NHS
Leicestershire County and Rutland

Annual report and summary financial statements 2008/09

Welcome to NHS Leicestershire County and Rutland Primary Care Trust's annual report for 2008/09.

Introduction

Welcome to NHS Leicestershire County and Rutland's (Leicestershire County and Rutland PCT) Annual Report for 2008/09.

NHS Leicestershire County and Rutland (the operating name for Leicestershire County and Rutland Primary Care Trust) was formed on 1 October 2006 as part of a national programme of reconfiguration of PCTs. This reconfiguration legally dissolved Charnwood and North West Leicestershire PCT, Hinckley and Bosworth PCT, Melton, Rutland and Harborough PCT and South Leicestershire PCT, replacing them with Leicestershire County and Rutland PCT.

NHS Leicestershire County and Rutland (NHS LCR) is now in a further process of reconfiguration whereby the provider arm of the organisation (NHS Leicestershire County and Rutland Community Health Services or LCRCHS) has become an arms length provider organisation and will eventually become a separate organisation. This annual report covers the activities of both the commissioning arm and the provider arm of NHS LCR, as during 2008/09 they were still in the process of separation.

This document comprises NHS LCR's annual report and summary financial statements.

Our vision and values

Our vision is to make Leicestershire and Rutland the healthiest place in the UK.

Our values are:

- instil a sense of vocation
- keep people at the centre of everything we do
- hear the quietest voices
- be ambitious and work towards continuous improvement
- be ethical and accountable to the people we serve
- work in professional, effective and diverse teams to serve the needs of our patients
- steward resources wisely

Chairman's welcome

Do you know what a NED* or an APO * is? What about a QOF*? What a stakeholder or a commissioner is? The chances are you won't. We can't really expect you to become involved in healthcare until we talk in a way you can understand. Some of the language of healthcare needs to change before we can achieve a more patient-centred approach.

Commissioners – that's us – simply buy services on your behalf. The stakeholders are people we should involve when making those buying decisions. And to buy well, we need to know what those needs are. We don't want to treat you as production line patients to be pushed along a conveyor belt at a certain speed to meet targets. We want more and more to be developing approaches which reflect people's different needs.

We have held a range of interactive events throughout Leicestershire and Rutland. This year we held the first of our planned regular stakeholder events, and are working better with the people who help us provide care, including local authorities and the voluntary sector, who play an important dual role as advocates for patients and as potential providers of services.

This year we have also been attending local community forums. Whilst we have spoken and listened to what you have to say. We can't promise to provide services exactly to your specification – it may not be appropriate, or possible. There are many demands on us. But there are a lot of good ideas out there and they can help us create a better health service.

'World class commissioning' has become a much used phrase in the NHS over the past year. There is a lot in it about making us a better organisation. But boiling it down to its essence, what it means is smart shopping: making sure we spend our £800 million to buy the services that best meet your healthcare needs.

We have been telling you about the new structure of the organisation, which splits the 'provider' bit (LCRCHS) from the commissioning of care. The change allows the commissioning body to buy the best possible care for the people we serve – even if this means shopping around. It means holding our partners to account over the quality of the work they do for us as patients. This includes community health services and the work of acute providers, such as University Hospitals of Leicester NHS Trust.

LCRCHS, for example, will expect to provide the level and types of care that our patients want, and show they are achieving value for money in doing so.

Our community health services review has provided some great patient and public perspectives on shaping healthcare over the next decade. Through a series of organised events, we have been able to gather views from more than a thousand people. I attended several events and got at first hand the response to our ideas for improving and increasing community-based services.

The majority of concerns were around accessibility of services, such as car parking and transport links. We are determined to address these issues as we work through more detailed plans. I hope this will show how people really can influence health services and encourage more involvement.

The new planned 8am to 8pm centre in the Oadby and Wigston area has attracted a wide range of views and concerns on how it will affect existing services. But it is very much about trying to increase access for our patients and I have confidence that it will improve services to people in that area who have felt poorly served by the lack of a local community hospital for many years.

The level of public interest in our plans has generated real enthusiasm in our organisation to gather views from the people who will or already do use our service. During the year we launched a membership scheme for patients and public in our two counties. This will bring us a large pool of people like you who can provide feedback on our ideas and our service. We see the scheme as a means of helping people to stay healthy and to have genuine impact on the way they receive services. In other words, a real sense of partnership between your local NHS and our local community. Next year, I shall report on how the scheme has done.

John Gant, chairman

* NED is a non-executive director, a lay member of the trust board
* APO is an autonomous provider organisation, the new organisations that run services formerly provided by primary care trusts
* QOF is a quality and outcomes framework used to assess the quality of services provided by GP practices

Foreword from the chief executive

We have chosen to focus this annual report on world class commissioning. The biggest challenge we face is to mainstream this as our core purpose and way of working.

Before turning to this, I want to recognise the progress made on getting the basics right this year in the aftermath of our first year. Performance across all targets has substantially improved and needs to be sustained in an era of change.

In October, NHS LCR was launched as the new name for the commissioning arm. The new name for the provider arm is LCRCHS. LCRCHS remains legally part of NHS LCR but operates as an independent organisation on a day-to-day basis as an Autonomous Provider Organisation (APO).

This report covers 2008/09 when the community health services arm was part of NHS LCR. You can read more about the achievements of the provider arm during 2008/09 on page 11 of this report, and in the 'year at a glance'. LCRCHS is producing their own annual report for 2008/09. For more information visit www.lcrchs.nhs.uk.

In 2007/08 we set ourselves the challenge 'to make Leicestershire and Rutland the healthiest place in the UK'. To do this our commissioning arm needs to become a world class commissioning organisation and our providers delivering best outcomes.

So what is world class commissioning? Commissioning is the process through which primary care trusts assess local health needs, identify the services required to best meet those needs and buy them. We also evaluate and review what we have bought.

In November we underwent our first world class commissioning assurance assessment, part of a national programme designed for all PCTs in 2008. We received the results of this in February. Despite the challenges we faced when the organisation was formed in October 2006, our results show that we are now comparing very well with other PCTs nationally.

The panel of assessors described our vision as 'inspirational' and commended NHS LCR for leading the way in partnership working and being an accountable, trustworthy organisation.

The assurance panel described NHS LCR as an organisation which had made strong progress and said we need to build on our successes by translating our strategy into comprehensive delivery plans to further improve local health care and services. Key areas will be improving our approach to organisational development; strengthening clinical leadership and putting into action the health improvements needed to support the 10 outcomes we have prioritised for particular attention over the next five years.

During the year we invested an additional £39 million for service improvement. This included £1.2 million additional spending on cancer services and £630,000 to develop a round-the-clock stroke service to deliver life-saving treatments like thrombolysis and £600,000 for out-of-hours community nursing so that patients have continuity of care and avoid unnecessary admission to hospital.

A major strategic priority in 2008/09 was the community health services review. As we get older our health is more likely to cause us problems, and we need good planning to ensure services are in place to meet the needs and demands of an ageing population. The review was a good example of co-production with public and staff.

World class commissioning will help us deliver better services which are more closely matched to local needs, resulting in better quality of care, improved health and wellbeing. We are also seeking a reduction in health inequalities, as the world class commissioning work has identified some areas where more effort and resources will be needed based on issues faced by particular communities or groups within our population.

This is not only about the care you receive when you are ill, but about preventing ill health and reducing the complications associated with many diseases. A number of our priorities for improving health are shared with local authorities. We are working together to tackle smoking, alcohol consumption, obesity and levels of physical exercise.

NHS LCR has a budget in excess of £800 million each year to plan and provide health services for people in Leicestershire and Rutland.

Ultimately our success will be measured by adding years to life and life to years so that life expectancy increases, differences in life expectancy decrease and our healthy years are extended.

Catherine Griffiths, chief executive

The year at a glance…

APRIL

Plans revealed for 8am to 8pm GP service

Patients were asked what kind of services they would like to see in the proposed GP-led health centre in Oadby and Wigston. Services will include GPs and practice nurses, and could include a minor injury unit, sexual health services, diagnostic clinics and a range of therapies. Almost 150 people gave their views.

MAY

£39 million investment plan

An investment programme for developing services was released. The £39 million plan includes £1.2 million additional spend on cancer services and £630,000 to develop a round-the-clock stroke service to deliver life-saving treatments like thrombolysis and £600,000 for out-of-hours community nursing so that patients have continuity of care and avoid unnecessary admission to hospital.

Wash your hands!

A life-size talking cardboard nurse greeted visitors to the outpatient department at Market Harborough District Hospital with the wash your hands message.

The cut-out nurse contains a recorded message in an electronic voice box, which is activated by movement as people walk past.

JUNE

Next Stage Review

The document Excellence for All was published, about possible plans for services across eight clinical areas in Leicester, Leicestershire and Rutland, as part of Lord Darzi's Next Stage Review.

Community Health Services Review

The public consultation on the future of community health services in Leicestershire and Rutland began and ran for 16 weeks.

JULY

Privacy, dignity and food score

The latest results from the Patient Environment Action Team (PEAT) showed the standard of hospital food, and the environment – including cleanliness, privacy and dignity – in our community hospitals is good and sometimes excellent.

Patient survey results

Findings from the GP Patient Survey revealed 90 per cent of patients reported that they were able to see a GP within 48 hours. Eighty-eight per cent were satisfied with their ability to see a specific GP this year and 82 per cent were satisfied with their practice's opening hours.

AUGUST

Waste watch

A hamper was presented to Kegworth's Alliance pharmacy for their work in reducing wasted medicines. Pharmacies and GP practices across the East Midlands had joined the campaign in April asking people to think about what medicines they reorder and to discuss their medication with their health professionals.

SEPTEMBER

Breastfeeding counsellors graduate

A team of peer breastfeeding counsellors graduated from their 12-week training programme to support other mums in their area with breastfeeding.

Makeover for Guthlaxton School Clinic

The new-look Guthlaxton School Clinic reopened providing a modern base for specialist nurses, heath visitors and speech and language therapists who will work with the students and the local community.

Annual meeting

Hinckley played host to the annual general meeting (AGM), one of our most important statutory events. The event also launched NHS LCR's new identity.

OCTOBER

Stop smoking in Coalville

New stop smoking clinics were launched in Coalville to help smokers quit the habit.

Time for the flu jab

More than 100,000 people were urged to get a flu jab to protect them from complications. Surgeries held extra clinics and some eligible patients – those over 65 or with chronic conditions – were sent letters advising them how to get the jab.

Stroke services

The new Transient Ischaemic Attack (TIA) stroke clinic at University Hospitals of Leicester NHS Trust (UHL) went live.

NOVEMBER

All hands will be clean hands

The trust took part in the five-week Hand in Hand cleanliness campaign with a range of events to raise awareness of the importance of hand washing in combating infections in our communities and our hospitals.

MRSA screening as standard

The trust announced all patients undergoing day case surgery in Leicestershire and Rutland's community hospitals would undergo routine screening for MRSA before admission.

DECEMBER

Family friendly

By December more than half of GP practices in Leicestershire and Rutland had adopted family friendly hours, opening at weekends, early mornings or one or more evenings per week.

JANUARY

Those with learning disabilities have their say

People with learning disabilities and their carers were asked to comment on our future plans for improving the care they receive. The two-month consultation asked people with learning difficulties about getting the healthcare they need and provided an understanding how best to work with carers.

Three minutes to save your life

NHS LCR, NHS Leicester City, and UHL joined forces to urge women to make sure they have the three yearly cervical screening which could save their lives.

Community Health Services Review

The trust board approved proposals for the development of community health services.

FEBRUARY

New NHS dental service for Burbage

A new NHS dental service opened for people in the Burbage area of Hinckley.

The establishment of the new practice is part of work to maintain and improve access to NHS dental services funded by NHS LCR and the Department of Health.

World class commissioning – an inspirational vision

We received our assessment for world class commissioning and were judged an organisation with an inspirational vision that had made strong progress.

MARCH

18 weeks

The NHS in Leicestershire and Rutland is among the top performers in the country for ensuring that patients in the NHS in England are treated within 18 weeks of GP referral – 95 per cent of patients who need admission, and 98 per cent of those who don't require hospital admission are seen within the timeframe.

Membership scheme – 'Be healthy, be heard'

We began recruiting to our new membership scheme, 'Be healthy, be heard'. The scheme will enable individual and organisational members to have their say about local health services, and will be a means for spreading health messages.

Community Health Services

From 1 April 2009 LCRCHS – the provider arm of NHS Leicestershire and Rutland – separated from the commissioning organisation.

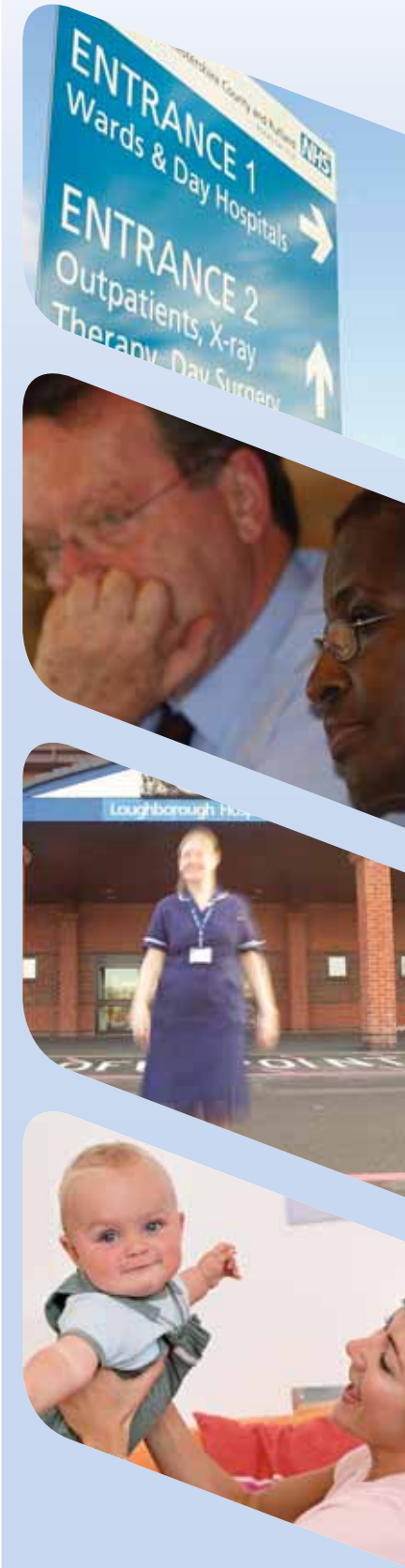
During 2008/09 the organisation was an arm's length organisation, or provider arm, and this annual report includes LCRCHS as part of NHS LCR.

