NHS
Lincolnshire Partnership
NHS Foundation Trust

Annual Report and Accounts including the Quality Accounts for the year 2017/18

Making a difference

Lincolnshire Partnership NHS Foundation Trust

Annual Report and Accounts including the Quality Accounts for the year
2017/18

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Introduction

Welcome to Lincolnshire Partnership NHS Foundation Trust's Annual Report and Accounts for 2017/18. This report contains a summary of the Trust's performance and key achievements and sets out its priorities for the year ahead.

Whilst we are required by law to include technical and financial detail, we have tried to make this overview of the information about our Trust, the services we provide and what we do as easy as possible to read and understand.

For this purpose, we have separated the report into two parts. Part one is a summary of who we are, what we do, what we achieved in 2017/18, what your money was spent on, and other summary financial information.

Part two is set out in a slightly different manner as it contains our quality accounts, which lists the priorities for quality improvement, including local indicators for patient safety, clinical effectiveness and patient experience, as well as a number of national targets. This section also contains a range of other technical details, statements and financial information, which we are required to produce by Parliament and our legal regulators, NHS Improvement.

We hope you will find this report easy to read and understand as well as interesting and informative. If you would like extra copies of this document, or want to make any comments about it, please contact us by telephoning 01522 309194 or send an email to communicationslpft@lpft.nhs.uk

You can also use these same contact details if you would like a copy in an alternative format.

Part one

This part of the report is a simple summary of who we are, what we do and what happened in 2017/18.

Our Trust is a large and complex organisation serving the needs of people with mental health problems and/or learning disabilities living in Lincolnshire.

We are also commissioned to provide children and adolescent mental health services in North East Lincolnshire.

Part Two of this report contains more detail and particular requirements specified by Parliament and our regulator, NHS Improvement.

Foreword from our Chair and Chief Executive

We are pleased to present to you the annual report and accounts for Lincolnshire Partnership NHS Foundation Trust. Whilst this report is primarily a reflection on the twelve months ending on 31 March 2018, we also take this opportunity to outline some of our exciting plans for the future.

We have continued with our commitment to put patient care at the very heart of what we do each and every day, and to not compromise on clinical quality. We are pleased to report that our strong clinical performance was maintained and improved upon throughout the year and within this report you will be able to read more detail.

You will read about some of the challenges we faced during the year, and will also hear about just some of our success stories. Highlights of our success include opening the county's first psychiatric intensive care unit (PICU), a new bespoke 10 bed male unit at St George's in Lincoln which has already had a positive impact on the number of patients travelling outside of Lincolnshire for treatment. With support from commissioners we were also able to open a new Psychiatric Clinical Decisions Unit (PCDU) and expand our home treatment teams and bed manager provision to better support patients experiencing severe episodes of mental ill health or crisis and reduce the need for hospital admissions in the first place and again reduce out of area hospital care.

Our new Healthy Minds emotional wellbeing service for children and young people was also launched in collaboration with Lincolnshire County Council, offering schools, parents and carers support, guidance and training to help prevent more serious mental health problems developing.

We are also proud to be working closely with our colleagues at Lincolnshire Police to develop closer links, and thanks to funding from the Office of the Police and Crime Commissioner for Lincolnshire we introduced a new team of mental health workers in the police control room that have been supporting frontline officers with incidents involving mental health issues.

A number of our services received national recognition and accreditation in the year, including the Lincoln crisis resolution and home treatment teams being accredited by the Royal College of Psychiatrists' Home Treatment Accreditation Scheme (HTAS) for their high standards of care. Our work around carer support was also recognised in inpatient services, as we passed the first stage of Triangle of Care and received our first star for achievement.

Many of our staff and teams were also recognised externally by being shortlisted for several prestigious regional and national awards.

Our service changes this year reflect the constantly changing national and local focus of encouraging people to take more responsibility for their own health, and helping them to make

lifestyle choices to keep fit and well. As we live longer, often with more complex physical and mental health needs, the NHS is being asked to deliver more care to more people, against a background of ever increasing financial pressures. Our focus will therefore continue to be to strive to be as efficient and productive as we possibly can, with an even greater focus on expanding our community services so that more people can receive their care close to home.

As part of the Lincolnshire Sustainability and Transformation Partnership (STP) we continue to work closely with our partners, such as commissioners and other providers in the county to redesign services, connecting and integrating across organisations to develop services which improve patient care whilst making the best use of resources.

As always, we are appreciative of our partners with whom we work and rely on for support, including many voluntary organisations and charities, Lincolnshire Police, our colleagues at Lincolnshire County Council, district and borough councils, clinical commissioning groups and other NHS organisations.

Our purpose is to: enable people to live well in their communities.

We are absolutely committed to developing our people, collaborating with our partners and striving for continuous learning. As part of this we recognise our staff throughout the year in our LPFT Heroes recognition scheme, as well as our annual staff excellence awards. Only by doing all of this will we be able to ensure the services we provide are the best they can be and that our patients, staff and other stakeholders have the best possible outcomes and experience of care.

As a Trust we welcome external inspection as just one of the ways for us to continue to improve the services we offer, and during the year welcomed the Care Quality Commission (CQC) as part of their comprehensive inspection regime. The CQC rates organisations on five areas: caring, responsive, effective, well led, and safe, and gives a combined overall rating too.

Following our re-inspection in April 2017 we received an overall rating of Good, which was a substantial improvement over our previous inspection in November 2015, with a particularly marked improvement in the safety domain moving from Inadequate to Good. We were especially pleased that the CQC rated all of our services as Good or Outstanding for caring, and once again rated our specialist community child and adolescent mental health services as Outstanding overall. There were inevitably areas the CQC highlighted we need to improve upon and as a learning organisation we have taken on board their comments.

Throughout all of the challenges over the past year our staff and our volunteers remain our most important asset. Their commitment and dedication to patients, their families and carers, as well as to their colleagues within our organisation and outside, remain unwavering. We are also grateful for the continued support we receive from our governors and our members, helping us to continue

to listen to and serve the people in our local communities. We should also like to take this opportunity to acknowledge and thank others who give us their support, including our staff side representatives, commissioners, local MPs, and local government and of course the multitude of stakeholders in the local and regional health and care community.

With their support we are able to lead and be proud of an organisation with an absolute focus on providing high quality care each and every day for our patients, their families and carers.

Kind regards

Paul Devlin, Chair

Dr John Brewin, Chief Executive **24 May 2018**

Who we are

Lincolnshire Partnership NHS Foundation Trust was established on 1 October 2007 under the National Health Service Act 2006 – it was the first NHS mental health organisation to become a foundation trust in the East Midlands.

Being a foundation trust means it does not report directly to the Department of Health; instead, it reports to the local people through its Council of Governors and is regulated by an independent body called NHS Improvement.

The most important part of being a foundation trust is that it brings the organisation closer to the people who matter most. It wants local people, service users and carers and those who support and represent them, to have much more influence over how it goes about planning and delivering services.

It now has around 10,000 members, drawn from the local community and its own staff. It has elected governors to act on its behalf and those governors play a crucial role in everything the Trust does, including appointing its Chair and non-executive directors.

There are also many other benefits of becoming a foundation trust, such as greater financial freedom. Unlike NHS trusts, foundation trusts are able to invest and borrow funds and can reinvest surpluses too. This allows the Trust to plan better for the future, and to take decisions about how services are run, knowing the level of available funding.

The Trust can also enter formal partnerships and joint ventures with other organisations outside the NHS – such as voluntary organisations or housing providers.

What we do

The Trust provides specialist health service for people living in Lincolnshire with mental health problems and/or learning disabilities, and a range of specialist mental health services to some areas outside the county boundary. Apart from some very specialist services that can only be provided by other organisations outside the area, the Trust provides the full spectrum of mental healthcare and wellbeing services across Lincolnshire; these include:

- Primary mental healthcare, treating common mental health problems such as anxiety or depression, in GP practices, pharmacies, health centres and other settings within the local community
- More specialist services, including some social care for adults, children, families and older people, such as eating disorders
- Hospital services including low secure, psychiatric intensive care, acute and rehabilitation

- Specialist health services for people with learning disabilities
- Psychological therapies
- Occupational therapy
- Mental health and learning disability liaison which provides support to those people in an acute hospital setting.

The Trust also provides some services in neighbouring areas of the country, these include:

- Child and adolescent mental health services in North East Lincolnshire.

The work of the Trust is increasingly community-based. It provides a wide variety of mental health, learning disability and social care services in close partnership with colleagues in local councils, clinical commissioning groups, charitable and voluntary organisations, as well as with service users, carers and their representatives. The Trust always aims to provide people with alternatives to admission and where appropriate, to provide treatment, care and support outside a formal hospital setting.

Summarised below is a snapshot of who we are and what we do captured into a few key facts. For the 12 months leading to 31 March 2018, we:

- Treated some 22,500 people who accessed our services by:
    - Attending outpatient clinics or appointments.
    - Receiving contact from one of our community teams, home treatment teams, crisis resolution teams or assertive outreach services.
    - Being admitted to one of our 14 inpatient wards.
- Operated from some 56 sites providing services in:
    - Lincolnshire to a population of 743,400* across an area of 2,646 square miles.
    - North East Lincolnshire to a population of 159,570** across an area of 74 square miles.
- Supported people in more than 240 inpatient beds, the majority of which are on our main sites in Lincoln, Grantham and Boston.
- Employed 1,956 staff, of which 1,547 were female and 409 were male.
- Had a membership of 9,994.
- Worked with an annual expenditure budget of circa £100 million.
- Met the non NHS income requirement by ensuring our income from the provision of goods and services from NHS funded care exceeds income from non NHS funded services.

* Source: Lincolnshire Research Observatory ONS 2016 Mid-Year Population Estimates/ GP Registrations April 2016 (NHS-HSCIC)

** Source: North East Lincolnshire Data Observatory ONS 2015

Highlights of the year

A snapshot of a busy year.

From innovative service transformations to national awards and recognition, the past year has seen many highlights for the Trust:

Achievements

- Following an inspection by the Care Quality Commission (CQC) in early April the Trust was rated Good overall for the services it delivers. This was a result of real focus on continuous quality improvement and positive cultural changes within the organisation. The improvements made have also been showcased in two national reports published by the Care Quality Commission (CQC) looking at the state of care in England's mental health services and driving improvements in mental health services.
- A brand new 10-bed male psychiatric intensive care unit, the Hartsholme Centre, opened in Lincoln in the summer of 2017.
- Opened the new Psychiatric Clinical Decisions Unit and expanded home treatment teams and bed manager provision to better support patients experiencing severe episodes of mental ill health or crisis and reduce the need for out of area hospital care.
- Healthy Minds Lincolnshire - a new emotional wellbeing service for children and young people launched in October 2017. The service offers support for young people, parents and carers as well as training for professionals in education and children's services.
- Awarded the contract to provide healthcare services as part of a new three year agreement with the 12 bed local authority secure children's home (Lincolnshire Secure Unit). Which provides services to young people placed via the courts for youth justice or welfare reasons.
- A new team of mental health nurses has been deployed in Lincolnshire Police's control room to help frontline officers deal with incidents involving mental health issues.
- More staff were vaccinated for the flu than ever before this winter, with around 79% of frontline staff protected. LPFT was the second most improved trust for staff flu vaccination rates.
- For the second year running the Trust achieved a significant improvement on its national NHS staff survey, placing the Trust in the top 10 mental health and learning disability trusts for sustained improvement and performance on staff satisfaction.
- Launched a new Involvement Charter co-produced in partnership with service users, carers, providers, governors and staff. The charter presents how we encourage people to get involved.

Awards

- North East Lincolnshire child and adolescent mental health service (CAMHS) won the specialist service category at the HSJ Value in Healthcare Awards. The learning disability service was also shortlisted for their joint working with South West Lincolnshire Clinical Commissioning Group on their service redesign.
- North East Lincolnshire child and adolescent mental health service was shortlisted in the national Children and Young People's Mental Health Awards (Positive Practice Awards 2018) for the crisis services award, which recognises a service providing exceptional support and intervention to children/young people and their families at a time of crisis.
- The Lincolnshire Allied Health Professionals (AHP) Strategic Forum, which the Trust has formed with other partners, was a finalist in the first Chief Allied Health Professions Awards.
- Langworth Ward was shortlisted in the national Patient Safety Awards for the team's personalised sensory toolkit programme and was recognised as good practice in the care for older people category.
- The Trust's work with carers to implement Triangle of Care in inpatient services was recognised with a Carers Quality Award from Every–One (former Lincolnshire Carers and Young Carers Partnership). The Triangle of Care was also shortlisted for a Nursing Times Awards in the nursing in mental health category.
- Shortlisted in three categories in the HSJ Awards. Langworth Ward was shortlisted for the most effective adoption and diffusion of best practice. North East Lincolnshire CAMHS crisis and intensive home treatment team was a finalist in the specialist services redesign, while Anne-Maria Newham, Director of Nursing, Allied Health Professionals (AHPs) and Quality was a finalist in clinical leader of the year category.
- Zoë Rowe, LGBT+ Visible Leader and Associate Director of Nursing and Quality, was shortlisted in the Employer's Network for Equality and Inclusion (ENEI) Awards.
- Five staff were nominated by University of Lincoln nursing students for Mentor Excellence Awards. In appreciation to the mentors who helped, supported and taught students whilst on their course.
- Langworth Ward won a Positive Practice in Mental Health Award in the older people's mental health and dementia category for their innovation project - the personalised sensory toolkit. North East Lincs CAMHS were also highly commended for crisis and intensive home treatment team in the innovation in children and young people's mental health category for the crisis and home treatment care they provide.
- Payroll shared services won the Rewards 2017 – public sector payroll team of the year.
- Carolyn Wright, an Independent Sexual Violence Advisor, was awarded a Lincolnshire Police Commendation for her work on a rape case that resulted in successful conviction.

- The first ever Lincolnshire Media Health Awards were a great success for LPFT staff with payroll shared service winning non-clinical team of the year; Hannah Clements, Specialist Clinical Psychologist winning therapist of the year and Ali Young, Community Support Worker winning healthcare assistant of the year. Langworth Ward was also highly commended in the clinical team of the year category, and Paula Jelly, Veterans Lead was a finalist in the nurse of the year category.
- The Ministry of Defence awarded the Trust a Silver Award in recognition of our continuing support for members of the Armed Forces.
- Five staff were shortlisted in the national Unsung Hero Awards - Helen McDonald, CAMHS Service Lead Administrator, shortlisted for the everyday hero award. Nick Overton, Head of Capital Projects and Compliance, shortlisted for the leader of the year award. Amy Poole, Apprentice for the Executive Admin Team, and Claudia Richardson, Administrator for the Veterans Service were also both shortlisted for the apprentice of the year award and Rachel-Michelle Jones, Peer Support Worker was shortlisted for the patient's choice award.
- North East Lincolnshire CAMHS crisis team was highly commended in the crisis services category at the national Children and Young People's Mental Health (CYPMH) Awards 2017.
- The Trust held its eighth Staff Excellence Awards and recognised 18 individuals and 10 teams at the ceremony in Lincoln.
- Zoë Rowe and Tracy Ward made up two of the three finalists on the shortlist for mental health nurse of the year at the 2018 British Journal of Nursing (BJN) Awards. In addition, Jane Lord was shortlisted for infection prevention nurse of the year and Langworth Ward was a finalist for the innovation award.
- The Trust's mental health practitioners, based in the Lincolnshire Police force control room were recognised at the High Sheriff of Lincolnshire's annual awards, following their nomination by the Police and Crime Commissioner.
- Anna Black, Team Leader for Grantham crisis team and the single point of access, received royal recognition at Buckingham Palace for her services to local NHS services.
- Kirsty Johnson, Health and Safety Advisor was shortlisted in the Safety and Health Excellence Awards in the rising star of the year category.

Accreditations

- The Trust's Triangle of Care initiative in inpatient services passed the first stage assessment and was awarded its first star of achievement.
- The Lincoln crisis resolution and home treatment team successfully met standards for the Royal College of Psychiatrist's Home Treatment Accreditation Scheme (HTAS).
- In recognition of the Trust's work on employing people with disabilities, it has been awarded a Level 2 Disability Confident Employer mark.

Performance

Overview

This brief overview provides a short summary of the Trust's purpose, explains where information on the key risks can be found and comments on the Trust's achievements and performance in the year. Information on the Trust, its history and what we do can be found on page 11.

In addition to the Chief Executive's comments in the foreword to this report, the Chief Executive is pleased to summarise the following key performance areas. In 2017/18 the Trust achieved a Good CQC rating, a financial outturn of a £4million surplus (see Annual Accounts) and with the exception of the agency cap, maintained its Single Oversight Framework segmentation of 1 (see page 84) for most of the year despite overspending on agency staff to ensure patient safety.

NHS Improvement place trusts in the appropriate Single Oversight Framework segment across five themes of quality of care, finance and use of resources, operational performance, strategic change and leadership and improvement capability. Segment 1 is given to trusts that have maximum autonomy, with no support needs and the lowest level of oversight required.

The Trust has for the second year running achieved a significant improvement on its national NHS staff survey, placing the Trust in the top 10 mental health and learning disability trusts for sustained improvement and performance on staff satisfaction. This level of performance places the Trust amongst the highest performing mental health and learning disability trusts in the country.

The key risks for the organisation are reported as part of the Annual Governance Statement later in this report (page 86).

An effective Board Assurance Framework has been maintained to provide the Board with assurance that the risks have appropriate controls and mitigations in place.

Quality priorities

Each year the Trust Board agrees a set of quality priorities for delivery. These priorities are selected taking into account a number of information sources including but not limited to:

- Patient/service user, carer, governor and staff feedback.
- Department of Health national priorities.
- CQC feedback from visits.
- National surveys including patient and staff experience.
- Reporting requirements of national bodies such as NHS Improvement.
- Commissioner requirements and feedback.
- Equality Delivery System 2.

- HealthWatch Lincolnshire feedback.
- Serious incidents, complaints, coroner and serious case review feedback (local and national).

In determining the priorities the Trust Board seeks to ensure that the organisation continues to stretch and strengthen its delivery of high quality and safe services. The priorities are subject to close monitoring throughout the year.

The priorities for 2017-19 are described in detail within the Annual Quality Report 2017/18 on page 103.

Statement of going concern

The Trust maintains a detailed two year financial and business plan. After making enquiries that includes examining the period of at least one year from the date of the approval of the accounts, the directors have a reasonable expectation that the NHS foundation trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing these accounts.

Our values

The Trust is committed to a number of values as an organisation, which form the basis of everything it does. It is important that patients, service users and carers remain at the heart of this.

The Trust continues to strengthen its vision and values and embed throughout the organisation to ensure that every member of staff is committed to making a difference.

Our purpose:

To enable people to live well in their communities.

Our vision:

To make a difference to the lives of people with mental health needs and learning disabilities. To promote recovery and quality of life through effective, innovative and caring services.

Our core values:

- Putting people first.
- Developing and supporting our staff.
- Respecting people's differences.
- Behaving with respect, compassion and integrity.
- Having pride in our work.
- Working in partnership.
- Being recovery-focussed and making a positive difference.

How we measure performance

The Trust utilises the key metrics within the Single Oversight Framework as a core for measuring performance across the trust. These core standards are reported to the Board each month as part of the integrated performance report. In addition the report highlights areas of concern within specific clinical divisions, where contractual performance metrics are off target. These metrics are picked from all Trust contractual key performance indicators which are monitored on a daily to monthly basis within the performance and clinical teams. Areas that possess higher levels of risk for example, new services or areas with staffing risks receive targeted support to assist with mitigating actions. Other key areas within the integrated performance report include patient safety and experience, workforce and finance which are reported at organisational level and integrated with more detail within divisional sections. This provides the Board with the information required for assurance on Trust services.

Trust reporting combines information from a variety of sources relating to the effectiveness of patient care. Some of these include staff vacancies, sickness, supervision and appraisal rates, serious incidents, bed occupancy and patient waiting times. These metrics can be viewed on two key dashboards to highlight where remedial actions may need to be focused and are available at patient or staff level within the clinical management teams. This information can be cross matched against financial statements; including agency and bank spend from organisational down to team level allowing triangulation of operational, financial and performance data. This process enables effective management of those services and enables managers to be aware of potential issues within individual services and teams.

These target areas are reported to the Board and through the Finance and Performance Committee which monitors the achievement against the work plan.

Facilities and estate management for effective patient care are incorporated into management meetings, with clear lines of accountability and governance arrangements. Service developments and improvements that require estate reconfiguration are carried out in line with the Trust's sustainable development management plan.

Environmental sustainability performance

During 2017/18 the Trust has continued to implement its key environmental and sustainable priorities.

- **Healthy, sustainable and resilient communities** - The Trust's estate supports the principles of sustainability; it has a range of owned and leased properties of varying ages and conditions. These have been assessed through a six facet survey incorporating the energy efficiency of the individual buildings. The Trust is currently rationalising its estate, disposing of old inefficient properties and commissioning new, high sustainability properties. Through

operational reviews the Trust has been able to maximise opportunities for shared use of buildings with other providers such as Greater Lincolnshire One Public Estate and the Sustainability and Transformation Partnership. The joint working of the estates and facilities teams across Lincolnshire Community Healthcare NHS Trust and Lincolnshire Partnership NHS Foundation Trust is a good example of this initiative.

- **Commissioning and procurement-** The Trust's sustainability and environmental policies apply to its commissioning and procurement of properties, equipment and services. All 'offers of tender' include clauses to cover ethical procurement, carbon reduction policies, sustainable supply chain sourcing, use of local services and are in accordance with the Social Value Act 2012.
- **Carbon hotspots** - To minimise the impact of staff travel on the environment, mileage is monitored through a claims approval process. The Trust has implemented mobile working and hot desk arrangements across the county, as well as efficient workload planning. The Trust has invested in technology which allows staff to join meetings virtually which often eliminates the need for them to travel and attend meetings in-person. Low carbon travel (such as cycling, walking and electric vehicles) is encouraged and incentives have been introduced. Electric vehicle charging points have been installed at the St George's site and electric pool cars are currently under consideration. Due to the diverse geography of Lincolnshire the Trust endeavours to provide local services in each population centre and tries to develop a service presence in each locality. Partnership working with other providers and the local community helps to progress this initiative.
- **Energy and carbon management** - The Trust has continued to investigate and implement the use of sustainable and energy efficient equipment, this is achieved by ongoing work relating to: utility bill analysis, sub metering, property insulation, double glazing, low water usage systems, inverter drives, LED lighting, gas boiler replacements as well as more complex technologies such as ground or air source heat pumps and combined heat and power systems, which may be 'stand-alone' systems or developed into district energy/heating solutions. These technologies are incorporated into all refurbishment and new build projects whenever possible. The Trust purchases the majority of its energy from the national source of NHS Crown Contracts. This ensures the Trust has a value for money procurement route, which includes an element of cost for renewable energy as part of the tariff. The Trust is currently considering the appointment of a dedicated Energy Environment and Sustainability Manager.
- **Waste and recycling** - The Trust maximises the recycling of waste and minimises the impact on the environment for the disposal of other waste streams. All Trust waste is segregated by staff, collected and processed by competent waste contractors. Auditable processes are in place to ensure compliance through contract monitoring and spot audits. All staff have a duty of care to assist and support this regime by carefully segregating their waste and this is being

developed as part of the Trust induction process for new employees. Initiatives such as WARPIT, a waste action reuse portal sharing network, are under consideration to re-use surplus furniture and equipment within the NHS, with interim arrangements including a shared surplus furniture storage facility now operational.

Information about social, community, anti-bribery and human rights

The Trust has in place a counter fraud, anti-bribery and hospitality policy that protects the NHS, its staff and users. The policy is annually reviewed by the Trust's Audit Committee and the Counter-Fraud Specialist reports quarterly to the Audit Committee on preventative and proactive measures that are in place. No material incidents have been detected in 2017/18.

Human rights, specifically the right to life in regard to detentions under the Mental Health Act are addressed by the Mental Health Act and incident management policies which are kept under regular review by the Trust's Quality Committee. No infringements of human rights have been reported in 2017/18.

Robust human resources policies and procedures are in place to ensure compliance with employment and equality legislation.

The Trust has supported external agencies to progress a number of safeguarding cases through the courts in relation to modern slavery and exploitation. These cases have been subject to multi-agency safeguarding reviews from which the Trust has strengthened policies and practices to increase awareness and support to vulnerable service users.

Overseas operations

The Trust has no overseas operations.

Important events during financial year

2017 CQC comprehensive inspection

The Trust had a re-inspection of services during the week of 4 April 2017; the published ratings grid and key areas described in the report are presented in the table below; the full report is available on the CQC website at: www.cqc.org.uk

CQC Inspection 2017 Summary of the Trust's ratings:	Overall	Safe	Effective	Caring	Responsive	Well-led
LPFT overall	Good	Good	Requires Improvement	Good	Good	Good
Acute wards for adults of working age and psychiatric intensive care units	Requires Improvement	Requires Improvement	Requires Improvement	Good	Inadequate	Requires Improvement
Long stay/rehabilitation mental health wards for adults of working age	Good	Good	Good	Good	Good	Good
Forensic inpatient/secure wards	Good	Good	Good	Good	Good	Good
Child and adolescent mental health wards	Good	Good	Good	Good	Good	Good
Wards for older people with mental health problems	Good	Good	Requires Improvement	Good	Good	Good
Community-based mental health services for adults of working age	Requires Improvement	Good	Requires Improvement	Good	Requires Improvement	Requires Improvement
Mental health crisis services and health-based places of safety	Good	Good	Requires Improvement	Good	Good	Good
Specialist community mental health services for children and young people	Outstanding	Good	Good	Outstanding	Good	Outstanding
Community-based mental health services for older people	Good	Good	Good	Good	Good	Good
Community mental health services for people with learning disabilities and autism	Requires Improvement	Requires Improvement	Requires Improvement	Good	Good	Good

There were ten individual service line reports published by the Care Quality Commission that related to services provided by Lincolnshire Partnership NHS Foundation Trust. In addition, there was an overall provider report. All "must do" and "should do" actions from these reports have been included in a comprehensive action plan.

A clear process is in place to monitor the action plan and check progress, working with operational managers and clinical leads. The action plan is presented monthly, in the public session, to the Board of Directors. Since the inspection took place the majority of actions highlighted have been addressed and work continues to improve services through the development of a continuous quality improvement programme.

Dr John Brewin **24 May 2018**
Chief Executive and Accounting Officer

Accountability report

Board of Directors

The Trust Board consists of the Chair, executive and non-executive directors, including the Chief Executive. They are collectively responsible for the performance of the Trust.

The role of the Trust's Board of Directors is to consider strategic, managerial and performance issues facing the Trust. Directors are accountable for meeting national standards, performance targets, and governance and financial targets. The executive directors are responsible for the day-to-day running of the organisation working with the non-executive directors to translate the Trust's strategic vision into operational practice. The non-executive directors provide an independent view on strategic issues, performance, key appointments and hold the executive directors to account.

The Trust Board is made up of the Chair, five non-executive directors, the Chief Executive and five executive directors.

The Board's business is conducted through monthly meetings of the Board of Directors, which are held in public. The minutes and other papers from these meetings are published on the Trust's website: www.lpft.nhs.uk/boardpapers.

The people who served on the Board of Directors for the year ending 31 March 2018 are as follows.

Paul Devlin
Chair
Appointed to Board May 2015
Second term expires May 2021

Paul has had a varied career with a number of senior leadership roles within the third sector for organisations such Action for Children, Age Concern and Headway, the brain injury association.

Paul is a self-employed organisational development consultant and was previously Chief Executive of HealthWatch Birmingham, with non-executive director experience at NHS Derby and Derbyshire County Cluster PCT.

Dr John Brewin

Chief Executive

From July 2014

Permanent contract with six month notice period

John was appointed to his current post after a spell as Interim Chief Executive (from 16 January 2014). He was originally appointed to the Board as Medical Director in October 2011.

John joined the Trust from Nottinghamshire Healthcare NHS Trust, where he was employed as Associate Medical Director for its local services division. He has over 20 years' experience of mental health medical practice and care.

Executive directors

Dr Sue Elcock

Medical Director

Appointed to Board February 2015

Permanent contract with three month notice period

Previously Sue worked as a Consultant Forensic Psychiatrist at Rampton High Secure Hospital in Nottinghamshire since 1995.

Sue's specialised clinical focus has been working with women with personality disorders and in the management of deliberate self-injury, promoting a recovery-based model to empower self-management. She continues to practise as a Forensic Psychiatrist whilst working as Medical Director, recognising the importance of clinically led management approaches. Sue is also the Trust's appointed Caldicott Guardian and is therefore the senior person responsible for protecting the confidentiality of service user information and enabling information sharing.

Ian Jerams

Director of Operations

Appointed to Board January 2015

Permanent contract with three month notice period

As a qualified social worker with a strong mental health and operational management background, Ian has a wealth of experience gained from a number of senior NHS roles.
Prior to joining the Trust, Ian was employed as Chief Operating Officer at Rotherham Doncaster and South Humber NHS Foundation Trust.

Jane Marshall

Director of Strategy

Appointed to Board February 2012

Permanent contract with six month notice period

Jane is responsible for leading the strategic development of Trust services, developing partnerships, ensuring the Trust meets all national and local standards and for developing services.

She has held board level director posts in mental health, acute services, commissioning and service development in the NHS and has a strong commitment to improving services for patients.

Anne-Maria Newham (formerly Olphert)

Director of Nursing, Allied Health Professionals (AHPs) and Quality

Appointed to Board January 2016

Permanent contract with three month notice period

A qualified nurse with more than 30 years' NHS experience, Anne-Maria draws on a wealth of expertise from a number of senior healthcare roles including Children's Intensive Care Manager and Director of Children's Community Services.

She most recently worked as Chief Nurse for Erewash Clinical Commissioning Group and has worked extensively across the UK, qualifying in Canterbury and training in Cardiff and at Great Ormond Street Hospital.

Karen Brown (formerly Berry)

Director of Finance and Information

March 2013 to April 2017 (in contract until July 2017, whilst seconded to United Lincolnshire Hospitals NHS Trust)

Permanent contract with six month notice period

Karen joined the Trust from Nottinghamshire Healthcare NHS Trust where she was employed as Head of Finance for its local services division.

She has a strong track record and knowledge of mental health services and extensive experience in a broad range of financial management roles including primary care and strategic health authority.

Karen began her NHS career in 1990 and is a member of the Chartered Institute of Management Accountants.

Sarah Connery

Interim Director of Finance and Information (May to August 2017)

Director of Finance and Information (from September 2017)

Permanent contract with three month notice period

Sarah joined the Trust from Nottinghamshire Healthcare NHS Trust as Deputy Director of Finance in April 2015.

She has worked in the NHS for 14 years in various senior finance roles and has wide business management experience from working in the retail and audit sectors.

Non-executive directors

Malcolm Burch

Appointed June 2013.

Second term commenced June 2016

Term expires May 2019

Prior to joining the Trust Board, Malcolm worked as a Non-executive Director for Cambridgeshire and Peterborough Primary Care Trust.

Malcolm is currently the Chief Executive for the Office of the Police and Crime Commissioner for Lincolnshire which requires him to oversee Lincolnshire Police and their private sector partnership with G4S.

Malcolm has enjoyed a long career in public services working in local government, universities and health, in addition to running his own company. With a wealth of board level experience in leading and managing organisations, Malcolm is particularly experienced in change management and ensuring services are held properly to account to deliver cost effective outcomes for the public.

Mary Dowglass

Appointed June 2013.

Second term commenced June 2016

Term expires May 2019

As a registered nurse of 40 years, Mary's nursing experience included clinical community roles, teaching and senior management in the acute sector where she was Director of Nursing in a large district general hospital.

She has gained particular experience in service redesign and patient involvement. Mary has also worked as regional Chief Executive of an international development organisation setting up health systems and hospitals in central Asia and Africa. She now works in the voluntary sector for Macmillan Cancer Support on service development in the East of England.

Alan Lockwood

Deputy Chair/Senior independent non-executive director

Appointed August 2012

Term expires July 2018

Alan has had a long and distinguished military career as well as extensive experience with a national third sector organisation. He brings knowledge in logistics, media and worldwide experience of diplomacy and leadership. More recently he has worked with the Independent Parliamentary Standards Authority in areas of compliance and governance.

Alan has a history of undertaking and effectively delivering major projects in complex organisational structures.

Tim Ludlow

Appointed November 2013

Second term commenced 1 November 2016

Term expires October 2019

Tim is a qualified accountant with over 30 years' experience in the private sector. Over the years he has held financial positions in a number of companies in different industries, most recently as UK Finance Director for Miele, the German premium white goods manufacturer.

Tim has been an independent member of the Audit Committee of Breckland District Council since January 2011. In November 2011 he joined BPHA, formerly Bedford Pilgrims Housing Association, as a member of its Audit Committee.

Philip Jackson

Appointed June 2016

Term expires May 2019

A Chartered Chemist and Chartered Health and Safety Practitioner with over 20 years' experience in technical and managerial roles. He is currently a freelance health and safety consultant specialising in chemical safety and the transport of dangerous goods.

Philip has previously held a Non-executive Director role for Northern Lincolnshire and Goole NHS Foundation Trust for ten years, four as Deputy Chair.

He has also previously held roles as Chair of Humberside Probation Trust and Non-executive Director of West Yorkshire Community Rehabilitation Company, as well as being an elected member of North East Lincolnshire Council.

Changes to Board membership

During 2017/18 the Board membership remained constant and consistent, with only one change:

- On 1 May 2017 Karen Brown, Director of Finance and Information was seconded to United Lincolnshire Hospitals NHS Trust (ULHT) and was subsequently appointed to a substantive position there.
- Sarah Connery was appointed on an interim basis and following a robust external recruitment and selection process was appointed as the Director of Finance and Information on 1 September 2017.

All the Trust's non-executive directors are considered independent. The non-executive directors constructively challenge the executive team and work together to develop proposals on strategy. The Board and its committees scrutinise the performance of the Trust's management in meeting agreed goals and objectives, and monitor the reporting of performance. They satisfy themselves on the integrity of financial information and that financial controls and systems of risk management are robust and defensible. The non-executive directors are responsible for determining appropriate levels of remuneration of executive directors and have a prime role in appointing, and where necessary, removing executive directors, and in succession planning.

Essentially the non-executive directors are the custodians of the Trust's governance process. Whilst they are not involved in the day-to-day running of the organisation, they do monitor the executive activity and contribute to the development of strategy.

The Senior Independent Non-executive Director, Alan Lockwood, provides a sounding board for the Chair and serves as an intermediary for the other directors when necessary. The Senior Independent Non-executive Director is available to governors if they have concerns that contact through the normal channels has failed to resolve, or for which such contact is inappropriate.

The Board of Directors ensures that adequate systems and processes are maintained to deliver the Trust's annual plan, measure and monitor its effectiveness, efficiency and economy, and delivery high quality healthcare. The Board Assurance Framework and performance reports enable continuous and comprehensive review of the Trust's performance, against agreed plans and objectives.

Board members' other commitments and interests

Company directorships and other significant commitments held by Board members are outlined above. The Chair is a Director of Because it Matters Ltd. This is not considered to be a significant commitment, and is declared in the register of directors' interests. All Board members are required to disclose their relevant interests in the register of directors' interests which is formally received by the Board of Directors at the beginning of each of meeting. The full register is available from the Trust Secretary and is publicly listed on the Trust's website www.lpft.nhs.uk.

Appointment and removal of Board members

In accordance with the requirements of the NHS Act 2006, the Foundation Trust Constitution outlines the respective responsibilities of the directors and governors in appointing and removing Board members.

The Council of Governors is responsible for appointing, and if necessary, removing the Chair and non-executive directors, as well as approving the appointment of the Chief Executive. The Council of Governors' Nominations and Remuneration Committee has been established to make recommendations to the Council on the appointment and remuneration of these positions, including identifying suitably qualified candidates for appointment.

NHS Improvement's well led framework

Foundation trusts are required to undertake a well led governance review every three years. The Trust commissioned a well led review to be undertaken between January and March 2017. This commenced with a self-assessment against the ten questions set out under the four domains of the well led review in place at that time. The reviewers undertook extensive visits, document review and observations and interviews with a range of directors, commissioners, service users/patients, carers and staff. The Trust received the final report in June 2017. The review determined that the Trust had conducted a highly accurate self-assessment and set out 21 recommendations to assist in further developing the Trust's leadership.

Stakeholder relations

The Trust is a full and active participant in the Lincolnshire Sustainability and Transformation Partnership (STP), the Trust's contribution to the partnership is both financial and in terms of staff and other resources. The Trust leads on the mental health and learning disability work stream within the STP and has delivered on the objectives of those work streams.

The Trust operates a Section 75 agreement with the local authority and delivers delegated mental health social care duties on behalf of Lincolnshire County Council. The agreement is monitored on a commissioner/provider basis, but with a strong emphasis of shared working. This enables

integrated and effective service provision for people with some of the most enduring mental health needs.

The Trust maintains a Managed Care Network (MCN) of third sector providers funded through the local Mental Health Promotion Fund provided by Lincolnshire County Council. This initiative established as a result of the Council of Governors' interventions in social care funding some years ago is now in its eighth wave of funding. Academic research has demonstrated a 9:1 ratio of return on investment (ROI).

The Trust has contributed to the Health and Wellbeing Boards' Joint Strategic Needs Analysis (JSNA) and has ensured the needs of people experiencing mental health problems have been included in the analysis.

The Health Scrutiny Committee for Lincolnshire has invited regular updates from the Trust. In partnership with South West Lincolnshire Clinical Commissioning Group, the Trust has undertaken a targeted public engagement on learning disability services during the year. This will report in early 2018/19.

Lincolnshire is a county with a significant military population, principally the Royal Air Force (RAF). The Trust is part of the Ministry of Defence (MOD) inpatient consortium of NHS Trusts across the UK, ensuring effective mental health inpatient services are accessible to local MOD staff.

Involvement activity

During 2017/18 the Trust worked with service users and carers to co-produce an involvement charter setting out the principles by which the Trust will engage with and involve service users and carers.

The Council of Governors have been keen to work with the Board of Directors to maximise the opportunities for involvement. The inclusion of local authority Councillors from the Health and Wellbeing Board; as well as stakeholder governors from HealthWatch, commissioners and the SHINE Network have made the Council a strong and influential involvement group. The Council of Governors Representation Committee also offers a useful vehicle to hear from the membership and wider public.

Service users and carers are actively encouraged to become involved in Trust activities, including the selection and recruitment processes for staff. As well as active engagement in service redesign across many of the Trust's services.

The Trust has invested in the development of peer support workers across a range of services. Peer support workers are enhancing the care provision available to service users by introducing a greater sense of empathy and understanding.

Statement of compliance with cost allocation and charging guidance

The Trust complies with the cost allocation and charging requirements set out in the Managing Public Money guidance from HM Treasury and the Office of Public Sector Information.

Financial best practice codes and ethics

The Trust has signed up to the Better Payments Practice Code, which aims to encourage and promote best practice between the organisation and its suppliers. It aims to pay all suppliers within clearly defined terms, and also commits to ensuring there is a process for dealing with any issues that may arise. This helps the Trust to build stronger relationships with its suppliers. Details of compliance with the code are given in note 3.7 of the accounts. Furthermore, the organisation also abides by a Prompt Payment Code which aims to ensure suppliers are paid on time and as per agreed terms and conditions of the contract to trade.

Details of payments made in accordance with the Late Payment of Commercial Debts (Interest) Act 1998 are as per note 3.6 of the accounts.

The Trust complies with the cost allocation and charging requirements set out in the Managing Public Money guidance from HM Treasury and the Office of Public Sector Information.

Political donations

No political donations were made in either 2016/17 or 2017/18.

Part two

As mentioned earlier, part two is set out in a slightly different manner to part one. Part two contains our quality accounts, which list the priorities for quality improvement, including local indicators for patient safety, clinical effectiveness and patient experience, as well as a number of national targets.

Part two also contains a range of other technical details, statements and financial information which we are required to produce by law and our legal regulators, NHS Improvement. More about what NHS Improvement is and why we need to report to it is explained in the first part of the report.

If you would like to have any of the detail in this part of the report explained, please contact us on 01522 309194, or send an email to: communicationslpft@lpft.nhs.uk

Remuneration report

The Trust's definition of senior managers is its voting directors and details of these persons, who have the authority or responsibility for directing or controlling the major activities of the Trust, are set out in this report.

These individuals are employed on contracts of service and are substantive employees of the Trust. Their contracts are permanent which have termination of notice clauses by either party of three to six months (dependent upon individual's contractual terms). There are no compensatory arrangements for senior managers in the event of their termination by the Trust other than those specified within the Agenda for Change national terms and conditions. The Trust's normal disciplinary policy applies to senior managers, including the sanction of summary dismissal for gross misconduct. The pay costs incurred on members of the Trust Board is included in the employee expenses note 4.1 of the Annual Accounts.

The levels of remuneration for executive directors and non-executive directors were established in line with national salary surveys obtained from the then Foundation Trust Network and Capita on becoming a foundation trust. Subsequent annual uplifts for executive directors are determined by the Appointments and Terms of Service (ATS) Committee. The Trust did not award any annual uplifts between 2010/11 and 2013/14 to reflect the national pay restraint within the NHS. In 2014/15 following the award of a national inflationary uplift of one percent across the NHS, the Trust's executive directors also received the same increase following approval by the ATS Committee. No further award was made in 2015/16. In 2016/17 and in 2017/18 a 1% increase was applied in line with other NHS pay awards and public sector pay restraint. The Trust continues to benchmark against the NHS Providers annual benchmarking data. The Trust has not sought any consultation with employees in regard to senior manager remuneration.

All executive directors (with the exception of the Medical Director), receive an annual salary which does not include an option for performance related pay. Executive director salaries are benchmarked each year against the information published by NHS Providers about salaries of executives in similar sized NHS trusts. The powers to award inflationary pay increases and any other change to salary is delegated to the Trust's Appointment and Terms and Service Committee, which has clearly defined terms of reference allowing it to determine salaries in line with the objectives of the organisation and taking into account the industry standards and availability of key employees.

All senior managers with the exception of executive directors are remunerated on national Agenda for Change terms and conditions. The Trust deems this to be economically appropriate to the prevailing employment conditions with the NHS.

Executive director salaries will only increase subject to usual assessment of applicability of annual inflationary awards which are based on national awards, in line with national terms and conditions applied to other NHS employees. Any approval of inflationary awards is subject to the approval of the Trust's Appointment and Terms of Service Committee. The Medical Director has a job split between a clinical role and the Medical Director role, and is employed on national medical staffing terms and conditions which results in a salary greater than the £142,500 limit. The ATS Committee, on behalf of the Trust, applied this salary in line with national terms and conditions when the Medical Director was first appointed. The Chief Executive's salary was offered based on the successful applicant's previous salary as a consultant psychiatrist and their continued additional clinical practice within the Trust. The appointment pre-dated the requirement to report on salaries over £142,500 (now £150,000). The Medical Director and Chief Executive remain eligible for clinical excellence awards in relation to the clinical elements of their roles – none were awarded in 2017/18.

The names of the Chair and members of the Board committees and their regularity of attendance at meetings are disclosed in the table on page 71.

Remuneration for non-executive directors

The Council of Governors approved a one percent inflationary award for non-executive directors in 2014/15. This was the first uplift in remuneration since 2009/10. No annual uplifts were awarded in 2010/11, 2011/12 and in 2012/13 the non-executive directors declined the offer and retained the remuneration rates established in 2010. In 2015/16 and in 2016/17 no inflationary uplift was awarded, in 2017/18 a 1% uplift was awarded.

The components for remuneration for non-executive directors are set out in the table below:

Description	£000's
Fees payable to non-executive directors	116
Any additional fees payable for any other duties undertaken on behalf of the Trust	0
Any other items considered to be remuneration in nature	0

There are no obligations on the Trust which relate to senior manager service contracts.

Future policy table: performance remuneration and contractual arrangements

The salary of executive directors and the remuneration of non-executive directors have no element of performance related pay. The salary or remuneration represents a single component of the package for each of the directors, with the exception of the Medical Director and the Chief Executive, both of whom are psychiatrists and have clinical duties as part of their role. The clinical duties are an integral part of the salary and are not remunerated in addition to the base salary.

The Trust has considered but not introduced any elements of performance related pay, at any level within the organisation. There is no specific policy on duration of contracts, notice periods and compensation as these are the same as for other staff and are in line with the national terms and conditions of service for NHS staff, known as Agenda for Change.

With the exception of salary, executive directors' (non-medical) terms and conditions mirror the appropriate national terms and conditions, which is Agenda for Change. The Trust's Medical Director is employed on medical and dental terms and conditions of employment for consultants. All other senior managers are employed on Agenda for Change.

The Trust does not have a policy for executive directors or senior managers for loss of office. Executive directors and senior managers have a notice period in their contract which is invoked if the individual resigns or the Trust terminates the contract. In the event of a resignation, the Trust has discretion, like all employers, to vary the notice provision if requested by the employee. The only exception to this is where there is a dismissal for gross misconduct in which termination would be without notice.

Reporting high paid off-payroll arrangements

The Trust occasionally uses off-payroll arrangements to obtain services where normal search and selection processes are unable to find suitably and immediately available candidates. Such arrangements are carefully considered and reviewed before engagement. Before such off-payroll arrangements are started checks are made, in accordance with government guidance, to provide assurance to the Trust that individuals or companies providing such services are compliant with tax legislation. All off-payroll payments are reported to and monitored by the Audit Committee.

'Highly paid' is defined as the threshold used by HM Treasury in the tables overleaf.

Off-payroll engagements existing at 31 March 2018, for more than £245 per day and that last for longer than six months	No of engagements
Number of existing engagements as of 31 March 2018	10
Of which…	
Number that have existed for less than one year at time of reporting	8
Number that have existed for between one and two years at time of reporting	2
Number that have existed for between three and four years at time of reporting	0
Number that have existed for four or more years at time of reporting	0

New off-payroll engagements, or those that reached six months in duration, between 1 April 2017 and 31 March 2018, for more than £245 per day and that last for longer than six months	No of engagements
Number of new engagements, or those that reached six months in duration, between 1 April 2017 and 31 March 2018	8
Of which:	
Number assessed as within the scope of IR35	0
Number assessed as not within the scope of IR35	8
Number engaged directly (via PSC contracted to trust) and are on the Trust's payroll	0
Number of engagements reassessed for consistency/assurance purposes during the year	0
Number of engagements that saw a change to IR35 status following the consistency review	0

There were no cases where the Trust has engaged without including contractual clauses allowing the Trust to seek assurance as to their tax obligations. There were no cases where assurance had not been obtained.

For any off-payroll engagements of board members, and/or senior officials with significant financial responsibility, between 1 April 2017 and 31 March 2018	No of engagements
Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year	0
Number of individuals that have been deemed board members and/or senior officials with significant financial responsibility during the financial year. This figure must include both off-payroll and on-payroll engagements	13

Details of service contracts for each director who served during the year are detailed previously from page 22.

Compensation scheme and benefits in kind

There were no payments to senior managers in respect of loss of office in 2017/18. None of the executive directors serve in a non-executive capacity for other NHS Trusts. Costs for benefits in kind relate to the provision of lease cars.

Income disclosures

Section 43(2A) of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) requires that the income from the provision of goods and services for the purposes of the health service in England must be greater than its income from the provision of goods and services for any other purpose. The Trust has met this requirement.

Remuneration disclosures

Accounting policies for pensions and other retirement benefits are set out in note 1.6.2 of the accounts and details of senior employees' remuneration can be found on the following page.

Remuneration disclosure	2017/18	2016/17
Band of highest paid directors total remuneration (£000's) (See explanation below)	160 - 165	160 – 165
Median total remuneration	23,597	26,302
Ratio	6.99	6.27

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

The banded remuneration of the highest paid director in the Trust in the financial year 2017/18 was £160,000 - £165,000 (2016/17, £160,000 – £165,000). This was 6.99 times (2016/17 – 6.27 times) the median remuneration of the workforce, which was £23,597 (2016/17, £26,302).

In 2017/18, 0 (2016/17, 0) employees received remuneration in excess of the highest-paid director. Remuneration ranged from £8,845 to £164,848 (2016/17, £8,757 - £164,848).

Total remuneration includes salary, non-consolidated performance-related pay and benefits-in-kind. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions.

Ratios are based on payroll data to arrive at an annualised salary.

The other pension related benefits disclosed arise from membership of the NHS Pensions defined benefit scheme. They are not remuneration paid, but the increase in pension benefit net of inflation for the current year and applying the HMRC methodology multiplier of 20.

During both 2016/17 and 2017/18, no compensation payments have been made to former senior managers, and no payments have been made to third parties for the services of a senior manager.

