



Excelling in what we do

Annual report and
summary financial statements

2008/2009

University Hospitals of Leicester **NHS**
NHS Trust

Annual report and
summary financial statements

2008/2009



Welcomed 1,152 new staff through our corporate induction programme

The year in numbers



Appointed our 1,200th older people's champion

In 2008/09 we...

- treated **156,100** people in our emergency department
- carried out **76,500** day case operations and 25,600 elective admissions
- admitted **87,600** emergency patients
- received **£13 million** of funding for research
- supported **432** research projects and published 654 peer-reviewed papers in leading scientific journals
- had **11,998** people working for us
- answered more than one million telephone calls through our switchboard – **80 per cent** within five rings
- welcomed our **14,623rd** public member to the Trust
- spent **£8 million** on our energy bill
- reduced our carbon footprint by **2,866 tonnes** (8 per cent)
- more than **10,000** people used our Hospital Hoppers each week
- had only **998** patients waiting more than 2 weeks for a diagnostic test on 31 March 2009, down from **3,713** in 2007/2008
- cleaned **371,997** surgical instruments
- saw **1,678** patients with sleep apnoea at our Hanning Sleep Laboratory (when people stop breathing in their sleep)
- treated **350** patients for mini strokes in our new TIA Clinic
- treated more than **1,500** "pain patients" with acupuncture



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Delivered 10,800 babies



Saw 218,900 new patients in our outpatients clinic



“ It’s a cliché but true nonetheless that health care is a people business. Whether it’s the nurse who knows every one of their patients by name, even on the busiest ward or the porter whose bedside manner can do as much to settle a patient for theatre as the best anaesthetist. ”



Welcome from our Chairman


One of the most thrilling aspects of this job is the people I get to meet. There is of course also an inherent frustration... we employ almost 12,000 people which means that if I met five new members of staff a day it would take me just over six and a half years to meet everybody, (and actually, that sum only works if I worked 365 days a year)... so, because the NHS is an ever changing employer with an ever changing workforce the reality is that I can never truly know everyone.



people who our patients remember and as I make my way around the Trust they are the people who make me feel very humble when I see at first hand the work they do to make Leicester's hospitals a safe and welcoming place for our patients.

I have also spent a lot of time this year with colleagues on the Trust Board looking at how we are structured and at how the board is performing in its duty to give strategic direction to the trust and ensure that we are well governed. Working with our new chief executive, Malcolm Lowe-Lauri we are rebuilding the board as we take account of retirements and people moving to pastures new. And so, though it is always sad to say goodbye to colleagues, it is also exciting to be able to bring in new talent.

And on that subject I would like to record my thanks to Professor Ian Lauder who retired as dean of the Leicester Medical School and as a non executive director of the trust and also to Pauline Tagg our director of nursing who retired after 35 years service. Their replacements on the board are the new dean,



Almost without exception the people I meet who work in Leicester's hospitals are passionate about the jobs they do, they want to do better for their patients and in most cases they are not backward in coming forward when it comes to pointing out what the Trust can do to help them.

It's a cliché but true nonetheless that health care is a people business. Whether it's the nurse who knows every one of their patients by name, even on the busiest ward or the porter whose bedside manner can do as much to settle a patient for theatre as the best anaesthetist. These are the

“ These are the people who our patients remember and as I make my way around the Trust they are the people who make me feel very humble when I see at first hand the work they do to make Leicester's hospitals a safe and welcoming place for our patients. ”

Professor David Wynford-Thomas and Suzanne Hinchliffe our new Chief Nurse.

So what does the future hold for Leicester's hospitals? Well the first thing to recognise is that change is in the air. First we had national and local review of the disposition of health service led by Lord Ara Darzi. This set out the blueprint for health provision over the next 15 years. Hospitals will become smaller and more specialised as more services move out into the community, closer to where people live. This necessarily means that our people will be required to embrace new ways of working which preserves and improves the quality of what we do, whilst giving the public more choice and more say over how their health service is distributed.

The second issue we need to prepare for is the impact of the recent turbulence in financial markets. At a time when homeowners and industry are tightening their belts to deal with a shortage of cash it is inconceivable

that the NHS will continue to receive the kind of settlements from government that we have been used to. On the face of it this seems like bad news but I would beg to differ.

People have a right to expect that their public services are well managed and that public funds are spent wisely. For these hospitals this means that we need to work ever more closely with our partners in the PCTs and in social services to create new innovative ways of doing the same amount of work, to a higher quality but using fewer resources.

The fact that this was part of the future of health services has always been the case. The recent economic turmoil will just serve to highlight how much more efficient we need to be, in a way that has not been seen previously.

This year on the back of £652 million of income we created a £3 million surplus which we can now use to invest back into the hospitals. This is the future model for investments in hospital services.





Trusts like ours will be expected to show that we are becoming more efficient, delivering ever higher quality care and using the difference between our income and our expenditure to fund better services. This is the 'Foundation Trust' model in a nutshell.

Foundation Trusts have to prove that they can run effectively in terms of quality, safety and their long term financial model. To 'prove' this Trusts have to show that they have detailed plans which are already working to improve the quality of their services for patients

and protect the long term financial health of their organisation. In return for this level of assurance the Department of Health grants Trusts the licence to become a Foundation Trust, answerable to their local people and with local people involved in the big decisions about the way services are provided.

Starting to make the case that we are ready to become a Foundation Trust is our main challenge over the next 12 months and beyond.

I would like to end by saying thank you...

To our partners in primary care for their support and the increasingly collaborative approach we have developed to thinking about the future of healthcare in Leicestershire and Rutland.

To our volunteers who turn into work every day of the year for no reward other than they make a real difference to the lives of patients and their families.

To our Patient Advisors and the newly formed 'Local Involvement Networks' who challenge, advise and support the Trust.

... and finally of course to our staff whose enthusiasm, dedication and talent gives me and others great faith in a successful future for our three hospitals.

Martin Hindle
Chairman



Introduction from our Chief Executive



Before joining in May 2008 I described the Trust as a 'sleeping giant.'

Giant' for the obvious reason that we are one of the biggest Trusts in the country, employing thousands of staff and treating more than a million patients. 'Sleeping' because it seemed that as healthcare was changing and evolving; the Trust continued to do things in just the same way that they had always been done.

Some people may, and indeed did, argue that 'continuity' especially in turbulent times is a thoughtful response to a changing world. But whilst continuity is comfortable it is rarely advisable. Anyone mature enough to remember the demise of the UK motor manufacturing industry during the 1970s will know that continuity can be a bedfellow to complacency and that in turn leads to decline.

And the NHS world is changing. Partly as a result of advances in medical techniques, drugs and technology. But also because for the first time in over a decade the NHS can no longer rely on inflation busting cash settlements from Government. We are preparing to meet the new colder economic climate and in doing so we must be alive to the fact that we will be expected to do more with less.

So, in mentioning 'sleeping giant' it necessarily begs the question that one year on have we woken up? Yes we have.

Last summer as a product of many conversations with staff across the Trust, we started to talk about an improvement plan called 'Getting into Shape'.

'Getting into Shape' took as its starting point the fact that according to the health watchdog, the Healthcare Commission, Leicester is an 'excellent' Trust. Specifically, that the quality of our services were sufficient to merit an excellent rating for the fourth successive year.

However, though many other Trusts might be content with an excellent rating we asked ourselves; do all our patients have an excellent experience of our services? Does it feel like an excellent Trust for the staff who work in our hospitals? And do our partners in primary care share the view that we are excellent?

On the basis of our own evidence from staff surveys, patient surveys and discussions with partners, we decided that whilst we do have some excellent services and many excellent staff we have some way to go before we can judge ourselves excellent by our own standards.

“ So, in mentioning 'sleeping giant' it necessarily begs the question that one year on have we woken up? Yes we have. ”

An example might help illustrate this gap between the external view of the Trust and our own judgement:

One of the accepted truths in any organisation is that if staff are well managed, know that they are valued, understand how they are performing.....they are more likely to be satisfied in their work and crucially, the people they serve are also more likely to be happy with the service they receive. In other words, happy staff usually means happy patients.

Now, one of the simple, but effective ways of making sure that staff feel valued is for them to have annual appraisals with their managers.

Last year in Leicester's hospitals only 50 per cent of staff received an appraisal.

The impact of this can be seen in our annual staff survey where staff told us that communication with their manager is poor and their understanding of how they can contribute to the overall aims of the Trust is patchy. (As a result in this year's Healthcare Commission ratings we have taken the decision to downgrade ourselves and it is therefore likely that at best we will be rated 'Good').

So the plan called 'Getting into Shape' was about two things; first a reawakening which involved a long hard look at whether or not we were doing the best job for our patients and staff; and second a strategy for how we would improve things.

From September we set about changing the way we worked to deliver 'Getting into Shape'. The plan looked at how we were governed; how we performance managed services; our infrastructure; how we trained and supported staff; our leadership capability and how we work with partners.

Seven months on and we have made real progress. We have changed the way that we are governed, strengthened accountability and performance management from the board to the ward; developed a 'Leadership Academy' and fixed some of the 'irritants' which got in the way of our ability to do a good job... foremost among those irritants was the payroll system which back in April 2008 failed to pay a significant minority of our staff. (That unhappy state of affairs is now fixed).

So, does this mean that we are excellent by our own standards now? No it doesn't. There is still more to do than has been done. But over the past seven



months we have diligently gone about implementing 'Getting into Shape' which means that we can now build for the future with the knowledge that we have done the important groundwork.

Final word on this before we look at what else we have been up to in the last 12 months...

It's traditional for Annual Reports to be unrelentingly upbeat about the achievements and successes of the Trust and in Leicester there is much to be proud about (more on this in a minute).

But there have been some recent examples of what can happen when hospitals seek to paint too rosy a picture of themselves or worse still, are unaware of their own shortcomings. The public and staff are right to be sceptical if all they hear is good news. Some of the best organisations and the best people in the country are those who know their weaknesses and work to improve upon them rather than plastering over the cracks.

You would be forgiven for thinking, given what I've just said, that all we've been doing over the last year is getting into shape. It isn't of course and in many ways we have had a terrific year.



Our staff have been brilliant. In fact one of the first things to strike me when I arrived in Leicester was just how hard people work. If there were prizes for hard work we'd be top. This is one of the reasons why we have successfully delivered the 18-week target. Which means that patients in Leicester now have the shortest wait for surgery, operations or indeed any procedure in the history of these hospitals.

If we pause to think about that: Not long ago and certainly within the span of my career in the NHS in it was not uncommon for people to die on waiting lists. Ten years ago people would wait more than a year for a hip operation. Now the maximum wait in Leicester for any procedure is 18-weeks with the majority of patients being seen far quicker than that. For example: first outpatient appointments happen in less than four and a half weeks; most diagnostic tests are done within five weeks...and despite record numbers of people being seen in our Accident and Emergency Department we still made sure that nearly 98 per cent of them were seen and treated within four hours.

There have been other successes and we know that one of the most important things that the public want to know is that we will keep them safe.

Over the last few years it has hardly been possible to pick up a newspaper or turn on the TV without seeing the latest 'infections' shock story. Contrary to the media coverage, the national picture has improved; with the target of a 50 per cent reduction in MRSA infections being delivered across the NHS. In Leicester we have gone further, faster and now have one of the lowest MRSA rates in the country...so low in fact that the average patient would have to spend 27 years in hospital to stand a chance of contracting an MRSA infection.

Similarly the rates of clostridium difficile have fallen by 20 per cent in the last year making Leicester one of the safest Trusts in the country; a fact recognised earlier this year when we were awarded a £150,000 'Technology Award' for our leading work on innovations to combat infection.

Of course, the battle against infections will never be over. As long as people become poorly, nature will come up with new or mutated organisms capable of exploiting a weakened immune system or a wound. Our job is to deal with the threats we know about and remain ever vigilant for the next variant.

Finally we ended the year on a bang. Just before sitting down to write this introduction I was thrilled to learn that the Trust was successful in the £5.5 million bid to create a national Cardiovascular Biomedical Research Unit, (CBRU) at the Glenfield hospital. This will bring new lifesaving developments, more clinical talent and more funding to benefit the hospitals and the people of Leicestershire, Rutland and the wider East Midlands. It also underlines the Glenfield's growing reputation as one of Europe's premier heart hospitals.

I think I've said enough. The rest of this report will discuss the highs and lows in greater detail. For now I'd like to end by thanking all those staff in the many different professions who work tirelessly to deliver care to our patients and also thank the many supporters, champions and friends we have in the communities around the City and Counties.

Malcolm Lowe-Lauri

Malcolm Lowe-Lauri
Chief Executive



About us

We provide services for a diverse population of nearly one million people across Leicester, Leicestershire and Rutland

Our hospitals include the Glenfield, Leicester General and the Royal Infirmary. Formed in 2000, we are now one of the largest and busiest teaching Trusts in England, employing almost 12,000 staff. We provide services for a diverse population of nearly one million people across Leicester, Leicestershire and Rutland, as well as a further two to three million people from neighbouring counties.

We have a national and international reputation for our high quality specialist care, particularly in cancer, renal and cardiac services. We are still at the forefront of many research programmes and new surgical procedures, such as keyhole heart valve surgery and

our research into Cardiovascular disease and diabetes, genetics and respiratory disease. As a teaching Trust we play a vital role in the education and training of doctors, nurses and other healthcare professionals, working closely with local universities.

For the third year running the health watchdog, the Healthcare Commission, have awarded us an 'Excellent' rating for the quality of our services. We were also awarded 'Fair' for use of resources in the 2008/09 Annual Health Check. This puts us top of the league for large acute teaching Trusts in the country and only one of four acute Trusts' nationally to have received excellent three years in a row!

“ “ This puts us top of the league for large acute teaching Trusts in the country and only one of four acute Trusts' nationally to have received excellent three years in a row! ” ”


Our vision

In the next 3 years we want Leicester's Hospitals to be...

- In the top 5 best emergency and specialist Trusts in the country where patients receive caring at its best from highly motivated, skilled staff who enjoy their work.
- Recognised for premium research and innovation which directly contributes to better care for our patients and attracts both new clinical talent and new funding.
- The place where the next generation of clinicians want to complete their studies.
- Productive, low or no wait hospitals with transformed clinical pathways which enable better patient care and create significant surpluses to invest in future services.
- An active partner in the local NHS; working with others in and out of hospital and involving patients and the public to ensure that they receive the best care when and where they need it.

In 6 years time...

- The number one major provider of emergency and specialist services to patients in England, recognised for the quality of our care and the strength of our business.
- In the premier league of clinical and applied research organisations.



We are
working hard
to achieve our
vision



OUR PRIORITIES
and did we
achieve them?

We set ten clear priorities for 2008/09 to guide the way we developed our services and standards.

1

Infection prevention and control remained our number one clinical priority, with a targeted reduction of 10 per cent in clostridium difficile and further for reductions in MRSA infections.

Our results: We are recognised as one of the best NHS Trust's in the country for our low infection rates thanks to the continued work of staff, patients and visitors. Our MRSA rate for April to September 2008 is 0.71 MRSA bloodstream episodes per 10,000 bed days, one of the lowest in England, and we

have reported another 20 per cent drop in Clostridium difficile (C.diff) infections. There is still room for improvement, so this will stay one of our priorities for the coming year.

2

Improvement in patient satisfaction, with ten per cent improvement by October 2008 in those rating patient care as 'excellent,' driven by our 'Caring at its Best' initiative

Our results: Our patient polling throughout the year has shown a 2.3 per cent improvement in our

overall inpatient satisfaction rates and 4.3 per cent improvement for outpatients; however this still isn't where we'd like to be. We will continue to focus our efforts on improving the patient experience so we will see tangible results in our patient satisfaction survey results, and a decrease in complaints.

3

Measurable improvement in staff satisfaction, taken from the baseline of our first staff survey

Our results: We had our best response ever to the 2008 staff survey (a response rate of 65 per cent), putting us amongst the top 20 per cent of Trusts surveyed.

Some of the high points:

- 88 per cent of staff feel valued by their colleagues
- 36 per cent of staff witnessed potentially harmful incidents/near misses (Low score better)
- 73 per cent of staff use flexible working options
- 64 per cent of staff feel satisfied with the quality of work and patient care they are able to deliver
- 22 per cent of staff experienced harassment, bullying or abuse from patients/relatives (a drop from 28 per cent in 2007)
- more hand washing facilities available
- less staff intend to leave jobs
- less work pressure is felt by staff.

This year we will be concentrating on the areas we are weakest such as appraisals, communication and involvement, training (in some areas) and reducing work-related injuries. We intend to engage and

involve staff in this process, and hope that everyone will get involved to make Leciester Hospital a better place to work.

4

Meet the national targets for 18-week referral to treatment time for patients, defined as 90 per cent of admitted patients and 95 per cent of non-admitted patients.

Our results: In the last 12 months we hit the overall 18-week target for admitted and non-admitted patients, exceeding both of the 18-week referral to treatment standards achieving 98 per cent for non-admitted (target 95 per cent) and 96 per cent for admitted (target 90 per cent) by the end of December, falling by nearly a third. This means patients can look forward to shorter waiting lists as well as the prospect of being admitted more quickly than ever before.

5

Ensure that we have strong and tested plans for emergency preparedness, with regular testing and audit.

Our results: We continue to prepare ourselves and staff for major incidents, including flu pandemic preparedness. Our plans are tested and changed to reflect lessons learnt. We have been working in partnership with the organisations around us to make sure that when faced with an emergency situation we can manage the situation and quickly resume to business as usual.

