NHS
Lincolnshire Partnership
NHS Foundation Trust

Annual Report and Accounts including the Quality Accounts for the year 2018/19

Lincolnshire Partnership NHS Foundation Trust

Annual Report and Accounts including the Quality Accounts for the year
2018/19

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Introduction

Welcome to Lincolnshire Partnership NHS Foundation Trust's Annual Report and Accounts for 2018/19. 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 2018/19, 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 2018/19.

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

Paul Devlin has been Chair of Lincolnshire Partnership NHS Foundation Trust since May of 2015, and Brendan Hayes Chief Executive joined the Trust on 1 May 2019, just as this annual report was being produced.

Welcome to the annual report and accounts for Lincolnshire Partnership NHS Foundation Trust. Whilst this report is mainly a reflection on the twelve months ending on 31 March 2019, we would also take this opportunity to outline some of our exciting plans for the future.

At the outset we should like to say how hugely impressed we are with the commitment, passion and dedication of our staff, volunteers, members and partners for their on-going and tremendous support for without them the organisation would not be in the strong place it is today. This year has seen several changes in the Board of Directors. We have three new non-executive directors – Adrian Carridice-Davids, Sharon Robson and Andy Spring – who have joined the Board, overlapping with Malcolm Burch and Mary Dowglass whose terms of office come to an end on 31 May 2019.

We also wish to pay tribute to other leaders during this time. As a Trust, we've invested considerably in leadership development and have seen some of the benefit of this in recent months. We are grateful to Dr John Brewin who was chief executive of the Trust until December 2018 and Dr Sue Elcock who was medical director until September 2018, being replaced by Anne-Maria Newham MBE and by Dr Jaspreet Phull, who were able to step up to the interim chief executive and medical director roles respectively. The fact that our interims were both internal appointments, coming from strong fields with other internal candidates, is testament to the strength of leadership that exists within the Trust.

The Trust and its staff continue with unwavering commitment to put patient care first and foremost in all that we do each and every day, and to not compromise on clinical quality. Our strong clinical performance has been maintained and improved upon further during the year, and throughout this report there are examples of the difference we have been able to make to our patients, their families and their carers.

This report also discusses some of the challenges we have encountered during the year, and you will also read about many examples of our success. Highlights of our achievements include our continued rating of Good overall and Outstanding for Well-led by the Care Quality Commission. We were also the second highest scoring overall mental health and learning disability trust in the national staff survey, performing above the national average in nine of the ten themes. During the year we also invested in a brand new electronic patient record system to enable our staff to have the right information, at the right time, to ensure we are able to support patient care. Our perinatal service has been expanded from nine dedicated staff to seventeen

after a surge over recent years of new mums experiencing mental health problems during their pregnancy and in the first year after birth.

In partnership with Lincolnshire County Council we have been able to allocate more than £300,000 of community funding to a variety of local organisations and groups which help people with their mental health problems and dementia. We are also proud of being in the top 100 of the Stonewall workplace equality index, recognising our commitment as an inclusive employer. Our Sexual Assault Referral Centre has again been awarded the contract by NHS England and Lincolnshire's Police and Crime Commissioner, enabling them to continue to provide this valuable service for a further three years.

Our psychiatric intensive care unit (PICU) continues to enable more people to be treated locally without the need to travel outside of Lincolnshire for this intensive level of treatment. The support of our commissioners enabled us to continue the 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 and again reduce out of area hospital care.

Throughout the year several of our staff colleagues and teams received national, regional and local recognition and accreditation, including Liz Bainbridge Consultant Nurse Safeguarding and Mental Capacity being awarded the British Empire Medal and our interim Chief Executive Anne-Maria Newham the MBE (Member of the British Empire) in the Queen's honours for services to nursing.

A team of mental health crisis nurses working in Lincolnshire Police control rooms were given High Sheriff Awards for their outstanding contribution to the wellbeing of the local community. Several teams and individuals were also shortlisted for prestigious awards such as the Nursing Times Awards, Health Service Journal Value in Healthcare Awards, British Journal of Nursing Awards, Daily Mail Health Hero Awards, Safety and Health Excellence Awards, Care Coordination Association National Good Practice Awards and Unsung Hero Awards

There were also several instances of the Trust being used as an example of best practice in national and regional publications, such as those produced by the CQC.

Service changes during the year reflect the constantly changing national and local focus of encouraging people to take more responsibility for their own health, helping them to make choices to remain fit and well and without being admitted to hospital unless absolutely necessary. As people continue to live longer, often with complex physical and mental health needs, the NHS is asked to deliver more care to more people, against a backdrop of ever increasing financial pressures. Our focus will therefore continue to work with partner organisations as part of the Lincolnshire Sustainability and Transformation Partnership (STP) to be as efficient and effective as

we are able, with a continued focus on expansion of our community services so that more people can receive their care closer to where they live.

We appreciate the continued support of our partners, including several charities and voluntary organisations, Lincolnshire Police, Lincolnshire County Council, district and borough councils, clinical commissioning groups and other NHS organisations.

We are also committed to developing our people, working with partner organisations in our desire for continuous learning, with a commitment to further develop the clinical skills of our staff, and striving for clinical excellence. Our training continues to be rated top in the East Midlands for junior doctors in the General Medical Council trainee survey. We also recognise staff colleagues throughout the year with our LPFT Heroes staff recognition scheme, as well as our annual staff excellence awards. By recognising staff in this way we are able to further 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.

We welcome external inspection and accreditation as further ways for us to continue to improve the services for our patients, and during the year the Care Quality Commission visited us for a Well-led inspection. We are pleased that we maintained our Good overall rating and were rated as Outstanding for Well-led, which is acknowledgement of our investment in training and continuous quality improvement. As is always the case, there were areas the CQC highlighted where we need to improve and we continue to take this forward.

Over the past year our staff colleagues and our volunteers remain our most important asset and we are grateful for their never-ending commitment and dedication to patients, families and carers, as well as to other staff colleagues across the Trust and wider. 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 also take this opportunity to acknowledge and thank those who give us their support in other ways, including our staff side representatives, commissioners, local MPs, and local government and of course the stakeholders in the local and regional health and care community.

Now, more than ever we are proud of the Trust and its staff and stakeholders as an organisation with an absolutely driven focus on providing high quality care each and every day for our patients, their families and carers and of course our staff and volunteers.

Kind regards

Paul Devlin,
Chair

Brendan Hayes, Chief Executive
23 May 2019

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 2019, 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 52 sites providing services in:
    - Lincolnshire to a population of 750,000* across an area of 2,646 square miles.
    - North East Lincolnshire to a population of 160,000** 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 2400 staff, of which 1900 were female and 500 were male.
- Had a membership of 10,000.
- 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

- Recent CQC report demonstrated that we maintained our overall rating of Good and are now rated Outstanding for Well-led.
- Second highest scoring overall mental health/learning disability trust in the national staff survey. We performed above the national average in response to nine out of ten themes.
- Launched our revised vision, values and behaviours, after working with staff, service users, governors and other stakeholders to develop a new set of core values and behaviours. These are mentioned in more detail in the performance section of this report.
- Recruited two additional clinical research nurses in early career researcher secondments after being successful in attracting regional funding.
- New electronic patient record system, RiO launched to capture all patient information safely and securely, to ensure staff have the right information at the right time to support patient care.
- Named one of the most inclusive employers (top 100) in Britain by Stonewall, the lesbian, gay, bisexual and transgender equality charity.
- Patients became more involved in running the Discovery House café and learning new skills, thanks to a donation by the Lincoln and District branch of Soroptimist International.
- Over £300,000 of community funding was allocated to a variety of organisations and groups which help people with mental health problems and dementia.
- Successful in our Sexual Assault Referral Centre being awarded the contract to continue their services for a further three years, funded by NHS England and Lincolnshire's Police and Crime Commissioner.
- Employed experts by experience to help raise awareness and understanding of learning disabilities and to help make improvements for people accessing our services.
- Invested in electronic prescribing and medicines administration (ePMA) to boost patient safety, improve operational workflow and deliver efficiencies in drug expenditure.
- Our North East Lincolnshire Child and Adolescent Mental Health Service team was recognised by the CQC for their outstanding work and invited to present at a national event.
- Secured a place on the Mental Health First Aid instructor programme funded by NHS Improvement, with a member of our staff one of only 24 people who nationally completed their training to enable them to train other staff members on how to be Mental Health First Aiders.

- Along with other organisations across the country took part in ‘Big7Tea’ to celebrate the NHS turning 70, also organised the Lincolnshire NHS70 cycle ride and other events to raise funds for our charity.
- Celebrated International Day against Homophobia, Transphobia and Biphobia (IDAHTB) with our lesbian, gay, bisexual and transgender+ staff network (LGBT+) recognising a number of staff for the work they do to make Lincolnshire a place where LGBT+ people can live well.
- Third year of our Innovation Fund, encouraging staff to come up with innovative ideas and access the fund, with seven lucky projects walking away with money to support their ideas.
- Staff at our Peter Hodgkinson Centre started work on a project to introduce ‘sensory gardening’ for patients as an alternative and meaningful method of increasing physical activity.
- A team from LPFT won NHS England’s first virtual Hackathon on transforming perceptions of nursing and midwifery to increase recruitment and retention of staff, with their breakthrough thinking and achievable solutions.
- Featured as an example of good practice in NHS Operational Productivity: Unwarranted Variations with our work appointing staff as ‘champions’ to drive positive change and for improved rostering work increasing efficiency and reducing costs.
- Representatives from the Trust were invited to prestigious national events to celebrate World Mental Health Day, including a Prime Minister’s reception in Downing Street and an event at the House of Commons.
- Three members of staff were included in the CQC’s document “Driving improvement – individuals who have made a difference.”
- Our perinatal service has expanded from nine dedicated staff to seventeen after severe admissions tripled in four years in Lincolnshire. This has allowed us to support more new mothers in Lincolnshire who suffer with mental health issues.
- Construction work began for the refurbishment of our older adults ward at Witham Court to add space for en-suite bedrooms.
- The first Think Active conference was held, developed in partnership with Active Lincolnshire, highlighting the importance of being active for mental health.
- Our research team recruited volunteers to become Patient Research Ambassadors in a National Institute for Health Research initiative.
- As part of Lincolnshire’s Crisis Care Concordat, we successfully secured £700k funding from the Department of Health as part of a Beyond Places of Safety grant. The funding will support the development of a new urgent mental health care hub based in Lincoln. It will create a new advice and support hub for patients and carers, alongside supporting organisations such as housing and homelessness support, relationship advice, debt management, drug and alcohol services, crisis café and crisis house liaison.

- Rated top in the East Midlands for junior doctor training in the General Medical Council trainee survey.

Awards

- Liz Bainbridge, Consultant Nurse Safeguarding and Mental Capacity, was awarded the British Empire Medal in the Queen's New Year honours for services to nursing and vulnerable people.
- Interim Chief Executive Anne-Maria Newham was awarded an MBE (Member of the British Empire) from the Queen as part of her annual birthday honours.
- High Sheriff Awards were given to a team of our mental health crisis nurses working in Lincolnshire Police's control room for their outstanding contribution to the wellbeing of the local community.
- A Cavell Star Award was won by Vicki Parker, Ward Manager at Discovery House, for going above and beyond for her patients. Cavell Star Awards are given by the Nursing charity Cavell Nurses' Trust.
- Several teams were shortlisted for the Nursing Times Awards for their innovative practice in adult and veteran mental health care and children and young people's services – acute mental health ward managers; veterans' mental health transition, intervention and liaison service, and Young Minds Matter.
- Mental health nurse Amy Semper, was shortlisted for the Daily Mail Health Hero Awards after being nominated by colleagues for her continuous dedication to patients and passion for her job.
- Kirsty Johnson, Health and Safety Advisor, was shortlisted in the Safety and Health Excellence Awards in the Rising Star of the Year category.
- Dr Jaspreet Phull and Emma Plumb won a Care Coordination Association National Good Practice Award for their project to improve awareness and quality of managing risk issues in patients utilising secondary mental health services.
- In the Lincolnshire Health Awards, Anita Lewin, Interim Director of Nursing, AHPs and Quality won the Lifetime Achievement Award and North East Lincolnshire Child and Adolescent Mental Health Service (CAMHS) Peer Support Workers won the Research, Innovation and Education Award. A further three teams and three staff members were shortlisted.
- Our Informatics Team was shortlisted in the national Unsung Hero Awards.
- Shortlisted with CCG colleagues for the highly prestigious Health Service Journal (HSJ) Value in Healthcare Awards – recognised for our work to reduce out of area mental health placements.
- Jane Lord, Infection Prevention and Control Nurse was Highly Commended in the British Journal of Nursing (BJN) Awards.

Accreditations

- Grantham, Sleaford and Lincoln South community mental health team gained Accreditation for Community Mental Health Services (ACOMHS).
- Steps2change services were accredited by the Royal College of Psychiatrists and British Psychological Society under the Accreditation Programme for Psychological Therapies Services' (APPTS).
- Received Carers Quality Award reaccreditation for 17 inpatient wards, crisis units and community teams.
- Individual placement and support (IPS) employment service team retained the prestigious Centre of Excellence status following review from the Centre for Mental Health.
- The Fens and The Wolds wards gained the Accreditation for Inpatient Mental Health Services (AIMS).
- Crisis Resolution and Home Treatment teams (CRHT) in Lincoln were HTAS accredited (Home Treatment Accreditation Scheme).
- Our research team supported Tanglewood Care Homes to become the first residential care provider in the UK to become Join Dementia Research Champions.
- A former service user of our Spring Lodge sexual assault referral centre, Emma Louise, published a book about the abuse she suffered prior to receiving care from us.
- LPFT partook in engagement events for the launch of the system wide campaign Healthy Conversation.

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 2018/19 the Trust built upon its Good CQC rating by attaining an Outstanding rating for Well-led. The Trust produced a financial outturn of a £6.2 million surplus (see Annual Accounts) and, maintained its Single Oversight Framework segmentation of 1 (see page 99). The 2017/18 surplus was £4M. The Trust achieved a reduction in agency spend to outturn with an expenditure below both its forecast and the NHS Improvement set agency cap. 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 third year running achieved a significant improvement on its national NHS staff survey, placing the Trust in the top five 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 Care Quality Commission in their Well-led report on the Trust commented on the effectiveness of the staff's engagement with the vision, values and behaviours in place.

The key risks for the organisation are reported in a risk register at every Board of Directors' meeting and as part of the Annual Governance Statement later in this report (page 101). The Board monitors its key performance indicators (KPIs) via an integrated performance report received at every meeting of the Board of Directors. The Board's governance structure is established to enable each theme in the Strategic Oversight Framework (SOF), including performance indicators, to be scrutinised and assurance to be gained. There has been no material breach in KPIs during 2018/19

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:

- Extensive engagement with patients/service users, carers, governors and staff.
- Department of Health and Social Care national priorities.
- CQC inspection 2018 and MHA visits feedback.
- The NHS Long Term Plan.
- National patient and staff surveys.
- NHSI reporting requirements.
- Commissioners requirements and feedback.
- Sustainability and Transformation Partnership (STP).
- 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 2019-20 are described in detail within the Annual Quality Report 2018/19 on page 139.

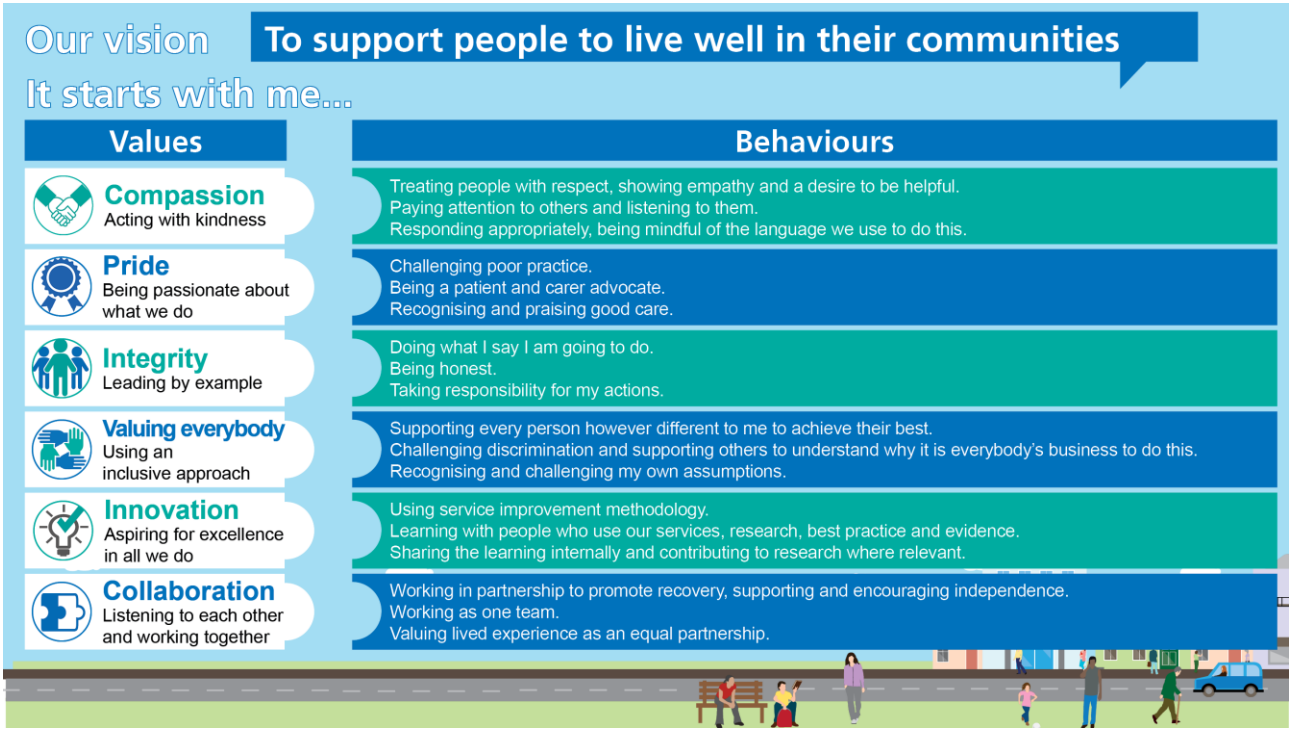
Statement of going concern

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

As part of the Trust's work with NHS Improvement on culture and leadership, staff gave feedback that the Trust's existing vision, values and behavioural framework were not always lived by staff. The Board of Directors listened to this feedback and the organisational development team undertook an extensive period of engagement with staff, service users, governors and other stakeholders to develop a new set of core values and behaviours – a framework that has been truly led by staff.

The new vision, values and behaviours were officially launched in July 2018, with team leaders and managers asked to take the framework back to their teams to discuss further how these values and behaviours will be lived by them.



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 at each of its meetings 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, speaking-up reports, bed occupancy and patient waiting times. These metrics can be viewed in the integrated performance report 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, as well as the risk register 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 2018/19 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 previously been assessed through a six facet survey incorporating the energy efficiency of the individual buildings. The Trust is 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 Lincolnshire Sustainability and Transformation Partnership. The Trust is actively involved in the Greater Lincolnshire Local Enterprise Partnership's energy strategy for Greater Lincolnshire. A formal partnership agreement between Lincolnshire Community Healthcare NHS Trust and Lincolnshire Partnership NHS Foundation Trust is now in place, which facilitates the use of shared office accommodation and demonstrates the efficient partnership working of the estates and facilities teams with planned future developments to support the wider NHS community.
- **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. 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 Climate Change Act 2018 commits the UK Government by law to reducing greenhouse gas emissions by at least 80% of 1990 levels by 2050. The voluntary target for the '*Emissions Reduction Pledge 2020'* was set out in the government's '*Clean Growth Strategy',* the target aims to reduce greenhouse gas emissions by 30% by 1920/21, compared to a 2009/10 baseline. LPFT has agreed to this pledge and is now working towards it. The Trust has continued to investigate and implement the use of

sustainable and energy efficient equipment. This is achieved by on-going 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 undertaking the appointment of a dedicated Energy Environment and Sustainability Manager who will work within the partnership agreement to support LPFT and Lincolnshire Community Health Services. This new position will lead on environmental and energy management proposals, generating feasibility studies, performance specifications and instigating step change which will also align with the NHS agenda for sustainability and Carbon Dioxide reduction targets. The role will lead on managing internal energy data and provide support for the Trusts capital investment aspirations.

- **Waste and recycling** - The Trust maximises the recycling of waste and minimises the impact on the environment for the disposal of other waste streams. 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 members 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 2018/19. However, the Trust did recover £1.24M from a fraud that it was the victim of in 2011. The Trust acknowledges the diligent and persistent work of Lincolnshire Police in recovering these funds.
- 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 2018/19.
- Robust human resources policies and procedures are in place to ensure compliance with employment and equality legislation.
- The Trust has continued to support 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

2018 CQC inspection

The Trust had a re-inspection of core services between 15 October to the 8 of November, 2018; 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

Care Quality Commission

Last rated
16 January 2019

Lincolnshire Partnership NHS Foundation Trust

Overall rating	Inadequate	Requires improvement	Good	Outstanding

	Safe	Effective	Caring	Responsive	Well led	Overall
Community mental health services with learning disabilities or autism	Good	Good	Good	Good	Outstanding ☆	Good
Long stay or rehabilitation mental health wards for working age adults	Good	Good	Good	Good	Good	Good
Acute wards for adults of working age and psychiatric intensive care units	Good	Good	Good	Good	Good	Good
Child and adolescent mental health wards	Good	Good	Good	Good	Good	Good
Community-based mental health services for adults of working age	Good	Good	Good	Good	Good	Good
Community-based mental health services for older people	Good	Good	Good	Good	Good	Good
Forensic inpatient/secure wards	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

The core services inspected by the Care Quality Commission included acute wards for adults of working age and psychiatric intensive care unit; community-based mental health services for adults of working age and community mental health services for people with a learning disability or autism.

The Trust retained the overall rating of Good and has been rated Outstanding for Well-led.

The two areas which remain as Requires Improvement for Effective were areas which were not part of the most recent core inspection and so their rating remains the same as for the previous inspection.

The CQC has not identified any “must do” actions for the Trust. Thirteen “should do” actions from the report have been included in a comprehensive action plan as part of our continuous quality improvement.

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 eight work streams of our continuous quality improvement programme.

Brendan Hayes **23 May 2019**
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. In order to maintain stability the overall numbers can be increased slightly at time of transition. During 2018/19 a number of transitions took place and are shown in the directors' profiles below.

The Board's business is conducted through eight meetings a year 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. In addition the Board has a range of Committees to provide further scrutiny and assurance.

The people who served on the Board of Directors for the year ending 31 March 2019 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 to December 2018

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.

John left they Trust at the end of December 2018 and took up the role of Chief Executive at Nottinghamshire Healthcare NHS Foundation Trust.

Brendan Hayes

Chief Executive

Brendan joined the Trust as Chief Executive in May 2019.

He has a successful track record in leading service and organisational improvement and developing models of care.

As a qualified nurse with a strong mental health and operational management background, Brendan brings with him a wealth of experience gained over a number of senior NHS roles.

Most recently Brendan was Chief Operating Officer and Deputy Chief Executive of Birmingham and Solihull Mental Health NHS Foundation Trust, a role he held for five and a half years.

Appointed 1 May 2019 which is outside of the reporting period, but these appointments are material to the report and accounts, so they have been included into the Directors' Report for completeness.

Executive directors

Dr Sue Elcock

Medical Director

Appointed to Board February 2015 to September 2018

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.

Sue left the Trust in September 2018 and took up the role of Medical Director at Leicestershire Partnership NHS Trust.

Ian Jerams

Director of Operations

Appointed to Board January 2015 retired on 31 March 2019

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.

Anne-Maria Newham MBE (formerly Olphert)

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

Appointed to Board January 2016

Interim Chief Executive from 1 December 2018 to 30 April 2019

Accounting officer from 1 January 2019 to 30 April 2019

Interim Deputy Chief Executive from 1 May 2019 to 31 May 2019

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.

Anne-Maria acted as the Interim Chief Executive between 1 December 2018 and 30 April 2019 and then remaining in post as Interim Deputy Chief Executive from May 2019. This provided a transition between Dr Brewin leaving at the end of December 2018 and the new Chief Executive Brendan Hayes commencing on 1 May 2019.

Anne-Maria has obtained the post of Director of Nursing and Quality at Leicestershire Partnership NHS Trust but agree to extend her contact with the Trust to cover the interim period between Chief Executives.

Jane Marshall

Director of Strategy and Performance

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.

Ananta Dave

Medical Director

Appointed in May 2019

Her previous management experience included being Clinical Director for Quality and Safety and interim Clinical Director for Child and Adolescent Mental Health Services. Ananta is a Fellow of the Royal College of Psychiatrists, holds an MD in Psychological Medicine and a Masters in Medical Ethics and Law, and is also an experienced clinician and medical educator who has established and led new services.

Appointed 1 May 2019 which is outside of the reporting period, but these appointments are material to the report and accounts, so they have been included into the Directors' Report for completeness.

Dr Jaspreet Phull

Interim Medical Director

Appointed 1 October 2018 until 30 April 2019

when he became the Deputy Medical Directory

Clinical Director Adult Inpatient Services since 2015

Experienced in all aspects of general adult and forensic psychiatry, and has worked for the NHS in high, medium and low secure units; open rehab unit; community forensic services, as well as a prison visiting psychiatrist.

Jaspreet has also authored a book on psychiatric diagnoses, including a number of peer reviewed publications. Specific interests in service improvement, clinically relevant research and teaching. Jaspreet is an approved clinician, as recognised under the Mental Health Act 1983.

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.

Anita Lewin

Interim Director of Nursing, Allied Healthcare Professionals and Quality

Appointed on 1 December 2018 on an interim contract

Anita joined the Trust in 1986 and has been qualified as a nurse for 30 years.

Anita has senior management experience of leading clinical teams within the Trust and has led the implementation of numerous innovative projects including triage car, health based place of safety and the psychiatric clinical decisions unit (PCDU).

She has recently been awarded Lifetime Achievement Award at the Lincolnshire Health Awards for services to mental health.

Christopher Higgins

Interim Director of Operations

Appointed 1 March 2019 on an interim contract

Chris joined the Trust in 1998. Has been qualified as a mental health nurse for 20 years with additional clinical and health leadership qualifications.

He has held a range of clinical and non-clinical roles in the Trust including nursing, business development, strategy and operations.

He has led the implementation of a number of service improvements including service redesign, advancement of integrated neighbourhood working, trialling older adult home treatment services and reducing of out of area mental health placements.

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. Mary has worked 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 expired July 2018 when Alan left the Trust

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 to 31 January 2019

Deputy Chair from 1 August 2018 to 31 January 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

Senior Independent Non-Executive Director 1 August 2018 to 31 May 2019

Second term will run from May 2019 to April 2022

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.

Hugh Howe

Appointed May 2018

Term expires April 2021

Hugh Howe has a long and successful career in education including previous roles as Head of School and Head of Academy chain.

He has worked with boards of governors, often having to negotiate local political issues and has dealt with financial and complex personnel issues.

Hugh was awarded a CBE for his significant contribution to education in Sheffield.

He has also undertaken the NHS Improvement NExT Director programme.

Sharon Robson

Appointed 1 February 2019

Term expires January 2022

Sharon Robson is a registered nurse with 37 years' experience. She has a wide variety of clinical leadership positions within NHS commissioning organisations, including board level executive nurse roles. Sharon has led a range of portfolios at Board level and since retiring from the NHS in 2015, Sharon has worked independently and was appointed as an Independent Nurse for Nottingham clinical commissioning groups' (CCGs) governing body.

Adrian Carridice-Davids

Appointed 1 February 2019

Term Expires April 2021

During Adrian's career he has held a range of senior level positions, including non-executive director, executive director and consultant.

Adrian is a social entrepreneur he has spent over 10 years running a business that was mission driven with social change at its core.

He has worked in and for the voluntary and public sectors offering strategic oversight and development, working on initiatives with communities delivering, managing and overseeing projects.

Andy Spring

Appointed 1 February 2019

Term Expires January 2022

Andy is a qualified accountant and experienced director with over 23 years' experience at board level within NHS commissioning organisations.

His experience as an executive director has also provided the opportunity to work with a wide range of colleagues and non-executive directors

Over the last few years, been working with a variety of organisations on governance and sustainable transformation.

He has the ability in strategic thinking, influencing, leadership and communication skills, in order to maximize the benefits for all stakeholders

Changes to Board membership

During 2018/19 and into early 2019/20 the Board has experienced significant change due to a combination of directors attaining promotion to roles in larger trusts, retirement and end of non-executive director's terms of office.

The changes have wherever possible been supported by overlapping posts or interims to ensure continuity of accountability and decision making. The changes are listed below:

Executive directors

- On 31 September 2018 Dr Sue Elcock, Medical Director left the Trust to take up an appointment as the Medical Directors at Leicestershire Partnership NHS Trust. On 1 October 2019 Dr Jaspreet Phull was appointed as the Interim Medical Director. The post will be filled substantively by Dr Ananta Dave who will commence in post on 1 May 2019.

- On 31 December 2018 Dr John Brewin, Chief Executive left the Trust to take up appointment as the Chief Executive of Nottinghamshire Healthcare NHS Foundation Trust.

- On 1 December 2018 Anne-Maria Newham took up the position of Interim Chief Executive (taking on the Accounting Officer role from 1 January 2019). On taking up the Interim appointment Anne-Maria was in the process of securing the post of Director of Nursing,

Allied Health Professionals and Quality at Leicestershire Partnership NHS Trust. Anne-Maria agreed to extend her notice period to cover the transition to the appointment of a new Chief Executive in the Trust. Anne-Maria will remain with the Trust as interim Deputy Chief Executive for a period of one month after the appointment of the new Chief Executive, until 31 May 2019.

- On 1 December 2018 Anita Lewin was appointed as the interim Director of Nursing, Allied Health Professionals and Quality.

- On 1 May 2019 Brendan Hayes was appointed as the Trust's Chief Executive.

- On 31 March 2019 Ian Jerams retired from the Trust. On 1 March 2019 Chris Higgins was appointed as the interim Director of Operations. A one month overlap was implemented to assist in the transition of the role.

