



Annual Report and Summary Accounts 2008/09

A University Teaching Trust

It's time to

Think again.

Change.

attitudes towards mental
health and learning disability

Leicestershire Partnership **NHS**
NHS Trust

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Welcome to our Trust

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Profile of the Trust

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Review of the Year

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This Annual Report 2008/09 was approved by the Trust Board at its meeting on 8th June 2009. Signed on behalf of the Board of Leicestershire Partnership NHS Trust.

Professor Antony Sheehan
Chief Executive

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From the Chairman and Chief Executive

2008/09 was an exceptionally busy year for LPT with a strong focus on building the capacity, capability and structures needed within the organisation to deliver the many service changes and improvements we are preparing and planning for. In the previous year (2007/08) we had discussed and agreed with our partners and colleagues the future vision for LPT services and it is very rewarding to see the plans taking shape to make that vision a reality. You can read all about our achievements so far and our plans for the future in this Annual Report.

Preparing our NHS Foundation Trust application has required us to review and assess everything that we do and to do this in a way that responds to the changing environments and circumstances in which we operate. Our thanks go to everyone who contributed to last autumn's public consultation on our proposals. As a result of your contributions and many thought provoking discussions, we have achieved clarity of purpose and agreement on the values that express how we will go about achieving that purpose (see page 32).

This has been a challenging year for the Trust Board, with new faces, roles and responsibilities and the intense

preparatory work for becoming a NHS Foundation Trust. The Board has put strong governance arrangements in place that encompass our clinical and care services and will ensure high standards in the delivery of our four top service development initiatives relating to: centres of excellence for inpatient services for people with dementia; integrated locality services with an emphasis on psychological services and modernisation of learning disability services.

Of course, it is not only the Board, but leaders across the breadth of our services who have risen to the challenges that change inevitably brings. Leadership and clinical engagement has been strengthened this year with the appointment of Clinical Directors and Locality General Managers for our inpatient services and the five locality areas that we work in across Leicester, Leicestershire and Rutland.

All our staff do a tremendous job, sometimes in difficult circumstances, and we would like to thank every one of them for their efforts. The nominations for our staff Celebration of Achievement awards highlighted some outstanding teams and individuals (see page 55) who are a credit to our organisation.

In 2008/09 we took notable steps forward to improve inpatient services, with the opening of the Agnes Unit for people with learning disabilities, the Herschel Prins Centre and the Place of Safety Assessment Unit. We consolidated dementia services at the Evington Centre, to improve the focus and quality consistency of the service, introduced a new series of patient information booklets and successfully gained £600,000 of funding for an initiative to help nurses design more efficient ward systems, so freeing up more of their time to provide direct patient care.

Our focus on people's general wellbeing as a key contributor to good mental health is being expressed through the introduction of wellbeing clinics for inpatients, the availability of gym facilities, help to stop smoking, advice on sexual health risks and new funding to improve access to cancer screening and management of diabetes.

We want people using our services to have the same range of opportunities as everyone else, so they are able to do the things they want to do and feel that their views count. To support this, we ran a campaign to raise awareness amongst patients and their families of how they can get more involved in planning their care. We've also appointed an employment advisor, we're working with local sports clubs and facilities in a 'Playing in Partnership' scheme, we've set up a partnership with Panj Pani community radio station and we held a conference to highlight issues of diversity, equality and human rights.

Creative arts events are also a fantastic and fun way for people to express themselves and connect with the wider public. We held a tremendously successful touring open art exhibition – Future Bright – that led to some real benefits for people using our services and introduced the Trust to new audiences.

Likewise some of our younger clients set up an arts group and held a live music performance, whilst our creative arts team have supported many clients working in a wide range of creative media.

Our summary financial accounts are presented in this Annual Report (see page 58). We are pleased to report that 2008/09 was a successful year for the Trust financially, with a planned surplus of £683,000 achieved at the year end that will be used in making further improvements for patients. The next few years look like they will be particularly challenging in terms of financial management, but the successes of 2008/09 provide a strong platform for the delivery of our ambitions for services in the future.

In conclusion, we would like to thank everyone who has been involved with the Trust in any way during the last year – we look forward to expanding our relationships with local communities, partner organisations, patients, carers and the public over the coming year.

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Tony Harrop OBE
Chairman



Antony Sheehan
Chief Executive



In the past year, as part of the work to develop our Foundation Trust application (see page 32), we have discussed at length the core purpose of our NHS Trust and the values that we want everyone in our organisation to demonstrate when working with patients, carers, partners, members of the public and colleagues.

The result is that we have newly defined our core purpose as:

“**Advancing health and wellbeing through the development of communities, rights and inclusion**”

This is more than just words. Engaging with communities, protecting and promoting people's rights and increasing inclusion are ways of working that we are adopting in all spheres of our service activity.

Of course LPT is here to provide the highest quality care possible in mental health and learning disability services – care that is accessible by everyone who needs it, that considers people's general wellbeing and focuses on early intervention when people are ill. Our values describe the approach that

every member of staff is expected to take when delivering those services, and they are:

- R**espect
- I**ntegrity
- G**ood quality care
- H**onesty
- T**rust
- S**ervice user driven

We employ around 2,700 staff and the vast majority of them work in services providing direct clinical or social care. Our corporate services provide audit, communications, estates, facilities, finance, human resources, information, procurement, risk management and staff training services.

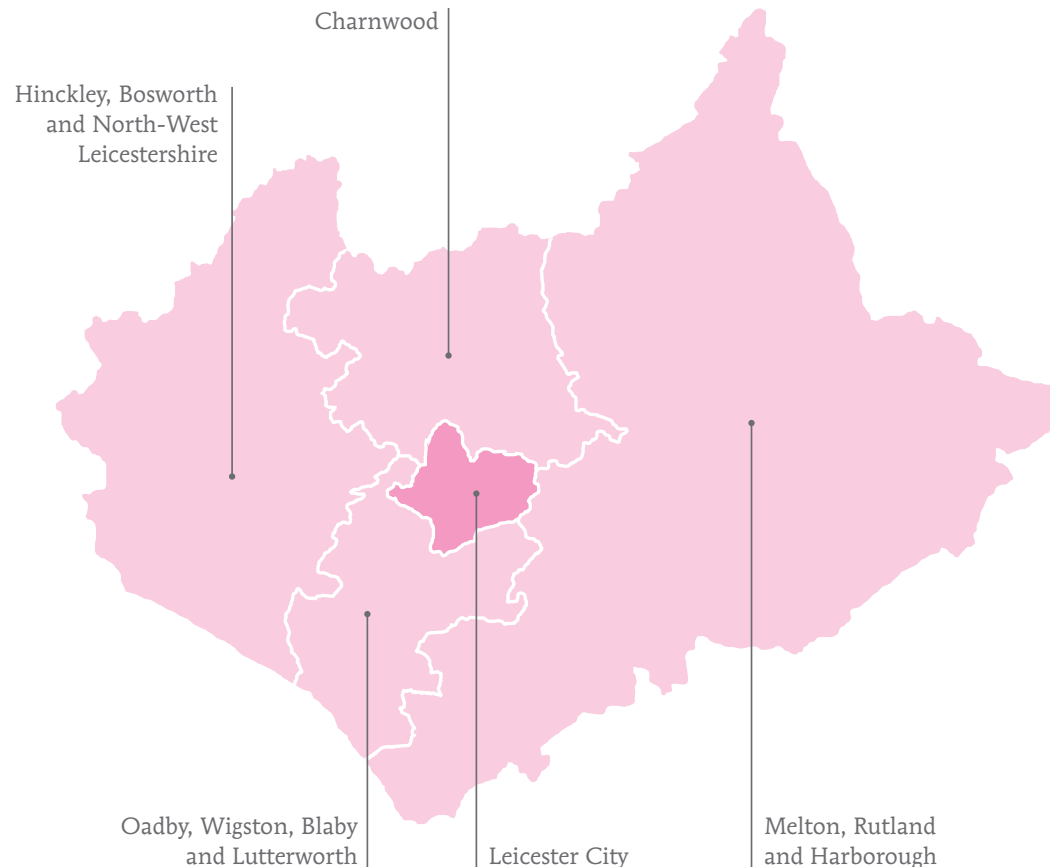
Our annual income is around £135 million and we have a good track record of meeting our financial targets. LPT, as an organisation, was formed in April 2002 following the reorganisation of primary care, community, mental health and learning disability services.

Our relationship with LPT is about positive partnership, shared values and respect.

Savera

Our Services

Leicestershire Partnership NHS Trust (LPT) works very much in partnership with social services, primary care, local hospitals and voluntary sector organisations so that together we can meet a wider range of people's needs. This can be through formal or informal partnerships, sometimes through the secondment of staff, or through co-location of staff and services. Care is delivered through specialist inpatient services and community services based on five locality areas, each of which is jointly led by a Clinical Director and Locality General Manager. The five localities cover:



We help people of all ages who are experiencing mental illness, mainly working for the 924,000 people living in Leicester, Leicestershire and Rutland. We also have a range of services for adults with a learning disability. We're here to help all these people in any way we can.

We offer our services in people's homes, in GP surgeries, in day centres, outpatient clinics, as well as care in hospital – in fact we work from over 100 different locations within our own premises alone.

The majority of our services are provided in local communities, close to people's homes, or even in them. Sometimes, when people are acutely ill a stay in hospital is the best course of action. When this is necessary we have hospital services in four main centres at:

- **Brandon Unit** Leicester General Hospital site (for adults of all ages).
- **Bradgate Unit** Glenfield Hospital site (for adults of all ages).
- **Evington Centre** Leicester General Hospital site (for older people with dementia type illness).
- **Agnes Unit** Gorse Hill (for people with learning disabilities).

We also have specialist services for substance (drug and alcohol) misuse, eating disorders, personality disorder, children and young people, Huntington's Disease and psychotherapy. For people with learning disabilities we currently manage several small homes in local communities which form their main place of residence.

► A Teaching Trust

We are a teaching trust, which means we provide training and education for trainee doctors, nurses, psychologists, pharmacists and allied healthcare professionals.

We work closely with the University of Leicester and De Montfort University on doctor and nurse training and also provide placements for undergraduate and postgraduate psychology, psychiatry and pharmacy students from other higher education institutions. We offer pre- and post-registration education to nurses and allied healthcare professionals via our work with the East Midlands Health and Workforce Deanery.

Our partnerships with universities and other NHS colleagues include strong collaborative arrangements to carry out research.

Change.

Think again.

Over the last 12 months we have introduced the 'Change' branding on our literature to highlight what is different and good about the Trust. The new brand identity highlights the significant transformational change process that we are going through in terms of our values, service developments, relationships with local communities and partner organisations and our preparations to become a NHS Foundation Trust. The brand identity represents our promise to the public, which is one of continuous appraisal and improvement.

The request 'Think again' highlights three main points:

- **The Trust's goal** to develop services through a continuous improvement process of making change, thinking or reflecting on the outcome of that change and changing again to make further improvements.
- **A challenge to prejudices** about mental illness – the brand directly asks people to 'think again' and re-assess their perceptions and attitudes towards mental illness and learning disability.
- **The changes** that we can help service users to make and the opportunities it can create for them to think again about their lifestyles.

I work in social care... Partnership is so important and the time spent on making it work is worth it.

Social Care Colleague

► Commissioners of our Services

NHS Leicester City and NHS Leicestershire County and Rutland Primary Care Trusts commission the majority of our services on behalf of the local population, providing about 75% of our funding. The local authorities for Leicester, Leicestershire and Rutland provide another 10% of our funding as joint commissioners with the Primary Care Trusts for learning disability services. Other income is received for the provision of education, training and research, shared corporate services and non-patient care to other bodies.

The brand identity represents our promise to the public, which is one of continuous appraisal and improvement

Consultation Document

On our application to become a NHS Foundation Trust.

Leicestershire Partnership NHS Trust

Think again.

How can we

Change!

for the better?

■ Your Health and Wellbeing

Everyone needs a sense of wellbeing and we want to ensure that the care, treatment and support we provide focuses on people as whole individuals. Poor physical health, inactive lifestyles, congenital health problems, poor nutrition, obesity, as well as other factors such as housing, education and employment can all impact on emotional wellbeing.

We want to help people improve the quality of their lives, their prospects and their potential.

Some facts:

- People with severe mental illness have a reduced life expectancy of between 9 and 15 years compared with the general population.
- People with learning disabilities are 58 times more likely to die before the age of 50 than the general population.
- People with severe mental illness have five times the risk of developing Type 2 diabetes.
- People with learning disabilities have epilepsy at a rate 20 times higher than the general population.

- People with mental ill health have higher than average rates of metabolic syndrome.
- People who use mental health and learning disability services sometimes find that they cannot take part in things happening in their local communities such as job opportunities, education, housing and leisure activities.

An improved sense of wellbeing will enable increased engagement in society. We have launched several initiatives in the last year, which are the first of many steps we have planned to provide real opportunities to improve the lives and wellbeing of people who use our services:

- The establishment of wellbeing clinics in inpatient areas. The clinics offer service users the opportunity to request blood pressure and glucose level tests and weight checks and discuss concerns about their physical health or their medication. Traditional physical health checks continue but these clinics provide an opportunity for people to drop-in for advice based on their own individual concerns.
- Access to gym equipment at the Brandon, Bradgate and Belvoir units.