6

We will generate a financial surplus by becoming more productive, more effective and more efficient in the ways we deliver quality care and we will use technology and our capital allocation to improve services to patients.

Our results: We made a £3 million surplus last financial year and have been "Getting into Shape" for the future with our new strategy to make long term sustainable changes that generate improvements in the way we deliver services.

We had our best response ever to the 2008 staff survey (a response rate of 65 percent), putting us amongst the top 20 per cent of Trusts surveyed.

7

Work with staff, patients, stakeholders and local people to agree the vision for Leicester's hospitals in the context of care closer to home and the national Darzi principle of services 'Localised where possible and centralised where necessary'

Our results: We did consult and engage with local people about our own vision, as well as supporting NHS Leicester City and NHS Leicestershire County and Rutland in gathering opinions for theirs. Excellence for All is the result, and we continue to work with those organisations to take that work forward and develop and improve our services for the benefit of patients.

8

Prepare to submit our Foundation Trust application.

Our results: During 2008/09 we continued to prepare for our application for authorisation as an NHS Foundation Trust. As part of 'Getting into Shape', our Board embarked on a formal assessment and development programme, facilitated by Deloitte's and the NHS

Institute for Innovation and Improvement. The Trust Board monitors its preparedness for NHS FT status on a monthly basis, and has agreed with NHS East Midlands to submit its application no later than 1 December 2010, giving a prospective authorisation date of April 2011.

9

Build on our reputation for excellent patient centred research by attracting more research programmes and funding to Leicester.

Our results: Our research record and expertise has led to the National Institute for Health Research (NIHR) awarding us and the University of Leicester £5.5 million for the establishment of a Cardiovascular Biomedical Research Unit at the Glenfield Hospital. The new funding will build on research strengths in this area including the genetics and inheritance of heart disease, high blood pressure and the introduction of new treatments including different types of cardiac stents and valves. We also host the NIHR-funded (£20 million over five years) Collaboration in Leadership in Applied Health Research and Care programme (CLAHRC). This is a

regional partnership between all primary and secondary care Trust's in Leicestershire, Northamptonshire and Rutland; it will investigate early detection, prevention, rehabilitation, education, self-management and implementation of effective healthcare for long-term conditions (heart failure, diabetes, respiratory disease, renal disease, mental health).

Unfortunately we weren't successful in our Academic Health Sciences Centre bid; however we will be strengthening this and will submit it again in two years.

On balance it was another challenging year, which met and often exceeded most of our expectations but there is work still to do, building on successes and tackling the more difficult issues.

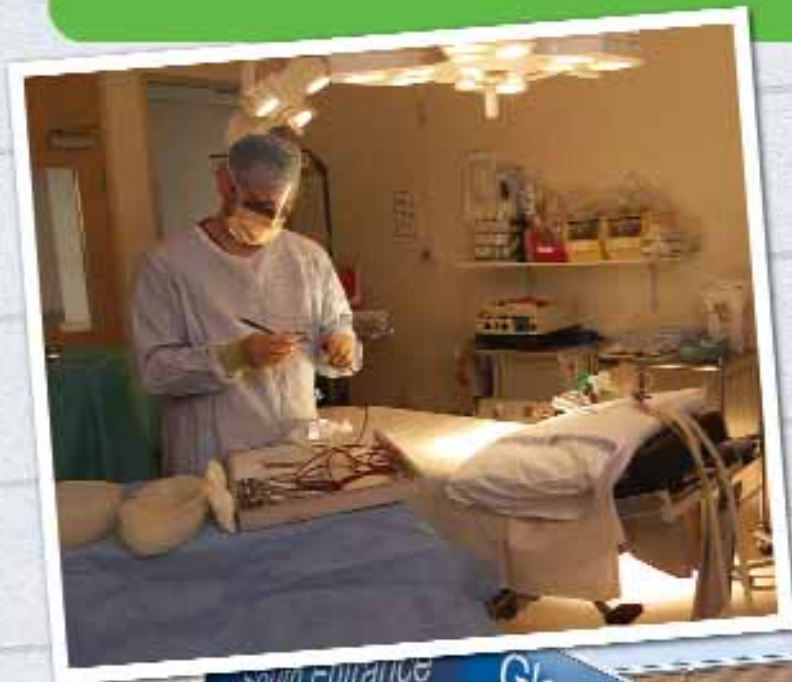
On balance it was another challenging year, which met and often exceeded most of our expectations but there is work still to do, building on successes and tackling the more difficult issues.

10

Ensure we retain excellent status and improve patient safety through delivery of national targets and healthcare standards.

Our results: In October 2008 the Healthcare Commission (HCC) once again rated Leicester's Hospitals Excellent in their Annual Health Check. We are only one of four acute Trusts' nationally to have received excellent three years in a row!

We were also rated 'fair' for our use of resources which is the watchdog's measure for how effectively we managed our business. This is a fair reflection. We're not doing things less well than last year, we still broke even and in fact made a small surplus; we invested £20 million in services and put together a deal to bring £175 million of new high tech medical equipment to Leicester, but, the bar has been raised and we have to raise our game with it.







OUR YEAR

at a glance

April 2008

Potential cardiac arrest victims given heart 'start-up' kits for the home

A cardiac arrest study across seven countries, led in the UK by a Leicester medical and academic heart expert, announced new findings that could impact on how patients are treated.

The study, led by senior lecturer in cardiology Dr William Toff, found giving home defibrillator machines to patients who had previously suffered a heart attack did not improve their chances of survival compared with training their partners to perform CPR in the event of a cardiac arrest.



May 2008

New Chief Executive at Leicester's hospitals

Our new chief executive Malcolm Lowe-Lauri began work at Leicester's hospitals. Malcolm had been chief executive of Kings College Hospital NHS Foundation Trust where he was instrumental in establishing the Trust's reputation for world class care and research.

Launch of new research network

A new network was launched to support and develop clinical research in the region. The Leicestershire, Northamptonshire and Rutland Comprehensive Local Research Network is hosted by Leicester's hospitals. It is one of 25 National Institutes for Health Research (NIHR) networks covering the whole of England to provide support for conducting clinical research in the NHS.

The network will facilitate, manage and support world-class, patient-focussed research in the three counties and is jointly led by Professor David Rowbotham, our director of research and development, and Professor Azhar Farooqi.

Professor Rowbotham said "The network will ensure we can improve and expand our research activities and this will have real benefits to the healthcare of patients in our area."



“ I recently visited a friend in Leicester Royal Infirmary. The wards and facilities were clean and the nurses and doctors were wonderful. ”

Clotbusting care closer to home

In May 2008, we took over running the community-based Integrated Anticoagulation Service. The service is led by Specialist Nurses and is for patients who take anti-coagulants, (and need their blood monitoring for INR levels), allowing them to discuss any concerns face-to-face. Designed to be flexible for patients, they can dictate where they want to be seen, either at hospital or at their GP surgery. In the last year they've treated 3,000 patients either at the hospital or in the community and the team are in the process of setting up clinics for patients who need to self-test.

Wound care at its best

Our Tissue Viability team received an award for wound care at the British Journal of Nursing awards. The award recognised the clinical and nursing management of a particular aspect of wound care highlighting the innovative evidence-based work practices and the improvement in the care of patients. They demonstrated the effectiveness of developing an agreed process to move patients with complex wounds from being treated in hospitals to being treated in the community.

Karen Weafer, specialist sister for tissue viability said: "We were really pleased to win the award, it helps to highlight the work we are doing to improve care for patients and recognises the efforts of our team."

Hospital hopper short listed for the National Transport Awards

Leicester's innovative hospital hopper was picked from hundreds of entrants nationwide to make it to the final six of the National Transport Awards. The Hospital Hopper service was introduced by the hospitals in May 2006 and carries more than 10,000 people each week. The service links the General, Royal Infirmary and Glenfield hospitals as well as providing links to the city centre, Charles Frears Campus, Beaumont Centre and Hamilton Centre.

June 2008

Hospital's website hits more than 100,000 visits a month

Numbers visiting our website – www.uhl-tr.nhs.uk – increased by 50 per cent to reach a startling 102,000 visits in May. The most popular pages on the site include information about jobs, clinical services and details about Leicester's three hospitals. Other popular areas include the 'what's on' section in the patients' area and news and events for hospital members.





“ I recently had cause to attend A&E and would like to take the opportunity to express my sincere thanks. Despite the fact that staff were rushed off their feet, the treatment I received was given in a calm and patient manner with dignity and respect. ”

Excellence for All

The Excellence for All report was published for the Our NHS Our Future review. During 2008/09 we worked with all of the NHS Trusts in Leicester, Leicestershire and Rutland on the Next Stage Review, commissioned by Lord Darzi. This review was led by clinicians and examined eight areas of care: Maternity and new born services; Children and young people's services; Helping people stay healthy; Mental health and learning disabilities; Acute (emergency) care; Planned care; Long term conditions; and End of life care.

During the review there was engagement across the whole area with different groups of patients and the public. The review document 'Excellence for All' was published in June and summarised potential improvements for future care. Work to take this forward will continue into the next financial year.

July 2008

Personalised pain relief for mums in labour

We introduced a new epidural pump into our maternity hospitals to allow women in labour to administer their own pain relief. The system is similar to the PCA (patient-controlled analgesia) pumps now widely used following operations. The new system allows midwives to spend more time with women in labour, as they no longer need to repeatedly check drugs out of the controlled drug cupboard with a colleague.



Hospital food rated excellent by watchdog

The food in Leicester's hospitals was rated as excellent by an independent watchdog.

Cleanliness along with privacy and dignity were also rated four out of five in the survey, carried out by the annual Patient Environment Action Team (PEAT) for 2008. The team made up of staff and one of our patient advisors uses a scoring system ranging from one, which is unacceptable, to five, which is excellent. The teams inspect standards across a range of patient services including of food, cleanliness, infection control, and patient environment (bathroom areas, décor, lighting, floors and patient access) to give the hospital an overall rating.

Top performer for life saving procedure

The NHS website, NHS Choices, named us as one of the best hospitals in the country for performing a lifesaving procedure – an elective Abdominal Aortic Aneurysm (AAA).

In the last three years we have performed 146 open repairs (these are more technically challenging cases) and only lost two patients within 30 days (1.4 per cent). During the same time period, we also did 202 endovascular stent procedures with no procedural deaths – an excellent outcome. Overall, in the past three years we have dealt with 348 elective AAAs with only two deaths within 30 days (0.6 per cent).

August 2008

New director of human resources

Kate Bradley joined us as director of Human Resources.

Kate has worked in HR in the NHS for a number of years, most recently as the director of HR for the University Hospitals of Coventry and Warwickshire NHS Trust.

Cancer nurse wins £85k research grant

A specialist cancer nurse was awarded £85,500 to discover why some patients react badly to chemotherapy treatment.

Annie Law will spend the next three years investigating whether patients at risk of side effects can be identified before treatment.

Annie said "If patients at risk can be identified before treatment begins, doctors may be able to look at using different drugs or doses as part of the chemotherapy treatment."

Egg allergy research

Medics began research into egg allergies in children, after successfully curing youngsters with milk allergies.

The treatment, the first of its kind in the UK, is called Specific Oral Tolerance Induction (SOTI) and desensitises the patient by exposing them to small but increasing amounts of the allergen.

Milk allergy is the most common cause of the fatal reaction anaphylaxis but more commonly causes hives and respiratory problems, vomiting and diarrhoea, a worsening of eczema or colitis.

Non-executive director appointed to Trust Board

Professor David Wynford-Thomas, head of the University of Leicester's medical school, was appointed as a non-executive director.

Professor Wynford-Thomas is a renowned cancer specialist who has built up a highly respected research team studying the molecular basis of cancer and its clinical applications, with long-term funding from Cancer Research UK and various prestigious institutions.

Red pegs preserving privacy and dignity

Thousands of red dignity pegs are being used in our wards and clinics to further protect patients' dignity. This simple but effective idea works by using large plastic pegs ensure curtains are properly closed during an examination or when a patient requires privacy.

The bright red colour also indicates to staff that they should stop and think before going through a closed curtain. Each clinical area now has promotional posters to alert staff, patients and visitors to their use.

September 2008

Director of nursing appointed

Suzanne Hinchliffe CBE joined us as Director of Nursing and Infection Control and Prevention.

Suzanne is a registered nurse and midwife and has worked in the NHS for 26 years. She was awarded a CBE in the 2003 Queen's New Year's honours list in recognition of her services to healthcare and nursing.

Suzanne comes to us from St Helen's and Knowsley Teaching Hospital NHS Trust where she was deputy Chief Executive/Director of nursing.

Suzanne was appointed in September but did not join our team until January 2009.

Leicester hospitals lead fight against flu pandemic

One of our experts is leading a £1 million three-year research programme to test a newly developed vaccine against the H5N1 – so-called avian or bird flu – that experts predict could be responsible for a major flu outbreak.

Consultant physician Professor Karl Nicholson said "The work will help the Department of Health – and the rest of the world – to plan for the future. The research will focus on how much of the vaccine should be given to optimise its success."



“ I would like to say a big thank you to the surgeons, anaesthetists and nursing staff of wards 25 and 23A at Glenfield. You deserve every penny you get paid. You are top gun! ”

People across Leicestershire taking part in the study will be among the first in the world to receive the flu vaccine.

At the start of the recent swine flu outbreak, Professor Nicholson was called to be closely involved with the government and Health Protection Agency to provide support and advice.

Hundreds attend hospital meeting

Almost 1,000 people attended our annual public meeting – in person and in cyber space!

Some 500 people attended the Walkers Stadium to have a health MOT, visit 'wellbeing' stalls, and listen to talks by health care professionals as well as the meeting itself. A further 440 people logged on to the hospital website and watched the event online.

Online visitors could email in questions they wanted to ask the hospital's chairman, chief executive and other senior staff and board members.

Raising money in style

Staff and volunteers strutted on the catwalk to raise £13,000 for our Children's hospital. The event attracted a fantastic turnout with our chief executive, Malcolm Lowe-Lauri, opening the show.



October 2008

Health chiefs visit stroke unit

Professor Lord Ara Darzi, leading surgeon and Health Minister and David Nicholson, Chief Executive of the NHS met patients and staff at Leicester's stroke unit as part of their tour of NHS services around the country.

The prestigious visitors heard from patients who have benefited from the care and treatment provided by the staff on the unit.

Head of the Stroke Service Dr Martin Fotherby said "We were proud to welcome Lord Ara Darzi and David Nicholson to Leicester's Hospitals to highlight the comprehensive stroke services we provide to the people of Leicester, Leicestershire and Rutland."



Leicester's hospitals leads the way with triple A

A life-saving screening programme is set to go national – more than a decade after it was introduced at Leicester's hospitals.

An abdominal aortic aneurysm, known as AAA, affects around 7.5 per cent of men aged 65 and over. An AAA occurs when the aorta – the largest artery in the body – becomes weakened and dangerously enlarged. Sufferers usually have no symptoms but left undetected it can rupture and causes death in up to 90 per cent of cases.

Now the Government hopes to roll out a national screening programme over the next five years – 12 years after a programme was established by specialists at Leicester's Hospitals. Unsurprisingly, we have been chosen, along with five other centres, to introduce the screening programme thanks to its expertise in screening and its excellent results in treating AAA.

Vascular surgeons at Leicester's hospitals have carried out preventative surgery since 1996 through the volunteer screening programme. The screening is carried out in GP surgeries by a nurse using an ultrasound – similar to that used on pregnant women to see the foetus.

The current programme screens around 40 per cent of 65 year old men in Leicester, Leicestershire and Rutland.

Mr Akhram Nasim, our consultant vascular surgeon at Leicester's hospitals is one of six surgeons who carry out the surgery. He said: "It will save hundreds of lives. By increasing the take-up we will increase the amount of preventative surgery we can do and reduce the number of patients who have to undergo an emergency repair.

Extended GP blood service

Our children's hospital extended and improved the blood testing (phlebotomy) service offered to GP practices to offer same day or open appointments from 2pm to 7pm.

These improvements make it easier to access services for families who previously used to wait up to six weeks for an appointment. Children can now attend the day care unit, which has dedicated paediatric trained nurses and phlebotomists who are both supported by a play specialist, trained to work with sick children. They use specialist play skills to prepare children for invasive procedures and distract children so that they are compliant and can cope with their procedure.

Hand in hand

We took part in the East Midlands Strategic Health Authority's 'Hand in Hand Campaign' which targeted key action areas to help to further reduce healthcare acquired infections (HCAIs). These were hand hygiene, antibiotic prescribing, MRSA screening and environmental cleanliness.

One of our nurses Sue Davey became an overnight star when she was reproduced in life-sized cardboard and strategically placed at entrances throughout the Trust and at hospitals throughout the region, reminding us all to clean our hands before patient contact. Her son admits to a surreal experience when he entered a local hospital one night to find his mother at the entrance!



The descent of man

Simbarashe Kashiri started working at Leicester's Hospital's as our alcohol liaison worker. Since joining he has seen more than 300 people admitted to the Royal Infirmary with health problems caused by alcohol.

A poster campaign was launched later in the year to highlight the risks of excessive alcohol consumption and how it can be enjoyed responsibly.



November 2008

New test predicts chemotherapy side effects

Cancer specialists launched a study into a new blood test which could predict patients at most risk of side effects from chemotherapy treatment.

The new test has been developed with the Department of Cancer Studies and Molecular Medicine at the University of Leicester and the Department of Analytical chemistry at Loughborough University.

