

Leicestershire Partnership NHS Trust

# ANNUAL

## Report 2014/15

Improving your health and wellbeing



Celebrating  
excellence and  
long service



Listening to and engaging  
with our service users



Award winning  
innovations  
and service  
developments



Living our values of  
trust, respect, integrity  
and compassion

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The 2014-15 Annual Governance Statement and Audited Annual Accounts are presented in a separate supporting document to this Annual Report as Appendix A and B.

# Welcome to LPT

## Our Strategic Report

### Welcome to our Annual Report for 2014-15.

We are proud of our staff and their commitment to delivering the best quality patient care. As a Trust, our vision is clear: to improve the health and wellbeing of the people of Leicester, Leicestershire and Rutland, by providing high quality integrated physical and mental care pathways. Whilst we recognise that we are on a journey to improvement, the significant progress made this year towards addressing our challenges is set out in this report.

**compassion** will continue to be embedded in everything we do, as we define the new 'LPT way' to deliver our four strategic objectives of quality, partnership, staff and sustainability. We have adopted the NHS Change model as a Trust, invested in developing the leadership of all our staff, and continued staff engagement through 'Listening into Action' and other new engagement initiatives. We also continue to embrace innovation, finding new ways to improve the quality of our clinical services.



“We are proud of our staff and their commitment to delivering the best quality patient care.”

In March we were inspected by the Care Quality Commission, to assess how safe, effective, caring, well lead and responsive we are as an NHS Trust. This has been a good opportunity for us to review our own internal self-regulation processes, share our achievements and reflect on where we are. We have undertaken considerable work around our values and the culture we want to work in. These values of **trust**, **respect**, **integrity** and

The recent NHS Five Year Forward View sets out how the health service needs to change over the next five years if it is to close the widening gaps in the health of the population, quality of care and the funding of services. It covers areas such as disease prevention; new, flexible models of service delivery tailored to local populations and needs; integration between services; and consistent leadership across the health and care system. The Dalton Review has also challenged us to look at how we can run services differently. Our transformation programmes – ‘service development initiatives’ – all now focus on integrating and targeting our clinical services on families in geographical localities.



This includes greater partnership working with the voluntary and public sector, and between hospital and community care, and supporting urgent and emergency care services. Read more about the new models of care we have developed and continue to develop in the rest of this report, including a summary of our own Five Year Forward Plan and our commitment to Better Care Together – a partnership health improvement programme across Leicester, Leicestershire and Rutland.

We are committed to providing quality care and it is important that staff, service users, patients and families are assured of the quality of our services and can see how we are striving year on year to improve them. We don't get everything right, and we've identified where improvements can be made – aligned with quality, safety, estate, workforce and sustainability. You will read summaries of these later. Highlights from our

Sustainability Report will also be set out here, alongside highlights from our evolving corporate social responsibility strategy, featuring social, community and human rights. We take pride in our equality and diversity policy, and are pleased to say that we have signed the BSL charter earlier this year with the British Deaf Association. See our Embracing Diversity section later in this report.

The summary financial accounts are presented with this annual report in supporting document Appendix A. We are pleased to have achieved all our statutory and planned financial duties for 2014-15 and maintained a strong financial performance with a revenue surplus of £2.6m, which we can reinvest to make improvements for patients. In the current financial climate, we are expecting the next few years to be challenging as we work to make the efficiency improvements expected from NHS organisations. We thank our staff for their continued hard work in helping to deliver these efficiency savings year on year.

**“ We take pride in our equality and diversity policy. ”**



# Some of the things which have gone well against our strategic objectives this year...

## Deliver safe, effective, patient-centred care in the top 20% of our peers

- Sustained quality improvement programme in our adult mental health services.
- Progress made against our service development initiatives.
- Strengthened self-regulation processes, including our 'Time to Shine' preparations for the CQC.
- Improved patient experience – our Friends and Family Test results consistently show that over 90% of our patients are extremely likely or likely to recommend our services.

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

- Enhanced leadership development offer for all our staff.
- Staff survey results have seen an improvement, with more staff saying they feel engaged.
- Listening into Action – supporting teams to implement their own solutions.
- Board to Ward, Ask the Boss, regular vodcasts, and increased use of social media improving staff engagement.
- Staff Excellence Awards and Long Service Awards – recognising and rewarding staff.

## Ensure sustainability

- New contracts awarded including:
  - Paediatric community phlebotomy service
  - Immunisations service for school children covering meningitis c, HPV, teen boosters, and nasal flu
  - City adult weight management (targeted and enhanced service)

- Healthy eating initiatives in early years settings

- Leicestershire and Rutland adult and children's weight management.

- Successful mobilisation of contracts won in 2013/14 included the City children's weight management service, and the Alliance Contract to provide community based elective care.
- A single Electronic Patient Record across Adult Mental Health and Learning Disabilities 70% complete in terms of its rollout.
- The Community Psychiatry Team is beginning to trial telehealth assessment for routine contacts. This type of technological innovation will enable clinicians to have more time for complex cases.
- The introduction of pay-as-you-go wifi for patient areas, to enhance patient experience in our care, whilst protecting the security of our networks.

## Partner with others to deliver the right care, in the right place, at the right time

- Better Care Together – an active player including mental health and bed reconfiguration from University Hospitals of Leicester (UHL) into the community.
- New older people's unit in Loughborough.
- Acute mental health pathway including Box Tree Farm and new crisis helpline.
- Multi-agency hate crime initiative and mental health triage scheme with the police.
- Research endeavours through the CRN, CLAHRC and AHSN East Midlands bodies.
- Education and training with Leicester University and De Montfort University.

## Some of the things which have not gone so well for us this year...

Some of the risk areas we are focusing on include our workforce (in relation to recruitment in particular – a national shortage in nursing), our estate (being fit for purpose and reducing our footprint), financial sustainability, maintenance of high quality services and data quality (being poor due to problematic IT data capturing systems). Each of these areas has detailed action plans in place that will be described later, including a new recruitment strategy, an agile working strategy, finance and performance strategy, quality improvement plans and improved record keeping standards and strengthened whistle-blowing systems. We are also developing a detailed action plan to respond to the recent Freedom to Speak whistleblowing report to ensure staff feel safe and supported in raising concerns.

## Looking Ahead

In 2015-16, the NHS will have to respond to the implementation of the NHS Five Year Forward View and the general election manifesto. We will continue to test new models of care alongside our partners through Better Care Together and integrated care pathways. Continuing to create a financially sustainable future and strengthening our improvement journey will remain key drivers for transformational change.

Thank you to our team of 5,400 staff for their continued dedication and commitment. There is nothing we value more highly than the feedback of our staff, service users and partners. We will continue to improve the quality of our care by listening, working together and investing in each of member of staff in the LPT team.

**“There is nothing we value more highly than the feedback of our staff, service users and partners.”**

**“Thank you to our 5,400 staff for their continued dedication and commitment.”**

# About us

A profile of the Trust in 2014-15 and beyond

## LPT - What Matters

Providing mental health, learning disability and community health services for the 1 m people of Leicester, Leicestershire and Rutland.

## A Teaching Trust

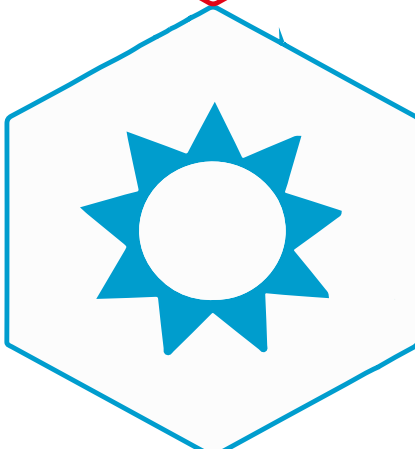
Providing research, training and education for medical, nursing and therapy students with other educational establishments.

Patients



At the heart of everything we do

Vision



To provide high quality, integrated, physical & mental health care pathways

Values



Trust  
Respect  
Integrity  
Compassion

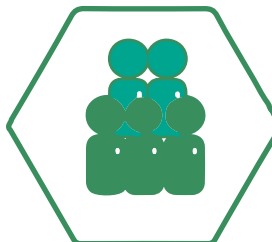
Partnerships



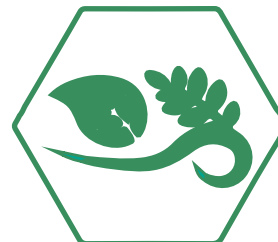
Safety



Staff



Sustainability



## LPT in numbers



240,000  
bed days

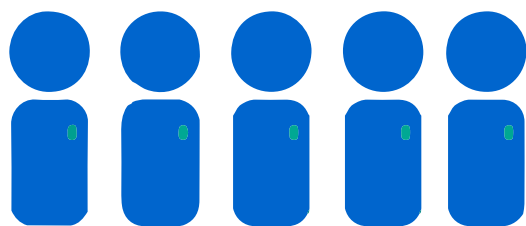


1.49m  
community  
contacts



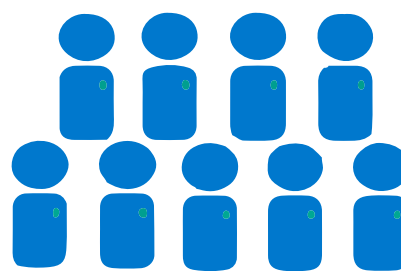
166,000  
active caseload at  
any time

### Staff



5,486  
in community, learning disabilities  
and mental health services

### Members



9,502  
representing the population we serve

Working across

**154**  
premises



**90%**



of patients would  
recommend our services

Income

**£273m**



More detailed statistics about our workforce is in the section about our staff (page 41).



### Our History

Leicestershire Partnership NHS Trust was established in 2002 as a provider of mental health, learning disability and substance misuse services. As part of the national Transforming Community Services (TCS) programme, the Trust identified the strategic benefits of integration with local services previously provided by the city and county primary care trusts.

In April 2011, the Trust merged with local community services providing new opportunities to improve the health and wellbeing of our local communities. The merger resulted in a number of important benefits, including the full integration of physical, mental health and learning disability services. This has led to a greatly enhanced range of services for local people and the release of significant management cost savings into the health economy.

**“The Trust serves more people than the average community and mental health NHS Trust.”**

### Our population and the community we serve

We deliver services from many different locations across the Leicester, Leicestershire and Rutland ('LLR') region, including hospitals, longer term recovery units, outpatient clinics, day services, GP surgeries, children's centres, schools, health centres, people's own homes, care homes and prisons.

The population of LLR was estimated to be just over 1 million in 2014 (ONS 2012) meaning the Trust serves more people than the average community and mental health NHS Trust. Just under two thirds of the population lives in Leicestershire County, with just under one-third living in Leicester City. The balance of approximately four per cent of the population lives in Rutland.



(Source: Office for National Statistics)

The city of Leicester and counties of Leicestershire and Rutland bring together a rich mix of urban, suburban and rural districts, diverse in cultural heritage and ethnicity. Levels of affluence and deprivation vary considerably across these communities.

Beyond these boundaries a number of services are provided to service users from wider geographical areas, primarily areas of the East Midlands adjacent to Leicestershire, for example our eating disorders service.

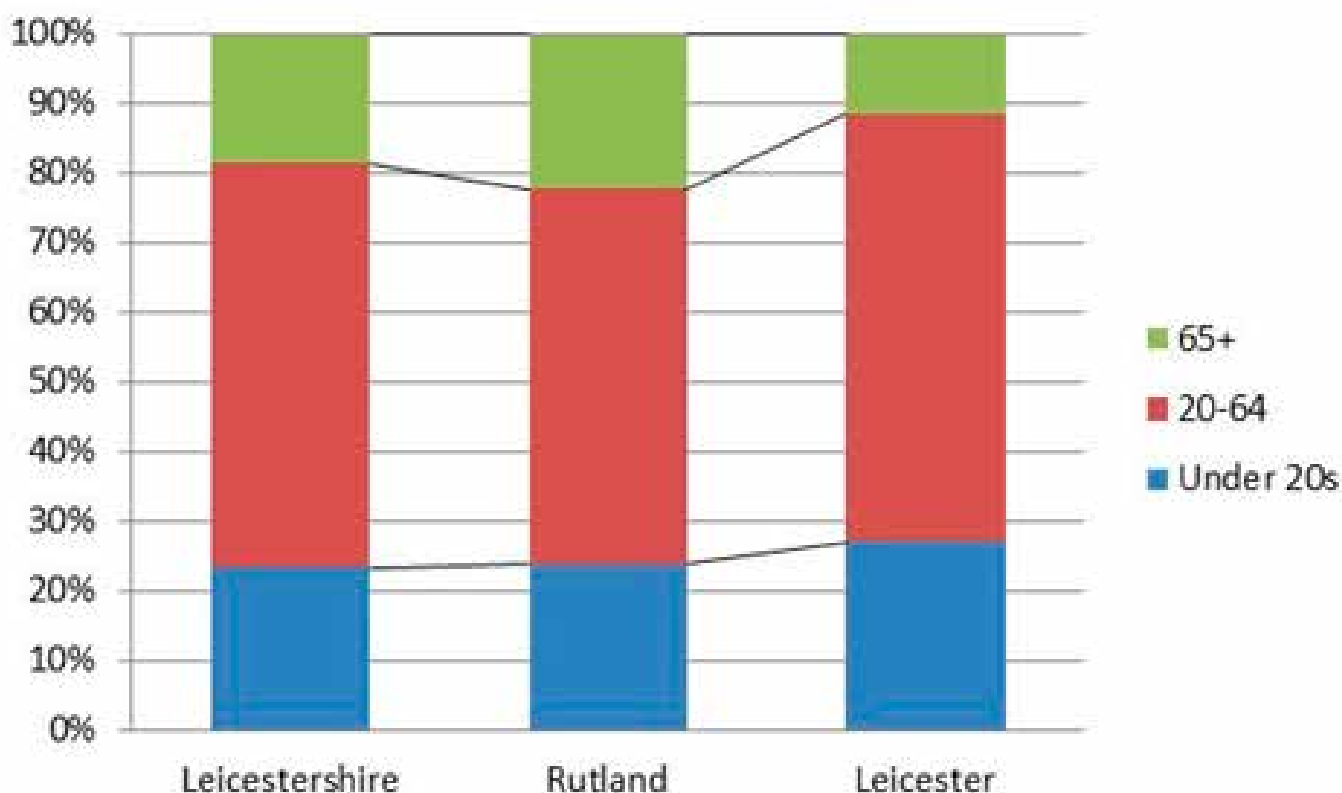
### Demographics

The age structure of the local population influences relative demand for different services. The Trust's services are skewed towards serving either the young or older people, with less service provision required by people of working age.

Leicester City has a younger population than the two other areas, particularly marked in younger adults (aged 20 to 24 years) with a significantly lower percentage of the population being aged 65 and over (11% versus 20%). The difference in the proportion of older people means the Trust's service offer to the city is different to the offer in Leicestershire and Rutland.

In terms of ethnicity, the picture is very varied across the catchment population, as demonstrated in the graph below.