- Training for Health Care Support Workers on public health priorities including smoking, sexual health awareness, healthy diet, exercise, diabetes and information about physical health issues most likely to affect mental health service users.
- Training and support for community and inpatient staff who have set up Healthy Living groups. The Healthy Living groups cover different topics including healthy eating and different ways to enjoy exercise, understanding food labelling and healthy options.
- The organisation of Wellbeing Implementation groups in Adult and Older Persons mental health teams.
- Metabolic monitoring clinic in Charnwood and the development of further clinics in Leicester City East and North West Leicestershire. Metabolic clinics undertake physical checks of service users who have recently commenced specific medications. The checks monitor people's weight gain, glucose and lipid levels every three months.
- Weekly smoking cessation advice for service users and staff provided by specialist Smoking Cessation counsellors at the Bradgate Unit.
- Open discussions about sexual activity and sexual health risks are initiated by our early intervention team at assessment stage and have given service users the confidence to discuss their sexual activity and ask for advice from the staff.

I will now be joining a gym when I get home... I've never used a gym before and I find it great.

70-year-old service user from Barnsdale Ward

Everyone needs a sense of wellbeing and we want to ensure that the care, treatment and support we provide focuses on people as whole individuals





Pacesetters is a scheme to reduce health inequalities for people using NHS services for diabetes, cancer and cardiovascular disease

Pacesetters in More Than Mental Health

In 2008/09 we were successful in gaining £52,000 from the national Pacesetters scheme. Pacesetters is a joint community, NHS and Department of Health scheme to reduce health inequalities for people using NHS services for diabetes, cancer and cardiovascular disease.

We are using the money in two very specific ways as part of our increasing emphasis on helping people to improve their general wellbeing as well as their mental health:

- To improve access to cancer screening for women from black and minority ethnic communities who are in contact with our services because they also have a learning disability.
- To help South Asian clients with diabetes to manage their illness through improved self care.

We were the only mental health service provider to gain funding in this second wave of allocations from the Department of Health.

Cleanliness and Infection Control

We have a good record for preventing the spread of infection and it remains an important priority. We are continually looking at ways to improve our infection control and this year was no exception. Our lead nurse for infection control provides expert advice to staff, patients and the public, explaining the importance of good hand hygiene. Over 100 members of staff have now completed a national certificate in Infection Control after studying at Hinckley and North Warwickshire College.

We took part in the national 'Cleanyourhands' campaign, which was actively promoted across our services. The results of a local hand hygiene audit showed real improvements and emphasised the growing awareness people have of the importance of washing your hands.

Although infections such as MRSA and Clostridium Difficile are generally less common in mental health trusts, good hand hygiene can still help reduce preventable infections, and we will continue to reinforce the message that reducing the spread of infection is everyone's business.





My daughter and I visited the ward at least once and sometimes twice a day. The patient we visited very much enjoyed the food and felt as relaxed as he could have hoped for on the ward. It was not a negative experience as we feared it might be. The ward was bright, cheerful and beautifully clean.

Ward Visitor

Better Inpatient Services

New Assessment and Treatment Centre Opens

A new 20 bed assessment and treatment centre opened in November 2008. It provides inpatient care for adults with moderate to profound learning disabilities and associated mental health problems. The £10.5m purpose-designed development has twelve assessment and treatment beds and eight beds for people who need intensive support and rehabilitation.

The new building – the Agnes Unit – is situated on the site previously occupied by Gorse Hill Hospital in Anstey. It includes all the latest facilities to provide a modern, safe and therapeutic environment and has five separate four bed units, each with their own communal living areas and gardens.

Nursing and medical staff worked alongside the project team to ensure the new building was designed in a way that would meet the individual needs of patients and allow staff to deliver the highest possible level of care.

The Agnes Unit offers therapy areas to help patients with day-to-day living including; kitchen and laundry areas and a horticultural courtyard garden. Patients also benefit from

designated activity rooms, an outdoor sports area and plenty of space for peace and quiet.

At the official opening, LPT Chairman, Tony Harrop said; *“Local people have waited a long time for this kind of NHS facility. Some of the patients in the Agnes Unit will need very intensive therapy and support and this specially designed therapeutic environment will help staff to provide the highest quality, individual care and aid the patients’ recovery.”*

The Agnes Unit is named after retired Consultant Psychiatrist Dr Agnes Hauck CBE. Dr Hauck worked in the Learning Disability Service in Leicester for almost 30 years. She is fondly remembered for her hard work and dedication and for championing the views of service users and carers.

A Place of Safety For Those in Need

A new £400,000 unit has opened to provide a place of safety for the assessment of people detained by the police because they are thought to be a risk to themselves or others. This is the first time a purpose-built facility has been available in this area.

The unit in the courtyard of the Bradgate Mental Health Unit is used by health services and police across Leicester, Leicestershire and Rutland. And was opened in July 2008 by Antony Sheehan, Chief Executive and Deputy Chief Constable David Lindley.

Antony Sheehan said at the time that; *“People detained under the Mental Health Act are among our most vulnerable clients and it is important there is an appropriate environment where they can be assessed and reassured.”*

“Local people have waited a long time for this kind of NHS facility... This environment will help staff to provide the highest quality, individual care”

A place of safety facility enables people detained under Section 136 of the Mental Health Act 1983 to be assessed in appropriate but secure surroundings. Around 30 people a month are detained in Leicester, Leicestershire and Rutland. Common reasons for detention include extremely distressed or disturbed behaviour in public places, which may be the result of drugs or alcohol.

Most people are only admitted to the unit for a few hours, although the law allows up to 72 hours. After assessment, some people may be referred for mental health treatment either with a community team or as an inpatient. Many people, however, are found not to have any mental health problem and return home.

Acute Inpatient Care

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The Healthcare Commission* review of acute inpatient mental health services rated our acute adult mental health inpatient services as 'weak' overall.

Director of Inpatient Services, Linda Stewart, said that; *"We have learnt much from the review and are already making changes. We scored 'good' for the effectiveness of the care pathway provided for patients, but we know that there are other areas where we need to do better, for example in providing better information and involving patients and families more in the planning of care. Providing safe, therapeutic care is always a top priority for us, but especially for hospital patients who are often the most unwell and vulnerable of our patients."*

Our Acute Care Forum, which includes staff from a wide range of disciplines, as well as service users, is leading improvements in the delivery of inpatient care. It is working to increase the

“ When you're unwell and first arrive in hospital it can be very daunting. These booklets are designed to give useful information that may help lessen anxiety”

amount of therapeutic activities on wards, create smoother patient admission and discharge arrangements, to promote greater service user and carer involvement and improve the ward environments.

"Over the next few years" – Linda adds – "we expect to see major investment in our inpatient facilities that will support the new ways of working that staff are developing to improve the day-to-day experience people have of inpatient care. Some improvements are already underway, with work to upgrade a ward at the Bradgate Unit already taking place and plans to create a new women-only wing at the Belvoir Intensive Care. We also opened our new low secure inpatient unit and the Agnes Unit for people with learning disabilities in 2008."

Helpful Hospital Information

Coming into hospital can be a frightening experience but good quality information about the ward you are staying on, the type of care and treatment you will receive, plus other useful information, can offer reassurance and lessen anxiety.

Staff and patients from the Bradgate and Brandon Units have worked together to develop new ward information booklets. The booklets were produced following a review of national best practice and, most importantly, after extensive

* The Healthcare Commission is now known as the Care Quality Commission.

involvement with service users, staff, patient and carer groups and other partner organisations to ensure they contained the right information in the most appropriate format.

Each ward now offers:

- An introductory, ward specific booklet to help patients become familiar with the ward and to provide the practical information they need on admission.
- A *More About Your Care* booklet to offer more information as people settle in – this includes information on confidentiality, access to records, how to comment on services and how to get more help to meet their needs.
- A *Thoughts on Being in Hospital* notebook. (Produced by the patient group on Beaumont ward). This is a personal and private resource for any patient wishing to keep a diary, develop a recovery plan or just draw or write poetry

Claire Armitage, Senior Nurse, said *“When you’re unwell and first arrive in hospital it can be very daunting. You’re not aware of how the ward operates and its routines. These booklets are designed to give useful information that may help lessen anxiety. They contain things like meal times, details about telephone and internet access, information about ward activities and ward groups and lots of other valuable details.”*

The ward booklets are available from the Trust website:

www.leicspt.nhs.uk

They are also available from LAMP Direct at:

www.lampdirect.org.uk



Improving Community Services

Mental Health Service Shows its Artistic Side

Our specialist service that helps young people experiencing mental ill health for the first time secured a Lottery grant to help uncover their artistic side.

Each year, our Psychosis Intervention Early Recovery (PIER) team provides an early intervention service for around 150 young people aged 15 to 35.

The Lottery money – around £7,500 – was invested in the development of an arts group that helped clients discover their creative flare and practice these skills in a comfortable and relaxed atmosphere.

18 Laura Smith, senior care co-ordinator for the PIER team, says that; *“The main body of the project was visual art and graphic design, with people using digital photography then enhancing images using computer programmes. They also used their drawing skills for art on canvas, or graffiti art on a costumed wall inside the building. The idea was to involve around 150 people and create a brochure of our group programme that can be given to new clients and families who are referred to the team.”*

The group worked with Soft Touch Arts, a versatile company that works with young people to make real their creative thoughts. Previously the group had developed a DVD featuring young people talking about their experiences of psychosis.

“Psychosis itself can be treated, it’s the other parts that are more challenging, rebuilding your life, understanding what has happened and overcoming the poor understanding of others of what psychosis

“ **The great thing about the project was seeing people discover talents they didn’t know they had”**

means,” explains Laura. *“The great thing about the project was seeing people discover talents they didn’t know they had and having the opportunity to develop skills and achieve something fantastic – and increase their self-confidence because of it.”*

Community Mental Health Survey

The Healthcare Commission’s 2008 survey of community mental health services showed that services for people referred to our outpatient clinics or our local community mental health teams are broadly in line with national expectations.

The survey findings also highlighted areas where people’s experiences could be improved, such as by making sure service users are involved in decisions about their care plan and are offered a copy of their care plan.

“The survey was a valuable and informative tool,” says Neil Doverty, Director of Integrated Community Services. *“There are areas for improvement and we are taking action on these. The principles of care planning put the patient at the centre and we want our service users to have the opportunity to influence and shape their own care.”*

We have also introduced a questionnaire for patients and carers to measure the impact of this work and highlight any further areas for improvement.

The advancement of the service user movement within LPT is now nearer to real involvement in areas that years ago we could only dream. We are now recognised as knowledgeable about service needs.

Service User.

Involving Patients in Care Planning

We want people who use our services to be fully involved and informed in decisions about their care and this year service users and the voluntary sector helped us develop a promotional campaign to encourage patient participation in care planning.

New, eye-catching information, designed by a service user, makes it clear to patients that they, their families and carers can become more involved in decisions relating to their care.

Care planning is done as part of the Care Programme Approach (CPA), the national guidelines for how mental health care is co-ordinated. Christine Gardner is our CPA Lead and she explains that; *"We know that treatment is often more effective when people are involved in the decisions about their treatment, and we want to make sure that every patient has the opportunity to influence and shape their own care. We wanted to improve the information available to patients and the help and advice we received from service users, carers and service user groups was invaluable. Together we created a range of eye-catching promotional materials including leaflets, posters and cards."*

We commissioned a talented artist from BrightSparks Arts in Mental Health Group to create a new design to feature on posters and leaflets and also on a handy new patient information card. The card contains contact details, including the name of the personal care co-ordinator, out of hours contact numbers and a checklist of what patients should expect as part of the Care Programme Approach – for example to have a copy of their care plan and an annual review meeting.

We are committed to providing clear information to help patients' access services and make the right personal choices.

How we are Performing

Annual Health Check

The Healthcare Commission (now the Care Quality Commission) Annual Health Check ratings look at the quality of health services and the way in which each NHS Trust uses its resources. The most recent ratings are an assessment of NHS Trust performances between April 2007 and March 2008 and are assessed as either 'weak', 'fair', 'good' or 'excellent'. We achieved a rating of 'fair' for both use of resources and quality of services.

"I am pleased we maintained our rating for resources, but disappointed that we achieved fair for quality of services, particularly as staff are working so hard to improve the experience for our patients," says Antony Sheehan, Chief Executive.

"A huge amount of work has taken place since we submitted our health check assessment and these ratings were announced. We have plans in place to strengthen the areas where we know improvements are needed."

"We have made improvements, particularly in financial reporting and financial management. Our scores for use of resources gave us the top rating for financial standing for a second year running. We also maintained our rating for internal control and value for money in 2007/08 and we anticipate improvements in our 2008/09 results."

PEAT Inspections Score Highly on Food, Privacy and Dignity

We are delighted to have increased the score for food quality at our inpatient sites in this year's independent Patient Environment Action Team (PEAT) inspection results. Nine of the ten sites inspected were awarded either an 'excellent' or 'good' rating. We also scored highly on privacy and dignity with each site scoring either 'excellent' or 'good'.

Our three largest inpatient facilities – the Bradgate Unit, Brandon Unit and Evington Centre – all increased their food rating from 'good' to 'excellent' with Mill Lodge, an inpatient unit in Kegworth achieving an 'excellent' score for the second year running.

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There were also improvements in the scores for 'environment' with five inpatient units increasing their scores from 'acceptable' to 'good' in this year's result.

Head of Estates and Facilities Gerald Bristow was pleased with the results and said; *"We put a lot of effort into making our inpatient environments better, above and beyond simple maintenance and these improved scores underline our efforts. It's also pleasing that the quality of food we provide for patients is recognised and showing a consistent upward trend."*

Since the introduction of PEAT in 2000 the assessments have become more challenging. This year's inspections were harder than in previous years with inspectors paying more attention to measuring patient satisfaction. Questions this year covered food, aspects of privacy and dignity, as well as cleanliness, access and signage and the patient environment.

Patient Waiting Times and Other Key Targets

We monitor waiting times carefully and constantly review the accessibility of our services to the people who use them. We have set our own waiting time target for a first appointment of 6 weeks and we aim to meet the national target of the wait time for referral to treatment of 18 weeks. We are pleased to report that we have consistently achieved a level of 5 to 6 weeks for first appointments in most areas of the service over the past year, although there remain areas where this is challenging.

