

Annual Report

2022/23

Creating high quality, compassionate care and wellbeing for all



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Our performance report

Welcome from our chief executive and chair

Our vision, values and strategy



Leicestershire Partnership
NHS Trust



November 2021

We are proud of our staff and the way they continue to step up to great towards our Trust's vision:

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

As we entered our Reset and Rebuild phase from the Covid-19 pandemic this year, our staff have built on the great new and different approaches we developed to support people who use our service users, whilst continuing to improve the access to our mental health, community health and learning disability and autism services for all ages. Supporting staff health and wellbeing has also been really important, as we moved back into 'business as usual'.

Working with our system partners, our Step Up to Great strategy has focused us to ensure we are always striving to achieve great health outcomes, through great care, a great place to work and being an important part of our community. We are all leaders at LPT and make a difference.

It has been a consistent part of our Step up to Great improvement journey to put improved patient experiences and safety as our highest priority, and we are pleased that the CQC has recognised that we continue to make significant progress. Although the Care Quality Commission (CQC) did not visit any of our services in this last financial year, we did receive an improved report and ratings following the inspection report in May 2022 in relation to their focused unannounced inspection of the acute wards for adults of working age and psychiatric intensive care units, which took place in February 2022.

The CQC moved up our ratings in this core service in recognition of these improvements in the two key domains they inspected – Safety and Responsiveness. The CQC report concluded that 'The Trust have met all actions required in the enforcement action issued at the last inspection.'

The CQC did not inspect the other domains of Effective, Caring and Well-led hence our overall rating for these domains remain the same and the overall core service rating remains Requires Improvement. However, there are no longer any services rated inadequate in their overall ratings. This is a true testament of the hard work and commitment of everyone involved, and we are proud that the CQC has recognised continued improvement.

The CQC are changing their regulation to a risk-based approach, and although we have had no inspections this year, we continue to have regular relationship meetings with the CQC, to offer assurance and updates on our improvements.

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

- Our mental health transformation programme launched a 'Getting Help in Neighbourhoods' programme with our ICS, investing over a million pounds in supporting our new voluntary and community sector alliance to support mental health and wellbeing initiatives at a local level.
- The launch of 25 Crisis Café with voluntary sector partners, to provide a safe, supportive and welcoming space for individuals struggling with emotional and mental wellbeing who do not require urgent medical care. This has complemented our 24-hour crisis telephone line.
- Our 18-bedded inpatient ward at Rutland Memorial Hospital has received a £1.5m refurbishment
- Our first cohort of 30 international nurse recruits have graduated and all of them are now working in our hospitals and inpatient units.
- We have been awarded £85,000 to develop a virtual falls prevention programme, which includes an evidence-based education and exercise programme, and an app to communicate with clinicians via a patient portal to improve mental health and support.
- Teams across our Trust have played an important part in supporting exceptionally challenging winter pressures this year, including opening more inpatient beds, support in the community, vaccinations and enhanced community crisis responses for all ages.
- An increased focus on improving waiting times, with success in several areas including the Community Integrated Neuro and Stroke Service (CINSS) and the Adult Continence Service. We also continued to develop virtual wards with our partners, helping to reduce pressures in inpatient wards. We have more to do in mental health services, including CAMHS, and this remains an area of focus that we continue to improve.
- We were pleased to have been awarded contracts to deliver health visiting and school nursing services to 0-11 year olds in Leicestershire and Rutland, in the Spring of 2022. Leicestershire and Rutland County Council decided to bring in-house the contracts to provide services for 11-25-year-olds. Leicester City Council has also carried out a public consultation regarding the Healthy Together services we deliver in the city and are recommending the use of Section 75 to re-award this contract to LPT. We await the results of the public consultation.
- Our Specialist Autism Team (SAT) launched ChatAutism text messaging service which was selected as a finalist in the prestigious Nursing Times Awards - it is the first and only service in the UK offering text-based healthcare for autistic people. They also launched an Autism Space on the LPT website, offering specific information and support.
- Our ChatHealth text messaging service was crowned winners of two top NHS awards at the AHSN Network and NHS Confederation's Innovate Awards.
- The corporate finance team won the Finance Team of the Year Award in the East Midlands Healthcare Financial Management Awards
- We undertook several recruitment fairs, for CAMHS services, community and mental health services, and a careers fair with our system partners, attracting thousands between them.

We have continued to be active in our integrated care system, building on our initial work with local authorities focused on Learning Disabilities and Neuro-developmental needs, we have also developed greater partnership working with others connected to: our mental health services, urgent and emergency care, planned and community care, children and young people especially those needing additional support.

Our leadership on the Learning Disabilities and Autism collaborative across Leicester, Leicestershire and Rutland, has been held as a national exemplar and an NHS England case study was produced on our success. We are also shaping the system-wide shadow Mental Health collaborative, building on the outcomes of our Step up to Great Mental Health public consultation.

We were also pleased that our Leicestershire Partnership and Northamptonshire Healthcare Group were selected by NHS England as one of only nine participants in a new national innovator scheme in February 2023. This is a great opportunity for our Group to lead as an exemplar on provider collaboratives, building on our Group objectives and system objectives for wider impact.

Ensuring we are an inclusive, compassionate trust, that is 'Together Against Racism' is an important one of our Group objectives. This year we have relaunched our zero tolerance campaign, to make it clear that any form of abuse against our staff is unacceptable. There has also been a focus on ensuring diverse interview panels, reverse mentoring, cultural competence and Active Bystander programmes, Developing Diverse Leaders programme and joint inclusive leadership masterclasses.

We were pleased that the LLR ICS was awarded Inclusive ICS of the Year in this year's Midlands Inclusion and Diversity Awards, and Angela was named Inclusive Leader of the Year. Angela was also named the number one NHS chief executive in the country by the Health Service Journal (HSJ) in March 2023, recognised as a 'pioneer' for leading two Trusts since 2019, and leading closer collaboration and partnership working. This is a credit to teams across LPT and NHFT.

Having a great working culture is important to help our workforce to thrive and deliver great patient and service user care and experience. Around 3000 staff (51%) shared their experience of working at LPT through the 2022 NHS staff survey, which is above the national average of 50%. It was the first year that the survey included bank staff. The response rate from bank staff was 20%, which was also above the national average of 19%. We were pleased that see positive improvements in scores across the questions compared to last year, and several results are higher than the national average. There were 101 questions in total. Of these, 89 improved, five stayed the same and seven went down slightly. All of our People Promise indicators were either above on or in line with the national average. We are particularly pleased that the majority of staff who responded felt that LPT is an inclusive and compassionate place to work – a positive reflection of our values and leadership behaviours for all. The proportion saying patients are LPT's top priority also improved significantly.

While we've made significant improvements in many areas in the staff survey, there are some key areas our staff identified for improvement. We have relaunched our culture improvement programme, Our Future Our Way, enabling 80 change leaders to review these areas in more detail with staff, through a series of roadshows, focus groups and board interviews. This (now embedded) approach, will engage staff in identifying the barriers within these issues to co-design solutions. Creating an inclusive compassionate culture is a key part of our People Plan, which is shaped around the NHS People Promise. We are focusing further targeted interventions around recruitment and retention as an NHS People Promise exemplar.

Our summary Financial Accounts for 2022/23 are presented with this Annual Report in Appendix A. Like the rest of the NHS, it has been a challenging year, particularly in relation to finances and we close our accounts with a £2.9m deficit in our 2022/23 annual accounts (this excludes impairments and other technical adjustments which do not form part of our financial control total basis). We thank all of our staff for the increased efforts to make efficiencies and a value for money approach will continue to be a focus in the coming financial year.

We would like to thank everyone who makes up the "WeAreLPT" family – our staff, volunteers, service users and partners. You have each played a significant part in our journey over the last year. Working in partnership, listening to and engaging you, will remain our focus, as we continue to Step up to Great.



Cathy Ellis

Cathy Ellis, Chair of LPT



Angela Hillery

Angela Hillery, CEO of LPT

About us

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

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

- Mental health services
- Families, young people and children's services and learning disabilities and autism services
- Community health services

Their work would not be possible without our enabling and corporate services staff, alongside our hosted service providers and around 300 volunteers.

During 2022/23 we provided and/or subcontracted 129 relevant health services. Mental health and learning disabilities account for 72 services, and 57 were community health services. It should be noted that in addition to the services above LPT has been a key provider in relation to the Covid 19 vaccination programme to the population of LLR, has been running the workforce bureau for staffing LLR vaccination sites. LPT also hosted the LLR staff mental health and wellbeing hub on behalf of the system up to March 31 2023, at which point the funding was discontinued.

LPT in numbers



7.1k
staff
(including bank staff)



422k
active caseloads



1.8m
community contacts



100+
premises



178k
bed days



85%
positive FFT ratings



£395.7m
income



212
active volunteers

Our population and the community we serve

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



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

Our local health economy

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

As an integrated care partnership (known as the LLR Health and Wellbeing Partnership) we are committed collectively to our goals of: patients will experience quicker diagnosis, care closer to home in improved facilities, higher quality services, earlier intervention in long-term conditions, improved wellbeing, more digital healthcare options where appropriate, and greater integration between healthcare providers so patients have seamless care between organisations.

Visit the Health and Wellbeing Partnership website at <https://leicesterleicestershireandrutlandhwp.uk/about/>

LLR Health and Wellbeing Partnership priorities:

Best start in life – including healthy pregnancy and support from birth to adulthood.

Staying healthy and well – help you to live a healthy quality life and make healthy choices.

Living and supported well - support you to live independently and to actively participate in your care

Dying well - We will ensure you have a personalised, comfortable, and supported end of life with personalised support for your carers and families.

LPT key collaborators include:

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

Our commissioners:

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

Our Group –



Leicestershire Partnership and Northamptonshire Healthcare Group

Following a successful buddy relationship with NHFT in 2019, we entered a group arrangement in April 2021 as the Leicestershire Partnership and Northamptonshire Healthcare Group.

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

Supporting Angela Hillery in an executive capacity with the Group work during 2022-21 were:

- David Williams who operates as the Group Director for Strategy and Partnerships across both LPT and NHFT.
- Chris Oakes, whose portfolio differs in both Trusts but plays an important role at a Group level, supporting the CEO. In NHFT, Chris is responsible for HR&OD (including training), Communications, Governance and Risk, in LPT Chris' responsibilities are Governance and Risk and Health and Safety.
- Paul Sheldon is the Group Chief Finance Officer, the Estates and Sustainability lead in both trusts.
- During this year we have also identified other shared roles; this enables us to share knowledge and skills across organisations, improve our outcomes and make great use of our people.

As a Group, we strive for excellence and believe we can create significant benefits that increase our scope of influence, strengthen our resilience, and drive best practice. We recognise that by doing some things in collaboration we will be able to achieve more. This will benefit our staff and our population and enable better outcomes for everyone.

Both organisations retain their own identities and have agreed to work together on some key priorities.

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

Working as a system partner

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

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

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

A key success in our Better Mental Health for All transformation programme has been creating new networks across organisations to support our communities in Leicestershire, Leicester City and Rutland. Grants to local charities have enabled innovative and new services to develop and help our communities.

We have continued our commitment to working in partnership with local communities; including in Lutterworth with our statutory and primary care partners to develop and deliver a Lutterworth plan.

As part of our Step Up to Great Strategy we committed to *reaching out* to our local communities. During this year we implemented a number of initiatives; from staff using lunch breaks to collect litter from local communities; to new relationships with local colleges to share information on employment opportunities in the NHS. We are also working with local job centres to provide greater support ensuring we employ more people from our local communities. We have also developed links with the media school at the University of Leicester to provide opportunities for their students to work with our communications and CAHMS team. We will build on this through our social value work in 2023/24.

Our year in review – adult mental health

CQC recognises further improvements in acute wards and psychiatric intensive care units

The Care Quality Commission (CQC) inspected our acute wards for adults of working age and psychiatric intensive care units in February 2022 and announced improvements had been made in their May 2022 report. The inspection focused on whether the following actions had been taken by LPT since the 2021 inspection:



- making it easier for patients to call for help in an emergency;
- ensuring that people no longer had to sleep in shared accommodation; and
- protecting patients' privacy and dignity.

The CQC report concluded that 'The Trust have met all actions required in the enforcement action issued at the last inspection'. They all stated that our 'Staff treated patients with compassion and kindness. They respected patients' privacy and dignity' and that 'Facilities promoted comfort, dignity and privacy'. We were pleased that the CQC has recognised that significant progress continues to be made by our staff and leaders and we continue our robust monitoring of this.

Whilst the overall rating remains 'requires improvement', we were pleased to see the 'inadequate' ratings removed from the core service rating, which moved to 'requires improvement'.

CQC report for mental health crisis psychiatric liaison service

In April the CQC carried out a planned unannounced CQC system-wide inspection of urgent and emergency care services in Leicester, Leicestershire and Rutland. This inspection was part of a series of coordinated inspections in England, to identify how services in a local area work together to ensure patients receive safe, effective and timely care.

We are proud that, as part of this inspection, the CQC's focused inspection of our all-age mental health crisis service psychiatric liaison team at the Leicester Royal Infirmary, showed the multi-disciplinary team demonstrates excellent practice and standards. In particular how they developed holistic, recovery-oriented care plans, informed by a comprehensive assessment and in collaboration with families and carers. The team provided a range of treatments - informed by best-practice guidance and suitable to the needs of the patients - and staff worked well together as a multidisciplinary team. The CQC also noted how easy the service was to access, that it was available 24-hours a day and the team engaged with patients who had found it difficult or were reluctant to engage with mental health services.

'Better Mental Health for All' voluntary sector network goes live

One hundred voluntary and community sector (VCS) organisations, the NHS and local authorities came together to start a new mental health network to promote and deliver better mental health support and services in local communities, following our Step up to Great Mental Health consultation from the previous year.

Richard Kotulecki, the CEO from the Leicestershire mental health advocacy charity Lamp, was one of the partners that helped to organise the launch, said: "Across the voluntary sector we all know that mental health is a complex issue. Achieving better mental health for the people in our community requires us to consider clinical, social, cultural and environmental aspects. No single organisation, no matter how large, has the tools to achieve this alone. Together we have the experience, skills and passion to achieve better mental health."

Zohab Shariff, CEO of Mosaic 1898, the Leicester disability charity said: "It was great to be part of the planning team that pulled this event together on behalf of the voluntary sector. There was a real buzz

around the room as organisations mixed with each other, shared the impactful work they do, and took the opportunity to explore how we can further better mental health for all together.”

Mental Health Wellbeing and Recovery Support Service

The NHS in Leicester, Leicestershire and Rutland together with the local authorities in the City, County and Rutland joined forces on World Mental Health Day (10 October) to launch the newly recommissioned Mental Health Wellbeing and Recovery Support Service. £1 million per year will be invested over the next five years to provide advice, guidance and support for people experiencing difficulty with their emotional and mental health.

The service is open access, meaning that there is no need for an appointment and people can refer themselves to the service. It is designed to be easy to access – people can contact the service direct without the need of seeing their GP – to provide more than medical support, recognising that mental health issues are often caused by other stresses. Support covers topics such as finances, home and daily living needs, engaging in the community, employment and developing self-help and coping strategies.

Grants to help transform mental health services in local neighbourhoods

Fifty charitable, voluntary and community groups received grants – from our Getting Help in Neighbourhood programme - totalling millions of pounds to increase the support available for mental health and wellbeing in local areas.

One of the successful organisations was Leicester Community Links CIC, their CEO, Taruna Mistry, said: “This funding is so important for our local communities as we come out of the pandemic and start to deal with all the issues this has created. We will use the money to deliver more support sessions. This will include physical activity sessions, yoga, meditation and general wellbeing advice.”



Another organisation to benefit was the Thrive project which will use the funding to extend its singing cafes across the county. Project lead, Catherine Henderson, said: “We all know that so much can be done for people’s mental health and wellbeing without the need for clinical input. Our singing cafes are all about connecting people, building relationships and having fun – all the essential elements to help people live well and thrive.”

Mental Health Facilitators achieve national recognition

One of LPT’s newest teams was officially recognised as the top performing team in the East Midlands, and the third across the whole country, for the work they do in supporting people with serious mental illness.

The Mental Health Facilitators, who are responsible for physical health checks at GP practices, topped the regional leader board with an impressive 60% of patients seen, against a national target of 40%.

They worked closely with the Data Quality Team, which enabled them to prioritise appointments and create a booking system which released nurses and HCAs to focus on clinical work and reduce their admin time.

Not only have staff seen more patients than ever before, but they’ve been able to pick up on physical issues, such as angina or diabetes, and talk to people about other concerns. Just by having that conversation, they’ve prevented people going into secondary care or being referred into other services.

Get in the know over winter for your mental health and wellbeing

The NHS, local authorities and members of the voluntary and community sector across Leicester, Leicestershire and Rutland (LLR) worked together to promote the help for people to support their mental health and wellbeing over the winter, as part of the 'Get in the Know' Campaign.

We produced new promotional materials to help people to find the support they need for their mental health and wellbeing more quickly. These included a directory of who to contact for help, details of crisis cafés and business cards to promote key services.

John Edwards, Associate Director for Transformation for mental health in the NHS, said: "We are joining forces with our partners to spread the message that it is okay to ask for help and make it easy for people to find the help they need. It's never been more important as we head into this winter when services are stretched and more people are affected by the cost of living crisis that people can get mental health support easily."

LPT honorary consultant wins Royal College of Psychiatrists Award

Dr Rachel Winter, honorary consultant in old age psychiatry at LPT and associate professor in empathic healthcare and medical education at University of Leicester, won the Royal College of Psychiatrists Higher Psychiatric Trainee of the Year Award 2022. The RCPsych Awards mark the highest levels of achievement in psychiatry.



Crisis Cafés

Eleven crisis cafés opened across Leicester, Leicestershire and Rutland, with a total of 25 planned. Each Crisis Café provides a safe, supportive and welcoming space for individuals struggling with emotional and mental wellbeing who do not require urgent medical care. They are open to anyone who wants to talk about their mental health, all without the need for an appointment. The Cafés are staffed by peer support workers and volunteers, all of whom have experience in dealing with mental health and wider issues who will provide advice, support and guidance, helping to steering people towards further support or treatment.



Our year in review – community health services

Rutland inpatient ward has £1.5m refurbishment

The inpatient ward at Rutland Memorial Hospital has received a £1.5m refurbishment.

The 18-bed ward relocated temporarily to Loughborough for seven months so contractors could carry out the work – including replacing gas boilers, remodelling patient bays, improving the flooring, and redecorating.

Two of the longest-serving members of staff had the honour of cutting the ribbon to reopen the ward.

Sue Hudson, a registered nurse with 33 years' service at the hospital, said: "It is going to give patients a better quality of stay. It looks more spacious and is a better environment for them."

Ruth Edwards has spent 22 years on the ward, initially as a healthcare support worker, now as its ward clerk. She said: "It is amazing. It is modern, it is lighter and it is warmer. The patients will love it."

The hospital was opened in 1924 as a memorial to those who fought and died in the First World War. It is one of the oldest buildings owned by our Trust.



First international nurses 'graduate'



LPT's first group of nurses recruited from around the world to care for patients in Leicester, Leicestershire and Rutland celebrated after passing their final hurdle.

The 30 men and women received "graduation" certificates from Leicestershire Lord Lieutenant at a special ceremony at County Hall. All 30 are now working in hospitals and inpatient units for LPT.

To get this far, each has had to:

- Train and qualify as a nurse in their own country;
- Pass an English language test;
- Get through a job interview for LPT;

- Undertake further training in the UK; and
- Pass a practical competence assessment, which admits them to the Nursing and Midwifery Council register and therefore allows them to work in this country as a nurse.

The 30 international nurses arrived in November 2021, with more following in their footsteps, as part of LPT's wider plan to address the local and national shortage of registered nurses.

LPT chief executive Angela Hillery said: "We are very proud of this initiative, and of all the nurses. They have achieved a lot, and we wanted to thank them for it. "International recruitment is an important part of our strategy to get a pipeline of people through to support our workforce.

"We look forward to more coming, and we're also exploring other professional groups as well. A massive thank you to everyone involved, I know it has been a great team effort to support them all."

Nurses honoured for care and dedication

Two senior LPT nurses have been honoured by the Queens Nursing Institute (QNI), which champions community nursing.

Donna Fraser, community service matron for Melton, Rutland and Syston, has been made a Queen's Nurse by the QNI. Pauline Rawle, community service matron (care homes) has been recognised for an innovation project, also by the QNI.



Donna said she was delighted to have been elevated to nursing "royalty". She said: "Community nursing is me through and through. I am passionate about keeping people at home, and I am passionate about the role of the community nurse being seen as a specialist. You don't have access to the resources you would have on a ward, and it takes a lot to be able to flex to the needs of the job. I love it."

Donna has worked in community nursing for the past 14 years. As part of her application to be a Queen's Nurse she gave evidence of work she had done to improve the safety of insulin-dependent diabetic patients, and to ensure safe levels of staffing on each shift. She now has access to greater networking and educational opportunities, which in turn should help improve care for patients being treated in their own homes.

Pauline Rawle developed a project to help ensure care home residents had as healthy teeth and gums as possible. She was one of ten individuals who received an innovation certificate from the QNI and from the Burdette Institute for Nursing, which also provided £5,000 for her project.

Pauline created a training package for care home staff on oral health for their often very elderly patients. She also helped them navigate their way around various routes to get access to dental care and provided the homes with specialist equipment including 360 degree toothbrushes and torches.

She said: "Oral health care is really, really important. It helps people to maintain their dignity and their nutritional input."

Falls App to help patients

We have been awarded £85,000 to develop a virtual falls prevention programme.

The initiative means that patients can benefit from an evidence-based education and exercise programme, and a means of communication with clinicians via a patient portal to improve mental health and support.

This 12-month project brings together LPT, Physitrack, a health technology company, and Channel 3 Consulting, a digital health and care consultancy to develop a new digital care pathway for Falls Prevention patients within Leicestershire. The money came from NHS Transformation's Digital Partnership Award.

Stephanie O'Connell, clinical director for CHS, said: "The introduction of a virtual service delivery will give patients greater choice in how they can access services and flexibility for the clinicians on how they support patients. The award is a tribute to the hard work of the community services team and will play a role in helping the Trust provide great services to local people."

District nurses graduate

Another group of LPT district nurses have graduated. They were each selected from within the existing community nursing teams for a year of intensive study at De Montfort University, and extended placements in different parts of LPT.

Rebecca Wainwright (pictured left), Katherine Hill (right) and Katie Willis – who could not attend on the day the photo was taken – will strengthen the clinical and operational leadership of our adult community nursing teams.

Rebecca was awarded the Philip Goodeve-Docker award for demonstrating the most outstanding achievement among her cohort at DMU.



Additional inpatient beds to support winter pressures

LPT's community hospitals provided an extra 27 inpatient beds to help deal with additional winter demand.

An additional ward was opened at Coalville Community Hospital, with further additional beds on existing wards at our other six community hospital sites.

Bank and agency staff supplemented existing nursing and therapy teams to ensure patients' needs were met.

The additional beds helped the flow of patients through University Hospitals of Leicester, which in turn helped reduce ambulance handover delays at the Emergency Department.

Waiting times fall

The Community Integrated Neuro and Stroke Service (CINNS) and the Adult Continence Service have made significant improvements in their waiting list numbers and length of time to be treated.

Both teams worked through a list of transformational actions in order to create capacity to reduce the backlog.

The number of patients waiting for treatment in the CINNS service reduced by 70% between February 2022 and February 2023, reducing the longest wait from 29 weeks to nine weeks.

The number of patients waiting for treatment in the Continence services reduced by 50% between February 2022 and February 2023, reducing the longest wait from 50 weeks to 14 weeks.

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

Learning Disability Covid-19 vaccination clinics

Throughout 2022 and into 2023, the Covid-19 Vaccination Programme team helped to put on 31 specialist clinics for children and adults with a learning disability, issuing more than 681 protective vaccinations.

The award-winning clinics were held at various locations over the year, including Loughborough Hospital, the Highcross Shopping Centre in Leicester and the Agnes Unit. They even caught the eye of the regional TV and radio news, with an appearance on BBC East Midlands Today and interviews on various local radio stations.

The Healthy Together contract for Leicestershire and Rutland 0-11 services re-awarded

We were awarded contracts to deliver health visiting and school nursing services to 0-11 year olds in Leicestershire and Rutland, in the Spring of 2022.

We were disappointed to have not retained the contracts to provide services for 11-25-year-olds, due to Leicestershire and Rutland County Councils' decision to bring the service 'in-house', however, the Healthy Together service has continued to provide high-quality care and is working towards enhancements to early year and pre-school health visiting contacts.



Proposed offer developed for Healthy Together support in Leicester City

Throughout 2022, the Healthy Together service carried out rigorous work, research and engagement with service-users to put together a draft service-specification relating to the delivery of health visiting and school nursing services for 0-19-year-olds in Leicester City.

In January 2023, Leicester City Council put the proposals out to the public as part of a formal consultation. In it they are proposing to keep our Trust as the provider, and to recommission 0-19 Healthy Child Programme by using Section 75 of the National Health Services Act of 2006. The new contract would start from 1 October 2023 and run until 30 September 2030. The outcome is yet to be announced.

Learning disability and autism health professionals joined system colleagues to launch the learning disability and autism collaborative

The LDA Collaborative, led by our Trust - and in partnership with Leicester, Leicestershire and Rutland Integrated Care Board (ICB), was formally launched in November. It will help to address health inequalities and transform the lives of people with learning disabilities and/or autism (LDA) across Leicester, Leicestershire and Rutland by co-ordinating the transformation of services, while also overseeing quality, performance and outcomes.

The LDA Collaborative is also helping to build closer working arrangements between the local NHS, Leicester City Council, Leicestershire County Council, Rutland Borough Council, and other stakeholders, to encourage key players to work together as a system to solve current challenges and ensure better health,

better care and efficient use of resources. NHS England have created a case study of the success of the collaborative, as exemplary leadership, across the NHS.

The CAMHS service held their first ever recruitment event to great success

More than 700 people turned up to our first ever CAMHS recruitment event at the Morningside Arena on 28 April.

Roles were available for application and interview at the event and included everything from registered mental health nurses and health care support workers to occupational therapists, psychiatrists and administration roles.

As a result of this recruitment event, several roles were filled.



LPT's Diana Children's Community Service wins coveted Cavell Star Award

The Diana Children's Community Service Team, which provides community care and support for children with acute, complex, palliative, and long-term conditions, was awarded a Cavell Star Award for their exceptional work during the Covid-19 pandemic.

The Cavell Award is a prestigious national award which recognises outstanding commitment and dedication in nursing staff across the country.

Emma Gilbert, clinical team lead for the Diana Children's Community Service said: "Our whole team have always gone above and beyond for the benefit of patients and their families. However, this was taken to a whole new level during Covid. Acute care in the home never stopped, preventing hospital admissions. Our training and special school nurses continued to support schools all over the city and county for those children with additional needs. The whole team did this with a positive approach and a smile on their face even though every environment they went into was different. They wholeheartedly have the patient at the centre of their care and always put them before themselves."



People with learning disabilities and autism were invited to share experiences of health and social care

Around 30 autistic people and people with a learning disability attended a number of special feedback events across Leicester, Leicestershire and Rutland to share their experiences of health and social care to gain insight that will help to address health inequalities.

The events were organised by Leicester, Leicestershire and Rutland Learning Disability and Autism collaborative (see above) and with support from voluntary organisations Meadow Barn View, VALUES and The Monday Club. People could also submit their experiences via phone or email.

The valuable feedback covered experiences of hospital and GP appointments, dental visits, medication prescriptions and talking to any healthcare professionals about health conditions, all of which have been shared with local services to improve future care.



New online healthy recipes launched by the early years nutrition and dietetics public health team

In June, we launched a range of step-by-step, budget friendly, delicious easy to prepare and nutritionally balanced recipes on the Health For Under 5s website. The meals, put together by the early years nutrition and dietetics public health team, come with easy to follow guides and videos to help get all the family cooking together – including little ones aged 0-5 too!

The recipe videos all include ideas of how to get one to five-year-olds involved with all aspects of food preparation in an age-appropriate way, for example measuring ingredients using spoons, tearing herbs with their hands and using safer chopping and grating techniques for smaller hands.

Face to face peer support groups reopen in time for National Breastfeeding Week

In June we celebrated the reopening of our face-to-face breastfeeding peer supporter community groups in Leicestershire, following the Covid-19 pandemic. After two years of not being able to run in person, the first groups began opening their doors to new mums and their babies.

The groups are run by breastfeeding peer supporters, local women who volunteer to support other women in their breastfeeding journey, with the help of our infant feeding service.

New ChatAutism service launched and announced as a Nursing Times Award finalist

The ChatAutism text messaging service was a finalist at this year's prestigious Nursing Times Awards in the Technology and Data in Nursing category.

The Trust's Specialist Autism Team (SAT) launched the new service in November 2021 and is the first and only service in the UK offering text-based healthcare for autistic people.

Eligible people with an autism diagnosis – and their family members or carers – can use the service to access free, confidential advice and support from a fully qualified health professional from the Specialist Autism Team on topics such as emotional wellbeing, healthy lifestyles, relationships, understanding autism and more.



The service has been so successful that it expanded this year as part of a pilot, opening its service to support autistic people of all ages and their families and carers – as well as offering advice relating to the diagnostic process.

ChatHealth has a double award-winning victory at major healthcare awards

The ChatHealth text messaging service was crowned winners of two top NHS awards at the AHSN Network and NHS Confederation's Innovate Awards.

The service, which enables people to speak to health professionals using a specialist text messaging system – anonymously if they wish, beat off hundreds of entries to be given the Innovation Spread Award and also received the coveted, top gong of winner of the Innovation Champion of Year Award, 2022.



To date around 70 other NHS Trusts and healthcare organisations have adopted the shared technology and best practice to implement ChatHealth-powered messaging services.

Launch of Wave 7 mental health support teams in schools

January 2023 saw 10 trainee educational mental health practitioners (EMHPs) begin working in schools as part of the final step to complete their training as part of Wave 7 of the Mental Health Support Teams in schools.

The service provides three main functions:

1. Delivering care in school for children and young people with mild to moderate mental health issues, such as low mood, mild anxiety and worry. This is done by providing early interventions, such as low intensity cognitive behavioural therapy (CBT), practical support and breathing techniques, which help to give young people techniques to stop issues becoming worse
2. Supporting the school or college's mental health lead to introduce a [‘whole-school or college approach’](#) to mental health
3. Giving timely advice to school and college staff and liaising with external specialist services, to help children and young people to get the right support and stay in education.

Launch of system-wide traffic light poster for young people as part of Children's Mental Health Week

Children's and young people's mental health teams across the directorate worked together with the digital team created a new system-wide poster to help young people understand how to look after their emotional wellbeing and where to go for help. It was launched in Children's Mental Health Week (6-12 February 2023).

The traffic-light-style poster, along with a comprehensive online booklet, was shared with secondary schools across Leicester, Leicestershire and Rutland (LLR).



Digital Team lead launch of Autism Space

The FYPCLDA digital and autism teams worked with Leicester City Council and the Learning Disability and Autism Collaborative to launch Autism Space in March. The hub, hosted on the LPT website, is a free and safe online area providing clear, reliable and accessible advice and information about autism related topics – as well as a directory of support services available in Leicester, Leicestershire and Rutland (LLR). Visit it at www.leicspart.nhs.uk/autism-space/



Our year in review – enabling services

Celebrating Excellence Awards 2022

The outstanding work of teams and individuals who have gone above and beyond their everyday roles to transform care – including providing immunisations in schools, allowing people to be discharged quickly from hospital and introducing new tools, services and ways of working to support patients – were among the winners celebrated at our annual Celebrating Excellence Awards on 13 October.

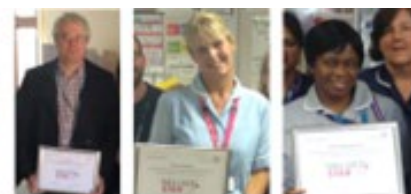
The evening – hosted by BBC Radio Leicester's Breakfast Show presenter, Ady Dayman – saw awards presented in 14 categories to individuals and teams for their extraordinary contribution to providing high quality care and wellbeing for all, after being nominated by the public, patients, service-users, carers, and colleagues. Just under 200 nominations were received.



Our Valued Star Awards

Our staff and volunteers are our greatest asset, displaying hard work, commitment, passion and stepping up to great on a daily basis. We want LPT to be a workplace where there are lots of opportunities to say “thank you” and celebrate our staff – where everyone feels proud to be part of our LPT family.

Throughout 2022, we awarded 11 Individual Valued Star Awards, 11 Team Valued Star Awards and 3 Health and Wellbeing Hero Awards. From 3 January 2022, we refreshed our awards to have up to 10 winners per award – giving more chances to win and be recognised.



Angela Hillery named top CEO in the NHS

Angela Hillery, chief executive, was named as the number one NHS chief executive in the country by the Health Service Journal (HSJ) in March 2023.

