



**Staff contribution is crucial to Clinical Governance**  
Page 7



**Art & crafts go on display at Lincoln Library**  
Page 5



**Human Resources - making a difference**  
Page 8

# Annual Report 2002/2003

## Who are we?

Lincolnshire Partnership NHS Trust provides specialist mental health, learning disability and substance misuse services to the people of Lincolnshire.

The new Trust was established on 1 June 2002, when Lincolnshire Healthcare NHS Trust entered into strategic partnership arrangements with Lincolnshire Social Services to provide social care for adults with a mental health or substance misuse problem. This is delivered through a formal agreement which means that Social Services remain responsible for all aspects of the services that are provided on their behalf by the Trust.

Services are delivered by a multi-disciplinary team of professionals including doctors, nurses, social workers, occupational therapists and community support workers.

Teams work in three divisions covering the same areas as the local Primary Care Trusts (PCTs). These are West Lincolnshire, Lincolnshire South West and East Lincolnshire.

The Trust has a turnover of around £63 million, and employs around 2,000 people.

West Lincolnshire PCT is the lead commissioner for mental health services in the county, and so is responsible for buying our services on behalf of residents in Lincolnshire.

(Continued on page 3)



Trust chairman Alison Healey presents framed copies of the award winning photos to the successful entrants. Turn to page 6 for the full story.

## Chairman's Foreword

Reflecting on last year's Annual Report the emphasis was very much on the creation of a new Trust and the major organisational change that this entailed. Central to the process was the development of partnership working and that is the main theme of this report on the activities and progress in the Trust in its second year.

The most obvious manifestation of this culture change is the name of the Trust, its second in as many years! With the signing of a Section 31 Agreement with Lincolnshire County Council in respect of the transfer to the Trust of adult mental health and substance misuse functions hitherto provided by their Social Services Department the new name, chosen by the staff, became effective on 1st June 2002. Not only were some 200 staff transferred into the Trust but also the opportunity to provide fully integrated care to adult services users was created. The commitment shown by our workforce in putting the new structures in place and working to make them effective in improving the patient experience is well recognised by the Board. Without their dedication and

professional expertise the Trust would not be as well placed as it is to deliver on our Aims, Values and Principles in terms of providing a truly user/carer focused service. However this is but the start of the journey and one that is not without its challenges and setbacks.

Ahead of us are several milestone events which will impact considerably on the Trust and how it takes forward the massive modernisation agenda currently being addressed. Two singled out for particular mention are the review by the Commission for Health Improvement (CHI) and the inspection by the Social Services Inspectorate (SSI) both scheduled for September. Also visiting will be the assessors for the Trust's Improving Working Lives (IWL) accreditation. Looking after and valuing staff is key to the provision of good quality services and this is an ethos that has remained at the heart of the Board's deliberations in how best to cater for the needs of service users and carers whilst living within tight financial constraints.

In its second year the Trust has started to develop a more outward looking focus and is

playing in to a number of external initiatives. These are reported on elsewhere in this Report but I would like to make particular mention of the successful bid to host the East Midlands Regional Development Centre on behalf of the National Institute for Mental Health in England (NIMHE) in collaboration with the University of Lincoln. Congratulations to Chris Slavin and his executive director colleagues in pulling off this very considerable coup. We look forward to making a significant contribution to the development of modern mental health services through our participation in this national programme.

In conclusion, I record my gratitude to my vice chairman the Venerable Arthur Hawes and non-executive director colleagues for their unfailing support and encouragement through a demanding year. The strength of the Trust lies in its teamwork from the Board down and I am proud to lead a team which is buoyed up by such demonstrable commitment in all it does.

*Alison Healey*

## Firm foundations for better care



Service users and staff at Long Leys Court show off the new look bungalows at an open day and barbecue.

A host of improvements to the Trust's properties during 2002/3 has laid firm foundations for our services, with brighter, safer and more modern environments provided across Lincolnshire. Completed projects include:

### Long Leys Bungalows, Lincoln

A refurbishment scheme costing £168,000 to improve service and living conditions for clients with learning disabilities as well as providing a team base for the service staff.

### Francis Willis Unit and Peter Hodgkinson Centre, Lincoln

These have benefited from investment to improve security, accommodation and catering

facilities primarily for service users.

### Sycamore Assessment Unit, Grantham

An investment of £88,000 saw the development of a crisis resolution base within the Grantham location.

Improving appearances has been tackled at many premises. The exteriors of Carholme Court, Witham Court, Ash Villa and Sycamore Unit, for example, were redecorated.

The Trust continues to invest in a level of planned maintenance and refurbishment to provide an environment suitable and safe for all service users.

# Chief Executive's Report



Considerable progress and achievements have characterised 2002/3 for Lincolnshire Partnership NHS Trust. Some of the success stories are described in this Annual Report, but there are numerous others that lack of space prevents us from including here.

Many of the developments and improvements that are making a difference to users of our services have resulted from the excellent

work carried out by our front line staff, clinicians and managers - often in partnership with service users, carers and local communities.

There have of course been many pressures and challenges as well as successes. The need to develop high quality fast and responsive interventions across the range of services we provide means fairly radical transformation of services in some areas.

We need to be able to deliver services at the right time, in the right place and in the right way in order to provide care that is centred on the service-user.

A significant focus for the Trust has been and will continue to be the elimination of "bottlenecks" in the system as we seek to develop the most direct care pathway (or patient journey) in a way that our service users expect.

This means offering integrated and seamless services - and in particular admission and discharge - at the appropriate time, with all our services working in harmony with each other. Eliminating delayed discharges, transforming the way we receive outpatients, and modernising booking techniques are all projects that are currently underway and I expect to report many improvements next year in these areas.

Integrating health and social care and the establishment of a single management structure affords us the best opportunity to address some of the traditional ways of working and help us modernise. This is supported by a new service strategy developed following extensive internal and external consultation which gives us a clear sense of direction of how we intend to move our services forward.

The service strategy is underpinned by an agreed strategy to develop our estate (property) and continued investment in new information technology.

In addition, we are demonstrating our commitment to building a strong and motivated workforce by striving to retain our Investor in People status and to achieve Improving Working Lives accreditation.

Ensuring that we deliver our services to the highest standard is also now captured in our annual clinical governance plan with service users and carers established as integral members of the groups supporting our processes.

Overall we have achieved all our principal statutory obligations and have achieved the service targets established for us by our service Commissioners and those required by the NHS Plan. This is truly a cause to be proud of taking into account the continuing organisational upheaval experienced by many of our staff and the ever tightening reign on our financial resources.

We have fast developed as an organisation with tremendous ambition and have set ourselves high standards.

We acknowledge that we have embarked on a long and difficult journey, but this is no more or less than those people in receipt of our services deserve. The Trust Board is committed to working with our staff, service users, carers, statutory agencies and the voluntary and independent sectors in taking forward the development of services in Lincolnshire. Moreover, we recognise that our need to further invest in our staff will be key to achieving the service improvements we all wish to see.

## Acute adult in-patient care

# New forums focus on emergency care for adults

Strong emphasis on improving acute care for adults in Lincolnshire saw the creation of forums to develop services provided at the Trust's in-patient facilities.

Work undertaken so far includes changes to wards to enhance privacy and dignity, and the development of action plans to bring services up to 21st Century standards.

Ensuring safety of service users and staff and managing challenging behaviour are high on the list of priorities for 2003/04, and the Trust is also planning to develop psychiatric intensive care facilities in Lincolnshire.

The Trust hopes to continue to reduce emergency readmission rates and delayed discharges by strengthening support for people when they leave hospital.



## Primary care mental health service

# Trust paves way for new wave of graduate workers

**The Trust has launched a project in the South West Division to pave the way for the introduction of graduate workers (as requested by the Government) to primary mental health care.**

**Plans to increase the number of graduate workers and develop their role within the Trust have been drafted.**

**Primary care has also been strengthened by the successful recruitment of service managers for primary health care services in all three divisions of the county.**

**In addition, the Trust is actively working to develop strong partnerships with key referrers to primary care services, especially GPs.**

**The Trust is refining its assessment processes to ensure signposting to other services or timely referral on to more specialist services.**

## Rehabilitation services

# Review aims to bring rehabilitation services up-to-date

**In the last year, the Trust began a thorough review of its rehabilitation services which support people in their recovery from mental illness and aim to help them return to their homes or community whenever possible.**

**The review is looking at a wide range of issues, including the use of in-patient facilities, services within the community for people with enduring mental health problems, and services for people with complex needs such as those within the Francis Willis low secure unit. The review team expects to report its findings in November 2003.**

**In March 2003, the East & South West Divisions began discussions to modernise some of their current in-patient rehabilitation services with a view to delivering more of these services within the community.**

**This work progresses plans developed with the closure of Rauceby Hospital near Sleaford in December 1997.**

**The Trust is awaiting the outcome of the public consultation.**

## Older people's mental health

# Centre is helping to boost older people's community services

A new centre boasting a range of services to help older people with mental health problems remain in their own homes opened its doors this year.