We continue to look at access on a wider basis, including how long people wait for treatment following their initial appointment. This issue is particularly difficult for our psychological therapies service but we have seen some very significant progress in this area during the last year and this remains a high priority for the year ahead. We continually work towards improving our waiting times to ensure that they are kept to a minimum and to identify areas of concern at the earliest possible stage to enable remedial action to be initiated.

We continue to provide service users with as much choice as possible about the time and place of their appointment and everyone referred to our services is able to book their appointment in this way. As a result of being able to provide a choice, the number of appointments missed by patients is kept as low as possible and fewer are wasted, this helps us to see people more promptly and patients have indicated they prefer this approach. We are working to ensure that everyone using our services has as much choice as possible in the treatment they receive once they are in the care of our services.

In addition, we work hard to achieve other key targets that contribute towards the delivery of high quality services to all. Robust methods are in place to closely monitor this and these are continually reviewed and improved to make sure accurate information is widely available to all including service users, staff and the general public.

Activity

The data shown here provides a comparative summary of activity undertaken by our clinical services in 2008/9 and the previous year.

The changes in activity in Learning Disability Services reflect the development of our services as we move towards the delivery of as much care as possible in a community setting and with an increasing emphasis on provision through social care. For our hospital beds, activity has been affected by the opening of the new Agnes Unit and is expected to increase back to previous levels now the move is fully complete.

In mental health, the previous reduction in occupied bed days has slowed as the impact of new models of care is now established. Pressure on beds fluctuates but has been more acute over the past twelve months contributing to the small increase seen. The sustained increase in community activity reflects the continued development of our community services and the increasing provision of treatment as close to home as possible.

Our day hospital activity has reduced as we refocused this resource to support an enhanced service to people in our inpatient beds, an approach taken in direct response to feedback from service users.

Learning Disability Services Activity

	2007/08	2008/09
Hospital occupied bed days	5,175	4,426
Community occupied bed days	30,420	28,756
Outpatient / community attendances	16,432	15,528
Day care attendances	9,673	10,466

Mental Health Services Activity

	2007/08	2008/09
Occupied bed days	136,335	138,375
Outpatient / community team attendances	291,128	308,143
Day hospital attendances	37,094	33,888



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“We believe that providing an opportunity for service users to access networking and other internet sites can aid recovery and improve wellbeing...”

Improving Service Quality

Using Information Technology to Improve Quality Standards

Major work was undertaken this year by our Information Management and Technology team to prepare for the updating of our patient record systems.

As part of the National Programme for IT we are preparing to implement the new Lorenzo computer system. The change of IT system should enhance our healthcare records management and improve the overall quality of our patient information.

In addition, we have introduced electronic drug prescribing across the Trust. This new system was piloted last year; it was exceptionally well-received by staff and improved record keeping and the time taken to do drug rounds.

This year we also assessed the benefits of introducing internet access for service users. We believe that providing an opportunity for service users to access networking and other internet sites can aid recovery and improve wellbeing. We have bought over 40 new computers and over the next year will install these in our inpatient and day-care facilities.

We also invested in new equipment for staff to replace and refresh old computer hardware. This replacement programme ensures that our equipment is up-to-date and capable of supporting the overall IT needs for the Trust.



Website

During 2008/09 we redesigned and expanded our website at www.leicspt.nhs.uk. The new website helps people find out more about the Trust, from where to find our premises to what our long term strategies are for improving people's health and wellbeing.

The website is increasingly one of the main ways in which we communicate with local people, keeping them up to date about the wide variety of work we do and getting their views and opinions on what they want from their local NHS. The content has been extended and refreshed to bring the site right up-to-date and ensure it is as accessible and user-friendly as possible. Developments will continue over the coming months with plans in place to introduce more new features.

We are also redesigning our staff intranet, which features useful information that staff need to access easily to do their job, in particular internal policies and documents. It also provides staff with a way of sharing their good practice and successes with colleagues.

Data Loss

All NHS organisations are now required to include any serious un-toward incidents involving data loss or confidentiality breach in their annual reports. During 2008/09 the Trust had one reportable incident. This involved the transfer of patient identifiable information via an unsecured method. An investigation was undertaken and actions implemented to ensure our policy and procedures are embedded into operational practice and that learning from this incident is addressed.

The Trust continues to make improvements in the way we handle all organisational information, in particular the personal and sensitive information of patients and employees to ensure we have robust processes in place for Information Governance Management.

Recent improvements include:

- Roll out of desktop and laptop encryption software to further protect information held on Trust computer systems.
- Introduction of internal clinical case note tracking procedures to track the location of medical records.
- A communications programme for staff, to ensure awareness of the process to follow when exchanging sensitive information.



“Every nurse can make a direct contribution to improving our services and the outcomes that people experience as a result...”

Developing the Role of Nurses

Nurses work at the very heart of our services, in community teams and in our inpatient and residential services. They play a crucial role in the delivery of effective, modern healthcare. Last year saw the launch of a new nursing strategy, developed by our own nurses, that sets out the development of their professional roles and promotes strong nurse leadership.

“I’m very proud of the good things already happening which this nursing strategy is built on and excited about the journey ahead that will see us develop and improve further,” says Jackie Ardley, Director of Quality and Innovation.

“Every nurse can make a direct contribution to improving our services and the outcomes that people experience as a result. Nurses make up over half of our workforce and have such an important part to play in the Trust’s future, as professionals, as confident and respected practitioners, and as team players and leaders.”

The strategy provides very positive opportunities for nurses to deliver and lead change. Included in the strategy are: mentoring schemes; skills development; education and training; and the introduction of an annual nursing fund. The fund will be used to promote innovation and improvement, support new ways of working and build on nursing reputation, it will also help the nursing workforce focus on the work they do which is essential to high-quality care.

Research and Development

We are committed to the delivery of high quality healthcare and regularly undertake research. This ensures that we are providing services based upon the best available evidence and ongoing evaluation of service delivery. As part of our research programme we work closely with a number of academic and other institutions. Clinicians in training or in postgraduate study undertake a large proportion of our research work and the contributions to research made by services users and carers is invaluable.

Students of all disciplines are welcome to work with us. We have an established programme of Higher Psychiatric training and clinical psychology doctorates and a significant number of postgraduate and undergraduate projects. Last year saw the establishment of the 'Collaboration for Leadership in Applied Healthcare and Research' (CLAHRC). This £20 million venture is funded by the National Institute for Health Research and brought together the University of Leicester and local NHS organisations to evaluate major themes around:

- Prevention; early diagnosis; self-management; rehabilitation and implementation.
- Mental health projects in post natal depression; ADHD and psychological interventions in chronic health conditions.

Other research work includes developing postgraduate studies in treatments for substance misuse and child and family mental health. We are also hosting further studies adopted by the Mental Health Research Network and working with the Comprehensive Local Research Network to secure over £200,000 of funding to support research infrastructure in our area.

Providing Better Care Environments

Estates and Facilities Play Vital Role

Our Estates and Facilities service plays a vital role in supporting our clinical services by maintaining and improving our buildings and environment and providing catering and hotel services. During 2008/09 we have:

- Secured funding to improve the environment in our Psychiatric Intensive Care Unit. Redesigning this unit will provide en-suite single room accommodation and a women-only sitting room. Work is expected to be completed during 2009/10.
- Completed the £10.5m 20-bed Assessment and Treatment unit for our learning disability service (see page 15).
- Received 'good' or 'excellent' scores for all our inpatient sites in this year's Patient Environment Action Team (PEAT) inspection results (see page 20).
- Started a £2.6 million project to refurbish and upgrade a ward at the Bradgate Unit. The new design will provide more single en-suite accommodation, a women-only lounge and generally improve the internal environment for all patients. This work will be completed in 2009/10.
- Provided a comprehensive maintenance service. Our maintenance team completed approximately 45,000 maintenance jobs during the last 12 months.
- Developed the Trust's estate strategy to support the 2012 vision which focuses on in-patient centres of excellence and integrated locality services.



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Our maintenance team completed approximately 45,000 jobs during the last 12 months

Committed to Reducing our Energy Consumption

As an organisation, we have made a commitment to reduce energy consumption and to manage the environmental impact of our activities in an effort to reduce our carbon footprint – whilst continuing to achieve high standards of patient care and a sustainable workplace for all staff and service providers.

As far as is practical and consistent with the needs of patients, staff and visitors and the operational needs of a healthcare organisation, our aims are to:

- Operate in an energy efficient way and achieve local energy efficiency measures.
- Produce a local energy / carbon strategy and action plan.
- Minimise environmental impacts.
- Invest in energy / carbon efficiency opportunities.
- Include energy in the procurement evaluation process.
- Inform and motivate staff.

During 2008/9 the Facilities and Estates departments have been working together to ensure energy is used efficiently and they have been looking at ways we can eradicate unnecessary energy consumption.

LPT has continued to replace plant and equipment and is committed to ensuring that the equipment we buy is designed to maximise efficiency. We are developing a site specific energy

and carbon reduction strategy for our buildings based on the Glenfield Hospital site and this is being implemented as part of the ward refurbishment programme.

As with all healthcare sites the energy consumed is constantly changing dependant upon service needs, healthcare provision, staff numbers etc. Although we have undertaken exercises that will reduce the energy consumed by a building this is not always realised in its true form as the energy required to operate a building changes based upon the types of engineering systems installed and the running hours of the site.

“ We have made a commitment to reduce energy consumption and to manage the environmental impact of our activities”

Looking to the Future:

- We are planning to bid for central funds to increase the level of energy and carbon reductions on the Glenfield Hospital site.
- We will continue to enhance and replace energy systems with more efficient equipment through plant replacement.
- We will review individual property performance and set out local strategies to reduce carbon emissions and make energy savings.
- We aim to increase local awareness of the Trusts energy and carbon emissions policy.
- When introducing new buildings or major developments we plan to use the NHS Environmental Assessment Tool (BREEM), which is, a software tool designed to assess the negative impact of healthcare facilities on the environment.
- We will review the energy strategies for the major planned developments in line with the Trust's Service and Estates Strategy.

All these initiatives will help reduce energy and carbon emission in the future, we will be reviewing the way energy consumption and carbon emissions are measured in line with central targets and our own Energy and Carbon Emissions Policy.

Emergency Planning

Health care organisations protect the public by having a planned, prepared and where possible, practised response to incidents and emergency situations which could affect the provision of normal services. We have a duty to ensure that services are maintained irrespective of internal or external incidents which could interrupt services and impact on our estate, service infrastructure or human resources. We also need to work closely with partners and external agencies.

In complying with our duties we committed substantial resources to improve our ability to anticipate, manage and recover from emergencies and business interruptions. These improvements included working closely with partnership organisations under the umbrella of the Leicestershire Local Resilience Forum (LRF). We are a committed member of the LRF; a member of the Leicestershire Health Care Emergency Planning Group and also work closely with colleagues at NHS East Midlands who have the lead role for Pandemic Flu Planning.

During 2008/09 we reviewed our emergency planning policies, business continuity plans and communication strategies and also took part in exercises with our partners, including exercises for Pandemic Flu and Humanitarian Aid. The Trust also exercised its own Emergency Plan in March 2009 and lessons learned from the exercise were analysed and shared. We have a training plan in place for key managers and staff and our staff also attend training sessions provided by the LRF.

In February 2009 we commissioned an independent review on our approach to emergency planning that concluded that we are making good progress. A full audit of our emergency planning processes is planned for autumn 2009.



Centres of Excellence

Part of our future plans includes the development of a centre of excellence for organic mental health care for older people. Dementia and similar conditions are categorised as organic mental health. With a growing ageing population and recent publication of the national Dementia Strategy there is a need to focus on the care of people who experience dementia and provide a dedicated resource that offers high quality care.

Historically we provided organic mental health beds at two locations, the Bennion Centre and the Evington Centre. In December we moved the wards at the Bennion Centre to occupy vacant wards the Evington Centre, allowing us to consolidate care on to one site.

This co-location enables us to create a specialist centre and focal point of expertise for inpatient assessment, diagnosis and treatment for dementia. The Evington Centre is a more modern facility and offers greater levels of privacy and dignity and a better patient environment. There are more single rooms with en suite facilities, more outdoor space, and it is less cramped than the Bennion Centre, with airy rooms, natural light and wider corridors. Developing a centre of excellence offers tremendous benefits to the delivery of inpatient care. It provides improved therapeutic experiences for patients,

increases the number of specialist staff working together, and helps to facilitate new ways of working for medical and clinical staff. It makes it easier to ensure standards of care are consistent and of a high quality across the service, and also provides a safer environment for patients and staff.

Having staff situated at one dedicated centre creates greater opportunities for education and training, peer support and access to staff with specialist skills. It also allows for more flexible working arrangements and offers operational benefits and efficiencies.

Director of Inpatient Services Linda Stewart said; *“Our 2012 Vision clearly set out our commitment to improving inpatient services and providing centres of excellence offering our patients better environments and facilities. Clinical staff working within our dementia care service have been a driving force behind the development of a centre of excellence, and I am delighted that we can now see those plans becoming a reality.”*

“ **Developing a centre of excellence offers tremendous benefits to the delivery of inpatient care”**

The Evington Centre:
A Centre of Excellence
for older people's
care



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■ NHS Foundation Trust

We believe that becoming an NHS Foundation Trust (FT) will help us improve the services we provide and we are confident that it is a very positive step forward for our organisation. As an FT we will remain part of the NHS, working to national standards and guidelines, but will have more opportunity to adapt services to meet the needs of the diverse communities and neighbourhoods of Leicester, Leicestershire and Rutland.