The blood test assesses how individual patients will respond to the widely used platinum-based chemotherapy before and during treatment. Co-researcher Anne Thomas, consultant oncologist at the Leicester Royal Infirmary's cancer centre, said: "The early results with the blood test look promising.

"The side effects we are looking for include severe nausea and vomiting and a fall in blood count, which raises the risk of infection."

Welcome to the Retreat

A group of former patients gathered to mark the opening of a new home from home within Glenfield Hospital.

The room, known as 'the Retreat,' is on the breast care ward and provides a peaceful space for patients to relax in, away from the clinical environment.

Ward manager Helen Maxfield said: "One of the amazing things about our patients is how they support each other, this quiet room will allow them to talk through any concerns they have with other patients, in a pleasant environment."

The cash was raised by a number of fundraisers, including former patients, their families and friends.



Leicester leads the way in treating skin tumours

Consultant dermatologist John McKenna leads the way with a new specialised technique for surgically removing certain skin tumours.

Now one of the best centres in the UK, the team is providing Mohs micrographic surgery which involves the removal of certain skin tumours in cosmetically important areas, such as on the face.

Sometimes described as “slow Mohs” (because the method used to process the tissue specimen takes 24 hours) this treatment enables us to completely remove the tumour, and only the smallest amount of skin around it, making it less likely that some tumour is left behind.

Alexander Blades from Leicester had the treatment in October to remove a tumour on the right side of his nose. “I still find it remarkable that I didn’t need to have any pain killers. It truly is a fantastic service, and has put the NHS in a different light.”

Pathology Open Day for Members

During National Pathology Week (3-9 November) our Pathology Directorate opened its doors for 172 members. The public perception of pathology is often one of dead bodies and solving murders, as seen on crime programmes, but this gave us an opportunity for our pathologists and scientists to show people what they really do.

It was a real success, with those on the tour understanding a bit more about what pathologists do. Most pathologists investigate and treat living patients. Some, called histopathologists, do examine and carry out tests on the dead, but this is mostly to learn more about why and how they died, rather than to help identify crime. Information gained from these examinations can be used for the benefit of other patients.

“ The care I recently received on Ward 7 at the Leicester Royal Infirmary was second to none. The food and cleanliness was excellent. The management should be very proud of the exceptional people they have working on that ward. ”



Leicester midwife wins a national award

One of our midwives, Fiona Ford, was named as the 'Student Midwife Mentor 2008' winning a National Mentoring award for her work with midwifery students.

The national award was made by midwivesonline.com, the UK's leading midwife-led information site for expectant mums.

Fiona has been a midwife for thirteen years, and for the past 5 years has been based at the St. Mary's Birthing Centre in Melton Mowbray. This stand-alone maternity unit specialises in water births and is a popular choice for mothers wanting a natural active birth without being in a hospital environment.

New technology joins the fight against cancer

A new piece of equipment has been developed – 10 years after consultant liver surgeon David Lloyd came up with the idea.

Mr Lloyd spent the last decade working with experts from the University of Bath on the Acculis MTA System, which is a specialist piece of microwave equipment used to treat liver cancer.

Mr Lloyd said "The device allows surgeons to treat tumours quickly and in many cases prolong life or even cure the cancer. A specially designed probe is inserted into the tumour, microwave energy is then passed through the probe, cooking and killing the tumour within two to four minutes."

Initially David Lloyd was the only surgeon with this specialised equipment, so he was referred patients from all over the world for treatment. Now the microwave generator is being used as far afield as Hong Kong, Singapore, the USA and Australia. The earliest patient to be discharged is one of David Lloyd's trial patients treated nine years ago. Several more are alive and well five years after receiving treatment.

December 2008

The future of pharmacy

A new team was introduced at Leicester's hospitals' pharmacies to reduce the time taken to dispense medicines and improve patient safety.

Measuring a colossal eight metres each and costing more than £300,000, the robotic pharmacists can work 24/7 and can find and dispense 700 medicines a day, at a rate of 60 per hour, as well as store 25,000 packs of medicines.

The new high-tech pharmacy robots free up staff to spend more time on wards, instead of running around stockrooms looking for drugs. The robots have reduced errors, as they identify drugs by barcode. Pharmacy staff then do a manual check against the prescription to ensure the right medicines, dose and expiration date goes up to the ward.

“As my wife had the misfortune to go into hospital, I would like to thank and praise the staff of Leicester General Hospital (especially Ward 19) for the care they provided during her stay.”



January 2009



More midwives for Leicestershire

Leicester's Hospitals held an open day as part of its efforts to boost the number of community midwives.

We continued to develop our services to meet the key national quality targets contained in Excellence for All and the increasing birth rate. This year we have recruited 30 full time midwives. They join 294 whole time equivalent staff working to improve the quality of our service.

During the year our maternity services achieved a level two rating in the Clinical Negligence Scheme for Trusts. This assessment shows we have robust processes and policies in place to deliver an effective and safe service.

Head of midwifery Jane Porter said: "These additional posts have been created in recognition of the rising birth rate and to ensure we continue to provide a safe and reliable service for women and their families in Leicester, Leicestershire and Rutland."

Test, text and go!

Mobile phones are helping youngsters with diabetes stay well, with the launch of the first project of its kind.

The new telemedicine programme allows patients with Type 1 diabetes to use their mobile phone to record blood sugar levels. These levels can be monitored by the patient, as well as clinicians via a secure website.

Callum Johnson, 15, was diagnosed with Type 1 diabetes when he was seven. He is one of around 20 young people using the scheme, which is the first of its kind for diabetic children. "This is much easier, because you'd rather be messing around with your phone than writing numbers down in a book. I have been online and looked at my figures and it does help me to understand them."

The programme could now be adapted for adults and chronic conditions, such as asthma, blood pressure and COPD (chronic obstructive pulmonary disease).

Investing in a better start for our tiniest patients

We began a £9 million project to redevelop our Neonatal Unit at the Royal Infirmary. The new unit will be completed in 2010, incorporating larger areas for treatment cots, improved accommodation for parents and a better working environment for our staff.

Potentially life saving research project starts

Our specialists began work on testing a new device which detects blockages in the blood supply to the legs (a condition called peripheral arterial disease). The device called Padd (peripheral arterial disease device) could potentially be used by GP's to quickly identify people who need to start treatment to prevent heart attacks and strokes.

The latest technology

We completed the design work for the provision of a replacement Linear Accelerator at the Royal Infirmary, which will start in 2009/10 as the first phase of a major project to replace the four units presently being utilised.

February 2009

Consultants fly in from around the world for pioneering heart op at Glenfield

More than 100 leading heart surgeons flew from Europe and the US, to witness pioneering heart surgery at Glenfield Hospital.

Surgeons at Glenfield Hospital performed four types of keyhole valve surgery watched by the international audience on a large screen in Glenfield's lecture theatre.

Infection control under the spotlight

Our renal and urology services held an infection control event week to celebrate their achievements in reducing infections and promote awareness. The event included use of a 'glow-germ' box for staff, patients and visitors and spot hand hygiene audits.



Payroll

Our new payroll provider, McKesson, began providing our payroll services in February. They took over from the previous provider Capita. There had been a number of issues with the service, so the decision was made to end the contract sooner, and sort the payroll system out ensuring that our staff got paid correctly and on time.

McKesson specialise solely in the healthcare market providing a number of services to the NHS, including specialist NHS payroll services and the provision of the NHS's national Electronic Staff Record (ESR) system which incorporates payroll and human resources.

We also launched our revolutionary 'UHL Payroll Assistance' service which provides a high-quality support function using specialist technology including telephony systems and a case management database facilitating remote access from the Trust.

“ I recently tried to thank very member of staff who had looked after my wife during her stay, but they all said they were just doing their job. They may feel that way, but without their excellent work many people would not be here today. Thank you. ”

Thank you for saving my life

Our intensive care unit at the Royal Infirmary made front page news when it welcomed back teenage patient Sam Chesterton. 19-year-old Sam had been fundraising for the unit to thank staff who'd nursed him back to life after a serious car accident, after his parents had been told to prepare for the worst.

0300 303 1573

We started using our new telephone number to help provide an even quicker service for callers. The single number can be used to contact any of our three hospitals, at no additional cost to the caller. Our switchboard operators are now based on one site, answering more than a million telephone calls each year, 80 per cent within five rings.

At our last Annual Public Meeting in September 2008 the public raised concerns over our original intention to use an 0844 number. We listened and changed our plans to reflect that feedback.



“ I'd like to thank all of the nurses who looked after my nephew at Leicester Children's Hospital recently. Their care and dedication to their jobs is amazing and second to none. ”



Gamma camera upgrade delivers results

Latest results show that University Hospitals Leicester's high expectations when Asteral upgraded their gamma camera last year have been exceeded.

Claire Greaves, our Head of Nuclear Medicine, explained that "because the camera is so versatile, scheduling has become much easier and this has helped us meet our two week waiting times across all of our hospital sites. The camera brings invaluable new functionality allowing us to link Nuclear Medicine and CT images, meaning both our staff and radiologists can view results remotely."

March 2008

Life-saving stroke treatment goes 24 hours

In March 2008, the stroke unit at Leicester General Hospital extended their clot-busting thrombolysis service so that stroke patients can have access to the life-saving treatment as soon as they need it. It has to be administered within 3 hours of a stroke happening, making the 24/7 service so vital. Potentially it means the damage caused by a stroke is reversed. 30 patients have so far benefited from thrombolysis.

Tigers help take play to new heights

Our young patients celebrated the opening of their new play roof at the Children's Hospital following a complete refurbishment.

The outdoor play roof on top of the Balmoral building at the Royal Infirmary closed more than five years ago after being deemed no longer safe.

The colourful outdoor play facility features different zones to cater for all ages, from the very young to teenagers. There is a sensory garden with flowerbeds, football pitch and even a quiet area. An existing climbing frame and slide and conservatory – housing a ball pit has been refurbished. Play specialist Vanessa Roberts said: "It's amazing what a bit of fresh air can do to help children recover."



Glenfield's new mammography machine

A new digital mammography machine used to screen patients arrived at the Glenfield's Breast Care Centre. Some of the long-term benefits of switching to digital technology are it reduces the need to buy film saving £150,000 every year, images are stored on computers minimising storage costs, improved image quality and an increased confidence in diagnosing.

Hospital's dignity gowns

We introduced special XXXXL dignity gowns to ensure our larger patients' privacy and dignity is maintained.

Patients are now offered the full range of hospital gown sizes including XL and 4XL. The 4XL dignity gowns have been specially designed for obese patients to ensure that they can be comfortably worn and securely fastened.

Education nurse Lizzie Hyde said: "A smaller gown will simply not provide adequate cover for our larger patients and this clearly compromises their level of privacy and dignity."

Helping severe asthma sufferers breathe more easily

A group of specialists have discovered a new antibody therapy that cuts the number of severe asthma attacks in patients by half.

The new antibody therapy, Mepolizumab, was injected monthly to a group of 29 patients during a 50-week trial of the drug in Leicester. These patients suffered 50 per cent less asthma attacks than that of the control group. Professor Ian Pavord said: "This is an exciting new finding that will significantly improve the lives of severe asthma sufferers."

“ I would like to compliment the staff at the coronary care unit at Glenfield Hospital for their dedication and caring attention during my wife's stay. ”



Patients bowled over by new dialysis unit

Dialysis patients from Leicester's Hospitals celebrated the opening of a new satellite haemodialysis unit at Leicestershire County Cricket Ground.

The new unit will be clinically managed by us and operationally run by company Euromedic with the capacity to treat 48 patients a week. Initially 24 patients used the unit – which runs three shifts six days per week – however that number is already increasing.

We currently dialyse 293 patients across Leicester, Leicestershire and Rutland.

Those new to dialysis or living near Grace Road may be given the opportunity to use the new centre, meaning their treatment will make less of an impact on their lives.

Gold for Radio Fox

Our hospital radio station won gold in the 'Station of the Year' category at the National Hospital Broadcasting Awards.

Kris Bramwell from the station said: "It is our aim to be a 'friend at the bedside' to every patient listening in, doing the simplest thing as playing them their favourite song to put a smile on their face during what can be a worrying and scary time in hospital." The awards are the hospital radio equivalent of the Sonys.

“The care our father received at Glenfield Hospital was absolutely excellent. The nursing staff and catering staff did everything in their power to keep him free of pain and comfortable, making the last weeks of his life much more bearable.”







OUR STAFF

We employ 11,988 staff in a range of roles across our three hospitals.

The total headcount is shown below:

	WTE	Headcount
Medical & Dental	1,474.55	1,622
Administration & estates	2,129.07	2,552
Healthcare assistants and other support	1,953.20	2,363
Qualified nursing, Midwifery	3,270.37	3,763
Scientific, therapeutic and technical	1,453.23	1,698
TOTAL	10,280.43	11,998

Staff awards

Celebrating success is often not a high priority, there's always another job to be done – which is why our staff awards are a chance to show our staff how much we value them. There are lots of exciting developments and new ways of working which benefit our population and we need to recognise and celebrate them.

This year staff nominated colleagues and teams in seven categories: Trust achievement, leadership, unsung hero, Caring at its Best, Patient and Public Involvement, team and education, training and research.

Reducing Staff Absence

The 'At Work for Patients' project continues to work to reduce staff short term and long term sickness absence. This has included a revised and re-launched sickness absence policy, focused training of managers in departments with high

absence levels and a new poster campaign. We also began piloting an in-house 'Sickness Monitoring and Reporting Tool' (SMART) in four Directorates. The electronic system provides timely and detailed information to managers to assist in supporting staff in a return to work. Our average sickness rate for the year to March 2009 was 4.35 per cent, which is a reduction of 1.16 per cent from the previous year (5.51 per cent for 1 April 2007 to 31 March 2008). At the end of the financial year our absence rate was 3.89 per cent, which compared favourably to 5.65 per cent for March 2008.





Consulting staff

We have a Joint Staff Consultation and Negotiation Committee which is the collective consultative and negotiation body for all staff employed within the Trust. The Committee members include members from management and registered staff side representatives who represent the views of employees. We also consult with staff through agreed policies for example, for changes to working practices.

Learning and development

As a major acute teaching Trust, training, education and development are priorities for us. We want to ensure all staff have the confidence and competence to provide effective care and services for our patients.

Our service provides National Vocational Qualifications (NVQs), a wide range of externally accredited and in-house staff development, management and leadership development programmes, organisational development

consultancy, coaching and team development, and training for staff to achieve Knowledge and Skills Framework (KSF) competencies and contribute significantly to achieving our objectives and provision of care.

During the year we made the national Skills Pledge to support staff with achieving baseline qualifications focusing on skills for life (literacy, numeracy and English language), NVQs at level 2, 3 and 4 and apprenticeships.

We are the only NHS Learning & Skills Council approved provider within the East Midlands Strategic Health Authority. We recruited more than 200 support staff onto the range of NVQs in the areas of health, health and social care, clinical laboratory support and business administration, with 83 per cent achieving their qualification. A further 270 staff achieved externally accredited NVQs and other awards.

In order to make learning flexible and even more accessible we have extended the learndirect e-learning from one day a week to full time. This has meant that we have been able to deal with staff requests for courses more quickly. Tutors are on

hand to support people through their learning in small groups of one to eight and can conduct personal learning reviews.

We have extended our portfolio of qualifications and we now offer an NVQ in Support Services in Health Care which has been re-accredited by the Institute of Leadership and Management to deliver supervisory and management qualifications.

A recent inspection by a national accreditation organisation confirmed that we have a strong commitment to offering a quality professional Training Information Advice and Guidance Service, which is appreciated by all our staff.

Communications

Communicating with our staff, with organisations that we work in partnership with, our patients and the communities surrounding our hospitals is paramount.

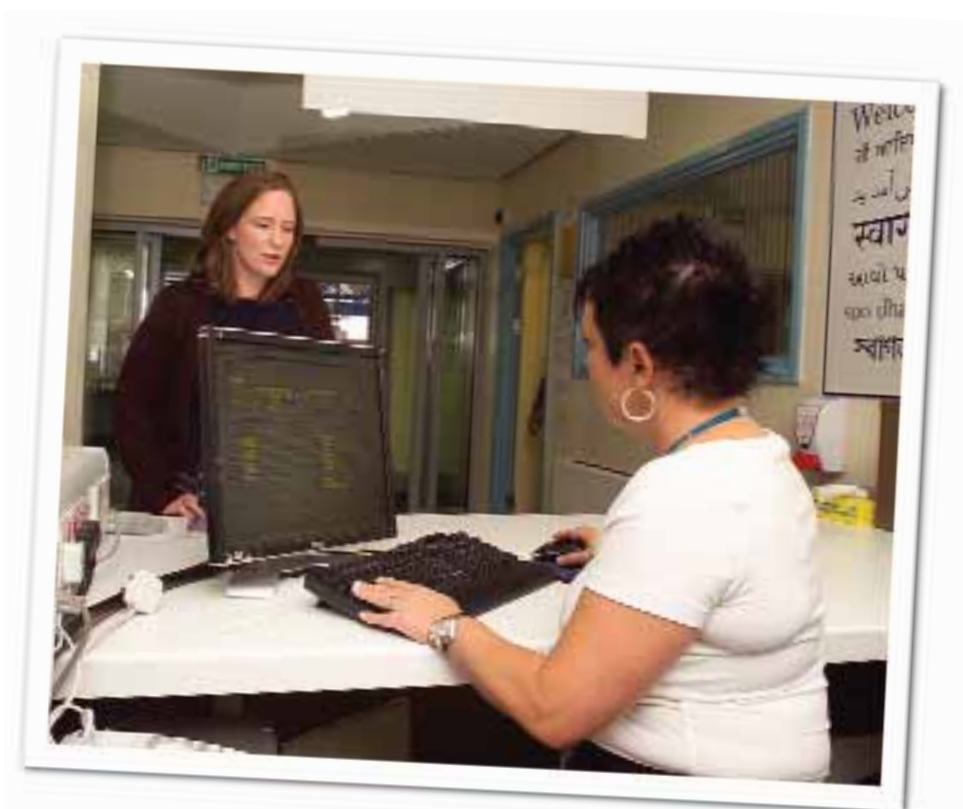
We have a regular dedicated staff magazine, Trust Talk, which is printed, but also made available electronically. We use INsite, our internal website, to share information and news with staff,

along with desktop messages. Staff also have the ability to direct questions to the boss, via our 'Ask the Boss' system. Once answered, they are posted on INsite for others to read.