The Welland Resource Centre in Spalding, formerly Ward one at Welland Hospital, demonstrates the Trust's Service Strategy in action, with resources being channelled into providing support in the community rather than into in-patient beds.

There has been no new investment in older people's mental health, so the focus this year has been on using the resources we have in a more effective way.

The Welland Resource Centre model is very similar to the Morton Resource Centre in Gainsborough, established last year, which has proved to be very effective.

Further consideration will be given in the next 12 months as to how this model can be copied across the county.

Another significant development has been to establish an older people's community mental health team, in partnership with Social Services, to serve the Louth area.

The team will work closely with Social Service's intermediate care at Crowtree House in order to prevent, where possible, admission to an acute psychiatric bed.

Although not integrated with Social Care, older people's mental health services continue to develop and modernise in partnership with Social Services and other agencies.

This has been helped by the appointment of a service manager for older people, who has lead responsibility for service planning, development and management across the county.

## Services at a glance

During 2002/03 Lincolnshire Partnership NHS Trust provided the following range of specialist services:

- Specialist assessment, care planning and treatment for adults with learning disabilities
- Child and adolescent mental health services (CAMHS)
- Older people's mental health services (for people aged over 65 years)
- Some primary care mental health services
- Specialist forensic in-patient care
- Mental health and social care services for adults of working age (16 – 65)
- Substance misuse and social care services for adults of working age (16 – 65)

Most of these services include assessment, care planning, access to in-patient care and day services. Support for rehabilitation and recovery may be provided in hospital or within the community, for example in people's own homes.

### Carer services

## Carers recognised for their contributions to mental health

Many individuals have become carers without really choosing the role - often a selfless and isolating task with few supports and little understanding.

Lincolnshire Partnership NHS Trust aims to improve the experience of carers by supporting and valuing their role and by recognising the important contribution they make to the recovery of the individual with a mental illness.

This year has been an eventful time for carers of people in touch with the Trust's services.

Carer representatives have formed a group with service users and have named themselves LINC-UP.

They have been of great value in developing shared understanding of the needs of individuals, their carers and the expectation of services.

The Trust has fully implemented Standard Six of the National Service Framework for Mental Health "Caring about Carers" and now offers all carers of people with a mental illness an appraisal (assessment) of their caring needs and a care plan to be agreed and implemented with them.

This year has seen a significant uptake in the number of carer appraisals, with many carers benefiting as much from the recognition of their contribution, as the services to support them in their caring role.

In addition, the Trust has developed a partnership with the charity Rethink to provide services for carers. Rethink Carers Support Workers now provide:

- Information and advice
- Individual Support
- Local Support Groups
- Family Education and

### Training Programmes

- Carer breaks based on a befriending service via Carer Support Workers
- Longer breaks to provide a complete break from their caring responsibilities

For further information contact Trudy Roberts, Rethink Lincolnshire Carer Support Services, Connect, Foundry Street, Horncastle, Lincolnshire. LN9 6AQ or e-mail [trudy@woldale.fsnet.co.uk](mailto:trudy@woldale.fsnet.co.uk)

### Crisis resolution

## 24/7 service to provide intensive home treatment

People experiencing an acute psychiatric crisis will soon be able to receive intensive treatment for it at home wherever they live in Lincolnshire, thanks to a planned new service.

Crisis resolution aims to help those with severe mental illness avoid going into hospital for their care.

Experience shows that such people benefit from a 24 hour, seven day a week service and rapid response following referral.

The Trust already has one crisis resolution team in the South West Division, and aims to deliver round the clock services across the county by 2005.

# New group is helping to promote Trust's service user and carer involvement

## A report by LINC-UP

Lincolnshire Partnership NHS Trust has made significant strides in supporting service user and carer involvement in service planning and delivery.

They have demonstrated this by placing their commitment at the heart of the values and principles by which the Trust delivers its services:

"Give service users and their carers a real say in how services are planned, organised and delivered."

Service users and carers have formed LINC-UP, a county wide group which aims to improve services by representing the service user and carer experience at all levels of the Trust.

We feel we have gained greater understanding and learnt to appreciate the differing points of views of service users and carers by working together in LINC-UP.

We have members on the Trust's Modernisation Team and on Primary Care Local Implementation Teams (LITs).

The latter make recommendations to the PCT Commissioners on the service requirement for each PCT area.

Our members participate in a wide range of groups seeking to develop and improve services for all service users and their carers.

More recently we have been involved in the recruitment and selection of Trust Staff and in the tendering process to commission new services.

We also participate in the Trust's Clinical Governance and have contributed to the Clinical Governance Plan that works towards a continuous improvement in the quality of services.

To assist in this programme, some of our members have had training in audit and evaluation techniques and have been involved in the Assertive Outreach Evaluation conducted by Sheffield University.

During training we developed interview questions which we then used in the interviews we conducted with those receiving the Assertive Outreach Service.

The coding and analysis sessions, after the interviews were completed, increased our skills as well as our understanding of the difficult issues service users and carers have to face.

As a result of this work, two carers were given the opportunity to talk about their experience of audit and evaluation at the Rethink conference in Durham and in Stratford-upon-Avon at the conference hosted by Meriden "Working with Families-Giving People Their Lives Back".

Service Users have been offered a similar opportunity this autumn. We are keen to develop these skills further and are working with the East Midlands Regional Development Group to develop further training programmes.

This year we have developed our own Involvement Strategy that includes standards for inclusion and remuneration for participating in involvement exercises in the Trust and Primary Care Trusts.

The Trust Board approved the Strategy in March 2003. We appreciate this evidence of the commitment the Trust has to developing service user and carer involvement further.

Our members feel that carers and service users should be involved in the monitoring and evaluation of mental health services.

Who knows better than the people receiving the service? It is not just about surviving in the community, it is about quality of life, about recovery, and most of all it's about hope.

### LINC-UP Members

If you would like to be involved, contact LINC-UP via Elizabeth Salisbury Tel: 01529 302466 User and Carer Project.

(continued from front page)

## Our aims, values & principles

Lincolnshire Partnership NHS Trust is a service user centred organisation and our services will be accessible so that, as far as possible, help can be obtained when and where it is needed.

We aim to deliver effective and innovative services, which are provided by staff accountable for what they do and enabled to make local decisions.

### We will:

- Give service users and their carers a real say in how services are planned, organised and delivered.
- Deliver high quality care and treatment which is known to be effective and is accessible and non-discriminatory, within available resources.
- Provide choice and independence whilst minimising risk for service users, carers and the public.
- Ensure delivery of care for as long as this is needed.
- Recognise and support the rights of people who use our services, as full members of the community, and their carers.
- Work in partnership with other parts of the NHS, local government and beyond to promote good health.
- Promote a safe and supportive working environment for staff.
- Recognise and value all staff and their range of skills and experience.
- Enable and support staff in delivering high quality services.
- Work in an open and transparent way, which encourages a problem-solving approach and welcomes constructive challenge.

### Assertive outreach

## Service users give assertive outreach the thumbs-up in national survey

A national survey looking at the way assertive outreach works has shown that the approach has positive results for service users in Lincolnshire.

Assertive outreach teams were established in the county to work with people who have complex needs and find it difficult to engage with services.

The teams work with a smaller caseload than recovery teams (of 10 to 12 service users per qualified worker) because they need to see people more frequently or for longer time periods.

Early indications from the national survey show that the service is working.

However, they also suggest that there is a high rate of sickness and potential for staff "burnout" within the teams, that may be due to the intensity of work.

Higher than average sickness and turnover rates in Lincolnshire has meant that it has been difficult to provide a full service in all areas at all times, and waiting lists have sometimes been used.

By December 2003 the Trust will be extending the service to a seven-day a week service running from 8am to 8pm.

# £1 million investment expected for children's services

£1 million looks set to be invested in Lincolnshire's child and adolescent mental health services (CAMHS), following the recent publication of the Children's National Service Framework.

The long-awaited plan includes targets and timescales for a comprehensive service, and the Trust expects a £1 million cash injection over the next 3 years to help us deliver these requirements.

Over the last year child and adolescent mental health services have continued their strong history of partnership working, not only in the core

services but through a number of new developments.