These are some of the main reasons why we think it is a good idea to become an FT:

- **Local ownership:** local people will have strong influence and a real say about how services are delivered and planned, through being Members and electing their own Governors of our NHS Foundation Trust.
- **Locally managed services:** We will continue to be the local organisation responsible for providing local services with a commitment to our local communities.
- **Innovation and service improvements:** We have set out a clear vision – our 2012 Vision – of what we want to achieve over the next three years and beyond to improve services. The financial freedoms mean we can plan for the future rather than just one year ahead, setting our own pace for initiatives and, if need be, targeting investment or borrowing money so they can proceed more quickly.
- **Financial stability:** We will have binding, longer term contracts with service commissioners so we know what money is guaranteed to come in, the ability to make and

keep surpluses from one year to the next and the freedom to borrow money to fund developments. This all adds up to much greater local control over how we spend our money and prioritise investment in developments.

- **Connecting with diverse communities:** We already have successful partnerships with many individuals, communities and organisations, but we can increase these opportunities and connect in more innovative joint ventures or strategic partnerships. This will be partly through our connections with Members and Governors and also as a result of the independence and greater freedom to act in the best interests of local communities that NHS Foundation Trust status allows.
- **Support for social inclusion:** People who use our services can find themselves excluded from networks in their local communities, e.g. for job opportunities, education, housing and leisure activities. We believe that through Members and Governors linked to with local communities we should be able to offer more opportunities and support for people using our services to be part of their communities.
- **Attracting and keeping high calibre staff:** As Members and with their own elected Governors, staff will have more say about what the Trust does. Also, our increased ability to progress new schemes and developments is more likely to attract and keep staff of high calibre.

“ To become a Foundation Trust we have to show that we are: legally constituted, financially viable and well governed”

During early 2010 it is anticipated that elections will take place where Members, including staff Members will vote for Governors to represent them and sit on the Council of Governors. There are three stages of assessment and approval to become an FT, which are:

- 1 The NHS East Midlands Strategic Health Authority support phase.
- 2 The Secretary of State phase, and;
- 3 The Monitor phase (Monitor is the independent organisations which does the final assessment and which also monitors approved Foundation Trusts).

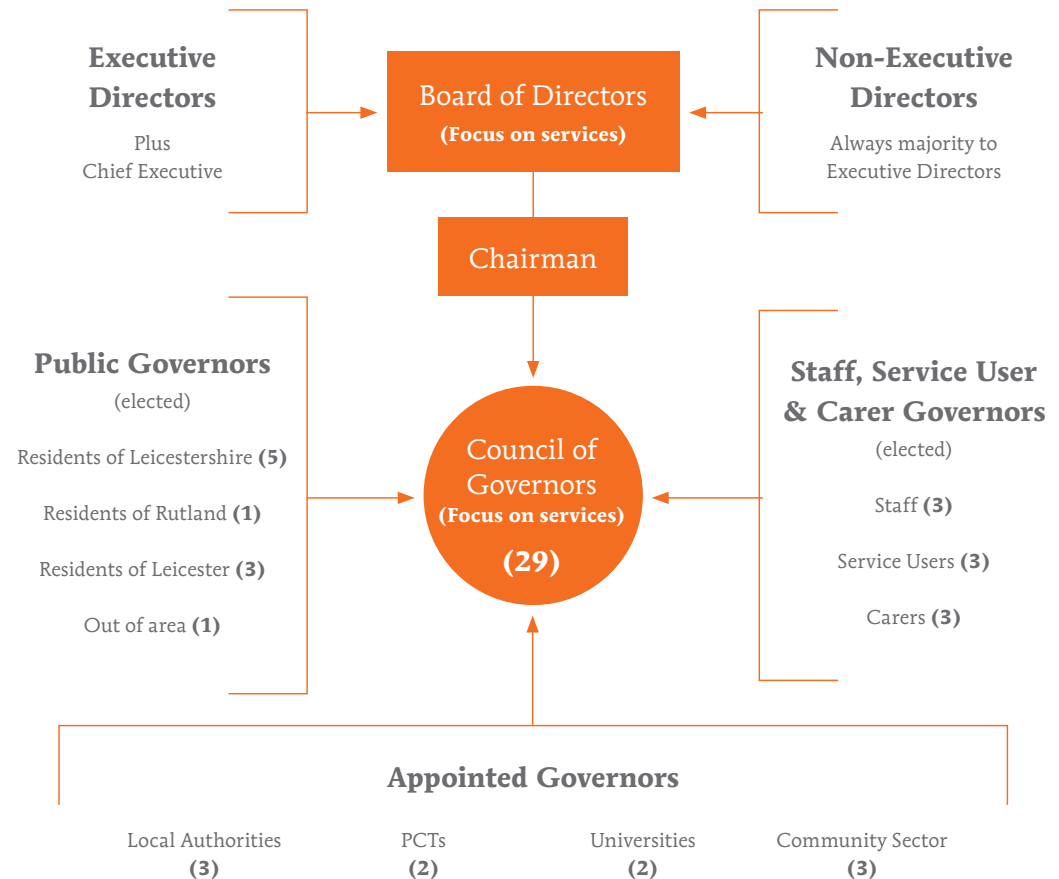
In spring 2009 we were at stage 1, which involved a mandatory Historical Due Diligence (HDD) assessment carried out by external consultants on behalf of NHS East Midlands. They looked at our Board and governance arrangements, tested our risk management procedures, looked at our management reporting framework, including financial controls and reporting, and also undertook a review of our IT. The second part of the HDD process is expected during the early autumn. This process checks that the recommendations from the first HDD assessment have been implemented.

We have almost completed our five year Integrated Business Plan (IBP) and our Long Term Financial Model (LTFM), both of which will form the major part of our written Foundation Trust application. It is anticipated that in late 2009 we will put our application to the Secretary of State (stage 2) for approval to move on to stage 3, the Monitor phase. Stage 3 is very intense and Monitor will work with us locally for up to three months. They will rigorously re-test the issues assessed

during the HDD stage, including a more in-depth look at our reporting procedures for finance, risk and governance.

The diagram below explains the Governance structure for our proposed Foundation Trust.

In 2010 our Board will attend a board meeting at Monitor's headquarters where they will be questioned to assure Monitor we are legally constituted, financially viable and well governed. We will hear afterwards whether our application is successful.



► The LPT Academy

Education, training and research are taken very seriously by the Trust and one of the key developments within our 2012 Vision is the creation of an Academy. We have extensive experience in delivering a wide range of education, teaching, and training, both internally and externally and undertake numerous research and development activities. By creating an Academy we can harness and develop our expertise even further.

We will focus on providing an excellent, centrally co-ordinated, professional facility that encompasses both the effective training and education of our workforce and the development of high quality research. The Academy will also help to promote awareness and education in mental health and wellbeing and develop new opportunities for supporting and engaging local communities.

The Dean of the Academy will have a very active role in shaping the new Academy.

Jackie Ardley, Director of Quality and Innovation said;
“We already have a wealth of experience in the field of training, education and research and the creation of an Academy will not only embrace those talents but will explore new opportunities.

“Having a highly skilled, well trained and motivated workforce is essential and we envisage that by 2012 we’ll have a fully functioning Academy, with a solid infrastructure that supports and enhances our staff’s training and education needs and provides first class research and development activities.”

► Releasing Time to Care

There’s good news for our hospital services as we’ve successfully secured £666,000 for a two year improvement programme called *Releasing Time to Care*.

The aim of the programme is to release more time for ward staff to deliver direct care for patients. This will make a real difference in the experience patients and their families and carers have of our hospital services, as well as being a big bonus for staff.

“ **This will make a real difference in the experience patients and their families and carers have of our hospital services, as well as being a big bonus for staff** ”

It works by taking ward teams through a structured programme of redesign and enables them, at a pace and in a way that they decide, to take more control of the systems that they operate in.

The programme has already been shown to work in general hospitals, but we will be amongst the first mental health Trusts in the country to pioneer the scheme.

This is a very exciting opportunity for our hospital services. The two year programme will provide a foundation for continuous improvement well beyond the life of the programme and throughout the whole organisation.

“Having a highly skilled, well trained and motivated workforce is essential...”



Measuring Quality

Improving quality has always been a top priority for LPT and is a driving force in the organisation. Quality is vitally important for mental health and learning disability care, from a variety of perspectives.

- **For the person with mental ill health or learning disability:** Quality ensures that they receive the care they require and their symptoms and quality of life improves.
- **For the family member or carer:** Quality provides support and helps preserve family integrity.
- **For the Trust:** Quality ensures effectiveness and efficiency.
- **For our commissioners:** Quality is the key to improving the health and wellbeing of the population, ensuring value for money and accountability.

What makes quality services?

- **They're effective:** They do the job well and are fit for purpose.
- **They're safe:** Safe and reliable services that work together well.
- **They're personal:** Service users have a good experience, their rights are respected and they have control over their care.

How are we going to improve service quality?

We already have an agreed set of values that help us deliver quality services and we will continue to work to them. They are:

- R**espect
- I**ntegrity
- G**ood quality care
- H**onesty
- T**rust
- S**ervice user driven

We will evaluate what we do and put in place specific measures to see if we are improving. We will agree what these measurements are with help from service users and carers, our staff and with the Primary Care Trusts, who commission our services. We will measure the positive effects we are making on people's lives. In 2009/10 we will publish our first 'Quality Accounts' which will show how each service is doing – just as we publish our financial accounts.

By improving the quality of our services, we will be able to improve outcomes for the people who use our services and reflect their desires and aspirations and help them live the lives they want to lead.

The changes and developments we are making, including the creation of inpatient centres of excellence,

*The Trust
has improved
dramatically
in the 10 years
I have been
part of it.*

Member of staff

“The ultimate goals of quality improvement are to respect the rights of people using services, to ensure that they are provided with the best available evidence-based care, to increase self-reliance and to improve their quality of life”

our plans for an Academy, the Releasing Time to Care scheme and the development of our Website and IT systems, will all improve the quality of our services.

The ultimate goals of quality improvement are to respect the rights of people using services, to ensure that they are provided with the best available evidence-based care, to increase self-reliance and to improve their quality of life.

► Learning Disability Health Homes

The government White Paper ‘Valuing People’ set out a strategy for Learning Disability services in the 21st century. The paper said that in order to promote independence, greater social inclusion and more lifestyle choices for people with learning disabilities they should no longer live in long term NHS accommodation after 2010.

We currently provide long term accommodation for 78 people with a learning disability in our health homes in the city and county. We have been working with our local authority colleagues to develop a new service that meets the needs of the residents.

People living in the homes are currently being assessed so that the right levels of support and appropriate housing is provided for each individual. The benefits for individuals living within the homes will be:

- A person centred service that has been assessed to meet their individual needs.
- Individually commissioned support services.
- Increased day activities that will meet individual needs.
- High quality accommodation within a community setting.
- Health care needs of individuals will be met through general practice and from the Community Learning Disability Team.

Although the Trust will no longer provide accommodation, some residents will be able to remain in their existing accommodation but will have new landlords and support from social care providers.

Not all of our properties are suitable for re-provision and the local authorities are working with housing associations to develop purpose built accommodation. The new properties will provide individual accommodation for people and a shared lounge area.

■ Communities, Rights and Inclusion

Last year saw the introduction of the Communities, Rights and Inclusion programme (CORIIN). This programme underpins the very heart of what we want to achieve for our service users and their families. Engagement with local communities, the protection of human rights and the promotion of inclusion is crucial to the development of effective mental health and learning disability services. We want to fully understand the needs of our patients and work with them as equal partners to ensure that they have access to the right services to meet those needs.

We are working with experts from the University of Central Lancashire International School for Communities, Rights and Inclusion, to develop and strengthen our community and service user engagement and improve access and choice for our patients.

We want to provide services that actively promote and support the inclusion of those with mental health problems and learning disabilities as active citizens who are able to participate fully in the life of the local community. We plan to provide more personalised services in response to patients and carers choices, and improve access for those communities and service users that historically have been less able to make use of services or have their voices heard.

The principles of CORIIN are embedded in the very foundations of our organisation and will influence and shape every aspect of what we do, including; the training and development of our staff; the redesign and delivery of services; and relationships with our patients, their families and with partners and third sector colleagues.

■ Patient and Public Involvement

Patient and Public Involvement is the responsibility of every individual working for our Trust. The communities we serve are central to all we do as an organisation, not only in terms of the care we provide to local people but also in terms of the contribution we make as an employer of local people and consumer of local goods and services.

Patient and Public Involvement is a priority for improving the quality and effectiveness of our services. It helps to foster openness and accountability. It helps us to develop a more responsive service and can be a catalyst for change. We are fortunate that our relationships with service user and carer groups and partner organisations are well-established.

We value their views and opinions immensely and this year has seen a welcome increase in their involvement.

The views, discussions and debates that we hold with individuals and organisations have influenced our 2012 Vision and the restructure and review of our services. Service user and carer representatives sit on several internal working groups, and have also been involved in the recruitment and selection of our new Locality General Managers. They have helped develop a new communications strategy for our Learning Disability service, influenced our new nursing strategy and are leading the development of a new service user and carer involvement strategy.

Our Trust Advisory Group (TAG), made up of service users, carers and representatives from local communities, worked with us on a number of topics this year including the use of seclusion and medication. TAG members also formed part of the team in this year's Patient Environmental Action Team inspections.

A new six month accredited course, called 'Learning and Improving in Partnership', designed in conjunction with De Montfort University, enables service users, carers and staff to work together to innovate and improve NHS services. This course provides an excellent opportunity for people to get involved and to share ideas.

- **If you require any further information or wish to become more involved in the Trust's work, please contact Dave Anderson, Associate Director Performance and Innovation, telephone 0116 225 6524.**

LPT has been an invaluable support and encouragement to us... Their partnership has been fundamental in enabling groups to be established in community settings for people who are socially isolated due to poor mental health.