LCRCHS will remain legally part of NHS LCR but operate as an independent organisation on a day-to-day basis as an Autonomous Provider Organisation (APO).

In the future there is the potential for LCRCHS to split from NHS LCR altogether and become a different kind of organisation in its own right. The current options include remaining an APO, integration with social care or other healthcare providers, and/or becoming a community foundation trust or another stand-alone organisation.

Here we outline some of the achievements of LCRCHS as the provider arm of NHS LCR during 2008/09.

- Increased bed occupancy from an average of 84 percent in 2006/07 to 92 percent in November 2008, which means more patients can be treated.
- Achieved the national 18 week maximum wait for treatment target.
- Further developed the Decisions at Life's End (DALE) Service which makes it possible for older people to choose to spend their final days of life in their own home instead of on a busy hospital ward. The care and support needed is provided quickly so patients are as comfortable as possible and can die with dignity.
- Reduced waiting times for gastroscopy (investigations and treatments inside the stomach using a flexible scope) to four weeks or less, and reduced waits for ultrasound (examination of inside of the body using sound waves) to two weeks or less.
- Introduced a one-stop ophthalmology (eye disease) service at Loughborough Hospital so patients now see the consultant and have all their tests in one visit.
- Introduced new services to keep children out of hospital. The Children's Community Asthma Service and the 'Check-it out' service – which offers follow-up care to children with stomach, urinary and skin problems, as well as dealing with avoidance of injuries and failure to thrive issues – complement one another and both work to tackle and identify ailments at an early stage and stop them from worsening, preventing admission to hospital.
- Introduced a 'walk-in' service at designated times at Melton Mowbray Hospital for patients referred by their GP for an x-ray. Previously all patients had to make an appointment.



- Reduced waiting times for outpatient physiotherapy from more than 20 weeks in some areas down to four weeks or less. Many patients are now also waiting four weeks or less for podiatry (foot care).
- Introduced MRI scanning and cystoscopy (examination of the bladder) services in the community, reducing waits for these services and making them more accessible to local people.
- Introduced dedicated consultant-led falls clinics and multi-disciplinary falls management programmes across the area. These have built on services already available in Hinckley, Melton Mowbray and Rutland.
- Introduced clinics in the community hospitals led by consultants from acute hospitals and providers outside of Leicestershire, increasing capacity and giving patients more choice about where they have their acute care.
- Implemented SystmOne Community, a new computer system which provides a single electronic patient record, replacing the multiple paper records for individual patients currently kept by separate teams and professions and enabling us to provide better care to patients.
- Developed community nursing service to be available 24 hours a day, seven days a week. This will ensure that safe and appropriate care is available for patients at the time they need it, preventing them from being admitted to hospital or waiting for care unnecessarily.
- Significantly increased the amount of care delivered. In 2009/10 LCRCHS plan to provide more than 9,000 more new outpatient appointments and more than 1,600 more day case procedures, than were planned in 2008/09.

Our people

Directors reappointed

The NHS Appointments Commission confirmed the re-appointment of three non-executive directors in April 2008: Warwick Kendrick, Catherine Ellis and Magdalen Galley-Taylor to the trust board.

NHS 60

Four of our healthcare staff and volunteers were invited to attend a Westminster Abbey service to mark the diamond anniversary of the National Health Service: integrated therapy manager Sonia Orme, from Melton Mowbray, Mahendra Joshi, lead clinical nurse at Loughborough's Walk-in Centre, Beverly Gillman, a patients' champion and Dr Adrian Brooke, a community paediatric consultant.

Local hero

A local NHS hero has been recognised for his extraordinary contribution to the local community. Paul Stratton, senior public health manager, was chosen

from hundreds of nominations to appear in *Extraordinary*, a book by NHS Employers to celebrate the NHS 60th anniversary.

Celebrating 'Our Stars'

We know that our staff are our greatest asset – and we wanted to show it with our annual Our Stars award ceremony, which took place in September.

The glittering event took place at Sketchley Grange in Hinckley to recognise the commitment and achievements of trust staff.

New Year honours

Diane Talbot, clinical director of Leicestershire Nutrition and Dietetic Service, was made an MBE in the New Year Honours List for services to public health.

Diane expressed her pleasure at receiving the award and said: "I'm fortunate to have worked alongside dedicated and innovative colleagues throughout my career and I look forward to us continuing to develop dietetic practice for the benefit of local people."

Diane is no stranger to honours. In 2007 she was awarded a Fellowship of The British Dietetic Association (BDA) – the highest honour given by the BDA – in recognition of her dedication and leadership, particularly in the field of public health and community nutrition, to promote the profession and the science and practice of dietetics.

Staff survey 2008

Our Staff Opinion Survey results showed a marked improvement on last year, with the organisation receiving better scores in 20 out of 26 areas.

The results showed staff felt less work pressure, there was more staff involvement and the trust had a better work-life balance. More staff received appraisals and had personal development plans, and improved overall job satisfaction.

More staff responded to the survey – a total of 1,583 (56 per cent) – up two per cent on 2007.

In total four areas received lower scores, more staff worked extra hours with slightly fewer staff receiving health and safety training.

We are working with staff to improve staff satisfaction through a series of action plans implemented by individual directorates.

During the year we prepared our intranet website which was relaunched on 1 April 2009, and also continued with fortnightly publication of our internal newsletter, PCT News, and monthly staff briefings led by our chief executive. We developed 'Ask the Boss' on our intranet where members of staff can ask the chief executive questions, which are answered via the staff briefing. This has led to increased two-way communication.

Workforce headlines

Headcount vs whole time equivalent

	Headcount	Whole Time Equivalent (WTE)
Overall	3074	2377.23

During 2008/09 NHS LCR workforce has been aligned to commissioning function (Corporate Directorates) and Community Health Services as below:

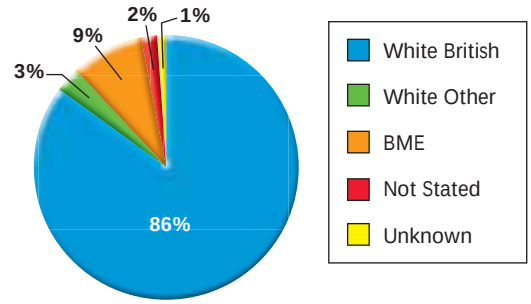
	Headcount	Whole Time Equivalent (WTE)
Corporate Directorates	484	434.33
Community Health Services	2590	1942.90

Turnover rate

	2008/09 Financial Year
Corporate Directorates	13.64%
Community Health Services	13.78%

Diversity

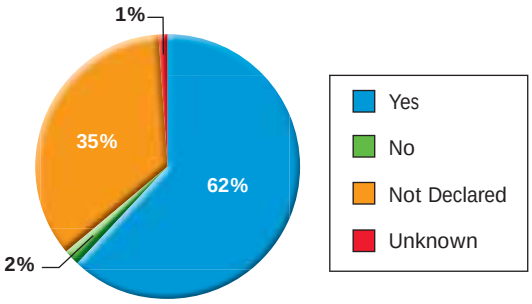
All diversity data includes both Corporate Directorates and Community Health Services



Ethnicity

This graph shows the ethnic breakdown of employees.

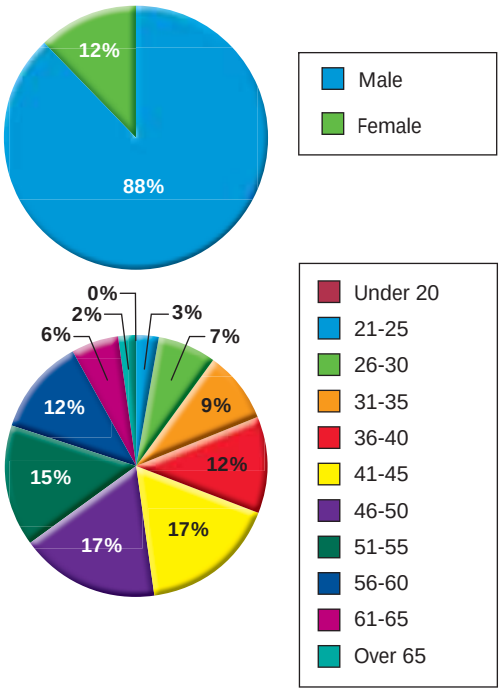
As at the end of this financial year, we employ 9.1% black and minority ethnic (BME) staff, which is broadly representative of the community we serve.



Disability

This graph shows the number of employees who have chosen to declare their disability status to us.

We are proactively collecting this data for the 61.8% of unknowns.



Gender

This graph shows the gender breakdown of employees.

Age

This graph shows the age breakdown of staff.

More than half of our workforce is aged between 36 and 55 years; approximately a third of our workforce is aged over 56 years. The under 35 years account for approximately a fifth of the workforce.

Disabled staff

We are assessed annually on our practices and policy on the employment of people with disabilities and have again been awarded the 'two ticks' accreditation by Jobcentre Plus. We guarantee an interview to people with disabilities who meet the minimum criteria for a job. Managers have been trained on their responsibilities under the Disability Discrimination Act and we have established good working relationships with Access to Work through Job Centre Plus where advice has been sought on work adjustments for staff who have become disabled whilst in our employment. We have also established a system of monitoring training and career development of staff with disabilities so that action can be taken where there are inequities.

Joint Staff Consultative and Negotiating Committee

Our joint consultative and negotiating system with the trade unions and professional organisations has continued to be successful. We have undertaken a number of management of change initiatives, particularly in relation to the expansion of access to our community health services and have continued to revise our human resources policies to reflect best practice, in conjunction with the unions.

Sickness

We have changed our sickness reporting year to coincide with the financial year, in common with all our other workforce statistics. During the year 1 April 2008 to 31 March 2009, our overall sickness rate was 4.81% (compared to 5.48% in the period 1 January to 31 December 2007).

The next stage review – Excellence for All

During 2008/09 all the NHS trusts in Leicester, Leicestershire and Rutland worked together on the Next Stage Review, commissioned by Lord Darzi.

This review was led by clinicians and examined eight areas of care:

- maternity and new born services
- children and young people's services
- helping people stay healthy
- mental health and learning disabilities
- acute (emergency) care
- planned care
- long term conditions
- end of life care.

During the review there was engagement across the whole area with different groups of patients and the public.

The review document 'Excellence for All' was published in June and summarised potential improvements for future care. This will be taken forward in the next financial year.

World class commissioning in action

We committed an additional £39 million to services and improvements to patient care through our operating plan for 2008/09.

The plan delivered a whole host of improvements, including investment in treatments to lengthen life, reduce waiting times for all treatment, closing the gap in health inequalities and helping people to live a healthier life by tackling smoking, obesity and care for long term conditions.

Our work has also focussed on getting the basics right: improving cleanliness and ensuring every one of our patients is treated with dignity and respect.

Investment decisions

Much of world class commissioning is about making the best possible investment choices. This means listening to and understanding the health needs of the people we serve, and investing in the services they need in order to live a long healthy life, and basing decisions on clinical evidence.

During 2008/09 this began with a massive range of funding programmes to address gaps in care. This included:

Making mental health better through improved access to psychological therapies...

In 2008/09 we began reviewing the types and availability of all psychological therapies, including talking therapies. NHS LCR also provides access to computer-based therapies which have been recommended nationally.

Increasing the number of people who receive clinically effective health care...

We invested more money in acute and community maternity services to increase the number of midwives to more than 320. We also paid for midwives to work in the community to increase choice for women.

We have also funded a range of evidence-based drugs, technologies and treatments to ensure our patients receive effective care.

Commissioning health and social care services that are efficient...

We invested an additional £600,000 to improve continuity of care for patients being cared for in the community. This increased investment in community out-of-hours nursing services provided by LCRCHS by £600,000. The out-of-hours nursing service is improving care for patients and avoids unnecessary admission to hospital.

The work meant additional staff and changes to staff rotas to cover the additional hours.

We also began to track the care of patients admitted to hospital in an emergency to ensure they receive the right care in the right place at the right time. This work is vital in helping us to shape the future of our community services. It will show where services fall short locally or how patients could be better served in community settings to prevent unnecessary acute hospital admissions.

Quality and best practice

Implementing the stroke strategy...

We funded a new clinic which opened in October in UHL to provide assessments of people who have suffered a mini stroke. The aim is to ensure all patients with a suspected stroke are seen and treated rapidly by a specialist to reduce the chance of patients having a full blown attack which could kill or leave them severely and permanently disabled.

We know that accessing blood thinning drugs for thrombolysis soon after a stroke dramatically reduces the risk of further attacks which are caused by lack of blood supply to the brain.

In March we opened a service offering 24/7 thrombolysis treatment.

Treating people with respect for their dignity...

Our work to protect the dignity of all patients continues. We have adopted the Dignity in Care programme and have invested in extra training for staff so they can recognise more easily the needs of vulnerable patients such as frail elderly people and be alert to any evidence or risks of abuse.

We also recognised the needs of many of our patients with continence problems were not being met and are introducing a home delivery service for continence products.

Improving sexual health...

At the beginning of 2008, we recognised our need to increase the number of 15 to 24-year-olds who take up local screening for Chlamydia, a sexually transmitted infection – and meet the government's target.

We invested in a number of programmes to increase access, including programmes with universities and with GPs to take up additional services to test more patients. During the year we screened almost 12,000 young people.

We also continued to provide 100 per cent of our patients with access to sexual health clinics within 48 hours and extend access to contraceptive services and contraceptive options.