**“A rich mix of urban, suburban and rural districts, diverse in cultural heritage and ethnicity.”**



(Source: Office for National Statistics)

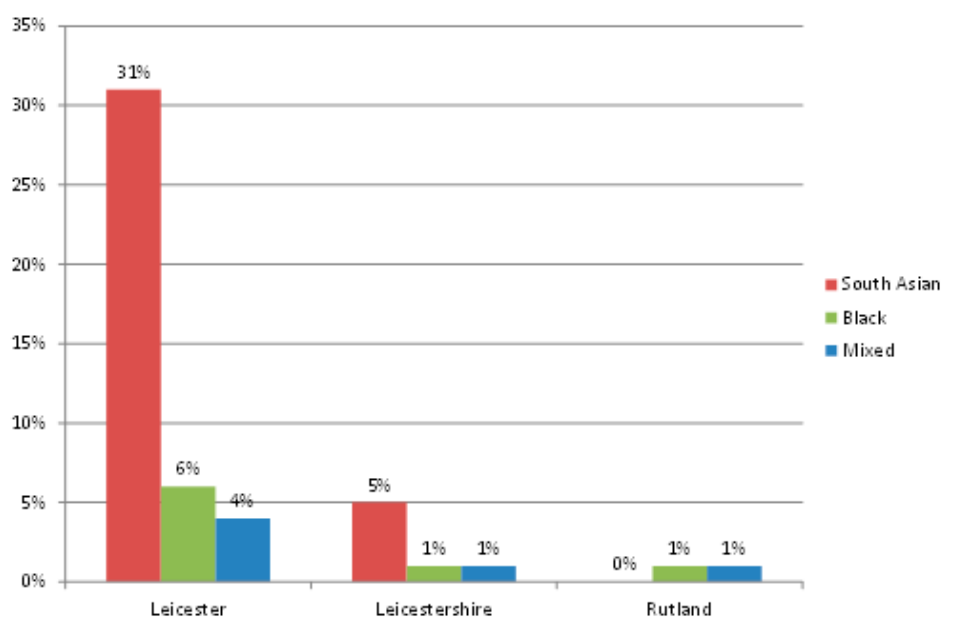
Leicester is ethnically diverse, with a particularly large population of south Asian origin and growing numbers from new migrant groups, notably those from Eastern Europe and Somalia. Leicestershire and Rutland are much less diverse.

In mental health services there is strong evidence of variable need and utilisation between ethnic groups. For example, South Asian groups are known to have lower utilisation, presenting challenges in terms of designing and delivering services that are appropriate to needs and cultural preferences.

Service design and delivery must respond to these important differences in our diverse population, particularly in terms of access to services.

- The area's diverse and multicultural population is forecast to grow by 36,000 (3.4%) over the next five years, with an increase in the number of children in the area (by 7%).
- The working age population will remain relatively consistent throughout whilst the number of older people is due to increase significantly (by 14%) over the period.

- The increase in demand for children's services in 2015-16 is expected to increase by 1.4% in Leicester, by 1.0% in Leicestershire and by 3.4% in Rutland which will impact on services such as school nursing and paediatrics.
- Demand for working age services in 2015-16 is expected to stay the same in Leicester and Leicestershire, but decrease by 0.8% in Rutland, which suggests providers will need to look outside of LLR when recruiting the extra staff needed to cope with rising demand.
- The demand for older people's services in 2015-16 will increase by 3.0% in Leicester, by 3.0% in Leicestershire and by 2.0% in Rutland. This higher percentage growth rate amongst the over 65s means they are disproportionately represented in both NHS and local authority services.



Source: Office for National Statistics)

## Our services

We have three operational divisions, supported by a number of corporate (enabling) departments

Adult Mental Health and Adult Learning Disability Services	Families, Young People and Children's Services	Community Health Services	Enabling Services
<p><b>Our inpatient adult mental health services:</b></p> <ul style="list-style-type: none"> <li>General psychiatric care and psychiatric intensive care at Bradgate Mental Health unit (Glenfield Hospital).</li> <li>Care in a low secure environment at Herschel Prins Centre (Glenfield Hospital).</li> <li>Healthcare services at Glen Parva Young Offenders Institute, HMP Gartree and HMP Leicester.</li> </ul> <p><b>Our community-based adult mental health services include:</b></p> <ul style="list-style-type: none"> <li>General community mental health teams</li> <li>Crisis intervention</li> <li>Assertive outreach Psychological therapies</li> <li>Personality disorder therapy</li> <li>Care for people with Huntington's disease</li> <li>Psychiatric liaison service based within the emergency department of Leicester University Hospitals</li> <li>Criminal liaison and diversion links.</li> </ul> <p><b>Services for adults with a learning disability:</b></p> <ul style="list-style-type: none"> <li>Support from community based teams</li> <li>Inpatient treatment</li> <li>Short-break services</li> <li>Specialist advice and support for carers.</li> </ul>	<p><b>Universal and specialist support including:</b></p> <ul style="list-style-type: none"> <li>Child and adolescent mental health services Health visiting</li> <li>School nursing</li> <li>Paediatric medicine</li> <li>Nutrition and dietetics</li> <li>Substance misuse</li> <li>Eating disorder services</li> <li>Speech and language therapy</li> <li>Occupational therapy and physiotherapy.</li> </ul> <p>Services are delivered in homes, community and neighbourhood centres, children's centres, health centres, hospitals, inpatient units, schools and nurseries.</p>	<p><b>Providing community health services for adults and older people, including:</b></p> <ul style="list-style-type: none"> <li>Inpatient services in 10 community hospitals</li> <li>District nursing</li> <li>Community based rehabilitation and rapid response services</li> <li>Specialist palliative and end of life care services</li> <li>Specialist long term condition services</li> <li>Adult nursing and therapy services</li> <li>Mental health services for older people</li> <li>Adult podiatry</li> <li>Speech and language therapy</li> <li>OT and physiotherapy services.</li> </ul> <p>Services are delivered in community hospitals and through many community teams in clinics, day services and homes.</p>	<p><b>Our enabling services provide support across the trust, and include:</b></p> <ul style="list-style-type: none"> <li>Chief Executive Office and Trust Secretary</li> <li>Finance</li> <li>Estates</li> <li>Quality and Patient Experience</li> <li>Research and Development</li> <li>Human Resources</li> <li>Business Development</li> <li>Health and Safety</li> <li>Equalities</li> <li>Information and Performance</li> <li>Medical Directorate.</li> </ul> <p>Enabling Services also hosts services such as Health Informatics Services (HIS) and 360 Assurance (counter fraud). All NHS estates and facilities management services across Leicestershire and Rutland are provided by Interserve. This includes catering, cleaning, maintenance and security.</p>

## Looking ahead: Our service development plans and key deliverables

In the Trust's Five Year Plan, we have set ourselves 18 key deliverables to continue our journey to improve the health and wellbeing of the people of Leicester, Leicestershire and Rutland - through the provision of high quality, integrated physical and mental health care pathways.

**A summary of our 5 year plan.**

Adult Mental Health and Learning Disability Services	Families, Young People and Children's Services	Community Health Services	Trust-wide strategic plans
<p>We will integrate and focus our clinical services on families in geographical localities. We intend to enhance and build on existing adult mental health services in the community setting. We will continue to support people with learning disabilities so that they can remain independently in the community setting.</p>	<p>We will integrate and focus our clinical services on families in geographical localities. We will provide the support to enable families and communities to self-help, and will increase the skills of our workforce to reduce referrals to specialist services. We will pioneer the use of social media, mobile and video technology in order to engage and support young people.</p>	<p>We will integrate and focus our clinical services on families in geographical localities. We will concentrate on prevention and early intervention, while improving access to care and reducing waiting times for our services. We will seek to provide services in a caring, effective and efficient way, getting the most out of the hospital care we offer. We will adopt new models of care and will deploy innovative technology in our clinical settings</p>	<ul style="list-style-type: none"> <li>• Clinical improvement</li> <li>• New models of care</li> <li>• Quality</li> <li>• Self-regulation</li> <li>• Stakeholder and partnership</li> <li>• Innovation</li> <li>• Research &amp; Development</li> <li>• Human Resources &amp; Organisational Development</li> <li>• Programme Management</li> <li>• Finance</li> <li>• Information Management &amp; Technology</li> <li>• Enterprise</li> <li>• Corporate Social Responsibility</li> <li>• Performance &amp; Accountability</li> <li>• Estates.</li> </ul>



### The local health economy

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

- University Hospitals of Leicester (UHL)
- Neighbouring community and mental health trusts
- NHS trusts with national ambitions
- Private sector providers
- Local councils
- Third sector organisations.

### Our commissioners

The Trust serves three main Clinical Commissioning Groups (CCGs):

- Leicester City CCG
- West Leicestershire CCG
- East Leicestershire & Rutland CCG.

These three CCGs accounted for the majority of our health care revenues in 2014-15, with the balance from other commissioners including NHS Midlands and East Specialised Commissioning Team, third sector partners, local authorities, out-of-area commissioners and University Hospitals of Leicester. This is not expected to change in 2015-16, other than a shift of commissioning responsibility for health visiting/school nursing from NHS England to the three local authorities.

CCGs work collaboratively with stakeholders across the health and care economy including the Trust, to create commissioning strategies, annual plans and commissioning intentions, and to address the common themes and individual priorities to which the health and care economy aims to respond.

### Better care together



Improvements in health and social care in recent years have led to an ageing population in Leicester, Leicestershire and Rutland. In addition, the local NHS funding gap is predicted to reach almost £400m in five years' time. In response to these pressures, the local NHS organisations and local authorities have formed a partnership to plan and deliver change under the Better Care Together (BCT) banner.



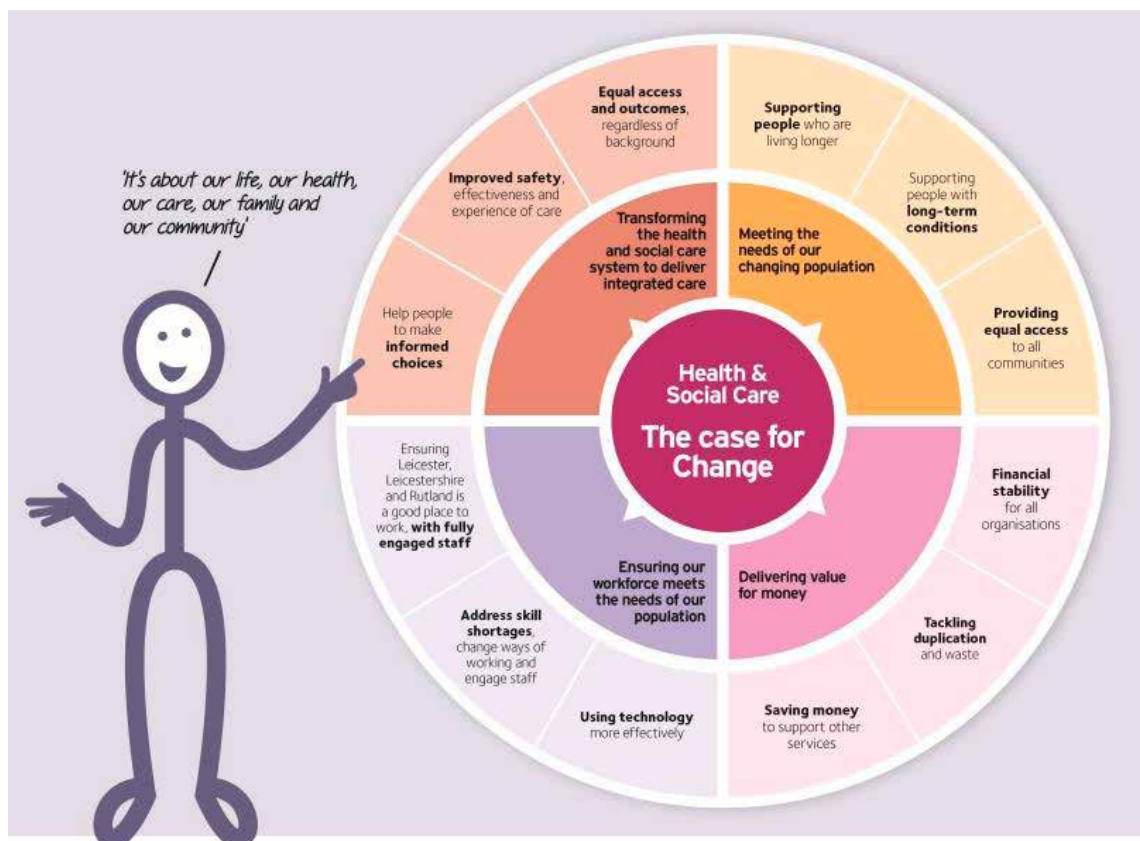
## Better care together

Leicester, Leicestershire & Rutland health and social care

BCT brings together partners, including LPT, whose objective is to ensure that health and social care services change to meet the ongoing needs of local people. BCT also works closely with public and patient involvement representatives in developing plans for change.

**“Better Care Together is the biggest ever review of health and social care services across Leicester, Leicestershire and Rutland.”**

BCT's partner organisations	
<b>Leicestershire Partnership NHS Trust</b> University Hospitals of Leicester	Healthwatch (Leicester, Leicestershire and Rutland)
East Leicestershire and Rutland CCG Leicester City CCG West Leicestershire CCG	Leicester City Council Rutland County Council
East Midlands Ambulance Service (EMAS)	NHS England Local Area Team
Health and Wellbeing Boards (Leicester City, Leicestershire and Rutland)	Voluntary and Community Services (VCS)



## Together, Leicester, Leicestershire and Rutland's BCT's plans include

- Giving expectant mothers more choice
- Providing tailored support for children and young people with special educational needs
- Joining up care pathways
- Taking care into the community
- Speeding up urgent care
- Providing care closer to home
- Helping people to remain safe and independent
- Providing support when people need it.

# A year in review

## Highlights from 2014-15

We are committed to continually enhancing our services. Here are some highlights from this year.

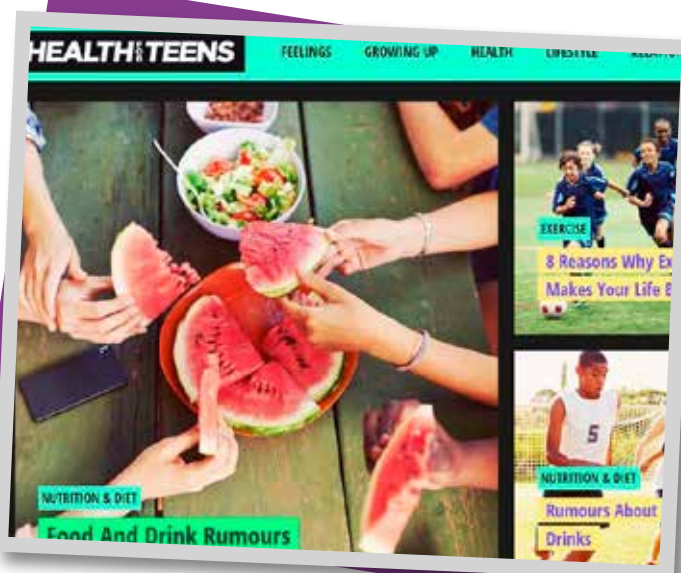
### Health for kids and Health for teens websites

[www.healthforkids.co.uk](http://www.healthforkids.co.uk)

The Health for kids website was set up this year to complement the school nursing offer for primary school children, enabling them to learn about the ways they can look after their health. All the content has been produced by health experts in the Trust, and children from Leicester, Leicestershire and Rutland primary schools helped to design the concept, content, design and marketing of it. It features games, quizzes and films. It is the first NHS website of its kind in the country, and has been visited by over 100k people since launch in July 2014.

The website features a section for parents, providing more detailed advice from our school nurses, and a health needs questionnaire for

parents to inform school nurses of reception year children, enabling better planning and profiling.



[www.healthforteens.co.uk](http://www.healthforteens.co.uk)

On the back of the success of Health for kids, our ground-breaking Health for teens site was launched in March 2015, with contributions from over 80 young people from Leicestershire's secondary schools.

Again, it is the first NHS website created especially to provide support to teens in relation to their mental and physical health and wellbeing. The site features interactive content, films and quizzes linked to a range of LPT services including school nursing, health improvement, smoking cessation, dietetics, and mental health.





Health for teens also features a web chat facility linked to our multi-award winning messaging system ChatHealth (see below) which enables young people to receive advice and support in confidence directly from school nurses.

Leicestershire County Council have part-funded the creation of both sites, and support has also been provided through the 'Healthy Schools' initiative.

### ChatHealth

ChatHealth is a new, secure mobile app designed to safeguard vulnerable teenagers. It keeps messaging conversations safe and secure and provides timely, confidential access to help from qualified clinicians.



