and LIFT scheme obligations	375	349
Total interest expense	**1,019**	**1,019**
Unwinding of discount on provisions	(9)	(5)
Total finance costs	**1,010**	**1,014**

Note 12.2 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015

The Trust did not incur any charges for late payment of commercial debts in 2021/22 or 2020/21.

Note 13 Other gains / (losses)

	2021/22	2020/21
	£000	£000
Gains on disposal of assets	60	-
Losses on disposal of assets	(12)	-
Total other gains / (losses)	**48**	**-**

1) The gain on disposal relates to one property sale - Rubicon Close

2) The losses on disposal relates to the derecognition of IT equipment as a result of the asset verification exercise undertaken on IT equipment.

Note 14 Discontinued operations

The Trust did not discontinue any of its operations in 2021/22.

Note 15.1 Intangible assets - 2021/22

	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 2021 - brought forward	**-**	**172**	**1,847**	**135**	**1,502**	**3,656**
Additions	48	210	137	-	2,398	**2,793**
Reclassifications	-	81	123	-	(204)	**-**
Disposals / derecognition	-	(155)	(89)	-	-	**(244)**
Valuation / gross cost at 31 March 2022	**48**	**308**	**2,018**	**135**	**3,696**	**6,205**
Amortisation at 1 April 2021 - brought forward	**-**	**158**	**1,002**	**58**	**-**	**1,218**
Provided during the year	3	18	365	27	-	**413**
Disposals / derecognition	-	(155)	(89)	-	-	**(244)**
Amortisation at 31 March 2022	**3**	**21**	**1,278**	**85**	**-**	**1,387**
Net book value at 31 March 2022	**45**	**287**	**740**	**50**	**3,696**	**4,818**
Net book value at 1 April 2021	**-**	**14**	**845**	**77**	**1,502**	**2,438**

Note 15.2 Intangible assets - 2020/21

	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 2020 - as previously stated	**-**	**172**	**1,761**	**135**	**1,216**	**3,284**
Additions	-	-	58	-	314	**372**
Reclassifications	-	-	28	-	(28)	**-**
Valuation / gross cost at 31 March 2021	**-**	**172**	**1,847**	**135**	**1,502**	**3,656**
Amortisation at 1 April 2020 - as previously stated	**-**	**116**	**664**	**31**	**-**	**811**
Provided during the year	-	42	338	27	-	**407**
Amortisation at 31 March 2021	**-**	**158**	**1,002**	**58**	**-**	**1,218**
Net book value at 31 March 2021	**-**	**14**	**845**	**77**	**1,502**	**2,438**
Net book value at 1 April 2020	**-**	**56**	**1,097**	**104**	**1,216**	**2,473**

Note 16.1 Property, plant and equipment - 2021/22

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2021 - brought forward	**17,492**	**139,855**	**-**	**1,764**	**6,287**	**-**	**34,150**	**1,895**	**201,443**
Additions	-	4,218	-	4,789	251	-	3,878	234	**13,370**
Impairments	-	(2,682)	-	-	-	-	-	-	**(2,682)**
Reversals of impairments	590	5,918	-	-	-	-	-	-	**6,508**
Revaluations	285	1,071	-	-	-	-	-	-	**1,356**
Reclassifications	-	257	-	(272)	-	-	15	-	**-**
Disposals / derecognition	-	-	-	-	(1,141)	-	(13,136)	(417)	**(14,694)**
Valuation/gross cost at 31 March 2022	**18,367**	**148,637**	**-**	**6,281**	**5,397**	**-**	**24,907**	**1,712**	**205,301**
Accumulated depreciation at 1 April 2021 - brought forward	**-**	**12**	**-**	**-**	**3,116**	**-**	**18,306**	**1,252**	**22,686**
Provided during the year	-	4,124	-	-	531	-	4,589	152	**9,396**
Revaluations	-	(4,136)	-	-	-	-	-	-	**(4,136)**
Disposals / derecognition	-	-	-	-	(1,141)	-	(13,124)	(417)	**(14,682)**
Accumulated depreciation at 31 March 2022	**-**	**-**	**-**	**-**	**2,506**	**-**	**9,771**	**987**	**13,264**
Net book value at 31 March 2022	**18,367**	**148,637**	**-**	**6,281**	**2,891**	**-**	**15,136**	**725**	**192,037**
Net book value at 1 April 2021	**17,492**	**139,843**	**-**	**1,764**	**3,171**	**-**	**15,844**	**643**	**178,757**

Note 16.2 Property, plant and equipment - 2020/21

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2020 - as previously stated	**18,128**	**146,036**	**-**	**6,517**	**5,483**	**-**	**26,228**	**1,790**	**204,182**
Additions	-	5,503	-	1,495	804	-	6,513	105	**14,420**
Impairments	(714)	(8,968)	-	-	-	-	-	-	**(9,682)**
Reversals of impairments	173	3,208	-	-	-	-	-	-	**3,381**
Revaluations	5	(10,583)	-	-	-	-	-	-	**(10,578)**
Reclassifications	-	4,839	-	(6,248)	-	-	1,409	-	**-**
Transfers to / from assets held for sale	(100)	(180)	-	-	-	-	-	-	**(280)**
Valuation/gross cost at 31 March 2021	**17,492**	**139,855**	**-**	**1,764**	**6,287**	**-**	**34,150**	**1,895**	**201,443**
Accumulated depreciation at 1 April 2020 - as previously stated	**-**	**7,322**	**-**	**-**	**2,605**	**-**	**13,342**	**1,079**	**24,348**
Provided during the year	-	3,814	-	-	511	-	4,964	173	**9,462**
Revaluations	-	(11,124)	-	-	-	-	-	-	**(11,124)**
Accumulated depreciation at 31 March 2021	**-**	**12**	**-**	**-**	**3,116**	**-**	**18,306**	**1,252**	**22,686**
Net book value at 31 March 2021	**17,492**	**139,843**	**-**	**1,764**	**3,171**	**-**	**15,844**	**643**	**178,757**
Net book value at 1 April 2020	**18,128**	**138,714**	**-**	**6,517**	**2,878**	**-**	**12,886**	**711**	**179,834**

Note 16.3 Property, plant and equipment financing - 2021/22

	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 2022							
Owned - purchased	18,367	138,707	6,281	2,891	15,136	725	**182,107**
On-SoFP PFI contracts and other service concession arrangements	-	9,379	-	-	-	-	**9,379**
Owned - donated/granted	-	551	-	-	-	-	**551**
NBV total at 31 March 2022	**18,367**	**148,637**	**6,281**	**2,891**	**15,136**	**725**	**192,037**

Note 16.4 Property, plant and equipment financing - 2020/21

	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 2021							
Owned - purchased	17,492	130,580	1,764	3,171	15,844	643	**169,494**
On-SoFP PFI contracts and other service concession arrangements	-	8,771	-	-	-	-	**8,771**
Owned - donated/granted	-	492	-	-	-	-	**492**
NBV total at 31 March 2021	**17,492**	**139,843**	**1,764**	**3,171**	**15,844**	**643**	**178,757**

Note 17 Donations of property, plant and equipment

The Trust received one donation of £43k for property plant and equipment in 2021/22. This was granted from Raising Health, the Trust's charity, for memorial garden/courtyard works at Loughborough and Evington hospitals.

Note 18 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 the requirement for a full asset valuation in 2020/21. In 2020/21, because of site access issues due to Covid-19, the District Valuer carried out desktop valuations of land and buildings. For 2021/22, due to continuing site access restrictions, the District Valuer provided national indices to be applied to land and building values. For buildings, these have been adjusted to take into account the 8-year rolling average location factor. A formal valuation exercise will take place in 2022/23.

Note 19.1 Investment Property
The Trust did not hold any investment property as at 31st March 2022 or 31st March 2021

Note 19.2 Investment property income and expenses
The Trust did not have any investment property income and expenses in 2021/22 or 2020/21

Note 20 Investments in associates and joint ventures

The Trust did not have any investments in associates or joint ventures as at 31st March 2022 or 31st March 2021

Note 21 Other investments / financial assets (non-current)

The Trust did not hold any investments / financial assets (non-current) as at 31st March 2022 or 31st March 2021

Note 21.1 Other investments / financial assets (current)
The Trust did not hold any investments / financial assets (current) as at 31st March 2022 or 31st March 2021

Note 22 Disclosure of interests in other entities
The Trust did not hold any interests to disclose as at 31st March 2022 or 31st March 2021

Note 23 Inventories

	31 March 2022 £000	31 March 2021 £000
Drugs	275	272
Consumables	143	302
Total inventories	**418**	**574**
of which:		
Held at fair value less costs to sell	-	-

Inventories recognised in expenses for the year were £2,849k (2020/21: £6,198k). Write-down of inventories recognised as expenses for the year were £14k (2020/21: £106k).

