

Plans and Progress

annual report 2008-2009



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The past 12 months saw us gather all our resources, knowledge and expertise to set out our organisation's new direction for the next few years. It has been a visionary year, one of optimism and profound commitment, despite the challenging global economic climate.



Much of this strategic work necessarily goes on behind the scenes. While most patients and other Leicester people come into contact with the doctors, nurses and other healthcare workers, who are the front line of the NHS, a great deal of other equally valuable work has been done by those working in developing future strategies and commissioning for a healthier Leicester tomorrow.

We have done our best to be open, transparent and inclusive in this development work. Every vision and proposal, every strategy and tactic has been publicised for scrutiny and feedback by the people we serve. In the last year more Leicester people have become involved in this process than ever before, and we are thankful for their engagement and input. Their views have helped shape the future of local healthcare, and I hope they will continue to work with us. I hope others will join them in our free NHS Leicester City membership scheme.

NHS Leicester City was also faced with a challenge to become 'world class' in the quality of the work we do, matching the services we commission with the real health needs of the people we serve. This annual report shows how thoroughly we have faced this and other challenges, and developed achievable blueprints for a healthier Leicester City for many years to come.

Much of our work would not be possible without the active involvement of our partners and stakeholders in the local NHS, local government, police and other public services and with the city's vibrant voluntary and community sector. I would like to thank them for contributing so wholeheartedly to the demands we have placed upon them in the last twelve months and to the staff of NHS Leicester City for their energy, hard work and commitment to the organisation and the people of Leicester.



Philip Parkinson
Chair

The year 2008-09 will go down in the history of NHS Leicester City as the time when we truly found our feet and launched our vision. The best of what we know and what we believe in, and the best of our abilities to get things done, all went into **One Healthy Leicester**, our five-year plan for a healthier city.



Now we have mapped out a clear route to a better tomorrow for Leicester – one produced in partnership with other major public bodies, patients, carers, voluntary organisations and people keen to improve the quality of Leicester life for everyone.

However, we have also been keenly aware for some time that future NHS funding would not continue to grow at the same rate as it has in recent years. Our task is to continue to build on improvements in quality and safety in a more challenging financial climate. This is absolutely not about making cuts to services. We have entered a period of intense focus on devising even more ways of delivering progress through innovation. With innovation, which makes us work smarter and more cost-effectively, we will be able to meet this financial challenge.

It was also a year with many notable achievements, with even better results in tackling healthcare associated infections, achieving our target of 18 weeks maximum wait between referral and the start of treatment, longer opening hours for most city GP surgeries, a new state-of-the-art health centre, major public health campaigns, improved communications, and an encouraging vote of confidence in their local NHS by most Leicester citizens.

It gives me great pleasure to introduce this year's annual report. It provides a flavour of the enormous amount of work and energy put into the year's achievements and future ambitions by the tremendous effort of our staff and those many others involved. If 2008-09 was essentially a year of planning, then 2009-10 will be a year of delivery and innovation. Already, the task of turning our major visionary strategies into reality has begun.

Amid these and many other successes, we set out our bold, ambitious new visions for both a better, healthier city, and matching improvements to health in the wider Leicester, Leicestershire and Rutland region.

Writing plans and strategies is not high profile work. It rarely grabs the headlines. But for an organisation like ours, whose role is to research, design, develop and pay for the delivery of the right healthcare services, it is paramount. We stand or fall by those same healthcare commissioning plans – and their outcomes in terms of better health.

Tim Rideout
Chief Executive

Throughout it all, the guiding theme has been ensuring the healthcare available meets people's needs. It may sound basic and obvious, however, history proves that healthcare does not simply appear when a public need arises. It requires thorough research, planning and management. We began our task knowing that healthcare provision did not meet people's needs, and that if we carried on as before, things would get worse.

Leicester is one of the most diverse and disadvantaged urban areas in the country. Within the city, some areas have poorer health and shorter lives than in other areas.

It's an old city with a young population. About 45% of Leicester people are under 29. It is a city where English is not commonly spoken as a first language by almost 1 in 5 people.

About 2 in every 5 people are from ethnic minorities, and many people belong to the city's 14 different religions. Arising from those religions there are 240 different faith groups which meet regularly. In our work to improve the city's health we are respectful and sensitive to the city's many cultural differences.

Leicester is also a growing city. In 4 years there will probably be more than 300,000 people here. Our city also has many areas with a strong sense of community, where people genuinely care about one another.

We also have some of the most deprived areas, and some of the worst health in the whole of Britain. For instance, almost a quarter of all Leicester adults smoke and 17% of people abuse alcohol. In the last 5 years, alcohol related emergency admissions have doubled.

Stroke rates are far too high. Heart related diseases are among the commonest causes of death, especially cardiovascular disease. This and chronic heart disease are the most common causes of death. Cancer is the leading cause of premature deaths among the under-75s. In fact, death rates – for whatever cause – are 20% higher than they should be.

Over 17,000 people have diabetes. There may be as many again, still undiagnosed. High diabetes rates are a major concern, especially among our large South Asian population. Over a quarter of



Leicester's adults are obese. Many children are too. Teenage pregnancy rates are above the national average. Mental health problems affect about a third of the city at sometime. Suicide rates are also high.

What is more, huge differences in life expectancy occur in different areas of the city. We call these variations 'health inequalities' between the different parts of Leicester – and between Leicester and the country as a whole. These inequalities are often associated with deprivation. Leicester is the 20th most deprived area in the UK. It has 13 city wards which are in the 28 most deprived in England, with almost half the population of the city being highly disadvantaged.

The facts are challenging and disturbing. If we simply continued the practices and policies of the past, things would get even worse.

Because Leicester has some of the worst health problems in the country, we need to become one of the best healthcare commissioning organisations in the country. Nothing less will do.

NHS Leicester City is responsible for buying the health services which best meet the needs of Leicester people.

We are classed as a Primary Care Trust (PCT), and were formed out of the separate NHS predecessor bodies, East and West Leicester PCTs in October 2006. With a 2008-2009 budget of more than £470 million, we bought a wide range of services. Other people or healthcare organisations actually provide the services for which we pay.

Our aims are to improve the health of the people of Leicester and address health inequalities across the city. The range of services includes emergency and acute care, GPs, rehabilitation and therapies, mental-health care, ophthalmic, pharmacy, and dentistry.

More than half of our budget goes on hospital services. Most of these are provided by University Hospitals of Leicester NHS Trust at Glenfield Hospital, Leicester General Hospital and Leicester Royal Infirmary.

The Leicestershire Partnership NHS Trust provides mental health and learning disability services throughout the city, as well as in Leicestershire and Rutland.

We not only invest in treatment but also in work to prevent ill-health. This work includes help for those who want to stop smoking, information to increase sexual health awareness and to help people live more active, healthier lifestyles.

We work in partnership with non-NHS organisations such as Leicester City Council and those in the voluntary and community sector. Together we aim to better address the economic, social and environmental factors which affect people's health and quality of life.

Community based services, from health visitors and school nurses, to intermediate care and walk-in centres, are provided by Leicester City Community Health Service. This is a local NHS organisation which comes under the legal umbrella of NHS Leicester City, but is managed and run separately.

During the last year moves were made towards greater independence for Leicester City Community Health Service. This is in line with Department of Health policy aimed at separating commissioning organisations which pay for healthcare services, from provider organisations, which deliver the services. While this work is underway Leicester City Community Health Service will continue to provide health services to the city.

A significant part of the work of NHS Leicester City is strategic. We carefully plan ahead to ensure that the services meet the health needs of the people we serve, and offer the best for the money available. Because of the challenging health needs of Leicester, we are planning important changes to better meet those needs. In this annual report you will find summaries of our vision and these ambitious plans.



OUR VISION

We have a bold ambition. We explored the health, cultural and socio-economic landscape of Leicester, talked extensively with those in the know, and then we set our goals and the routes to reach them.

Our vision is this:

“ Over the next five years NHS Leicester City aims to improve health outcomes and the quality of life and the life expectancy of local people. We will do this by tackling the causes of premature death and reducing health inequalities within the city and between the city and the rest of the UK. ”

One vision – many plans

We have a range of plans which fit together to bring about better health. They vary from the large-scale to the local.

The large-scale national plan is called **High Quality Care For All**, launched by the Department of Health in the 60th year of the NHS to set even higher standards for the future. The East Midlands regional plan to achieve those standards is called **From Evidence to Excellence**.

The plan for Leicester, Leicestershire and Rutland is called **Excellence for All** and covers ten years. For NHS Leicester City, our five-year plan is called **One Healthy Leicester**. It is a lengthy commissioning and finance strategy.

Next the **Local Operating Plan** for 2009-11 fits within our five-year plan and gives more details. It takes into account the views and opinions of patients, carers, the public and local people who have taken part in our public engagement campaigns.

These various plans share the same broad vision and objectives, looked at from different perspectives and covering different timescales. In this chapter, we provide summaries of the major local plans.

Excellence for All

Excellence for All was launched in July 2008 and sets out a new ten-year vision for the health services in Leicester, Leicestershire and Rutland.

It brought together doctors, nurses, allied health professionals and other NHS staff, and in particular those in clinical task groups; patient and public involvement forum members and other patient representatives; local councils; members of the voluntary and independent sectors; Leicestershire Constabulary; members of the media; and, of course, local people, patients, and carers. We have discussed and planned how we can provide modern, effective and efficient care across the entire health community.

The result was our joint ten-year vision for Leicester, Leicestershire and Rutland to:

“ Ensure excellence for all by involving and working with the people of Leicester, Leicestershire and Rutland to improve health and the quality of health services. ”

In summary, the main ideas behind this vision are that we want to:

- Involve patients, the public and communities fully in their healthcare, and in improving local health services
- Make sure health services are fair and safe
- Make sure our services are personalised, and make a difference to people's lives
- Encourage local people to make healthy choices, and to enjoy a fit and healthy lifestyle
- Make sure all the services provided by family doctors, hospitals, the ambulance service and local councils work well together

- Make sure services are delivered locally wherever possible, so that more care is available closer to home
- Provide specialist care in high quality centres, which are among the best in their field
- Give people more choices about their care, so that people can get the best services when they need them

We have focused on eight areas of care which cover birth, through to end-of-life. Health experts were involved in the group best related to their area of expertise. They developed health proposals for each area, based on their experience of healthcare locally and elsewhere, their knowledge of what works best, and feedback from patients and carers.

The eight areas of care are as follows:

- Maternity and Newborn Services
- Children and Young People's Services
- Helping People Stay Healthy
- Mental Health and Learning Disabilities
- Acute (Emergency) Care
- Planned Care
- Long-Term Conditions
- End-of-Life Care

Each group agreed health priorities for its area of expertise, and devised a vision for the future. Ideas and proposals were tested out with patients and local people at public events, and comments helped to shape the proposals. These were then checked to ensure that they were affordable and complementary. They have then been fed into the joint vision.

One Healthy Leicester

One Healthy Leicester sets out how we will address the challenges we face for the city itself. In this strategy we set out our five-year plan of where we will invest money to address our local health needs. It has been developed by and with local clinicians, NHS staff and managers and, most importantly, with patients, carers and the people of the city.

It sets out 9 major health objectives, 2 national and 7 local ones, where we aim to make measurable improvements.

NATIONAL

1 Health inequalities

'Health inequalities' refer to differences in the health status and health outcomes of one group of people compared to another, such as those from different ethnic groups or between socially disadvantaged and affluent sections of society. To tackle inequality we must focus on the differences that are unnecessary and avoidable and considered unfair and unjust. Despite increasing prosperity, improvements in standards of living and increasing life expectancy, we know that health inequalities persist and are very evident in the health of people in Leicester. Women and men living in Braunstone Park and Rowley Fields areas of the city, for example, are likely to live on average 5 and 6 years less, respectively, than their neighbours in Knighton and Rushy Mead. Factors affecting health inequalities include income, wealth, social status, employment and education. Health inequalities can also be experienced by groups at risk of discrimination on the grounds of their sexual orientation, age, religion, disability or ethnicity. For instance, only one third of our city's lesbian, gay and bisexual population view their health as good, compared to two thirds of the rest of the population.



2 Life expectancy at birth

The average life expectancy for a man in Leicester is 2.5 years less than the national average. For women the gap is 2 years and increasing. Life expectancy is improving, but at a much slower rate than the rest of the country. Many social factors, including those which give rise to health inequalities, affect life expectancy. Between 2005 and 2007 the average life expectancy at birth for Leicester males was 75.3 years, and for females 79.9 years. Our aim is to increase those to 78.6 for males and 82.5 for females.

LOCAL

3 Infant mortality

The infant mortality rate in Leicester is significantly higher than the rate for England and for the East Midlands. To improve this will require progress in other areas including smoking in pregnancy and improving low birth weights. Fewer teenage pregnancies will contribute towards reductions in infant mortality. We will reduce the infant mortality rate in Leicester to the current rate for England, saving an estimated 3 infant lives each year.

4 Teenage pregnancies

The under-18 conception rate in Leicester is higher than the rate for England and for the East Midlands. We aim to reduce the number of under-18 conceptions per year by 150 in 2012-13. Over the life of the plan, this will result in an estimated 500 fewer under-18 conceptions.

5 Injuries/hospital admissions for under-19s

The rate in Leicester of hospital admissions caused by unintended and deliberate injuries is significantly higher than the rate for England. Such injuries include child protection incidents as well as household injury, traffic accidents and other injuries. Rates of hospital admissions for serious injury among children are very strongly associated with social deprivation. Our target is to reduce the number of hospital admissions for unintended and deliberate injuries to children per year by 130 by the year 2012-13. Over the life of the plan, this will result in an estimated total of at least 450 fewer hospital admissions of this kind.