Non-executive directors

- On 31 July 2018 Alan Lockwood completed his second full term as Non-Executive Director and left the Trust. Hugh Howe was appointed as a replacement Non-Executive Director. Hugh had spent some time with the Trust on the NeXT Director scheme, before successfully being appointed as a Non-Executive Director from 1 May 2018

- On 31 January 2019 Tim Ludlow retired from his role as Non-Executive Director and Audit Committee Chair and was replaced on 1 February 2019 by Andy Spring who was appointed for a three year term.

- On 31 May 2019 Malcolm Burch and Mary Dowglass will reach the end of their second three year term as Non-Executive Directors. They have been replaced by Adrian Carridice–Davids who commenced on 1 February 2019 with a term of two years and two months and Sharon Robson who commenced on 1 February 2019 with a term of three years. The variation in length of terms was decided in order to spread the future changes.

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 until his departure and then Philip Jackson, 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 the meetings. 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 is in place to make recommendations to the Council on the appointment and remuneration of these positions, including identifying suitably qualified candidates for appointment. These duties were effectively carried out throughout all of the appointment carried out in 2018/19.

Well-led reviews

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 Board of Directors undertook a further self-assessment in June 2018 ahead of the Care Quality Commission (CQC) undertaking a Well-led-Review in December 2018. The CQC assessed the Trust as Outstanding for Well-led.

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, the report was received and changes approved in early 2018/19.

Involvement activity

During 2018/19 the Trust worked with service users and carers to co-produce and implement an involvement charter setting out the principles by which the Trust will engage with and involve service users and carers.

The Council of Governors has 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. The Trust has also invested in the employment of a Carers Lead.

Freedom to speak up

The Trust has in place a full-time Freedom to Speak-Up Guardian (FTSUG) who reports directly to the Chief Executive. The Board has a non-executive lead (Malcolm Burch during 2017/18) who provides further independent scrutiny and support. All staff are encouraged to speak up where they identify any concerns. The FTSUG is part of the first session on the staff induction programme alongside the Chief Executive and Director of Nursing, AHPs and Quality emphasising the import the Trust places in speaking up and its commitment to cultural change. The FTSUG also contributes to leadership programs within the Trust, which have become a mandatory development for all the Trust's leaders as a direct result of a concern that was raised.

The Guardian is also an attendee at the Audit Committee where they present quarterly reports demonstrating the impact of Speaking up and are able to have direct contact with all other independent parties including internal and external auditory, counter-fraud specialist, trust secretary and non-executive directors.

Episodes of speaking up have increased since the appointment of the full time FTSUG during 2017/18. The appointment process was done in consultation with the staff and this has contributed to the profile of the role and its acceptance and accessibility. All staff who speak-up are supported by the FTSUG, their concern is investigated and acted upon. They receive a personal thank you letter from the Chief Executive with the outcome of their speaking up.

All staff are asked to complete a feedback form, which has indicated more than 95% are satisfied and would speak-up again.

An annual FTSUG report is presented to the Board of Directors in the public session of the Board of Directors meeting and is made available on the Trust's website as part of the Board papers.

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 3.8 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 3.7 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 2017/18 or 2018/19.

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.

Remuneration for executive directors

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 first becoming a foundation trust on 1 October 2007. 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 per cent 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 one per cent 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. However, the ATS committee has now set in place an executive directors' remuneration policy which provides for inflationary uplifts in line with those awarded to staff on Agenda for Change pay scales (where differential awards are made, the Band 9 award will apply to the executive directors). In May 2018 the Executive Directors' Remuneration Policy was approved by the ATS Committee and the executive directors were awarded an inflationary uplift in line with the Agenda for Change conditions, backdated to 1 April 2018.

All executive directors (with the exception of the medical director), receive an annual salary which does not include an option for performance related pay.

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.

The former medical director had 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 £150,000 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 former 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 obtain approval for salaries over £150,000.

The former medical director and Chief Executive remained eligible for clinical excellence awards in relation to the clinical elements of their roles – none were awarded in 2018/19.

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 85.

Remuneration for non-executive directors

The Council of Governors approved a one per cent 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 per cent uplift was awarded. In 2018/19 following review of national benchmarking data for comparable trusts the Council of Governors approved no inflationary up lift award to non-executive directors and a 2.3 per cent uplift to the Chair's remuneration.

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

Description	£000's
Fees payable to non-executive directors	120
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 former 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 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 was 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 2019	4
Of which…	
Number that have existed for less than one year at time of reporting	1
Number that have existed for between one and two years at time of reporting	3
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 2018 and 31 March 2019, 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 2018 and 31 March 2019	1
Of which:	
Number assessed as within the scope of IR35	0
Number assessed as not within the scope of IR35	1
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 2018 and 31 March 2019	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	0

Details of service contracts for each director who served during the year are detailed previously from page 25.

Compensation scheme and benefits in kind

There were no payments to senior managers in respect of loss of office in 2018/19. 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 1.5.2 of the accounts and details of senior employees' remuneration can be found on the following page, all of which is subject to audit

Remuneration disclosure	2018/19	2017/18
Band of highest paid directors total remuneration (£000's) (See explanation below)	140 - 145	160 - 165
Median total remuneration	23,363	23,597
Ratio	5.99	6.99

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 2018/19 was £140,000 - £145,000, (2017/18, £160,000 – £165,000). This was 5.99 times (2017/18 – 6.99 times) the median remuneration of the workforce, which was £23,363 (2017/18, £23,597). The significant drop in the ratio is due to the fact that the out-going Chief Executive was also a consultant psychiatrist and was therefore reimbursed at a premium.

In 2018/19, 15 (2017/18, 0) employees all of whom are consultant psychiatrists received remuneration in excess of the highest-paid director. Six consultant psychiatrists were paid over £150,000. Remuneration ranged from £9,488 to £192,179 (2017/18, £8,845 - £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 2017/18 and 2018/19, 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: The information in the table below is subject to audit

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)	
		2018/19	2017/18	2018/19	2017/18	2018/19	2017/18	2018/19	2017/18	2018/19	2017/18	2018/19	2017/18	2018/19	2017/18
		£'000	£'000	£'00	£'00	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Dr John Brewin, Chief Executive	9 months to 31/12/2018	120-125	160-165	0	0	0	0	0	0	27.5-30	45-47.5	0	0	150-155	210-215
Anne-Maria Newham, Director of Nursing, AHPs & Quality to December 2018, Interim Chief Executive from December 2018 [2]	Full Year	110-115	100-105	73	50	0	0	0	0	85-87.5	27.5-30	0	0	205-210	135-140
Jane Marshall, Director of Strategy	Full Year	100-105	100-105	1	1	0	0	0	0	42.5-45	40-42.5	0	0	140-145	140-145
Dr Susan Elcock, Medical Director [3]	6 months to 30/09/2018	70-75	120-125	11	33	0	0	0	0	60-62.5	60-62.5	0	0	130-135	185-190
Sarah Connery, Director of Finance and Information	Full Year	100-105	90-95	13	7	0	0	0	0	50-52.5	97.5-100	0	0	155-160	195-200
Ian Jerams, Director of Operations [4]	Full Year	100-105	100-105	13	14	0	0	0	0	27.5-30	27.5-30	0	0	130-135	130-135
Chris Higgins, Interim Director of Operations [5]	1 month from 04/03/2019	5-10		3		0		0		57.5-60		0		65-70	
Anita Lewin, Acting Director of Nursing & AHPs and Quality[6]	3.5 months from 17/12/2018	25-30		1		0		0		142.5-145		0		170-175	
Jaspreet Phull, Acting Medical Director [7]	6 months from 01/10/2018	80-85		3		0		0		95-97.5		0		180-185	

Supporting notes

1. Dr John Brewin, Chief Executive, left the Trust on 31st December 2018.
2. Anne-Maria Newham ceased being the Director of Nursing, Allied Health Professionals (AHPs) and Quality in December 2018. She became Chief Executive from 1st December 2018.
3. Dr Susan Elcock continued a job share working for Lincolnshire Community Health Services NHS Trust (LCHS) for two days a week from November 2017 to April 2018. Her total gross salary for the year is £75,601 (2017/18: £156,260). The figure in the table above is net of the appropriate recharge to LCHS for her services. Of the three days (until 30 April 2018) working for Lincolnshire Partnership NHS Foundation Trust, two days are spent performing the medical director role, and one fulfilling clinical duties. She left the Trust on 30 September 2018.
4. Ian Jerams continued as Director of Operations up to his retirement at 31 March 2019.
5. Chris Higgins became interim Director of Operations on 4 March 2019. An element of shadowing took place whilst Ian Jerams remained in post to 31 March 2019.
6. Anita Lewin became interim Director of Nursing, Allied Health Professionals and Quality on 17 December 2018. An element of shadowing time took place whilst Anne-Maria Newham remained in role to December 2018.
7. Dr Jaspreet Phull became Acting Medical Director on 1 October 2018. He maintained his full time clinical role with additional medical director duties. A formal medical director has since been appointed.

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 end applying the HMRC methodology multiplier of 20. This calculation can give a misleading effect for certain Director figures, for example, Anne-Marie Newham's increase in pension related benefits is due to increased contributions relating to her new role as interim Chief Executive. Sarah Connery's reported benefit has now reduced to a more meaningful figure as this is her first 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)	
		2018/19	2017/18	2018/19	2017/18	2018/19	2017/18	2018/19	2017/18	2018/19	2017/18	2018/19	2017/18	2018/19	2017/18
		£'000	£'000	£'00	£'00	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Paul Devlin, Chair	Full Year	40-45	40-45	51	41	0	0	0	0	0	0	0	0	45-50	45-50
Alan Lockwood, Deputy Chair [1]	4 months to 31/07/18	5-10	15-20	5	18	0	0	0	0	0	0	0	0	5-10	20-25
Malcolm Burch	Full Year	10-15	10-15	0	1	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, Deputy Chair from 01/08/2018 [2]	10 months to 31/01/19	10-15	10-15	29	37	0	0	0	0	0	0	0	0	15-20	15-20
Philip Jackson	Full Year	10-15	10-15	19	27	0	0	0	0	0	0	0	0	15-20	15-20
Hugh Howe [3]	11 months from 01/05/18	10-15		22		0		0		0		0		10-15	
Andrew Spring [4]	2 months from 01/02/19	0-5		0		0		0		0		0		0-5	
Sharon Robson [5]	2 months from 01/02/19	0-5		0		0		0		0		0		0-5	
Adrian Carridice-Davids [6]	2 months from 01/02/19	0-5		0		0		0		0		0		0-5	

The information in the above table is subject to audit.

[1] Alan Lockwood left the Trust on 31 July 2018.

[2] Tim Ludlow became Deputy Chair on 1 August 2018 and left on 31 January 2019.

[3] Hugh Howe became a Non-Executive Director on 1 May 2018.

[4] Andrew Spring became a Non-Executive Director on 1 February 2019.

[5] Sharon Robson became a Non-Executive Director on 1 February 2019.

[6] Adrian Carridice-Davids became a Non-Executive Director on 1 February 2019.

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 at 31 March (bands of £5,000)	CETV at 01/04/18 (rounded to nearest £'000)	CETV at 31/3/19 (rounded to nearest £'000)	Real increase to CETV during the year (rounded to the nearest £'000)
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Dr John Brewin	0-2.5	0-2.5	70-75	215-220	1,451	1,630	102
Anne-Maria Newham	2.5-5	7.5-10	40-45	125-130	767	934	144
Jane Marshall	0-2.5	0-2.5	30-35	75-80	555	649	77
Dr Susan Elcock	0-2.5	0-2.5	40-45	90-95	538	656	51
Sarah Connery	0-2.5	0-2.5	20-25	45-50	253	324	63
Ian Jerams	0-2.5	0-2.5	40-45	120-125	929	-	-
Chris Higgins	0-2.5	0-2.5	20-25	45-50	231	304	5
Anita Lewin	0-2.5	2.5-5	35-40	105-110	551	746	51
Dr Jaspreet Phull	0-2.5	2.5-5	20-25	45-50	233	331	45

Information in the above table is subject to audit.
Members of the 2015 Section of the NHS Pension Scheme have no lump sum entitlement
None of the Trust senior managers are part of a different pension scheme.
CETV is Cash Equivalent Transfer Value

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

NHS Pensions are still assessing the impact of the McCloud judgement in relation to changes to benefits in 2015. The benefits and related CETVs disclosed do not allow for any potential future adjustments that may arise from this judgement.

Remuneration report declaration

Brendan Hayes **23 May 2019**
Chief Executive and Accounting Officer

Staff report

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

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 2019 the Trust employed a total of 2095 (excluding bank staff) (up from 1956 in 2017/18). Of which 1677 (1547 in 2017/18) were female and 418 (409 in 2017/18) were male. The gender profile of these staff is:

- Directors, including non-executive directors 7 female (5 in 2017/18) and 8 male (7 in 2017/18).
- Senior managers: 57 females (48 in 2017/18) and 29 male (23 in 2017/18).
- All employees (including bank staff) 2392 (2330 in 2017/18): 1911 females (1869 in 2017/18) and 481 males (461 in 2017/18).

Staffing takes up around two thirds of the Trust's expenditure. Subject to audit, in the last 12 months this was as follows.

Staff costs *(The information in this table is subject to audit)*	2018/19 Permanent £000	2018/19 Other £000	2018/19 Total £000	2017/18 Permanent £000	2017/18 Other £000	2017/18 Total £000
Salaries and wages	61,891	2,498	64,390	57,195	3,084	60,279
Social security costs	6,047	-	6,047	5,534	-	5,534
Employer's contributions to NHS pensions	7,822	-	7,82	7,078	-	7,078
Termination benefits	121	-	121	193	-	193
TOTAL GROSS STAFF COSTS	**76,179**	**2,498**	**78,677**	**70,269**	**3,084**	**73,354**
Recoveries in respect of seconded staff	-	(4)	(4)		(140)	(140)
TOTAL STAFF COSTS	**76,179**	**2,494**	**78,673**	**70,269**	**2,944**	**73,214**
Of which	-	-	-	-	-	-
Costs capitalised as part of assets	(89)	-	(89)	-	-	-
TOTAL EMPLOYEE BENEFITS EXCLUDING CAPITALISED COSTS	**76,090**	**2,494**	**78,584**	**70,269**	**2,944**	**73,214**

Average number of employees (WTE basis) *(The information in this table is subject to audit)*	2018/19 Permanent £000	2018/19 Other £000	2018/19 Total £000	2017/18 Permanent £000	2017/18 Other £000	2017/18 Total £000
Medical and dental	77	12	89	76	19	95
Administration and estates	504	15	519	481	15	496
Healthcare assistants and other support staff	374	63	437	317	68	385
Nursing, midwifery and health visiting staff	489	24	513	464	27	491
Scientific, therapeutic and technical staff	325	18	343	310	24	334
Social care staff	36	-	36	39	-	39
TOTAL	**1,805**	**132**	**1,937**	**1,687**	**153**	**1,840**

Exit packages

The table below, which remains subject to audit, summarises the total number of exit packages agreed during 2018/19, with 2017/18 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 *(The information in this table is subject to audit)*	Number of compulsory redundancies 2018/19 (17/18)	Number of other departures agreed 2018/19 (17/18)	Total number of exit packages by cost band 2018/19 (17/18)
Less than £10,000	1 (1)	27 (25)	28 (26)
£10,000 - £25,000	0 (1)	0 (1)	0 (2)
£25,001 - £50,000	0 (1)	1 (2)	1 (3)
£50,001 - £100,000	1 (0)	0 (0)	0 (0)
£100,001 - £150,000	0 (0)	0 (0)	0 (0)
> £150,001	0 (0)	0 (0)	0 (0)
Total number of exit packages by type	2 (3)	28 (28)	30 (31)
Total resource cost	£54,867 (£60,933)	£68,188 (£139,329)	£123,055 (£200,262)

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	2	36
Contractual payments in lieu of notice	25	28
Exit payments following employment tribunals or court orders	1	4
TOTAL	**28**	**68**

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 improved again in 2018/19 with the Trust being above average for its staff survey engagement score of 7.3, compared to 7.1 in 2017/18. This was supported through the 'pulse' survey through the cultural barometer on visions and values in July/August 2018.

Leadership

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

Leadership B2-B4s	Change management	Local Mary Seacole programme
Management skills	Coaching	Appraisal
NHSI culture and leadership	Strengths deployment inventory	Team development

Staff Survey 2018

The feedback of the results has changed in 2018 with the removal of the 32 key findings to ten overall themes.

The Trust received a 61% response rate, which is above the national average of 54% and 2% higher than 2017.

The results of the staff survey were excellent and demonstrate that the Trust was 'above average' on nine themes; the best performing trust on two themes and average for one.

Themes		2018		2017		2016	
		Trust	Benchmark	Trust	Benchmark	Trust	Benchmark
1.	Equality, diversity and inclusion	9.2	8.8	9.2	9.0	9.2	9.0
2.	Health and wellbeing	6.3	6.1	6.4	6.2	6.3	6.2
3.	Immediate managers	7.5	7.2	7.2	7.2	7.2	7.1
4.	Morale	6.5	6.2	Data not previously available			
5.	Quality of appraisals	5.8	5.7	5.7	5.5	5.4	5.5
6.	Quality of care	7.4	7.3	7.5	7.3	7.4	7.4
7.	Safe environment – bullying and harassment	8.2	7.9	8.4	8.0	8.2	8.0
8.	Safe environment – violence	9.3	9.3	9.3	9.2	9.4	9.2
9.	Safety culture	7.0	6.2	6.8	6.7	6.5	6.6
10.	Staff engagement	7.3	7.0	7.1	7.0	6.9	6.9

Improvements and deteriorations

The Trust's top performing themes when compared to the national average were:

- Equality, diversity and inclusion (9.2 compared to average of 8.8)
- Immediate managers (7.5 compared to average of 7.2)*
- Staff engagement (7.3 compared to average of 7.0)
- Safety culture (7.0 compared to an average of 6,2)*
- Staff morale (6.5 compared to average of 6.2)

*Denotes top score nationally

The Trust's bottom performing themes when compared to the national average were:

- Safe environment – violence (The Trust did still achieve the average score of 9.2)

The most improved local theme scores were:

- Immediate managers (Scored 7.5 in 2018 compared to 7.2 in 2017)
- Staff engagement (Scored 7.3 in 2018 compared to 7.1 in 2017)
- Safety culture (Scored 7.0 in 2018 compared to 6.8 in 2017)
- Quality of appraisals (Scored 5.8 in 2018 compared to 5.7 in 2017)

The themes that deteriorated locally were:

- Bullying and harassment (Scored 8.2 in 2018 compared to 8.4 in 2017)
- Health and wellbeing (Scored 6.3 in 2018 compared to 6.4 in 2017)
- Quality of care (Scored 7.4 in 2018 compared to 7.5 in 2017)

Given nine out of ten of the themes are above the national average, there isn't noticeable areas for action however the Trust has monitored the qualitative responses from staff. The People Strategy work plan for 2019/20 will therefore focus on comments around a variation in leadership practices, along with issues around flexibility, work-life balance, bullying and harassment etc.

Trade Union facility time

In accordance with the Trade Union (Facility Time Publication Requirements) Regulations 2017 and the facility time in accordance with Schedule 2, Regulation 8 was as follows:

What was the total number of your employees who were relevant union officials during the relevant period?

Number of employees who were relevant union officials during the relevant period	Full-time equivalent employee number
11	10.2

Percentage of time spent on facility time

How many of your employees who were relevant union officials employed during the relevant period spent a) 0%, b) 1%-50%, c) 51%-99% or d) 100% of their working hours on facility time?

Percentage of time	Number of employees
0%	1
1-50%	8
51%-99%	1
100%	1

Percentage of pay bill spent on facility time

Provide the figures requested in the first column of the table below to determine the percentage of your total pay bill spent on paying employees who were relevant union officials for facility time during the relevant period.	Figures
Provide the total cost of facility time	£39713 (RH) £3962 (DA) £7,790.89 total £51,465.89
Provide the total pay bill	£73,214,483
Provide the percentage of the total pay bill spent on facility time, calculated as: (Total cost of facility time ÷ total pay bill) x 100	0.07%

Paid trade union activities

As a percentage of total paid facility time hours, how many hours were spent by employees who were relevant union officials during the relevant period on paid trade union activities?

Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as: (total hours spent on paid trade union activities by relevant union officials during the relevant period ÷ total paid facility time hours) x 100	85%

Health and wellbeing

Staff sickness absence data

	2018/19	2017/18
Total days lost	18,251	18,946
Total staff	1,827	1,696
Average working days lost (per WTE)	10	11

In the last 12 months whilst sickness absence has decreased to an average of 4.60%, 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 2019 was

Total number of referrals	Self-referral	Manager referral
398	208	190

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 is further supported through the Trust's staff network, mental and physical lived experience (MAPLE) group.

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.

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.
- Staff Closed Facebook Page
- Live Team Brief

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 2018. 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 Trust has a duty to provide a whole range of interpretation and translation services to patients and service users.

As of 1 April 2018 following an extensive procurement process, the Trust now has two providers for interpretation and translation services depending on what type of requirement you have.

One provider provides the Trust with:

- Telephone Interpretation
- Face to face interpretation
- Document translation

Another specialist provider provides the Trust with:

- Sensory impairments interpretation and translation e.g. British Sign Language/ Sign Supported English/ Braille/ audio/ text relay/ SMS.

Stonewall membership

The Trust is in its eighth 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 reach the Top 100 in the Stonewall Workplace Equality Index benchmarking assessment, ranking 77th out of a record 400+ entries. This puts the Trust among an elite group of organisations which are the most inclusive employers in Britain for LGBT+ staff. The Stonewall rating is often seen as an indicator of an organisation's approach to equality and inclusion overall and can further increase all diversity in the workplace.

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 2019, which was attended by 220 people from over 60 organisations, and providing sponsorship to the Lincoln Pride event in September 2018.

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 2018/19 the Trust's compliance rate for mandatory equality and diversity training was 88.66%.

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.

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 2018/19 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's 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 Trust was then subject to a further core services inspection of some of its services and as Well-led review in November 2018; in January 2019 the Trust received its report showing

a further improvement with all elements of all services inspected receiving a rating of Good or above. The Trust was rated overall Good with an Outstanding rating for Well-led.

The reports are 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 2018/19. 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 2018/19 the Trust received the following CQC visits:

Mental Health Act Visits	
Site visited	**Date of inspection**
Ash Villa	01/05/2018
Maple Lodge	03/05/2018
Charlesworth Ward	11/05/2018
Manthorpe Ward	17/05/2018
Conolly Ward	31/05/2018
The Vales	21/06/2018
Francis Willis Unit	03/07/2018
The Wolds	21/08/2018
Ashley House	20/09/2018
The Fens	15/01/2019
Rochford Unit	13/03/2019

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 and are represented by commissioners. 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.

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 2018/19 have included:

- Holding the Board to account, via the non-executive directors, for the performance of the Trust.
- The appointment / re-appointment of all of the Non-Executive Directors and determining their remuneration and allowances. This duty is performed via a Nominations and Remunerations (NOMs) Committee of the Council of Governors, which consists of seven governors and the Trust Chair (Where appropriate) as set out in the para 28.8 of Constitution of the Trust
- 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.
- Approving the performance indicators within the Quality Report.
- Approving the appointment of the Chief Executive

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.
- Maintaining and developing an iLog to capture any process ideas, innovations and issues.

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 2018/19 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 2019/20 and beyond.
- Receiving the Trust's Annual Accounts from 2017/18.
- 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 core and Well-led inspection in 2018 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 are 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 election: 31 July 2018 Commencement date: 1 October 2018	Eight public governors including: • One Borough of Boston, • One City of Lincoln, • One East Lindsey, • One Public North Kesteven, • One Public South Holland, • One Public Surrounding Areas • One Public West Lindsey
By-election Closing date of by-election: 20 June 2018 Commencement date: 1 October 2018	• One learning disability carer • One older adult carer • One service user • One staff specialist services

Membership of the Council of Governors from 1 April 2018 to 31 March 2019 is set out in the table overleaf 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	Ended Term 30 September 2018	1/2
Debbie Abrams	South Kesteven	Started 1 October 2018	2/2
Vacant	Surrounding areas	-	-
Lisa Tooth	South Holland	Ended Term 30 September 2018	1/2
Vanessa Browning	South Holland	Started 1 October 2018	0/2
Carrie Forrester	West Lindsey	Ended Term 09 June 2018	1/1
Stephen King	West Lindsey	Elected 1 October 2018 Resigned 26 March 2019	1/2
Paul Kenny	Borough of Boston	Re-elected 1 October 2018	2/4
Giles Crust	East Lindsey	Ended Term 30 September 2018	2/2
Alan Gurbutt	East Lindsey	Elected 1 October 2018	2/2
Janet Guest	North Kesteven	Ended Term 30 September 2018	0/2
Linda Lowndes	North Kesteven	Elected 1 October 2018	2/2
Michelle Wiggins	City of Lincoln	Ended Term 30 September 2018	0/2
Vacant	City of Lincoln	Since 1 October 2018	-

Name of governor	Constituency or organisation represented	Term of office information	Attendance at Council of Governors meetings 4 per annum
Service user and carer: 13 seats			
David Bray	Service user	-	4/4
Evelyn Nicholls	Service user	-	3/4
Emma Reilly	Service user	Elected on 19 June 2018 (by-election)	0/4
Mark McKeown	Service user	-	1/4
Milly Allison	Service user	-	4/4
Michael Regan	Service user	-	3/4
Jane Avison	Service user	-	4/4
Susan Swinburn	General carer	-	1/4
Patricia Massie	General carer	End of third term 30 September 2018	2/2
Ingrid Gill	General carer	-	2/4
Pauline Mountain	Carer, young people	-	4/4
Vacant **	Carer, older adult	Vacant for full year	-
Vacant **	Carer, learning disabilities	Vacant for full year	-

** These two classes and governor seats were removed following a resolution of the Board of Directors and the Council of Governors. The decision was reached because of the inability to recruit governors in these classes. Members of the classes were transferred to the general carer constituency in order to ensure that they were represented and could vote for a governor in the up and coming 2019/20 elections.

Name of governor	Constituency or organisation represented	Term of office information	Attendance at Council of Governors meetings 4 per annum
Staff: 9 seats			
Joby Gostelow	Adult inpatient		1/4
Donna Bradford	Adult inpatient	Elected 1 October 2017 Stepped down 20 July 2018	2/2
Dr Leela Monti	Adult inpatient	Reserve from 20 July 2018	1/2
Christine Coupar	Adult community	-	1/4
Liam Cheevers	Adult community	-	0/4
Sophie Ford	Corporate	-	3/4
Susanne Ridley	Older adult	-	2/4
Jacky Tyson	Older adult	-	3/4
Lisa Norris	Specialist services	-	2/2
Vacancy	Specialist services	Vacant for full year	-

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	-	1/4
Cllr Ron Oxby	Lincolnshire County Council	-	3/4
Cllr Kate Cook	Lincolnshire County Council	-	3/4
Lisa Leonard	SHINE Network	Resigned 4 April 2019	3/4
John Bains	HealthWatch Lincolnshire	-	4/4
Prof Sara Owen	University of Lincoln	Resigned 30 July 2018	0/2
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 2019 were:

- David Bray, Lead Governor since April 2018.
- Michael Regan, Deputy Lead Governor since April 2018.

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 external Network facilitated by NHS providers and other bodies.

Expenses

Governors are entitled to claim reasonable expenses; these are detailed below for the year ending 31 March 2019.

Public governors			
Name	**Expenses claimed**	**Name**	**Expenses claimed**
Lawrence Abrams	£86.70	Lisa Tooth	£28.80
Carrie Forrester	£28.80	Michelle Wiggins	£102.60
Paul Kenny	£109.80	Alan Gurbutt	£374.75

Service user and carer governors			
Name	**Expenses claimed**	**Name**	**Expenses claimed**
Milly Allinson	£574.30	Patricia Massie	£256.00
Jane Avison	£297.40	Mark McKeown	£116.90
David Bray	£2,125.95	Pauline Mountain	£787.10
Ingrid Gill	£57.60	Evelyn Nicholls	£345.80
Michael Regan	£823.62		

Staff governors	
Name	**Expenses claimed**
Susanne Ridley	273.30

Stakeholder governors			
Name	**Expenses claimed**	**Name**	**Expenses claimed**
John Bains	£5.40	Lisa Leonard	£27.60

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 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 2018, July 2018, October 2018 and January 2019.

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. A range of observers from the CQC and other trusts have sat in on Council meetings during 2018/19.

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 were shared with the Lincolnshire Sustainability and Transformation Partnership (STP) and the Health Overview and Scrutiny Committee before service changes were implemented in 2018/19.

The Trust has worked successfully 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 2018/19 none of the executive directors held any such additional appointment.

The Trust has in place director and officers' liability insurance as part of the NHS Resolution membership scheme.

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 completed by governors and directors in 2018. 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 2017 and 2018.

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 2018/19.