The initiative, available to 65,000 students aged 11-19 in 90 mainstream schools across the region, is improving experiences for young people and staff. The software and its creation won numerous awards for the Trust, including a PEN (Patient Experience Network) National Award and the NHS Challenge Fund prize. Two of the school nurses involved have been awarded the Queens Nurse title by the QNI. Several NHS Trusts have now purchased ChatHealth for their area.



### Nasal Flu Immunisations Pilot

The Trust's childhood flu immunisations team vaccinated 58,055 children aged 5-12 with a nasal flu spray in winter 2014, as part of the second year of a national NHS England pilot programme. The team visited 435 schools and units across Leicester, Leicestershire and Rutland over a ten-week period between October and December 2014. The vaccination was offered to the parents/guardians of 97,555 healthy school children, and had an uptake of 59.1% (compared to 52.1% last year).

**“ The Trust's childhood flu team vaccinated 58,055 children aged 5-12. ”**

The offer included 334 home schooled children who were invited to attend community clinic sessions in the New Year period. In addition, the team vaccinated 358 children and 520 teachers and carers as part of the Special School and Nurseries programme. Our pilot's approach and communications campaign was held as an example of excellent practice and success by the Department of Health, and we have since won the tender to deliver this again.

### Child and Adolescent Mental Health Service (CAMHS) inpatient relocation

The specialist inpatient CAMHS formerly based at Oakham House on the Towers site has been temporarily moved to Coalville Hospital Ward 3 due to the sale of the Towers Hospital land. Work has begun to explore a permanent long term facility within an affordable budget. This long-term solution will take into account the recommendations of a national review that expects such facilities to provide more privacy for young people, as well as a high quality therapeutic and educational space.

### Children's Community Phlebotomy Service

This newly commissioned service provides phlebotomy provision to all 0 -16 year olds registered with a GP in the region, and was co-developed with service users to ensure that it is accessible and convenient to children and families.

The service offers specific appointment times, thereby providing choice to service users. It is anticipated that in future the service will see over 7,000 children a year who require a blood test. Between November 2014 and March 2015 more than 2,900 patients were seen.



### Giving Voice

Giving Voice is an awareness-raising campaign to improve communication with people with learning disabilities in the region. Our specialist learning disability speech and language therapists worked with the local learning disability partnership board, Leicestershire and Rutland County Councils and Leicester City Council with the aims of:

- Making more people aware of simple steps they can take to communicate more effectively, thereby transforming the quality of life of an individual with a learning disability.
- Getting health and social care providers to pledge to implement the Five Good Communication Standards - benchmarks setting out what organisations should do to communicate with individuals (including those with autism and complex and challenging behaviour), to cut the risk of them being excluded socially, losing the opportunity to have a say in their own care or facing health disadvantage.

Following the campaign, a communication network for people with learning disabilities has been set up in order to support services and individuals to deliver the Five Good



### Box Tree Farm and Crisis helpline

We have implemented a series of improvements to our adult mental health crisis resolution services.

Firstly Box Tree Farm, commissioned by LPT and run by the national mental health charity Richmond Fellowship, opened its doors at the end of February 2015. Box Tree Farm in Ratby provides a therapeutic environment for people experiencing significant mental health distress, and can accommodate up to six adults at any one time, all in en-suite rooms. Before the opening of Box Tree Farm, there was a risk that a person experiencing a mental health crisis would be admitted to hospital in the absence of other suitable alternatives. Box Tree Farm aims to prevent unnecessary hospital admissions, helping to ensure that space is available for those who really need inpatient care in the region.



Secondly, LPT commissioned Richmond Fellowship to provide further new services for adults experiencing a mental health crisis. A telephone helpline, 0808 800 3302 (free from most mobile networks) now offers support to those with urgent mental health needs from 2pm – 1.30 am seven days a week. Drop-in sessions providing face to face support also now operate in two city sites, Apex House and The Centre Project, with appointments also available at Box Tree Farm.

The home treatment and assessment teams were merged together at the end of February 2015 so that there is now one crisis resolution team responsible for assessing and treating people within 24 hours of referral. Routine cases have continued to be dealt with by community mental health teams for both city and county, and additional staff have been recruited.

The work is part of a wider long-term programme of service developments in adult mental health and learning disability services which has also seen our community mental health team (CMHT) localities reorganised to drive up efficiency and responsiveness.

### Quality Improvement Programme at Bradgate Unit



Providing safe, effective, quality care is our priority. A comprehensive quality improvement programme was undertaken in 2014 to ensure that care standards at HMP Leicester and within the Bradgate Mental Health Unit were improved following concerns raised by the CQC. £1.3 million was invested in staffing to improve the ratio of qualified to unqualified staff and increase the numbers of therapeutic staff. A rolling programme of development work focusing on areas such as better care planning, the discharge processes,

enhancing service models and pathways of care, improving staff training, increasing cultural awareness programmes and improving the physical environment has led to significant improvements. However, while sustaining this progress, there is clearly still more to do.

### Leicestershire Recovery College



The Leicestershire Recovery College was launched in May 2013, having been developed by LPT staff, community partners and people with experience of mental health problems. The college, based at the Glenfield Hospital site, provides a safe and welcoming educational environment where people can attend free recovery focused courses, workshops and seminars and learn how to better manage their health and well-being, recognise their own resourcefulness and achieve the things they want to. The College has just published its seventh prospectus for the Summer term 2015, having supported nearly 750 people in the two years it has been open. As well as people using adult mental health services, courses are also open to friends, loved ones and staff from the Trust.

### Mental health triage car and the criminal liaison and diversion pilot

Our ground-breaking mental health criminal justice service continues to go from strength to strength.

The triage car partnership with Leicestershire Constabulary was showcased at a national best practice in crisis care event in Leicester on 30th March 2015. It aims to reduce the number of people the police detain because they are at significant risk and need a mental health assessment. These detentions under section 136 of the Mental Health Act have been reduced by 60% since the triage car went into operation in December 2012. We have also achieved a significant reduction in the number of people encountered frequently by police. And, when people are detained, we have reduced the average time of their detention to below half of the national average.



The triage car is part of LPT's wider criminal justice liaison and diversion service, which aims to provide timely care for people with mental ill health and other vulnerabilities who get involved in the criminal justice system. Mental health practitioners liaise with police officers about incidents where someone might need immediate mental health support. They work in police stations and at other contact points to assess people who have been arrested, to

determine if they have mental health and other needs that require care, treatment or advice.

Since April 2014, LPT has been one of ten national trial sites piloting the Liaison and Diversion service. This promotes partnerships between mental health practitioners, the probation service, the courts, other health providers and the police. This service delivers the early interventions that can be crucial in keeping vulnerable people out of prison or reducing their offending. One year on, we are delighted to be delivering the scheme to its full specification. This includes having mental health nurses based in police custody suites at the courts, in probation offices and at Leicester City and Leicestershire Youth Offending services. Since the pilot started, our nurses have assessed in excess of 1,500 vulnerable people and screened many more. We have diverted some into mental health treatment, referred many to a wide range of supportive pathways and confirmed that in a minority of cases the offending behaviour is not significantly influenced by their mental condition. The service has impacted positively on many lives by providing a pathway to supportive services and reducing the risks they face.

### **Launch of new ward for locked male mental health rehabilitation patients at The Willows**

Our adult mental health inpatient rehabilitation services were enhanced by the successful launch of a new eight-bed ward at The Willows in Humberstone, Leicester. The ward houses an additional service providing specialist care for men who need intensive support in a safe environment. It opened in October following a major programme of rebuilding, repair and refurbishment work. Fittings and furniture were selected with the involvement of staff, patients and carers.

### **New night nursing service**

A new night nursing scheme started in September 2014 and has eased the pressure on Accident and Emergency services. The scheme works by allocating patients 'virtual beds', meaning that the patient is monitored by a nurse overnight in their own home, just as they would be on a real hospital ward. There is also a roaming team of more experienced senior nurses who can be called upon by the monitoring nurse to attend the patient's home and provide nursing interventions as necessary. The benefit of the scheme is that it enables patients to remain in their own homes following an unexpected injury or illness, or provides end of life care for those who do not wish to be admitted to hospital.





### Older persons unit

The Older persons unit is a specialist unit set up this year for frail elderly people. The team is made up of a consultant geriatrician, an advanced nurse practitioner and a healthcare assistant. Referrals to the unit can be made by GPs, district nurses, the east midlands ambulance service or the acute visiting service, and the services provided include:

- Two hour assessment
- Blood testing
- Radiology and x-rays
- Electrocardiography.

Transport can be provided for patients where necessary via Arriva or St John's Ambulance Service.



### Intensive community support

Our Intensive community support service has continued to receive excellent feedback this year from patients and clinicians. The service provides nursing, physiotherapy and occupational therapy for mainly older patients in their own homes, overseen by advanced nurse practitioners, enabling them to avoid a hospital stay.

Evidence shows that patients who are treated at home in this way are more likely to recover from their conditions quickly and are less likely to need to go on to residential homes.

The service is looking to expand significantly in 2015-16.



## Digital Innovations

### Electronic register

In addition to the award winning mobile app ChatHealth which enables teenagers to easily contact a school nurse in confidence, LPT Pharmacy team has also pioneered an electronic register this year that will improve the long-term physical health prospects of mental health patients. The register will ensure closer physical health monitoring of people who are prescribed anti-psychotic medications.

Such software proves that technology can have a large scale, cost-effective impact on improving patient experience, and our teams are actively influencing and promoting best practice nationally.

## Improved access to cancer screening programmes

Another important innovation within the Trust this year has been the audio-visual resources designed to reduce inequalities in relation to access to cancer screening programmes.

With funding from the East Midlands Cancer Network, an award-winning team from LPT produced a series of educational DVDs to enable people with learning disabilities to make informed choices in relation to cancer screening programmes.

“ **One of the breast cancer screening films for people with learning disabilities has had more than 9,500 hits in eight months.** ”

Until now, nearly all the equivalent resources were leaflet based, which people with learning disabilities did not always find easy to use. In creating the DVDs, the LPT development team worked collaboratively with focus groups made up of people with learning disabilities, as well as with Public Health England, community learning disability nursing teams, primary care and acute liaison teams and people from breast and bowel cancer screening services and charities. The resources have been very well received, with the Trust receiving many requests from across the country for our staff to showcase their work. One of the breast cancer films is available on YouTube, and has had more than 9,500 hits in eight months.

## Virtual training

LPT developed and launched a pioneering ‘virtual’ training and professional development system this year for mental health, to drive up the quality of care. The system enables groups of clinicians at different sites to receive training simultaneously. Up to 20 people at each base interact with colleagues and trainers at the other sites via an encrypted ‘video link’ which is projected onto a large screen linked to a ‘polycom’ microphone. Each session is recorded and saved as a podcast, and then made available to clinicians who are unable to attend in person. This means that clinicians can keep up to date with mandatory training as well as update their skills and qualifications and share best practice, while still maximising the time spent on direct patient care.

The same secure technology was also used within the Trust this year to trial ‘tele-consultations’ with patients and ‘virtual’ handovers, allowing staff to share information in a confidential setting without having to take time out from direct patient care for travelling. Following a six-month pilot, tele-psychiatry is set to be rolled out to many of our community mental health teams.







### Celebrating staff excellence

It is important for us as a Trust to recognize the commitment our staff give everyday to deliver the best quality patient care. Listening to their views and engaging with them on service improvements has been a key focus of developing an 'LPT way' this year. Also important is a culture of recognizing and rewarding their efforts, their innovation, contributions and achievements.

“Our long service awards celebrated staff with over 6,000 years' service between them.”

Our annual Celebrating Excellence Awards were held in November 2014 at Devonshire Place, with 100 staff, service users, volunteers, carers and patients joining the ceremony. Over 150 nominations were received across 11 categories that were then judged by panels made up of our directors, staff-side representatives and service-users and carers.



We also introduced our first annual long service awards, thanking staff with over 25 or 30 years' service to the Trust for their dedication and hard work. This year, more than 200 staff were acknowledged in a special ceremony hosted by Trust Chairman Professor David Chiddick and Trust Chief Executive Dr Peter Miller. Between them, these staff members had clocked up more than 6,000 years of service.

# How we performed in 2014-15

## Key achievements for 2014-15

### Key achievements for 2014-15

During 2014-15 we reviewed our approach to quality improvement and developed priorities that focused on sustainability. Key achievements during 2014-15 included:

- 97% of in patients received screening and intervention as part of the Trust's strategy to improve physical screening in severe mental illness
- being a comprehensive e-prescribing Trust
- training over 131 staff about suicide awareness
- establishing an out of hours phone line for community mental health services (see page 19)
- supporting 326 clinical audits compared to 284 in 2013-14
- a re-audit rate of 47% compared to 34% in 2013-14, significantly above the national average (this means that we are completing improvement plans before we re-audit)
- 14:1 ratio of compliments to complaints
- implementing the Friends and Family Test across all our services, with an average of 93% positive comments
- maintaining unconditional registration with the Care Quality Commission.

### Quality improvements

Quality is a top priority for the Trust. We have a proven track record of providing high quality services, and of improving the quality of services. Full details are provided in our Quality Account, which is published each year alongside the Annual Report

### Financial performance

Our draft accounts for 2014-15, subject to the annual audit starting in May 2015, highlighted that not only did we achieve all of our statutory and planned financial duties during the last financial year, but we delivered a £2.6m revenue surplus – an excellent achievement. Since nationally, the majority of NHS Trusts are in financial deficit, our staff can be proud of the hard work they have put in to maintaining financial stability throughout this challenging period.

As we move into financial year 2015-16, there is mounting financial pressure across the NHS that needs to be balanced with an increasing demand for services and the need to continuously improve the quality of our services. The Trust's financial plan has been set at a lower revenue surplus of £1.3m to reflect these pressures, which will include the delivery of £10.3m of cost improvements, many of which are linked to the transformation of our services (p13). The Trust is also investing nearly £17m through our capital investment programme to ensure that our buildings provide the right environment for patient care and treatment and that we are making the most of the technology available to us to support our front-line staff,

**“ 97% of mental health inpatients received physical screening intervention. ”**

enabling them to continue to provide efficient and effective services. The strong foundations created by our good financial performance in 2014-15 will help us in maintaining that track record of financial delivery throughout 2015-16. More information about ongoing concerns is in the Director of Finance's report on page 60.

### Estates

The Trust has recently put together a three stage, ten year estates transformation strategy, driven by our clinical strategy and aligned to Better Care Together. Over the next decade we will continue to utilise new technology and new ways of working to rationalise our use of buildings, making more intensive use of a smaller, better quality estate, ultimately comprising 20 premises on 16 sites across the Trust by 2025. Operating from this reduced estate and before any allowance is made for additional space or refurbishment; annual operating expenditure would be reduced to £18.3m or 58% of the current baseline.

### Research

Research activity continues to grow in the Trust. Over 950 of our service users were participants in research studies through the National Institute of Health Research. Several staff members were awarded funded research opportunities including a pharmacist and a physiotherapist, enabling them to grow their research understanding and undertake research of importance to our services. We continue to build relationships with our local universities and used the joint DMU/LPT event in April "Changing the mindset - exploring the journey from research into practice" to showcase a range of current collaborative research.

**“ We will continue to use new technology and new ways of working to rationalise our use of buildings. ”**





# Sustainability report

## Good corporate citizenship and sustainable development

We are committed to sustainable development – achieving improvements that meet present and future needs through the efficient use of resources, while preserving the environment. In 2012 our Trust published a three-year sustainable development management plan, and updated our sustainable development strategy and guidance which aims to meet national targets for NHS organisations. The Trust's Sustainability Champions Group is reviewing this plan for a re-issue in 2015. The national NHS Sustainable Development Unit's Good Corporate Citizenship Assessment Tool will be used to monitor our progress during 2015-16.

### Transport

The Trust is benefiting from a more sustainable approach to transport using low emission vehicles and green transport plans which encourage cycling, walking and the use of public transport. The developing LPT estates strategy is being shaped to help provide care closer to home and make it easier for the communities we serve to access our services.