These include:

- Provision of nursing psychology and psychiatry input into the Local Authority Lincolnshire Secure Unit.
- Joint appointment of a Project Manager to review and better co-ordinate use of CAMHS facilities and support services.
- Full participation in the Local Authority Best Value Review of CAMHS services which is due to conclude and report in Autumn 2003.

In addition, the Trust has also strengthened its input to primary care services by appointing a community advice worker, and to young people's substance misuse services by appointing a substance misuse team co-ordinator and a specialist nurse.

Waiting lists continue to be unacceptably high for community based CAMHS services, the longest being 12 months.

The Trust will be giving high priority to this in the next year, and a number of projects to address this serious problem are already underway.



Lincolnshire Partnership NHS Trust Board Members: Left to Right; Kate Truscott, Eileen Ziemer, Sheridan Minshull, Ann Hunt, The Venerable Arthur Hawes, Chris Slavin, Alison Healey, Stanley Riseborough, Mary Clifton, Peter Gray, Mostafa Mohanna, and Val Stanton

## Trust wins bid to host centre of excellence



In November 2002, Lincolnshire was chosen to host a major new development centre for mental health thanks to a successful joint bid by the Trust and University of Lincoln.

The East Midlands Development Centre, one of only eight in the country, is being managed by a unique collaboration between the University and the Trust.

Regional development centres are part of the Government's plan to modernise mental health services and will drive forward new ways of thinking and working.

Working with health and social care staff, service users and carers and other stakeholders, the centre, part of the National Institute for Mental Health England (NIMHE), is set to bring about major changes in the way services are delivered and staff are trained.

Chief Executive Chris Slavin, said: "We were delighted to have been chosen to host this exciting development in mental health and social care.

"This partnership model, which is the first of its kind in the country, will pave the way for new and innovative modes of working to give service users more choice in their care and treatment, as well as providing considerable development opportunities for staff."

The new centre's director, Carolyn Steele (pictured) joined the Trust in March from the Department of Health where she was a senior policy advisor.

## Trust multi-agency groups pledge to develop safer services

Services for people who have committed or are likely to commit criminal offences as a result of their mental disorder are set to benefit from a range of new initiatives.

Closer working links have been forged with the police, the National Probation Service and the courts, and a multi-agency steering group has been established to look at how best to develop a community forensic team to respond to the needs of this group of service users.

The focus will be on offering assessment and intervention at the earliest point in the criminal justice process, known as diversion at the point of arrest (D.A.P.A) and court diversion.

The Trust is also an active participant in Lincolnshire's Multi Agency Public Protection Panel (MAPPP).

Following the integration of health and social care, the Trust appointed a forensic service manager with Trust-wide responsibility for service planning, development and management.

The Trust's forensic services are currently concentrated at the Francis Willis low secure unit, Lincoln, and a small in-reach service to Her Majesty's Prison Lincoln, designed to provide mental health services to the prison population.

The team works closely with prison healthcare staff to establish consistency in care planning for mentally disordered offenders.

The Trust hopes to extend this service to the other two prisons in Lincolnshire in the future.

Substantial development of community-based forensic services is now needed, and this will be the main task for the service manager over the next 12 months.

In particular, the Trust is working on schemes to meet the needs of people with personality disorders, who are often those with the most challenging and complex needs, but who are also often not best served by traditional mental health services.

### Substance misuse services

## Helping to combat drug-related crime

A new service to fight substance abuse among people convicted of a drug related crime went from strength to strength last year.

The criminal justice treatment nursing service is designed to meet the needs of people who have been sentenced to receive treatment in the community (tier three services).

In April 2002, a team leader was appointed and by March 2003 the service consisted of six treatment nurses.

Elsewhere in the Trust's substance misuse services, four additional treatment nurses were appointed countywide and Boston and Grantham Substance Misuse Resource Centres opened their doors in June and September 2002, respectively. There is now a substance misuse resource centre in each Division.

January 2003 saw self-referral to tier three services become

countywide, which is a welcome, service-user focused development.

Expansion of the GP-led prescribing service countywide saw additional services start up in Grantham and Mablethorpe, and the total capacity is now 161 hours per month.

During 2003/04 the Trust will focus on:

- Implementation of National Treatment Agency Models of Care by March 2004.
- Continuing to meet and improve waiting time targets.
- Providing services that meet the needs of "crack" and cocaine users.
- Clarifying and supporting countywide structured day services.
- Meeting the needs and engaging with marginalised groups, particularly ethnic minorities.

## Learning disability service celebrates year of success

It has taken three years of careful planning, but the Trust's remodelled Learning Disability Service has plenty to celebrate this year.

The service is well ahead of schedule to deliver the objectives of the Government's Valuing People white paper, has seen the completion of work to refurbish the bungalows at Long Leys Court in Lincoln and is winning national recognition for its work in person-centred planning - an initiative to give service users a real say in their care.

The Learning Disability Service is a county-wide service, but is based at Long Leys Court.

In line with the aims of Valuing People, which insists on social inclusion and greater independence and choice for service users, the service has moved away from offering long term residential care to providing a short stay assessment and treatment facility.

One objective is to close long stay beds by October 2004, and the Trust has already successfully transferred the care of over 220 people to a social care provider.

During the last 12 months, in-patient services have discharged 13 out of the 15 long stay service users to more appropriate services, following a lengthy assessment process.

Induction has taken place for the majority of staff at Long Leys Court, which includes training in the person centred approach, and further training is planned for this year with B.I.L.D. (British Institute of Learning Disability).

The new service at Long Leys Court will consist of eight assessment and treatment beds and four forensic beds. These will be available following the discharge of the remaining long stay service users to more appropriate services.

The appointment of two consultant psychiatrists in September 2002 and June 2003 is a welcome addition to the service and will assist the development agenda for the Learning Disability Service.

Looking to the future, work is on-going to develop community services to meet the mental health needs of people with a learning disability and a health action plan framework is being developed by Trust staff and service users.

Innovative ways of working between mental health and learning disabilities are being explored in order to develop the skills required to work with this service user group, for example, job rotation for some nursing staff and sharing training events.

In addition, a project involving Long Leys' modern matron, United Lincolnshire Hospitals Trust and service users, has won funding from the Valuing People initiative to improve access to acute hospitals.

Service users and staff are looking at ways to take away some of the anxieties surrounding going into hospital by, for example, making a video about what happens there. The outcomes of this project will be reported nationally later this year

## Looking forward to 2003/04

Over the next three years there is some new investment in the Trust to enable us to meet the national adult mental health "must be done's" of 24 hour, seven days a week crisis resolution services; 8am to 8pm seven days a week assertive outreach services and a county-wide early intervention service. There is some new investment over the next 3 years for child and adolescent mental health services. However we also need to achieve organisation-wide efficiency savings as well as further recurrent savings to maintain financial balance.

So our focus must continue to be very firmly on service re-design and modernisation in partnership and consultation with service users, carers and staff and other key stakeholders.

We must continue to seek out partnership opportunities to enable best use of resources and best quality of service with statutory, voluntary and independent sector organisations.

We are, as a Trust, committed to continuous improvement and to ensuring that everything we develop improves the service users' experience and health within a context of effective risk assessment and management.

Mary Clifton, Director of Strategic Development and Care

## Specialist help set to combat serious illness in young people



By April 2004, the Trust intends to boast a cutting edge, county-wide service designed to catch young people in the early stages of psychotic illness.

The early intervention service, for people aged between 14 and

35, aims to offer them rapid assessment and treatment when they first show signs of psychosis.

Early treatment in the course of the disease is crucial because the first few years of psychosis carry the highest risk of serious social, physical and legal harm.

Currently, young people with early psychosis receive the same service as other adults, with the exception of those who fall into the catchment area for a pilot early intervention service in Lincoln.

This new service is provided by a full-time psychologist, a full-time assistant psychologist, a full-time clinical nurse specialist and four sessions from a consultant psychiatrist.

It helped 51 people in the last year and is set to be extended across the whole county.

## Eye-catching arts and crafts



Arts and crafts created by mental health services users went on display in an eye-catching exhibition at Lincoln central library in March.

Ceramics, paintings and drawings featured in the exhibition, which highlighted the use of creativity in occupational therapy.

The event was organised by the Occupational Therapy Department of the Peter Hodgkinson Centre, Lincoln. It followed the Department's

successful ceramics exhibition at Lincoln Cathedral in November.

Occupational Therapist Terry Overton (pictured), who organised the event, said: "Occupational therapy plays a major part in treating clients with mental health problems. It is more than just keeping people busy; it is all about providing purposeful activity to suit a person's lifestyle, which helps build their confidence and self esteem, giving them a sense of worth and fulfilment."