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 2018/19 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	Appointment and Terms of Service (ATS)	Audit	Board of Directors	Council of Governors	Joint Board	Finance & Performance Committee	Quality	Strategic Change Committee
Name	**Number of meetings during 2018/19** IA = attendance only, not full committee member C = Committee Chair							
Dr John Brewin Chief Executive **Left the Trust 31/12/18**	4/5	--	6/8	2/2	2/3	--	--	--
Anne-Maria Newham Interim Chief Executive Officer **wef 01/12/19** (formerly Director of Nursing, AHPs & Quality)	4/5	--	8/8	4/5	1/3	--	4/4	4/5 (1 IA)
Sarah Connery Director of Finance & Information	--	5/5 (IA)	8/8	3/5	3/3	6/6	--	5/5
Anita Lewin Interim Director of Nursing, AHPs & Quality – **wef 17/12/18**	--	--	2/2	1/1	1/1	--	2/2	--
Dr Sue Elcock Medical Director **Left the Trust 30/09/18**	--	--	4/4	0/2	1/2	--	0/3	3/3
Dr Jaspreet Phull Interim Medical Director **wef 08/10/18**	--	--	3/4	1/3	2/2	--	3/3	1/1
Ian Jerams Director of Operations **Left the Trust 31/03/19**	--	--	8/8	1/5	2/3	5/6	6/6	3/5
Chris Higgins Interim Director of Operations **wef 01/03/19**	--	--	1/1 (IA)	--	--	--	1/1	1/1 (proxy)
Jane Marshall Director of Strategy	--	--	8/8	2/5	2/3	--	5/6	4/5

Committee / Meeting	ATS	Audit	Board of Directors	Council of Governors	Joint Board	Finance & Performance Committee	Quality	Strategic Change Committee
Name	**Number of meetings during 2018/19** IA = attendance only, not full committee member C = Committee Chair							
Non-executive directors								
Paul Devlin, Chair	5/5	--	8/8	5/5	2/3	--	--	5/5
Malcolm Burch	4/5	4/5	6/8	3/5	2/3	--	--	5/5 (C)
Mary Dowglass	4/5	4/5	7/8	3/5	2/3	--	5/6 (C)	--
Hugh Howe (**Joined the Trust 01/05/18**)	5/5	1/1 (IA)	8/8 (1 x IA)	3/4	1/3	5/5 (1 x IA)	5/5	3/5 (1/5 IA)
Philip Jackson	5/5	1/1 (proxy)	8/8	5/5	3/3	6/6 (C)	4/6	--
Alan Lockwood **(left the Trust 31/07/18)**	2/2	2/2 (1 x IA) (1 x proxy)	3/3	2/2	0/1	2/2	2/2	2/2
Tim Ludlow **(left the Trust 31/01/19)**	4/5	5/5 (C)	6/7	4/5	2/2	5/5	--	--
Adrian Carridice-Davids **(Joined Trust 01/02/19)**	--	--	1/1	1/1	1/1	--	--	--
Sharon Robson **(Joined Trust 01/02/19)**	--	--	0/1	1/1	1/1	--	1/1 (I/A)	--
Andy Spring **(Joined Trust 01/02/19)**	--	--	0/1	1/1	1/1	1/1 (IA)	--	1/1 (IA)

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 assurance 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 2019 meeting is to be held on 19 September at the Trust's Centre for Learning, Development and Research 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 had their terms of reference reviewed and have been meeting effectively throughout 2018/19:

- 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.

360 Assurance were the Trust's internal Auditors up until 31 March 2019. Following a tendering process the Trust will change its internal auditors in 1 April 2019 to Grant Thornton.

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 2018/19 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 2018/19 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 enabled 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 had four clinical sessions a week (a total of two days) for clinical work. In both cases the remuneration was part of their overall salary and was not paid as an additional sum. This same arrangement will pertain to the new Medical Director who will commence on 1 May 2019.

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 2018/19 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 2019, there were 9,798 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 2019:

Constituency				
Public			**Carers**	
Borough of Boston	466		Carers class	462
City of Lincoln	1239		Learning disabilities – carers class	15
East Lindsey	819		Older adults – carers class	33
North Kesteven	1057		Young peoples – carers class	18
South Holland	332		**SUBTOTAL**	**528**
South Kesteven	984			
Surrounding Areas	698		**Staff**	
West Lindsey	732		Adult inpatient division	544
Out of Trust area	0		Adult community division	425
Rest of England	0		Older adults division	332
SUBTOTAL	**6327**		Specialist division	379
			Corporate division	259
Patient			**SUBTOTAL**	**1939**
Service user – patient class	1001			
SUBTOTAL	**1001**			

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 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 Headquarters, 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.

Segmentation

Throughout the majority of 2018/19 the Trust has been in segment 1 of the framework, indicating that no targeted support is required.

This segmentation information is the Trust's position as at 31 March 2019. 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	2018/19 scores				2017/18 scores	
		Q4	Q3	Q2	Q1	Q4	Q3
Financial sustainability	Capital service capacity	1	2	2	1	1	2
	Liquidity	1	1	1	1	1	1
Financial efficiency	I&E margin	1	1	1	1	1	2
Financial controls	Distance from financial plan	1	2	1	1	1	1
	Agency spend	1	1	1	1	3	2
Overall scoring		**1**	**1**	**1**	**1**	**1**	**2**

Annual governance report

Annual Governance Statement: 1 April 2018 to 31 March 2019

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 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 2019 and up to the date of approval of the annual report and accounts.

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. The Annual Governance Statement is developed from this work, and is considered in draft by the Audit Committee, which includes: internal audit, external audit, counter fraud and the freedom to speak up guardian. The Statement is then received, considered and approved by the Board before the Chief Executive signs it off.

Capacity to handle risk

The Board sets its risk appetite using a matrix of risk statements against each of four domains: Financial, Regulatory, Quality and Reputation. The Board reviews its appetite each year by considering the Trust position against a range of factors, including: national policy, local plans and pressures, capacity and demand, and public expectation.

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, information governance 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 on-going 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 trustwide 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 on-going basis via incident reporting procedures, complaints, claims, freedom to speak up, 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.
- Lincolnshire health scrutiny and overview committee.
- NHS Improvement.
- NHS England.
- Care Quality Commission (CQC).
- Other system providers in primary care, secondary care and the third sector.

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. The committee structure is aligned with the requirements set out in the Single Overview Framework. The Board approved the structure to address the Trust's strategic direction in line with the Sustainability and Transformation Plan and to strengthen its finance and performance monitoring. The current structure has been in place for over two years 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 assurance framework and risk register. The two documents are cross referenced, with the assurance framework including strategic risks, and the risk register operational risks.

Sections of the 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, and makes recommendations to the Board, at every meeting.

Throughout 2018/19 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 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 Lincolnshire health scrutiny and overview committee and HealthWatch Lincolnshire for comment.

The Board of Directors receive safe staffing reports that describe the staff staffing levels required and achieved in accordance with the Developing Workforce Safeguards. The reports enable the Board to receive assurance that safe and effective specialist mental health services staffing levels have been created, reviewed and sustained.

The Deputy Director of Nursing leads a process to make the link between the decisions on staffing that the Board makes and the knowledge and expertise of the clinical staff. The Trust applies the systematic approach set out in the Developing Workforce Safeguards for identifying the organisational, managerial and environmental factors that support safe staffing in order to ensure improved service user outcomes.

The top risks faced by the Trust in 2018/19 and going forward into 2019/20 are set out in the table below:

Risk	What are we doing about it?	How do we know?
Workforce risks (recruitment and retention of sufficient medical and specialist staff)	The Trust has a People Strategy which is in place and is being refreshed for 2019/20. The Trust is working with partners on an attraction strategy and with Health Education England on determining future workforce needs	The Trust has in place workforce key performance indicators presented to the Board in the integrated performance report.
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. Work is underway on the first of the wards to provided single en-suit accommodation. 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. The Board has 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.

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. The Quality Committee is receiving regular progress reports.
Information and data Specifically in regard to the clinical information system and cyber risk	The Trust has invested in and installed a new clinical records system in 2018/19. 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 Trust is investing in the implementation of IG Toolkit requirements and staff training in cyber security	The Board receive, scrutinise and approve 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 including a move to Office 365
Single system plan Operating in a challenging community	The Trust is actively contributing resources and key individuals into the Sustainability and Transformation programme in Lincolnshire. The Board is ensuring that the Trust's clinical strategy and forward plans are aligned to the single system plan.	The Board receives regular reports on the progress of the STP considers all of the plans and contributes to their development and approval
Board turnover	The Council of Governors and Board of Directors have established robust processes for recruiting replacements and have effectively implemented the plans The Board of Directors has put in place interim arrangements.	Posts have been filled in a timely way and interim arrangements are enabling business to continue effectively.

Financial pressures and Cost Improvement Programme (CIP)	Robust financial planning processes are in place to identify the available resources to deliver services within the control target. However, the full CIP plan for 2019/20 had not been identified before the submission of the Forward Plan.	Work will continue on the identification of CIPs and reporting to the Board will provide monitoring and enable decision making.

The Board of Directors has received, via the Chief Executive's reports, regular updates on the position and risks in regard to Brexit; whilst there is uncertainty no direct quantifiable risk that cannot be mitigated has been identified. The Trust is co-operating with the wider community in resilience planning to further mitigate risks in regard to Brexit.

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

The foundation trust has published an up-to-date register of interests for decision-making staff within the past twelve months as required by the "Managing Conflicts of Interest in the NHS" guidance.

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 foundation trust has undertaken risk assessments and has a sustainable development management plan in place which takes account of UK Climate Projections 2018 (UKCP 2018). The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

Care Quality Commission (CQC)

In October and November 2018 the Care Quality Commission inspected four of the Trust's core services and conducted a well-led review. The Overall rating of the Trust remained Good, with a significant number of key lines of enquiry in each of the core services improving from Requires Improvement to Good. Safe in every core service was rated as Good. The Trust achieved an overall Outstanding rating for Well-led.

The CQC was very positive about the continuing strengthening of a positive culture and leadership within the Trust. The evidence of significant, consecutive improvement, in each of the last three years, i.e. from the 2016/17, 2017/18 and 2018/19 staff surveys would support this observation.

The Board of Directors has approved an action plan to address areas identified for further improvement. The Quality Committee will monitor the delivery of this action plan.

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 our 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 involving Commissioners and service user representation 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 Board has engaged with NHS improvement to develop and expand on the methodology for reporting with the adoption of statistical process control reporting enabling a more informed use of the data.

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 commissions its Internal Audit Service Provider to undertake annual audits of the evidence collated for its yearly Information Governance Toolkit (IGT) on-line submission. In April 2018 the IGT became the Data Security and Protection Toolkit (DSPT).

The new DSPT requires evidence to be submitted so that the Trust can show compliance with the 10 Data Security standards that underpin the Caldicott 3 Report and the three Board Obligations:

1. People: Ensure staff are equipped to handle information respectfully and safely, according to the Caldicott Principles.
2. Process: Ensure the organisation proactively prevents data security breaches and responds appropriately to incidents or near misses.
3. Technology: Ensure technology is secure and up-to-date.

These 10 Data Security Standards also incorporate evidence of compliance with General Data Protection Regulation (GDPR) and Data Protection Act 2018 requirements.

The Trust achieved Significant Assurance from its internal auditors 360 Assurance for this year's audit of the 2018/19 DSPT evidence and submitted this evidence which enabled the Trust to demonstrate an overall 100% DSPT compliance level. The Trust continues to have plans in place so that action can be taken to ensure the standards of Information Governance (IG) and Data Security are improved further in line with best practice.

All NHS Foundation Trusts must report any incidents of Data Security and Data Protection breaches on the DSPT and also in their respective annual reports. These incidents are classified in guidance provided by NHS Digital on Data Security and Protection Incidents. Incidents of the Security of Network and Information Systems Regulations 2018 (NIS Regulations) breaches must also be reported on the DSPT.

The director of finance and information has overall responsibility for IG, data security, and data protection compliance in her capacity as senior information risk owner (SIRO). The interim 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, in the annual SIRO Report, that effective arrangements are in place to manage and control risks to information and data security. The Trust had three data security and protection incidents as defined by the NHS Digital

guidance. All three incidents were reported to NHS Digital on the DSPT of which one was automatically reported via the DSPT to the Information Commissioners' Office (ICO): however the ICO advised that no further investigation was required by them and none of the three incidents required further investigation by NHS Digital. The Trust did undertake an internal review into the ICO reported incident and published guidance through the lessons learned bulletin.

The Trust continuously reviews its systems and procedures for the confidentiality, integrity and security of personal and confidential data. As a result of investigations into these three incidents and reviews of IG, data security and records incidents by Information Governance and Records Management Group (IG&RM Group), measures are taken to ensure the procedures and policies on information governance and data security are updated to enable compliance.

During the last year we migrated our electronic clinical system to a new platform in six months, an achievement we are very proud of. The new system is modern, externally hosted and brings this key part of IT infrastructure up to date and future proof.

The Trust has systems and processes in place to govern access to confidential data and to ensure guidance and standards are followed when staff are using or accessing confidential data. Any new system or process is required to meet these standards as does any hardware (eg 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 and data security risks through the IG & RM Group. Incidents and risks are managed in accordance with Trust policy and serious IG, records and data security 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 when 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 programme which commenced in 2017/18 with work focused around four work streams. In 2018/19 three further work streams were added. Each work stream has an executive director sponsor and 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
6. Improving the environment	Quality Committee
7. Patient experience	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 is 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 2018 to 31 March 2019 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.

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 2018/19.

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 Board has undertaken a well-led self-assessment to provide additional assurance and has received the Outstanding rating from the Care Quality Commission demonstrating good leadership performance which has 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 2018 to 31 March 2019

Signed (on behalf of the Board of Directors)

Brendan Hayes **23 May 2019**
Chief Executive and Accounting Officer

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.

Brendan Hayes **23 May 2019**
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.
- Confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS Foundation trust's performance, business model and strategy, 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.

Brendan Hayes **23 May 2019**
Chief Executive and Accounting Officer

Important events

The Board confirms the approval of its Annual Report and Accounts at its annual public meeting. The 2018 meeting took place on 13 September and accepted the Trust's annual report and accounts for the year ending 31 March 2018. The 2019 meeting at which this document will be approved is set to take place on 16 September 2019. 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

NHS
Lincolnshire Partnership
NHS Foundation Trust

Annual Quality Report 2018/19

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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.

Dynamic Appraisal of Situational Aggression (DASA)

Is a tool developed by Ogloff & Daffern (2006) to assess the likelihood that a patient or client will become aggressive within a psychiatric inpatient environment.

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.

DPS (Data Protection and Security) Toolkit

An online system which allows NHS organisations and partners to assess themselves against the Department of Health's Information Governance policies and standards.

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.

Human factors Analysis and Classification System (HFACS)

HFACS is an evidence-based taxonomy of human error consistent with James Reason's well-known 'Swiss cheese' model of sources of risk in organisations.

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 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.

Prevention and Management of Violence and Aggression (PMVA)

Is the approach the Trust employs to support patient and employee safety in these types of incidents.

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.

Triangle of Care

Is a working collaboration, or "therapeutic alliance" between the service user, professional and carer that promotes safety, supports recovery and sustains well-being.

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 tenth annual quality report for the financial year April 2018 to March 2019.

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 2019 to 2020.

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 advancing 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 2018/19.

Our continued focus in 2018/19 on working in partnership to co-develop and co-produce 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, focus on Continuous Quality Improvement and revised values and behaviours framework have significantly contributed to our excellent response and feedback through the mental health and learning disability Trust NHS staff survey.

A strong continued focus on service user/patient, carer and staff engagement will remain a high Trust priority in 2019/20 in our continuous journey to provide the highest standards of healthcare within Lincolnshire.

Paul Devlin
Chair

Brendan Hayes
Chief Executive and Accounting Officer **23 May 2019**

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 • Perinatal services • Veteran services • Individual Placement Support (IPS) Employment Specialist Team	• Learning disabilities • Autism diagnostic service • Lincolnshire core child and adolescent mental health services (CAMHS) • Lincolnshire eating disorder (CAHMS) • Lincolnshire crisis and home treatment • CAMHS inpatient unit • Lincolnshire young person's secure unit (LSU) • Healthy Minds • CYP Mental Health and Emotional Wellbeing Service (NEL) • Young minds matter (NEL) • Dietetics (commencing April 2019) • Eating disorders (Adult)
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 (ISVA) • Mental health rehabilitation • Low secure mental health inpatient unit • Section 136 suite • Psychiatric Clinical Decisions Unit (PCDU) • Psychiatric Intensive Care Unit (PICU) • Ministry of Defence inpatient	• Community and inpatient services for people with dementia • Specialist older adult – community and inpatient • Mental health hospital liaison • Neuropsychology • Psycho-Oncology • Chronic fatigue syndrome/ME • Home treatment team
Pan Trust	
• Managed Care Network • Pharmacy and medicines optimisation services • Physical Healthcare team	

Further information about these services can be found via this link:

http://www.lpft.nhs.uk/our-services

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

2.1 Quality improvement priorities

2019-20

NHS
Lincolnshire Partnership
NHS Foundation Trust

Our vision: *To support people to live well in their communities*

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	Improve the physical health of people with severe mental illness
Q2	Reduce the frequency of use of restraint across our inpatient wards
Patient experience	
Q3	Service developments and plans of care will be co-designed and co-produced with patients and service users
Q4	Improve Trustwide support and access for patients/service users/carers to join groups or take part in activities
Clinical effectiveness	
Q5	Build and expand continuous quality improvement capacity and capability across the organisation
Q6	Improving the environment for our people (patients, service users and employees)

Our values

Compassion: acting with kindness ❖ **Pride:** being passionate about what we do ❖ **Integrity:** Leading by example
Valuing everybody: using an inclusive approach ❖ **Innovation:** Aspiring for excellence in all we do ❖ **Collaboration:** listening to each other and working together

April 2019

Strategic principles

The Trust is passionately committed to improving quality and patient 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 2019/20.

2.1.1 Approach to quality improvement

The Director of Nursing, Allied Health Professionals and Quality provides executive leadership for quality improvement and quality assurance.

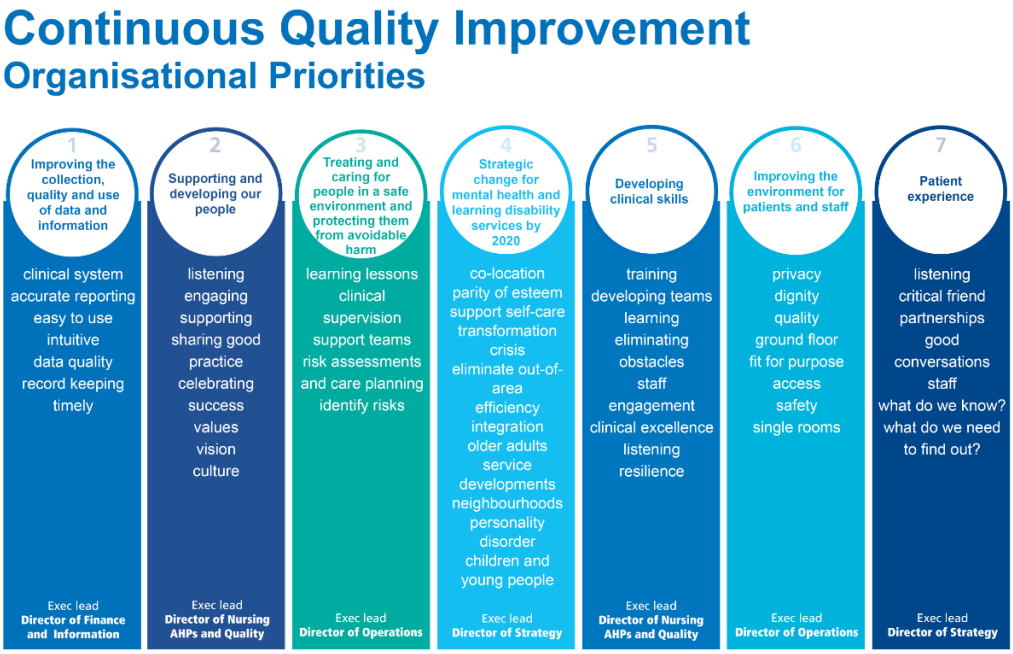
A number of key assurance meetings with both internal and external involvement are regularly held to support the quality governance process including regular ward/team meetings, monthly Operational Division Management Team meetings, Board meetings, Operational Performance and Clinical Governance Meeting, and 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 Meeting chaired by the Executive Nurse of LPFT'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 overall current CQC rating is 'good', with the well-led domain being 'outstanding'.

In 2016 the Board of Directors approved an approach that moved the Trust to a Continuous Quality Improvement (CQI) model. This signalled a new approach to supporting employees to make meaningful changes to improve quality for patients/service users/carers and the working lives of people working in the organisation and to ultimately support the Trust become CQC rated 'outstanding'.



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).

CQ organisational priority	Aims	Key national and local priorities	Examples of local delivery	Linked quality priority (Q)
1	Improving the collection, quality and use of data and information to support delivery of care.	• Sustainability and Transformation Partnership (STP) • Mental Health Five Year Forward View (MH5YFV) • NHS Long term Plan (LTP)	• Implemented new clinical system during 2018/19 • Implementation of Lincolnshire Care Portal	• Q5
2	Supporting and developing our people.	• STP • MH5YFV • LTP	• Develop clear Standard Operating Procedures •	• Q2 • Q5
3	Treating and caring for people in a safe environment and protecting them from avoidable harm.	• CQC inspection • STP • MH5YFV	• Ongoing improvement of collaborative risk assessment and care planning • Development of inpatient zero suicide ambition plan. • Co-location of teams	• Q1 • Q2 • Q5 • Q6
4	Strategic change for Mental Health and Learning Disability Services by 2020.	• STP • MH5YFV • LTP	• Configuration of support services to maximise quality • Configuration of services that realigns investment into the STP to support the LTP	• Q4 • Q5
5	Developing clinical skills.	• STP • LTP	• Team building and role development	• Q2 • Q5
6	Improving the environment for patients and staff.	• CQC • LTP	• Ongoing development and improvement of our inpatient areas.	• Q5 • Q6
7	Patient experience.	• CQC • LTP	• Supporting the development of @Always events with our patients.	• Qs 1 - 7

2.1.2 Our quality priorities for 2018/19: review of achievement

The Trust identified six quality priorities for 2018/19 and achievement against these is summarised within this section.

Quality Priority		Baseline data (from 2017/18)	Measures for improvement (2018/19)	Years progress	Attainment
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)	2018/19 - Baseline identified from 2016/17 achievement. Inpatient: 29.4% of submitted sample (n=17) had complete data against the required criteria*. Community: 10.3% of submitted sample (n=39) had complete data against the required criteria*. *Description of data can be found at: https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-16-17/	Submit required number of forms. 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: https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-17-19/	Progress has been made internally with physical health interventions for patients living with long term conditions. This has included improved monitoring, earlier recognition of deteriorating patients and closer working with acute care providers. We have been unable to progress auditing interoperability of data and IT systems between secondary and primary care, to facilitate flow of information on physical health issues for people with SMI. This has been escalated to our CCG. We have worked closely with NHSI and HEE to improve the knowledge and skill base across all teams to enhance the physical healthcare of LPFT service users.	Not achieved

Q2	Improved ligature risk assessment, management and understanding for inpatient areas	Each inpatient area had a completed ligature risk assessment and management audit which is held within a folder (hard copy and electronic). 3 ligature risk assessment and management workshops were facilitated.	Formalised process written to describe relationship/support between Estates and Quality and Safety Teams. 4 ligature risk assessment and management workshops to be delivered. Each inpatient area to maintain accurately their ligature risk assessment and management folder.	Although a total of 4 workshops have been facilitated there have been continued challenges in staff attending. To support improvement of attendance a further 6 workshops are planned for 2019/20 and the Quality and Safety Team are exploring alternative ways of delivering future workshops. The Quality and Safety Team continue to support the inpatient areas to accurately maintain their ligature risk assessment and management folders (hard copy) and electronic copies are available. Key staff within estates have access to the live action plans to support timely completion of work required.	Achieved

Quality Priority		Baseline data (from 2017/18)	Measures for improvement (2018/19)	Years progress	Attainment
Patient experience					
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.	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.	CQUIN fully achieved with performance of 235.48% for Cohort 1 and 158.26% for Cohort 2 indicating a significant overall reduction in attendance to the A&E Dept. A summary of this achievement will be presented at the Urgent Care Delivery Board.	Achieved

Q4	Ensure the overall experience of patients/service users, carers and staff is positive and consistent across all Trust services	2018/19 baseline is 7.3/10 reported in 2017 survey. Service user and carer involvement in recruitment process baseline 81%.	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 Trust's recruitment and selection process to evidence the involvement of service user and / or carers in 85% of appointments. (This can include a range of options)	The 2018 Community Survey results were published in November 2018. Although the Trust have maintained our performance in most areas, the indicator score with regard to a patient's experience of contact with a health or social care worker has dropped to 6.8. Service user involvement in recruitment and selection for April 2018-March 2019 80%	Not achieved

Quality Priority		Baseline data (from 2017/18)	Measures for improvement (2018/19)	Years progress	Attainment
Clinical effectiveness					
Q5	Develop and implement a robust Quality Improvement (QI) methodology	Continuous Quality Improvement (CQI) events were held throughout the year. The model for improvement (MfI) has been agreed as the preferred framework for improvement. Each operational Division undertook a minimum of 3 quality improvement projects.	Each operational Division to complete 10 CQI projects. Train a core of 50 employees in the Model for improvement.	Each Division have developed and implemented a range of QI projects. Throughout the year there has been MfI/QI training facilitated for a total of 137 employees including Health Care Support Workers, Nurses, Medical Staff and AHPs. with 137 at the Allied Health Professionals development day to 43 attendees which included Occupational Therapists, Physiotherapists and Speech Language Therapists. Work continues to develop a sustainable model of training into 2019/20 and beyond. A central register of all CQI projects has been established and will be reported through to the Quality Committee.	Achieved

Q6	Preventing ill health caused by the use of alcohol and tobacco (Relates to Adult Inpatient wards only)	Improving performance across the indicators (data*) at each quarter of 2017/18. *Description of data can be found at: https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-17-19/	Improving performance across the indicators (data*) at each quarter of 2018/19. *Description of data can be found at: https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-17-19/	A real time report was developed that can be viewed by the clinical teams to review data completion. Ward managers are using the report to increase compliance with the indicators. Unfortunately the Trust has not been able to attain a consistent improvement against each of the required areas. The Trust acknowledges the importance of this area of health promotion/harm reduction for our adult inpatient group and as such identified this as a key quality performance indicator during 2019/20 which will be monitored by our commissioners.	Partially achieved

For those areas in which the Trust has not achieved the stretch target work will continue during 2019/20 to improve outcomes although they are not specifically identified as ongoing quality priorities.

2.1.3 Choosing our quality priorities 2019 to 2020

The Trust Board have agreed six key quality priorities for 2019/20 with the option to extend or renew for 2020/21, 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:

- Extensive engagement with patient/service users, carer, governor and staff.
- Department of Health and Social Cares national priorities.
- CQC inspection 2018 and MHA visits feedback.
- The NHS Long Term Plan.
- National patient and staff surveys.
- NHSI reporting requirements.
- Commissioners requirements and feedback.
- Sustainability and Transformation Partnership (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 will be developed collaboratively during quarter 1 of 2019.

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.

Consultation on the development of the quality priorities started in November 2018, with an interactive presentation within the Joint Board of Directors and Council of Governors meeting; and continued through papers and presentations to various groups. Additionally the quality priorities were made available via the Trusts internet site, Facebook group and Twitter to achieve as wide a distribution as possible.

Progress to achieve the identified quality priorities 2019/20 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. Improve the physical health of people with severe mental illness (Relates to adult inpatient wards/units, community mental health and early intervention in psychosis teams)	This is a quality priority continuation.	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 Working will ensure parity of esteem for this patient group.	Our physical healthcare group will monitor progress and a report will be presented to the Patient Safety and Experience Committee quarterly. 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. Reduce the frequency of use of restraint across our inpatient wards.	This is a new quality priority.	Physical restraint can cause both physical and psychological harm to patients and employees. Nationally there has been a particular focus primarily, although not exclusively, on prone (face down) restraint. There have been a number of high profile deaths where prone restraint was in use, and the Trust takes very seriously its responsibility to reduce the number of physical restraints overall and particularly the use of prone restraint. Introduction of a new model of Prevention and Management of Violence and Aggression (PMVA) has been supported by the Trust's Board to influence initiatives for restraint reduction throughout all the Trust's wards and units.	Our Director of Operations and Director of Nursing, AHPs and Quality have 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. Service developments and plans of care will be co-designed and co-produced with patients and service users.	This is a new quality priority.	This priority seeks to build upon the evidence base that demonstrates best outcomes are achieved via services which are truly co-produced as this takes into account the real needs and outcomes desired by the populations who access services.	Patient and carer experience will be monitored by the Patient Safety and Experience Committee. Data will also be presented to the Board via ad-hoc reports within which involvement in co-design/production is relevant.
Q4. Improve Trust wide support and access for patients/service users to join groups or take part in activities.	This is a quality priority continuation.	Enabling the transition from inpatient services to community is enhanced by supporting patients to become involved in their local community and activities. When living in the community patients over all well-being is improved via social inclusion which reduces isolation and stigma.	A report will be presented to the Patient Safety and Experience Committee quarterly. Accessing groups and meaningful activity at the right time benefits the patient experience which in turn is clearly linked to improved clinical outcomes.

Quality Priority	Priority continuation	Why this is important for us	How will we measure and monitor it
Clinical effectiveness			
Q5. Build and expand continuous quality improvement capacity and capability across the organisation.	This is a quality priority continuation.	Establishing a Quality Improvement methodology promotes a culture which is led collaboratively by front line employees and patients ensuring 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.	This will be monitored by the Patient Safety and Experience Committee with quarterly reporting of roll out of training and progress against key Continuous Quality Improvement (CQI) work streams.
Q6. Improving the environment for our people (patients, service users and employees).	This is a new quality priority.	Through having an estate which is fit for purpose we can ensure that the privacy and dignity of our patients/service users are met within a forward facing high quality Trust. Additionally providing our employees with the facilities they require to deliver high quality care and supports their own well-being and productivity.	Our Director of Operations has overall lead for this work and our Finance and Performance Committee will monitor and receive quarterly progress reports on improvements which will include audits of compliance.

2.1.4 Service development and improvement plans 2019/20

The following provides a brief summary of key clinical service development and improvement plans for the Trust in 2019/20. 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 Integrated Business Plan 2019/20.

Key planned developments	
Hospital Mental Health Liaison Service	Working closely with local commissioners we will develop the case for investment into hospital liaison services so that they become available 24 hours per day.
Community Personality Disorder Service	Develop a community service to provide specialist support for people diagnosed with personality disorder to live well within their community.
'Virtual' Community Mental Health Team	Innovate to pilot the concept of a virtual community mental health team within the community division.
Rehabilitation Service transformation	Working with partners across the health and care system to transform rehabilitation services and reduce the number of patients placed out of area.
Lincolnshire CAMHS	Work with our Lincolnshire CAMHS commissioners to develop a new and more integrated children's services model.
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.
Improve services for patients experiencing mental health crisis	Develop new pathways and innovative ways of working to prevent mental health crisis and support people effectively during crisis.
Tier 4 CAMHS	Transition to a new model of care for tier 4 CAMHS provision

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 (2019).