Working with providers

Reducing waits...

A £3.2 million programme helped eliminate delays and ensure patients were treated within 18 weeks of their referral during 2008/09.

Figures published in January showed 95 per cent of non-admitted patients and 90 per cent of admitted patients were diagnosed and treated or discharged within 18 weeks following referral by their GP. Average referral to treatment times (RTT) are much shorter, with some hospitals boasting five weeks as average waiting times.

A large part of this achievement was in improvements to diagnostic services, this included additional investment in new providers and giving GPs direct access to certain procedures, without having to refer a patient to a consultant first.

Providing care close to home where safe and effective...

We have spent more than £160,000 on new clinics for people who have experienced a fall. Four falls prevention clinics have opened in Melton, Oakham, Hinckley and North West Leicestershire which see an average of 16 new patients each week.

The clinics are led by consultants who will identify the cause of falls, which could be medical or environmental. Patients can be referred to a six-week falls prevention and management programme, run with social services, or be referred on to more specialist services, if required.

Two new rehabilitation clinics have been established for patients with breathing conditions and lung disease and the whole pathway of patients with chronic obstructive pulmonary disease (COPD) is being reviewed and developed with plans for a new service provided in local community settings.

Getting the basics right...

We invested an additional £266,000 in a programme to deep clean every community hospital ward.

This funding also supported infection control in other settings such as nursing homes. In addition, we set strict control of infection targets in our contracts with all hospitals where our patients are treated.

Engagement

Engaging with our patients is much more than publishing a few formal consultation documents or attending a couple of community meetings.

Engagement is about working in partnership with patients and the people we serve to ensure the patient experience and the care they receive is as good as it can be. This means asking patients to co-design health services that suit the needs of the population. Sometimes it might be difficult for us to hear what you have to say about the services you receive, but it is vital that we do so.

We have begun to build on this so that in coming years we can strengthen the involvement of patients and the public in developing and commissioning the right services.

Improving patient experience, staff satisfaction and engagement...

Key to improving the patient experience is knowing what the patient experience is. This means meeting and talking to as many patients as possible to find out about the care they received and how it can be improved.

During the year we spoke with more than 1,000 people to help develop the future plans for community health services across Leicestershire and Rutland. We are reaching out to patients through interest groups, community forums and support groups, in particular we have spent time making stronger contacts with some of the groups that are hard to reach, for example travellers.

In January those with learning disabilities and their carers were asked to comment on how their care could be improved. The two-month consultation sought to understand how people access care and how it could be improved.

We also began a two-month series of going out and meeting people at community forums to help you develop our operating plan for 2009/10, helping us to set the priorities for the money we spend on your healthcare.

Improving the patient and user experience...

We have introduced new ways of listening and providing better feedback to patients.

We worked with Leicestershire County Council and Rutland County Council to deliver a comprehensive guide to local health services to hundreds of thousands of households in Leicestershire and Rutland.

A new directory of services has been developed and delivered to every household in Leicestershire and Rutland.

Be healthy, be heard – our new membership scheme...

Patients, the public and staff can become more involved with decision-making by becoming members. We appointed a new member of staff to work with us to develop a membership scheme for the trust. We began recruiting to the scheme in March.

We also encourage members of the public to attend our monthly board meetings and raise questions or comment on any items included on the agenda. Dates for meetings are available on www.lcr.nhs.uk.

Longer healthier lives

Healthcare isn't just about treating you when you become ill, but about preventing ill health. Increasingly the National Health Service is becoming a wellbeing service as well. This means investing in programmes to promote good health and prevent avoidable diseases.

For those with chronic conditions this may mean providing all the things you need to maintain your independence and be cared for at home without experiencing life-threatening and distressing emergency episodes.

Helping you to live a longer life and narrow the gap between longest and shortest lives...

In 2008/09 we invested an additional £1.2 million in cancer care, including £344,000 on chemotherapy drugs to ensure that cancer patients throughout the counties receive clinically effective care and the best possible chance of beating the disease.

Reducing the chances of you dying from diseases that are preventable...

We invested in screening for a number of cancers including bowel cancer and a vaccine to help prevent cervical cancer.

The human papilloma virus (HPV) is one of the major causes of cervical cancer and all girls aged 12 to 13 are being invited for the vaccine as part of a rolling programme.

Our uptake of the vaccine among 12 and 13 year olds is 91 per cent and 63 per cent of women aged 17 to 18 are taking part in the catch-up programme.

Supporting you to manage your weight and live an active life...

Maintaining a healthy weight through a good diet and regular exercise are the most important things you can do to maintain good health.

We recognise that eating habits start young and once set can be hard to break. We targeted children already showing signs of obesity with a £60,000 programme. In addition we invested £100,000 in a joint programme with the local authority to encourage active lifestyles.

Flu jab

More than 100,000 people were urged to get a free flu jab to protect against complications this winter.

The flu jab is part of a national campaign to protect the vulnerable – the elderly and those with chronic conditions – from the virus which can cause serious complications and even death in those with weaker immune systems who are less likely to be able to fight off the virus than healthy people.

Surgeries held extra clinics to ensure all vulnerable patients – those aged over 65 or with certain conditions – had access to the vaccine. In total almost three-quarters (73.6 per cent) of those aged over 65 had the vaccine.

Reduced health inequalities

Our pledge to make Leicestershire and Rutland the healthiest place to live in the UK means closing the gap between those with the best health and those groups who experience poor health.

This means addressing behaviours which can lead to poor health and offering equal access to health services wherever patients live.

Helping you stop smoking...

Smoking is one of the leading causes of death in this country and Leicestershire and Rutland are no different. We know that you are many times more likely to successfully stop smoking if you have support. Our smoking cessation team helped 8,500 people quit smoking during 2008/09.

We recognise that certain groups face particular challenges in stopping smoking and the team developed services aimed at pregnant women and underage smokers in the counties' most socially deprived areas. Additional clinics were also launched in Coalville.

We know that most smokers do want to stop, and we want to make as many people as possible aware of our services. This is why we are going out to venues to make contact with smokers, including smokers who attend hospitals for other reasons.

Improving your health and emotional wellbeing...

Carers in Action was established to represent the carers of people accessing mental health services.

The group's mission statement 'getting real results for carers' represents the focussed and straight-forward aims and objectives:

- to provide robust arrangement for carer involvement in planning and monitoring mental health service provision
- increase engagement of carers across all all our services
- provide information to and promote empowerment of carers
- improve service responses to carers
- identify gaps, themes and issues and feedback to providers and commissioners.

We also redesigned the retinal screening programme for patients with diabetes to ensure all patients are automatically called up for these essential eye checks every year.

These changes are necessary to meet national quality standards but the key to this is having a customer service in line with patient and GP expectations.

Patient choice

We are all different, and we all want to be treated as individuals. As well as designing high quality, safe care, we have a duty to respond to this need. This means offering you choice when it comes to the services you want and where you want them.

Providing GP services when you need them...

From our discussions with local people we know that access to GPs is a clear priority. By March 2009 more than 50 per cent of surgeries – 44 practices in Leicestershire and Rutland – had increased their opening hours, opening at weekends, early mornings or one or more evenings per week.

Our GPs helped us beat the national target of 50 per cent, and 52 per cent of surgeries had adopted family-friendly hours. We are now working with them to increase this figure to 70 per cent by March 2010. Information on which surgeries are open is available on the NHS Choices website www.choices.nhs.uk and will be included in the new directory of NHS services delivered to people's homes in April 2009.

Plans were revealed for the new GP-led health centre which will open 8am to 8pm, seven days a week in the Oadby and Wigston area.

The primary care directorate has developed a strategy which is being finalised during 2009/10.

Practice-based commissioning...

Practice-based commissioning (PBC) gives GPs and other primary care professionals influence over the way that healthcare resources are used for the benefit of their patients.

During 2008/09, schemes approved included 'off the shelf' programmes for patients with chronic obstructive pulmonary disease (COPD) and diabetes which will improve the level of diagnosis and care for patients with these conditions.

End of life care...

Choosing where to die should be a basic right. We know that most people die in hospital, but many would like to be at home with family at the end of their lives. We have invested in the Decisions at End of Life (DALE) programme which provides essential support in the last few days of life to enable more people to die in their place of choice.

During 2008/09, we have worked with Marie Curie and Hospice at Home, investing a further £100,000 improving out of hours care to palliative care patients.

Other key issues during 2008/09

Equality, diversity and human rights

NHS LCR is committed to and recognises the business value of equality, diversity and human rights (EDHR) as a commissioner, employer and as a provider of services to our local community. The organisation has a dedicated EDHR Team to drive this agenda forward which will assist the organisation to meet its legal and moral obligations in relation to the different strands of diversity such as race, gender, disability, age, sexual orientation and religion/ belief. The organisation will make every effort to eliminate discrimination, promote equality and reduce inequalities through commissioning and through the services it provides for the population of Leicestershire and Rutland.

In addition to meeting our legal and moral obligations for EDHR, we are also committed to the principle of addressing health inequalities because it helps us target resources where they can be most effective. Efficient and effective use of resources is only one business benefit of managing equality and diversity properly; we believe there are even more business-based arguments for this such as:

- a clear direction and commitment to equality and fairness, ensures staff engagement and productivity that meets the needs of our local community
- recognition as a leading organisation that values and respects the people it employs and ensures we should become an employer of choice
- ensuring a quality service that guarantees greater customer satisfaction on the part of our patients and other service users
- dealing with cross cutting issues to develop sustainable activity that continually drives forward innovation and improvement to meet the needs of our community today and in the future.

Over the next few years we have a number of exciting initiatives that we are moving forward, which will improve the way we commission services, such as:

- the organisation is committed to developing an integrated approach to EDHR in employment and to provide services that recognise, respect and respond to the diversity of our local communities. To this end we have embarked on a journey to introduce a Single Equality Scheme (including a six month consultation period), which has been interconnected with the five year business strategy, local operating plan and health equity audits. This will enable us to implement a holistic approach to tackling discrimination and improve the experience of excluded and under-represented groups in services and employment

- we have also developed a five-year strategic approach to embedding and mainstreaming EDHR into our core business and understand the importance of EDHR to the emerging agenda of world class commissioning. Our approach has made sure that EDHR is integrated into the 10 core competencies of the world class commissioning process and will ensure that as commissioners we will improve EDHR in the provision of healthcare services and employment. This strategy was submitted to the East Midlands Strategic Health Authority as our additional evidence on the November 2008 panel, showing our full commitment to the agenda
- we realise the need to value and respect the people we employ and to become an employer of choice. To support this we have set up a new support staff network called the Joint Staff Engagement Forum, which deals with issues for minority groups with the organisation representative of all the strands of diversity. We also recognise the value in partnership working through engaging with our local communities and have set up the Leicestershire Working Together Community Advisory Group in partnership with Leicestershire County Council.

We recognise EDHR is an issue for the whole organisation and can only be properly addressed through an integrated corporate approach to deliver modern healthcare services that are truly inclusive.

Emergency preparedness

In times of emergency, it is vital that health services are well prepared to provide vital services.

This year we recruited a new emergency planning manager to ensure we are able to provide the services you need during major emergencies or a possible flu pandemic.

The trust board has approved our flu pandemic policy, our business continuity plan and major incident plan. We are also members of the Leicester, Leicestershire and Rutland Resilience Forum, which includes other emergency services including the police. We are also rolling out new training so we can test out our policies.

This work will ensure that everyone knows what to do if a major incident strikes.

Full copies of the emergency planning documents are available on the trust websites www.lcrchs.nhs.uk and www.lcr.nhs.uk.

Annual Healthcheck

The Healthcare Commission awarded NHS LCR improved ratings in its Annual Health Check.

In the results released in September 2008, we received ‘fair’ ratings for both quality of services and use of resources. This compared to ‘weak’ ratings in both areas the previous year.

Being accountable

We continued to be accountable to the Health Overview and Scrutiny Committees (HOSC) at Leicestershire County Council and Rutland County Council in addition to the joint HOSC which covers these and Leicester City Council.

The committees scrutinise our finances and planning, provision and operation of our service. They also hold us to account publicly. During 2008/09 the county councils' two HOSCs looked at:

- NHS LCR's financial position
- the local operating plan
- NHS LCR's standards for better health declaration
- NHS dentistry
- minor injury units
- 03 and 08 telephone numbers
- the community health services review
- practice-based commissioning
- proposals for a new 8 - 8 centre
- out-of-hours urgent medical care provision.

The joint Leicester, Leicestershire and Rutland HOSC also scrutinised the Next Stage Review.

Community and area forums

Representatives of NHS LCR regularly attend Leicestershire County Council's community and area forums, held in 27 locations in the county, and also other community meetings in Leicestershire and Rutland.

At the forums, they share information about healthcare developments, and take questions from the public. For more information visit www.leicestershireforums.org.

Complaints

Our staff aim to provide the best possible service to the people we serve. However, sometimes things do go wrong and you might not be happy with the treatment you, a friend, a neighbour or a member of your family has received.

Every complaint is taken seriously and treated confidentially. Making a complaint will not affect your future care or treatment.

Written complaints

NHS LCR received a total of 226 written complaints during the year, 53 relating to commissioned services and 173 relating to Community Health Services. Of these 62% (141) were investigated and responded to within 25 working days. A total of 38% (75) were responded to out of time. For the remaining 10 cases an investigation was ongoing at the year end.

The emerging themes for the year were:

- complaints around clinical care provided
- communication with patients both written and verbal
- access to services
- appointments
- attitude of staff.

Independent reviews

During the year the six requests for independent review were considered by the Healthcare Commission. In summary:

- four are currently being considered and the outcome awaited
- one complaint was upheld with recommendations which have been acted upon
- one complaint was referred back for further actions to be taken locally and this is ongoing.