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



The HSJ top chief executives in the NHS was judged by some of the NHS's leading figures. They are asked to choose the top 50 based on the performance of the organisation run by the CEO, their contribution to the wider healthcare system, and the personal example they set to peers and employees.

LPT's first ever nursing fellows graduated

Six frontline clinicians completed the Director of Nursing fellowship programme to enhance the quality of care they provide, using an evidence-based approach.

The bespoke fellowship programme was launched in 2021 to support band 5 nurses to develop clinical excellence, clinical academic awareness and skills at an early stage of their careers.

LPT also invited Prof. Laura Serrant OBE, regional head of nursing and midwifery at Health Education England, to deliver a keynote address about 'nurses as leaders' at the special event held in September 2022.



The trust has launched cohort two of the programme, which will now include colleagues from both nursing and allied health professions (AHPs) as the 'Director of Nursing/AHP fellowship programme'. The programme will continue to focus fellows on what good clinical leadership looks like, delivery of effective and efficient quality care, and continuous improvement.

Zero tolerance campaign refreshed

We are committed to our Trust being an organisation free from discrimination, where all staff can reach their full potential and play their part in creating high quality, compassionate care and wellbeing for all.

In October 2022, we reviewed and refreshed our Zero Tolerance (ZT) campaign alongside colleagues across the Trust, to ensure we are absolutely clear on how staff can enforce our Zero Tolerance approach and how staff will be supported. The campaign aims to reduce and minimise abuse and violence of any kind – including hate incidents, such as racism, disablism, homophobia or any discrimination experienced by our staff from service users, patients or the public.



MIDAS Inclusive Leadership Award

Angela Hillery, chief executive, won the Excellence in Executive Inclusive Leadership Award in the 2022 Midlands Inclusivity and Diversity Award Scheme (MIDAS Awards) which took place on 18 November 2022.

The MIDAS Awards recognises new and excellent ways of working by staff, managers, and leaders across the region, to make the Midlands an inclusive place to work for all staff. The scheme is specifically designed to recognise the good work that is happening here in the Midlands across our health and social care sector.



In addition, the LLR system was named the most inclusive integrated care system, and Asha Day, Head of International Recruitment at LPT, was awarded the Equality, Diversity and Inclusion Champion of the Year Award for her role in championing various EDI campaigns.

Veteran Aware re-accreditation

LPT received its formal re-accreditation status from the Veterans Covenant Healthcare Alliance (VCHA) in July 2022. The VCHA is a group of NHS healthcare providers in England, committed to providing the best standards of care for the Armed Forces community, based on the principles of the Armed Forces Covenant.



Alongside other health and social care partners in the Leicester, Leicestershire and Rutland Integrated Care System (LLR ICS), LPT pledged its support for the armed forces community by signing the Armed Forces Covenant in 2021 – and, prior to this, signed as a Trust in 2017. This pledge included a commitment to ensure the armed forces personnel – and their families – should enjoy the same standard of, and access to healthcare, as other people living in the area.

Finance team wins three awards at the East Midlands Healthcare Financial Management Awards

In November 2022, our corporate finance team won the Finance Team of the Year Award in the East Midlands Healthcare Financial Management Awards.

Two other awards were presented: Chris Poyser, Head of Corporate Finance, was awarded the Outstanding Leadership Award.

Contribution of the Year Award and Zoya Gina, Finance Apprentice, won Student of the Year Award.



The Healthcare Financial Management Association is the professional body for finance staff working in healthcare, providing independent support and guidance to its members and the wider healthcare community.

LPT provided Flu and Covid-19 vaccination clinics

From October 2022 to March 2023, we held even more vaccination clinics than in 2021/22, with twice weekly clinics for both members of the public and staff to get their flu and Covid-19 boosters (and first or second doses) at Feilding Palmer Hospital and Loughborough Hospital. These also included clinics specifically for individuals with a learning disability. A big thank you to all of the staff involved.

Group selected for provider collaborative

Leicestershire Partnership and Northamptonshire Healthcare Group were selected by NHS England as one of only nine participants in a new national innovator scheme in February 2023.

The NHS England Provider Collaborative Innovators Scheme will connect national policy and support directly to the partnership working we deliver in our systems. This will accelerate our vision for creating high quality, compassionate care and wellbeing for all.

Only nine participants were chosen by NHS England from applications across the country to take part and receive support in this scheme, and we were the only collaborative to have been successfully selected in the East Midlands, demonstrating the strong collaboration both organisations have developed and our potential to achieve more.

Our year in review - fundraising



Leicestershire and Rutland's
Community and Mental Health Charity

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

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

NHS Charities Together

We applied for and were awarded almost £300,000 in grants in 2020/21 from NHS Charities Together and have continued to use this funding throughout 2022/23. Our latest projects include:



- Over 100 staff rooms were upgraded so that they are of a more consistent quality across LPT and are a comfortable space for staff to relax and recharge.
- A series of twelve roadshows helped to promote Raising Health to staff and visitors.
- Promotion of the charity with new signage at all of our main sites.



Veteran's Appeal

The Covenant Fund granted nearly £16,000 to run our Buddy 2 Buddy online café for Veterans. This continues to be a popular forum for Veterans to share their story and find peer support for their physical and mental health. We set up a Veteran's allotment with funding granted from the Virgin Media O2 Together Fund.

A grant from Leicestershire County Council's Shires Community Grant enabled our Veteran's service to run six sessions of swimming with Newfoundland rescue dogs at Stanton Lakes. These events were broadcast on the One Show on BBC One in a 10-minute feature on their evening show. We look forward to being able to deliver another three sessions next year.



Carlton Hayes Mental Health Charity

We received a grant of £55,000 from the Carlton Hayes Mental Health Charity (www.carltonhayes.co.uk). We delivered some amazing projects to support our patients with mental health conditions. Projects included photography sessions, cooking activities, gardening, arts and crafts, sensory equipment and books to help with recovery to name but a few. One project saw a large group of young mental health patients take a hiking trip to the Peak District.

Consultant psychiatrist Nandini Chakraborty said: *"We selected people who we thought could benefit from an increase in their confidence and self-esteem, to show them an activity they could do for themselves. We saw changes straight away. People who initially were hesitant to talk to others, by the end of three days they were setting up card games, helping with the cooking, teaching other skills, and were at a different level altogether."*



Let's Get Gardening Appeal

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



Christmas time

Once again, we ran “Raising a Smile for Christmas”. appeal to provide Christmas presents for all of our inpatients. We would like to express our thanks to the many people who supported this, including our corporate partners Novotel, Dunelm, Tilbury Douglas and GMP Driver Care who sponsored our Christmas Trees on the wards.

Local Amazon distribution warehouses donated over 100 Christmas gifts for patients in our community hospitals. Leicester City Football Club donated gifts for young people who were inpatients at the CAMHS Beacon Unit. We were also joined in our fundraising by LPT’s Youth Advisory Board who arranged events in their schools to provide gifts for young people in the care of our CAMHS service.

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



Looking after the health and wellbeing of our staff

This year, Raising Health funded Golden Tickets for each of LPT’s 357 teams. This was a thank you to staff for their hard work and dedication as part of the Covid recovery programme, and the Tesco vouchers were used to support the team’s health and wellbeing.

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

Our Reset, Rebuild and Refresh project recognised the enormous contribution our staff have made during the pandemic and we wanted to offer the opportunity for staff to reflect on this difficult time with a view to helping them to look towards the future. Raising Health provided funding for three staff reflection gardens, 10 bespoke benches for those gardens and reflection trees at sites culminating in a Reflection event in March 2022, the anniversary of the beginning of lockdown.



Evington Dementia Garden

We are pleased to report that our dementia garden at the Evington Centre has been completed with many generous donations.

The Women in Philanthropy group donated £5,000 towards this project.



Our fundraising achievements

Our supporters continued their marvellous efforts to take up challenges throughout the year in aid of Raising Health appeals.

For example, we had nine runners in the Leicester Half Marathon, three riders in Ride London, supporters taking part in the London Big Half and a charity football match.



Our corporate partners

Corporate partners both large and small continued to support us throughout the year, some with financial donations and others with donations of products or sponsorship. Examples include the sponsorship of our on-site Christmas trees to help fund our patient gifts. We are truly grateful Thank you.

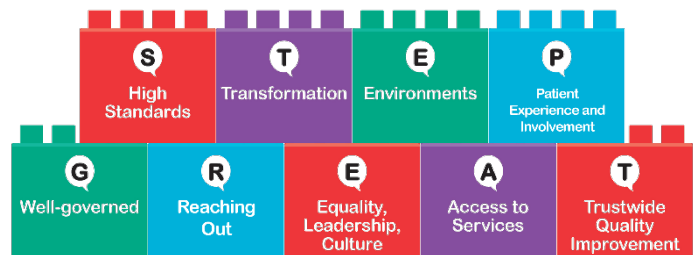


Performance analysis

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

Step up to Great

We are proud of our staff and how they have stepped up to great since the launch of this strategy in 2019, refreshed in 2021. Co-produced with staff we have embraced nine key improvement areas, which has led to positive changes in quality and safety. We know we have more to do. Our strategy outlines how we will build on our solid foundation, to



enable our LPT family deliver our vision of ‘creating high quality compassionate care and wellbeing for all’ with our partners. We will continue working towards this vision, by developing a great organisation, that is able to deliver great outcomes, with great people as part of our local communities.

You can read it on our website: <https://www.leicspart.nhs.uk/wp-content/uploads/2021/11/LPT-strategy-refresh-final-small.pdf>

A summary of key strategic achievements over the last year

High quality and compassionate care is delivered through multi-disciplinary teams within LPT and teams across organisations. We have invested in our quality huddles, brief team reviews of what is working well in a service, what needs to improve. These short structured reviews enables individual services to quickly review the service and implement change. These are complemented by our internal quality visits, and external visits from regulators and commissioners. Our new internal accreditation process, called Valuing High Standards Accreditation (VHSA), supports our in-patient wards and community teams to assess their quality of care, it enables cross profession and reinforces the Trust values and strategy at a local level.

Supporting our people, our staff and volunteers is essential to delivering our vision. Our People Plan sets out the actions we are taking to retain and attract our workforce. During this year these have included a Midlands Inclusivity and Diversity Award (MIDAS) for our reverse mentoring programme. This programme is helping develop our staff’s cultural competence, allowing better understanding of patient needs and making LPT a great place to work.

Our Staff Survey results received significant improvement this year, with 88 of 101 questions improving. We have been embedding our Culture and Leadership Programme (CLP) framework by enhancing our existing Our Future Our Way programme, attracting NHS England funding to improve staff and patient experience. The programme is focusing on areas identified for improvement in the staff survey. We were also pleased to be a People Promise Exemplar Trust, benefitting from further support with recruitment and retention. This has included substantial recognition for our international nurse recruitment programme and various large scale careers fairs.

Our focus on compassionate care and well-being for all, includes our people. Within the current cost of living crisis we have provided advice and support on winter well-being; this complements our support to staff, taking breaks, a women’s well-being pathway and promoting mens health. Health and wellbeing roadshows have taken place throughout all of our sites and will continue now on an ongoing basis.

Patients and service users remain at the heart of everything we do. We are proud of how we have grown our patient involvement framework with a large network of patient involvement volunteers, detailed further later in this report.

We have a wide scale estates improvement programme to further improve patient experience, which includes refurbishments and ongoing improvements, and the eradication of dormitory accommodation in our mental health wards. All mental health wards in the Trust will be single occupancy following completion of the dormitory eradication programme in the coming year, improving the privacy and dignity of our patients.

We have also undertaken a successful transfer of all Estates & Facilities services and staff in November 2022. Assessment of the inherited legacy issues is substantial however we are working to achieve higher standards for reporting and fixing estates issues.

The establishment of Integrated Care Systems in July 2022, seeks to give “people the support they need, joined up across local councils, the NHS, and other partners. It removes traditional divisions between hospitals and family doctors, between physical and mental health, and between NHS and council services. In the past, these divisions have meant that too many people experienced disjointed care.” The people of Leicester, Leicestershire and Rutland deserve high quality, compassionate care and wellbeing for all, and we are committed to being an active leader in our integrated care system to deliver this.

We are active in our integrated care system, building on our initial work with local authorities focused on Learning Disabilities and Neuro-developmental needs, we have also developed greater partnership working with others connected to; our mental health services, urgent and emergency care, planned and community care, children and young people especially those needing additional support. For example

- Our Step up to Great Mental health transformation programme has created a VCS alliance and launched the Get in to Neighbourhoods grants programme for them to support mental health locally.
- Our close working with Leicester City Council has resulted in a public consultation of the Healthy Together contract in the city, which includes their proposal to use section 75 to continue the contract with LPT.
- Judged as failing by regulators in 2020, LLR ICS have transformed their learning disability service, through the Learning Disabilities and Autism collaborative, to one that's now in the top third for performance in the country. 25% fewer people have long term stays in hospital since 2019.

Our service users and patients should be seen in a timely way. We have continued our focus on improving waiting times, with an improved Access Policy in place in all clinical directorates to support a consistent and systematic approach to waiting list management, and clear criteria for prioritisation and appointment allocation. We have also been innovative in the delivery of the Virtual Ward programme reducing inpatient pressures across the system. Our CAMHS Crisis Plus service- based within Leicester Royal Infirmary has been fully mobilised, covering 8am- 10pm 7 days a week; and we have mobilised a CAMHS Intensive Community Support Team by securing funding through East Midlands Provider Collaborative

Our Step up to Great strategy is a culmination of our collective learning, achievements, feedback and national and local priorities. Enhancing quality improvement and research, reinforced through our leadership behaviours for all, have been an important part of this.

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

Quality Account - summary

Our staff continue to do incredible work to ensure we are creating high quality, compassionate care and wellbeing for all our service users. It is important to acknowledge that there has been significant challenge across the health and social care system during the winter period, in particular as we work to improve our waiting times so that people can access timely care. We have also worked to reset and rebuild our services as we moved into a new phase of 'Living with COVID-19'.

Patient safety and quality of care is at the heart of our day-to-day business. We are also working to ensure that we are prepared for the implementation of the new Patient Safety Incident Response Framework and the changes in the CQC new single assessment framework.

We have continued to ensure we have sustained our improvements following our previous CQC inspection and particularly in relation to dormitory reprovion. This year we have introduced a new self-assessment framework 'Valuing High Standards Accreditation' including a series of quality visits. This supports our ongoing quality improvements across our services. We have also strengthened our 'Fifteen Steps' programme approach to include service user involvement in these visits. This brings a unique perspective to the programme through the lens of people with lived experience.

We have completed a detailed quality and safety review of our services to ensure that our inpatient areas are safe and not at risk of developing closed cultures. This is following concerns raised through the media of inpatient mental health units outside of Leicester, Leicestershire and Rutland. This work was led by the group director of patient safety and our approach has been shared nationally as exemplar practice with NHS England.

Our People's Council has continued to ensure patient voice remains at the heart of everything we do. Additionally, we have continued to provide staff flu vaccinations and ensure we play an important lead role within our local system to deliver the national COVID-19 vaccination programme. This has included offering bespoke clinics for adults with learning disabilities to support them in accessing the vaccination programme in a supportive way that meets their needs.

Ensuring people can access our services is also a key priority for LPT and this remains a priority of focus within our Step up to Great Strategy and progress is overseen by our performance and finance committee reporting into our Trust Board.

We have extended our delivery of the Ashton Compassionate Leadership Programme to include our AHPs and Community staff alongside ward leaders. This is to ensure we have strong local clinical leadership. Furthermore, we have also expanded our Director of Nursing and AHP Fellowship programme to enable clinical academic careers and nursing / AHP research to flourish at our Trust.

For more details, please read our full Quality Account on our website at www.leicspart.nhs.uk

Care Quality Commission (CQC) ratings

LPT is required to register with the Care Quality Commission (CQC), the independent regulator of health and adult social care in England. The CQC monitors, inspects and regulates services, and publishes ratings based on what they find.

The CQC published a report in May 2022 in relation to their focused unannounced inspection of the acute wards for adults of working age and psychiatric intensive care units, which took place in February 2022.

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

The CQC **moved up our ratings** in this core service in recognition of these improvements in the two key domains they inspected – Safety and Responsiveness.

- The Safety domain of the service has moved up **from Inadequate to Requires Improvement**
- The Responsive domain has moved up **from Requires Improvement to Good** for this service.

This is a true testament of the hard work and commitment of everyone involved, and we are proud that the CQC has recognised continued improvement.

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

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

The Trust has not been inspected by the CQC in 2022/23. The Trust does not have any enforcement actions against it and no services are rated as inadequate overall.

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



Last rated
22 June 2022

Leicestershire Partnership NHS Trust



Are services

| | |
|-------------|----------------------|
| Safe? | Requires improvement |
| Effective? | Requires improvement |
| Caring? | Good |
| Responsive? | Requires improvement |
| Well led? | Requires improvement |

Overall rating

Inadequate

Requires improvement

Good

Outstanding

| | Safe | Effective | Caring | Responsive | Well led | Overall |
|--|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Child and adolescent mental health wards | Good | Good | Good | Good | Good | Good |
| Acute wards for adults of working age and psychiatric intensive care units | Requires improvement | Requires improvement | Requires improvement | Good | Requires improvement | Requires improvement |
| Long stay or rehabilitation mental health wards for working age adults | Requires improvement | Requires improvement | Requires improvement | Requires improvement | Requires improvement | Requires improvement |
| Wards for people with a learning disability or autism | Requires improvement | Good | Good | Good | Requires improvement | Requires improvement |
| Community-based mental health services for older people | Good | Good | Good | Good | Good | Good |
| Specialist community mental health services for children and young people | Requires improvement | Good | Good | Inadequate | Requires improvement | Requires improvement |
| Community-based mental health services for adults of working age | Requires improvement | Requires improvement | Good | Requires improvement | Good | Requires improvement |
| Community health services for adults | Good | Good | Good | Good | Requires improvement | Good |
| Mental health crisis services and health-based places of safety | Requires improvement | Good | Good | Requires improvement | Requires improvement | Requires improvement |
| Wards for older people with mental health problems | Good | Requires improvement | Good | Good | Good | Good |

| | Safe | Effective | Caring | Responsive | Well led | Overall |
|---|----------------------|----------------------|------------------|----------------------|----------------------|----------------------|
| Community end of life care | Good | Requires improvement | Good | Good | Good | Good |
| Community health inpatient services | Requires improvement | Requires improvement | Good | Good | Requires improvement | Requires improvement |
| Community health services for children, young people and families | Good | Good | Outstanding ☆ | Good | Good | Good |
| Community mental health services with learning disabilities or autism | Good | Good | Good | Requires improvement | Good | Good |
| Forensic inpatient or secure wards | Good | Requires improvement | Good | Good | Good | Good |

A key focus in 2022/23 has been on embedding and sustaining improvements required following inspections by the Care Quality Commission (CQC) in 2021 and 2022, and we have done this in several different ways.

Quality Visits

One way is by carrying out quality visits across our services. These involve clinical members of the quality, compliance and regulation team making unannounced visits to services to look at the kind of issues that CQC inspections focus on. The aim is to proactively ensure that standards are being met and improvements are being sustained. Inspections consider, for example, whether patient privacy and dignity is being upheld, whether patients and staff are able to summon help if they need to, whether maintenance issues are reported and resolved swiftly, and whether staff are adhering to infection prevention and control policy and procedures. 22 such visits were carried out during 2022/23.

15 Steps visits

While quality visits are wide-ranging and clinically focussed, we also undertake '15 Steps' visits, which are shorter, less formal and more about first impressions. These involve service users and non-clinical staff from outside of the service and aim to determine what good quality care looks and feels like from a patient and carer's perspective. These 15 steps visits have been carried out in 2022/23. A wide range of improvements have been made as a result, including welcome information being provided and updated, repairs being expedited and clocks, TVs and radios being provided.



Valuing High Standards Accreditation

There is much evidence across the NHS to suggest that internal accreditation programmes enable quality improvement. LPT therefore introduced a programme of quality accreditation based on inspection by the Trust's own quality, compliance and regulation team. During 2022 all 33 inpatient wards were accredited at least once.

Building on the success of this, we prioritised enabling all clinical and non-clinical teams to have the opportunity to be accredited using our new Trust-wide self-assessment tool – the Valuing High Standards Accreditation Programme (VHSA). This is underpinned by key standards set out in our 'Step Up to Great' (SUTG) Strategy, enabling all teams the opportunity to review and measure their performance against the SUTG standards, providing clear direction and a structured approach, creating ownership and a nurturing a quality culture.



The VHSA tool was trialled within a range of teams that volunteered to be early adopters of the new approach. This work was then reviewed, and a number of changes were made before we launched VHSA Trust-wide in January 2023. All clinical teams are now actively undertaking self-assessment reviews supported by their governance teams.



Sharing examples of success

Agnes Unit first to hit Gold!

The Agnes Unit provides inpatient care and support for adults with learning disabilities with mental health problems including challenging behaviour. They were the first service to be awarded gold in Autumn 2022 when they went through their quality accreditation.

Unit Matron Claire Pope, described: *“Getting a gold award is a wonderful experience and it is confirmation of the vision, teamwork, and the actions, we have taken to implement and embed change at the Agnes Unit. We work together as a collaborative multi-disciplinary team (MDT)*

with a keen sense of the responsibilities we hold for our patients’ wellbeing, learning and recovery



Accreditation has given us an opportunity to receive feedback and benchmark how we are performing. I’m so proud of the team, we are all buzzing with ideas on how to keep this feeling and energy going forward.”

CQC inspectors impressed with our mental health crisis psychiatric liaison service at Leicester Royal Infirmary

In April 2022 the CQC carried out a planned unannounced system-wide inspection of urgent and emergency care services in Leicester, Leicestershire and Rutland. This was part of a series of coordinated inspections in England, to identify how services in a local area work together to ensure patients receive safe, effective and timely care.

The report, which isn’t rated, looked at how the liaison psychiatry service affected patient flow, admissions to hospital and discharges from the Leicester Royal Infirmary (LRI) hospital as part of the system wide healthcare. The psychiatric liaison service provides assessment and treatment for adults between the ages of 16 to 65, who experience mental health problems in the context of physical illness. The inspection found excellent practice and standards. In particular, the report praised the accessibility of the service and how well the staff worked together as well as with patients, families and carers. Inspectors were also impressed by the holistic, recovery-oriented care plans in place, the team’s compliance with training and the environment the service is delivered in. An area identified for improvement was to ensure that waiting times were not impacted by bulk referrals, which we have strengthened with our LRI partners.

A research-active Trust

LPT is committed to enabling our patients, service users, staff and carers to ‘be part of research’, by providing opportunities to participate in, develop and lead cutting edge research. It is our belief that research is or should be part of everyone’s working life. Research is about knowing why we do what we do and ensuring that we strive to make it better through continuous improvement.

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

- NIHR Applied Research Collaborative: East Midlands (ARC: EM)
- NIHR Academic Health Science Network (EM: AHSN).
- Leicester NIHR Patient Recruitment Centre (Late Phase Clinical Trials) and
- NIHR Research Design Service East Midlands

The number of patients and other participants (including staff) receiving NHS services provided or sub-contracted by LPT in 2022/23 that were recruited to participate in research approved by a research ethics committee as of 28 February 2023 was 481 (168 Portfolio).

WelImproveQ

WelImproveQ was established to deliver and implement the Trust wide Quality Improvement approach as the cornerstone of Step up to Great. WelImproveQ is the home of clinical audit, NICE, service evaluation and a comprehensive programme of work-based quality improvement. This has been based on the six key principles of QI developed in a co-production with LPT staff.



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

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

WelImproveQ has delivered the following outcomes:

- Development of a group Quality Improvement training and development blended offer
- Alignment of Quality Improvement and Transformation agendas to ensure that a robust delivery approach enables and supports service improvements, aligned with patient need.
- Trained and supported 278 staff in acquiring QI knowledge through our internal training sessions and the QSIR programme, with plans to expand in 2023/24
- Continued delivery of our 1-hour quality improvement work-based learning training series - QI in a Box. We have 11 'boxes' including covering the basics of QI and measurement.
- Provided training and support around QI for our preceptees, Junior Doctors, Director of Nursing Fellowship and HCSW development programme.
- Strengthening of the weekly QI design huddle to include staff experience, EDI and transformation utilising the skills of staff across LPT to shape our improvement activity.
- Currently 122 active projects including 61 completed - as recorded on Life QI, our web-based platform for supporting QI projects.
- Increased our LPT users registered on Life QI to 450.

Healthy Together Team increase access to digital information



The Healthy Together Team provide care and support for children and young people aged 0-19 and their families. There is a wide range of high quality, evidence-based health information available in digital format and the team wanted to make sure that their service users had access to it. This was particularly important in light of reduced contacts due to COVID-19. Examples of support available to young people includes *ChatHealth*, the secure, confidential, text messaging service which people

aged 11-19 can use to talk to their school nurse, as well as a range of 'Health for' websites such as the 'Health for Teens' site, which holds a wealth of information about issues ranging from anxiety to body image and exploitation.

As a result of their QI project, each team across the Healthy Together service now has a designated 'digital link.' They share monthly digital updates at their team meetings and act as a point of contact for questions, supporting practitioners' knowledge and confidence in signposting to the digital offer. By the end of the project the number of practitioners accessing the 'Health For' sites increased from 87% to 95% and the number of practitioners sharing details/content with service users increased from 95% to 98%. 100% of Healthy Together team meetings now have the digital update as a standardised item on the agenda.

Including service users and carers in everything we do

The patient experience team was keen to ensure that any planning includes the ongoing involvement of service users and carers. To enable involvement to happen at all levels across the Trust they wanted to increase the number of service users and carers registered to the Involvement Network. They worked with a small group of service users and carers to co-develop a framework to support this. This includes:



- a registration process, with induction sessions, including 'skills needs' and 'interests' forms to enable meaningful involvement
- an involvement leaflet and web page to advertise the Involvement Network and the opportunities it presents
- a support, training and development offer for those getting involved.

As a result, the Involvement Network has grown from 24 members to over 180 and the framework is now embedded as business as usual.

Reducing the wait for walking aids

With waiting times increased due to the impact of COVID-19, community therapy services wanted to test whether the introduction of a specialist walking aid clinic for patients would be beneficial. The clinic would see patients referred for a walking aid assessment only, whose mobility would be negatively impacted by a delay. The aim was to see patients in a timelier manner and reduce the community therapy waiting list overall.



A four-week trial was set up at Oadby Health Centre. Patients were assessed by either a physiotherapist or technical instructor. They could trial walking aids at the session and equipment was then ordered and delivered to their home within five days. Follow up to check everything was ok was via telephone and a subsequent face to face appointment was then made if necessary. Only 25% of patients required this, and this was usually due to the wrong height of equipment being delivered.

Time from initial referral to first assessment reduced from 18 weeks to 22 days. Patient satisfaction with the clinics was high, with patients surveyed feeling their needs were met within the clinic by being able to trial the equipment they wanted to. Following clinic attendance confidence when walking increased to four out of five, from an original score of two out of five prior to attending the clinic. Following this success, the clinics have been continued and a review of the equipment delivery process is being undertaken.

Supporting carers of people with dementia

Carer strain is prevalent for carers of people with dementia. Research suggests that communication difficulties can be one of the hardest to manage aspects for carers. Speech and Language Therapists (SLTs) in MHSOP perceived that there was a lack of knowledge about communication and how this can impact.

Prior to the COVID-19 pandemic the team had run face to face sessions about communication for carers. They wanted to keep the support going so began to offer the sessions remotely. These were delivered as a five-week course. The course has given the SLT team 'somewhere to go' for carers who need further support regarding communication. Carers have an opportunity to meet others in similar situations and learn practical skills to support communication. This may help the way they support the person with dementia to promote more effective communication and reduce frustration.

The team sought feedback after each course which they have used to make improvements for carers. The course was shortened to four weeks, an evening session was offered for those who work or can't attend during the day, and the content of the course has been refined. The team is now considering whether the approach could be adopted outside of MHSOP, whether there is any need for face to face sessions to return, and whether there are any other outcomes that they could helpfully measure.



Impact of COVID-19

Much work was undertaken during the year in response to COVID-19 becoming part of daily life.

We continued to adapt the way we delivered our services following the impact of the COVID-19 pandemic - to keep our patients, communities and staff safe. Where clinically appropriate we have embedded some of our changes such as the use of virtual consultations and appointments and our virtual wards using digital technology.

LPT cared for 484 COVID-19 positive patients in our inpatient areas between 1 January 2022 and 31 December 2022, as well as delivering essential care in our community services.

We also contributed to public and staff COVID-19 vaccinations programmes across Leicester Leicestershire and Rutland (LLR) including vaccinations for spring and autumn booster, school age children, people with a learning disability or mental health that required bespoke support, as well as vaccinations to members of the public who had not yet taken up any vaccination offer.

In 2022/23 we:

- regularly reviewed our visiting policies in line with national guidance and a move to support safe face to face visiting for all patients. This included introducing a *safer visiting* information leaflet to support anyone visiting patients on wards.
- continued the 'Message to a Loved One' scheme as an alternative if face to face visiting is not feasible for patient safety or access reasons. The scheme facilitates the sharing of messages between patients and their loved ones. It is available to all inpatients across the Trust.
- ensured that all inpatient wards have access to iPads to enable patients to make FaceTime and Skype calls to their families.
- continued to use our Clinical Reference Group to review the impact on services and experience from a clinical quality, equality and safety perspective regarding access, recovery and restoration of services, implementation of national guidance and the COVID-19 vaccination programme.
- continued to work with our partners across health and social care to increase the availability of community hospital beds as demands changed over the year.
- continued to make use of good practice and innovation developed during the pandemic response, including our urgent mental health care hub, virtual wards and virtual consultations.

The Infection Prevention and Control (IPC) team continue to provide crucial on-going specialist advice, guidance and support as we move to living well with COVID-19 and implement the new National IPC manual with safe systems of working in healthcare with all infections.

Financial performance

Information on our financial performance is included in the appendices.

Sustainability report

Green plan

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

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

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

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

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

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

Procurement

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

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

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

Anti-fraud, bribery and corruption

While the majority of people who work in and use the NHS are honest, a minority continue to defraud it of its valuable resources. NHS Counter Fraud Authority (NHSCFA) and the Trust's Counter Fraud Specialist (CFS) are responsible for tackling all types of fraud and corruption in the NHS and protecting resources so that they can be used to provide the best possible patient care. Our anti-fraud, bribery and corruption service provider, 360 Assurance, provides us with qualified and accredited CFS support.

The Trust is required to comply with Government Functional Standard 013: Counter Fraud, which sets out the activities that should be undertaken to counter fraud, bribery and corruption. The Trust is required to provide an annual return to the NHSCFA detailing its compliance with the Government Functional Standard in May each year. In May 2022 our submission confirmed compliance with each and every component of the Government Functional Standard. The Trust is on course to confirm the same position in 2023.

Counter Fraud activities undertaken during 2022/23 included:

- CFS-led fraud risk workshops with risk owners across the Trust to identify and assess fraud risks and determine any further mitigations that could be implemented.
- Continuing the Trust's participation with the National Fraud Initiative.
- Undertaking detection activities to highlight instances of potential fraud and understand new risks.
- Issuing local warnings, fraud prevention notices and intelligence bulletins relating to new frauds or methods of attack.
- Providing awareness training and materials to staff across the Trust.
- Investigating allegations of fraud, bribery and corruption.
- Engagement with the NHSCFA on a wide range of issues to support development of the NHS counter fraud initiative.

Social responsibility and involvement

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

Patient involvement, feedback and complaints

We are pleased to share our achievements over the last 12 months, working in partnership with our staff, patients and carers to improve the experience and participation of those who use or who are impacted by the services we deliver.

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

Our driving ambition is to put the patient at the heart of services – with services that listen to patient and family needs, and then utilise the skills and expertise of both the clinician and patient to design the experience to meet these needs. Ultimately by consistently asking people whether they are receiving the care they need and then improving things based on what they tell you will help patients feel more supported and better cared for.

Our service user and carer network continue to grow, and we now have over 180 people with lived experience of using our services registered on the network working with us at various levels of involvement to improve services.