### Procurement

We have worked with the Government Procurement Service to develop a more sustainable approach to purchasing goods and services and this brings 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. A new Sustainable Procurement Strategy is being developed for 2015.

BCT's partner organisations	2013-14	2014-15
<b>Electricity consumption (KWH)</b>	7,092,862	5,650,483
<b>Gas consumption (KWH)</b>	27,728,083	20,696,782

### Reducing energy use and costs

The total gas and electricity cost comparison for LPT has decreased from £1.44m for the year 2013-14 to £1.19m for the year 2014-15 (excluding water and VAT). This equates to a 17.5% decrease in cost overall, based on an associated reduction in electricity and gas consumption of 20% electricity and 25% gas.

Although typically, the price per kilowatt hour of energy has been rising during the period, there have been a number of large and small property sales which have directly influenced the downward trend of energy consumption. However, this downward trend is not expected to continue year on year.

### Reducing CO2 emissions and waste

Our commitment to reduce CO2 emissions follows on from the 2008 Climate Change Act that set legally binding targets for UK to reduce carbon emissions by 80% by 2050 compared to levels in 1990. The National Carbon Plan set interim targets that the UK will reduce carbon emissions by 34% by 2020 compared to levels in 1990. We will be reviewing our Carbon Management Plan in 2015, together with ensuring all designated premises display energy certificates.

This table shows our carbon emissions over the last three years:

	2012-13	2013-14	2014-15
<b>Carbon emissions as a result of electricity consumption (tonnes)</b>	3,100	3,915	3,080
<b>Carbon emissions as a result of gas consumption (tonnes)</b>	3,675	3,868	3,833

In the past few years we have introduced automatic meter reading, the centralisation of printers on sites, thermostatic mixer valves, and smart lighting.

The table below shows m3 water consumption over the last three years:

	2012-13	2013-14	2014-15
<b>Water consumption</b>	55,072	87,642	33,542

### New building developments

Using the Building Research Establishment Environmental Assessment Method (BREEAM), our Trust has achieved an 'excellent' rating on new development schemes.

BREEAM sets the standard for best practice in sustainable building design, construction and operation and is a recognised measure of a building's environmental performance.





# Emergency Preparedness, Resilience and Response (EPRR)

As an NHS funded provider, we 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.

We are an active member of the Leicester, Leicestershire and Rutland Local Resilience Forum (LRF). The LRF is a partnership emergency planning forum which includes the emergency services, armed services, local authorities and healthcare organisations.

We participate in LRF planning groups and exercises, as part of our commitment to ensuring any response to an emergency is coordinated and effective.

Our Emergency and Business Continuity Plans comply with:

- the Civil Contingencies Act 2004
- NHS Core Standards for Emergency Preparedness, Resilience and Response (EPRR)
- NHS Emergency Planning Guidance
- NHS Standard Contract for emergency planning
- NHSLA (NHS Litigation Authority)
- Care Quality Commission Standards.

In September 2014 NHS England reviewed our compliance with the EPRR Core Standards, and gave a level of full assurance. This means that the plans and work programme in place

appropriately address the core standards that LPT is expected to achieve. By January 2015, LPT had attained compliance with 76% of the applicable EPRR core standards.

LPT's business continuity management system is being developed in line with the international standard (ISO 22301).

## Major Incident Plan

Our Major Incident Plan outlines the framework and arrangements for instigating a response to a major incident or significant disruption to business continuity. The plan lays down a framework for co-ordinating the Trust's response with healthcare partners and other members of the LRF.

The Major Incident Plan is linked to and mutually supported by the Emergency Preparedness Resilience and Response Policy and associated business continuity plans. Each division within the Trust is required to have specific business continuity plans for sites and services in order to protect and maintain critical services should a disruptive event occur.

We are committed to annually testing the Major Incident Plan and undertake a number of business continuity exercises to comply with the requirements of applicable NHS EPRR guidance. This included a tabletop exercise in July 2014 to test the executive level response to an incident at Loughborough Hospital and local level exercises in October 2014 at the Angus Unit to test the business continuity plan. The Trust has also participated in multi-agency exercises.

All directors receive annual training in how to respond to a major incident. Furthermore, we are committed to providing all managers in charge of our response to a major incident or significant disruption to business continuity with appropriate training.

### Seasonal flu vaccination

This year, 52% of staff opted to receive the seasonal flu vaccination, and this helped to protect patients, service users, family and colleagues against this potentially serious illness. In recognition of this year's seasonal flu communication campaign, LPT was shortlisted in the digital category of the Flu Fighter Awards 2015.

## Health and Safety Performance

During the last year, progress has been made towards reducing the number of accidents that required reporting to the Health and Safety Executive under the *Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013*. This has been achieved by a health and safety culture in which the opportunities for accidents and occupational ill-health are eliminated by the effective management of health, safety and welfare.

There have been no visits or enforcement actions by the Health and Safety Executive.

An external audit was undertaken in 2014 which assessed the control environment established by the Trust for identifying and confirming compliance with legislative and regulatory health and safety requirements. Significant assurance was provided over the internal arrangements in place to identify and respond to Health and Safety legislation within LPT.

## Counter Fraud

Whilst the majority of people who work in and use the NHS are honest, a minority continue to defraud it of its valuable resources. NHS Protect and Local Counter Fraud Specialist (LCFS) staff are responsible for tackling all types of fraud and corruption in the NHS and protecting resources so that they can be used to provide the best possible patient care.

360 Assurance is the Trust's counter fraud service provider. The counter fraud team consists of 12 professionally accredited NHS counter fraud specialists who are experienced in undertaking all aspects of proactive and reactive counter fraud, bribery and corruption work.

In the last year, the counter fraud team has:

- investigated allegations of fraud as required
- delivered fraud, bribery and corruption awareness training 1,062 new members of staff
- developed new counter fraud e-learning training modules
- published quarterly counter fraud newsletter 'Fraudulent Times' and distributed it to all staff
- undertaken risk-based reviews of processes and procedures
- reviewed and 'fraud-proofed' Trust policies where required
- issued fraud notices and scam alerts to mitigate risk of loss to both the Trust and its staff.

## Risk management

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

### Identifying and responding to potential risks

Healthcare is complex and carries inherent clinical risk. Similarly the healthcare system within which the Trust operates is complex and constantly changing.

Risk may be associated with many aspects of the healthcare system, for example buildings, equipment, hazardous substances, medicines, medical interventions and therapies, people, systems, processes and management practices.

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

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

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

**“ We have a clear structure of accountability and a rigorous process that identifies and prioritises issues. ”**

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

### Information management

Information governance continued to be a high priority for the organisation during 2014-15. We ensure the effective management of all personal and sensitive information relating to our service users and employees, working to established principles and standards.

### Policies and procedures

We operate rigorous policies and procedures to comply with the legal requirements of the Data Protection Act 1998, the Common Law Duty of Confidence, the Freedom of Information Act 2000 and NHS requirements for safeguarding and sharing information; updating where legislation and national guidance changes.



## Improvements in information governance during 2014-15

We are always looking to support the clinical services where service redesign and change occurs, developing new guidance and reviewing existing guidance relating to the sharing of information and to support our records management agenda.

The governance arrangements for managing the records and information governance agenda are constantly reviewed to ensure that they meet the needs of the organisation and provide assurance to the Board.

We take our legal obligations under Section 7 of the Data Protection Act 1998 – Subject Access Requests – very seriously, and during 2014-15 we have continued to review the management and handling of requests received, including an investment in the team who handle them. The Trust received 1,021 requests during 2014-15 as subject access and access to health records requests.

We also attained Level 2 across all of the information governance toolkit standards, building on the previous year and maintaining a Level 3 for the NHS Connecting for Health IG Audit for Clinical Coding.

### Data losses

We take the security and integrity of patient data and confidentiality very seriously. During 2014-15 we had two incidents in relation to the mishandling of personal identifiable data classified with a severity rating two, which are described as serious untoward incidents under the Information Commissioners (ICO) and Health and Social Care Information Centre revised guidance on data losses.

During this period we also had seven incidents which were classified as severity level one, which have been managed locally in line with the same guidance.

We are continually reviewing policies and procedures relating to information security to ensure they reflect best practice and national guidance. We learn from incidents and reflect this in our working practices.

**“This service was well tailored for my daughter. She was not upset by the test as I thought she might be. The nurses were fantastic.”**

Patient feedback for the Children's  
Phlebotomy Service

## Freedom of Information

As a large public sector organisation, we are committed to being open, transparent and accountable. We are fully supportive of the aims of the Freedom of Information Act 2000 which gives everyone the right to ask public bodies for information they hold on any subject they choose, and to receive that information in the format requested. The Act does include some exemptions, which cover information that we are not legally required or permitted to release.

**We received and responded to 232 requests for information under the Freedom of Information Act during 2014-15.**

# Social Responsibility and Involvement

There are many ways that we engage our patients and service users in creating, developing and improving our services and

the quality of care we provide. This is just a snapshot of the way their feedback and views are captured:

## Patient stories

NHS Choices Triangle of care

SOCIAL MEDIA **events** engagement

**involvement** **reader panel**

*Patient Opinion* **Friends & Family Test**

**complaints** questionnaires

compliments **feedback inbox**

**ward forums** surveys

*patient forums*

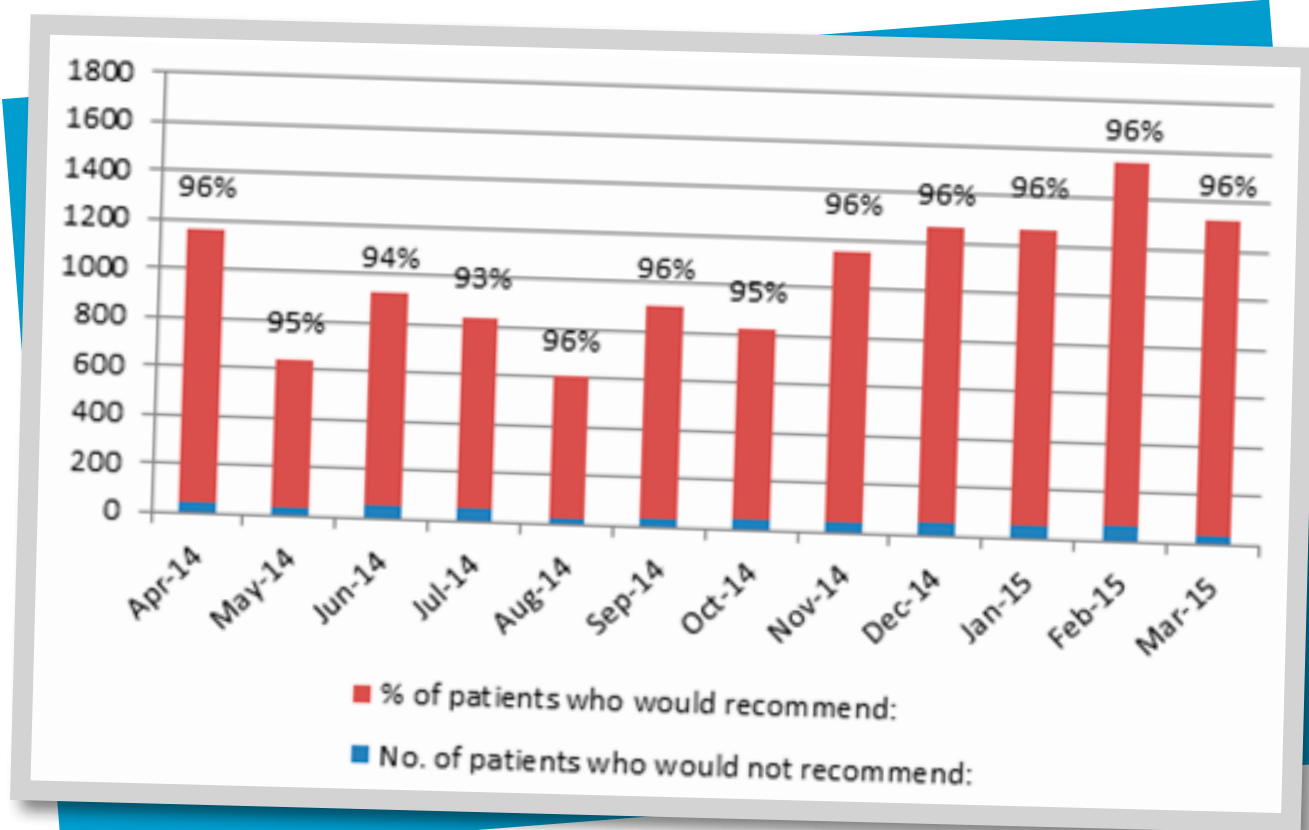
### The NHS Friends and Family Test: What do our patients say?

During 2014-15 the Trust implemented the Friends and Family Test (FFT) across all appropriate commissioned services. This asks patients “how likely are you to recommend our ward/service to friends and family if they needed similar care or treatment”, and invites them to score the service using a five point range from ‘extremely likely’ to ‘extremely unlikely’



The national guidance for FFT in mental health and community services Trusts was published in July 2014. This recommended a change in the way FFT is scored so that it was more meaningful to patients and staff. Scores are

now shown as the percentage of people who use the ratings 'extremely likely' and 'likely'. **Over 12,000 responses were received**, and the overall score for LPT in 2014-15 by month is shown in the chart below:



As part of the FFT process, patients are also given the opportunity to make a comment and offer suggestions to help improve the service. **On average, 93% of the comments made were positive, and these are shared with staff.** Of the 7% of less complementary

comments, on average 1% provided a suggestion for how we could improve.

### What do our patients say?

The feedback we receive is generally around these common themes.



The table below outlines some of the improvements that have been implemented across the Trust as a direct result of service user feedback in the last year:

Comment	Improvement made in response
<b>“The nurse comes twice a week, and not always at the same time.”</b>	The introduction of administrative support within teams is making it easier to contact patients and to arrange visits in discussion with them. That way the patient knows on which day the visit is scheduled and whether the visit will be in the morning or afternoon. Teams are working towards providing holistic care, trying to attend the patient within an agreed time period.
<b>“The 0300 300 7373 phone number needs to be answered more quickly.”</b>	The Single Point of Access (SPA) is currently in discussions with clinical commissioning groups regarding appropriate funding to deliver the service levels for work volumes.
<b>“Time keeping could be improved.”</b>	Recruitment of three new staff members across city and county has improved this, and patients are being informed of a reason for any delay.
<b>“You have to wait too long. The patient gets frustrated.”</b>	An information board is to be placed in the Reception area to inform patients of the likely wait time.
<b>“It was a shame this service wasn’t offered when the problems with hands first started.”</b>	Closer links with the Rheumatology service means that patients with an early diagnosis are being referred through to the service more promptly.

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

- End of life care
- Assessments on looked after children
- CPN led services at police stations, magistrate’s court and the mental health police triage car.

### Involving patients, carers and the community

Involving our patients, their relatives, carers and the local community to improve patient experience is key to our success as an NHS Trust. In early 2015, the Trust developed a new Patient and Carer Experience and Involvement Strategy, which includes three promises:

- We will listen and learn from our patients, their carers and families about their experiences and ask for their suggestions about how services will be improved.
- We will do this by systematically gathering and analysing qualitative and quantitative evidence in a range of different ways and use this evidence to continuously measure and improve our services in order to provide our patients, carers and families with the best possible experience.
- We will involve stakeholders, especially those from vulnerable or seldom heard groups, in the planning, development and delivery of our services.



The strategy gives us a clear focus, and will help us to build on the existing involvement structures such as the work done with our Patient and Carer Reference Group who provide a valued perspective on planned changes and improvements to services. This group meets quarterly. This year they have considered areas such as:

- partnership working and how we can establish better links with local service user and carer groups
- updates from the Chief Nurse around changes to the Trust Board structure and safe staffing levels
- the progress of the provision of the adult mental health centre Box Tree Farm for those experiencing significant mental health distress (see page 19) and step down beds.