Independent contractor complaints

A total of 231 complaints were received about independent contractors. In summary these were:

- GP practices 197
- dentists 26
- optometrists 1
- pharmacies 7

Learning outcomes

Some of the service improvements made as a result of complaints investigations have included:

- improved access for patients wanting to contact the district nursing service so that patients and carers can speak directly to an experienced member of staff about their care
- new procedures introduced for the administration and storage of medicines in one of our community hospitals
- improvements to the content of clinic letters sent to patients so that these are clearer to understand and are more informative
- customer services training continuing to be delivered to community staff
- training for staff who investigate complaints in line with the Healthcare Commission's toolkit on managing complaints.

Principles for Remedy

When dealing with complaints, NHS LCR fully adheres to the Principles for Remedy issued by the Parliamentary and Health Service Ombudsman. The good practice principles contained within this are:

- getting it right
- being customer focussed
- being open and accountable
- acting fairly and proportionately
- putting things right
- seeking continuous improvement.

These principles are put into action in a variety of ways, including training for staff to ensure they are aware of and can use our complaints policy which supports these principles.

PALS

Our Patient Advice and Liaison Service (PALS) aims to help solve any problems, concerns or questions you have when using health services in the area. PALS is a customer care service which:

- provides advice and support to patients, their families and carers
- provides information on NHS serviced and local support groups
- will listen to your concerns, suggestions, queries or compliments
- gives advice on how to make a complaint
- helps sort out health concerns on your behalf
- provides information on how you can get more involved in developing NHS services.

PALS provides a free and confidential service. You can contact a member of the PALS team in person, by telephone, email or letter. Patients and members of the public can meet PALS staff by arrangement. Tel: 01455 441971 or 01509 564444.

Local Involvement Networks (LINks)

New groups called Local Involvement Networks (LINks) were set up this year as a new way for local people to have their say on how health and social care services are run.

Anyone can join a LINk – there is one for Leicestershire and one for Rutland (there is a separate one for Leicester city).

To contact Leicestershire LINk, tel: 0116 2341577
or email: info@leicestershirelink.org.uk.

To contact Rutland LINk, write to: c/o Shaw Trust,
Rutland Volunteer Centre, Barleythorpe Road, Oakham, Rutland LE15 7AH,
tel: 01572 759158 or email: xxxxxxxxxxx@xxxxxxxxxx.xxx.xx or visit their website www.communityvoicesonline.org.

Freedom of information

The Freedom of Information Act was passed on 30 November 2000 and the full act came into force on 1 January 2005. The Act applies to all public authorities including us.

The purpose of the act is to allow anyone, no matter who they are, to find out whether information on a particular subject is held by us and to receive that information in the format requested. The Act sets out exemptions from that right, covering any information that may not have to be released.

During 2008/09, the trust received 222 freedom of information requests.

Operating and financial review 2008/09

Director of finance report

I am pleased to present my third director of finance report as a foreword to our summary financial statements. I am also pleased to report that the challenges NHS LCR set for itself financially in 2008/09 have once again been achieved and that NHS LCR has built upon the firm financial foundation set in delivering its turnaround plan last year. On this basis NHS LCR has formally requested the removal of turnaround status from the SHA.

In last year's annual report I highlighted the investment programme planned by NHS LCR for 2008/09 and the financial outturn target of a modest £1m surplus. This plan was developed around a three year operational and financial programme to ensure an initial sustainable programme of developments was set into the medium term.

With the focus of NHS LCR moving from financial turnaround to lifestyle turnaround as it entered its first world class commissioning development programme, an approved service and financial strategy has been developed that incorporates a detailed four year financial plan. The plan identifies levels of investment required to improve prioritised health outcomes and support NHS LCR's vision of becoming the healthiest place to live in the UK.

Financial targets 2008/09

While a number of financial pressures have crystallised during the year, mainly relating to both elective and non-elective activity with acute providers being significantly higher than planned and the cost of continuing care rising by 70%, contingencies set within the plan have provided sufficient cover for this risk.

I am pleased to report therefore that NHS LCR has met its statutory financial duties, meeting revenue, capital and cash planning targets. NHS LCR has:

- delivered a modest operational surplus of £1m (£0.2m 2007/08) in line with the financial plan
- delivered a small under spend of £0.4m (£0.3m 2007/08) against the Capital Resource Limit
- achieved its cash control targets within approved tolerances (having agreed a level of cash under draw consistent with the revenue and capital surpluses)
- met its Better Payments policy targets of at least 95% in each category.

Better Payment Practice Code - measure of compliance

Non-NHS Creditors	2008/09 Number	2007/08 Number	2008/09 £000	2007/08 £000
Percentage of bills paid within target	96%	74%	97%	85%
NHS Creditors				
Percentage of bills paid within target	97%	52%	99%	92%

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

In addition, the new use of resources assessment replaces the previous year's Auditor Local Evaluation (ALE) in reviewing the efficiency and effectiveness of the resources utilised by NHS LCR. The national criteria have changed from a process-focused approach to an outcomes-based assessment, which has resulted in incomparable mapping between the prior and current year's scores. NHS LCR were therefore expecting to progress to a level 3 score ('good') in 2008/09 based on the old ALE assessment, however, this is likely to remain at a level 2 ('adequate performance') under the new scoring mechanism. This moderation is likely to affect all PCTs across the country and therefore the underlying improvement in performance levels should be consistent across organisations.

Looking ahead

The planning process for 2009/10 was completed on schedule with full financial and operational plans going to and approved at the board in early April. Building on last year's operational plans NHS LCR has initiated a £56m investment programme to sustain and progress the improvements in healthcare across Leicestershire and Rutland, whilst at the same time it has maintained a challenging efficiency target within plans.

NHS LCR is planning once again for a modest surplus of £1m in 2009/10 with the aim of ensuring further consolidation of its current financial foundations over the next 12 months.

In light of the changes in the national economic situation, and as part of the local operating plan process, NHS LCR has further developed the world class commissioning financial and service strategy through an updated four year operational and financial plan. To ensure that NHS LCR can continue to develop services in the medium term with expectations of low real growth in resources, further service and business transformation will need to take place to ensure resources can be released through efficiencies and productivity from current core services. This will be the financial challenge for NHS LCR and the local health economy over the foreseeable future, however, NHS LCR has a firm foundation to develop this work and a track record of delivery in meeting the challenges that lie ahead.

Karl Simkins

director of finance

Date: 11 June 2009

The operating and financial review has been prepared in accordance with the Reporting Statement (RSI) as required and set out by the Treasury.

Key financial objectives

Target (* = NHS LCR statutory duty)	Performance (Red/Amber/Green)
Revenue Resource Limit *	
Capital Resource Limit *	
Cash Limit *	
Provider Full Cost Recovery *	
Better Payment Practice Code	

Revenue resource limit

NHS LCR has a statutory duty to manage its revenue expenditure within the notified revenue resource limit of £801.5m. This was achieved with an underspend of £1m.

Capital resource limit

NHS LCR is also measured against a separate resource limit for capital expenditure of £6.4m. This target was achieved with an underspend of £400,000.

Cash limit

The third statutory target based on limits is to ensure NHS LCR does not exceed its approved level of cash available. This target was achieved with NHS LCR utilising £804.7m of the approved Cash Limit of £806.1m, an under draw of £1.4m. This is directly related to the capital and revenue underspend totalling £1.4m.

Provider full cost recovery

NHS LCR's Community Health Services arm provides direct care to patients, and must demonstrate that it has recovered all the costs of providing these services through income from commissioning organisations. For 2008/09, this target was achieved with a surplus of £51,000.

Better Payment Practice Code

NHS LCR is expected to comply with the Better Payment Practice Code and pay 95% of its creditor invoices within 30 days of receipt.

In previous years, NHS LCR has significantly under-performed against this target and it was a major focus for improvement in 2008/09. On this basis, the actions taken by NHS LCR in 2008/09 have positively impacted on the performance with the introduction of more efficient systems and increased awareness of this target throughout the organisation. NHS LCR can therefore report that the payment performance target for 2008/09 has been achieved across all four categories, with the percentage of the number of invoices paid within the target timescales being 96.6% and 95.6% for NHS and non NHS respectively, and the performance on the value of NHS and Non NHS invoices paid within 30 days being 99.5% and 96.9% respectively.

Key performance targets

The performance of NHS LCR is monitored against a number of vital signs and existing commitment indicators. Below is a sample of the indicators which are particularly relevant to the population we cover:

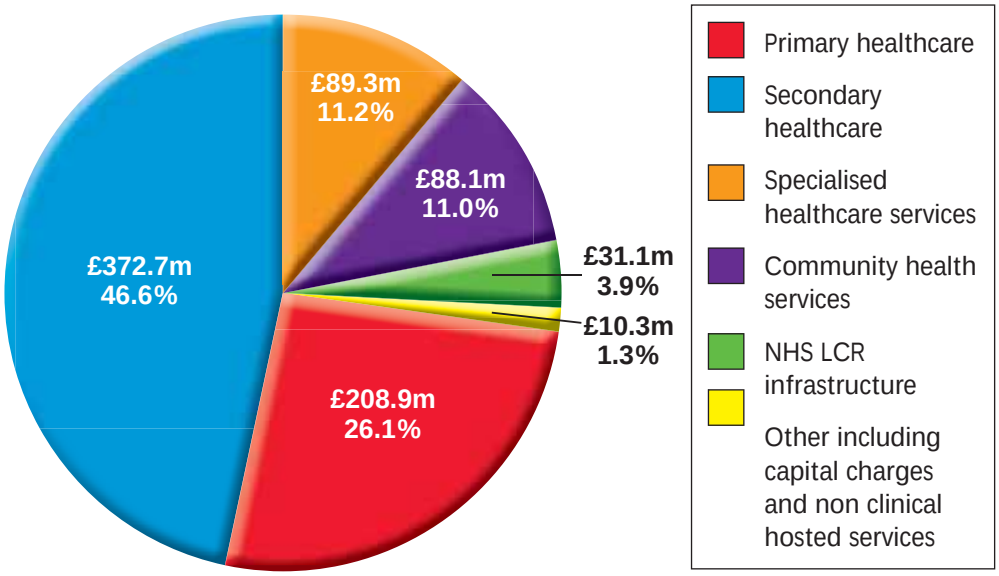
- 18 week referral to treatment – no patients are to wait longer than 18 weeks for admitted and non-admitted care. National targets of 90% and 95% have been achieved respectively
- MRSA and Clostridium difficile – year on year reduction of cases. National targets have been achieved
- A&E four hour wait – 98% of patients to wait no longer than four hours in A&E. This target has been achieved
- retinal screening – 100% of patients have been offered screening during the year, achieving the national target.

Remuneration report

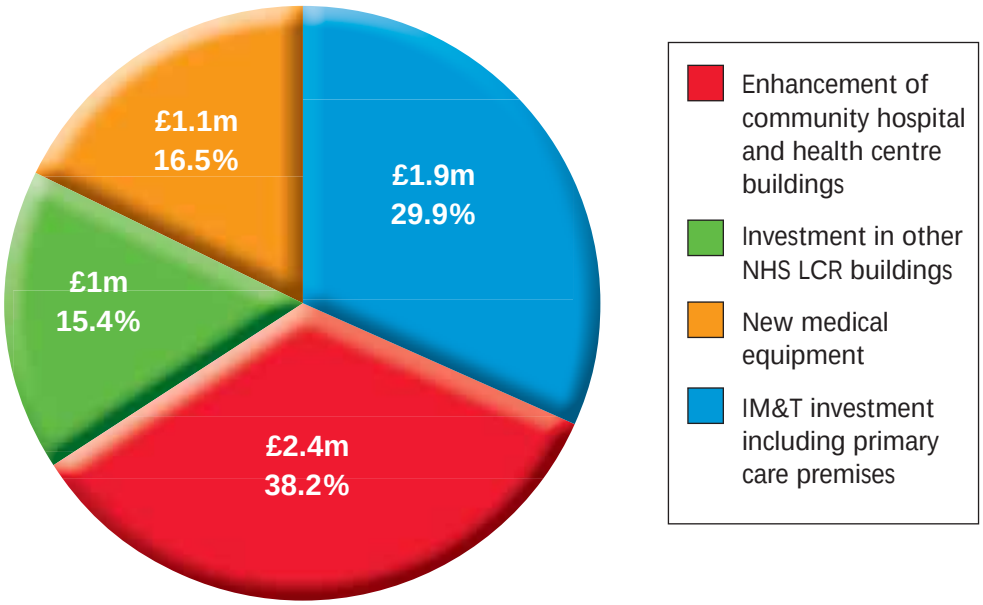
As a public sector body, NHS LCR is required to disclose information about senior managers' remuneration. The disclosure includes the remuneration of "those persons in senior positions having authority or responsibility for directing or controlling the major activities of the NHS body". This has been interpreted as executive directors and non executive directors substantively in post during the financial year. The remuneration of directors is in accordance with very senior manager (VSM) pay guidance issued by the Department of Health and these remuneration details are included later in this annual report.

Analysis of key NHS LCR data

An analysis of the NHS LCR's net revenue expenditure is shown below. The chart clearly shows NHS LCR's continued commitment to investing in patient services with 95% of net revenue expenditure being allocated to direct patient care.



£6.4m of gross capital investment was undertaken in 2008/09. The chart below shows the main areas of expenditure:



Other issues of public interest in relation to the accounts

Auditors

Internal audit services are provided by the East Midlands Internal audit services (hosted by Leicestershire Partnership NHS Trust).

PricewaterhouseCoopers LLP (PWC) was appointed as NHS LCR's external auditors on the 1 April 2008. The cost of the external audit duties performed during the year was £355k in relation to statutory audit and £39,000 payable to the Audit Commission in relation to regulatory services.

Other auditors remuneration of £15k related to work carried out under the terms of appointment with the Audit Commission in relation to the PCT's arrangements for the preparation and submission of its opening International Financial Reporting Standards (IFRS) Balance Sheet as at 1 April 2008.

So far as the directors are aware, there is no relevant audit information of which the trust's auditors are unaware; and the directors have taken all steps that ought to have been taken as directors in order to make themselves aware of any relevant audit information and to establish that the trust's auditors are aware of that information.

Losses and special payments

NHS LCR incurred costs of £828k during 2008/09.