6 Alcohol related admissions

Rates of alcohol related hospital admissions in Leicester are higher than the national average and the position is currently worsening. Based on current trends it is estimated that the rate of alcohol-harm related hospital admissions per 100,000 population will increase to 4224 per year by 2012-13. Our target is to reduce the number of alcohol-harm related hospital admissions by 3,000 per year by 2012-13.

7 Suicide and intent-unknown deaths

Rates of suicide and injury of undetermined intent can be used as a broad general indicator for mental health, but are far from perfect. Further work is being done to develop indicators that help us to more accurately monitor local mental health. The rates of suicide and injury of undetermined intent in Leicester are higher than the rates for England and for the East Midlands. We aim to reduce Leicester's to the current rates for England, saving 5 lives per year for each year up to 2012-13. We will promote positive mental health and provide earlier intervention and care closer to home for people with mental health problems.

8 Cardiovascular disease death rates

The CVD mortality rate in Leicester is currently higher than the rate for England and for the East Midlands. Improvement will partly depend on progress in other areas including control of cholesterol, blood pressure, blood glucose for people with diabetes, smoking cessation and obesity reduction. CVD is associated with heart attacks, strokes and premature mortality in the under 75s. It is also an area where there is the greatest potential to increase life expectancy and reduce health inequalities in our city. We want to reduce by one third the rate of premature (under 75 years) mortality from heart disease and strokes in Leicester, preventing 130 premature deaths per year by 2012-13. Over the life of the plan, this will result in 430 fewer premature deaths from CVD.

9 Diabetes – controlling blood-sugar levels

Leicester has a high incidence of diabetes, especially among our South Asian population. Blood sugar level control has been prioritised because it is a key process in the management of diabetes. Improvement will impact on CVD and other health outcomes for people with diabetes. We will increase by 3,100 the number of diabetic patients whose diabetes is well controlled by 2012-13.



Four major health objectives

We identified four major health objectives which would do most to improve the health of the city in the foreseeable future, and have a marked impact on many of the above national and local objectives. The four objectives involve making major improvements to :-

- Primary medical care
- Cardiovascular disease rates
- Mental health and wellbeing
- Intermediate care and rehabilitation



Other healthcare aims

While pursuing the above high priority objectives, we will also be making much needed progress in other areas identified as needing improvements, such as:-

- Over the next five years we will work with our partners and providers to ensure that our city's maternity and birth services are equipped to respond to the needs of mothers and babies.

- Over the next five years we will improve the health of children living in deprived areas of our city. We will reduce childhood accidents and injuries. We will work with our partners to reduce health inequalities.
- We will invest in services that protect and maintain health and wellbeing. Preventative actions will contribute to reducing prevalence of CVD, diabetes and cancer, and reduce rates of infant mortality through work to reduce smoking, improve diet and physical activity, and target alcohol abuse. We will also improve sexual health.
- Key priorities include enabling individuals and communities to understand, support and self-manage mental ill health and maintain emotional resilience through early identification and treatment delivered closer to home.
- We will reduce admissions and unnecessary reliance on hospital services, where they can be better provided in other settings. We will commission new community and primary care services for patients with minor illness and injury in more convenient and accessible locations.
- We will offer better planned courses of treatment involving diagnostics, operations, outpatient appointments.
- We will ensure cleaner hospitals with improved hospital waiting times.

Our financial strategy

Over the life of this strategy we will review all the services we commission to satisfy ourselves that every pound spent buys the best contribution possible to better health outcomes for the local population.



Caring and compassionate

We try to see your experience through your eyes, and offer the support you need when you need it most.

Respectful

Everyone counts. We trust, understand and listen to each other and those we serve, and we value the differences in people, treating everyone with dignity and respect.

Transparent

We are honest and open at all times, demonstrating the high integrity and respect that inspires trust in others.

Professional

We always set and demonstrate high standards and efficiency in everything we do, sharing the successes we achieve. We are committed to delivering the best possible care for the citizens of Leicester.

Accountable

We do what we say we are going to do, and take full responsibility for the commitments we make.



Our values

In preparing **One Healthy Leicester** we wanted our patients and everyone that we deal with to experience high standards from NHS Leicester City. Below are our values and how we expect to display them in our work.

Able to make a difference

We are proud of what we do and how we do it, and we are always learning, always improving, to make a positive difference to people's lives.

Being collaborative

We seek out and benefit from diverse perspectives and we create mutually fulfilling relationships to meet our targets.

Empowering

We are empowered and we empower others. We take the initiative to solve problems and overcome challenges, and we enable others to take personal responsibility.

Local Operating Plan 2009-2011

The **Local Operating Plan** provides the detail about what we will do in the next two years to achieve the vision of **One Healthy Leicester**, especially the four areas of healthcare improvements which will make the biggest difference to our city.

Clinical aims

Over this year and next we will give priority to work in the following clinical areas:-

- Primary medical care
- Cardiovascular disease
- Mental health and wellbeing
- Intermediate care and rehabilitation

They have been chosen because they will do most to improve the health of the city in the immediate future.

Primary medical care means the entire front line of services provided by the city's GPs. It offers the most effective way of treating the largest number of people for the most common conditions. We aim to:

- further increase the number of practices opening longer hours, including mornings, evenings, weekends and Bank Holidays
- open the other two of our three new practices
- undertake a further assessment of need and procure our third new practice.
- invest in improving GP premises, make progress on the Belgrave, De Montfort University and Southfields schemes
- increase training practices
- provide patients with a view of practice performance, plus a cycle of annual reviews in 2010-11

- independently review GP practice funding variations to develop a better understanding of the reasons for them, and determine a 'target' level of funding for a reasonably resourced practice
- give more power to GPs and other community clinicians through practice based commissioning, whereby the GPs in an area of the city work together to commission services to best meet the needs of their local communities.

Cardiovascular disease is one of the city's biggest killers. It includes a range of heart and blood-vessel conditions which can lead to strokes or heart attacks. Unhealthy diet, smoking and lack of exercise are often major causes. Screening for risk factors and early detection could prevent many problems. Our aim includes

- establishing a local vascular screening programme
- help for those at risk through advice, lifestyle change, drug treatments, or a combination approach
- develop a whole systems approach to strokes
- take forward our vision of a Smokefree Leicester
- an integrated community diabetes service, focussing on prevention and early detection, improving patients' experiences, enhancing self-care, and promoting healthy lifestyles

Mental ill health is estimated to affect around a quarter of the city's population at some time in their lives. It includes stress, anxiety, depression and dementia. Research shows that the black and minority ethnic (BME) community face additional difficulties including accessing appropriate, culturally sensitive care. We will

- improve access to psychological therapies and develop services to identify problems earlier
- offer a range of low-key treatments, and increase the emphasis on recovery and well being
- increase skills, improve understanding and address stigma associated with mental illness
- define a whole system of care based on the needs of people with dementia and their carers
- improve mental health care in prison
- establish a scheme to manage the loss of liberty for people without the capacity to consent to treatment, along with a safeguard body to supervise cases

Improving **intermediate care and rehabilitation** will help tackle the city's over-reliance on using Accident and Emergency Units for problems which are neither accidents nor emergencies. Treatment in a hospital bed is often not the best solution, it costs the most to provide, and in many cases it is not what people tell us they want. A focus on rehabilitation will help reduce the use of long-term care, provide more home-based care teams, help more people to manage their own conditions, and improve patient and carer experience and health outcomes.

We have set up a programme which is designed to achieve:

- fewer unnecessary hospital admissions
- reduction in length of hospital stay
- improved needs assessment and care planning
- less bed blocking and fewer delayed transfers of care
- fewer patients having to receive care outside of the city
- more patients enabled to remain at home
- improved management of the medicines people need to take
- better value for money

Other key clinical aims

- keep reducing MRSA and other healthcare related infections
- increase choice, improve access, quality and safety of maternity services
- improve the health of children through a reduction in childhood injuries, working with partners to reduce health inequalities through improving health
- the creation of a 'care pathway' (a care and treatment plan) for overweight and obese children
- commission outpatient and day-case services in community settings where there is good evidence it is clinically achievable and will benefit patients

Our **Local Operating Plan** also includes the implementation of **Excellence for All** – our joint vision for better healthcare across Leicester, Leicestershire and Rutland. Progress will be concentrated in four priority areas over the next 2 years. These are planned care, unscheduled care, long-term conditions and women's and children's services.

Local Operating Plan 2009-2011 continued

Organisational aims

Helping staff achieve

NHS Leicester City is an organisation undergoing change and development to better achieve its ambitious targets. We are mindful of the need to support our staff throughout this process, as they are the key to target achievement. We will develop the organisational strengths needed to achieve our strategic goals, including staff training and development wherever needed, as well as improvements to computing resources to ensure maximum efficiency. We will further develop our internal communications to engage and empower colleagues in the change process, undertake staff satisfaction surveys and provide a staff awards scheme. We will tackle staff office space issues at our headquarters to provide a more supportive environment for our staff to fulfil their roles.

Furthermore we recognise staff rights and the pledges to staff in the NHS Constitution, which also says: "All staff should have rewarding and worthwhile jobs, with the freedom and confidence to act in the interest of patients. To do this, they need to be trusted and actively listened to. They must be treated with respect at work, have the tools, training and support to deliver care, and opportunities to develop and progress."

Provider services

By October 2009 NHS Leicester City will take a decision on the future form and the services provided by Leicester City Community Health Service, which is moving towards complete independence by April 2010. LCCHS staff will also relocate from their present offices in St John's House, East Street, Leicester.

Other organisational aims

- further improve Customer Services
- improve external communications on key developments and health issues
- promote greater equality of opportunity, eliminating unlawful discrimination and harassment
- encourage positive attitudes towards disabled people, racial minorities, and between men and women
- take steps to meet disabled people's needs, even if this requires more favourable treatment
- involve more local people in our planning and decisions
- determine actions we can take to support the environment by reducing our carbon footprint



Financial aims

We will aim for a £200,000 surplus in 2009-10 and a £2.7m surplus in 2010-11.

Income & Expenditure Summary		
	2009-10 £000	2010-11 £000
Income	536,457	563,370
Expenditure:		
Primary & community services	178,858	191,775
Mental Health & Learning Disability Services	83,336	86,356
Non-specialised hospital services	169,507	171,156
Specialised hospital services	59,080	60,084
Other patient services	38,036	39,674
Contingencies	7,440	11,600
	536,257	560,645
Surplus	200	2,725

We have set aside £6m in 2009-10 rising to £10m in 2010-11 to protect against future financial uncertainties.

The NHS Constitution

After extensive consultation throughout England, NHS Leicester City welcomed the first ever NHS Constitution, launched in January 2009. The Constitution will form the basis of a new relationship between staff and patients, one based on partnership, respect and shared commitment, where everyone knows what they can expect from the NHS and what is expected from them. Its themes of patients' rights and responsibilities also underpin the vision, strategies and plans made by NHS Leicester City..

It contains pledges to patients and staff, which the NHS is committed to achieving. For NHS staff it will mean a commitment to providing the support to deliver high quality care for patients.

The consultation was led by strategic health authorities and overseen by independent experts

on the Constitutional Advisory Forum. The Constitution includes:

- A right to makes choices about your care and to information to help exercise that choice
- A new legal right to receive the vaccinations that the Joint Committee on Vaccination and Immunisation recommends that you should receive
- A right making to drugs and treatments that have been recommended by NICE, if your doctor says they are clinically appropriate
- A right to expect local decisions on funding of other drugs and treatments to be made rationally based on the evidence
- Clear and comprehensive rights to complaint and redress.

The 12-page Constitution can be seen at www.dh.gov.uk/en/Healthcare/NHSConstitution

Annual Operational Plan 2008-2009

Each year health organisations like NHS Leicester City produce a plan for the next 12 months called an Annual Operational Plan. Last year we started with £27million to invest in improving services – and no debts to repay. We knew more about local health needs, we aimed to improve patients' experience of their city NHS, and to make the most of modern healthcare technology and methods.

For 2008-09, the Department of Health published a range of target 'indicators' as objectives to show that the local NHS is delivering to national standards. This section provides a summary of what we did to meet these and our locally set objectives.

Better access to healthcare – GP services

A new GP-led health centre was opened by Secretary of State for Health Alan Johnson in March 2009. He toured all services based at the Merlyn Vaz Health and Social Care Centre on Spinney Hill Road in the Charnwood area of the city, meeting patients and staff. It is one of the first GP-led health centres of its kind to open across England, as part of a major Government programme to increase access to family doctor services.

The state-of-the-art centre, which opened its door to patients for the first time in January, houses two GP-led practices. It is also home to a new walk-in service open from 8am to 8pm, seven days a week all year to unregistered patients or those registered with other GPs from across the city and beyond. We were closely involved in the building's design and development and ensured it more than complied with the criteria laid down for access by disabled patients.



The Merlyn Vaz Centre is a joint project between NHS Leicester City and Leicester City Council. The partnership means that the council can provide important services closer to the people who need them. It also forms part of NHS Leicester City's £15m investment in new GP practices to improve healthcare across the city.

Two more GP practices and a new GP-led health centre are to open in 2009 with a further practice planned for 2010.

By the end of the year almost three quarters of Leicester's GP practices were opening longer – a mixture of early mornings before 8.00am, evenings after 6.30pm, weekends and public holidays. Out of the city's 64 surgeries, there were 47 in the longer-hours scheme, which is 73.5%, and more were close to agreements.