**Aidan Lucas,
ACCEPT**

Playing in Partnership

An exciting new project began this year called Playing in Partnership which is designed to provide new sporting opportunities for people with mental ill health. The initiative aims to raise awareness and improve mental health and wellbeing by bringing together local sports clubs and people who experience mental illness.

Leicester City Football Club has already given their support and it is hoped that other well-known sports clubs will also join them in supporting the project.

Volunteers Service

Our volunteers are very important to us. They provide many hours of invaluable service every week, making a huge impact on our patients' lives and experiences. Our volunteers are there 'as well as, not instead of' and enhance the great work of our professional staff. They help us in so many ways and we are indebted to them for their generosity and assistance.

Here are just some of the many roles they regularly undertake.

- **Coffee Shop:** A coffee shop manned by volunteers is open each evening from 6.30pm to 8.30pm at the Bradgate Unit and provides tea, coffee snacks and refreshments to patients, their families and visitors.
- **Acute Wards:** Volunteers help on each acute ward at the Bradgate and Brandon Units and participate in activities with the patients.

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Volunteering is a stepping stone to recovery... It gives you a purpose in life and a pathway back to employment... The Trust appreciates the effort and time we give so freely. I think volunteering is a valuable opportunity.

**Grant Paton,
Volunteer**

- **Older Persons Wards:** Volunteers provide support at meal times, sit with patients who need company, and help to facilitate different activities supported by the Occupational Therapists.
- **Drivers:** Our team of voluntary drivers has extended to 35. They have had a busy year covering around 21,700 miles.
- **Gyms:** There are two patients' gyms open each day at the Bradgate and Brandon units. Our volunteers help to run these sessions.
- **Music Therapy:** A volunteer provides weekly karaoke evenings and days at the Bradgate and Bennion units and the Mett Centre. Counsel for Music in Hospitals provided us with five free concerts this year. The concerts were performed at the Evington Centre, the Bradgate and Brandon units and Mill Lodge.
- **ECT:** Electro Convulsive Therapy (ECT) is carried out four mornings a week. Volunteers join the ECT team and provide patients with tea and biscuits when they come out of secondary recovery. A recent visit by ECTAS (Electro Convulsive Therapy Accreditation Service) highlighted the positive use of volunteers and felt they needed a special mention. Using volunteers releases more time for nursing staff to spend with patients in the clinic.

New Recruits and Training

Our army of volunteers continues to grow and we received over 240 new enquires this year. Panj Pani Radio has been an excellent resource for us and has helped us improve

our communication with BME communities. Our existing volunteers have spoken on the radio show and used their language and skills to promote our volunteering services.

We launched a newly designed induction programme during Volunteers Week from 1st to 5th June and all new volunteers were asked to attend. We also offer additional training to add simulation and interest to our volunteer's roles and/or enhance their knowledge and employment prospects.

New Areas of Volunteer Involvement

Volunteers have worked in a number of new areas this year including Speech and Language Services; our Psychology and Communications departments and with various admin teams. They have also assisted with wellbeing work and participated in staff interview panels.

The Future

The service continues to develop at a pace and a 'meet and greet' service at the Bradgate Unit will be opening later this year. There are also plans to place more volunteers in the community to support services users living at home.

Membership

By becoming a NHS Foundation Trust, local people and Trust staff will have a much bigger say in how learning disability and mental health services are developed and provided in the future. This will be achieved through membership of the organisation and the opportunity to become a Governor of our future Foundation Trust.

During 2008 we recruited a full time Membership Manager, Samantha Quinn who has been out and about in Leicester, Leicestershire and Rutland promoting the benefits of joining us as a member. Samantha has met with various community groups, voluntary sector and partner organisations and has attended several community events and activities. We want to work much more closely with communities and develop locally relevant services that are responsive, accessible and innovative, providing the best possible mental health and learning disability care.

We already have 9,000 members, made up of people who use our services, their carers, the general public, and representatives from partner organisations and voluntary services. We hope that many more will continue to join us.

Membership is free and open to anyone aged 14 years or over. Members choose how involved they want to be. Some of the options are:

- To receive regular newsletters about LPT's activities.
- To be involved in specific issues that are of particular interest.
- To be consulted about our future plans for services.
- To vote in elections for the Council of Governors.
- To stand for election as a Governor.

Giving local people the opportunity to have a say about services and contribute their views and ideas is really important and LPT is showing a real commitment to increasing public involvement.

James Hunter,
Member

**“We already have
9,000 members...
We hope that many
more will continue to
join us”**



*Future Bright art show:
the winners*



Some of our members choose to become very involved and share their ideas and experiences with us by attending meetings or sitting on working groups. In 2008/09 members sat on recruitment panels and helped to develop some of the Trust's literature including the members' newsletter and this annual report. Our member's contributions, comments and ideas are highly valued.

A number of member events and activities were organised during 2008/09 including; the opportunity to watch a Leicestershire County Cricket match free of charge, Medicine for Members seminars, a festive celebration evening, and a special invitation to attend private viewings of our recent Future Bright and Identity Art Exhibitions. We also held a number of information workshops for members interested in finding out more about the role of a Governor.

- **To register as a member of the Trust simply contact us on 0800 0132 530 or complete our online membership form on our website www.leicspt.nhs.uk**

■ Art Show: Future Bright

2008 saw the introduction of our very first open art show. The theme was *Future Bright* and both amateur and professional artists submitted hundreds of pieces of work for consideration. The best 80 pieces were exhibited to the public at various art venues across the City and County during the spring and summer months.

Art can be a great source of therapy for many people. Artistic and creative activities can promote a feeling of wellbeing and

positive mental health. The arts can play a valuable role in helping to reduce the stigma sometimes associated with mental illness. Hundreds of local people showed their support by visiting our exhibition and voting for their favourite pieces. The three most popular artworks will be put on permanent display in our buildings.

"Our aim for Future Bright was to showcase the talents of a range of artists, including people who use our services, and to do this in an all inclusive way," explains Chief Executive Antony Sheehan. *"We also wanted to highlight the importance to everyone of general wellbeing and that we can help in many different ways. The exhibition was a huge success on both counts."*

Another art exhibition is planned for 2009 entitled *Identity*. The theme was chosen from ideas submitted by artists and non-artists alike and by members of the public, some of whom use mental health services. It will be interesting to see how local artists express themselves and interpret the theme in the 2009 show.

■ Spiritual and Pastoral Care

We know that for many service users, religion, their culture and spirituality is an important part of their life, giving support and helping recovery. The role of the department of Spiritual and Pastoral Care is to provide for the spiritual, pastoral and religious needs of all people within the Trust.

During the year our Chaplains have forged close links with a variety of faiths in order to meet the needs of service users and staff. New initiatives have taken place including the introduction of Chaplaincy Volunteers. These specially trained

The exhibition opens your eyes to how people might feel who are experiencing some emotional problems but also gives consolation that we are all in the same place at some time in our lives. Thought provoking.

Member of the public

volunteers work directly on our wards and provide much needed support to our patients.

We serve a richly diverse, multi-cultural, multi-faith population and recognise the importance of having Specialist Faith Chaplains and access to Chaplains from a variety of faith traditions. Significant work has been undertaken this year to develop these areas further. We are committed to providing patients and staff with access to the spiritual care they want whatever faith or belief system they follow.

D Showcase Live! Performance Project

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Young men from diverse cultural origins with experience of mental ill health were invited to take part in an evening of performance art called *Showcase Live!* This groundbreaking performance project was supported by the Trust. Seven young men, predominantly of African, Caribbean and Asian descent, performed spoken word, poetry, rap, hip hop and monologues at this unique live event at the Y Theatre.

In preparation, participants took part in special workshops to explore feelings relating to mental ill health and cultural difference. Nationally renowned poets and artists provided guidance and support throughout the programme. The course aimed to build confidence and self-esteem and develop expression through performance.

Antony Sheehan, Chief Executive supported the event and said; *"The Showcase Live project provided a great opportunity for people to express their feelings in ways that may feel more culturally appropriate and comfortable to them."*

"Young black and Asian men still experience poorer mental health outcomes nationally and this needs to be tackled. We are challenging some of the established methods we use to engage with people and developing new and better ways to connect with communities and individuals that are meaningful and right for them."

Showcase Live! was a partnership project, funded by LPT and The Community Development Foundation and led by BrightSparks, the voluntary arts in mental health organisation, with support from the BME mental health advocacy project, Akwaaba Ayeh.

D Trust Joins with Radio Station to Broadcast Mental Health Message

We are supporting a new community radio station that broadcasts information about mental health issues into the heart of the City's Asian population.

The Trust is working with Panj Pani Radio in a five-year partnership to raise awareness within local Asian communities of mental health issues and the help that is available for families from the NHS.

We are supporting the partnership by providing premises for Panj Pani Radio to develop its new radio station. Staff from LPT are regular contributors to the Panj Pani Radio broadcast schedule.

Panj Pani Radio is operated by New Dawn Asian Mental Health, a not-for profit organisation, which aims to bring communities together and ensure culturally appropriate services for Asian people who require mental health care and their carers.

Sukhdev Singh Aujla from New Dawn said; *“In Asian cultures, mental health can be a taboo subject preventing people from seeking help or talking about their concerns – just as it is in European cultures. Our aim is to ensure mental health service users get the services they need. Community Radio Panj Pani will be serving Hindu, Muslim and Sikh communities.”*

■ Lord Patel Speaks at Black and Minority Ethnic (BME) Staff Group Conference

Professor Lord Kamlesh Patel of Bradford OBE, Head of the Centre for Ethnicity and Health, a Non-Executive Director of our Trust and recently appointed Ministerial Advisor to the Secretary of State for Health was the keynote speaker at our Black and Minority Ethnic (BME) Staff Group annual conference.

Lord Patel addressed over 100 members of staff plus guests from partner organisations at this awareness raising event entitled *Race Equality: What Are We Doing?* Discussions focussed on challenging and improving the delivery of high quality, equitable services for all the diverse communities served by the Trust.

“His visit provided us with a great opportunity to discuss how we can improve race equality and share the good practice that already exists”

National and local research shows a different range of health experiences for people with mental health problems from ethnic minority backgrounds. Ensuring services are accessible and appropriate is a priority for us and this event further demonstrated our commitment to race equality.

Rosie Klair, BME Staff Group member said, *“We were delighted that Lord Patel attended the conference. He has over 20 years experience in health and social care and has particular knowledge of BME mental health issues. His visit provided us with a great opportunity to discuss how we can improve race equality and share the good practice that already exists.”*

■ Our First Diversity, Equality and Human Rights Conference

In 2008 we hosted our first Diversity, Equality and Human Rights Conference with the aim of exploring some of the real issues affecting diverse communities accessing mental health and learning disability services and also to look at issues faced by our own employees.

The event covered many aspects of diversity, including gender, age, race, disability, sexual orientation and forms of social deprivation.

“The conference was extremely successful,” comments Joan Hawkins, Equality and Human Rights lead at the Trust. *“The protection of human rights and the promotion of inclusion are at the very heart of all that we do. We are committed to exploring diversity to inform and help plan for more effective, high quality services for all.”*



Public consultations and meetings requested by partner organisations and community groups were held across Leicester, Leicestershire and Rutland

Public Consultations

Foundation Trust Consultation

We held a public consultation on our application to become a NHS Foundation Trust from 4th August until 31st October 2008. Public meetings and meetings requested by partner organisations and community groups were held across Leicester, Leicestershire and Rutland.

The consultation set out our inspiring vision for improvements to services over the next five years and beyond. It signalled important changes in the way we could be governed in the future. By becoming members and governors of the Trust, local people have a genuine opportunity to have a much greater say about the way services are delivered in the future. (See page 33 for further information about members and governors).

Overall, the consultation responses were very supportive of our application to become a NHS Foundation Trust.

Full details of the consultation outcomes are available on our website www.leicspt.nhs.uk

Our NHS, Our Future: *Excellence for All*

In July 2008 we were part of a series of activities to engage members of the public in discussion on a vision for healthcare in this area for the next ten years. NHS organisations across Leicester, Leicestershire and Rutland worked together to develop proposals for the public to comment on. These organisations were NHS Leicester City (PCT), NHS Leicestershire County and Rutland (PCT),

University Hospitals of Leicester, East Midlands Ambulance Service and ourselves.

Reviews of local NHS services were happening across the country as part of the national *Our NHS, Our Future: Next Stage Review*. Lord Darzi, a renowned surgeon was asked by the government to lead this review programme. Locally, the work was led by doctors, nurses and other health professionals, with the involvement of other NHS staff, patients, members of the public and partners.

Together a vision for the future of the NHS in our area was produced. This was called *Excellence for All*. The vision focuses on improving the health and wellbeing of people living locally, through providing high quality health services that are accessible to everyone.

The vision focussed on eight broadly based areas of care:

- Maternity and Newborn Care.
- Children's Care.
- Staying Healthy.
- Mental Health and Learning Disability.
- Acute (Emergency) Care.
- Planned (Elective) Care.
- Long Term Conditions.
- End of Life Care.

The vision and principles were shared with the public at various events and meetings across Leicester, Leicestershire and Rutland and the consultation received 3,775 responses. Full information on this consultation and the *Excellence For All* review is available from www.haveyoursayllr.nhs.uk

D PALS: “We’re here to help”

Our Patient Advice and Liaison Service – PALS – is a free confidential service, created to help service users, their relatives and carers find answers to questions and resolve concerns about the care and treatment they receive, as and when they arise. Since the service started in 2002 PALS has given help and support to hundreds of people. Enquiries are varied and we respond in many ways such as signposting to statutory and voluntary sectors both locally and nationally, providing advice and support, and resolving concerns and issues with the support of frontline staff. PALS does not replace the existing complaints procedure and is not there to prevent people from complaining, the aim is to try to sort out a problem before it gets to the stage where people feel they need to complain.