Directors' remuneration (excluding pension contributions) fell within the following ranges:

Name	Dates	Salary (bands of £5,000)		Taxable benefits (rounded to £'00s)		Bonus payments (bands of £5,000)		Long-term performance related bonuses		Pension related benefits (bands of £2,500)*		Termination benefits (rounded to £'000s)		Single total Remuneration (bands of £5,000)	
		2017/18	2016/17	2017/18	2016/17	2017/18	2016/17	2017/18	2016/17	2017/18	2016/17	2017/18	2016/17	2017/18	2016/17
		£'000	£'000	£'00	£'00	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Dr John Brewin, Chief Executive	Full year	160-165	160-165	0	0	0	0	0	0	45-47.5	62.5 - 65	0	0	210-215	225-230
Karen Brown (formerly Berry), Director of Finance and Information [1]	1 month to 30/4/2017	5-10	105-110	3	10	0	0	0	0	60-62.5	35-37.5	0	0	65-70	140-145
Dr Sue Elcock, Medical Director [2]	Full year	120-125	145-150	33	25	0	0	0	0	60-32.5	57.5-60	0	0	185-190	205-210
Ian Jerams, Director of Operations	Full year	100-105	100-105	14	8	0	0	0	0	27.5-30	37.5-40	0	0	130-135	135-140
Jane Marshall, Director of Strategy	Full year	100-105	100-105	1	0	0	0	0	0	40-42.5	45-47.5	0	0	140-145	145-150
Sarah Connery, Director of Finance and Information [3]	11 months from 01/5/2017	90-95		7		0		0		97.5-100		0		195-200	
Anne-Maria Newham (formerly Olphert), Director of Nursing, AHPs and Quality	Full year	100-105	100-105	7	46	0	0	0	0	27.5-30	175-177.5	0	0	135-140	280-285

Supporting notes

1. Karen Brown, Director of Finance and Information ceased paid employment with the Trust on the 30 April 2017. She was seconded to United Lincolnshire Hospitals NHS Trust for the subsequent three months and her official leave date with LPFT was 31 July 2017.

2. Dr Sue Elcock has undertaken a job share working for Lincolnshire Community Health Services NHS Trust (LCHS) for two days a week from November 2017. Her total remuneration for the year is £156,260. The figure in the table above includes the appropriate recharge to LCHS for her services. Of the three days working for Lincolnshire Partnership NHS Foundation Trust, two days are spent performing the Medical Director role, and one fulfilling clinical duties.

3. Sarah Connery became the Interim Director of Finance and Information on the 1 May 2017 and was officially appointed to the role on the 1 September 2017.

The pension related benefits disclosed arise from membership of the NHS Pensions defined benefit scheme. They are not remuneration paid, but the increase in pension benefit net of inflation for the current year and applying the HMRC methodology multiplier of 20. This calculation can give a misleading effect for certain director figures, for example Sarah Connery's disclosure is high this year as this is her first year as a director which has influenced the benefit reported. Anne-Maria Newham's reported benefit has now reduced to a more meaningful figure as this is her second full year in post.

Salaries and allowances: non-executive directors

Name	Dates	Salary (bands of £5,000)		Taxable benefits (rounded to £'00s)		Bonus payments (bands of £5,000)		Long-term performance related bonuses		Pension related benefits (bands of £2,500)		Termination benefits (rounded to £'000s)		Single total remuneration (bands of £5,000)	
		2017/18	2016/17	2017/18	2016/17	2017/18	2016/17	2017/18	2016/17	2017/18	2016/17	2017/18	2016/17	2017/18	2016/17
		£'000	£'000	£'00	£'00	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Paul Devlin, Chair	Full year	40-45	40-45	41	43	0	0	0	0	0	0	0	0	45-50	45-50
Alan Lockwood, Deputy Chair [1]	Full year	15-20	10-15	18	19	0	0	0	0	0	0	0	0	20-25	15-20
Beverley Shears	7 months (to10/16)		5-10		10		0		0		0		0		5-10
Malcolm Burch	Full year	10-15	10-15	1	0	0	0	0	0	0	0	0	0	10-15	10-15
Mary Dowglass	Full year	10-15	10-15	0	0	0	0	0	0	0	0	0	0	10-15	10-15
Tim Ludlow	Full year	10-15	10-15	37	46	0	0	0	0	0	0	0	0	15-20	15-20
Philip Jackson	Full year	10-15	10-15	27	25	0	0	0	0	0	0	0	0	15-20	10-15

1. Alan Lockwood's salary includes a premium for being Deputy Chair for the Trust. An arrears payment for this has been paid in 2017/18

Pension benefits of Trust senior managers

None of the Trust's senior managers are members of a different pension scheme.

Name	Real increase in pension at pension age (bands of £2,500)	Real increase in Pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31 March (bands of £5,000)	Lump sum at pension age related to accrued pension (bands of £5,000)	Cash equivalent transfer value at 1 April 17 (rounded to nearest £'000)	Cash equivalent transfer value at 31 March 2017 (rounded to nearest £'000)	Real increase to cash equivalent transfer value
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Dr John Brewin	0–2.5	2.5-5	70-75	210-215	1,332	1,451	106
Karen Brown (previously Berry)	0-2.5	0-2.5	30-35	95-100	585	671	7
Dr Sue Elcock	2.5-5	(0-2.5)	35-40	90-95	475	538	58
Anne-Maria Newham (previously Olphert)	0-2.5	2.5-5	35-40	115-120	702	767	59
Ian Jerams	0-2.5	2.5-5	35-40	115-120	859	929	61
Jane Marshall	0-2.5	(0-2.5)	30-35	75-80	502	555	48
Sarah Connery	2.5-5	7.5-10	15-20	40-45	195	253	52

Members of the 2015 Section of the NHS Pension Scheme have no lump sum entitlement.

Remuneration report declaration

Dr John Brewin
Chief Executive and Accounting Officer **24 May 2018**

Staff report

The Trust recognises that providing high quality services requires an appropriately skilled and motivated workforce.

These disclosures were previously made within the financial statements but have now been moved to the staff report section of the Annual Report.

As of the 31 March 2018 the Trust employed a total of 1,956 staff (excluding bank staff). Of which 1,547 were female and 409 were male. The gender profile of these staff is:

- Directors, including non-executive directors: five female and seven male.
- Senior managers: 48 females and 23 male
- All employees (including bank staff) 2,330: 1,869 females and 461 males

Staffing takes up around two thirds of the Trust's expenditure. In the last 12 months this was as follows.

Staff costs	2017/18 Permanent £000	2017/18 Other £000	2017/18 Total £000	2016/17 Total £000
Salaries and wages	57,054	3,084	60,138	55,348
Social security costs	5,534	-	5,534	5,189
Apprentice levy	270	-	270	-
Employer's contributions to NHS pensions	7,078	-	7,078	6,735
Termination benefits	193	-	193	571
TOTAL GROSS STAFF COSTS	**70,130**	**3,084**	**73,214**	**67,843**
Average number of employees (WTE basis)	**2017/18 Permanent Number**	**2017/18 Other Number**	**2017/18 Total Number**	**2016/17 Total Number**
Medical and dental	76	19	95	86
Administration and estates	481	15	496	492
Healthcare assistants and other support staff	345	68	413	370
Nursing, midwifery and health visiting staff	464	27	491	456
Scientific, therapeutic and technical staff	310	24	334	290
Social care staff	11	-	11	17
TOTAL	**1,687**	**153**	**1,840**	**1,711**

Exit packages

The table below summarises the total number of exit packages agreed during 2017/18, with 2016/17 information included in brackets for comparison. Included within these are compulsory redundancies arising through the Trust's operational efficiencies and other exit packages paid.

Exit package band cost	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
	2017/18 (16/17)	2017/18 (16/17)	2017/18 (16/17)
Less than £10,000	1 (7)	25 (16)	26 (23)
£10,000 - £25,000	1 (3)	1 (3)	2 (6)
£25,001 - £50,000	1 (0)	2 (0)	3 (0)
£50,001 - £100,000	0 (3)	0 (1)	0 (4)
£100,001 - £150,000	0 (1)	0 (0)	0 (1)
> £150,001	0 (0)	0 (0)	0 (0)
Total number of exit packages by type	3 (14)	28 (20)	31 (34)
Total resource cost	£60,933 (£367,086)	£139,329 (£234,050)	£200,262 (£601,136)

Exit package information for executive directors is now included within this note. Further information can be found in the Directors' Remuneration Report where applicable.

Exit packages: non-compulsory departure payments

Payments are disclosed in the following categories:

	Agreements number	Total value of agreements £000
Mutually agreed resignations (MARS) contractual costs	4	101
Contractual payments in lieu of notice	23	32
Exit payments following employment tribunals or court orders	1	7
TOTAL	28	139

A single exit package can be made up of several components, each of which will be counted separately in this note, the total number in this table will not necessarily match the total numbers in the exit packages note above, which will be the number of individuals.

The Remuneration Report provides specific details where applicable of exit payments payable to individuals named in that report.

Our staff

The Trust introduced a new four year People Strategy on 1 April 2017 concentrating on the following areas:

Leadership and culture	Equality and diversity	Reward and recognition
Recruitment and retention	Learning and development	Engagement and communication
Workforce planning	Talent management	Health and wellbeing
Organisational change	People management	Sustainability and Transformation Partnership (STP)

Engagement

Staff's perception of engagement and involvement was significantly improved in 2017/18 with the Trust being above average for its staff survey engagement score (3.85). This was supported through the 'pulse' surveys provided through the cultural barometer in quarters one (inpatient and older adults divisions), two (specialist services division) and four (community and corporate divisions).

Leadership

With respect to leadership, the Trust's programme consisted of the following:

6Cs leadership	Band 5 development	Local Mary Seacole programme
Ready now band 7	Coaching	Appraisal
NHSI culture and leadership	Strengths deployment inventory	Team development

Staff survey 2017

In October 2017, the national NHS staff survey was launched. The Trust received a 59% response rate which was above average for mental health trusts. The survey as before looked at 32 key findings.

Response rate				
	2017/18 (current year)		**2016/17**	**Trust improvement/deterioration**
	Trust	**Mental health trust average**	**Trust**	
Response rate	59%	59%	Above average	No change

In summary, the responses from staff pointed to further positive improvement from 2016, both locally and nationally when compared to other mental health and learning disability trusts. The results were as follows:

National comparison

- 18 key findings are above average (an increase of 6 on 2016).
- 13 key findings are average (a decrease of 4 on 2016).
- 1 key finding is below average (a decrease of 1 on 2016).

Local changes

- 5 key findings have increased significantly.
- 27 key findings have not changed.

Top 5 ranking scores				
	2017/18 (current year)		**2016/17**	**Trust improvement/ deterioration**
	Trust	**Mental health trust average**	**Trust**	
KF28. Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month.	19%	27%	22%	Improvement
KF25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	26%	32%	30%	Improvement
KF19. Organisation and management interest in and action on health and wellbeing.	3.91	3.77	3.84	Improvement
KF20. Percentage of staff experiencing discrimination at work in the last 12 months.	10%	14%	11%	Improvement
KF2. Staff satisfaction with the quality of work and care they are able to deliver.	3.94	3.83	3.88	Improvement

Bottom 5 ranking scores				
	2017/18 (current year)		**2016/17**	**Trust improvement/ deterioration**
	Trust	**Mental health trust average**	**Trust**	
KF29. Percentage of staff reporting errors, near misses or incidents witnessed in the last month.	91%	93%	94%	Deterioration
KF11. Percentage of staff appraised in last 12 months.	87%	89%	89%	Deterioration
KF7. Percentage of staff able to contribute towards improvements at work.	73%	73%	72%	Improvement
KF18. Percentage of staff attending work in the last 3 months despite feeling unwell because they felt pressure from their manager, colleagues or themselves.	54%	53%	56%	Improvement
KF17. Percentage of staff feeling unwell due to work related stress in the last 12 months.	42%	42%	42%	No change

The most improved local scores when compared to 2016 were:

- KF6. Percentage of staff reporting good communication between senior management and staff.
- KF13. Quality of non-mandatory training, learning or development.
- KF30. Fairness and effectiveness of procedures for reporting errors, near misses and
- Incidents.
- KF1. Staff recommendation of the organisation as a place to work or receive treatment.
- KF31. Staff confidence and security in reporting unsafe clinical practice.

The Board has received the results of the staff survey and through the Organisational Development Committee and Quality Committee. The People Strategy work plan for 2018/19 will focus on some of the areas rated as average in the staff survey, namely, experience of learning and development, appraisals and flexible working. The Trust is also aware of the need to improve its retention of staff and whilst not a feature of the staff survey, work around this will form part of the new work plan.

Health and wellbeing

Staff sickness absence data

Calendar year	2017 (number)	2016 (number)
Total days lost	18,946	17,154
Total staff	1,696	1,635
Average working days lost (per WTE)	11	10

In the last 12 months whilst sickness absence has increased to an average of 4.87%, the Trust has continued to offer a wide range of health and wellbeing activities. During the year the Trust has provided yoga, mindfulness, sleep groups, steps challenges (Spring into Action and Virgin Corporate Challenge), conferences, workshops and physiotherapy treatment, in addition to the existing service. This is reflected in the staff survey showing the Trust as 'above average' nationally for the organisation and management interest in health and wellbeing.

The number of referrals for the Trust's staff wellbeing service up to 31 March 2018 was 282.

Total number of referrals	Self-referral	Manager referral
282	152	130

The Trust has continued to be proactive using its Managing Attendance Policy to support staff with disabilities by ensuring that they have the appropriate workplace adjustments to enable them to return or remain in work. This was further supported through the Trust's staff network, mental and physical lived experience (MAPLE) group which held its annual conference in October 2017 and specifically focused on workplace adjustments at work. The Trust also signed up to the Dying to Work charter, sponsored by the trade unions reinforcing its commitment to ensure staff with terminal illnesses are managed with dignity, respect and their continued employment is managed in their best interests.

Employee information, consultation and engagement

The Trust continues to have a strong commitment to work with staff and unions to deliver improvements to working lives, enhance engagement, manage change, promote health and safety, deliver training and management development and develop policies and best practice.

The Trust regularly discussed and consulted with staff representatives regarding significant changes that affected staff during the year.

Great strides were made to improving communication and this has resulted in a significant increase in satisfaction in the staff survey. The introduction of a closed staff Facebook page, which more than 1,100 staff have joined has been successful and enabled access to a wide range of communication messages, including executive briefings.

There are various established communication channels operating regularly throughout the Trust, aimed at keeping all staff up-to-date with news and developments. These utilise a number of different mediums which reflect the community based nature of the Trust's services and include:

- Better Together - members' magazine provides an update on service developments and the activities of governors, staff and volunteers.
- Staff intranet - updated daily to share news and information with all staff.
- Weekly Word - weekly electronic bulletin sent to all staff promoting that week's top news and forthcoming activities. This includes a summary of key messages from the executive team.
- Annual nursing conference - respected clinicians from across the country are invited to share their views on the latest developments in mental health and learning disability care with Trust staff.
- Video blogs - filmed messages from the Chief Executive, Director of Nursing and Chair on specific issues. These are posted on the staff intranet and closed Facebook group.
- Inspirational Leadership Programme –development events held quarterly and involve a briefing from the Chief Executive and Chair.

There is a programme of corporate and local induction for all new employees, to ensure all staff are sufficiently trained to national NHS requirements. This programme is mandatory and includes elements to enable all staff to perform their role at a basic level. This may then be supplemented with additional training according to specific service need.

Staff recognition

In addition, to national NHS pay terms and conditions, the Trust recognises and celebrates staff who demonstrate its values through a number of different recognition and reward initiatives. These are:

- **Staff Excellence Awards** - an annual award ceremony took place in February 2017. The Trust received over 200 nominations for staff, volunteers and teams and the final shortlist recognised 19 individuals and 11 teams shortlisted in the available 10 categories.
- **Discretionary staff rewards** - managed at a local level to acknowledge individual pieces of work. Staff and teams receive small gifts for their work through an electronic nomination process and are considered as part of the Trust's quarterly LPFT Heroes going forward for shortlisting at the next annual award ceremony.
- **Formal 'Thank you'** – The Trust has produced thank you cards for staff and managers to send to each other in recognition of positive pieces of work.

Annual equality report

Lincolnshire Partnership NHS Foundation Trust recognises the importance of ensuring its services are fair and equitable to all. The diversity of staff, service users, partners and any visitors to our services is celebrated. We expect everyone who visits any of the sites, comes into contact with any Trust services, or works for the Trust to be able to participate fully and achieve their full potential in a safe and supportive environment. The organisation welcomes all service users and members of staff inclusive of race, disability, sex, sexual orientation, gender reassignment, marriage and civil partnership, pregnancy and maternity, age, religion or belief.

The Trust meets all of its requirements from within the Public Sector Equality Duty (which forms part of the Equality Act 2010). The requirements and how these are met is detailed below.

	Requirement	How evidenced
Public Sector Equality Duty *(introduced 2011)* Employers and employees in the public sector, and in private or voluntary organisations carrying out work on behalf of a public sector employer, have a legal duty in the workplace to:	**General duty** 1. Prevent and eliminate discrimination, harassment and victimisation. 2. Establish and promote equality and equal opportunities. 3. Foster good relations.	• Equality Strategy in place. • Collection of equality monitoring information for service users/ staff. • Equality analysis process in place. • Equality staff networks.
	Specific duty 1. Publish information to demonstrate compliance with the general equality duty. 2. Prepare and publish one or more equality objectives to achieve any of the things from the general equality duty.	• Equality Annual Report. • Analyse and publish staff and patient equality monitoring data annually. • Published equality objectives. • Carry out equality analysis on key decisions.
NHS standard contract	**Equality Delivery System 2 (EDS2)**	• Equality Delivery System 2 review of grading and actions on an annual basis. • Implementation of actions.
	Workforce Race Equality Standard (WRES)	• Results collated and submitted to NHS England annually. • Action plan in place and being implemented.

Interpretation and translation service

The interpretation and translation service has been divided into three distinct areas:

- Telephone interpretation
- Document translation
- Face-to-face translation.

All services are available 24 hours a day, seven days a week.

Stonewall membership

The Trust is in its seventh year of being a Stonewall Diversity Champion. Stonewall is the UKs leading lesbian, gay, bisexual and transgender (LGBT) equality charity and has been instrumental in changing the national legislative environment for people who consider themselves to be LGBT+ and taking forward the agenda.

This year has seen the Trust ranked 148 in the Stonewall Workplace Equality Index benchmarking assessment, out of a record 400+ entries.

Part of the Trust's work for LGBT equality has included hosting a successful multi-agency (health, police, local authority and voluntary sector) LGBT+ conference in February 2018, which was attended by 220 people from over 48 organisations, and providing sponsorship to the Lincoln Pride event in September 2017.

Staff networks

The staff networks provide a platform for staff to voice their opinions and support the Trust to improve working practices and services. It has been a resource that has been invaluable and led to the development of a number of positive outcomes.

There are currently three active staff networks:

- MAPLE (mental and physical lived experience) and allies disability staff network.
- LGBT (lesbian, gay, bisexual and transgender) and allies staff network.
- BAME (black, asian and minority ethnic) and allies staff network.
- Allies - these networks are open to all staff who have an interest in supporting these areas. They do not have to identify with the area, just have a desire to champion within their own working area.

Meetings take place quarterly and a standard template agenda format has been introduced for consistency so that any new members are supported and accommodated.

To allow an opportunity for peer support a pre-meeting takes place for the first 30 minutes for those members who identify as a protected characteristic, followed by a break of 15 minutes, followed by the meeting with all members and guests attending.

Each staff network has an executive sponsor, whereby an executive director has committed to championing that group at Board level. They attend at least one meeting a year to understand the issues being raised by the group.

Staff networks also have visible leaders. Visible leaders are people who identify with that equality area and are willing to champion that area and talk about their own experiences.

Equality and diversity training

In 2017/18 the Trust's compliance rate for mandatory equality and diversity training was 93.23%.

Training in equality and diversity is a mandatory e-learning module for all staff and a key component of the new staff induction process. Following a review of all mandatory training, equality and diversity training will now be a three-yearly refresher training ensuring that all employees are equipped with the appropriate knowledge and awareness to provide consistently fair treatment towards colleagues and patients/service users alike.

Attendance at any of the equality and diversity conferences the Trust hosts is also counted towards mandatory training requirements.

In addition, team sessions are offered by the equality and diversity lead for services who would like further information and training around equality and diversity. This has particularly focused on the issue of equality monitoring data collection.

Health and safety

The Trust continues to set the highest standards of health and safety through its Health and Safety Strategy for all staff in the workplace, members of the public, patients and service users and others who come into the organisation.

By signing the Health and Safety Executive (HSE) pledge in 2010, the Trust acknowledges its responsibilities under the NHS constitution towards health, wellbeing and safety of its staff, service users and the public.

The Trust has a management group, consisting of specialist lead clinicians, managers and staff side representatives from across the organisation, which facilitates health and safety

implementation and planning. The group meets on a regular basis and provides the Board of Directors with reports on health and safety issues and performance during the year.

Health and safety forms part of the Trust's mandatory annual training programme, with all new staff receiving health and safety training during their induction. All staff receive an annual refresher via e-learning.

It is a key priority of the Trust to ensure that health and safety is fully embedded into the operational management responsibilities for all services, supported by effective working relationships between operational staff, health and safety officers and estates functions.

During the reporting period, there were a total of seven incidents reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) to the HSE. These were all investigated internally and appropriate measures put in place to prevent incidents of a similar nature recurring. None of the incidents reported led to any further action being taken by the HSE. During the prior year 2016/17, there were a total of nine incidents none of which led to any further action being taken by the HSE.

Modern Slavery Act 2015

In accordance with the Modern Slavery Act 2015, the Trust ensures that Modern Slavery for example, slavery and human trafficking, is not taking place in any part of its business or any of its supply chains. This is achieved through ensuring that services are procured through approved providers only, or tendered through robust procurement processes.

NHS Foundation Trust Code of Governance

Lincolnshire Partnership NHS Trust was authorised as a foundation trust and became Lincolnshire Partnership NHS Foundation Trust on 1 October 2007. The existing services transferred to the Trust.

The Trust has applied the principles of the NHS Foundation Trust Code of Governance on a comply or explain basis. The NHS Foundation Trust Code of Governance is based on the principles of the UK Corporate Governance Code.

The Board of Directors has established governance policies in the light of the main and supporting principles of the Code of Governance; these are detailed on the Trust website, www.lpft.nhs.uk.

The Board of Directors receives quarterly reports allowing it to monitor compliance with governance statements and on an on-going basis to identify areas for further development. These reports and the Board Assurance Framework are scrutinised by the Audit Committee before being considered by the Board to ensure compliance with the provisions of the Code of Governance for NHS Foundation Trusts and the regulator's Single Overview Framework.

Governance and constitutional powers

The Trust's Constitution sets out the requirements of governance and in 2017/18 it was compliant with the NHS Foundation Trust Code of Governance. The Trust's Constitution is supported by standing orders for the Board of Directors, standing orders for the Council of Governors and codes of conduct for each.

The Trust's Constitution and standing orders set out the powers of both the Council of Governors and Board of Directors. These are further described in the standing financial instructions and scheme of delegation, all of which are publicly available on the Trust's website www.lpft.nhs.uk.

Register of interests

Governors and directors are required to, and have signed to say that they will comply with their respective codes of conduct and declare any potential conflict of interest. Registers of interest are maintained of the governors' and directors' interests. These registers can be accessed on the Trust's website www.lpft.nhs.uk, and copies can also be obtained by members of the public by writing to the Trust Secretary at Trust headquarters.

Compliance with the Code of Governance

The NHS Foundation Trust Code of Governance has been applied to all clauses of the Trust's Constitution. The processes to ensure a successful and constructive relationship between the directors and governors are set out in detail in Annex 8, section 2 of the Trust's Constitution.

Care Quality Commission (CQC)

The Trust is required to register with the CQC and its current registration status is fully registered. The Trust has no conditions on registration.

The Trust has been registered to carry out the following regulated activities:

- Treatment of disease disorder or injury
- Assessment and medical treatment of persons detained under the Mental Health Act 1983
- Diagnostic and screening procedures
- Personal care.

The CQC ensures health and social care services provide people with safe, effective, compassionate, high quality care and they encourage care services to improve.

The CQC role is to monitor, inspect and regulate services to ensure they meet fundamental standards of quality and safety; they publish their findings, including performance ratings to help people choose care. They have a surveillance model which is built on a suite of indicators that relate to the five key questions inspectors ask all services – are they safe, effective, caring, responsive, and well led.

The Trust had a comprehensive inspection in April 2017 and received an overall inspection rating of Good. This was a substantial improvement over the previous inspection in November 2015, with a particularly marked improvement in the safety domain from Inadequate to Good. The inspection highlighted many examples of good practice. The

Trust's specialist community and adolescent mental health services (CAMHS) received an Outstanding rating for their commitment to young people and families. Community and inpatient services for adults of working age and learning disabilities services were rated as requiring improvements. The Trust has robustly implemented an action plan to address those areas of further improvement, these are also linked to the Trust's continuous quality improvement programme.

The full 2017 report is available on the CQC website www.cqc.org.uk/provider/rp7 .

The Trust is also subject to periodic Mental Health Act (MHA) reviews by the CQC and a number of units have been visited during 2017/18. Any actions identified are monitored and assurance given to the CQC on completion of these actions. All teams report on and are monitored against the action plans following these visits.

During 2017/18 the Trust received the following CQC visits:

Mental Health Act Visits	
Site Visited	**Date of Inspection**
Hartsholme Centre (psychiatric intensive care unit), Lincoln	07/11/2017
Ward 12, Boston	25/01/2018

The Trust is fully compliant in respect of MHA visits and has promptly addressed any feedback and actions identified. CQC visit related action plans are monitored through the Trust's operational governance and quality group, with assurance reported to the Quality Committee.

The Trust's compliance assurance mechanisms include a schedule of 15 steps/mock CQC visits to clinical areas in both inpatient and community settings. Inspection teams include a Trust governor, service user/carer and member of the quality and risk/compliance team. Where possible an inspection team also includes a staff member from a different clinical setting to support their professional development. Non-executive directors and directors also carry out scheduled and non-scheduled visits to clinical areas throughout the year, reporting findings to the Board of Directors.

Well led governance

Foundation trusts are required to undertake a well led governance review every three years. The Trust commissioned a well led review to be undertaken between January and March 2017. This commenced with a self-assessment against the ten questions set out under the four domains of the well led review that was in place at that time. The reviewers undertook extensive visits, document review and observations and interviews with a range of directors, commissioners, service users and staff. The Trust received the final report in June 2017. The review determined that the Trust had conducted a highly accurate self-assessment and set out 21 recommendations to assist the Trust in further developing its leadership.

Council of Governors

The Trust is accountable to its members and the wider public through a Council of Governors. Statutory responsibilities of the Council of Governors in 2017/18 have included:

- Holding the Board to account, via the non-executive directors, for the performance of the Trust.
- Considering the process and timeframes for the appointment of non-executive directors and determining their remuneration and allowances.
- Appointing the Trust Chair for a second, three-year term of office.
- Commencing the recruitment for a replacement non-executive director position for a director reaching the end of their second term.
- Representing the members and wider public through a range of engagement events and stakeholder organisations.
- Providing their view to the Board of Directors on the Trust's forward plans.
- Appointing the External Auditors.
- Approving the performance indicators within the Quality Report.

The Council of Governors has a collective responsibility to disseminate information about the Trust, its vision and its performance to the constituents or organisations that appointed them. Equally the governors play a vital role in communicating the views and comments of the membership and the wider public to the Board of Directors to ensure that members contribute to the forward plans of the organisation. The Council of Governors' agreed way of working for the year includes:

- Formal joint meetings with the Board of Directors to agree strategy.
- A Standards Committee to oversee codes of conduct and responsibilities.
- A Representation Committee to represent the membership and public and allow for detailed discussions on issues raised with the governors.
- Active participation in the recruitment of key staff.
- Active participation in external forums, such as HealthWatch Lincolnshire and clinical commissioning groups patient participation forums.

Further information regarding the work of these groups and committees and future plans for them can be found in the membership section of this report.

During the course of 2017/18 the Council of Governors has met regularly to discharge its duties and exercise its powers by:

- Holding the Board to account by receiving reports on the performance of the Trust.
- Receiving reports on the performance of the non-executive directors and approving the remuneration for the Chair and non-executive directors.
- Contributing to the preparation of the forward plan for 2018/19 and 2019/20.
- Receiving the Trust's Annual Accounts from 2016/17.
- Representing the views and opinions of their respective constituents and the public.
- Undertaking training for their duties.
- Engaging with the Care Quality Commission during its comprehensive inspection in in 2017 and receiving reports on progress in addressing the areas that require improvement.
- Receiving and considering any other appropriate information required to enable it to discharge its duties.

The Council of Governors has a policy for engagement with the Board of Directors, (located in Annex 8, section 2 of the Constitution). This policy ensures that there is appropriate and effective interaction between the Council and the Board.

Led by the Chair, the Council of Governors annually assesses their collective performance using a formalised appraisal process. The Council regularly communicates to members and the public detailing how they have discharged their responsibilities through public meetings, updates and announcements on the Trust website, articles in the local and trade press, and through the Trust's magazine, Better Together.

Trust Chair

The Trust Chair is responsible for leadership of both the Board of Directors and the Council of Governors. However, the governors have a responsibility to make the arrangements work and take the lead in inviting the Chief Executive to their meetings and inviting attendance by other executives and non-executives, as appropriate. The Chair ensures that the views of the governors and members are communicated to the Board as a whole.

Elected members

To become a member of the Council of Governors you must be over 16 years of age and a member of the Trust's public, service user, carer or staff constituencies. Further eligibility criteria for governors is stated in the Trust's Constitution which can be found on the Trust's website www.lpft.nhs.uk.

Governors are required to declare any relevant interests which are then entered into the publicly available register of governors' interests. This register is formally reviewed annually by the Council of Governors and is available on the Trust's website.

A by-election and an election were both facilitated by the Electoral Reform Service; the details in relation to each are as follows:

Detail	Constituencies affected
Election Closing date of by-election: 31 July 2017 Commencement date: 1 October 2017	Nine staff governors including: two adult inpatient, two adult community, two older adult, two specialist and one corporate division.
By-election Closing date of by-election: 31 July 2017 Commencement date: 1 October 2017	Two service user and carer seats: learning disability carer and older adult carer.

Membership of the Council of Governors from 1 April 2017 to 31 March 2018 is set out in the table below and changes to its membership due to an election and by-election are indicated:

Name of governor	Constituency or organisation represented	Term of office information	Attendance at Council of Governors' meetings 4 per annum
PUBLIC: 8 seats			
Lawrence Abrams	South Kesteven	-	3/4
Gwen Palmer	Surrounding areas	Resigned -17/06/17	0/1
Vacant	Surrounding areas	18/06/17-31/03/18	-
Lisa Tooth	South Holland	-	2/4
Carrie Forrester	West Lindsey	-	3/4
Vacant	Borough of Boston	07/03/17-15/04/17	-
Paul Kenny	Borough of Boston	Reserve -15/04/17	2/4
Giles Crust	East Lindsey	-	3/4
Janet Guest	North Kesteven	-	0/4
Michelle Wiggins	City of Lincoln	-	1/4

Name of governor	Constituency or organisation represented	Term of office information	Attendance at Council of Governors meetings 4 per annum
SERVICE USER & CARER: 13 seats			
David Bray	Service user	-	3/4
Evelyn Nicholls	Service user	-	2/4
Carol Stewart	Service user	Resigned 23/01/2018	2/4
Vacant	Service user	-	-
Mark McKeown	Service user	-	2/4
Milly Allison	Service user	-	2/4
Jarrard Cooper	Service user	01/10/2016-30/05/2017	1/1
Vacant	Service user	31/05/2017-15/06/2017	-
Michael Regan	Service user	Elected 16/06/2017	2/3
Jane Avison	Service user	-	3/4
Susan Swinburn	General carer	-	1/4
Patricia Massie	General carer	-	3/4
Ingrid Gill	General carer	-	3/4
Vacant	Carer, older adult	-	-
Pauline Mountain	Carer, young people	-	4/4
Vacant	Carer, learning disabilities	-	-

Name of governor	Constituency or organisation represented	Term of office information	Attendance at Council of Governors meetings 4 per annum
STAFF: 9 seats			
Hilary Pitkin	Adult inpatient	Term ended 30/09/17	1/2
Joby Gostelow	Adult inpatient	Elected 01/10/17	1/2
Christine Coupar	Adult community	-	1/4
Liam Cheevers	Adult community	Elected 01/10/17	1/2
Sophie Ford	Corporate	Elected 01/10/2016- 01/10/17 Re-elected 17/10/17	2/3
Pauline Campbell	Corporate	Elected 01/10/17 Resigned 16/10/17	0/0
Susanne Ridley	Specialist	Term ended 30/09/17	2/2
Susanne Ridley	Older adult	Elected 01/10/17	1/2

Dr Leela Monti	Specialist	Term Ended 30/09/17	0/2
Jacky Tyson	Older adult	-	2/4
Donna Bradford	Adult inpatient	Elected 01/10/17	2/2
Lisa Norris	Specialist services	Elected 01/10/17	2/2
Vacancy	Specialist services	-	-

Name of governor	Constituency or organisation represented	Term of office information	Attendance at Council of Governors meetings 4 per annum
STAKEHOLDER: 7 seats			
Dr Kevin Hill	Clinical Commissioning Groups in Lincolnshire	-	3/4
Cllr Ron Oxby	Lincolnshire County Council	-	3/4
Cllr Burton Keimach	Lincolnshire County Council	Resigned 04/05/17	0/1
Cllr Kate Cook	Lincolnshire County Council	Appointed 20/10/17	1/1
Lisa Steel	SHINE Network	Resigned 23/08/17	2/2
Lisa Leonard	SHINE Network	Appointed 23/08/17	0/2
John Bains	HealthWatch Lincolnshire	-	3/4
Prof Sara Owen	University of Lincoln	-	2/4
Vacant	Volunteer	-	-

There is a clear policy and a fair process agreed by the Council of Governors, for the removal of any governor who consistently and unjustifiably fails to attend the meetings of the Council, or has an actual or potential conflict of interest which prevents the proper exercise of their duties. A Standards Committee is established to maintain this process.

Lead governor

In line with the Foundation Trust Code of Governance, the Council of Governors elects one of the governors to be the Lead Governor. The main duties of the Lead Governor are to:

- Act as a point of contact for regulator should they wish to contact the Council of Governors on an issue for which the normal channels of communication are not appropriate.

- Be the conduit for raising with the regulator any governor concerns that the Trust is at risk of significantly breaching the terms of its licence, having made every attempt to resolve any such concerns locally.
- Chair such parts of meetings of the Council of Governors which cannot be chaired by the Trust Chair or Deputy Chair due to a conflict of interest in relation to the business being discussed.

Lead and Deputy Lead Governors for the year ending 31 March 2018 were:

- Carrie Forrester, Lead Governor since November 2016 and throughout 2017/18.
- David Bray, Deputy Lead Governor since in November 2016 and throughout 2017/18.

Trust support for governors

All prospective governors are invited to a presentation to receive information on the role and its responsibilities. Newly elected governors receive a formal induction and a range of support materials to assist them in their new duties. Throughout the duration of their appointment they are supported by a team of Trust staff to ensure they are kept up-to-date with any legislative changes that may affect their duties and powers to carry out their statutory duties. This support includes:

- Joint Council of Governors and Board of Directors meetings to strengthen their relationship to make decisions together to enable the transparency of information.
- Access to the benefits of the Trust's membership of NHS Providers which includes admission to national conferences, events such as the annual governor forum, training and online learning materials to further strengthen their knowledge.
- The provision of both in house and externally provided training identified through the Council of Governors' appraisal processes.
- Membership of the Midlands and East of England Mental Health Foundation Trusts Network.

Expenses

Governors are entitled to claim reasonable expenses; these are detailed below for the year ending 31 March 2018.

Public governors			
Name	**Expenses claimed**	**Name**	**Expenses claimed**
Lawrence Abrams	£143.41	Lisa Tooth	£243.30
Carrie Forrester	£788.89	Michelle Wiggins	£173.60
Paul Kenny	£91.80	Giles Crust	-
Janet Guest	-		

Service user and carer governors			
Name	**Expenses claimed**	**Name**	**Expenses claimed**
Milly Allinson	£258.30	Patricia Massie	£409
Jane Avison	£148.50	Mark McKeown	£238.50
David Bray	£1,271.80	Pauline Mountain	£354.60
Ingrid Gill	£88.31	Evelyn Nicholls	£278.50
Carole Stewart	-	Michael Regan	-
Susan Swinburn	-		

Staff governors			
Name	**Expenses claimed**	**Name**	**Expenses claimed**
Donna Bradford	£107	Liam Cheevers	-
Joby Gostelow	£117.40	Sophie Ford	-
Lisa Norris	£130.20	Susanne Ridley	-
Christine Coupar	-	Jacky Tyson	-

Stakeholder governors			
Name	**Expenses claimed**	**Name**	**Expenses claimed**
John Bains	£59.58	Lisa Leonard	£150
Cllr Kate Cook	£74	Prof Sara Owen	-
Cllr Ron Oxby	-	Dr Kevin Hill	-
Lisa Steel	£15.59		

Training

The Trust has identified the required skill set to enable the governors to undertake their general duties to represent the membership and the wider public and to hold the Board to account via the non-executive directors. The importance of specific skill sets to enable governors to undertake recruiting, analyse data and understand reports is also recognised.

The governors' training programme has been maintained with the needs of individual governors being identified through induction, appraisal and informal routes.

The Trust's continued active participation in the meetings of the Midlands and East Mental Health Foundation Trust Network, which enabled governors to actively participate in learning and wider networking.

The governors have had access to the Govern Well training and other conferences and workshops provided by NHS Providers.

It is of note that a number of the Trust's governors have not only attended but have also presented at regional and national governor events.

Meetings

Meetings of the Council of Governors were held on a quarterly basis in April 2017, July 2017, October 2017 and January 2018.

The Trust Chair chairs every meeting of the Council of Governors and each meeting is open to scrutiny by members of the public, who can ask questions. All meetings are advertised in advance through the local press and on the Trust's website. CQC observers attended the meeting held in January 2018.

The Council of Governors receives regular updates from the Board of Directors at their meetings along with reports concerning Trust performance, finance and membership.

The governors can use their statutory duties to exercise their powers and challenge the Board of Directors when necessary.

Updates are also received at the Council of Governors' meetings from the committees and groups that the governors are involved with. This involvement and other activities are detailed in the Trust's magazine, Better Together, and on the Trust website. Governors attend a number of Trust and wider stakeholder events with members and the public. These forums provide the opportunity for members to raise issues with governors which are recorded and managed through the use of an issues log and when appropriate, these can be escalated within the Trust for resolution.

Contacting governors

Any member of the public wishing to make contact with a member of the Council of Governors or the Board of Directors can do so by:

- Corresponding in writing via the Governor and Membership Officer at Trust headquarters.
- Through the Trust website, www.lpft.nhs.uk
- Email to: info@lpft.nhs.uk.

Additional disclosures: consultations

The inpatient learning disability service was temporarily closed in 2015/16. Targeted public engagement on a revised model of service provision was led by the Trust on behalf of the commissioners in the last quarter of 2017/18. The results of this engagement will be considered by the Lincolnshire Sustainability and Transformation Partnership (STP) with a view to concluding in 2018/19.

The Trust will work alongside, patients, carers and NHS and local authority partners to put in place the outcome of the engagement.

Board of Directors

The Board of Directors consists of a balance of executive directors with defined portfolios and non-executive directors drawn from a range of backgrounds who bring rigorous and constructive challenge to the Trust.

The Board of Directors is a unitary board that makes corporate decisions. The executive posts are occupied by appropriately qualified professionals able to discharge the functions expected from those professions and as defined in the Trust's constitution.

The Trust does not have any non-voting directors; all the members of the Board of Directors have equal voting rights on all Board matters. Only those directors listed in the terms of reference for a committee can vote on matters dealt with by that committee. The only exception to this is when a vote is being cast by a substitute director agreed prior to the meeting.

Full-time executive directors are not permitted to take on more than one non-executive directorship of an NHS foundation trust or another organisation of comparable size and complexity. During 2017/18 none of the executive directors held any such additional appointment.

Performance assessment

The Chair uses performance assessments and evaluations as a basis for determining individual and collective professional development programmes for non-executive directors relevant to their duties as Board members.

The effectiveness of the Board of Directors and individuals is assessed annually using an appraisal tool (Evalu8). The tool was chosen to enable the views of all governors and directors to be collected and included into the process. The information gathered from Evalu8 is then used to report back to the Board of Directors, and in the case of individuals, informs their one-to-one appraisal with their line manager. The use of the two methodologies enhances the validity of the appraisal.

The Board committees provide an annual report on their performance to the Board of Directors.

The Chair is appraised annually jointly by the Senior Independent Non-executive Director and the Lead Governor. The appraisal is informed by an Evalu8 questionnaire which was reported in April 2017 completed by all governors and directors. The appraisal is reported to

the governor's nominations and remuneration committee before being reported to the full Council of Governors.

The Chair appraises the Chief Executive's performance each year. The Chair conducted the appraisal taking into account the observed performance of the Chief Executive and the performance results achieved by the Trust, in 2016/17 and the first half of 2017/18.

It is within the powers of the Council of Governors to remove or suspend any non-executive directors. The process is set out within the Trust constitution. These powers have not been required in 2017/18.

Challenge and assurance

The Board, and in particular non-executive directors, are able to challenge assurances received from the executive management. Information is presented in such a manner to ensure that there is sufficient understanding and information to enable challenge and to take decisions on an informed basis.

Members of the Board of Directors can access independent professional advice at the Trust's expense, where they judge it necessary to discharge their responsibilities as directors.

The Board has a duty to notify the regulator, and the Trust's Council of Governors, and also must consider whether it is in the public's interest to disclose any major, or potential new developments in the Trust's sphere of activity (which are not currently public knowledge), which it is able to disclose and which may lead by virtue of their effect on its assets and liabilities, financial position or on the general course of its business, to a substantial change to the organisation's financial wellbeing, healthcare delivery performance or reputation and standing.

Attendance at Board and Board committee meetings

To support the Board in carrying out its duties effectively, a number of committees have been formally established. Each committee receives a set of regular reports as outlined in their respective terms of reference and each provide highlights and exception reports to the Board after each meeting.

The following table outlines Board members' attendance at Board and committee meetings during 2017/18 against the total possible number of meetings for which an individual was a member. Committee attendance is shown in relation to those committees of which a director was formally a member.

Committee / Meeting	ATS	Audit	Board of Directors	Council of Governors	Joint Board	Finance & Performance Committee	Quality	Strategic Change Committee
Name	**Number of meetings during 2017/18** IA = attendance only, not full committee member C = Committee Chair							
Paul Devlin, Chair	3/3	--	8/8	4/4	2/3	--	--	5/5
Dr John Brewin, Chief Executive	3/3	--	8/8	2/4	2/3	--	--	3/5 (IA)
Karen Brown, Director of Finance & Information **Secondment 1/5/17, left the Trust 31/7/17**	--	1/1 (IA)	1/1	0/1	--	--	--	1/1
Sarah Connery Interim Director of Finance & Information **wef 1/5/17** Director of Finance & Information **wef 1/9/17**	--	3/3 (IA)	7/7	3/3	2/3	5/5	--	4/4
Dr Sue Elcock, Medical Director	--	--	6/8	2/4	1/3	--	5/7	5/5
Ian Jerams, Director of Operations	--	--	8/8	2/4	3/3	5/5	5/7	4/5
Jane Marshall, Director of Strategy	--	--	8/8	3/4	2/3	--	3/7	5/5
Anne-Maria Newham (*formerly Olphert*), Director of Nursing, AHPs and Quality	2/3	--	7/8	0/4	2/3	--	4/7	2/5
Non-Executive Directors								
Malcolm Burch	3/3	4/4	7/8	1/4	2/3	--	--	5/5 (C)
Mary Dowglass	3/3	3/4	8/8	4/4	2/3	--	7/7 (C)	--
Philip Jackson	3/3	1/4 (proxy)	8/8	4/4	3/3	5/5 (C)	6/7	--
Alan Lockwood	2/3	1/4 (IA)	8/8	4/4	3/3	5/5	6/7	4/5
Tim Ludlow	2/3	4/4 (C)	8/8	3/4	2/3	5/5	--	--

The non-executive directors, as required, hold meetings without the executive directors being present. These provide an opportunity for non-executive directors to consider the performance of the executive team in the delivery of Trust priorities. If directors were to have concerns that could not be resolved about the running of the Trust or a proposed action, these concerns would be documented and recorded in the minutes of the Board meeting.

Joint Board meetings

The Council of Governors and the Board of Directors continue to work together to develop an effective working relationship. The Board of Directors meets with the Council of Governors three times a year to discuss particular issues. These Joint Council and Board meetings provide a valuable tool in helping the governors to discharge their responsibilities for assessing the performance of the Board of Directors. In turn, this enhances their overall governance responsibility and accountability to the people of Lincolnshire.

At every meeting of the Council of Governors, the Chief Executive delivers a report in relation to the Trust's strategic position and plans. In addition, a performance report is presented by the non-executive directors. During the course of the year the governors have not had cause to take a vote on the directors' performance. The Trust has a policy to underpin the power and influence of governors to ensure the directors participate in meaningful engagement.

No individual is permitted to hold, at the same time, positions of director and governor. All the directors on the Board of Directors and the governors on the Council are assessed to ensure they meet the 'fit and proper persons test' as described in the provider licence. This assessment for directors is undertaken on appointment and includes references, enhanced Disclosure and Barring Service checks, Companies House Register and documentation checks. Directors, at appointment and reappointment, are subject to Disclosure and Barring Service and document checks.

Annual public meeting and members' meeting

Every September, the Trust holds an annual public meeting (APM) at which members of the Board of Directors set out the organisation's financial, quality and operating priorities for the forthcoming year and disclose sufficient information, both qualitative and quantitative, of the organisation's achievements and operation, to allow governors, staff and members of the public to evaluate its performance.

At the APM, the Lead Governor gives an account of governor activities and the Trust Secretary provides an update on membership demographics.

The 2018 meeting is to be held on 13 September at the Trust's Learning and Development Centre in Sleaford. A copy of the meeting programme will be published on our website nearer the date of the event. To register your attendance, please contact us on 01522 309202 or email: info@lpft.nhs.uk.

Trust Board committees

In 2016/17 the Board of Directors revised its committee structures to address the changing demands of the health economy driven by the Lincolnshire Sustainability and Transformation Partnership, the NHS Five Year Forward View and a change in the regulatory framework. The committees listed below have been meeting effectively throughout 2017/18:

- Audit
- Quality
- Finance and Performance
- Strategic Change, and
- Appointment and Terms of Service.

The work of the committees is evaluated on an annual basis against agreed work programmes, with summary reports and minutes provided to the Board of Directors. Each committee has a specified membership from within the Board of Directors, however on occasion other directors will attend in relation to an agenda item and their attendance is duly recorded.

Each committee of the Board is provided with suitable and sufficient support, technical advice and resources to effectively deliver its terms of reference.

Audit Committee

The Audit Committee is an independent non-executive committee of the Trust Board, and has no executive members. It is responsible for monitoring the externally reported performance of the Trust and providing independent and objective assurance on the effectiveness of the organisation's governance, risk management and internal control; the integrity of the Trust's financial statements, in particular the Trust's annual report and accounts; and the work of internal and external audit and local counter fraud providers and any actions arising from that work.

The Trust has invested in a Freedom to Speak Up Guardian. To enable independent access to the non-executive directors, auditors and counter fraud service the Freedom to Speak Up Guardian is formally in attendance at the Audit Committee.

The committee met in ordinary session four times during the course of the year. The names of the Chair and members of the Audit Committee and their regularity of attendance at meetings are disclosed in the table above.

The Chair of this committee is responsible for its effectiveness; all other members collectively have the necessary business, reporting, auditing and governance skills to fulfil their responsibilities which ensure the committee's effectiveness. The Trust is satisfied that the committee is sufficiently independent.

The Trust has ensured one or more members of the committee have had recent and relevant financial experience. This is important as these individuals are best equipped to make rigorous challenge on any financial reports presented to the committee which contain financial key performance indicators and strategic financial risks.

The Audit Committee's overriding objective is to independently contribute to the governance framework and ensure an effective internal control system is maintained. The committee reports to the Board of Directors and it is authorised to:

- Oversee the establishment and maintenance of an effective system of internal control, and management reporting.
- Ensure that there are robust processes in place for the effective management of clinical and corporate risk to underpin the delivery of the Trust's principal objectives.
- Oversee the effective operation and use of internal audit.
- Encourage and enhance the effectiveness of the relationship with external audit.
- Oversee the corporate governance aspects that cover the public service values of accountability, probity and openness.
- Ensure that there is an effective counter fraud function that meets the standards for providers for bribery and corruption.

A copy of the full terms of reference for this committee, which have been agreed with the Council of Governors, is available on request from the Trust Secretary.

Auditors

Audit services are retendered for up to five years on a three, plus one, plus one basis – the duration of the tender allows the auditor to develop a strong understanding of the Trust's finances, operations and forward plans. The Council of Governors, following a tendering process, reappointed Deloitte as the Trust's external auditor from 1 April 2017 for up to five years. The Council of Governors approved a policy for additional services (renewed every two years), for the procurement of such services from the Trust's external auditors, which is to provide external audit and quality audit.