Post balance sheet events

There is one post balance sheet event as follows:

- the NHS-wide adoption of IFRS on 1 April 2009. The NHS LCR was fully prepared for the adoption of IFRS reporting from this date. The event does not require financial entries in the accounts.

Contingent liabilities

NHS LCR did not recognise any contingent liabilities in 2008/09.

Register of interests

NHS LCR maintains a register of interests for all senior managers from associate director-level to executive and non executive director-level. This register has been disclosed in this annual report.

Stakeholder pension

There are no PCT employees who have stakeholder pensions in place of being a member of the NHS Pension Scheme.

Compensation payments

NHS LCR has disclosed in its accounts redundancy / early retirement costs of £800k that relate to the compensation incurred for the loss of office during 2008/09. In the main, these are the residual costs from the prior year's restructuring of NHS LCR.

Glossary of financial terms

In order to improve the understanding of the accounts for all readers of the annual report, a list of the finance terms and a short explanation of their meaning is detailed below:

Accounting policies: the established and formally agreed principles behind the financial transactions undertaken by an organisation.

Audit: the detailed examination of performance and records.

Balance sheet: a statement of the organisation's financial position at a point in time. The balance sheet records the value of fixed assets, cash, debtors, creditors and provisions.

Capital expenditure: costs incurred for items that have a value of £5,000 or over and are expected to be used for longer than one year. This type of expenditure normally relates to the purchase of land, buildings, expensive equipment, large items of furniture or computer equipment.

Capital resource limit (CRL): the limit in which all capital expenditure must be managed within each financial year.

Cash: the funds used to pay creditors and receive from debtors. Cash is held in NHS LCR's bank accounts.

Cash flow statement: the record that shows how cash was used during a financial year.

Cash Limit: the amount of cash to be made available to NHS LCR by the Department of Health in a single financial year. NHS LCR must manage all cash transactions within this limit.

Commissioning: in NHS terms, the purchase of services on behalf of patients, normally from NHS hospitals.

Creditors: the amount owed by NHS LCR for services purchased.

Debtors: the amount owed to NHS LCR for services provided.

Financial year: the period that is used to monitor financial transactions and performance. NHS LCR's financial year runs from the April 1 2008 to the March 31 2009.

Fixed assets: by undertaking capital expenditure a fixed asset is created. A fixed asset is normally some land, a building, expensive equipment, a large item of furniture or a network of computer equipment.

Fixed asset register: the record in which fixed assets are documented.

Income: receipt of funds from other entities normally as a result of providing a service to them.

Operating cost statement (OCS): the financial statement that records the revenue expenditure and income.

Performance indicators (or performance targets): measures of achievement, in particular, clinical and managerial areas used to assess the performance of an organisation.

Provider: in NHS terms, the hospitals and organisations that undertake patient care in healthcare premises or in the community.

Provisions: an estimate of the amount owed by an organisation at some point in the future where the action to incur the debt has already been taken.

Remuneration: the money and other benefits paid to people for carrying out a task or job.

Resource: money, people or time.

Revenue expenditure: the costs incurred by the organisation to undertake its core business including the charges from NHS hospitals and other organisations for the healthcare provided to patients, staff pay costs and running costs for NHS LCR's community hospitals.

Revenue resource limit (RRL): the limit in which all revenue expenditure must be managed within in each financial year.

Statement of recognised gains and losses: the record that identifies those financial transactions that have created a gain or loss to the organisation but are not required to be shown in the Operating Cost Statement.

Use of resources: the national criteria by which PCTs are assessed on in order to demonstrate their efficiency and effectiveness in utilising their resources.

NHS Leicestershire County and Rutland final accounts for 12 months ending 31 March 2009

These financial statements are a summary of the information in NHS Leicestershire County and Rutland Primary Care Trust's accounts for the 12 months to 31 March 2009.

Catherine Griffiths, chief executive

Karl Simkins, director of finance:

Date: 11 June 2009

This summary financial statement does not contain sufficient information to allow as full an understanding of the results of the trust and state of affairs of the trust and of its policies and arrangements concerning directors' remuneration as would be provided by the full annual accounts and reports. Where more detailed information is required, a copy of the trust's last full accounts and reports are obtainable free of charge.

Copies of NHS LCR's full accounts can be obtained by contacting the finance department at the address below:

NHS Leicestershire County and Rutland

Lakeside House, 4 Smith Way, Grove Park, Enderby, Leicestershire, LE19 1SS

Summary financial statements 2008/09

Operating cost statement for the year ended 31 March 2009

	2008/09 £000	2007/08 £000
Commissioning		
Gross operating costs	**1,056,442**	877,450
Less: Miscellaneous income	**(364,127)**	(200,401)
Commissioning net operating costs	**692,315**	677,049
Provider		
Gross operating costs	**139,346**	120,453
Less: Miscellaneous income	**(26,340)**	(20,025)
Provider Net operating costs	**113,006**	100,428
Net operating costs before interest	**805,321**	777,477
Interest receivable	**0**	0
Interest payable	**0**	0
Net operating cost for the financial year	**805,321**	777,477

Statement of recognised gains and losses for the year ended 31 March 2009

	2008/09 £000	2007/08 £000
Fixed asset impairment losses	**(12,719)**	0
Unrealised surplus / (deficit) on fixed asset revaluations/indexation	**0**	6,676
Increase in the donated asset reserve and government grant reserve due to receipt of donated and government granted assets	**0**	0
Additions / (reductions) in the General Fund due to the transfer of assets from/(to) NHS bodies and the Department of Health	**0**	0
Additions / (reductions) in "other reserves"	**0**	0
Recognised gains and losses for the financial year	**(12,719)**	6,676
Prior period adjustment - other	**0**	(7,742)
Gains and losses recognised in the financial year	**(12,719)**	**(1,066)**

Balance sheet as at 31 March 2009

	£000	31 March 2009 £000	31 March 2008 £000
FIXED ASSETS			
Intangible assets	**271**		239
Tangible assets	**89,669**		101,017
Investments	**0**		0
Financial assets	**0**		
		89,940	101,256
CURRENT ASSETS			
Stocks and work in progress	**0**		0
Debtors	**25,604**		8,537
Other financial assets	**0**		
Cash at bank and in hand	**13**		22
TOTAL CURRENT ASSETS		**25,617**	8,559
Creditors: amounts falling due within one year		**(83,358)**	(70,428)
Other financial liabilities falling due within one year		**0**	
NET CURRENT ASSETS / (LIABILITIES)		**(57,741)**	(61,869)
TOTAL ASSETS LESS CURRENT LIABILITIES		**32,199**	39,387
Creditors: amounts falling due after more than one year		**0**	0
Other financial liabilities falling due after more than one year		**0**	0
Provisions for liabilities and charges		**(3,533)**	(3,211)
TOTAL ASSETS EMPLOYED		**28,666**	36,176
FINANCED BY:			
TAXPAYERS EQUITY			
General fund		**10,294**	12,769
Revaluation reserve		**17,504**	22,438
Donated asset reserve		**868**	969
Government grant reserve		**0**	0
Other reserves		**0**	0
TOTAL TAXPAYERS EQUITY		**28,666**	**36,176**

Cash flow statement for the year ended 31st March 2009

		2008/09	2007/08
	£000	£000	£000
OPERATING ACTIVITIES			
Net cash outflow from operating activities		**(802,455)**	(759,720)
SERVICING OF FINANCE AND RETURNS ON INVESTMENT:			
Interest paid	**0**		0
Interest received	**0**		0
Interest element of finance leases	**0**		0
Net cash inflow/(outflow) from servicing of finance and returns on investment		**0**	0
CAPITAL EXPENDITURE			
Payments to acquire intangible assets	**(145)**		(100)
Receipts from sale of intangible assets	**0**		0
Payments to acquire tangible fixed assets	**(7,120)**		(3,950)
Receipts from sale of tangible fixed assets	**225**		66
Payments to acquire fixed asset investments	**0**		0
Receipts from sale of fixed asset investments	**0**		0
Payments to acquire financial instruments	**0**		0
Receipts from sale of financial instruments	**0**		0
Net cash inflow/(outflow) from capital expenditure		**(7,040)**	**(3,984)**
Net cash inflow/(outflow) before financing and management of liquid resources		**(809,495)**	(763,704)
MANAGEMENT OF LIQUID RESOURCES			
(Purchase) of other current asset investments		**0**	0
Sale of other current asset investments		**0**	0
Net cash inflow/(outflow) from management of liquid resources		**0**	0
Net cash inflow/(outflow) before financing		**(809,495)**	(763,704)
FINANCING			
Net Parliamentary Funding	**809,486**		763,629
Other capital receipts surrendered	**0**		0
Capital grants received	**0**		0
Capital element of finance lease rental payments	**0**		0
Cash transfers (to)/from other NHS bodies	**0**		0
Net cash inflow/(outflow) from financing		**809,486**	763,629
Increase/(decrease) in cash		**(9)**	(75)

Financial performance targets

Revenue resource limit

NHS LCR's performance for 2008/09 is as follows:

	2008/09	2007/08
	£000	£000
Total net operating cost for the financial year	805,321	777,477
Less: non-discretionary expenditure	4,903	4,152
Operating Costs less non-discretionary expenditure	800,418	773,325
Final Revenue Resource Limit for year	801,467	773,524
Under/(over) spend against Revenue Resource Limit	1,049	199

Capital resource limit

	2008/09	2007/08
	£000	£000
Gross Capital Expenditure	6,408	5,468
Add: Loss in respect of disposals of donated assets	28	0
less: Net book value of assets disposed of	(504)	(824)
less: Capital grants	0	0
less: Donations	0	0
Charge Against the Capital Resource Limit	5,932	4,644
Capital Resource Limit	6,369	4,944
(Over) / Under spend against Capital Resource Limit	437	300

Provider full cost recovery duty

	2008/09	2007/08
	£000	£000
Provider gross operating cost	139,346	120,453
less: Miscellaneous income relating to provider functions	(26,340)	(20,025)
Net Operating Cost	113,006	100,428
less: Costs met from PCT's own allocation	(113,057)	(100,428)
Under / (over) recovery of costs	**(51)**	0

Management costs

	2008/09	2007/08
Management costs (£000s)	15,898	14,704
Weighted population (Number)	539,772	539,772
Management cost per head of weighted population (£)	29.45	27.24

NHS LCR measures its management costs according to the definitions provided by the Department of Health

Better payment practice code - measure of compliance

	2008/09	2008/09	2007/08	2007/08
Non-NHS Creditors	**Number**	**£000**	Number	£000
Total bills paid in the year	54,505	161,239	39,215	143,434
Total bills paid within target	52,080	156,167	28,905	122,018
Percentage of bills paid within target	**95.55%**	**96.85%**	**73.71%**	**85.07%**
NHS Creditors				
Total bills paid in the year	4,734	904,056	4,823	633,466
Total bills paid within target	4,575	899,416	2,493	580,567
Percentage of bills paid within target	**96.64%**	**99.49%**	**51.69%**	**91.65%**

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

Independent auditors' statement to the Directors of the Board of Leicestershire County and Rutland PCT

We have examined the summary financial statement for the year ended 31 March 2009 which comprises the Operating Cost Statement, the Balance Sheet, the Statement of Total Recognised Gains and Losses, the Cashflow Statement, the related notes and the information in the Directors' Remuneration Report that is described as having been audited.

This statement, including the opinion, has been prepared for and only for the Board of Leicestershire County and Rutland PCT in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 36 of the Statement of Responsibilities of Auditors and of Audited Bodies prepared by the Audit Commission. We do not, in giving this opinion, accept or assume responsibility for any other purpose or to any other person to whom this statement is shown or into whose hands it may come save where expressly agreed by our prior consent in writing.

Respective responsibilities of directors and auditors

The directors are responsible for preparing the Annual Report and summary financial statement, in accordance with directions issued by the Secretary of State.

Our responsibility is to report to you our opinion on the consistency of the summary financial statement within the Annual Report with the statutory financial statements and the Directors' Remuneration Report and its compliance with the relevant requirements of the directions issued by the Secretary of State.

We also read the other information contained in the Annual Report and consider the implications for our statement if we become aware of any apparent misstatements or material inconsistencies with the summary financial statements.

Basis of opinion

We conducted our work in accordance with Bulletin 1999/6 'The auditors' statement on the summary financial statement' issued by the Auditing Practices Board. Our report on the statutory financial statements describes the basis of our audit opinion on those financial statements and the Directors' Remuneration Report.

Opinion

In our opinion the summary financial statement is consistent with the statutory financial statements and the Directors' Remuneration Report of the PCT for the year ended 31 March 2009 and complies with the relevant requirements of the directions issued by the Secretary of State.

We have not considered the effects of any events between the date on which we signed our report on the statutory financial statements and the date of this statement.