## Housing support leads to more independent living

More than 100 individuals in Lincolnshire are benefiting from the Trust's participation in a national housing support initiative.

Supporting People is a major new Government programme to recognise and improve ways of helping vulnerable people live more independently in the community.

It involves the biggest transfer of resources from central to local government since the Community Care Act.

Supporting People is aimed at a range of individuals such as older people, people with mental health problems, ex-offenders, women escaping domestic violence and vulnerable 16 and 17-year-olds by providing housing related services which complement existing care services.

The programme is administered by local authorities, who enter into contracts with agencies such as the Trust who provide support services to enable people to live

in their own homes.

Authorities are required to set service standards, collect information on quality and performance of services, and conduct regular reviews.

Lincolnshire Partnership NHS Trust has secured Supporting People funding to help 102 individuals across the county, equivalent to a total of 360 support hours per week.

# Volunteer driver Derek goes the extra mile



Kind hearted Derek Richardson has been going the extra mile for people with mental health problems for the past eight years.

Derek, of Birchwood, Lincoln, is a volunteer driver, transporting passengers to and from day centres and self help groups, mainly in the Lincoln area.

He decided to give up some of his free time after retiring from his job at the gas board, and now provides a vital service for mental health services users and their relatives.

The people he gives lifts to do not have their own vehicles or find it difficult to use public transport, but he has seen many of his former passengers progressing and gaining the confidence to get on a bus again.

Derek says his job is never dull thanks to the number of

interesting individuals he meets.

"The people I drive are very nice and come from all sorts of backgrounds," he said. "Some of them are very clever and have degrees, for example in computer programming, and I have a lot of good conversations.

"One lady said she enjoyed our chats so much she was sorry to be moving on from using the services.

"On the other hand there are people who are very quiet, so you need to be patient and understanding."

Derek also enjoys the sense of helping out, even if it is in a small way.

He said: "I became interested in voluntary work through my wife, who had been a volunteer for several years. If it

hadn't been for her, I would not have known anything about it.

"Sometimes, these trips are the only time people get out of their houses or residential homes, so I do feel I'm doing something worthwhile.

"And I'm always really glad to see someone I've been driving regularly move on."

More volunteers like Derek are urgently needed and even just the offer of a lift every so often can make a huge difference.

For example, drivers are sometimes needed to take people to and from the meetings Lincolnshire Partnership NHS Trust holds to enable service users and carers to have a say in how the organisation is run.

Service user and carer involvement meetings are crucial to the Trust's aim of ensuring individuals affected by its services have a real input.

However, it is sometimes difficult for people to get to these sessions.

Voluntary services manager Rob Kendrick said: "We don't want to disadvantage anyone by only listening to the views of people who can make their own way to meetings, which is why we urgently need volunteer drivers."

All expenses are paid, but volunteers must have their own vehicle. Anyone interested in finding out more can contact Rob on 01529 303309.

# Trust befrienders provide lifeline

Caring individuals in Lincolnshire are being urged to offer the hand of friendship to people who are lonely or isolated.

Volunteers are needed to give up a small amount of time a week to visit individuals who are experiencing mental health problems.

Lincolnshire Partnership NHS Trust co-ordinates a scheme which aims to match volunteers with people who would benefit from social contact.

However, because care is taken to ensure that people are closely matched according to their age, backgrounds and interests, there is a county-wide shortage of befrienders.

The befriending scheme has had numerous successes over the years and has been a rewarding experience for many volunteers. It operates informally, with volunteers visiting someone for a chat and a cup of tea, for example, or taking them to the shops.

People experience mental health problems for all manner of reasons, and these can be made

worse by a lack of contact with other people.

Voluntary services manager Rob Kendrick says because no-one is excluded from having mental health problems, a wide range of volunteers are needed.

He said: "We aim to match people with someone they are compatible with in terms of age, sex, interests and similar situations. For example we would try to match a new mum finding it difficult to cope with another young woman with children, or a professional male struggling with work, with another in a similar field.

"That is why it can be a challenge to find someone in the local area who is suitable for a particular person.

"At the end of the day, for all the advances in mental health care, there is no miracle cure for loneliness and no substitute for friendship."

If anyone would like to know more about becoming a befriender, they should contact Rob on 01529 303309.

# Review signals new era for voluntary action

During the year the Trust commissioned external consultants, the Ford Partnership, to undertake a comprehensive review of volunteer services.

This encompassed the Trust's relationship with the voluntary sector and its internal voluntary services arrangements.

Consultations with the voluntary sector and other interested parties formed a key part of the review process.

A steering group, comprising of voluntary sector and Trust representatives, oversaw the review.

The findings were presented at a consultation meeting with representatives of the voluntary sector, Trust volunteers and staff and it was presented to the Trust Board in March 2003.

The review report contains over 40 recommendations for the future enhancement and development of volunteer

involvement in supporting service users and carers.

The Trust's Head of Strategic Development and Social Care, Pam Railton said: "This review is an opportunity to put our relationships with all voluntary organisations on an equal footing across the county.

"It is a chance for us to develop new working relationships with major voluntary groups and with smaller, local organisations that make a valuable contribution to our services, while taking into account their needs.

"It also highlighted opportunities for the Trust to support the excellent work of volunteers throughout its work.

"We look forward to working with all sections of the voluntary sector to develop an action plan and improved ways of working."

A group has been convened to examine and take forward the recommendations of the review.

# Inspirations project

Continued from front page. Photographs taken by Trust service users have been picked for a calendar published nationwide.

The calendar, which was launched by the National Institute for Mental Health in England (NIMHE), is the culmination of "Inspirations: a photographic record of recovery" in which service users from all over the country submitted pictures expressing their experiences.

The project was set up by NIMHE, part of the Department of Health, and drug company Pfizer to show the public that recovery from serious mental illness is the norm and not the exception.

Two photographs were selected from a range submitted by the Trust depicting anything from friends and family of service users, to favourite places such as parks and social clubs. The winning pictures show people relaxing with colleagues after a hard day's work with the Shaw Trust and a man learning new IT skills.

Contracts officer Yvonne Berry said: "This is great news for our photographers and shows Lincolnshire is doing its bit to help keep mental health matters on the national agenda."

Pictured are some of the Lincolnshire photographs submitted to the project.



# Staff contribution is crucial to Clinical Governance

Clinical governance is the term NHS organisations use to describe how they monitor and improve services. It aims to ensure that people who use their services receive the highest quality of care possible.

Clinical governance is not a centralised function, but the responsibility of all staff working for the Trust. That is why involving staff in decision making and valuing their contribution to improving care will be crucial to the organisation's success.

It is with their support that the Trust has made the progress it has in the last 10 months, and we will build on this as we address the challenges of 2003/4.

[Our Key achievements for 2002/03 are included on this page.](#)

## World Mental Health Day 2002- "the best yet!"



World Mental Health Day 2002 was hailed as the best yet by organisers!

The annual event, which aims to increase understanding of mental health issues, saw Trust staff teaming up with voluntary organisations and other agencies.

One of the topics Trust staff wanted to highlight was stress, the serious problems it can lead to and how to combat it.

The event, staged in Lincoln town centre gave shoppers the chance to meet staff and volunteers, as well as Pets as Therapy (PAT) dog Max.

Owner Joyce Crosby brought Max to raise awareness of how pets can aid the well being of people in hospital and residential homes.

The event also gave Lincoln residents the chance to meet staff and representatives from voluntary groups such as MIND, the Alzheimer's Society, the Contact Club, and Rethink (the new operating name of the National Schizophrenia Fellowship).

Red Cross volunteers also provided relaxing hand and shoulder massages while music was played by the Riverhead music group comprising service users from the Louth area.

Geoffrey Wilkinson, chaplain at Lincolnshire Partnership NHS Trust, said he was delighted with how well the day went.

He said: "Lots of shoppers took time out to chat with us. Anyone can suffer mental health problems, which is why we are taking steps to promote positive mental health and dispel misconceptions."

Organisers are now looking forward to marking this year's World Mental Health Day (October 10) with an array of arts-themed events round the county.

### Clinical Governance

#### Improving Patient Outcomes

The Trust held an Evidence Based Practice event to encourage and share in good practice across the organisation. Over 100 staff had the opportunity to learn aspects of providing best practice from colleagues and representatives of the Modernisation Agency.

#### Improving Research Governance

The Trust developed plans on how it will govern research within the organisation so that research needs are managed in the same way to support and protect people using the service. This has strengthened the Trust processes in line with National Standards.

Similarly following the introduction of new national consent forms and information, the Trust has revised its consent policy to reflect the latest guidelines.