The Trust has an internal audit function which complies with NHS audit. Its three-year plan is developed through working with the Board of Directors to assess risk to controls and is then refreshed by the Audit Committee to gain assurance of the controls in place at the Trust. The Director of Finance and Information agrees a plan of additional services to be commissioned for consideration by the Audit Committee. The Audit Committee considers the plan, considers any potential threats to the objectivity and independence of the auditors, and determines whether it is satisfied that the auditors' independence is not jeopardised, and takes into account the scope of the audit work to be carried out.

The Director of Finance and Information has the responsibility for preparing the Accounts. The Accounts are presented to the Board of Directors for approval following an external audit review. The Accounts and Annual Report are presented to the Council of Governors.

During 2017/18 the Audit Committee has scrutinised the key financial, operational and strategic risks and has maintained the Board Assurance Framework. It reviewed progress reports and evaluated the findings of significant internal and external audit work. As part of its responsibility for assuring other functions, the committee has received annual assurance via the Quality Committee that the overall quality of care provided by the Trust was satisfactory. The Audit Committee has received regular reports on counter fraud activity at the Trust, ensuring appropriate action in matters of potential fraudulent activity and financial irregularity. It has fulfilled its oversight responsibilities with regard to monitoring the integrity of financial statements and the Annual Accounts, including the Annual Governance Statement (AGS) before its submission to the Board.

The Audit Committee regularly reviews its arrangements that allow staff or other parties to raise, in confidence, concerns about possible improprieties in matters of financial report and control, clinical quality, patient safety, and other matters. This now includes having the Freedom to Speak Up Guardian in attendance at Audit Committee meetings.

The Audit Committee prepared a report for 2017/18 which was submitted to the Board of Directors and will be presented to the Council of Governors. The report provided additional assurance to the Board of Directors in the preparation of the Annual Governance Statement.

Quality Committee

The Quality Committee exists to provide assurance to the Board that appropriate and effective governance mechanisms are in place for all aspects of quality including service user experience, health outcomes and compliance with national, regional and local requirements.

The Quality Committee membership consists of three non-executive directors and four executive directors. The names of the Chair and members of the Quality Committee and their regularity of attendance at meetings are disclosed in the table above.

The committee is authorised by the Board of Directors to:

- Shape quality improvement, culture and organisational development within the Trust.
- Provide assurance to the Board that appropriate and effective governance mechanisms are in place for all aspects of quality including patient experience, health outcomes and compliance with national, regional and local requirements.

The committee and its sub-committees were extensively revised in October 2016 to provide a more focused set of assurance reports. The committee includes a value added session where deep dives into a particular area of concern or challenge have been identified.

The committee reported after each meeting to the Board of Directors and provided an assurance report to the Audit Committee.

Finance and Performance Committee

The names of the Chair and members of the Finance and Performance Committee and their regularity of attendance at meetings are disclosed in the table above.

This committee exists to:

- Oversee and give detailed consideration to all aspects of the financial arrangements of the Trust, providing the Board with assurance that the financial issues of the organisation including capital expenditure are being appropriately addressed.
- Have oversight of the Trust's performance management framework, including the incorporation of quality and workforce metrics, undertaking detailed consideration of

specific issues where performance is showing deterioration or there are issues of concern.

- Scrutinise the Information Management and Technology Strategy, policy, plans and performance, undertaking detailed consideration of specific issues where performance is showing deterioration or there are issues of concern.

The committee undertook its duties and ensured that the Trust's finance and performance enabled the Trust to remain a going concern.

The committee reported to the Board of Directors after each of its meetings.

Strategic Change Committee

The names of the Chair and members of the Strategic Change Committee and their regularity of attendance at meetings are disclosed in the table above.

The committee exists to provide assurance to the Board of Directors that appropriate and effective plans are in place to deliver system wide changes in Lincolnshire for the benefit of patients, carers and families.

The committee also provides assurance that the Trust's planning processes deliver a safe, effective transition and transformation plan for existing Trust services, in the context of strategic changes.

Appointment and Terms of Service (ATS) Committee

The Appointment and Terms of Service Committee is responsible for the appointment and nomination of executive directors. It reviews the size, structure and composition of the Board to ensure that there is an appropriate balance of skills, experience, knowledge and independence.

Chaired by the Trust Chair, the names of the other members of the Appointment and Terms of Service Committee and their regularity of attendance at meetings are shown in the table above.

There is a formal, rigorous and transparent procedure for the appointment of directors which is subject to scrutiny by the Appointment and Terms of Service Committee. In considering appointments to the Board of Directors, the committee:

- Takes into account the Trust's recruitment and selection policy.
- Considers the balance of skills, knowledge and experience already in place.
- Includes governors as patient representatives and colleagues in the recruitment process.

Non-executive directors are separately recruited and appointed by the Nominations and Remuneration Committee of the Council of Governors.

There are no performance related elements of the remuneration of executive directors. However, the terms of appointment of Dr Brewin, Chief Executive enable him to maintain a small clinical case load which consists of one day a week of his contract having clinical commitments, whilst Dr Elcock, Medical Director has four clinical sessions a week (a total of two days) for clinical work. In both cases the remuneration is part of their overall salary and is not paid as an additional sum.

Foundation trust membership

As a foundation trust, members are able to elect representatives to our Council of Governors, stand for election to the Council of Governors and apply for positions as non-executive directors of the Trust.

Through governors, members receive information about the Trust, and are consulted on plans regarding the future development of the Trust and its services.

Membership is open to anyone aged over 12 years, living in Lincolnshire and the other localities where the Trust provides services. Staff who are permanently employed by the Trust or hold a fixed term contract of at least 12 months, or who have been continuously employed by the Trust for at least 12 months are automatically registered as members unless they choose to opt out. During 2017/18 no members of staff opted out of Trust membership. Eligibility to become a member of the Trust is based on criteria as described below:

- Public member: based on local authority area in the immediate vicinity.
- Service user or carer member: open to anyone who has been an inpatient or outpatient within the previous five years, or a carer of such a former service user.
- Staff member: currently employed by the Trust on a contract.
- Stakeholder member: represents the interests of a key partner.

The Trust strives to ensure that its membership reflects the full diversity of the local population in terms of age, gender, sexual orientation, disability, ethnic background, religion and belief. As on 31 March 2018, there were 9,994 members of the Trust.

The Trust will continue with its approach to ensure it is truly representative of the community it serves. The membership catchment area is made up of constituencies representing the local population, service users, carers and staff. For details, refer to following table. Members in each constituency vote for governors to represent them.

The following table highlights the Trust's membership figures for 31 March 2018:

Constituency				
Public			**Carers**	
Borough of Boston	497		Carers class	484
City of Lincoln	1260		Learning disabilities – carers class	9
East Lindsey	867		Older adults – carers class	35
North Kesteven	1062		Young peoples – carers class	15
South Holland	344		**SUBTOTAL**	**543**
South Kesteven	1009			
Surrounding Areas	687		**Staff**	
West Lindsey	758		Adult inpatient division	534
Out of Trust area	0		Adult community division	411
Rest of England	0		Older adults division	335
SUBTOTAL	**6484**		Specialist division	366
			Corporate division	267
Patient			**SUBTOTAL**	**1913**
Service user – patient class	1054			
SUBTOTAL	**1054**			

Membership Development and Engagement Strategy

The strategy describes the Trust's objectives for the membership and the approach to be used to ensure the organisation develops and engages with a representative membership. It outlines plans for raising awareness about membership and for the recruitment, retention and involvement of members. The strategy was developed with guidance and input from the Council of Governors. A more detailed action plan to deliver the strategy has been developed with progress periodically reported to the Council of Governors and Board.

The Trust is committed to recruiting members from the diverse population served by the Trust. Membership is open to all those eligible to be a member, regardless of gender, race, disability, ethnicity, religion or any other groups covered under the Equality Act 2010.

The membership base is regularly reviewed to ensure that the membership is representative of those eligible to be members. Specific groups that appear to be under represented are targeted in recruitment campaigns in order to seek to increase membership representation in these areas.

The Membership Strategy was revised in 2017/18 by the Representation Committee and approved by the Council of Governors.

Membership engagement

A dedicated membership office supports the Representation Committee and the Council of Governors to service the needs of the membership. Pre-induction, induction training and development sessions are offered to governors to enhance their effectiveness in working with members and the general public.

The Representation Committee logs, addresses and responds to ideas, innovations and issues raised by members and its work is publically reported at the Council of Governors meetings and is published on the Trust website. The Council of Governors and Board of Directors have a public question time scheduled as part of their respective meetings where members of the public can openly voice questions. Minutes from both meetings are published on the Trust's website. Through its governance structures the Trust will continue to be responsive to the needs of the membership and wider community.

Public events, which are attended by governors, provide information about local mental health and learning disability services. They also create a forum for both members and the general public to speak with governors about any service and related issues. Over the past 12 months, governors have also had the opportunity to represent the Trust and interact with their respective constituents at HealthWatch Lincolnshire and Commissioning Forums and Trust site visits.

To ensure regular communication with members, the Trust implements a number of feedback mechanisms, these include the Trust magazine Better Together, website, membership events, the annual public meeting and the media. Staff members are kept up-to-date with the activities of the staff governors through updates on the Trust's intranet.

Service user and carer involvement

Service user and carer involvement in the Trust has taken many forms, however all are geared for one purpose: to help shape and improve local services and the care environment.

Service users and carers attend and contribute to a wide range of activities including staff selection, meetings, committees and working groups, bringing their particular expertise to both team level decision making and also to an organisational wide level; some of these involvement activities are detailed as follows:

- **Staff employment** - service users and carers are regularly involved in the recruitment and selection processes for staff - from shortlisting applicants, interviewing potential candidates to assisting with the subsequent appointment of a new staff member.
- **Group of 1,000** - individuals (not necessarily Trust members), are canvassed for their opinions through focus groups, research studies, working parties and surveys.
- **Governor election information sessions** - information sessions held for prospective new governors.
- **Member recruitment events** - range of events held throughout the county to actively promote the Trust and mental health services with a view to recruiting new members.
- **New governor induction sessions** - designed to support newly appointed governors immediately following their election, to help familiarise them with the workings of the Trust.
- **Annual public meeting and annual members meeting** - a large scale, one day public event held every September that shares information about the Trust's performance from the previous 12 months and its proposed activities for the immediate future. The Board of Directors and Council of Governors talk openly about the opportunities and challenges that will influence the organisation over the coming year, (as detailed in this annual report). This event also facilitates the formal presentation of the Annual Report and Accounts.
- **PLACE inspections**– Patient Led Assessments of the Care Environment (PLACE) are annual inspections of inpatient premises in terms of cleanliness, food, privacy, dignity, wellbeing and the environment.
- **15 steps challenge** – an internal assessment to understand and identify the strengths, challenges and issues experienced by service users and staff within the clinical services.

Benefits of being a member of the Trust

There are many benefits to being a member of the Trust; these include:

- Receiving regular updates on enhancements to local mental health and learning disability services, particularly relating to conditions of personal interest.
- Receiving copies of the printed magazine, Better Together, which contains news from Lincolnshire and further afield and a one page e-bulletin update containing important Trust news.
- Being invited to attend member interest events, open days, governor drop-in sessions and lectures on mental health topics.
- Being able to comment, through questionnaires and meetings, on plans for local mental health services.
- Voting for someone to sit on the Council of Governors, or standing for election as a Trust governor.
- Having direct contact with governors, to ensure views are taken into account when decisions are made on the future direction of services.

Membership information can be downloaded from the Trust's website or by contacting:

- Telephone: 01522 309176
- Email: info@lpft.nhs.uk
- Post: FREEPOST RTXR-BAGA-KHYJ, Membership Office, Lincolnshire Partnership NHS Foundation Trust, Trust HQ, St George's, Long Leys Road, Lincoln, LN1 1FS.

Additionally, members can contact their respective governor directly via the Trust's website.

Compliance with the Code of Governance

The Board considers itself compliant with all provisions of the NHS Foundation Trust Code of Governance and has made the required disclosures in this annual report.

NHS Improvement Single Oversight Framework: Disclosure

NHS Improvement's Single Oversight Framework provides the framework for overseeing providers and identifying potential support needs. The framework looks at five themes:

- Quality of care
- Finance and use of resources
- Operational performance
- Strategic change
- Leadership and improvement capability (well led).

Based on information from these themes, providers are segmented from 1 to 4, where 4 reflects providers receiving the most support, and 1 reflects providers with maximum autonomy. A foundation trust will only be in segments 3 or 4 where it has been found to be in breach or suspected breach of its licence.

The Single Oversight Framework applied from quarter 3 of 2016/17. Prior to this, Monitor's Risk Assessment Framework (RAF) was in place. Information for the prior year and first two quarters of 2016/17 relating to the RAF has not been presented as the basis of accountability was different. This is in line with NHS Improvement's guidance for annual reports.

Segmentation

Throughout the majority of 2017/18 the Trust has been in segment 1 of the framework, indicating that no targeted support is required. Early in the year the Trust was in segment 2 because of the rating of Requires Improvement from a previous CQC inspection in 2015, however the Good rating obtained following the April inspection resulted in the improvement in the segment position. Due to the use of agency cap impacting on the financial score element of the framework the Trust was briefly in segment 2 during months eleven and twelve, but the financial outturn reverted the Trust to segment 1 on 31 March 2018. All of the other indicators show the Trust to be compliant with the key indicators

This segmentation information is the Trust's position as at 31 March 2018. Current segmentation information for NHS trusts and foundation trusts is published on the NHS Improvement website.

Finance and use of resources

The finance and use of resources theme is based on the scoring of five measures from 1 to 4, where 1 reflects the strongest performance. These scores are then weighted to give an overall score. Given that finance and use of resources is only one of the five themes feeding into the Single Oversight Framework, the segmentation of the Trust disclosed above might not be the same as the overall finance score here.

Area	Metric	2017/18 scores				2016/17 scores	
		Q4	Q3	Q2	Q1	Q4	Q3
Financial sustainability	Capital service capacity	2	2	2	2	1	1
	Liquidity	1	1	1	1	1	1
Financial efficiency	I&E margin	1	2	2	2	1	1
Financial controls	Distance from financial plan	1	1	1	1	1	1
	Agency spend	1	2	1	1	1	1
Overall scoring		**1**	**2**	**1**	**1**	**1**	**1**

Annual governance report

Annual Governance Statement: 1 April 2017 to 31 March 2018

Organisation name: Lincolnshire Partnership NHS Foundation Trust

Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS foundation trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS foundation trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Foundation Trust Accounting Officer Memorandum.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Lincolnshire Partnership NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Lincolnshire Partnership NHS Foundation Trust for the year ended 31 March 2018 and up to the date of approval of the annual report and accounts.

The Audit Committee and the Board annually review the effectiveness of the Trust's governance arrangements (system of internal control). This review covers all material controls, including financial, clinical, operational, organisational development and compliance controls and risk management systems. The review is confirmed in the Board papers and minutes which are published on the Trust's website.

Capacity to handle risk

The Chief Executive has overall responsibility for the management of risk by the Trust. The other members of the executive team exercise lead responsibility for specific types of risk as follows:

- Clinical risks: Director of Nursing, AHPs and Quality and the Medical Director.
- Financial risks: Director of Finance and Information.
- Contractual risks: Director of Strategy.
- Workforce risks: Director of Nursing, AHPs and Quality.
- Information governance risks: Director of Finance and Information.
- Operational and service risks: Director of Operations.
- Psychology risks: Director of Operations.
- Medical workforce risks: Medical Director.
- Estates risks: Director of Operations.

The role of each executive director is to ensure that appropriate arrangements are in place for the:

- Identification and assessment of risks and hazards.
- Elimination or reduction of risk to an acceptable level.
- Compliance with internal policies and procedures, and statutory and external requirements.
- Integration of functional risk management systems and development of the assurance framework.

These responsibilities are managed operationally through divisional and service managers supporting the executive directors and working with designated lead managers within operational divisions.

The Trust has a Board Escalation and Assurance Framework to sit alongside the Trust's risk management policy, both of which are reviewed annually and approved by the Board of Directors. The framework and policy defines risk and identifies individual and collective responsibility for risk management within the organisation. It also sets out the Trust's approach to the identification, assessment, scoring, treatment and monitoring of risk.

Staff are equipped to manage risk in a variety of ways and at different levels of strategic and operational functioning. These include:

- Formal in-house training for staff as a whole in dealing with specific everyday risk, eg clinical risk, fire safety, health and safety, moving and handling, infection control and security.
- Training and induction in incident investigation, including documentation, root cause analysis, steps to prevent or minimise recurrence and reporting requirements.
- Developing shared understanding of broader business, financial, environmental and clinical risks through collegiate clinical, professional and managerial groups (such as professional advisory groups, the Board Quality Committee and the sub-committee structure that sits in place to support the delivery of quality).

The risk and control framework

The system of internal control is based on an ongoing risk management process designed to identify the principal risks to the achievement of the Trust's objectives; to evaluate the nature and extent of those risks; and to manage them efficiently, effectively and economically.

The key elements of the risk management strategy are that:

- Risk is a key trust wide responsibility.
- All staff accept the management of risks as one of their fundamental duties.
- All staff are committed to identifying and reducing risks.

This promotes a duty of candour in which there is transparency and openness where mistakes are made. Untoward incidents are identified quickly and dealt with in a positive and responsive way and lessons learnt are communicated throughout the organisation and best practice adopted.

The Trust uses the 5 x 5 matrix for risk quantification. Risks may be identified on an ongoing basis via incident reporting procedures, complaints, claims, whistleblowing, control audits, and risk assessments. These processes are monitored to ensure that any risks are identified and acted upon in a timely manner.

Risks that are assessed as low indicate management by routine procedures. Moderate risks require specific management responsibility and action. High risks require senior management attention. Extreme risks require immediate action and necessitate informing the Board of Directors.

Assurance on how effectively the risk management system is working is monitored through inspections – such as, environmental, infection control, security and workplace safety – and through health and safety and clinical governance activities, which include:

- Display screen equipment awareness
- Control of Substances Hazardous to Health (CoSHH) regulations
- Awareness raising of the management of violence and aggression
- Clinical risk assessment
- Moving and handling training
- Lone working
- Record keeping audits
- Incident reporting and reviews
- Infection control
- Safeguarding children and adults
- Key equality legal requirements
- Information governance
- Health and safety, and fire inspections.

These all form part of the Trust's induction programme for all new members of staff, training updates and individual training as a result of needs assessments. The Trust's performance management framework includes the effective management of risk as a key element. The organisation undertakes equality impact assessments on all functions it carries out to ensure that service delivery and employment practices comply with legal requirements.

The Trust involves key stakeholders in the management of risks; these include:

- Service users and their carers
- Members of the Trust and the general public through consultations
- Council of Governors and foundation trust members
- Health and social care commissioners through performance management of contracts
- Staff and management joint consultative negotiation committee
- Local negotiating committee for consultants
- Health and Safety Committee
- Health Scrutiny Committee for Lincolnshire
- NHS Improvement
- NHS England
- Care Quality Commission (CQC).

The Board of Directors determines the strategic objectives of the Trust. These are monitored by performance management through the Board's committee structure. Strategic risks, which potentially threaten the achievement of strategic objectives, are identified and key controls put in place to manage these risks. The Board of Directors either directly or via its committees is provided with reports to enable it to monitor the effectiveness of each element of the assurance framework.

The Board of Directors considers the key controls in place to identify risks, and assesses whether these are adequate. Where gaps in controls have been identified, action plans are put in place to address any weaknesses.

Board committee structures and terms of reference are reviewed annually to improve assurance. In September 2016 the Board undertook a full review of its committee structure in light of the requirements set out in the Single Oversight Framework. The Board approved a new structure to address the Trust's strategic direction in line with the Sustainability and Transformation Partnership and to strengthen its finance and performance monitoring. This structure has been in place for 18 months and has been evaluated as effectively providing the required levels of assurance to the Board of Directors.

The Trust uses external bodies to provide assurance, where necessary, and targets the internal audit programme at specific areas where a gap is identified and no other source of assurance is available. The Board of Directors recognises that this will and does result in a number of "limited assurance" reports which then enable robust action plans to be identified and implemented to produce improvements in control and assurance.

The Trust ensures a strong relationship is maintained between the Board Assurance Framework and Risk Register. The two documents are cross referenced, with the Board Assurance Framework including strategic risks, and the risk register operational risks.

Sections of the Board Assurance Framework have been assigned to the Board and its committees to ensure that there is clear oversight of all areas. Where lack of assurance, or gaps in control are identified, these are escalated to the Board of Directors. The Audit Committee is responsible for maintaining an overview of the framework, and considers this document at each of its meetings, in order to make recommendations to the following Board meeting.

Throughout 2017/18 the Board of Directors has reviewed and approved the assurance framework each quarter to provide assurance that the Trust is compliant with the Regulatory Framework. The Board Assurance Framework is aligned to both the risks to the Trust's

strategic objectives and to the compliance risks against the CQC Key Lines of Enquiry and to NHS Improvement's Single Oversight Framework.

The directors are required to satisfy themselves that the Trust's annual quality report is fairly stated. In doing so the Trust has established a system of internal control to ensure that proper arrangements are in place. The Director of Nursing, AHPs and Quality leads and advises on all matters relating to the preparation of the Trust's annual quality report. To ensure that the quality report presents a properly balanced view of clinical performance over the year, the Trust has an established Quality Committee that is accountable to the Board of Directors to provide scrutiny and challenge over Trust clinical performance. The Trust also has quarterly quality meetings with its main commissioner, and has shared the draft quality report with governors, commissioners and the Health Scrutiny Committee for Lincolnshire and HealthWatch Lincolnshire for comment.

The top risks faced by the Trust in 2017/18 and going forward into 2018/19 are set out in the table below:

Risk	What are we doing about it?	How do we know?
Quality – poor patient satisfaction	The last community mental health patient survey result was poor; we have engaged in a service review and redesign involving the service users through workshops in the co-design of the service. Working towards Royal College of Psychiatrists accreditation standards.	The Board has received the report and approved the remedial action plan. Directors have taken part in the redesign workshops with service users and staff. Accreditation standards steering group established.
Financial pressures and agency cap	Robust financial planning processes are in place to identify the available resources to deliver services within the control target. Weekly reporting to the Executive Team on agency expenditure and proactive recruiting practices.	Reporting through the Finance and Performance Committee of the Board and through the People Strategy and monitoring to the Quality Committee of the Board.

Information and data Specifically in regard to the clinical information system and cyber risk	The Trust is leading a health community wide care portal to enable systems to talk to each other. The Trust has completed a tender process and appointed a new provider for a major replacement project for its patient records system. The Trust has commissioned a new electronic prescribing system. The Trust has put in place information governance and cyber security audits and testing and is investing in training and software to reduce the risk.	The Board receives, scrutinises and approves business cases for IT developments. The Trust is continuing to develop data quality benchmarking on future performance reports. Further investment is planned on hardware, software and training to ensure the maintenance of robust systems
Privacy and dignity, and dormitory accommodation	The Board is aware of the limitations imposed by much of the estate. An Estates Strategy has been produced to address medium and long term estates issues. Each inpatient unit has been reviewed using the NHS England same-sex accommodation toolkit and improvements made as far as is possible in the existing estate.	The Board and its committees are receiving reports on the options available to address the estate issues. The Board visited units, listened to service users, carers, staff and a range of regulators, commissioners and advocates. They have considered facilities and practices against national best practice guidance and

	The Board has commissioned work to develop plans for replacement of all remaining dormitory style inpatient wards. Service design options linked to community care provision and the STP are also being pursued for services.	award winning services. The Board received reports through committees of the Board and considered and approved business cases for the developments. Sought and received commissioner support and investment in a plan to reduce the number of out of area referrals.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the scheme are in accordance with the scheme rules, and that member pension scheme records are accurately updated in accordance with the timescales detailed in the regulations.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

The Trust has undertaken risk assessments and carbon reduction delivery plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

Care Quality Commission (CQC)

The foundation trust is fully compliant with the registration requirements of the Care Quality Commission.

In April 2017 the Care Quality Commission conducted a comprehensive inspection on the Trust (having previously inspected the Trust in December 2015). The Trust achieved an overall rating of Good. The CQC noted the strengthened culture and leadership within the Trust. The evidence from the national staff surveys results of significant improvements in

both the metrics and in the benchmarking against other trusts, in 2016/17 and again in 2017/18, would support this observation.

The Board of Directors established and delivered a comprehensive action plan to address areas identified for further improvement. At the Board of Directors meeting in March 2018 the Board received an assurance report confirming that the majority of the actions were complete and that there was proactive action underway to address longer term requirements in regard to single room accommodation in the Trust's inpatient units.

Review of economy, efficiency and effectiveness of the use of resources

The Trust uses a range of key performance indicators (KPIs), which include non-financial measures, to manage its day to day business. This approach helps to provide a comprehensive and balanced view of performance. More information about KPIs can be found in the Trust's Quality Report.

The Trust has in place a forward planning process that ensures the appropriate planning of services with commissioners and other key stakeholders prior to submission of effective and agreed forward plans to NHS Improvement.

A robust cost improvement programme and quality impact assessment process is in place.

During the year the Board of Directors has received regular integrated performance reports providing information on the economy, efficiency and effectiveness of the use of resources. The reports provide detail on the financial and clinical performance of the Trust during the previous period and highlight any areas through benchmarking or a traffic light system where there are concerns about the economy, efficiency and effectiveness of the use of resources. The reports, supplied by divisional and service managers of the Trust, show the integrated financial, risk and performance management which support efficient and effective decision making by the Board of Directors.

Internal Audit has reviewed the systems and processes in place during the year and published reports detailing the required actions within specific areas to ensure economy, efficiency and effectiveness of the use of resources is maintained. The internal audit reports provide an assessment of assurance in these areas.

Information Governance

The Trust commissioned the Internal Audit Service to undertake an audit against the Information Governance Toolkit (IGT) v14.1 standards, which provided evidence to confirm its level of compliance. The Trust achieved Significant Assurance from its internal auditors 360 Assurance and submitted the final IGT evidence demonstrating an overall 96%

satisfactory compliance level. The Trust continues to have plans in place so that action can be taken to ensure the standards of information governance (IG) are improved further in line with best practice.

All NHS foundation trusts must detail any serious and untoward incidents (SUIs) involving data loss and/or confidentiality breach in their respective annual reports. The Director of Finance and Information has overall responsibility for IG, information security, and data protection compliance in her capacity as Senior Information Risk Owner (SIRO). The Medical Director is the Caldicott Guardian, the senior member of Trust staff responsible for protecting the confidentiality of patient information and enabling appropriate patient information sharing.

The Board has been assured by the SIRO that effective arrangements are in place to manage and control risks to information and data. The Trust had three IG SUIs of severity level two as defined in the Department of Health checklist for reporting, managing and investigating IG SUIs involving confidential information leaks of patient data. Two of the incidents were reported to the Information Commissioners' Office (ICO) and one to NHS Digital; however the ICO immediately downgraded the incident and advised that no further investigation was required by them. The Trust undertook an internal review into this incident and published guidance through its lessons learned bulletin.

Following new classifications in cyber security the Trust reported to NHS Digital and NHS England in respect of the attempted hack of the Trust website. This did not require reporting through to the ICO. The cyber incident was detected quickly and measures instantly put in place to resolve and prevent future vulnerabilities. However in May 2017 the Trust was affected by the international cyber-attack, WannaCrypt. On 12 May 2017 the WannaCrypt Ransomware virus was detected in Trust systems and immediate action was taken to shut down all servers across the Lincolnshire estate in all NHS organisations, due to sharing a Community of Interest Network (COIN). The Trust alongside other Lincolnshire NHS organisations announced a major incident and emergency planning procedures were activated. The loss of access to all systems including clinical systems and business systems such as email and file servers was managed through the implementation of business continuity plans (BCPs) whilst working closely with ICT providers to prioritise the restoration of clinical systems, these were restored by 22 May 2017. No patient data was lost during this incident.

This major incident was downgraded on 18 May 2017 business continuity and business critical systems were online by 19 May 2017.

The Trust continuously reviews its systems and procedures for securing patient identifiable data. As a direct result of these three incidents and internal investigations, measures have been taken to ensure the procedures for moving and storing patient information are now more stringent and secure.

The clinical system also has a number of standard reports that show missing or incomplete data which individual users and managers can run at any time.

The Trust has systems and processes in place to govern access to confidential data and to ensure certain standards are followed when data and information is in transit. Any new system or process needs to meet these standards as does any hardware, such as computers or software. All system developments whether new or existing need to follow a process and be signed off by the IM&T committee to ensure they meet the required criteria and that hardware and software are compatible.

The Trust monitors its IG risks through the information governance and records management group. Incidents and risks are managed in accordance with Trust policy and serious IG and records risks are escalated through either the IM&T committee or more urgent ones through the executive team, Board of Directors, and on to NHS Digital, NHS Improvement, NHS England or the ICO if required.

Annual Quality Report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare quality accounts for each financial year. NHS Improvement (in exercise of the powers conferred on Monitor) has issued guidance to NHS foundation trust boards on the form and content of annual Quality Reports which incorporate the above legal requirements in the NHS Foundation Trust Annual Reporting Manual.

The Trust has in place a continuous quality improvement (CQI) programme which for 2017/18 has been focussed around four work streams. In April 2018 a fifth work stream on clinical training was added. Each of the work streams reports to a committee of the Board to ensure scrutiny of performance and assurance, as listed below:

CQI work stream	Committee
1. Data quality	Finance and Performance Committee
2. Culture and leadership	Quality Committee
3. Patient safety	Quality Committee
4. Strategic direction	Strategic Change Committee
5. Clinical training	Quality Committee

A number of steps have been put in place to assure the Board that the Quality Report presents a balanced view and there are appropriate controls in place to ensure the accuracy of data. These steps cover:

- Governance and leadership - the draft Quality Report has been consulted on through various committees in the organisation, such as the senior leadership team meetings, the executive team meeting, the Board's Quality Committee, and the joint meeting of the Board of Directors and Council of Governors.
- Quality - an underlying theme throughout policy reviews, business planning and clinical strategy work carried out in the Trust.
- Systems and processes – each division has a Quality Improvement and Assurance Lead in place and the Trust has in place a Head of Clinical Quality reporting to the Director of Nursing, AHPs and Quality. The patient safety and experience committee is a sub-committee of the Quality Committee, thus allowing for direct assurance reports to be provided.

Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS foundation trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the Quality Report attached to this Annual Report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee and the Quality Committee, and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Head of Internal Audit provides me with an opinion on the overall arrangements for gaining assurance. The Head of Internal Audit opinion for 1 April 2017 to 31 March 2018 is as follows:

I am providing an opinion of **Significant Assurance**, that there is a generally sound framework of governance, risk management and control designed to meet the organisation's objectives, and that controls are generally being applied consistently.

This opinion is based on my review of your systems of internal control, primarily through the operation of your Board Assurance Framework in the year to date, the outcome of individual assignments completed and your response to recommendations made.

I have reflected on the context in which the Trust operates, as well as the significant challenges currently facing many organisations operating in the NHS, and my opinion recognises that the system of internal control is designed to manage risk to a reasonable level, rather than eliminate all risk of failure to the achievement of strategic objectives.

During 2017/18 the Internal Auditors issues limited assurance reports on waiting list management, Section 75 contract, Mental Health Act governance and patient safety. All of these have had robust action plans implemented to strengthen the controls available. 84% of all internal audit actions have been completed within the year.

The assurance framework provides evidence that there are effective controls in place to manage the risks that the organisation faces in achieving its principal objectives.

A quarterly compliance report presented by the Audit Committee to the Board of Directors provided assurance that the Trust met the requirements of its licence conditions in 2017/18.

The work of our external auditors to review the arrangements in place for producing the quality accounts, and to advise us of best practice to inform our development in this area, provides me with assurance.

The Board of Directors has identified the strategic risks facing the organisation during the period and has monitored the controls in place and the assurances available to ensure that these risks are being appropriately managed.

The Audit Committee provides the Board of Directors with an independent and objective view of arrangements for internal control within the Trust and to ensure the internal audit service complies with mandatory auditing standards, including the review of all fundamental financial systems.

Information provided to the Audit Committee in reports from internal and external sources and further work carried out by the committee to gain assurance about the control environment leads to the conclusion that there have been no major control issues during the year.

Conclusion

The Trust will continue to use the assurance framework to assure the Board of Directors and others that the Trust's key controls to manage strategic risks are being assessed and improved continuously. Where areas of concern are identified, action plans have been put in place to close the gaps in control or assurance.

The Trust has continued to take a robust approach to targeting internal audit into areas identified as being of potential concern and has identified weaknesses and established new controls to manage areas of concern. Targeted approaches have enabled stronger controls to be implemented and assurance provided through additional internal control reports to the Audit Committee.

The Trust's continued approach to identifying risks, implementing mitigation plans, actively seeking gaps in control through audit and in delivering audit action plans provides the Board with assurance that there is an effective system of control in place. The Trust commissioned an independent well led review (final report June 2017) which provided additional assurance that the controls in place are effective. No significant control issues have been identified throughout the year.

Annual Governance Statement: 1 April 2017 to 31 March 2018

Signed (on behalf of the Board of Directors)

Dr John Brewin
Chief Executive and Accounting Officer **24 May 2018**

Directors' statement of disclosure to the auditors

For each individual director, at the time that this report was approved:

- So far as the director is aware, there is no relevant audit information of which Lincolnshire Partnership NHS Foundation Trust's auditor is unaware, and
- The director has taken all the steps that they ought to have taken as a director in order to make themselves aware of any relevant audit information and to establish that Lincolnshire Partnership NHS Foundation Trust's auditor is aware of that information.

Dr John Brewin **24 May 2018**
Chief Executive and Accounting Officer

Statement of the Chief Executive's responsibilities as the Accounting Officer of Lincolnshire Partnership NHS Foundation Trust

The NHS Act 2006 states that the Chief Executive is the Accounting Officer of the NHS foundation trust. The relevant responsibilities of the Accounting Officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by NHS Improvement.

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Action 2006, has given Accounts Directions which require Lincolnshire Partnership NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Lincolnshire Partnership NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the Department of Health Group Accounting Manual and in particular to:

- Observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis.
- Make judgements and accounting estimates on a reasonable basis.
- State whether applicable accounting standards are set out in the NHS Foundation Trust Annual Reporting Manual (and the Department of Health Group Accounting Manual) have been followed, and disclose and explain any material departures in the financial statements.
- Ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance.
- Prepare the financial statements on a going concern basis.

The Accounting Officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS foundation trust and to enable him to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS foundation trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the NHS Foundation Trust Accounting Officer Memorandum.

Dr John Brewin **24 May 2018**
Chief Executive and Accounting Officer

Important events

The Board confirms the approval of its Annual Report and Accounts at its annual public meeting. The 2017 meeting took place on 14 September and accepted the Trust's annual report and accounts for the year ending 31 March 2017. The 2018 meeting at which this document will be approved is set to take place on 13 September 2018. A copy of the meeting programme will be published on our website nearer the actual date of the event. To register your attendance, please contact us on the telephone number or email address detailed below.

There were no other important events affecting the Trust, since the end of the financial year that requires any further disclosure than has been made in the Annual Governance Statement included in the report.

Additional copies of the Annual Report and Accounts

Additional copies of the Annual Report and Accounts for the period from 1 April 2017 to 31 March 2018 can be obtained by writing to the Trust at the address below. Alternatively copies of this document can be downloaded from the Trust's website. If you would like a copy of this document in an alternative format or another language, please contact the communications team on:

- Tel: 01522 309194
- Email: communicationslpft@lpft.nhs.uk .

Additional comments

If you would like to make comments on the annual report or would like any further information, please write to:

FREEPOST RTXR-BAGA-KHYJ,

Trust Secretary

Lincolnshire Partnership NHS Foundation Trust

Trust HQ, St George's

Long Leys Road

Lincoln, LN1 1FS

Annual Quality Report
2017/18

Lincolnshire Partnership NHS Foundation Trust

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Glossary

Appraisal

Performance appraisals are an opportunity for individual employees and those involved with their performance, typically line managers, to engage in a dialogue about their performance and development, as well as agreeing the support required from the manager and the Trust. This will include a review of the past year's objectives and the employee's performance against these, setting new objectives for the coming year and reviewing the employee against their competency framework.

Audit Commission

An independent body responsible for ensuring that public money is spent economically, efficiently and effectively, to achieve high quality local and national services for the public.

C Difficile

Clostridium Difficile infection is a type of bacterial infection that can affect the digestive system. It most commonly affects people who have been treated with antibiotics.

CAHMS (Child and Adolescent Mental Health Service) also known as CYPMHS – Children and Young Peoples Mental Health Services
CAMHS/CYPMHS is used as a term for all services that work with children and young people who have difficulties with their emotional or behavioural wellbeing.

Cardio Metabolic Assessment

An assessment of key cardio metabolic parameters (as per the 'Lester tool'): smoking status, lifestyle (including exercise, diet alcohol and drugs), Body Mass Index, blood pressure, glucose regulation (HbA1c or fasting glucose or random glucose as appropriate) and blood lipids.

Care Act 2014

The Care Act was first published as a Bill in the House of Lords on 9 May 2013, following legislative scrutiny. The legislation, which aims to modernise adult social care law, received Royal Assent on the 14 May 2014, becoming the Care Act (the Act).

Care plan/wellbeing plan

A written document that describes the treatment and support being provided, and should be developed jointly between the healthcare provider and the person receiving care.

Carer

Refers to a family member or close friend who provide a variety of emotional and practical support. This caring is generally unpaid and carried out on a voluntary basis. However, some carers will receive statutory benefits such as a carer allowance, direct payment or a personal budget.

Care Programme Approach (CPA)

Describes the framework that was introduced in 1990 to support and co-ordinate effective mental health care for people using secondary mental health services. Although the policy has been revised over time, the CPA remains the central approach for co-ordinating the care for people in contact with services who have more complex mental health needs and who need the support of a multi-disciplinary team.

Care Quality Commission (CQC)

This is the independent regulator of health and adult social care in England. Its purpose is to make sure hospitals, care homes, dental and GP surgeries, and other care services in England provide people with safe, effective, compassionate and high quality care, and encourage them to make improvements. Its role is to monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety, and to publish findings, including performance ratings to help people choose care.

Clinical Audit

Is a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change.

CMHT (Community Mental Health Team)

There are both adult and older adult CMHTs within the Trust they support people living in the community who have complex or serious mental health problems. Different mental health professionals work in a CMHT.

Commissioner

An NHS commissioner, known as a 'Clinical Commissioning Group' (CCG), is responsible for planning and purchasing healthcare services for its local population.

Complaints

Within the NHS, the term 'concern' or 'complaint' refers to any expression of dissatisfaction that requires a response. A person's right to complain about the care or treatment they have received is embedded in the NHS Constitution and are subject to strict set of process and procedures.

Community mental health services

Provide care and treatment for people who require care over and above what can be provided in primary care. Services are provided through a wide range of service models, and through a broad range of interventions. People using these services may receive support over a long period of time or for short-term interventions.

Council of Governors (CoG)

All NHS Foundation Trusts are required to have an elected CoG which is the 'voice' of local people and helps set the direction for the future of the hospital and community services, based on members' views.

CQUIN (Commissioning for Quality and Innovation)

The CQUIN payment framework enables commissioners to reward excellence, by linking a proportion of English healthcare providers' income to the achievement of local quality improvement goals.

Data quality

A perception, or an assessment of data's fitness to serve its purpose in a given context.

Datix

Web-based software that helps organisations manage their risks, incidents, service user experience and CQC Standards compliance.

Early Intervention in Psychosis

Is a clinical approach to those experiencing symptoms of psychosis for the first time usually provided to people aged between 14 and 25.

Francis report

Following an extensive inquiry into failings at Mid-Staffordshire NHS Foundation Trust, Robert Francis QC published his final report on 6 February 2013. The 1,782 page report had 290 recommendations with major implications for all levels of the health service across England, and called for a whole service, patient centred focus.

Friends and Family Test (FFT)

This is a national feedback tool that asks people if they would recommend the services they have used and offers a range of responses.

Fundamental standards of quality and safety

The fundamental standards were introduced as part of the government's response to the Francis Inquiry's recommendations and define the basic standards of safety and quality that should always be met, and introduce criminal penalties for failing to meet some of them. The standards are used as part of the Care Quality Commission's (CQC's) regulation and inspection of care providers, and are enshrined in the Health and Social Care Act 2012 (amended 2014).

GP (General Practitioner)

A medical doctor who treats acute and/or chronic illnesses and provides preventive care, and health education to patients.

IG (Information Governance) Toolkit

An online system which allows NHS organisations and partners to assess themselves against the Department of Health's Information Governance policies and standards. It also allows members of the public to view participating organisations' IG Toolkit assessments.

Information governance

Ensures necessary safeguards for the appropriate use of patient and personal information.

Learning disability

This is a reduced intellectual ability and difficulty with everyday activities, for example household tasks, socialising or managing money, which affects someone for their whole life.

LeDeR (Learning Disabilities Mortality Review Programme)

Aims to make improvements to the lives of people with learning disabilities. It clarifies any potentially modifiable factors associated with a person's death, and works to ensure that these are not repeated elsewhere.

Ligature

Any item which can be used to self-strangulate and cause asphyxiation.

Ligature point

Any fixed point a ligature may be attached to.

Mandatory training

Training identified by the Trust as an essential requirement for the safe conduct of the Trust's activities.

MDT (Multi-Disciplinary Team)

Is a group of health care workers and/or social care professionals who are experts in different areas with different professional backgrounds, united as a team for the purpose of planning and implementing treatment programs for people accessing services.

Mental health

A person's condition with regard to their psychological and emotional wellbeing.

MHA (Mental Health Act)

Is an Act of the Parliament of the United Kingdom which applies to people in England and Wales. It covers the reception, care and treatment of people with mental health difficulties, the management of their property and other related matters.

MH5YFV (Mental Health Five Year Forward View)

The Five Year Forward View for Mental Health is an independent and far-reaching overview of what modern mental health services should be.

MHSDS (Mental Health Service Data Set)

Is a patient level, output based, secondary uses data set which delivers robust, comprehensive, nationally consistent and comparable person-based information for children, young people and adults who are in contact with Mental Health Services

MRSA Bacteraemia

A blood stream infection caused by the presence of methicillin resistant staphylococcus aureus.

National community mental health survey

This is a mandatory annual survey run by the Care Quality Commission (CQC). Service users aged 18 and over are eligible for the survey if they were receiving specialist care or treatment for a mental health condition.

National Confidential Inquiry into Suicide and Homicide (NCISH)

The Inquiry examines suicide and homicides committed by people who had been in contact with secondary and specialist mental health services in the previous 12 months. It also examines the deaths of psychiatric inpatients which were sudden and unexplained. Previous findings of the Inquiry have informed national mental health strategies, and continue to provide definitive figures for suicide and homicide related to mental health services in the UK.

National NHS Staff Survey 2016

This is recognised as an important way of ensuring that the views of staff working in the NHS inform local improvements and input into local and national assessments of quality, safety, and delivery of the NHS Constitution.

NHS (National Health Service)

This is a publicly funded healthcare system, primarily funded through central taxation, in the United Kingdom. It provides a comprehensive range of health services, the vast majority of which are free at the point of use for people legally resident in the United Kingdom.

NHS Improvement (NHSI)

Supports foundation trusts and NHS Trusts to give patients consistently safe, high quality, compassionate care within local health systems, that are financially sustainable.

NICE (National Institute for Health and Care Excellence)

NICE provides national guidance and advice to improve health and social care.

National Institute for Health Research (NIHR)

Aims to improve the health and wealth of the nation through research.

National Reporting and Learning System (NRLS)

A comprehensive database of patient safety information used nationally.

PALS (Patients Advice and Liaison Service)

A service that offers confidential advice, support and information on health-related matters. They provide a point of contact for patients, their families and carers.

Payment by Results (PbR)

This is the payment system in England under which commissioners pay healthcare providers for each patient seen or treated, taking into account the complexity of the patient's healthcare needs.

PDSA

Plan, Do, Study, Act is an iterative four stage problem solving model used as part of the Model for Improvement to support the testing and implementation of change/quality improvement.

Prescribing Observatory for Mental Health (POMH)

The national POMH aims to help specialist mental health trusts/healthcare organisations improve their prescribing practice. It identifies specific topics within mental health prescribing and develops audit-based Quality Improvement Programmes (QIPs).

Pressure ulcer (PU)

An area of skin that breaks down when something keeps rubbing or pressing against the skin. Good nursing care and pressure area management are essential to the prevention and management of pressure ulcers.

PSEC (Patient Safety and Experience Committee)

A standing committee of the Trust Board. Its over-arching responsibility is to provide the Board with assurance that high standards of care are provided by the foundation trust and in particular, that adequate and appropriate governance structures, processes and controls are in place throughout the Trust.

Quality report

A report about the quality of services provided by an NHS healthcare provider. The reports are published annually by each provider, including the independent sector and are available to the public.

Recovery

This is about being able to live a meaningful and satisfying life, as defined by each person, in the presence or absence of symptoms. It is about having control over and input into your own life. Each individual's recovery, like his or her experience of the mental health problems or illness, is a unique and deeply personal process.

Safeguarding adults

Aims to support adults at risk to retain independence, wellbeing and choice, and to be able to live a life that is free from abuse and neglect.

Safeguarding children

The process of protecting children from abuse or neglect, preventing impairment of their health and development, and ensuring they are growing up in circumstances consistent with the provision of safe and effective care that enables children to have optimum life chances and enter adulthood successfully.

SBAR

Situation, Background, Assessment, Recommendation is a communication technique which allows for short, organized and predictable flow of information between professionals.

SI (Serious Incident)

The definition of a serious incident (SI) extends beyond those incidents which impact directly on patients and includes incidents which may indirectly impact on patient safety or an organisation's ability to deliver on-going healthcare services in line with acceptable standards. The Trust adopts the definition of SI as set out by the Serious Incident Framework (2015).

Social care

The provision of social work, personal care, protection or social support services to children or adults in need or at risk or adults with needs arising from illness, disability, old age or poverty.

Sustainability and Transformation Partnership (STP)

Brings together organisations involved in the planning and provision of health and care services across the region. This includes CCGs, acute hospital trusts, mental health, community services, and local authorities.

THRIVE Model of Care

THRIVE is a conceptual framework of person-centred care for child and adolescent mental health with strong theoretical foundations. It enables care to be delivered according to the needs and preferences of children and young people and their families.

Part 1: Statement on quality from the Chief Executive Officer and the Chair, Lincolnshire Partnership NHS Foundation Trust

1.1 Statement on quality from the Chief Executive Officer and the Chair

We, at Lincolnshire Partnership NHS Foundation Trust (the Trust), are delighted to present our ninth annual quality report for the financial year April 2017 to March 2018.

We remain focussed on our core purpose, which is to ensure our service users/patients and carers have a positive experience of high quality evidence based care, which delivers improved outcomes, the best level of recovery possible and results in an enhanced quality of life. To achieve and sustain this we engage and promote good partnership working and strong effective governance processes. Working in partnership with our service users/patients, carers, staff, governors and key stakeholders is critical to achieving the highest standards of patient safety, patient experience and clinical effectiveness. We recognise that our services will only ever be as good as the dedicated and skilled workforce we have and that we invest in.

This report provides an overview of the quality governance arrangements that we have in place for monitoring, identifying risks and trends to ensure the Trust works safely and continuously improves. We are immensely proud of our achievements over this last year and are passionate about making improvements going forward, wherever possible. Our quality report highlights our successes and strengths, areas we need to improve upon and our quality plans for 2018 to 2019.

Our purpose

To enable people to live well in their communities.

Our vision

To make a difference to the lives of people with mental health needs and learning disabilities. To promote recovery and quality of life through effective, innovative and caring services.

Our core values

- Putting people first
- Developing and supporting our staff
- Respecting people's differences
- Behaving with respect, compassion and integrity
- Having pride in our work
- Working in partnership
- Being recovery-focussed and making a positive difference

Development of our Quality Report

We have developed our Quality Report in consultation with the Trust's governors, service users/patients, carers, staff and key stakeholders. We have continued to focus on quality during a time of economic constraints which has seen significant changes across both our own organisation and those of our key partners (health, social care and voluntary sector). We are working hard with our local partners developing the Lincolnshire Sustainability and Transformation Partnership (STP) to ensure service users/patients and carers continue to receive high quality, safe, responsive and effective care services at this time and moving forward into future years.

The quality report forms part of the Trust's annual report, which also includes a summary of our financial accounts for 2017/18.

Our continued focus in 2017/18 on working in partnership with service users/patients, carers and staff more effectively, has resulted in many positive initiatives, many of which are discussed in more detail within this report. Our staff engagement through areas our Inspirational Leadership Programme and Continuous Quality Improvement team along with feedback tools such as our cultural barometer, ensure our staff in every part of the organisation have a voice, are kept up-to-date and feel valued and motivated in their work.

A strong continued focus on service user/patient, carer and staff engagement will remain a high Trust priority in 2018/19 in our continuous journey to provide the highest standards of healthcare within Lincolnshire.