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2021/22 the Trust received £598k of items purchased by DHSC (2020/21: £4,396k).

These inventories were recognised as additions to inventory at deemed cost with the corresponding benefit recognised in income. The utilisation of these items is included in the expenses disclosed above.

Note 24.1 Receivables

	31 March 2022 £000	31 March 2021 £000
Current		
Contract receivables *	5,804	5,953
Capital receivables	43	-
Allowance for impaired contract receivables / assets	(320)	(341)
Prepayments (non-PFI)	1,293	1,516
PDC dividend receivable	33	101
VAT receivable	1,088	934
Other receivables	146	141
Total current receivables	**8,087**	**8,304**
Non-current		
PFI lifecycle prepayments	683	733
Other receivables **	249	396
Total non-current receivables	**932**	**1,129**
Of which receivable from NHS and DHSC group bodies:		
Current	4,668	2,875
Non-current	249	396

* 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 2022 or 31st March 2021.

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

Note 24.2 Allowances for credit losses

	2021/22			2020/21		
	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	**341**	**-**	**341**	**391**	**732**	**1,123**
Reversals of allowances	-	-	-	-	(732)	(732)
Utilisation of allowances (write offs)	(21)	-	(21)	(50)	-	(50)
Allowances as at 31 Mar 2022	**320**	**-**	**320**	**341**	**-**	**341**

Note 24.3 Exposure to credit risk

The Trust has examined its exposure to credit risk and is satisfied that the current allowance of £320k for credit losses is adequate. This covers 90% of all Non-NHS debt greater than 12 months. The aged debt profile is shown below, including the previous year's for comparison purposes.

As at 31st March 2022	NHS Debt	Non-NHS Debt	Ex-Employee Debt	Total
	£000	£000	£000	£000
30 days or less	1,924	508	9	**2,441**
31 - 60 days	138	231	9	**378**
61 - 90 days	84	15	18	**117**
Over 90 days	194	368	189	**751**
	2,340	**1,122**	**225**	**3,687**
Greater than 365 days - All	93	212	147	**452**
Greater than 365 days - Non NHS	0	212	147	**359**

As at 31st March 2021	NHS Debt	Non-NHS Debt	Ex-Employee Debt	Total
	£000	£000	£000	£000
30 days or less	869	1,976	7	**2,852**
31 - 60 days	308	54	6	**368**
61 - 90 days	236	102	5	**343**
Over 90 days	276	1,430	188	**1,894**
	1,689	**3,562**	**206**	**5,457**
Greater than 365 days - All	20	484	165	**669**
Greater than 365 days - Non NHS	0	484	165	**649**

1) The Trust does not provide for NHS debt; any payment disputes are dealt with as part of the NHS Agreement of
2) Ex-Employee debt is recovered via agreed instalment payment plans.

Note 25 Other assets

The Trust did not hold any other assets in 2021/22 or 2020/21

Note 26.1 Non-current assets held for sale and assets in disposal groups

The Trust disposed of one property - Rubicon Close, during the year. Disposal proceeds of £340,000 against a book value of £280,000 generated a £60,000 gain on disposal. There were no new non-current assets held for sale as at 31st March 2022.

Note 26.2 Liabilities in disposal groups

The Trust had no liabilities in disposal groups in 2021/22 or 2020/21

Note 27.1 Cash and cash equivalents movements

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

	2021/22	2020/21
	£000	£000
At 1 April	**24,139**	**15,433**
Net change in year	7,852	8,706
At 31 March	**31,991**	**24,139**
Broken down into:		
Cash at commercial banks and in hand	87	62
Cash with the Government Banking Service	31,904	24,077
Total cash and cash equivalents as in SoFP	**31,991**	**24,139**
Total cash and cash equivalents as in SoCF	**31,991**	**24,139**

Note 27.2 Third party assets held by the trust

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

	31 March 2022	31 March 2021
	£000	£000
Bank balances	25	49
Total third party assets	**25**	**49**

Note 28.1 Trade and other payables

	31 March 2022	31 March 2021
	£000	£000
Current		
Trade payables	2,420	2,232
Capital payables	1,062	1,089
Accruals	13,672	10,097
Social security costs	2,839	2,780
Other taxes payable	2,021	1,913
Other payables	3,347	3,052
Total current trade and other payables	**25,361**	**21,163**
Of which payables from NHS and DHSC group bodies:		
Current	1,790	1,726
Non-current	-	-

Note 28.2 Early retirements in NHS payables above

The Trust did not have any payables liabilities relating to early retirements in 2021/22 or 2020/21

Note 29 Other liabilities

	31 March 2022	31 March 2021
	£000	£000
Current		
Deferred income: contract liabilities	3,099	424
Total other current liabilities	**3,099**	**424**
Non-current		
Deferred income: contract liabilities	-	-
Total other non-current liabilities	**-**	**-**

The majority of deferred income relates to Provider Collaborative income received in 2021/22 from NHS England, for the provision of the Adult Eating Disorder Service in 2022/23.

Note 30.1 Borrowings

	31 March 2022	31 March 2021
	£000	£000
Current		
Loans from DHSC	186	188
Obligations under PFI, LIFT or other service concession contracts	285	297
Total current borrowings	**471**	**485**
Non-current		
Loans from DHSC	3,021	3,184
Obligations under PFI, LIFT or other service concession contracts	7,177	7,463
Total non-current borrowings	**10,198**	**10,647**

Note 30.2 Reconciliation of liabilities arising from financing activities - 2021/22

	Loans from DHSC £000	PFI and LIFT schemes £000	Total £000
Carrying value at 1 April 2021	**3,372**	**7,760**	**11,132**
Cash movements:			
Financing cash flows - payments and receipts of principal	(163)	(297)	**(460)**
Financing cash flows - payments of interest	(66)	(581)	**(647)**
Non-cash movements:			
Application of effective interest rate	64	580	**644**
Carrying value at 31 March 2022	**3,207**	**7,462**	**10,669**

Note 30.3 Reconciliation of liabilities arising from financing activities - 2020/21

	Loans from DHSC £000	PFI and LIFT schemes £000	Total £000
Carrying value at 1 April 2020	**3,535**	**8,023**	**11,558**
Cash movements:			
Financing cash flows - payments and receipts of principal	(163)	(263)	**(426)**
Financing cash flows - payments of interest	(68)	(602)	**(670)**
Non-cash movements:			
Application of effective interest rate	68	602	**670**
Carrying value at 31 March 2021	**3,372**	**7,760**	**11,132**

Note 31 Other financial liabilities

The Trust does not have any other financial liabilities in 2021/22 or 2020/21

Note 32 Finance leases

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

Note 33.1 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 2021	**50**	**1,062**	**83**	**13**	**3,040**	**4,248**
Change in the discount rate	-	31	-	-	-	**31**
Arising during the year	162	86	36	-	1,597	**1,881**
Utilised during the year	(105)	(83)	(24)	(13)	(704)	**(929)**
Reversed unused	-	-	(37)	-	(341)	**(378)**
Unwinding of discount	-	(9)	-	-	-	**(9)**
At 31 March 2022	**107**	**1,087**	**58**	**-**	**3,592**	**4,844**
Expected timing of cash flows:						
- not later than one year;	104	83	58	-	3,343	**3,588**
- later than one year and not later than five years;	3	318	-	-	16	**337**
- later than five years.	-	686	-	-	233	**919**
Total	**107**	**1,087**	**58**	**-**	**3,592**	**4,844**

Other provisions	**Other**
	£000
Clinical pension tax	261
HR tribunals	489
Contract - early exit fee	713
Computer systems HMRC VAT liability	1,193
Facilities Management Estates transformation	868
Dilapidations	68
	3,592

Note 33.2 Clinical negligence liabilities

At 31 March 2022, £19,902k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Leicestershire Partnership NHS Trust (31 March 2021: £15,948k).

Note 34 Contingent assets and liabilities

	31 March 2022	31 March 2021
	£000	£000
Value of contingent liabilities		
NHS Resolution legal claims	(42)	(46)
Gross value of contingent liabilities	**(42)**	**(46)**
Amounts recoverable against liabilities	-	-
Net value of contingent liabilities	**(42)**	**(46)**
Net value of contingent assets	**-**	**-**

Note 35 Contractual capital commitments

	31 March 2022	31 March 2021
	£000	£000
Property, plant and equipment	5,467	4,147
Intangible assets	-	-
Total	**5,467**	**4,147**

Contractual capital commitments as at 31st March 2022 support existing capital schemes carried forward into 2022/23, of which a significant amount relates to the Mental Health dormitories elimination scheme which commenced in 2020/21.

Note 36 Other financial commitments

The Trust does not have any other financial commitments as at 31st March 2022.

Note 37 Defined benefit pension schemes

The Trust only participates in the two defined pension benefit schemes, as disclosed at Note 9.