To improve the Leadership in clinical services, the Trust has continued to invest in leadership programmes for clinical and practice staff with 390 staff now having undertaken leadership programmes.

The Trust has committed to developing Care Pathways to improve the continuity and effectiveness of care for people using the service. Three Care Pathways have already been piloted looking at Adult Acute Admissions, Falls in Older People and Crisis Resolution. A development plan for care pathways has also been produced.

#### Trust Audit Strategy

The Strategy has been revised to ensure a focus on improving care and that all activities are more closely aligned to organisational need. The Audit Department has also developed a Trust wide plan of audits and implemented a tracking system to ensure audits are complete. Key audits undertaken during the year have included CPA Arrangements, Patient Satisfaction, Suicide and Patient Informed Consent.

### Clinical Governance

## Reducing Risk

The Trust has developed a new Risk Management Policy and Strategy, which includes a new Incident Policy and Procedure, to minimise the risk of harm to people using our services and to staff providing the service.

These will also help the Trust to learn the lessons if things do go wrong.

In addition, a new inspection process has been introduced to ensure that all properties are assessed in relation to health and safety, fire and other potential hazards and risks. The majority of the Trust's 55 premises have been inspected with dates arranged for the final few.

To further enhance safety, the Trust has appointed a specialist to work with staff to help reduce the number of violent and aggressive incidents occurring within the service. This includes a review of policies and

procedures and the development of a new training programme for staff.

The Trust is keen to learn lessons from complaints, claims and untoward incidents: systems have been put in place to ensure that teams can seek to learn lessons from events that occurred within the Trust that would be relevant to their day to day practice and prevent them re-occurring.

Reflecting advice from the National Patients Safety Agency the Trust has consolidated Trust systems for recording and investigating untoward incidents to ensure further development of a just and learning culture.

In response to the national drive to reduce incidence of suicide the Trust spent over £34,000 on minimising risks to people using the service by the removal of potential ligature points within the service, making ward environments safer.

### Clinical Governance

## Improving the experience of people using our service

The Trust launched the Essence of Care, a national initiative focusing on the fundamentals of care such as nutrition, continence and record keeping. It will act as a benchmarking tool for clinical care across the Trust.



An actor from the Converse Theatre Company helps bring some of the issues surrounding patient care to life at the Essence of Care launch in November.

Following an inspection of Trust moving and handling equipment, £30,000 was invested in improving equipment to ensure that people using our service could be more safely and effectively cared for.

The Better Hospital Food standard has been successfully implemented in all in-patient and residential areas of the service, giving greater choice and access to food at different times of the day. Seven modern matrons have been appointed to lead and support staff in ensuring improved environmental standards, as well as improved patient care.

To increase people's understanding of the service they are receiving and to support their own care and treatment, the Trust has established a process to publish Trust information leaflets. Leaflets currently being developed include information on medication, consent, Chaplaincy Service and a range of mental health problems.

The Trust, in conjunction with the local health community, held three awareness days for all staff, to increase understanding and good practice in the safekeeping of patient information.

# Complaints & compliments

Significant improvements have been made during the year in the speed of responding to complaints and the Trust is now recording an increasing number of compliments.

## Quarterly Trends (cumulative 2002/03)

	Received	Withdrawn	Acknowledge in 2 working days	Final response in 20 days	Compliments
Q.1	36	4	89% (32)	50%	Not recorded
Q.2	34	6	70% (24)	45%	22
Q.3	37	4	84% (31)	47%	35
Q.4	24	5	100% (24)	70%	133
TOTAL	131	19	85% (111)	51%	190

During 2002/03 there have been requests for an Independent Review by seven complainants.

Of these seven requests, one complainant has been granted an Independent Review and a Panel was convened as a sub-committee of the Trust Board in March 2003.

The Trust is monitored against two standards in respect of complaints; firstly how many it acknowledges within two working days of receipt of the complaint, secondly how many it resolves locally within 20 working days.

The Trust recorded 131 complaints in 2002/3 of which 19 were withdrawn by the complainants. Of the 112 remaining 57 were resolved within the 20-day period.

However, much work has been done to improve the Trust's performance and in the final quarter 100 per cent of all complaints were acknowledged within two working days and 70 per cent of complaints were resolved locally within the 20-day period.

The Trust has also begun to formally record compliments from people who have used the Trusts services.

In the second quarter the Trust recorded 22 compliments. In the fourth quarter this had risen to 133.



## Human resources

# Better working conditions are key to a strong workforce



Some of the Trust's new multi-disciplinary teams at Welland Resource Centre, Spalding.

Employees are the Trust's most valuable asset and it is the job of the organisation's human resources (HR) function to help build a strong, motivated workforce.

The philosophy of the department is that their work should make a difference to the quality of service that staff provide to the vulnerable and often disadvantaged members of society who make up the Trust's client groups.

As a public sector employer, we are at the forefront of implementing new employment legislation, and we are working in partnership with a number of

trade union and other staff-side representatives to ensure staff are fully involved in decisions that affect working practice and service delivery.

The Trust has a lively and active Joint Consultative and Negotiating Committee (JCNC) comprising managers and staff representatives. Together with the Team Briefing process and use of the Trust's intranet site, JCNC provides a vehicle for discussion, consultation and agreement.

Staff and their representatives have participated in the development of the service strategy and policies.

Equal opportunities for every member of staff is high on the list of the Trust's priorities, and the policy on equality and diversity has been brought fully up-to-date.

The Trust has applied to become a full member of the new Lincolnshire Race Equality Council and has its own race equality scheme.

In addition, the organisation retained its ability to use the Employment Service disability symbol (two ticks).

The Trust has won the Investor in People award and is dedicated to achieving the national Improving Working Lives standard. This programme involves NHS organisations meeting eight strict targets in equality and diversity, training and development, work-life balance, flexible working, staff benefits, childcare, harassment and bullying, and communication.

The Trust has implemented parental and paternity leave, and allows carer leave and extended career breaks. It also encourages a wide range of flexible working arrangements, including part-time and term-time only contracts.

Life-long learning for all employees is of great importance to the Trust and a range of measures are in place to support individuals' career development.

# Returning to the NHS or considering a new career?

A career in the NHS can be extremely satisfying, providing the employment stability, education, training and support to help employees achieve their personal ambitions.

With the introduction of many new ways of working, including more opportunities to work flexibly and greater help with childcare arrangements, there has never been a better time to consider a career in the NHS or return after a career break.

Lincolnshire Partnership NHS Trust's dedicated team of professional and support staff deliver high quality care around the needs of service users, and the care provided supports people through the recovery process, helping them to live their lives as normally and independently as possible.

An army of staff in functions such as IT, finance, human

resources, housekeeping and administration are also crucial to the Trust's operation.

Professional nurse advisor John Lukjaniec is the Trust's Improving Working Lives lead on recruitment and retention.

He said: "If you think you have the right temperament and personal qualities to care for someone experiencing a range of distressing symptoms and behaviour as a result of their mental illness, substance misuse problem or learning disability, we want to hear from you."

"We need people who can contribute and make a real difference to someone going through a life crisis, and who have what it takes to work in a team to deliver high standards of care."

The Trust offers a range of opportunities in many disciplines, such as nursing,

occupational therapy, psychology and social work as well as in the support functions.

John added: "If anyone is interested in a career with us, our staff will be more than happy to talk informally to them and guide them through the options."

Contact us now by letter, email or by telephone. The details are listed below. Please quote the reference code LM/NEW and leave your contact details: someone will get back to you to discuss your interest.

Lincolnshire NHS Shared Services  
Employment Services  
Gervas House, Long Leys Road  
Lincoln LN1 1EJ  
Tel: 01507 522470 (Wendy Olden) or 01522 567954 (answer phone) E-mail: jobs@lss.nhs.uk

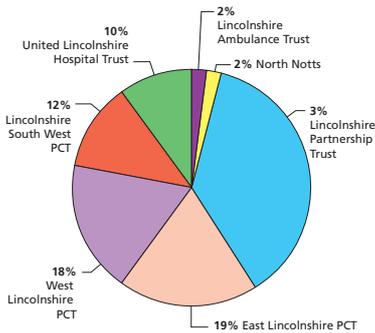
# Supporting better health care

Lincolnshire NHS Shared Services is hosted by Lincolnshire Partnership NHS Trust to provide six non-clinical services to 10 NHS organisations in Lincolnshire and North Nottinghamshire as follows:

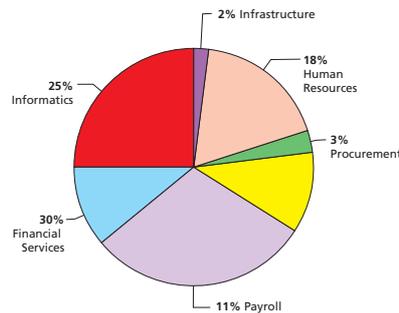
	Ashfield PCT	Bassetlaw PCT	East Lincolnshire PCT	Lincolnshire Ambulance Trust	Lincolnshire Partnership Trust	Lincolnshire South West PCT	Mansfield District PCT	Newark and Sherwood PCT	United Lincolnshire Hospitals	West Lincolnshire PCT
Human Resources	3	3	3	3	3	3	3	3		3
Informatics			3		3	3				
Procurement			3	3	3	3				3
Financial Services			3		3	3				3
Facilities			3	3	3	3				3
Payroll			3	3	3	3			3	3

Lincolnshire NHS Shared Services' aims concentrate on delighting customers and valuing staff to achieve the mission of "supporting better health care" for patients via Service Level Agreements.