PricewaterhouseCoopers LLP

PricewaterhouseCoopers LLP
Cornwall Court, 19 Cornwall Street,
Birmingham, B3 2DT

Date: 27 August 2009

Remuneration

Audited

Name and Title	Remuneration 2008-09 Salary (bands of £5,000) £000	Remuneration 2008-09 Other remuneration (bands of £5,000) £000	Remuneration 2008-09 Benefits in kind (bands of £100) £000	Remuneration 2007-08 Salary (bands of £5,000) £000	Remuneration 2007-08 Other remuneration (bands of £5,000) £000	Remuneration 2007-08 Benefits in kind (bands of £100) £000
Ms C.Griffiths - chief executive	150 - 155	-	2.9 - 3.0	145 - 150	-	-
Dr K.Herbert - deputy chief executive (to 08/05/08)	10 - 15	-	-	105 - 110	-	-
Mr K.Simkins - director of finance	100 - 105	-	5.2 - 5.3	100 - 105	-	-
Dr S.Freeman - director of information and corporate performance **	45 - 50	-	-	45 - 50	-	-
Mr P.Huskinson - director of strategy and healthcare reform	85 - 90	-	-	85 - 90	-	-
Mrs A.Barrett - director of nursing and quality (to 31/07/08)	25 - 30	-	-	85 - 90	-	-
Ms R.North - managing director of community health services	85 - 90	-	-	85 - 90	-	-
Mr M.Patel - director of corporate affairs (from 18/09/08)	40 - 45	-	-	-	-	-
Mrs C.Davenport - director of strategy (from 01/06/08)	60 - 65	-	-	-	-	-
Mrs R.Stuckey - director of primary care (from 28/07/08)	55 - 60	-	2.7 - 2.8	-	-	-
Mrs E.Rowbotham - director of quality (from 15/09/08)	45 - 50	-	-	-	-	-
Mr N.Skea - interim director of organisational, development and workforce *	-	-	-	-	-	-
Professor A.Rashid - medical director (from 02/02/09)	15 - 20	-	-	-	-	-
Mrs C.O'Brien - interim director of quality (01/09/08 - 27/09/08)	0 - 5	-	-	-	-	-
Dr C.Trzcinski - professional executive commitee chairman	65 - 70	-	-	-	-	-
Mr J.Gant - chairman	35 - 40	-	-	35 - 40	-	-
Mr K.Mamujee - non executive director	10 - 15	-	-	10 - 15	-	-
Mr D.Blake - non executive director	5 - 10	-	-	5 - 10	-	-
Mrs C.Ellis - non executive director	5 - 10	-	-	5 - 10	-	-
Ms M.Galley - non executive director	5 - 10	-	-	5 - 10	-	-
Mrs A.Holland - non executive director	5 - 10	-	-	5 - 10	-	-
Mr W.Kendrick - non executive director	5 - 10	-	-	5 - 10	-	-
Mr P Kersey - non executive director	5 - 10	-	-	5 - 10	-	-

Remuneration waived by directors and allowances paid in lieu

£0 (2007-08 £0) remuneration was waived by 0 (2007-08 0) directors.

£0 (2007-08 £0) of allowances were paid in lieu to 0 (2007-08 0) directors.

* The services of N.Skea were supplied through a consultancy company 'Consult N Skea Limited' and so no remuneration information is available. The charge to expenditure during 2008/09 for these services was £138k.

** Dr S.Freeman is employed on a joint contract (50:50) with Leicester City PCT.

The LCR CHS Remuneration and Terms of Services Committee determined the remuneration of the chief executive and executive directors. The remuneration of board non-executive directors and professional executive committee (PEC) clinical representatives are as laid down by the Secretary of State for Health apart from GP PEC representatives whose remuneration is in line with local agreements. In addition to this, some clinical representatives also hold contracts for other work within the health community, or agree to carry out work over and above their normal professional executive committee duties.

Name and Title	Pension Entitlements							
	Real increase in pension at age 60 (bands of £2,500)	Real increase in pension lump sum at age 60 (bands of £2,500)	Total accrued pension at age 60 at 31 March 2009 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2009 (bands of £5,000)	Cash equivalent transfer value at 31 March 2009	Cash equivalent transfer value at 31 March 2008	Real increase in cash equivakent transfer value	Employer's contribution to stakeholder pension (rounded to nearest £00)
	£000	£000	£000	£000	£000	£000	£000	£000
Ms C.Griffiths - chief executive	0 - 2.5	5 - 7.5	55 - 60	175 - 180	1,196	879	295	n/a
Dr K.Herbert - deputy chief executive (to 08/05/08) ***	-	-	-	-	-	-	-	n/a
Mr K.Simkins - director of finance	0 - 2.5	5 - 7.5	30 - 35	90 - 95	511	369	133	n/a
Dr S.Freeman - director of information and corporate performance	0 - 2.5	0 - 2.5	0 - 5	5 - 10	54	34	19	n/a
Mr P.Huskinson - director of strategy and healthcare reform	0 - 2.5	2.5 - 5	5 - 10	20 - 25	93	61	30	n/a
Mrs A.Barrett - director of nursing and quality (to 31/07/08) ***	-	-	-	-	-	-	-	n/a
Ms R.North - director of provider development	0 - 2.5	2.5 - 5	30 - 35	90 - 95	568	422	135	n/a
Mr M.Patel - director of corporate affairs (from 18/09/08)	2.5 - 5	12.5 - 15	5 - 10	25 - 30	139	52	86	n/a
Mrs C.Davenport - director of strategy (from 01/06/08)	0 - 2.5	7.5 - 10	5 - 10	20 - 25	107	57	48	n/a
Mrs R.Stuckey - director of primary care	5 - 7.5	22.5 - 25	15 - 20	50 - 55	346	156	186	n/a
Mrs E.Rowbotham - director of quality (from 15/09/08)	0 - 2.5	0 - 2.5	15 - 20	45 - 50	315	233	76	n/a
Mr N.Skea - interim director of organisation, development and workforce	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Professor A.Rashid - medical director (from 02/02/09)	0 - 2.5	0 - 2.5	5 - 10	15 - 20	118	84	32	n/a
Mrs C.O'Brien - interim director of quality (01/09/08 - 27/09/08)	0 - 2.5	0 - 2.5	0 - 5	0 - 5	18	11	6	n/a
Mr J.Gant - chairman	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Mr K.Mamujee - non executive director	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Mr D.Blake - non executive director	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Mrs C.Ellis - non executive director	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Ms M.Galley Taylor - non executive director	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Mrs A.Holland - non executive director	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Mr W.Kendrick - non executive director	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Mr P Kersey – non executive director	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Past and present employees are covered by the provisions of the NHS Pensions Scheme. As this is a central scheme, which also covers other NHS employers, it is not possible for the NHS LCR to identify its share of the underlying assets and liabilities; therefore it is accounted for as a defined contributions scheme, the cost being equal to the contributions payable in the accounting period.

*** K. Herbert and A.Barrett retired during the course of the year.

Related Party Transactions

NHS LCR is a body corporate established by order of the Secretary of State for Health.

During 2008/09, no material transactions were undertaken with board members or members of the key management staff or parties related to them.

The Department of Health is regarded as a related party. During the year, NHS LCR has had a significant number of material transactions with the department, and with other entities for which the department is regarded as the parent department. These entities are listed below:

	Debtors	Creditors	Income	Expenditure
	£'000	£'000	£'000	£'000
Barnsley PCT	1,571	0	7,548	7,615
Bassetlaw PCT	0	216	6,641	0
Birmingham Children's Hospital NHS Foundation Trust	65	0	0	2,278
Buckinghamshire Hospitals NHS Trust	65	0	0	1,118
Burton Hospitals NHS Trust	0	0	0	5,065
Burton Hospitals NHS Foundation Trust	0	249	0	4,012
Cambridge University Hospitals NHS Foundation Trust	36	0	0	4,288
Department of Health	133	689	0	1,056
Derby City PCT	664	2	24,994	0
Derby Hospitals NHS Foundation Trust	12	2,829	0	26,920
Derbyshire County PCT	1,595	641	41,691	26
East Midlands Ambulance Service NHS Trust	0	4	0	15,271
East Midlands Strategic Health Authority	1,273	274	1,010	664
George Eliot Hospital NHS Trust	31	85	31	11,627
Great Ormond Street Hospital for Children NHS Trust	133	2	0	1,980
Guy's and St Thomas' NHS Foundation Trust	188	1	0	1,610
Imperial College Healthcare NHS Trust	103	120	0	1,117
Kettering General Hospital NHS Trust	0	0	0	5,636
Kettering General Hospital NHS Foundation Trust	15	104	0	4,280
Leicester City PCT	3,054	3,896	79,380	10,570
Leicestershire Partnership NHS Trust	139	2,171	1,033	60,671
Lincolnshire PCT	4,246	26	59,366	53
NHS Business Services Authority	0	179	0	3,293
Northampton General Hospital NHS Trust	6	105	0	4,811
Northamptonshire PCT	1,210	0	67,752	0
Nottingham City PCT	999	67	30,009	187
Nottingham University Hospitals NHS Trust	1,799	5,922	0	105,218

	Debtors	Creditors	Income	Expenditure
	£'000	£'000	£'000	£'000
Nottinghamshire County PCT	468	0	51,312	0
Nottinghamshire Healthcare NHS Trust	8	64	8	49,194
Nuffield Orthopaedic Centre NHS Trust	1	78	0	2,335
Oxford Radcliffe Hospitals NHS Trust	52	486	0	21,558
Papworth Hospital NHS Foundation Trust	1	449	0	4,057
Peterborough and Stamford Hospitals NHS Foundation Trust	142	0	0	3,462
Royal Brompton and Harefield NHS Trust	10	68	0	2,052
Royal Free Hampstead NHS Trust	12	0	0	1,005
Sheffield Children's Hospital NHS Foundation Trust	360	60	0	2,756
Sheffield Teaching Hospitals NHS Foundation Trust	795	492	0	12,751
Sherwood Forest Hospitals NHS Foundation Trust	1	529	0	2,341
South East Coast Strategic Health Authority	0	0	1,675	0
United Lincolnshire Hospitals NHS Trust	54	1,883	0	18,836
University College London NHS Foundation Trust	146	49	0	2,530
University Hospital Birmingham NHS Foundation Trust	14	918	0	2,884
University Hospitals of Coventry and Warwickshire NHS Trust	0	778	0	6,754
University Hospitals of Leicester NHS Trust	627	4,547	2,295	338,246
Warwickshire PCT	29	726	13	1,808
West London Mental Health NHS Trust	0	84	0	1,624
Western Cheshire PCT	0	0	1,881	668

Payments made to GP practices where partners are an active member of the NHS LCR professional executive committee (PEC):

Dr C Trzcinski (GP Practice Transactions)	0	0	0	724
Dr N Willmott (GP Practice Transactions)	0	6	0	1,053
Dr D Briggs (GP Practice Transactions)	0	9	0	4,607
Dr R Hampton (GP Practice Transactions)	0	2	0	968
Dr I Kuncewicz (GP Practice Transactions)	0	0	0	860
Dr H Mistry (GP Practice Transactions)	0	15	0	2,821
Dr N Pulman (GP Practice Transactions)	0	0	0	1,108

In addition, the NHS LCR has had a significant number of material transactions with other government departments and other central and local government bodies. Most of these transactions have been with Leicestershire County Council in respect of the Learning Disabilities Pooled Budget.

Prior year comparators (2007/08)

During 2007/08 the following board members or members of the key management staff or parties related to them had undertaken transactions with NHS LCR:

	Payments to Related Party £'000	Receipts from Related Party £'000	Amounts owed to Related Party £'000	Amounts due from Related Party £'000
South Leicestershire College (Mr Kaaeed Mamujee - PCT non executive director and vice chairman of South Leicestershire College)	0	6	0	0

The Department of Health is regarded as a related party. During 2007/08, NHS LCR had a significant number of material transactions with the department, and with other entities for which the department is regarded as the parent department. These entities are listed below:

	Debtors	Creditors	Income	Expenditure
	£'000	£'000	£'000	£'000
Barnsley PCT	265	21	18,202	189
Birmingham Children's Hospital NHS Foundation Trust	0	221	16	1,997
Burton Hospitals NHS Trust	0	440	0	8,808
Derby City PCT	0	6	4,971	35
Derby Hospitals NHS Foundation Trust	0	238	0	6,102
Derbyshire County PCT	0	600	7,321	376
East Midlands Ambulance Service NHS Trust	0	22	0	13,984
East Midlands Strategic Health Authority	1,310	226	808	5,021
George Eliot Hospital NHS Trust	0	6	30	11,145
Great Ormond Street Hospital for Children NHS Trust	0	89	0	1,658
Guy's and St Thomas' NHS Foundation Trust	0	220	0	2,251
Kettering General Hospital NHS Trust	0	130	0	5,177
Leicester City PCT	189	553	71,993	12,106
Leicestershire Partnership NHS Trust	16	2,586	1,826	65,481
Lincolnshire PCT	187	12	9,158	8
Mersey Care NHS Trust	399	0	0	1,253
NHS Business Services Authority	0	192	0	2,806
Northamptonshire PCT	1,293	0	72,792	406

	Debtors	Creditors	Income	Expenditure
	£'000	£'000	£'000	£'000
Nottingham City PCT	90	19	5,553	19
Nottinghamshire County PCT	147	5	8,532	5
Nottingham University Hospitals NHS Trust	0	630	0	15,657
Nottinghamshire Healthcare NHS Trust	0	340	0	51,626
Nuffield Orthopaedic Centre NHS Trust	130	0	0	2,316
Oxford Radcliffe Hospitals NHS Trust	8	1,055	8	24,718
Peterborough & Stamford Hospitals NHS Foundation Trust	0	379	0	3,627
Royal Brompton and Harefield NHS Trust	0	478	0	1,736
Royal Free Hampstead NHS Trust	0	201	0	1,118
Sheffield Teaching Hospitals NHS Foundation Trust	0	76	0	1,356
United Lincolnshire Hospitals NHS Trust	127	0	42	1,576
University College London NHS Foundation Trust	0	34	0	1,871
University Hospital Birmingham NHS Foundation Trust	0	110	0	1,611
University Hospitals Coventry and Warwickshire NHS Trust	0	760	0	5,377
University Hospitals of Leicester NHS Trust	2,254	7,463	2,023	312,757
Warwickshire PCT	117	433	99	1,503
Western Cheshire PCT	19	449	1,274	1,057

Payments made to GP practices where partners are an active member of the NHS LCR's professional executive committee (PEC):

Dr C Trzcinski (GP Practice Transactions)	0	0	0	815
Dr N Willmott (GP Practice Transactions)	0	0	0	1,177
Dr D Briggs (GP Practice Transactions)	0	0	0	5,663
Dr R Hampton (GP Practice Transactions)	0	0	0	1,018
Dr I Kuncewicz (GP Practice Transactions)	0	0	0	896
Dr H Mistry (GP Practice Transactions)	0	0	0	3,099
Dr N Pulman (GP Practice Transactions)	0	0	0	1,188

In addition, the NHS LCR has had a significant number of material transactions with other government departments and other central and local Government bodies. Most of these transactions have been with the Leicestershire County Council in respect of the Learning Disabilities Pooled Budget.