The Trust holds quarterly quality contract review meetings with its lead commissioner, and has shared the draft quality report with governors, commissioners, the local Health Scrutiny Committee and Healthwatch Lincolnshire for comment.

During 2018/19 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 2018/19 represents 100% of the total income generated from the provision of relevant health services by the Trust for 2018/19.

2.2.1 Participation in clinical audits and national confidential enquiries

Participation in clinical audits

During the period from 1st April 2018 through to 31st March 2019 the national audits that the trust was eligible and participated in is as follows:

- Three national CQUIN –
    - CQUIN 9 – Preventing Ill Health (Alcohol and Tobacco).
    - CQUIN 5 – Transition from CAMHS.
    - CQUIN 3 – Improving physical healthcare to reduce premature mortality in people with serious mental illness
        - 3a – cardio metabolic assessment and treatment for patients with psychoses
        - 3b – collaboration with primary care clinicians

- Two national clinical audit –
    - Psychosis EIP Spotlight (NCAP EIP) – data collection included 1 x case note audit, 1 x contextual audit, 1 x CQUIN element (Smoking and BMI).
    - Anxiety & Depression Psychological Therapies (NCAAD) – data collection to include 1 x case note audit, 1 x service user survey, 1 x clinician survey

- Two POMH(UK) – national Prescribing Observatory for Mental Health UK:
    - Topic 16 Rapid Tranquilisation
    - Topic 18 Prescribing Clozapine

- Monthly Classic Safety Thermometer (see table overleaf)

It was agreed with the POMH Lead that on this occasion the trust would not participate in:
POMH Topic 6d – Assessment of Side Effects of Depot Antipsychotics
POMH Topic 7f – Monitoring of patients prescribed Lithium

Local clinical audits were undertaken as follows:

DNA in CAMHS service	March 2018
Eating Disorder Service – Service user evaluation (standards taken from NG69)	June 2018
Assessment of driving status in service users presenting at CRHT Grantham	May 2018
Treatment specific documented capacity amongst CRHT patient commencing on medication	June 2018
Stopping over medication of people with a learning disability (STOMP) – antipsychotics	June 2018
Seclusion (Supervised Confinement) – Adult Wards	December 2018
Safe & Secure Handling of Medicines – 1 x CMHT and 1 x Inpatient	June 2018
Re-audit on physical healthcare – Ash Villa	December 2018
Re-audit on use of hypnotics – Adult patients	June 2018
Re-audit on discharge documentation in Adult wards	August 2018
Drug allergy documentation – Ash Villa	March 2018
Re-audit of drug allergy documentation – Ash Villa	October 2018
High Dose Antipsychotic (HDAT) - The Vales, Discovery House	February 2019
Length of stay PD Patients (Boston area)	April 2018
Physical health reviews and time-frames of completion – Rehab ward	December 2018
Good practice in prescribing for dementia	June 2018

The national clinical audits and national confidential enquires that the Trust participated in, and for which data collection was completed during 2018/19, are listed below alongside the number of cases submitted to each audit or enquiry as required by the terms of that audit or enquiry.

National CQUIN 9 Preventing ill health by risky behaviours – Alcohol and tobacco (quarterly reporting)	Data submitted: end October 2018	Total unique patients identified for auditing: 240 (100% of eligible patients)
National CQUIN 5 Transitions out of Children and Young People's Mental Health Services	Data submitted: end October 2018	Total 18 cases identified for auditing (100% of eligible patients)
National CQUIN 3 Improving physical healthcare to reduce premature mortality in people with serious mental illness 3a - cardio metabolic assessment and treatment for patients with psychoses 3b – collaboration with primary care clinicians	3a data submitted: March 2019 3b data submitted: April 2019	3a – total 150 cases identified for auditing (100% of eligible patients) 3b – total 126 cases audited
National Audit of Psychosis NCAP – Early Intervention in Psychosis Spotlight audit	Data submitted: end November 2018	Total identified for auditing: 1 x contextual questionnaire 43 x case notes 15 x CQUIN data (BMI element) (100% of eligible patients)
National Clinical Audit of Anxiety & Depression – core audit NCAAD – Psychological Therapies spotlight audit – case note audit only	Data submitted end September 2018 Data submitted end January 2019	84 cases submitted (80% of eligible patients identified) 35 cases submitted (100% of eligible patients identified)
POMH (UK): National Prescribing Observatory for Mental Health UK. Topic 16: Rapid Tranquilisation	Data submitted end May 2018	11 cases submitted Report received: October 2018

POMH (UK): National Prescribing Observatory for Mental Health UK. Topic 18: Prescribing Clozapine	Data submitted end July 2018	136 cases submitted Report received: February 2019
National Classic Safety Thermometer (monthly)	Data submitted: April 2018 through March 2019	Patients identified from 3 Older Adult Wards (Rochford Unit, Manthorpe Centre, Langworth Ward) 100% of eligible cases submitted

Participation in research 2018/19

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 603 (Clinical Research Network East Midlands, partner summary report, December 2018).

Trust National Institute for Health Research (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 2018 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 2018/19:

Research and Innovation Conference 2018

Nearly 100 attendees joined the Trust for this year's Research and Innovation Conference. The conference aimed to encourage people to take their first step into research, and to understand what research can mean to them.

How research is improving community practice - EQUIP: Enhancing the Quality of User Involved Care Planning in mental health services (University of Manchester)

The EQUIP study team were awarded nearly £2 million by the NIHR to examine ways to improve user and carer involvement in care planning in mental health services. The project ran for five years and will benefit service users, carers and mental health professionals. We were one of ten mental health Trusts to host the EQUIP randomised control trial within our Community Mental Health Teams with the opportunity to implement the research evidence into practice once the trial was complete.

In July 2017 the Trust received a willing adopters training day for the EQUIP care planning tool. It was attended by service users, carers and staff from LPFT and was facilitated by Professor Patrick O'Callaghan and Andrew Grundy from Nottingham University. Led by Service Development Leads, Adult Community division, a team of staff and service-users are successfully taking forward implementation of the EQUIP care planning tool to improve practice.

In April 2018 Ann Munro, Christine Coupar, Anne Harris and Angela Sheerin presented the Trust's EQUIP implementation work at the EQUIP national conference in Manchester "Sharing good practice in care planning".

Journeying through Dementia: a randomised controlled trial of the clinical and cost effectiveness of the Journeying through Dementia intervention compared to usual care (University of Sheffield)

The Journeying through Dementia (JtD) randomised controlled trial (RCT) is being conducted in partnership with NHS dementia related services. This intervention has been designed to improve the quality of life for people in the early stages of dementia by promoting self-efficacy and assisting them to continue to participate in life and maintain their independence.

Led by Consultant OT Carol Duff, the Trust is hosting the JtD trial. Service-users and carers are now taking part in the group intervention and receiving one to one support sessions. Facilitated by staff in the Trust, the intervention has potential to improve practice. Lisa Pringle is supervisor for the trial, with Caroline Allen, Lisa Cheesebrough and Rachel Fothergill facilitating. All have received training and ongoing support from the University of Sheffield.

SCIMITAR Plus: Smoking Cessation Intervention for Severe Mental Ill Health Trial: a randomised evaluation of a bespoke smoking cessation service (University of York)

The Trust hosted the SCIMITAR Plus trial to evaluate a bespoke smoking cessation service specifically tailored to individuals with severe mental illness. Research staff trained to deliver the smoking cessation intervention and to become Mental Health Smoking Cessation Practitioners, working with the service-user and their GP or mental health specialist to advise on anti-smoking medication and behavioural support (information, motivation sessions on cutting down to quit, setting quit dates and maintaining smoking abstinence).

The trial is now complete and the results will provide information on whether the bespoke smoking cessation service is effective in helping patients with severe mental illness to stop smoking compared to usual care. It will also establish whether the service is cost effective. Results will be shared to see if there is scope for the use of evidence to improve care and treatment in the Trust.

RADAR: research into antipsychotic discontinuation and reduction (University College London)

This is a six year programme, funded by the NIHR, to evaluate the risks and benefits of a supported programme of antipsychotic dose reduction and discontinuation compared with continuous maintenance. Led by local principal investigator, Dr Mithilesh Jha, the Trust is hosting this research to provide a better understanding of treatment options for people with schizophrenia, psychosis and similar problems.

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 2018/19

A proportion of the Trust's income (2.5% across all contracts) in 2018/19 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 2018/19 and for the following 12 month period are available electronically at: www.lpft.nhs.uk

The 2018/19 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 2018/19 conditional upon achieving quality improvement and innovation goals was £1.95 million. The monetary total value of the CQUINs 2017/18 was £1.85 million.
- The CQUINs for 2018/19 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 CCGs

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.	

LCC Lincolnshire community CAMHS

Goal No.	CQUIN targets and topics	RAG rating
CAMHS1	Transition from CAMHS to AMHS	

2.2.4 CQUINs 2019/20

From 1 April 2019, both the CCG and Prescribed Specialised Services (PSS) CQUIN schemes will be reduced in value by 50% to 1.25% with a corresponding increase in core prices through a change in the tariff uplift. The CQUIN scheme will also be simplified, focusing on a small number of indicators aligned to key policy objectives drawn from the Long Term Plan.

The Trusts lead commissioners have been advised that the National CQUIN requirements 2019/20 which are mandated for the Standard NHS Contract are not mandated for the:

- 2019 – 20 Lincolnshire East CCG / United Lincolnshire Hospitals Trust Aligned Incentive Contract
- 2019 – 20 Lincolnshire West CCG / Lincolnshire Community Health Services Aligned Incentive Contract
- 2019 – 20 South & South West Lincolnshire CCG / LPFT Aligned Incentive Contract

Recognising the CCGs and providers listed above shall develop STP Aligned (whole health economy and patient pathway) “local CQUINs” that will include where appropriate joint or interlinked CQUINs with the three providers above and or other providers of Lincolnshire.

The Trust and CCG are developing the following thematic elements of local CQUINs

- Mortality reviews - to include suicides and LEDER requirements; with demonstrable action to address lessons learnt; active participation and support for completion of review requirements.
- Transforming Care - development of supportive community arrangements for LD/ ASD patients to avoid admission and ensure patients cared for in the right place at the right time
- Community pathways
- Incentivise support by the organisation to the development of a system quality assurance model that is based on utilisation of internal organisational governance; with transparent open reporting to enhance trust across the system - will include elements around the single system safeguarding model etc.

Further details are available at: www.lpft.nhs.uk

2.2.5 CQC – registration and inspection

CQC registration and 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 2018/19.

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 2018/19; and any actions identified are monitored and assurance given to the CQC on completion of these actions.

During 2019/19 the Trust received the following CQC Mental Health Act visits to its sites:

Mental Health Act visits	
Site visited	Date of Inspection
Ash Villa	01/05/2018
Maple Lodge	03/05/2018
Charlesworth Ward	11/05/2018
Manthorpe Unit	17/05/2018
Conolly Ward	31/05/2018
The Vales	21/06/2018
Francis Willis Unit	03/07/2018
The Wolds	21/08/2018
Ashley House	20/09/2018
The Fens, Discovery House	15/01/2019
Rochford Unit	13/03/2019
CQC comprehensive re-inspection	**Date of inspection**
The Trust received a re-inspection of the following core services, which were previously rated as requires improvement: • Community-based mental health services for adults of working age • Community mental health services for people with learning disabilities or autism • Acute wards for adults of working age and psychiatric intensive care units • The Trust was inspected against the well-led key question for the Trust overall.	16/10/2018 – 08/11/2018

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 Legislative Committee.

The Trust's compliance assurance mechanisms include a schedule of 15 Steps/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.

2018 CQC comprehensive inspection

The Trust had a re-inspection of the following core services which had previously been rated as requires inspection:

- Community-based mental health services for adults of working age
- Community mental health services for people with learning disabilities or autism
- Acute wards for adults of working age and psychiatric intensive care units

	Safe	Effective	Caring	Responsive	Well led	Overall
Community mental health services with learning disabilities or autism	Good	Good	Good	Good	Outstanding ☆	Good
Long stay or rehabilitation mental health wards for working age adults	Good	Good	Good	Good	Good	Good
Acute wards for adults of working age and psychiatric intensive care units	Good	Good	Good	Good	Good	Good
Child and adolescent mental health wards	Good	Good	Good	Good	Good	Good
Community-based mental health services for adults of working age	Good	Good	Good	Good	Good	Good
Community-based mental health services for older people	Good	Good	Good	Good	Good	Good
Forensic inpatient/secure wards	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

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
- Developing clinical skills
- Improving the environment for patients and staff
- Patient experience

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

The Trust submitted records during 2018/19 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.
    - 99.99% for outpatient care (April – Aug only, from September 2018 onwards Medical staff work as part of a MDT rather than Outpatient Clinics)

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 (April – Aug only, from September 2018 onwards Medical staff work as part of a MDT rather than Outpatient Clinics)

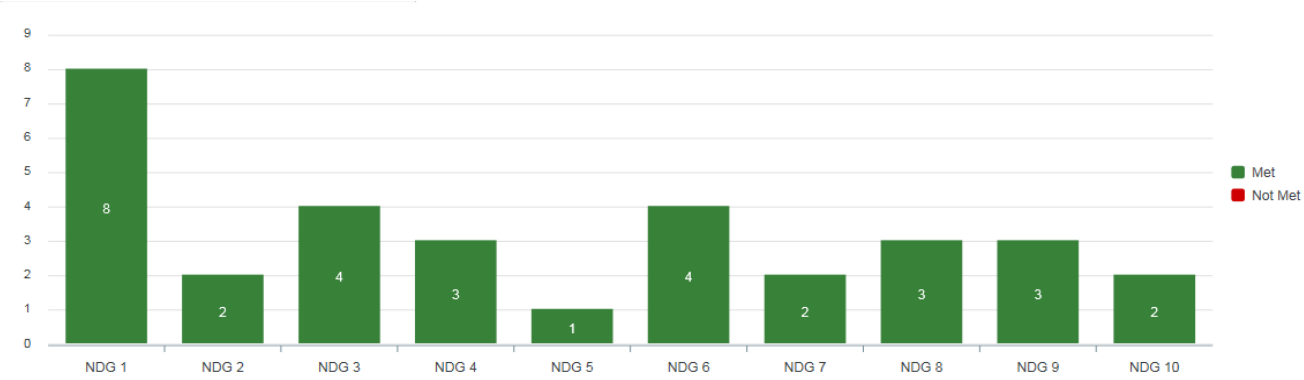
In addition the Trust continues to upload monthly returns for:

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

To improve data security and protection for health and care organisations, the Department of Health and Social Care, NHS England and NHS Improvement published 3 Board Leadership Obligations:

1. People: Ensure staff are equipped to handle information respectfully and safely, according to the Caldicott Principles. (Data Security Standard 1 to 3).
2. Process: Ensure the organisation proactively prevents data security breaches and responds appropriately to incidents or near misses. (Data Security Standard 4 to 7)
3. Technology: Ensure technology is secure and up-to-date. (Data Security Standard 8 to 10)

Under these 3 Leadership obligations sit 10 Data Security standards which all Health and Social Care providers must comply with. To provide evidence of this compliance health and social care organisations must make mandatory submissions to the on-line toolkit. The Data Security and Protection Toolkit (DSPT) also takes into account data protection updates under the General Data Protection Regulation (GDPR). The Trust was required to submit an interim submission by the 31st October 2018 and a final submission by 31st March 2019. There are 100 mandatory evidence items required for upload across 40 different subject headings (known as assertions). The table below demonstrates the Trust met all of the required standards.



NDG 1 - Personal Confidential Data
NDG 2 - Staff Responsibilities
NDG 3 - Training
NDG 4 - Managing Data Access
NDG 5 - Process Reviews
NDG 6 - Responding to Incidents
NDG 7 - Continuity Planning
NDG 8 - Unsupported Systems
NDG 9 - IT Protection
NDG 10 - Accountable Suppliers

Source: https://www.dsptoolkit.nhs.uk/

2.2.7 Payment by results (PbR)

The Trust was not subject to the Payment by Results clinical coding audit during 2018/19 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 is 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 Trust has recently funded a permanent position for Learning from Deaths Investigator.

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);
- Deaths investigated as Serious Incidents.

2.2.8.2

During 2018/19, 917 of the Trusts patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period: 253 in the first quarter; 192 in the second quarter; 204 in the third quarter and 268 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. There have been 3 unexpected deaths of patients under the care of inpatient services. 2 of these people died whilst on approved home leave and the third person within 2 days of discharge and subject to a Community Treatment Order (CTO). All 3 of these deaths were investigated by the Trust as a Level 2 Serious Incident Investigation

2.2.8.3

By 31/03/2019, 31case record reviews and 43 investigations have been carried out in relation to 917 of the deaths included in item 2.2.8.2. 45 deaths have been referred via the LeDeR process during this period.

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: 17 in the first quarter; 13 in the second quarter; 9 in the third quarter and 24 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; 0 representing 0% for the second quarter; 0 representing 0% for the third quarter and0 representing 0% for the fourth quarter.

These numbers have been estimated using the Trust's 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).

However following national guidelines the MSC had made a decision going forward to utilise the Royal College of Psychiatrists (RcPsych) mortality review tool, a nationally designed tool for mental health Trusts and this committee also made a decision the grading outcome will be stopped and replaced with "problems in care" as other Trusts have done.

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:

- Quality of record keeping, it was unclear if person on a Care Programme Approach (CPA) and poor communication between agencies.
- The need to develop a template for physical healthcare from primary and secondary services.
- Concerns with another health or social care provider need to be raised through Health Provider Feedback (HPF) or Poor Practice Concerns (Social Care), via the relevant Divisional Quality Improvement and Assurance Lead.
- Chronology of risk events-recognising patterns if frequent presentations in crisis.

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

- Responsiveness in caring for a deteriorating patient in the community.
- Timely response to an episode of crisis and patient clearly involved in care planning.
- Responsive pharmacy reviews on inpatient wards, documenting risk and benefits to a particular prescribed medication.
- Comprehensive physical health checks when attending clinics for Intra Muscular (IM) antipsychotic medication.
- Good liaison with physical health providers in primary and secondary care.
- Prompt access to CBT for patient and regular contact with assistant practitioner.

2.2.8.6

Lessons are identified within the monthly Mortality Surveillance Committee meeting and disseminated back to the divisions 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 Safety Matters bulletins 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

18 case record reviews and 17 investigations completed after 31/03/18 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 2017/18 are judged to be more likely than not to have been due to problems in the care provided to the patient.

2.2.9 Freedom to Speak Up

The Trust is committed to provide secure routes for staff to raise concerns and this is enshrined in the Board of Directors Speaking Up Declaration 2018/19. Staff are able to raise concerns in a number of ways and it is hoped that one or more of these will enable staff to speak up without fear of detriment.

Where possible, staff can raise concerns in the first instance, to their line manager. Where a staff member would prefer a different route, further options include; a senior manager, a member of the Board, including the CEO, who is executive lead for Speaking Up and Non-Exec Director Speaking Up Champion, a Governor or through the Trust's Freedom to Speak Up Guardian (FTSUG) and Freedom to Speak Up Champions.

The Trust employs a full-time, substantive FTSUG as well as 5 Freedom to Speak Up Champions, who work across the county and in a variety of roles. Staff are able to raise

concerns direct to the FTSUG either face-to-face, via email or dedicated telephone line or they can use the Trusts Speaking Up email address which is monitored by the FTSUG.

As well as being available to listen to concerns from staff the FTSUG also offers ongoing support to anyone who has raised a concern, regardless of who the concern was raised to. This support continues after the conclusion of any investigation into concerns, this guards against instances of staff suffering detriment as a result of speaking up.

The FTSUG Guardian also records numbers of concerns raised and provides this information to the National Guardian's Office as well as the Trust's board on a quarterly basis. Since April 2018, 37 concerns have been raised by staff on a wide variety of issues. The staff that have spoken up come from a full spectrum of the professions represented in the Trust and concerns have been received from every town in Lincolnshire in which the Trust provides services.

Staff who raise concerns are also asked to provide feedback about their experience via a form created to gather this data. The form can be returned to the FTSUG via email, to the Speak Up email address or can be posted anonymously to the FTSUG's office address. Of those who have provided feedback so far all have reported a positive experience and 94% have stated that they would speak up again.

The FTSUG reports concerns that are covered by the Public Interest Disclosure Act (PIDA) directly to the CEO and will help staff find the correct pathway for staff whose concerns are not covered by PIDA such as grievances.
If staff's concerns relate to bullying or harassment of staff or patients with a Protected Characteristic, the Trust's Equality and Diversity lead is also available to provide support and advice.

2.2.10 Performance against core quality account indicators (data correct to the end of quarter 3 18/19 unless stated differently)

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 Mental Health Services 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	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
CPA seven day follow-up (threshold 95%)	96.5%	98.7%	95.9%	97.7%	96.6%	95.2%	96.7%
Benchmark: NHS average is 95.5% (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	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Admissions to inpatient services have had access to crisis resolution home treatment teams (threshold 95%)	96.3%	96.7%	99.8%	99.8%	96.8%	97.9%	99.3%
Benchmark: NHS average is 97.8% (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		2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Readmission to hospital within threshold limit (From April 2011 – March 2017 28-day) 30-day* re-admission (threshold 10%)	<15yrs old	9.4%	8.1%	8.7%	0%	0%	0%	0%
	>16yrs old	8.3%	9.6%	8.79%	3.97%	4.2%	8.1%	7.2%
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	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Staff recommendation of the organisation as a place to work or receive treatment.	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 national average)	3.88 (above national average)
Benchmark: Mental Health Trusts average 3.69 (Source: NHS Staff Survey 2018)							

- 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, Continuous Quality Improvement work streams and a wide range of leadership events and training.

Core indicator	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Community mental health services patient survey indicator score with regard to a patient's experience of contact with a health or social care worker	8.7/10 (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)	6.8/10 (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: It is anticipated that many of the improvements being delivered through the Trust's Continuous Quality Improvement (CQI) programme will have a positive impact on future survey results, notably CQI work stream 7 – Patient Experience.							

Core indicator	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
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.	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	6,860 incidents (total). 4,080 reported to NRLS of which 39 (1%) resulted in severe harm or death
Benchmark: Severe harm or death mental health Trust average 2.4% (Source: NRLS) (Trust data correct as of 15/05/2019)							
• 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 ongoing implementation of duty of candour and wide dissemination of Safety Matters alerts across the Trust.							

2.2.11 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 2018/19, 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 to treatment and out of area admissions in addition to the local indicator for restraint.
- 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 2018/19 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.

2.3 Summary of Rota Gaps and Quality Improvement for NHS Doctors and Dentist in Training (England) 2016

The Trust has historically been unable to fill all available placements despite being rated as the best Trust in the East Midlands for training and service experience in 2015, 2016 and 2018. The lack of fill is potentially attributed to geography, reduced number of medics choosing medicine as a profession as well as recent survey showing a significant proportion of medics taking a career break after medical school and following their foundation years training.

For those who choose the Trust as their psychiatry placement the Trust prides itself on working closely with Junior Doctors in Training and have embedded a number of changes through the bi-monthly Junior Doctor Forum.

From September 2018 the Trust consulted with Junior Doctors to change the shift pattern from December 2018 rotation onwards. The most significant change being moving from residential on-calls with post on call day off to a working residential shift (nights) for North and South rota's with the primary bases being Lincoln and Boston. This change was requested by Junior Doctors on the North (Lincoln) rota due to the intensity of the non-residential on call shift particularly on a weekend. The shift pattern change has aligned the Trust to neighbouring mental health Trusts who also operate this shift pattern and has been well received by the majority of the medical workforce. It is hoped this change in shift pattern will attract more Junior Doctors in future rotations.

The gaps per grade are highlighted below:

1 April 2018 to 31 March 2019

- 4 x vacant Foundation Years 1 (FY) posts throughout
- 4 x vacant Foundation Years 2 (FY) posts throughout
- 5 x vacant Core Trainee 1-3+(CT) posts throughout
- 4 x vacant ST4+ (higher graded speciality trainee) posts throughout

In total there have been 17 vacant placement gaps during 1 April 2018 to 31 March 2019 however, to reduce the impact on the service the Trust has secured 3 Medical Training Initiative Trainees (MTIs) who are overseas Doctors undertaking a 2 year placement with the Trust and operate at a Core Trainee 3 level.

The Trust has utilised its medical bank to backfill a long term Junior Doctor vacancy within a particular speciality to reduce any impact on patient care.

The Trust now employs 5 Clinical Medical Assistants (CMA's) who support the medical workforce through reducing their administrative responsibilities. The CMA's are Agenda for Change staff but are line managed by the Consultant Psychiatrist and work is allocated to them through this route. The Trust has also employed a Physician Associate to work within an inpatient setting and support the medical workforce with a primary focus on physical healthcare.

The Trust have also had recurrent Locum Appointment Service (LAS) adverts out on NHS Jobs to backfill junior gaps however, no applications received.

The Trust has had ongoing involvement in the application for the Lincoln Medical School, and has Senior Consultant representatives on the various steering groups connected with curriculum and resource development at the new Medical school. This means the Trust will be a visible presence amongst university staff and developmentally will start receiving students on placements from next year. This first graduates will be available for employment in just over 5 years' time and we anticipate improved job fill rates thereafter.

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 2018/19.

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 2018/19 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 all indicators for 2018/19 are the same as those reported in the Trust's 2017/18 quality report; and confirmation is made that the data reported has been checked to ensure consistency with the 2017/18 report.

- 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		2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
CPA seven day follow-up (threshold 95%)		96.5%	98.7%	95.9%	97.7%	96.6%	95.2%	96.7%
Benchmark: NHS average is 95.5% (quarter 3 2018/19); Highest 100%; Lowest: 81.6% Source: NHS Digital								
Number of inpatient ligation incidents (*from a fixed point)		50 (1*)	147 (6*)	164 (4*)	204 (6*)	245 (8*)	217 (6*)	504[1] (5*)
Infection control no. of MRSA bacteraemia and C Diff infections (threshold: a de minimis applies)		0	0	0	1 C Diff 0 MRSA	0	0	0
Clinical effectiveness		**2012/13**	**2013/14**	**2014/15**	**2015/16**	**2016/17**	**2017/18**	**2018/19**
Admissions to inpatient services have had access to CRHT teams (threshold 95%)		96.3%	96.7%	99.8%	99.8%	96.8%	97.9%	99.3%
(From April 2011 to March 2017 28-day) 2017/18 30-day re-admission (threshold 10%)	<15yrs old	9.4%	8.1%	8.7%	0%	0%	0%	0%
	>16yrs old	8.3%	9.6%	8.79%	3.97%	4.2%	8.1%	7.2%
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	30.8%	88.8%	64.8%	76.9%
Patient experience		**2012/13**	**2013/14**	**2014/15**	**2015/16**	**2016/17**	**2017/18**	**2018/19**
Inappropriate out-of-area placements for adult mental health services (Average number of bed days per month)		Not available	Not available	Not available	Not available	Not available	736.6[2] (quarter 4 as a whole period data only)	578.8

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: 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%	Target: 3.5% Actual 0.7%

1. The significant increase in ligation incidents during 2018/19 relates to 2 young people who were inpatients at the Trusts CAHMS unit between April and June 2018. None of those incidents resulted in harm to the 2 young people.
2. As part of testing the accuracy of its data the Trust has identified that the figure of 343 published in the 2017/18 quality account was inaccurate and has now replaced this with the correct figure. Since April 2018 the Trust and CCG have adopted much more robust processes for information sharing in light of the Trust taking the lead for oversight of the inappropriate out of area placements.

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.