Patient and Carer Involvement in Quality Improvement (QI)

The Patient Experience and Involvement Team have been working closely with the WeImproveQ Team throughout the year, to ensure that patients and carers are central to our approach to quality improvement. Each project is assessed by a group of advisors including a lived experience QI volunteer. All projects that are assessed as requiring patient and carer involvement are then matched to patient and carer representatives who then work in partnership with project leads to codesign and coproduce improvements. Below are a few examples of projects with lived experience involvement over the last year:

- **Neurological Services** – A new Carers group (including three Patient and Carer Involvement Network members) has been formed and is being supported by the network
- **Care Co-ordination Group** - Care Coordination Policy refers to people's packages of care when accessing mental health services. This policy will guide care planning across all of our mental health services
- **Adult Eating Disorders Clinical Steering Group** are working with a Lived Experience lead who provides a lived experience perspective to:
 - Inform commissioning and provision of services.
 - Develop, revise and enact the clinical model for the Adult Eating Disorders New Care Model
 - Understand population need, current service provision and opportunities for improvement
 -
- Establish and support the work of a series of sub-groups including the **Learning disabilities and Autism Response Group**.
 - Focus on impact for the service user, understanding service use pathways and flow through the service and involve service users in all stages of planning and delivery to ensure genuine co-production

- **Nutrition and Dietetics** – Patient with lived experience co-facilitating four sessions discussing professionalism from a patient perspective with Nottingham University Undergraduate students

Providing a patient perspective – Recruitment Panels

Over twenty patients, service users and carers, including members from our Youth Advisory Board, have now received training in recruitment to enable them to get involved in staff recruitment. Throughout the year the number of recruitments involving patients and carers has continued to increase. Examples of recruitments that have had patient and carer input include: Mental Health Practitioners; Deputy Director of Mental Health, Deputy Director of Nursing, Peer support workers, Senior project manager for Integrated Neighbourhoods, Personality Disorder Service Lead, plus much more.

When we are not able to provide a representative for a recruitment the group have developed a library of patient and carer values-based questions. This enables patient/carers voice in recruitment where involvement is not possible.

Feedback into Action – Our Reader Panel

Over the last year we have re-established our Reader Panel. The panel has input into a range of materials and information provided by the Trust, ensuring that the information we provide is accessible, relevant, and understandable, materials including posters, leaflets, and surveys.

Bradgate Mental Health Unit and Mental Health Services for Older People (MHSOP) teams worked with the reader panel to gain feedback on new and improved welcome packs. These included glossy images of staff and scenery across Leicestershire. It was essential that all documents also involved carers and the reader panel supported providing a lived experience perspective. We were able to take on board feedback and have a fantastic, finished product.



Patient-Led Assessments of Care Environments – PLACE Visits

Our PLACE programme of assessments over the year have been carried out in partnership with patients and carers and staff from non-clinical settings. This has been a great programme and having fresh eyes and perspectives on things that matter to patients and carers directly from them has been essential. PLACE focuses on the care environment, privacy and dignity, cleanliness and food and we have been able to implement change instantly in some areas.

Following the assessments a reflection workshop took place, where the experience of those involved was shared alongside improvements made in direct response to the visits. In the interim here are some of the improvements that have taken place in direct response to the PLACE visit and recommendations made by patients, carers, and staff:

- Maintenance jobs were able to be escalated, chased where required and in some areas, jobs were able to be completed there and then
- Extra seating and tables were sourced to ensure enough seats were provided for mealtimes
- Additional training put in for staff in some areas to further enhance patient mealtimes
- On a temporary ward a lot of changes were made quickly to enhance patients' experiences including the repurposing of a communal room, ordering of TV's and radios, putting up wall clocks including dementia friendly clocks.

One of the top priorities that came out of the assessments was inpatient food. Following the assessments, a further review has taken place of inpatient food along with one of our patient leaders working collaboratively with the project lead. Early improvements that have been identified include:

- A plan to test out new food options with patient/carers PLACE assessors attending
- The monitoring of food waste is now in place

- A catering lead for the trust is being appointed
- A patient survey has been created to monitor the feedback of patients experience of food
- Creating a checklist for ward staff/managers so they can observe and audit meal serving standards

Success stories of those with Lived Experience

Charles has struggled with mental health difficulties most of his life and experienced a mental breakdown three years ago. Charles eventually returned to education and started a Psychology degree at open university and joined the Patient Experience and Involvement Team. Charles went on to become a volunteer working on a project with the PIER team supporting the engagement of other service users, involved in recruitment panels, then trained in peer support to become a peer supporter in PIER, and went on to develop and launch a non-profit organisation called Knus to offer peer support and life coaching.

Another fabulous network member has been volunteering with the ECT team for quite a few years now after accessing the service some years ago themselves. They are using their lived experience to support patients and their carers/families through their ECT treatment; before, during and afterwards to allow them to reflect on their experience of treatment. They have now successfully secured a Health Care supporter role at the Bradgate Unit, and intend to gather other experiences, and insight to try to find new ways to improve the service for other patients and their families.

Youth Advisory Board (YAB) member Georgia has been successful in joining LPT as a peer support worker in the CAMHS Crisis Intervention Service, Georgia who has lived experience of using CAMHS Services continues to work with the YAB to support the group and young people to ensure their voices are heard.

Feedback into Action – Listening to our patients

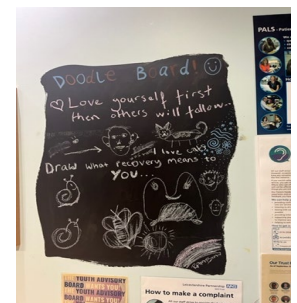
Over the last year there has been a focus in improving the ways in which our patients can share their experiences of receiving care at the Trust. The Friends and Family Test (FFT) has been central to this and as a result we have seen our average quarterly response rates increase from 1% to 9%.

During 2022/23 we received 23,707 individual pieces of feedback via FFT with 84% Positive feedback and 9% of feedback reporting negative experience of care.

Throughout the year services were invited to share their 'You said, we did' Boards, reflecting how we listened to and responded to feedback from patients and their families and carers. A small panel of patients and carers then judge entries and those services which are deemed good examples of feedback are awarded vouchers which they can then use to improve patient experience in that service. The Team have also developed a learning board which services can use to demonstrate how they listened to and responded to the experience of their patients.



The CAMHS Eating Disorder Team at Loughborough hospital have created feedback chalk boards on the walls to act as areas for young people and carers to add their views, advice, and feedback. Four big clouds with different prompts and themes have been painted into the wall along with a doodle board in the other corner where the games are kept making the display age inclusive. Despite this being a new addition, the team have received many responses such as 'I think I am great just for coming here' 'you are not alone' and 'be honest, they can't help if you don't let them'.



LPT Youth Advisory Board (YAB)



The YAB continued to meet and work together each week virtually. The board support and work on projects impacting young people across Leicester, Leicestershire and Rutland. Local and wider system partnership projects involved with over the last 12 months include:

- ✓ LPT Neurodevelopmental Transformation Project, the YAB have worked with this system wide project on an ongoing basis over the last year, including individual members with lived experience supporting and promoting the voice of young people within work streams such as communications and assessment pathways.
- ✓ The YAB have been working with CAMHS and adult MH services to support preparing young people for adulthood and transitions between services, and have worked with local CAMHS Care Navigators focussing on what is helpful for young people when they are transitioning to adult services.
- ✓ LLR Young People's Charter, they have inputted their views and voice within the development of a Young Persons charter along with the UHL Youth Forum. This will be shared across UHL and support young people's experiences when accessing services.
- ✓ Young People's experiences and Gender Identity, developing frequently asked questions (FAQS) to advise and support staff in understanding gender, LGBTQ+ and feeling confident in having discussions with Young People.
- ✓ Joint Strategic Needs Assessment (JSNA), Mental Health (MH) Priorities across Leicestershire, the Local Authority Public Health Service have engaged with the YAB around mental health plans.
- ✓ The YAB supported this year's annual LPT Raising Health Campaign and successfully contributed through members individual fundraising efforts over £420 to the total. This ensured that young people accessing outpatient MH services also received a gift this Christmas.
- ✓ LPT Service Improvements, continuing to support LPT services to develop and inform service delivery through the voice and views of young people. This includes improving communications, patient information, pre assessment materials and group work activity. The YAB have informed and worked with Mental Health in School Teams, School Nursing services and CAMHS services frequently over the last year.

People's Council

Over the last year Council members have been involved in the co-design of the Trust's new Lived Experience Leadership Framework. The Framework sets out how the Trust will work with people with lived experience at all levels of its business.



The Framework will introduce the new codeveloped role of Lived Experience Partners who will commence in early 2023. Partners will work alongside clinical and non-clinical staff, patients, and carers, drawing upon personal experience and expertise to provide insight into the design, improvement and delivery of the services provided by Leicestershire Partnership NHS Trust. The Trust has also committed to consider the role of Lived Experience Directors as set out in the NICE Shared Decision Guidance. This role will be scoped further in 2023/24.

The role of the People's Council in the Framework will provide an independent voice to help the Trust to ensure that our services are great for all. Its membership consists of Patient and Carer Leaders, Lived Experience Partners, senior representatives of local Voluntary and Community Sector Organisations and representatives of the Trust.

The Council will do this by supporting LPT to: learn by being a critical friend, involve, engage and co-produce, shape strategy and policy, and supporting LPT to deliver on its equality, diversity, and inclusion commitments and to tackle health inequalities. Recruitment to a new membership will take place in Spring 2023.

Improving patient involvement and experience - how did we do?

| Priorities | We said we would | What we did |
|--|--|--|
| We will make it easy and straight forward for people to share their experiences | Using patient experience and involvement insight to inform service and quality improvement and to continually improve the experience of those who use our services. | <ul style="list-style-type: none"> 100% of all services capturing feedback via the Friends and Family Test. Recruitment of Talk and Listen volunteers to support the capture of patient feedback. Increase of 3% in the response rate to the Friends and Family Test with an increase of 4% in satisfaction and decrease of 2% in dissatisfaction in experience. Reduced the number of concerns managed through the formal complaint process, through the introduction of triage and approach to resolving concerns informally. |
| We will increase the numbers of people who are positively participating in their care and in service improvement | Deliver continuous development of patient/carer participation and involvement, both through volunteering and paid employment, to better enable co-production of services | <ul style="list-style-type: none"> 15 Steps Challenge Programme commenced with a cohort of lived experience representative and staff recruited to undertake reviews at various services across the Trust. Patient Led Assessments of the Care Environment (PLACE) took place, resulting in all identified issues being resolved. 10 assessments took place, resulting in a range of improvements to care environments. Service user and carer involvement in recruitment panels providing a patient perspective and lived experience input into recruitment Increase in Lived Experience representatives working collaboratively within service areas Quality Improvement projects Patients and Carers are active partners in delivering quality improvement and transformation. Including co facilitation on introductory workshops via Recovery College; Recruitment panel training. Foundations of Patient Experience programme delivered with 30 attendees made up of service users, carers and staff focusing on patient centred improvements, experienced based co-design and collaborative working. |
| We will improve the experience of people who use or who are impacted by our services: | To capture and use the learning from patient feedback and engagement to inform and influence how the Trust delivers and designs its services. | <ul style="list-style-type: none"> Programme of Complaints Peer Review delivered. Representation from staff from across directorates and lived experience representatives contributing to ongoing improvement of our complaints process. Review of Patient Advice and Liaison Service (PALS) completed with a range of improvement recommendations adopted to improve access and responding to concerns. Customer services training modules reviewed with staff and lived experience representatives. The new modules will improve concern resolution at point of contact and reduce concerns and complaints formally received. |

Community Mental Health Survey

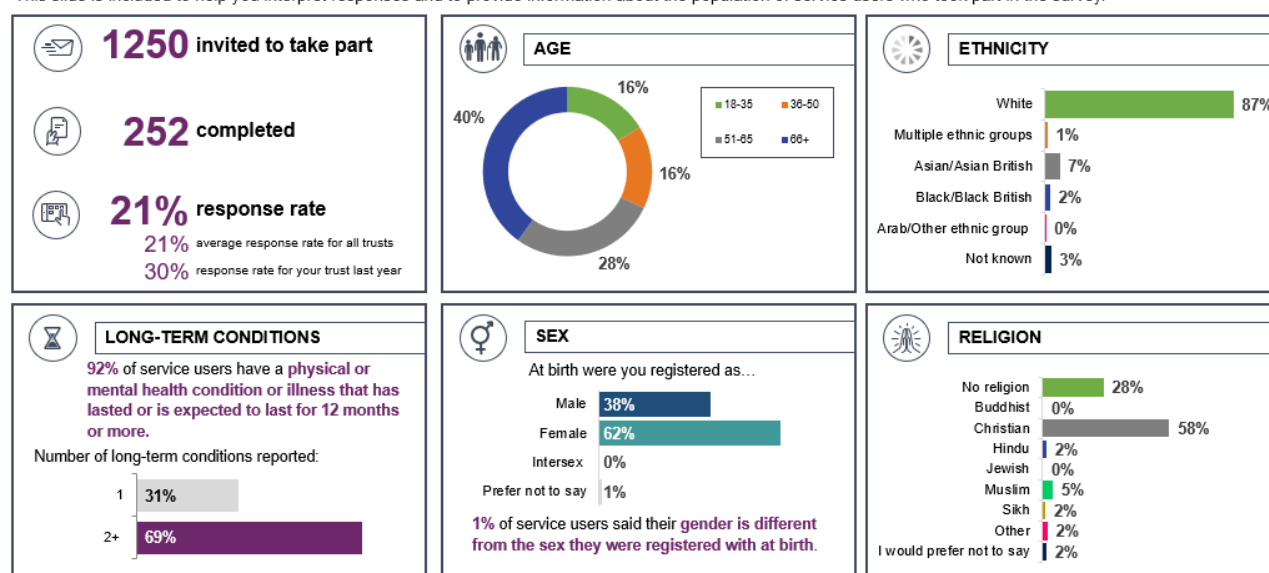
The National Service User Survey was undertaken for LPT between February and June 2022. The sample for the survey was generated at random on the agreed national protocol from all clients on the CPA and Non-CPA Register seen between 1st September and 30th November 2021. Of the 257 completed surveys returned from the sample of 1250, 35 were excluded. The response rate was 21% (257 usable response from a sample of 1215).

A breakdown of respondents show a 55/45 split between Adult services (20% completed) and Mental Health Services for Older People (MHSOP) (49% responses completed). Females made up 61% of all responses and 85% of all respondents classed themselves as white British.

Overall, there was an increase in satisfaction compared to 2021, however compared to the 50 Trusts surveyed 25% of questions (18) scored in the intermediate (mid) range (60%) of Trusts. 75% (21) of questions scored in the lower range of 20% of Trusts. No questions scored in the highest 20% of Trusts. This downward trend of satisfaction with care and treatment is reflected nationally since 2020 and for this year this score is likely to have been affected by Covid-19.

Who took part in the survey?

This slide is included to help you interpret responses and to provide information about the population of service users who took part in the survey.



Where service user experience is best

- ✓ **NHS Talking Therapies:** service users being involved in deciding what NHS talking therapies to use
- ✓ **NHS Talking Therapies:** staff explaining NHS talking therapies in a way service users can understand
- ✓ **Getting help needed:** staff delivered help needed at last contact
- ✓ **Organisation of care:** service users knowing how to contact the person in charge of organising their care if they have concerns
- ✓ **Medicines review:** NHS mental health services checking how service users are getting on with their medicines

Where service user experience **could improve**

- **Support and well-being (Work):** service users being given help or advice with finding support for finding or keeping work
- **Access:** service users being seen by NHS mental health services often enough for their needs
- **Information sharing (Medicines):** possible side effects of medicines being discussed with service users
- **Crisis care (care):** service users getting the help needed when they last contacted the crisis team
- **Support and well-being (Physical):** service users being given help or advice with finding support for financial advice

It was also noted that this has been an extremely challenging period for care provision across the NHS and this has affected scores in this survey; clearly there are some areas of positivity and several areas for further improvement. Work is already underway, through the Mental Health transformation and improvement programme which will start to address the recommendations from the survey.

Trust Membership

Our public membership scheme is in its 13th year. Our members are people who are interested in what is happening in the NHS and specifically LPT. We aim to keep our members informed and connected to developments in the Trust's services and invite them as often as possible to contribute their views and join in with events. We have 2,469 members who we keep informed with updates and invitations. Our Membership Charter is a simple guide to two-way engagement with our members:

What we will do:

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

What you can do:

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

We want our services to be shaped with input from those that receive them. We have worked with others in the Trust and our stakeholders to find ways of reaching a range of communities. Our membership is open to anyone over the age of 16 who lives in Leicester Leicestershire and Rutland, and other parts of England.

Find further information about becoming a member and opportunities to engage with the Trust at:
www.leicspart.nhs.uk

Volunteering

We are so proud to have around 215 volunteers supporting at LPT, and as we emerge from the pandemic, we are now actively recruiting in many areas, as well as getting our volunteers back in their roles. There are also some volunteering roles that have changed to supporting the Trust in a virtual way.



Voluntary Transport

We have 10 volunteer drivers who are available at different times of the week and continue to recruitment more. Achievements by our volunteer drivers this year include:

- Delivery of over 204 prescriptions covering 931 miles.
- Carrying out over 1584 journeys covering over 36392 miles.

The rising cost of living and the increase in fuel, and no increase in expense rates, impacted on volunteer driver recruitment, however it will remain an area of focus next year.

Our Transport Standard Operating Procedure has been created and shared with other Trusts nationally as an example of good practice.

Recruiting volunteers

We actively work with our services to create new and different volunteering roles, and identify areas where volunteers would add value to our services. Recruitment of volunteers over the last year included:

- The Mealtime Assistant role, which has been hugely popular especially at Evington Centre.
- Raising Health Volunteers – asking existing volunteers to support one off projects like bag packing or collecting charity collection tins from around Leicester, Leicestershire and Rutland.
- Patient Experience Volunteers – such as Talk&Listen and Patient Capture Volunteering. This area has been refined with some volunteering roles now being treated as Involvement Roles, including the Reader Panel
- Volunteer Drivers
- Meet and Greet Volunteers
- Ward Assistants Volunteers
- Mealtime Assistant Volunteer
- Pharmacy Volunteers

We advertise volunteering roles on our website, we also advertise some roles through Voluntary Action Leicester and at De Montfort University. We continue to make links in the community to try and engage potential volunteers that are fully representative of our local population.

Over the last year we have:

- successfully recruited 30 volunteers
- received around 150 volunteering/placement enquiries
- 24 volunteers going through the recruitment process
- Created the Welfare Caller Service. This is a service that was created to support service users. The use of this service has not been fully utilised.
- Attended various careers events and networking events to raise the profile of volunteering

Celebrations in volunteering

The Volunteer Drivers were the winners of “Volunteer of the Year” at LPT’s annual Celebrating Excellence Awards.

Several Volunteers were nominated for the Platinum Volunteer Awards in 2022.

For Volunteer Week 2022 a Thank you video was created and shared to all of our volunteers as well as a volunteer prize draw involving asking volunteers to guess the length of ribbon used to make a jubilee bow.

Asda and Waitrose were very generous in providing goodies for the platinum jubilee.

Christmas volunteer celebrations took place over the whole of December with a Christmas did you know message being sent each week. The Christmas raffle resulted in money being raised for us to spend on saying thank you to our volunteers in Volunteer Week 2023.



Supporting our volunteers

We have weekly communications to our volunteers to keep them engaged and informed

We have introduced both online and face to face induction sessions to introduce them to LPT, and will soon be using the national NHS England volunteering into health e-learning programme to supplement this.

Every volunteer has a clear role descriptor and are supervised by a local service.

For more information about our volunteering opportunities please visit www.leicspart.nhs.uk

Engaging our staff

Our Future Our Way

Culture, leadership and inclusion is a key priority in our Step up to Great strategy. Our culture, inclusion and leadership programme is called Our Future Our Way, and has been refreshed at the end of 2022 to include more than 80 Change Leaders from across the Trust.



Having a great working culture, is important to help our workforce to thrive and deliver great patient and service user care and experience. Around 3,000 staff shared their experience of working at LPT through the annual NHS staff survey, and while we've made significant improvements in many areas (see below), there are some key areas they've identified for improvement.

Our change leaders have begun to review these areas in more detail, and are planning a series of roadshows, focus groups and board interviews, to engage staff in identifying the barriers and solutions to address these. The framework has been adapted for the NHS Culture and Leadership Programme, starting with a Discovery phase and moving on to Design and Delivery throughout 2023.

Our last round of the Our Future Our Way change programme (pre-pandemic) supported a number of important improvements in our culture and we aim to build on this. Previous achievements included co-designing a new vision, introducing our leadership behaviours for all, making appraisals more meaningful in relation to health and wellbeing and development, and influencing more compassionate HR policies.



NHS Annual Staff Survey

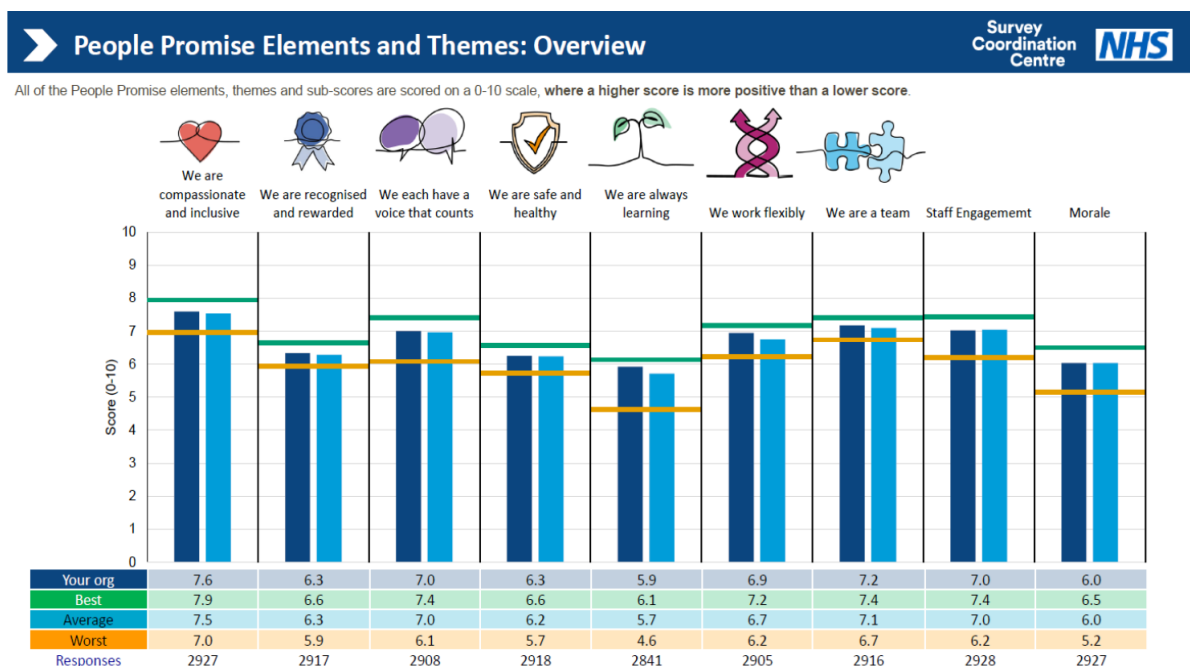
We want LPT to be a great place to work and deliver care for all. The annual NHS staff survey is an important way for LPT to hear about the experience of staff – about what they think works well and what needs to improve. It gives the opportunity for staff to share their views on their role, their health and wellbeing, their managers, the Trust's safety culture and more. The 2022 survey took place between October and November 2022, and the results were published on 9 March 2023.

Around 3000 staff (51%) shared their views in the 2022 survey, which is above the national average of 50%. It was the first year that the survey included bank staff. The response rate from bank staff was 20%, which was also above the national average of 19%.

Overall scores improved across the questions, compared to last year, and several results are higher than the national average. There were 101 questions in total. Of these, 89 improved, five stayed the same and seven went down slightly.

With regards to the national People Promise indicators, no scores are below the national average, and none have gone down. This is great news as it shows that overall, staff experience of working at LPT continues to improve.

The graphic below shows our results against the national People Promise indicators compared to the national average.



We are particularly pleased to share that the majority of staff who responded to the survey felt that LPT is an inclusive and compassionate place to work – a positive reflection of our values and leadership behaviours for all. There are four areas of the People Promise that have significantly improved compared to last year, again reflecting areas we have focused on as part of our Step up to Great journey:

- We are safe and healthy
- We are always learning and improving
- We work flexibly
- We are a team

The results also show that overall staff engagement and staff morale has improved slightly from last year, both of which are now in line with the national average compared to previous years (where they were lower).

How staff feel about recommending LPT as a place to work and deliver care is also important and there are two questions that specifically measure this:

- The proportion of staff recommending LPT as a place to work has improved slightly, whereas the NHS average has seen a downward trend. In addition, more of our LPT family look forward to coming to work compared to last year.
- However, staff recommending LPT's standard of care to friends or family has gone down from 64% to 62%, which although is in line with the downward trend nationally, is disappointing, and an area we need to further understand from you.

More positively, staff feeling that LPT's top priority is care of patients/service users has gone up (from 75.4% to 76.9%) – this improvement is now closer to the national average compared to the last two years. Staff also feel more valued and recognised by LPT than last year, and 80% of staff said the people they work with are polite and treat each other with respect. These indicators clearly reflect our vision and values in action.

An area where we are performing noticeably above the national average is staff's improved experience of diversity and inclusion at LPT, particularly in relation to respecting individual differences, career progression, discrimination and bullying. This is really positive to see, however we have much more to do in championing our Group's Together Against Racism agenda and building on our EDI priorities.

Other areas where experience is significantly better than the national average is in relation to line manager support, appraisals, opportunities for career development, team work, flexible working, always learning and compassionate leadership. Again, all positive developments.

The lowest indicator of satisfaction was with pay, which is being dealt with at a Government level. Areas that we can do more about at a local level however, are the areas we have identified a decline in: work pressure and burnout, staffing, feeling that make a difference to patients/service users, and feeling able to raise concerns.

These areas will be explored further through the next phase of our culture programme Our Future Our Way, as outlined above, through which over 80 change leaders will engage with staff across the Trust over the next few months. This will build on the work we are currently focused on around recruitment and retention as part of our People Plan.

Consultation with staff

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

During 2021/22 we have continued to actively involve staff across all services through engagement and consultation linked to service transformation and development initiatives and associated change management programmes.

We produce a weekly Trust e-newsletter and encourage the use of social media, in line with the Trust's social media policy, as a forum for staff to share their views. Our closed staff Facebook group (which has over 3400 members) is an effective forum for staff to share their views, find answers to questions and gain support from colleagues.

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

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

Support and advisory services

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

- Occupational Health Service available to all staff
- Confidential counselling and psychological support services (Amica)
- Professional organisations and trade unions

- Disabled staff support group (MAPLE)
- Interfaith forum
- Black, Asian and minority ethnic staff support group (BAME) – note name change to REACH (Race Equality and cultural Heritage) in November 2022
- Carers support group
- Spectrum (lesbian, gay, bisexual, transgender members of staff)
- LPT Young Voices
- Women's Network
- Men's Health Network
- Anti-bullying and harassment advice service (ABHAS)
- Access to mediation for resolving workplace conflict
- Listening Ear service provided by Chaplaincy services
- Access to Freedom to Speak Up Guardian
- LLR Mental Health and Wellbeing Hub (up to March 2023)
- Wellbeing Wednesday active sessions
- Mindfulness sessions for staff
- Monthly Health and wellbeing roadshows at sites

Our Staff Support Networks

Our staff networks offer support, connection with others, information and awareness, and work to improve LPT as a whole.

| | | | |
|---|---|---|---|
|  | Armed Forces For staff with experience with the armed forces |  | Race Equality and Cultural Heritage (REACH) For staff from black, Asian, or minority ethnic backgrounds |
|  | Carers For staff with caring responsibilities |  | Spectrum A network focusing on LGBTQ+ issues, straight allies welcome |
|  | Mental and Physical Life Experiences (MAPLE) For those with long term health conditions |  | Women's network For discussing issues relating to women, all genders welcome |
|  | Neurodiversity For staff with any range of neurodiverse conditions such as dyslexia, ADHD, and autism |  | Young Voices For staff 16-35 for support and information on careers |

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

- A monthly Team Brief with our Chief Executive, which includes a question-and-answer session with our executive team on current themes.
- A monthly senior leadership group forum – for senior leaders to not only hear about our direction of travel, but contribute, share views and concerns, and take ownership.
- If a member of staff has concerns about an issue that affects the delivery of services or patient care, they are encouraged to speak to their line manager, head of service or director.
- They can also contact the Trust's Freedom to Speak Up Guardian for advice – referring to the 'Freedom to Speak Up: Raising Concerns (Whistleblowing) Policy for further sources of advice

- If staff have concerns about a work issue, they can contact their trade union / professional organisation representative or a member of our human resources team.
- An e-learning package is available for staff to increase awareness of how to raise concerns.
- Our Leadership Behaviours for all provides a framework to hold each other to account, including a feedback model.
- We support Duty of Candour, and have raised the profile of the importance of this through various forums and communications, including the set up a learning lessons exchange to improve culture. We are also working towards implementing PSIRF.
- Staff listening events on key themes or hot topics and monthly staff support networks
- Our appraisal process includes a section on health and wellbeing and also a focus on our leadership behaviours
- Directorate staff drop ins which give staff within the directorates a safe space to voice their thoughts

Freedom to Speak Up

Together we are making speaking up business as usual

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



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

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

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



Freedom to Speak Up Guardians

Much has been done to improve the speaking-up culture at LPT and building on years of sustained efforts to improve staff engagement, LPT has successfully recruited an additional FTSG, Chris Moyo to work alongside Pauline Lewitt, all with the goal of reaching out to staff and making a positive impact on the quality of patient care and staff experience.

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

The COVID-19 pandemic has had a significant impact on service delivery and employee working conditions. Although concerns have decreased, there have been some specific COVID-related concerns. The Guardians have collaborated closely with the Health and Wellbeing Team to provide informal support to individuals who have made contact.

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

Freedom to Speak Up Champions

The Trust now has over 20 volunteer Freedom to Speak Up Champions who play an important role in positively promoting the key messages about speaking up and widening the reach of the FTSU agenda. They can offer support and signpost colleagues to appropriate services as required.

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


Freedom to Speak Up Training.

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

Developing our staff

Learning and Development

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

| Training and development | Expanding student placements | Healthcare support workers |
|--|---|--|
| <ul style="list-style-type: none"> Supported over 700 CPD activities, more than twice as many as previous year. Continue to support innovative CPD activities for medical workforce. Developed in partnership with De Montfort University a 'LLR Advancing Practice Talent' programme. Improved compliance with clinical mandatory training in moving and handling and safety interventions. Embedded the new Oliver McGowan training stage 1 for all staff across the Trust. | <ul style="list-style-type: none"> Increased student capacity within nursing, including additional placements in mental health nursing fields of practice. Developed in partnership with University of Leicester a new innovative student led walk aid clinic. In partnership with De Montfort University developing a new student nurse advocate role to support students considering leaving their training. | <ul style="list-style-type: none"> Run our 21st cohort of new healthcare support workers (HCSWs) to complete the Trust's band 2 Clinical Core Skills training course Worked in partnership with East Midlands Alliance and Talent for Care to provide 21 HCSWs the opportunity to attend a Midlands' wide 'Developing Healthcare Talent'.  |

| Workforce Bureau | Grow our own | Work experience |
|---|---|---|
| <ul style="list-style-type: none"> Provided specialist training to over 400 registered and non-registered staff to deliver Covid vaccinations across the county and city. Expanded training offer to support wider vaccination delivery, including flu and childhood immunisations. | <ul style="list-style-type: none"> 60 existing staff started apprenticeships - an increase of over 50% from last year. Restarted direct entry apprenticeships into level 2/3 admin and healthcare. Trained staff for new roles including childrens' wellbeing practitioners and mental health wellbeing practitioners. | <ul style="list-style-type: none"> Approved a system wide approach to work experience, where all offers/placements are supported through a central portal. Work experience offers increased by 50%, including placements in technology services and clinical services |

Events

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| <p>Leicester, Leicestershire and Rutland Covid Vaccination Workforce Conference</p> <p>Leicester, Leicestershire and Rutland – Covid Vaccination Workforce Conference (4 August)</p> <p>We ran this event for all staff working in the vaccination programme, to celebrate everyone's achievement; over 300 attendees heard from regional and local leaders.</p> | <p>Apprenticeships National Apprenticeship Week 6th to 12th February 2023</p> <p>National Apprenticeship Week Showcase Market Place (7 Feb)</p> <p>We ran this event for staff in the Trust to find out more about apprenticeships, study leave and funding opportunities. It included partner education providers and routes in to healthcare qualifications. Over 120 staff attended.</p> | <p>Medical Trainee Awards (3 March)</p> <p>At this event we recognised excellence in our 80 medical trainees from all grades for their clinical skills, teaching, professional standards and research.</p> | <p>LLR Careers and Jobs Event (11 March)</p> <p>1400 members of the public attended this event. There were over 55 exhibitors sharing careers and job opportunities in the NHS from all healthcare providers in our system.</p> |
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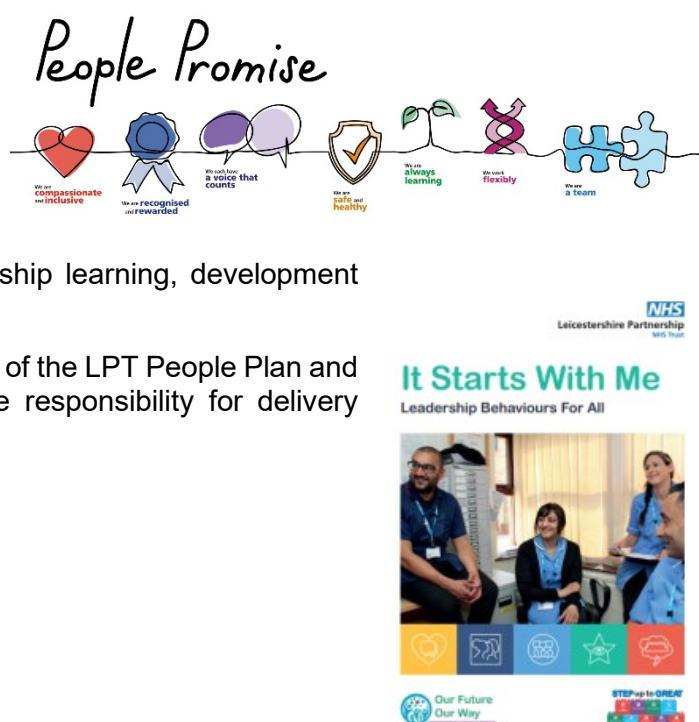
This year has continued to be challenging due to the continued restrictions on training face to face. The team of educators and trainers have been innovative and creative to ensure that staff and students continue to receive high quality learning and development opportunities. We have been particularly keen to recognise excellence in education and training and promoting opportunities in our organisations for personal and professional development.