Statement of the chief executive's responsibilities as the accountable officer of the primary care trust

The Secretary of State has directed that the chief executive should be the accountable officer to the primary care trust. The relevant responsibilities of accountable officers are set out in the Accountable Officers Memorandum issued by the Department of Health. 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 primary care trust
- the expenditure and income of the primary care 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
- annual statutory accounts are prepared in a format directed by the Secretary of State with the approval of the Treasury to give a true and fair view of the state of affairs as at the end of the financial year and the net operating cost, recognised gains and losses and cash flows for the year.

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

Catherine Griffiths, chief executive

Date: 11 June 2009

Statement on internal control 2008/09 Leicestershire County and Rutland Primary Care Trust

1. Scope of responsibility

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.

The objectives of the organisation reflect the Health and Social Care Outcomes Framework, and along with the principal risks to the organisation, reflect the domains of the Standards for Better Health. The board assurance framework captures the principal objectives, risks and gaps within NHS LCR as well as providing positive assurance and details of the controls in place to mitigate these risks. The Board Assurance Framework itself provides me with evidence on the effectiveness of controls that manage the risks to the organisation.

There are extensive arrangements in place for working with stakeholders and partner organisations, including close working with NHS East Midlands Strategic Health Authority (SHA), local NHS trusts and commissioning organisations and the emergency services.

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 organisation's policies, aims and objectives
- 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 NHS LCR for the year ended 31 March 2009 and up to the date of approval of the annual report and accounts.

3. Capacity to handle risk

NHS LCR has in place a risk management strategy and policy. This provides guidance to staff in managing risk and is supported by training for staff in managing the risks relevant to their areas of responsibility. These policies and procedures describe reporting frameworks and the process for managing risks within the organisation. The strategy and associate policies are reviewed by the author and relevant board committee prior to being approved by the board on an annual basis. This ensures they remain up-to-date and reflective of the organisation.

Our governance and assurance processes have been underpinned by a set of standing orders/standing financial instructions (SOs/SFIs) that have been brought up to date and that fully reflect the transition to arms length arrangements for our provider organisation, (LCRCHS). To reflect this transition the LCRCHS operational management board has responsibility for oversight of the LCRCHS risks. Further scrutiny and assurance around the LCRCHS risk register takes place within the CHS board with subsequent reporting into NHS LCR board.

Detailed scrutiny of overall financial performance and performance against all national and local targets takes places through board overview. Since February 2009 this has also been monitored within a monthly meeting attended by all executive directors of NHS LCR. As a consequence, the finance and contracting performance committee was abolished in January 2009 and the assurance and performance committee now has a more focused role to scrutinise and be assured that NHS LCR achieves the required performance levels against all national targets including those set by the Healthcare Commission, (now the Care Quality Commission) and Vital Signs targets and where that is not the case, to be assured that the appropriate plans are in place to achieve that level of performance within agreed timescales.

Prior to August 2008 the director of quality was the nominated executive lead for corporate risk management. Since August 2008 the director of corporate affairs is the nominated executive lead for risk management. The director of quality is the nominated executive that leads for clinical risk management. Following the review and approval of revised committee structures within NHS LCR in December 2008, clinical governance is now more clearly channelled into the professional executive committee with a quarterly report now going to the board on clinical governance matters.

4. The risk and control framework

Risk management is an integral part of good management processes and the proactive and continuous management of risk is essential to the efficient and effective delivery of an organisation's objectives. Risk management is key to delivering the requirements of governance. The risk management strategy and policy within NHS LCR sets out the strategic and operational frameworks for the successful management of risk.

The board of NHS LCR has ultimate responsibility for risk management and for agreeing the annual statement on internal control. It needs to be satisfied that appropriate strategies and policies are in place and that internal control systems are functioning effectively so that key risks that may threaten the achievement of strategic objectives are identified, recorded and minimised. Exception reports to the board on high risks are reported as required along with an annual risk management report. These reports are supplemented with reports to the assurance and performance committee and following review of the trust's committee structure, to the audit committee from January 2009, on the high risks faced by the organisation.

NHS LCR has adopted a common framework for the assessment and analysis of all risks whether they are clinical, financial or organisational. The actions required to treat the risks are documented on the risk register, which is updated as risks continue to be assessed and treated. Detailed individual risk treatment action plans will be prepared for each strategic risk and other risks attracting a score rating of 'high' or above. The leadership of NHS LCR has instructed all directorates, departments and specialties to maintain risk registers so that risks in each area can be identified and managed.

The board assurance framework provides NHS LCR with a comprehensive method for the effective and focussed management of the principle risks to meeting their strategic objectives. It demonstrates how risks are communicated throughout the organisation. The board assurance framework identifies which of the organisation's objectives are at risk because of inadequacies in the operation of controls or where the organisation has insufficient assurance. At the same time, it provides structured assurances about where risks are being managed effectively and objectives are being delivered.

NHS LCR has developed systems both through its reporting processes and policies for managing risks that involve public stakeholders. Our patient and public involvement strategy has been developed and embedded with the help of stakeholders. Stakeholder involvement is gained through active communication with the population of Leicestershire and Rutland, membership of the professional executive committee, involvement of the non executive directors in key business activities of the organisation and an active involvement with the emerging Local Involvement Networks (LINks).

The head of internal audit has given significant assurance that there is a generally sound system of internal control, designed to meet the organisation's objectives and that controls are generally being applied consistently. For one audit assignment on the review of payroll, limited assurance was provided. Additional work following a change of payroll provider was completed during the year by the internal auditors and actions have been taken to address their recommendations. Further substantive checking of controls has been undertaken by NHS LCR's external auditors. This has provided a satisfactory level of assurance.

NHS LCR is not fully compliant with the core standards for better health for the full year. In year non-compliance has been addressed and is detailed in section 5.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with. NHS LCR has now ensured that there is frequent reporting into the board on equality issues. NHS LCR has also sought to ensure that the board has the wider contextual understanding to undertake its obligations in this area and the board has received a half day training session on equality and diversity.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the scheme are in accordance with the scheme rules, and that member pension scheme records are accurately updated in accordance with the timescales detailed in the regulations. There are some issues relating to the accuracy of the pension records identified with previous payroll providers. These issues are now being worked on in conjunction with SBS, the new payroll provider. This is part of the national data cleansing exercise and is due to be completed by December 2009.

NHS LCR's Joint Information Governance Steering Group (JIGSG) is responsible for ensuring that the organisation's information assets are securely maintained. The JIGSG annually reviews its information governance policy, strategy and action plans to ensure that the processes and procedures for managing information are congruent with national and local policy. Exception reporting against all areas of the action/implementation plans is presented as a performance report to the assurance and performance committee to ensure early identification of any risks.

Internal audit has confirmed that processes within NHS LCR are in line with the requirements of the framework, and positive assurances for the organisation's Information Security Management System have been provided. As part of the National Information Governance Assurance Framework serious untoward incidents involving personal data must now be included in the annual reports. A summary of serious untoward incidents involving personal data as reported to the Information Commissioner's Office in 2008/09 within NHS LCR is outlined in section 5.

Review of effectiveness

As accountable officer, I have responsibility for reviewing the effectiveness of the system of internal control; my review is informed in a number of ways:

- the head of internal audit provides me with an opinion on the overall arrangements for gaining assurance through the board assurance framework and on the controls reviewed as part of the internal audit work

- executive managers within the organisation who have responsibility for the development and maintenance of the system of internal control provide me with assurance
- the board assurance framework itself provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been reviewed.

My review is also informed by Healthcare Commission's (now the Care Quality Commission) Core Standards for Better Health self-assessment declaration compliance with the NHS Litigation Authority risk management standards, reports from external auditors, internal auditors, NHS LCR's committees and sub-committees and the overall performance management framework within NHS LCR.

I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the audit committee, the assurance and performance committee, the finance and contracting performance committee, which disbanded in January 2009, the performance executive committee and the clinical governance committee. A plan to address weaknesses and ensure continuous improvement to the system is in place.

The process that has been applied in maintaining and reviewing the effectiveness of the system of internal control is as follows:

- NHS LCR's board ensures that it is satisfied that appropriate strategies and policies are in place and that internal control systems are functioning effectively so that key risks that may threaten the achievement of strategic objectives are identified, recorded and minimised
- the audit committee reviews the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical) that supports the achievement of the organisation's objectives. The committee rigorously monitors completion of follow-up issues recommended in audit reports. The audit committee receives a formal opinion from the head of internal audit on the degree of assurance that can be derived from the system of internal control
- the assurance and performance committee ensures NHS LCR delivers on the targets it is responsible for through integration of information and performance activities across the organisation, including scrutiny and providing assurance to the board regarding remedial action plans for areas of non-compliance against statutory frameworks e.g. the Standards for Better Health and national targets.

The Healthcare Commission awarded NHS LCR improved ratings in its Annual Health Check. In the results released in September 2008, we received 'fair' ratings for both quality of services and use of resources. This compared to

'weak' ratings in both areas the previous year. There have been significant control issues highlighted through non-compliance with NHS LCR's Core Standards for Better Health Declaration in 2008/09. These are tabled below:

C4d: healthcare organisations keep patients, staff and visitors safe by having systems to ensure that medicines are handled safely and securely.
This standard was declared compliant as from February 2009. It was not met during 2008/09 due to a serious untoward incident that highlighted further work was required to strengthen the policy and monitoring framework for management of medicines.
Actions taken to ensure compliance during 2008/09: • development and implementation of revised medicines policy and standing operating procedures • implementation of a training plan that ensured that all appropriate staff received the required level of training • a revised clinical audit plan was introduced for all medicines, including controlled drugs.

C5b: healthcare organisations ensure that clinical care and treatment are carried out under supervision and leadership
This standard was declared compliant as from February 2009. It was not met during 2008/09 due to gaps identified by an internal audit review of clinical supervision. It identified weaknesses in policy design and application.
Actions taken to ensure compliance during 2008/09: • revised and re-launched clinical supervision policy • delivery of clinical supervision training • re-launched clinical supervision records • introduction of a clinical governance review process to gain assurances at an operational level of active participation • monitoring of delivery of recommendations from the internal audit clinical supervision review.

C5c: healthcare organisations ensure that clinicians continuously update skills and techniques relevant to their clinical work
This standard was declared as compliant from February 2009. It was deemed in-year that there was insufficient assurance due to a weakness in the design of key systems and processes required to record and report accurately on all training being delivered within the organisation.
Actions taken to ensure compliance during 2008/09: • revised study leave policy was implemented • systems were strengthened to record and report on training activity • a performance monitoring framework was implemented to review training uptake at an operational level • a clinical education group was established to focus on the key needs for clinical staff groups.

C7e: healthcare organisations challenge discrimination, promote equality and respect human rights
This standard was declared compliant as from March 2009. This standard was declared as having insufficient assurance for 2006/07 and a number of actions were put in place during 2007/08. It was envisaged that these actions would be completed by September 2008 and whilst some of these actions were delivered by this date others were still outstanding.
Actions taken to ensure compliance during 2008/09: • consulted with minority groups to develop a single equality scheme. This has been published on NHS LCR website • shared learning with NHS Leicester City • Leicester Together Independent Advisory Forum launched • minority staff support network launched • an LCRCHS specific single equality scheme was developed and implemented • all directorates produced action plans incorporating equality impact assessment action plans • directorate champions identified • equality impact assessments completed and published on NHS LCR's website • comprehensive race equality action plan developed • reviewed Disability Discrimination Act (DDA) compliance within NHS LCR • DDA compliance group established to take forward key strands of work, e.g., DES priorities, Michaels Report • EDHR policy developed • human resources framework/guidance established • comprehensive employment monitoring guidance developed.

C11c: healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in further professional and occupational development commensurate with their work throughout their working lives.
This standard was declared compliant as from February 2009. This standard was declared as not met for 2007/08. Therefore a number of actions were put in place to provide this assurance for 2008/09. It was deemed not met due to a weakness in the design of key systems and processes required to record and report accurately on all training being delivered within the organisation.
Full compliance with this standard was dependent upon delivery of action plans associated with C5c and C8b in addition to actions identified below. • a review of learning and development activity across NHS LCR was conducted to ensure a more focussed and co-ordinated approach. This will ensure a clear strategy for future delivery against pre-determined needs • a talent management strategy has been developed and implemented which will include promoting development opportunities for staff from minority groups • systems have been introduced which will record and evidence opportunities offered to BME groups and success in recruitment process.

C8b: healthcare organisations support their staff through organisational and personal development programmes which recognise the contribution and value of staff and address, where appropriate, under representation of minority groups
This standard was declared compliant as from March 2009. It was deemed non compliant during the year due to poor uptake for PDRs as evidenced through the national staff opinion survey and following specific recommendations made following the Healthcare Commission race equality review in December 2007.
Actions taken to ensure compliance during 2008/09: • conducted audit and updated workforce data to capture equal opportunity data for current employees • produced workforce metrics to evidence take up of training opportunities within NHS LCR • completed training needs assessment across provider and corporate functions and produce training plan. • joint staff engagement forum established • worked with BME groups to understand any issues/barriers to development and identify ways to ensure BME groups are offered opportunities for development to senior roles and address any under representation • addressed generic training needs • developed and implemented a talent management strategy which will include promoting development opportunities for staff from minority groups.

A summary of serious untoward incidents involving personal data as reported to the Information Commissioner's Office in 2008/09 within NHS LCR is outlined below:

Summary of serious untoward incidents involving personal data as reported to the Information Commissioner's Office in 2008/09

Date of incident	Nature of incident	Nature of data involved	Number of people potentially affected	Notification steps
April 2008	Leicester Mercury newspaper had in their possession photographs from the inside of the old Loughborough General on Baxtergate, Loughborough identifying health records, in particular old physiotherapy notes.	Initial findings identified the records as Leicestershire Health Authority from approx 20 years ago.	11 bundles of minor casualty/ MIU and 891 physiotherapy records.	A table top review of the findings was conducted on the 30 April 2008. The investigation report was shared with NHS East Midlands.

Further action on information risk	• Based on the age and condition of the records once the investigation had been completed, the records were confidentially destroyed. • Review decommissioning process to confirm controls and assurance mechanisms are robust for future decommissioning of premises. • Check all remaining decommissioned premises for any records that may have been missed.