Relieving pressure on A&E staff for non-emergency cases

The Urgent Care Centre is next to the A&E department at the Leicester Royal Infirmary. Opened in May 2008, it offers flexibility and choice for patients in Leicester, including services for patients who are not registered with a GP in the city.

It is now open 24 hours a day, seven days a week. The centre provides round-the-clock care for patients in need of urgent but not accident and emergency treatment. It had been treating more than 3,000 people a month before hours were extended in October 2008. In its first year the new centre saw 44,170 patients.

The number of patients in Leicester using A&E, instead of other more appropriate healthcare services, is among the highest in the country. The Urgent Care Centre aims to help reduce the number of hospital admissions.

There are 68 Leicester pharmacies offering advice and treatment for a wide range of minor ailments, further helping to reduce the burden on other NHS services including GPs and A&E. That is freeing up time and resources to treat those patients most in need.



A&E waiting

Despite pressure on the A&E unit at Leicester Royal Infirmary, staff managed to achieve the target of seeing most (98%) of patients within 4 hours. Our average for the year was 98.5% of A&E patients.

Reduced waiting times

In January 2009 a new standard came into effect ensuring all patients start treatment within 18 weeks of referral by a GP, if clinically appropriate. The NHS locally was among the top performers in the country, ensuring that 94% of patients who needed admission for treatment and 98% of outpatients are seen within the specified time. That is better than the national standards, which are 90 per cent and 95 per cent respectively.

By December 2008 the combined efforts of NHS Leicester City, NHS Leicestershire County and Rutland and University Hospitals of Leicester Trust (UHL), supported by the independent healthcare sector, had helped deliver on the promise more than a month ahead of schedule.

Cancer treatment referral times on target

NHS Leicester City has achieved its goal of a maximum wait of two weeks for a hospital referral appointment from a GP, and of treatment starting between 31 or 62 days.

By the end of the year, 99.9% of patients urgently referred to a consultant by a GP were seen within a fortnight. Following this referral 98% of cancer patients are treated within 31 days and 99.9% are treated in 62 days. Those not being seen within the timeframe are usually patients who want extra time to think about their treatment or those whose diagnosis and treatments are very complex.

Annual Operational Plan 2008-2009 continued

Prevention and treatment of heart disease and stroke

The past year has seen an improvement to stroke services for people at risk following a mini stroke. The new Stroke Centre at Leicester General Hospital is providing rapid treatment for 'mini strokes' within 24 hours, cutting patient risk of a full stroke by 80%. Specialist blood-clot treatment is now available round the clock.

During the year the centre treated 75% of 'mini stroke' patients, against the national target of 25%.

A minor or mini stroke is also known as a 'transient ischemic attack' or TIA. It can mean a loss of sensation in one side of the face or down one side of the body, feeling confused or loss of sight or speech. It can last only a few minutes, and is normally completely resolved within 24 hours.



Leicester's hospitals Stroke Centre has been raising awareness of the signs and symptoms of minor strokes, which if identified and treated within 24 hours can prevent 80 per cent of full strokes that can kill or leave people permanently disabled. A stroke is a brain attack caused by the interruption of blood to the brain, usually because of a clot.

'Morning-after pill' service

The free service offering young women the 'morning-after pill' was extended in 2008 to help reduce unintended teenage pregnancies and terminations across Leicester. Almost 50 pharmacists have completed the training and the service is now offered at 33 city pharmacies.

The city pharmacies offer the Emergency Hormonal Contraception (EHC) seven days a week for women under 25. Previously the service had only been available at weekends. The confidential service requires a consultation with an EHC trained pharmacist before the one-pill treatment.

HPV vaccination

A total of 2,939 girls in Leicester, Leicestershire and Rutland took part in an immunisation programme to protect against one of the major causes of cervical cancer, known as the human papilloma virus (HPV). The programme was a partnership between NHS Leicester City, Leicestershire County and Rutland PCT, Leicestershire County Council, Leicester City Council, Rutland County Council and the Health Protection Agency. The initial target was girls aged 12-13, and 1,450 took part, which is 77.8% of the target group. By the end of 2008 the scheme was expanded to invite girls aged 17 and 18, and 1,489 took part, which is 75.2% of the target age group.

Bowel cancer screening

NHS Leicester City implemented bowel cancer screening in May 2008, testing men and women aged 60 to 69. Since then more than 2,000 people have benefited from the home test.

Chlamydia screening

In Leicester 8,270 young people were screened for chlamydia, which is 16.1% of the area's 15 to 24-year-olds. The national target is 17% of this age group. Chlamydia is one of the commonest forms of sexually transmitted infections, but rarely shows visible symptoms. Untreated it can lead to infertility.



Dental services

By the end of 2008-09 we had finalised our plans for new city centre dental practice. It is due to open in January 2010, offering better access to NHS dental treatment and more choice for over 4,500 local patients. More than £300,000 will be invested in the new practice in Bowling Green Street – in the same building as a new GP practice set to open in late 2009. We also undertook a detailed assessment of dental health needs of Leicester, in particular those of ethnic minority groups that have difficulty accessing services. Leicester City has a shortage of dental services, and plans for improvements include a trial extended hours scheme and review of existing contracts to increase capacity.

Smoking prevention

Leicester's target for the number of quitters during 2008-09 was 2,418. We consistently exceeded our targets for the first three quarters of the year, and the full year's outturn was estimated at 2,600 quitters.

STOP! Smoking, the city's smoking cessation service, worked with midwives to provide extra training to help mothers quit smoking in pregnancy.

The STOP! team's specialist support has helped hundreds of smokers across the city kick the habit, supported by pharmacies offering similar schemes – an important part of the fight against cardiovascular disease.

Prevention and treatment of diabetes

By the end of 2008-09 we unveiled plans to improve health services for people with diabetes over the next few years. They were presented to interested people at a special city event in March 2009 inviting feedback. Plans include increasing patient access to education about diabetes, improving access to individual and group support, delivering specialist diabetes care closer to home, and increasing the knowledge of community based healthcare workers.



Other Improvements – the big picture

Annual Health Check

The Healthcare Commission* is charged with evaluating the annual performance of NHS trusts across the country. To enable comparisons to be made, each trust receives a grading against two categories – ‘Quality of Services’ and ‘Use of Resources’. The grading ranges from Weak, Fair, and Good to Excellent. This evaluation is known as ‘The Annual Health Check’. The Healthcare Commission rated NHS Leicester City at the end of March 2008 as **‘fair’ for the quality of services and ‘good’ for use of resources** – both up on the previous year’s performance.

One particular area of success highlighted by the Annual Health Check comes in the safety and cleanliness indicator, which has seen the NHS across Leicester improve massively over the past two years. The NHS in Leicester is now in the top 20 out of all health areas in England, representing a massive improvement from 2006 when it was rated among the bottom 20.

* In April 2009 the Healthcare Commission became Care Quality Commission.

Performance against targets

National target	Detailed target	Our actual performance	Rating X ● ✓
GP extended hours	50% of all surgeries offering extended hours	73.5%	✓
Reduce cases of MRSA bacteraemia	No more than 50 cases of MRSA bacteraemia	27	✓
Reduce cases of C-difficile	No more than 214 cases	146	✓
Appointment for Genito-Urinary Medicine (GUM) services within 48 hours	89% of patients to be offered an appointment for GUM services within 48 hours	99.9%	✓
Reducing waiting times to 18 weeks – non-admitted patients	95% of non-admitted patients to receive treatment within 18 weeks of referral from their GP	98%	✓
Reducing waiting times to 18 weeks – admitted patients (including day cases)	90% of inpatients to receive treatment within 18 weeks of referral by their GP	94%	✓
Cancer	95% of patients diagnosed with cancer treated within 62 days of GP’s referral	95%	✓
Dentistry	202,790 patients receiving dental care in the past 2 years	177,058 (87%)	X
Screening for chlamydia	17% of the population aged 15-24 years old	16.1%	●
Smoking cessation	2,418 former smokers who have quit for 4 weeks (or more)	2,548	✓
Choose and Book – electronic booking	90% of all referrals made by the GP electronically at the point of referral	72%	●
A&E 4 hours wait	98% of patients attending A&E to be seen and treated within 4 hours	98.5%	✓



Assessors' green light for One Healthy Leicester

NHS Leicester City gained approval for our ambitious five-year plan to improve the health and healthcare in the city – **One Healthy Leicester**. A panel of national assessors examined the local NHS plan in detail in late November 2008. They recommended that we select those ambitions which will do most to improve health for Leicester, then make them the top priorities for the next phase of the plan.

Progress will be checked by independent assessors each year and the results will be published. Their first assessment report said: "The panel developed an overall impression of an ambitious but also reflective organisation, with a strong grasp of local health challenges." It described NHS Leicester City's finances as 'robust'.

The panel also tested the organisation for the management qualities needed to achieve the city's five-year health targets. NHS Leicester City showed it already scored well in 8 out of 10 of these qualities. The panel wanted to see further progress as more of its aims are put into action.

Among the report's key achievements by NHS Leicester City are the ways it involves local partners and other people in shaping health services. The panel also praised the organisation's 'excellent work' on programme budgeting. Their report also highlights the need for more progress in improving health and wellbeing and reducing health inequalities between different parts of the city.

The assessment was part of a national re-organisation of the way the NHS commissions and provides healthcare services, a programme called 'World Class Commissioning'. 'World Class Commissioning' is both a style and a quality standard for selecting, contracting and managing healthcare services providers. It takes the best management methods from the UK and around the world to help match health services more closely to local needs.

This last year marked the 60th anniversary of the NHS. It was also a time when we set out to change the way we relate to the people we serve. We reached out in new ways and invited more people to become more actively involved in the improvements to their own health and healthcare services. We call this process 'engagement'. Never before in the local history of the NHS has so much work and commitment gone into communications on so many levels.

Patient and public involvement

Public perceptions and opinions play a major role in the way that we are now improving local healthcare. To encourage more involvement, in the last year we have set up our own NHS Leicester City membership scheme. Members can use their experiences to influence primary healthcare services provided by GPs, pharmacists, dentists and midwives; receive a quarterly newsletter; regular updates on special areas of interest; NHS discounts and entrance to prize draws; and invitations to special events, including an annual get-together. At the end of its first year the scheme had 850 members.

Excellence for All

In the most wide ranging public engagement for the NHS in Leicester, Leicestershire and Rutland, we made contact with thousands of people as part of the work on our ten-year vision, **Excellence for All**. This vision was led by local doctors, nurses and other NHS staff, working alongside patients and members of the public, and partner organisations, to look at modernising local health services.

The consultation received 3,775 responses. It is estimated that the 70 engagement activities on **Excellence for All** last year were attended by 27,000 people. Analysis by De Montfort University's Health Policy Research Unit has

revealed a high level of approval on the overall vision and principles of the review from those who commented. Many improvements have already been made to local NHS services as a result of the review and we are all committed to ensuring further progress is made as quickly as possible in other areas.

Partnership working

At NHS Leicester City we believe strongly in partnership working to help to achieve common goals. We work very closely with Leicester City Council, our most prominent partner in making the overall improvements Leicester needs. We have also developed a strong relationship with Leicester Police, and there are a number of other key relationships, such as those listed below.

Leicester City children's and young people's strategic partnership

Improving services to children and young people to make a positive difference to their lives, it adopts a multi-agency approach to helping those up to age 19.

Leicester Integrated Services Trial (LIST)

LIST involves working with local people and staff to remodel public services for children, young people, parents, carers and families, so that the New Parks area becomes a healthy and happy environment.

Leicester LIFTCo

Leicester LIFT Company is a public-private partnership set up to improve both the quality and accessibility of health and social services buildings. Developments include the Merridale, St Peter's, Westcotes and Humberstone Health Centres, and the new Merlyn Vaz Health and Social Care Centre.

Leicester, Leicestershire and Rutland Local Safeguarding Children Board

A multi-agency body to safeguard children in the local area, it includes social care and other local authority staff, the police and health workers. One of their roles is to report on child deaths and make recommendations to prevent avoidable future risks, where relevant. Procedures were reviewed and improved during the past year in line with new government legislation.

Leicester Partnership

The Leicester Partnership has over 50 members drawn from the public, voluntary, community and private sectors. Its job is to help ensure initiatives and services support each other and work together towards the aims of the One Leicester sustainable community strategy and the Leicester Local Area Agreement. Targets cover a wide range of priorities such as reducing crime, strengthening communities, improving health, improving skills and educational attainment, getting more people into jobs, improving housing, supporting vulnerable people and tackling climate change. Our trust Chair, Phillip Parkinson, was appointed in autumn 2007 as Chair of the Leicester Partnership.

Public opinion poll

Ipsos MORI interviewed more than 2,300 residents aged over 16 in the city between July and September 2008, asking them about the NHS and about local council services. It revealed that more than two-thirds (67%) of local people rated themselves as either fairly or very satisfied with healthcare. There is also optimism in the city about the future of the NHS with more residents thinking that services will improve over the next few years compared to those who feel they will get worse (29% versus 23% respectively).

Communications and social marketing

Better communications has involved opening up more aspects of our work to ensure people can see what we are doing. For example, in the last year we completely redesigned and relaunched our web site. Improvements will continue to ensure it contains the information people need to help improve their own health as well as access the healthcare they need.

We also published and distributed a full-size newspaper to every Leicester household, with information how we were improving health services and how to make the best of the healthcare available. In early 2009, every household also received leaflets on longer opening hours for most city GP surgeries. We worked closely with the local and regional news media – especially print and radio – to offer other ways to know what was taking place with Leicester area health services. Our city is well provided with radio stations, some aimed at special sections of the population, such as Panj Pani, Sabras Radio and Kohinoor FM aimed at the Asian population.