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During 2008/09 PALS received over 159 enquiries. A volunteer now works alongside the PALS co-ordinator, calling in to all the wards and picking up any concerns or issues, which are forwarded to the PALS co-ordinator for action. PALS has implemented a ‘Quick Win’ feedback board which shows the changes and improvements being made to services following comments and suggestions made by the ward forums or via advocacy groups.

PALS is a confidential service and can be contacted at:

Leicestershire Partnership NHS Trust
Bradgate Mental Health Unit
Glenfield Hospital
Groby Road, Leicester LE3 9EJ

Telephone / Fax: **0116 225 6647**
Mobile / Text: **07917 202 647**
Email: **pals@leicspart.nhs.uk**

Since the service
started in 2002 PALS
has given help and
support to hundreds of
people



Opportunities to Improve and Develop

We want to learn all we can from the complaints, comments, compliments and concerns that we receive. We want everyone who comes into contact with our services to be satisfied with the treatment or service they receive and we encourage feedback. All our staff are expected to help sort out any concerns or complaints that people may have and to do this locally as soon as they arise.

Anyone wanting to make a complaint or express a compliment, comment or concern can speak to a member of staff or write to us. Advice can be sought from staff locally, such as one of the Modern Matrons, Patient Advice and Liaison Service (PALS) or from the Complaints Advisor.

In the case of complaints we aim to provide a written response from the Chief Executive within 25 working days, although this time period can be extended with the complainant's agreement if further investigation is required to provide a full response.

In 2008/09 we received 235 formal complaints, which is 23 more than the previous year. The majority of these were about specific issues within individuals' care packages and were dealt with case by case in order to resolve the issues to the complainants' satisfaction.

The Trust believes that all comments, compliments, concerns and complaints are an opportunity to learn, bring about positive change and further develop a more personal service. All complaints are reviewed to identify any lessons to be learnt and to ensure that any change in practice required is implemented across the organisation.

We believe personal face to face discussion, where appropriate, is the best way to ensure that the issues can be dealt with in a way that is meaningful to the individual. The number of meetings with complainants, liaison with PALS, and the use of advocacy services continues to rise and we aim to develop this further. The new NHS Complaints Procedure which involves greater involvement of complainants in the planning of how their concerns will be dealt with is being introduced.

Compliments

We also record all compliments received from service users and their families and in 2008/09 we received 139. The collection of positive comments provides a more balanced view of feedback from service users and their carers. It also helps to pin-point areas of good practice which can be shared across the organisation.

A New NHS Complaints Procedure

We are implementing a new national procedure which in most cases will enable us to respond to complaints more quickly and personally. As part of the new procedure the Trust will implement 'Principles for Remedy' good practice. We are working with local colleagues in the NHS and local authorities to offer a consistent, joined up approach to complaints handling across Leicester, Leicestershire and Rutland.

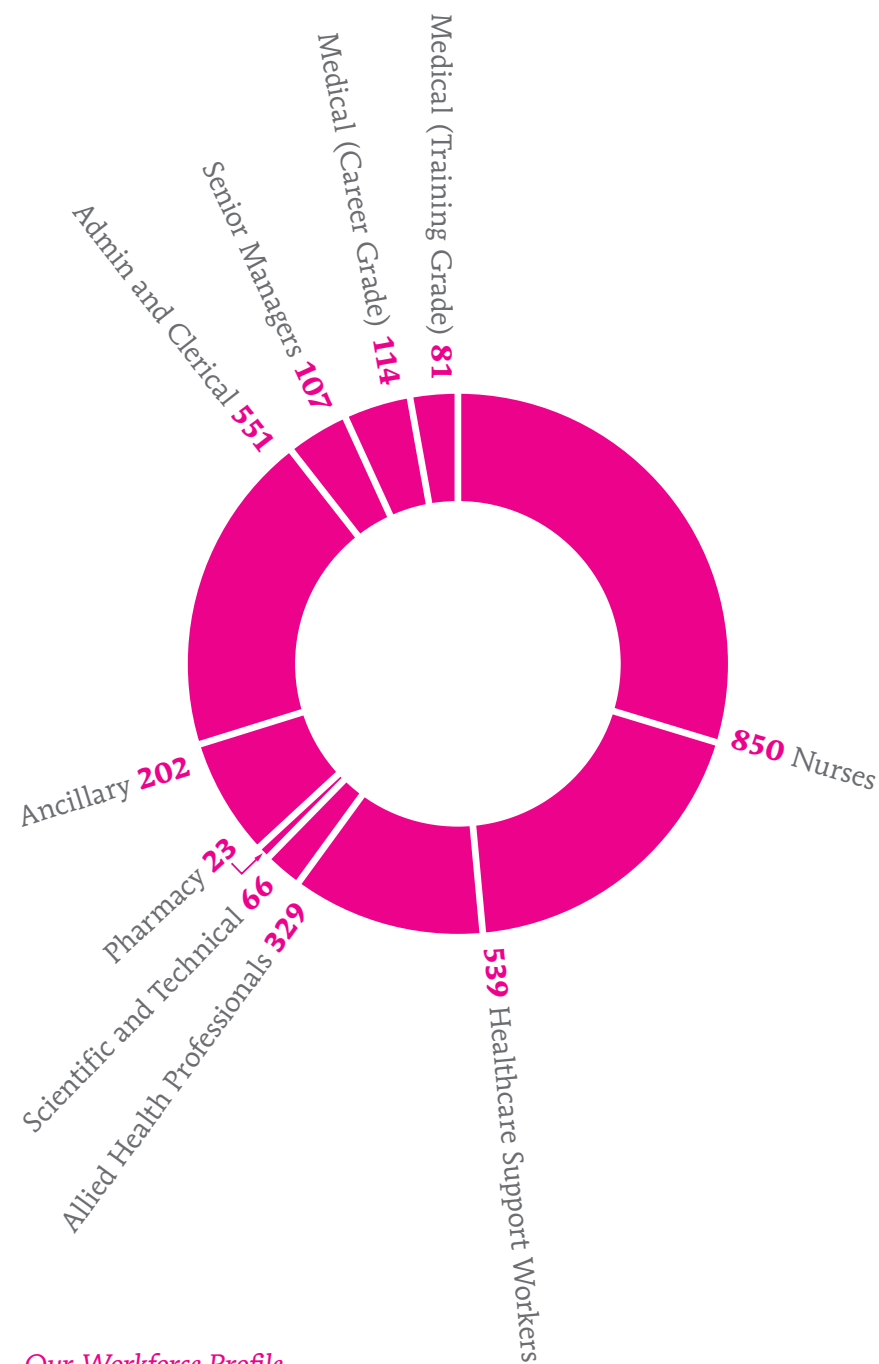
In the future, the Healthcare Commission will no longer carry out Independent Reviews of NHS Complaints and this function will be transferred to the Health and Parliamentary Ombudsman. Details of this will be included in our complaints responses.

Our Workforce

We aim to be a model employer. We want our staff to feel involved, supported and fulfilled and to have opportunities to develop and perform to the best of their abilities.

We have a diverse, highly skilled and experienced workforce which helps us to meet the varied needs of the communities we serve. Our Equal Opportunity policy and our policy in relation to disabled employees are at the heart of our employment practices.

Over the past year there have been significant changes and staff are involved and engaged in the redesign of services and the implementation of our 2012 vision. We continue to be supportive in consideration of family friendly and flexible working arrangements and part-time working and job share arrangements are commonplace in the Trust.



Our Workforce Profile

The NHS proves that there is such a thing as society. I am proud to work for an organisation, with people who are about caring for each other and making others' lives better.

Member of Staff

We meet regularly with staff side representatives and our staff have access to a range of support and advisory services, which includes the Occupational Health service, employee assistance helpline (AMICA) and also a range of support groups that are run for staff by staff including:

- Disabled Staff Support Group.
- BME Staff Support Group.
- Carers Support Group.
- Sexual Orientation Equality Group.

Where staff have concerns about an issue that affects the delivery of services or patient care, they can contact the Trust's Staff Ombudsman for further advice or guidance on what steps to take. Where staff have concerns about a work issue, they can contact their Trade Union representative or a member of our Human Resources team.

Several major initiatives have taken place this year including improvements to help manage attendance. We reported staff absence at 6.99% in 2008/09. The new initiative has strengthened processes and provides support to employees, which is helping to move us closer to the national target of 5.75%. Progress has also been made in mandatory training; and ensuring all our employees have a personal development plan. Other initiatives include the launch of our mentoring scheme with particular focus on our BME workforce. We are also developing plans for the employment of people who have used our services.

“Our results are definitely heading in a positive direction...”

▶ NHS Staff Survey

The national NHS staff survey results published by the Healthcare Commission showed a clear general trend of improvement in the experiences of staff working for us. This latest survey reported on 36 key findings in total, 10 of which are new compared to the 2007 survey.

Sarah Willis, Head of Human Resources said; “Our results are definitely heading in a positive direction. When we compare what staff said in 2008 with 2007 they're reporting improvements in 19 of the 26 key finding areas, and 9 of these are showing significant improvements.”

There were some significant areas of improvement, particularly in relation to staff appraisals and personal development planning. The number of staff with personal development plans rose from 42% in 2007 to 71% in autumn 2008 when the survey was conducted. Our own monitoring shows that this figure has increased even more, so that now over 80% of staff have personal development plans in place.

The survey showed that the number of staff receiving training and development had also increased from 73% in 2007 to 81% in 2008. This is as a consequence of the emphasis placed on personal development planning and the importance we attach to supporting staff and improving their skills.

Whilst the general trend is improving, there is always room for improvement. The survey was helpful in pinpointing where our efforts should focus, such as enabling staff to deliver a quality service and improving communications within the organisation. We have reviewed the survey results in detail and used these staff views to update our improvement plans.



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I am so proud of just how far we have definitely come in mental health and learning disability care. 2008 is phenomenally better than 1981 when I joined the NHS.

Member of Staff

► Tribute to Our Staff at NHS 60th Anniversary

The NHS celebrated its 60th birthday in 2008 and we marked this momentous occasion by paying tribute to our staff. A special event was held to recognise the hard work and dedication of our talented workforce and the significant contribution our staff has made to the improvement of mental health and learning disability services over the past 60 years.

Over 150 staff attended the commemorative event which focussed on celebrating their achievements, the valuable contributions they have made to the development of the NHS and the extraordinary difference they make to the lives of people who use our services.

Guest speaker was Lord Victor Adebawale, Chief Executive of Turning Point. He spoke of his pride in the National Health Service and discussed the importance of the NHS working together with community organisations and partners to deliver future health services.

Commenting on the event Chief Executive Antony Sheehan said, “It was great to look back with our staff and share some nostalgic moments as we remembered and respected the NHS of our past. Mental health and learning disability services have advanced significantly since the inception of the NHS in 1948, and we’re extremely proud of the part our staff has played in that development. I am confident that with the wealth of talent and expertise our staff has, we will continue to develop and improve services for local people for many, many years to come.”

Training and Development

It has been an exciting year for training and development, culminating in the agreement to create an LPT Academy. The Academy will bring together all aspects of training, education and research in the Trust and promote best practice and innovation.

Significant work was undertaken to confirm we are meeting our mandatory training requirements, leading to the creation of the Mandatory Training register which helped us successfully meet the NHS Litigation Authority Level 1 training standards. We have a number of service users who continue to deliver excellent courses to our own staff, local authority staff and to the voluntary sector. The service user training programme is managed by the Adult Mental Health Joint Training and Development Strategy Group.

Our Education and Workforce Development Group has responsibility for assuring that all training and education across the organisation is carried out to the required standards.

The Academy will bring together all aspects of training, education and research in the Trust and promote best practice and innovation.





Celebrating Staff Achievements

We celebrated the success of staff from mental health and learning disability services at a special awards event in early 2009.

Staff nominated by colleagues and patients, were recognised for their commitment and improvements to services at our 'Celebration of Achievement' prize-giving ceremony.

Chairman, Tony Harrop, who presented the awards to the winners and runners-up said; *"I was delighted to have the opportunity to thank staff and volunteers personally for their hard work and dedication. We have many talented individuals and teams at LPT who provide exceptional care and support to people with mental ill health and learning disabilities. I was very proud to be able to celebrate their fantastic achievements with them on what was a wonderful evening."*

The Winners

ANYTHING'S POSSIBLE: *Award for change and innovation.*

Individual Winner: **Michelle Crick**, Older People's Day Service.
For leadership through service change

Team Winner: **Eating Disorder Team**, Child and Adolescent Mental Health Services.
For introducing a new service.

RAISING STANDARDS: *Award for excellence in service delivery.*

Individual Winner: **Tracey Alexander**, Dynamic Psychotherapy Service.
For sexual abuse awareness raising and training.

Team Winner: **Finance Team**. For improved performance and meeting tougher targets.

WORKING TOGETHER: *Award for partnership.*

Individual Winner: **Lorraine Robinson**, Infant Mental Health.
For work with Sure Start services.

Team Winner: **City Assertive Outreach Team**. For work with the COMPASS project.

MAKING A DIFFERENCE: *Award for diversity and inclusion.*

Individual Winner: **Mark Smith**, Psychosis Intervention Early Recovery Team.
For enabling inclusive activities.

Team Winner: **Speech and Language Therapy Team**.
For introduction of communication passports in learning disability services.

EXCEEDING EXPECTATIONS:

Service User and Carer Nominated Award.

Individual Winner: **Rachel Eldessouky**, Loughborough Adult Community Mental Health Team. For the Women's Wellness Group.

Team Winner: **Mett Centre Team**. For providing a valued day service.

DEVELOPING POTENTIAL:

Award for learning and development.