Organisational Development

There are many descriptions and definitions of organisational development (OD), the best way to describe what the LPT OD team do is, simply to support our staff. We strive to create a supportive and inclusive work environment where all staff feel a sense of belonging and empowered to provide the best possible patient care. We do this through the delivery of our inclusive and compassionate leadership learning, development opportunities and culture work.

We uphold the NHS People Promise through delivery of the LPT People Plan and organisational workforce priorities. The team have responsibility for delivery against the four pillars of the people promise:

- Looking after our people
- Belonging in the NHS
- Growing for the future
- New ways of working and delivering care



Our work includes the embedding our values; Compassion, Respect, Trust and Integrity along with our 'It starts with me' leadership behaviours for all, supported by the leadership course of the same title.

We continue this work with our Change Leaders as part of 'Our Future, Our Way' culture and leadership programme, officially relaunched in November 2022 with 75 new change leaders. Our programme provides the opportunity for staff to shape the culture we strive to achieve.



Here are a few of our highlights this year:

- We delivered a successful series of Leadership Masterclass sessions in conjunction with our Group partner NHFT, supporting compassionate and inclusive leadership. Guest speakers included Michael West, Nigel Risner, Megan Reitz, Jennifer Izeke, Eugene Ellis, Jon Wilkes, Katie Neeves, Ayo Sokale and we received some great feedback from these sessions
- Our '90 Day Toolkit' was adopted by the LLR ICS as best practice for inducting new starters
- We continued to support the Chief Nurse Fellows Programme with a series of three leaderships session based on leading self, leading teams and systems leadership and managing change
- Adapted our Appraisal documentation to include a mandatory Equality, Diversity & Inclusion objective for all staff, as well as a Disclosure Barring Service (DBS) declaration and information on We Nurture to develop our talent management pipeline
- Expanded delivery on our Leading Remote Teams course across the LLR ICS
- Development of the Administration and Clerical Improvement Group continues to raise the profile of admin and clerical staff development opportunities
- Partnered with LLR system on the Lead, Connect and Care festival
- Launched our year one Senior Leadership Programme pilot
- Developed 'My Career Talks' and Manager Peer to Peer sessions



Health and wellbeing

Our Chair is the Health and Wellbeing Guardian for LPT, which signals to staff the importance the organisation places on staff health and wellbeing. Our health and wellbeing plan is aligned to our People Plan. Monthly health and wellbeing roadshows have taken place to bring the support offer closure to our busy staff. This is supplemented with Wellbeing Wednesday newsletters, drop-in sessions, and a network of health and wellbeing champions. A women's health pathway has been developed, including menopause support, and a carers passport has been developed.



Championing equality, diversity and inclusion

Equality, Diversity and Inclusion run through all of our Leadership Behaviours. We expect all staff to be inclusive leaders in managing relationships with other colleagues and with our patients, service users and the public. Creating an anti-racist organisation is something which the Trust has committed to achieve since June 2020 and continues to be a key priority for us. There has been much progress and a great deal to celebrate. However, we acknowledge there is still much to do and we are therefore far from complacent.

| | | |
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| April 2022 <p>EDI workforce Group, chaired by HR director, acknowledged that there had been significant improvements in Black, Asian and Ethnic Minority representation on interview panels that now stood at around 68%. A great deal of work happening with the Integrated care system around EDI such as reverse Mentoring, Inclusive Decision Making, launching the developing Diverse Leadership programme, the active Bi-Stander Programme and the Equality Delivery System that are aiding the creation of inclusive cultures within LPT. A Vaisakhi celebration event was also held.</p> | May 2022 <p>The proposal to include Equality Objectives within all Staff Appraisals approved by the Strategic Executive Board.</p> | June 2022 <p>Diverse interview panels improved to 75%. Zero Tolerance campaign literature was refreshed following cross-Trust collaboration via a Taskforce with a plan for relaunch. Third cohort of Reverse Mentoring Programme underway and going well.</p> |
| July 2022 <p>EDI Workforce Group meeting held. WRES and WDES data produced and action plans refreshed taking into account the national Race Equality and Inclusion strategy 6 High Impact Actions. Collaboration with the LLR EDI Taskforce ongoing and leading on 3 of the 7 system priority programmes. South Asian History Month celebrated with two on-line sessions.</p> | August 2021 <p>WRES and WDES published with action plans to address the issues identified. Mental health public consultation identified issues of access - informing the EIA for the Mental Health Transformation programme. LPT Anti-racism Group meet monthly. CAMHS BAME Strategy Group meet to develop approach to improving access for under-represented minority ethnic patients and increase workforce representation. Targeted BAME interview skills training delivered.</p> | September 2022 <p>Directorate EDI Groups meeting on a regular basis. Race Equality and Cultural Intelligence Learning sets continue to be run for leadership with good attendance. Latter include lived experience of BAME workforce. John Amaechi anti-racism Masterclass held with over 250 delegates.</p> |
| October 2022 <p>Successful Black History Month events delivered in partnership with NHFT. Third cohort Reverse Mentoring programme comes to an end with 17 successful LPT participants completing.</p> | November 2022 <p>Fourth cohort Reverse Mentoring programme launched. Cultural Competency 360 Assessments issued. Three targeted BAME interview skills training delivered. Race equality and Cultural Intelligence Learning Sets delivered. BAME Staff Support Network name changed to REACH (Race Equality and cultural Heritage). Developing</p> | December 2022 <p>An in person event held with MAPLE staff Support Network to mark International Day of Disabled People and Disabled History Month opened by LPT Chair. Reverse Mentoring celebration event held with very positive feedback on the impact of the programme in respect of behaviour change.</p> |

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|--|---|---|
| | Diverse Leadership Programme commenced. | |
| January 2023 Nursing and AHP BAME Listening event held. Deaf awareness Training underway and receiving positive feedback. Staff Network Guidance produced confirming protected time for staff to attend meetings and for chairs to provide support to the groups. Seven staff networks in place and functioning well – actively supported by Executive sponsors. Latter linking in with LLR wide staff Networks Forum. | February 2023 Trans Gender Training delivered as part of LPT's Inclusive Leadership Masterclass. A separate session on Trans Gender awareness also run to support the introduction of LPT's Trans gender Policy for Patients and Service Users. | March 2023 International Women's Day celebrated on 8 March. Key note speech by Ayo Sokale as part of Inclusive Leadership Masterclass. Staff survey results released showing marked improvements in LPT's inclusion ratings. |

Our equality objectives 2021 – 2025

The Trust has developed its EDI strategy to cover the period 2021-2025. This is aimed at improving services and employment practices for the workforce and communities accessing or trying to access services. Five objectives have been set within the Strategy which can be found on the trust's website.

Workforce Race Equality Standard (WRES)

We report against the nine indicators of the Workforce Race Equality Standard (WRES) on an annual basis and act where there is evidence of disadvantage and inequality. The WRES gauges how well the Trust is performing to ensure employees from black, Asian and minority ethnic (BAME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace. We have developed a prioritised WRES action plan. We are pleased that our WRES work has been recognised nationally. For detailed information see our website here: <https://www.leicspart.nhs.uk/about/equality-diversity-and-inclusion/>

Gender Pay Gap

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

Workforce Disability Equality Standard (WDES)

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

Due Regard

LPT has a process for carrying out the 'Due Regard' (equality analysis) to ensure that its functions, policies, processes and practices do not have an adverse impact on any person described in the Equality Act 2010 in terms of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) and sexual orientation.

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

Equality and diversity training

Equality and diversity training is mandatory for all staff. Training is available through an e-learning module. It looks at our legal duties in relation to the Equality Act as well as giving insight into meeting the needs of different people and communities. The programme has a focus on the needs of, and difficulties faced by, lesbian, gay, bisexual and transgender (LGBT) people. Unconscious bias training has also been developed for staff and is being delivered virtually where required. In addition, in support of the WRES work, Race Equality and Cultural Intelligence Learning sets have been developed with the assistance of black and minority ethnic colleagues and is required for all our leaders. ‘Recognising and valuing people’s differences’ is one of the Trust’s five leadership behaviours for all; monitored and discussed at annual appraisals.

Accessible Information Standard

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

Looking ahead: 2023/4 Activity

- Activity 1: To comply with the Equality Act 2010 and the Public Sector Equality Duty (PSED). In this respect the approach to Inclusive Decision Making will be key. Steps have been taken to review LPT’s approach to equality and quality impact assessments with a new policy produced to ensure compliance and accountability.
- Activity 2: To report and develop actions to address issues identified in the course of the equality monitoring of the workforce and service users. This will include continuation of increasing the diversity of interview panels, implementation of the fourth cohort reverse mentoring programme, delivery of Race and Cultural Intelligence Learning Sets, implementation of further training and development associated with the anti-racism agenda and in support of the staff networks and embed the Zero Tolerance campaign.
- Activity 3: To embed and mainstream the Equality Delivery System 2022 (EDS3) into all service and enabling activity. New guidance has been published in 2022 which requires an ICS led approach.
- Activity 4: To report and implement action plans to address gaps identified against the Workforce Race Equality Standard, Workforce Disability Equality Standard, and Gender Pay Gap reporting metrics.
- Activity 5: To work in partnership locally, regionally and nationally to share best practice and develop inclusive initiatives that improve outcomes for staff and patients.
- Activity 6: To design, develop and deliver training programmes that help staff and managers to foster positive working relationships that lead to a higher quality of care.

Supporting disabled staff

The Trust meets all requirements to use the 'Disability Confident' symbol. Applicants with a disability who meet essential requirements for posts are guaranteed an interview.



We also have a reasonable adjustments policy to ensure that appropriate measures are put in place for staff who either have a disability on appointment or develop a disability during employment. We work closely with Access to Work and our Occupational Health department who provide advice and support, and our management of ill-health policy and associated training ensures that managers are aware of the steps to be taken to retain staff with disabilities in employment.

Sickness absence

The Department of Health and Social Care (DHSC) has provided the Trust's sickness absence data for inclusion in this year's annual report. For the calendar year 1 January 2022 to 31 December 2022, an average of 11.8 days (or 5.24%) per full time member of staff was lost due to sickness absence.

| Figures Converted by DH to Best Estimates of Required Data Items | | | Statistics Published by NHS Digital from ESR Data Warehouse | |
|--|--|---------------------------|---|------------------------------------|
| Average FTE for 2022 | Adjusted FTE days lost to Cabinet Office definitions | Average Sick Days per FTE | FTE-Days Available | FTE-Days recorded Sickness Absence |
| 5,086 | 59,957 | 11.8 | 1,856,312 | 97,264 |

Source: NHS Digital - Sickness Absence and Workforce Publications - based on data from the ESR Data Warehouse. Additional information can be found on the sickness absence publications page: [NHS Sickness Absence Rates, December 2022, Provisional Statistics - NHS Digital](#)

Accountability report

How we govern

Effective governance remains as important to us as ever. It provides an overview of our processes to help us maintain a compassionate and inclusive environment. It also ensures we offer safe, quality care for all our service users. In this report we share how we govern our Trust, and how we maintain good oversight of our processes for ensuring that we are Well-Led and meet our Step Up to Great priorities.

Our Board of Directors

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

Responsibilities and Duties

The Board of Directors is legally responsible for the day-to-day management of the Trust. It is accountable for the operational delivery of services, targets and performance, and responsible for setting our strategy and future direction. Our Board has a duty to provide safe and effective services and robust financial stewardship. It must also govern the Trust in a way that ensures safe, quality healthcare for patients, service users, families and carers – as well as service partners and stakeholders. The Board's purpose, tasks and duties include:

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

Trust Board Members

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

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

We are required by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to ensure that our directors are fit and proper for their roles. To fulfil this responsibility, the Trust has undertaken appropriate Fit and Proper Persons checks for all directors during 2022/23.

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

Our directors

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

Executive Directors - Voting

There are four voting Executive Directors comprising the Chief Executive, Director of Finance, Medical Director and the Director of Nursing, AHPs.

Directors – Non-Voting

There are eight Directors in Attendance plus the Trust Secretary (non-voting);

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

-

Executive directors with voting rights



Angela Hillery, Chief Executive

Angela has worked in the NHS for over 30 years and has a clinical background as a speech and language therapist. She is LPT's Chief Executive who consistently ranks in the Health Service Journal's Top 50 rated NHS Chief Executives – ranking at number one in 2023. Angela brings to the Board a strong belief in developing compassionate cultures. She prioritises co-production and involvement with patients, service users and carers.



Avinash Hiremath, Interim Medical Director

April 2022 – July 2022

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

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



Girish Kunigiri, Acting Medical Director

July 2022 – October 2022

Girish is values driven and is compassionate, open and transparent in his approach. He believes in coproduction and clinical engagement and is passionate in improving staff wellbeing alongside patient and carers experience with services. He has been a consultant psychiatrist for over 18 years and in addition had various roles in senior medical management. He is the Clinical Director for East Midlands Clinical Network for Mental Health and is involved in the implementation of NHS Long Term Plan. He has special interest in using technology and novel treatments in psychiatry and led the implementation of single patient electronic system and set up the Neuromodulation Centre in LPT.



Dr Saquib Muhammed, Interim Medical Director

From October 2022

Saquib has been in mental health for 30 years and completed all his training in Leicester. He has been a consultant in general adult psychiatry in Leicester for nearly 20 years and has a special interest in mental health law. Saquib has been involved with doctors appraisal and revalidation since its inception and has done many medical management jobs in Leicester including clinical director, associate and deputy medical director and interim medical director. He has been involved in medical education and regularly examines medical students at University of Leicester. Externally, Saquib is a member of the mental health review tribunal with MoJ and second opinion approved doctor with the CQC.



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

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



Sharon Murphy, Director of Finance

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

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

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

Directors in attendance; without voting rights



Mark Powell, Deputy Chief Executive

April 2021 – May 2023

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

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

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



Sarah Willis, Director of Human Resources and Organisational Development

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

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



Sam Leak, Director of Community Health Services

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

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

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

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



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

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

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

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



Fiona Myers, Interim Director of Mental Health

Until August 2022

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

previous incumbent.

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

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



Tanya Hibbert, Director of Mental Health

From October 2022

Tanya has been the Director of Mental Health at Leicestershire Partnership NHS Trust since October 2022. She was a very senior manager in mental health and community services for 8 years previously in a Mental Health and Community Trust in the NorthWest of England and worked in senior leadership roles in a number of Acute

Trusts also in the NorthWest.

Tanya originally qualified as a physiotherapist in Australia in the 1990s but moved to the UK in 1997 and has lived here ever since. Her passion is to provide, commission and deliver services that impact positively on patients, service users, carers and our communities. Tanya has extensive experience and success in delivering transformation and quality improvement programmes in a financially sustainable way. She has significant experience in co-producing and delivering care through partnerships with voluntary and third sector organisations.



Chris Oakes, Director of Governance and Risk

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

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

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

Chris was seconded from NHFT to LPT as the director of corporate governance and risk on a part time basis from January 2020 to March 2023.



Paul Sheldon, Chief Finance Officer

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

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

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



David Williams, Director of Strategy and Partnerships

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

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

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

Non-executive directors

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

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

The Trust has seven non-executive director roles (including the chair).

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

- An interim Medical Director (Dr. Saquib Muhammad) is in place due to a vacancy which is currently out for substantive recruitment following Dr Avinash Hiremath stepping down from the role and Dr Girish Kunigiri who left LPT to become the Medical Director at Lincolnshire Partnership NHS Foundation Trust).
- Our new Director of Mental Health Tanya Hibbert was appointed from 1st September 2022. Tanya replaces Fiona Myers who was the interim Director of Mental Health.
- Mr. Hetal Parmar was appointed as a Non-executive Director from May 2022
- Mr. Alexander Carpenter was appointed as a Non-executive Director from May 2022



Cathy Ellis, Chair

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

Prior to joining LPT in 2015, Cathy was Chair of the Leicester, Leicestershire and Rutland NHS Primary Care Trust which commissioned patient care in acute hospitals, mental health and community services, GP surgeries and Prison healthcare.

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

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

Cathy is the Trust's Wellbeing Guardian.



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

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

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

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

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



Darren Hickman, Chair of the Audit and Assurance Committee

Until June 2022

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

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

Darren held the position of Senior Independent Director (SID) till April 2022 and was the NED Champion for Security Management (Counter Fraud)

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



Hetal Parmar, Chair of the Audit and Assurance Committee

From June 2022

Hetal has over 21 years' experience of working in financial services and is Head of Banking and Savings at Santander UK, having held a number of leadership roles. He has extensive experience of customer centric strategy development, business transformation, financial and risk governance, performance oversight and ensuring integrity in decision making. Hetal is passionate about creating an inclusive culture, supports 'Women in Business' and 'Adoption & Fostering' networks, and provides coaching and mentoring to help people develop their leadership skills. He has over 12 years' experience as a Non-Executive Director across different sectors, including housing and education. Hetal joined LPT's Board as a Non-Executive Director in 2022 and is the Chair of the Board's Audit and Risk Committee.



Moira Ingham, Chair of the Quality Assurance Committee

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

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

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



Ruth Marchington

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

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

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

Ruth is NED Champion for Freedom to Speak Up and Doctors Disciplinary and sits on various LPT committees. Ruth has also held the position of Senior Independent Director (SID) since April 2022.



Prof. Kevin Paterson

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

His research interests are in areas of cognitive ageing, especially in relation to changes in visual, language and thinking abilities in older age and as a consequence of dementia and other neurodegenerative conditions. He has been a NED at LPT since January 2022.



Alexander Carpenter

Alexander currently works in Commercial & Institutional Banking for the NatWest Group and has held several positions in areas including Retail Banking, Risk and Commercial Coverage. Alexander is passionate about Diversity, Equity and Inclusion and is a great advocate of cross-function collaboration to achieve a shared vision and objectives.

As part of his current role as Head of Business Delivery, Alexander has gained extensive experience of strategic planning, driving performance improvement and achieving sustainable results. Alexander joined NatWest over a decade ago and he has a strong record of delivering transformational change in large, complex, and federated organisation.

Alexander joined LPT's Board as a Non-Executive Director in 2022 and is the Chair of the Board's Finance and Performance Committee.

What our directors deliver

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

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

Our board meetings

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

All Board meetings were held face to face from July 2022 having been held on Microsoft Teams during the pandemic.

The attendance at all of the board committees is recorded, and terms of reference state a requirement of 75% attendance for all formal members. Attendance is reported within the annual reports of committees to Trust Board, as well as when the work of the committees is reviewed annually by the Audit and Assurance Committee (AAC). Highlight reports from Board committees are presented to the next available Trust Board meeting, and reporting back is led by the non-executive chair of the meeting.

Performance assessment of committees is on an annual basis. Committees reflect on their own achievements and challenges, and the AAC considers each report at one of its meetings, with the chair and executive lead of the Board committee in attendance. The final report is then submitted to the Trust Board.

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

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

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

Attendance at Trust Board meetings 1 April 2022 to 31 March 2023:

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

| Member | Role | 31.05.22 | 10.6.22 EGM | 26.7.22 | 27.9.22 | 29.11.22 | 31.1.23 | 28.3.23 |
|---------------------|-------|----------|----------------|---------|--------------------|----------|---------|---------|
| Cathy Ellis | Chair | P | P | P | X – Faisal Hussain | P | P | P |
| Hetal Parmar | NED | NA | P | P | P | P | P | X |
| Alexander Carpenter | NED | NA | P | P | P | P | P | X |
| Darren Hickman | NED | P | P | NA | NA | NA | NA | NA |

| | | | | | | | | |
|--|---------------------|---|-----------------|-----------------|-----------------|---|-----------------|--|
| Ruth Marchington | NED | P | X | P | P | P | P | P |
| | | | | | | | | |
| Moira Ingham | NED | P | X | P | P | P | P | X |
| Faisal Hussain | NED | P | P | P | P | P | P | P |
| Kevin Paterson | NED | P | P | P | P | P | P | P |
| Angela Hillery | CEO | P | X – Mark Powell | X - Mark Powell | X - Mark Powell | P | X - Mark Powell | P |
| Mark Powell | DCEO | X | P | P | P | P | P | P |
| Sharon Murphy | Director of finance | P | P | P | P | P | P | P |
| Avinash Hiremath/Girish Kunigiri/Saquib Muhammad | Medical director | P | P | P | P | P | P | P |
| Anne Scott | Director of nursing | P | P | P | P | P | P | X – Emma Wallis & Michelle Churchard-Smith |

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

Quality and assurance committee (QAC)

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

Attendance at QAC meetings 1 April 2022 to 31 March 2023:

| Name: | Role: | 26.4.22 | 28.6.22 | 30.8.22 | 25.10.22 | 20.12.22 | 28.2.23 |
|--|--|---------|---------|---------|----------|----------|---------|
| Moira Ingham | Chair | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Ruth Marchington | NED | ✓ | ✓ | ✓ | ✓ | X | ✓ |
| Kevin Paterson | NED | ✓ | ✓ | ✓ | ✓ | ✓ | X |
| Chris Oakes | Director of Governance & Risk | ✓ | X (KD) | X (KD) | X (KD) | ✓ | ✓ |
| Anne Scott | Director of Nursing | ✓ | X (DR) | ✓ | ✓ | ✓ | X (MCS) |
| Avinash Hiremath/Girish Kunigiri/Saquib Muhammad | Medical Director/Interim Medical Director/Interim Medical Director | ✓ (AH) | ✓ (AH) | ✓ (GK) | ✓ (SM) | ✓ (SM) | ✓ (SM) |
| Sam Leak | Director of CHS | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Sarah Willis | Director of HR | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

Finance and performance committee (FPC)

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

Attendance at FPC meetings 1 April 2022 to 31 March 2023:

| Name: | Role: | 26.4.22 | 28.6.22 | 30.8.22 | 25.10.22 | 20.12.22 | 28.2.23 |
|--|--|---------|---------|---------|----------|----------|---------|
| Faisal Hussain | NED – Chair until 28.6.22 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Alexander Carpenter | NED – Chair from 30.8.22 | NA | ✓ | ✓ | ✓ | ✓ | X |
| Moira Ingham/ Ruth Marchington | NED | ✓ (RM) | ✓ (MI) | ✓ (RM) | ✓ (MI) | ✓ (MI) | ✓ (RM) |
| Sharon Murphy | Director of finance | ✓ | X (CP) | ✓ | ✓ | ✓ | ✓ |
| Avinash Hiremath/Girish Kunigiri/Saquib Muhammad | Medical Director/Interim Medical Director/Interim Medical Director | ✓ (AH) | ✓ | ✓ (GK) | ✓ (SM) | ✓ (SM) | X |
| Helen Thompson | Director of CYP & LD | ✓ | ✓ | X (MR) | ✓ | ✓ | ✓ |
| Sam Leak | Director of CHS | ✓ | ✓ | ✓ | ✓ | X | ✓ |
| Chris Oakes | Director of Governance & Risk | ✓ | ✓ | X (KD) | X (KD) | ✓ | ✓ |
| David Williams | Director of Strategy & Partnerships | ✓ | ✓ | ✓ | ✓ | X (AG) | X |

Remuneration committee (REMCOM)

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

Attendance at Remcom meetings 1 April 2022 to 31 March 2023:

| Member | Role | 19.04.22 | 21.06.22 | 23.08.22 | 01.09.22 | 29.11.22 | 13.12.22 | 21.02.23 | Total attended |
|---------------------|----------------|----------|----------|----------|----------|----------|----------|----------|----------------|
| Cathy Ellis | Chair | P | P | P | P | P | P | P | 7/7 |
| Ruth Marchington | NED | P | P | P | P | P | P | P | 7/7 |
| Faisal Hussain | NED | X | P | X | P | X | P | P | 4/7 |
| Moira Ingham | NED | P | X | P | P | P | P | P | 6/7 |
| Kevin Paterson | NED | P | P | X | P | P | P | P | 6/7 |
| Alexander Carpenter | NED | NA | P | X | X | P | P | P | 4/6 |
| Sarah Willis | Director of HR | P | P | P | P | P | P | P | 7/7 |
| Angela Hillery | CEO | P | P | P | P | P | P | P | 7/7 |

Audit and assurance committee (AAC)

The AAC meets no less than four times a year and reports to the Board annually on its work in support of the Annual Governance Statement. The primary roles of the committee are to independently monitor and review our internal control systems, risk management arrangements, and provide independent advice and assurance to our Trust Board.

Attendance at AAC meetings 1 April 2022 to 31 March 2023:

| Member | Role | 22.4.22 (ext) | 10.6.22 | 2.9.22 | 9.12.22 | 17.3.23 |
|-----------------------|-------------------------------|------------------|---------|--------|---------|---------|
| Darren Hickman | Chair to 10.6.22 | ✓ | ✓ | NA | NA | NA |
| Hetal Parmar | Chair from 2.9.22 | NA | ✓ | ✓ | ✓ | X |
| Alexander Carpenter | NED | NA | ✓ | ✓ | ✓ | ✓ |
| Faisal Hussain | NED | ✓ | ✓ | NA | NA | NA |
| Moira Ingham | NED | ✓ | X | ✓ | ✓ | X (RM) |
| Kevin Paterson | NED | NA | ✓ | X | X | X |
| Sharon Murphy | Director of Finance | ✓ | ✓ | ✓ | X (MW) | ✓ |
| Kate Dyer/Chris Oakes | Director of Governance & Risk | ✓ | ✓ | ✓ | ✓ (KD) | ✓ (KD) |

People and culture committee

This new committee first met on 28 February 2023 with a principal purpose being the provision of assurance to the Trust Board on the mitigation of risks relating to people and culture. It meets no less than six times a year and its membership the Director of HR & OD as the exec lead, and two other non-executive directors. It is chaired by NED Ruth Marchington. Statutory reports required as subgroup of the Trust board including; Guardian for Safer Working six monthly report, staff side facilities statement annual report, and Safe and Effective Staffing Review six monthly report.

Attendance on this first meeting on 28 February 2023:

| |
|--|
| Ruth Marchington (RM), Non-Executive Director & Senior Independent Director, Chair Andres Patino (AP) – Deputy Director Mental Health Service Chris Oakes (CO), Executive Director of Corporate Governance & Risk Faisal Hussain (FH), Non-Executive Director Helen Thompson (HT), Executive Director of Families, Young People & Children's Services & LD Samantha Leak (SL), Executive Director of Community Health Services Saqib Muhammad (SMu), Interim Medical Director Sarah Willis (SW), Executive Directors of Human Resources and Organisational Development Sharon Murphy (SM), Executive Director of Finance |
| Apologies/Absence |
| Anne Scott (AS), Executive Director of Nursing/AHP's & Quality Alexander Carpenter (AC), Non-Executive Director Kate Dyer (KD), Deputy Director of Governance and Risk / Trust Secretary Tanya Hibbert (TH), Executive Director of Mental Health |

Our auditors

Internal Audit and Local Counter Fraud Service

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

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

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

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

External Audit

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

During 2022/23 the Trust did not commission any non-audit services from KPMG.

Reporting on auditing

The Audit Committee meets quarterly to review audit reports and provide assurance to the board. While preparing and reviewing the annual accounts 2022/23, the Audit Committee considered accounting policies, accounting estimates and material judgements and the main changes as listed in the DH Group Accounting Manual (GAM) 2022/23.

Charitable funds committee (CFC)

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

| Member | Role | 06.06.22 | 26.10.22 | 06.12.22 | 14.03.23 |
|------------------------|---------------------------------------|----------|----------|----------|----------|
| Cathy Ellis | Chair | P | P | P | P |
| Sharon Murphy | Director of finance | P | P | P | P |
| David Williams | Director of strategy and partnerships | P | X | P | P |
| Ruth Marchington | NED (replaced by FH) | P | NA | NA | NA |
| Faisal Hussain (FH) | NED | P | P | P | P |
| Carolyn Pascoe | Charity manager | P | P | P | P |
| Jackie Moore | Financial controller | P | P | P | P |
| Kamy Basra | Head of communications | P | P | P | P |
| Lorraine Newstead (LN) | Finance officer (replaced by AC) | X | NA | NA | NA |
| Amy Crayfourd | Finance Officer | NA | P | P | P |

Risk management

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

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

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

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

Operational risks are identified at a local or directorate level and the risk owner will submit an initial risk assessment on Ulysses for review. This is reviewed by the Risk Review Group (risk specialists, the clinical governance leads, our Local Counter Fraud Specialist and risk owners where relevant). The risk is quality assessed and then entered onto the system with the risk owner. Regular quality dashboards are presented to the Directorate Management Teams (DMT) which show fields including whether the risk is in date for review, if the actions are in date and whether all the fields are complete. If any are due for review or closure this is highlighted to the DMT and the risk owner is automatically notified. The Risk Team also follows this up to provide support where needed. The Risk Review Group also supports any escalation or de-escalation to or from the Organisational Risk Register.

A summary of the strategic risk profile on the organisational risk register has been provided below and maps each to the risk score as at the end of March 2023.

Current Strategic Risk Profile

| | | | | | | |
|-------------|---|------------|--------------------|--|---|------------------|
| Consequence | 5 | | | | | |
| | 4 | | 69 Performance Mgt | 59 Incident Management 61 Staff Skills 64 Business Opportunity 66 Estates Strategy 68 Data Accessibility 72 Reaching Out 88 Closed Cultures 89 Cleaning Standards | 75 Waiting Lists 79 Cyber Threat 83 Patient Records 84 Agency Usage 85 Agency Spend 87 Inherited FM issues | 86 CMHT capacity |
| | 3 | | | 73 Inclusive Culture 74 Sickness Levels 81 Financial Position | 67 Green Agenda | |
| | 2 | | | | | |
| | 1 | | | | | |
| | | 1 | 2 | 3 | 4 | 5 |
| | | Likelihood | | | | |

Information Management

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

Policies and procedures

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

Improvements in Information Governance during 2022/23

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

We take our legal obligations very seriously and therefore 2022-23 work continued to review the management and handling of information and information requests ensuring that our processes enable us to meet our statutory obligations. In terms of information requests the Trust received 908 requests during 2022-23 as subject access and access to health records requests, and 331 as Freedom of Information and Environmental Information Regulations.

The Trust continued to progress its information and cyber security including the management of the unified cyber risk framework which has been embedded into the organisation risk register. The Trust assesses itself annually against the 10 National Data Guardian Standards through the NHS England Data Security and Protection Toolkit and the Trust anticipates reporting 'Standards Met' for the national submission on 30 June 2023.

Data losses

During 2022-23 we had 1071 incidents in relation to the mishandling of personal identifiable data classified as a 'personal data breach' under the guidance issued by the Information Commissioners Office (ICO) and NHS Digital. As a result of this, there have been changes to policy and creation of guidance for staff, targeted messages to staff and shared learning across the Trust.

Emergency preparedness, resilience and response (EPRR)

EPRR compliance

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

In 2022/23, NHS England and NHS Improvement (NHSE/I), conducted the first full assurance process post covid, this required LPT to report against 55 standards across 10 domains. On review NHSE/I has deemed LPT as Partially compliant with an agreed overall compliancy rate of **84%**, broken down into 46 Standards fully compliant and 09 Standards partially compliant.

- Partially Compliant - *The organisation is fully compliant against **79-88%** of the relevant NHS EPRR Core Standards*

This is a change in compliancy rate from substantially to partially compliant against the EPRR Core Standards 2022/23. An action plan is in place to address the partially compliant standards.

Business Continuity and Emergency Planning

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

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

This year has been a busy period for, LPT have supported both the LLR incident response and the development of system and internal arrangements and have been pivotal in preparation for winter, periods of industrial action and a National Power Outage.