Every month the senior management team meet and discuss issues. These are then supported by Team Talk, an electronic newsletter which managers can use to brief their teams and cascade the information throughout the organisation.

Our website is kept up to date with the latest Trust news as well as how to access our sites and services. During the year our website – www.uhl-tr.nhs.uk – had 832,767 visits.

During the year we issued 313 press releases and statements about the work and staff of Leicester's Hospital's. We also responded to 817 questions from the local and national media which resulted in an average of 75 per cent positive news stories about Leicester's Hospitals.





Care beyond the wards

Estates Developments

During the year we have invested in many areas of refurbishment to improve the experience of patients, visitors and staff on our sites. These improvements will continue and include refurbishing public toilets, turning ward bathrooms into wet rooms and installing automated sinks and toilet facilities to wards. There has also been an extensive floor replacement programme which means floors can be kept cleaner.

Glenfield is benefiting from a three-year lift replacement program and extensive refurbishment of the outpatients department including upgrades to consulting rooms as well as work to provide additional car park space near to the site.

At the General the isolation facilities have been improved with the installation of an automated glass sliding door on a bay and work continues to create same sex accommodation for our patients.

The Royal has benefited from lift replacements and the new children's play roof as well as upgrades and refurbishments to the outpatient clinics, toilets and ward pantries.

Carbon Management

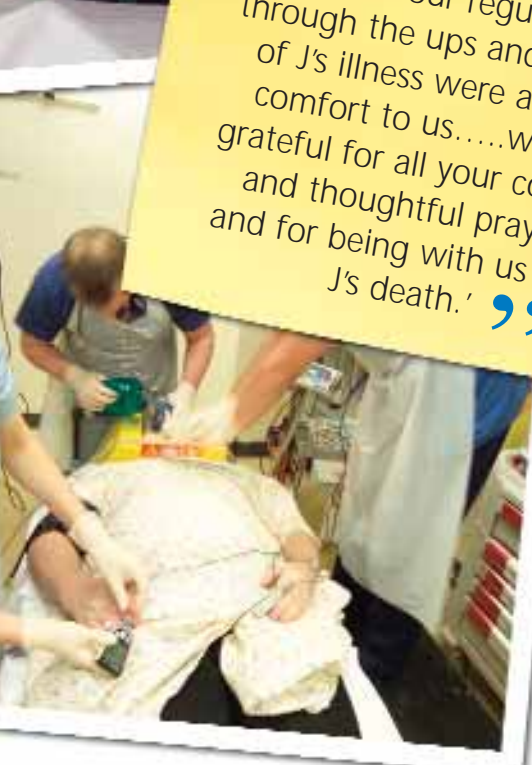
Our annual energy bill in 2008/09 was £8 million – an increase of £1 million over the 2007/08 due to the highly volatile market prices. The Trust continues to work on reducing its carbon footprint, setting a target of a reduction of 20 per cent over five years, from 2006/07 when our CO2 emissions were 36,441 tonnes. So far we have achieved a reduction of 2,866 tonnes (a reduction of 8 per cent) of CO2 and continue with the twin objectives of reducing bills as well as reducing our impact on the environment.

With help from the Carbon Trust we have developed a carbon management plan and have used £100,000 of funding from the Department of Health for upgrading boiler and heating controls this year.

The chaplaincy

Our chaplaincy service is an integral part of the personalised care we provide to the wide variety of patients we treat. Our team consists of 17 chaplains from the Christian, Hindu, Muslim and Sikh faiths who





work anything from full-time to four hours a week. We also benefit from the services of over 100 volunteers of various faiths and outlooks including Buddhist, Christian, Hindu, Jewish, non-religious/Humanist, Muslim and Sikh. In the past year the team has made bedside visits to over 13,000 patients, in some cases supporting an individual many times during their hospital admission.

Volunteering

Leicester Hospital's Volunteer Services continues to grow and develop offering more services and support to patients and visitors across all three hospitals. With more than 800 volunteers donating an estimated 30,000 hours to Leicester's hospitals during 2008.

Volunteers are involved in directly supporting patients on the wards, in outpatients departments and clinics, and increasingly staff want them involved in the planning stages of new ideas and projects. They visit patients through our befriending and chaplaincy service, spend time with families who need support, and based on their own experiences they are able to help those patients going through similar experiences.

Many of our younger volunteers (16-25) have signed up to the V Involve Government Award scheme and are working towards their 50+ volunteering hours awards within the Trust.

The WRVS continue to provide a service to staff and the public through their shops, coffee bars and trolley service at Leicester Royal

“ We are writing to thank you for all the spiritual support you provided during J's time in hospital. Your regular visits through the ups and downs of J's illness were a great comfort to us.....we are grateful for all your concern and thoughtful prayers, and for being with us after J's death.”

This is part of our commitment to deliver care at its best to patients and their relatives when in hospital and when necessary at the end of a patients' life. Chaplains are there to give support to those who face emotional distress arising from questions concerning life, death, meaning and purpose – questions that can be acutely highlighted by illness and suffering.

Infirmery and Leicester General Hospital. The volunteers work incredibly hard, not only to make sure that the services are available for long hours across the whole week, but also provide service with a smile. The money raised through these retail outlets is gifted back to the Trust on an annual basis and the money is used to improve the services available to patients.

WRVS and Leicester's Hospital's partnership project, the 'Patient Buggy' service, now runs five days a week at the Royal Infirmery and the Glenfield. Although still in its infancy it is becoming a well used service and offers people with mobility difficulties access to the hospital without needing a wheelchair.

95 volunteers have been trained as mealtime assistants working in different wards assisting during busy mealtimes to help patients who have difficulty feeding themselves. Volunteers have really made a difference and we continue to train more to help.

“ I had a double bypass and from that experience I found that I would like to give something back to the wonderful team who looked after me. I sit with patients before procedures and answer families' questions if I can – I am there to support them ”

*Rosemary Watson –
Cardiac Befriending Volunteer*

Funded by Cancer Services Charitable Funds, 'Time for a Treat', is a hand and foot massage and manicure service for cancer patients and patients with long term blood disorders. Following its success the WVRS have funded a project at the General Hospital, mainly within stroke services and some medical wards.

We now have 20 volunteer Dignity Champions who are proactively supporting wards, identifying areas of good practice and for development on dignity issues. We also have 60

volunteers trained as Older peoples Champions.

Staff appreciated the work of volunteers during Make a Difference Day in 2008 when a group gave up their Saturday morning to help in voluntary projects at the RSPCA and Redgate Farm Animal Sanctuary. An enjoyable experience, despite the hard work, it helped them realise how important volunteer support is and how many organisations would not survive without their support.

“ As soon as I spotted an article asking for Time for a Treat Volunteers I know this was for me. I had spent some time in hospital and knew how much I would have liked something like this. I have now been with them for 4 years and enjoy it as much as the day I started. I find it such a rewarding and pleasurable time and meet some wonderful patients ... it is such a nice change from the 'day job' ”

Volunteer

Volunteers can give as much or as little time as they can spare. For more information about volunteering at Leicester's hospitals contact our Volunteer Services on 0116 258 3955.

Older People's Champions



The Older People's Champions Network was established in September 2005 with the aim of the network is to raise the profile of older people and the standards of care they receive across our organisation. We now have over 1,200 staff trained as Older People's Champions, clearly identifiable with a Champions badge. The Directorate of Services for Older People is currently raising the profile of the Older People's Champions to ensure that the public are aware of them when they come into the hospitals. Champions can listen to your concerns, speak out for older people, give reassurance, and put things right.

Research & Development

Maintaining and expanding our Research & Development programme is a key part of our strategy. A vibrant, internationally recognised research culture improves the quality of our clinical services, enables our patients to have early access to new therapies and treatments, attracts the very best staff, and provides significant additional investment to the healthcare economy within our region.

The government has recognised the importance of healthcare research and is undertaking an ambitious programme to greatly improve the quality and quantity of world-class research performed in the NHS; UHL is playing a leading role in this strategy.

We also host three successful NIHR research networks i.e. South East Midlands Diabetes Network, Trent Stroke Research Network and the Leicestershire, Northamptonshire and Rutland Comprehensive Local Research Network.

“ I'm sure every volunteer has their own story to tell. Mine is easy. The rewards and thanks are outstanding. If thank you made the world go round I would be a very wealthy man. ”

Volunteer

Our research focuses on respiratory disease, cancer, cardiovascular disease, diabetes, infection and immunity, rehabilitation, renal disease and transplantation, and reproductive health. The University of Leicester is our major academic partner along with other regional universities including Loughborough, Nottingham and DeMontfort. Our researchers also have many productive collaborations with universities and pharmaceutical companies worldwide.

In 2008/09, our external research income was in excess of £13 million. We supported 432 research projects led by our investigators who published 654 peer-reviewed papers in leading scientific journals.

The Department of Health has again congratulated us on the major clinical impacts resulting from our research, which include:

- We have developed an international reputation for research into haematological malignancies and lymphomas. Work with our diverse ethnic population has given unique insights into the causes of these forms of cancer and responses to treatment. We now ensure that all patients referred to us for treatment are seen in a special clinic where all diagnostic tests and therapeutic modalities are available in one visit.
- Our research and discoveries have fundamentally influenced the use of beta-blockers for the treatment of high blood pressure. We have shown that beta-blockers have a limited effect on central aortic blood pressure, which explains the limited effectiveness of these drugs in preventing of stroke. Over the past two years, this work has led to fundamental changes in antihypertensive treatment worldwide.

Furthermore, our work has revolutionised the approach of the pharmaceutical industry to the development of new treatments.

- Data from our neonatal research team had a significant impact on the National Audit Office's report on neonatal care in the NHS, published in December 2007 (Caring for vulnerable babies: The reorganisation of neonatal services in England). There was considerable investment in neonatal services in 2003 and this report assessed subsequent value for money and changes in levels of performance.
- We pioneered the use of a new treatment (alemtuzumab) for aggressive chronic lymphatic leukaemia with a poor prognosis in young patients. Previously, there was no effective treatment for this condition as it does not respond to standard chemotherapy.
- After investing in research into hospital acquired infections, we jointly appointed, (with DeMontfort University), a Professor of Clinical Nursing



Research to lead work in this area. Research findings from this team are already having significant impacts on healthcare and the fight against hospital infections. For example, we have developed a predictive tool for assessing the likelihood on admission to hospital of the development of *Clostridium difficile* infection. This allows us to identify those high risk patients before they develop the infection.

- Cancer that has spread to the liver is the principal cause of death in colorectal cancer. Our original work on microspheres that deliver radiotherapy directly to the secondaries has been adopted in cancer centres worldwide and thousands of patients are benefiting from this treatment. We have now published data which shows this



technique can be effective when combined with chemotherapy, meaning we can use this approach in managing more patients.

- The 'Back to Work Programme' was led by academics based within our hospitals and concerned on people on long-term unemployment with chronic back pain; which has had a major impact on health and social care in the past three years. Our work was accepted

by government as the model for returning unemployed people to work in 2008.

Members

As an aspiring Foundation Trust we have actively recruited a group of people representative of our population who are interested in the work of Leicester's hospitals and who we can talk and listen to about a number of topics that are important to them. So far there are more than 27,000 people who are members of our Trust – 14,623 public members and 13,000 staff including contractors. Listening to these members helps us to learn about people's priorities for improving our services.

Our thousands of members give us an invaluable insight into what people want to see in their local health service and events often stimulate lively discussion about experiences and priorities. We keep in touch with members through regular newsletters and events, like the popular medicine for members' which consist of presentations from staff about some of our services. Details of upcoming events are included in Member's Trust Talk.

Our members are also involved with their feedback via online questionnaires on the dedicated members' area on our website or by email inviting them to share their thoughts and views on specific topics. This year they

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included the uniform policy, our smoking policy, texting appointment reminders and operational priorities for 2009/10.

If you would like to become a member please visit www.uhl-tr.nhs.uk/members/becoming-a-member/apply-to-be-a-member, or call the Membership office on 0116 258 2731.

How was it for you?

We take patient and public engagement and involvement seriously at Leicester's hospitals. Our vision for patient and public involvement is...

In September the Trust Board approved our Patient and Public Involvement (PPI) Strategy which empowers directorates to treat

“ We will involve patients and the public in the planning of our services so that we can improve our understanding of what matters most to them and in so doing, improve our services. ”

engagement and involvement as core business and a core responsibility of senior staff. Each clinical directorate will create their own PPI plans, in line with their business plans. Over the coming year they will work closely with their Patient Advisors to implement their individual plans.

We now have 16 patient advisors who are members of the public recruited to work with our clinical directorates providing a lay perspective on issues related to patient experience. As individuals they don't represent the views of patients, however collectively the Advisors function as an advisory body to us and can provide advice on a range of issues. Sadly we suddenly lost one of our patient advisors, Muhammad Muneer, in February. Muhammad was always



one of the first Patient Advisors to volunteer his help, particularly with projects directly involving visiting patients on the wards. Muhammad's many language skills and vast knowledge of the Muslim community were invaluable in helping us gain a better understanding of our patients' needs for which we are very grateful.

Muhammad will be remembered for his commitment, enthusiasm and dedication to his role as a Patient Advisor for our hospitals.

Last year we launched one of the biggest patient satisfaction polling programmes in the NHS, asking patients 'how was it for you?' This year we have continued to carry out patient polling regularly through the year, allowing us to ask thousands of people about the care they receive. Our annual programme of surveys asks for the views of inpatients, outpatients, day case, maternity, radiotherapy and haemodialysis patients via paper surveys, touch screen booths or online.

Since the programme began we have had more than 20,000 responses from patients, relatives and carers and we are now seeing an improvement in patient



satisfaction levels in lots of areas across the Trust which was also shown in our National Patient Survey results this year.

Equality

Our society is becoming more complex and diverse, we are more ethnically diverse, and we are getting older. Equality legislation has helped challenge much discrimination and prejudice, but there are still big equality gaps. We, along with our partners in health, councils and social services partners are challenging inequality; to make sure that everyone has an equal chance in life and to respond to the diverse needs of our community.

We have secured funding from the Department of Health to appoint two specialist nursing posts working

with frail older people admitted into our Emergency Department and a senior nurse to work with patients with Learning Disabilities. These posts are part of wider projects to enhance the patient experience and have been designed with service users and health professionals.

We are working partners at NHS Leicester City developing health ambassadors drawn from the gypsy traveller community and who are providing staff awareness sessions on the different needs of this community.

We are piloting a bullying and harassment hotline staffed by seven trained members of staff to provide additional impartial and confidential support.

We have also conducted a 'deep dive' into the experiences of female

senior medical staff as part of a Department of Health project to identify potential barriers to leadership positions within the NHS. Our findings have contributed to a national report.

Finally we are embarking upon a consultation exercise looking at the experience of maternity care in the Bengali community. This again is in partnership with NHS Leicester City.

We are committed to tackle discrimination and ensure that there is equal access and opportunity for all staff, volunteers and service users. At the core of our Equality scheme is the principal that equality and diversity encapsulates the breadth of human right issues which in turn includes all of the equality strands.



Our vision is of an inclusive organisation, where a person's disability does not have a negative impact on access to our services, the care that person receives, or on the experience of working for us. To achieve this we are committed to complying with the Disability Discrimination Act. We have been awarded the 'Positive about Disabled People' Two Ticks symbol which means that should an applicant declare that they have a disability or long-term health

condition and that they meet the minimum criteria required for the post that they will be guaranteed an interview. All successful applicants are encouraged to advise the human resources team should they require any additional support or adjustments to participate in an interview. Occupational Health work closely with managers and human resources to ensure that adjustments are fully considered and put in place to enable a disabled person to undertake a job.

“ I would like to praise Leicester General Hospital. The care, sympathy and courtesy given to me was greatly appreciated. Our NHS sometimes gets criticism, but it deserves all our thanks, we are very fortunate to have it. ”



Our performance against national targets

Targets can get bad press, but ultimately they are there for the benefit of the patient. We used to hear about patients dying on waiting lists, but the Government's commitment to waiting no longer than 18 weeks has seen an end to that. There's still work to be done in some specialities, for example orthopaedics where we've just fallen short of the targets, but patients are now waiting less time for tests and treatments than at any other time in the history of our hospitals!