LSS Funding 2002/2003



LSS Staffing 2002/2003



The financial performance of LSS during 2002 – 2003 led to a surplus of £1,431 from a total recurrent funding of £6.03 million (combined value of the Service Level Agreements with all Partners) having made a cost reduction of 2.5% which was retained by the Partners. The "other" funding sources were: North Notts PCTs, Information for Health, East Midlands Workforce Confederation, Thera Trust and for Pensions Management Services to GP Practices.

## The National Plan

National Standards of Cleanliness were maintained across all Trust premises and Patient Environment Action Team, PEAT, inspections were carried out at Peter Hodgkinson Centre in Lincoln, the Sycamore Assessment Centre in Grantham and at the Department of Psychiatry based at Pilgrim Hospital, Boston. The Better Hospital Food Programme has been fully implemented for inpatient areas resulting in improved menus, better choice and access to meals at any time. Modern Matrons and LSS Support Services commenced a review of the Ward Housekeeping service to identify needs and measure quality. Support was provided to assist with the Improving Working Lives Initiative, the staff opinion survey and the development of a workforce plan to support the Mental Health National Service Framework. Staff connected to e-mail rose from 47% to 76% during the year which included connecting 20 new sites into the organisation's networks and installing 300 new computers for clinical users. The aim is to have 100% of staff connected by August 2003. Within 48 hours of receiving requests from patients who were having difficulty finding a family doctor, the Patient Data department allocated almost 5000 patients.

## Improving the Quality of Service

The performance of each service was monitored during the year and performance reported to the Shared Services Board. Action plans were agreed with the District Auditor and the Internal Audit service to improve Governance and Performance arrangements and we promoted business excellence in all our departments using the Excellence Model to monitor progress through regular self-assessment.

## Human resources

# Health and safety measures safeguard employees

The Trust ensures that all its staff have access to occupational health services. These are provided by United Lincolnshire Hospitals NHS Trust (ULHT). A confidential counselling service is also on offer to staff.

The Trust has an active health and safety committee with a targeted programme of work to

ensure that staff and service users and carers have a safe and healthy working environment.

This approach to occupational health and safety is an integral part of the Trust's people management strategy and one step closer to its goal of achieving the Improving Working Lives standard.

# Are we meeting our targets?

Performance – how well we are doing in terms of meeting our targets - is measured using a range of indicators such as waiting times, the number of re-admissions etc.

During the past year, performance management has become far more established within the Trust and this is demonstrated through regular internal reporting, and to the Trust Board, and to our commissioners West Lincolnshire Primary Care Trust, and to Social Services.

Performance against the agreed indicators over the past year has continued to improve, with the Trust achieving many of its targets, including:

- Nobody waiting longer than 13 weeks to see a consultant, repeating last year's performance
- Achievement of the national target for emergency re-admissions by March 2003
- Compliance with the Government's safety, privacy and dignity guidelines
- Clinic waiting times not exceeding 30 minutes

Full compliance with the requirement for junior doctors to work reasonable hours

Areas that the Trust is working to improve include:

- Waiting times for Child and Adolescent Mental Health Services (CAMHS)
- Waiting times for psychological therapies
- Delayed discharges
- Implementation of The Care Programme Approach (CPA)
- Seven day follow-up visits

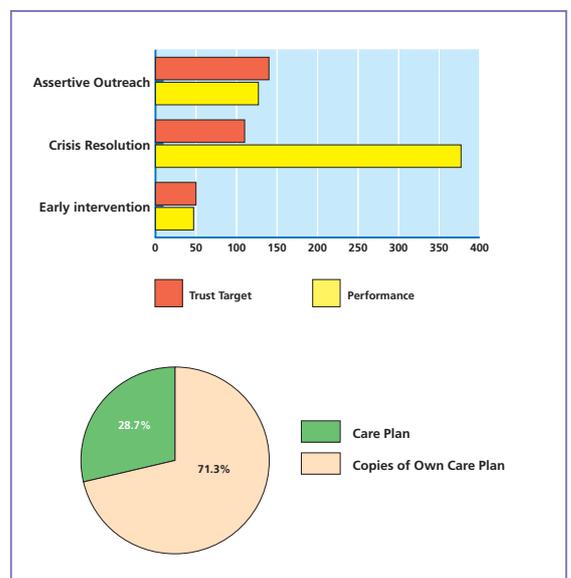
As performance management has improved and staff have started to use information regularly to measure performance, the need for accurate, good quality data has been highlighted.

The Trust has worked with District Audit to develop a comprehensive action plan to ensure all our information is of the highest quality.

During the coming year the trust will continue to promote and embed performance management within each service area and will continue to extend and improve its reporting structures.

## Trust Activity Position 2002/2003

Type	Admissions	Discharges
Adult Acute Mental Health	1,253	1,250
Older People Mental Health	731	737
Adult Francis Willis Unit	6	8
Learning Disabilities	12	24
Adult Rehabilitation Mental Health	68	104
CAMHS Child and Adolescent	19	22
<b>Total</b>	<b>2,089</b>	<b>2,145</b>



# Report of the Director of Finance and Summary Financial Statements

## Introduction

These are the summary financial statements produced for Lincolnshire Partnership NHS Trust.

## Financial Duties

Trusts have a number of financial duties that they are required to meet. These are set out in the table 1 together with the performance achieved. The Trust met all of its statutory financial duties.

Table 1: Financial Duties

Financial Duty	Performance	Duty Achieved
To break even on the income and expenditure account within the year.	Surplus £4,000	3
To balance the income and expenditure account over three years and limit surpluses to no more than 0.5% of annual turnover (£316,000).	Surplus £8,000	3
To manage within the external financing limit of £6,339,000 cash repayment set by the NHS Executive. This is a mechanism for controlling the total cash drawings of the Trust in order to provide an agreed capital programme.	Repayment £6,339,000	3
To achieve a capital cost absorption rate of between 5.5% and 6.5%. This is calculated on the percentage that interest and dividends paid to the government bear to the average net relevant assets.	Rate of 6.2%	3
To hold a year end cash balance of no more than 0.3% of declared annual turnover (£190,000).	Cash balance £100,000	3

## Income and Expenditure Account

The Trust's income and expenditure account for the year is summarised in table 2.

Table 2: Summarised Income and Expenditure Account

	2002/2003 £'000s	2001/2002 £'000
Income	56,412	62,231
Other operating income	6,778	5,854
Operating expenses	(61,552)	(66,098)
Operating surplus	1,638	1,987
Exceptional Gain:		
Write out of clinical negligence provisions	0	40
Exceptional Loss:		
Write out of clinical negligence debtors	0	(40)
Profit (loss) on disposal of fixed assets	42	(208)
Surplus (deficit) before interest	1680	1,779
Net Interest receivable	86	98
Interest payable	0	0
Other Finance Costs – unwinding of discount	(40)	0
Surplus for the financial year	1726	1,877
Public Dividends Capital payable	(1,722)	(1,873)
Retained surplus for the year	4	4

## Income

With the dissolution of health authorities, the Trust now gets the majority of its income from Primary Care Trusts (PCTs). The lead commissioner, on behalf of the PCTs in Lincolnshire, is West Lincolnshire PCT. In addition, the Trust receives almost £11 million from Local Authorities. This is for the provision of adult social care, and learning disability services. Table 3.1 details the sources of income from activities.