Individual Winner: **Bob Johnson**, Child and Adolescent Mental Health Service (CAMHS), Learning Disability Services. For developing specialist services in CAMHS.

Team Winner: **Phoenix Ward**, Herschel Prins Centre.
For acquiring new skills to meet service user needs.

SUPPORTING OUR VISION:

Award for support service contributions.

Individual Winner: **Karen Oakley**, Mental Health Services for Older People.
For leadership and development of administration services.

Team Winner: **Voluntary Drivers**. For unwavering loyalty and commitment.

OVERALL WINNERS:

Individual Winner: **Mark Smith**, Psychosis Intervention Early Recovery Team.
For enabling inclusive activities.

Team Winner: **Finance Team**. For improved performance and meeting tougher targets.

Governance

Corporate Governance and Clinical Governance are the terms used in the NHS to describe the framework through which NHS organisations are accountable for improving the quality of their services and safeguarding high standards of care. It also describes the way in which senior managers execute their responsibilities and authority in relation to those that have entrusted them with assets and resources and statutory legislation – for example ensuring the changes to the Mental Health Act (1983) which came in to effect in late 2008 were implemented.

Effective corporate governance, along with clinical governance, is essential for LPT to achieve our clinical, quality and financial objectives.

Our Trust Board, headed by Chairman Tony Harrop is made up of Executive Directors and Non-Executive Directors, who are the voting members. In addition, the board has Associate Directors and Non-Executive Associate Directors who are non-voting members. (See page 57 for 2009/10 Trust Board members.) All Directors are governed by the 'Codes of Conduct and Accountability', and Executive and Associate Directors by the 'Code of Conduct for NHS Managers'. All members of the Board subscribe to the 'Seven Principles of Conduct in Public Life' (known as the Nolan Principles):

- **Selflessness:** Holders of public office should take decisions solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family or their friends.
- **Integrity:** Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might influence in the performance of their official duties.
- **Objectivity:** In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.
- **Accountability:** Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.
- **Openness:** Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.
- **Honesty:** Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.
- **Leadership:** Holders of public office should promote and support these principles by leadership and example.

The Trust Board Membership 2009/10



Mr John Short
Chief Operating Officer



Ms Sue Hitchener
Managing Director Finance
and Business Strategy



Professor Antony Sheehan
Chief Executive



Mr Tony Harrop OBE
Chairman



**Mr Nigel Sudborough
CB OBE**
Non-Executive Director



Ms Anna Vale
Non-Executive Director



Mr Frank Lusk
Director of Corporate Affairs/Trust Secretary*

Lord Kamlesh Patel
Associate Non-Executive Director**



Ms Deborah Homa
Foundation Trust Director*

Ms Fiona Darby
Associate Non-Executive
Director**



Dr Sab Bhaumik OBE
Medical Director



Ms Jackie Ardley
Director of Quality
and Innovation



Mr Chris Burns
Non-Executive Director



Mr Roger Miller
Non-Executive Director



Mr Nagesh Bhayani
Non-Executive Director



**Professor Panayotis
Vostanis**
Non-Executive Director

The enthusiasm and drive of those in charge of running the organisation, the dedication and desire to help people and continue to improve services for those who need it. The passion moves me.

ANON
(Comments left
by guest at LPT
NHS60 event)

* Associate Director – Non-voting Board member

** Associate Non-Executive Director – Non voting Board member

■ Introduction

2008/09 has been a very successful year financially for the Trust. As part of our preparation programme for becoming a Foundation Trust ('FT'), we agreed at the start of the year we wanted to deliver an improved level of surplus, and an increased level of cash in the bank at the end of the year.

I am therefore very pleased to be able to present this set of accounts which show achievement of a surplus of £683,000 and a year end cash balance of £2,000,000, an improvement of over £1,000,000 on our cash position last year. This provides us with a good base to move forwards for the forthcoming years of our financial strategy.

We have also worked hard this year on improving the systems and processes we use to manage our finances, both in readiness

for FT status, but also to be able to demonstrate that we are delivering improved Value for Money, and again I am pleased to be able to report good progress in those areas.

Looking ahead the current economic climate means that delivering on our financial targets will become ever more challenging. However I am confident that our staff who have worked so hard to deliver this years financial plan will continue to do so into the future, and I am very grateful to them for their sterling efforts.

Sue Hitchenor

Managing Director of Finance and Business Strategy

Details of compliance with the Better Payments Practice code are given on page 63. Full details of directors' remuneration are given on page 66.

Details of pension liabilities are included in the accounting policies section of the Trusts annual accounts (section 1.14). Pension information is also included within the remuneration section of this report on page 68.

International Financial Reporting Standards (IFRS)

2008/09 was the last year the Trust prepared its accounts using UK Generally Accepted Accounting Principles (UK GAAP). From 1st April 2009 International Financial Reporting Standards are being used and will impact on the Trusts accounts for the year ending 31st March 2010.

An initial study has been completed and the Trust is moving into the implementation phase of the project, which will ensure compliance with IFRS. The review has shown that the major areas of impact on taxpayers' funds will be the inclusion of PFI assets and liabilities, and the revaluation of specialised land and buildings on a modern equivalent asset basis.

Adopting IFRS will change the reporting of the financial performance of the Trust and meaningful comparisons will be required. The Annual Report and Accounts for the year ended 31st March 2010 will include a full restatement of comparative figures. Conversion to IFRS will not affect the Trust's operational prospects.

TABLE 1
Financial Duties

Financial Target	Measure	Performance	Achieved
Surplus on Income and expenditure account for year	Generate a surplus on income and expenditure account within the year	£683,000 surplus	✓
Achieve a capital cost absorption rate of between 3.0% and 4.0%	This is calculated on the percentage that interest and dividends paid to the government bear to the average net relevant assets	3.8%	✓
Manage within notified External Financing Limit set by the Department of Health	The EFL is a limit on the amount of external finance a Trust may access in any one year (to support its capital costs). The Trust's EFL was £1,212,000, but due to an increased cash balance at the end of the year the Trust was able to undershoot this limit by £1,008,000 (undershoots are permitted)	£1,212,000 received	✓
Manage within notified Capital Resource Limit	Gross capital expenditure for the year was £4,619,000. This comprised of a capital resource limit of £4,280,000 plus the net book value of asset disposals, £352,000	£4,267,000	✓

Income and expenditure

The Trust's summarised income and expenditure account is shown in Table 2. Further analysis of income is available in Table 3. Similarly, additional analysis of expenditure is detailed in Tables 4 and 5.

TABLE 2

Income and expenditure account for the year ended 31st March 2009*

	2008/09 (£000)	2007/08 (£000)
Income from activities	117,572	121,454
Other operating income	16,735	16,098
Operating expenses	(129,399)	(133,909)
Operating surplus:	4,908	3,643
Profit / (loss) on disposal of fixed assets	(4)	17
Surplus before interest:	4,904	3,660
Interest receivable	251	464
Other finance costs – unwinding of discount	(31)	(33)
Surplus for the financial year:	5,124	4,091
Public Dividend Capital dividends payable	(4,441)	(3,788)
Retained surplus for the year	683	303

Income

The Trust receives the majority of its income from Primary Care Trusts (PCTs). Table 3 below details the main sources of income from the activities and other operating income of Leicestershire Partnership NHS Trust.

TABLE 3

Analysis of Income from Activities and Other Operating Income for the Year Ended 31st March 2009

	2008/09 (£000)	Pence per £ received
Income from activities:		
NHS Leicestershire County and Rutland	57,371	42.7
NHS Leicester City	41,807	31.1
Leicestershire County Council	8,116	6.0
Leicester City Council	6,413	4.8
University Hospitals of Leicester NHS Trust	764	0.6
All other Income from Activities	3,101	2.3
Subtotal	117,572	87.5
Other operating income:		
Education, training and research	8,344	6.2
Non-patient care services to other bodies	7,453	5.6
Other income	938	0.7
Subtotal	16,735	12.5
Total income from activities and other operating income	134,307	100.0

* The income and expenditure account shows where the Trust receives its money from and how it is spent.

Expenditure

Operating expenses and management costs are shown in Tables 4 and 5.

TABLE 4

Analysis of Staffing and Non-Staff Costs for the Year Ended 31st March 2009

	2008/09 (£000)	Pence per £ received
Staffing costs:		
Nursing staff	45,368	35.1
Medical staff	17,665	13.6
Scientific, therapeutic and technical staff	13,319	10.3
Administrative support staff	11,237	8.7
All other staff	12,340	9.5
Subtotal	99,929	77.2
Non-staff costs:		
Establishment, premises and transport	13,768	10.7
Supplies and services	11,425	8.8
All other non-staff costs*	4,277	3.3
Subtotal	29,470	22.8
Total staffing and non-staff costs	129,399	100.0

* Includes statutory audit fees of £159,641. The external auditors of the Trust during 2008/09 were the Audit Commission.

TABLE 5

Comparison of Management Costs Against Income for the Year Ended 31st March 2009

	2008/09 (£000)	2007/08 (£000)
Management costs*	8,640	7,794
Income	134,307	137,552
Management costs as a percentage of income	6.43%	5.67%

* Includes salaries and pension payments for all senior managers and non-clinical administrative staff but excludes non-executive directors.

Balance sheet

The balance sheet of the Trust is shown below in Table 6, and is a statement of the Trust's assets and liabilities. There were no material post balance sheet events.

TABLE 6

Balance Sheet as at 31st March 2009

	31st March '09 (£000)	31st March '08 (£000)
Fixed assets:		
Intangible assets	90	0
Tangible assets	118,953	126,650
	<u>119,043</u>	<u>126,650</u>
Current assets:		
Stocks and work in progress	194	180
Debtors	6,025	7,238
Cash at bank and in hand	2,000	992
	<u>8,219</u>	<u>8,410</u>
Creditors: Amounts falling due within one year	(7,791)	(8,827)
Net current assets / (liabilities)	<u>428</u>	<u>(417)</u>
Total assets less current (liabilities)	119,471	126,233
Provisions for liabilities and charges	(5,218)	(4,934)
Total assets employed	114,253	121,299
Financed by: Capital and reserves		
Public dividend capital	84,380	83,168
Revaluation reserve	28,711	35,761
Donation reserve	2	3
Other reserves	0	0
Income and expenditure reserve	1,160	2,367
Total capital and reserves	114,253	121,299

Major capital expenditure

A capital programme was developed for 2008/09 to ensure statutory and imperative requirements were met; to ensure services were maintained; to provide premises for agreed service developments; and to continue the infrastructure modernisation.

TABLE 7

Major Capital Expenditure for the Year Ended 31st March 2009

	2008/09 (£000)	2007/08 (£000)
Upgrades and improvements to patient facilities	2,688	8,312
Health and safety	191	177
Statutory standards	609	739
Equipment	302	315
Information management and technology schemes	609	228
Other	220	11,305
Total capital expenditure	4,619	21,076
Less: Disposals of fixed assets*	(352)	(424)
Net capital expenditure	4,267	20,652
Capital resource limit	4,280	20,754
Underspend against capital resource limit	(13)	(102)

* The two surplus properties disposed of during 2008/09 were Meadowbrook and Burnmill.

Better payment practice code (BPPC)

The Late Payment of Commercial Debts (Interest) Act 1988 gives effect to the Government's commitment to introduce a statutory right for businesses to claim interest on the late payment of commercial debts. Unless other agreed terms apply, all undisputed bills are to be paid within 30 days of receipt of goods / services or a valid invoice, whichever comes later. Table 8 provides more details.

TABLE 8

Better Payment Practice Code: Measure of Compliance

	2008/09		2007/08	
	Number	£000	Number	£000
Total Non-NHS bills paid in the year	32,934	30,296	30,254	34,282
Total Non-NHS bills paid within target	30,430	26,941	26,989	29,179
Percentage of non-NHS bills paid within target	92%	89%	89%	85%
Total NHS bills paid in the year	813	21,422	854	35,845
Total NHS bills paid within target	750	20,903	745	31,849
Percentage of NHS bills paid within target	92%	98%	87%	89%
Total bills paid in the year	33,747	51,718	31,108	70,127
Total bills paid within target	31,180	47,844	27,734	61,028
Percentage of bills paid within target	92%	93%	89%	87%

D Cash Flow

Table 9 shows how the trust generated and utilised cash during 2008/09. In order to remain financially viable it is essential that funds are available to meet commitments throughout the year.

TABLE 9

Cash Flow Statement for the Year Ended 31st March 2009

	2008/09 (£000)	2007/08 (£000)
Operating activities:		
Net cash inflow from operating activities	8,624	9,401
Returns on investments and servicing of finance:		
Interest received	251	464
Interest paid	0	0
Net cash inflow from returns on investments and servicing of finance	251	464
Capital expenditure:		
(Payments) to acquire tangible fixed assets	(4,986)	(21,891)
Receipts from sale of tangible fixed assets	348	441
Net cash (outflow) from capital expenditure	(4,638)	(21,450)
Dividends paid:	(4,441)	(3,788)
Net cash inflow / (outflow) before management of liquid resources and financing	(204)	(15,373)
Net cash inflow / (outflow) before financing	(204)	(15,373)
Financing:		
Public dividend capital received	1,212	17,794
Public dividend capital repaid (not previously accrued)	0	(1,825)
Net cash inflow / (outflow) from financing	1,212	15,969
Increase / (decrease) in cash	1,008	596

D Gains and Losses

The total gains and losses include the surplus generated from operational activities as shown in the income and expenditure account, and the net surplus from revaluations and indexation.