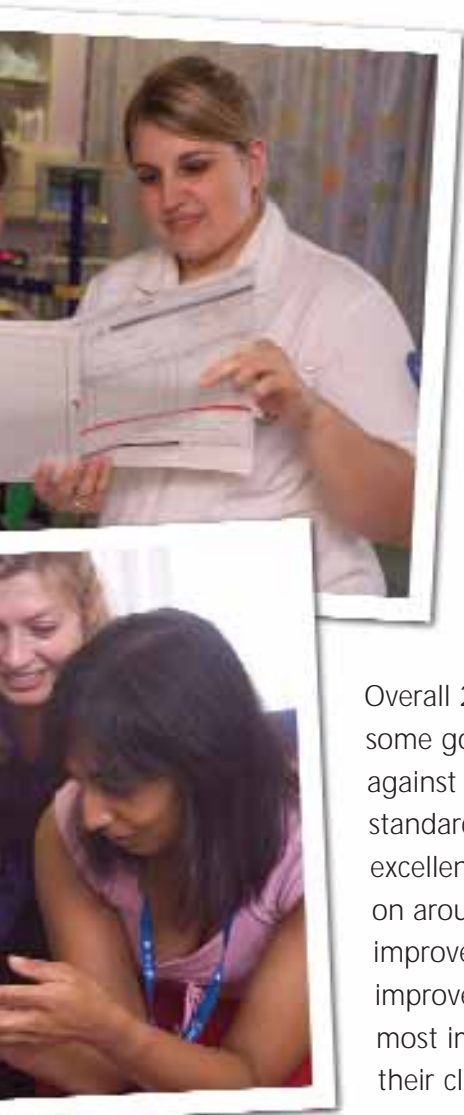
Over the last year the average referral to treatment wait for non-admitted patients has reduced by six days to five weeks and one day and the average wait for admitted has dropped by five days to eight weeks and three days.

The year ended with a bang in terms of emergency admissions: The stats for March show that three of the four weeks were our busiest in the last three years. We are reasonably confident that we have delivered overall on Healthcare Commission prescribed performance standards and we expect to receive a score of fully met.

- The numbers of patients waiting more than two weeks for a diagnostic test on 31 March 2009 was 998, down from 3,713 a year earlier, with a maximum wait of five weeks and a much lower wait in many cases.
- Inpatient and day case waiting list further reduced (by 5,600 patients to 7,425 in a two year period).
- Average wait for treatment reduced from nine weeks to five-and-a-half weeks over the same period.
- The average wait for an outpatient appointment has reduced from six weeks to four weeks.



“ “ Targets can get bad press, but ultimately they are there for the benefit of the patient. ” ”



- We hit the overall 18-week target for admitted and non-admitted patients, exceeding both of the 18-week referral to treatment standards achieving 98 per cent for non-admitted (target 95 per cent) and 96 per cent for admitted (target 90 per cent) by the end of December.

Overall 2008/09 we have made some good achievements against national performance standards. There are some excellent pieces of work going on around the Trust to improve patient care, to improve their stay with us and most importantly to improve their clinical outcomes.

Overall performance against Care Quality Commission targets

Based on the Care Quality Commission's (formerly Healthcare Commission) assessment for 2007/08, and for the third year running, we have continued to provide an excellent quality of service to patients. "It has managed its finances adequately, but failed to maintain the good standard it achieved in the previous two years".

We were not chosen to receive an inspection over the summer.

In a recent survey of Trusts in England, patients rated us as 'satisfactory' in terms of their overall experience.

The overall performance rating is made up of two parts: 'use of resources', which looks at how effectively we manage our financial resources; and 'quality of services', which is an aggregated score of performance against national standards and targets. The tables below summarise the three years of the annual health check.

	2007/08	2006/07	2005/06
Quality of services	● ● ● ● EXCELLENT	● ● ● ● EXCELLENT	● ● ● ● EXCELLENT
Use of resources	● ● ● ● FAIR	● ● ● ● GOOD	● ● ● ● GOOD

Components of quality of services

	2007/08	2006/07	2005/06
Core standards	● ● ● ● FULLY MET	● ● ● ● FULLY MET	● ● ● ● FULLY MET
Existing national targets	● ● ● ● FULLY MET	● ● ● ● FULLY MET	● ● ● ● FULLY MET
New national targets	● ● ● ● EXCELLENT	● ● ● ● EXCELLENT	● ● ● ● EXCELLENT

Core standards – Every NHS Trust in England is responsible for ensuring that it complies with the Department of Health’s core standards, covering areas such as safety, clinical effectiveness and patient focus. As part of the annual health check, all Trusts assess their performance against the core standards and publicly declare the information. We were compliant (fully met) in all 43 core standards.

Existing national targets – The assessment of existing national targets looks at whether we maintained the levels of service set through the Department of Health’s 2003-2006 planning round. In the 2007/08 annual health check we were measured against 11 indicators. The levels of performance against the indicators are detailed below.

Indicators

	2007/08	2006/07	2005/06
Total time in A&E: four hours or less	ACHIEVED	ACHIEVED	ACHIEVED
All cancers: two week wait	ACHIEVED	ACHIEVED	ACHIEVED
Rapid access chest pain clinic: two week wait	ACHIEVED	ACHIEVED	ACHIEVED
Revascularisation: three month wait	UNDER ACHIEVED	ACHIEVED	ACHIEVED
Cancelled operations and those not admitted within 28 days	ACHIEVED	ACHIEVED	ACHIEVED
Thrombolysis – 60 minute call to needle time	ACHIEVED	ACHIEVED	UNDER ACHIEVED
Information in place to support choice	ACHIEVED	ACHIEVED	ACHIEVED
All cancers: one month diagnosis to treatment	ACHIEVED	ACHIEVED	ACHIEVED
All cancers: two month GP urgent referral to treatment	ACHIEVED	ACHIEVED	ACHIEVED
Inpatients waiting longer than 26 weeks	ACHIEVED	ACHIEVED	ACHIEVED
Outpatients waiting longer than 13 weeks	ACHIEVED	ACHIEVED	ACHIEVED

Note: Data from the last three years has been presented in the table above. However, annual amendments to indicator constructions and scoring thresholds have sometimes taken place.

New national targets – New national targets assessment looks at the targets outlined in National Standards, Local Action: Health and Social Care Standards and Planning Framework 2005/06 – 2007/08. In the 2007/08 annual health check we were measured against 13 new indicators.

Indicators

	2007/08	2006/07	2005/06
Participation in audits	ACHIEVED	ACHIEVED	ACHIEVED
Smoking during pregnancy and breastfeeding initiation	ACHIEVED	ACHIEVED	ACHIEVED
Access to genito-urinary medicine clinics within 48 hours	ACHIEVED	ACHIEVED	ACHIEVED
Experience of patients	ACHIEVED	ACHIEVED	ACHIEVED
Emergency bed days	ACHIEVED	ACHIEVED	ACHIEVED
Waiting times for diagnostic tests	ACHIEVED	ACHIEVED	ACHIEVED
Clostridium difficile data quality	ACHIEVED	NOT APPLICABLE	NOT APPLICABLE
MRSA bacteraemia	ACHIEVED	UNDER ACHIEVED	ACHIEVED
Data quality on ethnic group	ACHIEVED	ACHIEVED	UNDER ACHIEVED
Compliance with guidelines concerning self harm	ACHIEVED	ACHIEVED	ACHIEVED
Information, screening and referral for drug misusers	ACHIEVED	ACHIEVED	ACHIEVED
Referral to treatment time milestones	UNDER ACHIEVED	NOT APPLICABLE	NOT APPLICABLE
Compliance with guidelines concerning obesity	ACHIEVED	NOT APPLICABLE	NOT APPLICABLE

Note: Data from the last three years has been presented in the table above. However, annual amendments to indicator constructions and scoring thresholds have sometimes taken place.

Activity

	2006/07	2007/08	2008/09	Increase compared with 2007/08	
Day Cases	72,700	74,100	76,500	2,400	3.2%
Elective Inpatient	27,300	27,300	25,600	-1,700	-6.2%
Emergency Admission	80,200	81,500	87,600	6,100	7.5%
Births	10,200	10,700	10,800	100	0.9%
New Outpatients	209,700	206,700	218,900	12,200	5.9%
Follow Up Outpatients	485,400	482,000	501,900	19,900	4.1%
Accident & Emergency (including Eye Casualty)	155,500	153,800	156,100	2,300	1.5%

Referral to treatment time (RTT)

One of our key targets is ensuring that patients receive their initial treatment within 18-weeks of being referred by their GP. There are two components to this target, these are that:

95 per cent of patients who do not require an elective inpatient stay (non-admitted patients) must achieve 18-weeks.

90 per cent of patients who do require an elective inpatient stay (admitted patients) must also achieve 18-weeks.

Through much hard work we exceeded both of these standards achieving 98 per cent for non-admitted and 96 per cent for admitted by the end of December.

We now measure the entire journey from start to finish. In order to maintain these short referral to treatment waiting times the Trust has also been required to continue to keep the stages of treatment waits low.

The average waiting time for a first outpatient appointment has been maintained at approximately four and a half weeks, despite an increase in the number of patients waiting.

The numbers of patients waiting for diagnostic tests has been maintained over the past year with all

patients been seen within the national target of six weeks, with many seen in five weeks or less.

The average waiting time for elective inpatients has reduced by approximately two weeks in the past year with a substantial reduction in the total numbers waiting for treatment.

A key issue for the coming year will be achieving and maintaining the referral to treatment target across each speciality, in particular orthopaedics where there are both local and national pressures.

Choose and Book

More and more patients (six out of ten) are choosing to be treated by us. They are also using the Choose and Book system to pick a time for an appointment that suits them. During 2008/09 we saw an increase from approximately 1,000 patients a week in 2007/08 to 1,500 patients per week in 2008/09.

Increasingly this is done via the national appointment line or over the internet, at the patient's convenience.

We currently offer around 300 services for GPs to access and we are continually working to make them easier to access. The Trust aims to ensure that all attempts to book outpatient appointments are successful at first attempt. Where this is not possible



Trusts have visited our hospitals to learn more about how we introduced, and continue to manage, this programme. In line with Department of Health requirements we are now screening all elective admissions for MRSA.

Quicker access to information

Replacing paper-based processes doctors and nurses are using a new computer system called iSoft

because of constraints in the numbers of appointments available at any given time, we follow the nationally agreed process of making contact with patients and booking the appointment as soon as possible.

Infection prevention and control

We believe it is unacceptable for patients to be put at risk of infection. In 2005/06 our record for healthcare associated infections (HCAI) was poor. We have worked hard and led the NHS to improve and we now have some of the lowest rates in England. Our MRSA rate for April to September 2008 is 0.71 MRSA bloodstream episodes per 10,000 bed days, one of the lowest in England, and we have reported another 20 per cent drop in Clostridium difficile (C.diff) infections.

The excellent results of our recent inspection by the Healthcare Commission prove that. We were one of only six Trusts in the country to achieve full compliance with the four standards against which we were inspected, and only one of two within the East Midlands. Given the size of our Trust this is a truly excellent achievement of which we are incredibly proud. To add to this, in March we received a HCAI (Healthcare Associated Infection) Technology Award of £150,000 to spend on further innovative measures to drive down infections.

Our achievements do not stop there.....we introduced 'minimum cleaning standards' across our hospitals and embarked on a programme of 'deep and steam cleaning' resulting in a significantly improved environment for patients, staff and visitors. Many

Clinical Manager (iCM) to refer patients to service departments including social services and physiotherapy and to electronically request diagnostic tests for example x-rays and CT scans.

This new system enables reports and results to be viewed on screen, with acknowledgement that they have been looked at and acted on if necessary, providing an effective way to see other requests, results and acknowledgements, securely, in one place, with access on the same computer to look at digital images on our new Agfa picture archiving and communications system (PACS).

Radiologists in our stroke service are using the new PACS system to view scans of patients who have suffered a stroke; we also have 12 CT/MR scanners in six locations on three sites, digital images can be viewed from any computer, ensuring that urgent or unexpected findings can be reported typically within the hour, also out of hours one individual can cover the three hospitals.

New electronic letter templates are used by doctors to generate discharge summaries in a timely and legible format so GPs can receive the information more quickly and patients can take home a printed copy of their discharge letter when they leave hospital.

Specially designed wireless workstations called Computers on Wheels are used on wards and in our emergency department, allowing patient information to be viewed at the bed side.

Being accountable

All of our staff aim to provide the best possible service to the people we serve. However, sometimes things do go wrong and patients might not be happy with the treatment they, a friend, a neighbour or a member of their family has received.

Every complaint is taken seriously and treated confidentially. Making a complaint will not affect your future care or treatment.

During the year we received the following numbers of complaints within each directorate, and the table below details how quickly they were responded to.

Directorate	Number received	Number replied	% replied within 25 days	Number replied over 25 days	Overdue at end of period	Average reply time (days)
Anaesthetics, Critical Care and Pain Management	32	32	94%	2	0	19
Cancer and Haematology Services	52	52	92%	4	0	20
Cardiology Respiratory Services	86	84	87%	9	2	23
Children's Services	41	41	80%	8	0	22
Corporate and Legal Affairs	5	5	100%	0	0	15
Clinical Services Directorate	60	60	95%	3	0	23
Facilities	48	48	77%	11	0	21
Finance and Procurement	1	1	100%	0	0	20
Imaging	47	47	85%	7	0	22
Information Management & Technology	3	2	67%	0	1	15
Medicine and Emergency Department	330	328	95%	15	2	21
Musculo Skeletal Services	122	122	85%	18	0	24
Pathology Services	9	9	89%	1	0	14
Nursing	6	6	67%	2	0	24
Operations Directorate	13	13	77%	3	0	22
Women's, Perinatal and Sexual Health	144	144	92%	12	0	22
Renal Services & Urology	62	59	85%	6	3	21
Research and Development	1	1	100%	0	0	23
Surgical Services	260	255	70%	72	5	25
Totals	1322	1309	86%	173	13	22

Principles for Remedy

When dealing with complaints, we fully adhere to the Principles for Remedy issued by the parliamentary and Health Service Ombudsman. The good practice principles contained within this are:

- getting it right
- being customer-focussed
- being open and accountable
- acting fairly and proportionately
- putting things right
- seeking continuous improvement.

These principles are put into action in a variety of ways, including training for staff to ensure they are aware of and can use our complaints policy which supports these principles.

PALS

Our Patient Advice and Liaison Service (PALS) aims to help solve any problems, concerns or questions patients and the public might have when using health services in the area. PALS is a customer care service.

PALS provide a free and confidential service. You can contact a member of the PALS team in person, by telephone on 0116 258 3100 by email on pals@uhl-tr.nhs.uk or write to PALS Office, Glenfield Hospital, Groby Road, Leicester, LE3 9QP. Our complaints and PALS service is currently being reviewed to enable us to provide a service that is more accessible and responsive. Our commitment to improving the service over the coming year is to invest in a further three PALS officers bringing the total to four. This will mean one dedicated to each hospital.

This service has now been renamed the Patient Information and Liaison Service (PILS).



Freedom of information

The Freedom of Information Act was passed on 30 November 2000 and the full Act came into force on 1 January 2005. The Act applies to all Public Authorities including us.

The purpose of the Act is to allow anyone, no matter who they are, to find out whether information on a particular subject is held by us and to receive that information in the format requested. The act sets out exemptions from that right, covering any information that may not have to be released.

In 2008/09 we received 235 freedom of information requests.

Health and safety

Protecting the health and safety of our employees, patients and visitors who may be affected by our work activities is very important to us. Health and safety is a

“ We recognise the importance of staff training and awareness in data protection and security. ”



fundamental part of our business and forms an essential part of our risk management strategy, led by our Trust Board.

This year we delivered refresher training to the Trust Board on health and safety and we renewed our commitment to this agenda. We have provided health and safety management training to senior managers and have started a programme of executive safety walkabouts in clinical and non-clinical areas. These walkabouts are a way of 'challenging ourselves'.

The number of accidents reported by staff has decreased during the year and we are working with colleagues in the private sector to learn from their experiences and further reduce accident rates. Our own in-house bulletin 'Safety Matters' is circulated to all wards and departments to promote safety awareness and learning.

We have again increased the number of health and safety audits carried out and we are now using a computerised analysis tool to get even more value from the data collected in the audits. We promoted the European Health and Safety Week with displays on the main hospital sites and produced the risk management training course prospectus; this details all of the important safety training that is available to staff in one document.

Emergency planning

Emergency preparedness remains one of the national priorities for the NHS as a whole, and we are playing our full part in this.

Our three main areas of focus are:

1. ensuring that we are prepared in the event of a major incident, when we will work closely with all partner agencies to ensure a coordinated response.
2. having good plans in place in the event of a flu pandemic.
3. having strong contingency plans in place to ensure that we can deal with the consequences of any untoward issues which could impact on the safe and smooth running of the hospitals, be they adverse weather, loss of key services or utilities or other internal incidents.

This requires us to ensure we are constantly checking and testing our plans and submitting them for external scrutiny.

Information governance

Incidents which involve risks to security personal data are recorded by the Trust and classified along Department of Health guidelines. In addition to reporting incidents to the Strategic Health Authority, where a risk of unauthorised disclosure of personal data exists to a larger number of staff or patients, the incident is also reported to the Information Commissioner.

We recognise the importance of staff training and awareness in data protection and security. Our policy has been changed to introduce computer-based information governance training which is mandatory for all staff, who are required to have passed the assessment in the coming year.