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 £1,430,000 for the period to March 2022. 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 £7,743k as at 31 March 2022, with a corresponding liability of £6,691k. 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 £1,636k. 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 2022	31 March 2021
	£000	£000
Gross PFI, LIFT or other service concession liabilities	**12,722**	**13,599**
Of which liabilities are due		
- not later than one year;	842	878
- later than one year and not later than five years;	3,255	3,216
- later than five years.	8,625	9,505
Finance charges allocated to future periods	(5,260)	(5,839)
Net PFI, LIFT or other service concession arrangement obligation	**7,462**	**7,760**
- not later than one year;	285	297
- later than one year and not later than five years;	1,248	1,118
- later than five years.	5,929	6,345
	7,462	**7,760**

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 2022	31 March 2021
	£000	£000
Total future payments committed in respect of the PFI, LIFT or other service concession arrangements	**33,000**	**35,111**
Of which payments are due:		
- not later than one year;	1,811	1,783
- later than one year and not later than five years;	7,711	7,590
- later than five years.	23,478	25,738
	33,000	**35,111**

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:

	2021/22	2020/21
	£000	£000
Unitary payment payable to service concession operator	**1,767**	**1,740**
Consisting of:		
- Interest charge	580	602
- Repayment of balance sheet obligation	297	263
- Service element and other charges to operating expenditure	515	526
- Contingent rent	375	349
Total amount paid to service concession operator	**1,767**	**1,740**

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

In accordance with IFRS 7, the Trust has evaluated the extent of any risks arising from financial instruments to which it may be exposed to at the end of the reporting period. These include currency, interest rate, credit and liquidity risks. No risks have been identified.

Note 40.2 Carrying values of financial assets

Carrying values of financial assets as at 31 March 2022	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	5,922	-	-	**5,922**
Other investments / financial assets	-	-	-	**-**
Cash and cash equivalents	31,991	-	-	**31,991**
Total at 31 March 2022	**37,913**	**-**	**-**	**37,913**

Carrying values of financial assets as at 31 March 2021	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	6,149	-	-	**6,149**
Other investments / financial assets	-	-	-	**-**
Cash and cash equivalents	24,139	-	-	**24,139**
Total at 31 March 2021	**30,288**	**-**	**-**	**30,288**

Note 40.3 Carrying values of financial liabilities

Carrying values of financial liabilities as at 31 March 2022	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	3,207	-	**3,207**
Obligations under PFI, LIFT and other service concession contracts	7,462	-	**7,462**
Trade and other payables excluding non financial liabilities	18,581	-	**18,581**
Total at 31 March 2022	**29,250**	**-**	**29,250**

Carrying values of financial liabilities as at 31 March 2021	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	3,372	-	**3,372**
Obligations under PFI, LIFT and other service concession contracts	7,760	-	**7,760**
Trade and other payables excluding non financial liabilities	15,916	-	**15,916**
Total at 31 March 2021	**27,048**	**-**	**27,048**

Note 40.4 Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	2022	2021
	£000	£000
In one year or less	19,652	17,024
In more than one year but not more than five years	4,143	4,104
In more than five years	11,345	12,454
Total	**35,140**	**33,582**

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

	2021/22		2020/21	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses				
Cash losses	1	-	-	-
Bad debts and claims abandoned *	42	21	1	-
Stores losses and damage to property	12	14	12	16
Total losses	**55**	**35**	**13**	**16**
Special payments				
Ex-gratia payments **	25	440	27	42
Total special payments	**25**	**440**	**27**	**42**
Total losses and special payments	**80**	**475**	**40**	**58**
Compensation payments received		-		-

* Bad debts and claims abandoned mainly relates to the write-off of ex-employee debt. This is done only when all debt recovery processes have been exhausted.

** Of the £440,000 Ex-gratia special payments, £411,000 relates to the Flowers legal case. Backdated overtime payments have been paid and accrued to cover overtime entitlement payments for clinical staff. NHSE&I sought Treasury approval on behalf of all NHS organisations and advised that all payments are to be shown as one case.

Note 42 Gifts

The Trust did not make any gifts in either 2021/22 or 2020/21

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
Other Governmentt departments
Local Authorities

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

The Trust manages the administrative arrangements for its charitable funds and is the corporate Trustee of 'Raising Health'. Because the value of the Trust's charitable funds is not material to the accounts (£2.4m), the Trust will follow the same approach as last year and not consolidate its charitable funds into the exchequer accounts for 2021/22.

Note 44 Transfers by absorption

The Trust has not undertaken any transfers by absorption during 2021/22.

Note 45 Prior period adjustments

There are no prior period adjustments for 2021/22.

Note 46 Events after the reporting date

No events after the reporting date have been identified.

Note 47 Final period of operation as a trust providing NHS healthcare

This note does not apply to the Trust as it is a continuing Trust providing NHS healthcare.

Note 48 Better Payment Practice code

Non-NHS Payables	2021/22 Number	2021/22 £000	2020/21 Number	2020/21 £000
Total non-NHS trade invoices paid in the year	35,131	129,037	28,964	94,842
Total non-NHS trade invoices paid within target	34,027	127,873	28,522	93,751
Percentage of non-NHS trade invoices paid within target	96.9%	99.1%	98.5%	98.8%
NHS Payables				
Total NHS trade invoices paid in the year	1,091	67,643	1,101	64,645
Total NHS trade invoices paid within target	1,037	66,286	1,061	63,221
Percentage of NHS trade invoices paid within target	95.1%	98.0%	96.4%	97.8%

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

	2021/22 £000	2020/21 £000
Cash flow financing	(1,922)	(3,144)
External financing requirement	**(1,922)**	**(3,144)**
External financing limit (EFL)	(1,922)	10,872
Under / (over) spend against EFL	-	**14,016**

Note 50 Capital Resource Limit

	2021/22 £000	2020/21 £000
Gross capital expenditure	16,163	14,792
Less: Disposals	(292)	-
Less: Donated and granted capital additions	(43)	-
Plus: Loss on disposal from capital grants in kind	-	-
Charge against Capital Resource Limit	**15,828**	**14,792**
Capital Resource Limit	16,133	14,792
Under / (over) spend against CRL	**305**	**-**

Note 51 Breakeven duty financial performance

	2021/22 £000	2020/21 £000
Adjusted financial performance surplus / (deficit) (control total basis)	79	9
Breakeven duty financial performance surplus / (deficit)	**79**	**9**
Adjustment to reconcile with Statement of Comprehensive Income:		
Remove gross gain on asset disposal	(60)	-
System adjusted surplus / (deficit)	**19**	**9**

Note 52 Breakeven duty rolling assessment

	2008/09 £000	2009/10 £000	2010/11 £000	2011/12 £000	2012/13 £000	2013/14 £000	2014/15 £000
Breakeven duty in-year financial performance		1,732	1,700	6,562	4,228	2,911	2,626
Breakeven duty cumulative position	1,080	2,812	4,512	11,074	15,302	18,213	20,839
Operating income		138,873	138,466	282,464	281,886	267,367	273,950
Cumulative breakeven position as a percentage of operating income		2.0%	3.3%	3.9%	5.4%	6.8%	7.6%

	2015/16 £000	2016/17 £000	2017/18 £000	2018/19 £000	2019/20 £000	2020/21 £000	2021/22 £000
Breakeven duty in-year financial performance	1,356	2,244	4,742	5,607	2,963	9	79
Breakeven duty cumulative position	22,195	24,439	29,181	34,788	37,751	37,760	37,839
Operating income	275,422	277,664	274,503	278,322	293,865	326,174	356,387
Cumulative breakeven position as a percentage of operating income	8.1%	8.8%	10.6%	12.5%	12.8%	11.6%	10.6%

Staff costs

	Permanent £000	Other £000	2021/22 Total £000	2020/21 Total £000
Salaries and wages	177,672	19,032	**196,704**	180,971
Social security costs	17,660	-	**17,660**	16,310
Apprenticeship levy	933	-	**933**	859
Employer's contributions to NHS pension scheme	33,909	-	**33,909**	31,507
Pension cost - other	114	-	**114**	88
Termination benefits	-	-	**-**	48
Temporary staff	-	26,890	**26,890**	15,246
Total gross staff costs	**230,288**	**45,922**	**276,210**	**245,029**
Recoveries in respect of seconded staff	(646)	-	**(646)**	(183)
Total staff costs	**229,642**	**45,922**	**275,564**	**244,846**
Of which				
Costs capitalised as part of assets	1,728	-	**1,728**	1,919

Average number of employees (WTE basis)