TABLE 10

Statement of Total Recognised Gains and Losses for the Year Ended 31st March 2009

	2008/09 (£000)	2007/08 (£000)
Surplus (deficit) for the financial year before dividend payments	5,124	4,091
Fixed asset impairment losses	(3,071)	0
Unrealised surplus (deficit) on fixed asset revaluations / indexation	(5,869)	4,667
Increase in the donated reserve due to receipt of donated assets	0	0
Total recognised gains and (losses) for the financial year	(3,816)	8,758
Prior period adjustment	0	0
Total (losses) / gains recognised in the financial year	(3,816)	8,758

■ Funds Held on Trust

At 31st March 2009 the Trust had £205,464 of funds held on trust. The majority of charitable funds were received from donations and during 2008/09 the most notable donation was for £12,000 in respect of Huntington's disease (Mill Lodge). The Bennion Centre also received a legacy of £25,000 during the year.

Charitable funds are mainly used to support, improve and provide additional comforts for service users which could not normally be afforded through public funding. During 2008/09 funds were mainly spent on Christmas parties and treats for the patients, patient comforts and training and development for staff. NHS Leicestershire County and Rutland administers the charitable funds on behalf of the Trust. The charitable funds accounts are subject to audit.

■ Trust Board Remuneration

Table 11 (overleaf) shows the remuneration (excluding employer's National Insurance contributions) of the Trust's Board of Directors.

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

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

- **Non-Executive Directors:** pay is determined by the Appointments Commission.

Performance of the Executive Directors is assessed through the Trust annual individual performance reviews. Performance related pay is not part of the remuneration package.

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

- **Executive Directors** are on permanent employment contracts. The notice period that the Trust is required to give the Executive Directors is six months. The notice period the Executive Directors are required to give the Trust is three months.
- **Non-Executive Directors** serve tenure of three or four years, appointed by the Appointments Commission.

There is no provision for compensation due to early termination of contracts.

Antony Sheehan
Chief Executive

TABLE 11

Salaries and Allowances of Senior Managers

Name	Title
Jackie Ardley [†]	Director of Quality and Innovation
Nagesh Bhayani	Non-Executive Director
Tony Burnell [†]	Director of People and Business Effectiveness
Fiona Darby	Associate Non-Executive Director
Barry Day [†]	Deputy Chief Executive / Managing Director of Care Services
Tony Harrop	Chairman
Elizabeth Haynes	Non-Executive Director
Sue Hitchenor [†]	Managing Director of Finance and Business Strategy
Dr Jane Hoskyns [*]	Director of Clinical Practice
Frank Lusk [‡]	Director of Corporate Affairs / Trust Secretary
Roger Miller	Non-Executive Director
Lord Kamlesh Patel	Associate Non-Executive Director
Prof. Antony Sheehan	Chief Executive
John Short [‡]	Director of Change Programmes
Nigel Sudborough	Non-Executive Director
Anna Vale	Non-Executive Director
Professor Panayotis Vostanis [†]	Non-Executive Director

* Other remuneration relates to clinical sessions undertaken.

† The nature of the benefit in kind was for the provision of leased cars and disturbance / relocation expenses.

‡ In attendance at Board Meetings but not Executive Director.

Michael Naylor (Director of Finance and Information) – this post was made redundant on 19th May 08. The associated costs were £83,132 in lieu of contractual notice plus a contractual redundancy payment of £230,861.

Note: Some senior managers only held their post for part of the year; please refer to page 70 for further details.

2008/09			2007/08		
Salary (bands of £5,000)	Other Remuneration (bands of £5,000)	Benefits in kind (rounded to nearest £00)	Salary (bands of £5,000)	Other Remuneration (bands of £5,000)	Benefits in kind (rounded to nearest £00)
£000	£000	£00	£000	£000	£00
95–100	0	85	15–20	0	0
5–10	0	0	5–10	0	0
100–105	0	90	60–65	0	0
0–5	0	0	n/a	n/a	n/a
105–110	0	13	110–115	0	13
20–25	0	0	20–25	0	0
0–5	0	0	5–10	0	0
115–120	0	6	95–100	0	45
100–105	30–35	0	95–100	30–35	0
70–75	0	0	n/a	n/a	n/a
5–10	0	0	5–10	0	0
0–5	0	0	n/a	n/a	n/a
135–140	0	0	115–120	0	0
20–25	0	0	n/a	n/a	n/a
5–10	0	0	5–10	0	0
5–10	0	0	0–5	0	0
5–10	0	19	5–10	0	0

TABLE 12

Pension Entitlements of Senior Managers

Name	Title
Jackie Ardley	Director of Quality and Innovation
Nagesh Bhayani	Non-Executive Director
Tony Burnell	Director of People and Business Effectiveness
Fiona Darby	Associate Non-Executive Director
Barry Day	Deputy Chief Executive / Managing Director of Care Services
Tony Harrop	Chairman
Elizabeth Haynes	Non-Executive Director
Sue Hitchenor	Managing Director of Finance and Business Strategy
Dr Jane Hoskyns	Director of Clinical Practice
Frank Lusk*	Director of Corporate Affairs / Trust Secretary
Roger Miller	Non-Executive Director
Lord Kamlesh Patel	Associate Non-Executive Director
Prof. Antony Sheehan	Chief Executive
John Short**	Director of Change Programmes
Nigel Sudborough	Non-Executive Director
Anna Vale	Non-Executive Director
Professor Panayotis Vostanis	Non-Executive Director**

* In attendance at Board Meetings but not an Executive Director.

** On secondment to the Trust during 2008/09. Pension details disclosed by the employing Trust, Cheshire and Wirral Partnership NHS Foundation Trust. There were no employer's contributions to a stakeholder pension during 2008/09.

Note: Some senior managers only held their post for part of the year; please refer to page 70 for further details.

Real increase in pension at age 60 (bands of £2,500)	Real increase in pension lump sum at aged 60 (bands of £2,500)	Total accrued pension at age 60 at 31st March 2009 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31st March 2009 (bands of £5,000)	Cash equivalent transfer value at 31st March 2009	Cash equivalent transfer value at 31st March 2008	Real increase / (decrease) in cash equivalent transfer value
£000	£000	£000	£000	£000	£000	£000
0-2.5	5-7.5	35-40	105-110	706	508	130
0	0	0	0	0	0	0
0-2.5	5-7.5	5-10	25-30	179	0	0
0	0	0	0	0	0	0
0-2.5	0-2.5	25-30	75-80	528	392	88
0	0	0	0	0	0	0
0	0	0	0	0	0	0
2.5-5	12.5-15	15-20	55-60	323	193	87
0-2.5	5-7.5	40-45	115-120	866	626	157
n/a	n/a	n/a	n/a	n/a	n/a	n/a
0	0	0	0	0	0	0
0	0	0	0	0	0	0
0-2.5	5-7.5	5-10	25-30	148	92	38
n/a	n/a	n/a	n/a	n/a	n/a	n/a
0	0	0	0	0	0	0
0	0	0	0	0	0	0
0	0	0	0	0	0	0



Chairman

Mr Tony Harrop

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Chief Executive

Professor Antony Sheehan

Non-Executive Directors

Mr Nagesh Bhayani*

Mr Roger Miller[†]*

Vice Chair to 31st October 2008

Senior Independent Director from 1st November 2008

Mr Nigel Sudborough[†]

Vice Chair from 1st November 2008

Ms Elizabeth Haynes[†]*

to 22nd January 2009

Ms Anna Vale[†]

Prof. Panayotis Vostanis[†]

Executive Directors

Ms Jackie Ardley

Director of Quality and Innovation

Mr Tony Burnell

Director of People and Business Effectiveness

Mr Barry Day

Managing Director of Care Services

Dr Jane Hoskyns

Medical Director

Ms Susan Hitchenor

Managing Director of Finance and Business Strategy /
Deputy Chief Executive

Associate Non-Executive Directors

Lord Kamlesh Patel of Bradford

from 1 August 2008

Ms Fiona Darby

from 1 November 2008

Associate Directors

Mr Frank Lusk

Director of Corporate Affairs / Trust Secretary

Mr John Short

Director of Change Programmes from 5th January 2009

A register of Non-Executive Directors' interests is available for inspection at Trust Headquarters on application to Mrs Murray Eden, Board Secretary, telephone 0116 225 6519.

The Chief Executive and Directors are appointed through an open recruitment process on 'permanent' contracts (not fixed term contracts). Such appointments may be terminated for reasons of organisational change, performance or serious disciplinary offence.

To ensure that the Trust operates with the maximum degree of openness, all meetings of the Trust Board are held in public. Members of the public, service users, carers and staff are encouraged to attend.

* Member of the Audit Committee

† Member of the Remuneration Committee

Attendance of Voting Members at Trust Board Meetings 2008/09

Jackie Ardley	9/12
Nagesh Bhayani	10/12
Tony Burnell	12/12
Barry Day	9/12
Tony Harrop	9/12
Elizabeth Haynes	6/12
Sue Hitchenor	10/12
Dr Jane Hoskyns	10/12
Roger Miller	12/12
Prof. Antony Sheehan	11/12
Nigel Sudborough	11/12
Anna Vale	11/12
Professor Panayotis Vostanis	10/12

Related Party Transactions

Leicestershire Partnership NHS Trust is a body corporate established by order of the Secretary of State for Health.

During the year none of the Board Members or members of the key management staff or parties related to them has undertaken any material transactions with the Trust.

The Department of Health is regarded as a related party. During the year Leicestershire Partnership NHS Trust had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department. The majority in value of transactions with these other entities were conducted with the two local Primary Care Trusts (PCTs), NHS Leicester City and NHS Leicestershire County and Rutland.

■ Summary Financial Statements

These financial statements are a summary of the information provided in the Trust's full set of accounts.

These statements may not contain sufficient information for a full understanding of the Trust's financial position and performance. Copies of the full accounts, including the statement of internal control, are available free of charge, from:

Sue Hitchenor
Managing Director of Finance and Business Strategy
Leicestershire Partnership NHS Trust
George Hine House
Gipsy Lane
Leicester LE5 0TD

Telephone: **0116 225 6544**

■ Statement of the Chief Executive's Responsibilities as the Accountable Officer of the Trust

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

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

8th June 2009

Antony Sheehan

Chief Executive

■ Statement of Directors' Responsibilities in Respect of the Accounts

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

- Apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury,
- Make judgements and estimates which are reasonable and prudent,
- State whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.

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

and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

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

By order of the Board.

8th June 2009
Antony Sheehan
 Chief Executive

8th June 2009
Sue Hitchenor
 Managing Director of Finance and Business Strategy

► Independent Auditor's Statement to the Directors of the Board of Leicestershire Partnership NHS Trust

I have examined the summary financial statement which comprises Table 1 to Table 11 in the Financial Report and Summary Accounts

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This report is made solely to the Board of Directors of Leicestershire Partnership NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 49 of the Statement of Responsibilities of Auditors and of Audited Bodies prepared by the Audit Commission.

Respective responsibilities of directors and auditors.

The Directors are responsible for preparing the Annual Report. My responsibility is to report to you my opinion on the consistency of the summary financial statement within the Annual Report with the statutory financial statements.

I also read the other information contained in the Annual Report and consider the implications for my report if I become aware of any misstatements or material inconsistencies with the summary financial statement.

Basis of opinion.

I conducted my work in accordance with Bulletin 1999/6 'The auditors' statement on the summary financial statement' issued by the Auditing Practices Board. My report on the statutory financial statements describes the basis of our audit opinion on those financial statements.

Opinion.

In my opinion the summary financial statement is consistent with the statutory financial statements of the Trust for the year ended 31st March 2009.

I have not considered the effects of any events between the date on which I signed my report on the statutory financial statements (12th June 2009) and the date of this statement.

31st July 2009

John Cornett

District Auditor (Officer of the Commission)

Audit Commission, Rivermead House, 7 Lewis Court, Grove Park, Enderby, Leicestershire LE19 1SU

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Chief Executive
Leicestershire Partnership NHS Trust
George Hine House
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Leicester
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Fax: **0116 225 3684**

Email: **feedback@leicspart.nhs.uk**

Extra copies of this report are available from Nicky Mawer, Communications Manager, also at the above address.

The Annual Report is available on the website at **www.leicspt.nhs.uk**

Do you need this information in a different format?

This information can be provided in Braille, audio tape, disc, large print or in other languages on request. Please contact us on **0800 013 2530** to make a request.

Na prośbę można uzyskać omówienie konsultacji tej Fundacji w innych językach. Prosimy zadzwonić pod numer 0800 013 2530.

આ ફાઉન્ડેશન ટ્રસ્ટ કંસલ્ટેશન વિજિત વિનંતિથી અન્ય ભાષાઓમાં પણ પૂરી પાડી શકાય છે. કૃપા કરીને 0800 013 2530 પર ટેલિફોન કરો.

अनुरोध करने पर इस फाउण्डेशन ट्रस्ट कंसल्टेशन का सारांश अन्य भाषाओं में उपलब्ध कराया जा सकता है। कृपया 0800 013 2530 पर फोन करें।

ਹੈਮ ਹਾਊਸਿੰਗ ਟਰਸਟ ਦੇ ਮੈਂਬਰ-ਮਾਲਕਾਂ ਦਾ ਸ਼ੋਪ ਕੋਲਰੀ ਕਰਨ 'ਤੇ ਦੂਸਰਿਆਂ ਨਾਲੋਂ ਵੱਖ ਯੂਨੀਅਨ ਬਣਾ ਸਾ ਸਕਦਾ ਹੈ।
ਲਿਖਤ ਕਰਕੇ 0800 013 2530 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।

Soo-koobitaanka wada-tashiga Ururkan Amaanada ah
 “Foundation Trust” waxa lagu bixin doonaa afaf kale haddii la
 codsado. Fadlan wac 0800 013 2530

ای ای آرک بھائی تسد دیم دون ابزیر سود پ ے نرک تس او خرد ص الخ اک تر و اش م تس رٹ نشی ڈن و آف سا
0800 013 2530 ہیکر نو ف پ سا ے و ات کس ساج