Summary of Serious Untoward Incidents involving personal data as reported to the Information Commissioner's Office in 2008/09				
Date of incident	Nature of incident	Nature of data involved	Number of people potentially affected	Notification steps
September	A laptop computer was stolen from a locked office. The theft occurred prior to the planned encryption of the device, hence the device was password protected.	Staff sickness/absence information	233	Letters distributed by hand or posted. Contact phone number for advice and support
		Complaint data	2	
		Patient name, date of birth, hospital number, operation details	2	
Further action on information risk		The individual who stole the laptop was apprehended by the Police. Owners of laptops have been advised to lock the laptops away at night (even in a locked office).		
October	Twenty two copies of Emergency Department notes being used to conduct an audit were misplaced in the Trust.	Name, address, clinical information on attendance and relevant patient history.	55 (22)	Letters were sent to all patients who notes may have been included in the misplaced data.
Further action on information risk		The movement of notes for audit has been restricted to within the Emergency Department. The staff member involved has received additional training in data protection.		

Summary of other personal data related incidents in 2008/09		
Category	Nature of the incident	Total
I	Loss of inadequately protected electronic equipment, devices or paper documents from secured NHS premises	2
II	Loss of inadequately protected electronic equipment, devices or paper documents from outside secured NHS premises	1
III	Insecure disposal of inadequately protected electronic equipment, devices or paper documents	1
IV	Unauthorised disclosure	2
V	Other	3

Our aims for 2009/10

As you know the NHS never stops and 2009/10 already has its challenges. As well as sustaining and improving on our 2008/09 performance, we need to capitalise on our success by focussing on increased levels of productivity so that we provide not just an effective, but also an efficient service. Work has already begun to improve on those areas where we can see we need to improve. We want to be a better employer, have happier, content staff, who feel valued, involved in decision making and proud to work for Leicester's Hospital's and a Trust where patients choose to be treated by us because of the consistently high quality care and clinical outcomes we provide.

This year we have worked with staff and the public to identify our priorities to focus on, and this is where we feel we will be focusing the majority of our attention:

1. Improve the patient experience and quality of care. This includes

- working with patients, relatives and carers to ensure that their health care respects their diverse needs, preferences and choices, and that we work with other organisations to reduce health inequalities

- improving advocacy for patients and prove we are listening to their feedback
- continue to exceed national targets and create a 'no wait' culture
- improve patient safety and reduce risk
- ensure we have strong and tested plans to maintain services in an emergency/ major incident
- transform our outpatient and elective care processes, for example use 'virtual' clinics where possible in the community.

2. Prove we value our staff and improve satisfaction and motivation. This includes

- become a model employer
- support staff to become the best they can be and to deliver the best care
- ensure our leaders are supported in the relevant leadership development and talent management programmes.

3. Integrate Research and Education with 'the day job'. This includes

- apply for Academic Health Science Centre (AHSC) status in partnership with Leicester University,

Nottingham University and Nottingham University Hospitals and a Health Innovation and Education Clusters (HIECs) in partnership with Leicester University

- In partnership with the Deanery, develop an advanced clinical skills simulation centre.

4. Develop the long-term plan and prepare for Foundation Trust status. This includes

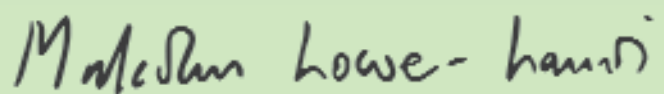
- in preparation for FT status prepare a detailed five-year integrated business plan with detailed service development plans which include activity, workforce and estate requirements, areas where we can make efficiencies and identifying funding streams for the capital investment we need
- work with our primary care trusts to design and deliver seamless services for local people based on needs, wants and expectations
- develop a programme of engagement, pre-consultation and consultation with all appropriate stakeholders
- develop, agree and implement our estates strategy to ensure that care is provided in environments that promote patient and staff

well-being and respect for patient's needs and preferences.

5. Step change in efficiency and effectiveness. This includes

- identifying opportunities for improving quality whilst simultaneously making cost savings reducing length of stay for patients and allowing patients choice in the service they access
- optimise the use of information technology to improve access for our clinicians and primary care to ensure the right care can be provided, in the right place, at the right time.

I look forward to sharing with you in our next Annual Report how we performed against these challenges which we have set ourselves.



Malcolm Lowe-Lauri

Our Trust Board

Our Trust Board is made up of the Chairman, seven Non Executive Directors and five Executive Directors: the Chief Executive, Director of Finance, Medical Director, Director of Nursing and Director of Operations. The Director of Human Resources, the Director of Communications and External Relations, the Director of Strategy, and the Director of Corporate and Legal Affairs also attend.

Name & Position	Interest(s) Declared
Mr M Hindle Trust Chairman	Member, National Institute of Biological Standards; Board member, Leicestershire and Rutland Probation Service; Member (and later Board Member), Health Protection Agency; Chair, Health Protection Agency Finance Committee
Mrs C Emmett Non-Executive Director	Partner, Bee Consulting Husband is a Non-Executive Director for Leicester County and Rutland PCT
Mr A M Kapur Non-Executive Director	Director and 50% shareholder, Signum Corporate Communications Ltd; Director and 37.5% shareholder, Signum Data Services Ltd; Director, Leicestershire Business Voice Ltd; Appointment to the Board of Governors for De Montfort University (commencing 1 May 2009)
Professor I Lauder Non-Executive Director (up to 31.07.08)	Director, International Journal of Experimental Pathology; Trustee, Hope Against Cancer; Trustee, Medisearch; Treasurer, Associate Medical Sciences; Dean of the Faculty of Medicine & Biological Sciences, University of Leicester.
Mr J Matharu Non-Executive Director	Lay Panel Member, General Medical Council; Lay Panel Member, Nursing and Midwifery Council; Lay Panel Member, Postgraduate Medical Education and Training Board
Mr I Reid Non-Executive Director	Non-Executive Chairman, The Concrete Centre (until 31.12.08); Poppy Day Collector, Royal British Legion; Trustee of Bitteswell United Charities.
Mr D Tracy Non-Executive Director	Non-Executive Chairman, Nuneaton and Bedworth Healthy Living Network (a limited guarantee company)
Mrs J Worthington Trust Chairman	Member, Council for Healthcare Regulatory Excellence; Chair, Fitness to Practice Panels, GMC; Deputy Chair of the Investigating Committee, Royal Pharmaceutical Society of Great Britain; Vice-Chair, General Chiropractic Council; Chair of the General Chiropractic Council Professional Conduct Committee; Board member, Appointments Board, Nursing and Midwifery Council; Chair of the Fitness to Practice Committee, Leicester Medical School; Member, Royal College of Surgeons Invited Review Panel; Member, Postgraduate Medical Education and Training Board Appeals Panel

Our Trust Board Continued...

Name & Position	Interest(s) Declared
Professor D Wynford-Thomas Non-Executive Director (01.08.08)	None to declare
Mr M Lowe-Lauri Chief Executive (from 06.05.08)	Director, Picker Institute Europe; Senior Associate, King Edward's Hospital Fund for London; Member, NIHR Advisory Board; Director of the NIHR RISC Programme Vice-Chair, SDO Programme Board
Ms K Bradley Director of Human Resources (26.08.08) (post acts as adviser to the Board as of January 2007)	None to declare
Dr A G H Cole Medical Director	Chairman, HALE (Health Action Leicester-Ethiopia); Wife is employed by National Britannia
Mrs S Hinchliffe Director of Nursing/DIPAC (01.01.09)	None to declare
Mr A Maitland Director of Operations	Governor, Leicester Children's Hospital School
Mrs K Renacre Acting Director of Human Resources (until 26.08.08) (adviser to the Board status as of January 2007)	None to declare
Mrs C Ribbins Acting Director of Nursing/DIPAC (01.08.08 – 31.12.08)	None to declare
Mrs H Seth Acting Director of Strategy (post acts as advisor to the Board as of August 2008)	Brother-in-law works for the Trust's Managed Equipment Service provider
Mr J Shuter Acting Director of Finance and Procurement (from 23.06.09)	School Governor, Greystokes Primary School, Narborough
Mrs P Tagg Director of Nursing (until 31.07.08)	Co-owner, Approved Fire Protection.
Mrs C Walker Director of Finance and Procurement (up to 22 June 2008)	None to declare

Name & Position	Interest(s) Declared
Mr S Ward Director of Corporate and Legal Affairs (post acts as adviser to the Board as of January 2007)	None to declare
Mr M Wightman Director of Communications and External Relations (post acts as adviser to the Board as of January 2007)	None to declare

Trust Board Meetings

Trust Board meetings are held in public, details of dates are on our website. They are usually held at the Trust's headquarters, Gwendolen House on the Leicester General Hospital site. Staff and members of the public are welcome to attend.

Our annual Public Meeting was held on 9 September 2008 at the Walkers Stadium. The meeting was supported by a 'wellbeing market' which consisted of exhibitions of our services manned by staff, other NHS organisations, or partner organisations. Members took the opportunity to take part in a 'health MOT' and find out more about a whole host of health related conditions. This year we also streamed the public meeting via our website making it more accessible for people to participate if they couldn't make it to the venue. More than 500 people attended and a further 440 logged on to our website to participate.



Openness and accountability

We have adopted the NHS Executive's code of conduct and accountability and incorporated them into our corporate governance policies, comprising of the Trust's Standing Orders, Standing Financial Instructions and Scheme of Delegation.



Operating and Financial Review

2008/09 was again a challenging year both financially and clinically. Nevertheless, we consolidated our position as the provider of “Caring at its Best” for our patients through continuous improvement in operational efficiency, patient focus and financial stability, and I am pleased to report that, for the ninth year in succession, the Trust has met its financial duties and has delivered a planned surplus of £3 million.

The Trust provides hospital and community based healthcare services to patients across Leicester, Leicestershire and Rutland and specialist services to patients throughout the UK. As such, our main sources of income are derived from Primary Care Trusts, the National Specialised Commissioning Group and education and training levies. We are actively engaged with key stakeholders to implement NHS policy to improve health services in the local area through a range of formal and informal partnerships. These include the primary care interface group, networks with other providers, academic partners and with patients, members and public groups.

Financial Review for the Year Ended 31 March 2009

The Trust has met its financial and performance duties for 2008/09.

- Balancing the books – in achieving a planned surplus income and expenditure position of £3 million.
- Making a return on capital – in achieving a capital cost absorption rate of 4.1 per cent on average relevant assets of £382 million (against a target of 3.5 per cent). This over achievement of target reflects a reduction in land value.

- Managing cash – an undershoot on the external financing limit of £5.3 million, permissible in meeting this financial duty.
- Investment in buildings, equipment and technology – invested £26.2 million in capital developments, recording an undershoot of £0.4 million against capital funding of £26.6 million.

Performance against our Financial Plan

The Trust has delivered its £3 million surplus year end forecast. The Trust had a planned income target of £621 million for 2008/09, with a £618 million expenditure plan.

The final year end position showed the following:

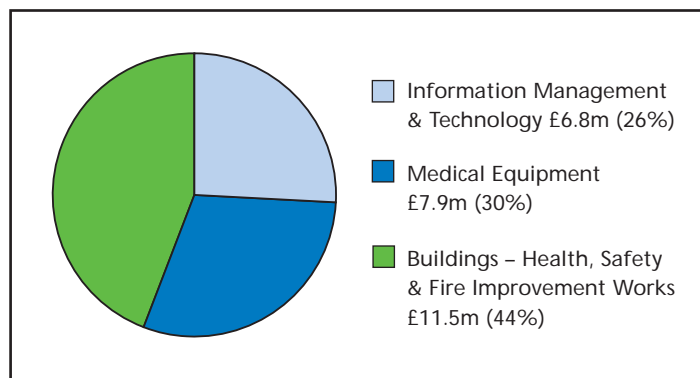
- Income – £652 million actual, £31 million over performance.
- Expenditure – £649 million actual, £31 million over plan.

The income over-performance predominately related to additional patient care activity, additional research and development, and training and education monies.

The expenditure position reflected additional spend as an outcome of delivering the 18-week referral to treatment target and increased emergency activity, plus an element of in year cost increases such as utilities.

Against an original capital plan of £26.6 million, we spent £26.2 million. Within this, slippage to some building works enabled resources to be freed up within the year for additional medical and IM&T equipment.

Capital Expenditure



Balance Sheet

With the market value of property falling substantially in the year, the Trust has incurred a reduction in the valuation of its land of £23 million. This impacted on our achievement of the target 3.5 per cent return on capital as the fixed asset base of the Trust was reduced by £23 million. The Trust will be undertaking a professional valuation of all land and buildings during 2009/10.

The plan was to reduce our cash holdings to £10 million by the end of March 2009, however due to increased focus on treasury management and the operational needs of the Trust, the cash balance was set at £15 million.

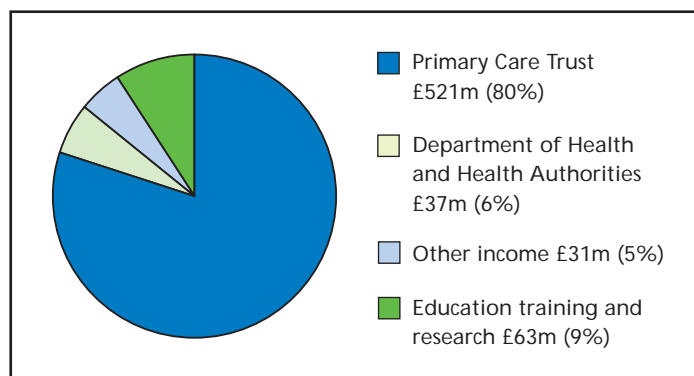
Our creditor position has improved greatly in 2008/09 due partly to a reduction in £8 million of prepayments from Primary Care Trusts but also due to improved creditor payment performance throughout the year.

Debtors increased by £2.2 million in 2008/09, this reflects the inclusion of £2.8 million in respect of healthcare activity in progress, which has been recognised for the first time, offset by improved credit control processes within the year.

Key Financial Indicators

Trust Income 2008/09

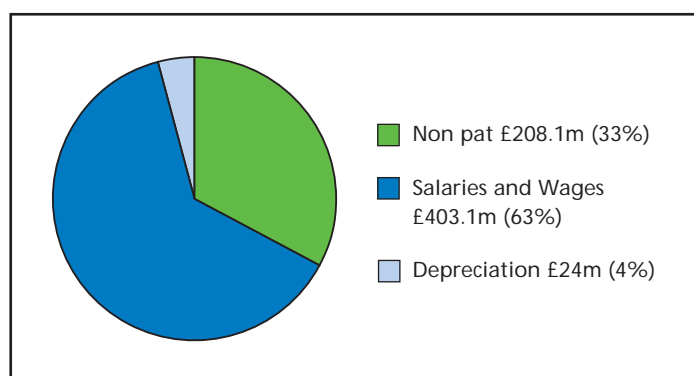
Total Income (£652 million) increased by 6 per cent compared to 2007/08, as a result of a 6.5 per cent change in patient care income and a 2.5 per cent change in other income.



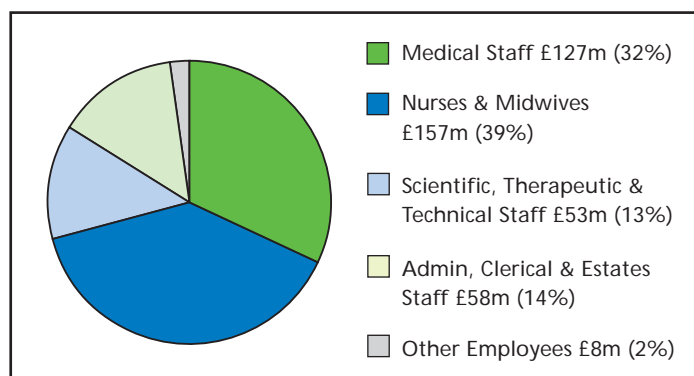
Trust Expenditure 2008/09

Expenditure increased by 5.6 per cent compared to 2007/08. A major contributor to this increase was pay and price inflation (£14 million). There was also a significant increase in spend in high cost therapies and drugs (£6.2 million), and an increase in utility expenditure (£2.7 million) within non pay. Pay expenditure also increased by an additional £10 million to support the delivery of activity performed.

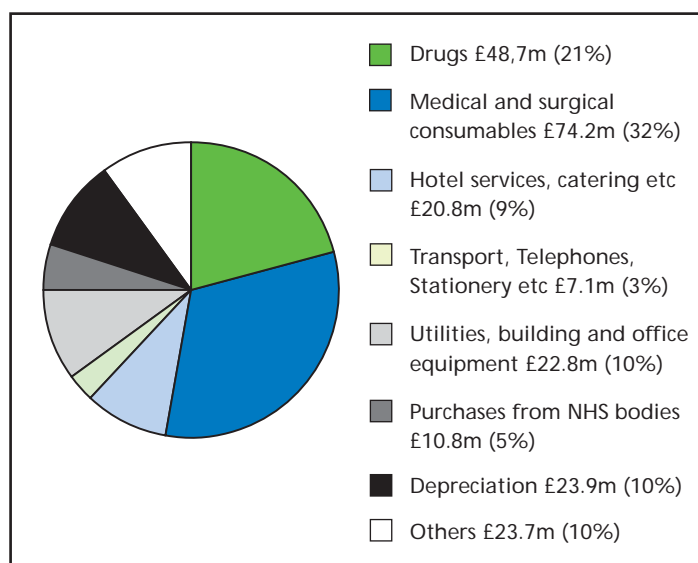
Total Operating Expenditure



Pay Expenditure by Staff Group



Non Pay Expenditure



Trust Efficiency Programme 2008/09

The Trust delivered a £19.1 million cost improvement programme.