LPT have been an active participant in LLR Preparedness Exercises throughout 2022/23. We have continued to deliver trust wide EPRR exercises in preparedness for winter, the exercises covered areas such as Surge Planning, disruptive weather and managing daily Operational Pressure Escalation Levels (OPEL), whilst continuing to support the covid vaccination programme.

Next Steps: The focus for EPRR in 2023/24 is to capitalise on the learning accrued from training and exercising to shape the EPRR work plan, and ensuring the trust is fully prepared for the National EPRR Assurance process.

Modern Slavery Act 2015 Statement

The UK Modern Slavery Act became law on the 26 March 2015. It aims to prevent all forms of labour exploitation, and to increase transparency of labour practices in supply chains. Section 54 (Transparency in Supply Chains) of the Modern Slavery Act 2015 requires eligible commercial organisations to make a public statement as to the actions they have taken to detect and deal with forced labour and trafficking in their

supply chains. We are committed to meeting the requirements of this Act. You can read our latest progress statement, republished in March 2022, on our website here: www.leicspart.nhs.uk/modern-slavery-act-2015/

Statement of directors' responsibilities in respect of the accounts

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

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

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

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

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

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

By order of the Board



Angela Hillery, Chief Executive



Sharon Murphy, Director of Finance

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

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

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

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

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



Angela Hillery, Chief Executive

Annual Governance Statement

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

A handwritten signature in dark ink, appearing to read 'A Hillery', written in a cursive style.

Angela Hillery, Chief Executive

Board remuneration and staff report

Remuneration

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

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

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

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

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

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

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



Angela Hillery, Chief Executive

Salaries and allowances of senior managers

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

| Name and Title | 2022/23 | | | | | 2021/22 | | | | |
|--|--------------------------|--|---|--|-------------------------|--------------------------|--|---|--|-------------------------|
| | 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 |
| Alexander Carpenter, Non-Executive Director (wef 01/06/22) | 10-15 | 0 | 0 | 0 | 10-15 | | | | | |
| Cathy Ellis, Chair | 45-50 | 0 | 0 | 0 | 45-50 | 40-45 | 0 | 0 | 0 | 40-45 |
| Professor Kevin Harris, Non-Executive Director (upto 31/12/2021) | | | | | | 5-10 | 0 | 0 | 0 | 5-10 |
| Tanya Hibbert, Director of Mental Health (wef 01/10/2022) | 55-60 | 0 | 0 | 32.5-35 | 90-95 | | | | | |
| Darren Hickman, Non-Executive Director (upto 30/06/22) | 0-5 | 0 | 0 | 0 | 0-5 | 10-15 | 0 | 0 | 0 | 10-15 |
| Angela Hillery, Chief Executive (Employed by NHFT - see Note 1) | | | | | | | | | | |
| Dr Avinash Hiremath, Medical Director (upto 30/11/2022) | 70-75 | 0 | 25-30 | 32.5-35 | 135-140 | 105-110 | 0 | 45-50 | 42.5-45 | 200-205 |
| Faisal Hussain, Non-Executive Director | 10-15 | 1 | 0 | 0 | 10-15 | 10-15 | 0 | 0 | 0 | 10-15 |

| Name and Title | 2022/23 | | | | | 2021/22 | | | | |
|--|--------------------------------|---|--|---|----------------------------|--------------------------------|---|--|---|----------------------------|
| | 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 |
| Moir Ingham, Non-Executive Director (wef. 01/06/2021) | 10-15 | 0 | 0 | 0 | 10-15 | 10-15 | 0 | 0 | 0 | 10-15 |
| Vipal Karavadra, Non-Executive Director (wef. 01/09/2021 to 21/01/2022) | | | | | | 5-10 | 0 | 0 | 0 | 5-10 |
| Gordon King, Director of Mental Health (Retired 30/09/2021) | | | | | | 55-60 | 0 | 0 | 0 | 55-60 |
| Dr Girish Kunigiri, Acting Medical Director (From 01/09/22 to 13/10/2022) | 15-20 | 0 | 5-10 | 7.5-10 | 35-40 | | | | | |
| Samantha Leak, Director of Community Health Services (wef 02/08/2021) | 115-120 | 0 | 0 | 45-50 | 165-170 | 70-75 | 0 | 0 | 55-57.5 | 130-135 |
| Ruth Marchington, Non-Executive Director | 10-15 | 0 | 0 | 0 | 10-15 | 10-15 | 0 | 0 | 0 | 10-15 |
| Dr Saquib Muhammad, Acting Medical Director (wef 13/10/2022) | 60-65 | 0 | 40-45 | 20-22.5 | 130-135 | | | | | |
| Sharon Murphy, Director of Finance | 130-135 | 0 | 0 | 122.5-125 | 255-260 | 110-115 | 0 | 0 | 117.5-120 | 230-235 |

| | | | | | | | | | | |
|--|---------|----|---|---------|---------|---------|----|---|-----------|---------|
| Fiona Myers, Interim Director of Mental Health (upto 30/09/2022) (see Note 2) | 60-65 | 0 | 0 | 0 | 60-65 | 135-140 | 0 | 0 | 0 | 135-140 |
| Chris Oakes, Director of Corporate Governance and Risk (Employed by NHFT - see Note 1) | | | | | | | | | | |
| Hetal Parmar, Non-Executive Director (wef 01/06/22) | 10-15 | 0 | 0 | 0 | 10-15 | | | | | |
| Professor Kevin Paterson, Non-Executive Director | 10-15 | 0 | 0 | 0 | 10-15 | 0-5 | 0 | 0 | 0 | 0-5 |
| Mark Powell, Deputy Chief Executive | 145-150 | 95 | 0 | 65-67.5 | 225-230 | 115-120 | 78 | 0 | 70-72.50 | 200-205 |
| Elizabeth Rowbotham, Non-Executive Director (Retired 31/05/2021) | | | | | | 0-5 | 0 | 0 | 0 | 0-5 |
| Geoff Rowbotham, Non-Executive Director (Retired 30/04/2021) | | | | | | 0-5 | 0 | 0 | 0 | 0-5 |
| Dr Anne Scott, Director of Nursing, AHPs and Quality | 120-125 | 0 | 0 | 27.5-30 | 150-155 | 120-125 | 0 | 0 | 120-122.5 | 245-250 |
| Paul Sheldon, Chief Finance Officer (wef 01/02/2022) (Employed by NHFT - see Note 1) | | | | | | | | | | |

| Name and Title | 2022/23 | | | | | 2021/22 | | | | |
|--|--------------------------------|---|--|---|----------------------------|--------------------------------|---|--|---|----------------------------|
| | 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 |
| Helen Thompson, Director of FYPC | 115-120 | 0 | 0 | 27.5-30 | 145-150 | 110-115 | 0 | 0 | 32.5-35 | 145-150 |
| David Williams, Director of Strategy & Partnerships (Employed by NHFT - see Note 1) | | | | | | | | | | |
| Sarah Willis, Director of HR & Organisational Development | 115-120 | 0 | 0 | 30-32.50 | 150-155 | 110-115 | 0 | 0 | 30-32.50 | 145-150 |
| Richard Wheeler, Interim Chief Finance Officer (until 01/02/2022) (Employed by NHFT - see Note 1) | | | | | | 10-15 | 0 | 0 | 0 | 10-15 |

Notes

- 1) Angela Hillery, Chris Oakes, David Williams and Paul Sheldon are employed by Northamptonshire Healthcare Foundation Trust (NHFT) and have stated the full salary and pension figures on their return.
- 2) Fiona Myers chose not to be covered by the pension arrangements during the reporting year

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

| Name and Title | Real increase in pension at pension age (bands of £2,500) | Real increase in lump sum at pension age (bands of £2,500) | Total accrued pension at pension age at 31 March 2023 (bands of £5,000) | Lump sum at pension age related to accrued pension at 31 March 2023 (bands of £5,000) | Cash Equivalent Transfer Value at 1 April 2023 | Real increase in Cash Equivalent Transfer Value | Cash Equivalent Transfer Value at 31 March 2022 |
|---|---|--|---|---|--|---|---|
| | £000 | £000 | £000 | £000 | £000 | £000 | £000 |
| Tanya Hibbert, Director of Mental Health | 0-2.5 | 0-2.5 | 30-35 | 45-50 | 529 | 25 | 463 |
| Dr Avinash Hiremath, Medical Director (See Note 1) | 0-2.5 | 0-2.5 | 20-25 | 0-5 | 303 | 14 | 259 |
| Dr Girish Kunigiri, Acting Medical Director | 0-2.5 | 0-2.5 | 40-45 | 55-60 | 701 | 0 | 626 |
| Samantha Leak, Director of Community Health Services | 2.5-5 | 0-2.5 | 45-50 | 90-95 | 866 | 49 | 801 |
| Dr Saquib Muhammad, Acting Medical Director | 0-2.5 | 0-2.5 | 40-45 | 55-60 | 1117 | 12 | 1047 |
| Sharon Murphy, Director of Finance | 5-7.5 | 10-12.5 | 40-45 | 80-85 | 859 | 124 | 716 |
| Mark Powell, Deputy Chief Executive | 2.5-5 | 2.5-5 | 40-45 | 75-80 | 702 | 50 | 633 |
| Dr Anne Scott, Director of Nursing, AHPs and Quality | 2.5-5 | 0-2.5 | 55-60 | 135-140 | 1153 | 39 | 1096 |
| Helen Thompson, Director of FYPC | 0-2.5 | 0-2.5 | 50-55 | 120-125 | 1172 | 43 | 1112 |
| Sarah Willis, Director of HR & Organisational Development | 0-2.5 | 0-2.5 | 25-30 | 30-35 | 413 | 22 | 363 |

CETV figures are calculated using the guidance on discount rates for calculating unfunded public service pension contribution rates that was extant at 31 March 2023. HM Treasury published updated guidance on 27 April 2023; this guidance will be used in the calculation of 2023 to 24 CETV figures.

Pay Ratio Disclosure

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

The banded remuneration of the highest paid director in Leicestershire Partnership NHS Trust in the financial year 2022/23 was £145,000 - £150,000 (2021/22, £155,000 - £160,000). The relationship to the remuneration of the organisation's workforce is disclosed in the below table, which is subject to audit.

| 2022/23 | 25th Percentile | Median | 75th Percentile |
|--|----------------------------|---------------|----------------------------|
| Total remuneration (£) | 24,938 | 35,098 | 42,902 |
| Salary component of total remuneration (£) | 24,938 | 35,098 | 42,902 |
| Annual % change in remuneration (note 1) | 15% | 11% | 7% |
| Pay ratio information (note 2) | 5.91 | 4.20 | 3.44 |
| 2021/22 | | | |
| Total remuneration (£) | 21,777 | 31,534 | 40,057 |
| Salary component of total remuneration (£) | 21,777 | 31,534 | 40,057 |
| Pay ratio information | 7.23 | 4.99 | 3.93 |

Note 1: The 2022/23 pay award (including the backlog element) was weighted to give a higher % uplift for lower paid staff, hence the higher % increase in the 25th percentile, compared to the median and 75th percentile range.

Note 2: All pay ratios have decreased in 2022/23 due to the highest paid director's mid-point banding remuneration decreasing by 6%, from £157,500 to £147,500. The reduction is due to the previously highest paid director post vacating their role.

In 2022/23, 16 medical staff received remuneration in excess of the highest-paid director (2021/22, 9 medical staff). Trust remuneration ranged from £9,406 to £324,355 (2021/22 £2,797 to £201,000). The lowest remuneration related to apprenticeship posts and the highest remuneration related to a medical agency consultant.

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in kind, as well as severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions. Remuneration also includes any costs associated with agency workers, but excludes agency fees.

Consultancy

There are occasions that the Trust considers expenditure on consultancy to be the most cost appropriate course of action. Over the 2022/23 financial period, the Trust spent £872,000 with various consultancies (2021/22: £1,323,000). The majority of this spend relates to general management and IT consultancy. The spend has reduced in-year due to higher consultancy spend in 2021/22, which was needed to support the transfer of the Estates and Facilities Management function, which transferred back to the Trust from United Hospitals of Leicester in November 2022.

Exit Packages

Exit packages totalling £50,000 were agreed during 2022/23 for staff leaving the Trust. These related to contractual payments in lieu of notice. More details are shown at Table 4: Exit Packages.

Off-payroll Engagements

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

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

For all off-payroll engagements as of 31 March 2023, for more than £245* per day

| | Number |
|---|--------|
| No. of existing engagements as of 31 March 2023 | 44 |
| <i>Of which:</i> | |
| No. that have existed for less than one year at time of reporting | 29 |
| No. that have existed for between one & two years at time of reporting | 10 |
| No. that have existed for between two and three years at time of reporting | 2 |
| No. that have existed for between three and four years at time of reporting | 1 |
| No. that have existed for four or more years at time of reporting | 2 |

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

Table 2: Off-payroll workers engaged at any point during the financial year – subject to audit

For all off-payroll engagements between 1 April 2022 and 31 March 2023, for more than £245* per day

| | Number |
|---|--------|
| No. of temporary off-payroll workers engaged between 1 April 2022 and 31 March 2023 | 52 |
| <i>Of which:</i> | |
| No. not subject to off-payroll legislation ** | 52 |
| No. subject to off-payroll legislation and determined as in-scope of IR35 | 0 |
| No. subject to off-payroll legislation and determined as out of scope of IR35 | 0 |
| No. of engagements reassessed for compliance or assurance purposes during the year | 0 |
| Of which: no. of engagements that saw a change to IR35 status following review | 0 |

* The £245 threshold is set to approximate the minimum point of the pay scale for a Senior Civil Servant.

** Off-payroll legislation does not apply to sole traders or workers that are employed by and on the payroll of an umbrella company, agency or other organisation in the supply chain.

Table 3: Off-payroll board member/senior official engagements – subject to audit

For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2022 and 31 March 2023

| | Number |
|---|--------|
| No. of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year. | 0 |
| No. of individuals that have been deemed “board members, and/or, senior officials with significant financial responsibility”, during the financial year. This figure should include both off-payroll and on-payroll engagements * | 14 |

* This number includes 4 board members (including Chief Executive) who are also employed by Northamptonshire Healthcare Foundation Trust (NHFT) and whose salary details are fully disclosed within NHFT’s remuneration report.

Table 4: Exit Package – subject to audit

| Exit package cost band (including any special payment element) | Number of compulsory redundancies | Cost of compulsory redundancies | *Number of other departures agreed | Cost of other departures agreed | Total number of exit packages | Total cost of exit packages | Number of departures where special payments have been made | Cost of special payment element included in exit packages |
|--|-----------------------------------|---------------------------------|------------------------------------|---------------------------------|-------------------------------|-----------------------------|--|---|
| | Number | £0s | Number | £0s | Number | £0s | Number | £0s |
| Less than £10,000 | 0 | 0 | 12 | 39,000 | 12 | 39,000 | 0 | 0 |
| £10,000 - £25,000 | 0 | 0 | 1 | 20,000 | 1 | 20,000 | 1 | 20,000 |
| £25,001 - £50,000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| £50,001 - £100,000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| £100,001 - £150,000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| £150,001 - £200,000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| >£200,000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 13 | 59,000 | 13 | 59,000 | 1 | 20,000 |

Table 5: Staff costs – subject to audit

| | Permanent | Other | 2022/23 Total | 2021/22 Total |
|--|------------------|---------------|--------------------------|--------------------------|
| | £000 | £000 | £000 | £000 |
| Salaries and wages | 201,835 | 21,752 | 223,587 | 196,704 |
| Social security costs | 20,274 | 0 | 20,274 | 17,660 |
| Apprenticeship levy | 1,019 | 0 | 1,019 | 933 |
| Employer's contributions to NHS pensions | 37,363 | 0 | 37,363 | 33,909 |
| Pension cost - other | 0 | 140 | 140 | 114 |
| Termination benefits | 0 | 203 | 203 | 0 |
| Temporary staff - Agency | 0 | 32,898 | 32,898 | 26,890 |
| Total Gross staff costs | 260,491 | 54,993 | 315,484 | 276,210 |
| Recoveries from other bodies in respect of staff cost netted off expenditure | (1,044) | 0 | (1,044) | (646) |
| Total Staff Costs | 259,447 | 54,993 | 314,440 | 275,564 |
| Of which costs capitalised as part of assets | 1,403 | 0 | 1,403 | 1,728 |

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

| | Permanent | Other | 2022/23 Total | 2021/22 Total |
|---|------------------|---------------|--------------------------|--------------------------|
| | Number | Number | Number | Number |
| Medical and dental | 201 | 27 | 228 | 210 |
| Administration and estates | 1,236 | 72 | 1,308 | 1,294 |
| Healthcare assistants and other support staff | 964 | 398 | 1,362 | 1,283 |
| Nursing, midwifery and health visiting staff | 1,550 | 279 | 1,829 | 1,810 |
| Scientific, therapeutic and technical staff | 1,236 | 26 | 1,262 | 1,072 |
| Total average numbers | 5,187 | 802 | 5,989 | 5,669 |
| Of which: | | | | |
| Number of employees (WTE) engaged on capital projects | 40 | 0 | 40 | 44 |

Bank and agency workers are included in 'Other'.

Other financial information

Better Payment Practice Code

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

Parliamentary accountability and audit report

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

Audit Fee

The Trust's external auditor for the period 1 April 2022 to 31 March 2023 was KPMG. The 2022/23 audit fee of £89k relates to the annual statutory audit of the Trust's financial accounts.

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

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

Opinion

We have audited the financial statements of Leicestershire Partnership NHS Trust ("the Trust") for the year ended 31 March 2023 which comprise the Statement of Comprehensive Income, Statement of Financial Position, Statement of Changes in Equity and Statement of Cash Flows, and the related notes, including the accounting policies in note.

In our opinion the financial statements:

- give a true and fair view of the state of the Trust's affairs as at 31 March 2023 and of the Trusts income and expenditure for the year then ended;
- have been properly prepared in accordance with the accounting policies directed by the Secretary of State for Health and Social Care with the consent of HM Treasury on 23 June 2022 as being relevant to NHS Trusts in England and included in the Department of Health and Social Care Group Accounting Manual 2022/23; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006 (as amended).

Basis for opinion

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

Going concern

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

In our evaluation of the Directors' conclusions, we considered the inherent risks associated with the continuity of services provided by the Trust over the going concern period.

Our conclusions based on this work:

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

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

Fraud and breaches of laws and regulations – ability to detect

Identifying and responding to risks of material misstatement due to fraud

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

- Enquiring of management, the Audit and Risk Committee and internal audit and inspection of policy documentation as to the Trust’s high-level policies and procedures to prevent and detect fraud, including the internal audit function, and the Trust’s channel for “whistleblowing”, as well as whether they have knowledge of any actual, suspected or alleged fraud.
- Assessing the incentives for management to manipulate reported financial performance because of the need to achieve financial performance targets delegated to the Group by NHS England.
- Reading Board and Audit and Risk Committee minutes.
- Using analytical procedures to identify any unusual or unexpected relationships.
- Reading the Trust’s accounting policies.

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

As required by auditing standards, we performed procedures to address the risk of management override of controls in particular the risk that Trust management may be in a position to make inappropriate accounting entries. On this audit we did not identify a fraud risk related to revenue recognition due to the block nature of the funding provided to the Trust during the year. We therefore assessed that there was limited opportunity for the Trust to manipulate the income that was reported.

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

We performed procedures including:

- Identifying journal entries to test based on risk criteria and comparing the identified entries to supporting documentation. These included unusual cash and borrowings combinations, postings by specific users, unusual P12 postings to expenditure, and material post close journals.
- Assessing whether the judgements made in making accounting estimates are indicative of a potential bias.
- Inspecting cash payments and purchase invoices in the period prior to and following 31 March 2023 to verify expenditure had been recognised in the correct accounting period.
- Performing a year-on-year review of accruals to identify whether the accruals balance at 31 March 2023 is complete.

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

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

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

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

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

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

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

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

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

Other information in the Annual Report

The Directors are responsible for the other information, which comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work:

- we have not identified material misstatements in the other information; and
- in our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements.

Annual Governance Statement

We are required by the Code of Audit Practice published by the National Audit Office in April 2020 on behalf of the Comptroller and Auditor General (the "Code of Audit Practice") to report to you if the Annual Governance Statement has not been prepared in accordance with the requirements of the Department of Health and Social Care Group Accounting Manual 2022/23. We have nothing to report in this respect.

Remuneration and Staff Reports

In our opinion the parts of the Remuneration and Staff Reports subject to audit have been properly prepared in all material respects, in accordance with the Department of Health and Social Care Group Accounting Manual 2022/23.

Directors' and Accountable Officer's responsibilities

As explained more fully in the statement set out on page 81, the directors are responsible for the preparation of financial statements that give a true and fair view. They are also responsible for: such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to either cease the services provided by the Trust or dissolve the Trust without the transfer of its services to another public sector entity.

As explained more fully in the statement of the Chief Executive's responsibilities, as the Accountable Officer of the Trust, on page 82 the Accountable Officer is responsible for ensuring that annual statutory accounts are prepared in a format directed by the Secretary of State.

Auditor's responsibilities

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

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

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

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

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

We have nothing to report in this respect.

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

As explained in the statement set out on page 82, the Chief Executive, as the Accountable Officer, is responsible for ensuring that value for money is achieved from the resources available to the Trust. We are required under section 21(2A) of the Local Audit and Accountability Act 2014 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

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

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

Statutory reporting matters

We are required by Schedule 2 to the Code of Audit Practice issued by the Comptroller and Auditor General ('the Code of Audit Practice') to report to you if we refer a matter to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.

We have nothing to report in this respect.

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

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

CERTIFICATE OF COMPLETION OF THE AUDIT

We certify that we have completed the audit of the accounts of Leicestershire Partnership NHS Trust for the year ended 31 March 2023 in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.



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

27 June 2023

Accountability Statement

The purpose of the accountability section of the annual report is to meet key accountability requirements to Parliament. I confirm that the information contained in this report meet those requirements stipulated in the Department of Health and Social Care Group Accounting Manual 2022/23.



Angela Hillery, Chief Executive
20th June 2023

Financial statements

Summary of financial statements

The Financial Accounts for 2022/23 are presented with the Annual Report in Appendix A. The accounts show that we have delivered an in-year deficit of £2.86m (excluding impairments and other uncontrollable adjustments), and as such, we have not achieved the in-year break even duty, however, we have achieved our 3- year rolling statutory break-even duty. We have also delivered our statutory cash and capital duties.

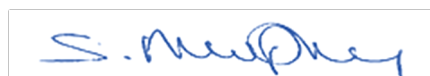
The financial regime in the NHS returned to normal in the 2022/23 financial year, following 2 years of simplified processes across NHS organisations during the pandemic. As this was the first year of normal working for some time, it was inevitable that there would be challenges as we re-adjusted to smaller financial allocations and delivering higher levels of efficiency. There were additional financial challenges in year relating to industrial action and high inflation costs, as well as an increasing use of agency staff that contributed to our deficit position.

As we look forward to the 2023/24 financial year, there is an increasing requirement across the NHS to demonstrate efficiency and productivity in the delivery of our services, and we have programmes in place within the Trust to take those themes forwards. We are also working closely with our LLR ICS partners to ensure that the financial plans for all organisations and the ICS are appropriate and affordable.

The Trust submitted a plan at the start of May 2023 for 2023/24 that delivered a breakeven position, despite continuing inflationary and other pressures. The plan will be challenging to deliver, and relies on higher levels of financial efficiency being delivered than the Trust has delivered in the past. We have plans in place to deliver the financial plan, and have a recovery plan and monitoring in place to ensure additional measures can be considered immediately, should they be required.

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

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



Sharon Murphy
Director of Finance



Angela Hillery
Chief Executive

Contact us

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

Comments should be sent to:

**Chief Executive
Leicestershire Partnership NHS Trust
Unit 2, Bridge Park Plaza
Bridge Park Road
Thurmaston
Leicester LE4 8BL**

**Telephone: 0116 295 0030
Fax: 0116 225 3684
Email: LPT.feedback@nhs.net**

You can also follow the Trust on social media:

Twitter [@LPTnhs](#)
Facebook [/LPTnhs](#)
YouTube [/LPTnhs](#)
Website www.leicspart.nhs.uk

Quality Account

You may also be interested to read our Quality Account for 2021-22, which complements this Annual Report and Summary Accounts. Copies of the Quality Account, and extra copies of this document are available from the communications team at the above address.

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

Need this report in a different language?

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

Arabic

إذا كنت في حاجة إلى قراءة هذه المعلومات بلغة أخرى أو بتنسيق مختلف، يرجى الاتصال بهاتف رقم 0116 295 0903 أو إرسال بريد إلكتروني إلى: Patient.Information@leicspart.nhs.uk

Bengali

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

Traditional Chinese

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

Gujarati

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

Hindi

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

Polish

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

Punjabi

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

Somali

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

Urdu

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

Leicestershire Partnership NHS Trust

Annual accounts for the year ended 31 March 2023

Statement of Comprehensive Income

| | | 2022/23 | 2021/22 |
|---|------|----------------|----------------|
| | Note | £000 | £000 |
| Operating income from patient care activities | 3 | 348,419 | 317,107 |
| Other operating income | 4 | 46,434 | 39,280 |
| Operating expenses | 7, 9 | (392,712) | (348,302) |
| Operating surplus/(deficit) from continuing operations | | 2,141 | 8,085 |
| Finance income | 11 | 861 | 19 |
| Finance expenses | 12 | (1,490) | (1,010) |
| PDC dividends payable | | (5,569) | (5,139) |
| Net finance costs | | (6,198) | (6,130) |
| Other gains / (losses) | 13 | (10) | 48 |
| Surplus / (deficit) for the year | | (4,067) | 2,003 |
| Other comprehensive income | | | |
| Will not be reclassified to income and expenditure: | | | |
| Impairments | 8 | (2,048) | 1,771 |
| Revaluations | 18 | 8,339 | 5,492 |
| Total comprehensive income / (expense) for the period | | 2,224 | 9,266 |

| | | | |
|---|--|----------------|-----------|
| Adjusted financial performance (control total basis): | | | |
| Surplus / (deficit) for the period | | (4,067) | 2,003 |
| Remove net impairments not scoring to the Departmental expenditure limit | | 1,198 | (2,055) |
| Remove I&E impact of capital grants and donations | | (10) | (28) |
| Remove net impact of inventories received from DHSC group bodies for COVID response | | 19 | 159 |
| | | (2,860) | 79 |
| | | - | (60) |
| Adjusted financial performance surplus / (deficit) | | (2,860) | 19 |

The in-year financial control total is NHS England's primary mechanism to monitor a Trust's revenue financial performance. It excludes any transactions that are not under the Trust's control e.g., impairments. Before these exclusions the accounting deficit for the year is £4.067m. The adjusted deficit is £2.86m. The inclusion of this note is voluntary and not within the audit remit.

The accompanying notes form part of these financial statements.

Statement of Financial Position

| | | 31 March 2023 £000 | 31 March 2022 £000 |
|--|------|--------------------------|--------------------------|
| | Note | | |
| Non-current assets | | | |
| Intangible assets | 15 | 6,420 | 4,818 |
| Property, plant and equipment | 16 | 204,393 | 192,037 |
| Right of use assets | 19 | 42,333 | - |
| Receivables | 25 | 989 | 932 |
| Total non-current assets | | 254,135 | 197,787 |
| Current assets | | | |
| Inventories | 24 | 381 | 418 |
| Receivables | 25 | 21,209 | 8,087 |
| Cash and cash equivalents | 29 | 29,935 | 31,991 |
| Total current assets | | 51,525 | 40,496 |
| Current liabilities | | | |
| Trade and other payables | 30 | (40,873) | (25,361) |
| Borrowings | 32 | (3,848) | (471) |
| Provisions | 34 | (3,928) | (3,588) |
| Other liabilities | 31 | (5,698) | (3,099) |
| Liabilities in disposal groups | 28.2 | - | - |
| Total current liabilities | | (54,347) | (32,519) |
| Total assets less current liabilities | | 251,313 | 205,764 |
| Non-current liabilities | | | |
| Borrowings | 32 | (48,907) | (10,198) |
| Provisions | 34 | (1,005) | (1,256) |
| Total non-current liabilities | | (49,912) | (11,454) |
| Total assets employed | | 201,401 | 194,310 |
| Financed by | | | |
| Public dividend capital | | 106,698 | 101,831 |
| Revaluation reserve | | 59,712 | 53,421 |
| Income and expenditure reserve | | 34,991 | 39,058 |
| Total taxpayers' equity | | 201,401 | 194,310 |

The accompanying notes form part of these financial statements.



| | |
|----------|-----------------|
| Name | Angela Hillery |
| Position | Chief Executive |
| Date | 20 June 2023 |

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

| | Public dividend capital | Revaluation reserve | Income and expenditure reserve | Total |
|--|-------------------------------|------------------------|--------------------------------------|----------------|
| | £000 | £000 | £000 | £000 |
| Taxpayers' and others' equity at 1 April 2022 - brought forward | 101,831 | 53,421 | 39,058 | 194,310 |
| Surplus/(deficit) for the year | - | - | (4,067) | (4,067) |
| Impairments | - | (2,048) | - | (2,048) |
| Revaluations | - | 8,339 | - | 8,339 |
| Public dividend capital received | 4,867 | - | - | 4,867 |
| Taxpayers' and others' equity at 31 March 2023 | 106,698 | 59,712 | 34,991 | 201,401 |
| | 4,867 | 6,291 | - | 4,067 |
| | | | | 7,091 |

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

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

The accompanying notes form part of these financial statements.

Information on reserves

Public dividend capital

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

Revaluation reserve

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

Income and expenditure reserve

The balance of this reserve is the accumulated surpluses and deficits of the trust.

Statement of Cash Flows

| | | 2022/23 | 2021/22 |
|---|------|-----------------|-----------------|
| | Note | £000 | £000 |
| Cash flows from operating activities | | | |
| Operating surplus / (deficit) | | 2,141 | 8,085 |
| Non-cash income and expense: | | | |
| Depreciation and amortisation | 7.1 | 14,018 | 9,809 |
| Net impairments | 8 | 1,198 | (2,055) |
| Income recognised in respect of capital donations | 4 | (27) | (43) |
| (Increase) / decrease in receivables and other assets | | (13,169) | 339 |
| (Increase) / decrease in inventories | | 37 | 156 |
| Increase / (decrease) in payables and other liabilities | | 17,782 | 6,899 |
| Increase / (decrease) in provisions | | 102 | 605 |
| Other movements in operating cash flows | | (18) | - |
| Net cash flows from / (used in) operating activities | | 22,064 | 23,795 |
| Cash flows from investing activities | | | |
| Interest received | | 861 | 19 |
| Purchase of intangible assets | | (2,166) | (2,793) |
| Purchase of PPE and investment property | | (16,845) | (13,347) |
| Sales of PPE and investment property | | - | 340 |
| Receipt of cash donations to purchase assets | | 27 | - |
| Net cash flows from / (used in) investing activities | | (18,123) | (15,781) |
| Cash flows from financing activities | | | |
| Public dividend capital received | | 4,867 | 6,390 |
| Movement on loans from DHSC | | (163) | (163) |
| Capital element of finance lease liability repayments | | (3,412) | - |
| Capital element of PFI, LIFT and other service concession payments | | (285) | (297) |
| Interest on loans | | (63) | (66) |
| Interest element of lease liability repayments | | (433) | - |
| Interest paid on PFI, LIFT and other service concession obligations | | (1,009) | (955) |
| PDC dividend (paid) / refunded | | (5,499) | (5,071) |
| Net cash flows from / (used in) financing activities | | (5,997) | (162) |
| Increase / (decrease) in cash and cash equivalents | | (2,056) | 7,852 |
| Cash and cash equivalents at 1 April - brought forward | | 31,991 | 24,139 |
| Cash and cash equivalents at 31 March | 29.1 | 29,935 | 31,991 |

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

The Department of Health and Social Care has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2022/23 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention

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

Note 1.2 Going concern

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

Note 1.3 Interests in other entities

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

Note 1.4 Revenue from contracts with customers

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

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

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's income is earned from NHS commissioners in the form of fixed payments to fund an agreed level of activity.

Mental health provider collaboratives

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

Revenue from research contracts

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

NHS injury cost recovery scheme

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

Note 1.5 Other forms of income

Grants and donations

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

Apprenticeship service income

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

Note 1.6 Expenditure on employee benefits

Short-term employee benefits

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

Pension costs - NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as and when they become due.

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

Note 1.7 Expenditure on other goods and services

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

Note 1.8 Discontinued operations

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

Note 1.9 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

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

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

Subsequent expenditure

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

Measurement

Valuation

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

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

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

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

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

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

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

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

Depreciation

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

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

Revaluation gains and losses

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

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

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

Impairments

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

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

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

Derecognition

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

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

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

Donated and grant funded assets

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

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

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

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

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

Useful lives of property, plant and equipment

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

| | Min life Years | Max life Years |
|--------------------------------|-------------------|-------------------|
| Buildings, excluding dwellings | 1 | 59 |
| Plant & machinery | 1 | 10 |
| Information technology | 1 | 6 |
| Furniture & fittings | 1 | 10 |

Note 1.10 Intangible assets

Recognition

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

Internally generated intangible assets

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

Software

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

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management. Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale. Intangible assets held for sale are measured at the lower of their carrying amount or fair value less costs to sell.