The Trust continues to ensure that patients and carers are involved in the recruitment of staff across all levels of the organisation.

Our Chief Executive, Dr Peter Miller, meets quarterly with leads from the Leicester, Leicestershire and Rutland local Healthwatch teams. At these meetings, Healthwatch put wide-ranging questions to Dr Miller from their membership groups. Examples of these questions include:

- a request for specific instances where we have made changes as a result of the Friends and Family Test (FFT) feedback (see page 34)
- details of the transformation programme for district nursing services
- crisis care provision information
- details about care pathways for children experiencing a mental health crisis.

Dr Miller also meets quarterly with members of the voluntary community sector to share information about health services and answer questions.



### Volunteering

We are lucky enough to have **over 400 regular volunteers from the local community** who work in our services for the benefit of patients; an additional 174 volunteers were recruited during 2014. This voluntary work has an annual financial value to the Trust of £500,000 (using the formula recommended by National Council of Voluntary Organisations NCVO). Our volunteer drivers have completed an average of 700 journeys per month (around 200,000 miles) enabling service users and patients to access services across the Trust.

In order to maximise the potential impact that our volunteers have in terms of improving the experience and outcomes for our patients and service users, the first Trust-wide volunteering strategy has been developed, and will be launched (following a consultation period) during the summer of 2015.

The 2014 survey showed a marked improvement in the results compared with the previous year, with more positive responses to 33 of the 47 questions. For eight of the questions, LPT appeared in the top 20% of Trusts surveyed, whereas last year we did not make the top 20% for any of the questions. The areas where the Trust was rated in the top 20% were:

- Being told about ward routine
- Helped to keep in touch with family
- Time with psychiatrist
- Treated with respect by psychiatrist
- Informed about their rights (if sectioned)
- Had the purpose of medicines explained
- Felt involved in decisions
- Felt talking therapy helped.

We recognise that there is still work to be done. For five questions the Trust fell into the bottom 20% bracket, although again this is up from last year when there were 12 areas where our performance was weak.

### CQC Community Survey

Whilst the way this survey is structured meant that it was not possible to directly compare the 2014 results with those of the previous year, there were some similar questions. Overall, an improvement was highlighted in relation to:

- Knowing who is in charge or organising care
- Patients who have had a care review meeting
- Knowing who to contact in an emergency.

The survey results showed that 64% of respondents felt involved in discussions around their care and decision making. The new

mental health out of hours telephone system, implemented in September 2014 (see page 19) should lead to an improvement in the number of patients knowing who to contact in a crisis out of hours, and hopefully this will be reflected in the survey data for 2015.



## Principles for Remedy

### Compliments, complaints and how we learn from them

Our customer services team helps patients, carers and members of the public with any compliments, comments, concerns, complaints or enquiries they have about our services. We aim to resolve any issues raised as quickly as possible by working with service staff, and are committed to capturing all patient and carer feedback to ensure that lessons are learnt.

### Building on Best Practice

During the last 12 months we have reviewed and updated our complaints policy and process to incorporate recommendations from the Clwyd Hart review 'Putting Patients Back in the Picture', which was commissioned to look at the complaints handling process nationally as a result of the Francis report about the Mid-Staffordshire Enquiry.

### Activity in 2014-15

During 2014-15 we handled over 2,000 cases, an increase of 46% compared to the previous year. These ranged from general patient/public enquiries, such as signposting to different services and providing information about our services, to concerns and complaints which

required a formal investigation. This year we received 348 complaints, which is a slight increase compared to 330 received last year. A number of complaints were referred to the Health Service Ombudsman. Of these, two were 'upheld' and two 'partially upheld'. Action plans have been put in place to address these and to ensure that lessons are learned.

We actively collate and monitor compliments and this year we received **5,014 compliments**. On average, we received 14 times more compliments per month in 2014-15 than complaints. Compliments demonstrate to us when we have got it right from the perspective of our patients, services users and carers. Here are a few of the compliments we've received:

**"Each time the service you provided was perfect..."**

**"The unerring devotion to her needs and those of other patients is quite remarkable."**

**"Staff understood me and involved me in decisions."**

**"The staff are very passionate about what they do..."**

**"Found all the staff, without exception to be kind, patient, good humoured and caring."**

**"Thank you for all your hard work and support."**

### Developing our Trust membership

Our public membership is broadly representative of the population we serve in terms of communities and ethnic groups. Numbers have remained at a pleasing level during 2014-15, with concerted efforts made to increase representation from younger members so as to ensure that membership figures are sustained despite natural attrition. The majority of our staff are members, with only a very small percentage choosing to opt out.

Membership is offered as a way for members of the public and staff to register their interest in LPT, and is a valuable resource for the Trust in terms of engaging with our local communities. The Trust's ambition for integrated and joined up care pathways will benefit from the input of its patients, carers and members of the public.

Members are able to access free British Heart Foundation emergency life support training and there is good uptake of this offer and very positive feedback about it. In 2015, members are additionally being offered free sessions on improving health and wellbeing. These interactive sessions are being delivered by the East Midlands Ambulance Service (EMAS).

We have continued to use various communication routes to keep our members informed about opportunities to participate in specific consultations and workshops, and to facilitate involvement and feedback. Members are kept updated about news and activities through regular emails and the publication of the Trust's newsletter *PeopleMatters*.



During the year we developed a valuable working arrangement with our shadow governors. Governors are elected from our public and staff membership, others are appointed from some of our stakeholder organisations. They completed a full year of induction training, and regular joint meetings were held between the Trust Board and Shadow Council of Governors. Governors joined key committees such as Charitable Funds and the Audit and Assurance Committee, and made very valuable contributions to their activities. An article about the work of the shadow governors is included in each edition of *PeopleMatters*.

Further information about becoming a member and opportunities to engage with the Trust can be found on the Trust's website at [www.leicspart.nhs.uk](http://www.leicspart.nhs.uk), by ringing the membership freephone number **0800 0132 530**, or by emailing [membership@leicspart.nhs.uk](mailto:membership@leicspart.nhs.uk)



# Our staff

The key to our success

Our 5,400 staff are our greatest asset and we are rightly proud of their hard work and commitment. This skilled workforce has an important role to play in developing and

improving the services that LPT has to offer. Here is a quick snapshot of just some of the ways we listen to our staff views, comments and suggestions.

Working on the front line

## **NHS Staff Survey**

### ***Staff Friends & Family Test (FFT)***

Pulse Survey *Staff feedback phone line*

Ask the Boss **Trust Board visits**

### ***Listening into Action (LiA)***

**Chaplains listening ear**

Our staff survey results for 2014-15 showed that, although we still have some way to go, staff are beginning to feel more engaged.

We recognise the importance of having a workforce with the right knowledge and skills to deliver excellent services. It is also essential that our staff display the right attitudes and positive behaviours too. By embedding our values of trust, integrity, respect and compassion across the organisation, including through the new appraisal process, we want to create a culture where staff are motivated and committed to delivering high quality services with a patient focus.

### **Staff experience**

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





### Listening into Action

We have continued the roll-out of the 'Listening into Action' (LiA) approach to staff engagement, enabling staff to be heard and to work on solutions to the issues raised together. A total of 32 staff teams have completed the 20 week programme now. LiA 'Pass it On' events have been held to share learning and engage staff at all levels. Some of the benefits achieved through LiA include:

- Staff feeling more involved about the changes affecting their services
- Morale in teams improving as a result of taking part in LiA
- Staff feeling valued
- Staff now having a better understanding of their roles and responsibilities and feeling supported by managers
- Staff feeling more confident in using the LiA approach to tackle issues and break down barriers to effective care

- Staff now having a better understanding of service objectives and also the Trust's objectives.

Results of staff surveys undertaken in 2014 and other feedback mechanisms indicate that our focus should continue to be linked to the themes of:

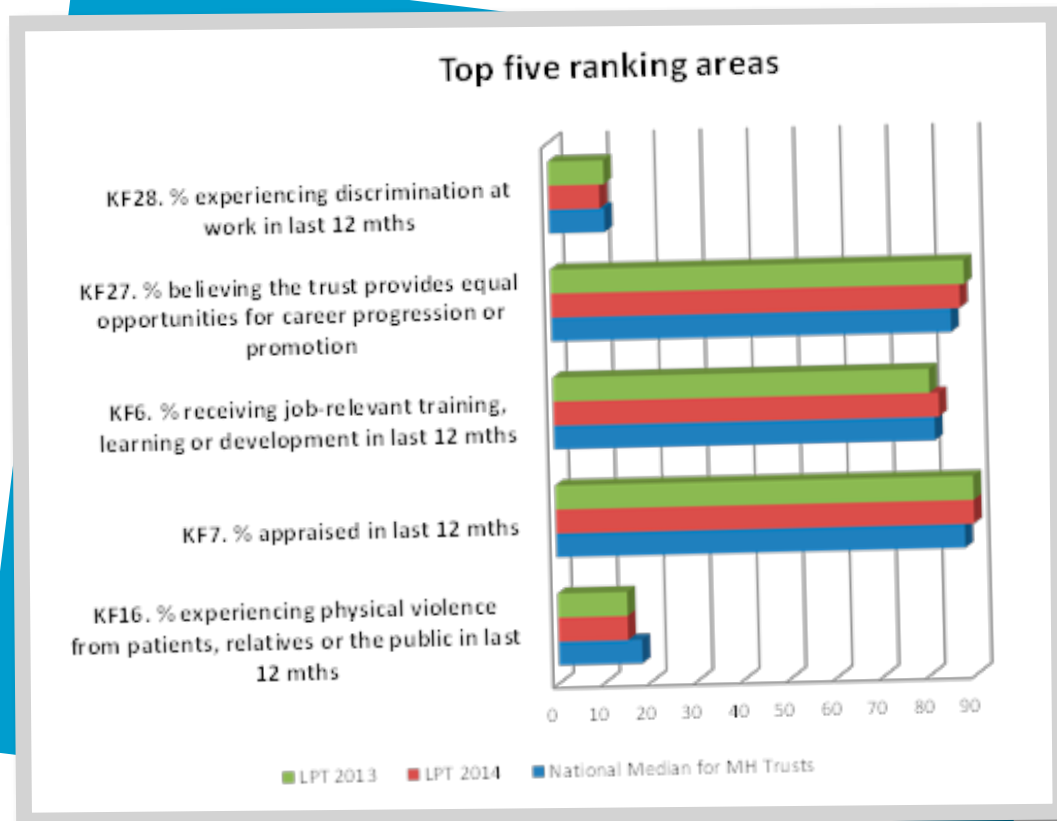
- Effective leadership and management support (including quality of appraisal)
- Effective team working
- Communication and engagement (including recognition)
- Staff health and wellbeing (including stress/work pressures).

## NHS Annual staff Survey

As discussed earlier, we have seen a slight improvement in the proportion of staff feeling more engaged with the Trust this year. We are pleased that we have halved the number of indicators in the bottom 20% of comparable Trusts, and we have eight indicators which are above average – an increase from just three in 2013.

## The areas where we have shown the greatest improvement in the 2014 annual NHS Staff Survey are:

- Effective team working
- Support from line managers
- Staff having well-structured appraisals in the last 12 months
- Work pressure felt by staff
- Staff job satisfaction



## The areas where we compare least favourably with other Trusts are:

- Staff agreeing that feedback from patients/ service users is used to make informed decisions in their area of work
- Staff feeling satisfied with the quality of work and patient care they are able to deliver
- Staff able to contribute towards improvements at work

- Effective team working
- Staff having equality and diversity training in last 12 months.

We will continue to review all survey results to ensure that our programmes of activity focus on what matters and makes a difference to staff. Action plans have been put in place to deal with the issues raised in this year's survey results.

## Consultation with staff

We recognise the importance of effective staff involvement in order to shape and improve service delivery. During 2014-15 we have continued to actively pursue staff engagement across all divisions, with staff engagement and consultation linked to service development initiatives and associated change management programmes. We produce a weekly Trust e-newsletter and have introduced a regular team brief to ensure that staff are kept well informed and are given an opportunity to provide feedback.

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

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

In addition to the JSCNC meeting, an active Medical Local Negotiating operates within the Trust and Joint Staff Consultative Forums also meet regularly within divisions to deal with local issues. In support of our partnership approach, the staff side lead has chaired the JSCNC during 2014-15 and we are working with a reduced number of representatives to ensure efficient use of time.

## Support and advisory services

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

- the Occupational Health Service which is available to all staff
- confidential counselling and psychological support services (Amica)
- Listening Ear Service providing confidential one-to-one support from the Department of Spiritual and Pastoral Care
- Staff Ombudsman for advice on raising concerns/whistleblowing
- the disabled staff support group
- the interfaith forum
- the black and minority ethnic staff support group
- the carers support group
- the lesbian, gay, bisexual, transgender group
- the anti-bullying and harassment advice service (ABHAS)
- access to mediation for resolving workplace conflicts.

In addition, staff can raise issues through a feedback phone line or email address and a new 'Ask the Boss' initiative which was launched at the end of 2014. Ask the Boss gives staff a direct line to the Chief Executive who answers all queries. Responses are shared across the Trust via the newsletter. The anti-bullying and harassment advice service continues to receive two or three calls a month and is soon to be supplemented with a text service.



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 organisation's staff ombudsman for advice. If they have concerns about a work issue, they can contact their trade union representative or a member of our human resources team. We also have a whistleblowing policy that is fully supported by the executive team, and are currently drawing up an action plan to implement the Freedom to Speak Up report by Francis.

## Reducing staff sickness and absence levels

The Trust's average rate of sickness absence in 2014-15 was 4.7% (an average of 10.47 working days lost) which was down only slightly on the previous year (4.8%, an average of 10.62 working days lost), despite a number of initiatives aimed at managing and reducing sickness absence. The main reasons for sickness absence are linked to mental health issues including stress and anxiety (whether home or work related) and musculo-skeletal (MSK) problems. We have also seen an increase in absence due to coughs, colds and flu during the winter months.

**“Very pleasant, welcoming environment. The level of care and standards is very high.”**

**Patient feedback for the Adult Musculo-Skeletal Physiotherapy Service.**

## During the year we have:

- Provided a programme of emotional resilience training for staff and managers
- Continued to run 'time out' sessions encouraging staff to take a lunch break and teaching relaxation techniques
- Provided a Trust-wide staff physiotherapy scheme to enable early access to physiotherapy services and keep staff at work
- Developed training jointly with occupational health to assist managers in managing ill-health
- Introduced email referrals and reports to occupational health to improve efficiency in dealing with issues
- Introduced a 'Wellbeing Zone' web based resource and smartphone app to educate staff on health and wellbeing issues and enable them to manage their own health and wellbeing goals.

In addition to the above, the Trust has implemented programmes of work around leadership and team development, and alongside the staff engagement work through the Listening into Action, will contribute to improving staff experience and a positive impact on their health and wellbeing.

## Developing our staff

We have a dedicated Learning and Development service which provides opportunities for staff to develop their skills and knowledge, and so enable them to deliver a quality service to our patients. We also support and encourage staff to develop and pursue their careers aligned to organisational need and personal aspiration.

### Our Learning and Development Plan for 2014-15 focused on the following areas:

- mandatory training
- role essential training
- leadership development
- support for undergraduate and postgraduate learners
- wider workforce, including development for support workers
- professional development
- personal development.

In recognition of the importance of good leadership in delivering safe and effective services, we continued to develop our offer for leadership development (as detailed in our Leadership Development Framework), including coaching and mentoring for leaders at all levels in the organisation.

As well as developing our leaders, we support all staff in their development by ensuring they participate in an annual appraisal. This is the process whereby an individual meets with their appraiser (a manager or nominated deputy), to discuss their performance over the previous year. The individual's performance

encompasses their knowledge, skills, attitude and behaviour, and having reviewed this with their appraiser, they set objectives and agree a Personal Development Plan (PDP) for the coming year.