	Permanent Number	Other Number	2021/22 Total Number	2020/21 Total Number
Medical and dental	188	22	**210**	200
Ambulance staff	-	-	**-**	-
Administration and estates	1,161	133	**1,294**	1,213
Healthcare assistants and other support staff	911	372	**1,283**	1,180
Nursing, midwifery and health visiting staff	1,542	268	**1,810**	1,743
Nursing, midwifery and health visiting learners	-	-	**-**	-
Scientific, therapeutic and technical staff	1,041	31	**1,072**	976
Total average numbers	**4,843**	**826**	**5,669**	**5,312**
Of which:				
Number of employees (WTE) engaged on capital projects	44	-	**44**	41

Reporting of compensation schemes - exit packages 2021/22

	Number of compulsory redundancies Number	Number of other departures agreed Number	Total number of exit packages Number
Exit package cost band (including any special payment element)			
<£10,000	-	11	**11**
£10,000 - £25,000	-	-	**-**
£25,001 - 50,000	-	-	**-**
£50,001 - £100,000	-	-	**-**
£100,001 - £150,000	-	-	**-**
£150,001 - £200,000	-	-	**-**
>£200,000	-	-	**-**
Total number of exit packages by type	**-**	**11**	**11**
Total cost (£)	£0	£24,000	**£24,000**

Reporting of compensation schemes - exit packages 2020/21

	Number of compulsory redundancies Number	Number of other departures agreed Number	Total number of exit packages Number
Exit package cost band (including any special payment element)			
<£10,000	-	10	**10**
£10,000 - £25,000	-	-	**-**
£25,001 - 50,000	1	-	**1**
£50,001 - £100,000	-	-	**-**
£100,001 - £150,000	-	-	**-**
£150,001 - £200,000	-	-	**-**
>£200,000	-	-	**-**
Total number of exit packages by type	**1**	**10**	**11**
Total resource cost (£)	£35,000	£33,000	**£68,000**

Exit packages: other (non-compulsory) departure payments

	2021/22		2020/21	
	Payments agreed Number	Total value of agreements £000	Payments agreed Number	Total value of agreements £000
Voluntary redundancies including early retirement contractual costs	-	-	-	-
Mutually agreed resignations (MARS) contractual costs	-	-	-	-
Early retirements in the efficiency of the service contractual costs	-	-	-	-
Contractual payments in lieu of notice	11	24	10	33
Exit payments following Employment Tribunals or court orders	-	-	-	-
Non-contractual payments requiring HMT approval	-	-	-	-
Total	**11**	**24**	**10**	**33**
Of which:				
Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months' of their annual salary	-	-	-	-

Appendix 2

Leicestershire Partnership NHS Trust

Annual Governance Statement 2021/22

1. Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the *NHS Trust Accountable Officer Memorandum*.

2. The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Leicestershire Partnership NHS Trust, **to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in** Leicestershire Partnership NHS Trust **for the year ended 31 March 2022 and up to the date of approval of the annual report and accounts.**

3. Capacity to handle risk

3.1 Leadership Arrangements

The Trust Board has overall accountability for the effective and efficient management of the Trust and for ensuring the Trust adheres to the principles of good governance. It is responsible for reviewing the effectiveness of the system of internal control, and for ensuring that the Trust has effective systems and processes in place for risks that threaten the Trust's ability to meet the objectives in its Step Up to Great strategy, and the achievement of it values. Strategic and corporate level risk is captured on the 'Organisational Risk Register' (ORR). Each ORR risk has a link to the relevant Step Up to Great component(s), has an assigned executive director, and refers to the governance route for oversight of the risk.

The Trust's framework for risk management describes the structure and accountabilities for risk at a senior leadership level, and the responsibility for all staff to know and understand the risk management systems within the Trust and to follow the Trust's policies, guidelines, and procedures.

Operational responsibility for risk management sits within clinical and corporate directorates. Operational risk is captured on local and directorate risk registers held on the Ulysses risk system which allows for risk identification, management, and escalation in line with the Trust's risk management policy.

The risk management framework also describes the principal committees with a responsibility for the governance and oversight of risk within the Trust, and the reporting hierarchy to provide assurance to the Board that risk management processes are in place and remain effective. The responsibility for managing risk across the Trust has been delegated by the Board to the following level 1 committees; the Audit and Assurance Committee (AAC), the Quality Assurance Committee (QAC) and the Finance and Performance Committee (FPC).

With delegated authority from the Trust Board, The AAC has oversight of the system of internal control, governance and risk. Assurance over the systems and processes in place to support the management of risk is provided to the AAC on a quarterly basis. This includes any relevant updates on policy, training, strategy and new innovation. It also provides assurance over the arrangements for capturing and

managing risk relating to the covid-19 pandemic. The AAC also has oversight of the Trust's adherence to the Government Functional Standard 013: Counter Fraud. The score for component 3: Fraud, Bribery and Corruption Risk Assessment has improved to green this year, following the implementation of a new process for embedding counter fraud risk into the Trust's risk management framework. A risk assessment functionality has been introduced into the Ulysses system and this year, 20 counter fraud risk assessments have been reviewed by our Local Counter Fraud Specialist with relevant Trust staff. As a consequence, two risks have been added onto the operational risk register and are scored as low risk;

- An individual could make false claims in order to seek compensation from the Trust, causing financial loss to NHS Resolution and the Trust via cost of indemnity. The Trust has a control framework in place and will maintain an oversight of this risk during the year.

- An individual may use a Trust procurement card for personal use, exposing the Trust to financial loss. The Trust has a control framework in place and will maintain an oversight of this risk during the year. An audit of procurement cards has been included within the 2022/23 audit plan.

The two assurance committees (QAC and FPC) receive regular risk assurance reports relating to their remit (with some areas of risk such as waiting times relating to both committees and being the subject of joint workshops where appropriate).

The Trust's Strategic Executive Group has oversight of risk management and has oversight of specific strategic level risks on the ORR. This presently includes risk 77 'without the appropriate level of focus, resource and preparation, the Trust cannot adequately support the National Public Inquiry into the Covid Pandemic, leading to a lack of lessons learned, inability to respond effectively to future situations and major incidents, a failure to comply with the Public Inquiry statute and reputational damage'.

Financial pressures and system risks are also discussed at the Strategic Executive Board. This takes account of system pressures, and risk associated with the development of the Integrated Care System.

Individual Executive Directors are responsible for overseeing a programme of risk management activities in their areas of responsibility and individually review risks within their remit at least once a month to ensure that the ORR is updated for each committee/Trust Board meeting.

During 2021/22 risk management and reporting processes have continued to mature and embed. There is a strengthened assurance flow through the three levels of governance groups / committees up to the Trust Board, each providing a level of assurance over the management of risk and an opportunity to escalate any concerns or opportunities.

3.2 Staff training and guidance on the management of risk

Risk management training can be booked by all staff on our automated ULearn system. Full training sessions covering all six risk modules are scheduled in twice a month and module specific training is offered once a month. Ad hoc training is also provided upon request. Health and safety risk assessment training is provided on the Trust's induction programme for all new starters. The frequency and level of risk management training is identified through training need assessments, ensuring that individual members of staff have the relevant training to equip them for their duties and level of responsibility.

In addition, a range of policies are in place and available to staff via the Trust's intranet which describe the roles and responsibilities in relation to the identification, management and control of risk. Staff are made aware of these policies and are actively encouraged to access them to ensure that they understand their own roles and responsibilities.

Risk is an important tool in identifying and managing the learning lessons across the Trust. Risk specialists attend governance groups to facilitate learning and horizon scan for new and emerging risk, which is also informed by external reports (including audit, HealthWatch, feedback from our People's Council and Youth Advisory Board, our regulators and NHSEI etc.), internal reports (such as clinical audit, assurance reports and serious incident reports).

4. The risk and control framework

4.1 Risk Management Strategy

The Trust's framework for managing risk seeks to ensure that risks in relation to the delivery of services and care to patients are minimised, that the wellbeing of patients, staff and visitors is optimised and that the assets, business systems and income of the Trust are protected, and where possible opportunities are maximised.

The Trust will always be faced with internal and external factors and influences that make it uncertain whether and when it will achieve its objectives. The Risk Management Policy provides an approach to managing any type of risk; it can be applied to any activity, including decision making at all levels. The components of this framework and the characteristics of effective and efficient risk management (according to BS ISO 31000) have been customised over the last two year to enable the Trust to manage the effects of uncertainty pertaining to COVID-19 on its objectives.

Strategic risk is identified in a number of ways;

- Annually, the Board considers any risk relating to the latest set of strategic objectives; the ORR was refreshed in October 2021 following the revised Step Up to Great Strategy.
- The operational risk registers are subject to regular review and where necessary, risks can be escalated from the Directorate Risk Register onto the ORR when corporate oversight is required.
- Monthly review with Directors and with system partners can identify new risk for inclusion onto the ORR during the year.
- Review of risk undertaken at the Executive Management Board, SEB, the level 1 Committees and the Trust Board can escalate risk for review and potential inclusion on the ORR.