Amortisation

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

Useful lives of intangible assets

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

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

Note 1.11 Inventories

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

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

Note 1.12 Investment properties

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

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

Note 1.13 Cash and cash equivalents

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

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

Note 1.14 Financial assets and financial liabilities**Recognition**

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

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

Classification and measurement

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

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

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

Financial assets and financial liabilities at amortised cost

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

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

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

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets, the Trust recognises an allowance for expected credit losses.

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

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

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

Derecognition

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

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

Note 1.15 Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The trust does not apply lease accounting to new contracts for the use of intangible assets.

The Trust determines the term of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise.

The Trust as a lessee**Recognition and initial measurement**

At the commencement date of the lease, being when the asset is made available for use, the Trust recognises a right of use asset and a lease liability.

The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 0.95% applied to new leases commencing in 2022 and 3.51% to new leases commencing in 2023.

The Trust does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight-line basis over the lease term. Irrecoverable VAT on lease payments is expensed as it falls due.

Subsequent measurement

As required by a HM Treasury interpretation of the accounting standard for the public sector, the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

The Trust as a lessor:

The Trust assesses each of its leases and classifies them as either a finance lease or an operating lease. Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Where the Trust is an intermediate lessor, classification of the sublease is determined with reference to the right of use asset arising from the headlease.

Finance leases

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

Operating leases

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

Initial application of IFRS 16

IFRS 16 Leases as adapted and interpreted for the public sector by HM Treasury has been applied to these financial statements with an initial application date of 1 April 2022. IFRS 16 replaces *IAS 17 Leases*, *IFRIC 4 Determining whether an arrangement contains a lease* and other interpretations.

The standard has been applied using a modified retrospective approach with the cumulative impact recognised in the income and expenditure reserve on 1 April 2022. Upon initial application, the provisions of IFRS 16 have only been applied to existing contracts where they were previously deemed to be a lease or contain a lease under IAS 17 and IFRIC 4. Where existing contracts were previously assessed not to be or contain a lease, these assessments have not been revisited.

The Trust as lessee:

For continuing leases previously classified as operating leases, a lease liability was established on 1 April 2022 equal to the present value of future lease payments discounted at the Trust's incremental borrowing rate of 0.95%. A right of use asset was created equal to the lease liability and adjusted for prepaid and accrued lease payments and deferred lease incentives recognised in the statement of financial position immediately prior to initial application. Hindsight has been used in determining the lease term where lease arrangements contain options for extension or earlier termination.

No adjustments have been made on initial application in respect of leases with a remaining term of 12 months or less from 1 April 2022 or for leases where the underlying assets has a value below £5,000. No adjustments have been made in respect of leases previously classified as finance leases.

The Trust as lessor:

Leases of owned assets where the Trust is lessor were unaffected by initial application of IFRS 16. For existing arrangements where the Trust is an intermediate lessor, classification of all continuing sublease arrangements has been reassessed with reference to the right of use asset.

2021/22 comparatives

Comparatives for leasing transactions in these accounts have not been restated on an IFRS 16 basis. Under IAS 17 the classification of leases as operating or finance leases still applicable to lessors under IFRS 16 also applied to lessees. In 2021/22 lease payments made by the Trust in respect of leases previously classified as operating leases were charged to expenditure on a straight line basis.

Note 1.16 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective from 31 March 2023:

| | | Nominal rate | Prior year rate |
|----------------|-------------------------------|--------------|-----------------|
| Short-term | Up to 5 years | 3.27% | 0.47% |
| Medium-term | After 5 years up to 10 years | 3.20% | 0.70% |
| Long-term | After 10 years up to 40 years | 3.51% | 0.95% |
| Very long-term | Exceeding 40 years | 3.00% | 0.66% |

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective from 31 March 2023:

| | Inflation rate | Prior year rate |
|-----------------|----------------|-----------------|
| Year 1 | 7.40% | 4.00% |
| Year 2 | 0.60% | 2.60% |
| Into perpetuity | 2.00% | 2.00% |

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of 1.70% in real terms (prior year: minus 1.30%).

Clinical negligence costs

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

Non-clinical risk pooling

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

Note 1.17 Contingencies

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

Contingent liabilities are not recognised, but are disclosed in note 35, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.18 Public dividend capital

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

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

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

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

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

Note 1.19 Value added tax

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

Note 1.20 Corporation tax

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

Note 1.21 Climate change levy

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

Note 1.23 Third party assets

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

Note 1.24 Losses and special payments

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

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

Note 1.25 Gifts

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

Note 1.26 Transfers of functions [to / from] [other NHS bodies / local government bodies]

This note is not relevant to the Trust for 2022/23 as it did not participate in any transfer of functions to or from other NHS or local government bodies.

Note 1.27 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2022/23.

Note 1.28 Standards, amendments and interpretations in issue but not yet effective or adopted**IFRS 16 Leases - application of liability measurement principles to PFI and other service concession arrangements**

From 1 April 2023, the measurement principles of IFRS 16 will also be applied to the Trust's PFI liabilities where future payments are linked to a price index representing the rate of inflation. The PFI liability will be remeasured when a change in the index causes a change in future repayments and that change has taken effect in the cash flow. Such remeasurements will be recognised as a financing cost. Under existing accounting practices, amounts relating to changes in the price index are expensed as incurred.

Initial application of these principles will be on 1 April 2023 using a modified retrospective approach with the cumulative impact taken to reserves. This is expected to result in an increased PFI liability on the statement of financial position. The effect of this has not yet been quantified.

Other standards, amendments and interpretations

There are no other standards, amendments and interpretations that have been issued but are not yet effective or adopted by the Trust.

Note 1.29 Critical judgements in applying accounting policies

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

(i) Private Finance Initiative (PFI)

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

(ii) Local Improvement Finance Trust (LIFT)

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

Note 1.30 Sources of estimation uncertainty

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

(i) Asset Valuation

The Trust instructs the District Valuer to undertake formal revaluations of its land and buildings every three years, supplemented by an internal annual property review to identify any significant valuation issues in between formal revaluations. Because of site access restrictions due to the Covid-19 pandemic, the last formal asset valuation based on physical inspections was carried out in 2017/18, hence the requirement for a full asset valuation in 2022/23. The valuation incorporates the annual BCIS indices, adjusted for the 8-year rolling average location factor. The overall impact on land and buildings is a valuation increase of £5.1m.

There are a variety of factors driving the valuation both in terms of base "data" such as floor areas, in-year capital expenditure and change in building usage, but also several judgemental assumptions applied by the valuer e.g. build cost indices, remaining useful lives, modern equivalent asset (MEA) methodology, obsolescence adjustments and judgements around land values.

Note 16 Property, Plant & Equipment provides more detail on the undertaking of the 2022/23 asset valuation exercise.

(ii) Asset Lives

In accordance with IAS 16: Property, Plant and Equipment, the Trust has undertaken a review of the useful life of asset types. Buildings lives were reviewed in March 2023 by the Trust Surveyor.

The findings of the Plant and Machinery asset verification exercise resulted in the application of accelerated depreciation to medical devices and other equipment. Assets becoming obsolete in twelve months, equipment no longer in use as at the 31st of March 2023, and the writing down of older assets that are no longer being capitalised have resulted in increased depreciation charges of £1.075m.

Note 2 Operating Segments

| Directorate | 2022/23 Total Expenditure £000s | % | 2021/22 Total Expenditure £000s | % |
|--|--|-------------|--|-------------|
| Directorate of Mental Health | 104,753 | 26% | 93,343 | 26% |
| Community Health Services | 80,988 | 20% | 73,308 | 21% |
| Families, Young People and Children Services | 63,300 | 16% | 57,661 | 16% |
| Enabling Services | 42,855 | 11% | 38,410 | 11% |
| Hosted Services & Estates | 64,353 | 16% | 65,508 | 18% |
| Trust Central Reserves | 28,509 | 7% | 12,752 | 4% |
| Learning Disabilities | 14,167 | 4% | 13,450 | 4% |
| Total expenditure | 398,925 | 100% | 354,432 | 100% |

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

Note 3 Operating income from patient care activities

| Note 3.1 Income from patient care activities (by nature) | 2022/23 | 2021/22 |
|---|----------------|----------------|
| | £000 | £000 |
| Mental health services | | |
| Income from commissioners under block contracts | 151,155 | 146,092 |
| Services delivered under a mental health collaborative | 8,028 | 6,279 |
| Income for commissioning services in a mental health collaborative | 1,940 | 1,507 |
| Clinical partnerships providing mandatory services (including S75 agreements) | 296 | - |
| Other clinical income from mandatory services | 1,568 | - |
| Community services | | |
| Income from commissioners under block contracts | 143,062 | 129,612 |
| Income from other sources (e.g. local authorities) | 18,401 | 17,634 |
| All services | | |
| Agenda for change pay award central funding * | 11,429 | - |
| Additional pension contribution central funding ** | 11,344 | 10,284 |
| Other clinical income | 1,196 | 5,699 |
| Total income from activities | 348,419 | 317,107 |

Income from patient care activities increased by £31.3m during the year. £11.4m relates to the NHS backlog pay award funding, with the remainder due to inflation, Mental Health investment and National Insurance funding support.

* In March 2023 the government announced an additional pay offer for 2022/23, in addition to the pay award earlier in the year. Additional funding was made available by NHS England for implementing this pay offer for 2022/23 and the income and expenditure has been included in these accounts as guided by the Department of Health and Social Care and NHS England. In May 2023 the government confirmed this offer will be implemented as a further pay award in respect of 2022/23 based on individuals in employment at 31 March 2023.

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

Note 3.2 Income from patient care activities (by source)

| | 2022/23 | 2021/22 |
|---|----------------|----------------|
| | £000 | £000 |
| Income from patient care activities received from: | | |
| NHS England | 29,467 | 20,166 |
| Clinical commissioning groups | 70,644 | 270,208 |
| Integrated care boards | 222,665 | - |
| Other NHS providers | 7,228 | 7,435 |
| Local authorities | 17,219 | 18,050 |
| Non NHS: other | 1,196 | 1,248 |
| Total income from activities | 348,419 | 317,107 |
| Of which: | | |
| Related to continuing operations | 348,419 | 317,107 |

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

No income was recognised in the accounts for Overseas Visitors charges (for 2022/23 or 2021/22)

Note 4 Other operating income

| | 2022/23 | | | 2021/22 | | |
|---|--------------------|------------------------|---------------|--------------------|------------------------|---------------|
| | Contract income | Non-contract income | Total | Contract income | Non-contract income | Total |
| | £000 | £000 | £000 | £000 | £000 | £000 |
| Research and development | 788 | - | 788 | 743 | - | 743 |
| Education and training | 13,223 | 733 | 13,956 | 11,374 | 363 | 11,737 |
| Non-patient care services to other bodies | 20,727 | | 20,727 | 15,830 | | 15,830 |
| Covid reimbursement and top up funding | 1,698 | | 1,698 | 6,346 | | 6,346 |
| Income in respect of employee benefits accounted on a gross basis | 1,044 | | 1,044 | 646 | | 646 |
| Receipt of capital grants and donations and peppercorn leases | | 27 | 27 | | 43 | 43 |
| Charitable and other contributions to expenditure | | 407 | 407 | | 598 | 598 |
| Revenue from operating leases | | 584 | 584 | | 547 | 547 |
| Other income | 7,203 | - | 7,203 | 2,790 | - | 2,790 |
| Total other operating income | 44,683 | 1,751 | 46,434 | 37,729 | 1,551 | 39,280 |
| Of which: | | | | | | |
| Related to continuing operations | | | 46,434 | | | 39,280 |

Other operating income increased by £7.15m. This mainly relates to an increase in Health Education England training allocation, funding support for innovation projects including the Virtual Care Pathway and Shared Care Records programme, and ICB revenue contributions to cover increased capital charges and IFRS16 impact costs. These increases offset the reduction of £4.65m in Covid reimbursement and top up funding.

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

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

Note 6 Operating leases - Leicestershire Partnership NHS Trust as lessor

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

The Trust has applied IFRS 16 to account for lease arrangements from 1 April 2022 without restatement of comparatives. Comparative disclosures in this note are presented on an IAS 17 basis. This includes a different maturity analysis of future minimum lease receipts under IAS 17 compared to IFRS 16.

Note 6.1 Operating lease income

| | 2022/23 £000 | 2021/22 £000 |
|---|-----------------|-----------------|
| Lease receipts recognised as income in year: | | |
| Minimum lease receipts | 584 | 547 |
| Total in-year operating lease income | 584 | 547 |

Note 6.2 Future lease receipts

| | 31 March 2023 £000 |
|--|--------------------------|
| Future minimum lease receipts due at 31 March 2023: | |
| - not later than one year | 229 |
| - later than one year and not later than two years | 144 |
| - later than two years and not later than three years | 144 |
| - later than three years and not later than four years | 123 |
| - later than four years and not later than five years | 58 |
| - later than five years | 176 |
| Total | 874 |
| | 31 March 2022 £000 |
| Future minimum lease receipts due at 31 March 2022: | |
| - not later than one year; | 815 |
| - later than one year and not later than five years; | 550 |
| - later than five years. | 287 |
| Total | 1,652 |

Note 7.1 Operating expenses

| | 2022/23 | 2021/22 | |
|---|----------------|----------------|----------|
| | £000 | £000 | |
| Purchase of healthcare from NHS and DHSC bodies | 2,919 | 2,361 | |
| Purchase of healthcare from non-NHS and non-DHSC bodies | 3,567 | 3,297 | |
| Staff and executive directors costs | 310,826 | 271,674 | Note 1 |
| Remuneration of non-executive directors | 132 | 126 | |
| Supplies and services - clinical (excluding drugs costs) | 4,650 | 4,259 | |
| Supplies and services - general | 4,912 | 3,194 | |
| Drug costs (drugs inventory consumed and purchase of non-inventory drugs) | 4,030 | 3,543 | |
| Inventories written down | 18 | 14 | |
| Consultancy costs | 872 | 1,323 | |
| Establishment | 4,826 | 5,695 | |
| Premises | 29,026 | 30,432 | |
| Transport (including patient travel) | 3,031 | 2,085 | |
| Depreciation on property, plant and equipment and right of use assets | 13,454 | 9,396 | Note 2 |
| Amortisation on intangible assets | 564 | 413 | |
| Net impairments | 1,198 | (2,055) | |
| Movement in credit loss allowance: contract receivables / contract assets | 42 | - | |
| Change in provisions discount rate(s) | (203) | 31 | |
| Fees payable to the external auditor | | | |
| audit services- statutory audit | 89 | 67 | |
| Internal audit costs | 153 | 162 | |
| Clinical negligence | 1,711 | 1,622 | |
| Legal fees | 530 | 769 | |
| Insurance | 219 | 34 | |
| Research and development | 707 | 683 | |
| Education and training | 2,991 | 2,805 | |
| Expenditure on low value leases (current year only) | 1,125 | - | } Note 3 |
| Operating lease expenditure (comparative only) | - | 5,056 | |
| Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT) | 608 | 515 | |
| Other services, eg external payroll | 454 | 354 | |
| Other | 261 | 447 | |
| Total | 392,712 | 348,302 | |
| Of which: | | | |
| | 392,712 | 348,302 | |

Notes

Expenditure has increased by £44.41m since 2021/22, with staffing costs making up 88% (£39.15m) of the increase.

Note 1: £12.1m of the increase relates to in-year pay award and a further £11.8m relates to the provision for the expected NHS backlog bonus pay award for 2022/23. New 2022/23 investment costs were £11.8m. The balance is attributed to general pressures and increased acuity in the Mental Health Directorate, most of which will be agency staff expenditure.

Note 2: The increase in depreciation charge is mainly due to the capitalisation of property and equipment leases (£3.6m) following the transition to IFRS16 lease accounting, and the application of accelerated depreciation due to the derecognition of a number of plant and machinery assets.

Note 3: For IFRS16 leases, operating lease expenditure has been replaced with depreciation and interest costs. Lower value leases not meeting the IFRS16 threshold (i.e., <£5k) are reported separately against 'expenditure on low value leases'.

Note 7.2 Other auditor remuneration

During 2022/23 there were no other auditor remuneration costs (2021/22: £0k).

Note 7.3 Limitation on auditor's liability

There is no limitation on auditor's liability for external audit work carried out for the financial years 2022/23 or 2021/22.

Note 8 Impairment of assets

| | 2022/23 £000 | 2021/22 £000 |
|---|-----------------|-----------------|
| Net impairments charged to operating surplus / deficit resulting from: | | |
| Changes in market price | 1,198 | (2,055) |
| Total net impairments charged to operating surplus / deficit | 1,198 | (2,055) |
| | | |
| Impairments charged to the revaluation reserve | 2,048 | (1,771) |
| Total net impairments | 3,246 | (3,826) |

The impairment of £3.246m relates to the annual valuation of the Trust's land and buildings. The buildings have been uplifted by March 2023 Building Construction Industry Scheme (BCIS) indices, adjusted by the eight-year rolling average location factor. This resulted in an increase of 9.22%.

This is the first physical property valuation undertaken by the District Valuer since 2017/18, due to site visit restrictions as a consequence of the Covid-19 pandemic. This year's inspection has resulted in the impairment of recent capital investment, due to valuation costs being significantly less than actual construction costs. This includes the impairment of the dormitory elimination schemes at the Bradgate Unit and Evington Centre.

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

Note 9 Employee benefits

| | 2022/23 | 2021/22 |
|---|----------------|----------------|
| | Total | Total |
| | £000 | £000 |
| Salaries and wages - Note 1 | 223,587 | 196,704 |
| Social security costs | 20,274 | 17,660 |
| Apprenticeship levy | 1,019 | 933 |
| Employer's contributions to NHS pensions | 37,363 | 33,909 |
| Pension cost - other | 140 | 114 |
| Termination benefits | 203 | - |
| Temporary staff (including agency) - Note 2 | 32,898 | 26,890 |
| Total gross staff costs | 315,484 | 276,210 |
| Recoveries in respect of seconded staff | (1,044) | (646) |
| Total staff costs | 314,440 | 275,564 |
| Of which | | |
| Costs capitalised as part of assets | 1,403 | 1,728 |

Notes

Note 1: The increase in salaries and wages relates to the annual pay award and the expected NHS backlog bonus pay award for 2022/23. New Service investment costs also contribute to the increased expenditure.

Note 2: General staffing pressures, including sickness and vacancies, and increased acuity in the Mental Health Directorate, have resulted in increased agency costs in 2022/23.

Note 9.1 Retirements due to ill-health

During 2022/23 there were 3 early retirements from the trust agreed on the grounds of ill-health (2 in the year ended 31 March 2022). The estimated additional pension liabilities of these ill-health retirements is £213k (£88k in 2021/22).

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

Note 10 Pension costs

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

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

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2023, is based on valuation data as 31 March 2022, updated to 31 March 2023 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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

b) Full actuarial (funding) valuation

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

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

The actuarial valuation as at 31 March 2020 is currently underway and will set the new employer contribution rate due to be implemented from April 2024.

c) Other Pension Schemes

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

Note 11 Finance income

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

| | 2022/23 | 2021/22 |
|-----------------------------|------------|-----------|
| | £000 | £000 |
| Interest on bank accounts | 861 | 19 |
| Total finance income | 861 | 19 |

Note 12.1 Finance expenditure

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

| | 2022/23 | 2021/22 |
|---|--------------|--------------|
| | £000 | £000 |
| Interest on loans from the Department of Health and Social Care | 62 | 64 |
| Interest on lease obligations | 433 | - |
| Main finance costs on PFI and LIFT schemes obligations | 557 | 580 |
| Contingent finance costs on PFI and LIFT scheme obligations | 451 | 375 |
| Total interest expense | 1,503 | 1,019 |
| Unwinding of discount on provisions | (13) | (9) |
| Total finance costs | 1,490 | 1,010 |

The interest on lease obligations is as a result of the adoption of IFRS16 leases on the 1st of April 2022.

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

The Trust did not incur any charges for late payment of commercial debts in 2022/23 or 2021/22.

Note 13 Other gains / (losses)

| | 2022/23 | 2021/22 |
|---|-------------|-----------|
| | £000 | £000 |
| Gains on disposal of assets | - | 60 |
| Losses on disposal of assets | (10) | (12) |
| Total gains / (losses) on disposal of assets | (10) | 48 |

The loss on disposal relates to plant and machinery not located as part of the annual asset verification exercise.

Note 14 Discontinued operations

The Trust did not discontinue any of its operations in 2022/23.

Note 15.1 Intangible assets - 2022/23

| | Software licences £000 | Internally generated information technology £000 | Development expenditure £000 | Websites £000 | Intangible assets under construction £000 | Total £000 |
|---|------------------------------|--|------------------------------------|------------------|--|---------------|
| Valuation / gross cost at 1 April 2022 - brought forward | 48 | 308 | 2,018 | 135 | 3,696 | 6,205 |
| Additions | - | - | 415 | - | 1,751 | 2,166 |
| Reclassifications | - | 758 | 659 | 61 | (1,478) | - |
| | 48 | 1,066 | 3,092 | 196 | 3,969 | 8,371 |
| Amortisation at 1 April 2022 - brought forward | 3 | 21 | 1,278 | 85 | - | 1,387 |
| Provided during the year | 10 | 100 | 424 | 30 | - | 564 |
| Amortisation at 31 March 2023 | 13 | 121 | 1,702 | 115 | - | 1,951 |
| Net book value at 31 March 2023 | 35 | 945 | 1,390 | 81 | 3,969 | 6,420 |
| Net book value at 1 April 2022 | 45 | 287 | 740 | 50 | 3,696 | 4,818 |

Note 15.2 Intangible assets - 2021/22

| | Software licences £000 | Internally generated information technology £000 | Development expenditure £000 | Websites £000 | Intangible assets under construction £000 | Total £000 |
|--|------------------------------|--|------------------------------------|------------------|--|---------------|
| Valuation / gross cost at 1 April 2021 - as previously stated | - | 172 | 1,847 | 135 | 1,502 | 3,656 |
| Additions | 48 | 210 | 137 | - | 2,398 | 2,793 |
| Reclassifications | - | 81 | 123 | - | (204) | - |
| Disposals / derecognition | - | (155) | (89) | - | - | (244) |
| | 48 | 308 | 2,018 | 135 | 3,696 | 6,205 |
| Amortisation at 1 April 2021 - as previously stated | - | 158 | 1,002 | 58 | - | 1,218 |
| Amortisation at 1 April 2021 - restated | - | 158 | 1,002 | 58 | - | 1,218 |
| Provided during the year | 3 | 18 | 365 | 27 | - | 413 |
| Disposals / derecognition | - | (155) | (89) | - | - | (244) |
| Amortisation at 31 March 2022 | 3 | 21 | 1,278 | 85 | - | 1,387 |
| Net book value at 31 March 2022 | 45 | 287 | 740 | 50 | 3,696 | 4,818 |
| Net book value at 1 April 2021 | - | 14 | 845 | 77 | 1,502 | 2,438 |

Note 16.1 Property, plant and equipment - 2022/23

| | Land £000 | Buildings excluding dwellings £000 | Assets under construction £000 | Plant & machinery £000 | Information technology £000 | Furniture & fittings £000 | Total £000 |
|---|---------------|---|---|------------------------------|-----------------------------------|---------------------------------|----------------|
| Valuation/gross cost at 1 April 2022 - brought forward | 18,367 | 148,637 | 6,281 | 5,397 | 24,907 | 1,712 | 205,301 |
| Additions | - | 7,945 | 6,111 | 122 | 2,757 | 179 | 17,114 |
| Impairments | (719) | (3,702) | - | - | - | - | (4,421) |
| Reversals of impairments | 11 | 1,164 | - | - | - | - | 1,175 |
| Revaluations | 24 | 4,309 | - | - | - | - | 4,333 |
| Reclassifications | - | 5,834 | (5,834) | - | - | - | - |
| Disposals / derecognition | - | - | - | (35) | - | - | (35) |
| Total gross staff costs | 17,683 | 164,187 | 6,558 | 5,484 | 27,664 | 1,891 | 223,467 |
| Accumulated depreciation at 1 April 2022 - brought forward | - | - | - | 2,506 | 9,771 | 987 | 13,264 |
| Provided during the year | - | 4,128 | - | 1,597 | 3,941 | 175 | 9,841 |
| Revaluations | - | (4,006) | - | - | - | - | (4,006) |
| Disposals / derecognition | - | - | - | (25) | - | - | (25) |
| Accumulated depreciation at 31 March 2023 | - | 122 | - | 4,078 | 13,712 | 1,162 | 19,074 |
| Net book value at 31 March 2023 | 17,683 | 164,065 | 6,558 | 1,406 | 13,952 | 729 | 204,393 |
| Net book value at 1 April 2022 | 18,367 | 148,637 | 6,281 | 2,891 | 15,136 | 725 | 192,037 |

Note 16.2 Property, plant and equipment - 2021/22

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

2022/23 Valuations

As in previous years, the Trust commissioned the Valuation Office Agency to undertake its annual property revaluation exercise, as at 31st March 2023. The valuations were undertaken in accordance with International Financial Reporting Standards (IFRS) as interpreted and applied by the HMT Treasury FReM compliant Department of Health Group Manual for Accounts (DoH GAM). The valuations were also prepared in accordance with the professional standards of the Royal Institution of Chartered Surveyors.

There are a variety of factors driving the valuation both in terms of base "data" such as floor areas, in-year capital expenditure and change in building usage, but also several judgemental assumptions applied by the valuer e.g. build cost indices, remaining useful lives, modern equivalent asset (MEA) methodology, obsolescence adjustments and judgements around land values. The Trust's Property Surveyor undertakes a reasonableness check prior to inclusion of the valuation in the accounts, however the Trust relies on the Valuer's specialism and expertise to perform and quantify the physical valuation inspections of its land and buildings.

Note 16.3 Property, plant and equipment financing - 31 March 2023

| | Land | Buildings excluding dwellings | Assets under construction | Plant & machinery | Information technology | Furniture & fittings | Total |
|---|---------------|-------------------------------------|---------------------------------|----------------------|---------------------------|-------------------------|----------------|
| | £000 | £000 | £000 | £000 | £000 | £000 | £000 |
| Owned - purchased | 17,683 | 153,636 | 6,558 | 1,406 | 13,952 | 729 | 193,964 |
| On-SoFP PFI contracts and other service concession arrangements | - | 9,873 | - | - | - | - | 9,873 |
| Owned - donated/granted | - | 556 | - | - | - | - | 556 |
| Total net book value at 31 March 2023 | 17,683 | 164,065 | 6,558 | 1,406 | 13,952 | 729 | 204,393 |

Note 16.4 Property, plant and equipment financing - 31 March 2022

| | Land | Buildings excluding dwellings | Assets under construction | Plant & machinery | Information technology | Furniture & fittings | Total |
|---|---------------|-------------------------------------|---------------------------------|----------------------|---------------------------|-------------------------|----------------|
| | £000 | £000 | £000 | £000 | £000 | £000 | £000 |
| Owned - purchased | 18,367 | 138,707 | 6,281 | 2,891 | 15,136 | 725 | 182,107 |
| On-SoFP PFI contracts and other service concession arrangements | - | 9,379 | - | - | - | - | 9,379 |
| Owned - donated/granted | - | 551 | - | - | - | - | 551 |
| Total net book value at 31 March 2022 | 18,367 | 148,637 | 6,281 | 2,891 | 15,136 | 725 | 192,037 |

Note 16.5 Property plant and equipment assets subject to an operating lease (Trust as a lessor) - 31 March 2023

| | Land | Buildings excluding dwellings | Assets under construction | Plant & machinery | Information technology | Furniture & fittings | Total |
|--|---------------|-------------------------------------|---------------------------------|----------------------|---------------------------|-------------------------|----------------|
| | £000 | £000 | £000 | £000 | £000 | £000 | £000 |
| Subject to an operating lease | - | 1,966 | - | - | - | - | 1,966 |
| Not subject to an operating lease | 17,683 | 162,099 | 6,558 | 1,406 | 13,952 | 729 | 202,427 |
| Total net book value at 31 March 2023 | 17,683 | 164,065 | 6,558 | 1,406 | 13,952 | 729 | 204,393 |

Note 17 Donations of property, plant and equipment

The Trust received donations of £27k for property plant and equipment in 2022/23, granted from Raising Health (the Trust's charity), to support improvements to garden/courtyard works.

Note 18 Revaluations of property, plant and equipment

The Trust instructs the District Valuer to undertake formal revaluations of its land and buildings every three years, supplemented by an internal annual property review to identify any significant valuation issues in between formal revaluations. Because of site access restrictions due to the Covid-19 pandemic, the last formal asset valuation based on physical inspections was carried out in 2017/18, hence the requirement for a full asset valuation in 2022/23. The valuation incorporates the annual BCIS indices, adjusted for the 8-year rolling average location factor.

Note 19 Leases - Leicestershire Partnership NHS Trust as a lessee

This note details information about leases for which the Trust is a lessee. The Trust has applied IFRS 16 to account for lease arrangements from 1 April 2022 without restatement of comparatives. Comparative disclosures in this note are presented on an IAS 17 basis.

The majority of leases relate to the use of buildings, including hospitals, health centres and office accommodation. Equipment leases relate to network printers.

Note 19.1 Right of use assets - 2022/23

| | Property (land and buildings) £000 | Information technology £000 | Total £000 | Of which: leased from DHSC group bodies £000 |
|--|---|-----------------------------------|---------------|--|
| IFRS 16 implementation - adjustments for existing operating leases / subleases | 43,240 | 1,552 | 44,792 | 32,969 |
| Additions | 1,154 | - | 1,154 | 237 |
| Valuation/gross cost at 31 March 2023 | 44,394 | 1,552 | 45,946 | 33,206 |
| Depreciation provided during the year | 3,341 | 272 | 3,613 | 2,058 |
| Accumulated depreciation at 31 March 2023 | 3,341 | 272 | 3,613 | 2,058 |
| Net book value at 31 March 2023 | 41,053 | 1,280 | 42,333 | 31,148 |
| Net book value of right of use assets leased from other DHSC group bodies | | | | 31,148 |

Note 19.2 Revaluations of right of use assets

In line with the accounting policy for Property, Plant and Equipment (PPE), the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets.

Because the initial 1st of April 2022 lease recognition value was based on actual lease invoice values as at that date, cost is deemed an appropriate valuation basis as at 31st of March 2023, and no formal revaluation is required. Going forward, in line with the 3-year PPE revaluation policy, all IFRS-16 leases will be revalued three years from 2022/23, with the first revaluation being performed in 2025/26.

Annual reviews will be undertaken with the Trust Property Surveyor to ensure the appropriate accounting treatment is applied for any lease remeasurements/modifications. These include changes to the lease term, space occupied, new or termination of leases, and rent reviews.

Note 19.3 Reconciliation of the carrying value of lease liabilities

Lease liabilities are included within borrowings in the statement of financial position. A breakdown of borrowings is disclosed in note 32.1.

| | 2022/23 |
|--|----------------|
| | £000 |
| Carrying value at 31 March 2022 | - |
| IFRS 16 implementation - adjustments for existing operating leases | 44,792 |
| Lease additions | 1,154 |
| | 433 |
| Lease payments (cash outflows) | (3,845) |
| Carrying value at 31 March 2023 | 42,534 |

Lease payments for short term leases, leases of low value underlying assets and variable lease payments not dependent on an index or rate are recognised in operating expenditure.

Note 19.4 Maturity analysis of future lease payments at 31 March 2023

| | Total | Of which leased from DHSC group bodies: |
|---|-----------------|--|
| | 31 March | 31 March |
| | 2023 | 2023 |
| | £000 | £000 |
| Undiscounted future lease payments payable in: | | |
| - not later than one year; | 3,412 | 1,914 |
| - later than one year and not later than five years; | 13,648 | 7,656 |
| - later than five years. | 25,474 | 21,722 |
| Net lease liabilities at 31 March 2023 | 42,534 | 31,292 |
| Of which: | | |
| - Current | 3,412 | 1,914 |
| - Non-Current | 39,122 | 29,378 |

Note 19.5 Maturity analysis of finance lease liabilities at 31 March 2022 (IAS 17 basis)

The Trust did not have any finance leases as at the 31st March 2022.

Note 19.6 Commitments in respect of operating leases at 31 March 2022 (IAS 17 basis)

This note discloses costs incurred in 2021/22 and commitments as at 31 March 2022 for leases the Trust previously determined to be operating leases under IAS 17.

| | 2021/22 |
|--|-----------------|
| | £000 |
| Operating lease expense | |
| Minimum lease payments | 5,056 |
| Total | 5,056 |
| | 31 March |
| | 2022 |
| | £000 |
| Future minimum lease payments due: | |
| - not later than one year; | 4,396 |
| - later than one year and not later than five years; | 10,687 |
| - later than five years. | 5,451 |
| Total | 20,534 |
| Future minimum sublease payments to be received | - |

Note 19.7 Initial application of IFRS 16 on 1 April 2022

IFRS 16 as adapted and interpreted for the public sector by HM Treasury has been applied to leases in these financial statements with an initial application date of 1 April 2022.