During 2014-15 we introduced a new appraisal policy and procedures, including an electronic system to facilitate the appraisal process. Additional training and awareness has been provided, in particular to help appraisers carry out effective appraisal conversations that motivate staff and help them realise their potential.

We continue to deliver our training through a combination of face-to-face and elearning. We've introduced a YouLearn web application that allows staff to keep on top of their mandatory training and book/undertake other courses with ease.

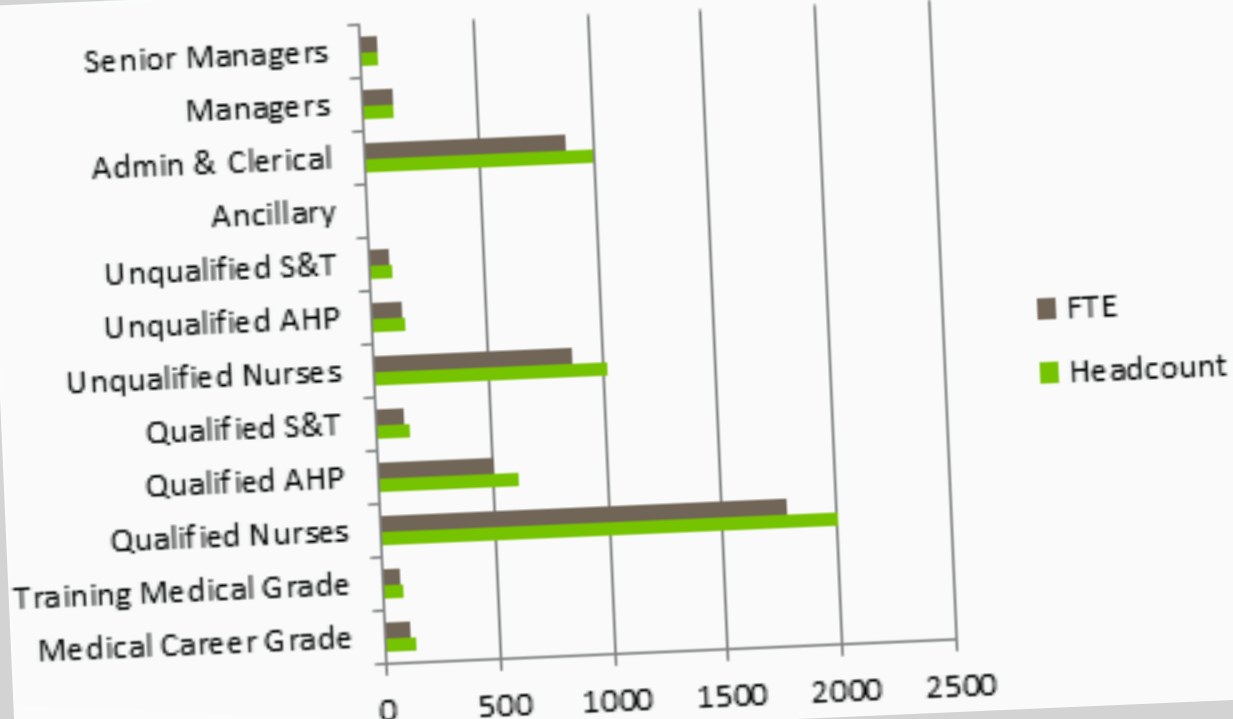
### Our staff in numbers

At the end of March 2015 the Trust employed 5,474 members of staff. That is a full time equivalent (FTE) of 4,796 people in a wide range of roles and professions.



## LPT Headcount and Full Time Equivalent (FTE) by Staff Group

Staff Group	Headcount	FTE
Medical Career Grade	131	118.7
Training Medical Grade	90	83.8
Qualified Nurses	2,006	1,775.7
Qualified AHP	613	507.3
Qualified Scientific and Technical	154	124.8
Unqualified Nurses	1,020	872.5
Unqualified AHP	148	133.6
Unqualified Scientific and Technical	98	87.1
Ancillary	3	2.0
Admin and Clerical	1,001	884.1
Managers	134	132.6
Senior Managers	76	74.1
<b>Grand Total</b>	<b>5,474</b>	<b>4,796.3</b>



## Embracing diversity

The Trust is an advocate of embracing equality and diversity. Some of our achievements in this area during 2014-15 are outlined in the table below.

Further details are outlined in our Equality Report, available alongside this Annual Report.

No	Activity	Achievements
1	<b>Dedicated Trust board champion and director lead on the equality and human rights agenda.</b>	The chairman, chief executive and the director of human resources and organisational development lead on the equality agenda and support the work undertaken by the team.
2	<b>Development of a Single Equality Approach (SEA) and action plan 2013 – 2017.</b>	The SEA and action plan was approved and work commenced to drive forward and embed equality.
3	<b>Approval to embed the Equality Delivery System 2 (EDS2) into all Trust activity.</b>	The EDS2 has been embedded into the Trust with: <ul style="list-style-type: none"> <li>information gathered to populate the EDS2 online hub and demonstrate our achievements in delivering an equality and human rights agenda.</li> <li>engagement and involvement activity planned to share the Trust progress with local community groups.</li> </ul>
4	<b>Stonewall Workplace Index 2014-15.</b>	The Trust achieved recognition in the <ul style="list-style-type: none"> <li>Stonewall Workplace Index of the Top 100 Employers (LPT was ranked 76, a move of nearly a hundred places from 2013-14 score).</li> <li>Stonewall Healthcare Equality Index (LPT was ranked 8th).</li> </ul>
5	<b>Implementation and launch of the anti-bullying and harassment advice service.</b>	Anti-bullying and harassment advice service: <ul style="list-style-type: none"> <li>launched and promoted a dedicated mobile help line, email and confidential texting service</li> <li>trained advisors</li> <li>anti-bullying and harassment training for staff</li> <li>continuous evaluation of service.</li> </ul>
6	<b>Revised equality and human rights policy.</b>	Equality and Human Right policy revised and implemented.
7	<b>Revised equality website to provide up to date information and activity.</b>	Equality website updated and launched. The team will continue to monitor the site to ensure it is fit for purpose.
8	<b>Updated due regard process and the introduction of an on-line toolkit.</b>	Due regard process embedded with support and advice on completion against policies, management of change, etc.





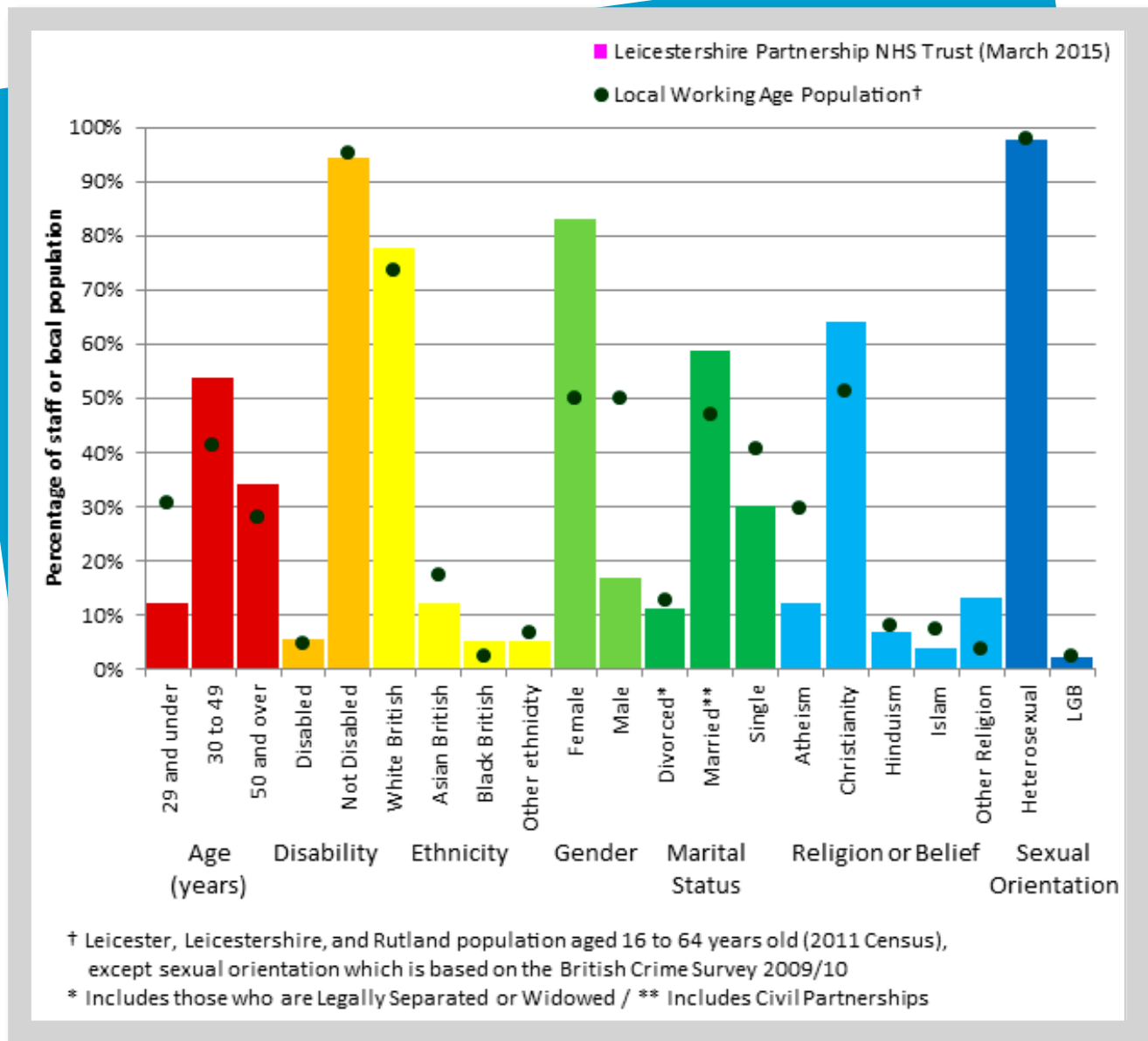
“ Signing the BSL Charter is a clear demonstration of our commitment to ensure patients and service are at the heart of our decision-making and our services are accessible for all. ”

Dr Pete Miller, Chief Executive

9	<b>Partnership working with local voluntary, community and statutory organisations.</b>	<p>The team continue to work in partnership with local communities to develop the equality activity. For example:</p> <ul style="list-style-type: none"> <li>• Staff support groups work with staff to develop internal initiatives that improve staff health and wellbeing.</li> <li>• Involved with launch of a BME conference.</li> <li>• VISTA to deliver training on sensory impairments for staff.</li> <li>• Leicester City Council involved with the launch of the Carers passport.</li> <li>• Leicester Shire Equalities Forum partnership work with local public sector organisations.</li> <li>• Signing of the BSL Charter with the British Deaf Association to promote positive communication with deaf people (BSL Charter) – pictured above.</li> </ul>
10	<b>Design, development and delivery of a variety of equality training.</b>	<p>The equality team have designed a number of workshops delivered on a quarterly basis. Additionally, bespoke workshops have been developed in areas such as nutrition and dietetics to support staff experiencing specific issues (e.g. dealing with inappropriate behaviour from staff, patients, etc) as well as team building workshops.</p>
11	<b>Promotional activities to raise awareness of the equality agenda</b>	<p>The team continue to promote the equality agenda to raise awareness using the e-newsletter, PeopleMatters magazine, local media, fact sheets, road shows, etc.</p>
12	<b>Initiatives developed for the staff support groups such as e-forum (virtual members).</b>	<p>The equality team have been working with staff support groups to develop initiatives that improve staff awareness and access to a better work environment. These initiatives have included the reasonable adjustment policy and the carers passport.</p>

13	<p><b>Analysis and publication of equality monitoring data in accordance with the statutory requirements of the Equality Act 2010.</b></p> <p><b>Evaluation of and support for the IAPT Open Mind service in its first year of operation (and ongoing partnership).</b></p> <p><b>Support to the RiO team regarding the collection of equality monitoring data.</b></p> <p><b>Support to the complaints team and patient experience team regarding the collection and analysis of equality monitoring data.</b></p> <p><b>Analysis of local area population statistics (Leicester, Leicestershire, and Rutland UK 2011 Census) to understand the distribution and the health profiles of protected characteristic subgroups across county and city areas.</b></p> <p><b>Exercise to improve the completeness of workforce equality monitoring data.</b></p>	<p>The equality team have published workforce and service user data on the website. The team are now working with the directors to make plans in relation to the presentation of information and how this can then be incorporated into divisional service plans.</p> <p>We have also monitored the work undertaken through the IAPT Open Mind service. Where gaps have been identified, the team will work with IAPT to improve access for the target groups.</p> <p>The team have worked closely with the Rio team to ensure that information collected against patient data can be reported against nine protected characteristics.</p> <p>We are working with the complaints team to look at how best we may improve the monitoring of complaints received within the Trust. This is to improve identification of any patterns or trends of complaints which has an equality perspective or impact.</p> <p>The local population data is made available, providing an awareness of the communities and the changing demographics within Leicester, Leicestershire and Rutland.</p> <p>The team are working with divisional areas to improve declaration of information from service users and staff. We will be holding a LiA event to gain an understanding around the lack of data collection and ways in which we can improve data entries of service users and staff to gain a more complete set of equality data.</p>
14	<p><b>Undertake an LGBT staff survey to identify more effective ways to support inclusive equality agenda</b></p>	<p>The team will be working with the external organisation 'Out Now' to deliver a LGBT survey that will help the Trust better understand the needs of the target group.</p>
15	<p><b>Embedding equality into our procurement processes.</b></p>	<p>The Trust has taken action to include the equality agenda as part of the procurement process, ensuring organisations who work with us are committed to the agenda.</p>

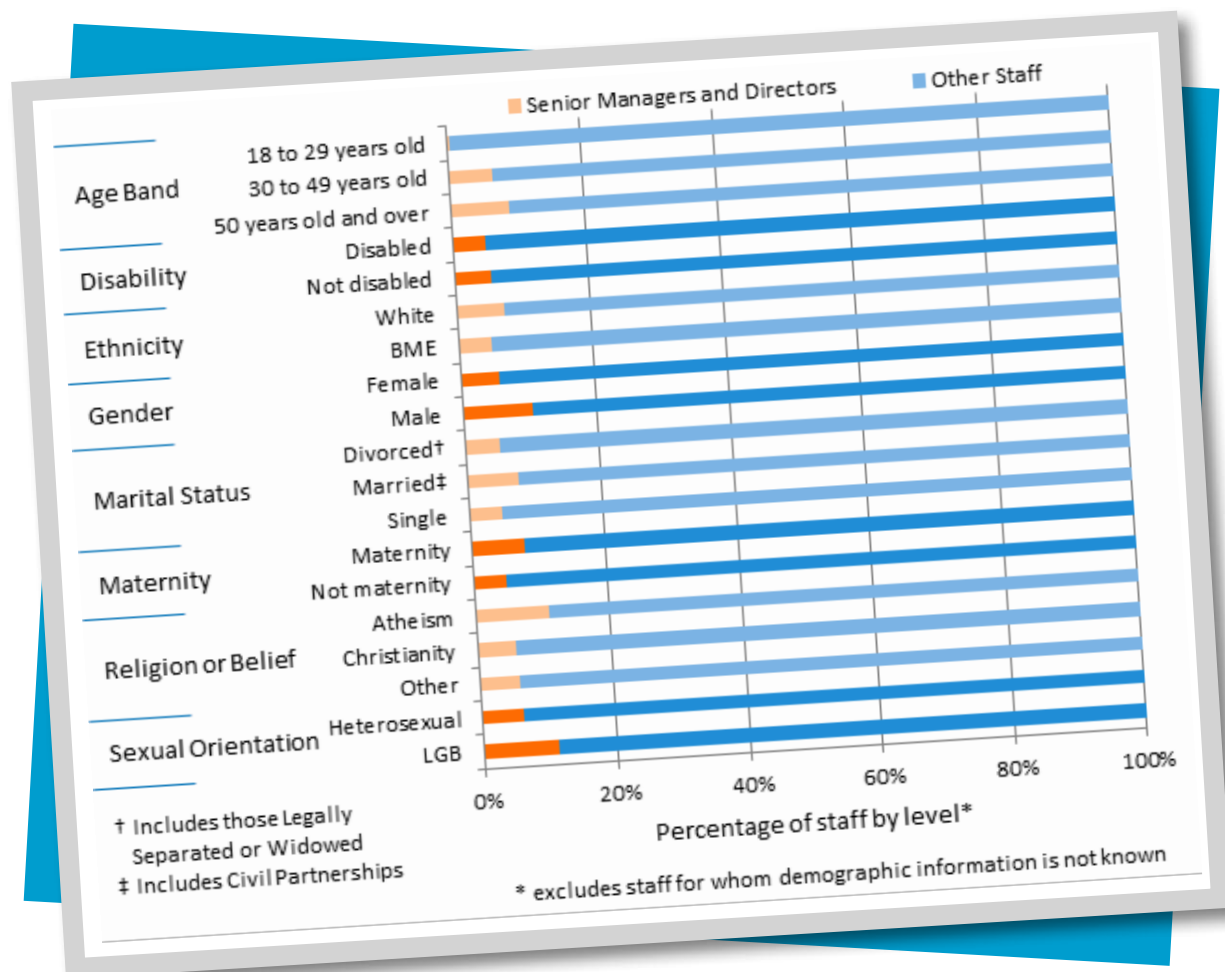
**Figure 1:** The equality profile of Leicestershire Partnership NHS Trust's substantive workforce at March 2015 compared to that of the local working age population



The areas of Leicester, Leicestershire and Rutland are made up of diverse communities that have grown considerably over the past 40 years. Consequently, we are able to recruit from a population with a broad range of talents and

attributes. We recognise the benefits of having a diverse workforce, and encourage applications from people from all backgrounds to ensure our workforce reflects the communities that it serves.