We also developed innovative approaches to improving take-up rates for chlamydia screening among the city's most vulnerable group, the 15 - 24 year olds. We developed an amusing 'viral video' advertisement (one shared freely by viewers), backed by rock music, available on its own web site. Launched in February 2009, it had received 2,531 visits by the end of March that year.

To assist public engagement, Leicester City Primary Care Trust changed its name to NHS Leicester City in September 2008. Research had shown that many people did not understand what a primary care trust was or how it fitted into the healthcare picture. The legal title and status of the organisation remain unchanged.

Building community relations

Community Dialogue

Different areas of Leicester have very different healthcare needs. So NHS Leicester City has launched special projects in the heart of selected communities in order to improve healthcare.

The initiative is called Community Dialogue, a two-way discovery of local people's needs, concerns and expectations from their health services. Projects are already in full swing in the Highfields and Saffron areas of the city. To find out more, please visit our project diary blog at: <http://communitydialogue.typepad.com/communitydialogue/>

Forging links

In 2008-09 NHS Leicester City placed a large emphasis on forging links with the wide range of communities in the city, and with the organisations who represent those communities. Our equality team have established formal links with The Race Equality Centre and Centre for Integrated Living, setting up special agreements. We will expand these agreements to include the Council of Faiths and the Lesbian, Gay Bisexual and Transgender Centre. In addition to these formal links we have been going out to communities and inviting communities into our offices to meet NHS Leicester City staff. Our Executive Management Team holds its monthly meetings based within community organisations, where an opportunity exists to discuss issues first hand.

As part of this work, four events have been held in conjunction with Leicester City Council where participants have been asked to identify the health services they consider likely to impact negatively on people living with disabilities, and make suggestions about how the services might

be improved. Results of these events have been augmented with a local questionnaire. This information has been used to inform our Disability Equality Scheme and action plan. Matters highlighted included:-

- **Access issues** – although physical access to GP surgeries is felt to be improving, access to dental surgeries is considered problematic. Poor availability of appropriate interpreters has been cited as a significant barrier. We need to make sure that longer appointments are made for people with communication needs.
- **Disability awareness amongst staff** – many participants described situations in which they experienced staff as patronising, or lacking awareness of the needs people with disabilities. We need to do more to promote disability awareness across our city.
- **Little knowledge of advice and complaints processes among participants** – we must increase awareness of our complaints procedures.

A series of successful monthly workshops for staff have been organised ranging from Ramadan, Easter and Chinese New Year to deafness and mental health wellbeing. These workshops have been run by community organisations and have given staff first-hand experiences of different cultures and communities, and the barriers faced by those using NHS services. NHS Leicester City also supported and organised a number of events such as the Leicester Mela, Action Deafness Bollywood evening and Diwali Celebration, where we launched our sponsorship of the 'Colour of Health' magazine, which aims to provide health information primarily for women from a diverse range of cultural and ethnic backgrounds, religious beliefs and traditions.

Our events calendar also included Leicester's first Happy Health Day, staged in the city centre in summer 2008. It aimed to highlight the area's major health issues and show how a better lifestyle can help prevent the main killer diseases and cut the risk of other health problems. It is estimated that 5,000 people attended.

Customer Services

During the year we launched a new team called Customer Services, dedicated to improving our day-to-day communications with the patients, their carers, families and friends. The team brought together the staff of PALS (the Patients Advice and Liaison Service) and those involved in complaints handling.

The team made improvements to response times for complaints handling. In the year ending March 2009, we received a total of 125 formal complaints. They included 84 about community health issues and 30 about doctors, optometrists and pharmacists. Just 40% of complaints were resolved with within the target response time of 25 days. Logging and tracking systems have since been overhauled to improve our response rates. More than 85% of complaints have been assessed as extremely complex, and NHS Leicester City has taken extra time to ensure first-time resolution. No former complaints were re-opened in 2008-09. No complaints were escalated for further review to the Healthcare Commission (now the Care Quality Commission). NHS Leicester City is continuing to improve its complaints handling, guided by the principles embodied in the Ombudsman's guidelines, **Principles for Remedy**, as published in February 2009.

The Freedom of Information Act aims to give people access to information held by public bodies. During the year we received 164 Freedom of Information Act requests, 54% of which were responded to in the permitted time. Where delays occurred, explanations were provided. Measures have been put in place to improve response times.

Over the last year PALS received a total of 3,070 enquiries. This comprised 2,043 queries relating to dental services, 427 relating to GPs, and 600 general enquiries.

Staff engagement

During the year we relaunched our staff newsletter, improved our email newsletter, redesigned our staff intranet, ran staff briefings on key topics, as well as staff motivational sessions. We also staged our first **Extra Mile Awards** to reward the achievements of staff nominated by their peers. In 2008-09, we achieved the Best Staff Engagement Award at the national NHS Communications Awards.



THE BOARD

Non-Executive Directors



Chair – Philip Parkinson

Philip has lived in Leicester since 1964. Following 10 years working in industry for SGB Ltd, he subsequently re-trained to become the Youth and Community Worker for Highfields. He spent 28 years as Chief Executive of The Royal Leicestershire, Rutland and Wycliffe Society for the Blind (now VISTA), the city and county's largest charitable organisation. Philip served for 32 years as a city magistrate and in 2001 was awarded an OBE for services to blind people and the magistracy.

Gill Brigden

Gill started her career as an art teacher in Leicester. She has worked in community education, youth work and on a support team for children and young people with emotional and behavioural difficulties. After a short time working in the county Education Department, Gill became the Community Safety Officer for Leicestershire, working with all agencies to reduce crime, particularly violence. For the last five years Gill has held a national post in a Home Office unit that leads on the reduction of suicide, self-harm and violence in prisons. She has recently retired.



Eileen Clarke

Eileen was born in Dundee and moved south of the border 20 years ago, becoming a resident of the city of Leicester in 1995. Her experience in the private and public sectors spans the fields of insurance, banking and risk management, involving a wide range of management roles including management consultancy, planning, operations, risk management and internal audit. Eileen is actively involved on the education side of the Institute of Internal Auditors of UK and Ireland. Eileen is Head of Internal Audit and Risk for Diligenta Ltd, based in Peterborough.

Patricia Mansfield

A magistrate for 21 years, Patricia has also worked for a number of well-known businesses in senior administrative posts, specialising in human resources. She is active in the voluntary sector and is a trustee of two housing associations, CLASP and other charities. Patricia's work in the health service began in the 1980s when she was elected to represent the voluntary sector on the Joint Consultative Committee for Health and Social Services. Patricia has since held Non-Executive Director posts for the Leicester Royal Infirmary NHS Hospital Trust and Leicestershire, Northampton and Rutland Strategic Health Authority. In 1996 Patricia received an MBE for services to the City of Leicester.





Daxa Patel

Daxa came to Leicester as a child in 1966 and has lived and worked in the city for most of her life. She is a self-employed consultant involved in several national and international projects related to the internet, higher education and organisational change management. She has co-authored two books on these topics. Previously she held several senior management posts in higher education, and taught mathematics at De Montfort University. Prior to that she worked in various management posts in local government and the nuclear industry. Over the last 25 years she has work with several voluntary organisations in the city, including Belgrave Baheno Women's organisation. She is a Director and Trustee of the Belgrave Baheno Peepul Centre.

Fayyaz Suleman

Fayyaz leads a community cohesion organisation called Grazrootz, which brings people from different backgrounds together. He is an organisational development consultant with extensive experience of working with voluntary sector groups across the East Midlands and safeguarding work with faith-based complimentary schools. He is the Secretary of the Leicester Council of Faiths. After graduating from De Montfort University, Fayyaz spent 6 years working for blue-chip companies in business analysis and IT solution design. As the East Midlands Co-ordinator for Black and Minority Ethnic Voluntary Sector Infrastructure for over 2 years, he was responsible for securing resources and enabling the Leicestershire Ethnic Minority Partnership (LEMP). Fayyaz holds numerous voluntary board positions, and is a member of the Leicestershire Voluntary Sector Infrastructure Consortium, the National Diversity Board for Places for People, and the National Network for the Charity Commission.



Ross Willmott

Ross was elected to public office in 1980. He has held the post of Research Fellow at De Montfort University and taught at the Open University Business School. Previously leading the successful turnaround of the education service in Leicester, he has since pioneered regeneration in the city with the formation of Leicester Regeneration Company and Cultural Quarter. Ross is a Board member of the Government's Regional Development Agency, has contributed to the work of the Sustainable Development Commission, and is a regular contributor to the work of the Institute of Community Cohesion.

Brian Wilson

Following directorships at British Gas East Midlands and the Retail Division of British Gas, Brian held posts as Interim Director of Finance of companies in several industry sectors. He is Treasurer of Clockwise, Leicester's Credit Union, and a Director of the Association of British Credit Unions; a Non-Executive Director of English Churches Housing Group and Treasurer of Leicestershire Employment for Autism Today (LEAT), a charity preparing clients on the autistic spectrum, for the world of work. Brian is an Associate of both the Chartered Institute of Management Accountants, and the Institute of Chartered Secretaries and Administrators.



THE BOARD

Clinical Directors



Prof Azhar Farooqi ^{†1}

Prof Farooqi qualified from the University of Manchester medical school in 1983, has been a GP at the East Leicester Medical Practice since 1987, and chair of the Professional Executive Committee since 2007. Prof Farooqi was previously a PEC member and clinical governance lead for Eastern Leicester Primary Care Trust. His academic interests include diabetes and quality improvement in primary care. His national work for diabetes has included membership of the External Reference Group for the Diabetes National Service Framework, past member of the Professional Executive Committee of Diabetes UK and founder member of the Primary Care Diabetes Society. He is currently co-director of the Leicestershire, Northamptonshire and Rutland Comprehensive Local Research Network. He was awarded an OBE for services to medicine and healthcare in 2007 and made Honorary Professor at the University of Leicester in 2008.

Dr Liz Siddons ^{†1}

She joined NHS Leicester City as a member of the Professional Executive Committee in June 2007. Liz has a leading role in information technology in primary care, including the Choose and Book system, she also leads on stroke service matters, and is involved in improving many other aspects of primary care. After graduating from Sheffield Medical School she moved to Leicester, where she completed her General Practice training. Liz is also a part-time GP at Downing Drive Surgery in Evington, where she joined as a partner in 1999. She is a GP Appraiser and has also recently become a GP Trainer. In January 2009 she was appointed as Assistant Medical Director to work alongside Dr Nigel Starey.



Dr Bhupendra Modi ^{†1}

Dr Modi has been a local GP since 1998 and practices in the Belgrave area where he was schooled. His NHS experience includes sitting on the boards of primary care organisations over the last 11 years. Dr Modi's expertise lies in medicines management and he runs the only single GP surgery in the East Midlands which trains doctors. He was awarded a Fellowship of the Royal College of General Practitioners in 2006.

(Mrs Sonia Fennell – Interim Trust Secretary from June to December 2008
Mrs Daljit Kaur Bains – Trust Secretary from January 2009 onwards)

THE BOARD

Executive Directors



Tim Rideout – Chief Executive

Tim Rideout became Chief Executive of the newly established NHS Leicester City in October 2006. He has 17 years' experience in NHS senior management and previously held the positions of Chief Executive at West Lincolnshire Primary Care Trust and Acting Chief Executive of the neighbouring East Lincolnshire Primary Care Trust. In addition to leading NHS Leicester City, Tim is the Senior Responsible Officer for the NHS East Midlands and the Leicester, Leicestershire and Rutland Next Stage Review programmes. Tim also chairs the East Midlands Cancer

Network. During his time with NHS Leicester City Tim has established strong and positive links with clinicians, staff and external stakeholders such as patient groups, local government, MPs, regulators and the media.

Prof Mandy Ashton – Deputy Chief Executive (until 31 March 2009) and Director of Quality

Mandy Ashton has worked in the NHS for 29 years in various settings – acute hospitals, regional positions and commissioning services within the Midlands and South Yorkshire. She is a visiting Professor of Nursing at De Montfort University. Her nursing career has taken her across the world working with disadvantaged people in Uganda and Labrador. She was awarded a national Florence Nightingale Nursing Leadership scholarship in 2006. This culminated in her participation at the JFK School of Government Leadership programme, Harvard University, USA, which she will complete in 2009. Mandy returned to her home town of Leicester in 2000.



Richard Chester ^{†1} – Director of Equality and Human Rights

Richard Chester has 19 years' experience of equality and diversity policy formulation and delivery, change management, operational management and strategic delivery within the public sector. Prior to entering the NHS in October 2007 he worked in local government and in Whitehall, in both the Home Office and Department of Health. He also has operational experience as a Registered General Nurse and Senior Operational Manager in the Prison Service.

Jo Yeaman ^{†1} – Communications, Customer Services, and Patient and Public Involvement (on maternity leave from February 2009)

Jo Yeaman was appointed to the position of Director of Communications, Marketing and PPI in November 2007. For six years Jo headed up the Communications and PR function at Derby Hospitals NHS Foundation Trust. Prior to that, Jo spent several years in the private sector, working in service improvement and communications and PR related roles. She graduated from the University of Derby with a degree in accounting.



THE BOARD

Executive Directors



Karen Tiller⁺¹ – Interim Director of Communications, Customer Services and Patient and Public Involvement (from January 2009)

Karen has nearly 20 years experience in the public sector, the majority in communications, but also in information technology and social housing. Karen was most recently the Corporate Director of Information and Communication in a large Midlands local authority. She has also has a number of years experience working with an Inuit communications organisation in northern Canada, developing the infrastructure and human resource needed to deliver radio, television and newspapers in the native Inuktitut.