The major components of the delivery of the programme are outlined in the chart above; these were delivered as part of our focus on productivity whilst maintaining high quality patient services.

International Financial Reporting Standards (IFRS)

In line with all NHS bodies, we will move to accounting under IFRS from 1 April 2009. We have done the required preparation for this change and will be completing a revised 2008/09 balance sheet by September 2009. The revised accounting policies effective from 1 April 2009 and other work done have been approved by our auditors.

Managing Risk

We operate within the regulatory framework determined by the Department of Health. Comprehensive risk management is monitored through our Trust Board's assurance framework, which regularly reviews all key risks and action plans. These plans cover clinical as well as corporate/business risks.

As in 2008/09, we will look to manage key risks linked to management and control of infection, the patient experience, delivery of national waiting time targets, and delivery of financial balance.

Future Challenges

Sustained income and expenditure surpluses and positive cash flow will depend on continued year on year efficiency improvements and our ability to retain income and develop services over the next few years. This is set against the continued need to provide best value and reduce the level of activity undertaken in the hospitals as more patients are treated closer to home.

The key theme of the 'Excellence for All' review across Leicester, Leicestershire and Rutland is to localise healthcare services where possible and centralise them where necessary. This means that more specialist care will be provided in the community setting, nearer to patients' homes. Some care such as acute stroke treatment will continue to be provided in an acute setting with concentrated expertise and equipment. The financial implications of this will depend on the model that is used to provide specialist care in the community. We continue to develop this model with our partners in the health economy to make sure that sustainable and excellent care can be provided.

We face another challenging year in 2009/10 with the requirement to make a step change in efficiency and clinical productivity. We need to deliver £25 million of efficiencies (3.8 per cent of turnover) in order to achieve our financial duties. Delivery of these savings in conjunction with delivering excellent healthcare will mean improving:

- theatre productivity
- outpatient productivity
- reducing length of stay
- workforce utilisation
- corporate department efficiency.

We will introduce Patient Level Information and Costing (PLIC) to help embed Service Line Reporting to enable senior managers and clinicians to understand the true cost of providing services to individual patients and identify further opportunities for better value for money. In 2009/10 we will continue to focus on our Foundation Trust application.

Foreword to the accounts

University Hospitals of Leicester NHS Trust

These accounts for the year ended 31 March 2009 have been prepared by the University Hospitals of Leicester NHS Trust under section 98 (2) of the National Health Service Act 1977 (as amended by section 24 (2), schedule 2 of the National Health Service and Community Care Act 1990) in the form which the Secretary of State has, with the approval of the Treasury, directed.

The accounts for 2008/09 have been prepared under UKGAAP. IFRS is effective for the NHS from 1 April 2009 and balances will be restated as appropriate within the 2009/10 financial year.

These accounts comprise a summarised version of the Trust's annual accounts. A copy of our full financial statements and Charitable Funds can be obtained on request from:

Assistant Director of Finance (Financial Accounting)
University Hospitals of Leicester NHS Trust
Gwendolen House
Gwendolen Road
Leicester, LE5 4QF
Telephone: 0116 258 8643



Summary financial statements

Salary and Pension entitlements of senior managers

Name and Title	2008-09			2007-08		
	Salary (bands of £5000) £000	Other Remuneration (bands of £5000) £000	Benefits in Kind Rounded to the nearest £100	Salary (bands of £5000) £000	Other Remuneration (bands of £5000) £000	Benefits in Kind Rounded to the nearest £100
M Hindle, Chairman	20-25	0	0	20-25	0	0
P Reading, Chief Executive(Until 23.09.07)	0	0	0	85-90	0	0
D Smith, Chief Executive (from 01.10.07 to 09.04.08)	0	5-10	0	0	205-210	0
M Lowe-Lauri, Chief Executive(From 06.05.08)	185-190	0	0	0	0	0
A Cole, Medical Director	115-120	75-80	0	110-115	75-80	0
A Maitland, Director of Operations	120-125	0	0	110-115	0	0
P Tagg, Director of Nursing (until 31.07.2008)	45-50	0	0	125-130	0	0
C Ribbins, Director of Nursing (from 01.07.08 to 31.12.08)	40-45	0	0	0	0	0
S Hinchliffe, Director of Nursing (from 01.01.09)	30-35	0	0	0	0	0
C Walker, Director of Finance and Procurement (until 22.06.08)	25-30	0	0	125-130	0	1,600
J Shuter, Acting Director of Finance and Procurement (from 23.06.08)	85-90	0	0	0	0	0
J Aird, Director of Information Management & Technology	110-115	0	0	110-115	0	0
Dr R Graham-Brown, Director of Services For Older People	100-105	135-140	0	110-115	70-75	0
R Pinsent, Director of Facilities	100-105	0	0	95-100	0	0
H Gordon, Director of Human Resources (until 31.07.07)	0	0	0	35-40	0	0
K J Renacre, Acting Director of Human Resources (until 25.08.08)	40-45	0	0	65-70	0	0
K Bradley, Director of Human Resources (from 26.08.2008)	70-75	0	0	0	0	0
Professor D Rowbotham, Director of Research & Development	15-20	190-195	0	0	20-25	0
S Ward, Director of Corporate & Legal Affairs	100-105	0	0	100-105	0	0
M Wightman, Director of Communications	90-95	0	0	80-85	0	0
D Matthews, Director of Strategic Development (on secondment from 31.08.07)	0	0	0	60-65	0	0

Salary and Pension entitlements of senior managers continued...

Name and Title	2008-09			2007-08		
	Salary (bands of £5000) £000	Other Remuneration (bands of £5000) £000	Benefits in Kind Rounded to the nearest £100	Salary (bands of £5000) £000	Other Remuneration (bands of £5000) £000	Benefits in Kind Rounded to the nearest £100
H Seth , Acting Director of Strategy (from 01.07.08)	75-80	0	0	0	0	0
C Emmett, Non Executive Director	5-10	0	0	0-5	0	0
A Kapur, Non Executive Director	5-10	0	0	5-10	0	0
I Lauder, Non Executive Director (until 31.07.08)	0-5	0	0	5-10	0	0
D Wynford-Thomas, Non Executive Director (from 01.08.08)	0-5	0	0	0	0	0
J Matharu, Non Executive Director	5-10	0	0	0-5	0	0
I Reid Non Executive Director	5-10	0	0	5-10	0	0
D Tracy, Non Executive Director	5-10	0	0	5-10	0	0
C Walsh, Non Executive Director (until 30.11.07)	0	0	0	0-5	0	0
JS Worthington, Non Executive Director	5-10	0	0	5-10	0	0

A Cole and R Graham Brown's salaries have been split based on four clinical planned activities and six management planned activities following the introduction of the consultant contract.

P Tagg acted as Chief Executive between 10 April 2008 and 5 May 2008.

Name and Title	Real increase in pension at age 60 (bands of £2500) £000	Real increases in lump sum at age 60 at 31/03/09 (bands of £2500) £000	Total accrued pension at age 60 at 31/03/09 (bands of £5000) £000	Lump sum at age 60 related to accrued pension at 31/03/09 (bands of £5000) £000	Cash Equivalent Transfer Value at 31/03/09 £000	Cash Equivalent Transfer Value at 31/03/09 £000	Real Increase in Cash Equivalent Transfer Value £000	Employers Contribution to Stakeholder Pension To nearest £100
M Lowe-Lauri, Chief Executive (from 06.05.08)	7.5-10.0	27.5-30.0	75-80	235-240	1,571	1,028	468	0
C Walker, Director of Finance and Procurement (until 22.06.08)	0.0-2.5	0.0-2.5	35-40	105-110	551	423	27	0
J Shuter, Acting Director of Finance and Procurement (from 23.06.08)	5.0-7.5	17.5-20.0	15-20	55-60	278	144	130	0
A Maitland, Director of Operations	0.0-2.5	5.0-7.5	20-25	65-70	375	266	103	0
P Tagg, Director of Nursing (until 31.07.08)	0.00	0.00	25-30	100-105	0	718	0	0
C Ribbins, Acting Director of Nursing (from 01.07.08 to 31.12.08)	0.0-2.5	5.0-7.5	25-30	85-90	457	335	113	0
S Hinchliffe, Director of Nursing (from 01.01.09)	0.0-2.5	2.5-5.0	30-35	100-105	598	401	46	0
A Cole, Medical Director	0.0-2.5	5.0-7.5	80-85	250-255	0	1,405	0	0
K Renacre, Acting Director of Human Resources (from 01.08.07 to 25.08.08)	0.0-2.5	2.5-5.0	35-40	105-110	720	535	114	0

Name and Title	Real increase in pension at age 60 (bands of £2500) £000	Real increases in lump sum at age 60 at 31/03/09 (bands of £2500) £000	Total accrued pension at age 60 at 31/03/09 (bands of £5000) £000	Lump sum at age 60 related to accrued pension at 31/03/09 (bands of £5000) £000	Cash Equivalent Transfer Value at 31/03/09 £000	Cash Equivalent Transfer Value at 31/03/09 £000	Real Increase in Cash Equivalent Transfer Value £000	Employers Contribution to Stakeholder Pension To nearest £100
K Bradley, Director of Human Resources(from 26.08.08)	2.5-5.0	7.5-10.0	25-30	80-85	420	308	62	0
J Aird, Director of Information Management & Technology	0.0-2.5	2.5-5.0	30-35	95	750	521	215	0
Dr R Graham-Brown, Director of Services for Older People	0.0-2.5	5.0-7.5	80-85	245-250	2,057	1,423	599	0
H Seth, Acting Director of Strategy (from 01.07.08)	2.5-5.0	12.5-15.0	25-30	80-85	410	272	132	0
R Pinsent, Director of Facilities	0.0-2.5	0.0-2.5	30-35	100-105	804	570	220	0
Professor D Rowbotham, Director of Research & Development	0	0	0	0	0	0	0	0
M Wightman, Director of Communications	2.5-5.0	7.5-10	10-15	40-45	203	131	69	0
S Ward, Director of Corporate & Legal Affairs	0.0-2.5	2.5-5.0	30-35	95-100	564	421	133	0

As Non-Executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive members.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures, and

from 2004/05 the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV – This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

A Cole CETV = £0.00 because he has reached retirement age

P Tagg CETV = £0.00 because pension is in payment

Professor Rowbotham is a member of the Leicester University pension scheme.

Income and Expenditure Account for the year ending 31 March 2009

	2008/09 £000	2007/08 £000
Income	652,159	615,155
Expenditure	(635,202)	(603,364)
OPERATING SURPLUS	16,957	11,791
Cost of fundamental reorganisation/restructuring	0	0
Profit (loss) on disposal of fixed assets	(8)	0
SURPLUS BEFORE INTEREST	16,949	11,791
Interest receivable	1,655	1,977
Interest payable	(4)	(2)
Other finance costs – unwinding of discount	(59)	(67)
SURPLUS FOR THE FINANCIAL YEAR	18,541	13,699
Public Dividend Capital dividends payable	(15,523)	(13,122)
RETAINED SURPLUS FOR THE YEAR	3,018	577

Balance Sheet as at 31 March 2009

	31 March 2009 £000	31 March 2008 £000
FIXED ASSETS	408,751	430,352
CURRENT ASSETS	54,290	63,086
CREDITORS: Amounts falling due within one year	(53,105)	(63,158)
NET CURRENT LIABILITIES	1,185	(72)
TOTAL ASSETS LESS CURRENT LIABILITIES	409,936	430,280
CREDITORS: Amounts falling due after more than one year	(959)	0
PROVISIONS FOR LIABILITIES AND CHARGES	(6,560)	(7,738)
TOTAL ASSETS EMPLOYED	402,417	422,542
FINANCED BY:		
TOTAL TAXPAYERS EQUITY	402,417	422,542

Cash Flow Statement for the year ending 31 March 2009

	2008/09 £000	2007/08 £000
NET CASH INFLOW FROM OPERATING ACTIVITIES	29,257	49,673
RETURNS ON INVESTMENTS AND SERVICING OF FINANCE	1,841	1,873
CAPITAL EXPENDITURE	(28,526)	(13,609)
DIVIDENDS PAID	(15,523)	(13,122)
RECEIPTS FROM SALE OF TANGIBLE FIXED ASSETS	0	0
NET CASH INFLOW/(OUTFLOW) BEFORE FINANCING	(12,951)	24,815
FINANCING	853	740
INCREASE/(DECREASE) IN CASH	(12,098)	25,555

The investment of short term cash surpluses with the Bank of England enabled us to generate net interest receipts of £1,651,000. Short term cash surpluses arose due to timing differences between the receipt of cash from commissioners and cash expenditure in the delivery of NHS services.

Statement of Total Recognised gains and losses for the year ending 31 March 2009

	2008/09 £000	2007/08 £000
Surplus for the year before dividend payments	18,541	13,699
Unrealised surplus on fixed asset revaluations/indexation	(23,146)	28,679
Increases in the donated asset and government grant reserve due to receipt of donated and government grant financed assets	492	183
Defined benefit scheme actuarial gains/(losses)	0	0
Total recognised gains and losses for the financial year	(4,113)	42,561
Prior Period Adjustment	0	0
Total gains and losses recognised in the financial year	(4,113)	42,561

We have applied a negative land indexation in order to reflect current market conditions. This is in line with H M Treasury guidance. Other assets have been indexed at 0%. Total indexation is reflected in the deficit of £23,146k (2007/08 – a surplus of £28,679).

Cash Flow Statement for the year ending 31 March 2009

	2008/09 £000	2007/08 £000
Management costs	22,057	22,338
Income	652,159	615,155
Percentage of income	3.4%	3.6%

Better Payment Practice Code – Measure of Compliance The CBI prompt payment code requires trade creditors to be paid within 30 days of the receipt of goods or a valid invoice. Our compliance with this policy is shown below:

	Number	£000
Total Non-NHS trade invoices paid in the year	132,493	358,519
Total Non-NHS trade invoices paid in target	109,341	309,491
Percentage of non-NHS trade invoices paid within target	83%	86%
Total NHS trade invoices paid in the year	4,800	47,408
Total NHS trade invoices paid in target	3,207	32,155
Percentage of NHS trade invoices paid within target	67%	68%

Audit Fees

Our external auditor for statutory audit and services during 2008/09 was KPMG LLP. The Audit Commission appointed KPMG as our external auditors in 2000, and then the Trust reappointed them in 2007. The total value of payments to KPMG for statutory audit services in 2008/09 was £343,000.

Pension liabilities

We are a member of the NHS Pensions Scheme. Information regarding how the Trust accounts for its pension liabilities is reported at note 1.12 of the Trust's Annual Accounts.

Statement of Directors

Each Director has stated, through their response to the Trust's representation letter, that, as far as they are aware, there is no relevant audit information of which the NHS body's auditors are unaware and that they have taken all the steps that they ought to take as a director in order to make themselves aware of any relevant audit information and to establish that the NHS body's auditors are aware of that information.

Statement of Internal Control

1. Scope of responsibility

The Trust Board is accountable for internal control. As Accountable Officer, and Chief Executive of this Board, I have responsibility for maintaining a sound system of internal control that supports the achievement of the Trust's policies, aims and objectives. I also have responsibility for safeguarding the public funds and the Trust's assets for which I am personally responsible as set out in the Accountable Officer Memorandum.

As Accountable Officer, and Chief Executive of this Board, I, too, am subject to internal control. As Chief Executive, I am accountable to the Trust Board for ensuring that the Board's plans and objectives are implemented and that progress towards implementation is regularly reported to the Board using accurate systems of measurement and data management. The Trust's corporate governance policies and other advice on expected standards of behaviour of staff apply equally to me as Chief Executive as to any other member of staff. I subscribe to the Code of Conduct for NHS Managers.

The Trust has a range of mechanisms in place to facilitate effective working with key partners, in particular the East Midlands Strategic Health Authority, Leicester

City Teaching PCT, Leicestershire County and Rutland PCT, Leicestershire Partnership NHS Trust and East Midlands Ambulance Service NHS Trust, respectively. I meet regularly with the Chief Executives of each of these organisations, individually, jointly and collectively. Within Leicester, Leicestershire and Rutland (LLR), I meet at least monthly with the Chief Executives of the two local PCTs and Leicestershire Partnership NHS Trust. The Trust's membership of the LLR Next Stage Review Project Board and LLR Health Community Steering Group provides further evidence of the Trust's commitment to partnership working.

2. The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to:

- identify and prioritise the risks to the achievement of the Trust's policies, aims and objectives,

- evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

We have in place a system of internal control for the year ended 31 March 2009 and up to the date of approval of the annual report and accounts.

3. Capacity to handle risk

Amongst other duties, the Trust Board has collective responsibility for providing leadership to the organisation within a framework of prudent and effective controls. As outlined in the Higgs report (2003) and in 'Governing the NHS' (2003), Non-Executive Directors' specific duties include satisfying themselves that financial information is accurate and that internal systems and controls are robust and defensible.

The Trust Board itself ensures that leadership is given to the risk management process. During 2008/09, it approved an updated risk management strategy which sets out the Trust's attitude to risk and, amongst other matters, describes the way in which risks are identified, evaluated and controlled.

A series of linked, 'risk-related' policies, procedures and protocols underpin the strategy, including the:

- Health and Safety Policy;
- Safer Handling Policy;
- Risk Assessment Policy;
- Policy for the Management of Clinical and Non-Clinical Incidents;
- Policy for the Management of Complaints;
- Policy for the Management of Claims;
- Safety Alert Broadcast System Policy;
- Infection Prevention and Control Policy;
- Statutory and Mandatory Training Policy;
- A Brief Guide to Populating the UHL Datix Risk Register, and
- UHL Clinical Governance Strategy.