**Figure 2:** The equality profile of Leicestershire Partnership NHS Trust's substantive workforce at March 2015 analysed by organisational level (senior manager or other staff)



We are fully aware of our obligations under the Equality Act 2010 and our responsibility to ensure as far as possible that no one discriminates, harasses or victimises another person on the grounds of age, disability, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

The legislation covers several types of discrimination: direct and indirect discrimination, discrimination by association, discrimination by perception, and victimisation.

The Public Sector Equality Duty (PSED) consists of a general duty (set out in section 149 of the Equality Act 2010) and specific duties (set out in secondary legislation to accompany the Equality Act 2010). The specific duties are designed to help public bodies meet the general duty:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
- advance equality of opportunity between people who share a protected characteristic and those who do not
- foster good relations between people who share a protected characteristic and those who do not.



With this in mind, we undertake reviews to ensure equity of access to services and buildings. We make reasonable adjustments to facilitate access in those areas where barriers have been identified.

A healthy workforce is critical to our success, and we actively promote ways to look after their health and wellbeing. We have a number of Staff Support Groups which meet on a regular basis throughout the year. The groups provide a useful forum for staff to support improvements within the Trust and to support individuals who are facing difficulties in their individual roles.

LPT has been recognised as a Stonewall Top 100 Employer for workplace equality in their latest index for 2015. Stonewall Top 100 Employers is a definitive list showcasing the best employers for lesbian, gay and bisexual staff. We saw a huge move this year, up from 164 to 76 in the current index, demonstrating our commitment to implementing policies that meet and support our diverse workforce, ensuring that no staff member is placed at a disadvantage over others.

We have continued with our apprenticeship programme this year. Fifteen young people were recruited to the programme in areas such as health and social care, finance, and business administration.

In addition, we are continuing to work with our local communities to recruit apprentices through initiatives such as Start Out and Step Up with Leicester City Council, designed to engage with unemployed young people. We also support the Get into Health Services work experience programme with the Prince's Trust.

### Staff turnover

Our staff turnover for 2014-15 averaged at 10.1% excluding TUPE. Approximately 45 staff transferred out of the Trust under TUPE (Transfer of Undertakings and Protection of Employment) arrangements during this financial year.



### Medical staffing

Leicestershire Partnership NHS Trust is a teaching trust and is linked to the University of Leicester Medical School. Medical training provided by the Trust starts from undergraduate medical education to post graduate training; alongside continuing professional development of all doctors throughout their career. We provide training for foundation year doctors, psychiatry trainees, community paediatric trainees and GP trainees.

We have a robust process in place to manage medical appraisals and revalidation to ensure the requirements of the General Medical Council's Good Medical Practice standards are maintained. Appraisal is supported by a set of agreed policies, procedures and an electronic system. Engagement with medical appraisal is reported every month with additional reports provided on a quarterly basis to NHS England. There is a group of appraisers, appointed and

trained to provide revalidation ready appraisals with quality assurance provided by a small number of senior appraisers.

Development of leadership opportunities for medical staff in a number of initiatives across the range of services is provided by the Trust and supported by clinical directors, using targeted leadership training opportunities to enhance professional development.

# How we are governed

## (Directors' report)

This section is on behalf of Dr Peter Miller, Chief Executive and Professor David Chiddick, Chairman of LPT

### Our Board and Leadership

During 2014-15, the Chief Executive took the opportunity to review executive membership of the board. From 1 June 2014 the posts of Director of Business Development, Chief Operating Officer and Director of Corporate Affairs were replaced by the three divisional directors. There were no vacancies on the Board at any time during the year as all positions were covered by acting arrangements as necessary.

Our Board consists of seven non-executive directors (including the Chairman), four executive directors (including the Chief Executive), and four directors (non-voting). Only those with voting rights hold corporate responsibility, although all directors are governed by the 'Codes of Conduct and Accountability', and all executive directors by the 'Code of Conduct of NHS Managers'.

Members of the Trust Board at 31 March 2015 are shown on page 55. During 2014-15 several director positions changed:

- Continuing in his role as Chief Nurse, Professor Adrian Childs also took on the role of Deputy Chief Executive
- Darren Hickman joined the board as a Non-Executive Director when Nagesh Bhayani stood down
- Paul Miller, Chief Operating Officer, and Dominic Hardisty, Interim Director of Business Development, left the Trust.

**This service is extremely professional but at the same time very compassionate and understanding of the individual's needs and limitations.**

Patient feedback for the Diana Child and Family Support Service.

## Our Trust Board



**Clockwise from centre top:** Professor David Chiddick CBE, Chairman; Cathy Ellis, Non-Executive Director; David Mell, Non-Executive Director; Alan Duffell, Director of Human Resources and Organisational Development; Helen Thompson, Divisional Director of Families, Young People and Children Services; Teresa Smith, Divisional Director of Adult Mental Health/Learning Disability Services; Professor Adrian Childs, Chief Nurse/Deputy Chief Executive; Rachel Bilsborough, Divisional Director of Community Health Services; Dr Peter Cross, Director of Finance; Dr Satheesh Kumar, Medical Director; Chris Burns, Non-Executive Director; Darren Hickman, Non-Executive Director; Vinny Logan, Non-Executive Director; Professor James Lindesay, Non-Executive Director; Dr Peter Miller, Chief Executive.

### From Ward to Board

Throughout 2014-15, we have also continued our 'Ward to Board' programme which sees our Board members making regular informal visits to Trust services across the region. These complement the more formal quality assurance visits undertaken. Executive

directors also participate in shifts to gain a front line staff perspective, and to have the opportunity to meet patients and service users in the caring environment.



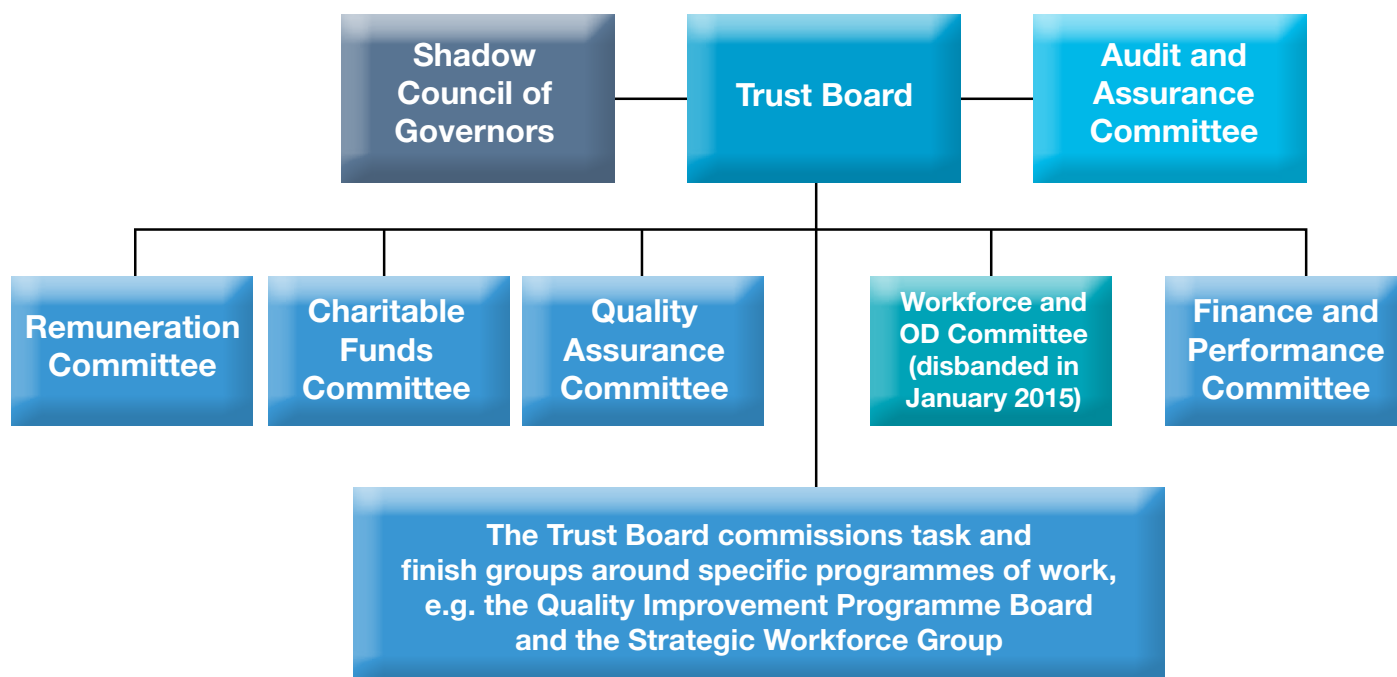
### Providing assurance

A number of key sub-committees provide assurance to the Board. Key reports and issues are scrutinised by the appropriate Board committee prior to being submitted for review by our Trust Board. Our Board meetings are focused on quality of patient safety and treatment experience, strategic developments, performance trend analysis and exception reporting, staffing and organizational developments, and key risks.

### Being accountable

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

### Our governance structure





## Key Board committees

Our **Audit and Assurance Committee** (A&AC) has non-executive director membership. It meets at least six times a year and reports to the Board annually on its work in support of the Annual Governance Statement. The primary role of the committee is to:

- independently monitor and review our internal control systems
- provide independent advice and assurance to our Trust Board
- encourage and enhance the effectiveness of the relationships between the Board Committees
- oversee corporate governance aspects which cover the public service values of accountability, probity and openness
- review the Board Assurance Framework (BAF) and Corporate Risk Register (CRR)
- receive regular reports on assurance from internal audit, external auditors and counter fraud
- receive and review assurance on governance arrangements and progress towards actions from the lead executive director for issued internal audit limited or split opinion assurance reports
- receive and review assurance reports from other Board committees
- receive and review risk based assurance reports on matters of potential or actual concern to the committee.

Our **Quality and Assurance Committee** (QAC) is chaired by a non-executive director, has two other non-executive director members, and meets on a monthly basis. It also includes members who are Board executive directors as well as senior clinical directors, senior clinicians, and commissioners. It is the key

forum for discussion and assurance that robust risk management and quality governance arrangements are in place throughout the Trust and that they are working effectively. It is the Board's designated lead risk committee. It is supported in its work by groups that are responsible for different aspects of quality and clinical governance overview such as patient safety, and experience, and infection control. These groups are scheduled such as to provide timely information to the QAC.

**“ They have always helped me through my problems and listened. ”**  
 Patient feedback for the Leicester Recovery Partnership

Our **Finance and Performance Committee** (FPC) is chaired by a non-executive director and meets on a monthly basis. Its membership has key executive directors and two other non-executive directors who are not members of the A&AC (one of whom is the Chair of QAC), for the quality agenda perspective. It is tasked with undertaking financial reviews, including capital planning and infrastructure developments, on behalf of the Trust Board, and considers actions to mitigate any major financial risks facing our Trust. Business development opportunities form part of their considerations, as does the production of both the annual and longer term business plans. The committee's second major role is to provide assurance in relation to our operational performance to the Trust Board, including performance against the national priorities as set out in the NHS Operating Framework 2014-15.

Our **Workforce and Organisational Development Committee** (WOD) was chaired by a non-executive director and met bi-monthly until January 2015. Its membership comprised one other non-executive director with support from the Director of Human Resources and Organisational Development, Chief Nurse, and Divisional Directors. As a result of the Trust Board's consideration of the outcome of an external review of Board committees' governance during 2014, the key forum for discussion and assurance on the development of our workforce and development strategies and plans now sits with a Trust Board Task and Finish Strategic Workforce Group. This is led by the Chief Executive with group membership of a non-executive director and executive directors. Assurance around performance delivery of key quality workforce and training metrics has been re-focused to operational governance groups that report to the executive team.



Our **Remuneration Committee** (REMCOM) has non-executive director membership and is advised by the Director of Human Resources and Organisational Development. It meets as required, but at least twice a year, to ensure there is a fair and transparent procedure for developing and maintaining policy on

executive remuneration and for fixing the remuneration packages of individual directors. It also monitors and evaluates executive and senior directors' performance and advises on contractual arrangements.

### How the committees work

All Board committees' meeting attendances are recorded, and terms of reference state a requirement of 75% attendance for all formal members. Attendance is reported within the annual reports of committees to Trust Board, as well as when the work of the committees is reviewed annually by A&AC. Highlight reports from Board committees are presented to the next available Trust Board meeting, and reporting back is led by the non-executive chair of the meeting.

Performance assessment of committees is on an annual basis. Committees reflect on their own achievements and challenges, and the A&AC considers each report at one of its meetings, with the chair and executive lead of the Board committee being in attendance. The final report is then submitted to the Trust Board. During 2014-15, the Trust Board commissioned a legal firm with governance expertise to undertake a review of the efficacy of the Board's committees. The review was timed to coincide with the annual performance assessment described. Recommendations were considered and improvements in process and organisation have now been implemented.

The Trust Board sets up task and finish groups to consider, with pertinent membership, key issues in more depth. There is an annual review of standing orders and standing financial orders, along with the Board's scheme of reservation and delegation.

The Board has previously assessed its compliance with the corporate code of governance as part of its Foundation Trust (FT) application. The Monitor assessment of our corporate governance during the FT applicant assessment phase in late 2012 demonstrated that sound arrangements were in place. In addition, the working of the Board, its committees, and wider corporate governance were scrutinised by a firm of accountants as part of historic due diligence, supporting Monitor directly for example with a review of our quality governance framework assessment, and the Board governance memorandum assessment. The Board reviews annually its commitment to the codes of conduct and accountability for NHS Boards, and is compliant with the codes of good practice for Boards, as applicable to a provider service NHS Trust, of the HM Treasury/ Cabinet Office Corporate governance code.

In 2014-15 we have run our Council of Governors in shadow mode with a revised Board schedule giving full access to the Board to be held to account by the Council.

of workforce considerations and organisational development matters in particular. The Strategic Workforce Task and Finish Group was created as an outcome, and the Workforce and Organisational Development Committee was therefore disbanded in January 2015.