Mr Paul Devlin
Chair

Dr John Brewin
Chief Executive

24 May 2018

Declaration

There are a number of inherent limitations in the preparation of quality accounts which may impact the reliability or accuracy of the data reported. These include:

- Data is derived from a large number of different systems and processes. Only some of these are subject to external assurance, or included in internal audits programme of work each year.
- Data is collected by a large number of teams across the Trust alongside their main responsibilities, which may lead to differences in how policies are applied or interpreted. In many cases, data reported reflects clinical judgement about individual cases, where another clinician might have reasonably have classified a case differently.
- National data definitions do not necessarily cover all circumstances, and local interpretations may differ.
- Data collection practices and data definitions are evolving, which may lead to differences over time, both within and between years. The volume of data means that, where changes are made, it is usually not practical to re-analyse historic data.

The Trust including its Board has sought to take all reasonable steps and exercise appropriate due diligence to ensure the accuracy of the data reported, but recognises that it is nonetheless subject to the inherent limitations noted above. Following these steps, to the knowledge of the Chief Executive and Chair, the information in the document is accurate.

1.2 Our services

The Trust is the principal provider of NHS adult mental health, learning disability and social care services in Lincolnshire. It provides the full spectrum of mental health and social care services including:

Adult community mental health division	Specialist services division
• Adult community mental health • steps2change (improving access to psychological therapies) • Recovery College • Volunteers • Section 75: including direct social care • Best interest assessors • Complex and forensic community mental health services • Psychology • Specialist psychology • Perinatal services • Ministry of Defence and veteran services	• Learning disabilities • Community child and adolescent mental health services (CAMHS) • CAMHS inpatient unit • Lincolnshire Secure Unit (LSU) healthcare services • Eating disorders • Wellbeing Service
Adult mental health inpatient division	**Older adult mental health division**
• Single point of access (SPA) • Acute inpatient wards • Crisis resolution and home treatment • Mental health triage car • Sexual assault referral centre (SARC) • Independent sexual violence adviser • Mental health rehabilitation • Low secure mental health • Health Based Place of Safety • Psychiatric Intensive Care Unit (PICU) • Psychiatric Clinical Decisions Unit (PCDU)	• Community and inpatient services for people with dementia • Specialist older adult mental health services – community and inpatient • Mental health hospital liaison • Neuropsychology • Psycho-Oncology • Chronic fatigue syndrome/ME
Pan Trust	
• Community support networks • Pharmacy support	

Further information about these services can be found via www.lpft.nhs.uk

1.3 Our commitment to service users/patients and carers

The trust developed an Involvement Strategy working with the National Survivor User Network (NSUN) and signing up to the 4Pi National Involvement Standards. 4Pi is a simple framework on which to base standards for good practice, and to monitor and evaluate involvement.

The framework builds on the work of many people: mental health service users and carers and others who have lived and breathed involvement and shared their experiences in various ways, both written and unwritten.

The Charter sets out what is important to the organisation about how it involves patients, staff, the public and others in the work that we do and in making decisions about what we do.

The way we involve people and the principles we follow in doing this are an important illustration of how seriously we take involvement. It demonstrates to our staff teams the importance of getting this right and how we can support our services to do this.

The Charter has been co-produced by Governors working with patient representatives, carers and the LPFT Involvement Team. It is important to acknowledge the contribution of the patients who were involved in producing this and whose input was valued as was the commitment in time they gave. This was done using a co-production workshop, which involved several patients and service users.

Involvement Standards

Principles:	*How* do we relate to each other? Principles and values are the rules or beliefs that influence the way we behave, the choices we make and the way that we relate to other people.
Purpose:	*Why* are we involving people? Why are we becoming involved?
Presence:	*Who* is involved? Are the right people involved in the right places?
Process:	*How* are people involved? How do people feel about the involvement process?
Impact:	What difference does involvement make? How can we tell that we have made a difference?

NHS
Lincolnshire Partnership
NHS Foundation Trust

Our Mental Health Involvement Charter

Together we believe we can make a real difference for everyone affected by mental health difficulties in Lincolnshire

Your Local contact for Involvement :

For further information and to find out how you can get involved please contact:
Engagement Team
T: 01529 222272 or 01529 222333
E: involvement@lpft.nhs.uk

www.engagevisually.co.uk

Part 2: Priorities for improvement and statements of assurance from the Board of Directors

2.1 Quality improvement priorities

2017-19

NHS
Lincolnshire Partnership
NHS Foundation Trust

Our purpose: ***To enable people to live well in their communities***

Our vision: *To make a difference to the lives of people with mental health needs and learning disabilities. To promote recovery and quality of life through effective, innovative and caring services.*

Strategic principles	Strategic priorities	
Improving service quality	P1	More people will have good mental health
	P2	More people will have a positive experience of care and support
	P3	More people with mental health and learning disability problems will have good physical health
	P4	Fewer people will suffer avoidable harm
	P5	Promote recovery and independence
Using resources more effectively	P6	Support our people to be the best they can be
	P7	Maximise NHS resources
	P8	Ensure our estate is fit for modern healthcare delivery
Retaining and developing the business	P9	People will have better access to LPFT services
	P10	Support integrated health and social care in Lincolnshire

Quality priorities	
Patient safety	
Q1	Physical health for people with severe mental illness
Q2	Improved ligature risk assessment, management and understanding for inpatient areas
Patient experience	
Q3	Improving services for people with mental health needs who present to A&E
Q4	Ensure overall experience of patients/service users, carers and staff is positive and consistent across all Trust services
Clinical effectiveness	
Q5	Develop and implement a robust Quality Improvement methodology
Q6	Preventing ill health caused by the use of alcohol and tobacco

Our values

Putting people first ❖ Developing and supporting our staff ❖ Respecting people's differences ❖ Behaving with respect, compassion and integrity
Having pride in our work ❖ Working in partnership ❖ Being recovery focussed and making a positive difference

Apr 2017

Strategic principles

The Trust is passionately committed to improving quality and safety; and recognises the importance of being able to evidence this by positive treatment outcomes and continuously improving services. As such improving service quality remains the Trust's primary strategic priority, thus supporting the embedding of quality in all aspects of the Trust's practice and business. The Trust is committed to working in partnership with service users/patients, carers, governors, staff and stakeholders to ensure delivery of high quality services, underpinned by recovery principles. The Trust is committed to the earliest identification and needs of carers, as required by the Care Act 2014, as 'partners-in-care' in the implementation of each of its priorities in the coming year 2018/19.

The following strategies and plans define the ambition of the organisation for each strategic priority:

- **Quality** – a set of quality priorities, quality strategy and clinical strategy to improve quality in clinical services. These are informed by service users/patients, carers, governors, stakeholders and our clinical teams and reflect our ambition for our services.
- **Resources** – an involvement strategy, people and organisational development strategy, financial plan, estates plan and information management and technology strategy that support the delivery of high quality clinical services and the best possible experience for the people who use our services.
- **Business -** an Integrated Business Plan that consolidates the existing services provided by the Trust and protects them into the future. It also supports the Trust's ambition for growth and positioning local and national healthcare system and that enables the Trust to continue to operate effectively in a regulatory environment.

2.1.1 Approach to quality improvement

The Director of Nursing, Allied Health Professionals (AHPs) and Quality (DoNAQ) provides executive leadership for quality improvement and quality assurance. A number of key assurance meetings with both internal and external involvement are regularly held to support the quality governance process including regular ward/team meetings, monthly operational division management team meetings, Board meetings and Operations Performance and Clinical Governance Meeting, and also four committees held bi-monthly - Organisational Development / Legislative / Patient Safety and Experience / Mortality Surveillance which in turn report to the bi-monthly Quality Committee chaired by a non-executive director (NED). The Trust also provides assurance regarding its quality governance via the quality contract review meetings chaired by the executive nurse of the Trust's lead commissioning CCG.

The Trust's Board Assurance and Escalation Framework details the Trust's clinical governance and risk management processes, including the committee structure that ensures risk and compliance concerns are reported and escalated as appropriate to the Board.

The Trust's capacity and capability for quality improvement will be further developed and refined throughout 2018/19 drawing from the available evidence base and supporting an open and innovative culture led by those staff and patients at the front end of service provision. A formal structure of quality improvement was introduced during 2017/18 and will be sustained during 2018/19 to further support the development of innovative and effective local improvements.

The Trust's continuous quality improvement (CQI) focusses upon key national and local priorities, taking account of the STP, the Mental Health Five Year Forward View and the

Trust's comprehensive CQC inspection (April 2017) findings. The improvements will be supported by the CQI team and driven by the most appropriate service areas and individuals collaboratively with patients/service users, carers and other key stakeholders. Priorities and some examples of relationships are provided in the table below. (Please refer to section 2.1 'The Big Picture' to linked quality priority).

CQI aims	Key national and local priorities	Examples of local delivery	Linked 2018/19 quality priority (Q)
Improving the collection, quality and use of data and information to support delivery of care.	• Sustainability and Transformation Plan (STP) • Mental Health Five Year Forward View (MH5YFV)	• External review of clinical system and decide upon future system. • Implementation of Lincolnshire CarePortal.	Q4 Q5
Supporting and developing our people.	• STP • MH5YFV	• Develop clear standard operating procedures. • Team building and role development.	Q4 Q5
Treating and caring for people in a safe environment and protecting them from avoidable harm.	• CQC comprehensive inspection • STP • MH5YFV	• Ongoing improvement of collaborative risk assessment and care planning. • Co-location of teams.	Q1 Q2 Q3 Q6
Strategic change for mental health and learning disability services by 2020.	• STP • MH5YFV	• Configuration of support services to maximise quality. • Configuration of services that realigns investment into the MH5YFV.	Q1 - 6

2.1.2 Our quality priorities for 2017/18: review of achievement

The Trust identified six quality priorities for 2017/18 and achievement against these is summarised within this section.

Patient safety					
Quality Priority		Baseline data	Measures for improvement	Progress to achievement	Achieved
Q1	Physical Health for people with Severe Mental Illness (Relates to Adult Inpatient wards/units, Community Mental Health and Early Intervention in Psychosis Teams).	2017/18 - Baseline identified from 2016/17 achievement. Inpatient: 22% of submitted sample (n=50) had complete data against the required criteria*. Community: 11% of submitted sample (n=100) had complete data against the required criteria*. *Description of data can be found at: www.england.nhs.uk/nhs-standard-contract/cquin/cquin-16-17	Inpatient: 50% of submitted sample will have complete data against the required criteria*. Community: 40% of submitted sample will have complete data against the required criteria*. *Description of data can be found at: www.england.nhs.uk/nhs-standard-contract/cquin/cquin-17-19	Of the sample submitted the Trust achieved 29.40% (53.12% with 95% Confidence Interval applied) completion for inpatient and 10.30% for community (excluding EIP). Contributing to this outcome may be that in an effort to promote local engagement and ownership the Trust adopted a different approach to data collection than in previous years; sharing 200 forms with medical and nursing colleagues for completion. Unfortunately only 99 were returned in time to meet the submission deadline for inclusion in the National Audit of Psychosis which is where the sample is selected by the Royal College of Psychiatrists (RCPsych) for audit. The Trust have reviewed the method of data collection employed this year and anticipate that the same sample selection process will be employed by the RCPsych in 2018/19. With this in mind the clinical effectiveness team and CQUIN lead are working with clinical teams to ensure an improved number of returns for the coming year.	Partially achieved with application of Confidence Interval to inpatient results.

Q2	Improved ligature* risk assessment, management and understanding for inpatient areas. * please refer to glossary	Each inpatient area has a completed ligature risk assessment and management audit held within a folder (hard copy and electronic). 2 ligature risk assessment and management workshops have been held during 2016/17.	Evidence of joint working between Estates team (health and safety), Quality and Safety Team and ward areas to ensure any required actions are completed within identified time frames. 4 ligature risk assessment and management workshops delivered each year. Each inpatient area to maintain accurately their ligature risk assessment and management folder.	Risks and prioritisation supported between the key areas for clear identification of works required post audits. The estates and quality and safety team have worked towards a more aligned audit process to ensure that any identified actions did not present new risks. Positive feedback has been received from employees who have attended ligature workshops regarding their skills and knowledge development. The quality and safety team are revising the ligature audit process to further enhance its effectiveness into 2018/19.	Yes

Patient experience					
	Quality Priority	**Baseline data**	**Measures for improvement**	**Progress to achievement**	**Achieved**
Q3	Improving services for people with Mental Health needs who present to A and E.	The total number of attendances to A and E of a cohort of 25 individuals with a mental health flag more than 10 times. Baseline figure of cohort identified as 497 attendances.	Reduce by 20% the number of attendances to A&E for those within the selected cohort of frequent attenders who would benefit from mental health and psychosocial interventions, and establish improved services to ensure this reduction is sustainable.	A lead coordinator was jointly appointed In June 2017 to lead on this work stream for Year 1 where the main focus was care-coordinator activities for the targeted cohort. 25 patients were identified within the cohort for year 1 with a combined attendance of 497 in 2016/17 This cohort reduced to a combined attendance of 215 in 2017/18 and represents a total reduction of 56.74% against a target reduction of 20%.	Yes

Q4	Ensure the overall experience of patients/service users, carers and staff is positive and consistent across all Trust services.	2017/18 baseline is 7.5/10 reported in 2016 survey.	Improvement in the Community mental health services patient survey indicator score with regard to a patient's experience of contact with a health or social care worker.	The community mental health survey was published in November 2017 and the rating for a patients experience of contact with a health or social care worker was 7.2/10 (required 7.6 to evidence improvement). The stretch target has not been achieved this rating is 'about the same' as other mental health Trusts.	Partially
		2017/18 baseline taken from 2016/17 achievement is 79%.	The Trust's recruitment and selection process to evidence the involvement of service user and / or carers in 80% of appointments. (This can include a range of options).	The Trust has achieved its target for SU and Carer involvement. To ensure that the target is achieved in 18/19, the number of training sessions has increased for both SU and Carers. Out of hours Carer sessions have been held twice and with positive feedback from participants. Specific sessions for SU have also been undertaken when requested specifically from services. " The staff survey results will not be published until February 2018.	
		2017/18 baseline is questions from 2015 staff survey. 2018/19 baseline will be 2016 survey.	Achieving a 5 percentage point improvement over the 2 years in two of the three NHS annual staff survey questions on health and wellbeing, MSK and stress. The two questions do not have to be pre-selected before the staff survey results.	The format in which the data is presented in the annual staff survey generates challenge in identifying a percentage increase in one of the three areas available for selection. The individual outcome of the three areas is that: KF17: no change in percentage KF18: 2% reduction (positive reduction) KF19: 0.07 increase (not reported as a percentage value). Work will continue via specific work streams during 2018/19 to achieve the overall 5% improvement.	

Clinical effectiveness					
Quality Priority		Baseline data	Measures for improvement	Progress to achievement	On/off target for achievement
Q5	Develop and implement a robust Quality Improvement methodology.	The Trust had no formalised structure of quality improvement methodology to baseline.	For each operational Division to have run or have running 3 quality improvement projects within the year.	Continuous Quality Improvement (CQI) events have been very well attended by a range of employees. The Model for Improvement is being shared for wider rollout across the Trust. The Trust have utilised the services of NHS Elect to run 4 QI masterclasses for a cohort of staff. Highlights of Divisional QI projects are presented at section 3.10.	Yes
Q6	Preventing ill health caused by the use of alcohol and tobacco (Relates to Adult Inpatient wards only).	The Trust baseline data across the identified areas for 2017/18 was identified following audit at the end of quarter 1. *Description of data can be found at: www.england.nhs.uk/nhs-standard-contract/cquin/cquin-17-19	Improving performance across the indicators (data*) at each quarter of 2017/18. *Description of data can be found at: www.england.nhs.uk/nhs-standard-contract/cquin/cquin-17-19	The majority of staff across the wards have been trained to offer brief smoking cessation and alcohol reduction advice. Staff record all activity associated with this via Audit C and the Lincs Health Questionnaire. Unfortunately the Trust has not been able to sustain a consistent improvement in the monitoring of assessment and onward referral during the year.	Partially

2.1.3 Choosing our quality priorities 2018/19

In 2017 the Trust Board agreed six key quality priorities for 2017/18 and 2018/19, two in the domain of patient safety, two in the domain of patient experience and two in the domain of clinical effectiveness. The quality priorities were selected taking account of a number of sources including the following:

- Patient, carer, governor and staff feedback.
- Department of Health's national priorities.
- CQC comprehensive inspection 2015 and MHA visits feedback since that time.
- National patient and staff surveys.
- NHSI reporting requirements.
- Commissioners requirements and feedback.
- Sustainability and Transformation Plan (STP).
- Equality Delivery System 2.
- Healthwatch Lincolnshire feedback.
- Serious incidents, complaints, coroner and serious case review feedback (local and national).

Stretch targets for performance in respect of all the quality priorities were developed collaboratively; and have been closely monitored throughout 2017/18. Revised targets for 2018/19 will be developed using data from 2017/18 as the baseline where identified. Ongoing measurement throughout the year will assist in monitoring our progress; and in developing the understanding and embedding from ward/team to Board of the Trust's quality priorities.

Ongoing support for the agreed quality priorities started in November 2017, with an interactive presentation within the Joint Board of Directors and Council of Governors meeting; and continued through papers and presentations to the Quality Committee and Council of Governors' meetings.

Progress to achieve the identified quality priorities 2018/19 will be monitored through the quality and safety team; and reported three times a year to the Patient Safety and Experience Committee a sub-committee of the Quality Committee.

Quality priority	Priority continuation	Why this is important for us	How will we measure and monitor it
Patient safety			
Q1. Physical health for people with severe mental illness (Relates to adult inpatient wards/units, community mental health and early intervention in psychosis teams)	This is priority a continuation aligned to a CQUIN which will be in its fourth year.	This priority builds on previous work to improve physical health care for people with severe mental illness (SMI) in order to reduce premature mortality in this patient group. Collaborative working with partner agencies supported by neighbourhood teams will ensure parity of esteem for this patient group.	Measures will align with those required of the CQUIN (Further information about CQUINs can be found at section 2.2.3). Our physical healthcare group will monitor progress and a report will be presented to the Patient Safety and Experience Committee three times a year. Service users with a serious mental illness (SMI) will have comprehensive cardio metabolic risk assessments; the necessary treatments and the results are recorded and shared with the patient and treating clinical teams.
Q2. Improved ligature risk assessment, management and understanding for inpatient areas	This is a priority continuation.	This priority supports the ongoing work of the Trust in the reduction and management of ligature risks for our patients. It will ensure this area remains a high priority for the Trust and levels of safety are improved. The identification and management of both fixed and unfixed ligatures in our inpatient areas enhances the culture of safe and responsive services.	Measures will be qualitative evidence of improved ligature risk assessment, management and understanding for inpatients. Our Director of Operations has overall lead for this work and our Patient Safety and Experience Committee will continue to monitor and receive progress reports on improvements which will include audits of compliance.

Quality priority	Priority continuation	Why this is important for us	How will we measure and monitor it
Patient experience			
Q3. Improving services for people with mental health needs who present to A&E	This is a quality priority continuation aligned to a CQUIN	Working together with partners to ensure that people presenting at A&E with primary or secondary mental health needs have these needs met more effectively through an improved, integrated service offer. The prevention and early intervention for patients in mental health crisis reduces unnecessary hospital admissions and out of area placements.	Measures will align with those required of the CQUIN. A report will be presented to the Patient Safety and Experience Committee three times a year. Accessing the right service at the right time benefits the patient experience which in turn is clearly linked to improved clinical outcomes.
Q4. Ensure the overall experience of patients/ service users, carers and staff is positive and consistent across all Trust services	This is a quality priority continuation.	Patients and carers need to be valued and respected, listened to and communicated with effectively with information in accessible formats. Staff engagement is a measure of employees' emotional attachment to their job, colleagues and organisation which influences their experience at work and their willingness to learn and develop.	Measures will be improved patient/service user and staff experience surveys. Patient and carer experience will be monitored by the Patient Safety and Experience Committee. Data will also be presented to the Board via the integrated performance report (Friends and Family Test, complaints, PALS). Staff feedback will be monitored by the Organisational Development Committee and also reported to the Board via staff survey and cultural barometer reports.

Quality Priority	Priority continuation	Why this is important for us	How will we measure and monitor it
Clinical effectiveness			
Q5. Develop and implement a robust quality improvement methodology	This is a quality priority continuation.	Establishing a quality improvement culture which is led collaboratively by front line employees and patients will ensure that sound improvements are identified and made where they are needed, when they are needed and by those who can own and influence the change.	Measures will be evidence of QI methodology being implemented. This will be monitored by the Patient Safety and Experience Committee with quarterly reporting of roll out of training and support in addition to divisional reports of local quality improvement developments.
Q6. Preventing ill health caused by the use of alcohol and tobacco (relates to adult inpatient wards/units)	This is a quality priority continuation aligned to a CQUIN.	This priority seeks to help deliver on the objectives set out in the 2016 Department of Health document - Five Year Forward View for Mental Health (5YFV), particularly around the need for a 'radical upgrade in prevention' and to 'incentivising and supporting healthier behaviour'.	Measures will align with those required of the CQUIN. Our physical healthcare group will monitor progress and a report will be presented to the Patient Safety and Experience Committee quarterly.

2.1.4 Service development and improvement plans 2017/19

The following provides a brief summary of key clinical service development and improvement plans for the Trust in 2017/19. The Trust has kept the plan to a small number of large scale projects, rather than a large number of small scale projects, as has been done in the past.

In some cases, plans will be subject to business case development, consultation and governance, identified funding and/or Board of Directors/Council of Governors approval. Greater detail on the clinical service transformation plans is provided within the Trust's Operational Plan (2017/18 and 2018/19).

Key planned developments	
Community CAMHS	Mobilisation of the North East Lincolnshire CAMHS contract with the service evolving to deliver the THRIVE model of care.
Adult Integrated CMHTs	Develop greater integration by aligning psychology and medical into CMHTs, transforming care into a 'one stop' clinic model rather than separate outpatient clinics.
Electronic prescriptions and medical administration system	Implementation of an electronic prescriptions and medical administration system will give a significant quality improvement, financial cost savings and provide operational efficiencies.
Expanded early intervention service	Following a decision to de-commission the psycho-dynamic psychotherapy service, Commissioners have agreed to reinvest this budget into the early intervention service. This became operational from Q1 2017/18 and enters the second phase of expansion in 2018/19.
Reduction of out of area placements	As a key national strategic objective, the trust will develop plans with commissioners to re-design local services and pathways in order to reduce the number of patients required to travel out of county for non-specialist mental health care. This is likely to focus on adult acute and rehabilitation pathways during 2018/19.
Older adults service transformation	The older adults division will undertake a large scale transformation programme to ensure that optimal patient care pathways are adopted in line with clinical best practice.

2.2 Statements of assurance from the Board

The Trust's Board of Directors is required to satisfy itself that the Trust's annual quality report is fairly stated. In doing so, the Trust is required to put in place a system of internal control to ensure that proper arrangements are in place based on criteria specified by NHSI, the independent regulator of NHS Foundation Trusts. The Trust has appointed a member of the Board, the Director of Nursing and Quality, to lead and advise on all matters relating to the preparation of the Trust's annual Quality Report.

To ensure that the Trust's Quality Report presents a properly balanced view of performance over the year, the Trust's Quality Committee, accountable to the Board of Directors, provides scrutiny and challenge. The Quality Committee ensures robust challenge, review and the provision of assurance to the Board in respect of quality and risk initiatives and reports, including escalating risks if required, as per the Trust's Board Assurance and Escalation Framework (2017).

The Trust held quarterly quality review meetings with its lead commissioner until September 2017 following which they became monthly, and has shared the draft quality report with governors, commissioners, the local Health Scrutiny Committee and Healthwatch Lincolnshire for comment.

During 2017/18 the Trust provided and/or sub-contracted two relevant health services, these services being mental health and learning disabilities.

The Trust has reviewed all the data available to them on the quality of care in two of these relevant health services.

The income generated by the relevant health services reviewed in 2017/18 represents 100% of the total income generated from the provision of relevant health services by the Trust for 2017/18.

2.2.1 Participation in clinical audits and national confidential enquiries

Participation in clinical audits 2017/18

During 2017/18, seven national clinical audits and one national confidential enquiry covered relevant health services that the Trust provides.

During the period the Trust participated in 88% of the national clinical audits and 100% of national confidential enquiries.

The national clinical audits and national confidential enquiries that the Trust was eligible to and participated in during 2017/18 are as follows:

- 2 POMH (UK)
- 4 National CQUINs
- 1 National Clinical Audit of Psychosis (NCAP)
- 1 National confidential enquiry into patient outcome and death (NCEPOD) – young people's mental health (case note extracts).

The reports of 20 local clinical audits were reviewed by the provider in 2017/18 and the Trust intends to take the following actions to improve the quality of healthcare provided:

- Disseminate audit results to all relevant clinicians and staff.
- Develop and monitor action plans to address shortfall in service provision.
- Carry out re-audits where necessary to monitor compliance.

The national clinical audits and national confidential enquiries that the Trust participated in, and for which data collection was completed during 2017/18, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Audit	Status	Date	Number of cases submitted
*CQUIN 3a Cardio metabolic (Inpatient/Community/EIP)	Inpatient - completed Community - completed EIP - completed	See National Clinical Audit of Psychosis (NCAoP) below	Not known as the sample is drawn from the NCAoP by the RcPsych.
CQUIN 3b GP Correspondence (Inpatient/Community)	Inpatient - completed Community - completed	February 2018 February 2018	50 (100% of eligible cases agreed with CCGs) 75 (100% of eligible cases agreed with CCGs)
CQUIN 5 Transitions out of Children and Young Peoples MH Services	Completed	March/April 2018	100% of all eligible cases
CQUIN 9 Preventing Ill Health by Risky Behaviours (Alcohol and Tobacco) (Inpatients only)	Completed	Quarterly - April 2017 / March 2018	100% of all eligible cases
*National Clinical Audit of Psychosis (Inpatient/Community/EIP)	Completed	Inpatient/Community EIP	200 (100% of expected returns) 120 (100% of eligible cases)
**National Confidential Enquiry - Young People's Mental Health Study	Completed	June 2017	** Not known
POMH(UK) Topic 17 - the use of depot/long acting antipsychotic medication for relapse purposes	Completed	May/June 2017	31 patients submitted (100% of returned eligible cases)
POMH(UK) Topic 16 - rapid tranquilisation	Underway	Prospective data collection: March to June 2018	Ongoing

*Data was collected for the 3a CQUIN as part of the National Audit of Psychosis and submitted to NHS England by Royal College of Psychiatrists where cases met the CQUIN criteria. Actual numbers meeting the criteria and submitted for the CQUIN are not known by the clinical audit dept.

**Data for the NCE audit was forwarded directly to NCEPOD by the identified clinicians and therefore the number of cases submitted is not known by the clinical audit dept.

NICE guidance implementation 2017/2018

The Trust has developed systems and processes in line with recommendations from NICE to ensure that all implementation of their guidance has a clear process. The overall co-ordination, planning and monitoring of NICE implementation within and across services is carried out in accordance with principals set out in this policy. The Trust currently has 10 NICE technology appraisals and 47 clinical guideline implementation projects in progress. Compliance with implementation is detailed in the tables below for clinical guidelines, technology appraisals and public health guidelines respectively.

Technology appraisals:

Technology appraisals	Total	Compliant	Partially compliant	Under review
	10	10	0	0

Clinical guidelines and public health guidelines

Clinical guidelines and public health guidelines	Total	Compliant	Partially compliant	Under review
	46	0	19	27

Quality standards

Quality standards	Total	Compliant	Partially compliant	Under review
	39	8	18	13

Where our status is ‘partially compliant’, meaning there are elements of non-compliance with the guidance, we will undertake a baseline audit to establish areas where improvements are needed to achieve full compliance. From the results of baseline audits, individual action plans will be developed detailing implementation requirements over varying timescales.

NICE permits flexibility when implementing clinical guidelines as it is recognised that in some instances it may take varying periods of time to fully implement the guidance. However, it is the expectation, unless otherwise noted, that NICE technology appraisals should be implemented within 12 weeks of publication. The function of the Trust’s research, innovation and effectiveness team is to audit and monitor progress against agreed action plans with the aim to achieve full implementation over time.

The Trust is working hard to ensure that for those areas of NICE guidance relevant to our patients/service users and services we have a robust system of assessment and implementation embedded.

Participation in research 2017/18

The number of service users/patients receiving relevant health services, provided or sub-contracted by the Trust, that were recruited during this period to participate in research approved by a research ethics committee was 428 (Clinical Research Network East Midlands, partner summary report, March 2018).

For the year April 2017 to March 2018, the Trust achieved 100% of local NHS permissions within NIHR 30 day performance indicators.

Trust NIHR network funded staff supported NIHR studies hosted within the Trust. The Trust used national systems to manage the studies in proportion to risk. All studies were managed under national model agreement and research passport guidance.
The Trust's research and development operational capability statement (RDOCS) was reviewed by the Trust Board in 2017 and is uploaded to the NIHR Clinical Research Network website and published on the Trust's website.

Examples of NIHR work undertaken by the Trust in 2017-18:

Responding to the Dementia Challenge

A key area for action within the Dementia Challenge is improving research; the Trust's research department is working with Trust clinical staff to increase access to dementia studies in Lincolnshire and offer our staff, service users and carers valuable opportunities to help shape improvements in dementia care through participation in research. In 2017-18 the Trust continues to drive forward two national initiatives that have been developed as part of the Dementia Challenge:

ENRICH – Enabling Research in Care Homes

Developed by the NIHR, the ENRICH toolkit draws on work from the NIHR School for Social Care Research (SSCR). Whilst focusing on dementia the toolkit has been designed to be applicable to other disease areas and conditions, and information provided can be used to support the promotion of all high-quality research. There are over 18,000 care homes in England providing homes and care for over 386,000 people. The ENRICH programme aims to support increasing the amount of research from its current levels in order to improve the

quality of life and quality of care for all care home residents especially people with dementia www.enrich.dendron.nihr.ac.uk .

Join Dementia Research (JDR)

JDR is a national service that offers individuals the chance to register their interest in taking part in dementia research, find suitable studies in their area, and let researchers know that they might be interested in taking part in their research. The service's development is being funded by the Department of Health and is delivered in a partnership with the NIHR Clinical Research Network, Alzheimer's Research UK and the Alzheimer's Society.

JDR was launched nationally in early 2015 and the Trust has registered as a whole organisation JDR Champion – the first NHS Trust in the country to achieve this: www.nihr.ac.uk/patients-and-public/how-to-join-in/join-dementia-research/join-dementia-research-champions

Clinical Research - Workforce Development Award 2017-18

The Trust Research Team strive to be active enablers of research, to remove barriers and provide a broad range of opportunities. We realise the need to offer professional development to clinical staff who want to remain in clinical practice but to increase their expertise in clinical research.

We have collaborated with National Institute for Health Research Clinical Research Network East Midlands (NIHR CRN EM) to pilot the Clinical Research Workforce Development Award 2017-18.

- Flexible to the needs of recipient and seconding clinical division
- Negotiable hours/days – to fit with clinical work
- Non-medical healthcare professionals
- Internal opportunity B4-6 – advertised for internal expressions of interest
- Backfilled at existing banding and pay point
- Travel and expenses paid
- Completed in 2017-18 financial year
- Mentored by the Research Team
- Learning - NIHR studies/initiatives/training
- Actively work on NIHR studies/initiatives
- Evaluation - annual opportunity

This year's recipient is a Community Psychiatric Nurse (CPN) within our Older Adult division. Award given 1 September 2017-31 March 2018; two days a month – backfilled to seconding team budgets.

- Induction – attended team meeting and introduced to wider Trust research team; regional and national teams/context
- Identify - learning needs
- Training - Good Clinical Practice (attended face to face training)
- Learning – Join Dementia Research (training session provided by Dementia Challenge Project Manager, CRN EM)
- Studies – information on relevant NIHR studies; now promoting recruitment to all studies relevant to clinical area
- Agreeing – workload and opportunities
- Support – present independently at team meetings (studies and JDR)
- Reporting – progress to research team and via LPMS
- Mentor – regular meetings to support, plan, review
- Long-term – identify ways to embed research culture and opportunities within Older Adult division

We have just opened a study in Older Adult division – a randomised controlled trial of an intervention for people in the early stages of dementia. The award recipient has been able to follow negotiation and set-up of the trial, is supervising the staff who will be delivering the intervention in Lincolnshire and as such has received training from the sponsor site. Working alongside the research nurse to recruit, take informed consent and collect data. This is an opportunity to be fully involved in how we deliver NIHR research in the Trust.

Performance information on the initiation and delivery of clinical research

The Government wants to see a dramatic and sustained improvement in the performance of providers of NHS services in initiating and delivering clinical research. The Government's Plan for Growth, published in March 2011, announced the transformation of incentives at local level for efficiency in initiation and delivery of clinical research.

The Department of Health (DoH), via the new NIHR contracts with providers of NHS services, requires the publication on a quarterly basis information regarding: the 70-day benchmark for clinical trial initiation; and the recruitment to time and target for commercial contract clinical trials.

Providers of NHS services are required to publish information for initiating clinical research (ie the 70-day benchmark) on a publicly available part of their website. Providers of NHS services are also required to publish information regarding commercial contract clinical trials, to meet the transparency commitment for delivering clinical research to time and target on a publicly available part of their website. The Trust publishes data on initiating and delivering clinical research quarterly basis; this information is published on the Trust website: www.lpft.nhs.uk/research

2.2.2 Commissioning for Quality and Innovation (CQUIN) payment framework

What are CQUINs and what do they mean for the Trust?

The CQUIN payment framework was introduced in 2009 to make a proportion of providers' income conditional on demonstrating improvements in quality and innovation in specified areas of care. Whether the Trust receives its CQUIN payments is dependent on achieving certain quality measures.

This means that some of the Trust's income is conditional on achieving certain targets that are agreed between the Trust and our commissioners.

2.2.3 Performance in CQUINs 2017/18

A proportion of the Trust's income in 2017/18 was conditional on achieving quality improvement and innovation goals agreed between the Trust and any person or body the Trust entered into a contract, agreement or arrangement with for the provision of relevant health services, through the CQUINs payment framework.

Further details of the agreed goals for 2017/18 and for the following 12 month period are available electronically at: www.lpft.nhs.uk

The 2017/18 CQUINs are detailed below:

- There were six CQUINs within the standard contract. There were three NHS England (NHSE) low secure CQUINs; two NHSE CAMHS CQUINs; one 'Incentive Payment' for NEL CAMHS and one LCC tier 3 CAMHS CQUINs.
- The overall monetary total for income in 2017/18 conditional upon achieving quality improvement and innovation goals was £1.85 million. The monetary total value of the CQUINs 2016/17 was £1.84 million.
- The CQUINs for 2017/18 have been rated on a RAG (red – no payment, amber – partial payment, green – full payment) basis dependent on achievement to date as detailed in the following tables:

Key to achievement payments

Full payment	Partial payment	No payment

Lincolnshire Clinical Commissioning Groups

Goal No.	CQUIN targets and topics	RAG rating
MH1a(B)	The introduction of health and wellbeing initiatives covering physical activity, mental health and improving access to physiotherapy for people with muscular skeletal (MSK) issues.	
MH1b	Healthy food for NHS staff, visitors and patients.	N/A
MH1c	Improving the uptake of flu vaccinations by frontline clinical staff.	
MH3a	Improving physical healthcare to reduce premature mortality in people with SMI: **cardio metabolic assessment and treatment for patients with psychoses.**	
MH3b	Improving physical healthcare to reduce premature mortality in people with SMI: **communication with general practitioners.**	
MH4	Improving mental health services at A&E	
MH5	CAHMS inpatient transitions to adult care.	
MH9	Preventing ill health from the use of tobacco and alcohol.	

NHS England low secure

Goal No.	CQUIN targets and topics	RAG rating
MH2	Recovery Colleges for Medium and Low Secure Patients	
MH3	Reducing restrictive practices within Adult Low and Medium Secure Services	
MH4	Discharge and Resettlement	

North East Lincolnshire (NEL) CAMHS (incentive payments)

Goal No.	Incentive payment targets and topics	RAG rating
TARGET 1	Transition from CAMHS to AMHS	

NHS England TIER 4 CAMHS

Goal No.	CQUIN targets and topics	RAG rating
MH4	Discharge and resettlement from specialised mental health inpatient services.	
MH5	CAHMS inpatient transitions to adult care.	

Lincolnshire County Council - Lincolnshire community CAMHS

Goal No.	CQUIN targets and topics	RAG rating
CAMHS1	Transition from CAMHS to adult mental health services	

2.2.4 CQUINs 2018/19

All CQUINs were nationally mandated for the contract period 2017/19 with an option for any additional CQUINs to be agreed by providers and commissioners locally. We have worked closely and effectively with our commissioners, our lead commissioner being South West Lincolnshire Clinical Commissioning Group, to identify that our CQUINs align well with our quality priorities and support the promotion of further quality improvements as such agreement was made to add no further local CQUIN to those mandated.

The overall monetary total for income in 2018/19 conditional upon achieving quality improvement and innovation goals is £1.85 million inclusive of STP and risk reserve monies.

The Trust's services span inpatient and community provision and are detailed within this report. With our commissioners we have identified how we will meet the stretching targets set nationally for quality improvements across our services, with the shared goal of evidencing improved outcomes for those using our services.

- The CQUINs remain as those described in section 2.2.3 with revised milestones for achievement details of which are available at: www.lpft.nhs.uk

2.2.5 CQC - including the intelligent monitoring and comprehensive inspection

The Trust is required to register with the CQC and its current registration status is fully registered. The Trust has no conditions on registration.

The CQC has not taken any enforcement action against the Trust during 2017/18.

The Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

The Trust has been registered to carry out the following regulated activities:

- Treatment of disease disorder or injury
- Assessment and medical treatment of persons detained under the Mental Health Act 1983
- Diagnostic and screening procedures

The CQC make sure health and social care services provide people with safe, effective, compassionate, high-quality care and they encourage care services to improve.

The CQC role is to monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety; they publish their finding, including performance ratings to help people choose care. They have introduced a new surveillance model which is built on a suite of indicators that relate to the five key questions inspectors will ask of all services – are they safe, effective, caring, responsive, and well led.

The Trust is also subject to periodic Mental Health Act reviews by the CQC and a number of our units have been visited during 2017/18; and any actions identified are monitored and assurance given to the CQC on completion of these actions.

During 2017/18 the Trust received the following CQC Mental Health Act visits to its sites:

Mental Health Act visits	
Site visited	Date of Inspection
Hartsholme Centre (Psychiatric Intensive Care Unit)	07/11/2017
Ward 12, Boston	25/01/2018
CQC comprehensive re-inspection	**Date of inspection**
The Trust received a re-inspection of its services following their original comprehensive inspection in December 2015.	03/04/2017- 07/04/2017

The Trust is fully compliant in respect of MHA visits; and has promptly addressed any feedback and actions identified. CQC visit related action plans are monitored through the Trust's Operational Governance and Quality Group, with assurance reported to the Legislative Committee.

The Trust's compliance assurance mechanisms include a schedule of quality governance visits to clinical areas in both inpatient and community settings. Non-executive directors and directors also carry out scheduled and non-scheduled visits to clinical areas throughout the year, reporting findings to the Board.

2017 CQC comprehensive inspection

The Trust had a re-inspection following the 2015 comprehensive inspection during the week of 4th April 2017; the published ratings grid and key areas described in the report are presented in the table overleaf; the full report is available on the CQC website at: www.cqc.org.uk

Overall rating	Inadequate	Requires improvement	Good	Outstanding

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

There were ten individual service line reports published by the Care Quality Commission that related to services provided by Lincolnshire Partnership NHS Foundation Trust. In addition, there was an overall provider report. All “must do” and “should do” actions from these reports have been included in a comprehensive action plan.

A clear process is in place to monitor the action plan and check progress, working with operational managers and clinical leads. The action plan is presented monthly, in the public session, to the Board of Directors meeting.

Further work to improve the patient experience and the experience of staff in the organisation is supported through the development of a continuous quality improvement programme, containing four significant strands of work:

- Supporting and developing our people
- Improving the collection, quality and use of data and information
- Treating and caring for people in a safe environment and protecting them from avoidable harm
- Strategic change for Mental Health and Learning Disability Services by 2020

2.2.6 Statement on quality of data, governance assessment report score and clinical coding

The Trust submitted records during 2017/18 to the Secondary Uses Service for inclusion in the Hospital Episode statistics which are included in the latest published data.
The percentage of records in the published data:

- Which included the patient's valid NHS number was:
    - 99.2% for admitted patient care.
    - 100% for outpatient care

The percentage of records in the published data:

- Which included the patient's valid General Medical Practice Code was:
    - 100% for admitted patient care
    - 100% for outpatient care

In addition the Trust continues to upload monthly returns for:

- The Mental Health Services Dataset (MHSDS)
- IAPT minimum dataset (IAPT MDS)

The Trust's Information Governance Assessment Report overall score for 2017/18 was 96% and was graded green (satisfactory).

The Trust reports information governance (IG) toolkit progress in year, on a quarterly basis, to the Trust Board through its committees and also submits this into the IG toolkit portal.

The Trust has maintained compliance against the previous year's position, taking into consideration the year on year increase in requirement to attain level two and above in each of the 45 standards.

IG toolkit assessment summary report

Information governance management									
Assessment	Stage	Level 0	Level 1	Level 2	Level 3	Not relevant	Total req'ts	Overall score	Self-assessed grade
Version 14.1 (2017-2018)	Published	0	0		5	0	5	100%	Satisfactory
Confidentiality and data protection assurance									
Assessment	Stage	Level 0	Level 1	Level 2	Level 3	Not relevant	Total req'ts	Overall score	Self-assessed grade
Version 14.1 (2017-2018)	Published	0	0	1	7	1	9	95%	Satisfactory
Information security assurance									
Assessment	Stage	Level 0	Level 1	Level 2	Level 3	Not relevant	Total req'ts	Overall score	Self-assessed grade
Version 14.1 (2017-2018)	Published	0	0	1	14	0	15	97%	Satisfactory
Clinical information assurance									
Assessment	Stage	Level 0	Level 1	Level 2	Level 3	Not relevant	Total req'ts	Overall score	Self-assessed grade
Version 14.1 (2017-2018)	Published	0	0	1	4	0	5	93%	Satisfactory
Secondary use assurance									
Assessment	Stage	Level 0	Level 1	Level 2	Level 3	Not relevant	Total req'ts	Overall score	Self-assessed grade
Version 14.1 (2017-2018)	Published	0	0	1	7	0	8	95%	Satisfactory
Corporate information assurance									
Assessment	Stage	Level 0	Level 1	Level 2	Level 3	Not relevant	Total req'ts	Overall score	Self-assessed grade
Version 14.1 (2017-2018)	Published	0	0	1	1	0	3	88%	Satisfactory
Overall									
Assessment	Stage	Level 0	Level 1	Level 2	Level 3	Not relevant	Total req'ts	Overall score	Self-assessed grade
Version 14.1 (2017-2018))	Published	0	0	5	39	1	45	96%	Satisfactory

Grade Key

Not satisfactory	Not evidenced attainment Level 2 or above on all requirements (Version 8 or after)
Satisfactory with improvement plan	Not evidenced attainment Level 2 or above on all requirements but improvement actions provided (Version 8 or after)
Satisfactory	Evidenced attainment Level 2 or above on all requirements (Version 8 or after)

The Trust is also working on data quality and completeness issues and has appointed a Senior Business Intelligence and Data Quality Lead to support the launch of a new Data Quality Strategy, recognising that best quality data can be one of the fundamental pillars of the continuous quality improvement environment all staff are working to create.

The strategy aims to provide an overarching framework to ensure that the Trust operates with high quality data in order to achieve its clinical and quality priorities.

Our 2021 Data Quality Vision is that our data will be a valuable asset to our services and patients. The Strategic Priorities that will facilitate us to achieve our vision are:

Single Source of the Truth

A Business Intelligence tool will be the primary source for operational, performance management and income reporting.

Automation

Automate the current processes of information provision in order to improve accuracy and use resources more effectively.

Kite Marking

Develop a visual indicator backed up by an assurance process that makes an explicit assessment of our data quality.

Data stewardship

All staff will understand that data quality is an organisational priority. Through training and development they will understand how their actions directly affect the validity of data and the potential to use data to promote better patient outcomes.

Simple

Empower staff with simplified data collection and validation processes, reducing the need for manual reconciliation.

Business Rules

Develop a shared understanding for all staff of the language used to describe our services and performance reporting.

Sustainable

All of our data quality improvement efforts will be linked to a central work plan and clear governance structure.

2.2.7 Payment by results (PbR)

The Trust was not subject to the Payment by Results clinical coding audit during 2017/18 by the Audit Commission.

References to the Audit Commission are now out of date because it has closed. From 2014 responsibility for coding and costing assurance transferred to Monitor and then NHSI. From 2016/17 this programme has applied a new methodology and there is no longer a standalone 'coding audit' with error rates as envisaged by this line in the regulations.

2.2.8 Learning from deaths

2.2.8.1

Data presented within this section is for learning within the Trust and is not comparable with any other Trusts (Acute, Community and Mental Health) published data, it should not be used to provide organisational benchmarking or presented as comparators in any onward reports.

The Trust Board of Directors (BoD) is responsible for assuring itself and the public that they are reporting and reviewing deaths of patients where appropriate, and any learning that can be identified is acted upon. This ensures information regarding any deaths of patients are appropriately escalated to the BoD, supported in this role by an effective sub-committee structure, in particular the Mortality Surveillance Committee (MSC) and Quality Committee. This process is aligned to recommendations made from the National Quality Board: Learning from Deaths.

Whilst numbers are reported here it is important to remember that every death involves the loss of a loved one from family and friends lives. This is often a difficult and distressing time for those close to the person and as such the Trust aims to support and further develop strong family engagement. Through this we will ensure that value is gained from learning from deaths and openness and transparency is central to this process.

The total number of deaths reported in this section include:

- People open to Trust services at the time of their death;
- People who died within 6 months of discharge from Trust services;
- Peoples deaths that are referred for Learning Disabilities Mortality Review (LeDeR);
- Death investigated as Serious Incidents.

2.2.8.2

During 2017/18, 1320 of the Trusts patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period: 269 in the first quarter; 272 in the second quarter; 376 in the third quarter; 403 in the fourth quarter.

The figures above include people open to the Trust at the time of their death and also those who died within 6 months of contact with the Trust. Only 2 deaths occurred within a Trust inpatient unit.

2.2.8.3

By 31/03/2018, 8 case record reviews and 37 investigations have been carried out in relation to 1320 of the deaths included in item 2.2.8.2.

In 0 cases a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was: 9 in the first quarter; 8 in the second quarter; 9 in the third quarter; 19 in the fourth quarter.

2.2.8.4

0 representing 0% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.

In relation to each quarter, this consisted of: 0 representing 0% for the first quarter; representing 0% for the second quarter; 0 representing 0% for the third quarter; 0 representing 0% for the fourth quarter. These numbers have been estimated using the Trusts Structured Judgement Review (SJR) tool. The tool is utilised by a clinician to obtain a detailed account of care and service delivery, this is subsequently presented and given further analysis by Committee members. As part of this analysis grading is allocated via a 4 tier system:

0. Unavoidable death, no suboptimal care;
1. Unavoidable death, suboptimal care but different management would not have affected the outcome;
2. Suboptimal care, but different management might have affected the outcome (possibly avoidable death);
3. Suboptimal care, different care would reasonably be expected to have affected the outcome (probable avoidable death).

2.2.8.5

The Trust aims to mature and enhance the process of reviewing deaths within the scope of the learning from deaths framework however a number of key areas for system improvement have been identified from the review and investigation process:

- The Trust will support employees to engage with patients/service users, families and carers regarding Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) at an earlier stage in care to ensure choice and involvement.
- Managers to be aware that when staff members are not at work at the time of a patient's death, for example sickness, that this needs to be sensitively communicated to them on their return to work.
- When reviewing capacity the first step is to assume capacity for the decision and document the findings. Staff may need to explore mental capacity in relation to physical healthcare issues. Declining assessment or treatment could meet the mental capacity assessment criteria, in all such cases staff must consider and record whether capacity is an issue in relation to the specific decision. If the patient/service user is found to lack capacity upon assessment then best interest decision making processes should be followed.

Learning from case specific, positive practice has also been highlighted, including;

- Good liaison with GP and other agencies,
- Employees supporting and engaging well with family members of the deceased.

2.2.8.6

Lessons are identified within the monthly Mortality Surveillance Committee meeting and also as part of SI investigations. Appropriate leads for any actions that need to be implemented are identified to oversee and ensure their completion. Information is also shared with the Trust though the bi-monthly Lessons Learnt Bulletin for wider sharing.

2.2.8.7

As the Trust is currently undertaking the actions identified in 2.2.8.6 we look forward to reporting any impact upon the safety and experience of patients to future Board of Directors meetings and quality report.

2.2.8.8

0 case record reviews and 10 investigations completed after 31/03/17 which related to deaths which took place before the start of the reporting period.

2.2.8.9

0 representing 0% of the patient deaths before the reporting period, are judged to be more likely than not to have been due to problems in the care provided to the patient. This number has been estimated using the Serious Incident investigation reports into each case to support review with the tiered mortality grading system.