The standard has been applied using a modified retrospective approach without the restatement of comparatives. Practical expedients applied by the Trust on initial application are detailed in the leases accounting policy in note 15.

Lease liabilities created for existing operating leases on 1 April 2022 were discounted using the weighted average incremental borrowing rate determined by HM Treasury as 0.95%.

Reconciliation of operating lease commitments as at 31 March 2022 to lease liabilities under IFRS 16 as at 1 April 2022

| | 1 April 2022 £000 |
|---|----------------------|
| Operating lease commitments under IAS 17 at 31 March 2022 | 20,534 |
| Impact of discounting at the incremental borrowing rate | |
| IAS 17 operating lease commitment discounted at incremental borrowing rate | 16,754 |
| Less: | |
| Commitments for leases of low value assets | (1,125) |
| Commitments for leases that had not commenced as at 31 March 2022 | (1,012) |
| Irrecoverable VAT previously included in IAS 17 commitment | (1,543) |
| Other adjustments: | |
| Differences in the assessment of the lease term | 31,718 |
| Total lease liabilities under IFRS 16 as at 1 April 2022 | 44,792 |

Note 20 Investment Property

The Trust did not hold any investment property as at 31st March 2023 or 31st March 2022

Note 20.1 Investment property income and expenses

The Trust did not have any investment property income and expenses in 2022/23 or 2021/22

Note 21 Investments in associates and joint ventures

The Trust did not have any investments in associates or joint ventures as at 31st March 2023 or 31st March 2022

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

The Trust did not hold any investments / financial assets (non-current) as at 31st March 2023 or 31st March 2022

Note 22.1 Other investments / financial assets (current)

The Trust did not hold any investments / financial assets (current) as at 31st March 2023 or 31st March 2022

Note 23 Disclosure of interests in other entities

The Trust did not have any interests in other entities in 2022/23

Note 24 Inventories

| | 31 March 2023 £000 | 31 March 2022 £000 |
|--------------------------|-----------------------------------|-----------------------------------|
| Drugs | 235 | 275 |
| Consumables | 146 | 143 |
| Total inventories | 381 | 418 |

Consumables includes incontinence supplies and personal protective equipment.

Inventories recognised in expenses for the year were £5,085k (2021/22: £2,849k). Write-down of inventories recognised as expenses for the year were £18k (2021/22: £14k).

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2022/23 the Trust received £407k of items purchased by DHSC (2021/22: £598k).

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

Note 25.1 Receivables

| | 31 March 2023 £000 | 31 March 2022 £000 |
|--|-----------------------------------|-----------------------------------|
| Current | | |
| Contract receivables * | 17,529 | 5,804 |
| Capital receivables | 63 | 43 |
| Allowance for impaired contract receivables / assets | (352) | (320) |
| Prepayments (non-PFI) | 2,142 | 1,293 |
| PDC dividend receivable | - | 33 |
| VAT receivable | 1,685 | 1,088 |
| Other receivables | 142 | 146 |
| Total current receivables | 21,209 | 8,087 |
| Non-current | | |
| PFI lifecycle prepayments | 706 | 683 |
| Other receivables ** | 283 | 249 |
| Total non-current receivables | 989 | 932 |
| Of which receivable from NHS and DHSC group bodies: | | |
| Current | 16,080 | 4,668 |
| Non-current | 283 | 249 |

* Contract receivables includes £11.43m accrued income relating to the expected 2022/23 bonus pay award.

Following the application of IFRS 15 from 1 April 2018, entitlements to consideration for work performed under contracts with customers are shown separately as contract receivables and contract assets. This replaces the previous analysis into trade receivables and accrued income. The Trust did not have any contract assets as at 31st March 2023 or 31st March 2022.

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

Note 25.2 Allowances for credit losses

| | 2022/23 receivables £000 | 2021/22 receivables £000 |
|--|---|---|
| Allowances as at 1 April - brought forward | 320 | 341 |
| Prior period adjustments | - | - |
| Allowances as at 1 April - restated | 320 | 341 |
| Allowances at start of period for new FTs | - | - |
| Transfers by absorption | - | - |
| New allowances arising | 42 | - |
| Changes in existing allowances | - | - |
| Reversals of allowances | - | - |
| Utilisation of allowances (write offs) | (10) | (21) |
| Changes arising following modification of contractual cash flows | - | - |
| Allowances as at 31 Mar 2023 | 352 | 320 |

Note 25.3 Exposure to credit risk

The Trust has examined its exposure to credit risk and is satisfied that the current allowance of £352k for credit losses is adequate. This covers all Non-NHS debt greater than 12 months.

Note 26 Finance leases (Leicestershire Partnership NHS Trust as a lessor)

The Trust did not have any finance leases as a lessor as at the 31st of March 2023.

Note 27 Other assets

The Trust did not hold any other assets in 2022/23 or 2021/22.

Note 28.1 Non-current assets held for sale and assets in disposal groups

The Trust did not dispose of any assets for sale in 2022/23. One property was disposed in the previous year, at its net book value of £280k.

Note 28.2 Liabilities in disposal groups

The Trust had no liabilities in disposal groups in 2022/23 or 2021/22.

Note 29.1 Cash and cash equivalents movements

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

| | 2022/23 £000 | 2021/22 £000 |
|---|-----------------|-----------------|
| At 1 April | 31,991 | 24,139 |
| Prior period adjustments | | - |
| At 1 April (restated) | 31,991 | 24,139 |
| Net change in year | (2,056) | 7,852 |
| At 31 March | 29,935 | 31,991 |
| Broken down into: | | |
| At 31 March 2023 | 84 | 87 |
| Cash with the Government Banking Service | 29,851 | 31,904 |
| Total cash and cash equivalents as in SoCF | 29,935 | 31,991 |

Note 29.2 Third party assets held by the trust

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

| | 31 March 2023 £000 | 31 March 2022 £000 |
|---------------------------------|--------------------------|--------------------------|
| Bank balances | 23 | 25 |
| Total third party assets | 23 | 25 |

Note 30.1 Trade and other payables

| | 31 March 2023 £000 | 31 March 2022 £000 |
|---|-----------------------------------|-----------------------------------|
| Current | | |
| Trade payables | 2,965 | 2,420 |
| Capital payables | 1,354 | 1,062 |
| Accruals * | 27,583 | 13,672 |
| Social security costs | 2,963 | 2,839 |
| Other taxes payable | 2,306 | 2,021 |
| PDC dividend payable | 37 | - |
| Pension contributions payable | 3,605 | 3,308 |
| Other | 60 | 39 |
| Total current trade and other payables | 40,873 | 25,361 |

Of which payables from NHS and DHSC group bodies:

| | | |
|-------------|-------|-------|
| Current | 3,266 | 1,790 |
| Non-current | - | - |

* The accruals liability includes £11.83m for the NHS backlog bonus 2022/23 pay award. This is £400k in addition to the funding support provided by NHS England, based on the Trust's internal calculations of the expected payment.

Note 30.2 Early retirements in NHS payables above

The Trust did not have any payables liabilities relating to early retirements in 2022/23 or 2021/22.

Note 31 Other liabilities

| | 31 March 2023 £000 | 31 March 2022 £000 |
|--|-----------------------------------|-----------------------------------|
| Current | | |
| Deferred income: contract liabilities | 5,698 | 3,099 |
| Total other current liabilities | 5,698 | 3,099 |
| Non-current | | |
| Deferred income: contract liabilities | - | - |
| Total other non-current liabilities | - | - |

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

Note 32.1 Borrowings

| | 31 March 2023 £000 | 31 March 2022 £000 |
|---|-----------------------------------|-----------------------------------|
| Current | | |
| Loans from DHSC | 185 | 186 |
| Lease liabilities* | 3,412 | - |
| Obligations under PFI, LIFT or other service concession contracts | 251 | 285 |
| Total current borrowings | 3,848 | 471 |
| Non-current | | |
| Loans from DHSC | 2,858 | 3,021 |
| Lease liabilities* | 39,122 | - |
| Obligations under PFI, LIFT or other service concession contracts | 6,927 | 7,177 |
| Total non-current borrowings | 48,907 | 10,198 |

* The Trust has applied IFRS 16 to lease arrangements within these accounts from 1 April 2022 without restatement of comparatives. More information about leases and the impact of this change in accounting policy can be found in note 19.

Note 32.2 Reconciliation of liabilities arising from financing activities - 2022/23

| | Loans from DHSC £000 | Lease Liabilities £000 | PFI and LIFT schemes £000 | Total £000 |
|---|-------------------------------|------------------------------|------------------------------------|----------------|
| Carrying value at 1 April 2022 | 3,207 | - | 7,462 | 10,669 |
| Cash movements: | | | | |
| Financing cash flows - payments and receipts of principal | (163) | (3,412) | (285) | (3,860) |
| Financing cash flows - payments of interest | (63) | (433) | (557) | (1,053) |
| Non-cash movements: | | | | |
| Impact of implementing IFRS 16 on 1 April 2022 | - | 44,792 | - | 44,792 |
| Additions | - | 1,154 | - | 1,154 |
| Interest charge arising in year | 62 | 433 | 557 | 1,052 |
| Other changes | - | - | 1 | 1 |
| Carrying value at 31 March 2023 | 3,043 | 42,534 | 7,178 | 52,755 |

Note 32.3 Reconciliation of liabilities arising from financing activities - 2021/22

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

Note 33 Other financial liabilities

The Trust does not have any other financial liabilities in 2022/23 or 2021/22

Note 34.1 Provisions for liabilities and charges analysis

| | Pensions: early departure costs £000 | Pensions: injury benefits £000 | Legal claims £000 | Redundancy £000 | Other £000 | Total £000 |
|-----------------------------|--|---|----------------------|--------------------|---------------|---------------|
| At 1 April 2022 | 107 | 1,087 | 58 | - | 3,592 | 4,844 |
| Change in the discount rate | - | (203) | - | - | (253) | (456) |
| Arising during the year | 97 | 52 | 59 | 203 | 1,747 | 2,158 |
| Utilised during the year | (100) | (86) | (30) | - | (995) | (1,211) |
| Reversed unused | (6) | (32) | - | - | (351) | (389) |
| Unwinding of discount | - | (13) | - | - | - | (13) |
| As at 31 March 2023 | 98 | 805 | 87 | 203 | 3,740 | 4,933 |

Expected timing of cash flows:

| | | | | | | |
|--|-----------|------------|-----------|------------|--------------|--------------|
| - not later than one year; | 98 | 83 | 87 | 203 | 3,457 | 3,928 |
| - later than one year and not later than five years; | - | 317 | - | - | 18 | 335 |
| - later than five years. | - | 405 | - | - | 265 | 670 |
| Total | 98 | 805 | 87 | 203 | 3,740 | 4,933 |

| Other Provisions | Other £000 |
|--|-----------------------|
| Clinical pension tax | 288 |
| HR tribunals | 556 |
| Contract - early exit fee | 743 |
| Computer systems HMRC VAT liability | 1,610 |
| Facilities Management Estates transformation | 385 |
| Clinical coding (professions directive) | 90 |
| Dilapidations | 68 |
| | 3,740 |

Note 34.2 Clinical negligence liabilities

At 31 March 2023, £21,058k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Leicestershire Partnership NHS Trust (31 March 2022: £19,902k).

Note 35 Contingent assets and liabilities

| | 31 March 2023 £000 | 31 March 2022 £000 |
|--|--------------------------|--------------------------|
| Value of contingent liabilities | | |
| NHS Resolution legal claims | (60) | (42) |
| Gross value of contingent liabilities | (60) | (42) |
| Amounts recoverable against liabilities | - | - |
| Net value of contingent liabilities | (60) | (42) |
| Net value of contingent assets | - | - |

Note 36 Contractual capital commitments

| | 31 March 2023 £000 | 31 March 2022 £000 |
|-------------------------------|--------------------------|--------------------------|
| Property, plant and equipment | 5,602 | 5,467 |
| Intangible assets | - | - |
| Total | 5,602 | 5,467 |

Contractual capital commitments as at 31st March 2023 support existing capital schemes carried forward into 2023/24, of which a significant amount relates to the Mental Health dormitories elimination scheme which commenced in 2020/21.

Note 37 Other financial commitments

The Trust does not have any other financial commitments as at 31st March 2023.

Note 38 Defined benefit pension schemes

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

Note 39 On-SoFP PFI, LIFT or other service concession arrangements

PFI

The PFI building; the Agnes Unit, was handed over to the Trust for commissioning and operational use from 18th September 2008. The Agnes Unit is used as an Assessment and Treatment facility for people with a Learning Disability and also includes 4 high intensive support beds for Learning Disability users. The unitary payment associated with the building was £1,547,000 for the period to March 2023. The PFI contract is for hard facilities management services only, incorporating the maintenance and life cycling of the building by the PFI contractor for the 30 year concession period. The unitary charge is linked to the Retail Price Index (RPI) and as such the charge should only alter with changes in RPI. The Trust recognises the asset as an item of property, plant and equipment (PPE), together with a liability to pay for it. The services received under the contract are recorded as operating expenses. The fair value of the PFI building is £8.11m as at 31 March 2023, with a corresponding liability of £6.24m. At the end of the 30 year concession period the Trust will own the asset.

LIFT

During 2010/11 the Trust's LIFT asset was brought onto balance sheet, in line with International Financial Reporting Standards requirements. The Trust's occupies 22.9% of St Peters Health Centre and under the arrangements of IFRIC 12: Service Concession Arrangements, the Trust has recognised both the asset and liability on the balance sheet). The asset value at the end of this year is £1.76m. The Trust will not own the asset at the end of the 25 year lease term. Because the Trust is not lead signatory on the head lease agreement, it is not accountable for any obligation changes to the contract (this responsibility transferred to NHS Property Services upon the demise of Leicester City PCT).

Note 39.1 On-SoFP PFI, LIFT or other service concession arrangement obligations

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

| | 31 March 2023 £000 | 31 March 2022 £000 |
|---|--------------------------|--------------------------|
| Gross PFI, LIFT or other service concession liabilities | 11,879 | 12,722 |
| Of which liabilities are due | | |
| - not later than one year; | 785 | 842 |
| - later than one year and not later than five years; | 3,370 | 3,255 |
| - later than five years. | 7,724 | 8,625 |
| Total gross staff costs | (4,701) | (5,260) |
| Net PFI, LIFT or other service concession arrangement obligation | 7,178 | 7,462 |
| - not later than one year; | 251 | 285 |
| - later than one year and not later than five years; | 1,469 | 1,248 |
| - later than five years. | 5,458 | 5,929 |
| | 7,178 | 7,462 |

Note 39.2 Total on-SoFP PFI, LIFT and other service concession arrangement commitments

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

| | 31 March 2023 £000 | 31 March 2022 £000 |
|---|--------------------------|--------------------------|
| Total future payments committed in respect of the PFI, LIFT or other service concession arrangements | 32,821 | 33,000 |
| Of which payments are due: | | |
| - not later than one year; | 1,949 | 1,811 |
| - later than one year and not later than five years; | 8,296 | 7,711 |
| - later than five years. | 22,576 | 23,478 |
| | 32,821 | 33,000 |

Note 39.3 Analysis of amounts payable to service concession operator

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

| | 2022/23 | 2021/22 |
|---|--------------|--------------|
| | £000 | £000 |
| Unitary payment payable to service concession operator | 1,901 | 1,767 |
| Consisting of: | | |
| - Interest charge | 557 | 580 |
| - Repayment of balance sheet obligation | 285 | 297 |
| - Service element and other charges to operating expenditure | 608 | 515 |
| | 451 | 375 |
| Total amount paid to service concession operator | 1,901 | 1,767 |

Note 40 Off-SoFP PFI, LIFT and other service concession arrangements

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

Note 41 Financial instruments

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

Note 41.1 Carrying values of financial assets

| | Held at amortised cost | Held at fair value through I&E | Held at fair value through OCI | Total book value |
|--|------------------------------|--------------------------------------|--------------------------------------|---------------------|
| Carrying values of financial assets as at 31 March 2023 | £000 | £000 | £000 | £000 |
| Trade and other receivables excluding non financial assets | 17,665 | - | - | 17,665 |
| Cash and cash equivalents | 29,935 | - | - | 29,935 |
| Total at 31 March 2023 | 47,600 | - | - | 47,600 |

| | Held at amortised cost | Held at fair value through I&E | Held at fair value through OCI | Total book value |
|--|------------------------------|--------------------------------------|--------------------------------------|---------------------|
| Carrying values of financial assets as at 31 March 2022 | £000 | £000 | £000 | £000 |
| Trade and other receivables excluding non financial assets | 5,922 | - | - | 5,922 |
| Cash and cash equivalents | 31,991 | - | - | 31,991 |
| Total at 31 March 2022 | 37,913 | - | - | 37,913 |

Note 41.2 Carrying values of financial liabilities

| | Held at amortised cost | Held at fair value through I&E | Total book value |
|---|------------------------------|--------------------------------------|---------------------|
| Carrying values of financial liabilities as at 31 March 2023 | £000 | £000 | £000 |
| Loans from the Department of Health and Social Care | 3,043 | - | 3,043 |
| Obligations under leases | 42,534 | - | 42,534 |
| Obligations under PFI, LIFT and other service concession contracts | 7,178 | - | 7,178 |
| Trade and other payables excluding non financial liabilities | 33,503 | - | 33,503 |
| Total at 31 March 2023 | 86,258 | - | 86,258 |

| | Held at amortised cost | Held at fair value through I&E | Total book value |
|---|------------------------------|--------------------------------------|---------------------|
| Carrying values of financial liabilities as at 31 March 2022 | £000 | £000 | £000 |
| Loans from the Department of Health and Social Care | 3,207 | - | 3,207 |
| Obligations under PFI, LIFT and other service concession contracts | 7,462 | - | 7,462 |
| Trade and other payables excluding non financial liabilities | 18,581 | - | 18,581 |
| Total at 31 March 2022 | 29,250 | - | 29,250 |

Note 41.3 Maturity of financial liabilities

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

| | 2023 | 2022 |
|--|---------------|---------------|
| | £000 | £000 |
| In one year or less | 38,861 | 19,652 |
| In more than one year but not more than five years | 17,872 | 4,143 |
| In more than five years | 35,714 | 11,345 |
| Total | 92,447 | 35,140 |

Note 41.4 Fair values of financial assets and liabilities

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

Note 42 Losses and special payments

| | 2022/23 | | 2021/22 | |
|---|---|--|---|--|
| | Total number of cases Number | Total value of cases £000 | Total number of cases Number | Total value of cases £000 |
| Losses | | | | |
| Cash losses | 4 | 2 | 1 | - |
| Fruitless payments and constructive losses | - | - | - | - |
| Bad debts and claims abandoned | 6 | 10 | 42 | 21 |
| Stores losses and damage to property | 12 | 18 | 12 | 14 |
| Total losses | 22 | 30 | 55 | 35 |
| Special payments | | | | |
| Compensation under court order or legally binding arbitration award | - | - | - | - |
| Extra-contractual payments | - | - | - | - |
| Ex-gratia payments | 35 | 101 | - | 440 |
| Special severance payments | 1 | 20 | - | - |
| Extra-statutory and extra-regulatory payments | - | - | - | - |
| Total special payments | 36 | 121 | - | 440 |
| Total losses and special payments | 58 | 151 | 55 | 475 |

The ex-gratia payment of £101k mainly relates to the HMRC court of appeal case which resulted in VAT reclaims repayable to drivers (£56k) and the excess payment to NHS Resolution for three personal injury claims (£30k).

Note 43 Gifts

The Trust did not make any gifts in either 2022/23 or 2021/22.

Note 44 Related parties

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

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

Clinical Commissioning Groups (CCGs) replaced by Integrated Care Boards (ICBs) in July 2022

NHS Foundation Trusts

NHS Trusts

NHS Resolution

NHS England

NHS Business Services Authority

NHS Supply Chain

Other Government Departments

Local Authorities

NHS Providers

Medicines and Healthcare Products Regulatory Agency

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

The Trust manages the administrative arrangements for its charitable funds and is the corporate Trustee of 'Raising Health'. Because the value of the Trust's charitable funds is not material to the accounts (£2.2m), the Trust will follow the same approach as last year and not consolidate its charitable funds into the exchequer accounts for 2022/23.

Note 45 Transfers by absorption

The Trust has not undertaken any transfers by absorption during 2022/23.

Note 46 Prior period adjustments

There are no prior period adjustments for 2022/23.

Note 47 Events after the reporting date

No events after the reporting date have been identified.

Note 48 Final period of operation as a trust providing NHS healthcare

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

Note 49 Better Payment Practice code

| | 2022/23 | 2022/23 | 2021/22 | 2021/22 |
|---|---------|---------|---------|---------|
| | Number | £000 | Number | £000 |
| Non-NHS Payables | | | | |
| Total non-NHS trade invoices paid in the year | 34,053 | 117,949 | 35,131 | 129,037 |
| Total non-NHS trade invoices paid within target | 33,162 | 116,760 | 34,027 | 127,873 |
| Percentage of non-NHS trade invoices paid within target | 97.4% | 99.0% | 96.9% | 99.1% |
| NHS Payables | | | | |
| Total NHS trade invoices paid in the year | 950 | 65,465 | 1,091 | 67,643 |
| Total NHS trade invoices paid within target | 927 | 64,446 | 1,037 | 66,286 |
| Percentage of NHS trade invoices paid within target | 97.6% | 98.4% | 95.1% | 98.0% |

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

Note 50 External financing limit

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

| | 2022/23 | 2021/22 |
|---|--------------|----------------|
| | £000 | £000 |
| Cash flow financing | 3,063 | (1,922) |
| External financing requirement | 3,063 | (1,922) |
| External financing limit (EFL) | 3,063 | (1,922) |
| Under / (over) spend against EFL | - | - |

Note 51 Capital Resource Limit

| | 2022/23 | 2021/22 |
|--|---------------|---------------|
| | £000 | £000 |
| Gross capital expenditure | 20,434 | 16,163 |
| Less: Disposals | (10) | (292) |
| Less: Donated and granted capital additions | (27) | (43) |
| Plus: Loss on disposal from capital grants in kind | - | - |
| Charge against Capital Resource Limit | 20,397 | 15,828 |
| Capital Resource Limit | 20,397 | 16,133 |
| Under / (over) spend against CRL | - | 305 |

Note 52 Breakeven duty financial performance

| | 2022/23 |
|--|----------------|
| | £000 |
| Adjusted financial performance surplus / (deficit) (control total basis) | (2,860) |
| IFRIC 12 breakeven adjustment | 28 |
| | (2,832) |

Note 53 Breakeven duty rolling assessment

| | 2008/09 | 2009/10 | 2010/11 | 2011/12 | 2012/13 | 2013/14 | 2014/15 | 2015/16 |
|--|---------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 |
| Breakeven duty in-year financial performance | | 1,732 | 1,700 | 6,562 | 4,228 | 2,911 | 2,626 | 1,356 |
| Breakeven duty cumulative position | 1,080 | 2,812 | 4,512 | 11,074 | 15,302 | 18,213 | 20,839 | 22,195 |
| Operating income | | 138,873 | 138,466 | 282,464 | 281,886 | 267,367 | 273,950 | 275,422 |
| Cumulative breakeven position as a percentage of operating income | | 2.0% | 3.3% | 3.9% | 5.4% | 6.8% | 7.6% | 8.1% |
| | | 2016/17 | 2017/18 | 2018/19 | 2019/20 | 2020/21 | 2021/22 | 2022/23 |
| | | £000 | £000 | £000 | £000 | £000 | £000 | £000 |
| Breakeven duty in-year financial performance | | 2,244 | 4,742 | 5,607 | 2,963 | 9 | 79 | (2,832) |
| Breakeven duty cumulative position | | 24,439 | 29,181 | 34,788 | 37,751 | 37,760 | 37,839 | 35,007 |
| Operating income | | 277,664 | 274,503 | 278,322 | 293,865 | 326,174 | 356,387 | 394,853 |
| Cumulative breakeven position as a percentage of operating income | | 8.8% | 10.6% | 12.5% | 12.8% | 11.6% | 10.6% | 8.9% |

Annual Governance Statement for Leicestershire Partnership NHS Trust 2022/23

1. Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the *NHS Trust Accountable Officer Memorandum*.

2. The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Leicestershire Partnership NHS Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Leicestershire Partnership NHS Trust for the year ended 31 March 2023 and up to the date of approval of the annual report and accounts.

3. Capacity to handle risk

3.1 Leadership Arrangements

The Trust Board has overall accountability for the effective and efficient management of the Trust and for ensuring the Trust adheres to the principles of good governance. It is responsible for reviewing the effectiveness of the system of internal control, and for ensuring that the Trust has effective systems and processes in place for risks that threaten the Trust's ability to meet the objectives in its Step Up to Great strategy, and the achievement of its values. Strategic and corporate level risk is captured on the 'Organisational Risk Register' (ORR). Each ORR risk has a link to the relevant Step Up to Great component(s), has an assigned executive director, and refers to the governance route for oversight of the risk.

The Trust's framework for risk management describes the structure and accountabilities for risk at a senior leadership level, and the responsibility for all staff to know and understand the risk management systems within the Trust and to follow the Trust's policies, guidelines, and procedures.

Operational responsibility for risk management sits within clinical and corporate directorates, and our hosted services. Operational risk is captured on local and directorate risk registers held on the Ulysses risk system which allows for risk identification, management, and escalation in line with the Trust's risk management policy.

The risk management framework also describes the principal committees with a responsibility for the governance and oversight of risk within the Trust, and the reporting hierarchy to provide assurance to the Board that risk management processes are in place and remain effective. The responsibility for managing risk across the Trust has been delegated by the Board to the following level 1 committees; the Audit and Assurance Committee (AAC), the Quality Assurance Committee (QAC), the Finance and Performance Committee (FPC) and a newly introduced People and Culture Committee (PCC) which has been included as a level 1 committee from February 2022 to focus on workforce as our highest

area of risk.

With delegated authority from the Trust Board, The AAC has oversight of the system of internal control, governance and risk. Assurance over the systems and processes in place to support the management of risk is provided to the AAC on a quarterly basis. This includes any relevant updates on policy, training, strategy and innovation. The AAC also has oversight of the Trust's adherence to the Government Functional Standard 013: Counter Fraud. The score for component 3: Fraud, Bribery and Corruption Risk Assessment has been rated green for a second year as the Trust has embedded a process for identifying counter fraud risk and incorporating this into the Trust's risk management framework. 22 counter fraud risks have been identified on our local risk registers (held on our Ulysses system), these have been identified and reviewed by our Local Counter Fraud Specialist with relevant Trust staff.

The four main assurance committees (AAC, QAC, FPC and PCC) receive regular risk assurance reports relating to their remit (with some areas of risk such as waiting times and agency spend relating to more than one committee). The Joint Working Group, a sub-committee of the Board and a committee in common with Northamptonshire Healthcare NHS Foundation Trust oversees risk relating to joint programmes of work.

The Trust's Strategic Executive Board (SEB) has oversight of strategic level risks on the ORR. Financial pressures and system risks are also discussed at the Strategic Executive Board. This takes account of system pressures, and risk associated with the Integrated Care System and our system partners.

The Trust's Executive Management Board (EMB) has oversight of the ORR and operational level risks and focuses on the operational delivery of mitigating action to reduce risk.

Individual Executive Directors are responsible for overseeing a programme of risk management activities in their areas of responsibility and individually review risks within their remit at least once a month to ensure that the ORR is updated for each committee/Trust Board meeting.

During 2022/23 risk management and reporting processes have continued to mature. There is a strengthened assurance flow through the three levels of governance groups / committees up to the Trust Board, each providing a level of assurance over the management of risk and an opportunity to escalate any concerns or opportunities.

3.2 Staff training and guidance on the management of risk

Risk management training can be booked by all staff on our automated 'ULearn' system. Full training sessions covering all six risk modules are scheduled in twice a month and module specific training is offered once a month. Ad hoc training is also provided upon request. Health and safety risk assessment training is provided on the Trust's induction programme for all new starters. The frequency and level of risk management training is identified through training need assessments, ensuring that individual members of staff have the relevant training to equip them for their duties and level of responsibility.

In addition, a range of policies are in place and available to staff via the Trust's intranet which describe the roles and responsibilities in relation to the identification, management and control of risk. Staff are made aware of these policies and are actively encouraged to access them to ensure that they understand their own roles and responsibilities.

Risk is an important tool in identifying and managing the learning lessons across the Trust. Risk specialists attend governance groups to facilitate learning and horizon scan for new and emerging risk, which is also informed by external reports (including audit, HealthWatch, feedback from our People's Council and Youth Advisory Board, our regulators and NHSE etc.), and internal reports (such as clinical audit, transformation, assurance reports and serious incident reports).

4. The risk and control framework

4.1 Risk Management Strategy

The Trust's framework for managing risk seeks to ensure that risks in relation to the delivery of services and care to patients are minimised, that the wellbeing of patients, staff and visitors is optimised and that the assets, business systems and income of the Trust are protected, and where possible opportunities are maximised.

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

Strategic risk is identified in a number of ways;

- Annually, the Board considers any risk relating to the latest set of strategic objectives.
- The operational risk registers are subject to regular review and where necessary, risks can be escalated from the Directorate Risk Register onto the ORR when corporate oversight is required.
- Monthly review with Directors and with system partners can identify new risk for inclusion onto the ORR during the year.
- Review of risk undertaken at the SEB, EMB, level 1 Committees and the Trust Board can escalate risk for review and potential inclusion on the ORR. Risk is tracked through our governance and this allows for dynamic escalation and de-escalation, and assurance to be provided over key areas of risk.

The Trust Board determines the risk appetite which allows our risks to be identified and quantified in a structured way across the Trust's strategic objectives. This is done in development sessions which allow for open discussion and learning around risk, and plan how we aim to manage risks as a united board for the coming year. The Board's understanding and use of risk and a risk appetite allows us to make an informed choice over taking particular amounts of particular risks, in line with its overall strategy and in contrast to passive risk-taking. The Trust continues to base its risk appetite on the Good Governance Institute risk appetite matrix which accommodates different types of key risk that can be faced within each of our Step Up to Great objectives and areas of escalated corporate risk. A process for applying a risk tolerance is in place to support the practical application of risk appetite.

Previously, Covid-19 related risk has been managed directly through the Incident Control Centre utilising a specific risk and decision log overseen by SEB. Any Covid-19 risk has now been integrated into the Trust's 'business as usual' risk management and assurance arrangements. In addition to the usual reporting mechanisms for the ORR, pertinent risks are circulated in regular Flash Reports to the Trust Board.

Operational risks are identified at a local or directorate level and the risk owner will submit an initial risk assessment on Ulysses for review. This is reviewed by the Risk Review Group (risk specialists, the clinical governance leads, local counter fraud specialist and risk owners where relevant). The risk is quality assessed and then entered onto the system with the risk owner. Regular quality dashboards are presented to the Directorate Management Teams (DMT) which show fields such as whether the risk is in date for review, whether the actions are in date and whether all the fields are complete. If any are due for review or closure this is highlighted to the Directorate Management Teams and the risk owner is automatically notified. The Risk Team also follows this up to provide support where needed. The Risk Review Group also supports any escalation or de-escalation to or from the ORR.

As part of the annual internal audit programme, a core governance and risk audit has been

undertaken to support the Head of Internal Audit Opinion for 2022/23. Over the last two years this has focussed on corporate governance and strategic risk management and has provided significant assurance. This year, the focus has been on governance at a directorate level. Whilst the audit was advisory (and therefore no assurance opinion was provided) the audit recommended several low-risk actions for each of the directorates.

4.2 Quality Governance

The Trust's quality governance and leadership structure ensures that the quality and safety of care is being routinely monitored across all services. The development of this continues to embed to ensure that there is an underpinning role culture to support the delivery of an effective and efficient governance framework. Work has continued to;

- Align and streamline the assurance flow through our revised committee structure.
- Continue the use of a governance table on all Board and committee reports to capture the following key fields for all papers requiring a decision;
 - STEP up to GREAT strategic alignment
 - Whether the decision required consistent with LPT's risk appetite
 - Any False and misleading information (FOMI) considerations
 - Positive confirmation that the content does not risk the safety of patients or the public
 - Equality considerations
- Continue to use a highlight report for all groups and committees in the governance structure. The template has recently been revised to allow for assurance ratings to be captured for current performance and progress over the delivery plan for improvement. The highlight reports include risk and policies as core items.
- There is a robust quality performance framework, risk management processes and reporting mechanisms in place to review and challenge performance and variation.
- We have a culture of open and transparent reporting of incidents and risks, supported by a governance structure with three levels of groups and committees to provide specialist oversight and assurance.
- There are monthly finance and performance reports, presenting RAG rated performance and exception narrative for national and local performance standards at a Trust and Directorate level.
- Reporting arrangements also include regular monitoring of progress with key performance measures via the quality account, and quarterly updates on incidents, claims, inquests, patient feedback, complaints and risk.
- We have introduced a level 2 collaboratives oversight group to provide assurance to FPC that leadership of ICS Collaboratives and Provider Collaboratives is delivering safe, caring, responsive, effective care and well led services.
- We have re-routed policy oversight and compliance through the parent level 1 committees to promote accountability and oversight following the relevant level 2/3 sign off and consultation.
- Encouraged shorter more succinct reporting style for Board.
- Introduced a single slide format for reporting to executive team meetings. This includes a section to highlight pertinent risks alongside any narrative and escalations.