In October 2021 the Trust Board re-evaluated its appetite and determined a new process for applying a risk tolerance to strategic risk. The benefit of a Risk Appetite framework is that risks can be identified and quantified in a structured way across the Trust's strategic objectives. This allows for informed choice over taking particular amounts of particular risks, in line with its overall strategy and in contrast to passive risk-taking. The Trust continues to base its risk appetite on the Good Governance Institute risk appetite matrix which accommodates different types of key risk that can be faced within each of our Step Up to Great objectives and areas of escalated corporate risk. A process for applying a risk tolerance is in place to support the practical application of risk appetite.

Risk Management Policy has been revised this year to take account of the following key updates;

- The process for the legal requirements under The Management of Health & Safety at Work
- Regulations 1999 as amended for 2002 for risk assessment
- The revised risk appetite statement (approved in October 2021)
- The revised Step Up to Great Strategy
- Changes to the role of the Incident Control Centre.

Covid-19 risk is managed directly through the Incident Control Centre utilising a specific risk and decision log which is overseen by the Strategic Executive Board. The Covid-19 risk architecture has integrated into the Trust's 'business as usual' risk management and assurance arrangements. Any risks on the ICC risk log scoring 16+ where gaps in control are identified, are captured within the ORR. In addition to the usual reporting mechanisms for the ORR, pertinent risks have been circulated to the Trust Board in regular Flash Reports to the Trust Board.

Operational risks are identified at a local or directorate level and the risk owner will submit an initial risk assessment on Ulysses for review. This is reviewed by the Risk Review Group (risk specialists, the clinical governance leads, local counter fraud specialist and risk owners where relevant). The risk is quality assessed and then entered onto the system with the risk owner. Regular quality dashboards are presented to the Directorate Management Teams (DMT) which show fields such as whether the risk is in

date for review, whether the actions are in date and whether all the fields are complete. If any are due for review or closure this is highlighted to the Directorate Management Teams and the risk owner is automatically notified. The Risk Team also follows this up to provide support where needed. The Risk Review Group also supports any escalation or de-escalation to or from the ORR.

A core internal audit has been undertaken to support the Head of Internal Audit Opinion for 2021/22. This focussed on corporate governance and strategic risk management including the Trust Board and level 1 committee arrangements. This audit provided Significant Assurance and did not identify any recommendations for improvement.

4.2 Quality Governance

The Trust's quality governance and leadership structure ensures that the quality and safety of care is being routinely monitored across all services. The development of this continues to embed to ensure that there is an underpinning role culture to support the delivery of an effective and efficient governance framework. Work has continued to;

- Align and streamline the assurance flow through our committee structure
- Embed the Board Architecture work which determines where items are received within the governance structure.
- Continue the use of a governance table on all Board and committee reports to capture the following key fields for all papers requiring a decision;
    - STEP up to GREAT strategic alignment
    - Whether the decision required consistent with LPT's risk appetite
    - Any False and misleading information (FOMI) considerations
    - Positive confirmation that the content does not risk the safety of patients or the public
    - Equality considerations
- There is a robust quality performance framework, risk management processes and reporting mechanisms in place to review and challenge performance and variation.
- We have a culture of open and transparent reporting of incidents and risks, supported by a governance structure with three levels of groups and committees to provide specialist oversight and assurance.
- There are monthly finance and performance reports, presenting RAG rated performance and exception narrative for national and local performance standards at a Trust and Directorate level.
- Reporting arrangements also include regular monitoring of progress with key performance measures via the quality account, and quarterly updates on incidents, claims, inquests, patient feedback, complaints and risk.

The Trust's risk and performance management arrangements inherently support the monitoring of ongoing compliance with the requirements for registration set by the CQC. Any risk to compliance identified through routine performance monitoring is escalated through the Trust's risk management framework. The Trust also has a strategic risk on the ORR (risk 62) 'Insufficient understanding and oversight of regulatory standards and key lines of enquiry may result in non-compliance and/or insufficient improvement in priority areas, leading to sub-standard care'.

A range of mechanisms are in place to monitor compliance with the CQC's five domains of safe, effective, caring, responsive and well-led. In addition to the range of metrics included within the performance report, and other assurances received such as patient safety and clinical effectiveness reporting. There is regular oversight and scrutiny of compliance with registration and the fundamental standards;

- The Audit and Assurance Committee receives updates on the arrangements in place for maintaining registration.

- The Foundation for Great Patient care monitors progress against CQC improvement action and includes deep dive presentations. A highlight report from the Foundation for Great Patient Care is presented to the Quality Forum with the escalation of any concerns.
- The Strategic Executive Board receives a monthly update on CQC related activity and identifies any concerns raised by the Quality Forum in its highlight report to the Quality Assurance Committee.
- The Quality Assurance Committee receives a regular update on CQC related activity and provides an assurance rating to the Trust Board via its highlight report. This is also discussed at the Strategic Executive Board.
- The Trust Board receives an update on key strategic level developments relating to the CQC. This year updates have included a briefing the CQC's Emergency Support Framework and the Transitional Regulatory Approach.
- There is a weekly CQC assurance meeting for oversight of any improvement areas and embedding of improvement.

We have also introduced the following;

- The 15 steps programme which complements our formal ward accreditation programme
- A new post for Head of quality and clinical governance that includes leadership for quality improvement.
- A clinical leadership programme for band 7 ward leaders.
- Throughout the pandemic we established a trust wide senior clinical reference group to support key cross trust clinical decisions in relation to managing the trust response to COVID-19

4.3 Data Security

The reporting and management of both data and security risks are supported by ensuring that all staff are reminded of their data security responsibilities through education and awareness. The Data Privacy Team regularly share 'One Minute Briefs' sharing key messages as reminders or as part of learning from incidents. Information governance training forms part of mandatory training requirements.

Mandatory staff training is supported by a range of additional measures used to manage and mitigate information risks, including, physical security, data encryption, access controls, audit trail monitoring, departmental checklists and spot checks.

2021-22 has seen an unprecedented focus on information and cyber security requirements owing to the changes in working practices as a result of the pandemic, as well as being a key element of the data security and protection toolkit. As a result, there have been comprehensive reviews of systems and processes are regular reporting to the Trusts Data Privacy Committee. Further assurance is provided from internal audit and other reviews.

The effectiveness of these measures is reported to the Data Privacy Committee and the Finance and Performance Committee. This includes details of any personal data-related Serious Incidents, the Trust's annual Data Security and Protection Toolkit score and reports of other information governance incidents and audit reviews.

4.4 Major Risks

The Trust's risk profile in 2021/22 has had a focus on the safety and wellbeing of our patients and staff and has continued to accommodate the additional challenges and opportunities presenting from the Covid-19 pandemic, and system developments as we work towards an Integrated Care System within Leicester, Leicestershire and Rutland.

During the year, there have been eight high risk areas (scoring 16+ at the time of including on the ORR) which have covered key clinical risks, staffing and corporate areas a detailed below. These are managed and mitigated according to our risk management framework; the ORR tracks progress against actions identified to address any gaps in control and this is overseen on a monthly basis.

- Systems and processes for delivering harm free care, including a backlog of incident reports and SI investigations. As at year end, this remains at a high current risk score of 16.
- Delivering 'safe staffing' requirements, overall staff levels to meet demand and staff with appropriate skills to meet need. As at year end, these risks remain high (score of 16).
- Capacity and commitment to reach out and address health inequalities. As at year end, this remains a high risk for the Trust.
- Success of transformation, specifically delivering improved outcomes for people with LD and/or Autism. This risk has been mitigated and closed during the year.
- Creating and maintaining the right environment for our patients to be treated in, including facilities management, this remains at a score of 16 at year end.
- Delayed access to assessment and treatment (waiting times), this remains to be a high risk for the Trust.
- Quality and availability of data reporting, this remains at a score of 16 at year end.
- Vaccination as a condition of deployment. This is no longer a risk for our staff.

4.5 Well Led

In June and July 2021, the CQC carried out a Well Led inspection of the Trust. The Trust was provided with positive feedback on being patient safety focused, values driven with good governance and leadership and having fostered partnership working. There was improvement attained in the well led domain which has progressed from inadequate to requires improvement, with many good characteristics. Well led improvement action has been delivered, and more generalised well led learning has been shared within the Trust. The Trust continues to identify areas for improvement within the Well Led framework and this is managed within the following;

- Delivery of the programme for our Step Up to Great strategic objective for 'Well **G**overned'. This programme includes well led development at both a corporate and core service level and is overseen by our Transformation Committee.
- Delivery of our joint strategic priorities with NHFT, one of which is dedicated to Governance. This allows for the sharing of learning with NHFT which has a CQC rating of Outstanding for Well Led.

4.6 Compliance with NHS Provider Licence

Condition G6(2) requires NHS providers to have processes and systems that:

- identify risks to compliance with the licence, NHS acts and the NHS Constitution
- guard against those risks occurring.