Table 3.1: Income from Activities

Income source	2002/03 £'000s	2001/2002 £'000
Health Authorities and Primary Care Groups	0	54,844
NHS Trusts	78	218
Primary Care Trusts	44,544	1,984
Local Authorities	10,775	0
Department of Health	0	0
Non NHS:		
Private Patients	0	27
Road Traffic Act	0	0
Other	1,015	5,158
	56,412	62,231

Table 3.2: Other Operating Income

Income source	2002/2003 £'000	2001/2002 £'000
Patient transport services	0	0
Education, training and research	1,057	1,254
Charitable and other contributions to expenditure	0	0
Transfers from the donation reserve	4	201
Non-Patient care services to other bodies	4,614	0
Other income	1,103	4,399
	6,778	5,854

## Expenditure

In 2002/2003, operating expenses were just over £61 million. Salaries and wages expenditure of £39,817,000 accounted for 65 pence in every pound. Of this sum, £381,000 related to board directors' remuneration - further details are set out in table 8.

Details of the Trust management costs are given in table 9.

A dividend of £1,722,000 was paid to the Department of Health.

## Balance Sheet

The Trust's balance sheet as at 31 March 2003 is shown in table 4.

Table 4: Balance Sheet

	31 March 2003 £000	31 March 2002 £000
Fixed Assets	32,725	34,289
Current Assets	4,946	4,135
Creditors due within one year	(7,620)	(6,264)
Creditors due after more than one year	0	0
Provisions for liabilities and charges	(904)	(785)
	29,147	31,375
<b>FINANCED BY:</b>		
Public dividend capital	23,855	30,272
Revaluation reserve	4,798	1043
Donation reserve	58	56
Other reserves	0	0
Income and expenditure reserve	436	4
<b>TOTAL CAPITAL AND RESERVES</b>	<b>29,147</b>	<b>31,375</b>

A number of capital schemes have been in progress during 2002/2003.

The major areas of expenditure are shown in table 5.

Table 5: Major capital expenditure

	Expenditure 2002/2003 £'000
IM & T Schemes	316
Improvements in services for people with a learning disability	168
Improvements to safety, privacy and dignity	163

A capital programme has been developed for 2003/04, that will ensure statutory and imperative requirements are met, services are maintained, to provide premises for agreed service developments, to continue to modernise the infrastructure, and to implement the estates strategy.

## Cashflow statement

Table 6 shows how the Trust generated and utilised cash in 2002/2003. In order to remain financially viable, it is essential that funds are available to meet commitments throughout the year.

Table 6: Cashflow statement

	2002/2003 £000	2001/2002 £000
<b>CASH INFLOW AND OUTFLOW</b>		
Operating surplus	5,534	3,349
Non-cash adjustments	0	0
Net cash inflow from operating activities	5,568	3,349
Interest received	89	101
Interest Paid	0	0
Capital payments	(1,881)	(2,014)
Capital receipts	4,319	8,819
Dividends paid	(1,722)	(1,873)
<b>Net cash inflow (outflow) before financing</b>	<b>6,339</b>	<b>8382</b>
<b>FINANCING</b>		
Net repayment of Public dividend capital	(6,339)	(8,382)
Government loans repaid	0	0
<b>Net cash inflow (outflow) from financing</b>	<b>(6,339)</b>	<b>(8,832)</b>
<b>INCREASE (DECREASE) IN CASH</b>	<b>0</b>	<b>0</b>

## Gains and Losses

The total gains and losses recognised by the Trust in 2002/2003 are set out in statement in Table 7. As well as the surplus generated from operational activities shown in the income and expenditure account, the statement shows a surplus from the indexation of assets.

Table 7: Recognised gains and losses

	2002/2003 £000	2001/2002 £000
Surplus for the year before dividend payments	1,726	1,877
Fixed asset impairment losses	(235)	0
Unrealised surplus on fixed asset revaluations/indexation	4,729	1,037
Reduction in donation reserve due to depreciation	(4)	40
Total recognised gains and losses recognised in the financial year	5,911	2,753
Prior Period Adjustment	(305)	0
Total gains and losses recognised in the financial year	5,911	2,753

The prior period adjustment relates to the change in accounting treatment for pre March 95 early retirements. Provisions have been set up for these costs in the balance sheet, with a charge being made to the income and expenditure reserve.

## Management Costs

Table 9 shows the Trust's expenditure on management costs as defined by the NHS Executive.

Table 9: Trust Management Costs

	2002/03 £000	2001/02 £000
Income	57,479	65,455
Management costs	3,032	2,988

## Prompt payments

The Late Payment Of Commercial Debts (Interest) Act 1998 gives effect to the Government's commitment to introduce a statutory right for businesses to claim interest on the late payment of commercial debts. In the first stage, which began on 1 November 1998, the right is exercisable by small businesses.

In accordance with the Act, the Trust aims to ensure that:

- A clear, consistent policy of paying bills in accordance with contract exists, and that finance and purchasing divisions are aware of this policy.
- Payment terms are agreed at the outset of a contract and are adhered to.
- Payment terms are not altered without prior agreement with the supplier.
- Suppliers are given clear guidance on payment procedures.
- A system exists for dealing quickly with disputes and complaints.
- Bills are paid within 30 days, unless covered by other agreed payment terms.

Performance against the code is shown in table 10.

Table 10 – Prompt Payment Code performance

	2002/2003	
	Number	£000
Total bills paid in the year	17,076	14,270
Total bills paid within target	15,362	12,866
Percentage of bills paid within code	90	90

## Certification of Summary Financial Statements

We certify that the summary financial statements set out on pages 10 & 11 are consistent with the Trust's full financial statements for the year ended 31 March 2003.

Chief Executive

Director of Finance & Performance

## Auditor's Report on Summary Financial Statement

I have examined the summary financial statements set out on pages 10 to 11. This report is made solely to the board of Lincolnshire Partnership NHS Trust in accordance with Part II of the Audit Commission Act 1986 and for no other purpose, as set out in paragraph 54 of the Statement of Responsibilities of Auditors and of Audited Bodies, prepared by the Audit Commission.

## Respective responsibilities of Directors and Auditors

The directors are responsible for preparing the Annual Report. My responsibility is to report to you my opinion on the consistency of the summary financial statements with the statutory financial statements. I also read the other information contained in the Annual Report and consider the implications for my report if I become aware of any misstatements or material inconsistencies with the summary financial statements.

## Basis of opinion

I conducted my work in accordance with Bulletin 1999/6 'The auditor's statement on the summary financial statements' issued by the Auditing Practices Board for use in the United Kingdom.

## Board Remuneration

Table 8 shows the remuneration (excluding employer's National Insurance contributions) of the Trust's Board of Directors and other senior managers.

Table 8: Board Remuneration

		Age	Salary (Bands of £5000)	Other Remuneration	Benefits In Kind	Real Increase In Pension at age 60	Total Accrued Pension at Age 60
			£000s	£000s	31/03/03 £000s	£000s	£000s
Mr C Slavin	Chief Executive	44	75-80	0	3	2.5-5.0	25-30
Mr P Gray	Director of Finance & Performance	54	65-70	0	1	2.5-5.0	20-25
Mrs K Truscott	Director of HR & OD	48	60-65	0	0	0-2.5	5-10
Mr S Riseborough	Director of Nursing	46	60-65	0	1	0-2.5	20-25
Dr M Mohanna	Medical Director	50	100-105	0	5	0	0
Mrs M Clifton	Director of Strategic Development of Care	43	45-50	0	0	0	0
Mrs A Hunt	Director of Corporate Affairs	58	35-40	0	0	0-2.5	5-10
Mr M Stott	Director of Shared Services	51	55-60	0	0	0-2.5	5-10
Mrs A Healey	Chairman	52	20-25	0	0	0	0
Mr S Minshull	Non-Executive Director	55	5-10	0	0	0	0
Venerable A Hawes	Non-Executive Director	59	5-10	0	0	0	0
Mrs A Macdonald	Non-Executive Director	50	5-10	0	0	0	0
Mrs E Ziemer	Non-Executive Director	51	0-5	0	0	0	0
Dr V Stanton	Non-Executive Director	61	5-10	0	0	0	0
Councillor L Koumi	Non-Executive Director	54	5-10	0	0	0	0

The Trust does not operate an executive bonus scheme. The benefit in kind relates to the provision of lease cars.

Pension information for Dr. Mohanna and Mrs Clifton is unavailable at this present time.

The Trust has complied with the guidance not to increase NHS managers' pay by more than the uplift agreed for non-Review body staff.

The remuneration committee determines the salary and benefits of directors. Salaries are set to enable the trust to attract and retain suitably qualified and motivated staff.

## Opinion

In my opinion the summary financial statements are consistent with the statutory financial statements of the NHS Trust for the year ended 31 March 2003 on which I have issued an unqualified opinion.