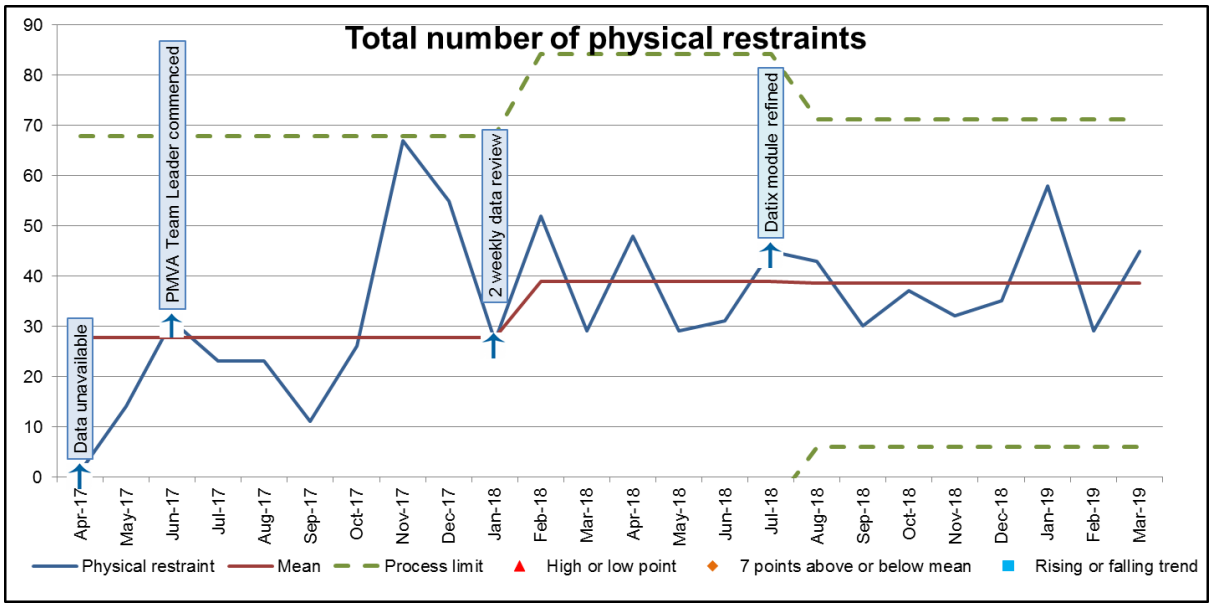
3.2 Local indicator 2018/19

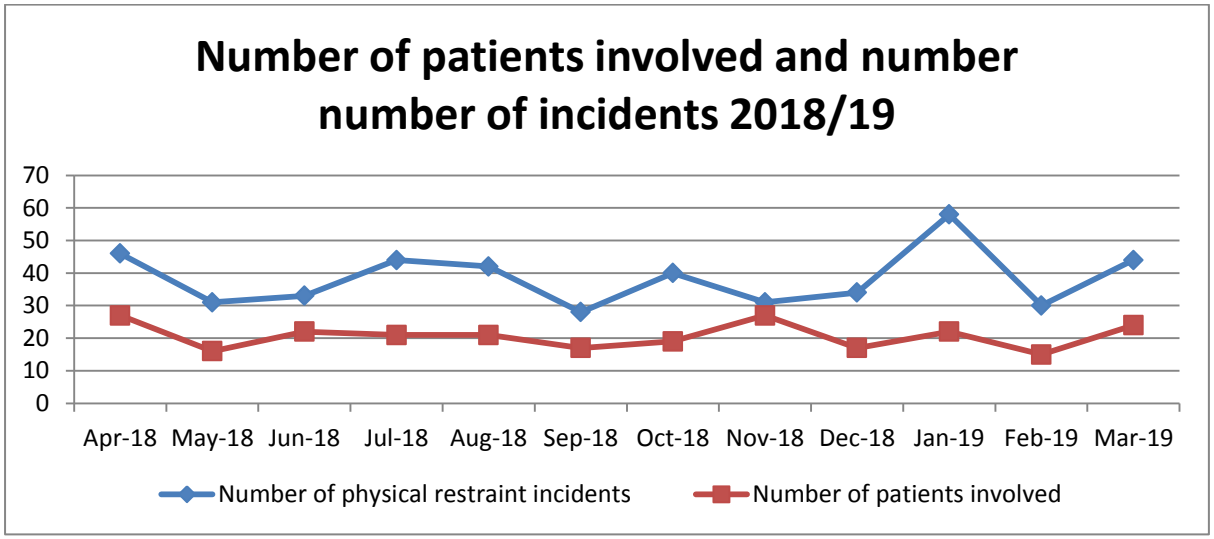
The Trust identified physical restraint for its local indicator in 2018/19, the aim being to improve the accuracy and quality of the recording of incidents involving the use of physical restraint. The focus has been on 5 of its inpatient wards (3 acute admission and 2 locked rehabilitation) and to evidence how, and to whom, those incidents are attributed.

The data for physical restraint from April 2017 to March 2018 provided the benchmark against which data from April 2018 to March 2019 has been compared. (All data correct as of 02/04/19). The data for 2017/18 demonstrated that there were 358 physical restraints reported across the 5 wards. In 2018/19 this figure increased to 462 physical restraints involving 248 patients.

Analysis of the available information would support the evidence that an increase in reporting and also accuracy of reporting has occurred since the implementation of a change in January 2018. Since this date in depth analysis of all recorded incidents has taken place every 2 weeks by the PMVA Team Leader and Patient Safety Lead who has liaised directly with teams to highlight and amend any inconsistency in reporting.

The increase in reporting is viewed as positive by the Trust and it is believed will provide a more accurate baseline for the work to be undertaken during 2019/20 to reduce the use of physical restraint.





3.3 Performance against core indicators

NHSI targets not reported in this table are detailed in section 2.2.10.

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.

	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
CPA patients having a formal review within 12 months (threshold 95%)	Green	96.9%	95.5%	96.7%	96.3%	95.3%
Minimising delayed transfers of care (no more than 7.5%) *Target reduced to 3.5% November 2017	Green	1.57%	5.2%	11.9%	2.6%	0.9%
Improving access to psychological therapies (IAPT) – proportion of people completing treatment who move to recovery (from IAPT) dataset)			N/A	53%	51.3%	52.5%
Improving access to psychological therapies (IAPT) - Waiting time to begin treatment (from IAPT minimum dataset): i) within 6 weeks of referral ii) Within 18 weeks of referral (new description for 2018/19)	New KPI from Quarter 3 2015/16		97% 100%	85.5% 98.8%	86.5% 98.8%	88.6% 99%
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%	76.9%
Certification against compliance with requirements regarding access to healthcare for people with a learning disability						
Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas: a) inpatient wards b) EIP services c) community mental health services (people on care programme approach)	Around the time of the cardio metabolic indicator being mandated as an indicator the provider of the Trusts electronic patient record (EPR) system was working towards 'sunsetting' the system and any developmental work formally ceased in March 2017. As such the Trust has been unable to develop reporting mechanisms for the indicator. A new EPR system was launched in September 2018 and the Trust is now in the processes of building the necessary framework to collect and extract the required data for this indicator.					

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 this section of the report is correct as of 26th April 2019.

Total outcomes (resolved)					
2018/2019	**Q1**	**Q2**	**Q3**	**Q4**	**Total**
Not upheld	23 (43%)	14 (32%)	17 (35%)	18 (41%)	72 (38%)
Partially upheld	18 (33%)	20 (45%)	25 (52%)	12 (27%)	75 (39%)
Upheld	13 (24%)	10 (23%)	6 (13%)	3 (7%)	32 (17%)
In process	0	0	0	11 (25%)	11 (6%)
Total	**54**	**44**	**48**	**44**	**190**

Total compliance with complaint plan					
2018/2019	**Q1**	**Q2**	**Q3**	**Q4**	**Total**
Met	49 (91%)	37 (84%)	37 (77%)	30 (68%)	153 (81%)
Unmet	5 (9%)	7 (16%)	11 (23%)	3 (7%)	26 (13%)
In Process	0	0	0	11 (25%)	11 (6%)
Total	**54**	**44**	**48**	**44**	**190**

Primary subject of complaint					
2018/2019	**Q1**	**Q2**	**Q3**	**Q4**	**Total**
Access to services	12	4	5	5	26 (13%)
Appointments	6		2		8 (4%)
Attitude of staff	5	8	4	7	24 (12.5%)
Breach of confidentiality	1	1	1		3 (2%)
Care and treatment	13	15	17	17	62 (33%)
Communication	2	8	9	3	22 (11.5%)
Complaints handling		1			1 (0.5%)
Detention under MHA	1	1	2	2	6 (3%)
Diagnosis	2	2		2	6 (3%)
Direct payments			1	1	2 (1%)
Discharge	2	2	2	1	7 (4%)
Medication	3	1	1	4	9 (5%)
Patient safety	4		3	1	8 (4%)
Policies and procedures				1	1 (0.5%)
Personal records	1	1	1		3 (2%)
Shortage of staff	1				1 (0.5%)
Waiting times	1				1 (0.5%)
Total	**54**	**44**	**48**	**44**	**190**

Examples of lessons learned from complaints:	
You said	**We did**
A complaint was made by the Pastoral Worker from patient's church to the lack of support or communication on several occasions whilst trying to seek support for their parishioner who was experiencing psychotic episodes and had repeatedly had suicidal thoughts and attempts	Team coordinator responded to the concerns raised and apologised in a letter. In response to the concerns that messages were left and no one called them back, processes for ensuring that more urgent calls are responded to by the relevant CPA or duty worker reiterated with the team
Patient raised a complaint as they were not happy that information contained within a report was not accurate and contained a number of discrepancies	Team coordinator met with the patient to give them the opportunity to share their concerns about the report and provide clarification on the discrepancies. The meeting was summarised in a response letter to the patient and as a result, the patient was satisfied that their concerns has been documented and added to the electronic patient record
Letter received from parent of patient regarding care of her son whilst on an inpatient ward. Specific issues including one relating to granting of section 17 leave	Service Manager met with parent and also summarised meeting in the response letter. With regards to the concern about agreeing section 17 leave, the Ward Manager was asked to reiterate the guidance for assessing patients before leave is permitted
Family raised concerns about the support provided for a young person in mental health crisis who was admitted to hospital with complex learning disability and mental health issues.	Service have created a clear pathway that supports a consistent approach to supporting a Child or Young Person with LD/ASD who is at risk of admission to hospital.

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 2018	May 2018	June 2018	July 2018	Aug 2018	Sept 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019
How many would recommend %	87%	80%	88%	82%	87%	83%	90%	75%	78%	75%	86%	85%

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 2018	May 2018	June 2018	July 2018	Aug 2018	Sept 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019
How many would recommend %	95%	90%	94%	93%	93%	94%	93%	94%	93%	89%	88%	91%

2018 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 2018, a questionnaire was sent to 850 people who received adult and older adult community mental health services. Responses were received from 255 people at Lincolnshire Partnership NHS Foundation Trust, a 31% response rate. Trust is pleased to have maintained our performance in most areas and 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 49% were returned from adult mental health service users and the remaining 51% from those in receipt of older adult community mental health services.

Patient survey	Patient response	Compared with other trusts
Health and social care workers	6.8/10	About the same
Organising care	8.1/10	About the same
Planning care	6.8/10	About the same
Reviewing care	7.3/10	About the same
Changes in who people see	6.8/10	About the same
Crisis care	6.5/10	About the same
Medicines	6.9/10	About the same
NHS Therapies	7.4/10	About the same
Support and wellbeing	3.8/10	Worse
Overview of care and services	6.7/10	About the same
Overall experience	6.4/10	About the same

There has been some deterioration in two areas compared to the last year. This includes supporting service users with finding employment and joining activities. However, we are aware that service improvement plans are already focused on those areas. Our Individual Placement and Support (IPS) Employment Service was awarded additional funding in April 2018 to expand and ensure that all community mental health teams are able to receive their support. We have also employed more peer support workers who can assist service users with taking part in activities and we have awarded funding for 30 projects from the Mental Health Promotion Fund which support people recovering from mental ill health or living with dementia.

The divisions have also identified actions in response to the survey findings;

Adult Community Division:

- The division have developed all care pathways as part of the transformation work and consists of three distinct pathways:
    - Longer term care
    - Psychosis/trauma
    - Common mental health disorders.
- Psychological skills based packages of care have now been written, in manualised form, for Distress Tolerance, Behavioral Activation, Graded Exposure, Working with Psychosis and Emotional First Aid (EFA). In line with the NHS drive towards more digital health, there are two online, digital therapies for anxiety and depression (Mood Calmer and Fear Fighter). All of the psychological skills packages are evidence based and NICE

compliant. A care pathway guidance pack has been compiled, which was presented to service managers and has been sent to all CMHT team members. This pack gives instruction on the process of using the care pathways, has guidance on which skills package to use in what circumstances and has embedded resources in the form of standardised templates.

- ACOHMS – The Grantham CMHT had their peer review in May 2018 with excellent feedback; they achieved 97% for standard 1 and 100% for standards 2 and 3. In response the team have adjusted their assessment process to be more robust. The team will receive official notification in November if they are successful with accreditation. The Lincoln South and Louth teams are now preparing for accreditation and all eight CMHTs are then expected to work towards accreditation.
- EQUIP is a collaborative project between the University of Manchester, University of Nottingham and Nottinghamshire Healthcare NHS Trust. The EQUIP study aims to examine ways to improve service user and carer involvement in care planning in mental health services. EQUIP training package developed and has been delivered to all staff within the CMHTs and co delivered by service users.
- A new care plan coproduced with service users/carers and implemented within all the CMHT's. This incorporates the principles of the EQUIP study.
- The division is also developing an App for a safety care plan, with use of innovation funding. This will ensure that service users, many of whom use some form of smart device, will have easy access to their care plan and links to support services at times of crisis. This will be of considerable benefit to the service users and crisis teams when that service is called on, as the agreed crisis plan can be used as a platform for intervention. This will be ready for use from March 2019.
- The triangle of care is embedded within all the teams and carer leads along with carer training.
- CMHTs teams have been registered for the Carers Quality Award 'You Care – We Care'. By achieving the quality award we will be able to demonstrate commitment to providing high quality support to carers. Carer led groups have been implemented in individual teams. Carers and service users have been involved in the development of these initiatives, have participated in training of staff and continue to have an active role in development of services.
- The service has commenced a Bi-Polar group, this is a psycho-education and skills based group for people with a diagnosis of bipolar disorder or schizoaffective disorder and is part of an East Midlands wide project.
- A number of new clinics and support groups have been established including:

- An extension of Clozapine clinics, with one in Grantham and one in Lincoln and plans for a further one in Louth. These enable the monitoring and dispensing of medication to people with serious mental illness (SMI) which can have significant side effects related to physical health. We also have a number of depot clinics for people with SMI, which are based in GP surgeries.
- Some localities now have physical healthcare clinics, providing the checks recommended in national guidance, that are vital to reducing the inequality around in national guidance, that are vital to reducing the inequality around mortality which prevails in the SMI population.

- The service also has a designated LGBT lead, who has commenced an LGBT group for people wishing to attend the service to seek support and discuss issues relating to access and treatment.
- The service has commenced a Bi-Polar group, this is a psycho-education and skills based group for people with a diagnosis of bipolar disorder or schizoaffective disorder and is part of an East Midlands wide project.
- The Grantham CMHT is trialling benefits drop in sessions to make better use of staff time. If successful, this will be implemented in all teams.
- The division have recently allocated ward liaison leads within the Lincoln and Boston teams to support both service users and wards on preparing for discharge back to the community.

Older Adult Division:

- The division conducted an immediate follow up to the national community survey to try and gauge where they might have issues against the low metrics in the national report. Having met with the community team coordinators it was agreed that more in depth local intelligence was required. The community mental health team coordinators supported a week of asking every patient and carer, with the exception of new assessments, what they thought of the service. The Trust provided stamped addressed envelopes to support responses and administrators in teams followed up with phone calls to prompt patients and carers to return responses if not already handed in. The division received an amazing response from patients and carers with 147 responses overall. The survey concentrated on 9 questions:
    1. In the last 12 months, do you feel you have seen older adult services as much as you could like?
    2. Did the member of staff who you saw understand how our mental health needs affect other areas of your life?
    3. Have you been told who is in charge of organising your care and services?
    4. Do you know who to contact this person if you have a concern about your care?

5. Were you involved as much as you want to be in agreeing what care you will receive?
6. Do you know who to contact out of office hours if you have a crisis?
7. Have you been given information about your medicines in a way that you were unable to understand?
8. In the last 12 months, did we give you any help or advice with finding support for physical health needs?
9. Have we involved a member of your family or someone else close to you as much as you would like?

3.5 Patient safety

Serious incidents (data correct as of 10/04/2019)

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 SIs.

During 2018/19 the Trust delivered a monthly SI workshop to clinical staff. This was to ensure that the support and application of the process from the SI Framework is understood and adhered to. The Trust also delivered a monthly Duty of Candour workshop, 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 3.13).

Patient safety incidents resulting in severe harm or death 2018/19

The most recently published national reporting and learning system (NRLS) data for mental health Trusts (September 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 during 2018/19 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 executive 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 2018/19 there were a total of 6860 incidents reported by the Trust, of which 4080 were reported to the NRLS as patient safety incidents. Of these, 0 were reported as severe harm; and 39 were reported by the Trust as initial cause of death being suspected suicide of which 8 have returned with a suicide conclusion from the coroner's inquest. 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 2019/20 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 PMVA, the matrons, divisional managers and quality assurance and improvement leads to highlight themes and trends and to ensure any required actions are completed. This includes the clinical lead for PMVA 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 PMVA 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 Board as part of an agreed assurance reporting function, 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 2018 NHS staff survey performance

Staff survey 2018

In October 2018, the national NHS staff survey was launched. The Trust received a 61% response rate which was above average for mental health trusts.

Response rate				
	2017/18	2018/19 (current year)		Trust improvement/ deterioration
	Trust	Trust	Mental health / Learning disability Trusts average	
Response rate	59%	61%	54%	Improvement

The Trust received the results of 2018 Staff Survey in February 2019. The feedback of the results has changed with the removal of the 32 Key Findings to ten overall themes based on:

1. Equality, Diversity and Inclusion
2. Health and Wellbeing
3. Immediate Managers
4. Morale
5. Quality of Appraisals
6. Quality of Care
7. Safe Environment – Bullying and Harassment
8. Safe Environment – Violence
9. Safety Culture
10. Staff Engagement

The Trust's results were excellent and demonstrate that the Trust was 'above average' on nine themes, including the best performing Trust on one theme; and average for one.

10 core themes		Comparison to previous years data
1.	Equality, diversity and inclusion (9.2)	This score has remained stable over the past five years and is above the average of 8.8.
2.	Health and wellbeing (6.3)	This score has decreased slightly on last year's result (6.4) but remains above the average of 6.1.
3.	Immediate managers (7.5)	This score is an increase on last year's result (7.2) and indicates an increase over the past four years.

4.	Morale: (6.5)	This is a new theme therefore there is no comparable result for previous years. The score is above the average of 6.2.
5.	Quality of appraisals (5.8)	The Trust has achieved a steady increase over the past four years. This is slightly above the average score of 5.7.
6.	Quality of care (7.4)	This score has decreased slightly on last year's result (7.5) but has remained fairly stable over the past four years. It is above the (NHSE) average of 7.3.
7.	Safe environment – bullying and harassment (8.2)	This score has decreased on last year's result (8.4). However, it is above the (NHSE) average of 7.9.
8.	Safe environment – Violence (9.3)	This score has remained relatively stable over the past 5 years and is equal to the (NHSE) average score of 9.3.
9.	Safety culture: (7.0)	The Trust has achieved a steady increase over the past four years up from 6.2 in 2015. This is above the (NHSE) average score of 6.7. This was the best score nationally.
10.	Staff engagement: (7.3) (Please note this is now rated out of 10 and not 5: for comparison this year's figure was 3.85 compared to 3.77 last year)	This year's figure shows an increase from 7.1 last year and is higher than the (NHSE) average score of 7.00.

Key

	Above the national average
	Equal to the national average

Improvements and deteriorations

The Trust's top performing themes when compared to the national average were:

- Equality, Diversity and Inclusion (9.2 compared to average of 8.8)
- Immediate Managers (7.5 compared to average of 7.2)
- Staff Engagement (7.3 compared to average of 7.0)
- Safety Culture (7.0 compared to the national average of 6.7)
- Staff Morale (6.5 compared to average of 6.2)

The Trust's bottom performing themes when compared to the national average were:

- Safe Environment – Violence (The Trust did still achieve the average score of 9.2)
- Bullying and Harassment (The Trust did still achieve an above score of 8.2 compared to national average of 7.9)

The most improved local theme scores were:

- Immediate Managers (Scored 7.5 in 2018 compared to 7.2 in 2017)
- Staff Engagement (Scored 7.3 in 2018 compared to 7.1 in 2017)
- Safety Culture (Scored 7.0 in 2018 compared to 6.8 in 2017)
- Quality of Appraisals (Scored 5.8 in 2018 compared to 5.7 in 2017)

The themes that deteriorated locally were:

- Bullying and Harassment (Scored 8.2 in 2018 compared to 8.4 in 2017)
- Health and Wellbeing (Scored 6.3 in 2018 compared to 6.4 in 2017)
- Quality of Care (Scored 7.4 in 2018 compared to 7.5 in 2017)

3.7 Workforce planning

The Trust engages with the clinical services in developing its approach to workforce through integrated business, finance and workforce planning. The aim is to invest in new and existing roles/services based on clinical need so that patients and services users get the most effective treatment.

2018/19 has seen a growth in services within LPFT through the commissioner investment via the Mental Health Five Year Forward View. This has made the recruitment of registered professionals an increasingly difficult task, especially given the shortages nationally.

By the end of the March 2019 the vacancy position was as follows:

Staff Group	Sum of FTE Budgeted	Sum of FTE Actual	Vacancy Rate %
Add Prof Scientific and Technic	210.77	197.08	6.50%
Additional Clinical Services	559.7	558.74539	0.17%
Administrative and Clerical	463.51	454.94669	1.85%
Allied Health Professionals	55.82	57.55334	-3.11%
Estates and Ancillary	69.38	69.65332	-0.39%
Medical and Dental	93.76	71.59319	23.64%
Nursing and Midwifery Registered	582.85	514.72125	11.69%
Total	**2035.79**	**1924.29318**	**5.48%**

Medical recruitment continues to be the Trust's greatest challenge. The Trust however managed to stabilise and reduce turnover from 18.77% to 10.77% this was a result of innovative solutions, such as, the direct employment of some agency doctors and incentives, including the payment of a home to work travel. The Trust has also recruited from overseas.

Given the difficulties in recruiting into 'traditional' registered roles, the Trust was committed to new roles and 2018/19 saw the commitment to the development of the following roles by 2021:

- 14 Clinical Medical Assistants
- 8 Physicians Associates
- 19 Advanced Nursing Practitioners
- 25 Nursing Associates

By March 2019 the Trust had recruited to

- 5 Clinical Medical Assistants
- 1 Physicians Associate
- 3 Advanced Nursing Practitioners
- 14 Nursing Associates

In addition the Trust employs a small number of nurses in roles specifying an NMP requirement and continues to employ nurses with NMP status aligned to work force plans to support service development. These developments will continue throughout 2019/20. The Trust has also agreed to invest in four Advanced Clinical Practitioner roles that will commence their training in 2019/20.
The original five non-registered staff who the Trust sponsored as trainee Nursing Associates have successfully registered and joined the Trust's workforce. All the Trust's clinical divisions have welcomed the new Nursing Associate role and have ensured their workforce planning supports successful integration of the role in practice. In addition the Trust has continued to invest in its nurse training secondment scheme, sponsoring a further five non-registered staff (2018/19) to undertake their nurse training with the University of Lincoln.
The Trust's Bank Staffing Unit (BSU) is now well established and works closely with the divisions to recruit Registered Nurses (RNs), Allied Health Professionals (AHPs), health care support workers (HCSWs) and administrative staff 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 has led to year on year improvement in Bank fill rates (achieving over 90% during 2018/19) and limited use of Agency for RN, AHP and care role cover. This work has been supported by the Trust's involvement in a number of NHSI programmes over the past year, including the mental health Care Hours per Patient Day (CHPPD); and work with the Mental Health Model Hospital.

Since the implementation of nurse revalidation (April 2016) no staff in scope have failed to meet the revalidation requirements. The Trust continues to have an active Nursing and Care Workforce Council, a representative voice of nursing and care staff (all bandings including RNs, AHPs and non-registered care staff), which supports consultation, embedding and celebration of nursing and care initiatives. The Trust again hosted a number of highly successful conferences during 2018/19 including Nursing, AHPs, Recovery, Physical Healthcare; and Research.

Safe staffing levels on inpatient wards continues to be a high Trust priority, with safe staffing reviews ensuring good multi-disciplinary ownership, engagement and use of 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; and CHPPD.

3.8 Leadership and Organisational Development

There is considerable work taking place in relation to Leadership and Organisational Development within the Trust. The data presented below differs slightly from other areas of this report in that it covers the period January 2018 to December 2018.

Programmes delivered/facilitated

Name of programme	Length of programme	No. of cohorts	No. of staff attended
Ready Now B7 Programme	7 days	2	29
Band 5 Development Programme	5 days	1	9
Band 2-4 Development Programme	4 days	1	11
B6 Older Adults Development Programme	5 days	1	7
B6 Adult Inpatient Development Programme	5 days	2	20
Appraisal Training	1 day	2	34

Making a Difference Through CQI	1 day	4 events	Average of 131 attending each event
NHS Elect – Master classes – *Project Management/ Conflict Resolutions & Responding to Tenders* Leadership Programme Service Improvement	1 day 7 days 4 days	3 1 1	39 16 21
Management Skills Toolkit	2 days	3	47
System Leadership Conference	1 day	1	124
Mary Seacole Programme (Lincolnshire System)	6 months	5	100
Coaching Skills for Leaders (Lincolnshire System)	2 days	3	39
Coaching for High Performance (Lincolnshire System)	10 days	1	12
System Coaching Supervisions (Lincolnshire System)	½ day	3	10
OD Health Coaching Supervisions (Lincolnshire System)	1 hour	8	32

Coaching	No. of system coaches	No. of referrals
	20	24

SDI – *Number carried out in team development, development programmes & 1:1 feedback*	346
360's carried out	36

Team development

Name of Team	No. of staff attended	Name of Team	No. of staff attended
Band 4 Associate Practitioners		The Wolds	24
Informatics Team	24	Boston Crisis Team	15
SAS Doctors	20	Boston CMHT	34
Gainsborough CMHT	13	Newly Qualified Nurses	11
NEL CAMHS – Psychology	5	C&FS Admin Team	4

Healthy Minds – Horncastle	17	NEL CAMHS - Admin	5
Witham Court – Brant Ward	13	Healthroster	3
OD Management Team	8	Health Minds - Boston	12
Admin Witham Court	22	Spalding Steps 2 Change	13
Lincoln OA Community	18	Wards 12 (B2-4)	21
CAMHS Crisis Team	7	SARC	6
Young Minds Matter	46	CHAT Team	14
BSU & Healthroster	13	Employment Specialists	9
LD South West Team	18	Lincoln CAMHS Team	11
Clinical Systems	5	South LD Team	15
Staff Wellbeing	9	Stamford Steps 2 Change	18
Steps 2 Change - Admin	8	Workforce	3

Feedback

Below are a selection of quotes from evaluations

'I had an interview last week, and was offered the above post there and then. With both the Band 5 development, 360 feedback, and the 'coaching' session we had recently, I believe I was able to feel, and present myself as, much more confident in my abilities to perform all aspects of the job, and to develop my career aspirations including the use of leadership skills learned. I am so thrilled and excited to be starting this new challenge.' - **Band 5 Development Programme**

'I just wanted to email you with some feedback on the B7 training and to say I thoroughly enjoyed the sessions (thank you). The programme has made a real impact on me personally and professionally, and I was quite sad it was the last one on Friday. I think LPFT is fantastic to invest in this training and shows a real commitment to promote the importance of how Inspirational leadership can change and transform services.

It really has provided me with tools to transform my practice as I said in the session I feel this training came at the right time for me right at the beginning of my transition to B7 and was invaluable in having the days out of practice to reflect on issues and complexities that the role of B7 can bring?!!!, the time to liaise with my colleagues who also share some of the same challenges which was useful to appreciate that we are all human and managing people brings with it both challenges and rewards!' – **Ready Now B7 Programme**

‘Thanks again for supporting us on the band 7 course, It was a pleasure to take part in and learn the building blocks to what we do, I came away from each session feeling supported and that little bit more of not like an ‘Imposter’. Would recommend this to anyone that goes into a band 7 position!’ – **Ready Now B7 Programme**

‘Great appreciation of knowledge and experience transferred in a relaxed style – this enabled the group to engage & contribute’ – **Ready Now B7 Programme**

‘A very enjoyable day – great network and well facilitated’. - **Making a Difference through CQI**

‘Great day. Feel inspired. Good to learn about all the new developments and excellent leadership.’- **Making a Difference through CQI**

‘These events have grown and improved so much.’- **Making a Difference through CQI**

‘Just wanted to say a big thank you for your session yesterday. I have already had fantastic feedback about the session from the team. It has definitely given them food for thought in how they respond to internal conflict and those tricky conversations.’ – **Team Development**

‘I have this afternoon spoken in some depth with a member of the CMHT team that you worked with recently and the feedback I got is that things have improved significantly over there. I was told that relationships with the manager and within the team were much, much better and the individual themselves seemed a lot calmer and like they were enjoying work far more than when I first spoke to them. So, thank you both very much for your work there, obviously very effective and clearly well received.

Thank you for all your support , I feel the course and your ability in delivering it has given me the confidence to believe in myself and my skills . The content of the course really helps us to develop in our leadership role.’ – **Team Development**

‘Last week I was offered to shadow Steps2change in Boston as they have a band2 admin in place. The shadowing took place yesterday and this morning and I have just been told I have been offered the role!’ – **Team Development**
‘I start in a couple of weeks and they have allowed me to finish my apprenticeship there. Thank you for all of your advice and help, I have really benefitted from it!’– **Coaching**

'Through coaching, I was able to gain the confidence and skills needed to communicate effectively at interviews. For me coaching was invaluable. I learned to identify my self-imposed barriers and performance issues that have been holding me back and afraid to move out of my comfort zone. The coach was incredibly skilled at asking the tough questions that helped me see things from different perspectives, and then she held me accountable for achieving my goals. She was excellent at giving me the challenges to look at myself for the questions and answers to my barriers. Chantelle is very insightful, patient and understanding, with remarkable instincts and knowledge. Her coaching style is perfect for anyone who wants to make changes to their professional or private life. The skills and concepts I learned will be invaluable for the rest of my career. I'm a much better listener, handle myself more effectively in a wide forum of situations, and provide much more educated responses to questions or queries.
I want to thank the whole coaching/mentor team for their excellent support. I have widely advertised the service and recommended colleagues get in touch.' – **Coaching**

3.9 Prevention and Management of Violence and Aggression (PMVA)

Early priorities for the PMVA Team Leader were outlined in the 2017 / 2018 Annual Quality Report. Of the 6 priorities outlined, 5 have been met, with one remaining outstanding with work ongoing to achieve.
Datix has been transformed and now delivers the ability to extract accurate numbers on key aspects of physical restraint practice undertaken in LPFT. This supports the ability to identify themes and trends and also provides efficient responses to data requests from sources such as the Care Quality Commission and Freedom of Information.
PMVA Training has undergone radical review with the introduction of a full time Instructor model from September 2018. Instructors are now full time which not only supports a more efficient delivery of the Trust's training programme, but also allows the flexibility to in-reach into clinical areas and generate revenue.
Debrief training was sourced in April 2018 and Datix now provides a question as to its provision in the incident reporting form for when a physical restraint has occurred.
The PMVA Team continue to develop the Trust's intranet site to provide information relating to restrictive practice to the Trust as a whole.
In January 2019 the process was commenced to gain British Institute of Learning Disabilities (BILD) Certification for the PMVA training courses taught by the LPFT Instructors. The process will take one year, from point of instigation with evidence against the Restraint Reduction Network standards submitted within six months. The standards are designated into four categories:

1. Standards supporting pre-delivery processes.
2. Standards supporting curriculum content.
3. Standards supporting post-delivery processes.
4. Trainer (Instructor) standards.