2.2.8.10

0 representing 0% of the patient deaths during quarter 4 of 2016/17 are judged to be more likely than not to have been due to problems in the care provided to the patient.

2.2.9 Performance against core quality account indicators

Since 2012/13 the Trust has been required to report performance against a core set of indicators using data made available to the Trust by NHS Digital. This feeds the hospital episode statistics and the mental health minimum data set.

For each indicator the number, percentage, value, score or rate (as applicable) for at least the last two reporting periods is presented below. Where available, for each indicator, the rate for the last six reporting periods is presented. In addition, where the data is made available by the NHS Digital, a comparison is made of numbers, percentages, values, scores or rates of each of the Trust's indicators with: the national average for the same; and those NHS trusts and NHS foundation trusts with the highest and lowest for the same.

Core indicator	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
CPA seven day follow-up (threshold 95%)	96.2%	96.5%	98.7%	95.9%	97.7%	96.6%	95.2%
Benchmark: NHS average is 95.4% (Source: NHS Digital)							
• The Trust considers that this data is as described for the following reason: reports are validated against the source system (NHS Digital website). • The Trust will be taking the following actions to improve data quality: completing in year quality audits of CPA seven day follow-up entries and ensuring any identified actions are promptly followed up.							

Core indicator	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
Admissions to inpatient services have had access to crisis resolution home treatment teams (threshold 95%)	91.7% (threshold 90%)	96.3%	96.7%	99.8%	99.8%	96.8%	97.9%
Benchmark: NHS average is 98.5% (Source: NHS Digital)							
• The Trust considers that this data is as described for the following reasons: reports are run, manually reviewed and uploaded to the Department of Health via the Unify system quarterly. • The Trust will be taking the following actions to improve data quality: continuing an assertive focus in work to improve its data quality systems.							

Core indicator		2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
(From April 2011 – March 2017 28-day) 30-day* re-admission (threshold 10%)	<15yrs old	11.1%	9.4%	8.1%	8.7%	0%	0%	0%
	>16yrs old	10.4%	8.3%	9.6%	8.79%	3.97%	4.2%	8.1%
Source: Trust systems								
• The Trust considers that this data is as described for the following reasons: admission and discharge data is manually reviewed monthly to capture data on all re-admissions within the Trust. • The Trust will be taking the following actions to improve data quality: continuing an assertive focus in work to improve its data quality systems.								

Core indicator	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
Staff recommendation of the organisation as a place to work or receive treatment.	Not available	3.25 (below national average)	3.55 (national average)	3.58 (above national average)	3.36 (below national average)	3.58 (equal to national average)	3.77 (above the national average)
Benchmark: Mental Health Trusts average 3.67 (Source: NHS Staff Survey)							
• The Trust considers that this data is as described for the following reason: reports are published on the CQC website. • The Trust will be taking the following actions to improve data quality: delivery of initiatives including the Trust's staff engagement programme, 'Making a Difference through CQI' and a wide range of leadership events and training.							

Core indicator	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
Community mental health services patient survey indicator score with regard to a patient's experience of contact with a health or social care worker	8.9/10 (better than national average)	8.7/10 (about the same as national average)	8.7/10 (about the same as national average)	7.6/10 (about the same as national average)	7.2/10 (about the same as national average)	7.5/10 (about the same as national average)	7.2/10 (about the same as national average)
Benchmark: Each Trust received a rating of Better, About the same or Worse on how it performs on each question (within the survey) compared with most other Trusts (Source: CQC)							
• The Trust considers that this data is as described for the following reason: reports are published as part of the national community mental health patient survey. • The Trust will be taking the following actions to improve data quality: maintaining the work programme to achieve Accreditation of Community Mental Health Services.							

Core indicator	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
The number and rate of patient safety incidents reported within the Trust; and the number and % of such patient safety incidents that resulted in severe harm or death.	Not available	5,024 incidents (total). 1,520 reported to NRLS of which 50 (3%) resulted in severe harm or death	4,169 incidents (total). 2,074 reported to NRLS of which 36 (1.7%) resulted in severe harm or death	5,025 incidents (total). 2,174 reported to NRLS of which 23 (1%) resulted in severe harm or death	5,570 incidents (total). 2,390 reported to NRLS of which 47 (2%) resulted in severe harm or death	5,981 incidents (total). 1,997 reported to NRLS of which 20 (1%) resulted in severe harm or death	6,918 incidents (total). 4,299 reported to NRLS of which 50 (1.2%) resulted in severe harm or death
Benchmark: Severe harm or death mental health Trust average 1% (Source: NHSI) (Trust data correct as of 06/04/18)							

- The Trust considers that this data is as described, as incident reports are submitted to the CQC and to the National Reporting and Learning Service (NRLS) where incidents result in severe harm or death.
- The Trust will be taking the following actions to improve data quality: daily review and monitoring of emerging themes and/or trends via the Trust's quality and safety team, with reporting to the Board and the Trust's Patient Safety and Experience Committee. The Trust's implementation of duty of candour and wide dissemination of learning lessons bulletins across the Trust.

2.2.10 Quality of information

The Trust generates monthly performance reports, with dashboard summaries of the Trust's position against key performance indicators. These provide validated performance information on a monthly basis, which are shared with the Board of Directors, services and commissioners; and are included in the Board of Directors' monthly reports.

Where the Trust has included relevant indicators and performance thresholds within this section (part two of the quality report), in accordance with the quality accounts regulations, it has not reported these again in part three of the quality report.

To review progress and prepare for the completion of a director's statement in the published quality report in 2017/18, the Trust has engaged its external auditors to:

- Review the arrangements put in place to ensure the quality report framework is robust.
- Review the data accuracy of the proposed mandated performance measures, which are EIP access t and out of area admissions and the local indicator for medication management.
- Identify the requirements of good practice internal control systems for data quality.
- Provide recommendations to put these best practice arrangements in place in advance of the 2017/18 published audit opinion.
- The Trust will manage the implementation of the action plan, generated by its external auditors, through the Board committee structure.
- Review progress against the locally mandated indicator and the mandated indicators.

Part 3: Other information

The Quality Account Regulations specify that part three of the quality account should be used to present other information relevant to the quality of the relevant health services provided or sub-contracted by the Trust during 2017/18.

Unless otherwise stated, all data for local quality indicators is gathered and reported internally.

3.1 Indicators selected by the Board in consultation with stakeholders

As per the requirements for a NHS Foundation Trust, the following is presented:

- An overview of the quality of care offered by the Trust, based on performance in 2017/18 against indicators selected by the Board, in consultation with stakeholders, with an explanation of the underlying reason(s) for selection. The indicator set selected includes:
    - Three indicators for patient safety.
    - Three indicators for clinical effectiveness.
    - Three indicators for patient experience.
- Historical data and benchmarked data, where available, so the reader can understand progress over time and performance compared to other providers.
- Reference to the data sources for the indicators, including whether the data is governed by standard national definitions.

- Confirmation is made that seven indicators for 2017/18 are the same as those reported in the Trust's 2016/17 quality report; and confirmation is made that the data reported has been checked to ensure consistency with the 2016/17 report.
- Two new indicators were added in 2017/18
    - **Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral**

Chosen to ensure the best evidence based practice is provided to our patients / service users to promote the best possible outcomes.

    - **Inappropriate out-of-area placements for adult mental health services**

Chosen to ensure that patients/service users receive the correct care as near to their home, friends and family as possible.

- For each core indicator the number, percentage, value, score or rate (as applicable) for the last two reporting periods is the minimum required; and the Trust has presented data, where available, for the last six reporting periods.

- Limited data has currently been made available by the NHS Digital but, where this is available, a comparison for previous reporting periods has been made of the numbers, percentages, values, scores or rates of each of the Trust's indicators with:
    - The national average for the same; and
    - Those NHS trusts and NHS foundation trusts with the highest and lowest for the same.

The table below details the selected indicators and includes performance against the two mandated indicators (EIP access to care and Inappropriate out of area admissions). The local mandated indicator performance is shown afterwards.

The source for the following data is from Trust systems unless otherwise stated.

Patient safety		2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
CPA seven day follow-up (threshold 95%)		96.2%	96.5%	98.7%	95.9%	97.7%	96.6%	95.2%
Benchmark: NHS average is 75.5% (year to date); Highest 100%; Lowest: 0% Source: NHS Digital								
Number of inpatient ligation incidents (of which from a fixed point)		51 (7)	50 (1)	147 (6)	164 (4)	204 (6)	245 (8)	217 (6)
Infection control no. of MRSA bacteraemia and C Diff infections (threshold: a de minimis applies)		0	0	0	0	1 C Diff 0 MRSA	0	0
Clinical effectiveness		**2011/12**	**2012/13**	**2013/14**	**2014/15**	**2015/16**	**2016/17**	**2017/18**
Admissions to inpatient services have had access to CRHT teams (threshold 95%)		91.7% (threshold 90%)	96.3%	96.7%	99.8%	99.8%	96.8%	97.9%
(From April 2011 to March 2017 28-day) 2017/18 30-day re-admission (threshold 10%)	<15yrs old	11.1%	9.4%	8.1%	8.7%	0%	0%	0%
	>16yrs old	10.4%	8.3%	9.6%	8.79%	3.97%	4.2%	8.1%
Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral		Not available	Not available	Not available	Not available	30.8%	88.8%	64.8%
Patient experience		**2011/12**	**2012/13**	**2013/14**	**2014/15**	**2015/16**	**2016/17**	**2017/18**
Inappropriate out-of-area placements for adult mental health services (Average number of bed days per quarter)		Not available	Not available	Not available	Not available	Not available	Not available	343 (quarter 4 data only)
Under 16yr olds admitted onto adult wards		0	0	0	0	0	0	0
Delayed transfers of care to be kept at a minimal level (threshold 7.5% or below)		Target: 7.5% Actual 0.9%*	Target: 7.5% Actual: 3.9%	Target: 7.5% Actual: 2.5%	Target: 7.5% Actual 1.9%	Target: 7.5% Actual 2.3%	Target: 7.5% Actual 11.9%	Target: 7.5% Actual 2.6%

The Trust considers that their data is as described, as reports are validated against the source system and where evidence from the NHS Digital available, reports are validated against this.

Data quality within the Trust is coordinated through the data quality group by the Business Intelligence and Data Quality Lead. Data quality dashboards on identifier and priority metrics are provided monthly. During 2016/17 data quality monitoring was changed by NHSI from data completeness measures as part of the MHSDS to identifier and priority metrics as specified in the Single Oversight Framework. Compliance for identifier metrics was 99.6% and priority metrics was 85.1%.

3.2 Local indicator 2017/18

The Trust identified medicines management for its local indicator in 2017/18, the aim being that 95% of reported medication errors result in no harm across all inpatient and community areas of the Trust and evidence how, and to whom, those incidents are attributed.

The continued reduction of medication errors that cause harm is an ongoing priority for the Trust. Following several years of intensive and focussed work within our inpatient wards a 'statistical plateau' has been achieved resulting in limited impact upon a reduction of incidents with harm. In 2016/17 this was 1.6% of errors caused harm.

The current indicator broadens the work to include our community teams to ensure that community patients receive the same level of medication safety as those in our inpatient areas. Work has been undertaken by our pharmacy team along with community teams to support improved and accurate reporting of medication errors and this will continue into 2017/18 with the Matron (Adult Inpatient) supporting the community Divisional Quality Leads and Service Managers development of Community Team Medicine Management Processes. The data for medication errors from April 2017 to March 2018 is presented below by reporting area: community (all teams) and inpatient (all teams), the total percentage of errors which resulted in no harm is 95%.

Division	Total Number of Errors	Number and level of harm Caused
Adult Community	21	0
Older Adults	41	4 (1 moderate and 3 low harm)
Adult Inpatients	125	4 (low harm)
Specialist	9	2 (low Harm)

3.3 Performance against core indicators

NHSI targets not reported in this table are detailed in section 2.2.7

The Trust has continued to focus upon delayed transfers of care and implemented a number of strategies into the pathway which have successfully reduced their occurrence.

	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
CPA patients having a formal review within 12 months (threshold 95%)	Red	Green	Green	96.9%	95.5%	96.7%	96.3%
Minimising delayed transfers of care (no more than 7.5%) *Target reduced to 3.5% November 2017	Green	Green	Green	1.57%	5.2%	11.9%	2.6%
Improving access to psychological therapies (IAPT) - People with common mental health conditions referred to the IAPT programme will be treated within 6 weeks of referral (target 75%). New for Q3 2015/16	New KPI from Quarter 3 2015/16				97%	85.5%	86.5%
Improving access to psychological therapies (IAPT) - people with common mental health conditions referred to the IAPT programme will be treated within 18 weeks of referral (target 95%). New for Q3 2015/16					100%	98.8%	98.8%
Early intervention in psychosis (EIP): people experiencing a first episode treated with a NICE-approved care package within two weeks of referral	New KPI from quarter 4 2015/16				71.4% (quarter 4 only)	89.6%	64.8%
Certification against compliance with requirements regarding access to healthcare for people with a learning disability							

3.4 Patient experience

3.4.1 Complaints

The Trust is proactive in encouraging service user/patient feedback, recognising that service user/patient feedback, comments and complaints are effective measures of services delivered, what is needed to improve those services, changing trends/demands and necessary learning. As a learning environment the Trust welcomes this feedback as a way to continually improve the services we offer. The information assists the Trust to:

- Recognise standards of service delivery and continue to ensure service improvement.
- Understand the patient experience, perspective and expectations.
- Identify any problematic areas.
- Identify actions needed.

On receipt of a complaint, a risk assessment is undertaken to identify any action that need to be taken in respect of immediate healthcare/safeguarding needs. This can offer resolution to the concerns raised, for example, contact with the care coordinator, reviewing waiting times, offering an appointment, a second opinion or a change of consultant.

Irrespective of whether a complaint is upheld or not, the Trust demonstrates its responsiveness to that person's individual experience and offers an explanation from the Trust's perspective and an apology for any errors which occur, and for the experiences that people have of services provided by the Trust. The Trust also evidences any changes made as a result of a complaint and tracks the progress of these changes.

Data contained within the complaints section of the quality report is data correct as of 27th April 2018.

Complaint outcomes	Number	Percentage
Upheld	33	19%
Partially upheld	38	22%
Not upheld	43	26%
In process	57	33%
Totals	**171**	**100%**

Subject of complaint (elements)	Number	Percentage
Care and treatment	55	32.2%
Access to services	24	14%
Communication	19	11.1%
Attitude of staff	21	12.3%
Medication	11	6.4%
Appointments	10	5.8%
Patient safety	9	5.3%
Detention under MHA	4	2.3%
Discharge	5	2.9%
Code of Openness	1	0.6%
Safeguarding	3	1.8%
Diagnosis	3	1.8%
Policies and procedures	2	1.2%
Direct payments	1	0.6%
Patient property	1	0.6%
Breach of confidentiality	2	1.2%
Total	**171**	**100%**

Lessons learned from complaints:	
You said	**We did**
Patient complained about their treatment from services since their discharge from an inpatient setting. They wanted to see a CPN more regularly and the have their consultant appointment brought forward.	Apology given for their experiences. Team coordinator confirmed with staff to contact out of area patients weekly and will monitor in supervisions. Working with medical secretaries to ensure outpatient appointments are prioritised for recently discharged patients.
Complaint made by family member regarding support from mental health services for their relative.	Face to face meeting arranged with senior management team and clinical staff. Apology given to complainant and her daughter for their experiences and action plan devised to address issues raised.
Complaint received regarding diagnosis being changed and CPN cancelling appointments at short notice.	Response letter written by medical director. Second opinion arranged. Apology given for cancelled appointments and staff member to attend a course around accurate and timely record keeping, appointments to be audited by team coordinator.

Patient told he could not have a phone charger on the ward as this could be a ligature risk. They felt this was unfair.	Lockers purchased with inbuilt phone chargers (these also charge electronic vapes). These are lockable.
There had been a number of complaints regarding telephone messages not being passed on at a particular Trust location.	Team coordinator and Quality Lead reviewed current process-urgent messages are passed immediately to the appropriate person, carbonated message slips are used and a plan for folders for messages
Complaint from relative regarding prescription management by the Trust.	Face to face meeting arranged, action plan agreed including changing prescription management to GP for ease of collection.

3.4.2 Inpatient element of the Friends and Family Test (FFT)

The Trust continues to actively seek FFT feedback and has successfully rolled out patient experience feedback questionnaires, including the FFT question, across inpatient and community teams. In October 2017 NHS England clarified that a target response rate is no longer published nationally and following a review undertaken by NHS England the Lead Official for Statistics has concluded that the characteristics of the Friends and Family Test (FFT) mean it should not be classed as Official Statistics. The real strength of the FFT lies in the follow up questions that are attached to the initial question and LPFT use this rich source of feedback to locally highlight and address concerns.

Indicator	April 2017	May 2017	June 2017	July 2017	Aug 2017	Sept 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018
How many would recommend %	**82**	**96**	**88**	**84**	**85**	**83**	**84**	**81**	**85**	**96**	**81**	**88**

3.4.3 Community element of the FFT and community mental health patient survey 2017

The FFT question is asked within community services using the 'Making your experience count' leaflet.

Indicator	April 2017	May 2017	June 2017	July 2017	Aug 2017	Sept 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018
How many would recommend %	93	93	92	91	91	92	94	91	94	90	92	89

2017 annual community mental health patient survey results

The Care Quality Commission use national surveys to find out about the experiences of people who receive care and treatment. At the start of 2017, a questionnaire was sent to 850 people who received community mental health services. Responses were received from 241 people at Lincolnshire Partnership NHS Foundation Trust, a 30% response rate. The Trust is pleased to see further year on year positive improvement in 13 of the 32 areas in the report. The Trust's final scores mean we are performing about the same as most other trusts that took part in the survey. Of the questionnaires returned fifty five per cent were returned from adult mental health service users and the remaining forty five per cent from those in receipt of older adult community mental health services.

Patient survey	Patient response	Compared with other trusts
Health and social care workers	7.2/10	About the same
Organising care	8.3/10	About the same
Planning care	6.7/10	About the same
Reviewing care	7.4/10	About the same
Changes in who people see	6.2/10	About the same
Crisis care	6.2/10	About the same
Treatments	7.0/10	About the same
Support and wellbeing	4.6/10	About the same
Overview of care and services	6.9/10	About the same
Overall experience	6.8/10	About the same

Some of the areas of improvement in the report include that 98% of patients know who to contact if they have a concern about their care, with 85% feeling that care coordinators organise the care and services needed. Patients felt informed about any changes in the

people they see and knowing who is in charge during any changes. Patients feel they are treated with respect and dignity. People know who to contact out of hours in a crisis.

There are however, particular areas where the Trust would wish to improve the experience for our service users/patients, these themes include:

- People feeling listened to
- Support to find or keep work
- Supporting patients to participate in local activities
- Frequency of appointments and time at these to discuss their needs
- Information about the treatment and medications available and discussions and involvement in making these decisions.

Much of the Community Mental Health Survey is relevant to the Trust's Continuous Quality Improvement work. Of particular relevance is the joint review of care and risk assessment. A working group has been established to consider the work programme, notable to improve the policies, tools and training to support staff in being able to effectively and efficiently undertake, and record care planning and risk assessment.

The Adult Community Division has commenced work towards achieving the Royal College or Psychiatrists' College Centre for Quality Improvement (CCQI), Accreditation for Community Mental Health Services (ACOMHS).

The Adult Community Division has embraced ACOMHS and linked each of the Community Mental Health survey questions to one or more of the standards. The project has been in progress for six months, initially working to meet all standards and achieve accreditation in the Grantham Community Mental Health Team, with a view to sharing the learning and agreed standards across the division on a team by team basis. Some agreed common standards, such as information leaflets and standard letters for service users and carers have already progressed through a process of agreement and rolled out to teams as the shared standard.

In addition to ACOMHS, the Adult Community Division has a range or other initiatives aimed at improving and clarity to all stakeholders around the role of the community mental health:

- 'Enhancing the Quality of Services Users Involvement in Practice' (EQUIP) initiative
- Triangle of Care – accreditation of the Trust's work with carers
- Care pathway development – towards having a much clearer service offering and training staff to deliver against robust care pathways
- Physical healthcare monitoring and service provision

There are two questions in the survey that relate to crisis services and these remain an ongoing issue for the adult inpatient division to address. It is not possible to identify if any of the responses about crisis services come from the older adult population, for which there no crisis services are commissioned.

The relevant results relate to patients who state they 'know who to contact in a crisis' which is relatively positive at 70%. Unfortunately, only 53.7% stated that they received an appropriate response when they contacted the team. The service managers of the CMHTs and Crisis teams are working together to improve working relationships and communication between the two services. A clear process for joint working has been developed, which is demonstrating improvements. The Trust is part of the Crisis Care Concordat for Lincolnshire and is now actively involved in a Lincolnshire wide review of Crisis Services, led by Lincolnshire County Council. This review is planned to be completed by April 2018 and will produce a number of recommendations for future service development.

Within the Older Adult Services Division, work to improve service user and carer experience has been progressing for some time and a number of actions have been completed since the survey was undertaken; a number of actions are ongoing and some are still being developed:

- All service users are now provided with a clear LPFT Care Plan folder
- CMHT letters re-drafted with service user focused content including clear statement of staff roles and care plan
- Development and implementation of electronic letters to support timely communication with GP and service user around diagnosis and treatment in Memory Assessment and Management Services (MAMS)
- Post-diagnosis information packs provided and discussed as part of MAMS pathway
- Service information leaflets developed and outline service remit and expectation/local contact information.
- Care pathway development, including:
    - Dementia Clinical Pathway
    - Psychosis and Anxiety Pathway
- CMHT protocol: with clear service standards of review and service user communication
- Development of Non-Medical Prescriber role within division to enhance access to medications and expand delivery options
- Recovery College development of new pathways and promotion of recovery and self-care for older adults
- Provision of LPFT medication leaflets for all medicines prescribed via CMHT

- Direct referral pathway in place for referral to support/by Dementia Family Support Services (Alzheimer's Society)
- Development of multi-agency dementia working group looking at better alignment and integration of care pathways
- Development and implementation of bespoke physical healthcare and facility screen for all older adult referrals at appoint of referral/initial assessment
- Work to deliver the current physical health care CQUIN including implementation of cardio-metabolic assessment and health promotion requirements
- All CMHT staff undertaking physical health PHILIP training and provision of required physical health care equipment for community based use
- ACHOMS is commencing for older adult services – first site Louth CMHT. Roll-out will support boarder standardisation of service standards against national best-practice and have benefits to all areas or service user contact and experience.

Patient experience is critically important, not only as a measure of the quality of the Trust's services in its own right, but due to the direct relationship between patient experience and the effectiveness of the service delivered. In other words, patients will achieve better outcomes if they have positive experiences of the services provided.

3.5 Patient safety

Serious incidents

Whenever a serious incident (SI), such as an attempted suicide, suicide, serious assault or injury, occurs within Trust services, it is investigated thoroughly so that the risk of such an incident happening again can be reduced or removed and lessons can be learned. Good communication and involvement, where appropriate, with families and/or service users/patients concerned in incidents is essential. The Trust works hard to ensure this is a part of all SI investigation processes and continually explores ways to strengthen involvement in investigation processes; including better establishing what outcomes are important for those most closely impacted by SI incidents.

During 2017/18 the Trust invested in the training of up to 50 staff in bespoke Duty of Candour for Mental Health Trusts. This is to ensure that the support, transparency and engagement provided to the relevant person affected by an incident is both effective and compassionate whilst meeting our statutory duty (further information can be found in section 3.11).

Patient safety incidents resulting in severe harm or death 2017/18

The most recently published national reporting and learning system (NRLS) data for mental health Trusts (March 2018) has been used to benchmark the Trust's level of severe harm incidents. The Trust has consistently had below the national mental health Trust average of 0.3% of severe harm incidents within this report, with current levels at 0.1%.

The Trust has robust systems in place to ensure all serious incidents, including severe harm and death, are reported externally onto the national database the strategic external information system (STEIS). All incidents are investigated within the national target of 60 working days from when the incident occurred, with associated reports submitted to commissioners. Financial penalties are incurred for reports that do not achieve the deadline.

It is mandatory for NHS Trusts to report all serious patient safety incidents to the CQC. All incidents resulting in severe harm or death are reported to the NRLS who in turn report them to the CQC. Whilst this is not a mandatory process, the Trust reports all patient safety incidents to the NRLS to assist with learning both locally and nationally. Whilst it is common practice for most NHS trusts to report to NRLS it is recognised that there are different approaches to reporting and validation of the categories of patient safety incidents. The Trust monitors and validates all incidents of severe harm or death via the quality and safety team.

For the year 2017/18 there were a total of 6,918 incidents reported by the Trust, of which 4,299 were reported to the NRLS as patient safety incidents. Of these, 4 were reported as severe harm; and 16 were reported by the Trust as initial cause of death being suspected suicide. Cause of death (such as suicide) confirmed by coroner conclusions, can take several months due to the required investigative and coronial processes. This delay, whilst entirely understandable, can be particularly difficult for families affected. In 2018/19 the Trust is keen to strengthen processes and seeks to better inform and support families at these often difficult times.

The Trust monitors and proactively responds to findings and trends in respect of harm (domains of Safety Thermometer), violence/abuse/harassment incidents, medication incidents; and falls. There is close working between the Trust's quality and safety team, team leader for restrictive interventions, the matrons, divisional managers and quality assurance and improvement leads to highlight trends and to ensure any required actions are completed. This includes the clinical lead for restrictive interventions making visits to the ward areas to discuss individualised care planning, preventative advice; and to ensure staff, service users/patients and families are supported. The clinical lead for restrictive interventions also takes professional lead responsibility for developing a specific restrictive

interventions care plan for individuals as required. The Trust is very aware that some of the most vulnerable service users/patients within our care are within the specialities with the highest number of reported incidents of violence, aggression and harassment (older adult inpatients). Incidents are reviewed, where appropriate, with the Trust's safeguarding team, ensuring those appropriate for safeguarding are promptly referred for safeguarding investigation. The Trust takes violence, abuse and harassment incidents extremely seriously; and works to ensure all preventive actions possible are put in place so service users/patients and their carers are safe, and feel safe, whilst under the care of the Trust's inpatient services.

All absconding and absent without leave (AWOL) incidents and trends are monitored at the Trust's Patient Safety and Experience Committee, with recommended actions being identified and disseminated by the matron with responsibility for AWOLs.

Safety thermometer - Harm free care

The Trust reports monthly to the NHS classic safety thermometer on the performance of its inpatient older adult wards in respect of the four domains measured in harm free care (falls resulting in any degree of harm, urinary tract infections in patients with in-dwelling catheters, a new venous thrombo-embolism whilst under the Trust's care, and pressure ulcers acquired anywhere). Due to the low number of older adult inpatient beds within the Trust a small variation can impact significantly upon the percentage of harm free care achieved.
The prevention of falls remains a patient safety priority area and the matron for older adults and consultant occupational therapist lead on falls prevention. Further detailed analysis is carried out by the matron and consultant occupational therapist including times of falls and whether they were witnessed or unwitnessed. This work is reported to the patient safety group, where falls trends and incidents are monitored along with the efficacy of all equipment used.

The use of telecare bed alerts (assistive technology) continues. Systems are in place to capture data in respect of findings, which are reported via the patient safety group. All equipment, currently procured to support the reduction and prevention of falls is available to the older adult inpatient wards.

3.6 Staff engagement including the 2017 NHS staff survey performance

Staff survey 2017

In October 2017, the national NHS staff survey was launched. The Trust received a 59% response rate which was above average for mental health trusts. The survey as before looked at 32 key findings (KFs).

Response rate				
	2016/17	2017/18 (current year)		Trust improvement/ deterioration
	Trust	Trust	Mental health/ learning disability Trusts average	
Response rate	59%	59%	52%	No change

The responses from staff pointed to positive improvements from 2016, both locally and nationally when compared to other mental health and learning disability organisations. The results were:

National comparison

18 key findings are above average (an increase of 6 on 2016).
13 key findings are average (a decrease of 4 on 2016).
1 key finding is below average (a decrease of 1 on 2016).

Local changes

5 key findings have increased significantly.
27 key findings have not changed.

Top five ranking scores

KF28. Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month
KF25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
KF19. Organisation and management interest in and action on health and wellbeing
KF20. Percentage of staff experiencing discrimination at work in the last 12 months
KF2. Staff satisfaction with the quality of work and care they are able to deliver

Bottom five ranking scores

KF29. Percentage of staff reporting errors, near misses or incidents witnessed in the last month

KF11. Percentage of staff appraised in last 12 months

KF7. Percentage of staff able to contribute towards improvements at work

KF18. Percentage of staff attending work in the last 3 months despite feeling unwell because they felt pressure from their manager, colleagues or themselves

KF17. Percentage of staff feeling unwell due to work related stress in the last 12 months

Where staff experience has improved

KF6. Percentage of staff reporting good communication between senior management and staff

KF13. Quality of non-mandatory training, learning or development

KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents

KF1. Staff recommendation of the organisation as a place to work or receive treatment

KF31. Staff confidence and security in reporting unsafe clinical practice

3.7 Workforce planning

The Trust undertakes a robust approach to workforce planning by which it ensures that we have the right number of people in the right place and with the right skills at the right time. Our approach to workforce planning is to make sure that we align the workforce to the work, not the other way round.

In terms of nursing recruitment, 2017 was a very successful year, where nurse vacancy levels reduced from 16% to 2%. However due to service expansion it is becoming more difficult to recruit into our services.

The Trust workforce of registered and unregistered professionals expanded considerably during 2017 due to the opening of 4 newly commissioned services. These were the Psychiatric Intensive Care Unit, Healthy Minds Lincolnshire, Psychiatric Clinical Decisions Unit; and the expanded Home Treatment Team, where a total of 95 additional staff were recruited between July – December 2017.

Additionally, 32 newly qualified nurses were appointed from Universities across the region, including Lincoln, Staffordshire, Sheffield, Nottingham and Hull. This was a result of a dedicated recruitment campaign in October 2016, which was repeated in October 2017, to

secure newly qualified nursing staff for a start date of September 2018. To date, 44 'Conditional' job offers have been accepted.

The planning of the workforce for now and the future is a Trust priority and a number of projects are currently underway to address shortfalls in key professional areas and also the risks around our ageing workforce. The Trust is also working closely with Health Education England and the STP in the development of new roles across our services including: Physician Associate – LPFT is piloting 3 roles within inpatient areas and assuming these roles are a success, looking across the Trust's 14 inpatient areas, it would be reasonable to look at an expansion to 14 by 2021.

Medical assistants - LPFT is recruiting to 3 posts within inpatient areas as a pilot. Again assuming these roles are a success, there would be 14 by 2021.

Non-medical prescribers (NMP) - The Trust employs nurses with NMP status however there are discussions on dedicated NMP roles across our services and plans are currently being finalised to confirm where the posts will be located.

The Trust is finding it difficult to recruit medical staff and uses a large number of agency and bank Doctors. The vacancy rate currently stands at 20%. However LPFT has acknowledged that the attraction and retention of our medical workforce is a risk and has implemented a number of incentives, including the payment of a home to work travel premium to Speciality Doctors and Consultants. To address the recruitment problem, LPFT is exploring overseas recruitment but this is at an early stage.

LPFT continues to work as part of the local workforce action board (LWAB) with the Head of Workforce Planning & Recruitment chairing the attraction strategy project group. The group has participated as a 'NHS Lincolnshire Collaborative' in several national recruitment events which have been beneficial in attracting both medical and non-medical staffing to enquire further about opportunities in Lincolnshire.

The Trust, as part of the East Midlands collaborative, was awarded a pilot site for the implementation of the new Nursing Associate role (from January 2017). The Trust sponsored five non-registered staff to commence as trainee Nursing Associates from January 2017 and is delighted to have sponsored a further five to commence their Nursing Associate training from January 2018. There is considerable work underway within clinical divisions' workforce planning to support the successful integration of the Nursing Associate role from January 2019, when the first trainees will register with the NMC. In addition, the

Trust has continued to invest in its nurse training secondment scheme, sponsoring a further five healthcare support workers to undertake their nurse training with the University of Lincoln during 2017/18.

The Trust's Bank Staffing Unit (BSU) is now well established and works closely with clinical divisions to recruit Nursing, AHP and health care support workers to the Bank; and to provide a reliable effective service aligned to NHSI agency rules. Increasingly the BSU, Healthroster and the clinical divisions are using intelligence to better anticipate staffing needs and plan cover as early as possible. This work has been supported by the Trust's involvement in a number of NHSI programmes and pilots over the past year, including Care Hours per Patient Day (CHPPD), rostering; and early work with the Mental Health Model Hospital.

The nursing workforce, who represent the largest single professional group within the Trust, successfully implemented nurse revalidation from April 2016, since which time no staff in scope have failed to meet the revalidation requirements. The Trust continues to have an active Nursing Workforce Council, a representative voice of nursing and care staff (all bandings), which supports consultation, embedding and celebration of nursing and care initiatives. The Trust also has an active and highly valued Allied Health Professional (AHP) workforce; and was delighted to host a highly successful AHP conference in 2017.

Safe staffing levels on inpatient wards continues to be a high Trust priority, with safe staffing reviews ensuring a high level of multi-disciplinary engagement and professional judgement. The Trust has continued to invest in a safe care system, which supports the monitoring of safe staffing aligned to patient acuity using the mental health staffing framework guidance model developed by Dr Keith Hurst.

3.8 Leadership

There is considerable work taking place in relation to Leadership and Organisational Development within the Trust. Attendance for the lower banding programmes continues to be low and we will explore the reasons for this and adjust our offering accordingly. In the next 12 months, work on the design and delivery phase of NHSI Culture and Leadership Programme will be a priority for the Leadership team; as will developing and embedding an approach to service improvement. As part of this work we are reviewing the Trust's vision, values and behaviour framework and our approach to appraisal's and talent management. We now have robust benchmark data in place so that we can start to measure ourselves annually, to demonstrate impact and return on investment as our team continues to respond to the need of the organisation and wider STP requirements. Focussing on reducing turn over and sickness will be a priority for OD/HR in the next 12 months.

This year we moved away from masterclass provision, to dedicated leadership cohort training, as from the data and feedback collected from staff this was the approach that was needed. Below is a detailed summary of each of the programmes including attendance and evaluations.

Bands 2-4 Development Programme

2 programmes - 12 attendees. Overall people felt more motivated, confident and knowledgeable to perform their roles, with a significant rise in their knowledge and confidence.

Band 5 Development Programme

4 programmes - 30 attendees. Overall the delegate's motivation, confidence, skills and knowledge increased significantly.

Again low numbers have been identified and discussion held at ODC in November 2017 and a decision made to reduce this programme to 2 a year for 2018.

Ready Now B7 Programme

3 cohorts run with 45 attendees. Those currently in B7 roles are prioritised for this programme.

Coaching

We have 10 trained coaches within LPFT and an internal website informing staff of advantages of coaching, personal biographies of our coaches and the various tools, techniques and resources available for coaches and coachees. Coaching is coordinated through the leadership team and this year we have had 39 people access this. Break down by division below:

Corporate	4	Adult Community	7	Adult Inpatient	1
Specialist	16	Older Adult	7	Medical	4

Mary Seacole Course - Local

Lincolnshire is one of 3 sites within the East Midlands chosen as a pilot to deliver the National Leadership Academy's programme at a local level. This is a pan- Lincolnshire Health and Social care offer. We are now on cohort 7 within Lincolnshire and are being recognised nationally for the successful roll out of this programme. Our 96% success rate is significantly higher than the national average of 80%.

Team Development

The Leadership team have facilitated 10 team development days throughout 2017, capturing 116 staff.

Teams we have facilitated:

Learning disabilities	Pharmacy team
North CAMHS	Quality and safety team
The Vales	The Wolds
Brant ward	Bank staffing unit (BSU)
Social workers	Older adults

We have worked with them on issues such as innovation, service redesign, role clarity, team objectives & team dynamics.

Appraisal Training

We have facilitated 5 training days and these are split into training for managers and staff. 57 staff have attended this.

Service Improvement

Using service improvement methodology as an approach to continuous quality and safety has widely been recognised as an essential component of Health and Social Care. To support the Trusts quality priority 2 work streams are in place:

1. We are providing a series of workshops to staff from across the 5 divisions to consider useful tools and more importantly consider how we will create the capacity and culture to embed service improvement.
2. Secondly, we have drawn down on the apprenticeship levy, as it is currently being underutilised, to provide a 12 month certificated programme to 20 of our staff, to ensure that we are building capability in our workforce. This training starts in April 2018 and the attendees will be determined by the above group.

NHSI Culture and Leadership Programme

A major piece of work undertaken by the OD and Leadership department this year has been the NHSI Culture and Leadership programme. As a result of this we are now in the Design phase, which involves, reviewing and co-producing our vision, values and behaviour framework and the appraisal process, with staff, patients/service users and carers. The outcomes of which will be embedded in values based recruitment, induction, all training and during annual appraisal reviews. Enabling people to have more meaningful conversations around service user care, performance and behaviours.

We are also looking at what skills all our leaders need in the organisation, given the variation in leadership competencies identified. We will then be devising a range of interventions to equip our leaders in these areas.

3.9 Restrictive intervention (RI) reduction

There has been investment by the Trust Board of an RI Team Leader to lead the strategic and operational requirements for the Trust in respect of reducing the need for RI and this post was appointed to in June 2017. The Trust's RI Team now consists of the RI Team Leader and a Clinical Lead for RI. These roles manage the operational component of a network of seventeen instructors across the Trust. The instructors have full-time jobs within the Trust and as part of their work have also trained as RI instructors. The RI instructors' practice is affiliated to General Services Association, one of the leading providers of RI training.

Early priorities for the RI Team Leader have been identified as follows;
To ensure Trust policies relating to RI are fully aligned to a strong and current evidence base. The CQC in its comprehensive inspection of Trust services (April 2017) identified some minor actions in respect of this. This priority is now complete with amendments made to existing policy to reflect the CQC requirements. A further priority or the year 2018 / 2019 is to completely review the existing policies to align with a reflective and positive behavioural philosophy.

To develop a Trust-wide Restrictive Intervention Working Group (RIWG) to progress actions relating to this work stream within operational divisions. This priority is complete with an RIWG meeting on a monthly basis.

To progress a number of pieces of work through the RI Team and through the Trust-wide RIWG including:

- Reviewing RI related Datix incidents and identification of trends, including supporting learning related lessons. A full review of the Datix reporting system for RI has been carried out and early indicators are that the data quality is improving which will enable mare efficient and accurate compilation of trends.
- Reviewing of RI training, including alternatives to current modelling and strategies to support full training compliance across clinical in-patient teams. To date risks and

issues relating to the current model have been included in a presentation to the Quality Committee.

- Reviewing of RI trainers' structure to ensure adequate resource is available.
- Working to embed Positive Behavioural Support Plans, or the equivalent, in line with the Mental Health Act Code of Practice (Revised 2015).
- Reviewing the current debrief Trust process and establishment of a more robust process and structure. Funding has been secured to enable Debrief Training to be provided to designated professionals.
- Developing the RI site on Trust's intranet site to ensure it is easily accessible and kept up-to-date.

The priorities relating to reducing the need for RI in the Trust are driven, and underpinned, by NICE Guidance NG10, The Mental Health Act 1983 (Revised 2015), CQC Regulations and Department of Health Positive and Proactive Care: Reducing the Need for Restrictive Intervention (2014).

Reducing the need for RI should support a number of positive impacts including the following:

- Patient and staff therapeutic relationships.
- Patient and staff safety due to the promotion of a more collaborative approach and a reduction in incidents of conflict, with the potential risk of injury.
- Patient experience of the services provided, resulting in a reduction of complaints and more positive feedback including through the Friends and Family Test.
- Staff experience of their roles due to improvement in the therapeutic approach and environment.
- Recruitment and retention of staff due to an enhanced job satisfaction and a reduction in anxieties experienced in volatile environments.
- Financial impacts due to a reduction in claims for damages, both physical and environmental; and due to staff sickness and bank and agency use due to staff absence and vacancies.
- The reputation of the Trust locally and nationally.
- Improvement in inspection outcomes, such as CQC.
- A culture of learning from incidents with a structure through which best practice can be cascaded and facilitated.

It is fully expected that an adjunct to the work, as it progresses, will be an increase in incidents reported. The impact of a healthy reporting culture is regarded by The National Patient Safety Agency as:

Trusts that report incidents regularly suggest a stronger organisational culture of safety. They take all incidents seriously and link reporting with learning.

Progress of identified priorities will be reported quarterly to the Patient Safety and Experience Committee, with highlights and exceptions to the Quality Committee where appropriate.

3.10 Divisional teams quality improvement

Adult Inpatient Division

Improving patient experience of, and engagement with, observations within inpatient units.

The aim of the project was to deliver an improved experience for the most vulnerable hospital inpatients, to measure and monitor the cost of one to one care, and to improve the quality and patient experience of one to one care.

The project team initially focused on trying to reduce the frequency and duration of observations but after working through a couple of weeks' worth of data we realised that we needed to shift our focus. We began to look at the quality of engagement when people are on observations and developed two surveys; one for staff and one for service users who have been involved in observations. This would help us to focus our project on training as most staff identified that they did not feel they received enough training to prepare them for undertaking observations. We filmed a short training video for staff which will be rolled out for use on induction and also can be sent as a link for staff to watch on their smartphone or desktop computer.

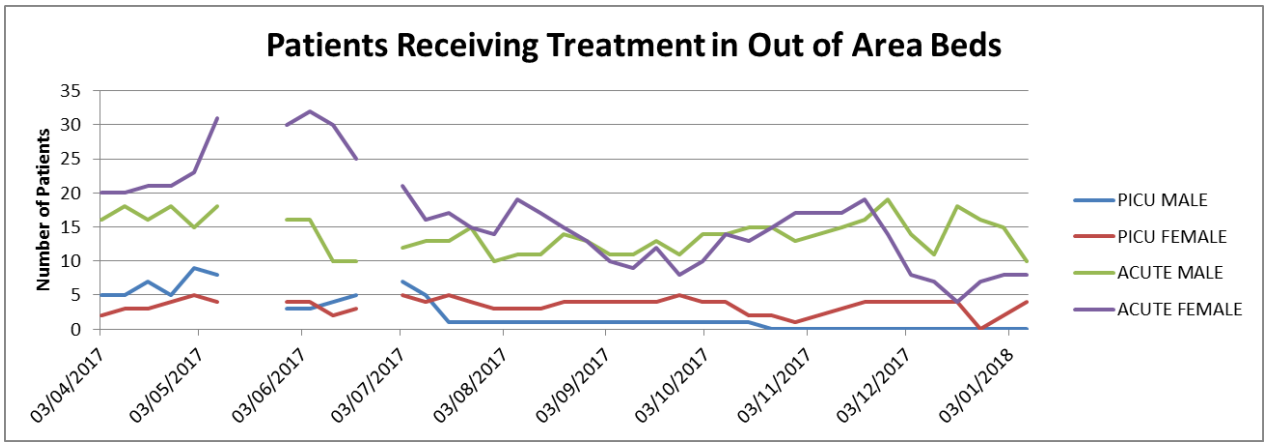
Alongside this, we also looked at improving the resilience of the workforce. One of the wards in particular were having a high level of 1:1 observations and they are now having weekly debriefs facilitated by a member of staff from outside the ward. We have also arranged safewards training to ensure that all staff have the awareness needed to develop this culture on the wards.

Plans for further development:

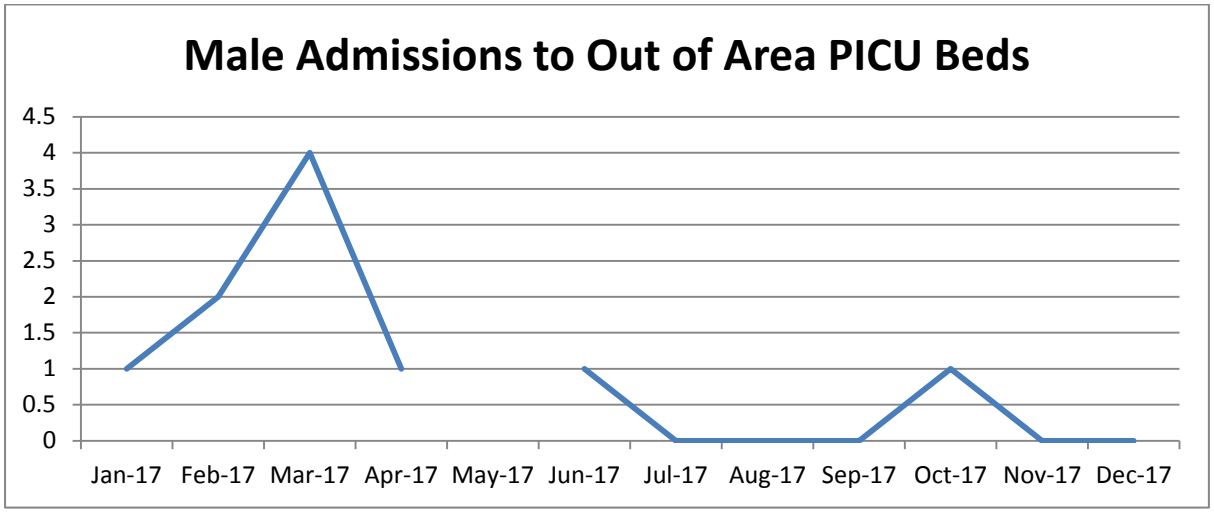
- We are hoping to be involved in piloting an observation review tool which has been developed by another Trust (2gether Trust) which will help to inform when a service users observation levels are reduced.
- We would like to develop lanyards with information about engagement on them for staff undertaking observations as a guide to the kind of activities they might engage a service user in and where to find them (useful for bank staff.)
- We will need to revisit the surveys periodically to ensure that we are making improvements and to capture any other opportunities for improvement.

Improving patient experience – Supporting individuals to receive the care they need closer to home

The division has opened 2 new services and expanded the existing Bed Managers Service over the last 9 months with the combined aim of reducing the number of out of area placements so that patients are supported to receive the treatment they need closer to their homes. A Psychiatric Intensive Care Unit (PICU) for male patients opened to patients in June 2017 and the Psychiatric Clinical Decisions Unit opened to patients in January 2017. The reduction in out of area admissions is illustrated below (2 data areas are missing due to i. failed inputting and ii. National cyber-attack upon IT systems):



The reduction in male patients being admitted to out of area PICU beds is illustrated in the graph below (1 data area is missing due to the National cyber-attack upon IT systems):



Learning From, and Improving, Carer Experience

The Trust has a keen desire to improve and sustain its relationship with carers and wanted a systematic and process focused way to address the needs of carers.

The introduction of the Care Act 2014 and the required need to offer Carers Assessments was recognised as one of the areas that the Trust needed to improve upon and feedback from Carers recognised that they were not always routinely involved in their loved ones care.

By joining the Triangle of Care the Trust was afforded the opportunity to engage in a process that included Carers routinely as part of the patient journey and afforded Carers a voice in the transformation and development of practice

Stage one of the Triangle of Care was successful within inpatient wards and crisis teams across the Trust and we were awarded our first star in April 2017. This does not mean that the work and progress is not continued and the work continues in trying to successfully engage carers in the patient journeys. The second stage of the Triangle of Care is now ongoing in the Community teams within the Trust and the Steering groups for inpatients and crisis teams continue across the Trust to build on the work we have already done as there is an expectation that when the Community teams submit their evidence to gain the second star that Inpatients and Crisis teams will also submit their evidence of their continued progress.

Progress so far:

- The roll out of the Carer Awareness e learning/DVD package to all teams across the Inpatient and Crisis teams and this to be shown on Inductions to the Trust for new staff.
- The roll out of the new Information packs for all inpatient wards to be disseminated and sent out to all Carers currently in inpatient services or crisis services

- Changes to recording systems to include special carer circumstances
- New Carer group started in the Boston area has had sporadic attendance so enhanced advertising required and engagement of Community teams to promote this.
- Carer Governor and Director of Nursing giving Strategic lead to the Triangle of Care across the whole Trust
- More formalised Carer feedback from wards to be sought as little returns from questionnaires. Consideration to be given to uploading feedback form onto the ward iPads.

The framework provided by the Triangle of Care has given the wards and crisis teams a standard to aspire to and uniform some of the approaches and information given

Older Adults Division

The older adult services are undertaking a number of quality improvement projects across the division and progress is reported through community and inpatient meetings with overall monitoring through service wide divisional management meeting.