On the basis that LPT is compliant with its provider licence, is not subject to any imposed requirements under the NHS Acts, has regard to the NHS Constitution in delivering NHS services and has received positive assurance on its processes and systems from internal auditors, it is reasonable for the Trust to confirm it is compliance with Condition G6(3) in its self-certification this year.

Condition FT4 is about systems and processes for good governance. NHS providers must make a corporate governance statement under condition FT4(8) as to current and future compliance with condition FT4 (see Appendix B).

The Trust has based its compliance declarations on evidence received during the year to demonstrate that effective systems and processes are in place to maintain and monitor the following;

- The effectiveness of governance structures
- The responsibilities of Directors and Board committees
- Reporting lines and accountabilities between the Board of Directors, its committees and the Trust Executive Group

- The submission of timely and accurate information to assess risks to compliance with the Trust's licence
- The degree and rigour of oversight the Board of Directors has over the Trust's performance.

The evidence base on which this declaration has been made includes the following;

- The Trust has Standing Orders, Standing Financial Instructions, and a Scheme of Delegation, which together describe how the Board of Directors discharge their duties through the Trust's governance structure;
- A risk management strategy which sets the standards for staff regarding the management and responsibility for risk throughout the Trust, describes the Trust's risk appetite and defines the framework and structure for risk management in LPT. This was updated during the year and approved at the December 2021 Audit and Assurance Committee.
- There is an Organisational Risk Register (ORR) and subsidiary risk registers (i.e. risk assessment, counter fraud, local and directorate risk registers)**.** The Audit and Assurance Committee, Quality Assurance Committee and Finance & Performance Committee have consistently provided a high (green) assurance rating to the Trust Board over the management of risk via the highlight reports.
- A risk based Internal Audit programme has been delivered that includes audits of risk management and governance arrangements. The 2021/22 audit 'Corporate Governance and Strategic Risk Management – Trust Board and level 1 Committee Arrangements' (2122/LPT09) was issued in March 2022 and gave significant assurance, and no recommendations were made. The audit included the following summary "*Overall, we confirmed that there is a clear governance structure in place linking the Trust Board to its level 1 committees, and appropriate assurance requirements are in place…Our review found arrangements to be clear and well documented".*
- The Head of Internal Audit Opinion providing significant assurance on all three elements; outturn, follow up rate and strategic risk management.
- Self-assessment of performance against the CQC's 'well-led' domain.

4.7 Embedded Risk Management

Risk is embedded within core Trust business, including processes for major decision making. All business cases require an Equality Impact Assessment and a Quality Impact assessment. The Trust has strengthened its governance of EQIAs through the development of a new EQIA policy and enhanced framework overseen by the transformation committee. EQIAs are signed off by the Medical Director or Director of Nursing, AHPs and Quality.

A Data Protection Impact Assessment is done where integral to the business case. All business cases must have appropriate review to provide assurance that they are clinically safe, financially sustainable and do not expose the Trust to unmitigated risk. Business cases must use the agreed business case templates (unless an alternative is specifically mandated e.g. by commissioners or for capital bids). If the business case has a clinical model this must be reviewed by the Director of Nursing, AHPs and Quality/ Medical Director; confirmation of review is required before the business case can progress for approval. The Director of Nursing., AHPs and Quality and the Medical Director review the clinical model for all business cases over £50k that directly impact on patients and involve changes to clinical staffing.

The business case is then progressively escalated in accordance with the Trust's Standing Financial Instructions (SFIs).

4.8 Workforce Strategies

In line with NHS Improvement Developing Workforce Safeguards policy and National Quality Board Standards, monthly and six-month staffing reports are provided to Trust Board to assure that staffing plans are in place to ensure safer nursing staffing, including analysis of right staff, right skills and right place. The reports help boards to understand the quality impact in regard to staffing and provide triangulated information linking staffing with wider intelligence including NICE red flags, complaints,

workforce metrics, quality and outcomes linked to Nurse Sensitive Indicators and patient experience feedback. The risks in relation to staffing, workforce and quality are reflected in the organisational risk register, understanding that not all risks can be fully mitigated, with actions in place to mitigate risks and impact to patient safety and experience.

The reports also provide updates in response to COVID-19 including; redeployment of staff, workforce opportunities such as reintroduction of the temporary register, a new programme of international nurse recruitment, increased Health Care Support Worker recruitment and a robust staff well-being support programme with well-publicised resources in place for staff. Self-assessment against; Key actions Winter 2021 preparedness: Nursing and midwifery safer staffing (NHS, November 2021) assurance framework was submitted to the Trust Board in December 2021 with a high level of assurance received.

In responding to redeployment, escalation and surge plans, decisions regarding skill mix and ratios have been undertaken in conjunction with a review of patient acuity and dependency, professional judgement and the environment of care. Quality impact assessments have been reviewed at the Trust Covid-19 Clinical Reference Group, with final sign off by the Executive Director of Nursing and Medical Director. Twice weekly safe staffing forecast meetings were stepped up daily in response to significant staffing challenges in December 2021 and January 2022 to ensure review of safe staffing Trust wide, actions to mitigate risk and ensure escalation and reporting of unmitigated risk through to the Trust Incident Control Centre.

The Trust continues to demonstrate compliance with the National Quality Board (NQB) expectations to publish safe staffing information each month. The safe staffing data is scrutinised for completeness and performance by the Director of Nursing, AHPs and Quality and reported to NHS England (NHSE) via mandatory national returns on a site-by-site basis.

The impact of Covid-19 pandemic response and national nurse shortages continue to increase nurse safer staffing, triangulation and analysis has shown that current controls and surge and business continuity plans are not always fully mitigating the impact to quality, safety and experience and whilst there is no evidence that staffing is a contributory factor to patient harm, there is a noted level of concern for the increased potential and unknown risks and impact to outcomes linked to reduced service delivery, all of which are consistently reviewed and risk managed.

During this period significant focus has been placed on supporting our staff health and wellbeing including staff risks assessments a comprehensive wellbeing offer for all staff to access.

LPT has a wellbeing champion and has signed the active together wellbeing at work pledge, giving us additional access to resources, guidance, and campaigns through active together to support HWB in the workplace.

Staff also attended the autumn Trust health and wellbeing event, where sessions included workshops on tools for managing anxiety, the art of being brilliant, apps to support wellbeing, and access to national HWB offers, along with more creative sessions on photography and gardening and more. All sessions were recorded and have been made available on our staff net.

Training sessions to support managers to hold wellbeing conversations have been running throughout the year aimed at supporting managers to hold wellbeing conversations with their staff as identified within the People Plan. To further support staff we have 121 Mental Health First Aid trained staff. MHFA equips staff to hold conversations and signpost staff who are psychologically distressed or needing support. Our staff also have access to the system mental health and wellbeing hub which is hosted by LPT.

4.9 CQC

The Trust is fully compliant **with the registration requirements of the Care Quality Commission** (CQC)**.**

In May and June 2021, the CQC carried out a core service inspection on our acute adult mental health wards, psychiatric intensive care units, mental health rehabilitation wards and the Agnes Unit.

The Trust retained the overall rating of requires improvement at this time and retained a good rating for the caring domain. The Trust achieved improvement in its core service ratings with none rated as inadequate. There was improvement attained in the well led domain which has progressed from inadequate to requires improvement but with many good characteristics.

The CQC issued the Trust with a Section 29A Warning Notice in relation to two areas;

- Service users on acute mental health wards having adequate access to call alarms to summon help for support or in an emergency, if required.
- progress with improvement in the ward environments at the Bradgate Mental health Unit to ensure these are fit for purpose and complied with guidance on shared sleeping arrangements on mental health wards ('dormitories').

An improvement plan was developed in response to the enforcement notice with a deadline of September 2021. The CQC undertook an unannounced reinspection of the acute wards for adults of working age and psychiatric intensive care units and the report, issued in May 2022 confirmed that all actions required in the enforcement action had been met. The CQC moved up the Trust's ratings in this core service in recognition of these improvements in the two key domains they inspected – Safety and Responsiveness. The Safety domain of the service has moved up from Inadequate to Requires Improvement. The Responsive domain has moved up from Requires Improvement to Good for this service.

4.10 Register of interests

The trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the trust with reference to the guidance) within the past twelve months, as required by the '*Managing Conflicts of Interest in the NHS*' guidance.

The Trust uses an online self-declaration database tool 'Declare' which is recognised as the most effective way of capturing declarations of interest, gifts and hospitality, sponsorship and other potential conflicts of interests. Declare provides a robust management system and offers Trust wide transparency for business conduct declarations by all staff including our directors.