Date of incident	Nature of incident	Nature of data involved	Number of people potentially affected	Notification steps
June 2008	A print-out and laptop computer was stolen from a nurse's car.	A print-out containing details of home oxygen patients - including name, address, NHS number and GP details.	233 home oxygen patients.	NHS East Midlands were informed. The incident was reported on STEIS. Letters were sent out to all patients affected.
Further action on information risk	• Confidentiality Code of Conduct, process for managing patient visits and appointments newly approved and data protection leaflets to be sent out to locality service managers for dissemination to all teams. Team leaders to then disseminate to teams and get sign-off from staff confirming that they have read and understood. • Review of staff record keeping - possibly carry out a random sampling audit of staff clinical records. • Specialist community teams need to be provided with wireless free technology with immediate effect. • Review of technological support for clinicians working in the community.			

The external auditors have issued a qualified 'except for' Value for Money opinion following guidance from the Audit Commission relating to the World Class Commissioning competency assessment. Leicestershire County and Rutland Primary Care Trust's external auditors were unable to obtain sufficient appropriate evidence that we had adequate arrangements in place for commissioning quality services based on the results of the Department of Health's World Class Commissioning assessment reported in November 2008 which align with the Audit Commission's criteria on commissioning and procuring quality services.

The External Auditors are satisfied to note that since the World Class Commissioning review was carried out Leicestershire County and Rutland Primary Care Trust has undertaken a significant number of actions to address the recommendations raised which should result in significant improvements in arrangements for commissioning and procuring quality services and supplies tailored to local needs, to deliver sustainable outcomes and value for money in 2009/10, which in particular includes documentary evidence that:

- action plans for all competencies have been reviewed by NHS LCR's board
- seperate strategies for market development, competition and contestibility and contract negotiation have been developed and implemented
- extensive consultation has been undertaken for the local operating plan 2009/10
- NHS LCR has developed and introduced a membership scheme to enable ongoing engagement with local stakeholders

All of the above actions were carried out prior to the 31 March 2009.

Signed on behalf of the NHS LCR board:

Miss Catherine Griffiths, chief executive

Date: 11 June 2009

Amendments to the standing orders (SOs) and standing financial instructions (SFIs)

1. Introduction

NHS LCR is required to review their SOs and SFIs on an annual basis to ensure organisational developments are reflected in these key documents.

Recent organisational changes include the move to an Autonomous Provider Organisation (APO), the expansion of the East Midlands Specialised Commissioning Group (EMSCG) and the change in strategic focus from financial turnaround to lifestyle turnaround.

This paper summarises the main amendments made to the SOs and SFIs as a result of these developments.

2. Scheme of delegation

The key changes made to the scheme of delgation are highlighted in Appendix 1. All the changes to the scheme of delegation reflect the new committee structure and the Provider Commissioner split.

3. Delegated limits in SFIs

The previous delegated limits have been included as Appendix 2 with the revised limits identified in Appendix 3.

The main changes represent an increase in delegated responsibility from board to budget-holder level which begins to re-align NHS LCR with other similar organisations. An example of this is shown in the tendering limits below:

Process for procurement of goods and services:	2008/09 £		2009/10 (recommended) £	
Designated budget-holders	up to	10,000	up to	15,000
Competitive quotations from, at least, three sources	up to	25,000	up to	50,000
Formal tendering process	over	25,000	over	50,000
EU tendering limit	over	93,898	over	90,319

The other key changes to the limits include an increase in the responsibilities for associate, deputy and executive directors for the awarding of contracts and service level agreements (SLAs). For example, in 2008/09, tendered contracts and authorisation of requisitions for goods and services with a value over £250k needed to be approved by the board, however, this has been increased to £500k in the revised document. All revisions can be seen in appendices 1 and 2.

The revised document also specifically outlines the delegated responsibilities of EMSCG and the capital planning group.

Register of interests 2008/09

Chairs and non-executives are appointed for a fixed period not exceeding four years. They may be considered for reappointment for a second term without an open competition; however there is no guarantee of reappointment. A third term of office will invariably require an open competition. The Commissioner for Public Appointments states that no-one can serve for more than ten years in the same position in the same organisation.

Chairs and non-executives are eligible to be considered for uncontested re-appointment provided they have a record of consistently good performance. However, as indicated in the terms and conditions of appointment, there is no automatic right to be re-appointed.

Name of non executive director (NED)	Start Date	End Date (if applicable) or reappointment date	Description of interest	Is the interest current?
Mr David Blake, NED	01.10.2006	N/A	Nil	
Mrs Catherine Ellis, NED	01.10.2006	N/A	Member of Institute of Chartered Accountants England & Wales	Yes
			Owns/remunerated employment in Cathy Ellis Consulting	Yes
Mr John Gant CB, chairman	01.10.2006	N/A	Member of the Audit Committee at the Statistics Commission, London - Unpaid	Ends 31/03/2008
Mrs Ann Holland, NED	01.10.2006	N/A	Independent member of Leicestershire Police Authority	Yes
Mr Warwick Kendrick, NED	01.10.2006	N/A	Member of Chartered Institute of Management Accountants	Yes
Mr Paul Kersey, NED	01.04.2008	30.09.2012	Director at Alliance Medical Ltd	Yes
Mr Kaaeed Mamujee, NED	01.10.2006	N/A	Director of M Cubed Ltd – M Cubed is a Chartered Accountancy Practice	Yes
			Vice Chairman of South Leicestershire College	Yes
			Chair of the finance sub-committee of the South Leicestershire College	From May 2008 for 1 year only
			President of the Leicestershire and Northamptonshire Society of Chartered Accountants	Yes
			Member of the Institute of Chartered Accountants in England and Wales	Yes
			Member of the Round Table	Yes
Ms Meg Galley Taylor, NED	01.10.2006	N/A	Company Secretary of the Diseworth Heritage Trust	Yes
			Honorary Fellow of the Ergonomics Society and Chair of the Honours Committee	Yes

Name of PEC member	Start Date	End Date (if applicable) or reappointment date	Description of interest	Is the interest current?
Dr D. Briggs, PEC member	01.10.2007	N/A	Owns Latham House Medical Practice where he is a GP	Yes
			Works as a Clinical Assistant at Melton Hospital	Yes
Dr R.H. Hampton, PEC member	01.10.2007	N/A	Is a GP at Bushloe End Surgery	Yes
			Sessional work as an occupational physician	Yes
			Sessional Out Of Hours (OOH) work for Leicestershire County & Rutland PCT	Yes
			Does Consultancy work as a GP & an Occupational Physician	Yes
Dr I.R. Kuncewicz, PEC member	01.10.2007	N/A	GP at The Central Surgery, Leicestershire	Yes
Dr H.K. Mistry, PEC member	01.10.2007	N/A	Partner at Market Harborough Medical Centre	Yes
			Member of the Faculty Board – Leicester Branch of RCGP	Yes
			Treasurer at the BMA	Yes
Dr N.R. Pulman, PEC member	01.10.2007	N/A	GP at The Central Surgery, Leicestershire	Yes
Dr Chris Trzcinski, PEC chairman	01.10.2007	N/A	Member of B.M.A	Yes
			Partner at Markfield Medical Centre	Yes
			Wife works for NAPP Pharmaceuticals	Yes
Dr N.J Willmott, PEC member	01.10.2007	N/A	Works for the Leicestershire County & Rutland PCT, North Warwickshire PCT and UC24 Out Of Hours (OOH)	Yes
			Partner at Castlemead Medical Centre	Yes

Name of director	Start Date	End Date (if applicable) or reappointment date	Description of interest	Is the interest current?
Mrs Anna Barrett, director of quality and nursing	09.10.2006	31.07.2008	Nil	N/A
Mrs Cheryl Davenport, director strategy	01.06.2008	N/A	Husband is Business Banking Director for Fortis Bank	Yes
Dr Simon Freeman, director of information and corporate performance	01.11.2006	N/A	Appointed as Cadeby Parish Councillor	Yes
Miss Catherine Griffiths, chief executive	01.10.2006	N/A	Nil	N/A
Dr Kevin Herbert, former deputy chief executive/ medical director	01.10.2006	08.05.2008	Married to a General Dental Practitioner with a significant NHS dental contract	Yes
			Wife is the Secretary of Northamptonshire Local Dental Committee	Yes
Mr Peter Huskinson, director of market development	01.01.2009	N/A	Nil	N/A

Dr Judy Jones, interim director of public health/ health improvement	N/A	N/A	Deputy Regional Director of Public Health for the Department of Health	Yes
			Board Member of the Faculty of Public Health – Trustee	Yes
			Member of the following: • Faculty of Public Health • Royal college of General Practitioners • British Medical Association • British Association of Medical Managers • General Medical Council • Faculty of Family Planning & Reproductive Healthcare • Royal Society of Medicine • Society of Social Medicine • Association of University Departments of General Practice • FDA Union	Yes
Mrs Rachel North, director of community health services	01.10.2008	N/A	Member of the Nursing and Midwifery Council (NMC)	Yes
Mr Moosa Patel, director of corporate affairs	18.09.2008	N/A	Member of the Institute of Chartered Secretaries & Administrators	Yes
			The UK Health Care Advisor to the Director General at the Department of Health & Human Services, State of Tasmania, Australia – remunerated position	Yes
Mrs Carmel O'Brien, interim director of quality	01.09.2008	27.09.2008	Nil	N/A
Mrs Liz Rowbotham, director of quality	01.10.2009	N/A	Nil	N/A
Mr Karl Simkins, director of finance	01.09.2007	N/A	Member of the Chartered Institute of Management Accountants	Yes
			Member the Association of a Accounting Technicians and Member of the Healthcare Financial Management Association	Yes
Mr Nigel Skea, interim director of organisational development and workforce	N/A	N/A	Owns/Remunerated Employment in Consult N Skea Ltd	Yes
			Chartered Fellow of the Chartered Institute of Personnel Development	Yes


ENTRANCE 1
Wards & Day Hospitals
ENTRANCE 2
Outpatients, X-ray

Alternative versions

We can provide copies of the Annual Report in Braille, audio cassette tape, disk, large print and other languages on request. Please contact Jo Lilley, on 0116 295 7626, email jo.lilley@lcr.nhs.uk or write to the address below.

We welcome feedback and comments on this report and on the services we provide. You can find out more about our working in the following ways:

Visit our website at **www.lcr.nhs.uk.**

Contact the Patient Advice and Liaison Services (PALS), tel: 01455 441971 or 01509 564444, email pals@lcr.nhs.uk.

یہ این ایچ ایس لیسٹر شائر کاؤنٹی اور رٹلینڈ کی سال 2008/9 کی سالانہ رپورٹ ہے۔ اگر آپ کو اس معلومات کا ترجمہ درکار ہے تو برائے مہربانی انگیجمنٹ ٹیم کو 0116 295 7626 پر رابطہ کریں۔

NHS (ऐनऐचऐस) लैस्टरशायर काउन्टी और रॅटलैन्ड की वर्ष 2008/09 की वार्षिक रिपोर्ट है । यदि आप को इस का भाषा अनुवाद चाहिये हो तो कृपया इन्गेज़मन्ट टीम के साथ 0116 295 7626 पर सम्पर्क करें ।

આ એન.એચ.એસ.(NHS) લેસ્ટરશાયર કાઉન્ટિ અને રટલેન્ડનો 2008/9 નો વાર્ષિક હેવાલ છે. જો તમારી ઇચ્છા માહિતીનું ભાષાંતર કરાવવા હોય તો મહેરબાની કરી 0116 295 7626 ઉપર એંગેજમેન્ટ ટીમનો સંપર્ક કરો.

這是萊斯特郡和瓦特蘭國民保健服務 2008/9 的年度報告。如果你想要此資料被翻譯, 請打電話: 0116 295 7626 聯絡從事組。

এটা এন.এইচ.এস (NHS) লেষ্টারশায়ার কাউন্টি ও রাটল্যান্ড'এর 2008/9 সালের বাৎসরিক রিপোর্ট । আপনি যদি এই তথ্যগুলোর অনুবাদ চান, তাহলে অনুগ্রহ করে 0116 295 7626 নম্বরে এনগেজমেন্ট টিমের সাথে যোগাযোগ করুন ।

هذا هو التقرير السنوي 2008/9 لمقاطعة ليسترشاير و روتلاند. إذا كنتم ترغبون أن تترجم هذه المعلومات، فالرجاء الإتصال بفريق الإرتباط على الرقم 0116 295 7626.

ਇਹ NHS (ਐਨਐਚਐਸ) ਲੈਸਟਰਸ਼ਾਇਰ ਕਾਉਂਟੀ ਅਤੇ ਰਟਲੈਂਡ ਦੀ ਸਾਲ 2008/9 ਦੀ ਸਾਲਾਨਾ ਰਿਪੋਰਟ ਹੈ । ਜੇਕਰ ਤੁਸੀਂ ਇਸ ਜਾਣਕਾਰੀ ਦਾ ਭਾਸ਼ਾ ਅਨੁਵਾਦ ਚਾਹੁੰਦੇ ਹੋਵੋ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਇੰਗੇਜਮੈਂਟ ਟੀਮ ਨਾਲ 0116 295 7626 ਤੇ ਸੰਪਰਕ ਕਰੋ ।

Tani waa warbixinta sanadlaha ah ee 2008/9 looguna tallogalay adeegga caafimaadka ee NHS-ta gobolyaraha Leicestershire County iyo Rutland . Haddii aad jeclaan laheyd wargelinta oo turjuman fadlan la soo xirriir kooxda hawlgelinta oo laga helo 0116 295 7626.

To jest roczny raport 2008/9 dla NHS Leicestershire County i Rutland (NFZ Hrabstwa Leicestershire i Rutland). Jesli chcialbys aby te informacje zostaly przetlumaczone prosze o kontakt z zespolem ds. zaangazowania: 0116 295 7626.

NHS Leicestershire County and Rutland is the operating name for Leicestershire County and Rutland PCT.

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