The submission will be followed by reviews of LPFT's training curriculum by designated BILD assessors and independent feedback gained from those undertaking the training courses. On November 1st 2018, the Mental Health Use of Force Act gained Royal Ascent making the Act a law. The purpose of the law is:

> *To make provision about the oversight and management of the appropriate use of force in relation to people in mental health units; to make provision about the use of body cameras by police officers in the course of duties in relation to people in Mental Health units; and for connected purposes.*

Once the provision comes in to force, the Act will place new statutory obligations on mental health inpatient units to comply with new requirements around their use of force policies, training and data collection. The existence of this new legislation focussing specifically on use of force is likely to raise public and patient awareness and increase scrutiny in this area.

3.10 Physical Healthcare Team

The Trust is firmly committed to breaking down the barriers preventing our patients/service users accessing good physical healthcare and providing a caring and compassionate service to all who use our services.

The Physical Healthcare Team work in partnership with staff, patients/service users, carers, families and significant others to improve physical healthcare outcomes. Our staff have made significant improvements in being competent and confident in providing appropriate physical healthcare. Our staff have grown in confidence in being able to recognise a deteriorating patient, intervene and escalate concerns in a safe and timely manner, to provide appropriate physical surveillance and monitoring. This continues through our PHILiP (Physical Healthcare Improvements and Learning in Practice) training course.

The Trust aim to provide clinically sound, evidence based physical healthcare. This is achieved by working collaboratively with our colleagues in primary and secondary care. We aim to promote good health with equal emphasis on the mental and physical wellbeing of our patients. This is in line with the Trusts Physical Healthcare Strategy 2017-2020.

The past 12 months have been exciting and challenging for the Physical Healthcare Team provided care across the spectrum of life conditions ranging from end of life care to enabling a young woman to stay have her mental health needs treated on an acute mental health inpatient ward whilst also receiving TPN (Total Parenteral Nutrition) via a portacath.

The table below shows highlights of the Physical Healthcare Teams year:

Month	Event
April 2018	Introduction of clinical skills training (Venepuncture, ECG recording and Nasogastric Tube insertion and maintenance)
May 2018	Review and evaluation of the PHILiP Course
June 2018	NHS Improvement 90 day Improvement Collaborative – Closing the Gap, working to improve physical healthcare within mental health. We focused on an aspect of diabetes care
July 2018	Introduction of the Wound Care Folder and Wound Care Boxes
August 2018	NHS Improvement: Gram-negative Bloodstream Infection (GNBSI) Programme (Infection Prevention and Control - National Policy and Guidance (NPG) Consensus Group) Invited to represent the Midlands and East.
September 2018	Physical Healthcare Work Plan acknowledged and approved
October 2018	Successful recruitment to Physical Healthcare Practitioner post (6 RN applications for 1 job)
November 2018	Introducing ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) to LPFT
December 2018	Working alongside Health Education England – Midlands and East to create a set of competencies for physical healthcare in mental health which has now been picked up by the national HEE team
January 2019	Physical Healthcare Conference
February 2019	Outreach work with Lincolnshire Traveller Community
March 2019	Flu vaccination results – 78.38% of patient facing staff vaccinated.

3.11 Divisional teams quality improvement

Adult Inpatient Division

The Division completed a gap analysis of services against the recommendations made in the CQC report regarding sexual safety on mental health wards published in September 2018. A number of CQI projects were already in progress or have been initiated to improve patient experience in relation to feeling safe on our wards. Examples of these include regular safe staffing reviews across inpatient services, development of safe space and environments across the Trust, and employment of peer support workers on adult acute wards. “Feeling Safe Groups” and “Safety Groups” have been established on some wards to promote discussions about safety within the ward environment and identify ward level improvements that could be made.

In addition to the work happening on individual wards, a project group has been established within the Trust to lead on the development of training for staff and patients around sexual safety on inpatient wards. The training will be co-produced by staff and patients and will be rolled out across the Trust. Information to inform the content, format, development and delivery of this training package is being collated through a variety of service user, staff and carer engagement activities including focus groups, surveys, and a review of patient experience and incident data.

The Vales (female locked rehabilitation ward) have commenced a CQI project focussed upon reducing the need for PRN medication. Additional activities are to be provided in the evening for the service users. Work has also started to focus on the reduction of PRN medication on all of the rehab wards.

Work has underway to improve the safe discharge of patients. The Trusts CRHT teams are part of the 48hr follow up national pilot which commenced January 2019. Additional information for patients going on leave and time of discharge meetings are to be introduced into the daily huddles as part of safe discharge and to improve better joint working between CRHT and the wards.

The Dynamic Appraisal of Situational Aggression (DASA) has been implemented on the PICU. Initial outcomes have shown a reduction in seclusion and restrictive interventions. The Division are to roll out DASA to the other inpatient wards in the next few months.

Adult Community Division

CMHT Events have been held within each team base facilitated by the Quality Improvement and Assurance Leads supported by the Trust engagement team. These have been well received and attendees have included members of the public, patients/service users, carers, representatives from external organisations , commissioners, governors and Non Executive Directors. The aim of these events has been to share the CQI projects (listed below) as well as the development of the care pathways and transformation within the teams to date. Some positive feedback has been received regarding the new care plan and safety plan and additionally suggestions which will be considered for implementation. The events have been successful in strengthening relationships with people who use our service.

CQI Accreditations: Two of the Adult CMHTs have progressed through the ACOHMS and the initial results from this have been very high. The Louth CMHT is about to undergo a Peer Review (April 19) and the other teams are signed up and progressing towards this. Steps2change have recently achieved the APPTS accreditation (Accreditation Programme for Psychological Therapies Services) for their service across the Trust which has demonstrated a commitment to quality improvement and a high standard of psychological therapy.

CQI EQUIP PROJECT This was a project based on a national research study undertaken between 2012-2017 to enhance the quality of care planning and safety planning within mental health services. Training has been delivered to the Adult CMHTs to raise awareness and share the principles of the research study. Further to this a care plan and safety plan have been devised and implemented within the CMHTs which incorporate the principles of the study.

CQI Triangle of Care for Community Services focuses on the need for better involvement of carers and families in the care planning and treatment of people with mental illness. As a Trust, we are committed to the Triangle of Care approach and have been working towards achieving our second star for accreditation. The Adult Community Division has presented evidence of achieving the six standards and this will be presented to the Royal College of Nursing.

Carer Quality Award the CMHTs within the adult community division have recently provided evidence and been presented this award which demonstrates commitment in supporting carers.

Older Adults Division

Meetings on the move

A QI project to improve the regularity and engagement in staff meetings

Why the need for improvement?

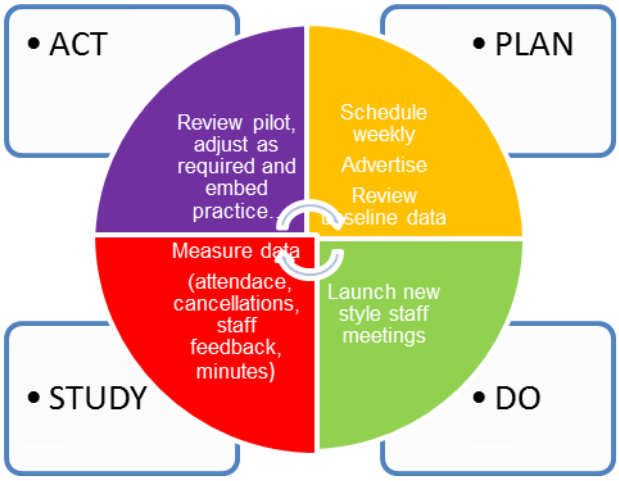
- Meetings frequently cancelled due to demands of the ward or ward manager.
- Over reliance on ward manager to act as chair.
- Lack of active participation by staff during meetings.
- Staff meetings perceived as a chore/ task.

AIMS of Quality Improvement Project

- To increase the frequency of staff meetings to once weekly.
- To reduce the number of cancelled meetings.
- To conduct meetings on and off ward depending on content and ward demands.
- To enable ward staff to act as chair in manager's absence.
- To include training element.

Why is this important to our staff and service users?

- To improve communication.
- To disseminate information about working practices and patient care.
- Provide opportunities for staff to raise concerns, reflect, give and receive feedback and to share learning.



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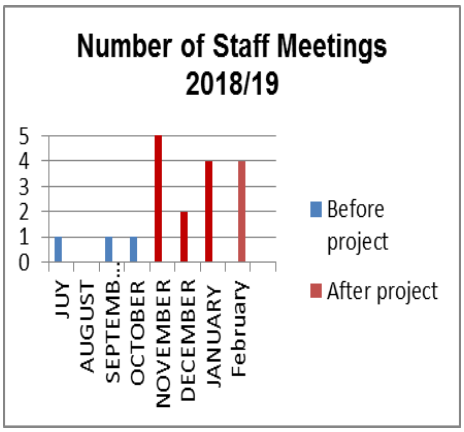

FEEDBACK

"Weekly is better – I often miss the monthly meeting due to my shifts."

"Meetings seem to be shorter as we meet more regularly"

"They are more interesting"

"It gives everyone a chance to lead"

"Issues get dealt with quicker"

Progress

- Meetings now embedded once weekly
- '*Getting to Know You*' slot started with visits from management team throughout February and March, outlining their roles and taking questions from staff.

WHAT NEXT?

- To present project at LPFT Celebrating Success Through CQI event.
- To conduct second PDSA cycle to ensure project is sustained and continues to engage staff.
- To roll out project across the older adult division.
- Training specific to the ward arranged e.g. visit from PMVA staff.

Specialist Services Division

Healthy Minds Lincolnshire (HML)

Consultation Project

Healthy Minds Lincolnshire supports children and young people with emotional wellbeing difficulties and has a target of assessing within 2 weeks of referral, contact usually takes place in school.
HML was quickly overwhelmed with referrals and received 1730 referrals in the first 6 months.

By Q1 (2017/18) only 22% of referrals were been assessed within 2 weeks. From the 1st October 2018 a consultation model was introduced. An additional administrator has been recruited to contact parent, carer or young person as soon as the referral is screened, to offer a telephone consultation slot with a clinician. The clinician then conducts an assessment by telephone. At the end of December 2018 assessments completed within 2 weeks had improved by 283% to 64%.

This innovative process and the introduction of Rio reporting has enabled us to evidence that all referrals are actioned within the two weeks and the percentage seen will continue to improve.

We support STOMP
Stopping over-medication of people with a learning disability, autism or both

LD services have continued the roll out of the STOMP agenda (Stopping Over-Medication of People with a Learning Disability, Autism or Both). The STOMP agenda was initiated in the East team hub and spearheaded by Dr Peter Speight during 2017/18.

The success of this led to the creation of a STOMP project lead who has over seen and implemented the STOMP roll out within the West team during 2018/19. Rebecca Eccles, STOMP project lead, has commence working within the West team as an NMP, working alongside the wider team, and is running clinics to reduce and stop psychotropic medications as a part of the behaviours of concern pathway.

During the first six months the team have managed to support 10 patients to reduce and stop one psychotropic medication all together with a further 16 making significant reductions, with improved quality of life being reported for most and no adverse effects for the others. Not all people who have commenced reduction have seen success, but in this group of people the team has been able to ensure that the person is on the right medications at the optimum dose for that person.

Rebecca has not only championed the STOMP agenda across the service but also across the county. With the support of an overarching MDT STOMP steering group Rebecca led the service in hosting a STOMP conference for partners and stakeholders. 100 people attend form the social, health and carer community from all part of Lincolnshire. The national STOMP champion provide the key note speech and the day was filled with presentations during the morning and practical workshops during the afternoon. The feedback form the day was overwhelmingly positive, with people reporting to be inspired to promote and support the STOMP agenda. Given the success of the STOMP agenda in both the East and the West teams, the service will be looking to further roll out the agenda across the county during 2019/20.

Eating Disorders Empowering Families Workshops

Research has shown that by providing support and education to those who are caring for someone with an eating disorder supports recovery; improves prognosis; reduces the occurrence of relapse; increases understanding and improves carers own mental well-being.

Empowering Families Workshops are offered to family members or friends of those receiving support from the Eating Disorders Service. With consent from the individual with the eating disorder, information is provided both verbally and/or in writing to those supporting them. The team consulted with those who had been invited to participate in the workshops regarding appropriate venues and times for these to be run. In response to feedback from the first pilot workshop, clinicians reviewed comments and adapted the materials accordingly. These changes included involvement of a dietician to provide increased dietary guidance.

The workshops are held over 10 sessions with a further review session one month after the workshops have concluded. Data is collected via 4 questionnaires which rate the carer's quality of life; reduction of their unhelpful accommodating and enabling behaviours, and a scale reviewing ongoing eating disorders symptoms of their loved ones. This also includes feedback regarding their experience of the workshops and resources provide. The outcome data on all these measures indicated improvements in carer wellbeing and coping, and symptom reduction.

All participants expressed the value of meeting with other individuals in similar circumstances. Three groups have been completed to date. Further workshops are planned and these will be offered to eating disorders carers in other services across LPFT.

Creative CAMHS

Grantham CAMHS have started running a 'Creative CAMHS group' in October 2018, led by Core Practitioner Lucy Ainscough, and Peer Support Worker Becky Sampson. The group has been running monthly, and includes a range of different activities, led by the Young People's interests allowing them to bring individual skills to each session.

This was seen as a valuable group to engage young people open to CAMHS, who may usually find group or 1-1 work anxiety provoking. This has created a fun way to attend sessions, and meet other young people in a relaxed and creative environment. One of the projects included improving the waiting area, which meant young people could see work displayed which has increased interest from both staff and young people.

The group has shown to have helped with self-esteem, especially after young people receive feedback about what they have produced, and offers a safe environment to meet other young people.

Quotes from YP

'It's amazing'

'I felt nervous at the start, but it's been nice to meet other people'

'It allows you to focus on just one thing. Creative activities help as a distraction'.

3.12 Sign up to Safety

Sign up to Safety was 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. In 2019 the Sign up to Safety campaign ended.

Organisations who 'Sign up to Safety' commited 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 were:

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 Trusts three year safety plan which focused specifically on 48 hour discharge, risk assessment and medication errors which caused harm ended in March 2018. The Trust remains committed to strengthening patient safety and reducing avoidable harm and have:

- Joined four other East Midlands Trusts in a project led by Dr Suzanne Shale and Professor Murray Anderson-Wallace in collaboration with the East Midlands Patient Safety Collaborative to explore if Human factors Analysis and Classification System

(HFACS) could be within mental health to enhance learning from investigations. The Trust was actively involved in piloting and testing the framework and has continued to work with two other East Midlands Mental Health Trusts and an acute hospital Trust during 2018/19 to progress integration of human factors into incident investigations to enhance learning.

- Explored alternative ways to learning from incidents and revised the Bi monthly Lessons Learnt Bulletin and relaunched a more frequent visual "Safety Matters" learning from incidents, Learning from complaints and learning from Excellence.

- Leads have been identified for all four Divisions to enable weekly review of all reported medication incidents and themes and trends are analysed at the monthly Medication Safety Group.

3.13 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 2018/19 the Trust delivered Duty of Candour workshops for all 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.

3.14 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 2018/19 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
- Recruiting Non-Executive Directors against strongly quality focused role descriptions and person specifications

3.15 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 maintains a regularly reviewed Board Assurance Framework and 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. The Board seeks additional assurance via the use of "deep-dives". 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 and engages in reverse mentoring.
- 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.

3.16 Highlights of the year

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

Awards

- **High Sheriff Awards** were given to a **team of LPFT mental health crisis nurses** working in Lincolnshire Police's control room for their outstanding contribution to the well-being of the local community.
- **A Cavell Star Award** was won by Vicki Parker, Ward Manager at Discovery House, for going above and beyond for her patients. Cavell Star Awards are given by the Nursing charity Cavell Nurses' Trust.
- Acute Mental Health Ward Managers, The Veterans' Mental Health Transition, Intervention and Liaison Service, and Young Minds Matter, were shortlisted for the **Nursing Times Awards** for their innovative practice in adult and veteran's mental health care, and children and young people's services.
- Mental Health nurse Amy Semper, was shortlisted for the **Daily Mail Health Hero Awards** after being nominated by colleagues for her continuous dedication to patients and passion for her job.
- Kirsty Johnson, Health and Safety Advisor, was shortlisted in the **Safety and Health Excellence Awards** in the Rising Star of the Year category.
- Deputy Chief Executive Anne-Maria Newham was awarded an **MBE** (member of the British Empire) from the Queen as part of her annual birthday honours.

- Dr Jaspreet Phull and Emma Plumb won a **Care Coordination Association National Good Practice Award** for their project to improve awareness and quality of managing risk issues in patients utilising secondary mental health services.
- **Lincolnshire Health Awards**, Anita Lewin, Interim Director of Nursing, AHPs and Quality won the **Lifetime Achievement Award** and North East Lincolnshire Child and Adolescent Mental Health Service (CAMHS) Peer Support Workers won the **Research, Innovation and Education Award.** A further three teams and three staff members were shortlisted.
- The Trust's **Informatics Team** was shortlisted for the **Unsung Hero Awards.**
- LPFT and CCGs have been shortlisted for the highly **prestigious Health Service Journal (HSJ) Value in Healthcare Awards 2019** – recognised for our work to reduce **out of area** mental health placements.
- Jane Lord, the Infection Prevention and Control Nurse was Highly Commended in the **British Journal of Nursing (BJN) Awards** 2019.
- Liz Bainbridge, Consultant Nurse Safeguarding and Mental Capacity, was awarded **British Empire Medal** in Queen's New Year honours for services to nursing and vulnerable people.

Accreditations

- Grantham and Sleaford community mental health teams have been working towards **Accreditation for Community Mental Health Services** (**ACOMHS)**.
- Crisis Resolution and Home Treatment team are working towards **The Home Treatment Accreditation Scheme (HTAS)**.
- The **steps2change service** has been accredited by the Royal College of Psychiatrists and British Psychological Society known as the '**Accreditation Programme for Psychological Therapies Services' (APPTS)**.
- **Carers Quality Award** reaccreditation for 17 inpatient wards, crisis units and community teams.
- Individual Placement and Support (IPS) Employment Service team have retained the prestigious **Centre of Excellence** status following review from the Centre for Mental Health.
- The Fens and the Wolds gained the **Accreditation for Inpatient Mental Health Services** (**AIMS)**.
- Crisis Resolution and Home Treatment teams (CRHT) in Lincoln are **HTAS** accredited **(Home Treatment Accreditation Scheme).**

Achievements

- Revised **vision, values and behaviours** launched, after working with staff, service users, governors and other stakeholders to develop the new set of core values and behaviours.
- The Trust's **Sexual Assault Referral Centre,** was awarded the contract to continue their services, from NHS England and Lincolnshire's Police and Crime Commissioner for a further three years.
- **Experts by experience** have been employed by LPFT to help raise awareness and understanding of learning disabilities and to help make improvements for people accessing our services.
- LPFT invested in **electronic prescribing and medicines administration** (ePMA) to boost patient safety, improve operational workflow and deliver efficiencies in drug expenditure.
- Regional funding was secured for additional **clinical research** for two nurses in early career researcher secondments.
- The national regulator for care organisations, the **Care Quality Commission** (CQC) recognised the outstanding work of our **North East Lincolnshire Child and Adolescent Mental Health Service** and invited them to present at an event in London.
- LPFT's team won the first **NHS England's virtual Hackathon** on transforming perceptions of nursing and midwifery to increase recruitment and retention of staff, with their breakthrough thinking and achievable solutions.
- The Trust was featured as an example of good practice in **NHS Operational Productivity: Unwarranted Variations.** LPFT was mentioned in the review of best practice; for appointing staff as 'champions' to drive positive change and for improved rostering work increasing efficiency and reducing costs.
- **New electronic patient record system**, RiO launched to capture all patient information safely and securely, to ensure staff have the right information at the right time to support patient care.
- Representatives from the Trust were invited to prestigious national events to celebrate **World Mental Health Day**. Dr Tracey Urquhart attended a Prime Minister's reception in Downing Street and Stuart Nielson, Freedom to Speak Up Guardian, went to the House of Commons.
- To mark NHS70, three LPFT staff members were included in the **CQC's "Driving improvement – individuals who have made a difference."**

- Trust's work in e-rostering and unused hours was included as a case study in **NHS Improvement publication** "The mental health and community e-rostering improvement collaborative."
- The Trust has been named one of the most inclusive employers (top 100) in Britain by lesbian, gay, bisexual and transgender equality charity **Stonewall**.
- LPFT came second overall for mental health/learning disability trusts in the **national staff survey**. The Trust performed mainly **above the national average** in the **national staff survey** in responses to questions on the ten themes and for one theme, Immediate managers LPFT had the highest national score.
- The latest **CQC** report showed we maintained our overall rating of **Good** and are now rated **Outstanding** for well-led**.**
- The Trust's Perinatal Service has expanded from nine dedicated staff to seventeen.
- LPFT staff showcased **best practice nationally,** Steve Skinner, from steps2change represented the Trust to talk about **Improving Access to Psychological Therapies (IAPT)** at an event held to mark ten years since the programme started. Stu Nielsen, the **Freedom to Speak up Guardian** (FTSU) delivered a presentation alongside the National Guardian, at the NHS Providers Company Secretaries event in London. Eve Baird and colleagues presented their work on **sexual safety** on inpatient wards at a national conference. Tracey Urquhart, from **Young Minds Matter**, mental health services for children and young people, regularly represents LPFT demonstrating their high-quality service model and sharing good practice.
- **Construction works** have started to refurbish **Brant Ward** at Witham Court and are due to finish in the autumn. The ward is being extended to add space for en-suite bedrooms.
- The first **Think Active** conference was held, highlighting the importance of being active for mental health. The event was developed in partnership with Active Lincolnshire.
- The **Research Team** has recruited volunteers to become **Patient Research Ambassadors.** This is a National Institute for Health Research initiative.
- As part of LPFT's work in the county's **Crisis Care Concordat** the Trust successfully secured £700k funding from the Department of Health as part of a **Beyond Places of Safety grant.**

3.17 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 (2018).

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 26 stories posted on Care Opinion during 2018/19, all of which received responses, examples of which are over leaf.

She includes me in decision making…
Having had outpatient treatment for many years I want to let you know how happy I have been regarding the services provided at Carholme Court. My consultant has been very understanding and always takes time to explain her decisions and, more importantly, she includes me in decision making regarding my care. The reception staff have been very welcoming and the whole experience has been a positive one. Thank you
CMHT Service Manager Response
I would like to thank you for taking the time to send your comments. It is always lovely to receive such positive feedback regarding our services and support that have been offered. I will ensure that your comments are passed onto your consultant and reception staff at Carholme Court. I wish you well for the future
Gave me the foundations to move forward
Taking the steps to overcome my difficulties was always encouraged by the support and care I got from this unit. Five admissions and each time the staff helped me to address the standing issues at the time. I wouldn't be living my life the way I do now if I hadn't of received the help I did. Sometimes there were faults, but everything has something that needs work on. The time staff had was always restricted and sometimes my drop of mood was overlooked which caused lasting issues but once I managed to speak up about it, they helped me cope with my blip. This place and its staff gave me the foundations to move forward, and I'm forever grateful to them. I haven't seen the unit in almost 3 years now, and

I'm sure within that time it has only got better. From the time I had my first admission in 2013 to the last one in 2016 it had changed dramatically to provide a more upbeat and friendly environment instead of the dull walls that I was first greeted with. Thank you to everyone who helped me through the darkness, you proved to me that there is a light at the end of the tunnel.
Response from Ward Manager
Thank you for taking the team to provide the feedback to Ash Villa. It was lovely to hear such positive feedback. Staff at Ash Villa are committed to supporting young people during their time with us and your feedback will be shared with the team. It's wonderful to hear your positivity for the future and we wish you all the very best.

Below is a sample of quotes taken from service user/patient feedback via the various patient surveys:

- "Found the staff to be very helpful. Taken care of me wonderfully. I was a mess when I came in but feel a lot better and staff are really good.
- "We were listened to and all of our concerns were taken seriously, our child was treated well and he actually enjoyed the appointments. Things were explained well to us and forms/booklets of information were given.."
- Miracle I am being here, been treated so very well, treated so well. Wonderful food, building me up. Staff are all nice and smiley. All the doctors are lovely soul - consultant here for another week.
- Observations from the family - the activities programme is very good with a wide range of activities. The activities coordinator is very enthusiastic and engages well. From a personal point of view dad would benefit from any activity involving music/performing arts. As demonstrated from the activities this afternoon (23/10/2018) dad enjoys dancing - not only did this bring a smile to his face but was excellent physical activity involving both legs and arms. It has been noted that there is a Punch and Judy stand on the ward - this is something that dad has always enjoyed and he has previously taken an active part in doing the shows for his grandchildren
- My psychiatrist's secretary is approachable and goes the extra mile to ensure you receive the appropriate care.
- I have found a lot of the NHS staff will go out of their way to help, but can only do so much
- I asked my father, he said he felt safe. Observations from the family are that he does feel safe and this is seen in the way that he seems settled and understood.

- I am very happy with my Mental Health team, really impresses
- “The perinatal mental health team were amazing. I really don't know what I'd have done without them. I felt totally supported throughout my whole pregnancy and my first year of being a mummy. What an amazing team and service.”

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 2018 – 19.

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 continued good work undertaken by the Trust with the United Lincolnshire Hospitals NHS Trust. This enables mental health care to be provided in the Emergency Departments (ED) of the hospital ensuring patients receive that the right care in the right place. However the commissioner continues to have some concerns with the management of patient’s physical healthcare and this has been discussed with the provider over the past three years through a variety of reporting mechanisms and meetings. The commissioner hopes to see a substantial improvement in this area which will be monitored regularly.

Looking forward to the 2019 – 20 Quality Priorities the commissioner is both supportive and pleased to see a blended approach being undertaken by the trust to improve patients care (both mental and physical) supported by a range of staff focused priorities to develop the organisation and enhance clinical skills.

The commissioner can confirm that up to the end of quarter three the trust has achieved 28% out of the possible 40% achievement within CQUIN schemes (Commissioning for Quality & Innovation) to date. In addition to the joint ED work detailed above the Transitioning of Children and Young People into Adult care is also of particular note.

Whilst, the commissioner cannot confirm the final quarter 4 CQUIN position at this moment as the joint commissioner and trust review, verification and approval process is scheduled for June 2019. 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 Care Quality Commission Inspection rated all organisational level domains as Good with the Well Led (Leadership) domain rated as Outstanding
- The Staff Survey has a number of very good results including
    - The Safety Culture is the highest rated Mental Health Trust (nationally)
    - Staff Engagement is higher than the national average
    - Staff Morale is higher than the national average
- Whilst not specifically referenced in the Quality Report the commissioner believes the recently commissioned Psychiatric Intensive Care Unit is a valuable addition to the clinical services provided by the trust

The commissioner again, believes that the audit information presented within the quality account would benefit from a greater level of detail to demonstrate the recommendations and changes to clinical practice which are not detailed. It is recognised that the trust is undertaking some good work in this area 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 Review 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, 2018 and 2019. The results of this appraisal have been issued separately 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

Received via email on 02/05/19

The Health Scrutiny Committee for Lincolnshire is grateful for the Trust sharing its draft Quality Account for 2018/19 and recognises the Trust's provision of mental health and learning disability services for Lincolnshire residents. For this year, the Committee is focusing on the quality accounts of two other NHS providers.

Annex 1C: Statement from Healthwatch Lincolnshire

Healthwatch Lincolnshire

LPFT Trust Quality Account Statement for 2018/19

Summary

Healthwatch Lincolnshire Quality Account Working Group: Sarah Fletcher (CEO), John Bains (Board Chair), Clive Green (Trustee), David Gaskell (Trustee) Maria Prior (Trustee), Nicola Clarke (Partnership & Development Manager), Julie Evans (Signpost Officer)

Healthwatch Lincolnshire would like to thank Mark Halsall for presenting the LPFT Quality Account and meeting with our representatives.

Healthwatch *Lincolnshire* acknowledge the work the Trust have done over the past 12 months to improve the overall performance. On behalf of patients, carers and service users, we would like to thank LPFT staff for their hard work and dedication in achieving this.

We welcome that the Trust responds to concerns raised and information shared by Healthwatch Lincolnshire, and look forward to building upon this relationship in the future.

In summary, Healthwatch Lincolnshire is concerned that both locally and nationally the number of suicides have increased. Whilst it is appreciated that reviews and learning take place as a result of these sad incidents, the end result is still that people are losing their lives and families are losing their loved ones, we would urge the Trust to work closely with individuals to assess risk and the need to provide one to one support.

We noted the outcome of your CQC Inspection, and were pleased for the Trust that as a result, you achieved an overall ‘good’ rating. However, we also note the 2 areas which require improvement, those being mental health crisis services and the wards for older people with mental health problems. In both circumstances, Healthwatch Lincolnshire continue to hear concerns from families and patients about the level of support in these areas and would therefore actively encourage further development to address these issues.

We appreciate that the Trust acknowledge the gap in provision for assessment and diagnosis for those people on the autism spectrum and we

note that primarily these challenges are around commissioning decisions. We therefore look forward to hearing how these will be addressed to ensure patients, particularly children, are not left potentially disadvantaged due to an unassessed or undiagnosed condition.

Healthwatch Lincolnshire welcome the joint system CQUIN approach however, we also recognise the Trusts comment to us that one of the key challenges in the next

year will be working 'as a system'. As part of this system wide approach we would anticipate that all opportunities to work collaboratively will be maximised including the use of the Care Portal, and that it will become a mandatory tool and not continue to be an untapped resource.

Commentary relating to the previous year's Quality Accounts

We heard about the areas of limited achievement on the previous year's priorities and noted that some of the issues related to staff not completing paperwork particularly around medication and the management of physical health. We also noted that the Trust was unable to feedback on the performance indicator for cardio-metabolic assessment and treatment for people with psychosis and this was disappointing.