Making the patient journey safe; recognizing and responding to increased distress in patients with dementia through use of a sensory toolkit
Background: Violence and Aggression (V&A) across the older adult wards had been on the increase with the service rating in the top 5 across the country. Bank and Agency spend to support 1:1 due to violence and aggression was increasing; staff burn out and turnover was high due to 'burden' of caring. Research and evidence outlines that a person centered approach and care planning can reduce the incidences of violence and aggression through targeted interventions, support and environmental changes. **AIM:** To reduce V&A on older adult wards by 20%. Commencing with Langworth ward.
Methodology: Base line audit developed for V&A; sickness and staff turn over Development of driver diagram with clinical team to set priorities Ward Engagement team developed to support buy in and sustainability.
Expected or actual Outcomes: Reduction in violence and aggression; Bank Staff/Agency spend reduced; Improved engagement in meaningful activity; Improved patient experience, positive carer feedback and impact on complaints; Improved retention and staff satisfaction.
Updates: Overall reduction in violence and aggression on Langworth ward which is monitored monthly; reduction in bank and agency spend; Nomination for national and local awards. Project revisited through inpatient working group to support and monitor embedding of actions and outcomes. **Project has now been rolled out to Manthorpe Unit as a PDSA cycle with some refinement in the methodology**

A change in culture; Safe and Effective Handovers to support care in older adults
Background: Nursing handovers remain an important traditional ritual in nursing. Timely and effective handover of critical information ensure continuity of patient care and safe delivery. Nurses rely heavily on information gathered from handover sessions to prioritise and make clinical decisions that impact patient care. A review of Serious Incidents outlined that issues remained with quality of information being handed over and that tasks were not being completed in a timely manner resulting in unnecessary delays in care. Anecdotal feedback on wards also highlighted dissatisfaction in some areas and variance in tools and style across the division **Aim:** To improve quality in nursing handover – demonstrated improvements against baseline audit and post follow up audit; (Improvements in efficiency (time); comprehensiveness of information; consistency)
Methodology: Meeting with ward managers to define main concerns and establish top 5 priorities for quality improvement Driver diagram developed with ward managers Pre- audit data was developed to establish a base line against which project can be evaluated using survey monkey for each individual ward e.g (snap shot of Langworth ward. A total of 70 staff have participated in the audit giving a good baseline to monitor improvement outcomes. Base line audit of the time for handover was undertaken in each of the inpatient wards using a simple flip chart paper in handover room to record time; interruptions and number of staff handed over to. Inpatient working group established to support improvements and ownership at local level Development of SBAR tool based on staff feedback and comments Implementation plan developed to support roll out
Expected or Actual Outcomes: Development of handover tool across OA division Improved staff satisfaction with handover process; reduction in number of interruptions Development of expected standards to support qualified staff and new starters
Update on Progress: project ongoing; SBAR tool developed and currently out with ward teams for consultation and refinement; PDSA pilot for one week planned once tool agreed before full roll out; Senior nurse engagement at ward level to support roll out and embedding; Further review at 3 months using base line measurements to monitor progress
Seeing the patient as a person; Development of person centred care planning within older adult wards
Background: Creating the care plan with the person or their chosen representative keeps the focus on what is important to that individual and will enable their care and support to reflect this. There are national drivers calling for person centred care. In 2013, the Department of Health and all the system leading bodies across health and social care in England declared a shared commitment to making 'person-centred coordinated care' the norm. A recent report by National Voices entitled Person-centred care in 2017; Evidence from service users' (2017) concluded that there was little or no evidence nationally to suggest that this was embedded or that family and carer engagement was central to care planning processes. Research shows that people who understand their health conditions

and who are actively involved in decisions about their own care are more likely to value treatment programmes and have better outcomes. Recent CQC reports highlighted that this was absent in older adult services highlighting the need to make improvements to support the patients voice and goals being key to in their inpatient journey. Baseline patient and carer audit demonstrate lack of person-centred care planning and patient engagement.

AIM: For every older adult inpatient to have a person centred care plan which actively involves them and their support systems

Base line measures put into place; Pre Project: staff feedback on care planning skills confidence and time (process measure); 5 questions to carers/patients –engagement (outcome measure). Base line care plan audit (outcome measure); 1:1 audit and review (outcome measure)

Post Project: staff feedback questionnaire; care plan audit; CQC feedback; 1;1 audit and MDT audit (Process measure); patient survey
Implementation plan developed to support staff engagement through workshops and person centred care planning sessions across the service

Expected or Actual outcomes outcomes:
Every patient to have a person centred care plan in place at post audit;
Evidence through outcome measures of patient/carer engagement through patient and carer feedback sessions;
Evidence of service protocol for expected service standards for care planning;
Triangulation of care planning into MDT and handover –(through audit);
Improvement on baseline audits.

Update: Staff feedback has been completed looking at current care planning process and skills and confidence. Patient and carer sessions completed across all 4 wards to review engagement and understanding of care planning. Draft care plan template developed on feedback focusing on strengths of patients. Next step is to take template back out to staff and seek feedback. Gain feedback from carers and service users on template. Pilot on one dementia and one function ward as a PDSA process. Review, amend and roll out across the service.

Implementing a bespoke band 6 leadership programme to support clinical leadership focusing on quality improvement within inpatient services

Background: Leadership within older adults had been picked up within previous CQC reports and quality themed visits through lack of understanding. The Francis Report 'The treatment the team receives from their leaders will have a strong impact on how they treat other people'. Recent HR investigations within the division highlighted an absence of clinical leadership behaviors at ward level and lack of clarity in respect to roles.
Aim: Strengthen leadership at ward level.

Methodology: base line '360 degree' appraisals with all band 6 leaders to support identifying areas of development. Established starting point with each and 6 by leadership team and to be reviewed post project whether goals have been achieved. Each member of staff has a quality improvement project to identify at the beginning of the project

Baseline measures: This will be evidenced by attendance; % of supervision compliance as this incorporates a review of risk assessment and care planning reviews; Sickness

performance; number of signed off Datix; Ward Manager feedback; 360 Appraisals; Initial QI project plans; Records Management Audit **Outcome Measures:** Ward Manager Feedback; Candidates feedback; Programme Evaluation; QI project outcomes; Records Management Audit to demonstrate improvement in service KPIs; Coaching and mentoring for each band 6
Expected or actual outcome: Clearer clinical leadership at ward level; Improvement in patient journey; Identification of future ward managers. On-going band 6 reflective peer support group
Update/Progress: Leadership programme has commenced in January; Base line assessments completed; Positive engagement from Band 6 leaders; '360 degree' appraisals completed; QI projects identified at first meeting; Band 6s invited to inpatient quality improvement meeting Monthly for ongoing support and mentoring. Coaches identified across the organisation for staff.
Other Quality Improvement Projects currently being scoped: • Therapeutic engagement and 1:1 time • Clinical Pathway development across functional pathways • Role of named/associate nurse • Implementation of post fall huddles • Nurse Led MDT approaches • Weekly board Huddles to support patient journey • Increasing carer engagement across the service • Third sector engagement in clinical pathways

Specialist Services Division

In 2016 NICE released guidance for the use of antipsychotic medication in people with behaviour that challenges which reinforced the national 2015 STOMP agenda (Stopping over-medication of people with a learning disability, autism or both). In line with the national agenda the learning disabilities service looked to initiate work to reduce antipsychotic medication. The East team hub put themselves forward as an early implementer of this initiative. A baseline audit was undertaken by a Consultant Psychiatrist and the East team to investigate if the total dose of these medications, for challenging behaviour without any comorbid psychiatric disorder, could be reduced.

The target was to reduce by 50% the total dose of antipsychotic medication prescribed in 50% of this population over a one year period. Though this target was not reached, significant progress was made: a reduction in dose was made in 49% (39) of the Consultant Psychiatrist's eligible patients, and a 50% reduction was made in 27% (21) of the patients. Antipsychotics were successfully completely withdrawn in 6 patients. The multi-disciplinary approach within this project has been instrumental in maintaining people within their own homes and community setting, supporting both patients and families to make the reductions in medication, whilst establishing more appropriate ways to address behaviours of concern.

Progress with reducing these medications continues, and it is anticipated that the numbers having a reduction/cessation will continue to rise with time.

Following the success of this quality improvement initiative, the service is now working on a roll out project across the other 3 hubs within the county. The service currently has a Band 7 NMP post out to advert in order to support this initiative moving forward across the county, providing increased capacity within the system to achieve the outcome aim.

Improving mental capacity act (MCA) processes has been a major target area of the Learning Disabilities services during the past year. Ensuring that the assessment paperwork is fit for purpose is a key focus of this work. The assessment tool has been redesigned to ensure that it is fit for purpose for all disciplines within the services. A fundamental part of the redesign was to ensure that the capacity to consent to treatment is clearly documented at the first contact with the service user. Further to this, the development of the staff group has been supported by LPFT's safeguarding team in the form of four focussed masterclasses in mental capacity and best interest assessment (BIA).

A baseline audit has been undertaken focussing on both the quality and completeness of MCA assessments and subsequent BIA paperwork with the Learning Disabilities service. The outcome of the audit was fed back to staff at the LD away day in February. Workshops at the away day will have a further focus on MCA to reinforce the masterclasses and use of the new paperwork. A six month follow-up audit is planned for June 18 to ensure embeddedness of the process.

The inpatient CAMHS service has commenced a piece of work to look to reduce the number of self–injurious behaviours that occur whilst an inpatient on the unit. The number of incidents currently occurring are the highest of all inpatient units within the Trust. Whilst the staff do an excellent job of managing these presenting behaviours the service would like to see a reduction in the number and frequency of these incidents. A piece of work has been established to gain baseline data as a part of an improvement project with the aim of reducing these incident types. A process of thematic review of incidents is being utilised to start to produce 'line plots graphs' of the time of incidents, 'measles chart maps' to identify whereabouts of incidents and 'cluster graph' for incident types. Once this baseline data is fully established, the service will utilise the information to test improvement initiatives under the CQI approach during 2018-19.

The division successfully recruited a peer support and involvement project lead within Lincolnshire community CAMHS service which commenced in July 2017. A key outcome for

this role was to establish a paid peer role to work within the community CAMHS service. Early work took place to establishment a clear job role for people who had recent lived experience of receiving a CAMHS service. An essential element of the development was building the training and support that would underpin the employment of young peers to ensure the role would be a success. A project group was formed to ensure that the project gained the expertise from the right departments within the Trust and Workforce, HR and the Learning and Development teams provided their experience and support to the group. The development of an attractive and clear job description, combined with targeted marketing of the job advert lead to the project lead received 150 applicants for four whole time equivalent post. The mammoth task was undertaken to short list from such a large volume of worthy candidates and this recruitment process concluded in employing six individual people, with combination of full time and part time positions making up the four whole time equivalent posts. All the post successfully commence in employment in November 17 with a full and robust induction and training plan. The peers are currently just commencing face to face working and establishing their roles within the CAMHS teams. Accredited training is booked for both the peers and their supervisors, which will take place during Q4.

North East Lincolnshire (NEL) CAMHS were successful in attracting Trust innovation monies to create a user friendly Wellbeing Passport. The Passport pulls together the information that a young people wishes to know about them at the same time as acting as being a tool to plan their care, ambitions and successful exit from service. The plan is designed to be owned by the young person and become a tool that they can use beyond CAMHS if they wish. The two NEL staff that successfully won the innovation monies facilitated a working group of young people to design the passport. The passport is currently in a trail stage within the team with a planned full role out in Q4. The paper passport was intended to be only phase one in the design and the service is hoping to attract further monies to develop this into an ‘app’ during 2018-19.

The establishment and launch of the young person emotional and wellbeing service for Lincolnshire, Healthy Minds, has proved to be a great success and has been received very positively by partner children’s services and stakeholders . The early demand for the service outstripped expectation with 745 referral for children, young people and their families since 16th October 2017. Positive and proactive leadership within the service has supported this newly established workforce to cope well with the demand. The planned staged rollout of the service will see the introduction of training programmes for teachers and other professionals working with children and young people over the coming months.

Adult Community Division

ACOMHS- Accreditation for Community Mental Health Teams

ACOMHS is an accreditation service for teams that provide treatment and care for people with a spectrum of mental health problems, ranging from common and limited conditions through to those that are complex, enduring and severe. The inception of community mental health teams and centres in the early 1980s brought a new way to deliver care and treatment to people in, or close to, their own homes. Since that time there has been a dearth of standard-setting specific to community mental health teams. The ACOMHS standards now offer a means to support benchmarking and quality improvement.

These standards are designed for adult community mental health teams and can also be applied to specialist community mental health teams such as those for older adults, forensic settings, people with intellectual disabilities, rehabilitation and so on. They form a 'core' based on the shared qualities and attributes of these teams. For example, all services are concerned with providing timely access to assessment, care and treatment delivered by competent, caring and compassionate staff.

The Grantham CMHT have signed up to undertake the accreditation process and have been preparing evidence to meet the standards. The standards cover thirty-one areas which include the care pathway through services, collaborative and inclusive practice, service user and carer participation, staffing, team working, training and supervision, and audit and service evaluation. The standards endeavour to reflect exemplary practice in mental health care by drawing on new policy and recent insights into best practice such as; promoting physical health, working within a recovery ethos, and providing psychological and psychosocial therapies.

We have produced the following newsletter which is sent out to all of the CMHT's which gives examples of changes in practice to meet the standards:

CQI Newsletter

Continuous Quality Improvement

NHS
Lincolnshire Partnership
NHS Foundation Trust

October 2017

Access & Referrals

In this, the first edition of the **CQI** News etter, we highlight some of the progress made towards two of the 31 ACOMHS standards . In this issue we are showcasing

Access and Referrals and ***Initial Assessment***

We have gathered sufficient evidence for the following:-

NO	STANDARD	
1.2	Clear information is made available, in paper and/or electronic format to service users, carers and healthcare practitioners	✓
1.3	A clinical member of staff is available to discuss emergency referrals during working hours.	✓
1.4	Where referrals are made thorough a single point of access e.g. triage, these are passed on to the community team within one working day	✓
1.5	Outcomes of referrals are fed back to the referrer, service user and carer (with the service users consent). If a referral is not accepted, the team advises the referred, service user and carer on alternative options	✓
1.6	Acceptance to the service is based on need and risk, the services not use specific exclusion criteria	✓
1.7	There is sufficient cark parking for visitors to the service	✓
1.8	Everyone is able to access the service using public transport or transport provided by the service.	✓

GOOD NEWS

The waiting list for assessment in GRANTHAM was 80 days, this has been reduced to individuals being assessed within three weeks.

A new template letter for assessments has been created by staff and service users, to be used by all staff within CMHT.

The **CMHT** page on the intranet has been updated in line with current processes

The CMHT Service leaflet has been updated with clear information for service users and carer.

Adult Community Division

Initial Assessment

Under this standard, we can provide evidence for:-

No	STANDARD	
4.1	Service users have a comprehensive assessment which includes their:- 1. Mental Health and medication 2. Psychosocial needs 3. Strengths and weaknesses	✓
4.4	An assessment of practical problems of daily living is recorded.	✓
4.5	Services users have a risk assessment that is shared with relevant agencies (with consideration for confidentiality) and includes a comprehensive assessment of ◆ Risk to self (including self-neglect ◆ Risk to others ◆ Risk from others	✓
4.6	The team discussed the purpose and outcome of the risk assessment with the service user and a management plan is formulated jointly.	✓
4.7	The service user is asked if they have a carer and if so, the carer's name is recorded.	✓
4.8	Any dependants are identified and recorded, including their wellbeing, needs and any childcare issues.	✓
4.9	Staff members are easily identifiable (for example, by wearing appropriate identification)	✓
4.10	Staff members address service users using the name and title they prefer	✓

Telephone Triage Tool is being used across the teams for all initial assessments and includes strengths and weaknesses.

Service users are given a choice on the gender of the staff member undertaking the assessment.

ACOMHS

ACCREDITATION FOR COMMUNITY MENTAL HEALTH SERVICES

The **ACOMHS** accreditation programme is designed to work with staff to assure and improve the quality of community mental health services for people with mental health problems, and their carers. It engages staff in a comprehensive process of review, through which good practice and high quality care are recognised, and teams receive support to identify and address areas for improvement.

These standards have been developed in consultation with a range of professionals, carers and service users. The process of creating the standards was guided by staff from the Royal College of Psychiatrists' Centre for Quality Improvement (CCQI). The names of the individuals involved are listed overleaf and we are incredibly grateful for the input, enthusiasm and support they have given to the programme. The Grantham CMHT are expecting the Peer Review on the 4th May 2018. There are a further two CMHT's who have now signed up for the accreditation Spalding and Lincoln South.

3.11 Sign up to safety

Sign up to Safety is a national patient safety campaign that was announced in March 2014 by the Secretary of State for Health with the mission to strengthen patient safety in the NHS and make it the safest healthcare system in the world. The ambition was to halve avoidable harm in the NHS over the subsequent three years, and save 6,000 lives as a result. Sign up to Safety applies to every part of the NHS in England.

Organisations who Sign up to Safety commit to strengthen patient safety by:

1. Setting out the actions they will undertake in response to the five sign up to safety pledges and agree to publish this on their website for staff, patients and the public to see.
2. Committing to turn their actions into a safety improvement plan (including a driver diagram) which will show how organisations intend to save lives and reduce harm for patients over the next three years.

The five Sign up to Safety pledges are:

1. **Putting safety first**. Commit to reduce avoidable harm in the NHS by half and make public our locally developed goals and plans.
2. **Continually learn.** Make our organisation more resilient to risks, by acting on feedback from patients and staff and by constantly measuring and monitoring how safe our services are.
3. **Being honest.** Be transparent with people about our progress to tackle patient safety issues and support staff to be candid with patients and their families if something goes wrong.
4. **Collaborating.** Take a lead role in supporting local collaborative learning, so that improvements are made across all of the local services that patients use.
5. **Being supportive**. Help people understand why things go wrong and how to put them right. Give staff the time and support to improve and celebrate progress.

The Trust's safety improvement plan was developed in partnership with our lead Commissioners (South West Lincolnshire Clinical Commissioning Group) and in consultation with our clinical services.

This is the final year of the Trusts original safety plan and as such completeness and accuracy of data will be reviewed at the end of quarter 4 2017/18 and presented within the final version of this report.

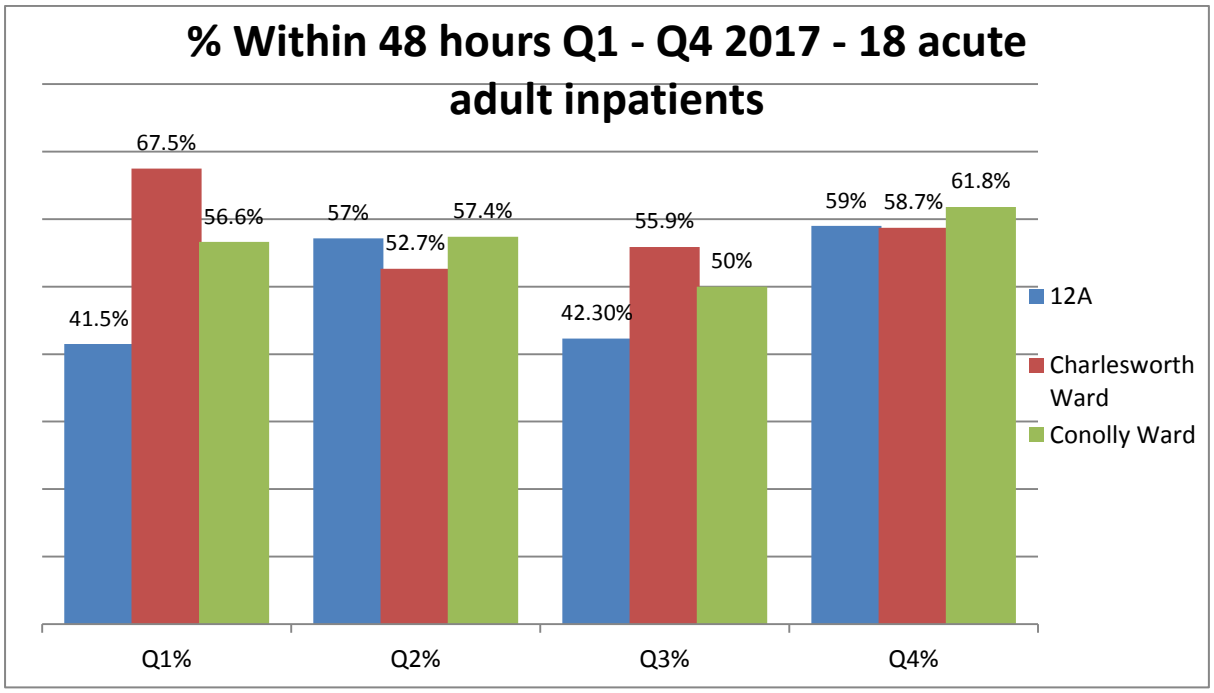
The 3 areas are outlined below.

Action area 1

Seven day follow up of patients on CPA

Measure: Increase over three years the % of patients seen within 48 hours of discharge. Target is increase by 10%.

The graph below shows the % of patients seen within 48 hours of discharge from the 3 adult inpatient wards (excluding S140 beds). The year average is 55% compared to 58% in 2016-2017.



The quality and safety team leader and crisis home treatment service manager have further reviewed data and identified that a significant number of cases which were not followed-up within 48 hours were due to DNAs, clinical system and data inputting issues and patients transferring/staying with relatives out of area. The bed management team support both the wards and the crisis teams in ensuring that all 7 day follow ups are proactively perused. Data

reported earlier within this report (section 2.2.9) evidences that seven day follow-up target thresholds continue to be achieved. Work is being undertaken with Acute and Crisis service team managers to review current pathways and identify any further strategies that can be utilized when patients do not wish to engage with the crisis team.

Action area 2

Risk assessment in CRHT teams – Improve the consistency and collaboration with patients and/or carers in quality of risk assessments care planning for patients under CRHT teams.

Measure: Increase over three years by 10% the number of risk assessments and care plans for patients under CRHT that evidence patient involvement.

All 4 CRHT teams have continued to demonstrate a sustained improvement during 2017/2018. Audits were under taken in Quarter 1 and Quarter 4 and evidenced 87.5% and 100% respectively of patient involvement in risk assessment and risk management plans.

Action area 3

Inpatient medication errors and issues - Safe administration of medication in inpatient areas, so preventing potential patient harm.

Measure: To achieve 10% reduction) in number of inpatient medication errors and issues.

The numbers of medication incidents which have caused harm have decreased for the third consecutive year, from 9 moderate incidents reported during 2015/2016, to 3 moderate incidents reported during 2016/2017 and 1 moderate incident in 2017/2018. The total number of medication errors reported Trust wide has increased from 184 in 2016/2017 to 196 in 2017/2018. All incidents have been reported to National Reporting and Learning System (NRLS). Ongoing work continues Trust wide and the Modern Matron for adult Inpatient is leading on medication errors and issues. Bi monthly locality medicines management meetings are taking place with Adult, Older Adult and Specialist inpatient services. In addition, quarterly meetings with all inpatient service nursing and pharmacy colleague's is supporting the reviewing of incidents, identification of trends, themes and learning lessons. EPMA implementation is pending and will significantly support a reduction in the number of medication errors and issues.

3.12 Duty of candour

Every healthcare professional must be open and honest with service users/patients. Every NHS trust, since November 2014, has a statutory duty of candour.

Candour is defined by Sir Robert Francis as: *'The volunteering of all relevant information to persons who have or may have been harmed by the provision of services, whether or not the information has been requested and whether or not a complaint or a report about that provision has been made'.*

The being open principles and ethical duty of openness apply to all incidents and any failure in care or treatment. The duty of candour applies to incidents whereby moderate harm, severe harm or death has occurred.

The Trust wants to make this duty a reality for people who come into contact with our services. We want to ensure there is clear, strong organisational support for staff to follow their ethical responsibility in being open and honest with service users/patients. While the duty applies to organisations, not individuals, it is clear that individual NHS staff must cooperate with it to ensure the duty is met.

Our approach to candour underpins a commitment to providing high quality of care, understanding and sharing the truths about harm at an organisational as well as an individual level, and learning from them. It is about our organisational values being rooted in genuine engagement of staff, our clinical leadership building on professional accountability, and on every member of staff's personal commitment to the safety of service users/patients.

During 2017/18 the Trust commissioned bespoke training for up to 50 employees to support further understanding and commitment to the statutory requirement in relation to mental health.

The statutory requirement has been met for all incidents meeting the threshold.

3.13 Involvement of the Trust's governors

The Trust's governors continue to take an extremely valuable and active role in providing the Trust with views and opinions on the services and contributing to the planning of future services. During 2017/18 developments in respect of governors' involvement include:

- Listening to members of the Trust and the wider public's issues and working with Trust officers to provide responses to the issues raised.
- Input to public sessions on transformation of mental health and learning disability services.
- Holding the Board to account for the quality standards by receiving regular reports and challenging performance results.
- Contributing the views of members and content to the Trust's clinical strategy, the forward plan and the involvement charter.
- Contributing to the equality and diversity work across the Trust including attendance at related conferences and meetings.
- Receiving training and development in the roles and responsibilities of governors to ensure an effective performance in the role.
- Taking part in the Trust's 15 steps /quality governance visits as part of inspection teams.
- Engagement with the Trust's continuous quality improvement work streams through joint Council and Board meetings.
- Contributing to staff recruitment processes
- The Lead Governor is Chair of the Trust's governors' Representation Committee.
- Contributing to cost improvement programmes through involvement with quality impact assessment panels.
- Selecting and appointing the external auditors

3.14 Board assurance

The Trust Board is accountable for ensuring all Trust services genuinely and consistently meet the essential compliance standards for quality and safety. The Trust Board ensures it remains well informed and visible across its services. The Board receives detailed quality and risk reports, Board members visit clinical areas and Board members seek additional assurance where there are residual concerns for quality and service user/patient safety. The Board has a robust assurance and escalation process, which ensures its members are promptly informed of any high risk concerns across services. In practice, the Board ensures its accountability for quality and service user/patient safety through mechanisms including the following:

- Setting strategy and policy that is in line with best practice and statutory requirements.
- Ensuring focussed Board time is dedicated to discussion on quality and service user/patient safety issues.
- Effectively monitoring the quality of care provided across all Trust services through critically reviewing internal and external quality and risk reports, including those evidencing benchmarking of the Trust's services locally and nationally.
- Proactively scrutinising high level risks to quality and instructing prompt mitigating action if required.
- Challenging poor performance or variation in quality and actively recognising quality improvement.
- Supporting critical reviews to identify root causes to both poor and exceptional performance, so ensuring better understanding of factors affecting quality and service user/patient safety.
- Leading effective partnership working with other health and social care organisations, including the STP.
- Role modelling a culture of listening, transparency, visibility and accountability.
- Provide executive sponsorship to all equality and diversity staff forums.
- Actively listening and responding to concerns to ensure early detection of problems, including to allegations of abuse, so reducing the likelihood of serious failings.
- Being accountable for the quality and safety of care provided, so reducing the likelihood of missing early indicators of serious risk.
- Proactively engaging with service users/patients, carers, governors and staff to support good communication from Board level to ward / team level and vice versa.
- Continuing to prioritise hearing service user/patient/carer and staff stories at the Board and proactively seeking any associated assurance required.
- Ensuring the Trust provides its staff with good and safe working environments, where they are free from discrimination or bullying. The Board remains committed to ensuring all staff have clear job descriptions, with defined expectations and work in environments where they are supported to achieve the very best possible for themselves and those they care for.
- Utilising and adhering to the operating principles within the national quality board's framework to assess the quality impact of cost improvement plans, ensuring that the service user/patient always comes first.
- Undertaking annual appraisals to ensure Board members remain up-to-date, supported and well equipped to undertake their role responsibilities in leading the Trust.

3.15 Highlights of the year

From innovative service transformations to national awards and recognition, the past year has seen many highlights for the Trust:

Achievements

- Following an inspection by the Care Quality Commission (CQC) in early April the Trust was rated Good overall for the services it delivers. This was a result of real focus on continuous quality improvement and positive cultural changes within the organisation. The improvements made have also been showcased in two national reports published by the Care Quality Commission (CQC) looking at the state of care in England's mental health services and driving improvements in mental health services.
- A brand new 10-bed male psychiatric intensive care unit, the Hartsholme Centre, opened in Lincoln in the summer of 2017.
- Opened the new Psychiatric Clinical Decisions Unit and expanded home treatment teams and bed manager provision to better support patients experiencing severe episodes of mental ill health or crisis and reduce the need for out of area hospital care.
- Healthy Minds Lincolnshire - a new emotional wellbeing service for children and young people launched in October 2017. The service offers support for young people, parents and carers as well as training for professionals in education and children's services.
- Awarded the contract to provide healthcare services as part of a new three year agreement with the 12 bed local authority secure children's home (Lincolnshire Secure Unit). Which provides services to young people placed via the courts for youth justice or welfare reasons.
- A new team of mental health nurses has been deployed in Lincolnshire Police's control room to help frontline officers deal with incidents involving mental health issues.
- More staff were vaccinated for the flu than ever before this winter, with around 79% of frontline staff protected. LPFT was the second most improved trust for staff flu vaccination rates.
- For the second year running the Trust achieved a significant improvement on its national NHS staff survey, placing the Trust in the top 10 mental health and learning disability trusts for sustained improvement and performance on staff satisfaction.
- Launched a new Involvement Charter co-produced in partnership with service users, carers, providers, governors and staff. The charter presents how we encourage people to get involved.

Awards

- North East Lincolnshire child and adolescent mental health service (CAMHS) won the specialist service category at the HSJ Value in Healthcare Awards. The learning disability service was also shortlisted for their joint working with South West Lincolnshire Clinical Commissioning Group on their service redesign.
- North East Lincolnshire child and adolescent mental health service was shortlisted in the national Children and Young People's Mental Health Awards (Positive Practice Awards 2018) for the crisis services award, which recognises a service providing exceptional support and intervention to children/young people and their families at a time of crisis.
- The Lincolnshire Allied Health Professionals (AHP) Strategic Forum, which the Trust has formed with other partners, was a finalist in the first Chief Allied Health Professions Awards.
- Langworth Ward was shortlisted in the national Patient Safety Awards for the team's personalised sensory toolkit programme and was recognised as good practice in the care for older people category.
- The Trust's work with carers to implement Triangle of Care in inpatient services was recognised with a Carers Quality Award from Every–One (former Lincolnshire Carers and Young Carers Partnership). The Triangle of Care was also shortlisted for a Nursing Times Awards in the nursing in mental health category.
- Shortlisted in three categories in the HSJ Awards. Langworth Ward was shortlisted for the most effective adoption and diffusion of best practice. North East Lincolnshire CAMHS crisis and intensive home treatment team was a finalist in the specialist services redesign, while Anne-Maria Newham, Director of Nursing, Allied Health Professionals (AHPs) and Quality was a finalist in clinical leader of the year category.
- Zoë Rowe, LGBT+ Visible Leader and Associate Director of Nursing and Quality, was shortlisted in the Employer's Network for Equality and Inclusion (ENEI) Awards.
- Five staff were nominated by University of Lincoln nursing students for Mentor Excellence Awards. In appreciation to the mentors who helped, supported and taught students whilst on their course.
- Langworth Ward won a Positive Practice in Mental Health Award in the older people's mental health and dementia category for their innovation project - the personalised sensory toolkit. North East Lincs CAMHS were also highly commended for crisis and intensive home treatment team in the innovation in children and young people's mental health category for the crisis and home treatment care they provide.
- Payroll shared services won the Rewards 2017 – public sector payroll team of the year.
- Carolyn Wright, an Independent Sexual Violence Advisor, was awarded a Lincolnshire Police Commendation for her work on a rape case that resulted in successful conviction.

- The first ever Lincolnshire Media Health Awards were a great success for LPFT staff with payroll shared service winning non-clinical team of the year; Hannah Clements, Specialist Clinical Psychologist winning therapist of the year and Ali Young, Community Support Worker winning healthcare assistant of the year. Langworth Ward was also highly commended in the clinical team of the year category, and Paula Jelly, Veterans Lead was a finalist in the nurse of the year category.
- The Ministry of Defence awarded the Trust a Silver Award in recognition of our continuing support for members of the Armed Forces.
- Five staff were shortlisted in the national Unsung Hero Awards - Helen McDonald, CAMHS Service Lead Administrator, shortlisted for the everyday hero award. Nick Overton, Head of Capital Projects and Compliance, shortlisted for the leader of the year award. Amy Poole, Apprentice for the Executive Admin Team, and Claudia Richardson, Administrator for the Veterans Service were also both shortlisted for the apprentice of the year award and Rachel-Michelle Jones, Peer Support Worker was shortlisted for the patient's choice award.
- North East Lincolnshire CAMHS crisis team was highly commended in the crisis services category at the national Children and Young People's Mental Health (CYPMH) Awards 2017.
- The Trust held its eighth Staff Excellence Awards and recognised 18 individuals and 10 teams at the ceremony in Lincoln.
- Zoë Rowe and Tracy Ward made up two of the three finalists on the shortlist for mental health nurse of the year at the 2018 British Journal of Nursing (BJN) Awards. In addition, Jane Lord was shortlisted for infection prevention nurse of the year and Langworth Ward was a finalist for the innovation award.
- The Trust's mental health practitioners, based in the Lincolnshire Police force control room were recognised at the High Sheriff of Lincolnshire's annual awards, following their nomination by the Police and Crime Commissioner.
- Anna Black, Team Leader for Grantham crisis team and the single point of access, received royal recognition at Buckingham Palace for her services to local NHS services.
- Kirsty Johnson, Health and Safety Advisor was shortlisted in the Safety and Health Excellence Awards in the rising star of the year category.

Accreditations

- The Trust's Triangle of Care initiative in inpatient services passed the first stage assessment and was awarded its first star of achievement.
- The Lincoln crisis resolution and home treatment team successfully met standards for the Royal College of Psychiatrist's Home Treatment Accreditation Scheme (HTAS).
- In recognition of the Trust's work on employing people with disabilities, it has been awarded a Level 2 Disability Confident Employer mark.

3.16 What service users/patients, carers and the public say

The process for hearing people's views

There are a number of formal and informal ways service users/patients, carers and the public are able to give their views, get involved; and provide feedback. These include:

- Service user/patient feedback questionnaires (including FFT responses and free text answers).
- Group of 1,000.
- Complaints, concerns, comments and compliments.
- Care Opinion website.
- National community surveys.
- Expressions of satisfaction.
- Views of the membership and Council of Governors.
- Patient Advisory Liaison Service (PALS).
- MP enquires.
- Healthwatch Lincolnshire feedback.
- Investigations, including SI investigations.
- Capturing of feedback from service user/patient involvement events/mental health listening events.
- Capturing of feedback that is service specific through consultations, service user/patient/ carer meetings, announced and unannounced 15 Steps / mock CQC / non-executive director and Board member visits; and CQC inspection visits to clinical areas.
- Suggestion boxes.
- Patient reported outcome measures.
- Complaints learning forum.
- Internal audits.
- Hospital managers' hearings.

Please note that some aspects of service user/patient feedback have been reported earlier within this report, including the community patient survey results (2017).

Care Opinion

The Trust has maintained its contract with the web-based Care Opinion, a national independent feedback platform for health services. The non-profit making website allows for a conversation between service users/patients, carers and health service bodies, by allowing people to:

- See what others are saying about the healthcare that each Trust is providing.
- Share their story so that others can learn from their experience.
- See how health services have responded to comments from others.

Care opinion provides a mechanism for the Trust and healthcare professionals to listen and respond to the experiences of people using this platform. All published opinions go to the CQC and are republished on NHS Choices.

The Trust had 44 stories posted on Care Opinion during Q3 in 2017/18, all of which received responses, examples of which are over leaf.

Amazing, we are so fortunate to have this..

I, for the 1st time had problems with stress due to a work related issue. Not only did I receive wonderful CBT and counselling, I also had the expertise of an extremely competent employment advisor. My case was very complex and very daunting, the employment expert and the team made it a smoother less stressful process which allowed me to continue with issues against my company and we reached a successful agreement. I personally would like to thank all the team at the … as I feel privileged to have had access to their absolutely 1st class services.

Keep up the great work!

Patient experience coordinator response

Thank you for taking the time to post your kind comments. I have passed your feedback onto the team and they are so glad that you have benefitted from our service and we wish you well for the future.

Not worth the time

After assignment felt let down, how can I recommend something with so many failings? I left feeling far worse than when I went in, you may as well try and sort yourself out, given leaflets. This is when I struggle to take in what has been said to me, how can I understand this?

Patient experience coordinator response

1st response: I am so sorry to hear about your experiences. The patient experience team will pass these comments onto the service, and ask them to respond to you via this site. If you want to speak to somebody in the meantime, please contact us on:-……

Please can I apologise for the delay in responding to you, this is due to the I.T issues within the NHS this week.

2nd response: …….Service Manager, ……. team apologises that you did not find the information you were given helpful. She understands that whilst being assessed it must be very difficult to process all the information you are given or told. She has asked that you please contact the local team (you should have been given a telephone number when you had your assessment) and they will be able to help you with any questions you have. If you do not have a contact number please ring the Patient Experience team on …….. and we will put you in touch with the right team.

I was mended

I was involved in individual as well as group counselling group and I had a number of appointments with a Psychiatrist. I am impressed with every single aspect of care given. Reception staff are extremely kind, polite and always willing to help. Psychiatrist I was dealing with demonstrated tremendous understanding in depth of my problems and respected all my personal choices. I can understand that some people cannot engage a positive relation with therapist. However I have very positive experience and indeed desirable outcomes. My therapist was simply brilliant and possessed a real person orientated approach as well as good savvy. After group session with two lovely therapists and incredibly supportive participants I managed to gather the strength and completely change my life by implementing thought mindfulness techniques. Everything may sound like a massive cliché but all I want to say is that they are literally life savers.

If it comes to a negative opinion... it is sorry to hear that but I believe it is much easier to complain about something bad rather than make an effort to give praise. Thank you for everything you ever did to me guys!

Lincolnshire Partnership NHS Foundation Trust response

Thank you so much for your lovely feedback and I am so pleased that you benefited from the support you received. We really value all feedback but, as you say, it is so satisfying to hear praise for our staff who work hard to deliver excellent patient care. Good luck with your continued recovery and thank you again for your kind words.

A sample of quotes taken from service user/patient feedback via the various patient surveys:

- I cannot praise your services enough. The group has been my salvation as a carer. The staff have been wonderful and proactive; any concerns have been addressed promptly. The choice of speakers was spot on; the doctor has been most helpful and reassuring. The group has been an experience for my husband. Thank you for a quality experience
- At one point dropped through the net. However since he was picked up he has had brilliant care. …. is brilliant, thank you.
- Dr…. was very easy to talk to, very friendly and we would like to thank her so much. We were listened to and helped
- Such a shame you have to go through the criminal justice system to get decent, fit for purpose, mental health services.
- The team in my experience are a vital part of the NHS. I could never thank them enough for the support they gave me at the lowest point in my life; the staff I met were all caring and genuine people.
- Could be more supportive before being hospitalised.
- For the first time in 55 years I feel alive.
- Professional/sympathetic, listened and took notice of the effect of PTSD.
- This is such daft question - I wouldn't wish mental illness on anyone and the question suggests that there is an element of choice where people go to get help.
- I spent a lot of time talking to the staff who are lovely and spent time with other patients who I made friends with because I was very low in mood and depressed but my stay in the ward made me better and happy again.
- It was fun apart from the lady at the desk she was miserable.
- The service was amazing. I am so grateful for the help I received and could not have got through it without…….She was fab and everything I needed and sorted me out straight away.

Annex 1A: Statement from South West Lincolnshire Clinical Commissioning Group on behalf of NHS Lincolnshire (Commissioner)

NHS South West Lincolnshire Clinical Commissioning Group (the commissioners) welcomes the opportunity to review and comment on the Lincolnshire Partnership NHS Foundation Trust (the trust) Draft Annual Quality Report 2017 – 18.

The Quality Report provides comprehensive information on the quality priorities that the trust has focussed on during the year and it is pleasing to see the work undertaken in delivering the management of ligature risks and improving the experience of patients who use the trusts services.

Looking forward to the 2018 – 19 Quality Priorities the commissioner is assured that the patient's physical healthcare is again a key focus as this has been raised as a concern by the commissioner over the past two years through a variety of reporting mechanisms. The remaining quality priorities are targeted to improve the patient safety and patient experience agenda as well as supporting the delivery of the coming years CQUIN (Commissioning for Quality & Innovation) schemes. The commissioner supports these priorities and would urge the trust to deliver as many of these priorities to achieve care closer to home for the patients. The commissioner can confirm that up to the end of quarter three the trust has achieved 36% of the years CQUIN monies to date. The commissioner cannot confirm the final quarter 4 position at this moment as the joint commissioner and trust review; verification and approval process is scheduled for May 2018. However the expected end of year position as detailed in the report does align with the commissioners expectations.

The Quality Report has numerous examples of the good work undertaken by the trust over the past year but the commissioner believes the following items are of particular note:

- The joint work undertaken with the United Lincolnshire Hospitals NHS Trust to enhance mental health care in the Emergency Departments of the hospital
- The "Involvement charter" on page 15 encouraging patients, carers and staff to become involved in the services offered and developed by the trust to ensure the patients' needs are met
- Information Governance Toolkit, the Trust was the second highest scoring mental health trust in England and the third highest scoring compared to all mental health, acute and ambulance trusts. The commissioners are particularly pleased to note this achievement as previously concerns have been raised with the trust

The commissioners are concerned at the number of NICE Quality Standards and Guidance which have not achieved completion and compliance. This has been identified at each of the commissioner and provider quality review meetings during this current year and during the 2016 – 17 year. Whilst incremental progress is being made by the trust there is a need for a greater focus on this subject over the coming year.

The commissioner believes that the national and local audit information presented would benefit from a greater level of detail as whilst the title and number of audits is given the recommendations are generic and do not give a sense of changes to practice to improve the care given. The trust is undertaking some very good work and this will no doubt be reflected in the clinical audits undertaken and presented within the trust.

The commissioner confirms that to the best of our knowledge the accuracy of the information presented within the working draft of the Quality Report submitted is a true reflection of the quality delivered by Lincolnshire Partnership NHS Foundation Trust based upon the information submitted to the Quality Contract Meetings.

The commissioner can confirm that this Quality Report has been critically appraised against the 2010 Quality Account Regulations and subsequent additions to the regulations in 2017 and 2018. The results of this appraisal have been issued to the trust.

The commissioner looks forward to working with the Trust over the coming year to further improve the quality of services available for our population in order to deliver better outcomes and the best possible patient experience.

Pamela Palmer
Chief Nurse
NHS South West Lincolnshire Clinical Commissioning Group

Annex 1B: Statement from Lincolnshire Health Scrutiny Committee

Lincolnshire COUNTY COUNCIL *Working for a better future*	**HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE**

Statement on Lincolnshire Partnership Foundation Trust

Quality Report for 2017/18

This statement has been prepared by the Health Scrutiny Committee for Lincolnshire.

Presentation of Information

We are pleased to see the inclusion of a glossary, which will aid the accessibility of the document to the public. The layout and presentation are clear and make the document easy to read.

Progress with Priorities for 2017-18

We acknowledge the Trust's progress with its priorities for 2017/18, which has seen the attainment or partial attainment of its six targets; and there is a clear indication of whether the target has been achieved.

We would like to highlight the priority Q2 (*Ligature Risk Assessment and Management*), where the target has been achieved, which should lead to reduced risk of self-harm and suicide.

Progress with priority Q2 (*Improving A&E Services for People with Mental Health Needs*) has also been good with the 20% reduction in the number of A&E attendances having been achieved. Providing community support for individuals is an important priority and we are pleased to see this carried forward into 2018-19.

Priorities for 2018-19

In 2017, the Health Scrutiny Committee for Lincolnshire supported the Trust's approach of adopting six priorities for both 2017-18 and 2018-19, to allow substantial progress to be made. The Health Scrutiny Committee supports the continuation of the six priorities for a second year, and looks forward to continued progress being made. The Committee understands that the targets will be set once the final figures for 2017-18 are confirmed.

Care Quality Commission Rating

We note that an inspection by the Care Quality Commission (CQC) took place in the week beginning 3 April 2017, following which the CQC published its report and rated the Trust overall as good. We would like to record the Committee's congratulations on the CQC rating. This includes an outstanding rating for specialist mental health services for children and young people.

Performance in CQUINS

We note that the Trust has met its CQUIN targets for 2017/18, with the additional income derived from this achievement totalling £1.85 million.

Learning from Deaths

The draft version of the document which we reviewed referred to 1,321 of the Trust's patients dying during 2017/18. We requested some context for this figure in terms of the overall number of patients treated by the Trust. We urge the Trust to continue with this analysis, so that improvements can be made.

Engagement with the Health Scrutiny Committee for Lincolnshire

The Trust readily engages with the Health Scrutiny Committee when requested to do so. There have been three items considered during the last year, where representatives from the Trust have attended. In the first instance, the Trust attended to present the outcome of the Care Quality Commission inspection. The Committee also provided advice to the Lincolnshire STP on learning disabilities consultation, with the Committee suggesting that targeted engagement with patients and their families would be preferable to a full consultation. This was because changes had been implemented, which had so far received the full support of patients and their families.

Accreditations and Achievements

We would particularly highlight the section of the report on the accreditations and achievements which the Trust has received. Of these achievements, we are impressed by the opening of the ten-bed Psychiatric Intensive Care Unit, known as the Hartsholme Unit,

for male patients in June 2017. The benefit of this Unit is that many patients with a severe mental health are no longer placed out-of-county for these services.

We would also like to highlight the reduction in waiting times for patients accessing services provided by the Trust, as a significant achievement.

Involvement of Governors and Patient Groups

The Committee note that the Council of Governors and patient groups have been consulted on the content of the document. We note that arrangements are in place to monitor progress with the priorities in the coming year.

Conclusion

We are grateful for representatives from the Trust taking the time to present the draft Quality Account to us. This provided us with an opportunity to provide immediate feedback on certain aspects of clarity and presentation of the document. This also enabled us to seek clarification of particular points, which was welcome.

We look forward to the Trust delivering improvements in quality in the coming year.

Annex 1C: Statement from Healthwatch Lincolnshire

Wednesday 9 May 2018

Lincolnshire Partnership Foundation Trust, Presented by Mark Halsall

Healthwatch Lincolnshire Quality Account Working Group: Sarah Fletcher (CEO), John Bains (Board Chair), Clive Green (Trustee), Pauline Mountain (Trustee), Nicola Tallent (Partnership & Development Manager), Pam Royales (PA Administrator)

Healthwatch Lincolnshire would like to thank Mark for presenting the LPFT Quality Account and meeting with our representatives. We acknowledge the work you have done over the past 12 months to improve the overall performance and on behalf of patients, carers and service users, would like to thank your staff for their hard work and dedication in achieving this.

Healthwatch Lincolnshire share all relevant patient experiences we receive with LPFT and thank you for responding generally within 20 working days. Your responses are shared in turn with the patient, carer or service user who raised the issue, in many cases this provides them with a level of closure they may not otherwise receive. We believe learning through patient feedback and experiences is an essential part of any service improvement and acknowledge your Trusts work to better assess what has occurred. We consider it important to also include any actions that are being implemented by your Trust which demonstrates how this learning is being used and would welcome this addition in future.

During the past year we have recognised a reduction in the number of issues and concerns about LPFT services being shared with Healthwatch Lincolnshire, we believe this is a positive benchmark. However, our general feeling is that where comments are being made, those that concern us most include access to community services, this does appears to be one of the biggest issues currently being raised.

We welcome the extension of your priorities being extended from 1 to 2 years and believe this enables a much better environment in which to achieve positive performance results and maximise learning.

One concern we have is with the significant number of CQUINs not being achieved. Clarification is also required as to why the Trust adopts a CQUIN that states the transition from CAMHS to Adult Care is 16-17 years, particularly as the NICE guide states 13-14 years.

Whilst we notice that patient safety is rising and you tell us that this is due to better reporting, we are keen to know what is being done as a result?

Learning from deaths – we believe that a better explanation of what has been learnt and what the figures relate to ie seasonal, should be included in the narrative for future years.

Mental Health patients attending A&E – we are aware this is not just an LPFT achievement and therefore would like to see more context as to how this has been achieved, including any partnership working.

While we agree that 98% patients knowing who to contact with regards to their care is positive, we would welcome move context i.e. figures in numbers rather than percentages, as we believe this would be much more informative.

We believe where your Quality Account highlights (staff satisfaction) an underreporting of 'Near misses or incidents' this may be due to staff culture or reluctance due to the environment staff work in. Healthwatch Lincolnshire are keen to see this area improved.

Healthwatch Lincolnshire would like to express concerns about the impact of STP on LPFT services. In particular, the Trusts involvement in Care Portal; Integrated Neighbourhood Working; Service Transformation, Inter-organisational working etc and it would be helpful to see this reflected in future quality accounts. In fact, we were concerned to see STP was not included as a priority for 2018/19.

Finally, we consider our relationship with LPFT is very positive. This includes an invitation to include a Healthwatch Trustee on your Council of Governors (who considers they are well supported and valued by LPFT in this role), along with the many inter-staff relationships we have built up over the past five years, which all lead to excellent working relationships.

Annex 1D: Statement from the Trust Governors

Lincolnshire Partnership
NHS Foundation Trust

CF/DB/kbs/May18

15 May 2018

Board of Directors
Trust Headquarters
St George's
Long Leys Road
LINCOLN
LN1 1FS

Trust Headquarters
St George's
Long Leys Road
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LN1 1FS

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Dear Board of Directors

Council of Governors' Opinion on the Annual Quality Report 2017/18

The Council of Governors is grateful to Mark Halsall, the Head of Quality & Safety, for attending the Council of Governors' meeting on 19 April 2018 to present the draft report, which provided Governors with an update on the process for the final publication of the Trust's Quality Report 2017/18.