The Trust's Code of Conduct Policy is aligned to the NHSE model guidance and was updated and approved by the Audit and Assurance Committee in September 2021. This year, we updated our approach to include an extended group of decision makers to include all staff who meet the following criteria: Band 8d or above or equivalent salary, all staff in the Procurement Team, Pharmacy Teams and Medical Devices Team. As of 31 March 2022, compliance is 91%; this exceeds the NHSE target compliance of 85% and we have introduced a monthly review cycle for ongoing monitoring. All LPT's decision maker declarations can be publicly viewed: https://lpt.mydeclarations.co.uk/home

Our Local Counter Fraud Specialist undertook a review of the declaration process which included detection work to proactively look for undeclared interests relating to the Trust's recognised decision makers. A number of decision makers had undeclared interests, although further checks confirmed that none of the companies had been paid or contracted by the Trust and did not need to be declared.

4.11 NHS Pension Scheme

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contribution and payments into the Scheme are in accordance with Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations. These are automated processes run by a specialist payroll team to ensure that all staff are assessed and enrolled into the appropriate scheme for their circumstances.

4.12 Equality, Diversity and Human Rights

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with. LPT is fully compliant with its legal and regulatory obligations under the equality Act 2010 and contractual EDI Standards. All information is published on its website in accordance with the EHRC's technical guidance on the publication of information on its external webpages. The Trust reports its EDI progress on an annual basis to its commissioners. All EDI reports, including those on compliance, are discussed and approved through its EDI governance committees (the EDI Patient Experience and Involvement Group and the EDI Workforce Group). Both are chaired by Executive Directors and where appropriate Reports are escalated to Trust Board.

As part of the Group Model with NHFT there is a priority programme focussed on 'Together Against Racism'. As part of this programme, members of the Trust Board have made pledges to identify our commitment and ongoing work. The Trust also delivers a reverse mentoring programme.

4.13 Net Zero

The Trust has undertaken risk assessments and has plans in place which take account of the 'Delivering a Net Zero Health Service' report under the Greener NHS programme. The Trust ensures that its obligations under the Climate Change Act and Adaptation Reporting requirements are complied with. The Trust has a Green Plan in place and is working with partners in the local health economy to address our responsibilities and commitments to the NHS Long Term Plan, reaching net zero by 2040 and securing a Greener NHS.

The Trust has put an emissions limit on lease cars to ensure that the fleet is as green as possible. Our plans for future new builds conform to the Government's MMC (modern methods of construction) and net zero carbon (NZC).

5 Review of Economy, Efficiency and Effectiveness of the Use of Resources

The Trust's Productivity and Efficiency Strategy 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 Trust has a robust process in place for monitoring the efficiency of the use of resources, most evidently through the efficiency programme. The efficiency plan is developed by services and peer reviewed in the productivity and efficiency group and overseen by the Transformation Committee and Executive Team. Financial delivery of efficiencies is reported to FPC and Trust Board. All efficiency schemes must have an equality & quality impact assessment which has been approved by the Medical Director and Director of Nursing. A formal efficiency plan has not been in place during 2021/22, as the national financial architecture has been simplified. As planning processes return to previous arrangements, as part of 2022/23 planning, an efficiency plan has been produced which delivers the organisational and ICS savings requirements.

The Trust has a well-established expenditure control process. 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.

Existing expenditure and procurement controls remained in place throughout the Trust's response to Covid-19. Expenditure Control Forms for Covid spend were not required, as most material decisions were made via the ICC and were recorded on the ICC decision log. All other controls remained in place throughout.

Internal Audit undertakes a variety of audits on efficient use of resources to help understand any areas of weakness in internal controls.

The Trust submitted a self-assessment of its compliance with *Government Functional Standard 013: Counter Fraud* to the NHS Counter Fraud Authority (NHSCFA). The NHSCFA did not require further engagement with the Trust following consideration of the submission

6 Information Governance

There are a number of controls in place to mitigate Information Governance (IG) related risk. The reporting and management of both data and security risks is supported by the local and directorate risk registers. Information Governance forms part of the Trust's mandatory training requirements. Regular reminders are provided by the 'ULearn' system and the importance of IG training is communicated to staff through staff communications. There are also a number of measures in place such as physical security, data encryption, access controls, audit trail monitoring, departmental checklists and spot checks. In addition, a comprehensive assessment of information security is taken annually as part of the data security and protection toolkit and further assurance is provided from internal audit and other reviews.

The effectiveness of these measures and oversight of the data security and protection toolkit is undertaken by the Data Privacy Group. This includes details of any personal data-related Serious Incidents, the Trust's annual Data Security and Protection Toolkit score and reports of other information governance incidents, risks and audit reviews. The committee is currently providing positive (green rated) assurance over the management of risk to the Finance and Performance Committee.

During 2021-22 we had 3 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 (ICO). The ICO confirmed in all cases that no further action was needed. The learning from these incidents has been shared through the Incident Review meetings and where appropriate key message reminders sent out to staff in 'One Minute' Briefs and through policy development and review.

All Information Governance incidents are scrutinised by the Data Privacy Committee in order to ascertain any organisational learning, which is shared through the relevant Service Directorate Governance Groups where relevant.

7 Data quality and governance

To ensure that the data quality has the appropriate level of oversight at committee level, data quality has been incorporated into the Data Privacy Committee (DPC) with its role in driving and monitoring the information governance agenda and all its activities~~,~~ of which data quality is an element. The DPC's split agenda has ensured an appropriate focus on data quality and the outputs reported to FPC via the highlight report. 2021/22 has seen the development of a formal Data Quality Framework with a supporting data quality kitemark against which services have commenced self-assessment, and from where KPI's on the Board Performance Report will assessed and the outputs indicated on the report, as part of its assurance process. Work has been undertaken by the Data Quality Working Group to engage with staff across the Trust in defining what data quality means to them and how best the outputs of progress can be presented in order that it is meaningful and aids their service data quality improvement. Data Quality has been embedded as a key component of the Trust Strategy under the Well Led domain and the outputs aligned to the Data Quality Framework.

8 Review of effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS Trust who have responsibility for the development and maintenance of the internal control framework. I

have drawn on the information provided in this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the board, the audit and assurance committee and the quality assurance committee **and a plan to address weaknesses and ensure continuous improvement of the system is in place.**

8.1 The Board

The Board of Directors comprises of a Chair plus six Non-Executive Directors (NED), a Chief Executive Officer and four other voting Executive Directors. Seven non-voting Directors (of which, three are joint with NHFT) also attend meetings of the Board together with the Trust Secretary.

We are currently out to advert to recruit to two vacant Non-Executive Director positions; one to replace Vipal Karavadra and one to replace Darren Hickman, the Chair of the Audit and Assurance Committee who will be leaving for an ICS NED role in June 2022.

There were a number of changes to Non-Executive Directors during the reporting period;

- The Deputy Chair and Chair of FPC Geoff Rowbotham retired on 30th April 2021. The position of Deputy Chair was filled by Faisal Hussain who has also stood in as Chair of FPC on an interim basis.
- A Non-Executive Director vacancy was filled by Vipal Karavadra between 1st September 2021 and the 29th January 2022.
- The Chair of QAC Liz Rowbotham retired from the Trust on 31st May 2021. This position was filled by Moira Ingham who started with us on 1st June 2021.
- Professor Kevin Harris retired on 31st December 2021 and was replaced by Professor Kevin Paterson who joined the Trust from 1st January 2022.

The Board meets in public 6 times a year. This year, as part of the Group Model arrangement with Northamptonshire Healthcare NHS Foundation Trust (NHFT), the Trust changed the cycle of bi-monthly meetings to align with the months that the Board of NHFT meet; as a result of this change, an additional meeting was held in 2021/22. The Board continues to focus both strategically and in assuring itself of the performance of the whole of the organisation. Standing items on the meeting agenda include patient voice and service user feedback from the People's Council and HealthWatch, staff voice, finance and performance reports and the Organisational Risk Register. Detailed reports have been received on a broad range of strategic and governance issues.

To support the Board of Directors in fulfilling its duties effectively, level 1 committees are formally established with Board approved terms of reference. The remit and terms of reference of these Committees have been reviewed during the year to ensure continued robust governance and assurance. The importance of the triangulation of understanding, challenge and assurance between committees is recognised and reflected through cross-membership and reporting between committees and through the receipt of highlight reports to the Board of Directors.

Due to the ongoing g covid-19 pandemic the Board schedule was compressed to refocus on our single strategic objective "to preserve life". Public Board agendas were refocused with items on the six covid priority areas. Board Development sessions were shortened during the pandemic to focus on essential development work relating to service transformation or organisational culture. The Trust continued to apply interim governance arrangements during the year to streamline the governance and pause meetings which were not deemed to be critical.

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.

8.2 The Audit and Assurance Committee

The Audit and Assurance Committee (AAC) 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. The annual committee review of effectiveness for 2021/22 has confirmed that the Committee has been quorate and has fulfilled its role according to the Terms of Reference. The Committee has been effective and has continued to meet during covid.