The Board meeting schedule changed from January 2014 so as to make it easier for our Shadow Council of Governors to discharge their 'holding the Board to account' role as much as possible in a shadow form. This was continued throughout 2014-15 with the Board and Council holding their quarterly review of performance and delivery meetings on the same day, with the Council meeting following on from the public Board meeting. Shadow Governors were involved in activities and attendance at some Board committees to further strengthen our governance arrangements, such as the Audit and Assurance Committee, PLACE, Mental Health Act Hospital Managers, and Charitable Funds.

## Improvements to our governance arrangements

Corporate governance arrangements were agreed by the Board in December 2014 following an external review of Board committees. The recommended changes focused on procedural matters and the efficacy

### Non-executive director responsibilities during 2014/15 were as follows:

<b>Remuneration Committee</b>	Cathy Ellis (Chair), David Chiddick, Darren Hickman, Vinny Logan, James Lindesay, David Mell
<b>Charitable Funds Committee</b>	David Chiddick (Chair), James Lindesay
<b>Quality Assurance Committee</b>	Vinny Logan (Chair), James Lindesay, David Mell
<b>Finance and Performance Committee</b>	Cathy Ellis (Chair), Vinny Logan, David Mell
<b>Workforce and OD Committee</b>	Nagesh Bhayani (Chair), Cathy Ellis (until disbanded in January 2015)
<b>Audit and Assurance Committee</b>	Chris Burns (Chair), Darren Hickman, James Lindesay

Trust Board members' declarations of interests are published on our website. You can access the information at:

[www.leicspart.nhs.uk/\\_Aboutus-AccessToInformationAboutLPT-DisclosureListsandRegisters.aspx](http://www.leicspart.nhs.uk/_Aboutus-AccessToInformationAboutLPT-DisclosureListsandRegisters.aspx)

# Financial statement

## and Board remuneration

I am pleased to introduce the 2014-15 annual accounts for our Trust which, again demonstrate the hard work and dedication of our staff in continuing to deliver care and treatment to our patients within the available resources.

Our financial statements demonstrate that we have met all of our statutory and planned financial duties during the financial year, and I will repeat the statement that I made last year that this has only been achieved through the energy, enthusiasm and passion of our 5,400 staff in continuing to transform our services, alongside some hard but balanced decisions.





Our financial performance is highlighted by the achievement of our planned revenue surplus of £2.6m as well as delivering efficiency improvements of £12.6m – an overall reduction of 5% in our operating costs. The magnitude of this performance can only be put into context by looking beyond our own organisation. The 2014-15 financial year has seen unprecedented financial pressures on NHS organisations, with growing demand for healthcare services, mainly due to an ageing population, alongside the need to continuously improve the quality of services. These factors have seen many NHS providers fall into financial deficit and we have also felt the impact of these pressures. However, the innovative and transformational practices that have been introduced and embraced by our front-line services have enabled us to maintain our financial health during the year.

Our commitment to continue to enhance our services can be seen by the re-investment of the cash generated from our revenue surplus into our capital development plan. In 2014-15, we have seen significant investment in technology (£5.7m) to ensure our staff are appropriately equipped to provide responsive services. This is alongside the investment of £7.3m in our buildings to ensure the environment in which we provide healthcare is safe, sustainable and welcoming to patients, carers, staff and visitors.

The evolution of health economy-wide plans (Better Care Together), to support the development of a sustainable local health and social care system in the longer term, provides our Trust with the opportunity to both lead and support our partners through the current economic challenges. 2015-16 will be an even more demanding year for LPT and this is highlighted with the reduction in our planned surplus to £1.3m in our financial plan. Whilst the challenge becomes harder, our plans continue to remain creative and ambitious to meet these challenges and the financial statements on the following pages reflect our success so far.

A full copy of our audited accounts can be found in document Appendix A.

**Dr Peter Cross**  
**Director of Finance, Business and Estates**  
**June 2015**

### Trust Board remuneration

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

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

**Executive Directors:** pay is based on national guidance and is agreed by the Trust Remuneration Committee.

**Non-Executive Directors:** up to 30 September 2012 the appointment and pay of Non-Executive Directors was determined by the Appointments Commission, this responsibility passed to the NHS Trust Development Authority 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 summary and explanation of the Trust policy on the duration of contracts, notice periods and termination payments is as follows:

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

Non-Executive Directors serve tenure of three or four years, appointed by the NHS Trust Development Authority (Appointments Commission up to 30 September 2012). There is no provision for compensation due to early termination of contracts.

**Dr Peter Miller**  
**Chief Executive**

**Table 1:** Salaries and allowances of senior managers

Name and Title	2014/15					2013/14				
	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
<b>Chairman (V)</b> Professor David Chiddick CBE	20-25	0	0	0	20-25	20-25	0	0	0	20-25
<b>Deputy Chair &amp; Non-Executive Director (V)</b> Cathy Ellis	5-10	0	0	0	5-10	5-10	0	0	0	5-10
<b>Non-Executive Director (V)</b> Nagesh Bhayani (Resigned December 2014)	0-5	0	0	0	0-5	5-10	0	0	0	5-10
<b>Non-Executive Director (V)</b> Chris Burns	5-10	0	0	0	5-10	5-10	0	0	0	5-10
<b>Non-Executive Director (V)</b> Darren Hickman (Appointed February 2015)	0-5	0	0	0	0-5	0	0	0	0	0

<b>Non-Executive Director (M)</b> Professor James Lindsay	5-10	0	0	0	0	5-10	5-10	0	0	0	5-10
<b>Non-Executive Director (M)</b> Vinny Logan	5-10	0	0	0	0	5-10	5-10	0	0	0	5-10
<b>Non-Executive Director (M)</b> David Mell	5-10	0	0	0	0	5-10	0-5	0	0	0	0-5
<b>Chief Executive (M)</b> Peter Miller	155-160	0	0	0	62.5-65	220-225	75-80	0	0	147.5-150	225-230
<b>Chief Nurse/Deputy Chief Executive (M)</b> Adrian Childs	120-125	0	0	0	257.5-260	380-385	80-85	0	0	27.5-30	110-115
<b>Director of Finance, Business &amp; Estates (M)</b> Dr Peter Cross	110-115	0	0	0	57.5-60	170-175	105-110	0	0	0	105-110
<b>Medical Director (M)</b> * Dr Satheesh Kumar Gangadharan	95-100	0	75-80	0	60-62.5	240-245	95-100	0	75-80	0	170-175
<b>Director of HR &amp; Organisational Development</b> Alan Duffell	105-110	0	0	0	20-22.5	130-135	105-110	0	0	70-72.5	180-185



<b>Interim Director of Business Development</b> ** Dominic Hardisty (up to March 2014)	0	0	0	0	0	0	100-105	0	0	0	100-105
<b>Chief Operating Officer (V)</b> *** Paul Miller (made redundant May 2014)	110-115	0	0	0	0	110-115	110-115	0	0	0	110-115
<b>Divisional Director FYPC</b> **** Helen Thompson (w.e.f. June 2014)	100-105	0	0	0	0	100-105	0	0	0	0	0
<b>Divisional Director CHS</b> **** Rachel Bilsborough (w.e.f. June 2014)	100-105	0	0	0	0	100-105	0	0	0	0	0
<b>Divisional Director AMHS</b> **** Teresa Smith (w.e.f. June 2014)	95-100	0	0	0	0	95-100	0	0	0	0	0
<b>Director of Corporate Affairs/Trust Secretary</b> **** Francis Lusk (up to May 2014)	20-25	0	0	0	20-22.5	45-50	80-85	0	0	25-27.5	105-110

\* **Bonus payments for the Medical Director include clinical excellence award payments**

\*\* **Finished role as Executive Director in March 2014**

\*\*\* **Includes redundancy payment of £104k**

\*\*\*\* **There was a change in the executive team structure from June 2014**

(V) **Voting rights**

The total value (bands of £5,000) column included within the Salaries and Allowances of Senior Managers table includes salary earned in year plus pension related benefits. Pension related benefits include the annual increase in pension entitlements accruing to senior managers who are members of the NHS Pensions Scheme. This amount is payable to managers upon retirement and does not form part of their annual salary received during the year.

## 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 £220 per day and that last longer than six months.

**Table 2:** Off-payroll engagements

For all off-payroll engagements as of 31 March 2015, for more than £220 per day and that last longer than six months:

	Number
Number of existing engagements as of 31 March 2015	15
<b><i>Of which, the number that have existed:</i></b>	
for less than one year at the time of reporting	13
for between one and two years at the time of reporting	2
for between 2 and 3 years at the time of reporting	0
for between 3 and 4 years at the time of reporting	0
for 4 or more years at the time of reporting	0

All off-payroll engagements are requested to confirm that they are paying over the correct amount of tax and national insurance contributions. Assurance is sought on a sample basis (20% based on previous Department of Health guidance).

**Table 3:** Off-payroll engagements

For all new off-payroll engagements between 1 April 2014 and 31 March 2015, for more than £220 per day and that last longer than six months:

	Number
Number of new engagements, or those that reached six months in duration, between 1 April 2014 and 31 March 2015 *	14
Number of new engagements which include contractual clauses giving the Trust the right to request assurance in relation to income tax and National Insurance obligations	13
Number for whom assurance has been requested	3
<b><i>Of which:</i></b>	
assurance has been received	3
assurance has not been received	0
engagements terminated as a result of assurance not being received	0
Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the year	0
Number of individuals that have been deemed "board members, and/or senior officers with significant financial responsibility" during the financial year. This figure includes both off-payroll and on-payroll engagements	10

## Pay Multiples

Pay Multiples	2014/15	2013/14
Band of highest paid director's total remuneration (£'000)	175	170
Median total remuneration (£'000)	28	28
Ratio	6.27	6.09

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

The banded remuneration of the highest-paid director in Leicestershire Partnership NHS Trust in the financial year 2014/15 was £175k (2013-14: £170k). This was 6.27 times (2013-14: 6.09) the median remuneration of the workforce, which was £28k (2013/14: £28k).

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.



**Table 4:** Pension entitlements of senior managers

<b>Name and Title</b>	<b>Real increase in pension at 60 (bands of £2,500)</b>	<b>Real increase in lump sum at aged 60 (bands of £2,500)</b>	<b>Total accrued pension at age 60 at 31 March 2015 (bands of £5,000)</b>	<b>Lump sum at age 60 related to accrued pension at 31 March 2015 (bands of £5,000)</b>	<b>Cash Equivalent Transfer Value at 31 March 2015</b>	<b>Cash Equivalent Transfer Value at 31 March 2014</b>	<b>Real increase in Cash Equivalent Transfer Value</b>
	£000	£000	£000	£000	£000	£000	£000
<b>Chief Executive,</b> Dr Peter Miller	2.5-5	7.5-10	60-65	180-185	1111	1004	79
<b>Chief Nurse/Deputy Chief Executive,</b> Adrian Childs	10-12.5	32.5-35	40-45	130-135	931	660	253
<b>Director of Finance, Business &amp; Estates,</b> Peter Cross	2.5-5	0-2.5	25-30	35-40	234	199	30
<b>Medical Director,</b> Dr Satheesh Kumar Gangadharan	2.5-5	7.5-10	30-35	90-95	549	475	61
<b>Director of HR &amp; Organisational Development,</b> Alan Duffell	0-2.5	2.5-5	15-20	50-55	357	321	27

<b>Divisional Director FYPC,</b> Helen Thompson *	27.5-30	85-87.5	30-35	100-105	613	0	511
<b>Divisional Director CHS,</b> Rachel Bilborough *	25-27.5	80-82.5	30-35	95-100	603	0	502
<b>Divisional Director AMHS,</b> Teresa Smith *	12.5-15	37.5-40	15-20	45-50	305	0	254
<b>Director of Corporate Services/Trust Secretary,</b> Francis Lusk,	0 - 2.5	0-2.5	10-15	30-35	220	190	4

\* **Because these Directors were not in Board Director posts 2013/14, the pension (and lump sum) values are the total values not the real increase from the previous year**

The Cash Equivalent Transfer Value (CETV) figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing

additional years of pension service in the scheme at their own cost.  
Real increase/decrease in CETV is subject to rounding

Note 10.6 Pension Costs (included in the Trust's Full Annual Accounts) provides further details on the NHS Pensions Scheme  
The data included in the remuneration and pension tables are subject to and have been audited.

## 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 under Note 11.1.e Code

### Audit Fee

The Trust's external auditor for the period 1 April 2014 to 31 March 2015 was KPMG. Services provided by external audit include the annual statutory audit of the Trust's financial accounts, the audit of the quality accounts and the provision of other audit services, when required.

The 2014/15 audit fee of £75k excludes the cost of the quality accounts audit. The audit of the 2014/15 quality accounts was undertaken during the first quarter of 2015/16. The audit fee relating to this is £10k and will be included in the 2015/16 financial statements (2013/14 total audit fee: £87k).

### Summary of financial statements

The financial statements in this report are a summary of the information provided in the Trust's full set of accounts. Copies of the full accounts, including the statement of internal control, are available free of charge, from:

Pete Cross  
Director of Finance  
Leicestershire Partnership NHS Trust

## Directors' statements

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

The Secretary of State has directed that the Chief Executive should be the Accountable Officer to the Trust. The relevant responsibilities of Accountable Officers, including their responsibility for the propriety and regularity of the public finances for which they are answerable, and for the keeping of proper records, are set out in the Accountable Officers' Memorandum issued by the Department of Health.

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

Dr Peter Miller  
Chief Executive  
Leicestershire Partnership NHS Trust

2nd June 2015



# How to contact us

The Trust welcomes your questions or comments on the issues raised in this report or its services.

## Comments should be sent to:

Chief Executive  
Leicestershire Partnership NHS Trust  
Lakeside House  
4 Smith Way  
Grove Park  
Enderby  
Leicester  
LE19 1SS

## Our new address from 15th September 2015:

Leicestershire Partnership NHS Trust  
Riverside House  
Bridge Park Plaza  
Bridge Park Road  
Thurmaston  
Leicester  
LE4 8PQ

Telephone: 0116 295 0030  
Fax: 0116 225 3684  
Email: [feedback@leicspart.nhs.uk](mailto:feedback@leicspart.nhs.uk)

## You can also follow the Trust on social media

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

## Quality Account and Equality Report

You may also be interested to read our Quality Account for 2014-15, which complement this Annual Report and Summary Accounts. We have also produced a detailed Equality Report.

Copies of the Quality Account, Equality Report and extra copies of this document are available from the communications team at the above address.

These documents are also available on our website at  
[www.leicspart.nhs.uk](http://www.leicspart.nhs.uk)

# Do you need this report in a different format?

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

## Arabic

إذا كنت في حاجة إلى قراءة هذه المعلومات بلغة أخرى أو بتنسيق مختلف، يرجى الاتصال بهاتف رقم 0116 295 0903 أو إرسال بريد إلكتروني إلى: [Patient.Information@leicspart.nhs.uk](mailto: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](mailto:Patient.Information@leicspart.nhs.uk) ঠিকানায় ই-মেইল করুন।

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## Gujarati

જો તમારે આ માહિતી અન્ય ભાષા અથવા ફોર્મેટમાં જોઈતી હોય તો 0116 295 0903 પર ટેલિફોન કરો અથવા [Patient.Information@leicspart.nhs.uk](mailto: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](mailto:Patient.Information@leicspart.nhs.uk) पर हमें ईमेल करें

## Polish

Jeżeli są Państwo zainteresowani otrzymaniem niniejszych informacji w innym języku lub formie, prosimy skontaktować się z nami telefonicznie pod numerem 0116 295 0903 lub za pośrednictwem poczty elektronicznej na adres: [Patient.Information@leicspart.nhs.uk](mailto: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 ਟੈਲੀਫੋਨ ਕਰੋ ਜਾਂ ਇੱਥੇ ਈਮੇਲ ਕਰੋ: [Patient.Information@leicspart.nhs.uk](mailto: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](mailto:Patient.Information@leicspart.nhs.uk)

## Urdu

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