We noted that Quality Priority 3 related to the support of a limited and specified cohort presenting at A&E. However Healthwatch Lincolnshire is concerned that we continue to hear experiences from patients in the 'general population' cohort experiencing mental health issues in A&E who are not experiencing a clearly communicated pathway between ULHT and LPFT Mental Health Liaison Team. So whilst not part of the 2019/20 Quality Priorities we would hope the Trust would continue to work with ULHT and patients to ensure the A&E mental health pathway is clear to patients, family and carers.

We heard that the years CQUINs had been challenging, noting the targets were set nationally, and stated in some cases not achieved, because of the way the CQUIN wording was written and did not align when compared with NICE guidelines. However whilst we appreciate the challenges faced, Healthwatch Lincolnshire feel the move towards 'whole system' based CQUINs is a preferable and more accountable way for targets to be measured.

We heard that complaints has some challenges in terms of working with medical colleagues in gaining their engagement with the complaints process and outputs. However, it was felt the Trust were aware of these issues and working towards changes in culture and approach.

We noted the significant number of ligature incidents reported within the Quality, and that incidents are increasing despite efforts to improve risk assessment and awareness. We acknowledge and recognise the Trusts intention to work with individuals to assess risk, particularly as patients develop more sophisticated means

of causing harm. We were also pleased to hear that the Trust are working to debrief patients as well as staff when serious incidents do occur.

Priorities and challenges for the forthcoming year

Quality Accounts are an important way for local NHS services to report on quality. They also provide an opportunity to show improvements in service delivery to local communities and stakeholders, with this in mind there are sections within the report that we feel do not lend themselves to be clearly understood by local communities, for example page 43, 2.2.8.4 and ask that where possible this is considered. In addition, Healthwatch Lincolnshire does not feel the priorities for 2019/20 shown in

the table on page 15 really tell us, the reader, what the Trust is trying to achieve in the next year.

We note that your Trust is working to a 2 year programme for some of its quality priorities and we support this as we appreciate that 12 months is often not long enough to make a tangible and sustainable impact.

Healthwatch Lincolnshire is pleased to see within the new Quality Priorities 3 and 4, a focus on service user engagement relating to service design and, development of individuals taking part in meaningful activities, and Healthwatch Lincolnshire welcome priorities specifically driven by service users carers and families.

We heard that the Trust is looking to develop its own research, rather than relying on the existing research programmes. It would be useful for Healthwatch Lincolnshire and patients wishing to participate in research to understand the health and support which can be made available post the research phase and we would also like assurance that funding of internal research will not be at the expense of patient care.

Themes and Trends Healthwatch Lincolnshire has heard over the last 12

Months

The following highlights some of themes that we hear on a regular basis from patients, carers, families and we would ask your Trust to continue to review and address what their service users are telling them.

- The hiatus of support between treatment and referral has caused patient anxiety with little or no help from your Trust, being left to fend for themselves is not an option for some.
- Lack of communication and understanding within the A&E, Mental Health Liaison Service for patients in terms of who is dealing with them and what the pathway is.
- Support in the community that has been reported as being inconsistent across the county.
- We hear from patients that once in service they were generally treated with dignity and respect.

Annex 1D: Statement from the Trust Governors

Lincolnshire Partnership
NHS Foundation Trust

DB/kbs/May19

13 May 2019

Board of Directors
Trust Headquarters
St George's
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LN1 1FS

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Dear Board of Directors

Council of Governors' Opinion on the Annual Quality Report 2018/19

The Council of Governors is grateful to Mark Halsall, the Head of Quality & Safety, for attending the Council of Governors' meeting on 11 April 2019 to present the draft report, which provided Governors with an update on the process for the final publication of the Trust's Quality Report 2018/19.

At the time of the Council of Governors' meeting in January 2019, NHS Improvement had not published the detailed guidance for external assurance on quality reports, and therefore the mandated indicators had not been confirmed. At that stage, it was therefore assumed that there would be no change to the choice of reporting and, following this approach, the Governors selected the same two mandated indicators in 2019/20, namely:

- The proportion of people experiencing first episode psychosis or 'at risk mental state' who wait two weeks or less to start NICE recommended package of care, and
- The total number of bed days patients have spent inappropriately out of area.

Governors also agreed on the following locally mandated target:

- To increase the accuracy and quality of recording restraint incidents.

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.

At its April 2019 meeting, the Council was offered additional time to individually review the draft report and provide further comments, via the Trust Secretary's office, however, this did not result in any further feedback.

Yours sincerely

David Bray
Lead Governor

13 May 2019

Annex 1E: External audit 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 2019 (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 2019, 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 2019 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

- Total number of bed days patients have spent out-of-area on placements assessed as inappropriate, calculated as the average of the monthly position.

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 2018 to May 2019;
    - papers relating to quality reported to the board over the period April 2018 to May 2019;
    - feedback from South West Lincolnshire NHS Clinical Commissioning Group, dated 10th May 2019;
    - feedback from governors, dated 13th May 2019;
    - feedback from Healthwatch Lincolnshire, dated 16th May 2019;
    - feedback from Lincolnshire County Council's Health Scrutiny Committee, dated 2nd May 2019;
    - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 26th April 2019;

- the national patient survey 2018;
- the national staff survey 2018;
- Care Quality Commission inspection report, dated 16th January 2019; and
- the Head of Internal Audit's annual opinion over the Trust's control environment, dated 29th May 2019.

- 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.

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'.

The scope of our assurance work has not included governance over quality or non-mandated indicators which have been determined locally by Lincolnshire Partnership NHS Foundation Trust.

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 2019:

- 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 2018/19' 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

Deloitte LLP
Birmingham
United Kingdom
24 May 2019

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 2018/19 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 2018 to March 2019
    - papers relating to quality reported to the Board over the period April 2018 to March 2019
    - feedback from commissioners dated 10/05/2019
    - feedback from Overview and Scrutiny Committee dated 02/05/2019
    - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 26/04/2019
    - the national patient survey 22/11/2018
    - the national staff survey 06/03/2019
    - CQC inspection report dated 16/01/2019
- 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

Brendan Hayes **23 May 2019**
Chief Executive and Accounting Officer

Accounts for the year
1 April 2018 to 31 March 2019

Lincolnshire Partnership NHS Foundation Trust

Sarah Connery
Director of Finance and Information
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,

• Confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation trust's performance, business model and strategy; 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.....
Brendan Hayes
Chief Executive

Date: 23 May 2019

ANNUAL GOVERNANCE STATEMENT - 1 APRIL 2018 - 31 MARCH 2019

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 2019 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 , information governance 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, freedom to speak up, 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
- Lincolnshire Health Scrutiny and Overview Committee
- NHS Improvement
- NHS England
- Care Quality Commission (CQC)
- Other system providers in primary care, secondary care and the third sector.

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. The committee structure is aligned with the requirements set out in the Single Oversight Framework. The Board approved the structure to address the Trust's strategic direction in line with the Sustainability and Transformation Plan and to strengthen its finance and performance monitoring. The current structure has been in place for over two years 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 assurance framework and risk register. The two documents are cross referenced, with the assurance framework including strategic risks, and the risk register operational risks.

4.10 Sections of the 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, and makes recommendations to the Board, at every meeting.

4.11 Throughout 2018/19 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 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 Lincolnshire Health Scrutiny and Overview Committee and HealthWatch Lincolnshire for comment.

4.13 The Board of Directors receive safe staffing reports that describe the safe staffing levels required and achieved in accordance with the Developing Workforce Safeguards. The reports enable the Board to receive assurance that safe and effective specialist mental health services staffing levels have been created, reviewed and sustained.

4.14 The Deputy Director of Nursing leads a process to make the link between the decisions on staffing that the Board makes and the knowledge and expertise of the clinical staff. The Trust applies the systematic approach set out in the Developing Workforce Safeguards for identifying the organisational, managerial and environmental factors that support safe staffing in order to ensure improved service user outcomes.

4.15 The top risks faced by the Trust in 2018/19 and going forward into 2019/20 are set out in the table below:

Risk	**What are we doing about it?**	**How do we know?**
Workforce risks (recruitment and retention of sufficient medical and specialist staff)	The Trust has a People Strategy which is in place and is being refreshed for 2019/20. The Trust is working with partners on an attraction strategy and with Health Education England on determining future workforce needs.	The Trust has in place workforce key performance indicators presented to the Board in the Integrated Performance Report.

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. Work is underway on the first of the wards to provide single en-suite accommodation. The Board has commissioned work to develop plans for replacement of all remaining dormitory style in-patient 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. The Board has 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.
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. The Quality Committee is receiving regular progress reports.
Information and data- specifically in regard to the clinical information system and cyber risk	The Trust has invested in and installed a new clinical records system in 2018/19. 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 Trust is investing in the implementation of IG toolkit requirements and staff training in cyber security.	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 including a move to Office 365.
Single System Plan- operating in a challenging community	The Trust is actively contributing resources and key individuals into the Sustainability and Transformation programme in Lincolnshire (STP). The Board is ensuring that the Trust's Clinical Strategy and Forward Plans are aligned to the single system plan.	The Board receives regular reports on the progress of the STP and considers all of the plans and contributes to their development and approval.
Board Turnover	The Council of Governors and Board of Directors have established robust processes for recruiting replacements and have effectively implemented the plans. The Board of Directors has put in place interim arrangements.	Posts have been filled in a timely way and interim arrangements are enabling business to continue effectively.

Financial pressures and Cost Improvement Programme (CIP)	Robust financial planning processes are in place to identify the available resources to deliver services within the control target. However, the full CIP plan for 2019/20 had not been identified before the submission of the Forward Plan.	Work will continue on the identification of CIPs and reporting to the Board will provide monitoring and enable decision making.

4.16 The Board of Directors has received, via the Chief Executive's reports, regular updates on the position and risks in regard to Brexit; whilst there is uncertainty not directly quantifiable risk that cannot be mitigated has been identified. The Trust is co-operating with the wider community in resilience planning to further mitigate risks in regard to Brexit.

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

4.18 The foundation trust has published an up-to-date register of interests for decision-making staff within the past twelve months as required by the "Managing Conflicts of Interest in the NHS" guidance.

4.19 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.

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

4.21 The foundation trust has undertaken risk assessments and has a sustainable development management plan in place which takes account of UK Climate Projections 2018 (UKCP 2018). The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

5 Care Quality Commission (CQC)

5.1 In November and December 2018 the Care quality Commission inspected four of the Trust's core services and conducted a well-led review. The Overall rating of the Trust remained Good, with a significant number of key lines of enquiry in each of the core services improving from Requires Improvement to Good. Safe in every core service was rated as Good. The Trust achieved an overall Outstanding rating for "well-led".

5.2 The CQC was very positive about the continuing strengthening of a positive culture and leadership within the Trust. The evidence of significant, consecutive improvement from the 2016/17, 2017/18 and 2018/19 staff surveys would support this observation.

5.3 The Board of Directors has approved an action plan to address areas identified for further improvement. The Quality Committee will monitor the delivery of this action plan.

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 involving Commissioners and service user representation 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 Board has engaged with NHS Improvement to develop and expand on the methodology for reporting with the adoption of statistical process control reporting enabling a more informed use of the data.

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 commissions its Internal Audit Service Provider to undertake annual audits of the evidence collated for its yearly Information Governance Toolkit (IGT) on-line submission. In April 2018 the IGT became the Data Security and Protection Toolkit (DSPT).

7.2 The new DSPT requires evidence to be submitted so that the Trust can show compliance with the 10 Data Security standards that underpin the Caldicott 3 Report and the three Board Obligations:
1: People: Ensure staff are equipped to handle information respectfully and safely, according to the Caldicott Principles.
2: Process: Ensure the organisation proactively prevents data security breaches and responds appropriately to incidents or near misses.
3: Technology: Ensure technology is secure and up-to-date.

7.3 These 10 Data Security Standards also incorporate evidence of compliance with General Data Protection Regulation (GDPR) and Data Protection Act 2018 requirements.

7.4 The Trust achieved Significant Assurance from its internal auditors 360 Assurance for this year's audit of the 2018/19 DSPT evidence and submitted this evidence which enabled the Trust to demonstrate an overall 100% DSPT compliance level. The Trust continues to have plans in place so that action can be taken to ensure the standards of Information Governance (IG) and Data Security are improved further in line with best practice.

7.5 All NHS Foundation Trusts must report any incidents of Data Security and Data Protection breaches on the DSPT and also in their respective annual reports. These incidents are classified in guidance provided by NHS Digital on Data Security and Protection Incidents. Incidents of the Security of Network & Information Systems Regulations 2018 (NIS Regulations) breaches must also be reported on the DSPT.

7.6 The Director of Finance and Information has overall responsibility for IG, Data Security, and Data Protection compliance in her capacity as Senior Information Risk Owner (SIRO). The Interim 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.

7.7 The Board has been assured by the SIRO, in the annual SIRO Report, that effective arrangements are in place to manage and control risks to information and data security. The Trust had three Data Security and Protection incidents as defined by the NHS Digital guidance. All three incidents were reported to NHS Digital on the DSPT of which one was automatically reported via the DSPT to the Information Commissioners' Office (ICO): however the ICO advised that no further investigation was required by them and none of the three incidents required further investigation by NHS Digital. The Trust did undertake an internal review into the ICO reported incident and published guidance through the lessons learned bulletin.

7.8 The Trust continuously reviews its systems and procedures for the confidentiality, integrity and security of personal and confidential data. As a result of investigations into these three incidents and reviews of IG, Data Security & Records Incidents by Information Governance and Records Management Group (IG&RM Group), measures are taken to ensure the procedures and policies on Information Governance and Data Security are updated to enable compliance.

7.9 During the last year we migrated our Electronic Clinical System to a new platform in six months, an achievement we are very proud of. The new system is modern, externally hosted and brings this key part of IT infrastructure up to date and future proof.

7.10 The Trust has systems and processes in place to govern access to confidential data and to ensure guidance and standards are followed when staff are using or accessing confidential data. Any new system or process is required to meet these standards as does any hardware (eg 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.

7.11 The Trust monitors its IG and Data Security risks through the IG & RM Group. Incidents and risks are managed in accordance with Trust policy and serious IG, Records and Data Security 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 when 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 Programme which commenced in 2017/18 with work focused around four work streams. In 2018/19 three further work streams were added. Each of the work streams has an executive director sponsor and 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
6. Improving the environment	Quality Committee
7. Patient Experience	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 is 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 2018 to 31 March 2019 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 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.

9.4 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 2018/19.

9.5 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.

9.6 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.

9.7 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.

9.8 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 Board has undertaken a well-led self- assessment to provide additional assurance and has received the Outstanding rating from the Care Quality Commission demonstrating good leadership performance which has 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 2018 to 31 March 2019
Signed (on behalf of the Board of Directors)

Brendan Hayes
Chief Executive and Accounting Officer
Date: 23 May 2019

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)

Brendan Hayes
Chief Executive

Date: 23 May 2019
Date: 23 May 2019

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL 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 2019 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 Recoverability of Debtors* • *Property Valuations* Within this report, any new key audit matters are identified with ⊛ and any key audit matters which are the same as the prior year identified with ⊛.
Materiality	The materiality that we used for the current year was £2.3m which was determined on the basis of 2% of revenue.
Scoping	Audit work was performed at the Trust's offices in Sleaford directly by the audit engagement team, led by the audit partner.
Significant changes in our approach	There have been no significant changes 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.

Recognition of NHS Clinical Revenue and Recoverability of Debtors	
Key audit matter description	As described in note 1.5 of the Accounting Policies, there are significant judgements in the recognition of revenue from care of NHS patients and in provisioning for disputes with commissioners due to: • the judgements taken in evaluating volume-related and Commissioning for Quality and Innovation ("CQUIN") income; and • the judgemental nature of accounting for disputes, including in respect of outstanding under/overperformance income for quarters 3 and 4. Details of the Foundation Trust's income, including £73.3m (£70.5m 2017/18) of Commissioner Requested Services, are shown in note 2 to the financial statements. NHS debtors are shown in notes 9 and 17 to the financial statements. The Trust also recognised CQUIN income of £1.9m in 2018/19 (2017/18: £1.0m). The majority of the Foundation Trust's income comes from NHS Lincolnshire West Clinical Commissioning Group, Lincolnshire County Council, NHS Lincolnshire East Clinical Commissioning Group and NHS Lincolnshire South West Clinical Commissioning Group, increasing the significance of associated judgements.
How the scope of our audit responded to the key audit matter	We evaluated the design and implementation of key controls in relation to revenue recognition, including controls over contract agreement and variations, year-end commissioner under/over performance negotiation, and CQUIN performance recognition. We have tested the recognition of income through the year, including the period-end calculations recognised for CQUIN income, and evaluated the results of the agreement of balances exercise.

	As part 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 in relation to the agreement of balances process, and challenged the rationale for the accounting treatment adopted by reviewing evidence of the underlying transactions. 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. We have reviewed with management the key changes and any open areas in setting 2018/19 contracts, and considered whether, taken together with the settlement of current year disputes, there are any indicators of inappropriate adjustments in revenue recognised between periods. We have viewed the correspondence from NHS Improvement regarding the allocation of PSF income for the year.
Key observations	Based on the audit evidence obtained, we conclude that NHS Revenue is appropriately recognised. We consider management judgements to be within the reasonable range.
Property valuation	
Key audit matter description	As described within note 1, Accounting Policies, and note 1.3.2 Critical Accounting Judgements and Key Sources of Estimation Uncertainty, there are significant judgements in the valuation of non-current assets. The Foundation Trust holds property assets within Property, Plant and Equipment at a modern equivalent use valuation of £52.9m (2017/18 £53.1m). 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. In 2017/18 this key audit matter also included 'Capital Developments'. Due to the Trust's limited capital plan and associated spend of £0.7m (£2.3m 2017/18) and there being no errors noted during the 2017/18 audit, Capital Developments are no longer considered to be a key audit matter. The net valuation movement on the Foundation Trust's estate shown in note 7 is a net revaluation impairment of £0.9m (2017/18: uplift of £2.0m).
How the scope of our audit responded to the key audit matter	We evaluated the design and implementation of key controls in place around the property valuation. We reviewed and challenged the appropriateness of the assumptions used in the year-end valuation of the Trust's

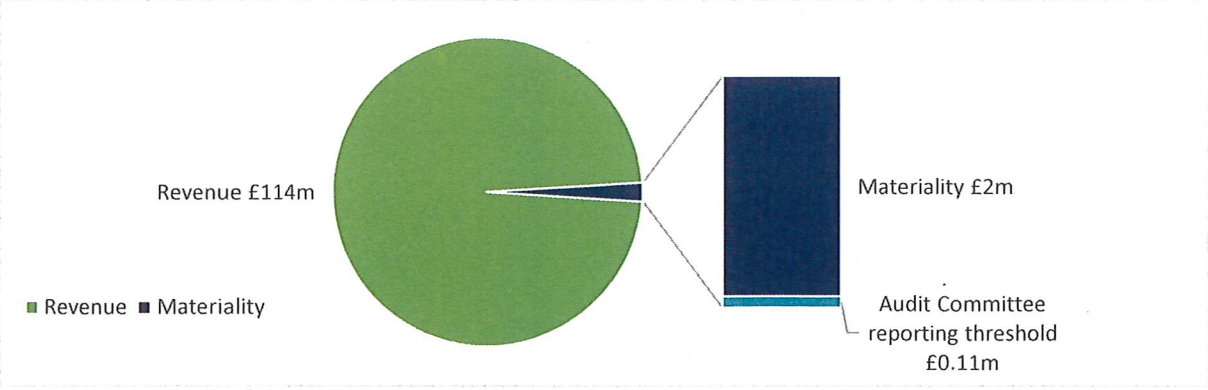
	properties and tested the inputs to the year-end valuation. This included the gross internal areas provided to the valuer, including testing a sample of measurements to check the accuracy of data. Where sites were valued on an alternative site basis we have challenged whether the assumptions made are consistent with the Trust's clinical strategy and were considered and approved at an appropriate level within the Trust. We have assessed the presentation of revaluation movements and impairments, taking into account revaluation reserves for individual assets, and the disclosures included in the financial statements.
Key observations	Based on the audit evidence obtained, we conclude that the valuation of the Trust's estate is 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	£2.3m (2017/18: £2.1m)
Basis for determining materiality	2% of revenue (2017/18: 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 £0.11m (2017/18: £0.10m), 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 entity and its environment, including internal control, and assessing the risks of material misstatement. Audit work to respond to the risks of material misstatement was performed directly by the audit engagement team.

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 Council 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 2019

FOREWORD TO THE ACCOUNTS

LINCOLNSHIRE PARTNERSHIP NHS FOUNDATION TRUST

The Accounts for the year ended 31st March 2019 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.....
Brendan Hayes
Chief Executive

Date: 23 May 2019

STATEMENT OF COMPREHENSIVE INCOME
FOR THE YEAR ENDED 31 MARCH 2019

	NOTE	2018/19 £000	2017/18 £000
Operating income	2.1 / 2.2	103,050	96,079
Other operating income	2.4	11,140	7,944
Total operating income from continuing operations		**114,190**	**104,023**
Operating Expenses	3.1	(107,991)	(101,204)
OPERATING SURPLUS		**6,199**	**2,819**
FINANCE COSTS			
Finance income	5.1	96	34
Finance expense - financial liabilities	5.2	(60)	(81)
Finance expense - unwinding of discount on provisions	12.1	(1)	(3)
PDC Dividends payable		(1,620)	(1,590)
NET FINANCE COSTS		**(1,585)**	**(1,640)**
Profit/(Losses) on disposal of assets	5.4	240	(11)
SURPLUS FOR THE YEAR FROM CONTINUING OPERATIONS		**4,854**	**1,168**
OTHER COMPREHENSIVE INCOME			
Will not be reclassified to income and expenditure:			
Impairments on property, plant & equipment and donated assets	13.1	(76)	(1,138)
Revaluation gains on property, plant & equipment and donated assets	13.1	2,110	5,797
Other reserve movements		(10)	-
TOTAL OTHER COMPREHENSIVE INCOME		**2,024**	**4,659**
TOTAL COMPREHENSIVE INCOME FOR THE YEAR		**6,878**	**5,827**

There are no minority interests in the Trust. Therefore the net surplus for the year of £4,854,000 (2017/18: surplus of £1,168,000) and the total comprehensive income for the year of £6,878,000 (2017/18: £5,827,000) is wholly attributable to the Trust.

The notes on pages XXV to L form part of these accounts.

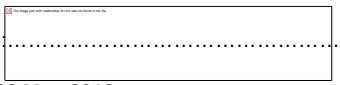
All income and expenditure is derived from continuing operations.

STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2019

	NOTE	31 March 2019 £000	31 March 2018 £000
Non-current assets			
Intangible assets	6.1	438	291
Property, plant and equipment	7.1	57,031	55,377
Trade and other receivables	9.1	61	45
Total non-current assets		**57,530**	**55,713**
Current assets			
Trade and other receivables	9.1	10,944	8,845
Non-current assets for sale and assets in disposal groups	8.1	1,177	1,683
Cash and cash equivalents	14.1	15,307	11,795
Total current assets		**27,428**	**22,323**
Current liabilities			
Trade and other payables	10.1	(11,207)	(10,647)
Borrowings	11.3	(669)	(667)
Provisions	12.1	(162)	(169)
Other liabilities	11.1	(1,378)	(1,405)
Total current liabilities		**(13,416)**	**(12,888)**
Total assets less current liabilities		**71,542**	**65,148**
Non-current liabilities			
Borrowings	11.3	(662)	(1,330)
Provisions	12.1	(1,066)	(995)
Total non-current liabilities		**(1,728)**	**(2,325)**
Total assets employed		**69,814**	**62,823**
Financed By Taxpayers' Equity			
Public dividend capital		25,522	25,409
Revaluation reserve	13.1	20,408	19,053
Income and expenditure reserve		23,884	18,361
Total taxpayers' equity		**69,814**	**62,823**

The notes on pages XXV to L form part of these accounts.

The financial statements were approved by the Board of Directors and authorised for issue by:

Signed:  .(Chief Executive)

Date: 23 May 2019

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY FOR THE YEAR ENDED 31 MARCH 2019

	NOTE	Total £000	Public Dividend Capital £000	Revaluation Reserve £000	Income and Expenditure Reserve £000
Taxpayers' Equity at 1 April 2018 brought forward		**62,823**	25,409	19,053	18,361
Surplus for the year		**4,854**	-	-	4,854
Impairment losses on property, plant & equipment and donated assets	13.1	**(76)**	-	(76)	-
Revaluations on property, plant & equipment and donated assets	13.1	**2,110**	-	2,110	-
Transfer to retained earnings on disposal of assets		**-**	-	(243)	243
Other reserve movements		**(10)**	-	-	(10)
Public dividend capital received		**113**	113	-	-
Transfer of the excess of current cost depreciation over historical cost depreciation to the income & expenditure reserve	13.1	**-**	-	(436)	436
Taxpayers' Equity at 31 March 2019		**69,814**	**25,522**	**20,408**	**23,884**
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)	-
Revaluation gains 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**

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.

Other reserve movements
Other recognised gains / losses relate to fees incurred in the previous year relating to the sale of St Anne's Road asset held for sale.

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 MARCH 2019

	NOTE	2018/19 £000	2017/18 £000
Cash flows from operating activities			
Operating surplus		**6,199**	**2,819**
Non-cash income and expense:			
Depreciation and amortisation		2,373	2,287
Impairments and reversals	5.3	1,553	2,751
(Increase) in trade and other receivables		(2,067)	(2,127)
(Decrease) in trade and other payables		(112)	(528)
(Decrease) in other liabilities		(27)	(168)
Increase/(Decrease) in provisions		63	(58)
Other movements in operating cash flows		38	-
Net cash generated from operating activities		**8,020**	**4,976**
Cash flows from investing activities			
Interest received		96	34
Purchase of intangible assets	6.1	(353)	(105)
Purchase of property, plant and equipment		(2,642)	(3,938)
Sales of property, plant and equipment		743	231
Net cash (used in) investing activities		**(2,156)**	**(3,778)**
Cash flows from financing activities			
Public dividend capital received*		113	265
Loans repaid to the Department of Health and Social Care		(667)	(668)
Interest paid		(61)	(80)
Public dividend capital paid**		(1,736)	(1,437)
Net cash (used in) financing activities		**(2,351)**	**(1,920)**
Increase /(Decrease) in cash and cash equivalents		**3,512**	**(722)**
Cash and Cash equivalents at 1 April brought forward		**11,795**	**12,517**
Cash and Cash equivalents at 31 March	14.1	**15,307**	**11,795**

Cash flows used in financing activities relating to financial liabilities include £39,000 of non cash movements relating to the write off of a capitalised asset under construction (2017/18: all cash movements).

*During the year the Trust received £101,000 of Public dividend capital as funding for IM&T patient and public Wifi scheme as well as £12,000 as capital funding for pharmacy stock monitoring system RX Information Define. (2017/18: - £265,000 received for capital IM&T cyber security funding).

**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 the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM) which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2018/19, 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 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.

The Trust continues to be fully engaged in meetings and discussions across the health community with regards to BREXIT. The Trust reviews its position daily to provide assurance that all is on track and awaits the outcome of the Prime Minister’s negotiations in Brussels. Any actions for the Trust will receive an immediate response with anything of relevance being reported to the Board.

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 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.

1.2.1 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 £52,912,300 (2017/18: £53,090,634) for the year ended 31st March 2019.

1.3 Segmental Analysis

No segmental analysis is shown as the sole activity of Lincolnshire Partnership NHS Foundation Trust in 2018/19 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 2019/20 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.

1.4.1 Income

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS). As directed by the GAM, the transition to IFRS 15 in 2018/19 has been completed in accordance with paragraph C3 (b) of the Standard: applying the Standard retrospectively but recognising any cumulative effects at the date of initial application (1 April 2018).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. A performance obligation relating to delivery of a spell of health care is generally satisfied over time as healthcare is received and consumed simultaneously by the customer as the Trust performs it. The customer in such a contract is the commissioner, but the customer benefits as services are provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligns with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that are substantially the same and have a similar pattern of transfer.

Revenue is recognised to the extent that collection of consideration is probable. Where contract challenges from commissioners are expected to be upheld, the Trust reflects this in the transaction price and derecognises the relevant portion of income.

Where the Trust is aware of a penalty based on contractual performance, the Trust reflects this in the transaction price for its recognition of revenue. Revenue is reduced by the value of the penalty.

The Trust receives income from commissioners under Commissioning for Quality and Innovation (CQUIN) schemes. The Trust agrees schemes with its commissioner but they affect how care is provided to patients. That is, the CQUIN payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the contract.

Revenue from research contracts

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

1.4.2 Revenue 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.

Other Income

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.

Employee Benefits

1.5.1 ***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.

1.5.2 ***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 for Health in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2019, is based on valuation data as at 31 March 2018, updated to 31 March 2019 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 latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019. The Department of Health and Social Care have recently laid Scheme Regulations confirming that the employer contribution rate will increase to 20.6% of pensionable pay from this date.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

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.

Local Government Pension Scheme

As a result of the transfer of 2 staff as at 1 April 2018 from East Riding Council to the Trust's employment, the Trust is also an admitted member of the Local Government Pension Scheme which is a defined benefit scheme. However, under International Accounting Standard (IAS) 26, this is not considered material and therefore further disclosure is not required.

1.6 Expenditure on other goods and services

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

1.7 Value Added Tax

Most of the activities of the 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.

1.8 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.

1.9 Property, Plant and Equipment

1.9.1 ***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.

1.9.2 *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 has occurred for the year ending 31 March 2019. 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 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 economic 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.

Useful lives of property, plant and equipment

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

	Min Life Years	**Max Life Years**
Land	0	0
Buildings excluding dwellings	6	55
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.

1.9.3 ***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 abandoned or significant

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.

1.9.4 ***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.

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;
- the Trust can measure reliably the expenses attributable to the asset during development.

1.10 Intangible assets

1.10.1 ***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.

1.10.2 ***Measurement***

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management. An intangible asset 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.

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 economic 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. An intangible asset which is surplus with no plans to bring it back into use is valued at fair value under IFRS13, if it does not meet the requirements of IAS 40 of IFRS 5.