At the Council of Governors' meeting in January 2018, Governors discussed and agreed the mandated and local performance indicators for 2018/19, however, since that date, NHS Improvement (NHSI) had published the finalised detailed guidance for quality reports and this mandated that two national indicators must be selected, from a list of four, in a specified order of preference. This meant that those indicators selected in January 2018 were no longer valid.

Governors were informed, and agreed to support, that in order for the Trust to comply with the mandatory requirements of the new list, the following indicators had been selected for testing:

1) Early intervention in psychosis: people experiencing a first episode of psychosis treated with a NICE approved care package within two weeks of referral, and

2) Inappropriate out of area placements for adult mental health services.

The Council noted that the Trust's external auditors would be testing and reporting on the indicators and, where necessary, making any recommendations for improvement. The Council of Governors would welcome a report on performance in due course.

Governors were grateful to receive additional time to individually review the report and provide further feedback and comments, via the Trust Secretary's office. It is pleasing to see that the report has included revisions and suggestions made by the Governors.

Governors noted that the Information Governance (IG) toolkit assessment summary report has rated each element as green, which is described as only being satisfactory. The Council was informed that this was the highest level of grading. The Head of Quality & Safety would establish if the 'satisfactory with improvement plan' grade should be green, as indicated.

The Council of Governors is pleased to note that carers are being mentioned more frequently in this document and other forums. Referring to the section 'Learning From, and Improving, Carer Experience, the Council recommended that the Trust could consider monitoring this improvement with the use of figures and graphs. The Trust's work on the Triangle of Care initiative is commended and Governors were pleased to hear the proposal from the Head of Quality & Safety that ongoing monitoring and reporting to the Patient Safety & Experience Committee would be continued.

The Council did hear representation regarding a lack of support for carers of patients who had been discharged from community mental health teams (CMHTs), particularly in the East of the county, and the Trust Chair acknowledged this as a challenge for the Trust, particularly regarding stretch and ambition. It would be important to consider this further and also the apparent disparity in carer support in different areas. It is suggested that the Trust should record the numbers attending the carer support group

The Council of Governors was encouraged to hear the Chief Executive confirm that the Trust was working hard to develop its service offering outside the organisation, eg the Managed Care Network, the Recovery College and the offer of a network across the county, but acknowledged that there was still much to do.

In last year's letter we expressed concerns over low uptake of flu vaccinations and delayed transfer of care rates being so high, at 11.9 %. The Council of Governors, through the receipt of performance assurance reports provided by the Non-Executive Directors, has monitored the remarkable improvements in the quality performance between 2016/17 and 2017/18. The dramatically increased flu vaccination rates and the near eradication of

delayed transfer of care are improvements which have significantly improved the safety of our staff and service users and enhanced the quality of service user and carer experience.

Yours sincerely

Carrie Forrester
Lead Governor 2017/18

David Bray
Deputy Lead Governor 2017/18 &
Lead Governor wef 25 May 2018

Annex 1E: Deloitte limited assurance statements

Independent auditor's report to the council of governors of Lincolnshire Partnership NHS Foundation Trust on the quality report

We have been engaged by the council of governors of Lincolnshire Partnership NHS Foundation Trust to perform an independent assurance engagement in respect of Lincolnshire Partnership NHS Foundation Trust's quality report for the year ended 31 March 2018 (the 'quality report') and certain performance indicators contained therein.

This report, including the conclusion, has been prepared solely for the council of governors of Lincolnshire Partnership NHS Foundation Trust as a body, to assist the council of governors in reporting Lincolnshire Partnership NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2018, to enable the council of governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the council of governors as a body and Lincolnshire Partnership NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Scope and subject matter

The indicators for the year ended 31 March 2018 subject to limited assurance consist of the national priority indicators as mandated by NHS Improvement:

- proportion of people experiencing first episode psychosis or 'at risk mental state' who wait two weeks or less to start a National Institute for Health and Care Excellence recommended package of care; and

- average monthly number of total bed days patients have spent in inappropriate out-of-area placements.

We refer to these national priority indicators collectively as the 'indicators'.

Respective responsibilities of the directors and auditors
The directors are responsible for the content and the preparation of the quality report in accordance with the criteria set out in the 'NHS foundation trust annual reporting manual' issued by NHS Improvement.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the quality report is not prepared in all material respects in line with the criteria set out in the 'NHS foundation trust annual reporting manual' and supporting guidance;
- the quality report is not consistent in all material respects with the sources specified below:
    - Board Minutes for the period April 2017 to March 2018;
    - Papers relating to the quality report reported to the board over the period April 2017 to March 2018;
    - Feedback from Commissioners dated 11 May 2018;
    - Feedback from Governors on the quality report dated 15 May 2018;
    - Feedback from local Healthwatch organisations dated 9 May 2018
    - Feedback from Overview and Scrutiny Committee dates 10 May 2018
    - The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009 dated 6 April 2018;
    - The latest National Patient Survey results dated 15 November 2017;
    - The latest National Staff Survey 2017 results dated 6 March 2018;

  - the Head of Internal Audit's annual opinion over the Trust's control environment dated 12 April 2018; and
  - Care Quality Commission Inspection Report published 9 June 2017.

- the indicators in the quality report identified as having been the subject of limited assurance in the quality report are not reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual' and the six dimensions of data quality set out in the 'Detailed guidance for external assurance on quality reports'.

We read the quality report and consider whether it addresses the content requirements of the 'NHS foundation trust annual reporting manual' and supporting guidance, and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the quality report and consider whether it is materially inconsistent with the documents listed above and specified in the detailed guidance for external assurance on Quality Reports (collectively the 'documents').

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with the documents. Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

Assurance work performed
We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – 'Assurance Engagements other than Audits or Reviews of Historical Financial Information' issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- testing key management controls;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- comparing the content requirements of the 'NHS foundation trust annual reporting manual' to the categories reported in the quality report; and
- Reading the documents.

A limited assurance engagement is smaller in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

Annex 1E: Deloitte limited assurance statements

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable measurement techniques which can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the quality report in the context of the criteria set out in the 'NHS foundation trust annual reporting manual' and supporting guidance.

The scope of our assurance work has not included testing of indicators other than the two selected mandated indicators, or consideration of quality governance.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2018:

- the quality report is not prepared in all material respects in line with the criteria set out in the 'NHS foundation trust annual reporting manual';
- the quality report is not consistent in all material respects with the sources specified in 2.1 of the 'NHS Improvement Detailed requirements for external assurance for quality reports 2017/18' for foundation trusts; and
- the indicators in the quality report subject to limited assurance have not been reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual' and supporting guidance.

Deloitte LLP
Birmingham
United Kingdom
24 May 2018

Annex 2: Statement of directors' responsibilities for the quality report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS foundation Trust Boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation Trust Boards should put in place to support the data quality for the preparation of the quality report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the NHS Foundation Trust annual reporting manual 2017/18 and supporting guidance
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
    - Board minutes and papers for the period April 2017 to March 2018
    - papers relating to quality reported to the Board over the period April 2017 to March 2018
    - feedback from commissioners dated 11/05/2018
    - feedback from governors dated 15/05/2018
    - feedback from local Healthwatch organisations dated 09/05/2018
    - feedback from Overview and Scrutiny Committee dated 10/05/2018
    - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 06/04/2018
    - the national patient survey 15/11/2017
    - the national staff survey 06/03/2018
    - the Head of Internal Audit's annual opinion of the Trust's control environment dated 12/04/2018
    - CQC inspection report dated 09/06/2017

- the Quality Report presents a balanced picture of the NHS Foundation Trust's performance over the period covered

- the performance information reported in the Quality Report is reliable and accurate

- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice

- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review and

- the Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

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

By order of the Board

Paul Devlin
Chair

Dr John Brewin
Chief Executive **24 May 2018**

Accounts for the year

1 April 2017 to 31 March 2018

Lincolnshire Partnership NHS Foundation Trust

Ms Sarah Connery
Director of Finance and Information (from 1st May 2017)
Lincolnshire Partnership NHS Foundation Trust
Trust Headquarters
St George's
Long Leys Road
Lincoln LN1 1FS Telephone: (Lincoln) 01522 309201

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STATEMENT OF THE CHIEF EXECUTIVE'S RESPONSIBILITIES AS THE ACCOUNTING OFFICER OF LINCOLNSHIRE PARTNERSHIP NHS FOUNDATION TRUST

The NHS Act 2006 states that the chief executive is the accounting officer of the NHS foundation trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by NHS Improvement.

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require Lincolnshire Partnership NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Lincolnshire Partnership NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the Department of Health and Social Care Group Accounting Manual and in particular to:

• Observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;

• Make judgements and estimates on a reasonable basis;

• State whether applicable accounting standards are set out in the NHS Foundation Trust Annual Reporting Manual (and the Department of Health and Social Care Group Accounting Manual) have been followed, and disclose and explain any material departures in the financial statements;

• Ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance; and,

• Prepare the financial statements on a going concern basis.

The Accounting Officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS foundation trust and to enable him to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS foundation trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the NHS Foundation Trust Accounting Officer Memorandum.

Signed
John Brewin
Chief Executive

Date: 24th May 2018

ANNUAL GOVERNANCE STATEMENT - 1 APRIL 2017 - 31 MARCH 2018

LINCOLNSHIRE PARTNERSHIP NHS FOUNDATION TRUST

1 Scope of responsibility

1.1 As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS foundation trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS foundation trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Foundation Trust Accounting Officer Memorandum.

2 The purpose of the system of internal control

2.1 The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims, and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an on-going process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Lincolnshire Partnership NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Lincolnshire Partnership NHS Foundation Trust for the year ended 31 March 2018 and up to the date of approval of the annual report and accounts.

2.2 The Audit Committee and the Board annually reviews the effectiveness of the Trust's governance arrangements (system of internal control). This review covers all material controls, including financial, clinical, operational, organisational development and compliance controls and risk management systems. The review is confirmed in the Board papers and minutes which are published on the Trust's website.

3 Capacity to handle risk

3.1 The Chief Executive has overall responsibility for the management of risk by the Trust. The other members of the executive team exercise lead responsibility for specific types of risk as follows:

- Clinical risks: Director of Nursing, AHPs and Quality and the Medical Director.
- Financial risks: Director of Finance and Information.
- Contractual risks: Director of Strategy.
- Workforce risks: Director of Nursing, AHPs and Quality.
- Information governance risks: Director of Finance and Information.
- Operational and service risks: Director of Operations.
- Psychology risks: Director of Operations.
- Medical workforce risks: Medical Director.
- Estates risks: Director of Operations.

3.2 The role of each executive director is to ensure that appropriate arrangements are in place for the:

- Identification and assessment of risks and hazards.
- Elimination or reduction of risk to an acceptable level.
- Compliance with internal policies and procedures, and statutory and external requirements.
- Integration of functional risk management systems and development of the assurance framework.

3.3 These responsibilities are managed operationally through divisional and service managers supporting the executive directors and working with designated lead managers within operational divisions.

3.4 The Trust has a Board Escalation and Assurance Framework to sit alongside the Trust's risk management policy, both of which are reviewed annually and approved by the Board of Directors. The framework and policy defines risk and identifies individual and collective responsibility for risk management within the organisation. It also sets out the Trust's approach to the identification, assessment, scoring, treatment and monitoring of risk.

3.5 Staff are equipped to manage risk in a variety of ways and at different levels of strategic and operational functioning. These include:

• Formal in-house training for staff as a whole in dealing with specific everyday risk, e.g. clinical risk, fire safety, health and safety, moving and handling, infection control and security.

• Training and induction in incident investigation, including documentation, root cause analysis, steps to prevent or minimise recurrence and reporting requirements.

• Developing shared understanding of broader business, financial, environmental and clinical risks through collegiate clinical, professional and managerial groups (such as professional advisory groups, the Board Quality Committee and the sub-committee structure that sits in place to support the delivery of quality).

4 The risk and control framework

4.1 The system of internal control is based on an ongoing risk management process designed to identify the principal risks to the achievement of the Trust's objectives; to evaluate the nature and extent of those risks; and to manage them efficiently, effectively and economically.

The key elements of the risk management strategy are that:

• Risk is a key trust wide responsibility.
• All staff accept the management of risks as one of their fundamental duties.
• All staff are committed to identifying and reducing risks.

This promotes a duty of candour in which there is transparency and openness where mistakes are made. Untoward incidents are identified quickly and dealt with in a positive and responsive way and lessons learnt are communicated throughout the organisation and best practice adopted.

4.2 The Trust uses the '5 x 5' matrix for risk quantification. Risks may be identified on an ongoing basis via incident reporting procedures, complaints, claims, whistleblowing, control audits, and risk assessments. These processes are monitored to ensure that any risks are identified and acted upon in a timely manner.

4.3 Risks that are assessed as low indicate management by routine procedures. Moderate risks require specific management responsibility and action. High risks require senior management attention. Extreme risks require immediate action and necessitate informing the Board of Directors.

4.4 Assurance on how effectively the risk management system is working is monitored through inspections – such as, environmental, infection control, security and workplace safety – and through health and safety and clinical governance activities, which include:

• Display screen equipment awareness
• Control of Substances Hazardous to Health (CoSHH) regulations
• Awareness raising of the management of violence and aggression
• Clinical risk assessment
• Moving and handling training
• Lone working

• Record keeping audits
• Incident reporting and reviews
• Infection control
• Safeguarding children and adults
• Key equality legal requirements
• Information governance
• Health and safety, and fire inspections

These all form part of the Trust's induction programme for all new members of staff, training updates and individual training as a result of needs assessments. The Trust's performance management framework includes the effective management of risk as a key element. The organisation undertakes equality impact assessments on all functions it carries out to ensure that service delivery and employment practices comply with legal requirements.

The Trust involves key stakeholders in the management of risks; these include:
• Service users and their carers
• Members of the Trust and the general public through consultations
• Council of Governors and foundation trust members
• Health and social care commissioners through performance management of contracts
• Staff and management joint consultative negotiation committee
• Local negotiating committee for consultants
• Health and Safety committee
• Health Scrutiny Committee for Lincolnshire
• NHS Improvement
• NHS England
• Care Quality Commission (CQC)

4.5 The Board of Directors determines the strategic objectives of the Trust. These are monitored by performance management through the Board's committee structure. Strategic risks, which potentially threaten the achievement of strategic objectives, are identified and key controls put in place to manage these risks. The Board of Directors either directly or via its committees is provided with reports to enable it to monitor the effectiveness of each element of the assurance framework.

4.6 The Board of Directors considers the key controls in place to identify risks, and assesses whether these are adequate. Where gaps in controls have been identified, action plans are put in place to address any weaknesses.

4.7 Board committee structures and terms of reference are reviewed annually to improve assurance. In September 2016 the Board undertook a full review of its committee structure in light of the requirements set out in the Single Overview Framework. The Board approved a new structure to address the Trust's strategic direction in line with the Sustainability and Transformation Partnership and to strengthen its finance and performance monitoring. This structure has been in place for 18 months and has been evaluated as effectively providing the required levels of assurance to the Board of Directors.

4.8 The Trust uses external bodies to provide assurance, where necessary, and targets the internal audit programme at specific areas where a gap is identified and no other source of assurance is available. The Board of Directors recognises that this will and does result in a number of "limited assurance" reports which then enable robust action plans to be identified and implemented to produce improvements in control and assurance.

4.9 The Trust ensures a strong relationship is maintained between the Board Assurance Framework and Risk Register. The two documents are cross referenced, with the Board Assurance Framework including strategic risks, and the risk register operational risks.

4.10 Sections of the Board Assurance Framework have been assigned to the Board and its committees to ensure that there is clear oversight of all areas. Where lack of assurance, or gaps in control are identified, these are escalated to the Board of Directors. The Audit Committee is responsible for maintaining an overview of the framework, and considers this document at each of its meetings,in order to make recommendations to the following Board meeting.

4.11 Throughout 2017/18 the Board of Directors has reviewed and approved the assurance framework each quarter to provide assurance that the Trust is compliant with the Regulatory Framework. The Board Assurance Framework is aligned to both the risks to the Trust's strategic objectives and to the compliance risks against the CQC Key Lines of Enquiry and to NHS Improvement's Single Oversight Framework.

4.12 The directors are required to satisfy themselves that the Trust's annual quality report is fairly stated. In doing so the Trust has established a system of internal control to ensure that proper arrangements are in place. The Director of Nursing, AHPs and Quality leads and advises on all matters relating to the preparation of the Trust's annual quality report. To ensure that the quality report presents a properly balanced view of clinical performance over the year, the Trust has an established Quality Committee that is accountable to the Board of Directors to provide scrutiny and challenge over Trust clinical performance. The Trust also has quarterly quality meetings with its main commissioner, and has shared the draft quality report with governors, commissioners and the Health Scrutiny Committeefor Lincolnshire and HealthWatch Lincolnshire for comment.

4.13 The top risks faced by the Trust in 2017/18 and going forward into 2018/19 are set out in the table below

Risk	**What are we doing about it?**	**How do we know?**
Quality – poor patient satisfaction	The last community mental health patient survey result was poor; we have engaged in a service review and redesign involving the service users through workshops in the co-design of the service. Working towards Royal College of Psychiatrists accreditation standards.	The board has received the report and approved the remedial action plan. Directors have taken part in the redesign workshops with service users and staff. Accreditation standards steering group established.
Financial pressures and agency Cap	Robust financial planning processes are in place to identify the available resources to deliver services within the control target. Weekly reporting to the Executive Team on agency expenditure and proactive recruiting practices.	Reporting through the Finance and Performance Committee of the Board and through the People Strategy and monitoring to the Quality Committee of the Board.
Information and data Specifically in regard to the clinical information system and cyber risk	The Trust is leading a health community wide care portal to enable systems to talk to each other. The Trust has completed a tender process and appointed a new provider for a major replacement project for its patient records system. The Trust has commissioned a new electronic prescribing system. The Trust has put in place information governance and cyber security audits and testing and is investing in training and software to reduce the risk.	The Board receives, scrutinises and approves business cases for IT developments. The Trust is continuing to develop data quality benchmarking on future performance reports. Further investment is planned on hardware, software and training to ensure the maintenance of robust systems

Risk	What are we doing about it?	How do we know?
Privacy and dignity, and dormitory accommodation	The Board is aware of the limitations imposed by much of the estate. An Estates Strategy has been produced to address medium and long term estates issues. Each inpatient unit has been reviewed using the NHS England same-sex accommodation toolkit and improvements made as far as is possible in the existing estate. The Board has commissioned work to develop plans for replacement of all remaining dormitory style inpatient wards. Service design options linked to community care provision and the STP are also being pursued for services.	The Board and its committees are receiving reports on the options available to address the estate issues. The Board visited units, listened to service users, carers, staff and a range of regulators, commissioners and advocates. They have considered facilities and practices against national best practice guidance and award winning services. The Board received reports through committees of the Board and considered and approved business cases for the developments. Sought and received commissioner support and investment in a plan to reduce the number of out of area referrals.

4.14 As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the scheme are in accordance with the scheme rules, and that member pension scheme records are accurately updated in accordance with the timescales detailed in the regulations.

4.15 Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

4.16 The Trust has undertaken risk assessments and carbon reduction delivery plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

5 Care Quality Commission (CQC)

5.1 The foundation trust is fully compliant with the registration requirements of the Care Quality Commission.

5.2 In April 2017 the Care Quality Commission conducted a comprehensive inspection on the Trust (having previously inspected the Trust in December 2015). The Trust achieved an overall rating of Good. The CQC noted the strengthened culture and leadership within the Trust. The evidence from the national staff surveys results of significant improvements in both the metrics and in the benchmarking against other trusts, in 2016/17 and again in 2017/18, would support this

5.3 The Board of Directors established and delivered a comprehensive action plan to address areas identified for further improvement. At the Board of Directors meeting in March 2018 the Board received an assurance report identifying that the majority of the actions were complete and that there was proactive action underway to address longer term requirements in regard to single room accommodation in the Trust's in-patient units.

6 Review of economy, efficiency and effectiveness of the use of resources

6.1 The Trust uses a range of key performance indicators (KPIs), which include non-financial measures, to manage its day to day business. This approach helps to provide a comprehensive and balanced view of performance. More information about KPIs can be found in the Trust's Quality Report.

6.2 The Trust has in place a forward planning process that ensures the appropriate planning of services with commissioners and other key stakeholders prior to submission of effective and agreed forward plans to NHS Improvement.

6.3 A robust cost improvement programme and quality impact assessment process is in place. During the year the Board of Directors has received regular integrated performance reports providing information on the economy, efficiency and effectiveness of the use of resources. The reports provide detail on the financial and clinical performance of the Trust during the previous period and highlight any areas through benchmarking or a traffic light system where there are concerns about the economy, efficiency and effectiveness of the use of resources. The reports, supplied by divisional and service managers of the Trust, show the integrated financial, risk and performance management which support efficient and effective decision making by the Board of Directors.

6.4 Internal Audit has reviewed the systems and processes in place during the year and published reports detailing the required actions within specific areas to ensure economy, efficiency and effectiveness of the use of resources is maintained. The internal audit reports provide an assessment of assurance in these areas.

7 Information Governance

7.1 The Trust commissioned the Internal Audit Service to undertake an audit against the Information Governance Toolkit (IGT) v14.1 standards, which provided evidence to confirm its level of compliance. The Trust achieved Significant Assurance from its internal auditors 360 Assurance and submitted the final IGT evidence demonstrating an overall 96% satisfactory compliance level. The Trust continues to have plans in place so that action can be taken to ensure the standards of Information Governance (IG) are improved further in line with best practice.

7.2 All NHS foundation trusts must detail any serious and untoward Incidents (SUIs) involving data loss and/or confidentiality breach in their respective annual reports. The Director of Finance and Information has overall responsibility for IG, information security, and data protection compliance in her capacity as Senior Information Risk Owner (SIRO). The Medical Director is the Caldicott Guardian, the senior member of Trust staff responsible for protecting the confidentiality of patient information and enabling appropriate patient information sharing.

7.3 The Board has been assured by the SIRO that effective arrangements are in place to manage and control risks to information and data. The Trust had three IG SUIs of severity level two as defined in the Department of Health checklist for reporting, managing and investigating IG SUIs involving confidential information leaks of patient data. Two of the incidents were reported to the Information Commissioners' Office (ICO) and one to NHS Digital; however the ICO immediately downgraded the incident and advised that no further investigation was required by them. The Trust undertook an internal review into this incident and published guidance through its lessons learned bulletin.

7.4 Following new classifications in cyber security the Trust reported to NHS Digital and NHS England in respect of the attempted hack of the Trust website. This did not require reporting through to the ICO. The cyber incident was detected quickly and measures instantly put in place to resolve and prevent future vulnerabilities. However in May 2017 the Trust was affected by the international cyber-attack, WannaCrypt. On 12 May 2017 the WannaCrypt Ransomware virus was detected in Trust systems and immediate action was taken to shut down all servers across the Lincolnshire estate in all NHS organisations, due to sharing a Community of Interest Network (COIN). The Trust alongside other Lincolnshire NHS organisations announced a major incident and emergency planning procedures were activated. The loss of access to all systems including clinical systems and business systems such as email and file servers was managed through the implementation of business continuity plans (BCPs) whilst working closely with ICT providers to prioritise the restoration of clinical systems, these were restored by 22 May 2017. No patient data was lost during this incident. This major incident was downgraded on 18 May 2017 to business continuity and business critical systems were online by 19 May 2017.

7.5 The Trust continuously reviews its systems and procedures for securing patient identifiable data. As a direct result of these three incidents and internal investigations, measures have been taken to ensure the procedures for moving and storing patient information are now more stringent and secure.

7.6 The clinical system also has a number of standard reports that show missing or incomplete data which individual users and managers can run at any time.

7.7 The Trust has systems and processes in place to govern access to confidential data and to ensure certain standards are followed when data and information is in transit. Any new system or process needs to meet these standards as does any hardware, such as computers or software. All system developments whether new or existing need to follow a process and be signed off by the IM&T committee to ensure they meet the required criteria and that hardware and software are compatible.

7.8 The Trust monitors its IG risks through the information governance and records management group. Incidents and risks are managed in accordance with Trust policy and serious IG and records risks are escalated through either IM&T Committee or more urgent ones through the executive team, Board of Directors, and on to NHS Digital, NHS Improvement, NHS England or the ICO if required.

8 Annual Quality Report

8.1 The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare quality accounts for each financial year. NHS Improvement (in exercise of the powers conferred on Monitor) has issued guidance to NHS foundation trust boards on the form and content of annual Quality Reports which incorporate the above legal requirements in the NHS Foundation Trust Annual Reporting Manual.

8.2 The Trust has in place a continuous quality improvement (CQI) programme which for 2017/18 has been focussed around four work streams. In April 2018 a fifth work stream on clinical training was added. Each of the work streams report to a committee of the Board to ensure scrutiny of performance and assurance, as listed below:

CQI Work stream	Committee
1. Data Quality	Finance and Performance Committee
2. Culture and Leadership	Quality Committee
3. Patient Safety	Quality Committee
4. Strategic Direction	Strategic Change Committee
5. Clinical Training	Quality Committee

8.3 A number of steps have been put in place to assure the Board that the Quality Report presents a balanced view and there are appropriate controls in place to ensure the accuracy of data. These steps cover:

• Governance and leadership - the draft Quality Report has been consulted on through various committees in the organisation, such as the senior leadership team meetings, the executive team meeting, the Board's Quality Committee, and the joint meeting of the Board of Directors and Council of Governors.

• Quality - an underlying theme throughout policy reviews, business planning and clinical strategy work carried out in the Trust.

• Systems and processes – each division has a Quality Improvement and Assurance Lead in place and the Trust has in place a Head of Clinical Quality reporting to the Director of Nursing, AHPs and Quality. The patient safety and experience committee is a sub-committee of the Quality Committee, thus allowing for direct assurance reports to be provided.

9 Review of effectiveness

9.1 As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS foundation trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the Quality Report attached to this Annual Report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee and the Quality Committee, and a plan to address weaknesses and ensure continuous improvement of the system is in place.

9.2 The Head of Internal Audit provides me with an opinion on the overall arrangements for gaining assurance. The Head of Internal Audit opinion for 1 April 2017 to 31 March 2018 is as follows:

I am providing an opinion of **Significant Assurance**, that there is a generally sound framework of governance, risk management and control designed to meet the organisation's objectives, and that controls are generally being applied consistently.
This opinion is based on my review of your systems of internal control, primarily through the operation of your Board Assurance Framework in the year to date, the outcome of individual assignments completed and your response to recommendations made.
I have reflected on the context in which the Trust operates, as well as the significant challenges currently facing many organisations operating in the NHS, and my opinion recognises that the system of internal control is designed to manage risk to a reasonable level, rather than eliminate all risk of failure to the achievement of strategic objectives.

9.3 During 2017/18 the Internal Auditors issued limited assurance reports on waiting list management, Section 75 contract, Mental Health Act governance and patient safety. All of these have had robust action plans implemented to strengthen the controls available. 84% of all internal audit actions have been completed within the year.

9.4 The assurance framework provides evidence that there are effective controls in place to manage the risks that the organisation faces in achieving its principal objectives.

9.5 A quarterly compliance report presented by the Audit Committee to the Board of Directors provided assurance that the Trust met the requirements of its licence conditions in 2017/18.

9.6 The work of our external auditors to review the arrangements in place for producing the quality accounts, and to advise us of best practice to inform our development in this area, provides me with assurance.

9.7 The Board of Directors has identified the strategic risks facing the organisation during the period and has monitored the controls in place and the assurances available to ensure that these risks are being appropriately managed.

9.8 The Audit Committee provides the Board of Directors with an independent and objective view of arrangements for internal control within the Trust and to ensure the internal audit service complies with mandatory auditing standards, including the review of all fundamental financial systems.

9.9 Information provided to the Audit Committee in reports from internal and external sources and further work carried out by the committee to gain assurance about the control environment leads to the conclusion that there have been no major control issues during the year.

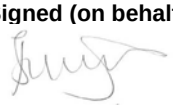
10 Conclusion

10.1 The Trust will continue to use the assurance framework to assure the Board of Directors and others that the Trust's key controls to manage strategic risks are being assessed and improved continuously. Where areas of concern are identified, action plans have been put in place to close the gaps in control or assurance.

10.2 The Trust has continued to take a robust approach to targeting internal audit into areas identified as being of potential concern and has identified weaknesses and established new controls to manage areas of concern. Targeted approaches have enabled stronger controls to be implemented and assurance provided through additional internal control reports to the Audit Committee.

10.3 The Trust's continued approach to identifying risks, implementing mitigation plans, actively seeking gaps in control through audit and in delivering audit action plans provides the Board with assurance that there is an effective system of control in place. The Trust commissioned an independent well led review (final report June 2017) which provided additional assurance that the controls in place are effective. No significant control issues have been identified throughout the year.

Annual Governance Statement: 1 April 2017 to 31 March 2018
Signed (on behalf of the Board of Directors)



Dr John Brewin
Chief Executive and Accounting Officer
Date: 24th May 2018

Directors' Statement of Disclosure to the Auditor

For each individual director, at the time that this report was approved:

• So far as the director is aware, there is no relevant audit information of which Lincolnshire Partnership NHS Foundation Trust's auditor is unaware, and

• The director has taken all the steps that they ought to have taken as a director in order to make themselves aware of any relevant audit information and to establish that Lincolnshire Partnership NHS Foundation Trust's auditor is aware of that information.

Signed (on behalf of the Board of Directors)

Dr John Brewin
Chief Executive

Date: 24th May 2018

INDEPENDENT AUDITOR'S REPORT TO THE BOARD OF GOVERNORS AND BOARD OF DIRECTORS OF LINCOLNSHIRE PARTNERSHIP NHS FOUNDATION TRUST

Report on the audit of the financial statements

Opinion

In our opinion the financial statements of Lincolnshire Partnership NHS Foundation Trust (the 'foundation trust'):

- **give a true and fair view of the state of the foundation trust's affairs as at 31 March 2018 and of its income and expenditure for the year then ended;**
- **have been properly prepared in accordance with the accounting policies directed by NHS Improvement – Independent Regulator of NHS Foundation Trusts; and**
- **have been prepared in accordance with the requirements of the National Health Service Act 2006.**

We have audited the financial statements which comprise:

- the Statement of Comprehensive Income;
- the Statement of Financial Position;
- the Statement of Changes in Taxpayers' Equity;
- the Statement of Cash Flows; and
- the related notes 1 to 20

The financial reporting framework that has been applied in their preparation is applicable law and the accounting policies directed by NHS Improvement – Independent Regulator of NHS Foundation Trusts.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report.

We are independent of the foundation trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the Financial Reporting Council's (the 'FRC's') Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Summary of our audit approach

Key audit matters	The key audit matters that we identified in the current year were: • Recognition of NHS revenue; and • Capital programme and valuations. These are consistent with the key audit matters identified in 2016/17.
Materiality	The materiality that we used in the current year was £2.1m which was determined on the basis of 2% of revenue.
Scoping	Our audit was scoped by obtaining an understanding of the Trust and its environment, including trust-wide controls, and assessing the risks of material misstatement. The focus of our audit work was on the Trust, with work performed at the Trust's head offices in Sleaford directly by the audit engagement team, led by the audit partner.
Significant changes in our approach	There has been no significant change in our approach.

Conclusions relating to going concern

We are required by ISAs (UK) to report in respect of the following matters where:

- the accounting officer's use of the going concern basis of accounting in preparation of the financial statements is not appropriate; or
- the accounting officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the foundation trust's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

We have nothing to report in respect of these matters.

Key audit matters

Key audit matters are those matters that, in our professional judgement, were of most significance in our audit of the financial statements of the current period and include the most significant assessed risks of material misstatement (whether or not due to fraud) that we identified. These matters included those which had the greatest effect on: the overall audit strategy, the allocation of resources in the audit, and directing the efforts of the engagement team.

These matters were addressed in the context of our audit of the financial statements as a whole, and in forming our opinion thereon, and we do not provide a separate opinion on these matters.

NHS revenue and provisions	
Key audit matter description	As described in note 1, "Accounting Policies" and note 1.3, "Critical Accounting Judgements and Key Sources of Estimation Uncertainty", there are significant judgements in recognition of revenue from care of NHS service users and in provisioning for disputes with commissioners due to: • the complexity of contractual arrangements, particularly in determining the level of performance and Commissioning for Quality and Innovation revenue to recognise; • the judgemental nature of provisions for disputes, including in respect of outstanding over/under-performance income for quarter 4; and • the risk of revenue not being recognised at fair value due to adjustments agreed in settling current year disputes and agreement of future year contracts. In 2017/18 this risk also includes the Q4, bonus and incentive elements of Sustainability and Transformation Funding (STF) which is dependent on the Trust meeting certain financial performance and access standard requirements. These elements of unsettled revenue can involve management judgement and estimation, including management consideration of unresolved commissioner challenges. Details of the Trust's income, including £70.5m of Commissioner Requested Services are shown in notes 1.5 and 2.1-2.7 to the financial statements. NHS debtors of £5.9m are shown in note 9.1 to the financial statements. The Trust earns revenue from a number of commissioners, increasing the complexity of agreeing a final year-end position.

How the scope of our audit responded to the key audit matter	We have tested the recognition of income through the year, including yearend cut-off, and evaluated the results of the agreement of balances exercise. We have obtained an understanding of the nature of each provision, the basis for the position adopted, and evidence of the historical accuracy of provisions made for disputes with commissioners. We have considered this track record in evaluating year-end provisions. We have requested from management an analysis of areas of dispute and actual or potential challenge from commissioners and the rationale for the accounting treatment adopted, particularly in respect of provisions held in respect of settled debts. We have assessed the appropriateness of the judgements made in recognising revenue and providing for disputes on the basis of discussion with staff involved, review of correspondence with commissioners and other relevant documentation, and consideration of benchmark information from our knowledge of the local health economy.
Key observations	Based on the audit evidence obtained, we conclude that NHS clinical revenue is appropriately recognised.
Capital developments and valuation	
Key audit matter description	The Trust holds property assets within Property, Plant and Equipment at a modern equivalent use valuation of £53.1m as per note 7.1. This is also discussed within accounting policy 1.3.2 - Key sources of estimation uncertainty. The valuations are, by nature, significant estimates which are based on specialist and management assumptions (including the floor areas for a Modern Equivalent Asset, the basis for calculating build costs, the level of allowances for professional fees and contingency, and the remaining life of the assets) and which can be subject to material changes in value. The Trust commissioned an independent valuation as at 31 March 2018. This resulted in an overall increase in property values of £0.5m, a net impairment charge to operating expenses of £4.3m, and a net increase in revaluation reserve of £4.9m. Capital additions for the year were £3.4m. Determining whether expenditure should be capitalised can involve significant judgement as to whether costs should be capitalised under International Financial Reporting Standards, and when to commence depreciation.
How the scope of our audit responded to the key audit matter	We reviewed and challenged the appropriateness of the assumptions used in the year-end valuation of the Trust's properties and tested the inputs to the year-end valuation. We evaluated the design and implementation of controls around the capitalisation of costs, and tested spend on a sample basis to confirm that it complies with the relevant accounting requirements. We reviewed the capital programme and the status of individual projects to evaluate whether they have been depreciated from the appropriate point. We challenged management's assessment whether any impairment has arisen in respect of newly capitalised expenditure through sample testing of additions and review of inputs to the year-end valuation. We checked whether any adjustments to the value of previously

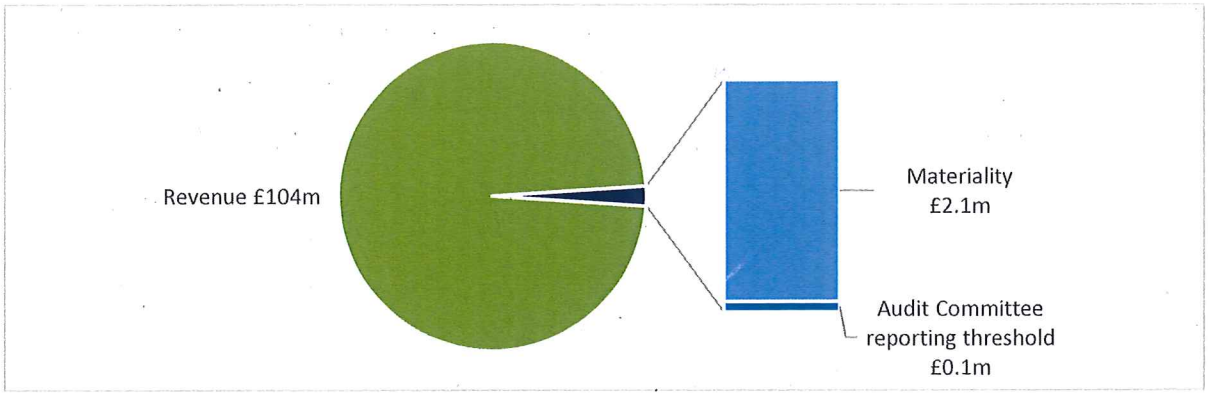
	capitalised works are required and how these have been calculated. We assessed whether the valuation and the accounting treatment of the impairment were compliant with the relevant accounting standards, and in particular whether impairments should be recognised in the Income Statement or in Other Comprehensive Income.
Key observations	Based on the audit evidence obtained, we conclude that the valuation of the Trust's estate and the capital additions recognised are appropriate.

Our application of materiality

We define materiality as the magnitude of misstatement in the financial statements that makes it probable that the economic decisions of a reasonably knowledgeable person would be changed or influenced. We use materiality both in planning the scope of our audit work and in evaluating the results of our work.

Based on our professional judgement, we determined materiality for the financial statements as a whole as follows:

Materiality	£2.1m (2017: £2.0m)
Basis for determining materiality	2% of revenue (2017: 2% of revenue)
Rationale for the benchmark applied	Revenue was chosen as a benchmark as the Trust is a non-profit organisation, and revenue is a key measure of financial performance for users of the financial statements.



We agreed with the Audit Committee that we would report to the Committee all audit differences in excess of £0.104m (2017: £0.098m), as well as differences below that threshold that, in our view, warranted reporting on qualitative grounds. We also report to the Audit Committee on disclosure matters that we identified when assessing the overall presentation of the financial statements.

An overview of the scope of our audit

Our audit was scoped by obtaining an understanding of the Trust and its environment, including Trust-wide controls and assessing the risks of material misstatement.

Other information

The accounting officer is responsible for the other information. The other information comprises the information included in the annual report other than the financial statements and our auditor's report thereon.

We have nothing to report in respect of these matters.

Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

Responsibilities of accounting officer

As explained more fully in the accounting officer's responsibilities statement, the accounting officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the accounting officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the accounting officer is responsible for assessing the foundation trust's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless the accounting officer either intends to liquidate the foundation trust or to cease operations, or has no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

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

A further description of our responsibilities for the audit of the financial statements is located on the FRC's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Report on other legal and regulatory requirements

Opinion on other matters prescribed by the National Health Service Act 2006

In our opinion:

- the parts of the Directors' Remuneration Report and Staff Report to be audited have been properly prepared in accordance with the National Health Service Act 2006; and
- the information given in the Performance Report and the Accountability Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

Annual Governance Statement, use of resources, and compilation of financial statements

Under the Code of Audit Practice, we are required to report to you if, in our opinion:

- the Annual Governance Statement does not meet the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual, is misleading, or is inconsistent with information of which we are aware from our audit;
- the NHS Foundation Trust has not made proper arrangements for securing economy, efficiency and effectiveness in its use of resources; or
- proper practices have not been observed in the compilation of the financial statements.

We have nothing to report in respect of these matters.

We are not required to consider, nor have we considered, whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

Reports in the public interest or to the regulator

Under the Code of Audit Practice, we are also required to report to you if:

- any matters have been reported in the public interest under Schedule 10(3) of the National Health Service Act 2006 in the course of, or at the end of the audit; or
- any reports to the regulator have been made under Schedule 10(6) of the National Health Service Act 2006 because we have reason to believe that the foundation trust, or a director or officer of the foundation trust, is about to make, or has made, a decision involving unlawful expenditure, or is about to take, or has taken, unlawful action likely to cause a loss or deficiency.

We have nothing to report in respect of these matters.

Certificate

We certify that we have completed the audit of the accounts in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice.

Use of our report

This report is made solely to the Board of Governors and Board of Directors ("the Boards") of Lincolnshire Partnership NHS Foundation Trust, as a body, in accordance with paragraph 4 of Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Boards those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the foundation trust and the Boards as a body, for our audit work, for this report, or for the opinions we have formed.

Gus Miah (Senior statutory auditor)
For and on behalf of Deloitte LLP
Statutory Auditor
Birmingham, United Kingdom
24 May 2018

FOREWORD TO THE ACCOUNTS

LINCOLNSHIRE PARTNERSHIP NHS FOUNDATION TRUST

The Accounts for the year ended 31st March 2018 are set out on the following pages and comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows and the Notes to the Accounts.

The Accounts have been prepared by the Lincolnshire Partnership NHS Foundation Trust in accordance with paragraphs 24 and 25 of Schedule 7 to the National Health Service Act 2006 in the form in which NHS Improvement, in exercise of Monitor's power and with approval of the Secretary of State, directed.

The Trust maintains a detailed one year financial and business plan. After making enquiries that includes examining the period of at least one year from the date of the approval of the Accounts, the Directors have a reasonable expectation that the NHS Foundation Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing these Accounts.

Signed……..
Chief Executive **Date: 24th May 2018**

STATEMENT OF COMPREHENSIVE INCOME
FOR THE YEAR ENDED 31 MARCH 2018

	NOTE	2017/18 £000	2016/17 £000
Operating income	2.1	96,079	91,425
Other operating income	2.4	7,944	6,654
Total operating income from continuing operations		**104,023**	**98,079**
Operating Expenses	3.1	(101,204)	(94,930)
OPERATING SURPLUS		**2,819**	**3,149**
FINANCE COSTS			
Finance income	5.1	34	31
Finance expense - financial liabilities	5.2	(81)	(104)
Finance expense - unwinding of discount on provisions	12.1	(3)	(14)
PDC Dividends payable		(1,590)	(1,415)
NET FINANCE COSTS		**(1,640)**	**(1,502)**
Losses on disposal of assets	5.4	(11)	(8)
SURPLUS FOR THE YEAR FROM CONTINUING OPERATIONS		**1,168**	**1,639**
OTHER COMPREHENSIVE INCOME			
Will not be reclassified to income and expenditure:			
Impairments on property, plant & equipment and donated assets	13.1	(1,138)	(1,524)
Revaluation gains on property, plant & equipment and donated assets	13.1	5,797	77
TOTAL OTHER COMPREHENSIVE INCOME / (EXPENSE)		**4,659**	**(1,447)**
TOTAL COMPREHENSIVE INCOME FOR THE YEAR		**5,827**	**192**

There are no minority interests in the Trust. Therefore the net surplus for the year of £1,168,000 (2016/17: surplus of £1,639,000) and the total comprehensive income for the year of £5,827,000 (2016/17: £192,000) is wholly attributable to the Trust.

The notes on pages XXIV to XLIX form part of these accounts.

All income and expenditure is derived from continuing operations.

STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2018

	NOTE	31 March 2018 £000	31 March 2017 £000
Non-current assets			
Intangible assets	6.1/6.2	291	451
Property, plant and equipment	7.1/7.2	55,377	52,569
Trade and other receivables	9.1	45	7
Total non-current assets		**55,713**	**53,027**
Current assets			
Trade and other receivables	9.1	8,845	6,840
Non-current assets for sale and assets in disposal groups	8.1/8.2	1,683	1,454
Cash and cash equivalents	14.1	11,795	12,517
Total current assets		**22,323**	**20,811**
Current liabilities			
Trade and other payables	10.1	(10,647)	(11,651)
Borrowings	11.3	(667)	(667)
Provisions	12.1	(169)	(157)
Other liabilities	11.1	(1,405)	(1,573)
Total current liabilities		**(12,888)**	**(14,048)**
Total assets less current liabilities		**65,148**	**59,790**
Non-current liabilities			
Borrowings	11.3	(1,330)	(1,997)
Provisions	12.1	(995)	(1,063)
Total non-current liabilities		**(2,325)**	**(3,060)**
Total assets employed		**62,823**	**56,730**
Financed By Taxpayers' Equity			
Public dividend capital		25,409	25,144
Revaluation reserve	13.1	19,053	14,873
Income and expenditure reserve		18,361	16,713
Total taxpayers' equity		**62,823**	**56,730**

The notes on pages XXIV to XLIX form part of these accounts.

The financial statements were approved by the Board of Directors and authorised for issue by:

Signed:…… ……(Chief Executive)

Date: 24th May 2018

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY FOR THE YEAR ENDED 31 MARCH 2018

	NOTE	Total £000	Public Dividend Capital £000	Revaluation Reserve £000	Income and Expenditure Reserve £000
Taxpayers' Equity at 1 April 2017 brought forward		**56,730**	25,144	14,873	16,713
Surplus for the year		**1,168**	-	-	1,168
Impairment losses on property, plant & equipment and donated assets	13.1	**(1,138)**	-	(1,138)	-
Revaluations on property, plant & equipment and donated assets	13.1	**5,797**	-	5,797	-
Transfer to retained earnings on disposal of assets		**-**	-	(180)	180
Public dividend capital received		**265**	265	-	-
Transfer of the excess of current cost depreciation over historical cost depreciation to the income & expenditure reserve	13.1	**-**	-	(299)	299
Taxpayers' Equity at 31 March 2018		**62,823**	**25,409**	**19,053**	**18,361**
Taxpayers' Equity at 1 April 2016 brought forward		**56,132**	24,738	16,713	14,681
Surplus for the year		**1,639**	-	-	1,639
Impairment losses on property, plant & equipment and donated assets	13.1	**(1,524)**	-	(1,524)	-
Revaluation gains on property, plant & equipment and donated assets	13.1	**77**	-	77	-
Transfer to retained earnings on disposal of assets		**-**	-	(32)	32
Public dividend capital received		**406**	406	-	-
Transfer of the excess of current cost depreciation over historical cost depreciation to the income & expenditure reserve	13.1	**-**	-	(361)	361
Taxpayers' Equity at 31 March 2017		**56,730**	**25,144**	**14,873**	**16,713**

Public dividend capital

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

Revaluation reserve

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

Income and expenditure reserve

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

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 MARCH 2018

	NOTE	2017/18 £000	2016/17 £000
Cash flows from operating activities			
Operating surplus		**2,819**	**3,149**
Non-cash income and expense:			
Depreciation and amortisation		2,287	2,595
Impairments and reversals	5.3	2,751	857
(Increase) in trade and other receivables		(2,127)	(1,491)
(Decrease) /increase in trade and other payables		(528)	1,876
(Decrease) in other liabilities		(168)	(334)
(Decrease) in provisions		(58)	(342)
Net cash generated from operating activities		**4,976**	**6,310**
Cash flows used in investing activities			
Interest received		34	31
Purchase of intangible assets	6.1	(105)	(62)
Purchase of property, plant and equipment		(3,938)	(2,353)
Sales of property, plant and equipment		231	160
Net cash (used in) investing activities		**(3,778)**	**(2,224)**
Cash flows used in financing activities			
Public dividend capital received*		265	406
Loans repaid to the Department of Health and Social Care		(668)	(667)
Interest paid		(80)	(104)
Public dividend capital paid**		(1,437)	(1,577)
Net cash (used in) financing activities		**(1,920)**	**(1,942)**
(Decrease)/increase in cash and cash equivalents		**(722)**	**2,144**
Cash and Cash equivalents at 1 April brought forward		**12,517**	**10,373**
Cash and Cash equivalents at 31 March	14.1	**11,795**	**12,517**

Cash flows used in financing activities relating to financial liabilites are all cash movements. There have been no non-cash changes in year.

*During the year the Trust received £265,000 of Public dividend capital as funding for IM&T cyber security (2016/17: - £406,000 received for capital Places of Safety bids).

**Public dividend capital paid relates to the annual dividend charge payable on relevant Trust net assets.

NOTES TO THE ACCOUNTS

1.1 Accounting policies and other information

NHS Improvement, in exercising the statutory functions conferred on Monitor,has directed that the financial statements of NHS Foundation Trusts shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM) which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2017/18, issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards (IFRS) to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the NHS Foundation Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Going concern

These accounts have been prepared on a going concern basis. The Trust maintains a detailed annual financial and business plan. After making enquiries that includes examining the period of at least one year from the date of the approval of the accounts, the Directors have a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing these accounts.

Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment.

1.2 Consolidation

Joint ventures

Joint ventures are arrangements in which the Trust has joint control with one or more other parties, and where it has the rights to the net assets of the arrangement.

Joint ventures are accounted for using the equity method.

1.3 Critical accounting judgements and key sources of estimation uncertainty

In the application of the Trust's accounting policies, management is required to make various judgements, estimates and assumptions. These are regularly reviewed.