Deb Watson – Director of Public Health and Health Improvement (Joint post with Leicester City Council, where her post is Strategic Director)

Holding a masters degree in Public Health, Deb held a number of posts in the statutory and voluntary sectors prior to her appointment to Leicester City PCT. With over 20 years' experience within the NHS, Deb has broad experience of general management, commissioning and public health. In 2001, Deb became Assistant Director for the Leicester City Health Action Zone, and later held the post of Project Director for Leicester's Local Improvement Finance Trust (LIFT) initiative.



Toby Sanders⁺¹ – Director of Primary and Community Care (Deputy Chief Executive from 1 April 2009)

Toby Sanders was appointed to the PCT as Director of Primary Care in November 2007, previously working at East Midlands Strategic Health Authority where he was the Account Director responsible for service delivery and performance across all of the NHS organisations in Leicester, Leicestershire and Rutland, as well as Lincolnshire. Prior to this, Toby worked in the acute sector as a Divisional Manager for surgery and has also held a number of positions in local government and with private sector consultancies.

Sue Bishop – Director of Finance and Delivery

Sue Bishop was appointed to the post of Director of Finance and Delivery in October 2006. Before that, Sue worked in a similar role for Eastern Leicester PCT, one of the two PCTs that were merged to create Leicester City PCT. Sue has worked in a variety of finance roles across NHS Leicester for more than 15 years, spending time at both the University Hospitals of Leicester and Leicestershire Partnership NHS Trusts. Sue is a chartered accountant who worked in private sector industry before joining the NHS in 1993.



THE BOARD

Executive Directors



Simon Freeman^{†1} – Director of Information and Corporate Performance (joint post with NHS Leicestershire County and Rutland)

Simon originally graduated from Leeds University with a degree in pharmacology and a PhD in biochemistry. After a short career in bench research in North America and the UK, he moved into the private sector and has joined the NHS in the last two years from the global professional services business, Cap Gemini Ernst & Young. Simon is also an MBA graduate of the University of Manchester Business School. Previously working in South Warwickshire PCT and Warwick Acute Trust, Simon was appointed to the role of Director of Information and Corporate Performance, serving both Leicester City and NHS Leicestershire County and Rutland.

Vikki Taylor^{†1} – Director of Strategy and Market Management (from February 2009, taking over from Annette Hogarth, Interim Director of Strategy)

Vikki Taylor has worked in the NHS for over 10 years, and joined NHS Leicester City from Derby Hospitals Foundation Trust, where she was Associate Director for the Medical Services Division. She spent many years working within the Corporate Service Planning team at Derby with a role in patient access, service redesign and performance management. Her remit within the Medical Division has been broad, including strategic planning and development of services, clinical governance, and redesigning services to improve the patient pathway while delivering significant cost savings.



Dr Nigel Starey^{†1} – Medical Director

Nigel has been a GP for 26 years including a practice in Swadlincote, Derbyshire. He is a clinical advisor to the Healthcare Commission (now the Care Quality Commission) and a medical advisor to the General Medical Council. He worked for the Kings Fund, an independent charity for better health, and spent three years at the health authority in Peterborough along with a further ten years practicing in Essex. Nigel has also been pursuing a Masters in Primary Care at the University of Derby and lives in Ticknall, Derbyshire.

^{†1} These directors do not possess board voting rights

Appointment and removal of Non-Executives

During the year ending March 2009, the Appointments Commission was responsible for the appointment and removal of Non-Executive Directors.

Standing committees of the Board

NHS Leicester City has five principal standing committees:

- Remuneration and Terms of Service Committee
- Leicester City Community Health Service Board
- Professional Executive Committee (PEC)
- Audit Committee
- Reference Committee

Remuneration and Terms of Service Committee

The responsibility for setting the remuneration packages for the Executive Directors falls to the Remuneration and Terms of Service Committee of the Board. This committee is primarily responsible for reviewing and agreeing the remuneration packages relating to the Chief Executive and Executive Directors. It also oversees the arrangements for termination of employment and the settlement of other contractual terms, and monitors and evaluates the performance of individual senior officer members of the Executive Committee and other senior employees as appropriate. Membership comprises the Board Chair and all Non-Executive Directors.

Full details of the Directors' remuneration are set out on page 49 of this report.

Leicester City Community Health Service Board

Leicester City Community Health Service is led by a Provider Services Board offering oversight and strategic direction of provider services, while ensuring a clear separation from the commissioning functions of NHS Leicester City, and ensuring that services provided meet commissioning specifications.

Membership comprises:

Patricia Mansfield (Chair)	Non-Executive Director
Paul Miller	Managing Director
Gill Brigden	Non-Executive Director
Ross Willmott	Non-Executive Director
Patsy Roseblade	Associate Director of Finance
Anne-Maria Olphert	Associate Director of Children's Health Services
David Podbury	Associate Director for Business & Strategic Development
Yvette Canty	Assistant Director of Contracts and Procurement
Kam Kotecha	Associate Director for Human Resources
Jane Holroyd	Associate Director of Adult Services
Sharon Mart	PEC Member/Allied Health Professional
Carolyn Jones	Staff Side Unison Representative
Mark Pierce	PEC Nurse
Dr Nandini Varma	Member of the PPI Forum

Professional Executive Committee (PEC)

PEC is responsible for providing clinical advice and input into our strategic direction. Members also provide professional representation and share information between NHS Leicester City and the clinicians they represent.

Membership comprises:

Prof Azhar Farooqi	GP / Chair
Dr Bhupendra Modi	GP
Dr Elizabeth Siddons	GP
Dr David Salkin	GP
Mr Satyan Kotecha	Pharmacist
Dr Adrian Brooke	Consultant, Children's Services
Ms Ruth Lake	Service Director, Older People's Services, Leicester City Council
Dr Robin Graham-Brown	Director for Older People, University Hospitals of Leicester
Dr Jane Hoskyns	Director of Clinical Practice, Leicestershire Partnership Trust
Dr John Stephenson	Clinical Services Manager, East Midlands Ambulance NHS Trust
Mark Pierce	Nurse

Officer members:

Tim Rideout	Chief Executive
Prof Mandy Ashton	Deputy Chief Executive, Director of Quality
Sue Bishop	Director of Finance & Delivery
Deb Watson	Director of Public Health

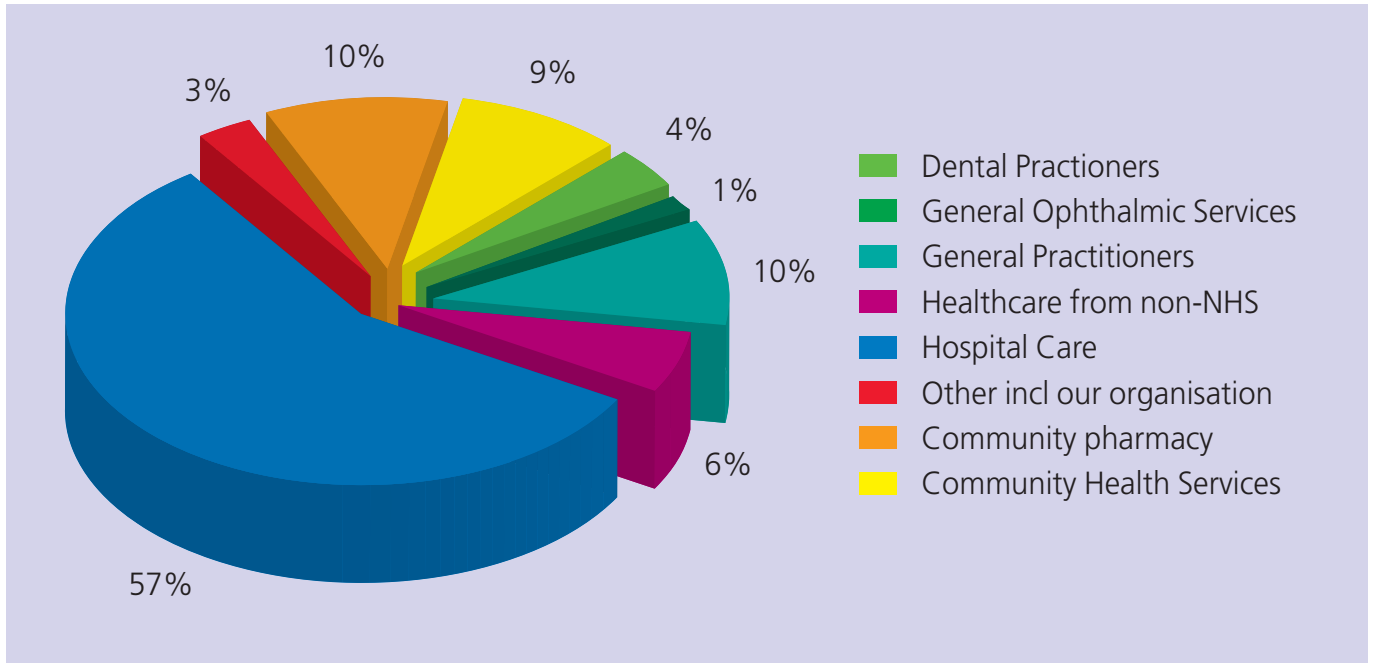
Audit Committee

This committee evaluates and oversees the arrangements for governance, internal control, risk management, and internal and external audit. Membership comprises:

Brian Wilson	Chair, Non-Executive Director
Daxa Patel	Non-Executive Director
Eileen Clarke	Non-Executive Director
Fayyaz Suleman	Non-Executive Director
Gill Brigden	Non-Executive Director

Board development

All Board members receive regular development on key issues such as risk management.



Leicester is well provided by hospitals, principally the Leicester General, Leicester Royal Infirmary, and Glenfield Hospital. More than half of our annual budget goes on paying for hospital services.



The next largest areas of spending are on GPs and medicines dispensed through community pharmacies, each of which accounts for around 10% of our annual spending. The year's costs include some additional spending on extra opening hours for GP patients.

We spend 9% of our budget on community health, including the work provided by Leicester City Community Health Service, such as district nursing, health visiting, paediatric medicine, school nursing, community matrons and a translation service.

Dentistry services accounted for 4% of the total, while we spent just 1% on ophthalmic services.

The total costs of running our own organisation, including premises and wages, requires just 3% of our annual spending.

Accountability to the public

We are committed to the NHS Code of Conduct and Accountability, the NHS Code of Practice in Openness in the NHS, and the Freedom of Information Act 2000. Under these, Board members are required to declare any interests relevant to the organisation's business (as below). Apart from publication in this report they are also kept in a register at our headquarters.

We will respond to all requests for available information about the services that we

commission and provide. This includes information regarding our performance against standards and targets, the way in which we commission and provide services and care, and any proposed service changes.

The day-to-day management of the organisation is the responsibility of the Chief Executive, working closely with the Board of Directors who in turn work with other members of the Board to develop strategy.



Declarations of interest

All Directors are individually required to declare any interest which may conflict with their appointment as a Director.

Declaration of Interest 2008 – 2009	Interests Declared
Tim Rideout Chief Executive	Special Olympics Great Britain – Director Reepham Church of England Primary School – Governor
Patricia Mansfield Non-Executive Director	CLASP, the Carers Organisation – Trustee/ Board Member Soroptimist Housing (Leic) Ltd – Chairman The Sutton Trust (Hospital Trust) – Trustee
Daxa Patel Non-Executive Director	Peepul Centre – Director of Board / Trustee
Gill Brigden Non-Executive Director	Member of the management committee of Soft Touch Community Arts Company
Ross Willmott Non-Executive Director	Co-op Society and Party – Member Chair – Urban Commission LGA Fellow of the Royal Society of Arts Labour Party Member Leader of Leicester City Council CND Member National Trust Member
Brian Wilson Non-Executive Director	Treasurer – Leicestershire Employment for Autism Today Treasurer – Monday Club – Asperger Syndrome Support Group Treasurer – Clockwise Credit Union Non-Executive Director – English Churches Housing Group
Fayyaz Suleman Non-Executive Director	Director of Grazrootz Partner in Fusion+ Consulting Services LLP Secretary of Leicester Council of Faiths
Prof Azhar Farooqi (PEC Chair)	Director – East Leicester Medical Services Ltd GP and Partner, East Leicester Medical Practice and East Leicester Medical Practice (Charnwood), Dr Chowdhury and Partners, 352 East Park Road Surgery Trustee, Primary Care Diabetes Society (charity) Honorary Visiting Professor, University of Leicester Medical School Co Director, National Institute of Health Research, Leicestershire, Northamptonshire and Rutland Comprehensive Research Network, University Hospitals of Leicester

Declaration of Interest 2008 – 2009	Interests Declared
Dr Bhup Modi PEC Member	GP, 122 Canon Street, Leicester
Dr Jane Hoskyns PEC Member	Director of Clinical Practice, Leicestershire Partnership NHS Trust
Dr Robin Graham Brown PEC Member	Employee of University Hospitals of Leicester Trust
Satyan Kotecha PEC member	Director and share holder of K&K Pharmacy Ltd which has two retail outlets: Elys Pharmacy 28c Melton Road, Leicester Kasli Pharmacy 216-218 Tomkinson Road, Nuneaton
Dr Elizabeth Siddons PEC Member	Partner of Dr Bentley and Partners Surgery, 155 Downing Drive, Evington, Leicester
Dr David Salkin PEC Member	Partner at Humberstone Medical Centre, 150 Wycombe Road, Leicester
Dr Adrian Brooke PEC Member	Honorary Senior Lecturer at the University of Leicester Chair of the NHS East Midlands Children's Clinical Reference Group Member of Clinical Cabinet, NHS East Midlands Employee of Leicester City Community Health Service
Prof Mandy Ashton Director of Quality	Visiting Professor of Nursing, DeMontfort University
Sue Bishop Director of Finance & Delivery	Leicester LIFTCo – Alternative Director
Toby Sanders Director of Primary and Community Care	Leicester LiftCo – Director Braunstone Community Association
Deb Watson Director of Public Health and Health Improvement	Honorary life member of LASS (Leicestershire AIDS Support Services)
Jo Yeaman Director of Communications, Customer Services and Public and Patient Involvement	Chair and Finance Officer of the Association of Healthcare Communicators
Dr Nigel Starey Medical Director	GP Partner, Dr Starey and Partners, Prestwood House Surgery, Swadlincote

Statement of the Chief Executive's responsibilities as the Accountable Officer

The Secretary of State has directed that the Chief Executive should be the Accountable Officer to the Primary Care Trust. The relevant responsibilities of Accountable Officers are set out in the Accountable Officers Memorandum issued by the Department of Health. These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance;
- value for money is achieved from the resources available to the authority;
- the expenditure and income of the authority has been applied to the purposes intended by Parliament and conform to the authorities which govern them;
- effective and sound financial management systems are in place; and

- annual statutory accounts are prepared in a format directed by the Secretary of State with the approval of the Treasury to give a true and fair view of the state of affairs as at the end of the financial year and the net operating cost, recognised gains and losses and cash flows for the year.