Signature: .....  
Date: 01/08/03

Neil Bellamy, District Auditor  
District Audit, 2nd Floor, Witham House,  
Canwick Road, Lincoln, LN5 8HE

## Summarised statement of Directors' responsibility in respect of internal financial control

The Board is accountable for internal control. As Accountable Officer, and Chief Executive Officer of this Board, I have responsibility for maintaining a sound system of internal control that supports the achievement of the organisation's objectives, and for reviewing its effectiveness. The system of internal control is designed to manage rather than eliminate the risk of failure to achieve these objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness.

The system of internal control is based on an ongoing risk management process designed to identify the principal risks to the achievements of the organisation's objectives; to evaluate the nature and extent of those risks; and to manage them efficiently, effectively and economically. The system of internal control is underpinned by compliance with the requirements of the core Controls Assurance standards:

- Governance
- Financial Management
- Risk Management

I plan to have the necessary procedures in place by the beginning

of the financial year 2003/04 necessary to meet the Treasury guidance. This takes into account the time needed to fully embed the process that the Board has agreed should be implemented. The actions taken so far include:

- The organisation has undertaken a self-assessment exercise against the core Controls Assurance standards (Governance, Financial Management and Risk Management). An action plan has been developed and implemented to meet any gaps.
- The organisation has in place arrangements to monitor, as part of its risk identification and management processes, compliance with other key standards, including relevant Controls Assurance standards covering areas of potentially significant organisational risk.

As Accountable Officer, I also have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control has taken account of the work of the executive management team within the organisation that has responsibility for the development and maintenance of the internal control framework, and of the internal auditors. I have also taken account of comments made by external auditors and other review bodies in their reports.

The assurance framework is still being finalised and will be fully embedded during 2003/04 to provide the necessary evidence of an effective system of internal control.

- The actions taken so far include:
- The organisation has undertaken a self-assessment exercise against the Core Assurance standards (Governance, Financial Management and Risk Management). An action plan has been developed and is being implemented to meet any gaps.

- The organisation has in place to monitor, as part of its risk identification and management processes, compliance with other key standards including relevant Controls Assurance standards covering areas of potentially significant organisational risk.

- In addition to the actions outlined above, in the coming year it is planned to:

- Implement an overarching Board Assurance Framework

Quarter 3

- Deliver a Comprehensive programme of risk management training throughout the Trust, which will include risk awareness training for all staff.

Quarter 3

- Ensure the policies and strategies of the Trust are communicated effectively to all staff

Quarter 3

- Further develop the Trust's Risk Register to improve risk identification processes and to ensure that it is populated appropriately.

Quarter 3

Chief Executive

Date: 01/08/03 (on behalf of the Board)

## Further information

A full set of the Trust's annual accounts can be obtained from:

Peter Gray - Director of Finance and Performance

Lincolnshire Partnership NHS Trust,  
Cross O'Cliff,  
Bracebridge Heath,  
LINCOLN,  
Lincolnshire NG34 8PP  
Telephone: (01522) 515391

# The Trust Board

The Trust Board is made up of five Executive Directors, two Directors, the Chairman and six Non-Executive Directors.

The Secretary of State for Health appoints the Chairman and Non-Executive Directors of the Board for fixed terms not exceeding four years. Appointments can be terminated by one month's notice.

The Chief Executive and Executive Directors are appointed by the Non-Executive Directors to permanent contracts on the basis of open competition. Appointments can be terminated by a maximum of six months' notice.

The declared interests of the Board Members are detailed in blue.



**Mrs Alison Healey**  
Chairman Nil



**Mr Chris Slavin**  
Chief Executive  
Elected Member of National Rural Mental Health Services Steering Group

## Executive Directors



**Mr Peter Gray**  
Director of Finance and Performance Nil



**Dr Mostafa Mohanna**  
Medical Director Nil



**Mr Stanley Riseborough**  
Director of Nursing and Clinical Governance Nil



**Mrs Kate Truscott**  
Director of HR and Organisational Development  
Non-Executive Director of Charity – Children's Links  
Member of Personnel Committee – Connexions, Lincolnshire

## Directors



**Mrs Mary Clifton**  
Director of Strategic Development and Care Nil



**Mrs Ann Hunt**  
Director of Corporate Affairs  
Husband's business 'Architectural Design'

## Non-Executive Directors



**Dr Val Stanton**  
Chairman of Lincolnshire Shared Services Board  
Chairman of Audit Committee  
Director and Shareholder of PJ Wilkinson & Sons Ltd  
Director and Shareholder of Field House Farming Co Ltd



**The Venerable Arthur Hawes**  
Vice Chairman  
Lead for Mental Health Act  
Chairman of Mental Health Act Committee  
President of Purfleet Trust  
President of Lincolnshire Rural Housing Association  
Member of MIND National Advisory Panel  
Board Member of Church of England Mission and Public Affairs Council  
Mental Health Advisory Group  
MIND Jubilee Patron  
NHS Confederation Mental Health Policy Group



**Mrs Ann McDonald**  
Complaints Convenor  
Human Rights Act Champion  
Employee of University of East Anglia, Norwich



**Councillor Lesley Koumi**  
Complaints Convenor  
Lead for Improving Working Lives  
Chair of the Finance and Performance Group  
Partner works for Louth Wholefood Co-operative Ltd  
Teacher working in North East Lincolnshire and employed by Lincolnshire County Council  
Member of East Lindsey District Council  
Member of Management Committee of Louth and District Hospice Ltd  
Member of Management Committee of Louth Youth Centre  
Member of the Labour Party  
Partner is an opposition member of Lincolnshire County Council's Overview and Scrutiny Committee  
Secretary of Labour Party Rural Revival



**Mr Sheridan Minshull**  
Member of Complaints Review Panel  
Chair of Clinical Governance Committee  
Chair of Board of Directors and Trustee of Lincolnshire Action Trust  
Director of Lincolnshire Economic Action Partnership  
Mental Health Act Manager, Nottinghamshire Healthcare NHS Trust  
Lay Member of Mental Health Review Tribunal



**Mrs Eileen Ziemer**  
Lead for Cleaner Hospitals and Estates Management  
Member of the Mental Health Act Committee  
Officer, Corporate Estates, Hertfordshire County Council  
Mental Health Act Manager, Nottinghamshire Healthcare NHS Trust  
Occasional Volunteer, Kesteven Riding for the Disabled

The Register of Directors' Interests is available for inspection at the Trust's Headquarters. Please contact:

**Miss JA Ellis,**  
Trust Board Administrator  
Lincolnshire Partnership NHS Trust, Cross O'Cliff, Bracebridge Heath, Lincoln LN4 2HN  
Telephone: 01522 515399  
Fax: 01522 515372

E-mail: [julie.ellis@lpt.nhs.uk](mailto:julie.ellis@lpt.nhs.uk)  
The Trust Board holds a public meeting on the last Thursday of the month, except August and December when no meeting is held. There are four formally established committees of the Trust:

### Audit Committee

The Audit Committee's main duty is to monitor compliance with the Trust's internal control systems, including liaison with internal and external audit, as appropriate. It approves accounting policies and reviews the draft annual financial statements before submission to the Trust Board.

### Clinical Governance Committee

The Clinical Governance Committee determines the framework through which the organisation continuously improves the standards of care by creating an environment in which excellence in clinical care can flourish.

All Executive Directors and Directors are members of the Clinical Governance Committee

### Mental Health Act Committee

The Mental Health Act Committee is a Committee formally constituted by the Board. The Board has delegated to the Committee the function of 'Hospital Managers' in relation to the statutory

powers, responsibilities and duties concerning detained patients as defined within the Mental Health Act 1983.

### Remuneration and Terms of Service Committee

The Remuneration Committee reviews the salaries and other terms and conditions of service of the senior executive staff of the Trust.

All Non-Executive Directors are members of the Remuneration and Terms of Service Committee

In accordance with the Code of Practice on Openness in the NHS, the public has a right to information about local services and future plans. If you would like to comment on the document or receive further information, please contact:

**Mr C Slavin - Chief Executive,**  
Lincolnshire Partnership NHS Trust,  
Cross O'Cliff, Bracebridge Heath, Lincoln LN4 2HN  
Telephone: 01522 515391  
Fax: 01522 515372

### Charitable Funds

The members of the Trust Board are also the Trustees of the Charitable Funds.

The Trustees are obliged to produce a separate Annual Report explaining the charity's main activities. Copies of the report for 2002/2003 are available from:

**Mr P Gray - Director of Finance and Performance,**  
Lincolnshire Partnership NHS Trust,  
Cross O'Cliff, Bracebridge Heath, Lincoln LN4 2HN  
Telephone: 01522 515338  
Fax: 01522 515372