Working within the framework of the risk management strategy, and acting through and on behalf of the Trust Board, an appropriate infrastructure has been established to carry through the risk management agenda. In terms of individual Executive Director responsibilities for managing risks:

- the Director of Finance and Procurement leads on financial risk management;
- the Director of Operations (now superseded by the post of Chief Operating Officer) leads on operational performance, emergency preparedness and business continuity risk management;
- the Chief Nurse leads on infection prevention and control risk management, child and adult safeguarding matters and was the Trust's Caldicott Guardian during 2008/09;
- the Medical Director co-ordinates the process for ensuring that the Trust achieves compliance with the core Standards for Better Health; and also leads on the Trust's fulfilment of its clinical governance and clinical risk management responsibilities, ensuring that the organisation has in place systems and processes to support individual, team and corporate accountability for the delivery of patient-centred, safe, high quality care, within a reporting and learning culture. The Medical Director also leads on complaints management, health and safety management, and maintenance and development of the Trust's safety alert

broadcasting system and risk register, respectively.

The Executive Directors are supported in discharging their risk management responsibilities by the following Directors:

- the Director of Communications and External Relations – leads on reputational risk management;
- the Director of Corporate and Legal Affairs – is Secretary to the Trust Board and leads on corporate governance risk management, including maintenance and development of the Trust's assurance framework;
- the Director of Facilities – leads on fire safety and estates risk management;
- the Director of Human Resources – managerially responsible for occupational health services and leads on workforce risk management;
- the Director of Information Management and Technology – is the Trust's Senior Information Risk Owner and leads on data protection and information management and technology risk management;
- the Director of Research and Development – leads on research governance and research risk management, respectively;

- the Director of Services for Older People – responsible for the co-ordination of activities across the Trust relating to services for older people and their improvement.
- the Director of Strategy leads on the process of developing and managing the delivery of the Trust's integrated business plan and consequently on business development risk management.

Clinical Directors, supported by General Managers and Heads of Nursing, are responsible for the management of risks at individual Clinical Directorate level.

I meet with all the Executive and other Directors of the Trust on a regular basis to discuss and review performance. The Trust Executive, which includes all of the aforementioned Directors, assists me in my role. I chair this group, which meets monthly, and it regularly considers significant risks, issues and exceptions and the proposed corrective action.

Trust staff are equipped and trained to manage risks in a variety of ways. The Trust's Staff Handbook, made available to all new staff joining the organisation, includes information on managing risk. The Trust's induction programme, attended by all new staff, includes a risk awareness module.

The Trust has adopted a policy for statutory and mandatory training, defining mandatory training programmes including those relating to the management of identified risks.

Having reviewed the available evidence for the period 1 April 2008 – 31 March 2009, the Trust Board declared compliance with core healthcare standard C11b which requires healthcare organisations to ensure that staff concerned with all aspects of the provision of healthcare participate in mandatory training programmes.

The Trust additionally provides risk management training for staff across a wide range of subjects, the principal aim of which is to equip staff to better manage risk in a way appropriate to their authority and duties. Subjects covered include:

- risk assessment;
- root cause analysis;
- display screen equipment;
- stress management;
- control of substances hazardous to health;
- working safely;
- the role of the departmental safety co-ordinator;
- moving and handling;
- patient safety;

- personal safety awareness;
- fire safety;
- food hygiene;
- latex allergy;
- first aid at work;
- child protection and protecting vulnerable adults;
- infection prevention and control, including effective hand hygiene;
- clinical skills and resuscitation training;
- radiation protection;
- safe use of diagnostic and therapeutic equipment;
- violence and aggression.

The Trust attaches great importance to the effective handling of risk and, during 2008/09, engaged KPMG to assist it in:

- taking stock of the Trust's current position with regard to risk management and risk reporting;
- identifying key areas to enhance the current risk management processes at the Trust;
- clearly articulating Trust management's aspirations for improvement; and
- providing some practical training in leading practice.

The findings of this review have been reported to, and accepted by, the Trust Board's Governance and

Risk Management Committee and an action plan is in place to further embed risk management processes at the Trust. The action plan aims to address the following issues:

- enhance existing reporting arrangements;
- provide more clarity on practical risk management roles and responsibilities;
- provide more ongoing support and risk awareness training for all risk management stakeholders;
- enhance the quality of risk information and the focus of the risk assessment process at Directorate level;
- assign more dedicated resourcing to effectively implement the risk management improvement plan across the Trust.

On behalf of the Trust Board, the Governance and Risk Management Committee shall monitor the implementation of the action plan in 2009/10.

4. The risk and control framework

There are clear organisational structures at the Trust for managing clinical and non-clinical risk which ensure that all significant business

risks are properly considered, managed and communicated to the Board.

During 2008/09, as part of its work in preparing and adopting its Annual Plan, the Trust Board reviewed and revised its corporate objectives and assessed the principal risks to their achievement.

The Trust has an assurance framework. The assurance framework has helped the Audit Committee and Trust Board to identify the principal risks to the organisation meeting its principal objectives and to map out both the key controls in place to manage them and also how it has gained sufficient assurance about their effectiveness.

In his interim Audit Opinion for 2008/09, the Head of Internal Audit has noted that the Trust's processes for in-year monitoring and scrutiny of the assurance framework and associated action plans, and subsequent reporting arrangements, are well established within the organisation.

The assurance framework 2008/09 was designed and operated to meet the Department of Health's requirements and provide reasonable assurance that there is an effective system of internal control to manage the principal risks identified by the Trust.

During the course of 2008/09, the Audit Committee and Trust Board accepted that there were specific – though not significant – gaps in certain areas of control and assurance as identified within the assurance framework itself. These concerned, for example, the ongoing work to provide sufficient assurance of compliance with the core Standards for Better Health. The Trust Board was informed of, and endorsed, the actions that were taken to address each of these matters. Progress was, and will continue to be, measured and reported regularly to the Trust Executive, Audit Committee and Trust Board (as appropriate) through the Trust's well established performance reporting and monitoring processes. In turn, this will enable the Trust to strengthen its assurance framework, thereby helping to embed improved risk management, control and review processes appropriate to the Trust's circumstances across all of its core business activities.

At each of its monthly meetings, the Trust Board receives information about operational performance, focussed on the most important measures of performance, with exceptions highlighted. Through the use of 'traffic light' indicators, the Trust Board's attention is directed to significant risks, issues and exceptions; to the controls in place to

mitigate the identified significant risks; and to the proposed corrective action. The Trust Board is assisted in this task by both the Finance and Performance Committee and Governance and Risk Management Committee, which it established in 2008/09 to improve the overall governance arrangements of the Trust.

The Trust recognises the importance of robust information governance. The Director of Information Management and Technology takes the lead at the Trust on information governance issues and is the Trust's Senior Information Risk Owner, supported by an Information Governance Manager. The Chief Nurse was the Trust's Caldicott Guardian during 2008/09.

During 2008/09, the Trust took actions to secure improvements in its information governance arrangements. Secure (encrypted) memory sticks have been made available to staff and an encryption programme for all Trust laptop computers has been undertaken to protect information in the event of loss or theft. The encryption programme continues and includes portable devices, higher risk desktop devices and port access. The Trust continues to strengthen secure links for the transfer of confidential information electronically with its key partners.

All NHS Trusts are required annually to undertake an information governance self-assessment using the NHS Information Governance toolkit. For 2008/09, the Trust scored itself at 76 per cent overall, a decrease of 3 per cent on the 2007/08 overall score. Although the Trust has retained its 'green' score (according to Department of Health criteria), the Trust is nevertheless committed to improving its score and accordingly is developing and implementing action plans to strengthen its information governance arrangements.

The arrangements in place at the Trust which provide further evidence of the organisation's commitment to robust internal control include the following:

- the establishment and operation of an Audit Committee, Finance and Performance Committee and Governance and Risk Management Committee respectively, reporting to the Trust Board;
- documenting of key internal control policies and procedures;
- ensuring that Internal Audit services have sufficient status, independence and resources;

- publishing Standing Orders, Standing Financial Instructions, a Scheme of Delegation to Officers, a Code of Business Conduct for Trust staff and a Policy for Countering Fraud and Corruption. The Trust Board has also adopted formally the NHS Code of Conduct and Code of Accountability, respectively, together with the 'Nolan Principles' ("The Seven Principles of Public Life");
- establishing sound human resources policies;
- establishing a system of personal appraisal and development review which seeks to ensure that individual objectives flow from the organisation's objectives.

A key element of the Trust's risk management strategy is to help to create a culture which encourages staff to identify and control risks which may adversely affect the Trust's operational ability. A traditional risk assessment matrix is used to ensure that a consistent approach is taken to assessing and responding to risks and incidents. The Trust's Risk Assessment Policy sets out details of the methodology that is used and this forms an appendix to the Trust's risk management strategy. The risk management strategy identifies

options for the treatment and control of risks to the Trust. Very low and low risks to the Trust will normally be managed through action by line managers, while more serious categories of risk will fall to be addressed by a more senior manager supported, if required, by a member of the Corporate Risk Team.

The Trust Executive regularly reviews 'corporate risks' featured on the Trust's risk register; the Trust Board's Governance and Risk Management Committee does likewise at each of its meetings. The Trust Board reviews 'strategic risks' entered on the Trust's risk register at each of its monthly meetings.

During the course of 2008/09, the Trust has co-operated with other NHS bodies, local authorities and other relevant organisations with an interest in the local health economy to ensure that patients' individual needs are properly managed and met.

In particular, senior representatives of the Trust have met regularly with the Trust's Patient Advisers and the Joint Health Overview and Scrutiny Committee for Leicester, Leicestershire and Rutland, respectively, during 2008/09 and, in this way, the Trust has engaged with, and involved, public stakeholders in managing risks which impact on them.

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

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

5. Review of effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review is informed in a number of ways. The Head of Internal Audit provides me with an opinion on the overall arrangements for gaining assurance through the assurance framework and on the controls reviewed as part of the internal audit work.

I have noted that, in his Audit Opinion for 2008/09, the Head of

Internal Audit has stated that significant assurance can be provided that there is a generally sound system of internal control, designed to meet the organisation's objectives, and that controls are generally being applied consistently.

A significant majority of the assignments completed by Internal Audit during 2008/09 have provided positive assurances. Internal Audit's review of the Trust's payroll system in 2008/09 identified a number of concerns about the application of controls. The Trust is committed to improving the existing control arrangements and an action plan is being implemented under the direction of the Director of Human Resources. I do not believe the concerns identified by Internal Audit have a material impact on the Trust's financial standing.

Executive Directors, other Directors and senior managers within the organisation who have responsibility for the development and maintenance of the system of internal control also provide me with assurance. The assurance framework itself provides me with evidence that the effectiveness of controls that manage the risks to the Trust achieving its principal objectives have been reviewed. My review is also informed by the findings identified and conclusions reached by the Internal and External

Auditors and other bodies in their reports in 2008/09, including Clinical Pathology Accreditation Ltd, the Environment Agency, Health and Safety Executive, Healthcare Commission, Health Overview and Scrutiny Committees of local authorities, Medicines and Healthcare Products Regulatory Agency, National Patient Safety Agency and the NHS Litigation Authority. I also note that, in 2008/09, the Trust was assessed by the NHS Litigation Authority and retained its Level 2 accreditation in relation to its general and maternity clinical risk management standards, respectively.

Also of particular note is that, in January 2009, the Healthcare Commission published the results of its unannounced inspection of the Trust's hospitals against the Hygiene Code. The Commission judged the Trust as compliant with the Hygiene Code and commended the Trust's infection prevention and control arrangements. During 2008/09, the Trust strengthened its management arrangements for the appropriate decontamination of instruments and other equipment and the Commission judged the Trust compliant in meeting the Code's decontamination requirements.

I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by Internal

Audit, External Audit, the East Midlands Strategic Health Authority, Trust Board, Trust Executive, Finance and Performance Committee, Governance and Risk Management Committee, and Audit Committee. During 2008/09, each of these bodies has been involved in a series of processes that, individually and collectively, have contributed to the review of the effectiveness of the system of internal control.

The Trust was required in 2008/09 to assess once again its compliance with the core Standards for Better Health. The Standards, published by the Department of Health in 2004, do not themselves set out new expectations of the NHS, but are based on a number of standards and requirements that already exist. They describe a level of service which is acceptable and which must be universal. The Trust is expected to comply with the core Standards. The Trust's Healthcare Standards and Improvement Steering Group, which I chair, oversees the monitoring of the Trust's compliance with the core Standards in-year.

The core Standards include a requirement that healthcare organisations undertake systematic risk assessment and risk management. Having reviewed the available evidence, the Trust Board assessed the Trust as compliant with this requirement.

The Trust declared full compliance with all but two of the core standards for 2008/09: C8b and C20b.

The Trust Board decided it had 'not met' the requirements of standard C8b as, at year end, only just over 50% of Trust staff had had an appraisal in the preceding twelve months.

The Director of Human Resources reported to the May 2009 Trust Board meeting on actions to be taken to ensure that the Trust complies fully in future with standard C8b.

In respect of standard C20b, the Trust Board declared a 'significant lapse' for the period 1 April – 30 November 2008 due to difficulties within the Renal and Urology Directorate in achieving full compliance with the requirements of single sex accommodation. An action plan implemented in-year had overcome the difficulties relating to ward geography and layout, patient flow, bed access and patient acuity/dependency, resulting in the Trust Board declaring compliance with the standard from 1 December 2008 to 31 March 2009.

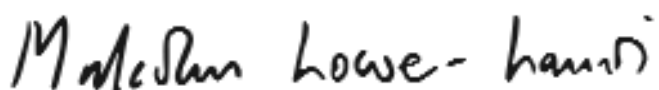
During 2008/09, the Trust experienced two serious untoward incidents involving personal data involving (1) the theft of a password protected laptop computer from a

locked office and (2) misplacement of patient notes being used to conduct a clinical audit. Patients and staff affected were contacted promptly by the Trust and, in each instance, a number of actions have subsequently been taken by the Trust to seek to prevent recurrence.

A plan to address weaknesses and ensure continuous improvement of the system of internal control is in place. In particular, further work will be undertaken in 2009/10 to review and strengthen the Trust's governance, risk management and internal control systems, policies and procedures. This work will contribute to the Trust's aim of submitting its application for authorisation as an NHS Foundation Trust in 2010/11.

I am of the opinion that the implementation of the actions described above will strengthen the Trust's system of internal control in 2009/10 and beyond.

Signed:

A handwritten signature in black ink that reads "Malcolm Lowe-Hamilton". The signature is written in a cursive, slightly slanted style.

Chief Executive

Date

(On behalf of the Trust Board)

University Hospitals of Leicester NHS Trust

We have examined the summary financial statement which comprises Income and Expenditure, Balance Sheet, Cash Flow Statement and Statement of Total Recognised Gains and Losses for the Year Ending 31 March 2009 and the related notes.

This report is made solely to the Board of University Hospitals of Leicester NHS Trust, as a body, in accordance with Section 2 of the Audit Commission Act 1998. Our audit work has been undertaken so that we might state to the Board of University Hospitals of Leicester NHS Trust, as a body, those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than University Hospitals of Leicester NHS Trust and the Board of University Hospitals of Leicester NHS Trust, as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of directors and auditor

The Directors are responsible for preparing the Annual Report.

Our responsibility is to report to you our opinion on the consistency of the summary financial statement within the Annual Report with the statutory financial matters.

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

Basis of opinion

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

Opinion

In our opinion the summary financial statement is consistent with the statutory financial statements of the Trust for the year ended 31 March 2009. We have not considered the effects of any events between the date on which we signed our report on the statutory financial statements 12 June 2009 and the date of this statement.



Andrew Bostock (Senior Statutory Auditor)
For and on behalf of KPMG LLP, Statutory Auditor
Chartered Accountants
Birmingham

21 July 2009

Please help us to improve the way we give people information

We would like your views on the presentation of this annual report and accounts for the University Hospitals of Leicester NHS Trust. We would be very grateful if you could answer the questions below and send your response to us by 31 March 2010.

The answers you give will help us to ensure we present, not only the annual report, but other information in a way that people find useful.

1 The information we give:

a) Have we missed anything out? Please tell us any area you would like to see covered

b) And is there any category you think we should leave out?

2 Please tell us which area of the annual report you found most useful

	Please list your priorities – Start with 1 for your most useful and 12 for least useful (1 as top priority)
Welcome from the Chairman	
Introduction from the Chief Executive	
About us	
Our priorities and did we achieve them?	
Our year at a glance	
Our staff	
Care beyond the wards	
Our performance against national targets	
Being accountable	
Our aims for 2009/2010	
Our Trust Board	
Operating and financial review	
Foreword to the accounts	
Statement of internal control	
Auditor's statement	
Feedback form	

What do you expect to achieve from reading this annual report? *Please tick*

	Gain a broad understanding	Gain a detailed understanding
The Trust and its achievements		
The Trust's performance against targets		
The Trust's plans for the future		
The Trust's financial position		

Do you have another comments or suggestions about the Trust's annual report or its other publications?

If you would like to be notified when the 2009/10 annual report is available, please give your email address

Completed questionnaires can be sent to:

Communications Team, University Hospitals of Leicester NHS Trust, Gwendolen House, Gwendolen Road, Leicester, LE5 4QF