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



Tim Rideout
Chief Executive



Other Compliance and Public Interest Disclosures

Public private partnerships

In August 2004 we signed a 20-year agreement with Primary Plus (formally Excellcare) and Community Health Partnerships (formally Partnerships for Health) for the design, construction and maintenance of health and social care facilities in the city. This transaction formed the Leicester LIFTCo, a company in which we are a 20% shareholder. NHS Leicester City uses Leicester LIFTCo for all its major capital developments subject to value for money and affordability being met.

Environmental strategy

NHS Leicester City takes seriously the part it can play in securing a sustainable future for Leicester. To that end we are developing our own sustainable policy and action plan. This will include housekeeping issues, travel, construction and energy. Travel plans exist for each building constructed under LIFTCo and the policy and action plan will consider how this may be implemented across the organisation.



Health and safety at work

We reviewed our Health and Safety Policy in 2007. The policy is available on the staff intranet and has been distributed to key personnel.

Equal opportunities

NHS Leicester City places a high value on equality and human rights policies and aims to ensure that no job applicants or employees receive less favourable treatment on the grounds of race, age, gender, sexual orientation, faith, religion, beliefs or disability. The selection and recruitment procedures ensure that individuals are selected or promoted on the basis of their relevant merits and abilities.

All employees will be given equality of opportunity and where appropriate and possible, training will be given. We will make adaptations, if needed, to enable staff to progress within the organisation. We are committed to a continuing programme of enhancing equality and human rights for staff.

Staff sickness absence rate

At 31 March 2009 NHS Leicester City employed 265 members of staff for its commissioning functions. During 2008 a total of 2,774 days, equivalent to 3.88% of staff work time, were lost due to sickness absence.

At 31 March 2009, the provider arm, Leicester City Community Health Service, which is legally a part of NHS Leicester City, employed 1,130 members of staff. During 2008 and total of 18,730 days, equivalent to 4.19% of work time, were lost due to sickness absence. These are both within the NHS East Midlands target of no more than 4.7% of staff time lost due to sickness.

Other Compliance and Public Interest Disclosures continued

Information governance

Together with NHS Leicestershire County and Rutland, we are members of the Joint Information Governance Steering Group, responsible for ensuring that our organisations' information assets are securely maintained through effective information governance processes and procedures with risk-based and proportionate safeguards in place. Through the Informational Governance Toolkit element of the Information Governance Assurance Framework, the joint steering group annually reviews its Information Governance Policy. Strategy and Action Plans to ensure that the processes and procedures are congruent with national and local policy. Exception reporting against all areas of the action and implementation plans is presented as a performance report to the Assurance and Performance Committee to ensure early identification of any risks.

Simon Freeman, Director of Information Governance, has been appointed as the Senior Information Risk Officer under the national guidelines, and is the executive member responsible for keeping the Accountable Officer (ie, the Chief Executive) and the Board up to date on information risks.

Incidents relating to matters of confidentiality

There were no information governance matters classed as 'Serious Untoward Incidents' during the year. Other lower-risk personal data related incidents during the year are in the following table:

Nature of Incident	Total Occurrences
Loss of inadequately protected electronic equipment, devices or paper documents from secured NHS premises	0
Loss of inadequately protected electronic equipment, devices or paper documents from outside secured NHS premises	1
Insecure disposal of inadequately protected electronic equipment, devices or paper documents	0
Unauthorised disclosure	2
Other	0



Consultation arrangements with staff

NHS Leicester City meets regularly with the Joint Staff Consultative Committee, the body responsible for representing the needs and interests of staff. Key information is also disseminated via the internal magazine, staff briefings, the intranet, and through team meetings.

Pension liabilities

Our employees are covered by the provisions of the NHS Pensions Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales.

The full accounting policy on pension costs is outlined in Note 1(o) of the 2008-09 accounts. Pension entitlements for senior managers are shown in the Remuneration Report.

Freedom of Information Act

We value transparency and accountability, and we manage requests for information in accordance with the Freedom of Information Act, which came into force in 2005. Further information on how to contact us with such requests can be found on our website – www.leicestercity.nhs.uk.

Emergency preparedness

We remain committed to protecting the health of the population of Leicester. NHS Leicester City is an active member of the Leicester, Leicestershire and Rutland Local Resilience Forum (LRF) (www.localresilienceforum.org.uk). Through this, we participates in and lead, where appropriate, the planning workstreams that deal with a range of threats as outlined and prioritised in the Community Risk Register.

We work together with other local public sector organisations to develop plans that deal with a wide range of potential challenges. These range from local problems such as the consequences of flooding in the city, through to the wider impacts of acts of terrorism, and the challenge of a global pandemic of influenza. NHS Leicester City is identified as a Category 1 responder in the Civil Contingencies Act 2004, and conforms to the duties the Act places on it with respect to preparing for emergencies.



Auditors

The External Auditors for NHS Leicester City for the 12 months ended 31 March 2009 were the Audit Commission.

The auditors' remuneration in 2008-09 was £263,000. This remuneration relates to the carrying out of the statutory audit, and includes no consultancy work. In addition to this, a data assurance framework audit mandated by the Audit Commission and anti-fraud assurance was undertaken at a cost of £40,000.

Message from the Director of Finance and Delivery

Following a successful period of financial turnaround, we were able to start the 2008-2009 financial year with a £2.2m surplus and with no debts to repay.

This firm foundation allowed us to continue with our programme of improvements and to develop a wide-ranging strategy for a healthier Leicester in the foreseeable future. During 2008-2009 our commissioning net expenditure was just over £472million.

We ended the year having achieved our new financial targets. We remained within our annual revenue limits and achieved the planned end-of-year surplus of £2.24million.

This was not the only target we achieved. NHS Leicester City also delivered its capital programme

within the authorised limits. This capital programme included equipping our flagship building, the Merlyn Vaz Health and Social Care Centre, which opened in early 2009. Capital income was boosted by the sale of the Charles Frear Campus site (part of De Montfort University) and the old Merridale Medical Practice premises, bringing in just over £4.8 million.

One of our other aims this past year was to ensure that our 'provider arm', Leicester City Community Health Service, broke even by the end of the year. This too was achieved. Discussions are under way now to move towards complete independence for this provider organisation.

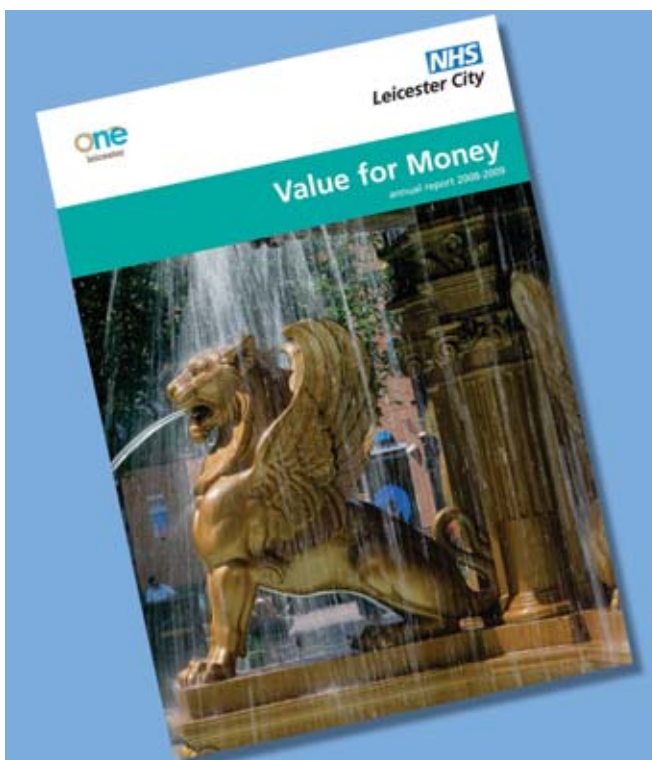
As an NHS body we are committed to paying 95% of invoices within 30 days of receiving them. We exceeded this for NHS invoices and achieved the target for non-NHS invoices for the final two months of the year. Our full year rating for non-NHS invoices fell just short of the target, however, averaging out at 93.2% within the allotted time. The current economic climate means it is increasingly important to pay our non-NHS invoices ahead of the existing target, consequently we will be taking steps during the coming year to pay invoices within 10 days of receipt.

Having achieved this robust financial position, our main task now is to ensure the economic preparedness of the organisation for a potentially more challenging financial future, while still pursuing our aims to improve the effectiveness and quality of healthcare services.

Sue Bishop

Sue Bishop

Director of Finance and Delivery



NHS Leicester City's 'Value for Money' Annual Report is also available.



International Financial Reporting Standards (IFRS)

The NHS currently uses UK Generally Accepted Accounting Principles (UK GAAP). However, IFRS is commonly used worldwide. The 2008 Financial Statement and Budget Report announced that Whole of Government Accounts, including NHS bodies, will now be produced on an IFRS basis from 2009-10 onwards. An implementation plan in respect of the conversion to IFRS was approved by the Audit Committee and appropriate training provided to Board members, Finance and other relevant staff. The March 2008 Balance Sheet has been restated and audited and the PCT is fully prepared for the conversion of the 2008-09 UK GAAP accounts and reporting of the 2009-10 accounts, in line with IFRS.

The following financial statements contained within this report may not contain sufficient information for a full understanding of NHS Leicester City's financial position and performance. Copies of the full accounts, including the full version of the Statement of Internal Control may be obtained by contacting:

Deanne Abbott
The Finance Directorate
NHS Leicester City
St John's House, 30 East Street, Leicester LE1 6NB.

Please note that a reference in these accounts to "the PCT" or "Leicester City PCT" is a reference to NHS Leicester City, the operating name for Leicester City Primary Care Trust.

Independent auditor's statement to the Board of Directors

I have examined the summary financial statement which comprises Operating Cost Statement, Balance Sheet, Cash Flow Statement, Statement of Total Recognised Gains and Losses and the Remuneration Report.

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

Respective responsibilities of directors and auditor

The Directors are responsible for preparing the Annual Report.

My responsibility is to report to you my opinion on the consistency of the summary financial statement within the Annual Report with the statutory financial statements.

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

Basis of opinion

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

Opinion

In my opinion the summary financial statement is consistent with the statutory financial statements of the Leicester City Primary Care Trust for the year ended 31 March 2009. I have not considered the effects of any events between the date on which I signed my report on the statutory financial statements (12 June 2009) and the date of this statement.

Neil Bellamy

District Auditor (Officer of the Audit Commission)
Audit Commission
Rivermead House • 7 Lewis Court • Grove Park
Enderby • Leicestershire LE19 1SU
Date: 4 September 2009

Audit Fees

The external auditor for NHS Leicester City is the Audit Commission.

During the year the following costs were incurred:

	£'000
Audit Services	223
Further assurance services*	40
Other services	0
Total	263

*Further assurance services relates to:

Data Assurance	39
National Fraud Initiative	1
	40

Audit Committee

The audit committee has the following duties:

- 1) Ensure an effective system of integrated governance, risk management and internal control across the organisation
- 2) Ensure there is an effective internal audit function
- 3) Review the work and findings of the Audit Commission, including the agreement of the Annual Audit Letter
- 4) Review the findings of other assurance functions, both internal and external
- 5) Approve the Annual Report and Financial Statements

See page 33 for membership of this committee.

Financial Performance targets for the year ended 31 March 2009

Statutory Target 1 – We are required to remain within the annual Revenue Resource Limit

Revenue Resource Limit

Our performance for 2008/09 is as follows:	2008/09	2007/08	
	£'000	£'000	
Total net operating cost for the financial year	475,573	446,655	
Less: Non-discretionary Expenditure	4,242	3,938	Note 1
Operating costs less non discretionary expenditure	471,331	442,717	
Final Revenue Resource Limit for year	473,575	444,923	Note 2
Under/(over) spend against Revenue Resource Limit	2,244	2,206	Note 3

Note 1: This is the sum of non-discretionary expenditure and relates solely to General Ophthalmic Services.

Note 2: The Revenue Resource limit is the budget allocated to us by the Department of Health

Note 3: For 2008/09 we were set a surplus control total of £2.24m by the East Midlands Strategic Health Authority. The achievement of this is shown in the underspend against revenue resource limit.