The Trust's risk and performance management arrangements inherently support the monitoring of ongoing compliance with the requirements for registration set by the CQC. Any risk to compliance identified through routine performance monitoring is escalated through the Trust's risk management framework.

A range of mechanisms are in place to monitor compliance with the CQC's five domains of safe, effective, caring, responsive and well-led. In addition to the range of metrics included within the performance report, and other assurances received such as patient safety and clinical effectiveness reporting. There is regular oversight and scrutiny of compliance with registration and the fundamental standards;

- The SEB receives updates on the arrangements in place for maintaining registration and receives a monthly update on CQC related activity.
- The EMB has oversight of any concerns raised by the Quality Forum in its highlight report to the Quality and Safety Committee.
- The Quality and Safety Committee receives a regular update on CQC related activity and provides an assurance rating to the Trust Board via its highlight report. This highlight report is also discussed at the Strategic Executive Board.
- The Foundation for Great Patient Care forum monitors progress against CQC improvement action and includes deep dive presentations. A highlight report from the Foundation for Great Patient Care is presented to the Quality Forum with the escalation of any concerns.
- The Trust Board receives an update on key strategic level developments relating to the CQC.
- The Trust Board Development Programme has delivered regular well led sessions, resulting in an annual well led board narrative and updates on the inspection framework. In December 2022 we had a joint board development session (with Northamptonshire Healthcare NHS Foundation Trust under our Group Model arrangement) which had a focus on the CQC inspection framework, with a speaker from the CQC to outline changes taking place to the delivery of inspections across our region.
- The Trust has aligned the Foundations for High Standards Programme as part of a group working arrangement with NHFT on their Crystal Programme. A regular update is provided to SEB.
- During the pandemic we established a trust-wide senior clinical reference group to support key cross Trust clinical decisions in relation to managing the Trust response to COVID-19. This has remained in place as a core clinical decision-making group in the governance structure.

4.3 Data Security

The reporting and management of both data and security risks are supported by ensuring that all staff are reminded of their data security responsibilities through education and awareness. The Data Privacy Team regularly share 'One Minute Briefs' sharing key messages as reminders or as part of learning from incidents and run awareness campaigns on specific topics. Data security training forms part of mandatory training requirements.

Mandatory staff training is supported by a range of additional measures used to manage and mitigate information risks, including, physical security, data encryption, access controls, audit trail monitoring, departmental checklists and spot checks.

The effectiveness of these measures is reported to the Data Privacy Committee and the Finance and Performance Committee. This includes details of any personal data-related Serious Incidents, the Trust's annual Data Security and Protection Toolkit score and reports of other information governance incidents and audit reviews.

4.4 Major Risks

The Trust's risk profile in 2022/23 has had a focus on the safety and wellbeing of our patients and staff and has continued to accommodate the additional challenges and opportunities presenting from the Covid-19 pandemic, winter, urgent and emergency care pressures and system developments as we work within the Leicester, Leicestershire and Rutland Integrated Care System.

Risks are linked to our strategy and are reviewed as part of a dynamic use of our Organisational Risk Register. We also review our risks in terms of the Leicester, Leicestershire and Rutland health system and share our major risks with our partners.

During the year, there have been sixteen high risk areas which have covered key clinical risks, staffing and corporate areas a detailed below;

- ORR59 - Lack of staff capacity is causing delays in the incident management process, including the review and closure of a backlog of reported incidents, the investigation and report writing of SIs and the closure of resulting actions. This will result in delays in learning and could lead to poor quality care and patient harm as well as reputational damage (April, May, June and July).
- ORR60 - A high vacancy rate for registered nurses, AHPs, HCSWs and medical staff, is leading to high agency staff usage, which may result in poor quality care and patient harm (April, May, June, July and August).
- ORR61 - A lack of staff with appropriate skills will not be able to safely meet patient care needs, which may lead to poor patient outcomes and experience (April, May, June, July and August).
- ORR65 - The present FM provision does not meet our quality standards or requirements, leading to the inability to provide effective hard and soft Facilities Management and maintenance services. This impacts compliance, timeliness of maintenance responses and quality of estates provision for patients, staff and visitors (April, May, June, July, August, September and October).
- ORR68 - A lack of accessibility and reliability of data reporting and analysis will impact on the Trust's ability to use information for decision making, which may impact on the quality of care provided (April, May, June, July and August).
- ORR72 - If we do not have the capacity and commitment to proactively reach out, we will not fully address health inequalities which will impact on outcomes within our community (April, May and June).
- ORR75 - Increasing numbers of patients on waiting lists and increasing lengths of delay in accessing services will mean that patients may not be able to access the right care at the right time and may lead to poor experience and harm (April, May, June, July, August, September, October, November, December, January, February and March).
- ORR79 - The Cyber threat landscape is currently considered significant due to the geopolitical conflicts, high prevalence of cyber-attack vectors, increase in published vulnerabilities, etc which could lead to a significant impact on IT systems that support patient services and potential data breaches (April, May, September, October, November, December, January, February and March).
- ORR80 - If staff are not vaccinated against influenza, they pose a risk to the health and wellbeing of themselves, colleagues, patients and the wider community. This would adversely impact on Public Health, potentially leading to increased hospitalisation, increased staff sickness levels and staffing challenges and a risk to those who are vulnerable (April and May).
- ORR81 - Inadequate control, reporting and management of the Trust's 2022/23 financial position could mean we are unable to deliver our financial plan and adequately contribute to the LLR system plan, resulting in a breach of LPT's statutory duties and financial strategy (including LLR strategy) (August, September, October, November and December).
- ORR82 - The loss of the 11+ healthy together contract will mean a change in delivery for this service from LPT to the LA, impacting on Trust staff and income, and continuity of care for secondary school aged children (May, June, July and August).
- ORR83 - Restricted access and use of electronic patient record systems will result in incomplete electronic patient records including the recording of physical observations. This will impact on the delivery of effective and safe patient care (September, October, November, December, January, February and March).
- ORR84 - A high vacancy rate for registered nurses, AHPs, HCSWs and medical staff, is leading to high temporary staff usage, which may impact on the quality of patient outcomes, safety, quality and experience (September, October, November, December, January, February and March).
- ORR85 - High agency usage is resulting in high spend, which may impact on the delivery of our

financial targets for 2022/23 (September, October, November, December, January, February and March).

- ORR86 - A lack of capacity within the workforce model and a high vacancy rate is reducing our ability to assess and follow up patients in community mental health services in a timely way, impacting on the safety of care and the mental wellbeing for our patients (September, October, November, December, January, February and March).
- ORR87 - Following the establishment of a new FM service, there is a risk of unknown issues based on historical maintenance resulting in the Trust not meeting its quality standards or requirements (November, December, January, February and March).

As at 31 March 2023 the Trust had the following risk profile;

Summary of the strategic risk profile on the organisational risk register has been provided below and maps each to the risk score as at the end of March 2023.

Current Strategic Risk Profile

| | | | | | | |
|-------------|---|------------|---------------------------|--|---|------------------|
| Consequence | 5 | | | | | |
| | 4 | | 69 Performance Management | 59 Incident Management 61 Staff Skills 64 Business Opportunity 66 Estates Strategy 68 Data Accessibility 72 Reaching Out 88 Closed Cultures 89 Cleaning Standards | 75 Waiting Lists 79 Cyber Threat 83 Patient Records 84 Agency Usage 85 Agency Spend 87 Inherited FM issues | 86 CMHT capacity |
| | 3 | | | 73 Inclusive Culture 74 Sickness Levels 81 Financial Position | 67 Green Agenda | |
| | 2 | | | | | |
| | 1 | | | | | |
| | | 1 | 2 | 3 | 4 | 5 |
| | | Likelihood | | | | |

4.5 NHS England's Well Led Framework

In June and July 2021, the CQC carried out a Well Led inspection of the Trust. The Trust was provided with positive feedback on being patient safety focused, values driven with good governance and leadership and having fostered partnership working. There was improvement attained in the well led domain which has progressed from inadequate to requires improvement, with many good characteristics.

The Trust has developed a self-assessment narrative against the well led key lines of enquiry for 2022/23 in readiness for an external review, and case studies which showcase good examples of well led have been identified within the evidence library. Progress against well led is overseen within two key development programmes;

- Delivery of the 'Well Governed' objective within our Step Up to Great strategy. This programme is overseen by our Transformation and Quality Improvement Delivery Group.

- Delivery of our joint strategic priorities with NHFT, one of which is dedicated to Governance. This allows for the sharing of learning with NHFT which has a CQC rating of Outstanding for Well Led.

4.6 Compliance with NHS Provider Licence

Condition G6(2) requires NHS providers to have processes and systems that:

- identify risks to compliance with the licence, NHS acts and the NHS Constitution
- guard against those risks occurring.

On the basis that LPT is compliant with its provider licence, is not subject to any imposed requirements under the NHS Acts, has regard to the NHS Constitution in delivering NHS services and has received positive assurance on its processes and systems from internal auditors, it is reasonable for the Trust to confirm it is compliance with Condition G6(3) in its self-certification this year.

Condition FT4 is about systems and processes for good governance. NHS providers must make a corporate governance statement under condition FT4(8) as to current and future compliance with condition FT4 (see Appendix B).

The Trust has based its compliance declarations on evidence received during the year to demonstrate that effective systems and processes are in place to maintain and monitor the following;

- The effectiveness of governance structures, reviewed as part of the Head of Internal Audit Opinion which has provided significant assurance. Also the assurance flow based on highlight reports which provide escalation, linkages to the ORR and an assurance rating for each item for all level 1, 2 and 3 committees and groups.
- The responsibilities of Directors and Board committees detailed within an Accountability Framework and clear director accountabilities overseen at the Strategic Executive Board.
- Reporting lines and accountabilities between the Board of Directors, its committees and the Trust Executive Group. This is mapped out and a standard operating procedure is in place for the Strategic Executive Board. We also have a system map to identify our integration with system meetings; these flow back into the organisation via the Strategic Executive Board.
- The submission of timely and accurate information to assess risks to compliance with the Trust's licence.
- The Trusts System Oversight Framework rating is a "2" which means 'plans that have the support of system partners in place to address areas of challenge. Targeted support may be required to address specific identified issues'.
- The degree and rigour of oversight the Board of Directors has over the Trust's performance. Performance monitoring continues to mature and improve. The Executive Management Board has a dedicated performance meeting and a revised board performance report is in place.

The evidence base on which this declaration has been made includes the following;

- The Trust has Standing Orders, Standing Financial Instructions, and a Scheme of Delegation, which together describe how the Board of Directors discharge their duties through the Trust's governance structure;
- A risk management strategy which sets the standards for staff regarding the management and responsibility for risk throughout the Trust, describes the Trust's risk appetite and defines the framework and structure for risk management in LPT.
- There is an Organisational Risk Register (ORR) and subsidiary risk registers (i.e. risk assessment, local and directorate risk registers). The Audit and Assurance Committee, Quality Assurance Committee and Finance & Performance Committee have provided assurance to the Trust Board over the management of risk via the highlight reports.

- A risk based Internal Audit programme has been delivered that includes audits of risk management and governance arrangements.
- The indicative Head of Internal Audit Opinion for 22/23 provides significant assurance on all three elements; audit outturn, follow up rate and strategic risk management.
- Self-assessment of performance against the CQC's 'well-led' domain.

4.7 Embedded Risk Management

Risk is embedded within core Trust business, including processes for major decision making. All business cases require an Equality Impact Assessment and a Quality Impact assessment. The Trust has strengthened its governance of EQIAs through the development of a new EQIA policy and enhanced framework overseen by the Transformation and Quality Improvement Delivery Group. EQIAs are signed off by the Medical Director or Director of Nursing, AHPs and Quality.

A Data Protection Impact Assessment is done where integral to the business case. All business cases must have appropriate review to provide assurance that they are clinically safe, financially sustainable and do not expose the Trust to unmitigated risk. Business cases must use the agreed business case templates (unless an alternative is specifically mandated e.g. by commissioners or for capital bids). If the business case has a clinical model this must be reviewed by the Director of Nursing, AHPs and Quality/ Medical Director; confirmation of review is required before the business case can progress for approval. The Director of Nursing, AHPs and Quality and the Medical Director review the clinical model for all business cases over £50k that directly impact on patients and involve changes to clinical staffing.

The business case is then progressively escalated in accordance with the Trust's Standing Financial Instructions (SFIs).

4.8 Workforce Strategies

In line with NHS Improvement Developing Workforce Safeguards policy and National Quality Board (NQB) standards, monthly and six-month staffing reports are provided to Trust Board to assure that the Trust is deploying sufficient, suitably qualified, competent, skilled, and experienced staff to meet care and treatment needs safely and effectively. This has ensured that NQB standards are embedded in the Trusts safe staffing governance with an agreed local staffing quality dashboard/scorecard that cross-checks comparative data on staffing and skill mix with other efficiency and quality metrics including NICE red flags, planned staffing fill rates, Care Hours Per Patient Day (CHPPD) and quality and safety outcomes for patients, sensitive to nurse staffing (Nurse Sensitive Indicators) and patient experience feedback. The risks in relation to staffing, workforce and quality are reflected in the organisational risk register, understanding that not all risks can be fully mitigated, with actions in place to mitigate risks and impact to patient safety, quality, finance, performance and patient and staff experience.

The Trust continues to demonstrate compliance with the National Quality Board (NQB) expectations to publish safe staffing information each month. The safe staffing data is scrutinised for completeness and performance by the Director of Nursing, AHPs and Quality and reported to NHS England (NHSE) via mandatory national returns.

The Trust also demonstrates compliance to ensure it meets staffing governance components in the annual nursing staff establishment reviews that have been completed across all inpatient areas using a triangulated methodology using national evidence-based tools, professional judgement and patient outcomes.

A Trust self-assessment against the NHS Winter 2022 preparedness: Nursing and Midwifery safer staffing Board Assurance Framework, November 2022 was completed that focused on preparedness, decision making and escalation processes to support safer nursing in line with NQB workforce standards.

The Trust continues to reflect NQB guidance measures of quality alongside care hours per patient day (CHPPD) to understand how staffing may affect the quality of care within the monthly and six-monthly

reports together with learning from patient safety investigations and serious incidents. These measures are considered as 'balancing measures' where the impact of any workforce changes may become visible and the Trust continues to include all aspects of quality and indicators to provide a rounded view of the overall quality. Where risks associated with staffing continue or increase and mitigations prove insufficient this is escalated to the executive Director of Nursing, AHPs and Quality to the Trust board to maintain safety and care quality.

4.9 Care Quality Commission

The Trust is fully compliant with the registration requirements of the Care Quality Commission (CQC).

In May and June 2021, the CQC carried out a core service inspection on our acute adult mental health wards, psychiatric intensive care units, mental health rehabilitation wards and the Agnes Unit.

The Trust retained the overall rating of requires improvement at this time and retained a good rating for the caring domain. The Trust achieved improvement in the overall core service ratings as none are now rated as inadequate. There was improvement attained in the well led domain which has progressed from inadequate to requires improvement but with many good characteristics.

The CQC issued the Trust with a Section 29A Warning Notice in relation to two areas;

- Service users on acute mental health wards having adequate access to call alarms to summon help for support or in an emergency, if required.
- progress with improvement in the ward environments at the Bradgate Mental health Unit to ensure these are fit for purpose and complied with guidance on shared sleeping arrangements on mental health wards ('dormitories').

An improvement plan was developed in response to the enforcement notice. The CQC undertook an unannounced reinspection of the acute wards for adults of working age and psychiatric intensive care units and the report, issued in May 2022 confirmed that all actions required in the enforcement action had been met. The CQC moved up the Trust's ratings for this core service in recognition of these improvements in the two key domains they inspected – Safety and Responsiveness. The Safety domain of the service has moved up from Inadequate to Requires Improvement. The Responsive domain has moved up from Requires Improvement to Good for this service. The Trust has retained the overall rating of requires improvement.

We continue to support system inspections and SEND inspections and review themes and learning from the Mental Health Act inspections. We remain on track for delivery of our CQC action plan.

4.10 Health and Safety Executive

The Trust has not received any enquiries or visits from the Health and Safety Executive during the year. The Trust has not received any intervention from the Health and Safety Executive during the reporting period that resulted in prosecution or enforcement notification. There have been no enquiries or visits from the Local Fire Authority, the Leicestershire Fire & Rescue Service. No formal prosecution or enforcement notifications have been received.

4.11 Register of interests

The Trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the trust with reference to the guidance) within the past twelve months, as required by the '*Managing Conflicts of Interest in the NHS*' guidance.

The Trust uses an online self-declaration database tool 'Declare' which is recognised as the most effective way of capturing declarations of interest, gifts and hospitality, sponsorship and other potential conflicts of interests. Declare provides a robust management system and offers Trust wide transparency for business conduct declarations by all staff including our directors.

The Trust's Code of Conduct Policy is aligned to the NHSE model guidance and also includes an extended group of decision makers to include all staff who meet the following criteria: Band 8d or

above or equivalent salary, all staff in the Procurement Team, Pharmacy Teams and Medical Devices Team. As of 31 March 2023, overall compliance for all decision makers is 88%; this exceeds the national NHSE target. All LPT's decision maker declarations can be publicly viewed:

<https://lpt.mydeclarations.co.uk/home>

4.12 NHS Pension Scheme

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contribution and payments into the Scheme are in accordance with Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

These are automated processes run by a specialist payroll team to ensure that all staff are assessed and enrolled into the appropriate scheme for their circumstances.

4.13 Equality, Diversity and Human Rights

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with. LPT is fully compliant with its legal and regulatory obligations under the equality Act 2010 and contractual EDI Standards. All information is published on its website in accordance with the EHRC's technical guidance on the publication of information on its external webpages.

All EDI reports, including those on compliance, are discussed and approved through the relevant EDI governance committees.

The Trust has an Executive Lead for Diversity and Inclusion and as part of the Group Model with NHFT there is a priority programme focussed on 'Together Against Racism'. Members of both Trust Boards have pledged commitment to being anti racist. This year, there have been two joint board sessions on together against racism resulting in an ongoing programme of improvement and development. The Trust also delivers a reverse mentoring programme. Both LPT and NHFT (under the Group arrangement) received the outstanding contribution for promoting EDI from the Asian Professionals National Alliance (APNA) NHS National awards. Our Head of International Recruitment was awarded the APNA super star award for 2022, and the Community Practitioners and Health Visitors Association (CPHVA) covid hero award. Our joint CEO won the Excellence in Leadership award. The Trust has been accredited with the NHS Pastoral Care Quality Award for supporting the international recruitment of nurses and midwives. NHSE Midlands was the MIDAS EDI Champion of the Year 2022.

4.14 Net Zero

The Trust has undertaken risk assessments and has plans in place which take account of the 'Delivering a Net Zero Health Service' report under the Greener NHS programme. The Trust ensures that its obligations under the Climate Change Act and Adaptation Reporting requirements are complied with. The Trust has a Green Plan in place and is working with partners in the local health economy, and beyond, to address our responsibilities and commitments to the NHS Long Term Plan, reaching net zero by 2040 and securing a Greener NHS.

The Trust has put an emissions limit on lease cars to ensure that the fleet is as green as possible. Our plans for future new builds conform to the Government's MMC (modern methods of construction) and net zero carbon (NZC).

5 Review of Economy, Efficiency and Effectiveness of the Use of Resources

The Trust's Productivity and Efficiency Strategy describes the importance of embedding a value for money culture within the organisation, through financial training and awareness, multi-professional working, an open and transparent approach around our challenges, advanced partnership working, using research, learning and best practice. The Trust is a member of the HFMA healthcare costing for value institute.

The Trust has a robust process in place for monitoring the efficiency of the use of resources, most evidently through the financial efficiency programme. The efficiency plan is developed by services and peer reviewed in the enhancing value group and overseen by the Transformation Committee and Executive Team. Financial delivery of efficiencies is reported to FPC and Trust Board. All efficiency schemes must have an equality & quality impact assessment which has been approved by the Medical Director and Director of Nursing. A challenging efficiency target has been agreed for the 2023/24 financial plan, supported by a 2-stage recovery plan approach. The short-term plan will support identification and delivery of the outstanding efficiency target for 2023/24. The medium-term recovery plan will focus on the recurrent financial sustainability of the Trust, using a value in healthcare approach to ensure productivity and efficiency is understood and evidenced.

The Trust has a well-established expenditure control process. The requirement to use purchase orders for all applicable spend is also embedded. Both of these processes, together with the use of the authorised delegation limits and procurement requirements in the Trust's Standing Financial Instructions (SFIs), ensure that the Trust minimises unnecessary spend and ensures that value for money is considered before spend is incurred.

External and Internal Audit undertake a variety of audits on efficient use of resources to help understand any areas of weakness in internal controls.

The Trust submitted a self-assessment of its compliance with *Government Functional Standard 013: Counter Fraud* to the NHS Counter Fraud Authority (NHSCFA). The NHSCFA did not require further engagement with the Trust following consideration of the submission. A letter was received confirming compliance with Better Payments.

6 Information Governance

There are a number of controls in place to mitigate Information Governance (IG) related risk. The reporting and management of both data and security risks is supported by the local and directorate risk registers. Information Governance forms part of the Trust's mandatory training requirements. Regular reminders are provided by the 'ULearn' system and the importance of Data Security training is communicated to staff through staff communications. There are also a number of measures in place such as physical security, data encryption, access controls, audit trail monitoring, departmental checklists and spot checks. In addition, a comprehensive assessment of information security is taken annually as part of the Data Security and Protection Toolkit and further assurance is provided from internal audit and other reviews.

The effectiveness of these measures and oversight of the Data Security and Protection Toolkit is undertaken by the Data Privacy Group. This includes details of any personal data-related Serious Incidents, the Trust's annual Data Security and Protection Toolkit score and reports of other information governance incidents, risks and audit reviews. The committee is currently providing positive (green rated) assurance over the management of risk to the Finance and Performance Committee.

During 2022-23 we had 7 incidents in relation to the mishandling of personal identifiable data classified as a 'reportable data breach' under the revised incident reporting guidance – *Guide to the Notification of Data Security and Protection Incidents* published by NHS Digital in conjunction with the Information Commissioners Office (ICO). The ICO confirmed in all cases that no further action was needed. The learning from these incidents has been shared through the Incident Review meetings and where appropriate key message reminders sent out to staff in 'One Minute' Briefs and through policy development and review.

All Information Governance incidents are scrutinised by the Data Privacy Committee in order to ascertain any organisational learning, which is shared through the relevant Service Directorate Governance Groups where relevant.

7 Data quality and governance

To ensure that the quality of data has the appropriate level of oversight at committee level, data quality has been incorporated into the Data Privacy Committee (DPC) with its role in driving and

monitoring the information governance agenda and all its activities, of which data quality is an element. The DPC's split agenda has ensured an appropriate focus on data quality and the outputs reported to FPC via the highlight report.

Data Quality has been embedded as a key component of the Trust Strategy under the Well Led domain and the outputs aligned to the Data Quality Framework.

8 Review of effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the information provided in this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the board and the audit and assurance committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

8.1 The Board

The current Trust Board of Directors comprises of a Chair, six non-executive Directors, a Chief Executive Officer and three other voting executive directors. In addition to this, the Trust has eight directors in attendance (non-voting) as detailed below;

Executive Directors - Voting

There are four voting Executive Directors comprising the Chief Executive, Director of Finance, Medical Director and the Director of Nursing, AHPs and Quality.

Directors – Non-Voting

There are eight Directors in Attendance plus the Trust Secretary (non-voting)

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

There were a number of changes to Executive and Non-Executive Directors during the reporting period;

- An interim Medical Director (Dr. Saquib Muhammad) is in place due to a vacancy which is currently out for substantive recruitment.
- A new Director of Mental Health was appointed (Tanya Hibbert, replacing Fiona Myers).
- Two non-executive director vacancies were filled during the year (Hetal Parmar, Chair of AAC and Alexander Carpenter, Chair of FPC).

The Board meets in public 6 times a year with a focus on assuring itself of the performance of the whole of the organisation. Standing items on the meeting agenda include patient voice and service user feedback, staff voice, finance and performance reports and the Organisational Risk Register. Detailed reports have been received on a broad range of strategic and governance issues.

To support the Board of Directors in fulfilling its duties effectively, level 1 committees are formally established with Board approved terms of reference. The remit and terms of reference of these Committees have been reviewed during the year to ensure continued robust governance and assurance. The importance of the triangulation of understanding, challenge and assurance between

committees is recognised and reflected through cross-membership and reporting between committees and through the receipt of highlight reports to the Board of Directors.

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

All groups and committees in the corporate governance structure undertake an annual review of effectiveness (this includes the Joint Working Group, a committee in common with NHFT). The reviews confirmed that all groups and committees have achieved their aims and were deemed effective in the preceding year.

8.2 The Audit and Assurance Committee

The Audit and Assurance Committee (AAC) has non-executive director membership. It meets not less than four times a year and reports to the Board annually on its work in support of the Annual Governance Statement. The primary roles of the committee are to independently monitor and review our internal control systems, risk management arrangements, and provide independent advice and assurance to our Trust Board.

8.3 Quality and Assurance Committee

The Quality and Assurance Committee (QAC) is chaired by a non-executive director, has two other non-executive director members and executive directors in attendance. It meets on a bi-monthly basis for discussion and assurance that quality and safety arrangements are in place throughout the Trust and that they are working effectively. The Committee has oversight of any limited / part limited internal audits. It also receives updates on any quality summits, and assurance from all key areas within its remit.

8.4 Finance and Performance Committee

The Finance and Performance Committee (FPC) is chaired by a non-executive director, has two other non-executive director members and executive directors in attendance. It meets on a bi-monthly basis for discussion and assurance over the delivery of key financial strategies, key financial indicators, business development and investment, performance management, estate management and IT management. The Committee has oversight of any limited / part limited internal audits. It also receives assurance from all key areas within its remit.

8.5 People and Culture Committee

The People and Culture Committee (PCC) is chaired by a non-executive director, has one other non-executive director member and executive directors in attendance. It meets on a bi-monthly basis for discussion and assurance that arrangements are in place throughout the Trust to mitigate workforce related risk and that they are working effectively. The first meeting of the PCC was held in February 2023.

8.6 Clinical Audit

The Trust maximises opportunity to learn from good practice and has a systematic quality improvement approach using the NHS Model for Improvement as its single approach to quality improvement. Clinical audit remains an integral part of the Trust's quality improvement approach. A programme of internal and external clinical audits for clinical quality assurance and control and the implementation of NICE quality standards provides robust mechanisms along with PDSA for quality improvement to be embedded. The Trust has an annual programme of national and local clinical audits which is presented to the Audit and Assurance Committee, with ongoing oversight of clinical audit outturn at the Clinical Effectiveness Group (CEG) where learning and triangulation also takes place.

During 2022/23 the Trust participated in four national audits and supported 26 local audits. Each clinical audit has an assigned quality improvement practitioner who supports the governance and learning process and each local clinical audit is discussed as part of our quality improvement design huddle to ensure that clinical audit is the most appropriate methodology to lead to improvement. Each clinical audit undertaken is linked to a Care Quality Commission domain and provides assurance over a level of compliance against associated key lines of enquiry.

There is a group programme approach to improvement underway with our buddy trust, Northamptonshire Healthcare Foundation Trust (NHFT) which is underpinned by the principles of quality improvement including clinical audit. 'Foundations 4 High Standards' is based on the four foundations of safety, support, self-assessment and surveillance and aligned to the Step Up to Great strategy.

8.7 Internal Audit

During the year 13 audit reports have been issued and have been taken into account in the Head of Internal Opinion. From the 2022/23 plan 11 audit reports were issued, and two reports were issued from the 2021/22 audit plan. Overall there were five advisory reports (which do not provide an assurance rating), two provided limited assurance (recruitment and retention from the 22/23 plan, and violence and aggression from the 21/22 plan). The remaining six from the 22/23 plan provided Significant or Substantial (NHSE opinion wording) assurance including;

- Data security standards
- Business continuity
- Patient experience
- Cyber Security
- Remote consultations
- Violence and aggression

Any limited or part limited assurance reports received from our internal auditors are reviewed by the lead Director and action owners, and presented to the Strategic Executive Group, and the relevant level one committee.

8.8 Head of Internal Audit Opinion

The 2022/23 Head of Internal Audit Opinion provides a Significant Assurance that there is a generally sound framework of governance, risk management and control designed to meet the organisation's objectives, and that controls are generally being applied consistently.

This opinion relates to all three main areas;

- Organisational Risk Register and strategic risk management. This section has been rated as Significant Assurance due to the maturity and embeddedness of risk management arrangements within the Trust. In part, this was evaluated on the basis of a Trust Board survey which showed that members were very positive about the culture of the Board, the ORR being reflective of the actual risks of the Trust and that there is meaningful review and challenge of the ORR.
- Individual assignments. This section has been rated as Significant Assurance. The threshold for substantial assurance is to have no limited or part limited assurance reviews during the year, and for there to be no themes around governance or clinical risk resulting from work undertaken. Our approach to audit planning is risk based and so we invite our auditors to assess those areas where the Trust has known risk. This is more likely to attract scope for limited assurance opinions in audit outturn.
- Follow up of actions. We have a strong internal follow up process, with oversight by the Executive Management Board and the Audit and Assurance Committee. The Trust achieved a 93% first follow up rate. This has been rated in the Head of Internal Audit Report as significant assurance. Our overall follow-up rate is 98%.

8.9 External Audit

The Local Audit and Accountability Act 2014 requires auditors of NHS Bodies to be satisfied that the organisation has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. This is supported by the Code of Audit Practice, published by the NAO in April 2015, which requires auditors to take into account their knowledge of the relevant local sector as a whole, and the audited body specifically, to identify any risks that, in the auditor's judgement, have the potential to cause the auditor to reach an inappropriate conclusion on the audited body's arrangements. KPMG, as the Trust's appointed external auditors, is required to provide the Trust with a Value for Money conclusion as part of the annual accounts audit; this is in accordance with changed National Audit Office guidance about these reviews for NHS bodies.

The external audit draft year-end report for 2022/23 outlined the findings from the Value for Money work undertaken, this identified two risks of significant weaknesses in arrangements (one relating to financial sustainability and one within the improving economy, efficiency and effectiveness category), however the findings from the external review did not identify any significant weaknesses across any of the three categories (financial sustainability, governance, improving economy, efficiency and effectiveness).

8.10 Emergency Preparedness, Resilience and Response (EPRR)

The Trust is discharging its EPRR responsibilities, aligned to the Trust's EPRR Policy and the Civil Contingencies Act (2004). The Trust provided evidence of compliance against the Emergency Preparedness Resilience and Response (EPRR) core standards to NHS England for 2022/23 with an 84% compliance rate (fully compliant with 46 standards and partially compliant for 9 standards). This has resulted in a change in overall compliance rating from substantial to partial for 2022/23. The Trust has an improvement plan in place to strengthen key areas including the recording of staff training against the Minimal Occupational Standards for EPRR, to develop a Personal Development Portfolio (PDP) for all responders involved in incident response and record all training subject to audit.

Our staff have been involved in the following exercises over the last year;

- Exercise Albus – ICB major incident training exercise (June 2023)
- Exercise Toucan I and II – online/telephone exercise run by NHSE testing in and out of hours communication and cascade mechanisms. (July and Oct 2022)
- Exercise Lemur – LRF power outage exercise (Nov 2022)
- Exercise Arctic Willow – workbook and tabletop exercise carried out via MS Teams testing the health response to multiple, concurrent operational and winter pressures. (Dec 2022)

Planning is underway for future exercises including:

- Exercise Mighty Oak a national Power Outage Exercises in March 2023
- Wider ICS exercises are also being planned with UHL and LPT to test Mass Countermeasures Plan.

9. Conclusion

My review confirms that **no significant internal control issues have been identified**, and that Leicestershire Partnership NHS Trust has a generally sound system of internal control that supports the achievement of its policies, aims and objectives and minimises exposure to risk. The Trust is committed to the continuous improvement of processes of internal control and assurance and as such may introduce additional controls within the forthcoming financial year (2023/24).

Signed

A handwritten signature in dark ink, appearing to read "Ashley", written in a cursive style.

Chief Executive

Date. 20th June 2023