Intangible assets held for sale are measured at the lower of their carrying amount or 'fair value less costs to sell'.

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.

Amortisation

Intangible assets are amortised over their expected useful 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.

Useful lives of intangible assets:

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

	Min Life Years	Max Life Years
Software	3	5

1.11 Financial assets and financial liabilities

1.11.1 ***Recognition***

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

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

1.11.2 ***Classification and measurement***

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

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

1.11.3 ***Financial assets and financial liabilities at amortised cost***

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

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

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

1.11.4 ***Impairment of financial assets***

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

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. This method includes appropriate grouping into categories based on shared credit risk characteristics and reviewing the Trust's historical loss rates to calculate future expected credit losses. This does not include recognising expected credit losses in relation to other NHS and other Whole Government Account (WGA) bodies.

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

1.11.5 ***De-recognition***

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

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

1.12 Leases- the Trust as lessee

1.12.1 ***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.

1.12.2 ***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.

1.12.3 Leases- the Trust as lessor

1.12.4 ***Operating Leases***

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

1.13 Provisions

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

1.13.1 ***Clinical negligence costs***

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to the NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed in note 12.2 to the accounts but is not recognised in the Trust's accounts.

1.13.2 ***Non-clinical risk pooling***

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any 'excesses' payable in respect of particular claims are charged to operating expenses when the liability arises.

1.14 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.

1.15 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 Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for:

● donated assets,
● 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
● 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.

1.16 Foreign exchange

The functional and presentational currency of the Trust is 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 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.

1.17 Cash and cash equivalents, bank and overdrafts

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.
In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust’s cash management. Cash, bank and overdraft balances are recorded at the current values of these balances in the cash book of the Trust. These balances exclude monies held in the 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.

1.18 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the 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.

1.19 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 the Trust not been bearing its 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.

1.20 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2018/19.

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 2018/19. These standards are still subject to HM Treasury FReM adoption, with IFRS 16 expected implementation date being 2020/21, and the government date for the adoption of IFRS 17 still subject to HM Treasury consideration;

● IFRS 16 Leases- Application required for accounting periods beginning on or after 1 January 2020, but not yet adopted by the FReM : early adoption is not therefore permitted. The Trust expects this standard will have a material effect on future non current asset values and total liabilities in the financial statements, with the majority of Trust property leases and all lease cars needing to be included on the Statement of Financial Position.

● 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 23 Uncertainty over Income Tax Treatments -Application required for accounting periods beginning on or after 1 January 2019.

2.1 Operating Income

Income from patient care (by nature)	2018/19 Total £000	2017/18 Total £000
Mental Health Trusts		
Cost and Volume Contract income	3,150	3,138
Block Contract income	90,063	85,789
Clinical Partnerships providing mandatory services (including S75 agreements)	8,662	7,152
Agenda for Change pay award central funding*	1,175	-
Total Income from activities	**103,050**	**96,079**

* Income relates to the NHS pay award that is centrally funded from the Department of Health and Social Care.

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)	2018/19 Total £000	2017/18 Total £000
NHS Foundation Trusts	199	105
NHS Trusts	341	308
NHS England	4,866	4,952
Department of Health and Social Care	1,175	-
Clinical Commissioning Groups (CCGs)	73,303	70,469
Local Authorities	22,964	20,206
Non NHS: Other*	202	39
Total income from activities	**103,050**	**96,079**

* Non NHS: Other relates to income from the National Probation Service for a community based pathway to support offenders with a personality disorder (2017/18: This related to learning disabilities psychological services).

2.3 Overseas Visitors

No income has been received in the year (relating to patients charged directly by the provider) (2017/18: Nil).

2.4 Other Operating Income

Other Operating Income (by nature)	2018/19 Total £000	2017/18 Total £000
Other Operating Income From Contracts With Customers		
Research and development	400	363
Education and training	3,151	3,205
Non-patient care services to other bodies *	2,667	1,128
Provider Sustainability Fund (previously Sustainability and Transformation Fund) income	4,409	2,779
Other **	498	446
Other Non-Contract Operating Income		
Charitable and other contributions to expenditure	9	23
Rental revenue from operating leases***	6	-
Total other operating income	**11,140**	**7,944**

* Non Patient Care Services income includes a £1,258,400 recovered compensation payment relating to a previous historical fraud loss.

**Other Operating Income - Other	2018/19 Total £000	2017/18 Total £000
Catering	55	53
Property rentals	48	51
Staff contributions to employee benefit schemes	395	342
Total	**498**	**446**

*** During the year, the Trust began sub-leasing car parking facilities to the Lincolnshire Clinical Commissioning Group at The Point in Sleaford.

2.5 Additional Information on Revenue Contracts with Customers Recognised in the Period

	2018/19 Total £000
Revenue recognised in the reporting period that was included within contract liabilities at the previous year end	**1,405**

2.6 Transaction Price Allocated to Remaining Performance Obligations

	2018/19 Total £000
Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised: within one year	**1,378**

The Trust has exercised the practical expedients permitted by IFRS 15 paragraph 121 in preparing this disclosure. Revenue from contracts with an expected duration of one year or less and contracts where the trust recognises revenue directly corresponding to work done to date is not disclosed.

Revenue is received in respect of the transfer of services to patients throughout the year. The transaction prices are stated in the contracts and as a result, no changes to transaction price can occur without a contract variation. As the contracts are reviewed annually, all performance obligations are in relation to the current year.

2.7 Other Operating Income (by source)	2018/19 Total £000	2017/18 Total £000
NHS Foundation Trusts	1	26
NHS Trusts	1,506	1,217
NHS England and Clinical Commissioning Groups (CCGs) *	4,609	3,276
Health Education England	2,720	2,365
Special Health Authorities	98	31
Local Authorities	26	179
Non NHS: Other**	2,180	850
Total income from activities	**11,140**	**7,944**

* Other operating income from NHS England and Clinical Commissioning Groups (CCGs) includes £4,409,000 of Provider Sustainability Fund income (2017/18: £2,779,000).

** Non NHS :Other includes a £1,258,400 recovered compensation payment relating to a previous historical fraud loss.

2.8 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 2018/19 (2017/18: Nil).

3.1 Operating expenses (by type)	2018/19 £000	2017/18 £000
Purchase of healthcare from non NHS and non-DHSC bodies	20	21
Purchase of social care (under S.75 or other integrated care arrangements)	7,122	6,013
Staff and executive directors costs	78,529	73,153
Remuneration of non-executive directors	126	126
Supplies and services - clinical (excluding drug costs)	1,051	1,107
Supplies and services - general	1,499	1,492
Drug costs	1,342	1,402
Consultancy costs	393	259
Establishment	1,353	1,279
Premises - business rates payable to local authorities	706	582
Premises - other	3,100	2,693
Transport	2,042	1,911
Patient travel	2	2
Depreciation of property, plant and equipment	2,167	2,022
Amortisation of intangible assets	206	265
Net impairments of property, plant and equipment	1,553	2,751
(Decrease) in credit loss allowance for contract receivables *	(151)	-
(Decrease) in provision for impairment of receivables *	-	(160)
Change in provisions discount rate(s)	(14)	23
Audit fees payable to the external auditor		
audit services- statutory audit	50	50
other audit remuneration (external auditor only)	13	18
Internal audit and local counter fraud costs	78	88
Clinical negligence- amounts payable to NHS Resolution	319	245
Legal fees	36	124
Education and training	764	737
Rentals under operating leases - minimum lease payments	2,921	2,760
Redundancy	55	61
Car parking & security	206	179
Losses, ex gratia & special payments**	281	97
Other services, eg. external IT services	730	657
Other	1,492	1,247
TOTAL	**107,991**	**101,204**

* Due to the introduction of IFRS 9, allowances for credit losses are now required for all receivables. This replaces the movement in provision for impaired receivables as disclosed in 2017/18 which related solely to the Trust's previous joint venture, Universal Health Ltd. The in year movement includes £151,000 relating 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

Operating lease expenditure by type:	2018/19 £000	2017/18 £000
Buildings	2,187	2,026
Other	734	734
TOTAL	**2,921**	**2,760**

3.3 Arrangements containing an operating lease

Future minimum lease payments due:	2018/19 £000	2017/18 £000
- not later than one year;	2,617	2,672
- later than one year and not later than five years;	2,786	2,414
- later than five years.	349	523
TOTAL	**5,752**	**5,609**

Future minimum lease payments due by type:	2018/19 £000 Buildings	2018/19 £000 Other	2017/18 £000 Buildings	2017/18 £000 Other
- not later than one year;	2,032	585	1,962	710
- later than one year and not later than five years;	2,359	427	1,709	705
- later than five years.	349	-	523	-
TOTAL	**4,740**	**1,012**	**4,194**	**1,415**

3.4 Operating Lease Revenue

	2018/19 £000	2017/18 £000
Minimum lease receipts	**6**	-

Future minimum lease receipts due by type:	2018/19 £000	2017/18 £000
- not later than one year;	**8**	**-**

Lease receipts are in respect of the sub lease of car parking facilities at The Point, Sleaford to the Lincolnshire Clinical Commissioning Group.

3.5 Other auditor's remuneration

	2018/19 £000	2017/18 £000
Audit-related assurance services	**13**	**18**

3.6 Limitation on auditor's liability

	2018/19 £000	2017/18 £000
Limitation on auditor's liability	1,000	1,000

The Trust external auditor for 2018/19 (also 2016/17 and 2017/18) was Deloitte LLP under the terms of engagement dated 27th February 2017.

3.7 The late payment of commercial debts (interest) Act 1998

The Trust incurred no interest or charges for late payment of commercial debts in 2018/19 (2017/18: Nil). The Trust has not accrued for any interest payable in relation to the late payment of invoices due to the amounts being immaterial.

3.8 Better Payments Practice Code

	2018/19 £000	2018/19 Number	2017/18 £000	2017/18 Number
Total Non-NHS trade invoices paid in the year	23,075	13,034	23,950	15,885
Total Non-NHS trade invoices paid within target	20,401	11,457	21,073	12,921
Percentage of Non-NHS trade invoices paid within target	88%	88%	88%	81%
Total NHS trade invoices paid in the year	5,359	653	5,801	931
Total NHS trade invoices paid within target	4,968	577	5,419	820
	93%	88%	93%	88%

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

	2018/19 Total £000	2017/18 Total £000
Salaries and wages	62,541	57,306
Social security costs	6,047	5,534
Apprenticeship levy	298	270
Employers contributions to NHS Pensions	7,822	7,078
Termination Benefits	121	193
Temporary staff (including agency)	1,848	2,973
Total Gross Staff Costs	**78,677**	**73,354**
Recoveries in respect of seconded staff	**(4)**	**(140)**
Total staff costs	**78,673**	**73,214**
Of which		
Costs capitalised as part of assets	**(89)**	-
Total employee benefits excluding capitalised costs	**78,584**	**73,214**

Gross staff costs comprise of "Staff and executive directors costs" and "Redundancy" per the Operating Expenses note 3.1.

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

	2018/19 Total £000	2018/19 Total Number	2017/18 Total £000	2017/18 Total Number
Early retirements on the grounds of ill-health	-	-	314	3

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

	2018/19 £000	2017/18 £000
Bank Interest	96	34
Total	**96**	**34**

5.2 Finance Cost

	2018/19 £000	2017/18 £000
Interest on capital loans from the Department of Health and Social Care	60	81
Total	**60**	**81**

5.3 Impairment of Assets (Property Plant and Equipment)

	2018/19 £000	2017/18 £000
Net impairments charged to operating surplus resulting from:		
Changes in market price	389	2,751
Other*	1,164	-
Total net impairments charged to operating surplus	**1,553**	**2,751**
Impairments charged to the revaluation reserve	76	1,138
Total net impairments**	**1,629**	**3,889**

*Other impairments relate to the change of use of Holly Lodge, Skegness following a physical inspection by the District Valuer. The unit is no longer used as an inpatient unit and is therefore now valued at existing use value (EUV).

** The total net impairment of £1,628,816 relates to the year end physical revaluation of which £1,552,617 was charged to operating income as discussed in note 7.3. £76,199 has been charged to the revaluation reserve.

5.4 Other Gains / (Losses)

	2018/19 £000	2017/18 £000
Gain/(Loss) on disposal of assets held for sale	247	(11)
(Loss) on disposal of property, plant and equipment	(7)	-
Total Gain/ (Loss) on disposal of assets	**240**	**(11)**

Gains on disposal of assets held for sale are in respect of the sale of St Anne's Road, Lincoln. The Trust received proceeds of £751,021 against the property's net book value of £504,500. (2017/18: £11,000 loss on the disposal of Lumley Avenue at Skegness).

Before being classified as an asset held for sale, St Anne's provided commissioner requested Dynamic Psychotherapy services. These services are no longer provided by the Trust.

Loss on disposal of property, plant and equipment relates to scrapped equipment as a result of an annual review of Trust asset conditions.

6.1 Intangible Assets

Intangible assets 2018/19

	Total	Software licences / purchased licences	Intangible assets under construction
	£000	£000	£000
Valuation / Gross cost at 1 April 2018 brought forward	**1,813**	**1,779**	**34**
Additions - purchased	353	353	-
Gross cost at 31 March 2019	**2,166**	**2,132**	**34**
Amortisation at 1 April 2018 brought forward	**1,522**	**1,522**	**-**
Provided during the year	206	206	-
Amortisation at 31 March 2019	**1,728**	**1,728**	-
Net book value			
NBV - Purchased at 31 March 2019	438	404	34
NBV total at 31 March 2019	**438**	**404**	**34**

Intangible assets 2017/18

	Total	Software licences / purchased licences	Intangible assets under construction
	£000	£000	£000
Valuation / Gross cost at 1 April 2017 brought forward	**1,708**	**1,708**	**-**
Additions - purchased	105	71	34
Gross cost at 31 March 2018	**1,813**	**1,779**	**34**
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	257	34
NBV total at 31 March 2018	**291**	**257**	**34**

7.1 Property, Plant and Equipment

Property, Plant and Equipment 2018/19	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 2018 brought forward	**59,669**	**8,060**	**45,030**	**183**	**1,247**	**4,107**	**1,042**
Additions - purchased	**3,385**	-	711	1,320	105	1,243	6
Impairments	**(1,794)**	-	(1,794)	-	-	-	-
Reversal of impairments	**(35)**	-	(35)	-	-	-	-
Reclassifications	**-**	-	57	(144)	-	87	-
Revaluations	**883**	15	868	-	-	-	-
Disposals	**(416)**	-	-	(39)	(172)	(158)	(47)
Valuation/Gross cost at 31 March 2019	**61,692**	**8,075**	**44,837**	**1,320**	**1,180**	**5,279**	**1,001**
Accumulated depreciation at 1 April 2018 brought forward	**4,292**	**-**	**-**	**-**	**709**	**2,915**	**668**
Provided during the year	**2,167**	-	1,427	-	127	532	81
Accumulated depreciation written off following revaluation	**(1,427)**	-	(1,427)	-	-	-	-
Disposals	**(371)**	-	-	-	(173)	(158)	(40)
Accumulated depreciation at 31 March 2019	**4,661**	**-**	**-**	**-**	**663**	**3,289**	**709**
Net book value - 31 March 2019							
Owned	**56,952**	8,075	44,758	1,320	517	1,990	292
Donated	**79**	-	79	-	-	-	-
NBV total at 31 March 2019	**57,030**	**8,075**	**44,837**	**1,320**	**517**	**1,990**	**292**

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 Economic lives of property, plant and equipment

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

	Min Life Years	**Max Life** Years
Land	0	0
Buildings excluding dwellings	6	55
Plant & Machinery	4	10
Information Technology	4	5
Furniture & Fittings	5	10

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 2019. This resulted in an overall increase in property values of £481,009. Of this, net impairments charged to operating expenses totalled £1,552,617 and an overall upwards movement of £2,033,626 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 26th March 2019.

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 2018/19 (2017/18: £Nil).

7.5 NBV of property, plant and equipment and assets held for sale in the revaluation reserve

NBV of property, plant and equipment and assets held for sale in the revaluation reserve as at 31 March 2019

	Total	**Land**	**Buildings excluding dwellings**
	£000	**£000**	**£000**
Net book value			
As at 1 April 2018 brought forward	**19,053**	5,673	13,380
Movement in year	**1,355**	(158)	1,513
Total at 31 March 2019	**20,408**	**5,515**	**14,893**

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**
	£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**

8.1. Non-current assets for sale and assets in disposal groups

Non-current assets for sale and assets in disposal groups 2018/19

	Total	Land	Property, Plant and Equipment
	£000	£000	£000
NBV of non-current assets for sale and assets in disposal groups at 1 April 2018 brought forward	1,683	1,423	260
Less assets sold in year	(506)	(246)	(260)
NBV of non-current assets for sale and assets in disposal groups at 31 March 2019	**1,178**	**1,178**	**-**

Assets held for sale comprise the Norton Lea site at Boston. Norton Lea remains an asset held for disposal from 2017/18.

St. Anne's Road was classified as an asset held for sale in March 2018 and completed on 31st August 2018.

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	506	246	260
Less assets sold in year	(242)	(78)	(164)
Less impairment of assets held for sale	(35)	(13)	(22)
NBV of non-current assets for sale and assets in disposal groups at 31 March 2018	**1,683**	**1,423**	**260**

9.1 Trade and other receivables

Amounts falling due within one year: **Current**	**31 March 2019** **£000**	**31 March 2018** **£000**
Contract receivables invoiced*	3,202	-
Contract receivables not yet invoiced / non-invoiced*	6,964	-
Trade receivables*	-	2,806
Accrued income	-	5,429
Allowance for impaired contract receivables	(1)	-
Provision for impaired receivables	-	(152)
Prepayments	731	681
PDC dividend receivable	48	-
VAT receivable	-	81
Total Current Trade and Other Receivables	**10,944**	**8,845**
Of which receivables from NHS and Department of Health and Social Care group bodies:	5,994	5,886
Of which receivables from other bodies:	4,950	2,959
Non Current		
Prepayments	61	45
Total Non Current Trade and Other Receivables	**61**	**45**

*Following the application of IFRS 15 from 1 April 2018, the trust's entitlements to consideration for work performed under contracts with customers are shown separately as contract receivables and contract assets. This replaces the previous analysis into trade receivables and accrued income. IFRS 15 is applied without restatement therefore the comparative analysis of receivables has not been restated under IFRS 15. There has been no material impact on the Trust with the introduction of this standard.

9.2 Allowances for credit losses 2018/19	**Contract receivables and contract assets** **£000**	**All other receivables** **£000**
Allowances as at 1 April 2018 - brought forward	-	152
Impact implementing IFRS 9 (and IFRS 15) on 1 April 2018	152	(152)
Reversals of allowances	(151)	
Allowances as at 31 March 2019	**1**	**-**

Following the implementation of IFRS 9, the Trust is required to provide for expected credit losses. The Trust uses a five step provision matrix to calculate this. This involves grouping receivables of similar risk profiles and calculating the expected credit losses based on historical loss rates for these risk profiles. Any forward-looking macro-economic factors are also considered when calculating these losses. These are calculated on a quarterly basis.
The current credit loss allowance at the year end is £1,000 which is considered to be immaterial. There are currently no macro-economic factors affecting these calculations.

9.3 Allowances for credit losses 2017/18	**All receivables** **£000**
Allowances as at 1 April 2017 - as previously stated	312
Prior period adjustments	-
Allowances as at 1 April 2017 - restated	**312**
Unused amounts reversed	(160)
Allowances as at 31 March 2018	**152**

9.4 Analysis of impaired receivables	**31 March 2019** **£000**	**31 March 2018** **£000**
Ageing of impaired receivables		
Over 180 days	1	152
Total	**1**	**152**

Impaired receivables over six months is £1,000 which was created by a new impairment model based on expected credit losses per IFRS 9. The movement in the year relates to the release of the provision regarding the Trust's previous joint venture, Universal Health Limited (2017/18: £152,000).

9.5 Analysis of non-impaired receivables	**31 March 2019** **£000**	**31 March 2018** **£000**
Ageing of non-impaired receivables past their due date		
0 - 30 days*	961	6
31 - 60 days	48	125
60 - 90 days	30	40
91 - 180 days (three to six months)	77	70
Over 180 days**	10	118
Total	**1,126**	**359**

* Non impaired receivables less than 30 days 2018/19 comprises of £760,833 relating to Lincolnshire County Council which was subsequently received in April 2019.
** Non impaired receivables over six months 2018/19 includes £10,000 regarding salary overpayments which are being repaid in installments.

9.6 Other assets

The Trust did not hold any other assets during 2018/19 (2017/18: Nil).

10.1 Trade and other payables

	31 March 2019 £000	31 March 2018 £000
Current		
Trade payables	2,374	3,096
Capital payables	1,479	735
Accruals	3,863	3,545
Social security costs	914	860
Other taxes payable	663	595
PDC dividend payable	-	69
Accrued interest on Department of Health and Social Care loans*	-	3
Other payables**	1,914	1,744
Total Current Trade and Other Payables	**11,207**	**10,647**
Of which payables to NHS and Department of Health and Social Care group bodies:	1,580	1,208
Of which payables to other bodies:	9,627	9,439

There are no non current trade and other payables as at 31st March 2019 (2017/18: Nil).

*Following adoption of IFRS 9 on 1 April 2018, loans are measured at amortised cost. Any accrued interest is now included in the carrying value of the loan within note 11.3. IFRS 9 is applied without restatement therefore comparatives have not been restated.

**There are no early retirements in other payables (2017/18: Nil).

11 .1 Other liabilities	31 March 2019 £000	31 March 2018 £000
Current		
Deferred income: contract liabilities	1,378	1,405
Total Other Current Liabilities	**1,378**	**1,405**

There are no non current other liabilities as at 31st March 2019 (2017/18: Nil).

11.2 Other financial liabilities

There are no other financial liabilities as at 31st March 2019 (2017/18: Nil).

11.3 Borrowings	31 March 2019 £000	31 March 2018 £000
Current		
Capital loans from Department of Health and Social Care	669	667
Total Other Current Borrowings	**669**	**667**
Non Current		
Capital loans from Department of Health and Social Care	662	1,330
Total Other Non Current Borrowings	**662**	**1,330**

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%.

11.4 Reconciliation of liabilities arising from financing activities	Loans from DHSC £000	Total £000
Carrying value at 1 April 2018	**1,997**	**1,997**
Cash movements:		
Financing cashflows - payments and receipts of principal	(667)	(667)
Financing cashflows - payments of interest	(61)	(61)
Non-cash movements:		
Impact of implementing IFRS 9 on 1 April 2018	3	3
Interest charge arising in year	60	60
Carrying value at 31 March 2019	**1,332**	**1,332**

12.1 Provisions for liabilities and charges

	Current		Non Current	
	31 March 2019	**31 March 2018**	**31 March 2019**	**31 March 2018**
	£000	**£000**	**£000**	**£000**
Pensions - Early departure costs	47	46	309	346
Pensions - Injury benefit	48	46	609	649
Legal claims	67	63	-	-
Other	-	14	148	-
Total	**162**	**169**	**1,066**	**995**

	Total	**Pensions -early departure costs**	**Pensions: injury benefits***	**Legal claims**	**Other**
	£000	**£000**	**£'000**	**£000**	**£000**
At 1 April 2018	**1,164**	392	695	63	14
Change in the discount rate	**(14)**	(3)	(11)	-	-
Arising during the year	**212**	-	-	65	147
Utilised during the year - accruals	**(135)**	(33)	(28)	(61)	(13)
Unwinding of discount rate	**1**	**-**	1	**-**	**-**
At 31 March 2019	**1,228**	**356**	**657**	**67**	**148**
Expected timing of cash flows:					
- not later than one year;	**162**	47	48	67	**-**
- later than one year and not later than five years;	**527**	186	193	**-**	148
- later than five years.	**539**	123	416	**-**	**-**
TOTAL	**1,228**	**356**	**657**	**67**	**148**

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.

Pensions - injury benefits 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.

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 2019.

Other provisions is a provision for backdated VAT relating to locums working through direct engagement.

* In 2018/19 the analysis of provisions has been revised to separately identify provisions for injury benefit liabilities. In previous periods, these provisions were included in Other.

12.2 Clinical negligence liabilities

The amount included in provisions of NHS Resolution as at the 31st March 2019 in respect of clinical negligence liabilities of Lincolnshire Partnership NHS Foundation Trust is £13,006,504 (31st March 2018: £12,536,372).

12.3 Contingent Assets/(Liabilities)

There were no contingent assets or liabilities during 2018/19 (2017/18: Nil).

13.1 Revaluation Reserve	Total Revaluation Reserve £000	Property, Plant and Equipment £000	Assets Held for Sale £000
Revaluation reserve at 1 April 2018 brought forward	**19,053**	18,092	961
Net impairments	**(76)**	(76)	-
Revaluations	**2,110**	2,110	-
Transfers to other reserves	**-**	(30)	30
Asset disposals	**(243)**	-	(243)
Transfer of the excess of current cost depreciation over historical cost depreciation to the income and expenditure reserve	**(436)**	(436)	-
Revaluation reserve at 31 March 2019	**20,408**	**19,660**	**748**
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**

14.1 Cash and Cash Equivalents	31 March 2019 £000	31 March 2018 £000
At 1 April brought forward	11,795	12,517
Net change in year	3,512	(722)
At 31 March	**15,307**	**11,795**
Broken down into:		
Cash at commercial banks and in hand	23	22
Cash with the Government Banking Service	8,284	11,773
Deposits with the National Loans Fund	7,000	-
Cash and cash equivalents as in SoFP and SoCF	**15,307**	**11,795**

14.2 Third Party Assets Held	£000	£000
Bank balances	62	23

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 2019 £000	31 March 2018 £000
Property, plant and equipment (including IM&T)	2,482	365
Intangible	-	87
Total as at 31 March	**2,482**	**452**

Contractual capital commitments at the 31st March 2019 relate largely to the removal of bays at Brant Ward and the reorganisation of Carholme Court. Further commitments relate to goods which have been ordered but were receipted after the year end. (2017/18: 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).

15.2 Other Financial Commitments

The Trust is not committed to making any payments under non-cancellable contracts for the year ended 31st March 2019 (2017/18: Nil).

16.1 Non-Adjusting Events After The Reporting Period

There are no non-adjusting events in the reporting period for 2018/19 (2017/18: 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 West Clinical Commissioning Group
NHS Lincolnshire South Clinical Commissioning Group

	Revenue £000	Expenditure £000
Value of transactions with other related parties in 2018/19:		
Other bodies or persons outside of the whole of government accounting boundary	105	245
	105	**245**

Within revenue above is £16,564 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. The remaining balance of these debts has been written off in year.

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**

The Trust received £159,148 in relation to its previous joint venture, Universal Health Ltd in 2017/18 shown above.

17.2 Related Party Balances	Receivables £000	Payables £000
Value of balances with other related parties at 31 March 2019:		
Other bodies or persons outside of the whole of government accounting boundary	8	-
Value of balances with related parties written off in year*	135	-
Total balances with related parties at 31 March 2019	**143**	**-**
Value of balances with other related parties at 31 March 2018:		
Other bodies or persons outside of the whole of government accounting boundary	7	-
Value of balances with related parties in relation to doubtful debts 2017/18*	152	-
Total balances with related parties at 31 March 2018	**159**	**-**

* The Trust wrote off the outstanding receivable balance of £135,276 with is previous joint venture, Universal Health Ltd. This comprises of the £151,841 within doubtful debts in 2017/18 less £16,565 received in year.

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 £9,000 (2017/18: £4,000) and income received into the funds of £9,000 (2017/18: £12,000). The Fund balance at 31st March 2019 was £53,000 (2017/18: £44,000).

18.1 Carrying value and fair value of financial assets - 31 March 2019 under IFRS 9	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 at amortised cost	**5,920**	5,920
Trade and other receivables excluding non financial assets - with other bodies at amortised cost	**4,244**	4,244
Cash and cash equivalents (at bank and in hand (at 31 March 2019)) at amortised cost	**15,307**	15,307
Total at 31 March 2019	**25,471**	**25,471**

Carrying value and fair value of financial assets - 31 March 2018 under IAS 39		
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**

IFRS 9 Financial Instruments is applied retrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analyses.

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 2019 under IFRS 9	Total £000	Other financial liabilities £000
Liabilities as per SoFP		
Department of Health and Social Care loans at amortised cost	**1,332**	1,332
Trade and other payables excluding non financial liabilities - with NHS and Department of Health and Social Care bodies at amortised cost	**1,580**	1,580
Trade and other payables excluding non financial liabilities - with other bodies at amortised cost	**8,049**	8,049
Total at 31 March 2019	**10,961**	**10,961**

18.3 Carrying value and fair value of financial liabilities - 31 March 2018 under IAS 39		
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
Total at 31 March 2018	**12,575**	**12,575**

IFRS 9 Financial Instruments is applied retrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analyses.

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.

18.4 Maturity of financial liabilities	31 March 2019 £000	31 March 2018 £000
In one year or less	10,298	11,245
In more than one year but not more than two years	663	667
In more than two years but not more than five years	-	663
Total at 31 March	**10,961**	**12,575**

19.1 Losses and Special Payments

	31 March 2019		31 March 2018	
	Number of cases	**£000**	**Number of cases**	**£000**
Losses				
Cash losses	7	29	15	5
Fruitless payments and constructive losses	5	299	18	73
Bad debts and claims abandoned	1	2	-	-
Total Losses at 31 March	13	330	33	78
Special Payments				
Ex-gratia payments	16	15	9	22
Total Special Payments at 31 March	16	15	9	22
Total Losses and Special Payments at 31 March	**29**	**345**	**42**	**100**
Recovered Losses				
Compensation payments received	**1**	**1,258**	**-**	**-**

The amounts above are reported on an accruals basis and exclude any provision for future losses. The Trust has recovered £1,258,400 of losses during the year. This relates to the recovery of a prior year fraud (2017/18: Nil).

19.2 Gifts

The Trust has made no gifts during the year to 31st March 2019 (2017/18: Nil).

20.1 Post Balance Sheet Events

There are no post balance sheet events for 2018/19 (2017/18: Nil).

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