Statutory Target 2 – We are required to remain within the annual Capital Resource Limit

Capital Resource Limit

Our performance for 2008/09 is as follows:	2008/09	2007/08	
	£'000	£'000	
Gross Capital Expenditure	4,287	3,210	
Add: Loss in respect of disposals of donated assets	0	0	
Less: Net Book Value of assets disposed of	-4,824	0	Note 1
Less: Capital Grants	0	0	
Less: Donations	0	0	
Charge against Capital Resource Limit	-537	3,210	
Capital Resource Limit	-535	3,720	Note 2
(Over)/Underspend against Capital Resource Limit	2	510	

Note 1: During 2008/09, two assets were sold, Charles Frears and Merridale Medical Centre

Note 2: The Capital Resource limit is the budget allocated to us by the Department of Health to spend on capital expenditure

Statutory Target 3 – We are required to remain within the annual Cash Limit

We contained 2008/09 cash transactions within the cash limit set by the Department of Health

Statutory Target 4 – Provider full cost recovery duty

We are required to recover full costs in relation to its provider functions.

Our performance for 2008/09 is as follows:	2008/09	2007/08	
	£'000	£'000	
Provider gross operating cost	58,019	53,991	Note 1
Less: miscellaneous income relating to provider functions	-13,037	-14,693	
Net Operating Cost	44,982	39,298	
Less: Costs met from our own allocation	-44,982	-39,298	
Under/(over) recovery of costs	0	0	

Note 1: Cost of services provided by Leicester City Community Health Service (LCCHS)

Operating cost statement for the year ended 31 March 2009

	2008/09 £'000	2007/08 £'000	
Commissioning			
Gross Operating Costs	439,217	417,250	Note 1
Less: Miscellaneous Income	-8,663	-9,930	
Commissioning Net Operating Costs	430,554	407,320	
Provider			
Gross Operating Costs	58,019	53,991	
Less: Miscellaneous Income	-13,037	-14,693	
Provider Net Operating Costs	44,982	39,298	
Net Operating Costs before interest	475,536	446,618	
Interest Receivable	0	0	
Interest Payable	37	37	
Net Operating cost for the Financial Year	475,573	446,655	

Note 1: Gross operating costs is the total spend (day to day running costs) of NHS Leicester City. This is split between our commissioning and the provider functions.

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

	2008/09 £'000	2007/08 £'000	
Fixed asset impairment losses	-679	0	Note 1
Unrealised surplus/(deficit) on fixed asset revaluations/indexation	279	1,102	Note 2
Increase in the donated asset reserve and government grant reserve due to receipt of donated and government granted assets	0	0	
Additions/(Reductions) in the General Fund due to the transfer of assets from/(to) NHS bodies and the Department of Health	0	0	
Additions/(Reductions) in "other reserves"	0	0	
Recognised gains and losses for the financial year	-400	1,102	
Prior period adjustment – other	0	0	
Gains and losses recognised in the financial year	-400	1,102	

Note 1: Fall in value of assets following a valuation exercise – due to current economic climate

Note 2: Increase in value of assets following a valuation exercise

Balance sheet as at 31 March 2009

	2008/09 £'000	2007/08 £'000	
Fixed Assets	18,490	21,529	Note 1
Current Assets	11,626	16,074	Note 2
Creditors: Amounts falling due within one year	-39,630	-31,787	Note 3
Net current assets/(liabilities)	-28,004	-15,713	
Total Assets less current liabilities	-9,514	5,816	
Creditors: Amounts falling due after more than one year	-263	-263	
Provisions for liabilities and charges	-4,307	-7,884	Note 4
Total assets employed	-14,084	-2,331	
Financed By:			
Taxpayers' equity			
General Fund	-17,900	-9,316	
Revaluation Reserve	3,811	6,979	
Donated Asset Reserve	5	6	
Government Grant Reserve	0	0	
Other Reserves	0	0	
Total Taxpayers' Equity	-14,084	-2,331	

Note 1: Examples of fixed assets are land, buildings, furniture & fittings and information technology

Note 2: Current assets consist of stock, debtors and cash. The majority of the current assets are debtors, this represents money owed to us on 31 March

Note 3: Creditors represent funds owed to others by NHS Leicester City

Note 4: Provisions are funds set aside to meet a liability where the amount and timing are uncertain

Cash flow statement for the year ended 31 March 2009

	2008/09 £'000	2007/08 £'000
Operating activities	-465,711	-443,751
Servicing of finance and returns on investment	-37	-37
Capital Expenditure	-3,620	-3,210
Receipts from sale of fixed assets	4,855	0
Net cash inflow/(outflow) before financing	-464,513	-446,998
Net parliamentary funding	464,509	447,003
Increase/(decrease) in cash	-4	5

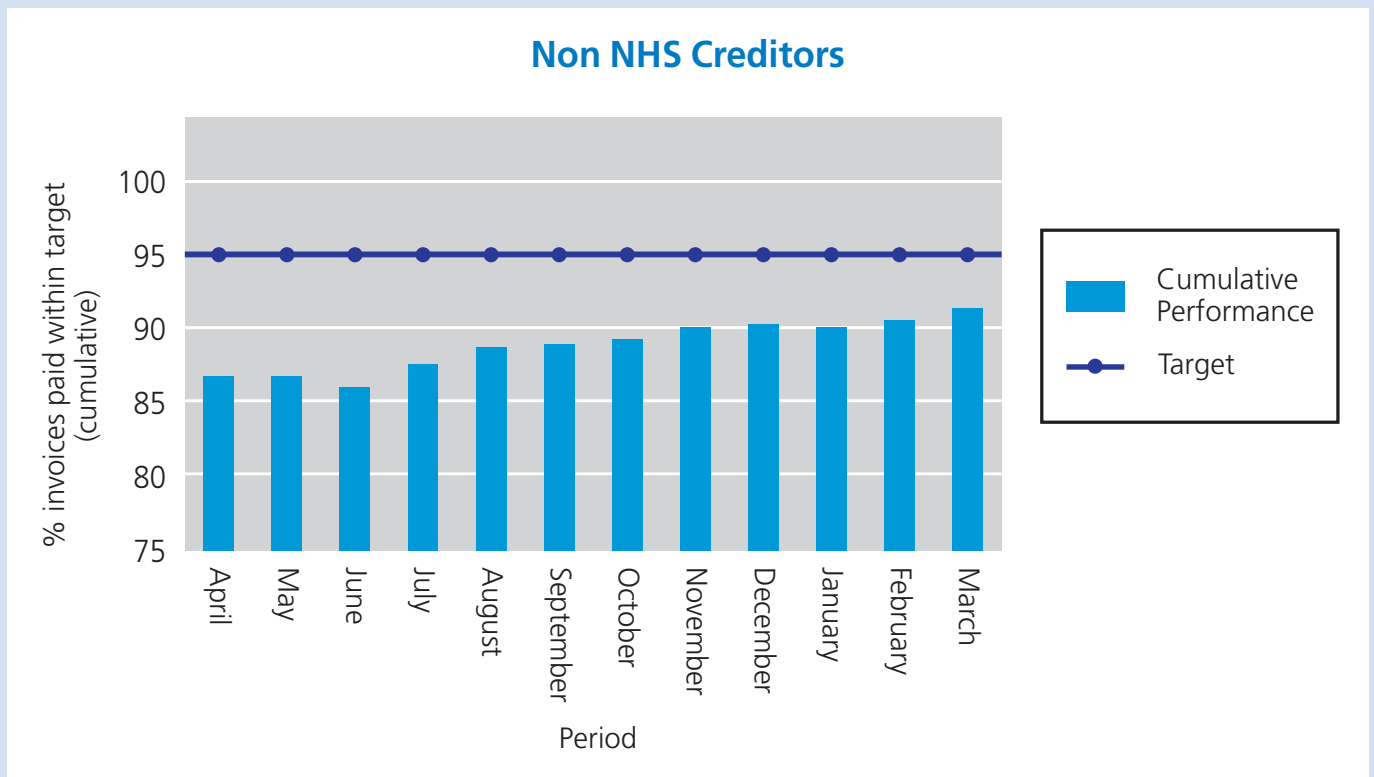
The cash flow statement summarises the cash coming in and out of NHS Leicester City in 2008/09

Better Payment Practice Code – measure of compliance

NHS Leicester City has an administrative target relating to the Better Payment Practice Code.

This requires us to aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later.

	2008/09		2007/08	
	Number	£'000	Number	£'000
Non NHS Creditors				
Total bills paid in the year	21,116	80,097	13,063	66,261
Total bills paid within target	19,259	74,659	11,327	59,603
% bills paid within target	91.21%	93.21%	86.71%	89.95%
NHS Creditors				
Total bills paid in the year	2,053	357,717	2,523	376,890
Total bills paid within target	1,752	352,127	1,876	354,004
% bills paid within target	85.34%	98.44%	74.36%	93.93%



During the financial year 2007/08, NHS Leicester City paid 74.36% Non NHS suppliers within the target date. During 2008/09, this has increased by more than 10% to 85.34%

On average it takes 17 days to pay Non NHS suppliers which is within the 30 day target. During the final 2 months of the financial year, the target of 95% was achieved.

Salary entitlements of senior managers

The following details are provided for all staff who held senior management roles for the year ending 31st March 2009.

NAME	TITLE	2008/2009			2007/2008		
		Salary (in bands of 5000) (£000)	Other Remuneration (in bands of 5000) (£000)	Benefits in Kind (rounded to nearest £00)	Salary (in bands of 5000) (£000)	Other Remuneration (in bands of 5000) (£000)	Benefits In Kind (rounded to nearest £00)
NHS LEICESTER CITY BOARD							
Tim Rideout	Chief Executive	160-165		4	150-155		11
Sue Bishop	Director of Finance and Delivery	100-105			95-100		
Prof Mandy Ashton	Director of Quality	95-100			90-95		
Oliver Newbould	Director of Service Design & Market Management	15-20*			80-85		
Paul Miller	Managing Director LCCHS	95-100			95-100		
Simon Freeman	Director of Information & Corporate Performance	45-50**			45-50		
Jo Yeaman	Director of Communications, Customer Services & Patient & Public Involvement	75-80			25-30		
Toby Sanders	Director of Primary & Community Care	100-105			35-40		
Richard Chester	Director of Equality & Human Rights	85-90***			40-45		
Vikki Taylor	Director of Strategy & Market Management	10-15****					
Brian Wilson	Non Executive Director Chair of Audit Committee	10-15			10-15		
Daxa Patel	Non Executive Director	5-10			5-10		
Eileen Clarke	Non Executive Director	5-10			5-10		
Fayyaz Suleman	Non Executive Director	5-10			5-10		
Gill Brigden	Non Executive Director	5-10			5-10		
Ross Willmott	Non Executive Director	5-10			5-10		
Patricia Mansfield	Non Executive Director	5-10			5-10		
Deb Watson	Director of Public Health and Health Improvement	85-90			20-25		
Phillip Parkinson	Chair	35-40			35-40		
Annette Hogarth	Interim Director of Strategy & Market Management	45-50					
Karen Tiller	Interim Director of Communications, Customer Services & PPI	*****					
Dr Nigel Starey	Medical Director	*****					
Rod Moore	Acting Interim Joint Director of Public Health & Health Improvement	15-20			45-50		
Dr Stephen Whitehead	Interim Director of Public Health				35-40		
Andrew St John	Interim Medical Director				40-45		
Geoff Rowbotham	Turnaround Director				*****		
NHS LEICESTER CITY PEC							
Prof Azhar Farooqi	PEC – Chair/GP	45-50			35-40		
Dr Elizabeth Siddons	PEC – GP	15-20			10-15		
Dr David Salkin	PEC – GP	10-15			5-10		
Dr Bhup Modi	PEC – GP	15-20			10-15		
Satyan Kotecha	PEC – Pharmacist	10-15			10-15		
Mark Pierce	PEC – Nurse	35-40	15-20		20-25	10-15	
Sharon Mart	PEC – Allied Health Professional	5-10			10-15		
Serbjit Kaur	PEC – Dentist				5-10		
Mark Wheatley	PEC – Nurse Member				5-10	0-5	
Martin Hughes	Assistant Chief Executive/Trust Secretary				55-60		
Ginder Narle	PEC – Employee Member				5-10	0-5	16

* Part-year only. Mr Newbould left in June 2008.

** Shared post between NHS Leicester City and NHS Leicestershire County and Rutland.

*** Richard Chester – NHS East Midlands has made a contribution towards his salary of between 20-40%.

**** Part-year only. Started February 2009.

***** The Interim Director of Communications, Customer Services & PPI was remunerated via Hays Accountancy (agency) and was not paid directly by NHS Leicester City. The total payments made to Hays for the financial year were £21005.

***** The Medical Director was remunerated by Prestwood House Surgery and was not paid directly by NHS Leicester City. The total payments made to Prestwood Surgery for the financial year were £14138.40.

***** The Turnaround Director was remunerated by Griffin Solutions Ltd. under an overarching contract to implement the Turnaround Plan. The contract included programme management and the provision of a full-time Turnaround Director. Griffin Solutions Ltd. paid the Turnaround Director directly on a discretionary salary basis, the details of which were not disclosed to NHS Leicester City. However, we can disclose that the total amount paid to Griffin Solutions Ltd. in 2007/08 was £273,559.47.

Pension entitlements of senior managers

The Pension Scheme is an unfunded, defined benefits scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. As a consequence it is not possible for the PCT to identify its share of the underlying scheme assets and liabilities. Therefore the scheme is accounted for as a defined contribution scheme and the cost of the scheme is equal to the contributions payable to the scheme for the accounting period. The full accounting policy can be found in the full statement of accounts.