8.3 Quality Committee

The Quality and Assurance Committee (QAC) is chaired by a non-executive director, has two other non-executive director members, and meets on a bi-monthly basis. It also includes members who are Board executive directors, as well as there being senior clinical directors, senior clinicians, and commissioners in attendance. It is the key forum for discussion and assurance that safety, workforce and quality governance arrangements are in place throughout the Trust and that they are working effectively. The annual committee review of effectiveness for 2021/22 has confirmed that the Quality Assurance Committee has been quorate and has fulfilled its role according to the Terms of Reference. The Committee has oversight of any limited / part limited internal audits. It also receives updates on any quality summits, and assurance from all key areas within its remit.

8.4 Clinical Audit

The Trust maximises opportunity to learn from good practice and has a systematic quality improvement approach using the NHS Model for Improvement as its single approach to quality improvement. Clinical audit remains an integral part of the Trust's quality improvement approach. A programme of internal and external Clinical Audits for clinical quality assurance and control and the implementation of NICE quality standards provides robust mechanisms along with PDSA for quality improvement to be embedded. The Trust has an annual programme of national and local clinical audits which is presented to the Audit and Assurance Committee, with ongoing oversight of clinical audit outturn at the Clinical Audit, NICE and QI Committee which in turn provides an assurance rating over the delivery and outcome of clinical audits to the to the Clinical Effectiveness Group (CEG) where learning and triangulation takes place.

During 2021/22 the Trust participated in five national audits and supported 33 local audits. Each audit has an assigned QI Advisor who supports the governance and learning process and each local clinical audit is discussed as part of our quality improvement design huddle to ensure that clinical audit is the most appropriate methodology to lead to improvement. Each clinical audit undertaken is linked to a CQC domain and provides assurance over a level of compliance against associated key lines of enquiry.

There is a group programme approach to improvement underway with our buddy trust, Northamptonshire Healthcare Foundation Trust (NHFT) which is underpinned by the principles of quality improvement including clinical audit. 'Foundations 4 High Standards' is based on the four foundations of safety, support, self-assessment and surveillance and aligned to the Step Up to Great strategy.

8.5 Internal Audit

During the year, 10 audits were delivered from the 2021/22 plan. For those providing an assurance rating, these all provided either full or part Significant Assurance. Those with full significant assurance ratings included;

- Corporate Governance and Risk Management
- Financial Systems
- General Ledger and Financial Reporting Arrangements
- Capital Expenditure
- Data Quality
- Remote Working

- Staff Wellbeing
- Performance Management Framework

There were two audits containing part significant and part limited assurance as follows;

- Management of Fixed Ligature Points. This gave a split assurance opinion Significant/Limited. All actions due have been confirmed by 360 Assurance complete (there are currently three actions due for completion in July 2022). The learning from this audit has been received at the Ligature Group, the Patient Safety Improvement Group, the Directorate Health Safety Security Action Group, the Corporate Health and Safety Group and the Quality Assurance Committee.
- Quality Impact Assessments. This gave a split assurance opinion Significant/Limited. All actions due have been confirmed by 360 Assurance as complete. The learning from this audit has been received at the Quality Assurance Committee.

There is one audit which is delayed from the 21/22 audit plan which will be reported in next year's Head of Internal Audit Opinion and Annual Governance Statement.

- Clinical Quality; Patient Safety – Violence and Aggression

One internal audit report was issued in August 2021 relating to the previous year's internal audit plan (2020/21);

- Mental Health Act. This gave a split assurance opinion Significant/Limited. All actions have been confirmed by 360 Assurance as complete. The learning from this audit has been received at the Legislative Committee and the Quality Assurance Committee.

Any limited or part limited assurance reports received from our internal auditors are reviewed by the lead Director and action owners, and presented to the Strategic Executive Group, and the relevant level one committee (QAC or FPC depending on the nature of the review).

This year's Head of Internal Audit Opinion provides a Significant Assurance that there is a generally sound framework of governance, risk management and control designed to meet the organisation's objectives, and that controls are generally being applied consistently.

This opinion relates to all three main areas;

- Organisational Risk Register and strategic risk management. This section has been rated in the Head of Internal Audit Opinion as Significant Assurance due to the further embedding of risk management arrangements within the Trust.
- Individual assignments. this section has been rated as Significant Assurance. The threshold for substantial assurance is to have no limited or part limited assurance reviews during the year, and for there to be no themes around governance or clinical risk resulting from work undertaken. Our approach to audit planning is risk based and so we invite our auditors to assess those areas where the Trust has known risk. This is more likely to attract scope for limited assurance opinions in audit outturn.
- Follow up of actions. We have a strong internal follow up process, with oversight by the Operational Executive Board and the Audit and Assurance Committee. The Trust achieved a 93% first follow up rate (66/71 actions implemented within the timescales provided). This has been rated in the Head of Internal Audit Report as significant assurance; the threshold for substantial assurance is 100%. Our overall follow-up rate is 99% (70/71 implemented).

8.6 External Audit

The Local Audit and Accountability Act 2014 requires auditors of NHS Bodies to be satisfied that the organisation has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. This is supported by the Code of Audit Practice, published by the NAO in April 2015, which requires auditors to take into account their knowledge of the relevant local sector as a whole, and the audited body specifically, to identify any risks that, in the auditor's judgement, have the potential to cause the auditor to reach an inappropriate conclusion on the audited body's

arrangements. KPMG, as the Trust's appointed external auditors, is required to provide the Trust with a Value for Money conclusion as part of the annual accounts audit; this is in accordance with changed National Audit Office guidance about these reviews for NHS bodies.

The external audit Value for Money Audit Plan has been issued with the following identification of risks of significant VFM weakness;

- Financial Sustainability. Rated Amber, one issue identified – see below
- Governance. Rated Green, no issues identified
- Improving Economy, Efficiency and Effectiveness. Rated Amber, one issue identified – see below

Financial Sustainability

"Due to the current uncertainty surrounding efficiency targets/ funding for 2022/23 there is a risk that the Trust does not have in place adequate arrangements to achieve financial sustainability in the medium term" (KPMG).

The Trust has developed an efficiency plan for 2022/23 which delivers the required targets. A 3-year financial strategy will be prepared as part of the 2022/23 planning process.

Improving Economy, Efficiency and Effectiveness

"The latest CQC rating for the Trust is 'Requires Improvement' despite a previous action plan to oversee improvement. There is a risk that the Trust may not have taken appropriate action or secured improvement in the areas where the CQC identified weaknesses" (KPMG).

The Trust takes a three phased approach to responding to any weaknesses identified by the CQC to ensure that action taken is systemic, embedded and linked to the Trust's quality improvement programmes. The first phase includes any immediate action to secure safety and address any must dos; all must do actions from the last inspection were completed by 31 March 2022. The second phase addresses any should dos and has a focus on shared learning across the trust, and the embedding of any longer-term quality improvement work; this is currently in progress and learning from the report is being shared across the Trust. The third phase relates to the ongoing monitoring of embeddedness of action taken.

The Trust also has proactive processes for ongoing self-assessment and management of improvement, including a Quality Surveillance Tracker to capture any new quality or safety concerns relating to a CQC domain.

8.7 Assurance Mechanisms

8.7.1 Health and Safety Incidents

The Trust has received and responded to one enquiry from the Health & Safety Executive during the year in relation to compliance with COVID environmental arrangements; the Health & Safety Executive was satisfied with the response given. 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 one site throughout the period with the outcome received of "broadly compliant'. There will be no further action by the Inspecting Officer. The remedial works identified related to electrical faults and insufficient call point keys, both of which are addressed. No formal prosecution or enforcement notifications have been received.

8.7.2 EPRR

The Trust provided evidence of compliance against the Emergency Preparedness Resilience and Response (EPRR) core standards to NHS England for 2021/22. With regards to core standard 42 for Mutual Aid and the process for requesting the use of Military Aid (MACA), the Trust has been graded as substantially compliant, with the following summary

Not compliant with core standard. The organisation's EPRR work programme demonstrates evidence of progress and an action plan to achieve full compliance within the next 12 months.

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

The Leicester, Leicestershire and Rutland health economy has not been utilising the NHS specific framework during the first half of the year. During COVID-19 this has been managed via the Local Resilience Forum. The Trust is now using the NHS Framework.

The NHSE/I Regional Head of EPRR is satisfied with the retrospective action taken by and no further action required to close the 2021/22 assurance process.

9 Conclusion

My review confirms that no significant internal control issues have been identified, and that Leicestershire Partnership NHS Trust has a generally sound system of internal control that supports the achievement of its policies, aims and objectives and minimises exposure to risk. The Trust is committed to the continuous improvement of processes of internal control and assurance and as such may introduce additional controls within the forthcoming financial year (2022/23).

Signed  Chief Executive

Date 10th June 2022