1.3.1 *Critical judgements in applying accounting policies*

The Trust has recognised that there are critical judgements required by management in applying accounting policies that may have a significant effect on the amounts recognised in the financial statements. These are in relation to the write off of the Trust's remaining receivable balance with its now defunct joint venture, Universal Health Limited. The Trust had previously written off the full £312,000 receivable balance in 2016/17 due to the company being in liquidation, and increased uncertainty around its recovery. The Trust has completed a Notice to Prove as part of the liquidation process and has received £159,148 during the year to 31st March 2018 as part of this process. The Trust has made no provision for any further remittances that may be received.

1.3.2 *Sources of estimation uncertainty*

The Trust has considered key assumptions concerning the future and other key sources of estimation uncertainty at the Statement of Financial Position date, that have a significant risk of causing material adjustment to the carrying amounts of assets and liabilities within the next financial year. The Trust considers the revaluation of its property, plant and equipment to be a material estimation made by the District Valuer. The carrying amount of the Trust's revalued property, plant and equipment is £53,090,634 for the year ended 31st March 2018.

1.4 Segmental Analysis

No segmental analysis is shown as the sole activity of Lincolnshire Partnership NHS Foundation Trust in 2017/18 was the provision of specialist health services for the people in Lincolnshire. For adults of working age with a mental health or substance misuse problem, the specialist services include social care.

The "Chief Operating Decision Maker" is deemed to be the Trust Board of Directors. The Board currently receives only high level financial reporting information and does not therefore review information or allocate resources in any way that could be perceived to represent operating segments. This will be reviewed during the course of 2018/19 and is dependent upon the information received or requested by the Chief Operating Decision Maker.

The Trust has a group of customers, Lincolnshire Clinical Commissioning Groups, from which more than 10% of its total revenue is derived from providing mental health services.

1.5.1 Income

The main source of income for the Trust is contracts with commissioners in respect of healthcare services.

Income in respect of services provided is recognised when, and to the extent that, performance occurs and is measured at the fair value of the consideration receivable. At the year end, the Trust accrues income relating to activity delivered in that year. Where a patient care spell is incomplete at the year end, revenue relating to the partially completed spell is accrued and agreed with the commissioner.

Where income is received for a specific activity which is to be delivered in the following year, that income is deferred.

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

1.5.2 Revenue government and other grants

Government grants are grants from Government bodies other than income from commissioners or NHS Trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure.

The value of the benefit received when accessing funds from the the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider, the corresponding notional expense is also recognised at the point of recognition for the benefit.

1.6 Expenditure on employee benefits

1.6.1 *Short-term employee benefits*

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

1.6.2 *Pension costs*

NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pensions Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of scheme liability as at 31 March 2018, is based on valuation data as at 31 March 2017, updated to 31 March 2018 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the scheme actuary report, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account their recent demographic experience), and to recommend contribution rates payable by employees and employers.

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ended 31 March 2012. The Scheme Regulations allow for the level of contribution rates to be changed by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and employee and employer representatives as deemed appropriate.

The next actuarial valuation is expected to be carried out as at 31 March 2016 and is currently being prepared. The direction assumptions are published by HM Treasury which are used to complete the valuation calculations, from which the final valuation report can be signed off by the scheme actuary. This will set the employer contribution rate payable from April 2019 and will consider the cost of the Scheme relative to the employer cost cap. There are provisions in the Public Service Pension Act 2013 to adjust member benefits or contribution rates if the cost of the Scheme changes by more than 2% of pay. Subject to this 'employer cost cap' assessment, any required revisions to member benefits or contribution rates will be determined by the Secretary of State for Health after consultation with the relevant stakeholders.

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

1.7 Expenditure on other goods and services

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

1.8 Value Added Tax

Most of the activities of the NHS Foundation Trust are outside the scope of value added tax (VAT) and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of non-current assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.9 Corporation Tax

The Trust is a Health Service Body within the meaning of s519A ICTA 1988 and accordingly in relation to specified activities of a Foundation Trust (s519A (3) to (8) ICTA 1988).

Accordingly, the Trust is potentially within the scope of corporation tax in respect of activities which are not related to, or ancillary to, the provision of healthcare, and where the profits there from exceed £50,000 per annum. As the Trust has not generated any such profits from activities unrelated to healthcare, no corporation tax liability has been incurred nor accounted for within these financial statements.

1.10 Property, Plant and Equipment

1.10.1 *Recognition*

Property, Plant and Equipment is capitalised where:

● it is held for use in delivering services or for administrative purposes;
● it is probable that future economic benefits will flow to, or service potential be provided to, the Trust;
● it is expected to be used for more than one financial year; and
● the cost of the item can be measured reliably.

Capitalisation thresholds are as follows:

● individually have a cost which is material, materiality for this purpose is deemed to be £5,000.

● form a group of assets which individually have a cost of £250, collectively have a cost of £5,000, have broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control wherever possible.
● specifically for the grouping of IM & T assets: have a cost of £250 that incorporates for example: desktops, tablets and laptops (and printers where deemed necessary) items such as stands, keyboards, mice and monitors. Standard recognised associated parts that bring the asset into working condition (installation costs) are also to be included such as catalysts, switches and cabling.
● form part of the initial setting-up cost of a new building or refurbishment of a ward or unit, irrespective of their individual or collective cost.

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

1.10.2 *Measurement*

Valuation

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

All property assets are measured subsequently at valuation unless they are held for their sale potential under IFRS 5.

Property asset valuations will be carried out by professionally qualified valuers in accordance with International Financial Reporting Standards (IFRS) as interpreted and applied by the HM Treasury FReM compliant Department of Health and Social Care Group Manual for Accounts (GAM). The valuations will also accord with the requirements of the professional standards of the Royal Institute of Chartered Surveyors (RICS) Valuation - Global Standards 2017 and the RICS Valuation - Professional Standards UK (January 2014, revised April 2015), commonly known together as the Red Book in so far as these are consistent with the aforementioned IFRS and GAM guidance; RICS UKVS 1.14 refers. Specialised operational assets where there is little or no market based evidence of fair value will require valuation at Depreciated Replacement Cost (DRC). Non specialised operational assets will require valuation at current value in existing use (EUV). Assets held for sale will be valued at fair value in line with IFRS 5. An item of property, plant and equipment which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 or IFRS 5.

The frequency of property assets valuation will be determined with reference to significant market volatility, and the requirement to keep asset values up to date. A full property valuation will be undertaken at least once every five years. This valuation which will incorporate the annual impairment review will be carried out by a professionally qualified valuer.

Property assets that are newly- acquired or constructed or in the course of construction are initially measured at cost and will only require a formal revaluation if there is an indication that the initial cost is significantly different to its fair value. Capital works, notably tenant's improvements on leased assets may be written down on the advice of the qualified valuer. The remaining asset balance is depreciated over the shorter of:

- the life of the lease; or
- the remaining useful economic life of the asset.

Non property assets with short useful economic lives or low values will be measured on a depreciated historical cost basis as an acceptable proxy for current value in existing use. This is because the useful econominc lives used are considered to be a realistic reflection of the lives of assets and the depreciation method chosen represents the consumption of the asset.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the Trust and the cost of the item can be determined reliably.

Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Depreciation

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

Property, plant and equipment which has been reclassified as 'held for sale' ceases to be depreciated upon the reclassification. Assets in the course of construction are not depreciated until the asset is brought into use.

Economic lives of property, plant and equipment:	Min Life Years	Max Life Years
Land	0	0
Buildings excluding dwellings	5	56
Plant & Machinery	4	10
Information Technology	4	5
Furniture & Fittings	5	10

Revaluation gains and losses

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

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

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

Impairments

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

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

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

1.10.3 ***De-recognition***

Assets intended for disposal are reclassified as 'held for sale' once all of the following criteria are met:

● the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
● the sale must be highly probable i.e:
● management are committed to a plan to sell the asset;
● an active programme has begun to find a buyer and complete the sale;
● the asset is being actively marketed at a reasonable price;
● the sale is expected to be completed within 12 months of the date of classification as 'held for sale'; and
● the actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made to it.

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

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

1.10.4 ***Donated assets***

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

1.11 Intangible assets

1.11.1 ***Recognition***

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

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised.

Expenditure on development is capitalised only where all of the following can be demonstrated:
● the project is technically feasible to the point of completion and will result in an intangible asset for sale or use;
● the Trust intends to complete the asset and sell or use it;
● the Trust has the ability to sell or use the asset;
● how the intangible asset will generate probable future economic or service delivery benefits e.g. the presence of a market for it or its output or, where it is to be used for internal use, the usefulness of the asset;
● adequate financial, technical and other resources are available to the Trust to complete the development and sell or use the asset; and
● the Trust can measure reliably the expenses attributable to the asset during development.

Software

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

1.11.2 ***Measurement***

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential be provided to, the Trust;
- it is expected to be used for more than one financial year; and
- the cost of the item can be measured reliably.

Capitalisation thresholds are as follows:
- individually have a cost which is material, materiality for this purpose is deemed to be £5,000.
- form a group of assets which individually have a cost of £250, collectively have a cost of £5,000, have broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control wherever possible.

Subsequently intangible assets are measured at current value in existing use by reference to an active market. Intangible assets are therefore valued at amortised historical cost as an acceptable proxy for current value in existing use. This is because the useful econominc lives used are considered to be a realistic reflection of the lives of assets and the amortisation method chosen represents the consumption of the asset. Where no active market exists, intangible assets are valued at the lower of amortised historical cost and value in use where the asset is income generating. Revaluation gains and losses and impairments are treated in the same manner as for property, plant and equipment.

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

Amortisation

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

Intangible assets held for sale are not amortised.

Economic lives of intangible assets:	Min Life Years	Max Life Years
Software	3	5

1.12 Financial instruments and financial liabilities

1.12.1 ***Recognition***

Financial assets and financial liabilities which arise from contracts for the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements, are recognised when, and to the extent which, performance occurs i.e. when receipt or delivery of the goods or services is made.
Regular way purchases or sales are recognised and de-recognised, as applicable, using the trade date.

All other financial assets and financial liabilities are recognised when the Trust becomes a party to the contractual provisions of the instrument.

1.12.2 ***De-recognition***

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

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

1.12.3 ***Classification and measurement***

Financial assets are categorised as 'fair value through income and expenditure', loans and receivables or 'available-for-sale financial assets'.

Financial liabilities are classified as 'fair value through income and expenditure' or as 'other financial liabilities'.

1.12.4 ***Financial assets and financial liabilities at 'fair value through income and expenditure'***

Financial assets and financial liabilities at 'fair value through income and expenditure' are financial assets or financial liabilities held for trading. A financial asset or financial liability is classified in this category if acquired principally for the purpose of selling in the short-term. Derivatives are also categorised as held for trading unless they are designated as hedges. Derivatives which are embedded in other contracts but which are not 'closely-related' to those contracts are separated-out from those contracts and measured in this category. Assets and liabilities in this category are classified as current assets and current liabilities.

These financial assets and financial liabilities are recognised initially at fair value, with transaction costs expensed in the income and expenditure account. Subsequent movements in the fair value are recognised as gains or losses in the Statement of Comprehensive Income.

1.12.5 ***Loans and receivables***

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. They are included in current assets.

The Trust's loans and receivables comprise: current investments, cash and cash equivalents, NHS receivables, accrued income and 'other receivables'.

Loans and receivables are recognised initially at fair value, net of transactions costs, and are measured subsequently at amortised cost, using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash receipts through the expected life of the financial asset or, when appropriate, a shorter period, to the net carrying amount of the financial asset.

Interest on loans and receivables is calculated using the effective interest method and credited to the Statement of Comprehensive Income. Loans from the Department of Health and Social Care are not held for trading and are measured at historic cost with any unpaid interest accrued separately.

1.12.6 ***Available-for-sale financial assets***

Available-for-sale financial assets are non-derivative financial assets which are either designated in this category or not classified in any of the other categories. They are included in long-term assets unless the Trust intends to dispose of them within twelve months of the Statement of Financial Position date.

Available-for-sale financial assets are recognised initially at fair value, including transaction costs, and measured subsequently at fair value, with gains or losses recognised in reserves and reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'. When items classified as 'available-for-sale' are sold or impaired, the accumulated fair value adjustments recognised are transferred from reserves and recognised in 'finance costs' in the Statement of Comprehensive Income.

1.12.7 ***Other financial liabilities***

All other financial liabilities are recognised initially at fair value, net of transaction costs incurred, and measured subsequently at amortised cost using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash payments through the expected life of the financial liability or, when appropriate, a shorter period, to the net carrying amount of the financial liability.

They are included in current liabilities except for amounts payable more than twelve months after the Statement of Financial Position date, which are classified as long-term liabilities.
Interest on financial liabilities carried at amortised cost is calculated using the effective interest method and charged to finance costs. Interest on financial liabilities taken out to finance property, plant and equipment or intangible assets is not capitalised as part of the cost of those assets.

1.12.8 ***Determination of fair value***

For financial assets and financial liabilities carried at fair value, the carrying amounts are determined from quoted market prices/independent appraisals/discounted cash flow analysis.

1.12.9 ***Impairment of financial assets***

At the Statement of Financial Position date, the Trust assesses whether any financial assets, other than those held at 'fair value through income and expenditure' are impaired. Financial assets are impaired and impairment losses are recognised if, and only if, there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the Statement of Comprehensive Income and the carrying amount of the asset is reduced directly.

1.13 Leases

1.13.1 ***Operating Leases***

Operating lease rentals are charged to operating expenses on a straight-line basis over the term of the lease. Operating lease incentives received are added to the lease rentals and charged to operating expenses over the life of the lease.

1.13.2 ***Leases of land and buildings***

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

1.14 Provisions

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

1.14.1 *Clinical negligence costs*

NHS Resolution operates a risk pooling scheme under which the NHS Foundation Trust pays an annual contribution to the NHSLA, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the NHS Foundation Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the NHS Foundation Trust is disclosed in note 12.2 to the accounts but is not recognised in the NHS Foundation Trust's accounts.

1.14.2 *Non-clinical risk pooling*

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

1.15 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 12.3 to the accounts where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in the notes to the accounts, unless the probability of a transfer of economic benefits is remote. Contingent liabilities are defined as:

● possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
● present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

1.16 Public dividend capital

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

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

A charge, reflecting the cost of capital utilised by the NHS Foundation Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the NHS Foundation Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for (i) donated assets, (ii) average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility, and (iii) any PDC dividend balance receivable or payable. In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the ‘pre-audit’ version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result of the audit of the annual accounts.

1.17 Foreign exchange

The functional and presentational currencies of the Trust are sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

Where the Trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:

● monetary items (other than financial instruments measured at 'fair value through income and expenditure') are translated at the spot exchange rate on 31 March;

● non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction; and

● non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

1.18 Cash, Bank and Overdrafts

Cash, bank and overdraft balances are recorded at the current values of these balances in the cash book of the NHS Foundation Trust. These balances exclude monies held in the NHS Foundation Trust's bank account belonging to patients. Account balances are only set off where a formal agreement has been made with the bank to do so. In all other cases overdrafts are disclosed within creditors. Interest earned on bank accounts and interest charged on overdrafts is recorded as, respectively, "interest receivable" and "interest payable" in the periods to which they relate. Bank charges are recorded as operating expenditure in the periods to which they relate.

1.19 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the NHS Foundation Trust has no beneficial interest in them. However, they are disclosed in note 14.2 to the accounts in accordance with the requirements of HM Treasury's Financial Reporting Manual.

1.20 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had NHS Trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

However the losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

1.21 International Financial Reporting Standards, Accounting Standards and amendments issued but not yet adopted

The GAM does not require the following Standards and Interpretations to be applied in 2017/18. These standards are still subject to HM Treasury FReM adoption, with IFRS 9 and IFRS 15 being for implementation in 2018/19, and the government implementation date for IFRS 16 and IFRS 17 still subject to HM Treasury consideration.

● IFRS 9 Financial Instruments - Applications required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted.

● IFRS 15 Revenue from Contracts with Customers- Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted.

● IFRS 16 Leases- Application required for accounting periods beginning on or after 1 January 2019, but not yet adopted by the FReM : early adoption is not therefore permitted.

● IFRS 17 Insurance Contracts- Application required for accounting periods beginning on or after 1 January 2021 but not yet adopted by the FReM : early adoption is not therefore permitted.

● IFRIC 22 Foreign Currency Transactions and Advance Consideration -Application required for accounting periods on or after 1 January 2018.

● IFRIC 23 Uncertainty over Income Tax Treatments -Application required for accounting periods on or after 1 January 2019.

The Trust has reviewed IFRS 9 and does not anticipate a material impact on the Annual Accounts for the year ended 31st March 2019. An initial impact scoping exercise of the effect of IFRS15 has been completed, but further work is required regarding the accounting treatment of the performance measure - Commissioning for Quality and Innovation (CQUIN), pending the anticipated publication of national guidance. Work will be undertaken in 2018/19 to assess the impact of IFRS 16 which becomes applicable for the 2019/20 accounting period.

2.1 Operating Income

Income from patient care (by nature)	2017/18 Total £000	2016/17 Total £000
Mental Health Trusts		
Cost and Volume Contract income*	3,138	3,198
Block Contract income**	85,789	80,839
Clinical Partnerships providing mandatory services (including S75 agreements)*	7,152	7,388
Total Income from activities	**96,079**	**91,425**

* The "Clinical Partnerships providing mandatory services" prior year comparator has reduced from £16,329,000 to £7,388,000. £884,000 has been moved to "Cost and Volume Contract income" and £8,057,000 has been moved to "Block Contract income" following improved analysis.

** In addition to the note above, the prior year comparator for "Block Contract Income" has increased by £38,000 which has been moved from "Non-patient care services to other bodies" within other operating income due to improved analysis.

The Trust's Provider Licence sets out the commissioner requested services that the Trust must provide.
All of the income from activities shown above is derived from the provision of commissioner requested services.

2.2 Income from patient care (by source)	2017/18 Total £000	2016/17 Total £000
NHS Foundation Trusts	105	146
NHS Trusts	308	103
NHS England	4,952	4,644
Clinical Commissioning Groups (CCGs)	70,469	66,758
Local Authorities	20,206	19,736
Non NHS: Other*	39	38
Total income from activities	**96,079**	**91,425**

* Non NHS: Other relates to learning disabilities psychological services for both 2017/18 and 2016/17.

2.3 Overseas Visitors

No income has been received in the year (relating to patients charged directly by the provider) (2016/17: Nil).

2.4 Other Operating Income

Other Operating Income (by nature)	2017/18 Total £000	2016/17 Total £000
Research and development	363	363
Education and training	3,205	2,781
Charitable and other contributions to expenditure	23	23
Non-patient care services to other bodies *	1,128	1,134
Sustainability and Transformation Fund income **	2,779	1,971
Other ***	446	382
Total other operating income	**7,944**	**6,654**

* The prior year comparator for "Non-patient care services to other bodies" has reduced by £38,000 which has been moved to "Block Contract income" within operating income due to improved analysis.

** Sustainability and Transformation Fund income is an incentive payment which was introduced in 2016/17 by NHS England to allocate £1.8 billion to the sector based on Trust's achieving an annual financial control total and performance targets as agreed with NHS Improvement.

***Other Operating Income - Other	2017/18 Total £000	2016/17 Total £000
Catering	53	46
Property rentals	51	55
Staff contributions to employee benefit schemes	342	281
Total	**446**	**382**

2.5 Other Operating Income (by source)	2017/18 Total £000	2016/17 Total £000
NHS Foundation Trusts	26	2
NHS Trusts	1,217	1,275
NHS England and Clinical Commissioning Groups (CCGs) *	3,276	2,327
Health Education England	2,365	2,467
Special Health Authorities**	31	-
Local Authorities	179	28
Non NHS: Other	850	555
Total income from activities	**7,944**	**6,654**

* Other operating income from NHS England and Clinical Commissioning Groups (CCGs) includes £2,779,000 of Sustainability and Transformation Fund income (2016/17: £1,971,000).

** From December 2017 NHS Trust Development Authority became part of NHS Improvement which is classed as a Special Health Authority.

2.6 Fees and Charges (income generation)

Trusts are required by HM Treasury to provide details of any income generation activities where the full costs exceed £1 million or the service is otherwise felt to be material. The Trust does not consider itself to have any such income generation activities during 2017/18 (2016/17: Nil).

2.7 Operating lease income

The Trust received no operating lease income for 2017/18 (2016/17: Nil).

3.1 Operating expenses (by type)	2017/18	2016/17
	£000	£000
Purchase of healthcare from non NHS and non-DHSC bodies	21	9
Purchase of social care (under S.75 or other integrated care arrangements)	6,013	5,990
Staff and executive directors costs	73,153	67,477
Remuneration of non-executive directors	126	127
Supplies and services - clinical (excluding drug costs)	1,107	1,358
Supplies and services - general	1,492	1,552
Drug costs	1,402	1,278
Consultancy costs	259	180
Establishment	1,279	1,254
Premises - business rates payable to local authorities	582	682
Premises - other	2,693	2,682
Transport	1,911	1,956
Patient travel	2	4
Depreciation on property, plant and equipment	2,022	2,277
Amortisation on intangible assets	265	318
Net impairments of property, plant and equipment	2,751	857
(Decrease) / increase in provision for impairment of receivables *	(160)	126
Change in provisions discount rate(s)	23	97
Audit fees payable to the external auditor		
audit services- statutory audit	50	55
other audit remuneration (external auditor only)	18	48
Internal audit and local counter fraud costs	88	104
Clinical negligence	245	175
Legal fees	124	146
Education and training	737	851
Rentals under operating leases - minimum lease payments	2,760	2,738
Redundancy	61	366
Car parking & security	179	169
Losses, ex gratia & special payments**	97	34
Other services, e.g. external payroll	657	762
Other	1,247	1,258
TOTAL	**101,204**	**94,930**

* Decrease in provision for impairment of receivables relates solely to the Trust's previous joint venture, Universal Health Ltd.

** Refer to note 19.1 for further details.

3.2 Analysis of Operating Lease Expenditure

	2017/18 £000	2016/17 £000
Operating lease expenditure by type:		
Buildings	2,026	2,033
Other	734	705
TOTAL	**2,760**	**2,738**

3.3 Arrangements containing an operating lease

Future minimum lease payments due:	2017/18 £000	2016/17 £000
- not later than one year;	2,672	2,405
- later than one year and not later than five years;	2,414	2,455
- later than five years.	523	783
TOTAL	**5,609**	**5,643**

Future minimum lease payments due by type:	2017/18 £000 Buildings	2017/18 £000 Other	2016/17 £000 Buildings	2016/17 £000 Other
- not later than one year;	1,962	710	1,909	496
- later than one year and not later than five years;	1,709	705	1,880	575
- later than five years.	523	-	783	-
TOTAL	**4,194**	**1,415**	**4,572**	**1,071**

3.4 Other auditor's remuneration

	2017/18 £000	2016/17 £000
Audit of accounts of any associate of the Trust	-	30
Audit-related assurance services	18	18
Total	**18**	**48**

3.5 Limitation on auditor's liability

	2017/18 £000	2016/17 £000
Limitation on auditor's liability	1,000	1,000

The Trust external auditor for 2017/18 (and 2016/17) was Deloitte LLP under the terms of engagement dated 27th February 2017.

3.6 The late payment of commercial debts (interest) Act 1998

The Trust incurred no interest or charges for late payment of commercial debts in 2017/18 (2016/17: Nil). The Trust has not accrued for any interest payable in relation to the late payment of invoices due to the amounts being immaterial.

3.7 Better Payments Practice Code

	2017/18 £000	2017/18 Number	2016/17 £000	2016/17 Number
Total Non-NHS trade invoices paid in the year	23,950	15,885	27,538	12,686
Total Non-NHS trade invoices paid within target	21,073	12,921	25,462	10,614
Percentage of Non-NHS trade invoices paid within target	88%	81%	92%	84%
Total NHS trade invoices paid in the year	5,801	931	9,276	1,873
Total NHS trade invoices paid within target	5,419	820	8,511	1,634
	93%	88%	92%	87%

The Better Payments Practice Code requires the Trust to aim to pay all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later. The Trust aspires to pay at least 95% of invoices on time.

4.1 Employee Expenses

	2017/18 Total £000	2016/17 Total £000
Salaries and wages	57,166	53,133
Social security costs	5,534	5,189
Apprenticeship levy*	270	-
Employers contributions to NHS Pensions	7,078	6,735
Termination Benefits	193	571
Temporary staff (including agency)	2,973	2,215
Total Gross Staff Costs	**73,214**	**67,843**

Gross staff costs comprise of "Staff and executive directors costs" and "Redundancy" per the Operating Expenses note 3.1.

* From 6th April 2017 all employers with a pay bill in excess of £3 million have been required to pay an apprenticeship levy to H M Revenue and Customs. These funds can be utilised for relevant apprentice training.

Further analysis of employee costs including termination and compensation payments can be found in the Staff Report section of the Annual Report.

4.2 Average number of employees (Whole Time Equivalent basis)

This note is now incorporated within the Staff Report section of the Annual Report.

4.3 Early retirements due to ill health

	2017/18 Total £000	2017/18 Total Number	2016/17 Total £000	2016/17 Total Number
Early retirements on the grounds of ill-health	314	3	78	1

The above costs are borne by the NHS Business Services Authority - Pensions Division and not the Trust. They are calculated by multiplying the average value of ill-health pension by the number of years from payment to age sixty. Any pensions increase has been ignored.

4.4 Staff Exit Packages

This note is now incorporated within the Staff Report section of the Annual Report.

5.1 Finance Income

	2017/18 £000	2016/17 £000
Bank Interest	34	31
Total	**34**	**31**

5.2 Finance Cost

	2017/18 £000	2016/17 £000
Interest on capital loans from the Department of Health and Social Care	81	104
Total	**81**	**104**

5.3 Impairment of Assets (Property Plant and Equipment)

	2017/18 £000	2016/17 £000
Net impairments charged to operating surplus resulting from:		
Changes in market price	2,751	857
Total net impairments charged to operating surplus	**2,751**	**857**
Impairments charged to the revaluation reserve	1,139	1,524
Total net impairments*	**3,890**	**2,381**

* The total net impairment of £3,889,516 comprises a £3,148,216 impairment for the year end revaluation, an impairment of the newly constructed Psychiatric Intensive Care Unit of £706,800 and a £34,500 impairment of Lumley Avenue prior to it being reclassified as an asset held for sale. Of the £2,751,084 charged to operating income, £2,273,126 relates to the annual valuation as discussed in note 7.3. The remaining £477,958 consists of £34,500 relating to the impairment of Lumley Avenue and £443,458 being the initial impairment of the Psychiatric Intensive Care Unit. £1,138,633 has been charged to the revaluation reserve.

5.4 Other (losses)

	2017/18 £000	2016/17 £000
(Loss) on disposal of assets held for sale	(11)	(8)
Total (loss) on disposal of assets	**(11)**	**(8)**

Losses on disposal of assets held for sale are in respect of the sale of Lumley Avenue, Skegness. (2016/17: £8,000 for the disposal of Eastfield Road at Louth).

The Trust received proceeds net of legal fees of £231,000 against the property's net book value of £242,000, resulting in an £11,000 loss on disposal.

Before being classified as an asset held for sale, Lumley Avenue was used as a community base for commissioner requested services. These services continue to be provided by utilising the Trust's existing estate.

6.1 Intangible assets 2017/18

	Total £000	Software licences / purchased licences £000
Valuation / Gross cost at 1 April 2017 brought forward	**1,708**	**1,708**
Additions - purchased	105	105
Gross cost at 31 March 2018	**1,813**	**1,813**
Amortisation at 1 April 2017 brought forward	**1,257**	**1,257**
Provided during the year	265	265
Amortisation at 31 March 2018	**1,522**	**1,522**
Net book value		
NBV - Purchased at 31 March 2018	291	291
NBV total at 31 March 2018	**291**	**291**

6.2 Intangible assets 2016/17

	Total £000	Software licences / purchased licences £000
Valuation / Gross cost at 1 April 2016 brought forward	**1,646**	**1,646**
Additions - purchased	62	62
Valuation/Gross cost at 31 March 2017	**1,708**	**1,708**
Amortisation at 1 April 2016 brought forward	**939**	**939**
Provided during the year	318	318
Amortisation at 31 March 2017	**1,257**	**1,257**
Net book value		
NBV - Purchased at 31 March 2017	451	451
NBV total at 31 March 2017	**451**	**451**

7.1 Property, Plant and Equipment 2017/18	Total	Land	Buildings excluding dwellings	Assets under construction	Plant and machinery	Information technology	Furniture & fittings
	£000	£000	£000	£000	£000	£000	£000
Valuation/Gross cost at 1 April 2017 brought forward	**56,266**	**8,300**	**41,162**	**1,479**	**1,138**	**3,242**	**945**
Additions - purchased	**3,393**	108	2,162	183	83	844	13
Impairments	**(4,914)**	(113)	(4,801)	-	-	-	-
Reversal of impairments	**561**	-	561	-	-	-	-
Reclassifications	**-**	-	1,348	(1,479)	26	21	84
Revaluations	**4,877**	10	4,867	-	-	-	-
Reclassifications to Assets Held for Sale	**(505)**	(245)	(260)	-	-	-	-
Disposals	**(9)**	-	(9)	-	-	-	-
Valuation/Gross cost at 31 March 2018	**59,669**	**8,060**	**45,030**	**183**	**1,247**	**4,107**	**1,042**
Accumulated depreciation at 1 April 2017 brought forward	**3,697**	**-**	**7**	**-**	**588**	**2,520**	**582**
Provided during the year	**2,022**	-	1,420	-	121	395	86
Accumulated depreciation written off following revaluation	**(1,418)**	-	(1,418)	-	-	-	-
Disposals	**(9)**	-	(9)	-	-	-	-
Accumulated depreciation at 31 March 2018	**4,292**	**-**	-	**-**	**709**	**2,915**	**668**
Net book value - 31 March 2018							
Owned	**55,301**	8,060	44,954	183	538	1,192	374
Donated	**76**	-	76	-	-	-	-
NBV total at 31 March 2018	**55,377**	**8,060**	**45,030**	**183**	**538**	**1,192**	**374**

7.2 Property, Plant and Equipment 2016/17	Total	Land	Buildings excluding dwellings	Assets under construction	Plant and machinery	Information technology	Furniture & fittings
	£000	£000	£000	£000	£000	£000	£000
Valuation/Gross cost at 1 April 2016 brought forward	**57,691**	**8,505**	**43,703**	**126**	**1,385**	**2,938**	**1,034**
Additions - purchased	**3,079**	-	1,299	1,421	35	304	20
Impairments	**(3,850)**	(129)	(3,721)	-	-	-	-
Reversal of impairments	**(7)**	-	(7)	-	-	-	-
Reclassifications	**-**	-	76	(68)	(8)	-	-
Revaluations	**33**	15	18	-	-	-	-
Reclassifications to Assets Held for Sale	**(277)**	(91)	(186)	-	-	-	-
Disposals	**(403)**	-	(20)	-	(274)	-	(109)
Valuation/Gross cost at 31 March 2017	**56,266**	**8,300**	**41,162**	**1,479**	**1,138**	**3,242**	**945**
Accumulated depreciation at 1 April 2016 brought forward	**3,343**	-	-	-	720	2,029	594
Provided during the year	**2,277**	-	1,547	-	150	491	89
Accumulated depreciation written off following revaluation	**(1,520)**	-	(1,520)	-	-	-	-
Reclassifications	**(1)**	-	-	-	(1)	-	-
Disposals	**(402)**	-	(20)	-	(281)	-	(101)
Accumulated depreciation at 31 March 2017	**3,697**	-	**7**	-	**588**	**2,520**	**582**
Net book value - 31 March 2017							
Owned	**52,505**	8,300	41,091	1,479	550	722	363
Donated	**64**	-	64	-	-	-	-
NBV total at 31 March 2017	**52,569**	**8,300**	**41,155**	**1,479**	**550**	**722**	**363**

7.3 Property plant and equipment valuation

A Modern Equivalent Asset (MEA) valuation in the form of an annual impairment review was applied to the Trust's property base as at 31 March 2018. This resulted in an overall increase in property values of £2,648,560. Of this, net impairments charged to operating expenses totalled £2,273,126 and an overall upwards movement of £4,921,686 was taken to the revaluation reserve. The valuation was performed by Mr Robert Mapletoft, MRICS BSc (Hons) Urban Estate Surveying NDEA of the District Valuation Services (DVS) on the 22nd March 2018.

7.4 Net book value of assets held under finance leases and hire purchase contracts at the balance sheet date.

The Trust held no assets under finance lease or hire purchase contracts for 2017/18 (2016/17: £Nil).

7.5 NBV of property, plant and equipment and assets held for sale in the revaluation reserve as at 31 March 2018	**Total**	**Land**	**Buildings excluding dwellings**	**Assets under construction & POA**	**Plant & Machinery**	**Information Technology**	**Furniture & Fittings**
	£000	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**
Net book value							
as at 1 April 2017 brought forward	**14,873**	5,826	9,047	-	-	-	-
movement in year	**4,180**	(153)	4,333	-	-	-	-
Total at 31 March 2018	**19,053**	**5,673**	**13,380**	-	-	-	-

7.6 NBV of property, plant and equipment and assets held for sale in the revaluation reserve as at 31 March 2017	**Total**	**Land**	**Buildings excluding dwellings**	**Assets under construction & POA**	**Plant & Machinery**	**Information Technology**	**Furniture & Fittings**
	£000	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**
Net book value							
as at 1 April 2016 brought forward	**16,713**	5,960	10,753	-	-	-	-
movement in year	**(1,840)**	(134)	(1,706)	-	-	-	-
Total at 31 March 2017	**14,873**	**5,826**	**9,047**	-	-	-	-

8.1. Non-current assets for sale and assets in disposal groups 2017/18

	Total	Land	Property, Plant and Equipment
	£000	£000	£000
NBV of non-current assets for sale and assets in disposal groups at 1 April 2017 brought forward	1,454	1,268	186
Plus assets classified as available for sale in year	505	245	260
Less assets sold in year	(242)	(78)	(164)
Less impairment of assets held for sale	(34)	(12)	(22)
NBV of non-current assets for sale and assets in disposal groups at 31 March 2018	**1,683**	**1,423**	**260**

Assets held for sale comprise the Norton Lea site at Boston and St. Anne's Road at Lincoln.
Norton Lea remains an asset held for disposal from 2016/17 and is currently undergoing sale negotiations.

Lumley Avenue at Skegness (also brought forward from 2016/17) was sold during the year. St. Anne's Road was classified as an asset held for sale in March 2018 and is expected to sell in the next financial year.

8.2. Non-current assets for sale and assets in disposal groups 2016/17

	Total	Land	Property, Plant and Equipment
	£000	£000	£000
NBV of non-current assets for sale and assets in disposal groups at 1 April 2016 brought forward	1,345	1,259	86
Plus assets classified as available for sale in year	277	91	186
Less assets sold in year	(168)	(82)	(86)
NBV of non-current assets for sale and assets in disposal groups at 31 March 2017	**1,454**	**1,268**	**186**

9.1 Trade and other receivables

Amounts falling due within one year: Current	31 March 2018 £000	31 March 2017 £000
Trade receivables	2,806	3,541
Accrued income	5,429	2,608
Provision for impaired receivables	(152)	(312)
Prepayments	681	667
PDC dividend receivable	-	84
VAT receivable	81	168
Other receivables	-	84
Total Current Trade and Other Receivables	**8,845**	**6,840**
Of which receivables from NHS and Department of Health and Social Care group bodies:	5,886	4,213
Of which receivables from other bodies:	2,959	2,627
Non Current		
Prepayments	45	7
Total Non Current Trade and Other Receivables	**45**	**7**

9.2 Provision for impairment of receivables

	31 March 2018 £000	31 March 2017 £000
At 31 March 2017	**312**	**186**
Increase in provision	-	136
Unused amounts reversed	(160)	(10)
At 31 March 2018	**152**	**312**

9.3 Analysis of impaired receivables

	31 March 2018 £000	31 March 2017 £000
Ageing of impaired receivables		
Over 180 days	152	312
Total	**152**	**312**

9.4 Analysis of non-impaired receivables

	31 March 2018 £000	31 March 2017 £000
Ageing of non-impaired receivables past their due date		
0 - 30 days	6	122
31 - 60 days	125	60
60 - 90 days	40	10
91 - 180 days (three to six months)	70	11
Over 180 days	118	12
Total	**359**	**215**

Impaired receivables over six months includes £152,000 due from the Trust's previous joint venture, Universal Health Limited which is now in liquidation (2016/17: £312,000). This debt nets off the total receivable balance.
Non impaired receivables over six months includes £77,000 due from South West Lincolnshire CCG regarding residential costs for a service user which has since been agreed for payment. Also included is £5,000 regarding salary overpayments which are being repaid in installments.

9.5 Other assets

The Trust did not hold any other assets during 2017/18 (2016/17: Nil).

10.1 Trade and other payables

	31 March 2018 £000	31 March 2017 £000
Current		
Trade payables	3,096	3,818
Capital payables	735	1,280
Accruals	3,545	3,830
Social security costs	860	781
Other taxes payable	595	567
PDC dividend payable	69	-
Accrued interest on Department of Health and Social Care loans	3	3
Other payables*	1,744	1,372
Total Current Trade and Other Payables	**10,647**	**11,651**
Of which payables to NHS and Department of Health and Social Care group bodies:	1,208	2,455
Of which payables to other bodies:	9,439	9,196

There are no non current trade and other payables as at 31st March 2018 (2016/17: Nil).

*There are no early retirements in other payables (2016/17: Nil).

11 .1 Other liabilities	31 March 2018 £000	31 March 2017 £000
Current		
Deferred income	1,405	1,573
Total Other Current Liabilities	**1,405**	**1,573**

There are no non current other liabilities as at 31st March 2018 (2016/17: Nil).

11.2 Other financial liabilities

There are no other financial liabilities as at 31st March 2018 (2016/17: Nil).

11.3 Borrowings	31 March 2018 £000	31 March 2017 £000
Current		
Capital loans from Department of Health and Social Care	667	667
Total Other Current Borrowings	**667**	**667**
Non Current		
Capital loans from Department of Health and Social Care	1,330	1,997
Total Other Non Current Borrowings	**1,330**	**1,997**

A loan of £6 million was drawn down by the Trust during the 2011/12 financial year. This was provided by the Foundation Trust Financing Facility (Department of Health and Social Care) and utilised on the development of a new rehabilitation centre (Discovery House) which entered into operation in 2011/12.

Repayments of principal and interest are made bi-annually by the Trust with the final repayment due in March 2021. The rate of interest is fixed at 3.31%.

12.1 Provisions for liabilities and charges

	Current		Non Current	
	31 March 2018	31 March 2017	31 March 2018	31 March 2017
	£000	£000	£000	£000
Pensions relating to staff	46	46	346	384
Legal claims	63	62	-	-
Other	60	49	649	679
Total	**169**	**157**	**995**	**1,063**

	Total	Pensions -early departure costs	Legal claims	Other
	£000	£000	£000	£000
At 1 April 2017	**1,220**	430	62	728
Change in the discount rate	**23**	7	-	16
Arising during the year	**72**	-	62	10
Utilised during the year	**(154)**	(46)	(61)	(47)
Reversed Unused	**-**	-	-	-
Unwinding of discount rate	**3**	1	-	2
At 31 March 2018	**1,164**	**392**	**63**	**709**
Expected timing of cash flows:				
- not later than one year;	**169**	46	63	60
- later than one year and not later than five years;	**369**	181	-	188
- later than five years.	**626**	165	-	461
TOTAL	**1,164**	**392**	**63**	**709**

Pensions - early departure costs relating to staff refers to early retirements previously agreed, for which the amount and timing of the provision is reasonably certain. The Trust makes payment to NHS Pensions quarterly and the provision is calculated to cover the life expectancy of each claimant.

Legal claims are based on the excess payments required for current legal claims that are provided by NHS Resolution. These claims are expected to be settled in the 12 months following 31st March 2018.

Other provisions include provisions for payments made for injury benefit claims awarded against the Trust. The Trust makes payment to NHS Business Services Authority quarterly and the provision is calculated to cover the life expectancy of each claimant.

12.2 Clinical negligence liabilities

The amount included in provisions of NHS Resolution as at the 31st March 2018 in respect of clinical negligence liabilities of Lincolnshire Partnership NHS Foundation Trust is £12,536,372 (31st March 2017: £8,585,862).

12.3 Contingent Assets/(Liabilities)

There were no contingent assets or liabilities during 2017/18 (2016/17: Nil).

13.1 Revaluation Reserve	Total Revaluation Reserve £000	Property, Plant and Equipment £000	Assets Held for Sale £000
Revaluation reserve at 1 April 2017 brought forward	**14,873**	13,975	898
Net impairments	**(1,138)**	(1,138)	-
Revaluations	**5,797**	5,797	-
Transfers to other reserves	**-**	(243)	243
Asset disposals	**(180)**	-	(180)
Transfer of the excess of current cost depreciation over historical cost depreciation to the income and expenditure reserve	**(299)**	(299)	-
Revaluation reserve at 31 March 2018	**19,053**	**18,092**	**961**
Revaluation reserve at 1 April 2016 brought forward	**16,713**	15,931	782
Net impairments	**(1,524)**	(1,524)	-
Revaluations	**77**	77	-
Transfers to other reserves	**-**	(148)	148
Asset disposals	**(32)**	-	(32)
Transfer of the excess of current cost depreciation over historical cost depreciation to the income and expenditure reserve	**(361)**	(361)	-
Revaluation reserve at 31 March 2017	**14,873**	**13,975**	**898**

14.1 Cash and Cash Equivalents	31 March 2018 £000	31 March 2017 £000
At 1 April brought forward	12,517	10,373
Net change in year	(722)	2,144
At 31 March	**11,795**	**12,517**
Broken down into:		
Cash at commercial banks and in hand	22	20
Cash with the Government Banking Service	11,773	7,497
Deposits with the National Loans Fund	-	5,000
Cash and cash equivalents as in SoFP and SoCF	**11,795**	**12,517**

14.2 Third Party Assets Held	£000	£000
Bank balances	28	34

The third party assets relate to monies held by the Trust on behalf of patients. This has been excluded from cash at bank and in hand figure reported in the accounts.

15.1 Contractual Capital Commitments	31 March 2018 £000	31 March 2017 £000
Property, plant and equipment (including IM&T)	365	536
Intangible	87	-
Total as at 31 March	**452**	**536**

Contractual capital commitments at the 31st March 2018 relate largely to the conversion of bathrooms and the provision of a new nurses station at the Department of Psychiatry, Boston as well as IM&T costs relating to improved cyber security. (2016/17: conversion of Carholme Court, Lincoln to a Psychiatric Intensive Care Unit and the upgrade of the waiting areas at the Department of Psychiatry, Boston).

15.2 Other Financial Commitments

The Trust is not committed to making any payments under non-cancellable contracts for the year ended 31st March 2018 (2016/17: Nil).

16.1 Non-Adjusting Events After The Reporting Period

There are no non-adjusting events in the reporting period for 2017/18 (2016/17: Nil).

17.1 Related Party Transactions

Lincolnshire Partnership NHS Foundation Trust is a public benefit corporation which was established under granting of authority by Monitor.Foundation Trusts are now regulated by NHS Improvement who have licenced Lincolnshire Partnership NHS Foundation Trust to operate as a Foundation Trust.

Details of personal compensation, where applicable, for key management personnel can be seen in the Remuneration Report accompanying these Financial Statements.

During the year Lincolnshire Partnership NHS Foundation Trust had a number of material transactions with the Department of Health and Social Care or with other entities for which the Department is regarded as the ultimate parent and controlling party.

The Trust has opted to apply the exemption under paragraph 25 of IFRS 24 in respect of disclosure requirements for Government-related entities. The following list details the main public entities that the Trust has had material transactions with (over £10 million) during the year ranked by amount (highest first):
NHS Lincolnshire West Clinical Commissioning Group
Lincolnshire County Council
NHS Lincolnshire East Clinical Commissioning Group
NHS Lincolnshire South Clinical Commissioning Group
NHS Lincolnshire South West Clinical Commissioning Group

	Revenue £000	Expenditure £000
Value of transactions with other related parties in 2017/18:		
Other bodies or persons outside of the whole of government accounting boundary	237	74
	237	**74**

Within revenue above is £159,000 relating to the debts owed from the Trust's previous joint venture, Universal Health Ltd which were fully provided for at the end of 2016/17 and continue to be fully provided for.

Value of transactions with other related parties in 2016/17:		
Other bodies or persons outside of the whole of government accounting boundary	160	75
	160	**75**

17.2 Related Party Balances	Receivables £000	Payables £000
Value of balances with other related parties at 31 March 2018:		
Other bodies or persons outside of the whole of government accounting boundary	159	-
Value of balances with related parties in relation to doubtful debts 2017/18*	(152)	-
Total balances with related parties at 31 March 2018	**7**	**-**
Value of balances with other related parties at 31 March 2017:		
Other bodies or persons outside of the whole of government accounting boundary	312	-
Value of balances with related parties in relation to doubtful debts 2016/17*	(312)	-
Total balances with related parties at 31 March 2017	**-**	**-**

*Doubtful debts are in relation to the trust's previous joint venture, Universal Health Limited. During the year, the Trust has received £159,148 in respect of the outstanding doubtful debt with the company.

Charitable Trust funds are held and managed by Lincolnshire Community Healthcare Services NHS Trust from which the audited accounts of the Funds Held on Trust can be obtained on request.

In respect of these funds, expenditure relating to Lincolnshire Partnership NHS Foundation Trust was incurred of £4,000 (2016/17: £2,000) and income received into the funds of £12,000 (2016/17: £7,000). The Fund balance at 31st March 2018 was £44,000 (2016/17: £52,000).

18.1 Carrying value and fair value of financial assets - 31 March 2018	Total £000	Loans and receivables £000
Assets as per SoFP		
Trade and other receivables excluding non financial assets - with NHS and Department of Health and Social Care bodies	**6,390**	6,390
Trade and other receivables excluding non financial assets - with other bodies	**108**	108
Cash and cash equivalents (at bank and in hand (at 31 March 2018))	**11,795**	11,795
Total at 31 March 2018	**18,293**	**18,293**
Carrying value and fair value of financial assets - 31 March 2017		
Trade and other receivables excluding non financial assets - with NHS and Department of Health and Social Care bodies	**3,494**	3,494
Trade and other receivables excluding non financial assets - with other bodies	**1,607**	1,607
Cash and cash equivalents (at bank and in hand (at 31 March 2017))	**12,517**	12,517
Total at 31 March 2017	**17,618**	**17,618**

The majority of the Trust's financial assets relate either to cash or to money due from other NHS organisations. Other NHS organisations are extremely unlikely to default on payments, and the Trust would only invest its cash deposits within a strict investment policy. There are no transactions involving hedging, foreign currency or other investments prone to market fluctuations. There is therefore no material exposure to credit, market or liquidity risks. The only identified potential credit risk is with regard to the ageing of impaired receivables per note 9.3.

18.2 Carrying value and fair value of financial liabilities - 31 March 2018	Total £000	Other financial liabilities £000
Liabilities as per SoFP		
Borrowings excluding finance lease and PFI liabilities	**1,997**	1,997
Trade and other payables excluding non financial liabilities - with NHS and Department of Health and Social Care bodies	**2,975**	2,975
Trade and other payables excluding non financial liabilities - with other bodies	**7,603**	7,603
Provisions under contract	**-**	-
Total at 31 March 2018	**12,575**	**12,575**
Carrying value and fair value of financial liabilities - 31 March 2017		
Borrowings excluding finance lease and PFI liabilities	**2,664**	2,664
Trade and other payables excluding non financial liabilities - with NHS and Department of Health and Social Care bodies	**5,388**	5,388
Trade and other payables excluding non financial liabilities - with other bodies	**6,135**	6,135
Provisions under contract	**9**	9
Total at 31 March 2017	**14,196**	**14,196**

The Trust's financial liabilities are generally of a short-term and uncomplicated nature which are not particularly influenced by external factors. The Trust updates a long term financial plan every year, which includes a detailed cash flow forecast, and has no reason to assume that it will be unable to pay its suppliers, employees and finance costs. There are therefore no material liquidity risks.

18.3 Maturity of financial liabilities	31 March 2018 £000	31 March 2017 £000
In one year or less	11,245	12,199
In more than one year but not more than two years	667	667
In more than two years but not more than five years	663	1,330
Total at 31 March	**12,575**	**14,196**

19.1 Losses and Special Payments

	31 March 2018		31 March 2017	
	Number of cases	£000	Number of cases	£000
Losses				
Cash losses	15	5	9	4
Fruitless payments and constructive losses	18	73	1	28
Bad debts and claims abandoned	-	-	6	-
Total Losses at 31 March	33	78	16	32
Special Payments				
Ex-gratia payments	9	22	10	30
Total Special Payments at 31 March	9	22	10	30
Total Losses and Special Payments at 31 March	**42**	**100**	**26**	**62**

The amounts above are reported on an accruals basis and exclude any provision for future losses. The Trust has not recovered any losses during the year (2016/17: Nil).

19.2 Gifts

The Trust has made no gifts during the year to 31st March 2018 (2016/17: Nil).

20.1 Post Balance Sheet Events

There are no post balance sheet events for 2017/18 (2016/17: Nil).

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NHS Foundation Trust

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