NAME	TITLE	Total Accrued				Real Increase in Cash Equivalent Transfer Value £000
		Real increase in Pension at Age 60 (in bands of 2500) (£000)	Pension at Age 60 as at 31 March 2009 (in bands of 5000) (£000)	Cash Equivalent Transfer Value at 31 March 2009 (£000)	Cash Equivalent Transfer Value at 31 March 2008 (£000)	
NHS LEICESTER CITY BOARD						
Tim Rideout	Chief Executive	0-2.5	105-110	406	312	61
Sue Bishop	Director of Finance and Delivery	7.5-10	70-75	358	247	73
Prof Mandy Ashton	Director of Quality	5-7.5	100-105	436	314	81
Oliver Newbould	Director of Service Design and Market Management	0-2.5	70-75	265	191	8
Paul Miller	Chief Operating Officer LCCHS	2.5-5.0	150-155	795	600	126
Simon Freeman	Director of Information & Corporate Performance**	15-17.5	25-30	108	34	51
Jo Yeaman	Director of Communications, Customer Services & Patient & Public Involvement	5-7.5	25-30	83	52	21
Toby Sanders	Director of Primary & Community Care	2.5-5.0	25-30	84	57	18
Richard Chester	Director of Equality & Human Rights	5-7.5	5-10	20	0	14
Vikki Taylor	Director of Strategy & Mkt Management	0-2.5	35-40	119	88	3
Brian Wilson	Non Executive Director* Chair of Audit Committee					
Daxa Patel	Non Executive Director*					
Eileen Clarke	Non Executive Director*					
Fayyaz Suleman	Non Executive Director*					
Gill Brigden	Non Executive Director*					
Ross Willmott	Non Executive Director*					
Patricia Mansfield	Non Executive Director*					
Deb Watson	Director of Public Health and Health Improvement	20-22.5	100-105	460	278	123
Phillip Parkinson	Chair					
Annette Hogarth	Interim Director of Strategy & Market Management	7.5-10	85-90	410	255	77
Karen Tiller	Interim Director of Communications, Customer Services & PPI*					
Dr Nigel Starey	Medical Director*					
Rod Moore	Acting Interim Joint Director of Public Health & Health Improvement	0-2.5	25-30	***	***	***
Andrew St John	Medical Director – Public Health				N/A	
Dr Stephen Whitehead	Interim Director of Public Health					
NHS LEICESTER CITY PEC						
Prof Azhar Farooqi	PEC – Chair/GP					
Dr Elizabeth Siddons	PEC – GP					
Dr David Salkin	PEC – GP					
Dr Bhup Modi	PEC – GP					
Satyan Kotecha	PEC – Pharmacist					
Mark Pierce	PEC – Nurse				68	
Sharon Mart	PEC – Allied Health Professional					
Ginder Narle	Professional Executive Committee member – Nurse				141	
Mark Wheatley	Professional Executive Committee member – Nurse				144	
Adrian Brooke	Professional Executive Committee member – Medical Consultant				367	
Martin Hughes	Assistant Chief Executive/Trust Secretary				183	

* These posts do not attract a NHS pension

** Simon Freeman is paid by Leicestershire County and Rutland PCT. NHSLC contributes 50% of the salary costs. The pension and CETV figures included have not been apportioned to reflect this.

There were no contributions made to any stakeholder pensions by the PCT during the financial year

*** CETV values not applicable as over 60

Management costs

	2008/09	2007/08
Management Costs (£'000s)	12,848	9,611
Weighted Population (Number)	337,615	316,788
Management cost per head of weighted population (£)	38.06	30.34

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

Management consultancy expenditure

The following table itemises the amounts invested in management consultancy over the year. Reasons for using management consultants include requirement of specialist expertise and advice; short-term requirement for additional resource; and interim resource pending appointment of substantive employees.

	£000
Service Delivery	398
Next Stage Review	84
Strategy Development	242
Local Improvement Finance Trust Schemes	59
World Class Commissioning	740
Implementing System One – (patient activity information system)	15
Pacesetters: Dis-solution Disabled Work Placement Project Provider	40
Total	1,583

Promotional Activity

In accordance with the, "Code of Practice for the promotion of NHS-funded services", all providers of NHS services are required to publicly disclose the amount of expenditure incurred in relation to promotional activity.

Promotional activity can be defined as "The cost of buying media space for promotion, including advertorial (eg, promotion presented as if it is editorial matter), which has the purpose of influencing the choice of provider for NHS services, excluding activity such as creative work, research, wider public relations work, or any activity that forms part of a recruitment or health promotion campaign."

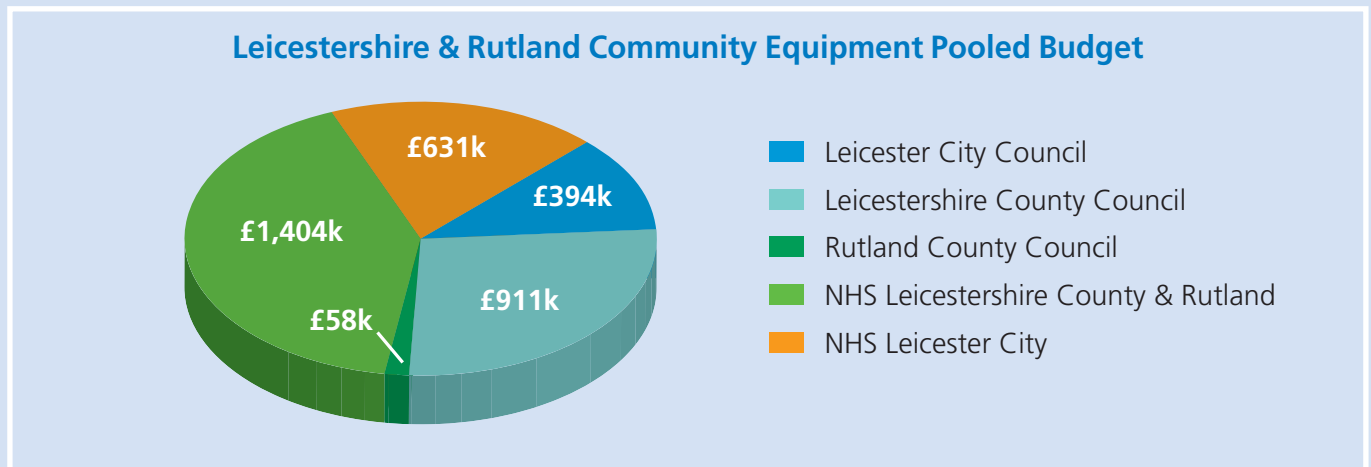
During the Financial year 2008-09, NHS Leicester City did not spend money on specific promotional activity which was not part of the organisation's creative work, research, wider public relations work, or a recruitment or health promotion campaign.

Pooled Budgets

Leicestershire & Rutland Community Equipment

NHS Leicester City is Lead Commissioner to a Section 75 pooled budget arrangement. The Community Equipment Pooled budget represents the contribution of all parties (see below) within Leicester and Leicestershire who provide Red Cross equipment (walking aids, hoists, special beds) to patients.

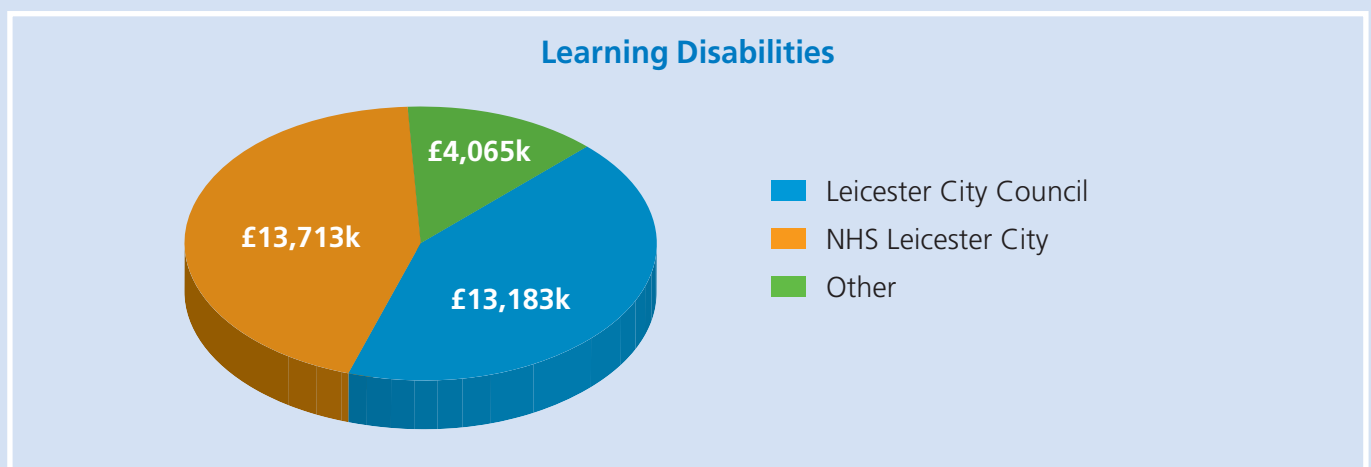
The organisations' contributions to the pool are shown below:



Leicester City – Learning Disabilities

The majority of Learning Disability services for the people of the City of Leicester are jointly commissioned by NHS Leicester City and Leicester City Council from various providers. The LD Pooled Budget is a Section 75 agreement which formalises the partnership working between the two organisations

The organisations' contributions to the pool are shown below:



Related Party Transactions

Leicester City PCT is a body corporate established by order of the Secretary of State for Health. During the year none of the Board Members or members of the key management staff or parties related to them has undertaken any material transactions with Leicester City PCT (2007/08 none).

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

- East Midlands Strategic Health Authority
- University Hospitals of Leicester NHS Trust
- Leicestershire Partnership NHS Trust
- Leicestershire County & Rutland Primary Care Trust
- NHS Logistics
- GPs, pharmacists, dentists, optometrists and other primary care providers*

In addition, the Primary Care Trust has had a significant number of material transactions with other Government Departments and other central and local Government bodies. Most of these transactions have been with Leicester City and Leicestershire County Councils in respect of Learning Disabilities and Free Nursing Care provision.

During the year financial transactions took place between parties related to members of the key management staff as outlined below:

GP Practice	Payments to Related Party £	Receipts from Related Party £	Amounts owed to Related Party £	Amounts due from Related Party £	Net Totals £
Dr AJJ Bentley & Partners	727,226.51	0.00	28,871.55	0.00	756,098.06
Dr Modi	284,296.60	0.00	10,332.72	0.00	294,629.32
Dr Longworth & Partners	2,339,428.36	0.00	86,498.95	10,925.00	2,415,002.31
	3,350,951.47	0.00	125,703.22	10,925.00	

* A full list of all providers and other persons with whom NHS Leicester City has contractual or other arrangements, which are essential to our business, can be obtained by writing to Deanne Abbott, The Finance Directorate, NHS Leicester City, St John's House, 30 East Street, Leicester LE1 6NB.

Details of GPs and other primary health care providers, whose services we commission are also available on our website – www.leicestercity.nhs.uk.

Directors' responsibilities

The Directors are required under the National Health Service Act 1977 to prepare accounts for each financial year. The Secretary of State, with the approval of the Treasury, directs that these accounts give a true and fair view of the state of affairs of the organisation and the net operating cost, recognised gains and losses and cash flows for the year. In preparing these accounts, Directors are required to:

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

The Directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the organisation and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the health authority and hence for taking reasonable steps for the prevention of fraud and other irregularities.

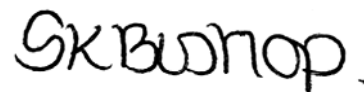
All directors must also state, that as far as they know, there is no relevant audit information of which our auditors are unaware. They must also state that they have taken all steps that ought to have been taken, as directors, in order to become aware of any such relevant audit information, and to establish that our auditors are aware of it.

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

By order of the board.



Tim Rideout
Chief Executive



Sue Bishop
Finance Director

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If you require help with understanding the contents of this document please telephone 0116 2954743

Jeśli potrzebujesz pomocy w zrozumieniu treści tego dokumentu prosimy o telefon pod numer 0116 2954743.

Hadii aad u baahantahay in lagaa caawiyo fahmida qoraalka ku qoran documintigaan fadlan nagala soo xiriir telefoonkaan 01162954743.

ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਸ ਦਸਤਾਵੇਜ਼ ਦਾ ਵਿਸ਼ਾ ਵਸਤੂ ਸਮਝਣ ਲਈ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕ੍ਰਿਪਾ ਕਰਕੇ ਇਸ ਨੰਬਰ ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ **0116 295 4743**

ਜੇ તમને આ દસ્તાવેજમાં આપેલ માહિતી સમજવા માટે મદદ જોઈતી હોય તો મહેરબાની કરીને **0116 2954743** પર ફોન કરો.

अगर आपको इस दस्तावेज़ में शामिल जानकारी समझने में सहायता चाहिए तो कृपया 0116 295 4743 पर फ़ोन कीजिए।

এই ডকুমেন্ট'এর কোন বিষয় বুঝতে আপনার যদি সাহায্যের প্রয়োজন হয়, তাহলে অনুগ্রহ করে 0116 295 4743 নাম্বারে টেলিফোন করুন।

اگر اس تحریر کے سمجھنے میں آپ کو مدد کی ضرورت ہو تو مہربانی کر کے **0116 2954743** پر ٹیلی فون کریں۔



Leicester City

NHS Leicester City

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enquiries@leicestercitypct.nhs.uk

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